

HOUSE COMMITTEE ON HEALTH AND PUBLIC ADVOCACY

January 30, 2001
1:30 PM

Hearing Room D
Tapes 7 - 10

MEMBERS PRESENT: Rep. Jeff Kruse, Chair
Rep. Bill Morrisette, Vice-Chair
Rep. Bill Garrard, Vice-Chair
Rep. Phil Barnhart
Rep. Jerry Krummel
Rep. Jan Lee
Rep. Laurie Monnes-Anderson
Rep. Carolyn Tomei
Rep. Cheryl Walker

MEMBER EXCUSED:

STAFF PRESENT: Diane Lewis, Committee Administrator
Rachel Brown, Committee Assistant

MEASURE/ISSUES HEARD: HB 2294 - Public Hearing
HJM 1- Public Hearing and Work Session
HB 2101 Public Hearing and Work Session
HB 2083 Public Hearing and Work Session
HB 2267 - 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.

<u>TAPE/#</u>	<u>Speaker</u>	<u>Comments</u>
TAPE 7, A		
004	Chair Kruse	Calls the meeting to order at 1:40 p.m. Opens public hearing on HB 2294.
<u>HB 2294 - PUBLIC HEARING</u>		
047	Bob Mink	Deputy director of the Department of Human Services (DHS). Presents a brief overview of HB 2294, DHS' reorganization bill. Submits written material (EXHIBITS A & B).
075	Mink	Indicates that HB 2294 essentially gives DHS a blank slate with which to work. Explains that the programs will remain the same, but that they will be under one leadership of the director, the governor, and the legislature. Adds that more details will soon follow as to how exactly this reorganization is to take shape.
111	Rep. Monnes-Anderson	Maintains that HB 2294 should be a positive and coordinated effort on all levels and amongst all organizations and that the main goal should be the service delivery to the clients.
126	Rep. Garrard	Asks about the time schedule for the entire reorganization process.
130	Mink	Explains that before the next legislative session, the reorganization will most likely be implemented. Points out that

the planning of the implementation of the reorganization will start the week of Feb. 12 and that the implementation plan should be ready in the summer. Foresees that an 18-month implementation process will occur.

169 Chair Kruse

Closes the public hearing on HB 2294 and opens a public hearing on HJM 1.

HJM 1 – PUBLIC HEARING

175 Don Butsch

Member of the Governor’s Commission on Senior Services. Testifies in favor of HJM 1. Submits written testimony (**EXHIBIT C**). Believes that Oregon is not receiving fair Medicare reimbursements from the federal government.

201 Ken Rutledge

President of the Oregon Association of Hospitals and Health Systems. Testifies in favor of HJM 1.

254 Rutledge

Speaks to what he sees as an unfairness of federal reimbursements for Medicare in the state of Oregon. Points out that in some Oregon counties, prescription drugs are always covered by Medicare, while others have gaps in their coverage or none at all. Remarks that there are unlimited health benefits for some people and not many for others, which makes for a very unequal system. Maintains that Oregon is a good steward of its allocated Medicare funds.

297 Rutledge

Explains that those who suffer the most from the unequal reimbursement rates are the beneficiaries, because many Oregonians that pay premiums do not receive any added benefits like people in states where Medicare reimbursements are high with no premium to pay. Advocates for Medicare HMO reform. Discusses the ‘balance budget act’ in Congress and says that it has had an adverse effect on health care in Oregon.

325 Rep. Morrisette

Asks why the differentiation of Medicare exists since the creation of the Equal Protection clause.

335 Rutledge

Responds that litigation is being pursued in this matter although many people are of the opinion that it’s a “long shot”.

352 Chair Kruse

Mentions submitted written testimony from Congresswoman Darlene Hooley (**EXHIBIT D**).

364 Jim Davis

Represents the Oregon State Council of Senior Citizens and the Oregon Medicare Justice Coalition. Submits written testimony in favor of HJM 1 (**EXHIBIT E**). Notes that Oregon’s seniors have been at a disadvantage in terms of managed health care coverage around Medicare. Reiterates the disparity of Medicare coverage throughout the country.

