



Jeff Clark, ND – Informational Hearing Testimony

Introduction

My name is Jeff Clark. I've been an Oregon resident since 1983 when I moved here from Montana to start an engineering career. At mid-life I chose to become an Oregon licensed naturopathic physician. My medical education was accomplished in Portland, at what is now the National University of Natural Medicine (NUNM). After my graduation in 2007, I founded a small group practice in Tualatin.

My public service includes being a volunteer board director for the Oregon Association of Naturopathic Physicians (OANP), where I currently serve as the legislative chair. I am the first naturopathic physician to serve on the Oregon Health Care Workforce committee. In the past I have served on an advisory committee for the Oregon Insurance Division when it was drafting a bill for health insurance network adequacy, and then the subsequent rule-making committee for that law.

Naturopathic physicians have been continuously licensed in Oregon since 1927, and to this day we continue to fight an uphill battle for equitable treatment by health insurers.

I find myself appearing before this committee again for the very same reason I was here in 2015, and I view that as unfortunate. In 2017 it remains impossible for me, and most of my ND colleagues practicing in Oregon to credential as a Primary Care Provider (PCP) with Oregon's major insurers, including Moda and Providence.

Review of The ND-PCP Time Line

Background

Effective January 1, 2014 the Affordable Care Act (ACA) requires insurers to provide Essential Health Benefits (EHB). These include preventive care visits that are covered 100%, with no out of pocket cost to the patient. The ACA contains other language, Section 2706, also known as the provider non-discrimination clause. This clause prohibits insurance plans from discriminating against providers licensed in their state, acting within their scope of practice. That language prohibits discrimination in coverage, participation in a plan, and allows insurers to vary reimbursements for services based on quality and performance measurements, but not on provider type.

In response insurers made changes in how they designate NDs. Previous to 2014, most insurers categorized coverage of NDs as part of an additional complementary and alternative health benefit, separate and apart from a subscriber's general medicine coverage. Usually these riders imposed a variety of restrictions on the doctor's ability to prescribe, order labs, and placed an annual cap on usage, i.e., you could only see NDs for a total of \$500/year including the cost of lab testing. Since naturopathic doctors have a scope of practice that includes the same services as all other front line health care providers mentioned in this testimony, most of the insurers realized they could no longer continue to impose restrictions on naturopathic care in their previous manner. Without any consultation with my profession, they reclassified NDs. They took us out of the "complementary and alternative" category, and almost universally declared us "specialists" within their major medical plans.

This change in status facilitated new ways for insurers to place barriers in front of their subscribers seeking naturopathic care. In many plans, "specialists" like NDs are not allowed to provide essential health benefit services, and have them 100% covered. So a patient who comes to an ND to have a well-woman check up, for example, or to have their child vaccinated, would have to pay an out of pocket fee towards a deductible for that visit. Specialist visits often have a higher co-pay/co-insurance than visits to PCPs. In the worst case, specialist visits require a referral from a PCP in order for the visit to be covered by insurance at all. These financial barriers interfere with many patients exercising their free market autonomy, prohibiting them from choosing an ND for their primary health care.

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2015 Legislation

To address these problems, HB 3301 was passed by this committee and then the Oregon legislature, and signed into law by the governor in 2015. This new law required insurers to create a pathway for NDs to credential as either a PCP or a specialist. Insurers resisted our push in the bill for sideboards to protect against discriminatory credentialing criteria. In negotiations of the final language, we chose to apply faith that the insurers would provide equitable credentialing criteria for Oregon licensed naturopathic physicians.

Proactive Good Faith Negotiations

After HB 3301 was signed into law in July 2015, myself, and others in leadership in the OANP began the process of reaching out to Oregon's major health insurers. We wanted to understand what their ND-PCP credentialing criteria would be. We desired to provide any additional information they might need, and to clear up any misunderstandings or snags they might encounter in their internal processes. The effective date of the new law was January 1, 2016.

The conversation was easy with Lifewise, who informed us that their practice had long been to allow patients to designate any qualified in-network provider they wanted as their PCP, including NDs. Note, Lifewise has since exited the state. HealthNet created a simple election for the doctor to choose to be designated as a PCP. The Oregon Health CO-OP, now defunct, allowed NDs to credential as PCPs from its inception until its demise.

