Testimony in Support of Section 8 of SB 1580
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Senate Health Care Committee
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The Oregon Association of Naturopathic Physicians shares many of the concerns articulated by others: about governance, dispute resolution, accountability, defining outcomes, and new payment structures. But I'll keep my comments focused on Section 8 of this bill – non-discrimination language.

It's helpful to have a little background of why this language is included to provide the context for why it's so important that this language stay in the bill, as is.

In short, the reasons are:

- 8 public forums held by the OHA. In every one of them, a consistent theme was public demand that the new system must allow access to naturopathic physicians, chiropractors and acupuncturists
- 300+ emails during public comment periods asking for access to these providers
- According to testimony provided by OHA staff, this was the single-most commented on aspect of transformation ***by real people.*** Not by institutions, insurers, or organizations. By real people who are the patients that that this is supposed to be all about.

As this system moves to covering hundreds of thousands of more lives in just a few years, we need to be darn sure that we're using every available provider to the top of their license.

As I've testified to the Oregon Health Policy Board. There are two ways of doing that: passive and proactive. This non-discrimination language is the most passive approach to responding to the volume of public input the OHA received from real people asking for choice.

It leaves open so many unknowns. For example, Open Card/FFS patient who have claims processed by the state are currently allowed to see NDs for their primary care. Thousands of patients see only an ND for all of their primary care.

MCOs, however, almost categorically refuse to credential NDs, for reasons ranging from they're governed by MDs and are unlikely to credential other providers, to their leadership is philosophically opposed to naturopathic medicine.

Yamhill county has one of the highest percentages of Open Card patients. 600 Open Card patients are seen by one naturopathic clinic in McMinnville alone. As those Open Card patients are moved into CCOs, what will happen to those patients who currently see an ND - thousands of them statewide - if that community's CCO decides it doesn't like the color of our stripes?

This non-discrimination language does little to ensure that those patients will still have access to their naturopathic physician. They could be left on the street without a doctor. It does little to respond to patient demand to have a choice of who their provider will be going forward.

It's reusing federal language that isn't very strong, then enduring years of some as-of-yet-undefined dispute resolution process, and then potentially more years of lawsuits when that fails to resolve access issues.

So you're probably asking why I'm here today asking for your support of this language. Arguably, it's a step in some forward direction. And it IS critically essential as a structural foundation to set the stage that the OHA, the Governor's office, and you as legislators expect CCOs to respond appropriately to patient demand.

And foundations are meant to be built on. We can do so much more.

You can establish legislative intent for the OHA to convert this foundational language into proactive expectations through administrative rules and how it communicates with emerging CCOs:

1. ***Define provider and define "Primary Care Provider"*** – The state needs to have one consistent definition of who are eligible providers that a CCO *should* cover.

2. ***Requests for proposals from CCOs must encourage access to all available provider types.*** The OHA can recommend throughout its application process that CCO's are expected to allow patients to access the provider type of their choice. This does ***not*** mean CCOs have to contract with every willing provider. It does mean that they need to be accountable to a patient's ***choice*** of licensed provider type. For the FFS patients, this is not just about choice, it's about continuity of care.

3. ***Further define "non-discrimination."*** – Section 8 is the starting block. But what constitutes "discrimination" against providers, what is "reasonable" vs professional predjudism?

4. ***Illuminate a rock solid dispute resolution process***. Like with so many areas that might need dispute resolution, what happens when a CCO does discriminate against providers? There needs to be clear steps, clear timelines, and clear remediation strategies.

And bringing us back to the here and now, your support of Section 8 of this bill – or your work in making sure non-discrimination language is included in whatever bill ends up moving forward – is the critical first step of building that foundation and of being responsive to the demands of the real people out there asking for choice.