



February 2, 2022

TO: The Honorable Rachel Prusak, Chair
House Committee on Health Care

FROM: Jay Rosenbloom, MD, PhD
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SUBJECT: Statement in Support of HB 4083

Chair Prusak and members of the committee, the 120+ pediatrician members of the Children's Health Alliance support HB 4083, which will continue to support a robust primary care infrastructure. Children's Health Alliance pediatricians care for approximately 170,000 children and their families in the Portland metro area and Salem, and are committed to improving the health of all Oregon's children.

In 2017, SB 934 created the reporting mechanism to ensure payers are equitably supporting primary care and moving our health care dollars away from paying for "sick care" to a team-based approach to wellness and prevention. Now is the time to advance this work and promote our state's health care priorities around the triple aim and integrated care models such as patient centered primary care homes. HB 4083 seeks to support patient access to primary care in recognition that preventive care improves the health of our population and helps manage the trajectory of health care costs. Access to primary care is improved via HB 4083 through the following:

- **Requiring insurers to provide reimbursement for at least three primary care visits annually, for which Oregonian patients will not be required to pay copayments, coinsurance, or deductibles.**

The primary care medical home is key to a patient's engagement in their health. Through the relationship that has developed over time and knowledge of the patient's health history, the primary care medical home is best positioned to understand the needs of the patient. Member practices of the Children's Health Alliance have found that engagement with the patient – through well visits and sick visits – allow the opportunity to not only take care of immediate health



- needs but to also ensure all appropriate preventive services are met (immunizations, screenings, and risk assessments). In addition, this requirement encourages patients, regardless of the type of insurance coverage, to seek care at the needed time without deferring the visit or seeking treatment at a more expensive venue because they would have to pay for their visit out-of-pocket.
- **Requiring insurers to assign a beneficiary to a primary care provider if they haven't selected one by the 90th day of the plan year.**

Choosing a primary care provider is an important element to the patient engagement in their own healthcare. This decision alone will help engage the patient in their care and help them seek care from a trusted individual when needed. In addition, the patient choice of a primary care provider will allow the industry to move rapidly toward value-based care, which in turn, will decrease overall costs. To effectively manage various components of value-based care, whether it is quality measures or taking risk on total cost of care, providers must know who their patients are to effectively outreach and engage patients in the right care at the right time, including critical preventive services such as immunizations, health or risk screenings.

In addition, HB 4083 seeks to further break down important barriers to receive behavioral health services through the following elements:

- **Prohibiting insurers from denying coverage, imposing more than a single copayment for behavioral health services delivered in the patient centered primary care home because services were provided on the same day.**

Integrated behavioral health has become an integral and transformative element of primary care. Trust with the medical home, and the ability to receive services at the time a need is identified is critical. Pediatricians are finding that an increasing number of patients benefit from behavioral health services, especially while children are facing more challenges due to COVID-19 that will continue to influence their development and needs in years to come. Removing any barriers to accessing important behavioral health services, especially when services are available at the time a need is identified, will increase the patient's ability to access needed services.

- **Prohibiting insurers from requiring a prior authorization for specialty behavioral health services provided by the patient centered primary care home.**

Removing prior authorizations when seeing providers within the same clinic will help patients access the service at the time it is needed within the medical



home. Comprehensive primary care delivers better care, resulting in substantial cost savings to other parts of the health care system and social services.

Now is the Time. We have a unique opportunity to ensure that Oregon's primary care infrastructure remains strong as physician practices develop new and innovative ways to provide better care for children and families. As independent pediatricians, we are investing in new services such as integrated behavioral health, population health management technology, and complex care management for high-need children and families. These innovations require substantial investment, often with little or no payment mechanism to reimburse physician groups shouldering these care delivery costs. It is time for health plans to match this investment through helping break down barriers to promote primary care preventive services which are expected to improve the longer-term trajectory of health care costs.

The investment in primary care that many of Oregon's payers have begun needs to continue to ensure primary care practices remain financially viable. If we want to move away from paying heavily for "sick care," now is the time to ensure adequate resources are invested in prevention and early intervention, ensuring a future of healthy Oregonians.

Across the Children's Health Alliance 140+ pediatrician members we strongly advocate for HB 4083, which will help ensure Oregon's children have access to the best possible health care regardless of insurance type.

Sincerely,

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CHILDREN'S HEALTH *alliance*

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