# SENATE SPECIAL COMMITTEE ON THE OREGON HEALTH PLAN

**June 4, 2003** **Hearing Room C**
**3:00 P.M.** **Tapes 24-27**

**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:** **HB 3624 A – 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.**

| TAPE/# | Speaker | Comments |
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| **TAPE 24, A** | | |
| 005 | Co-Chair Winters | Calls the meeting to order at 3:00 p.m. and opens a public hearing on HB 3624 A. |
| **HB 3624 A – PUBLIC HEARING** | | |
| 010 | Barney Speight | Kaiser Permanente. Presents a prepared statement **(EXHIBIT A).** |
| 065 | Speight | Continues presentation of his statement on Physician Care Organizations (PCOs) **(EXHIBIT A, page 2).** |
| 110 | Sen. Carter | Asks for clarification on payment for services when a patient is sent to another hospital. |
| 115 | Speight | Provides an explanation on payment for services. Uses Kaiser as an example, which has contracts with other hospitals in the area. The physician would have to follow the patient. States they would not be dumping a PCO patient under the care of a Kaiser physician into a hospital where a Kaiser physician is not available. The hospitals, including Kaiser Sunnyside, would be reimbursed on a fee-for-service basis as opposed to what would happen under a fully capitated health plan (FCHP). |
| 128 | Sen. Carter | Asks if Kaiser would have to pay the hospital more than the State is paying Kaiser. |
| 18 | Speight | Responds that under the current FCHP, that is happening. The patient would continue to be managed independently of the reimbursement differential. |
| 135 | Sen. Fischer | Asks if the capitation rate would be less than the fee-for-service. |
| 135 | Speight | Agrees it would be less. States he will provide information on rate issues. |
| 140 | Speight | Continues presentation of his statement on PCOs **(EXHIBIT A, page 2).** |

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| 170 | Speight | Continues presentation of his statement on the "Kaiser Provision" **(EXHIBIT A, pages 2 and 3).** |
| 205 | Co Chair Winters | Asks how many people will be covered. |
| 206 | Speight | Responds that under the OHP, Kaiser served approximately 20,000 eligibles in the Marion and Polk Counties and the Portland area. Believes their current eligibility is around 8,000 or slightly less. Explains they have worked with the agency to continue serving those members on a fee-for-service basis. They have sent a letter approved by OMP to their members saying as long as they remain in Medicaid, if they are on fee-for-service, they can continue to receive their services from Kaiser. They will work with eligibility workers, safety net clinics, and others to continue to participate in Medicaid on a fee-for-service basis. States that the fee-for-service basis is not the best model for Kaiser Permanent to work in. They would rather play the game and be able to increase the number they serve and get back to the 20,000 they previously served. |
| 240 | Speight | Continues presentation of his statement **(EXHIBIT A, page 3, paragraph 5).** |
| 259 | Co-Chair Winters | Asks if Speight has seen all the amendments that have been proposed to HB 3624. |
| | Speight | Responds that he has not seen all of them. States he just wanted to get the conceptual amendment out **(EXHIBIT A, page 3).** |
| 266 | Speight | Continues presentation of his prepared statement **(EXHIBIT A, page 5).** |
| 329 | Sen. Carter | Comments she previously raised the question of fairness and found out that the state would pay Kaiser on the FCHP level and if they contract with a hospital, they have to pay the commercial rate. |
| 343 | Bruce Bishop | Oregon Association of Hospitals and Health Systems. Presents a prepared statement opposing Section 12 of HB 3624 **(EXHIBIT B).** |
| 428 | Bishop | States they believe the HB 3624-A10 amendments **(EXHIBIT C)** will resolve the issue and make it much more likely they will have good working relationships among components of the health care systems. Hospitals, fully capitated health plans, and PCOs that will help move the OHP forward again. |
| 433 | Sen. Carter | Asks which amendment would clarify Section 12. |
| 435 | Bishop | States that the HB 3624-A10 amendments **(EXHIBIT C)** would clarify it. Explains that they did not have the HB 3624-A10 amendments when they prepared their testimony. |
| **TAPE 25, A** | | |
| 026 | Sen. Carter | Asks if Speight supports the HB 3624-A10 amendments **(EXHIBIT C)**. |
| 027 | Speight | Responds affirmatively and states that he worked with Bishop and other representatives and stakeholders to try to define the problem and the solution and believes the amendments go toward that. There needs to be additional negotiations because there are some blank lines that must be discussed. |
| 033 | Sen. Carter | Asks if Doug Barber also supports the HB 3624-A10 amendments. |
| 020 | Sen. Minnis | Comments he would like to discuss hospital reimbursement issues, fee-for-service, managed care, etc. States he recently requested information from OMAP and received a very brief and unprofessional letter regarding the request. Asks the witnesses to explain how OMAP sets the rates and fees. |

