SENATE SPECIAL COMMITTEE ON THE OREGON HEALTH PLAN

May 29, 2003 **Hearing Room C**
3:00 P.M. **Tapes 11-14**

MEMBERS PRESENT: **Sen. Peter Courtney, Co-Chair**
Sen. Jackie Winters, Co-Chair
Sen. Kate Brown
Sen. Bill Fisher
Sen. John Minnis
Sen. Bill Morrisette

MEMBERS EXCUSED: **Sen. Margaret Carter**
Sen. Lenn Hannon

STAFF PRESENT: **Marjorie Taylor, Committee Administrator**
Heather Gravelle, Committee Assistant

MEASURE/ISSUES HEARD: Prioritization of populations served and benefit packages provided by the Oregon Health Plan – Public Hearing

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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 11, A		
005	Co-Chair Winters	Calls meeting to order at 3:10 p.m., makes announcements, and opens a public hearing on the prioritization of populations served and benefit packages provided by the Oregon Health Plan.
PRIORITIZAATION OF POPULATIONS SERVED AND BENEFIT PACKAGES PROVIDED BY THE OREGON HEALTH PLAN - PUBLIC HEARING		
020	Kelley Kaiser	Co-Chair, Medical Advisory Committee. Advocates for increased revenue and urges committee to choose benefits based on evidence-based medicine **(EXHIBIT A).**
069	Jean Thorne	Director, Department of Human Services. Introduces Barry Kast, Assistant Director for Health Services, and Dr. Tina Kitchen, Medical Director for Seniors and People with Disabilities. Asks that the members remember the Oregon Health Plan really is interwoven and is so much of what the department does. States that if service is not provided for certain groups, that in turn may cause cost shifts to other parts of the department or other parts of government. States that Kast and Kitchen will talk about the services.
085	Thorne	Comments on a new federal law that will allow enhanced federal Medicaid match to the states and the strings that are attached. The new law provides state fiscal relief. One is an enhanced Medicaid match of 2.95 percent for five quarters beginning this past quarter—beginning the last two quarters of federal fiscal year 2003 and the first three quarters of fiscal year 2004. The federal government estimates that will provide about $100 million to Oregon. States they are looking at those revisions because it may have been based on some of Oregon's past expenditures so it may be somewhat less. The other piece is called "flexible assistance" and is, in essence, a grant to the

		state of about $116 million to use for a variety of purposes.
101	Thorne	States there are some strings on the enhanced Medicaid match. There are some maintenance of efforts requirements. A key provision is that in order to keep all the money to which Oregon is entitled, we must not restrict our Medicaid eligibility.
100	Sen. Minnis	Asks for a copy of the document Thorne is reading from.
105	Thorne	States she is reading from the tax cut bill including the fiscal relief and will send information to members.
120	Thorne	States there is a maintenance of effort provision that requires that states not restrict their Medicaid eligibility below that which is in effect on September 2, 2003. States they are working with the federal government to determine what "in effect means." They do know it relates to Medicaid eligibility and to eligibility under 1115 waivers, which is the waiver Oregon currently has under the Health Plan. States if there are optional groups such as pregnant women that the legislature may no long want to cover under Medicaid, and the legislature wishes to reduce the eligibility, it would need to be done quickly. It could be done under a state plan amendment and be in effect prior to September 2 in order to claim the money.
137	Thorne	States that on the 1115 waivers, because that must be negotiated with the federal government, they believe if the legislature wanted to eliminate coverage for standards, they don't believe it could be done prior to September 2, 2003. The federal government requires a phase down so it would probably mean January 1. They think that means Oregon could claim, if coverage for Standard is eliminated as of January 1, Oregon likely would still be able to claim the enhanced match of the additional 2.95 percent for the current quarter, the next quarter, and the last quarter of this calendar year, but would forego the enhanced match for the other two quarters that are a part of this.
155	Thorne	The committee needs to recognize that there are some potential implications of reducing eligibility; we can reduce benefits but we cannot reduce eligibility without some kind of potential loss of some of the enhanced match. Adds that it does not relate to CHIP eligibility.
163	Sen. Morrisette	Advises Thorne that the committee will be meeting on Saturday to make decisions.
155	Thorne	Responds that many states are grappling with the new provisions and the federal government is also trying to figure out what this means. States she thinks they can clearly say if we eliminate Standard, and unless there is someway to get it in effect before September 2, there will be some loss of the enhanced match.
	Co-Chair Winters	Asks that Thorne provide the committee before the meeting on Saturday with a copy of the legislation and any summaries and information from other states and the federal government.
180	Thorne	Comments she understands there has been some discussion about the possibility of prioritizing Medically Needy before Standard. Advises that if the Medically Needy program is restored and Standard is not, it easily will increase the size of the Medically Needy program because there will be people who meet the criteria under Medically Need who would not spend down.
196	Thorne	Asks that Barry Kast talk about some of the issues around mental health and chemical dependency, and Tina Kitchen to talk about the issues around long-term care population, services, and the eligibility

