

# SENATE SPECIAL COMMITTEE ON THE OREGON HEALTH PLAN

5/30/03  
1:00 P.M.

Hearing Room A  
Tapes:15-18  
Corrected Copy (7-22-03)

**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

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

**MEASURE/ISSUES HEARD:** **Informational Meeting:**  
Populations Served and Benefits Packages

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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.

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<u>TAPE/#</u>	<u>Speaker</u>	<u>Comments</u>
<b>TAPE 15, A</b>		
005	Co-Chair Courtney	Calls the meeting to order at 1:10 p.m. Opens an informational meeting on the populations served and benefit packages.
<b><u>INFORMATIONAL MEETING</u></b>		
010	Elizabeth Byers	Project Equality. Explains her own personal experiences and shares information as to why the Oregon Health Plan (OHP) is so important and why cuts should not be made to the program. Provides written testimony ( <b>EXHIBIT A</b> ).
065	Byers	Reminds committee members how much money it costs currently and what it may cost in the future. Provides statistics as to how many jobs will be eliminated.
120	Lisa Trussell	AOI. Believes Oregon should provide a broad range of benefits. States the reason for bringing up the issue today. Concerns with cost increases, and how it relates to insurance. Mentions the Medicaid program being shifted over to the private sector. States statistics of lows and highs in specific counties. Mentions a decline in those covered in private sector, under the insurance codes.
160	Bruce Bishop	Oregon Association of Hospitals and Health Systems. Submits written testimony ( <b>EXHIBIT B</b> ). States he appreciates the attention the OHP has had. States the history of OHP. Adds the Committee on Ways and Means created a plan that would exclude specific coverage. Mentions what the criteria are.
165	Sen. Carter	Asks how the plan was it prioritized.
220	Bishop	States he has concerns with the fiscal impact. Provides information on the issue.

300 Scott Gallant Director of Government Affairs, Oregon Medical Association (OMA). Provides written testimony and work force survey (**EXHIBITS C & D**). Explains his organizations point of view on the OHP. States that OMA feels that OHP is first a program for the most vulnerable of our citizens, pregnant women and children. Feels they should be given priority after the federally mandated populations.

**TAPE 16, A**

025 Sen. Morrisette Asks to explain the difference between the physician care organizations and what we currently utilize.

030 Scott Explains the difference and what the hospital risks consists of. Feels it would provide a back up mechanism to the system.

050 Paul Cosgrove Cascade Aids Project. Provides written testimony (**EXHIBIT E**). Explains he would like to narrow and target a specific population. Expresses he is referring to those who are infected with HIV/AIDS. States their organization doesn't receive any funding from the OHP.

70 Cosgrove States many of their clients however, depend upon the Medically Needy Program for health care services, including prescription drugs. Adds that prescription drugs for HIV/AIDS patients are quite literally a matter of life and death.

090 Sen. Morrisette Inquires if there are any HIV/AIDS patients who are not receiving their medication.

095 Cosgrove States the medication is very expensive, roughly \$20,000 a year. Expresses there are people who are above the eligibility requirements of the program, and are referred to a program funded by the Federal Government, called the Aids Drug Assistance Program. Adds there are approximately 180 patients on a waiting list.

120 Jane Meyers Director of Government Affairs, Oregon Dental Association. Provides written testimony (**EXHIBIT F**). States they have supported the OHP program since it began. States how difficult it is to inform the committee as to who should be highest priority should be. Adds if she had to choose, it would be the children. Explains due to constraints on existing funds, the priority list would be the following:

- Children.
- Dental Emergencies.
- Prevention.

145 Deborah Olson OHP Recipient. Provides written testimony (**EXHIBIT G**). Explains her own personal experiences and why it is so important to keep the OHP alive and as it is, with no more cuts. Expresses her concerns with losing her prescription coverage for her many needed medications.

185 Phyllis Rand Capitol Coordinator, Governor's Commission on Senior Services. Provides written testimony (**EXHIBIT H**). Expresses the committee needs to first determine what the Oregonians need and then determine how much it will cost, and then determine how it will be paid for. Adds we cannot turn our backs on pregnant women, and low income children. Feels we cannot ignore the needs of seniors and people with disabilities. Adds we must find additional revenue to meet the need for basic health care.

