

HOUSE COMMITTEE ON HUMAN RESOURCES

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March 11, 1999 Hearing Room E

1:00 pm Tapes 37 - 39

MEMBERS PRESENT: Rep. Jeff Kruse, Chair

Rep. Kitty Piercy, Vice-Chair

Rep. Betsy Close

Rep. Tim Knopp

Rep. Jerry Krummel

Rep. Mike Lehman

Rep. Bill Morrisette

Rep. Jackie Taylor

Rep. Jackie Winters

MEMBER EXCUSED:

STAFF PRESENT: Janet L. Carlson, Administrator

Diane M. Lewis, Administrative Support

MEASURE/ISSUES HEARD: HB 2076 Public Hearing and Work Session

HB 2700 Public Hearing

HB 2571 Public Hearing

TAPE/#	Speaker	Comments
TAPE 37, A		
006	Chair Kruse	Calls the meeting to order at 1:05 PM and opens a public hearing on HB 2076.
<u>HB 2076 PUBLIC HEARING</u>		
008	Chair Kruse	Notes that J. Thomas Hoggard, M.D., President of the Oregon Medical Association, has submitted written testimony in opposition to HB 2076 (EXHIBIT A) .
010	Rep. Ron Sunseri	House District 22, submits testimony in support of HB 2076 and explains that the intent of HB 2076 is to prohibit the placement of sex-change operations on the list of health services covered under the Oregon Health Plan (OHP). States that HB 2076 was not brought forward with any vindictiveness or in opposition to any life choices that individuals have made for themselves. There are no religious proponents for the bill. Explains that the bill does not discriminate against individuals who want to participate in sex-change operations; it only states that tax payers should not pay for this surgery. Explains that the Health Services Commission researched this procedure and found that most medical doctors do not believe there is an overall improvement to the quality of life after an individual goes through the process of a sex change. States that he has not been able to find any credible study to indicate that there is a psychological necessity for this type of procedure. Believes that HB 2076 serves the taxpayers of Oregon.
028	Rep. Morrisette	Asks about other instances where the legislature has overridden the responsibility of the Health Services Commission by dictating what may or may not be placed on the OHP priority list of health services.
035	Rep. Sunseri	Responds that sex-change operations are questionable in their appropriateness for placement on the list. States that the commission has the responsibility to prioritize health services and has already taken a stand that sex-change operations are not a priority.
047	Rep. Morrisette	Asks if a connection exists between the parental notification bill regarding abortion, that is also sponsored by Rep. Sunseri, and HB 2076.
052	Rep. Sunseri	Responds negatively. States that there is no connection.
054	Rep. Morrisette	Asks if parental notification is required for all medical procedures conducted on individuals under the age of 18 years.
058	Rep. Sunseri	Responds that he does not know if parental notification is required for individuals under the age of 18 years who are undergoing medical treatment.

062	Rep. Taylor	States that she was a member of the House of Representatives when the OHP list was first drafted and contends that it was a wise decision not to politicize the placement of health services. Maintains that allowing the commission to determine the priorities of the OHP health care services list is the best way to avoid politicizing the system.
072	Barney Speight	Administrator, Office of Oregon Health Plan, Policy and Research, Department of Human Resources, testifies in regard to HB 2076. States that the Health Services Commission responds to public requests by reviewing health care procedures. Explains that the commission has changed the priority of various health services and continues to review new medical treatments and breakthroughs. States that on February 25, 1999 the Health Services Commission found that there was not convincing scientific evidence to warrant making Sex Reassignment Surgery (SRS) a priority on the OHP list and voted to leave SRS off the list of covered services.
110	Rep. Morrisette	Asks about the circumstances that must exist before SRS will be placed on the list of covered health services.
112	Darren Coffman	Director, Health Services Commission, submits written testimony in regard to HB 2076 (EXHIBIT B) and explains that when the commission is asked to review a procedure for a second or third time, they look for new information other than what has previously been determined. Explains that SRS has been around for thirty years and the commission has seen all the studies and research that have been documented on the procedure and its impact on individuals.
129	Rep. Morrisette	Asks if the commission deals with cosmetic procedures.
130	Coffman	Responds negatively.
134	Rep. Winters	Asks about utilization of SRS before it was removed from the OHP list.
138	Coffman	Explains that SRS has never appeared on the OHP list. States that this procedure has never been paid for by the OHP or by Medicaid prior to the OHP. Administrative rule under the Office of Medical Assistance Programs (OMAP) prohibits reimbursement for SRS.
145	Rep. Krummel	Asks for the current procedural terminology (CPT) code for SRS and asks about the usual cost of SRS services and for amounts reimbursed to providers.
146	Coffman	Responds that he does not have the CPT code at hand. Explains that testimony provided to the commission stated that SRS from male to female was approximately \$11,000 (for the surgery only) and from female to male, costs for surgery are \$30,000 to \$60,000.
167	Rep. Krummel	Asks if other insurance companies reimburse for SRS.