TAPE 8, A

012 Davis

Details the goals of the Oregon Medicare Justice Coalition:

- Provide for more equitable reimbursement to low-payment counties as compared to those of their higher paid counterparts
- Achieve a reasonable Medicare reimbursement level nationwide over the next 5 years
- Increase fee-for-service reimbursement and support work to increase this reimbursement for low-to-average reimbursed counties

Makes the point that actions from a grassroots level can be effective in achieving these goals.

040	Joe Coss	Represents the Oregon State Council of Senior Citizens and the Oregon Medicare Justice Coalition. Submits written testimony in support of HJM 1 (EXHIBIT F). Explains that the coalition works to unite the efforts of both the providers and the consumers. Believes that it may take a lot of time to reach a level of Medicare justice.
069	Verna Porter	Represents the Oregon Council of Senior Citizens and the Medicare Justice Coalition. Testifies in support of HJM 1. Offers anecdote to illustrate the high number of seniors who now need to work because their Medicare coverage isn't enough to pay for all of their medical bills and supplemental insurance. Emphasizes how difficult it is for many seniors to pay for medicine and for food.
104	Rep. Tomei	Asks what someone in Florida would say, who more than likely receives large Medicare reimbursements, if he or she heard Oregon seniors complaining about their lack of coverage.
117	Davis	Responds by saying that this issue is becoming extremely political because those with high reimbursement rates don't want equity for others if it means lowering the bar for them.
122	Rep. Tomei	Asks how other states can afford to cover so many health benefits for seniors.
129	Coss	Responds that because there is excellent competition in states where so many seniors reside, better and better benefit packages have been created.
154	Chair Kruse	Closes the Public Hearing on HJM 1. Opens a Work Session on HJM 1.

HJM 1- WORK SESSION

163	Rep. Krummel	MOTION: Moves HJM 1 be sent to the floor with a BE ADOPTED recommendation.
		VOTE: 9-0
170	Chair Kruse	AYE: In a roll call vote, all members present vote Aye. The motion CARRIES.
181	Chair Kruse	REP. KRUSE will lead discussion on the floor. Closes the work session on HJM 1 and opens a public hearing on HB 2101.

HB 2101- PUBLIC HEARING

185	John Santa, M.D.	Administrator of the Office for Oregon Health Plan Policy and Research (OHPPR). Submits written testimony in support of HB 2101 (EXHIBIT G). Explains that the one-word change in the agency's name would offer the public less confusion. Believes that the small change in the name of the agency would not reduce the commitment to customer service and that the new name would more accurately reflect the agency's purpose.
250	Phil Griffin	Project manager at Northwest Natural and represents the Oregon Coalition of Health Care Purchasers and the Oregon Health Care Quality Corporation. Submits written testimony in support of HB 2101 (EXHIBIT H). Requests that an amendment be adopted to HB 2101. Refers to charts on pages 3 and 4 of EXHIBIT H.
286	Rep. Krummel	Asks for Mr. Griffin to explain page 3 of chart in reference to employers offering benefits to their employees.
300	Barney Speight	Represents Kaiser Permanente. Submits written testimony in support of HB 2101 (EXHIBIT I). Explains the chart on page 3, saying that the information reflects the national average of the