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| 025 | Bishop | Responds he is probably not expert enough to describe how the rates are set. States he can explain the statutory standards for the rates. The statutory standard is that the state will pay rates that are necessary to cover the cost of the services. |
| 049 | Sen. Minnis | Asks how the rates are determined. |
| | Bishop | Responds that the Health Services Commission first does a prioritization of services and then those services are costed out by an independent actuary. Adds that it is a scientific analytical process that he cannot understand. |
| 055 | Sen. Minnis | Comments that he does not know how Bishop would be able to understand because so far the agency has not been able or willing to provide that information. Comments on amendments he is having drafted on public records that would require that the "black box" is public information, and is also considering amendments that would discipline the Department of Human Resources for failing to provide the information subject to the Oregon Constitutional provision that provides for up to 24 hours imprisonment for disrespecting the legislative assembly. Comments further on lack of cooperation by state agencies in providing requested information. |
| 076 | Co-Chair Winters | Comments it is important that the legislature get the information requested so the legislators can make informed decision. |
| 085 | Sen. Minnis | States that he is also preparing subpoenas for the information. |
| 087 | Doug Barber | Peace Health. Explains that the organization includes Sacred Heart Hospital in Eugene, Peace Harbor Hospital in Florence, and Cottage Grove Hospital. Speaks in opposition to Section 12 of HB 3624 A, the mandate to serve; there is no comparable statute in any Oregon law for the provider of health care or any other services to serve all patients or all customers regardless of their contracts. Doctors should not be forced to treat any and all patients even if they have no contract to serve them. Clinics, pharmacies, and nursing homes should not be forced to provide services outside their contracts, and hospitals should not be forced to provide services outside their contracts with the exception of federally required emergency services. Asks that the language in Section 12 be deleted and that the committee adopt the HB 3614-A10 amendments **(EXHIBIT C).** Notes the blank line for the percentage of Medicare costs that would be reimbursed. Adds that if the blank is low enough, they will oppose it. |
| 100 | Co-Chair Winters | Thanks the witnesses for their clarity on Section 12. Advises that the committee will not be doing a work session on the bill today. |
| 128 | Jeff Heatherington | President of Family Care, Inc., an OHP contractor, and Chair of Coalition for Healthy Oregon, an association of fully capitated health plans serving the Medicaid clients. Submits copies of presentation graphics and speaks to points outlined **(EXHIBIT D).** |
| 204 | Co-Chair Winters | Asks why obesity is not being addressed. |
| 220 | Heatherington | States he is advised that obesity is a below-the-line diagnosis under the OHP. |
| 234 | Heatherington | Continues presentation of graphic on delivery of services **(EXHIBIT D, page 3).** |
| 249 | Co-Chair Winters | Asks if there are auditing provisions. |
| | Heatherington | Responds affirmatively. Explains the audit provisions. The various |

