



**OREGON  
MEDICAL  
ASSOCIATION**

**Testimony in Support of SB 609**

March 9, 2015

Senate Health Care Committee

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Chair Monnes Anderson and Members of the Committee,

Thank you for the opportunity to submit this testimony in support of Senate Bill 609. We believe this legislation is the next step necessary in fostering the sustainability of the Patient Centered Primary Care Home (PCPCH) model in Oregon.

In November of 2013, the Oregon Nurses Association and Oregon Medical Association joined with other provider groups and health care stakeholders in supporting what was referred to as the multi-payer agreement.

This agreement was geared towards achieving the triple aim and starting to transform the payment system to better sustain the PCPCH model. Central to the agreement was that payers would provide variable payments or other payment models as compensation to PCPCHs certified by the Oregon Health Authority.

While we absolutely supported the goals of the agreement, we also expressed concern that the language of the agreement ultimately gave the payers nearly complete control over implementation.

The implementation phase of the agreement proved challenging for a variety of reasons, and we believe that legislation is now needed to make meaningful progress and continue to build momentum around the PCPCH model.

The learning collaborative described in SB 609 convenes the key stakeholders and, by having anti-trust immunity, allows robust dialog about how goals of the PCPCH model can be achieved. We believe it is critically important to ensure—as this bill does—that provider associations as well as individual providers who care for patients at PCPCHs are at the table with insurers.

SB 609 requires the learning collaborative to design innovation payments that are to enhance reimbursement beyond fee for service, to account for the non-billable services that are part of the PCPCH model.

To this day, our organizations remain committed to the success of Oregon's PCPCHs. We continue to believe that to be sustainable, further changes in the payment model are required. We look forward to serving as partners in this effort to change the payment system within PCPCHs, and hope to see broader discussion of payment reform that move beyond the flawed fee for service model to serve all Oregonians, not just the state's Medicaid population.

Thank you for your consideration and we urge your support of SB 609.