



March 16, 2023

Chair Nosse, Vice Chairs Goodwin and Nelson and members of the Committee. For the record, my name is Dr. Cynthia Worden, and I am submitting a statement, in lieu of testimony, on behalf of the Osteopathic Physicians and Surgeons of Oregon (OPSO), to express concerns with HB 2555 as there was not sufficient time to share my testimony during the March 15 hearing.

I am a self employed private practice osteopathic physician, board certified in both family medicine and integrative medicine, practicing in Gladstone and I currently serve as the board president of OPSO.

I would like to start by expressing OPSO's full support for policies that improve the reimbursement rates for our health care providers in Oregon. I am well-aware of, and experience myself, the many challenges that providers face in Oregon regarding adequate reimbursement for the care we provide.

As we read this bill, the issue this bill is trying to correct is the inadequate reimbursement to naturopathic physicians (ND's). Let me be clear, increasing reimbursement for quality care is something OPSO fully supports. This bill however, does not address this inadequate reimbursement, but rather addresses reimbursement differences between MD & DO physicians and naturopathic physicians.

This bill would mandate that distinctly different providers, with vastly different requirements for licensure, post-graduate training, board certification, hospital affiliations, malpractice costs and accreditation be tied together to the same payment scheme.

I have tremendous respect for my naturopathic colleagues and agree that patient choice is critical, and naturopathic physicians should be reimbursed fairly for their work. However, we oppose tying distinctly different licensed health care professionals to the same payment scheme, because post graduate training and board certification do matter.

Currently, physicians are not paid equally. Larger clinics often have negotiated contracts for higher reimbursement than those of us in private practice (similar to many ND's, as testified). Also, specialists who have additional post-graduate training and skills are paid at a higher rate for the same CPT billing codes as primary care providers are. I do not expect the same pay as those specialists who have more extensive post-graduate training and certification requirements than I have. Also, reimbursement rates are often determined by geographic regions and cost of living.

As the majority of MD's/DO's in Oregon are employed by groups, much of the reimbursed amount goes into the clinic to support a staff to care for their patients. Many clinics have overhead costs of 60% or more. As a private practice clinic owner I am well acquainted with the costs of running my clinic and also reimbursement from insurers (which also has a significant disparity in reimbursement rates).

One example (I could provide many) is that I often bill a 99214 for evaluation and management of a patient (moderate complexity visit or approximately 20-30 minute appointment) and may be reimbursed \$100-200 for that visit. My son's specialist billed the same 99214 and received \$384 for the same billing code. My naturopathic physician recently billed the same 99214 code for my visit and she was reimbursed \$94. This is too low in my opinion but where I see the solution would be to increase all rates for all providers in primary care including ND's, DO's and MD's.

The increased reimbursement rates reflect that those with additional post-graduate training (residency and fellowship), provides not only for higher level of care but also the cost of that care is often higher. Those increased rates provide for increased salary of the physician and also increase in costs include, to name a few, of malpractice insurance, maintenance of hospital affiliations, credentialing, cost and breadth of continuing education, increase in staff and also increase in assumed risk, as those with more training are able to manage higher acuity cases with their breadth of knowledge that includes hospital and surgical care. This post graduate training is what is missing in those without post-graduate training.

While we oppose tying reimbursement for these different provider types together, we remain absolutely in full support of increasing reimbursement for healthcare providers, specifically for those in underserved communities, rural areas, and in primary care, and remain fully committed and willing to support these efforts.

Thank you for your time.

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