		groups that are on the committee's list.
200	Barry Kast	Assistant Director for Health Services, Department of Human Services. Provides information on the mental health and chemical dependency benefit that was provided to the Standard population before March 1. Provides background information from the mid 1980s through the mid 1990s. States that during 2002, 29,000 eligibles were served under the Standard benefit in either mental health or chemical dependency programs; 13,500 were in chemical dependency and 16,000 in mental health. This group consumed about 18 percent of the cost of mental health pharmaceuticals and 22 percent of the 390,000 prescriptions that were written. Cutting that benefit has had some significant impacts. The first effect was the alcohol and drug treatment contractors lost about 60 percent of their revenue because it had been shifted into the health plan. The criminal justice system experienced significant reductions, too. This population of people who have been convicted of driving under the influence of intoxicants uses a lot of services. Nearly 3,000 people were maintained on methadone under this benefit. The drug courts that were to divert people out of criminal justice in many cases have lost access to services. Acute mental health care has been increasing—not surprising since the benefit produced an out-patient service. They have seen about a 50 percent reduction in out-patient visits since March.
225	Sen. Morrisette	Asks if Kast has the statistics in writing.
230	Kast	States he will provide that information.
235	Kast	States that about 30 percent of children in foster care have parents who are involved with alcohol and drugs. About 41 percent of child protective cases have a drug and alcohol component. Many of these families are eligible under this benefit and do not have services available through the Medicaid program.
240	Dr. Tina Kitchen	Medical Director for Seniors and People with Disabilities. Presents statement on Optional OHP Services and Long Term Care and Employed Persons with Disabilities **(EXHIBIT B).**
366	Ann Uhlu	Board Member of the Women's Commission on Alcohol and Drug Issues. States there had been great treatment of women and children until March 1, 2003. Oregon has had more women's treatment slots per capita than any other state in the union. States they are assuming that alcohol and drug for pregnant women and women and children will stay as a benefit, and that the legislature is considering the additional population of women. Comments on women losing custody of their children temporarily and the need for alcohol and drug treatment. The estimate is $25 million for additional foster care if the services are not provided. As of March 1 these people can not get the services and can not get their children back. Comments further on cost of foster care, lack of foster parents, the backlog of need when coverage was first provided, and women 45-60 who are unemployed or are employed in low pay jobs with no health coverage.
Tape 12, A		
030	Rick Treleaven	Executive Director, BestCare Treatment Services, and Mental Health Director, Jefferson County Mental Health. Submits prepared statement and asks for the committee to consider extending the chemical dependency benefits to the non-categorical adults and

