



## **Testimony in Support of SB 153**

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House Health Care Committee

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Chair Greenlick and Members of the Committee,

Thank you for the opportunity to submit testimony in support of Senate Bill 153, which is a technical fix to the payment parity law passed in 2013.

That bill required insurers to reimburse nurse practitioners (NPs) and physician assistants (PAs) the same rate as physicians when an NP or PA is performing the same primary care and mental health services as a physician and billing using the same codes.

As this committee will recall, this issue came forward after a number of private insurers cut reimbursement rates for non-physician providers beginning in 2009.

The legislation that was passed included a definition of "independent provider". This definition identified scenarios where nurse practitioners and physician assistants were eligible for reimbursement equal to the rate insurers pay physicians. This definition's intent was to fairly compensate independent NPs and PAs who were seeing their own patients, and not billing "incident to" a physician. The definition of "independent provider" included in the enacted legislation requires that the provider bill using the provider's own name and National Provider Identifier or NPI.

A standardized billing claim form requires both the provider's NPI, and the facility NPI to be listed. As the legislation was implemented, we've learned that at least one carrier will not reimburse the full rate because they process the claim based on the facility NPI and not the provider NPI.

SB 153 would require the full reimbursement to be paid to providers if a qualifying claim was billed using the NP or PA's name and either their personal NPI, or the NPI for the facility in which they work. An amendment will clarify that an insurer may continue to require a provider to include both their personal and facility NPI on the claims form.

Both ONA and the task force created by HB 2902 have explored this issue with the Insurance Division which handles the enforcement of this law. Because the problematic definition is in statute, the insurance division does not have the ability to enforce the intent of the law in a case where the billing is done using a clinic's NPI.

The task force created by the 2013 legislation has developed several recommendations related to implementation of the law. One of those recommendations was to clarify the definition of "independent practice". We believe that SB 153 implements this task force recommendation.

**ONA urges your support of SB 153.**