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MEASURE: HB 2902 A
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From: OHSU School of Nursing, the OHSU School of Medicine and the OHSU Office of the Provost

To: Senate Health Care Committee

Re: Commentary on HB 2902

Thank you for the opportunity to comment on HB 2902. This letter provides a consensus perspective on the proposed legislation from the OHSU School of Nursing, the OHSU School of Medicine and the OHSU Office of the Provost. HB 2902 requires insurers to reimburse physician assistants and nurse practitioners in independent practices at the same rate as physicians for the same services.

Access to primary care, including wellness and preventive health care, is a critical element of Oregon's health care transformation—including the associated implementation of Coordinated Care Organizations. Further, these and other similarly evolving organizational frameworks for health care delivery will also increasingly rely on a team-based approach to health care provision, including primary care, in which physicians, nurse practitioners, physician assistants and other health care professionals work together in a coordinated manner to provide seamless, high quality care. The success of these new delivery models depends on many factors, including emerging interprofessional health care educational programs as well as a payment model that recognizes the value of all professionals within the team and supports deployment of health care professionals to the fullest extent of their education and training.

OHSU is deeply engaged now in developing educational programs that will help train the next generation of health care professionals in innovative new ways so these practitioners can meet the future needs of society and our evolving health care system. Recasting the payment model is a complex undertaking involving many stakeholders and significant impacts across our current health care delivery system. The process of shifting away from the current reimbursement paradigm that rewards quantity over quality in health care toward a more rational reimbursement system that supports health and team-based care will unfold over many years, if not decades. New models are likely to embrace ideas now being debated and evaluated, as well as novel ideas still to emerge. The "global budget" model embedded in the plan for Oregon's Coordinated Care Organizations is an example of one approach to this challenging topic with which Oregon is now boldly experimenting.

While many years will pass before our health care system reimburses for health, rather than sickness, the need to take steps to increase access to primary care remains of immediate paramount importance. One step to help expand access is to ensure that all primary care practitioners are paid equally for providing the same services.

OHSU's third principle of health care reform addresses this issue in the context of developing and sustaining a health care workforce. The third principle states that OHSU:

Believes that a geographically well-distributed health care workforce, accurately mirroring in capacity and diversity the population it serves, is critical to ensuring long-term quality and access in Oregon. Funding for recruiting, educating and keeping workforce skills current is also critical. Further, health care reform must find ways to utilize all providers to the full benefit/extent of their education and training.

HB 2902 falls within the last part of this third principle, namely, using all providers to the full benefit/extent of their education and training. For this reason, OHSU endorses the philosophy behind HB 2902, with the following additional context.

As part of our own internal feedback process on this bill, concerns about the potential of unintended consequences have been raised by faculty and students. Among these is an outcome in which rather than increasing reimbursements to nurse practitioners and physician assistants to bring parity to the primary care payment system, the language of the bill could result in reimbursement levels to physicians declining. The cost and duration of physician training is significantly higher and longer than a nurse practitioner or physician assistant, and malpractice insurance costs for physicians are also typically higher compared to other health care professionals. If reimbursements decline across the board for primary care services, this legislation could inadvertently introduce a new disincentive for physicians to select primary care as their practice area, further eroding Oregon's primary care physician workforce.

Thank you for the opportunity to comment on HB 2902.

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