		families along with primary care benefits **(EXHIBIT C).**
085	Tim Hartnett	Executive Director, CODA. Presents a prepared statement advocating for inclusion of alcohol and drug treatment in the Oregon Health Plan **(EXHIBIT D).**
165	Jeff Davis	Administrator, Marion County Health Department, and Vice President, Association of Oregon Community Mental Health Programs. Submits prepared statement **(EXHIBIT E)** and supports previous testimony on reinstatement of mental health and chemical dependency benefits into the Oregon Health Plan, and the need for care of the medically needy. Comments on interconnections between mental health and chemical dependency service and other service systems.
190	Davis	Explains graphs attached to his testimony **(EXHIBIT E, pages 4, 5 and 7).**
245	Randy Sorvisto	A recovering heroin addict, and a Co-Chair, Recovering Association Project. Explains that he works with people in the early stages of coming out of detoxification, both Standard and Plus clients. Comments on his recovery process as a consumer of OHP, and his success working in the field. Comments on lack of access to treatment by parents who have lost their children in Multnomah County, and the need for OHP coverage.
	Jamie Schuman	A recovering addict, mother, and wife. Explains her story of becoming an addict, learning of the OHP after coming to Oregon, and her recovery.
370	Dan Perkins	Recovering heroin addict from Portland. Comments on his hopelessness then going through the detoxification center with the help of the OHP. Comments on his success.
420	Co-Chair Winters	Thanks the witnesses for their personal testimony.
440	Linda Williams	Recovering heroin addict. Comments on her success with assistance of the OHP.
TAPE 11, B		
019	Thomas Jones	Recovering addict. Comments on his success as a result of the OHP. States he still collects Oregon Health Plan Plus benefits due to mental illness. Has worked for a company for 20 months. Mentions son who suffers from drugs and mental illness. Asks that alcohol and drug coverage be provided through the OHP.
034	Rev. Carolyn R. Palmer	Public Policy Director, Special Concerns Ministries; Legislative Representative, Multnomah County In-Home Care Advisory Committee; and 504 Disability Ward, Housing Authority of Portland. Advocates for Title 19 funds for prescription coverage, medical transportation, and funding for Level 14 mobility. States that the smaller churches are not able to maintain even one person. Also advocates for transportation for the medically needy, and more revenues.
100	Janine DeLaunay	Oregon Disabilities Commission. Submits prepared statement **(EXHIBIT F).** Comments she believes it is their job to determine the health needs of Oregonians and to figure out the services that will meet those needs and to find a way to pay for those. The commission is concerned that if a cap is set and then somehow figure out how to either get some people in and some out, or try to pare down services, it is not a good way to do things and does not do what the OHP was designed to do, which was to provide a basic health care package for Oregonians that need health care in the most effective way. To ask anyone to prioritize who is more needy or deserving of a benefit is not

		a good question to ask. States she is also hearing about the need to restore the medically needy program for citizens who cannot afford medications.
110	DeLaunay	States that the People with Disabilities Program helps disabled persons be employed and pay taxes and contribute and still maintain their health care benefits and the long-term care benefits so they can be provided attended care and other services while they are working. If the program goes away, people with disabilities will no longer be employed. Each service under the OHP is linked to another and to say one is more important is difficult. It is important that we pay for prescription drugs and mental health and chemical dependency services, vision coverage, and therapies. States she believes we need to consider revenue to fund these services, and that the Oregon Disabilities Commission could not prioritize services.
165	Ellen Lowe	States she testifies on behalf of low income Oregonians who go to the Oregon Food Bank and Oregon Law Center for assistance. Asks that the committee examine the financial capacity of the OHP members to participate in the cost-sharing, particularly the premiums. States that nearly 50 percent of the adults on Standard are below 25 percent of the federal poverty level. They believe the decrease in the Standard OHP enrollment is another indication of the lack of ability to pay; premiums become a denial of access for many. Those choosing to stay with the OHP are very likely the ones with chronic illnesses. Their profiles are not the same as the non-categoricals before the advent of Plus and Standard. It leads to adverse selection which needs to be reflected in the capitation rates. The rates should accommodate the challenges so the patients can be served with coordinated care in their local areas.
206	Lowe	States the OHP faces another related fiscal crisis. It involves questions about adequacy of reimbursements to providers. Providers were assured in SB 27 that their compensation would be fair; it has not been and has discouraged participation by a growing number of physicians and plans. Most of the optional benefits, according to federal law, are not really optional within Oregon norms. Gives example of dental services being discussed as an add-on, something separate. States they support dental coverage for all served populations.
226	Lowe	Adds that as a member of the Health Services Commission, having conducted hearings on this back to 1989, they hear from the public that dental services is a priority. Adds that mental health and chemical dependency services are also essential benefits of a health care plan. Those services are linked to the obligations as a state to work with families for reunification. The conditions calling for these treatments are part of the OHP prioritized list.
235	Lowe	Adds that when the committee is considering HB 3624, they ask that the committee think of where benefits can be most appropriately delivered to populations covered by the OHP; that means supporting the existing safety net clinics, school-based health centers, and urgent care facilities. If the committee chooses to narrow the OHP benefits for the non-categoricals to a primary care package, it becomes even more important to have this local primary care safety net in place. States that Oregon includes the general assistance population with the federal mandatory group, the categoricals. These are Oregonians who have less than $50 to their name, $1,500 in resources, and have a disability of at least a year in duration. The fragile health status of these Oregonians dictates their continuing presence with the OHP Plus

