



A Message from Oregon’s Physicians and Physician Assistants:

Thank you for your leadership during this difficult time. As the healthcare providers on the frontlines and those supporting our frontline clinicians, we are dealing with a frightening reality. Our efforts at this time are focused on the lack of personal protective equipment (PPE), inadequate supplies for testing and treating, and the surge of COVID-19 patients about to hit our healthcare system. We have identified the following urgent needs to ensure that the current healthcare system can successfully treat as many in the weeks and months ahead, while protecting the health and safety of the healthcare workforce.

Most Urgent Requests:

1. We advocate for aggressive social distancing policies. Community spread is increasing the incidence of COVID-19 cases. Social distancing is necessary to flatten the curve in order to protect our healthcare workforce and limit the spread of the virus so that the capacity of Oregon’s medical system remains intact. Healthcare workers in Italy and Washington are, right now, deciding who lives and dies because they don’t have enough critical care beds for everyone that needs them. Aggressive social distancing policy must stay intact until the public health threat subsides.

2. Immediate solutions to increase the PPE supply chain are critical. We need an all-hands-on-deck and practical approach to working with the appropriate Federal and State authorities to ensure that our providers have needed personal protective equipment and devices. Currently, many ER physicians and other clinicians are being asked to reuse the same equipment throughout an entire shift, or to conserve the very limited supplies in some cases. This is a significant risk and we must do all we can to protect our healthcare workforce.

3. Payment parity in telemedicine is essential. Payment parity and simplified coding for all modes of telemedicine (e.g. telephonic, synchronous video, online, etc.) are essential in order to keep non-COVID-19 patients from flooding EDs and our near-capacity hospitals. To do this, providers across the state have moved to caring for patients via telemedicine. While OHP FFS has increased rates, only traditional Medicare has guaranteed pay parity for services provided via telemedicine.

On top of varying reimbursement rates, each commercial and public insurer has differing requirements for coding the delivery of telemedicine. Complexity of billing is a major issue for providers under normal circumstances but requiring providers to learn new code sets for each insurer is completely untenable given current conditions. We urge DCBS and OHA to consider creating a crisis-specific modifier or code that providers can use with any existing CPT code, to flag care delivered by telemedicine during the COVID-19 crisis. Or, at the very least, to require all payers to use the same coding system as Medicare.



All insurers must provide equal pay for equal services delivered via telehealth and in-office and must recognize during this state of emergency an increased flexibility in types of services and location of services delivered via telehealth modes. A crisis-specific modifier or code also needs to be able to accommodate temporary changes in how items and supplies are ordered that mandate an in-person visit.

4. The state must address how to legally protect all healthcare providers and facilities during this time of emergency. Under a state of emergency, the state is directing all health care providers to alter standards of care with all forms of medical care not only to care for patients suffering with COVID-19 but to put off other forms of care and change how other patients will be triaged especially when a surge of patients arrives at our health care facilities. Current Oregon law does not appear to provide the proper safeguards that not only protect patients but also ensure that our health care providers have confidence the state will protect them when they have to delay some forms of care and make difficult choices with others that could result in injury, death or other loss. While Oregon’s Good Samaritan law is good and welcome, it does not address situations such as care during a pandemic and is limited to the volunteer provider, not the provider who is being directed to care for patients at the frontline of this crisis. Oregon also has a good set of protections for certain providers who are registered to serve during a state of emergency and appears to offer protections for those providers under the Oregon Tort Claims Act, but the statute is complex and vague about what actually is covered. The COVID-19 crisis is an unprecedented time in our society and we already are hearing about lawsuits emerging due to quarantining individuals on cruise ships. This issue needs careful thought and it needs to be addressed or providers will find themselves unfairly exposed to claims due to restrictions and directions placed upon them by the state and health care systems trying to meet the demands of the patient surge.

5. We need childcare for our front-line clinicians and first responders. In order for clinicians to be readily available, we need to ensure that safe childcare is available, as well.

6. Recognize physician discretion when determining essential services using PPE and non-essential services that do not utilize PPE. To keep patients from hospitals, providers may be able to provide care at ASCs or other clinics on patients that may become emergent if care is not provided.

7. During this state of emergency, no provider should be considered out of network. Any provisions on this issue should ensure that patients pay only in network cost sharing rates and must also include all outpatient procedures. Patients must be protected when seeking care in cases where they are not able to access their typical provider at their typical facility due to social distancing concerns (such as if their usual provider is ill, or if their usual provider is practicing in a new facility). We must also reduce the administrative burden of prior authorizations for patients and providers that may be out of network at the time of service.



8. Continue ongoing communications to providers. We appreciate the twice-weekly briefings organized by OHA and ORPRN. We would like to work with OHA to provide daily updates to all physicians via email, as well.

9. Protecting the health care safety net. Reimbursement policies have the potential to be dangerous to the healthcare safety net at a time when it's needed most. A ban on balance billing and an interim reimbursement rate are already in place for unexpected emergency care. Physicians in emergency settings are, by far, the most affected by this -- a majority of their patients are and will remain uninsured and underinsured. These physicians depend on reimbursement from commercial plans to enable them to care for the more vulnerable populations -- elderly, homeless and disabled. These providers that work on the frontlines must be protected from rate cuts.

Once the curve is flattened:

Once we begin to see the infection curve flatten, we hope to focus on the recovery of our state and our healthcare system.

Oregon healthcare providers across the state, whether rural or urban, in practices large and small, will need financial help in order to rebuild from this crisis and secure sufficient access to care, post-COVID-19. Providers may also need zero or low-interest bridge loans to sustain staff in the coming weeks and months or to bring back staff if they have to reduce capacity.

We hope that the state will consider lifting the non-emergency procedures ban prior to June 15, if necessary, PPE is secured, and the curve is sufficiently flattened to a point that Oregonians can resume normal, necessary access to healthcare.

We hope the state will also consider using financial tools to relieve stress on the healthcare system, (like delaying the implementation of the commercial activities tax, which could be a detrimental impact if, as expected, revenue plummets). Without knowing if insurers will provide pay parity for telemedical services, it's unclear what type of financial conditions healthcare providers face after the COVID-19 pandemic has been brought under control.

Oregon physicians and physician assistants are under immense pressure during this unforeseen crisis. We continue to advocate for their health and wellness. We hope the members of the legislature understand their sacrifice and do what you can to protect them at this time.