OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

HB 4083 – Increased Access to Integrated Primary Care

The Oregon Academy of Family Physicians wishes to convey our support for increasing access to advanced primary care and thus our support for HB 4083. We know that advanced primary care (which incorporates behavioral and oral healthcare in addition to other care team members) has the potential to save dollars in "downstream" healthcare costs over longer timespans. Since this legislative concept was introduced in 2021 stakeholders have convened to discuss and rectify issues raised in 2021 resulting in the revised legislation in front of you today. With this legislation we have a unique opportunity to ensure that Oregon's primary care infrastructure remains strong and centers patient care.

The bill has four primary components:

1. **Requires insurers to cover three primary care visits annually without cost sharing to the patient.**
   - This provision decreases barriers to access evidence-based, cost effective care for those with commercial health insurance coverage, while still allowing insurers to use cost sharing for the vast majority of care provided in a plan year.
2. **Requires insurers to cover a physical health visit and a behavioral health visit provided on the same day in a behavioral health home or Patient Centered Primary Care Home, and prohibits an insurer from imposing more than a single copayment on those visits.**
   - Current billing practices related to the provision of behavioral health limit patient access. This will alleviate those issues.
3. **Prohibits an insurer from requiring a pre-authorization for behavioral health services** provided in a behavioral health home or a PCPCH.
   - This provision further reduces barriers to access for patients seeking behavioral health care.
   - The cost of an initial visit is minimal in comparison to the potential advantage of being able to speed the warm handoff from a physical to behavioral health provider for a patient in acute need of services
4. **Requires insurers to assign members to a primary care provider (PCP) if the member does not choose one within the first 90 days of the plan year**. The insurer must provide notice to the provider and the member. The member can change their PCP at any time and DCBS shall create in rule a process for a primary care provider to confirm or decline a patient assignment.
   - This provision is meant to provide a foundation on which to build value-based payment. In order to enter into value-based arrangements such as a per-member-per-month payment or shared savings arrangements, the clinic and the payer must agree on which patients that clinic is responsible for.

This collection of policy changes will decrease barriers to access for patients in the short term, and set us up for swifter adoption of value-based payment. We urge your support.

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