		population, the mandatory group.
245	Marcia Kelley	Women's Rights Coalition. Submits a prepared statement **(EXHIBIT G).** States she is troubled that they are asked to set priorities for coverage. States that their organization suggests that the priorities that this body should be working toward is the priority of funding services—not considering one population against another. We should be finding all available resources and leveraging those resources for federal dollars. Priorities should be in assuring Oregonians that we can read the inscription on the front of the building and act on those words.
329	Lynn-Marie Crider	Research Director, Oregon AFL-CIO. Submits a prepared statement **(EXHIBIT H).** Comments on serving on the Application Steering Committee a couple of years ago when the OHP Standard benefit plan was designed. States they recognizes these are tough fiscal times for Oregon, and that it distresses them that we would consider reducing or pushing people out of the safety net of the OHP at the time people especially need it. Urges that the committee ask those who are paid as much this year as last to step forward to assist those who do not have jobs and who currently qualify for the OHP.
355	Crider	States that the OHP was created so that we would stop rationing people and urges the committee to find a way to provide basic benefits to all people who are currently covered and to maintain the same benefits. States that the Health Services Commission has done a job of thinking carefully about how to provide cost effective health services to Oregonians and we should not be trying to lay a whole different system of prioritizing benefits on top of that.
370	Crider	States that they recognize the committee may have to do some things they would not like to do. Comments on considerations when creating the OHP Standard benefit. Suggest that the OHP Standard should not be maintained in its current form. Ideally, they would eliminate the two tier structure of the OHP. If we do not have the resources to do that, we need to design a benefit package for adults that meets their most pressing needs. That means that everyone under 100 percent of poverty should have a primary care benefit that includes preventive care of all kinds including mental health and chemical dependency services. It is also critically important that there be no premiums for the primary benefit package and that the co-pays be very small. Otherwise we will continue to find that low-income people make the decision that they cannot afford health care. The primary benefit package costed by staff and reported to the committee is not the kind of primary benefit package that they believe should be adopted because it retains the problematic premium and co-pay structure of OHP Standard while further diminishing the benefits that people would get from the program. They do support the concept of the primary care benefit package, that is, the decision to save money by not covering hospitalization for adults. They believe the preventive care services should be available. They think the experience they have heard reported from the safety net suggests that people will pay the money they need to make a small co-pay when they get services. The clinics will work with them on how to pay the co-pay. The premiums are a barrier to services and need to be eliminated in a primary care benefit package.

TAPE 12, B

005	Sen. Brown	Asks if something is better than nothing even with a premium, and whether the emergency package for the adult Standard policy, as suggested by the dental community with a $2 premium leveraged with federal dollars makes sense.
010	Crider	Responds that she thinks the premium cost would be about ten percent of the total package. Thinks that eliminating the premium would up the total in General Fund and federal dollars by about ten percent. If the premium is a barrier to people getting services, it is not worth doing. Thinks the revenue should be generated someplace. States she doesn't know if a $2 premium for the dental service is worth collecting.
025	Lowe	Responds that she applauds the dentist to try and come up with some services. Within the revamping of narrowing treatments for the Plus population, it seemed those same services need to be there for the Standard population as well. Premiums, as structured in the Standard plan, the almost-no-income Oregonians having to pay on a monthly basis becomes very difficult. States that paying at the time of service was far easier for people and they were more likely to seek treatment in a timely way.
045	Co-Chair Courtney	Asks if Crider suggested a primary preventative care package with no premium.
050	Crider	Responds she thinks that is what would work.
	Co-Chair Courtney	Asks Crider what would be in the package.
	Crider	Responds that she thinks the plans previously presented by staff has the right set of benefits: physician services, mental health and chemical dependency. Believes she would eliminate the premium and maintain point-of-service cost sharing.
069	Sen. Minnis	Asks if the union membership has voted on the position in her statement **(EXHIBIT H).**
060	Crider	Explains that their union membership elects their leadership and that she works with the leadership to develop policy and responses. Explains their leadership, the Executive Board, which includes representatives of some 50 of the largest unions did set health care as a priority and said that maintaining a strong OHP was a priority. The detail of their position that she has presented has not been voted on by the membership.
075	Sen. Minnis	Comments that the Portland Police Association, of which he is a member, has not taken a stand like this, and he is interested in how the AFL-CIO develops broad based policies and what the membership actually says about it, as opposed to the Executive Board.
080	Crider	Responds that the philosophy they have about this is that their organization has taken a stand in favor of covering everybody with health care and strengthening the OHP.
091	Sen. Minnis	Comments that Crider, as others do, recommends that revenue be raised to cover these expenses, and the assumption is that the AFL-CIO membership would pay a portion. Asks if their membership has actually voted on whether or not they support increasing taxes or payroll taxes, or some other funding mechanism for this purpose. Comments it is of interest to him because he introduced a broad based employer tax for this purpose.
090	Crider	Respond that their last convention passed a resolution on the importance of adopting a stronger system of taxation and funding of public services, and will share that with the committee. States their