170	Coffman	Responds that he is not aware of other insurance companies that reimburse for SRS services.
177	Lori Buckwalter	Executive Director, It's Time Oregon, submits and presents written testimony in opposition to HB 2076 (EXHIBIT C). Explains that It's Time Oregon is an advocacy group for transsexual and transgender people. States that the politicization of SRS is distressing. Discusses the Harry Benjamin International Gender Dysphoria Association Standards of Care which outlines and describes the process that transsexual people go through before they arrive at the point of surgery. Explains that she is a 48 year old transsexual woman and the custodial parent of two teenage children. States that she has been a systems analyst for twenty years and when she transitioned to a woman while working, the Oregon labor laws were tentative and she worried for the security of her job. States that "SRS is necessary to provide people with a culmination of a process of change in their lives, which is mandated medically."
225	Buckwalter	Discusses how she started the process of her transition and how she used Oregon Health Sciences University (OHSU) as a source of information as well as medical treatment. States that OHSU validated the necessity of SRS in her case. States that she was diagnosed with gender identity disorder and the only treatment was SRS. Explains that the insurance she carried covered her SRS and provided benefits after she lost her job as a result of her transition. States that her life has changed for the best since her SRS and she is an effective, productive, tax-paying, happy citizen. Emphasizes that SRS is not a cosmetic procedure. Maintains that evidence exists to support SRS as a necessary treatment for a valid diagnosis.
280	Rep. Morrisette	Asks Buckwalter if she believes that all evidence regarding SRS has been brought forward and considered by the commission before the decision was made to leave SRS off the prioritized list.
287	Buckwalter	States that she is not comfortable with the decision made by the commission. Believes that it is inappropriate to exclude SRS from the list. Explains that untreated gender identity disorder has specific effects that create turmoil in the lives of affected individuals. States that it is unreasonable to ask people to live with an untreated transsexual condition and maintains that she would like to see the subject revisited by the commission at a later date.
305	Rep. Morrisette	Asks if Buckwalter believes that SRS is more than cosmetic surgery.
324	Buckwalter	Responds affirmatively. States that SRS is a life altering procedure that results in an individual's successful integration into society.
327	Sylvia Caley	Oregon Law Center, concurs with the testimony of Barney Speight and Darren Coffman and states that the Health Services Commission is the body designated to make decisions regarding placement of health services on the OHP list. States that more legislative oversight regarding the OHP list might invite more federal oversight which may in turn jeopardize OHP. Believes that if HB 2076 is allowed to move forward there may be other health care services that could become restricted from the list by the legislative assembly. Provides the example of a circumcision that went badly and resulted in the sex change of a

