

Submitter: Kurt Beil
On Behalf Of: OANP
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB3439

I am a naturopathic physician (OR #1520, NPI 1780825471) practicing part-time since 2007. I am in a clinic in Clackmas/Happy Valley, Oregon.

The members of the Patient Advocates for Naturopathic Physicians and the Oregon Association of Naturopathic Physicians (OANP) urge you to pass HB3439 out of the House Committee On Behavioral Health and Health Care. With 1200 Licensed Naturopathic Physicians serving over 100,000 Oregonians each year, HB3439 will help improve delivery of primary care services in our state.

HB3439 requires that insurance companies pay naturopathic doctors (ND) fairly and on par with what other primary care providers are paid for providing the same services. Currently, NDs are reimbursed on average at half the rate of PAs, NPs, DOs and MDs. NDs are well-regulated and licensed as primary care providers. Thousands of Oregonians seek out the safe, effective and integrative care that NDs provide.

Every year, NDs are financially forced to either lay off staff and close their clinics or to move to a cash model, excluding those who are not affluent. This is diminishing Oregonians' access to safe and effective naturopathic care and we as a state should not be complicit in this. Oregon is currently experiencing a primary care provider shortage which will only be exacerbated if HB3439 does not advance.

HB3439 has a minuscule fiscal impact of 3 million dollars embedded in the OHA biennial budget, yet the profound positive impact on patient care for Oregonians far outweighs the cost. This allocation would go toward primary care, which has been a priority of this legislature. HB3439 will not only increase patients' ability to choose their doctors, but will also support the hundreds of small businesses across the state that provide naturopathic care.

I can speak personally to the benefits that full insurance pay parity would mean for my practice. I treat patients with complex chronic disease, and regularly bill corresponding ICD10 codes (99205, 99215, 99417, etc...) that get reimbursed at a fraction of what conventional MD practitioners receive, for the same amount of work. Pay parity would allow me to focus more fully on the care of patients, instead of having to rely on a second job. A licensed physician should not have to have a second job to pay bills because insurance reimbursement rates are so low.

Please vote "YES" on HB3439 at its upcoming hearing.