		labor council acted unanimously in support of the recent Portland tax levy.
100	Sen. Minnis	Asks if the membership voted.
102	Crider	Responds they are a representative body.
105	Lisa Kolbuss	Citizen of Eugene and part-time instructor at Lane Community College. Comments on the elimination of the Employed-Persons with Disabilities Program. Speaks about her diagnosis of bi-polar disorder and treatments for five years, and her diagnosis of fibromyalgia and further hospitalizations. States she depends on her health care provider to help her with health needs and in-home activities. States she is on 13 to15 medications a day, and sometimes require 12-14 hours sleep a day. States the Employed Persons with Disabilities Program provides medical benefits and the help of an in-home care provider five hours a week. Her monthly medical expenses, which includes prescription drugs at $850 to $1,000 a month, and visits to the chronic pain specialist, allergist, psychiatrist, psychologist, and in-home health care provider are beyond her monthly income of $1,400 a month and there is no way for her family to help. If she looses health coverage and care provider, she will not be able to work. States that those on the program pay toward their care; she pays $198.30 a month toward her health expenses and pays state income taxes and co-pays for medications and medical care. Asks why more is being cut from Medicaid when over 30 corporations in Oregon pay only $10 a year in state taxes.
200	Maddy Babkeys	Widow with four children. States she is representing her son Joseph, a young adult with developmental disabilities. He receives Social Security deaf benefits, not SSI although he is disabled. He has been on the Employed Persons with Disabilities program since last August and works 15 hours per week; his hours were cut so they wouldn't have to pay for his medical benefits. He works to pay the premium of $224.30. Unemployment is not an option because he still would not receive SSI. Suggests that there be a re-budgeting of funds so those who pay into the insurance will not lose their benefits.
260	Co-Chair Winters	Advises Babkeys that she will visit with her later because she does not understand why her son cannot shift from one benefit to another.
276	Babkeys	Responds that she has consulted with a Social Security specialist and was advised that it would be a waste of time to pursue this further because Social Security will not change him because they do not want another person on the welfare rolls.
265	Bill Toland	Leader for Recovering Association Project, Mid Valley in Salem, a full time student, and recovering addict. Speaks in support of OHP. States that because of the OHP he was allowed as a recovering addict to participate in programs to get life back. States he is a client of the Department of Corrections but because of the OHP cuts he has to pay for anything that has to do with alcohol and drug treatment and does not have the money to do that. States there are people who need the programs to get their lives back in order and they cannot do that without the alcohol and drug treatment.
337	Jim Whittenburg	Submits prepared statement **(EXHIBIT I).** Comments on patients not having the co-pay required to receive services. Asks for assistance in contacting a pharmaceutical company regarding a prescription for an OHP client.
390	Robert Tsow	Leader in the Recovery Association Project for Multnomah County