Impassible Roadblocks Placed By Oregon's Majors

Over the course of 6 months starting in July 2015, we had back and forth discussions, meetings, and emails with representatives, chief medical officers, and administrators at Providence and Moda. I draw your attention to the back of the OANP fact sheet which chronicles what is now almost 2 years of effort to remove these barriers in a fair and reasonable manner.

These insurance companies created unobtainable credentialing criteria for the majority of Oregon's licensed naturopathic physicians. The sticking point is the requirement of a mandatory residency of either 1 or 3 years depending on the carrier. A residency is not a requirement by the state of Oregon for ND licensure and entry into practice.

While privately funded residency experiences are increasingly available to new ND graduates, we are a long way off from publicly funded, near universal residency opportunities as are enjoyed by the MD/DO provider type. We estimate that less than 10% of Naturopathic Doctors currently in practice in Oregon have had the opportunity for a 1 year residency, and less than 1% of NDs *in the entire of North America* have had opportunity for a 3 year residency.

Ironically, while I myself am unlikely to ever have a residency experience, 10 years after my own graduation – I can train a resident in my private practice, who upon completion of my supervised residency, would qualify to become a PCP for these very same insurers.

We recommended to the insurers that they should allow work experience, some number of years in practice providing patient care, to be permitted as a substitute for a residency experience for an ND. This is a recommendation that we still propose to be fair, equitable, and an adequate remedy for any perception of lacking from not having had a residency experience. Moda and Providence to date have both rejected that recommendation.

Nurse Practitioners (NP) and the Minimum PCP Criteria

It is important to point out that Nurse Practitioners graduate with a two year masters degree, and also no residency requirement for Oregon licensure. But with these very same insurers NPs are allowed to credential as PCPs with either no experience, or after one year of post-graduate work providing patient care. Like NDs, NPs also have access to only a limited number of residency opportunities. Most NPs who are credentialed with insurers as PCPs in Oregon, do not, and never will have a residency experience in their educational history.



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All Oregon licensed NDs graduating from an accredited 4 year doctoral program are trained and licensed to provide primary care without special certificate. During our negotiations with insurers in 2015, the Oregon Board of Naturopathic Medicine, our licensing board, communicated this fact in a letter to Moda. We have provided a copy of that letter with our testimony for HB 3400.

I have also provided for you two heavily referenced charts I created, that compare provider types and credentialing criteria by Moda on one, and Providence on the other.

Seeking Justice at the Oregon Insurance Division

After proactively pursuing equitable treatment from Oregon's health insurance majors, and finding ourselves blocked for reasons that don't pass a cursory review for consistency and fairness, we went to the state insurance regulators.

After a long and methodical review of the PCP credentialing criteria of different provider types, OID concluded to us verbally that there are inconsistencies in PCP credentialing criteria that specifically disadvantage NDs.

OID had been working on an insurance bulletin with their conclusion in this matter. It has yet to be released, initially because of the start of this legislative session, and seems to now be delayed indefinitely. OID staffers have indicated to us that it is "complicated", and suggested that clarification in the law from the legislature would be helpful for them in performing enforcement with insurers, regarding credentialing criteria.

What HB 3400 sought to accomplish

This, then, is why we are before you today. The problems addressed with the law passed in 2015 still persist. The intent of that law has been grossly circumvented. It is in the interest of the residents of this state to prevent health insurers from continuing their systematic discrimination against Oregon licensed naturopathic physicians. Specifically, NDs like me who desire to credential with insurers as a PCP for the benefit of our patients.

It is our view that minimum credentialing requirements must be applied evenly, and fairly across all provider types. What applies in regards to a residency requirement, for example, to Nurse Practitioners should also apply to Naturopathic Doctors. Insurers in general should not be allowed to require more educational experience for PCP credentialing than does the state of Oregon for licensure and entry to practice.

MDs, DOs, NPs and NDs licensed in Oregon all have a scope of practice that empowers them to provide care independently, without supervision. Each has sufficient training, scope of practice, and treatment resources to be a fully functioning Primary Care Provider. It is for arbitrary, and not evidence-based reasons, that insurers have selectively placed barriers between Oregon licensed naturopathic physicians and the patients who seek their care.