260 Martin Taylor Oregon Nursing Association (ONA). Provides written testimony (**EXHIBIT I**). Expresses ONA has been a long supporter of the OHP and fully agrees with the values that provide the underpinning for the program. Adds the most important values are to adjust the benefits

380 Jacqueline Zimmer-Jones rather than eliminate the needy or eligible populations from services. Association Director, Area Agencies on Aging and Disabilities. Provides written testimony (**EXHIBIT J**). States she is also submitting written testimony on behalf of colleague William Olson, Advocacy Chair for the Brain Injury Association of Oregon (**EXHIBIT K**).

**TAPE 15, B**

005 Zimmer-Jones Expresses several of her key concerns:

- Loss of Employed Persons with Disabilities program.
- Loss of durable medical equipment and disposable medical supplies.
- Loss of adult dental coverage.
- Failure to fully reinstate the Medically Needy program.
- A two month spend down for eligibility to a new Medically Needy program.

095 Angela Kimball National Alliance for the Mentally Ill. Provides written testimony (**EXHIBIT L**). Explains she is a mother of a bipolar child. States own personal experiences. States everyday she receives emails and phone calls from others who are affected by mental illness. Reads a letter from Kylie Milne who wrote her (**EXHIBIT M**).

175 Betsy Hansen Executive Director, NAMI, Washington County. Refers to newspaper articles with recent suicides due to mental illnesses, and the inability to obtain their medications. States these attempts are due to recent loss of medical benefits. Mentions her own personal experiences, as her son is now institutionalized, because of mental illness. Adds the medical benefits needs to be restored for those with mental illnesses and the medically needy.

245 Sandy Bumpus Mother of a mentally ill son. Provides written testimony (**EXHIBIT N**). States she was afraid everyday that he would not live to be adult. Expresses her son has suffered greatly from depression. States that too much has been lost with the recent budget cuts, not just people losing their benefits or medications, but losing hope.

255 Bumpus States there are many who are young adults like her son throughout Oregon. Expresses without the mental health treatment and medications for the OHP Standard population or the medically needy program, these young adults will be left without adequate mental health treatment.

300 Ann Heath President, NAMI, Marion County. Mother of a son with mental illness. States it took many years to convince him to try medication. Expresses OHP assisted him and he received benefits for his medication. States he was then able to return to college, and he is now working full time and is no longer in need of the OHP.

**TAPE 16, B**

015 Heath Reiterates how expensive the medications are. Explains many cannot afford to purchase the medications.

020 Co-Chair Winters Asks her to elaborate on specific issues.

025 Heath States she feels open access to medications is key. Feels it will be much more expensive in the long run, than to treat with preventative care.

045 Tamara Sale Coordinator, Mid - Valley Behavioral Network. Provides written testimony (**EXHIBIT O**). Expresses she is the sister of a mentally ill

person. Adds Oregon is the only state in the country that has support from five private foundations. Explains that being available to people who have mental illnesses is key.

065 Sale Illustrates it is very common for people to make life-threatening decisions because they don't know any better. States what happens without treatment and that many of these individuals are unable to care for themselves. Expresses that treatment is very effective and that is why we should invest in these individuals now, before it's too late.

170 John Lee Oregon Health Council Access Committee. Provides written testimony (**EXHIBIT P**). States they were charged with prioritizing populations for coverage under the OHP, the following were taken into account:

- Medical need and health outcomes: What needs to be treated and what gain in health can reasonably be expected.
- Other resources available: Medicare, Veterans' Administration.
- Overall impact: Leveraging of funds through federal match, effect on future costs, improved function and increased independence.
- Prevention: of disease and of complications in chronic illnesses.
- Vulnerability: Low income, children and the elderly, cultural and language barriers.

230 Sen. Minnis Inquires if the Oregon Health Council has reviewed the Utah plan.

235 Lee States no, they have not reviewed the plan, but can offer a personal response.

245 Lee Needs to provide a comprehensive program, it will be problematic to exclude one or more aspects of the program. States when Utah first began the plan, it was an expansion to a population that was not covered. Adds the hospitals in Utah felt adequately reimbursed through the Medicaid program, there was more room to absorb additional costs.

265 Lee States bringing taxes on hospitals during a roll back time is a bad idea and equally bad time to implement.

280 Sen. Minnis Asks why it would be a bad time to consider it.

285 Lee Responds and explains in detail. States there is a major implosion of people entering the hospitals. Adds the beds are down 18 % but the population has increased 20%.