		and recovering addict. Presents a prepared statement in support of coverage of mental health and alcohol and drug treatment **(EXHIBIT J).**
TAPE 13, A		
010	Gary Cobb	Recovery Association Project. Presents a prepared statement in support of coverage for mental health and alcohol and drug treatment **(EXHIBIT K).**
055	David Eisen	Clinical Director of CentralCityConcern Recovery Services. States they provide primary care, alcohol and drug treatment, psychiatric care, mental health care, mentoring, acupuncture services, and alcohol drug-free housing for over 360 homeless and low-income people on the OHP Standard. They treat over 3,000 unduplicated people a year. States they are quite familiar with the stories and there are hundreds if not thousands of people a year who are benefiting from OHP Standard because of income eligibility and are turning their lives around.
085	Eisen	States there needs to be accountability in the OHP, both Standard and Plus. We need to make sure the people and institutions that get OHP reimbursements have viable and measurable outcomes. States he is willing to pay more taxes and wants to know the money is going somewhere that creates outcomes.
106	Eisen	Comments that if a person misses a premium payment they cannot reapply to OHP for six months. From an ethical point of view with regard to continuity of care, they are viewed as abandoning the patient which becomes a liability to the clinic.
122	Sen. Brown	Asks what has happened to the clients that were on the OHP Standard.
120	Eisen	Responds that some died, some committed suicide, and some went back to the penitentiary.
134	Sen. Brown	Asks Eisen to talk about the effectiveness of acupuncture in drug and alcohol treatment.
125	Eisen	States that acupuncture is probably the most cost effective medical intervention that is available on the list of procedures codes for treating addictions, depression and anxiety. It is drug free, there are outcomes and research which prove its effectiveness, and can be put into residential treatment centers and out patient treatment sittings. It can be used in conjunction with drug option treatment. It is now a standard of care. The Center for Substance Treatment says acupuncture should be employed in any out-patient drug treatment center.
140	Co-Chair Winters	How many times Eisen and Cobb were in treatment before you were able to get to recovery.
150	Cobb	States this is his third time of going through treatment. Comments on treatment facilities he went to back East that used methadone only and it kept his addiction alive. States that he was introduced to acupuncture at Hooper Detox and experienced the safest withdrawal method. Adds that acupuncture is a lot cheaper, also.
165	Tsow	States he has never been in a treatment center before Hooper Detox. States he was a non-stop heroin addict for 39 years. If the OHP had not been available, he would be dead or being supported by the State of Oregon in the Oregon State Prison.
185	Sen. Brown	Asks if treatment was not available previously.
172	Tsow	States he grew up in an era of the myth and stigma of once-an-addict, always-an-addict and he believed that and did not know this kind of

		life was available until he saw treatment.
191	Sen. Brown	Asks if treatment was available in prison.
	Tsow	States treatment was not available because he did most of his time during the 1970s and early 1980s.
196	Sen. Minnis	Asks if acupuncture is effective on methamphetamine and heroin.
177	Eisen	Responds that acupuncture is effective for all addictions.
180	Sen. Minnis	Asks where he might find evidence-based research.
185	Eisen	Refers Sen. Minnis to the internet and invites members to visit their clinic.
212	Mary Lou Hennrich	Board member, Oregon Health Action Campaign. Introduces Amy Robben, Coalition of Statewide Safety Net Clinics. Submits and summarizes a prepared statement **(EXHIBIT L).**
293	Co-Chair Winters	Asks what would happen if someone required hospitalization under the Standard.
265	Hennrich	Comments on services at the Multnomah County Health Department that ran a program for uninsured people and serving them under the doctors' charity care policies. They are saying if it must be rolled back, they think it can be done because most of the care that most people need is on an out-patient basis.
315	Co-Chair Courtney	Asks if the primary care access package includes hospitalization.
317	Hennrich	Responds that as it was costed out, it does not.
302	Hennrich	Continues summarizing her statement on premiums and co-pays **(EXHIBIT L, page 3).**
342	Amy Robben	Coalition for Safety Net Health Clinics. Explains that the clinics cover OHP patients and those who are uninsured or uninsurable on a sliding scale basis. The clinics have taken in more patients and more complex care. The North Portland Nurse Practitioner Clinic, with one full-time and one part-time nurse practitioner, sees between 200 and 300 patients a months. The clinics cannot absorb the number of people who would be uninsured if the OHP Standard is eliminated. States that those on the OHP Standard and the Medically Needy Program are Oregon's most vulnerable people. Does not believe money will be saved if the priority is taken from OHP Plus. When children are covered and the parents are not and cannot receive their medication or drug and alcohol treatment, the children suffer. Urges that the entire vulnerable population be covered and that members visit the clinics in their counties to see the services they provide.
423	Steve Bieringer	American Diabetes Association and the Association's Oregon Executive Director Sally Norby. Summarizes a prepared statement in support of covered services for diabetics **(EXHIBIT M).**
TAPE 14, A		
001	Bieringer	Continues presentation of his statement **(EXHIBIT M).**
014	Jeanne Justice	Portland. Summarizes a prepared statement relating to diabetes **(EXHIBIT N).**
185	Dr. Patrick Hagerty, DMD	Dentist in private practice in Albany. Submits outline of issues he comments on relating to treatment of former Fairview residents **(EXHIBIT O).**
191	Dr. Mike Shirtcliff, DMD	President and CEO of Northwest Dental Services, a cooperative of 250 dentist in rural Oregon. Summarizes a prepared statement in support of dental services for everyone **(EXHIBIT P).**

