



Chair Nosse, Vice Chairs Javadi, Nelson and Members of the House Committee on Behavioral Health and Healthcare,

The groups listed above write to express their support of HB 3242, and thank Rep. Diehl for bringing this concept forward. We believe HB 3242 to be a common-sense solution that will ensure continuity of care and also help to address some of the administrative burden that healthcare practices and clinics are facing.

Credentialing is often a long and onerous process. Oregon law already requires insurers to reimburse claims for services rendered while a provider is undergoing the credentialing process, and HB 3242 clarifies that these reimbursements should be at the in-network rate if the provider in question is joining a provider group that is already in-network.

Payment disparities or disruptions can negatively impact access to care. HB 3242 helps to ensure continuity of patient care, helps to ensure the health of clinics and small practices, and also will help to reduce administrative burden on the back end related to retroactive adjustments.

There is a significant cost associated with recruiting and onboarding new providers. Searches for a new provider to join a practice can take years to successfully complete, and there is significant expense in the search and landing process. HB 3242 ensures that new providers at in-network practices are reimbursed at the in-network rate while they are going through the credentialing process, which helps to offset the expenses that the practice has undertaken to bring a new provider into their community.

We respectfully urge your support of HB 3242.

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