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| | | audits are done either quarterly, semi-annually, or annually. |
| 262 | Co-Chair Winters | Asks if there are independent audits. |
| 262 | Heatherington | Responds they are required to submit a certified public audit to the department on an annual basis, and they make quarterly financial reports. |
| 255 | Ruby Haughton | Legislative and Public Affairs Director for Care Oregon, and a member of Coho. Speaks to points outline in graphs presented by Heatherington **(EXHIBIT D, page 4).** |
| 321 | Houghton | Reviews charts **(EXHIBIT D, pages 4 and 5).** |
| 333 | Heatherington | Comments on key issues in HB 3624 A **(EXHIBIT D, page 6).** |
| 350 | Sen. Carter | Asks for clarification of managed care as seen by the witnesses. Comments on the Kaiser system. |
| 320 | Harrington | Responds that in terms of their definition of managed care, it is pretty much what you find here in terms of the fully capitated delivery system and the requirements that are set up by OMAP. Reads definitions on page 3 of HB 3624. Under the OHP, managed care means guaranteed access and management of care. |
| 398 | Sen. Minnis | Comments there are private paid managed care programs and he assumes there is some actuarial data or analysis that goes into what the cost per patient are. Asks if there are any studies or analysis between OMAP or government-run programs versus private-run programs on a fee-for-service basis. |
| 423 | Heatherington | Responds that the public systems for the Medicaid population are more expensive on a per-person basis than the general population. The reason is these people have greater health needs than the average populous. |
| 435 | Sen. Minnis | Ask if the State of Oregon, as the middleman, sucks up more money in administration. |
| 437 | Heatherington | Responds that he does not think so under the OHP. Thinks that the administrative costs under the OHP are a lot less, generally around eight percent, and that is less than in the commercial market. |
| 443 | Sen. Minnis | Comments that each time it goes through another layer it costs more money so there is less money to serve the needs of the patients. |
| 460 | Heatherington | Responds that the studies done by OMAP show we get more bangs for the buck in the OHP system than in an open card system, and more money is delivered to the providers of the services. Explains that they make sure the client gets to the right provider rather than wondering around the system. A lot of extraneous services are not being used that are unnecessary, or inappropriate to the condition. A primary care visit in a physician's office might cost $50 to $70. The same visit in an emergency room might cost $300 to $500. |
| **TAPE 24, B** | | |
| 025 | Sen. Minnis | Comments it is highly frustrating because there does not seem to be any clear information provided to legislators on which to make good decisions. Comments he doesn't know if there is any research-based analysis that is independent. |
| 035 | Heatherington | Responds that Sen. Minnis' concern is covered in his comments on Section 9 of HB 3624 A. Comments on rate setting **(EXHIBIT D, page 6).** |
| 045 | Sen. Minnis | Comments on lack of information from state agencies. |
| 055 | Co-Chair Winters | Comments that the issue on accurate information is serious, whether it |

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| | | is on the OHP or anything else. States she understands the trend nationally is going to more fee for services. Asks if there are some movements to fee for service, why are we moving to managed care. Asks if what is happening in Oregon is different than what is happening someplace else from a cost basis. |
| 065 | Haughton | Responds that the trend away from managed care occurred as a result of people in the commercial market feeling like they were blocked from receiving care. The trend is returning, even in the commercial market. We have to manage costs. In order to mange the cost, 44 of the 50 states use managed care for Medicaid. The trend is, from a state-run program, that managing the care of the population in this way and providing access and making sure that the individual gets to the right place at the right times and sees the right provider is crucial in maintaining good health. The words managed care and capitation are very similar to when we used surcharges. States they should not have used the terminology in that way. We should have talked about managing the care of individuals, human beings. |
| 093 | Co-Chair Winters | Asks what the cost comparisons are for the six states that do not use managed care. |
| 095 | Haughton | Responds they are having financial difficulties. |
| 100 | Heatherington | States that the rates for managed care can only go so low and then they can not accept risks. At that point they move out of the system. |
| 105 | Co-Chair Winters | States it goes back to the question of not having the ability to massage data. |
| 108 | Heatherington | States that one of the earlier versions of Section 9 of HB 3624 was to have Legislative Fiscal do the independent work. If the legislature were to do the work upfront, it might give a little more comfort level. |
| 117 | Sen. Minnis | States he agrees with Heatherington. States he has for a number of years advocated that the legislative assembly invest in appropriately skilled staff to provide the analysis apart from the agencies' information. Asks if there is any analysis per populations in fee-for-service versus managed care as it relates to the kinds of illnesses—would one be able to say that persons in fee-for-service tend to be healthier than persons in managed care. |
| 115 | Heatherington | States he doesn't know how to answer on the Medicaid population. He does not know if the study done by OMAP was done by disease categories. |
| 136 | Sen. Minnis | Asks how many AIDS patients are on Medicare. |
| 138 | Haughton | Responds that CareOregon has 800 AIDS patients. |
| 138 | Sen. Minnis | Asks how many AIDS patients are in Oregon. |
| | Haughton | Responds there are about 1,500. |
| | Sen. Minnis | Asks if they are $5 patients. |
| 142 | Haughton | Responds they are very high dollar patients, very expensive. |
| 144 | Sen. Minnis | Asks if we have a clue why they are in CareOregon instead of a fee-for-service program. |
| 147 | Houghton | Responds that CareOregon is located in all areas of the state, primarily in the greater Portland area where there are two very large, high volume AIDS clinics. |
| 153 | Sen. Minnis | Comments that he is mystified why CareOregon has 800 AIDS patients who are high dollar and their reimbursement rates are not sufficient to sustain the operation. |