250	Dr. Cedric Hayden, DMD	Dental Director, Hayden Family Dentistry, and member of OMAP Medical Directors, Dental Directors, and Medical Contractors. Comments on his experiences with low-income dentistry. States that the benefit package must be based on the prioritized list. The benefit packages have logical components. Medical-dental, doctor-dentist go together. The plans should include medicine and dentistry.
260	Hayden	Comments on OHP constituents in specific Oregon Senate districts. There are no uncovered territories for dental care. The benefit packages are prudent fiscal investments. There is a large federal match for every state dollar from the General Fund. There is an enhanced federal match and a grant of $112 million in addition. The dollars, the grants, and the co-match grow jobs across Oregon, and Oregon collects income tax on the federal match. On a package of $100 million, Oregon will recover about $6 million in state income taxes. The benefit packages keep people healthy and able to function and the cost is a good value at about $10 per month from General Funds.
308	Sen. Brown	Comments she is concerned about the legislature making budgetary and political decisions about pulling a certain population or certain services out the OHP prioritized list. Asks Dr. Hayden to comment on that.
300	Hayden	Refers to a book containing a list of priorities. States the health services are ranked according to relative importance. Of the 700 listings, about 35 are dentistry related. The list was meant to be used according to the amount of money available for services; you do not eliminate people. When there is less money, fewer services are provided. The prioritized list should be used. States he sees no particular problem with going up to Line 519, but the committee should not take out mental health or durable medical equipment, or dentistry or prescription drugs from the lists.
350	Sen. Fisher	Comments that when the committee was working on the waiver application, the dental groups were the only ones that came in with suggestions of how they could extend their services and make it count for people and keep them in a relatively healthy situation. They cut nearly 50 percent out of their previous costs. Thanks the dental groups for their willingness to do this voluntarily.
325	Co-Chair Winters	Agrees with Sen. Fisher. The dental community came forth with a package and were the only group that looked at the service they could provide given the scarcity of resources.
387	Co-Chair Winters	Asks that those who did not testify today to provide their written testimony to staff, and that those who were not heard today will be heard tomorrow at 1:00 p.m.
402	Pam Patton	Director, Government Relations, Morrison Child and Family Services in Multnomah County, representing the Department of Human Services, Multnomah County Child Welfare Advisory Committee. Presents a prepared statement **(EXHIBIT Q).**

TAPE 13, B

020	Scott Lay	Portland. Presents prepared statement in support of continuing the Employed Persons with Disabilities Program **(EXHIBIT R).**
076	Sen. Brown	Comments that she learned abut the Employed Persons with Disabilities Program from a constituent who was in the Medically Needy category and got transitioned into this program when the Medically Needy was cut off.

085	Mike Volpe	Corvallis. Presents prepared statement in support of continued services and in support of raising revenues (**EXHIBIT S).**
125	Brandi Satterlund	Clackamas. Presents a prepared statement in support of continued coverage for diabetes **(EXHIBIT T).**
184	Karol Wall	Wilsonville resident and mother of Brandi Satterlund. Comments on providing financial support for her daughter, and the need to provide supplies to the people to sustain their lives.
227	Dr. Eugene Skourtes, DMD	President of Willamette Dental Group. Summarizes prepared statement **(EXHIBIT U)** in support of dental coverage for OHP clients**.**
2800	Co-Chair Winters	Announces that the committee will meet at 1:00 p.m. on May 30 in Hearing Room A, and adjourns meeting.

EXHIBIT SUMMARY

A – Prioritization of Populations and OHP Benefit Packages, prepared statement, Kelley Kaiser, 3 pp
B - Prioritization of Populations and OHP Benefit Packages, prepared statement, Dr. Tina Kitchen, 3 pp
C - Prioritization of Populations and OHP Benefit Packages, prepared statement, Rick Treleaven, 4 pp
D - Prioritization of Populations and OHP Benefit Packages, prepared statement, Timothy Hartnett, 3 pp
E - Prioritization of Populations and OHP Benefit Packages, prepared statement, Jeff Davis, 9 pp
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