

**HOUSE COMMITTEE ON**  
**HEALTH AND HUMAN SERVICES**

**March 2, 2005 Hearing Room D**

**8:30 A.M. Tapes 41 - 44**

**MEMBERS PRESENT:           Rep. Billy Dalto, Chair**

**Rep. Tom Butler, Vice-Chair**

**Rep. Carolyn Tomei, Vice-Chair**

**Rep. Gordon Anderson**

**Rep. Deborah Boone**

**Rep. Kevin Cameron**

**Rep. Mitch Greenlick**

**STAFF PRESENT:           Sandy Thiele-Cirka, Committee Administrator**

**Pamella Andersen, Committee Assistant**

**MEASURES/ISSUES HEARD:**

**Presentation on Consumer Driven Services – Informational Meeting**

**HB 2479 – Public Hearing**

**These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.**

<b>TAPE/#</b>	<b>Speaker</b>	<b>Comments</b>
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<b>TAPE 41, A</b>		
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004 Chair Dalto Calls the meeting to order at 8:34 a.m. Opens the informational meeting on Consumer Driven Services.

**Consumer driven services – INFORMATIONAL MEETING**

016 Kathryn Weit Policy Analyst, Oregon Council on Developmental Disabilities. Submits and reviews written testimony (**exhibit a**). Relates changes in Oregon's treatment philosophy. Mentions need for self-determination in treatment. States independent support brokerages have been created to fulfill seven functions listed in (**exhibit a**). Reports this model brings communities and public funding together to meet needs.

065 Rep. Tomei Requests definition of the term brokerage.

067 Weit Explains brokerages are non-profit entities that work with clients to package needed services.

069 Rep. Tomei Asks what term was used in the past.

076 Weit Responds, agency, coordinator.

078 Bev Herrin Director, Resource Connections of Oregon. Submits and reviews written testimony (**exhibit b**), relating where their brokerage provides services. Notes how brokerages came into existence, and the change in philosophy of care for those with developmental disabilities. Relates responsibility of brokerage agent to develop individual support plans for each client within the client's capped budget amount. Notes five categories where most of the funding is spent.

186 Rep. Butler Requests clarification on the position of Resource Connections of Oregon and from where they receive their clients.

220 Herrin Reiterates brokerages are private, not-for-profit social service agencies with customers referred through county programs.

235 Rep. Butler Questions whether brokerages add a level of management and bureaucracy that reduces available dollars for the clients.

247 Herrin Clarifies the state regulates the services; the brokerages provide direct services to individuals, with 10 percent of their budget being administrative.

- 268 Weit Reports responsibilities are divided between counties and brokerage services with counties acting as Medicaid entities, and clients dealing directly with brokerages for services.
- 298 Chair Dalto Clarifies the county is passing the dollars through to the brokerages who deliver the services, and the accountability measures listed are quality management systems within the brokerage.
- 317 Weit Corrects the earlier statement on funds, reporting the state distributes the money to the brokerages.
- 307 Rep. Greenlick Asks how much of the oversight ensures the clients are receiving the services they need.
- 363 Weit Reports they have strong oversight by community members ensuring the dollars are used effectively.
- 369 Chair Dalto Asks if efficiencies are gained by serving multiple counties, and how many counties are serviced.
- 377 Weit Notes all counties within the state are served, and states that it appears to be a very cost effective way to deliver services.
- 387 Rep. Butler Expresses concern that more money than necessary may be expended through duplication of effort, rather than using existing rural county consortiums. Questions why a new layer of administration is being added.
- 419 Chair Dalto Questions whether Rep. Butler's concerns relate to existing brokerages or a future brokerage model.
- 427 Rep. Butler Asks why we current service delivery organizations are not being utilized.

**TAPE 42, A**

- 006 Chair Dalto Reports this service has been in place a couple of years and that the previous system was not client-centered. Explains the purpose of the brokerage model.

050	Rep. Greenlick	Shares personal learning experience of severely disabled being cared for by their parents, to whom services were unavailable if the children remained in their own home. States brokerages allow self-determination. Comments a special fund has been set aside for this from a suit settlement.
104	Rep. Anderson	Mentions the necessity of being cautious about efficiencies and careful increases don't get out-of-hand and go unchecked.
133	Marvin Wood	Father of developmentally disabled adult. Submits and reviews written testimony ( <b>exhibit C</b> ). Introduces his daughter, Debra, who is blind, autistic, has slight developmental disabilities, and lives at home. Notes Debra's participation in a work program at Shangri-La for the last 30 years. Mentions in the prior system, they saw the caseworker once a year, but under this new system the personal agent has gotten to know them.
198	Debra Wood	Developmentally disabled adult. Explains what she does with Shangri-la.
205	Chair Dalto	Asks Debra the difference between the two programs, and which she prefers.
210	D. Wood	Prefers brokerage program.
219	Chair Dalto	Asks M. Wood the difference between caseworker and brokerage models.
222	M. Wood	Mentions continuity of care with personal agent, the volunteer committees that plan and get clients together in community, value of customer input, and ability to plan personal activities.
273	Adrienne Young	Executive Director, Empowerment Initiatives Inc. Notes her diagnosis with mental issues and how she came to develop and direct this brokerage. Explains the development of plans for clients and progress made through employment and education.
374	Chair Dalto	Asks about the value in the sense of community with clients.
354	Young	Elaborates on the specific impact of community for individuals within their brokerage.

