



Testimony in Support SB 856

Senate Committee on Health Care
March 14, 2017

Presented by Laura Farr, Executive Director

As the committee knows, Naturopathic Physicians in Oregon have a primary care scope of practice, and are recognized as primary care providers by Medicaid and most private insurers. Our scope and education has evolved significantly over the years as the profession has grown and to meet the healthcare workforce needs of the state.

Unfortunately, hundreds of statutes *other* than the one governing naturopathic scope of practice have not been updated to match the practice scope of naturopathic physicians. SB 856 would fix that.

The vast majority of this bill has to do with clarifying use of the term “physician” in four different scenarios:

- a. Where the term “physician” is defined in a statute *specifically* as only an MD/DO at some point in the past before the ND scope evolved (seen in statute by reference to “a physician licensed under ORS 677, or a “physician licensed to practice medicine by the Oregon Medical Board”).

The primary care scope of practice of NDs now covers the ability to perform many of those services, yet outdated statute precludes NDs from being able to do them.

Partial list of examples:

Section 13	Advance Directives
Section 14	POLST
Sections 44-47 (-1)	Examination of child in protective custody
Sections 50-56 (-1)	Examinations of persons with mental illness and developmental disabilities
Sections 87-88 (-1)	Providing subsidies for malpractice insurance for rural providers
Section 91 (-1)	Reporting unlawful acts in nursing homes
Section 94 (-1)	Audiometric testing
Section 95 (-1)	Providing emergency care
Section 98 (-1)	Clinical pharmacy agreements

- b. Where the term “physician” is *not* defined, and is left open to anybody’s interpretation. In statutes that would clearly fall under the scope of practice of what naturopathic physicians are authorized by law to do, SB 856 clarifies that statutory intent by adding the term “physician or naturopathic physician.”

Partial list of examples:

Section 1	Limiting liability for certain treatments at OHSU
Section 31 (-1)	Administration of medicine in school
Section 35 (-1)	Allocation of fees for Cystic Fibrosis services
Section 85 (-1)	Verification by physician of leave required after bone marrow transplant
Section 108 (-1)	Verification of disability for purposes of maintaining telecommunications

- c. Where terms like “provider” or “a medical board” may leave ambiguity as to which kind of provider or which specific medical board, SB 856 clears up the ambiguity.

Partial list of examples:

Section 32 (-1)	Health assessments for eligibility of children for special education services
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- d. Where terms like “health care professional” or “primary care provider” includes a list of providers whose similar scopes allow them to do those services (i.e., MDs, NPs, PAs, etc), SB 856 adds naturopathic physicians to the list.

Section 30 (-1)	Medical release for concussion in athletes
Section 63 (-1)	Allows list of providers to provide OHA material on pre/post natal care
Section 89-90 (-1)	Puts limitation on liability of a variety of providers giving voluntary medical services
Section 101 (-1)	Designation of women’s health care provider as PCP

It merits highlighting that SB 856 is in no way a scope expansion bill. Naturopathic physicians already have a complete primary care scope of practice. SB 856 simply clarifies that where a primary care medical doctor, nurse practitioner, or physician assistant is authorized to sign a form or do a service, it levels the playing field by modernizing outdated statutes so that naturopathic physicians can do those same services.

SB 856 is about removing barriers to patient care. When a patient is seeing a naturopathic physician for primary care and wants to complete a POLST, they now have to schedule an appointment with a medical doctor – someone who likely knows nothing about their medical history and duplicating the cost of the office visit.

We respectfully request your support in moving SB 856 forward.