



## VOTE "NO" ON HB2897 (-1) House Committee on Health Care

We are submitting the following in opposition of HB 2897 (-1).

As drafted, HB2897, will limited the ability of insurers to use the well established credentialing process as required by National Committee for Quality Assurance (NCQA). **The -1 amendment states:** "(2) A health benefit plan offered to residents of this state may not require a physician, as a condition for receiving reimbursement under the plan, to be credentialed by the insurer offering the plan if the physician is in good standing with the Oregon Medical Board and the board has not taken any disciplinary action against the physician."

This amendment forbids insurers from credentialing providers. This provision forces insurers to accept credentialing from the Oregon Medical Board. This mandate places an administrative burden on the licensing board and places a financial burden on the agency resulting in higher fees for providers. This mandate also removes the insurers' ability to independently make decisions that may impact patient safety.

Credentialing plays an important role and is a safe guard for consumers. We are concerned that as drafted, a physician in good standing with the Oregon Medical Board (degrees: MD, DO, PA, DPM and Acupuncture), would no longer be required to submit to current credentialing requirements. This is of significant concern, as it would violate the National Committee for Quality Assurance (NCQA) and CMS credentialing standards that specify a practitioner must complete the credentialing process before they are able to provide service a to a member.

Furthermore, the 77<sup>th</sup> Legislative Assembly in 2013, under the leadership of Senators Bates and Steiner-Hayward, passed SB604, which set out the path for creating a statewide centralized credentialing solution. The Common Credentialing Advisory workgroup, convened by the Oregon Health Authority, has been working toward the implementation of this system since the bill's passage and there is a projected "go live" in early 2018. We believe the HB 2897 (-1) amendment undermines this important collaborative work, as well as an insurer's ability to independently make decisions that may impact patient safety.

In summary, credentialing plays an important part in assuring our members access to quality health care. The credentialing process, which is in statute, is required by CMS in order to be a qualified Medicare product carrier. Credentialing is a safeguard for consumers and protected part of the process. We urge the committee to vote "No" on HB 2897. Thank you.