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| 155 | Heatherington | Continues presentation speaking to Section 10 of HB 3624 A on mental health drugs **(EXHIBIT D, page 6).** |
| 173 | Heatherington | Continues presentation speaking to Section 12 of HB 3624 a and hospital access **(EXHIBIT D, page 6).** States that they oppose the HB 3624-A10 amendments which remove the mandate on hospitals **(EXHIBIT C).** They do have a payment schedule as a percentage of Medicare that they believe is appropriate. Without the mandate, there is the ability of a hospital in a community to totally tip over the managed care system. The big concern is in Portland because the big hospital systems could decide to limit their Medicaid to such an extent that there would not be managed care. The cost would be very high for the state. |
| 227 | Haughton | Continues presentation speaking to Sections 13-15 of HB 3624 A on bulk drug purchasing. Comments that Paul Cosgrove will be submitting the HB 3624-A11 amendments relating to nursing homes **(EXHIBIT E).** States that the pharmaceuticals that are being supplied to individuals in nursing homes should be a part of their system. Those individuals already have an exemption and they are surprised pharmaceuticals are not in. States they support the HB 3624-A10 amendments. States that she did have a conversation with the mail order pharmacies; the fully capitated health plans cannot support this amendment. They are interested in working with the mail order pharmacies on a non-mandated approach to mail order pharmacy. |
| 249 | Bill Murray | Chief Executive Officer, Doctors of the Oregon Coast South (DOCS), a managed health care plan. States he prefers to say they are in the business of coordinated care instead of managed care. That means matching members and providers to ensure there is the right care at the right time at the right place for all services that the state has chosen to cover. Most of their time is spent arranging access to care and they are consistently trying to see that members complete treatment plans so future costs to the system are minimized. Believes the coordination promotes participation. |
| 293 | Murray | States that rates are a very difficult process. Thinks HB 3624 A goes toward trying to distinguish between what are actual costs and actual payments that the state can afford. Believes the bill encourages and guarantees access to care and services. Thinks the alternative system, fee-for-service system, really may cost less but it does so at the cost of access and quality of care and eventually the health outcomes of those individuals that are covered. |
| 320 | Murray | States that the HB 3624-A6 amendment **(EXHIBIT F)** addresses nurse practitioners. Believes the intent is to allow nurse practitioners to be paid for their services when the nurse practitioner is more than 15 miles from a person or entity that the OHP contracts with. States that his concern with that is there appears to be no limitations whether or not those are covered services, or whether there would be an ability to manage or coordinate those services. This needs to fall within the same rules that all other providers must follow. States they try to contract with nurse practitioners across the state because there is a provider shortage. The concept of incorporating nurse practitioners into the system is good; there just needs to be caution to make sure the same controls are in place so they can fulfill their obligation of coordinated care. |
| 378 | Mike Volpe | Corvallis resident and a 10-year recipient of services under the OHP. Submits a prepared statement and expresses concerns about the |