327	Griffin	annual percentage change of their total annual benefit costs. Reports that he will give the committee more information when it is available.
329	Speight	Offers clarification of chart on page 4.
334	Griffin	Explains that purchasers of health care benefits and those who use those benefits need information about performance of local and regional health care systems relative to accepted standards of care. Maintains that this is the reasoning behind the proposed amendments.
399	Griffin	Remarks that the conceptual amendments would establish a framework for acquiring such information through voluntary and public-private partnerships.
TAPE 7, B		
005	Rep. Krummel	Asks about the POS acronym.
007	Speight	Responds that POS stands for 'Point of Service' which is a variation in the market, and an HMO that is not overly popular in Oregon.
011	Rep. Krummel	Asks how many health benefit plans include prescription drugs in their plans.
021	Speight	Responds that HMO, PPO, and POS percentages on the chart do not include prescription drugs.
029	Rep. Krummel	Asks if the numbers on the chart are percentages.
031	Speight	Responds that 12-month increases are charted in the submitted material.
036	Rep. Monnes-Anderson	Asks about the proposed conceptual amendments.
041	Speight	Responds that the statutory concept authorizes OHPPR to act as a sponsor within available funds to oversee the conducting of quantitative studies. Wishes to bring interested private and public parties together. Refers to point 8 of his material.
095	Rep. Monnes-Anderson	Asks about accreditation in the private sector.
105	Speight	Responds that quality improvement is supplemented by the actions of the proposed amendments.
131	Rep. Monnes-Anderson	Asks if the data is supplied voluntarily.
135	Speight	Responds that community-based information sharing is encouraged.
165	Rep. Walker	Refers to EXHIBIT I and asks about OHPPR authorization of funds.
172	Speight	Responds by talking about money from private organizations.
187	Rep. Tomei	Asks why they've chosen this bill to amend rather than just write a new bill.
195	Speight	Responds that the OHPPR's board would okay the introduction of a new bill.
209	Rep. Krummel	Refers to the statutory concept of the proposed amendments of page 1 of the submitted material, and asks what kind of outcome research is being done on state and federal levels and if this is a way the government and insurance companies can call into question medical interventions that are warranted or have good outcomes.
231	Speight	Responds that a significant amount of research is being done to insure evidence-based medicine is being practiced.
261	Rep. Monnes-	Asks if this concept has been discussed with the players that will

264	Anderson Speight	be participating. Responds that many major hospital organizations and health care organizations sit on the board and are aware of this concept.
270	Rep. Monnes-Anderson	Asks if physicians' 'Best Practices' are taken into consideration.
273	Speight	Responds that it is a population-based approach.
322	John Scott	States that he is not opposed to the issue but asks the committee to consider the option of both the bill and the amendments to be measured separately.
360	Chair Kruse	Closes public hearing on HB 2101 and opens work session on HB 2101.

HB 2101- WORK SESSION

364	Rep. Tomei	Indicates that she is uncomfortable with such a simple bill turning into something more complicated because of the proposed amendments.
384	Rep. Walker	Wishes to spend more time discussing the proposed amendments.

TAPE 8, B

005	Chair Kruse	Expresses his desire to draft the proposed amendments as a separate bill. States that the amendments are very important in relation to the entire issue area.
009	Rep. Monnes-Anderson	Remarks that she supports the amendments as just that and not a separate bill.
025	Chair Kruse	Indicates that the amendments will go to Legislative Counsel to be drafted as a separate bill.
030	Rep. Krummel	MOTION: Moves HB 2101 to the floor with a DO PASS recommendation.
		VOTE: 9-0
043	Chair Kruse	Hearing no objection, declares the motion CARRIED.
055	Rep. Krummel	MOTION: Moves HB 2101 to be placed on the Consent Calendar.
		VOTE: 9-0
059	Chair Kruse	Hearing no objection, declares the motion CARRIED.
061	Chair Kruse	Closes work session on HB 2101 and opens public hearing on HB 2083.

HB 2083- PUBLIC HEARING

084	Chair Kruse	Discusses the process the bill went through before coming to committee. Explains that the bill does not make Hepatitis C testing mandatory, but that it would be an option for those who have HIV tests done.
107	Linda Fleming	Executive Director of the Coalition of Local Health Officials. Testifies against HB 2083 because of the lack of budget.
118	Kathleen O'Leary	Public health administrator and supervisor from Clatsop County. Testifies against HB 2083 and reiterates that there aren't enough resources to support this project.
133	Dr. Paul Cieslak	Manages the Communicable Disease Program at the Oregon Health Division. Submits written testimony in opposition to HB 2083 (EXHIBIT K). Explains that although Hepatitis C is a major health issue, he cannot support the bill because the funds for the testing are not outlined in the Governor's proposed budget. Offers a brief background of the Hepatitis C virus.
155	Cieslak	States that the fiscal impact of the bill would be \$1.75 million per biennium.