305 Lee Explains that Medicaid reimburses the urban hospitals at 70% of cost. Describes a hypothetical situation of how bad the cost shift is. Feels there is not a lot of ability to absorb additional costs.

335 Sen. Minnis Feels it would be helpful to develop a graph that reflects the information presented.

**TAPE 17, A**

005 Lee Agrees to develop a graph for the committee.

065 Lowen Berman Director Division Human Services, Ecumenical Ministries of Oregon, Program Manager of HIV Services. Provides written testimony (**EXHIBIT Q**). Explains the structure of HIV services. States where funds originate. States past and history of his program in Portland Oregon.

145 Berman States the needs of the people are broad. Explains that many of his clients need the OHP. Expresses what he feels the purpose of

200 MariBeth Healy government is. Feels that health care is important and a basic human right. States there is one priority: guaranteeing access of medical care for people of Oregon. Director of Oregonians for Health Security. Provides written testimony (EXHIBIT R). Wonders how to prioritize needs. Provides an overview of how the OHP has been successful on many levels:

- Since OHP began in 1994, over 1.4 million people have been served.
- Emergency room visits are lower than the national average.
- Oregon ranks 43<sup>rd</sup> in per capita personal health care expenditures-- much lower than the national average.

329 Karlan Patterson Expresses cutting OHP in the current economic crisis will harm Oregon's economy. OHP recipient. Provides written testimony (EXHIBIT S). Expresses she is a fifty seven year old diabetic who is receiving the OHP Standard. Adds she isn't she sure what she will do if she is cut from the program.

#### **TAPE 18, A**

005 Rev. Carolyn Palmer States the Legislators job is to raise revenue sufficient for the public safety and help Oregonians. Adds the people of Oregon are behind the Legislators. States if we care for our sick, provide housing and food, which is according to the principals God established in the beginning, he will bless our Nation.

075 Co-Chair Winters Closes the public hearing on populations served and benefit packages and adjourns the meeting at 3:30 p.m.

**The following prepared testimony is submitted for the record without public testimony:**

<b>Brandi Satterland</b>	<b>submits written testimony (EXHIBIT T).</b>
<b>Steven Duffin</b>	<b>submits written testimony (EXHIBIT U).</b>
<b>William Simmons</b>	<b>submits written testimony (EXHIBIT V).</b>
<b>Carla Perkins</b>	<b>submits written testimony (EXHIBIT W).</b>

#### **EXHIBIT SUMMARY**

**A – Informational meeting, written testimony, Elizabeth Byers, 2 pp**

**B – Informational meeting, written testimony, Bruce Bishop, 7 pp**

**C – Informational meeting, written testimony, Scott Gallant, 2 pp**

**D – Informational meeting, written testimony, Scott Gallant, 3 pp**

**E – Informational meeting, written testimony, Paul Cosgrove, 1 p**

**F – Informational meeting, written testimony, Jane Myers, 1 p**

**G – Informational meeting, written testimony, Deborah Olson, 2 pp**

**H – Informational meeting, written testimony, Phyllis Rand, 5 pp**

**I – Informational meeting, written testimony, Martin Taylor, 2 pp**

**J – Informational meeting, written testimony, Jacqueline Zimmer-Jones, 4 pp**

**K – Informational meeting, written testimony of William Olson, Jacqueline Zimmer-Jones, 7 p**

**L – Informational meeting, written testimony, Angela Kimball, 2 pp**

**M – Informational meeting, written testimony, Kylie Milne, 2 pp**

**N – Informational meeting, written testimony, Sandy Bumpus, 2 pp**

**O – Informational meeting, written testimony, Tamara Sale, 1 p**

**P – Informational meeting, written testimony, John Lee, 2 pp**  
**Q – Informational meeting, written testimony, Lowen Berman, 1 p**  
**R – Informational meeting, written testimony, MariBeth Healey, 3 pp**  
**S – Informational meeting, written testimony, Karlan Patterson, 2 pp**  
**T – Informational meeting, written testimony for the record, Brandi Satterland, 2 pp**  
**U – Informational meeting, written testimony for the record, Steven Duffin, 1 p**  
**V – Informational meeting, written testimony for the record, William Simmons, 1 p**  
**W – Informational meeting, written testimony for the record, Carla Perkins, 4 pp**