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| | | uncertainty of services that will be provided under HB 3624 A **(EXHIBIT G).** |
| 454 | Co-Chair Winters | States she believes the 80 percent is the rate the state is saying they would pay, not that it is transferred to the client for durable medical equipment. States she will check it out with the agency but believes the client would not have to pick up the 20 percent.. |
| **TAPE 25, B** | | |
| 010 | Karen Whitaker | Director, Office of Rural Health, Oregon Health and Science University. Presents a prepared statement **(EXHIBIT H)** in support of the HB 3624-A6 amendments **(EXHIBIT F).** |
| 035 | Scott Gallant | Oregon Medical Association. Comments that their association believes first and foremost the goal under these difficult circumstances is to try to maintain as many people on the OHP as possible. They believe there is a significant capacity problem of having physicians provide services to OHP patients; reimbursement is horrible and may get worse. Their survey data shows that 60 percent of primary care physicians either do not accept or have significantly limited the number of Medicaid patients they are accepting, and a huge proportion of physicians in 2002 decided to quit seeing Medicaid patients. Believes that is directly related to the reimbursement circumstances. HB 3624 A contains a number of concepts that they believe are important. They believe the PCO concept is important to be included as a backup mechanism under the rules that would be adopted by the Office of Health Policy and Research and OMAP. They support the Kaiser amendment specifically. |
| 066 | Gallant | States that the most controversial portion of the bill is Section 12 regarding whether or not hospitals must accept health plan patients if they do not have a contract at rates paid by OMAP. States he understand the intent of the HB 3624-A10 amendment **(EXHIBIT C)** is to provide a structure that would force parties to negotiate a rate of reimbursement that is acceptable to both parties, but it is not binding under that proposal. There would be two fall-back mechanisms for reimbursement. One would be billed charges, and some undetermined percentage of Medicare. Explains his concern is impact this may have on the funds that are available to reimburse physicians, particularly in the Metro areas. States that rates have been pretty well locked in for pharmaceutical costs in other areas and the only "fungible" pool of money, if the parties would agree to a higher rate of reimbursement for in-patient for hospital services, most likely would be the physician pool of funds, but may not be the net impact of the proposed amendment. Suggests the committee request some type of independent, either OMAP or someone else, analysis of what impact this might have on the other aspects of those who provide services under the OHP. |
| 096 | Gallant | Emphasizes enabling health plan patients to see primary care physicians. It is important to holding costs down and they hope to be able to maintain the system. |
| | Rep. Kruse | Comments he heard a reference to 80 percent of Medicare for durable medical equipment. States that is just the benchmark, not the rate. |
| 119 | Elizabeth Byers | Project Equality and the Mental Health Association of Oregon. Explains her personal situation of being on Medicaid due to a massive stroke, her efforts to find a doctor to see her, and coverage by the OHP. |

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| 191 | Byers | Relates stories of working with families to enroll them in a health plan. |
| 220 | Byers | States that at any given time 50 percent of those enrolled in a capitated plan do not have access because they cannot find a doctor to see them in a timely manner. |
| 229 | Byers | Comments on managed care for people with disabilities who use the OHP because they are disabled, not because they are income-eligible. States that is the primary population that will be affected by HB 3624 A, and that those who are disabled have peeks and valleys, sometimes needing more services and need to communicate effectively with one primary care provider, either a family physician or a specialist that addresses their illness. When they need more care, they are not going to benefit from the managed care process and is afraid more of those people will fall through the cracks and not get care. Gives example of a triple amputee who experience phantom limb pain and could not get pain killers. States she is concerned that as we put more people into managed care, there is less care. |
| 320 | Byers | States that if a provider is not happy with their interaction with a client, they can say the client is dismissed and is not allowed to go back to the clinic. The person is then trapped in managed care and cannot see a fee-for-service provider, but their managed care provider will not see them. We need to have a way for people with any kind of issue to have access without losing OHP coverage. |
| 356 | Byers | States she is also concerned that we are talking about managing anti-depressant medications. There is a population who take anti-depressants who have tried and failed and have now developed what works for them and what does not. If we put then into a pharmaceutical managed care environment where they have to try and fail on other medications before they can get back to the medication that works for them because of the management, we will lose a lot of people. People will get worse and be in hospitals and ultimately use the only resource they believe is relief. Talks about a previous witness who lost her mental health benefits when she moved from Portland to Scappose to take advantage of housing. In Multnomah County, people who have been fee-for-service are being put into managed care plans. Their treatment plans with the fee-for-service providers are now lost. They had no notice and no transition time. |
| 380 | Ellen Pinney | Oregon Health Action Campaign. States they believe that managed care can work and should work to improve access to necessary services in a timely manner. They have heard from communities as managed care plans have folded up and left their communities that they are concerned about access for people left in fee-for-service. The only reason to require people to enroll in Medicaid managed care is because we believe it will improve access, which means reduced costs to the state. Nothing in HB 3624 A allows one to evaluate whether it will result in improved access or even more basically to evaluate whether access will continue to be provided. Encourages the committee to consider benchmarks related to access in addition to other benchmarks in the bill. |
| 445 | Pinney | States that a lot of discussion around the OHP has focused on making sure the OHP should look more like the private market—people should have benefits that look like private market coverage. Suggests that any managed care entity contracting to provide services to people on the OHP should be required to incorporate the Oregon's Patient |