- 407 Rep. Butler Asks if they receive state funding.
- 412 Young States they are looking at further future funding, such as block grants and county funding. Reports customers have existing mental health services but are not using them because they are not effective.
- 433 Gina Johnston Customer of Empowerment Initiatives Brokerage. References the visual board she created showing her progress since working with Empowerment. Relates the history of her mental illness.

**TAPE 41, B**

- 008 Johnston Continues personal testimony. Shares the goals she is working toward and the progress she has made.
- 048 Chair Dalto Questions whether she could have achieved these goals on her own.
- 049 Johnston Responds possibly, but it would have taken much, much longer.
- 058 Chair Dalto Asks what services Johnston was receiving before joining the brokerage.
- 059 Johnston Elaborates on the programs she was using and the steps she took with her former services.
- 065 Rep. Tomei Asks how Johnston found the brokerage.
- 067 Johnston Reports her Cascadia counselor referred her, because she qualified by taking her medication regularly, and was motivated to change.
- 075 Young Explains they wanted to work with existing providers, and with people that wanted to move forward. Notes the program lasts 18 months.
- 085 Rep. Boone Comments this model appears to offer more community-based, lay person, buddy-system approaches that would not be available in a clinical setting.
- 093 Young States when people have control over their budget, they are more conscious of how it is spent. Reports clients were under the

impression certain programs were free. States value in being accountable.

- 120 Rep. Butler Asks about Johnston's time in Pendleton.
- 122 Johnston Relates details of getting off drugs and alcohol, and the necessity of removing herself from unhealthy people.
- 135 Rick Snook Board member, Empowerment Initiatives Inc. Notes his personal challenges and how the mentally ill are viewed by the general public. Relates the Empowerment board is made up of people with mental illnesses. Continues presentation in support of the program.
- 197 Francisco Lopez Director, Integrated Services Network Brokerage. Reports his brokerage serves close to 500 adults. States the brokerage model is consumer driven, value driven, and more cost effective. Mentions this is a new social contract based on self-determination.
- 269 Chair Dalto Requests Lopez explain how the families, aging parents caring for adult children, got this model started.
- 273 Lopez Reports following the closing of Fairview, families waited a long time for services to assist them; the state responded there was no money to help them, leading to a class-action lawsuit with the state. With the resources from the settlement, families pursued building full integration for their children into their communities.
- 332 Rep. Anderson Asks what percentage of the disabled are served by the brokerages.
- 339 Mike Maley Seniors and People with Disabilities, Department of Human Services (DHS). Reports there are presently 3,700 people working with brokerages, and the department anticipates 5,300.
- 360 Rep. Boone Requests financial details of the settlement.
- 363 Maley Offer to provide details in writing as it is in multi-years.
- 395 Chair Dalto Closes the informational meeting on Consumer Driven Services. Opens the public hearing on HB 2479.

- 397 Sandy Thiele-Cirka Committee Administrator. Reviews history and intent of the bill related to definition of podiatrist.
- 416 Tom Barrows Oregon Podiatric Medical Association. Supports HB 2479. Submits and reviews written testimony (**exhibit D**). Notes training and education of Podiatrists are comparable to that of MD's and DO's, and they are regulated by the same board.

**TAPE 42, B**

- 004 Barrows Relates issues that have developed because of the existing definition. Expects other associations to oppose the bill. Reports definition change will not change scope of practice.
- 039 Rep. Tomei Requests clarification of existing wording on who is allowed to order prescriptions by administrative rule.
- 050 Barrows Confirms Rep. Tomei's understanding.
- 061 Rep. Greenlick Requests clarification the purpose and effect of the bill is not to create different categories of compensation, or to change privileges.
- 070 Barrows Confirms they are not intending to gain new privileges, only regain what previously existed and was removed by the definition change.
- 081 Rep. Greenlick Requests explanation of intent on page 5, section 7, line 20, which appears redundant.
- 099 Barrows Explains purpose of legislative counsel.
- Chair Dalto Suggests work be done on that line.
- 116 Barrows Notes he is awaiting a response confirming the support of the Osteopathic Physicians and Surgeons Association.
- 120 John Mozena Doctor of Podiatric Medicine (DPM). Supports HB 2479. Relates intent of bill. Notes his training and experience. Lists required education courses for this license.
- 197 Rep. Butler Requested delineation of education.