161	Rep. Morrisette	Asks for clarification about the testing.
165	Cieslak	Responds that this \$1.75 million figure represents roughly the cost of those that would opt for the testing.
167	Rep. Morrisette	Asks how many people would test positive for Hepatitis C.
172	Cieslak	Responds that evidence suggests that only 11% of those that were already given testing for HIV would also wish to be tested for Hepatitis C.
178	Rep. Monnes-Anderson	Asks how many people out of the 11% would actually be infected with Hepatitis C.
180	Cieslak	Responds that he doesn't have hard figures on the matter, but that evidence suggests that 60% of those engaged in drug activity would be infected with the Hepatitis C virus.
183	Rep. Barnhart	Asks why such a high percentage of drug users are infected.
189	Cieslak	Responds that drug use carries a higher risk for infection than does unsafe sex.
199	Rep. Morrisette	Ask how many people nationwide have Hepatitis C.
204	Cieslak	Responds that 1.8% of Americans are affected.
212	Chair Kruse	Explains that his reasoning for writing this bill was that Hepatitis C has been declared an epidemic by the Center for Disease Control and he thought those already going in for AIDS testing, the 'at-risk' population, could benefit from knowing if they carry Hepatitis C.
220	Chair Kruse	Closes the public hearing on HB 2083 and opens a public hearing on HB 2267.

HB 2267- PUBLIC HEARING

245	Dr. Martin Wasserman	Administrator of the Oregon Health Division within the Department of Human Services. Submits written testimony in support of HB 2267 (EXHIBIT L).
261	Wasserman	Discusses public health workers who treat and care for entire populations and not simply individual people. Believes that public health workers are taken for granted and that they are only valued when there's a problem of a water shortage or a disease outbreak, etc. Points out that HB 2267 will provide a structure for understanding the public health system.
301	Wasserman	Remarks that there is no fiscal impact of this bill, but that there is a cognitive and structural one.
311	Wasserman	Refers to submitted material in reference to essential health functions. Discusses the role of public health and what public health workers' greatest responsibilities are.
350	Wasserman	Addresses the DHS reorganization and its positive implementations.
TAPE 9, A		
003	Cieslak	Presents overhead. Offers background information about communicable diseases and states that the health department in Oregon has the primary responsibility for investigating reported diseases of this nature.
020	Cieslak	Discusses a hypothetical case outlining the degree at which a disease can spread.
032	Cieslak	Details a public health response to a patient with a communicable disease: <ul style="list-style-type: none"> ▪ Educate the patient ▪ Give immune globulin to family members and other close

		contacts
		<ul style="list-style-type: none"> ▪ Assess transmission of those which the patient came into contact with ▪ Make a public announcement and report the case to the local health division
044	Cieslak	Offers tuberculosis (TB) data and maintains that in 1999, 123 confirmed cases were reported in Oregon and as a result, the public health department started 1500 people on preventative therapy for TB in 1999.
052	Rep. Monnes-Anderson	Explains that without the work of the health department, especially in the case of TB, many more people would die than actually do. Brings to light the tenacity of public health nurses in their untiring efforts to keep these diseases at bay.
063	Cieslak	Agrees that TB is one of the most communicable diseases that exist.
081	Cieslak	Presents new challenges for the public health department in the 21 st century: <ul style="list-style-type: none"> ▪ Emerging infections ▪ Antimicrobial resistance ▪ Changes in the population ▪ Global travel ▪ Changes in commerce ▪ Bioterrorism
096	Cieslak	Summarizes the role of the local health departments in regards to communicable disease: <ul style="list-style-type: none"> ▪ Track a variety of diseases ▪ Detect outbreaks ▪ Assess risks to contacts and public ▪ Prevent transmission ▪ Educate
113	Rep. Lee	Asks how people are being infected with giardia.
120	Cieslak	Responds that people may be infected with this bacterium through unfiltered and unchlorinated water. Remarks that there is a lot of giardiasis in day care centers.
122	Rep. Garrard	Asks about the cost of tracking and investigating one case of TB.
124	Cieslak	Responds that he has no exact figure.
127	Rep. Garrard	Believes that one case costs in excess of \$80,000 and that in many counties, communicable disease funding is too limited.
131	Cieslak	Agrees that communicable disease tracking is expensive and what may drive the costs up is taking legal action in an effort to force someone with a disease to wear a mask.
135	Rep. Garrard	Comments that in Klamath County this occurred.
137	Linda Fleming	Submits written testimony in support of HB 2267 (EXHIBIT M). Advocates for quality public health nurses and notes that there aren't always enough nursing staff to get the job done. Believes that the public health system is in crisis.
200	Fleming	Discusses the negative impact of lack of staff on public health at the local level and states that the local public health department is not prepared to deal with possible disease outbreaks or cases