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| | | Protections Act requirements that are part of managed care plans in the private market. One is the right to file a grievance with the plan in addition to the right to request a hearing with OMAP, their right to have information about the network and service area restrictions of their network, how to obtain emergency care, the hospital, doctor and clinic network guide, and assistance to non-English speakers. |
| **TAPE 26, A** | | |
| 030 | Sen. Brown | Asks if most of the suggestions are part of federal law. |
| 035 | Pinney | Responds that not all of them are a part of federal Medicaid managed care law. States she is concerned about that because she has had a conversation with OMAP about whether or not Oregon was going to adopt the federal Medicaid managed care requirements. She was told that Oregon is operating under a waiver and that we did not need to adopt those provisions. Suggests that the federal government CMS has said that its Medicaid managed care requirements are a floor. Some patient provisions are in Oregon law that go beyond the floor required for Medicaid managed care. |
| 046 | Sen. Brown | Asks if Pinney would like to see these items explicitly stated in the bill that is passed. |
| | Pinney | Responds affirmatively. Others that she is particularly concerned about are women age 40 or over can have a preventative annual routine mammogram without a referral from their primary care provider; and maternity and newborn care requires a minimum hospital stay of 48 hours. At a very minimum, people on the OHP required to enroll in Medicaid managed care should have access to those basic patient protections as well. The federal Medicaid managed care law requires that enrollees have the right to receive information regarding their health care be treated with respect and due consideration, receive information on available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand including cultural and literacy issues. |
| 070 | Pinney | States that in addition, she believes another protection should be added. All plans that agree to offer services in any geographic area should be required to be open to all zip codes in the area. The issue is creaming or skimming of zip codes and populations that are high risk. Believes it would be appropriate to require an evaluation component that at least addresses why a plan that chooses to close enrollment in certain zip code area report why they have chosen to do so. |
| 082 | Pinney | States that the bill mentions in its preamble determining benchmarks for setting per capita rates for reimbursement of health care services. States she is disappointed there is no mention of setting benchmarks for access for primary care and for people with special needs. States that Section 2 (1) talks about an entity being able to assign an enrollee to a primary care provider, but there is no reference of that primary care provider's ability to see that patient in a timely manner. States she does not understand why there should be an age limit under Section 3(2)(D). Adds that a person should not be required to enroll in managed care in a area where there is a very limited number of providers, if any, and are not open to new enrollees. |
| 114 | Pinney | States there is a need to acknowledge that providers do dump patients and the patients need to have the ability to continue to get services. |
| | Pinney | Reviews Section 5 of HB 3624 A and states she would add "in a |

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| | | timely manner" to the language, and suggests criteria that should be developed. |
| | Pinney | States that a truly consumer advisory panel with a cross section of people with disabilities is a vehicle for a plan to improve access. Managed care plans should be required to have consumer advisory panels in every area in which they operate. |
| 167 | Sen. Minnis | States that Pinney is right in respect to regulation. Comments that if the information is not provided, the legislature does not have the information to evaluate the many statements made by Pinney about how the program should function. |
| 190 | Pinney | Thanks Sen. Minnis for his support of her comments. Urges the committee to consider what might be appropriate to add to the bill now given that this seems like an opportunity to ensure that if people are being required to enroll in Medicaid managed care, they at least have the patient protections that are required under federal law. |
| 180 | Sen. Minnis | Comments that the legislature does not have any data to evaluate. |
| 185 | Pinney | States that if patient protections are not pieces Sen. Minnis would like to consider, then it would seem at least an evaluation component around access should be added to the many evaluation components around reimbursement. |
| 235 | Josie Chaney | Southeast Portland resident. States she would like to talk about prioritization of common funds. Comments on reduction of programs and for protection of existing revenues. Asks that the legislature look at funds that can be brought back into the General Fund. |
| 245 | Don Looney | Oregon City resident. Expresses thanks for restoration of the Medically Needy program. Explains that his best friend committed suicide when his medications for AIDS were cut off. States he is very fortunate has CareOregon as his provider and is fortunate as a mental health consumer to live in Clackamas County. |
| 318 | Angela Kimball | National Alliance for the Mentally Ill (NAMI). Presents a prepared statement in support of mental health coverage **(EXHIBIT I).** |
| 405 | Steve Louisa | Executive Director, National Alliance for the Mentally Ill Oregon. States there are areas of HB 3614 A that are very unclear and where there could be more oversight. One of the key things for NAMI is the inclusion of all mental health medications and open access to medications. States that the bill mentions the anti-psychotics but the anti-depressants, anti-anxiety, and anti-convulsants are key components to the recovery process. States his son has been involved in the Clackamas County mental health system. Comments on the excellent quality of the mental health program in Clackamas County and in Oregon. |
| | Ed Patterson | Oregon Rural Health Association. Submits a prepared statement in support of the HB 3624-A6 amendments but does not testify **(EXHIBIT J).** |
| 438 | Co-Chair Winters | Announces that the committee will reconvene tomorrow at 3:00 p.m. because a number of individuals have signed up and were not heard today. Speaks with audience about availability on Thursday. |
| 472 | Melinda Mowery | Clackamas County, Department of Human Services, Community Mental Health Center. Submits and summarizes a prepared statement **(EXHIBIT K).** |
| **TAPE 27, A** | | |
| 005 | Mowery | Continues summarizing her statement **(EXHIBIT J).** |

