HB2902 Testimony March 1, 2013 Kathy Kolb Moon, MSN, FNP-BC

In 2009, one of Oregon's largest insurers started reducing reimbursement to "non-physician" mental health providers, when providing the same services as physicians, and using the same billing codes. This included Psychiatric Mental Health Nurse Practitioners (PMHNP's). Since that time, other insurers have followed suit. Some PMHNP's have sustained reimbursement cuts of up to 55%. This has caused some to resign from certain panels, reducing hours, laying off staff and closing some practices.

Soon after, Family Nurse Practitioners (FNP's) in primary care also started receiving similar reductions in reimbursement from several insurers. These reimbursement cuts have been due to provider type, not due to outcomes or patient care issues. In fact, numerous studies demonstrate that nurse practitioners provide quality care comparable to that of physicians.

This practice is reducing access to primary care and mental health services in Oregon. This is contrary to Oregon's goals for health care transformation.

I am in family practice in Reedsport. I work for a rural health clinic. I provide primary care services to my own panel of patients with high complexity and morbidity, just like my physician employers do. I bill for the primary care services I provide using the same billing codes as my physician employers do. My overhead is the same as theirs, and I have the same liability risks. I have received reduced reimbursement from one insurer. I am paid a salary by my employer; they receive the reduced reimbursement and it hurts their bottom line.

This bill does not ask for more pay. It asks for restoring the reimbursement that nurse practitioners have historically received in the past. It is about supporting the vital role that NPs and PAs play in providing primary care and mental health service to Oregonians. It is about ensuring that Oregonians will have access to quality primary care and mental health providers as we transform health care in Oregon.

Please vote YES on HB2902.

Respectfully,

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