

Submitter: Aimee Bonneval  
On Behalf Of:  
Committee: House Committee On Behavioral Health and Health Care  
Measure, Appointment or Topic: HB3439

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House Committee on Behavioral Health and Health Care  
Oregon State Legislature  
900 Court St NE  
Salem, OR 97301

Subject: Support for HB3439 – Fair Reimbursement for Naturopathic Physicians

Dear Chair and Members of the Committee,

I urge you to support HB3439, ensuring fair insurance reimbursement for Naturopathic Physicians (NDs). With 1,200 licensed NDs serving over 100,000 Oregonians, this bill will improve access to primary care and prevent the continued closure of ND-run clinics.

Currently, NDs are reimbursed at only half the rate of MDs, DOs, NPs, and PAs for the same services—despite being licensed primary care providers. This disparity forces many NDs to close clinics, reduce services, or transition to cash-based models, limiting care for patients who cannot afford out-of-pocket costs. Oregon already faces a primary care provider shortage, and without action, this problem will worsen.

#### Countering Arguments Against HB3439

##### 1. Reimbursement Parity Is Already Established for Mid-Level Providers

NDs, like NPs and PAs, are recognized as mid-level practitioners yet remain the only primary care providers not granted pay parity. If NPs and PAs receive equitable pay for identical services, why should NDs be excluded?

##### 2. NDs Also Carry Licensing, Malpractice, and Other Professional Costs

An insurance industry representative argued that MDs/DOs bear higher costs due to

malpractice insurance, licensing, and board fees. However, NDs also carry malpractice insurance, licensing fees, continuing education costs, and professional society dues, just like MDs, DOs, NPs, and PAs. The claim that cost burdens justify reimbursement disparities is misleading—all primary care providers face similar financial obligations.

### 3. Misrepresentation of Cancer Screening & Acuity Data

A statistic from Providence Health Plan states that NDs have 13.6% lower patient acuity and 30% fewer cancer screenings—but this ignores critical patient context: Patients who initially decline screenings may actively seek care from NDs due to our emphasis on shared decision-making.

Many patients who are hesitant about screenings later choose to proceed after thorough counseling with their ND.

Lower screening rates do not equate to lower-quality care—they reflect patient choice and autonomy.

### 4. NDs Provide Full-Scope Primary Care Services

Opponents claim that MDs/DOs handle broader responsibilities, yet Oregon-licensed NDs already manage acute and chronic diseases, provide preventive care, order and interpret labs and imaging, prescribe medications, handle prior authorizations, and provide 24/7 call coverage. Additionally, NDs receive hospitalization notifications and coordinate follow-up care—the same responsibilities cited for MDs and DOs.

### HB3439: A Small Cost with a Big Impact

HB3439 has a modest fiscal impact of \$3 million within the Oregon Health Authority's biennial budget, yet its benefits are significant. Ensuring fair pay for NDs will:

- Expand patient choice in healthcare
- Support small clinics and prevent closures
- Help address Oregon's primary care provider shortage

I urge you to vote YES on HB3439 and ensure NDs are fairly reimbursed for the care they provide. Thank you for your time and consideration.

Sincerely,

Aimee O. Bonneval

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