



Testimony in Support HB 3301

House Committee on Health Care
March 23, 2015

My name is Dr. Jeff Clark, I practice naturopathic primary care in Tualatin, Oregon in a clinic I co-own with two other naturopathic physicians. I am on the board of directors and am the legislative committee chair of the Oregon Association of Naturopathic Physicians (OANP). I am here today on behalf of my association to testify in support of HB 3301.

As background let me explain how I come to be here. After a successful Oregon hi-tech engineering career, I returned to school to get my doctorate in naturopathic medicine at the National College of Natural Medicine (NCNM).

NCNM is an accredited 4-6 year post-graduate medical school – accredited both federally as well as regionally by the same institution that accredits OHSU. Naturopathic education includes all the same biomedical and diagnostic sciences as other medical schools (anatomy, physiology, radiology, etc), clinical sciences (neurology, pathology, pharmacology, etc), and therapeutics. In addition to those, the education weaves in natural therapeutics like botanical medicine, clinical nutrition, physical medicine, counseling, and much more. Naturopathic education is designed to prepare doctors for primary care in out-patient facilities.

My scope of practice includes diagnosing and treating disease, performing physical exams, ordering all diagnostic labs and imaging, prescribing all pharmaceuticals needed in a primary care setting – including DEA controlled substances - coordinating hospital care, referring to specialists, and minor surgery. We do have residencies available in 1, 2, or 3 year terms, although they are not universally available yet to all graduates.

In short, our scope in Oregon is the same as that of MDs, DOs, and Nurse Practitioners. I've included a brochure outlining scope and education, and also recommend viewing a presentation we gave to the Oregon Insurance Division (OID) staff in October 2014. <http://vimeo.com/111688342>.

So Naturopathic Doctors are trained as primary care providers and licensed to act in the capacity of either a PCP or a non-PCP, depending on provider preference. I am also, by the way, a contracted in-network provider for most of Oregon's major health insurance carriers. I bill the same codes as MDs, offer the same services as other PCPs, and use all the same forms and paperwork.

Which is where we get to HB 3301.

Representative John Lively has introduced HB 3301 on behalf of the patients of naturopathic physicians (NDs) who rely upon private health insurance to pay for all or part of their healthcare services. One of Representative Lively's chief concerns is addressing the shortage of primary care providers and improving patient access to care. This bill does both.

January 1st 2014 was the first effective date of the federal PPACA section 2706 "provider non-discrimination" law. The Federal PPACA section 2706 (Obama care) prohibits insurers from discriminating against state licensed healthcare providers operating within their scope of practice in either coverage or participation in a health insurance plan. Provider non-discrimination laws are familiar to this committee, as you also included the same language from the Affordable Care Act into

the bill that created CCO's in 2012, so that both Oregon's Medicaid and private insurance plans would be reading from the same page of using all providers to the top of their licenses.

Since that time we have seen several positive changes by health insurers moving away from their previous discriminatory practices regarding care provided by naturopathic physicians (NDs). Most insurers now include NDs as part of the patient's general medical benefit and not some kind of "alternative" care with severe restrictions on scope and access.

However, a curious change in designation by many of the health insurance carriers starting in January 1, 2014 was to unilaterally declare NDs to be "specialists" with no pathway for the doctor to credential as a primary care provider (PCP) the way that other general medicine practitioners are allowed at their own discretion.

This created two new problems: problems that the Affordable Care Act cannot address:

The first and most important problem is that universally categorizing NDs as "specialists," when many of us practice primary care as I do, precludes us from being contracted with insurers as primary care providers and imposes new financial barriers onto patients who have chosen to pursue naturopathic primary care. Patient co-pays for "specialists" are typically twice what they are for primary care doctors. Most insurers also do not allow "specialists" to provide preventive health services such as well woman visits, childhood vaccinations, annual physical exams, and other preventive services specified in the PPACA as Essential Health Benefits (EHB).

HB 3301 inserts language into the insurance code that insurance companies must allow NDs to choose if they want to be contracted, credentialed and designated as a primary care provider or specialist, depending on the *physician's* choice. HB 3301 also adds the words "primary care" into our defining statute to clarify that everything that is already in our scope of practice falls under the current modern term of "primary care."

It's important to note here that this would NOT mean that insurers have to do anything differently in their contracting process. We are already contracted as PCPs by the Oregon Health Authority, by several CCOs and by the Oregon Health Co-Op, using the same applications and criteria as applied to MDs/DOs and Nurse Practitioners.

There is also a second problem that we hope to address with HB 3301. In talking to our licensing board about the bill, they reminded us that ORS 685.110(21) specifically outlines that one of the grounds for discipline of a naturopathic doctor is "representing that the licensee is a medical specialist or practices a medical specialty."

So we are working with Representative Lively on an amendment that would also correct this second problem. The amendment would simply delete the prohibition on being called a "specialist" so that NDs who choose to be designated as a "specialist" for insurance purposes are not putting themselves in contradiction to our own licensing law by then representing to the public that they are a "specialist" under x, y, or z insurance policies.

Primary care is inherent and fundamental in the training and scope of practice of Oregon licensed naturopathic physicians. It should be the individual ND's choice to credential as a PCP or a specialist just like any other general medicine provider, rather than to be arbitrarily and universally dumped into a "specialist" bucket. HB 3301 is about continuing the work already started by this committee and the ACA in preventing discrimination against provider types, removing financial barriers that are currently being put on patients by insurance companies, and improving patient access to care.