		of bioterrorism. Believes that \$15 million towards new staff is the solution in the next biennium. Realizes that money for communicable disease issues is not in the governor's budget. Stresses the increasing importance of addressing these issues.
256	Pam Dykes	Director of Nursing and the Program Manager for the Infectious Disease Program at the Josephine County Health Department. Submits written testimony in favor of HB 2267 (EXHIBIT M). Discusses Josephine County's infectious disease program and its responsibilities. Explains that its five-division structure contains public health, environmental health, animal control, community services and food share. Provides that one of the goals of the program is to decrease the transmission of infectious diseases in Josephine County. Maintains that staff is going one-to-one with infectious people and it's necessary to keep them safe.
301	Dykes	Continues testimony by addressing cases of reported communicable diseases in the area and explains that when reports are called in, there is a same-day response turnover rate that includes an extensive follow-up.
357	Dykes	Shares anecdote from last year of a case of a rabid fox.
382	Dykes	Describes two cases of TB two years ago that involved young men.
TAPE 10, A		
010	Kathleen O'Leary	Submits written testimony in favor of HB 2267 (EXHIBIT O). Believes that the role of local public health is greater and more challenging than it used to be. States that keeping staff up-to-date as far as training goes is a significant challenge. Maintains that proactive prevention-based strategies are the key to protecting the public against communicable diseases. Stresses that the public deserves to be served by a well-trained public health workforce.
032	O'Leary	Emphasizes that our public health system doesn't currently have the resources to assure the safety, health, and protection of Oregon's residents. Submits that there are not enough tools to protect the public's health.
046	O'Leary	Maintains that HB 2267 will encourage the allowing of a high level of care to the public.
048	Marilynn Sutherlund	Public health director in Klamath County, Oregon. Testifies in support of HB 2267. Discusses recent TB cases in her county and points out that these cases cost a substantial amount of money as well as half of the time of the public health nurse the county employees. Believes that public health needs to be population-based and that first there needs to be an assessment of the issues each county faces.
074	Sutherlund	Offers anecdote of her past employment in a county in another state that, because of a well-stocked budget, was able to set up very effective assessments and action plans to deal with communicable disease issues.
080	Chair Kruse	Closes the public hearing on HB 2267 and adjourns the meeting at 4:00 p.m.

Submitted By,

Reviewed By,

Rachel Brown,
Committee Assistant

Diane Lewis,
Committee Administrator

EXHIBIT SUMMARY

- A – HB 2294, written material, Bob Mink, 35 pp.**
- B – HB 2294, written material, Bob Mink, 2 pp.**
- C – HJM 1, written material, Don Butsch, 1p.**
- D – HJM 1, written material, Staff, 2 pp.**
- E – HJM 1, written material, Jim Davis, 2pp.**
- F – HJM 1, written material, Joe Coss, 1p.**
- G – HB 2101, written material, John Santa, 1p.**
- H – HB 2101, written material, Phil Griffin, 4pp.**
- I – HB 2101, written material, Barney Speight, 2pp.**
- J – HB 2083, written material, staff, 1 p.**
- K – HB 2083, written material, Dr. Paul Cieslak, 2pp.**
- L – HB 2267, written material, Dr. Martin Wasserman, 3 pp.**
- M – HB 2267, written material, Linda Fleming, 3 pp.**
- N – HB 2267, written material, Pam Dykes, 2 pp.**
- O – HB 2267, written material, Kathleen O’Leary, 2 pp.**