



Testimony in Support HB 3301

**Senate Committee on Health Care
May 18, 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 the first naturopathic physician on the Oregon Healthcare Workforce Committee that informs the Oregon Health Authority. 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 academia to achieve my doctorate in naturopathic medicine at the National College of Natural Medicine (NCNM) graduating in 2007.

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

My scope of practice includes diagnosing and treating disease, performing physical exams, ordering diagnostic labs and imaging, prescribing all pharmaceuticals needed and common in a primary care setting – including DEA controlled substances - coordinating hospital care, referring to specialists, and minor surgery. In short, in the realm of primary care my scope in Oregon is the same as that of Medical Doctors (MD), Doctors of Osteopathy (DO), and Nurse Practitioners (NP). I've included with this testimony a brochure outlining Naturopathic Doctor (ND) license scope and education. For more background on ND scope and training I recommend that you view a presentation OANP gave to the Oregon Insurance Division (OID) staff in October 2014. <http://vimeo.com/111688342>.

I am a contracted in-network provider for most of Oregon's major health insurance carriers. I bill the same CPT service codes as MDs, offer the same services as other PCPs, and produce all the same forms and paperwork.

Which brings us 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. Representative Lively wants to address the shortage of primary care providers in Oregon and improve 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 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 several of the major health insurance carriers starting in January 1, 2014 was to unilaterally declare NDs to be "specialists." At the same time allowing no pathway for the doctor to take steps to credential as a primary care provider (PCP) the way that other general medicine practitioners are allowed.

This created two new problems; problems that the Affordable Care Act cannot easily address.

The first and most important problem is that universally categorizing NDs as "specialists" imposes new financial and access barriers onto patients who have chosen to pursue naturopathic medicine for their primary care. Patient co-pays for "specialists" are typically twice what they are for primary care doctors. Most insurers 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), meaning they must pay for those preventive services out of pocket. Many health insurance plans do not allow a patient to self-refer to a "specialist." Joshua Jaquith's written testimony describes how this "specialist" designation becomes an insurance barrier for those who desire to see me.

HB 3301 inserts language into the insurance code that requires insurance companies to allow NDs a path to be contracted, credentialed and designated as a primary care provider OR specialist, depending on the *physician's* choice and ability to meet the insurer's credentialing criteria.

It's important to note that this does not mean that insurers should have to modify their current contracting process for primary care providers beyond allowing NDs to participate. NDs are already contracting as PCPs with the Oregon Health Authority, several CCOs, and the Oregon Health Co-Op. With these insurers NDs use the same applications and provide the same continuation of care plans as do MDs, DOs and NPs who provide primary care.

There is a second problem that is addressed with HB 3301 as amended. 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." HB3301 corrects this second problem by deleting the prohibition on being called a "specialist" so that NDs who do not credential with insurance as a primary care provider can be designated as a "specialist" for insurance purposes, and not be placed in contradiction with our own licensing law.

Primary care is inherent and fundamental in the training and scope of practice of Oregon licensed naturopathic physicians. HB 3301 removes the arbitrary financial and access barriers placed by some insurers on patients who choose to use naturopathic physicians for their primary care. This bill advances the Oregon Healthcare Workforce's 5 year strategic plan, which recommends removing insurance barriers to naturopathic doctors in order to expand the primary care workforce.

And finally, this bill continues the work started by this committee and the ACA to prevent discrimination against health care providers working to the top of their license.

Please support HB 3301.