

## **Senate Health Care & Human Services Committee**

**Monday, September 16, 2013**

**State Capitol, Salem, Oregon**

**Members Present: Chair, Sen. Monnes Anderson, Vice-Chair, Sen. Kruse, Sen. Knopp, Sen. Shields, Sen. Steiner Hayward**

### **Adoption of Committee Rules**

The Committee adopted the proposed committee [rules](#) dated September 16, 2013.

### **Update on Coordinated Care Organizations (CCOs)**

Bruce Goldberg, MD, Director, Oregon Health Authority (OHA) discussed the 16 CCOs operating throughout the state, noting that 13 CCOs recently celebrated their one-year anniversary. He stated that the transition is “going smoothly,” with 95 percent of the Oregon Health Plan population receiving care through a CCO and that dental services and dental care are being integrated. He also noted that several CCOs are beginning to add additional services (i.e. non-emergency transportation, alcohol and drug residential treatment, and in early 2014, case management). Dr. Goldberg reviewed the CCOs Metrics and Scoring Committee’s role, noting that the 2<sup>nd</sup> Quarter Report is completed and the 3<sup>rd</sup> Quarter Report will be available the first week of November, 2013. He continued his discussion on the Transformation Center and the additional funding provided by the 2013 Legislative Assembly and how those funds are being utilized for on the ground CCO projects. Dr. Goldberg concluded his presentation with an update on several task forces (HB 2020, HB 2348, SB 604 and SB 569) and their progress.

The Committee questioned and discussed the increase in total health care costs, continuity of care, Fast Track eligibility, concerns relating to the recent medical liability legislation, and the current federal funding level.

### **Update on Cover Oregon (Insurance Exchange)**

Rocky King, Executive Director, Cover Oregon reviewed the exchange’s objectives and presented the enrollment goals, eight infrastructure projects, and individual, public, small group and dental carriers ([PowerPoint](#)). He continued with reviewing the integrated outreach campaign, immediate timeline, and the launch strategy. Mr. King detailed the strategy and the integrated outreach campaigns for reaching diverse populations, and the availability of community, small business and tribal outreach grants. Mr. King highlighted the October 1 launch strategy, potential customer experiences, projects completed and pending concerns, and unknown technology challenges.

The Committee discussed and questioned the agent status, what Cover Oregon’s approach is to initial launch problems and contingency plans, small businesses concerns, system testing and performance, and the federal interfacing requirements (what’s being shared and with who).

### **Emergency Department (ED) Utilization Presentation**

Robert E. Lowe, MD, MPH, Professor, Oregon Health & Science University discussed and reviewed the five common myths associated with ED use:

- There is significant inappropriate ED use in the US;
- ED use is a major cost driver;
- ED use for minor problems causes ED overcrowding;
- ED use disrupts continuity of care; and
- There are easy strategies for reducing unnecessary ED use ([testimony](#)).

The Committee discussed the correlation between reduced ED use and access to evening hours being offered in other settings giving patients options.

### **E-Prescribing of Schedule II Drugs**

Rob Bovett, Lincoln County District Attorney, Gary Schnabel, Executive Director, Oregon Board of Pharmacy (testimony) and Niki Terzieff, Oregon State Pharmacy Association explained that federal regulations allow for electronic prescribing of controlled substances, including C-II controlled substances under certain circumstances ([testimony](#)). The Oregon Pharmacy Coalition is requesting that the House Health Care Committee support introducing a committee bill for the 2014 Legislative Assembly that would include electronic prescribing of schedule II controlled substances in Oregon's Controlled Substances Act, and be consistent with federal regulations.

### **Basic Health Plan Presentation**

John Mullin, Oregon Law Center presented on the Basic Health Program (BHP): BHP is an option for states to offer under the federal Affordable Care Act to fill a gap in affordable coverage among residents under age 65 with incomes less than 200 percent of the federal poverty level, who are not eligible for Medicaid and who cannot obtain job-based health insurance.

Janet Bauer, Policy Analyst, Oregon Center for Public Policy discussed affordability and Oregon's insurance exchange ([PowerPoint](#)) and reviewed research on affordability. She continued with what a BHP would look like in Oregon, what services might be offered and what populations would be eligible to participate in the BHP ([testimony](#)).

Alberto Moreno, Executive Director, Oregon Latino Health Coalition identified populations that are excluded from the Affordable Care Act. Mr. Moreno discussed the positive impact if Oregon implemented the BHP. He stated that the state does not have to make a decision on the BHP now, but he requested that the state explore/study the feasibility and economic impact of offering a BHP in Oregon.

The Committee questioned and discussed the impact of the individual mandate penalties, availability of federal guidelines, available subsidies, and the cost-benefit analysis.

### **Healthcare Acquired Infection (HAI) Report Presentation**

Katrina Hedberg, MD, MPH State Epidemiologist and Acting Health Officer, OHA reviewed HAI Report data ([PowerPoint](#)), areas of concerns, reporting tools, partnerships and collaboration, and reporting in Oregon.

Diane Waldo, Associate Vice-President of Quality & Clinical Operations, Oregon Association of Hospitals & Health Systems (OAHHS) presented the OAHHS statewide effort and partnership with the Health Research and Educational Trust in addressing HAIs. She reviewed the Centers for Medicare & Medicaid Services program to reduce preventable harm and readmissions by December 2013 and the hospital's focus areas to achieve those goals ([testimony](#)).

The Committee questioned the increasing trends, that the data is understandable to the consumer, and the ability to audit or verify data.

### **Alcohol and Drug Treatment Programs Overview**

Karen Wheeler, MA, Administrator, Addictions and Mental Health Division, OHA began the presentation with a review of Oregon's addiction treatment system and its evolution from the 1970s to present ([PowerPoint](#)). She presented that when the Driving Under the Influence of Intoxicants (DUII) laws were updated in the 1980s, there was significant growth and development in the treatment system. Ms. Wheeler continued her review of how the alcohol and drug treatment programs were significantly reduced in 2002-03 recession and discussed how the residential treatment Medicaid funding is being transitioned to the CCOs.

The Committee discussed and questioned the number of youth being served, update on the Alcohol and Drug Abuse Commission, factors used to determine who receives treatment, and primary drug of choice data.