210	Barrows	Notes such provided in ( <b>exhibit D</b> ).
222	Rep. Greenlick	Clarifies the intent is to have podiatrists called physicians in the same manner as osteopaths and MD's.
246	Mozena	States they are seeking to define who they are within their scope of practice.
251	Rep. Greenlick	Asks if podiatrists are looking for equivalency.
264	Mozena	States they are exactly the same within their scope of practice – they wish to be called physicians.
289	Rep. Tomei	Requests confirmation the intent is to gain the perks that come with the title of physician, such as dispensing prescriptions and receiving tax credits.
302	Barrows	Confirms her understanding, noting they get the tax credit, but not the increase.
321	Kim Gauntt	President, Oregon Podiatric Medical Association. Reports the limitations based on definition can cause delays in treatment, such as doing histories and physicals. Notes how the fees are affected, and the impact on the cost to the consumer. Relates instance of provided services for which insurance company refuse to pay.
430	Rep. Tomei	Questions their qualifications to perform a physical exam.
442	Gauntt	Explains they perform exams and histories relative to performing surgeries. Elaborates on classes of patients, and those on which they may perform physical exams.
476	Rep. Butler	Questions 1) how the 1999 scope of practice issues were resolved; 2) if orders to dispense can be resolved in legislation; 3) if insurance code issues can be handled through Department of Consumer and Business Services (DCBS) and the insurance industry; 4) the number of DPM's in comparison to MD's and DO's.

**TAPE 43, A**



018	Gauntt	Provides current statistics on number of licenses: 165 Podiatric Doctors compared with 12,000 MD's and DO's.
021	Barrows	Addresses questions on scope of practice - it wasn't expanded, it was clarified; and dispensing and insurance code – both could be dealt with in separate legislation, but why do so when this one bill could solve both.
036	Rep. Cameron	Questions whether Gauntt has witnessed a physician refusing to do a physical because they won't be paid, and what should be done in such circumstances.
051	Gauntt	Responds yes, and another physician would have to be persuaded to complete the physical, or the patient would have to change hospitals.
058	Rep. Cameron	Asks if podiatric physicians can legally perform ultrasound scans.
065	Gauntt	Responds, yes, the issue is a reimbursement issue, not a legal issue.
075	Chair Dalto	Requests explanation of why this bill is necessary.
080	Gauntt	Answers apart from this bill, the association would have to return to every legislature to address some new issue, which is difficult, as they are a small group.
096	Rep. Greenlick	Raises the issue of which doctors should be called physicians, and what criteria should be used to make this determination.
110	Mozena	Replies by explaining medical philosophies (chiropractic, osteopathic, naturopathic, allopathic), and that they are aligned with MD's and DO's under allopathic philosophy.
127	Rep. Anderson	Questions why DPM's do not go to medical school and pursue an MD with a sub-specialty in foot surgery.
146	Mozena	States the schools are already beginning to merge, but there has been a lack of training in foot and ankle medicine and surgery, and they have chosen to take up that banner.
160	Rep. Anderson	Questions why podiatrists don't pursue becoming someone who can treat the whole body and then specialize, such as orthopedic surgeons.

164	Mozena	Responds they are specialists such as dermatologists, or ophthalmologists.
176	Kathleen Haley	Executive Director, Oregon Board of Medical Examiners. Opposes HB 2479. Submits and reviews written testimony ( <b>exhibit E</b> ). States their primary mission is to protect the public. Lists differences between podiatric and medical schools, and required years of training, noting the changes mentioned in early testimony don't exist, yet. Comments no other state calls podiatrists physicians. Notes the board has no desire to exclude podiatrists from tax credits or dispensing medicine.
218	Chair Dalto	Asks if there are any podiatrists on the board.
220	Haley	Responds no, there is a podiatric council under the board by the request of the podiatrists.
234	Haley	Discusses hospital credentialing, and the belief this bill will not address that issue.
247	Rep. Tomei	Requests Haley's recommendations on how to address the problems mentioned.
261	Haley	Mentions provisions of SB 469. States additional bills could be drafted. Doesn't have answers to the medical community issues.
273	Rep. Cameron	Asks if there are other categories of physicians unrepresented on the board.
279	Haley	Relates other groups have their own boards.
290	Chair Dalto	Asks if the board polled the podiatric sub-committee regarding SB 469.
292	Haley	Reports she called each member and they expressed concerns with reimbursements. They will be meeting again to discuss their position on the bill. The Board of Medical Examiners took a position in opposition to SB 469.
315	Scott Gallant	Oregon Medical Association. Opposes HB 2479. States the bill does not really address the issues raised.

466 Rep. Butler Asks if another bill could address these concerns.

**TAPE 44, A**

003 Gallant Notes another bill may not reach the statutes with regard to reimbursement, but the fix for dispensing medications is easy.

024 Chair Dalto Closes the public hearing on HB 2479. Adjourns the meeting at 11:05 a.m.

**EXHIBIT SUMMARY**

- A. Consumer Driven Services, written testimony and background information, Kathryn Weit, 7 pp**
- B. Consumer Driven Services, written testimony, Beverly Herrin, 4 pp**
- C. Consumer Driven Services, written testimony, Marvin Wood, 2 pp**
- D. HB 2479, written testimony, Tom Barrows, 16 pp**
- E. HB 2479, written testimony, Kathleen Haley, 2 pp**