

House Committee on Health Care
Oregon State House of Representatives
900 Court Street NE
Salem, OR 97301

Re: HB 2902

Dear Chair Greenlick, Vice Chair Keny-Guyer, Vice Chair Thompson and members of the committee,

I am a resident physician and I am writing in regard to HB 2902, the Nurse Practitioner/Physician Assistant payment legislation. Healthcare reform in Oregon has been exciting and Oregon's implementation of both CCOs and the health care exchanges is being carefully employed by many other states. As I understand, the overarching goal of the CCOs is to compel health care entities at the regional level to optimize their ability as a collective to provide quality, timely and cost-effective services. For many physicians, the methods and mechanisms that will be employed to achieve the broad-based, coordinated services is met with some skepticism, especially in light of bills like HB 2902. HB 2902 moves the health care providers who are responsible for coordinating care further away from team-based care and coordinated health services under the guise of increasing patient access to care.

HB2902 purports to tackle the issue of access—increased access to medical services in rural areas. Nurses and physicians agree on improved access to medical services and care in rural areas. Physicians and nurses collectively agree with the charge to provide quality care to all people in every county in the State of Oregon. As a physician who works with many nurse practitioners, I am not convinced that HB2902 is the solution to improving patient access to care. I would liken HB2902 to a patch being placed on a leak in a weak hose—shortly after you have patched up the first hole, a second leak springs out from someplace else.

In addition, HB2902 pits two professions against one another in an unproductive, non-coordinated fashion. Physicians, physician assistants and nurse practitioners have different roles to play in providing quality patient care. HB 2902, rather than encouraging the complementary roles played by each professional, sets up a value-based system where the value of each profession is no longer judged on ability and training but simply is "equal". In effect, this bill sends the message that the Oregon Legislature values nurse practitioners and physicians' assistants more than physicians or any other health care provider. My peers and I have struggled with the concept of equal pay for equal services. While many services may be similar or the same that are provided by myself and a nurse practitioner or physician assistant, my training and depth of knowledge is not the same. I have spent the last 16 years to become a psychiatrist: training that included 4 years of medical school, 4 years of residency training. Physician training is a complex nuanced process that has only one path; by comparison, nurse practitioners are certified through a number of pathways including associate degree programs or nursing diploma programs, masters level training or completing their Bachelor of Science degree in nursing. The extensive training of physicians allows for more complex, broader and deeper expertise when diagnosing and treating patients. Given this discrepancy in training experience and education, is it really fair or appropriate to use the word "equal" in the same sentence with nurse and physician?

The other predominant theme that continues to emerge from the HB 2902 discussion concerns reducing healthcare costs. This is a major theme in Oregon's health care reform and can be accomplished in the current system that supports team-based care. Mandating how insurers reimburse health care professionals does not encourage health care practices and systems to lower their costs; instead, it would raise the cost of doing business for both the health care entity and the insurer. Health care systems and individual practices will be forced to make employment decisions based on paying all health care providers equally in their clinic. Clinics and hospitals could lose their ability to employ multiple providers on their health care team. The cost to the state would also be great- as a new physician, graduating from medical school, why would I choose to practice in Oregon, a state where I now feel my education and expertise is devalued and underappreciated? This bill does not encourage physicians to care for Oregon's population nor does it encourage students to pursue a medical degree. Oregon's physicians, medical students and residents provide an invaluable service that Oregon cannot afford to lose.

I would submit that there other means and approaches that can be taken to accomplish the goal of greater access to quality healthcare. Telepsychiatry and telemedicine have made it possible for physicians to care for person's miles away. Persons in rural areas are getting the expert opinion, impressions and recommendations from physicians subspecialized in their fields as a consequence of this technology. I would support increased discussion by the Legislature on how we can expand telepsychiatry and telemedicine so that the most vulnerable populations are served. CCO's provide an opportunity for all healthcare professionals to work together, collaboratively and cooperatively. HB 2902 is a divisive bill that works against Oregon's progress in implementing CCOs and health care reform.

I would like to thank you once again for the opportunity to address the committee regarding this very important topic. I would be more than happy to answer any questions you may have in response to this letter.

Respectfully,

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