SENATE SPECIAL COMMITTEE ON THE OREGON HEALTH PLAN

5/22/03 4:00 P.M. **Hearing Room A** Tapes 7-8

MEMBERS PRESENT:	Sen. Peter Courtney, Co-Chair
	Sen. Jackie Winters, Co-Chair
	Sen. Kate Brown
	Sen. Margaret Carter
	Sen. Bill Fisher
	Sen. Lenn Hannon
	Sen. John Minnis
	Sen. Bill Morrisette
	Rep. Alan Bates
STAFF PRESENT:	Marjorie Taylor, Committee Adminis

istrator Heather Gravelle, Committee Assistant

MEASURE/ISSUES HEARD: Informational Meeting: Confirmation of Prioritization of Benefits Introduction of Cost Scenarios

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.

TAPE/#	Speaker	Comments		
TAPE 7, A				
005	Co-Chair Winters	Calls the meeting to order at 4:15 p.m. Opens the informational meeting on the confirmation of prioritization of benefits and the introduction of cost scenarios.		
INFORMATIONAL MEETING				
010	Co-Chair Winter	States the committee needs to work in a timely fashion.		
015	Mike Bonette	Policy Analyst, Senate Republican Office. Provides information on the OHP pricing work sheet Co-Chair budget, and OHP dental services. (EXHIBIT A & B) .		
020	Bonette	Begins presentation on the prioritization of benefits. Starts off with the Co-Chair OHP budget. Provides a break down of the categories and populations served. States costs associated with each specific category.		
030	Bonette	Explains the sooner we make a decision the more money will be saved. Begins explaining the population categories and the benefits. States how much money it currently costs.		
040	Bonette	Continues explaining the Co Chair budget. Reiterates how important it is to incorporate the benefits now, vs. later.		
045	Bonette	Expresses the cost of 21 months vs. 18 months of coverage.		
050	Bonette	Explains the issue regarding the medically needy seniors and the disabled. States initially only looking at the prescription drug benefits.		
055	Sen. Morrisette	Asks for clarification on the number of medically needy individuals due to transplant rejection and HIV.		
060	Bonette	Responds and provides numbers: 8,700 were enrolled, currently there		

		are 400 enrolled in the medically needy program.
075	Bonette	Clarifies the latest numbers on the medically needy are 175 HIV patients, and 68 transplant patients who are receiving benefits.
077	Sen. Minnis	Wonders what happened to the rest of the patients that aren't being accounted for.
090	Dr. Bruce Goldberg	Expresses no one knows where the people have gone once they left the program. Explains the medically needy program actually ended December 1, 2003. Adds current patients are in a program receiving money from general funds.
105	Sen. Minnis	Asks what is the group is called since there is no longer a medically needy program.
107	Dr. Goldberg	Explains it is a federal program that has been receiving federal match dollars. Adds the program doesn't have a name currently.
125	Sen. Minnis	Wonders if the medically needy program was still in existence, how many people would be enrolled.
128	Dr. Goldberg	States it would depend upon how the program was set up.
145	Sen. Minnis	Provides further clarification to original question posed.
150	Dr. Goldberg	Responds 8,000.
152	Sen. Minnis	Expresses disbelief that out of the 8,000 previously enrollees, currently only 400 are being accounted for. Wonders again where the remaining people went.
155	Dr. Goldberg	States he knows where 500 of them are. Explains 200 qualified for the full OHP program. 150 are in long term care, and 150 entered the Employed People with Disabilities Program.
190	Sen. Brown	Wonders if it is fair to say the federal government doesn't make distinctions or prioritizations amongst those with severe medical needs.
195	Dr. Goldberg	Responds yes, that is correct. Adds that is why they can't prioritize amongst those populations.
200	Sen. Minnis	Expresses being disturbed by not addressing the populations.
205	Sen. Brown	States they have had long discussion on the issue. Mentions SB 55 and how leadership spent a lot of time making decisions and discussing who will be funded. Explains why the choices were made in the past.
220	Sen. Minnis	States knowing the program was in trouble, Department of Human Services should have tracked the 8,000 enrollees once they left the medically needy program.
260	Dr. Goldberg	Mentions the reason the individuals are no longer part of the program. Adds he agrees they should have been tracked.
290	Bonette	Explains there are some new formulas. Discusses the primary care package as the basic package, and the hospital package would be an add on.
330	Sen. Morrisette	Wonders where the mental illness, alcohol and drug use packages are located.
335	Connie Seely	Senate Presidents Office. Points out in the primary care services package, there is a mental health and chemical dependency component.
TAPE 8, A		
005	Seely	Continues explaining the chemical and mental health benefits. Adds if this body chooses to cover those individuals.
030	Rep. Bates	Asks where are the mental health and chemical dependent individuals within the population.

045	Seely	States about 10% of the current adult populations are receiving mental health services.
065	Sen. Minnis	Asks for clarification in regards to the mental health issue. Adds it is unclear if it is a separate program, or is it combined into the same program. States the reason he is asking is to ensure they are maximizing the current resources.
070	Bonette	Explains he doesn't know the answer, but will attempt to find out.
090	Sen. Fisher	Seeks clarification as to why do we use different formulas for different percentages for adults and families.
100	Bonette	States these individuals are a higher risk. Explains the formulas they use, are based on the assumption they will cost more.
135	Co-Chair Winters	Explains the issue isn't that because they have less money they are sicker. States the issue is 25% of the population is sicker than the remaining.
140	Rep. Alan Bates	Comments based on his own experience, the individuals who are in the 25%, have mental illnesses or chemical dependency. Adds the reason they have less money is due to their illness or chemical dependency.
170	Sen. Morrisette	Declares he would like to see actual data as to who falls into the categories. Explains this information will help the committee make intelligent decisions.
175	Bonette	Discloses they will provide the information at the next committee meeting.
255	Sen. Minnis	Wonders what decisions are being made today.
260	Co-Chair Winters	States what decisions she would like made today. Explains within the benefit packages, there are mandatory, prescription drugs and chemical dependency. Decision point is whether they will include the optional services under the categorical group.
265	Sen. Minnis	Believes dental coverage should be discussed as well.
280	Bonette	Explains dental is part of the handout provided, located under the mandatory benefit package.
310	Sen. Brown	Wonders if the immense costs associated with the dental program is with the children.
315	Seely	States that dental service for children is mandatory.
318	Co-Chair Winters	Asks for more research and information to be provided to assist the committee to come to a good decision.
320	Bonette	Agrees. Adds they can come back on Wednesday with an explanation of everything which will lead to a better discussion.
365	Co-Chair Winters	Suggests getting the information to the committee members prior to the next meeting, so they have time to review the data and have any questions prepared.
400	Sen. Minnis	Asks for the information to be in a systematic format.
TAPE 7, B		
005	Seely	Agrees she will provide the information as requested. Asks for clarification on next week's committee schedule.
020	Co-Chair Winters	Provides clarification on the committee's tentative schedule.
030	Co-Chair Winters	Closes the informational meeting. Adjourns the meeting at 5:25 p.m.

EXHIBIT SUMMARY

A – Informational Meeting, OHP pricing work sheet, co-chair budget, Mike Bonette, 3 pp

B – Informational Meeting, OHP dental services, Mike Bonette, 1 p