

To: Chair Monnes-Anderson  
Health Care Committee

From: The Oregon Psychiatric Association (OPA)

RE: HB2902A, Opposition



MEASURE: HB 2902A  
EXHIBIT: 12  
S. HEALTHCARE & HUMAN SERVICES  
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SUBMITTED BY: OSP

The OPA appreciates the opportunity to provide this testimony regarding our opposition to HB2902A. Physicians across the state want to help the nurses fix their legitimate concerns regarding the cuts to reimbursement rates that they absorbed in 2009, by certain insurance companies. This bill unfortunately is an extreme overreach and does not successfully address the problem at hand.

The bill mandates that physicians in primary care and mental health including sub-specialized pediatricians, internists, child/adult psychiatrists or family doctors be paid the same amount as Nurse Practitioners (NP's) or physician's assistants (PA's). While the OPA maintains that physicians and specialists deserve to be reimbursed for the specialty training they put the time and money into receiving, this bill doesn't even ensure that payments to NP's or PA's will be increased. The language simply states that the pay will be equal. In these cost-cutting times, it is very likely the end result will be decreased reimbursement for all.

This legislation is unprecedented nationally and will have numerous, serious, unintended, consequences if it passes. Inside or outside of the health care system, State Governments have not made a habit of refusing the right of private companies or others to establish pay rates based on training and experience. This bill does not represent equal pay for equal work. In Oregon, we have legislated that certain health professions can perform tasks that are not allowed in other states. While this in effect broadens the scope of work that the relevant professional can legally provide, it does not ensure that the same training is accomplished by all of those offering the service. It is very typical in the work force for individuals with more experience, training, and qualifications to receive a higher salary than those with a lesser degree of any of the above. This bill has caused much concern amongst medical students who fought to get into medical school, invested the time and money to become a physician. These students do not disrespect NP's or PA's, they simply believe that if their qualifications (which can include years and years of additional schooling) are not going to be rewarded, or even prohibited from being rewarded for their additional training, it raises the question of why do it?

Health Care consumers in Oregon will ultimately suffer from this legislation. There are many skills obtained by physicians during their extensive training that others simply do not get. And, while we appreciate there are many services that can be

rendered adequately by NP's and PA's there are also times when a patient clearly needs the skills that only a physician is trained to do.

If we dis-incentivize people from attending medical school, and the additional years of training in specialties, Oregon will become a less appealing place to practice medicine. Then, when we look beyond primary care to the patient needing emergency surgery to save their life after a heart attack, or a child with a brain tumor who needs care, we are less likely to have specialists around to perform these life-saving skills, skills that only a physician has.

Finally, selecting plans to contract with is a daunting challenge for all health care providers. Individuals and Medical Groups have to decide what plans they accept and what payer-mix they can maintain (Medicare, Medicaid, Tricare, Private insurance, etc.). With the permissive language in our state regarding to payment for services, plans can already choose to pay physicians and NP's or any other provider equal rates, different rates, and they could even, for example, reimburse a PA more than another provider. It is up to the professional to decide which contracts or private plans to work with and which plans they do not want to participate in. We agree that there are flaws in how some services are covered or rejected but we do not believe that this bill would solve any of them. We urge the committee to rethink the implications of this bill and vote no today.