

STAFF MEASURE SUMMARY

House Committee On Health Care

**Fiscal:** No fiscal impact  
**Revenue:** No Revenue Impact

**Action Date:** 02/22/16

**Action:** Do Pass With Amendments To The A-Eng Bill. (Printed B-Eng.)

**Meeting Dates:** 02/17, 02/22

**Vote:**

Yeas: 9 - Buehler, Clem, Greenlick, Hayden, Kennemer, Keny-Guyer, Lively, Nosse, Weidner

**Prepared By:** Sandy Thiele-Cirka, Committee Administrator

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**WHAT THE MEASURE DOES:**

Makes permanent the requirement that an insurer reimburse licensed physician assistants and certified nurse practitioners for primary care services at the same rate as a licensed physician. Modifies terms. Requires Oregon Health Policy Board and Department of Consumer and Business Services to collect data and report on implementation to Legislative Assembly by January 31, 2017 and sunsets the reporting requirement on February 1, 2017.

**ISSUES DISCUSSED:**

- Positive outcomes for receiving improved reimbursement
- Concerns about removing the sunset before all the data is available
- The need to move away from a fee-for-service model
- The need to review alternative payment methodologies
- Importance of fair compensation for all providers
- Issues surrounding payment for volume versus performance
- The need to improve communication between insurers and providers
- Proposed amendments

**EFFECT OF COMMITTEE AMENDMENT:**

Sunsets the reporting requirement on February 1, 2017. Replaces “clinic number” with “clinic identifier.”

**BACKGROUND:**

In 2009, several insurance companies decreased reimbursement rates for mental health services that were being provided by non-physician providers. Additionally, nurse practitioners and physician assistants in primary care began receiving reduced reimbursement payments. In response to those reductions, House Bill 2902 (2013) was enacted that required insurers to reimburse nurse practitioners and physician assistants at the same rate as physicians for the same services according to the customary and usual fee for physician assistants in the area served; and prohibited insurers from negotiating different rates with physicians and nurse practitioners. Additionally, the bill contained a January 1, 2018 sunset date as well as created a 13-member Task Force on Primary and Mental Health Care Reimbursement which was charged with evaluating and making recommendations on payment reform and alternative payment methodologies.