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| | | The following amendments to HB 3624 A provided to members by staff and were not discussed are hereby made a part of these minutes:<br>**HB 3624-A9 amendments (EXHIBIT L)**<br>**HB 3624-A12 amendments (EXHIBIT M)**<br>**HB 3624-A13 amendments (EXHIBIT N)**<br>**HB 3624-A14 amendments (EXHIBIT O)**<br>**HB 3624-A15 amendments (EXHIBIT P)**<br>**HB 3624-A17 amendments (EXHIBIT Q)**<br>**HB 3614-A18 amendments (EXHIBIT R)**<br>**HB 3624-A19 amendments (EXHIBIT S)**<br>**HB 3624-A20 amendments (EXHIBIT T)**<br>**HB 3624-A21 amendments (EXHIBIT U)**<br>**HB 3624-A22 amendments (EXHIBIT V)**<br>**HB 3624-A23 amendments (EXHIBIT W)**<br>**HB 3624-A25 amendments (EXHIBIT X)** |
| 013 | Co-Chair Winters | Closes the public hearing on HB 3624 A and adjourns meeting. |

E**XHIBIT SUMMARY**

**A – HB 3624, prepared statement, Barney Speight, 4 pp**
**B – HB 3624, prepared statement, Bruce Bishop, 3 pp**
**C – HB 3624, HB 3624-A10 amendments, Bruce Bishop, 2 pp**
**D –HB 3624, graphics of comments, Jeff Heatherington, Ruby Haughton, Bill Murray, 6 pp**
**E – HB 3624, HB 3624-A11 amendments, Paul Cosgrove, 1 p**
**F – HB 3624, HB 3624-A6 amendments, staff, 1 p**
**G – HB 3624, prepared statement, Mike Volpe, 1 p**
**H – HB 3624, prepared statement, Karen Whitaker, 1 p**
**I – HB 3624, prepared statement, Angela Kimball, 2 pp**
**J – HB 3624, prepared statement, Ed Patterson, 1 p**
**K – HB 3624, prepared statement, Melinda Mowery, 2 pp**
**L - HB 3624, HB 3624-A9 amendments, staff, 1 p**
**M – HB 3624, HB 3624-A12 amendments, staff, 14 pp**
**N – HB 3624, HB 3624-A13 amendments, staff, 4 pp**
**O – HB 3624, HB 3624-A14 amendments, staff, 1 p**
**P – HB 3624, HB 3624-A15 amendments, staff, 2 pp**
**Q – HB 3624, HB 3624-A17 amendments, staff, 1 p**
**R – HB 3624, HB 3614-A18 amendments, staff, 1 p**
**S – HB 3624, HB 3624-A19 amendments, staff, 2 pp**
**T – HB 3624, HB 3624-A20 amendments, staff, 1 p**
**U – HB 3624, HB 3624-A21 amendments, staff, 3 pp**
**V – HB 3624, HB 3624-A22 amendments, staff, 1 p**
**W – HB 3624, HB 3624-A23 amendments, staff, 1 p**
**X – HB 3624, HB 3624-A25 amendments, staff, 3 pp**