		<p>baby boy. HB 2076 would prevent a child, who is eligible for the OHP and in the same situation as the negligent circumcision example, from receiving vital, necessary treatment.</p>
410	Bob Joondeph	<p>Director, Oregon Advocacy Center, testifies in opposition to HB 2076. Explains that the Oregon Advocacy Center was in place at the time OHP was started. States that, at the time the OHP started, decisions were made to have a system of professionals, who reviewed medical research, for the purpose of creating a prioritized health services list. Emphasizes that it was never the intention to politicize this process. Relates that the Oregon Advocacy Center, which advocates for people with disabilities, is very concerned that HB 2076 will allow the legislative assembly to restrict other services covered under the OHP. States that the current decision-making system is serving OHP well. Reminds the committee that OHP funding decisions are the responsibility of the legislature.</p>
TAPE 38, A		
040	Rep. Piercy	<p>Asks for elaboration on the inference that more legislative oversight may create more federal oversight which could jeopardize the OHP.</p>
046	Caley	<p>Responds that Hersh Crawford, from Office of Medical Assistance Programs (OMAP) is in the hearing room and is a better resource for discussing federal reaction to state legislative oversight of OHP. Believes that there are individuals who would notify the Health Care Financing Administration (HCFA) of the passage of HB 2076 in Oregon.</p>
054	Rep. Krummel	<p>Refers to Caley's example of the negligent circumcision and states that if the baby had been covered by OHP, in its current form, there would still be no coverage for the SRS the baby required.</p>
063	Caley	<p>States that this issue could be revisited and the commission may discover, in the future, that SRS is a valid priority for the OHP list. Explains that she provided the committee with the circumcision example because it represents a scenario that people don't associate with SRS.</p>
080	Rep. Krummel	<p>Asks Joondeph if an individual's need for SRS constitutes a disability.</p>
087	Joondeph	<p>Responds negatively. Whether an individual, diagnosed with gender identification disorder (GID) is considered "disabled" is still an open question. Explains that there are some employment laws that concede that GID is a potentially disabling condition. The federal rehabilitation act, received by Oregon from federal agencies, defines GID as "potentially" disabling. States that he is unaware of any ruling that defines people with GID as disabled.</p>
115	Hersh Crawford	<p>Director, Office of Medical Assistance Programs, responds to Rep. Piercy's question regarding the jeopardizing of federal approval for Oregon if the legislative assembly creates statute banning SRS from the OHP list. States that he is unsure of whether or not federal approval would become an issue. Explains</p>

		that the original desire was to put the decisions regarding health care services in the hands of medical professionals or the Health Services Commission to keep the list from becoming politicized. Explains that whenever a change is made to benefit packages offered by OHP, there must be federal approval by HCFA.
142	Chair Kruse	Asks if there is a need for federal approval to restrict a treatment that is not currently on the list.
145	Crawford	Responds negatively.
146	Rep. Piercy	Asks if there have been other health services that have been banned, by statute, from the OHP list .
150	Crawford	Responds negatively. Legislative decisions at the start of OHP decided that certain health care issues, such as long-term care and psychiatric care, would not be reviewed by the Health Services Commission. The intent was not to exclude them from the program, but to exclude them from the prioritization process.
159	Rep. Krummel	Asks if SRS is on the list of any federal health care program.
165	Crawford	Replies that he does not have the answer to this question.
167	Rep. Winters	Asks if cost factors play a part when a treatment is considered for the OHP list.
175	Crawford	Responds that he is not certain but believes that costs may be part of the commission's consideration process. States that Darren Coffman is the best resource for this question.
177	Rep. Taylor	Comments that it is her belief the general priority of OHP is to comfort and alleviate pain before cost becomes a consideration.
199	Crawford	Concurs that preventive-care and comfort-care are both high priorities of OHP.
205	Chair Kruse	Closes the public hearing on HB 2076 and opens a work session on HB 2076.
<u>HB 2076 WORK SESSION</u>		
205	Rep. Close	MOTION: Moves HB 2076 to the floor with a DO PASS recommendation.
208	Rep. Morrisette	States his opposition to HB 2076 and argues that the prioritization and placement of health services with OHP should be in the hands of the Health Services Commission. Adds that he believes HB 2076 is a political set-up and an attempt to discriminate against a group of people.

238	Rep. Piercy	Concurs with the remarks of Rep. Morrisette. States that HB 2076 undermines the principles of the OHP. Believes that HB 2076 has a social agenda.
246	Rep. Close	States that the committee is not debating whether or not SRS is right or wrong, but whether or not the tax payers should ever have to pay for this procedure. Believes it is appropriate for the taxpayers to decide how their dollars will be used within the OHP.
252	Rep. Lehman	Explains that he is going to vote for the bill so that the issue of SRS will be put to rest. Believes that SRS is diverting focus away from all the good that OHP is doing. States that SRS is so far down the list that HB 2076 was unnecessary to begin with.
268	Rep. Krummel	Concurs with the comments of Rep. Close. States that HB 2076 is a political mechanism that may help the commission reject prioritizing SRS in the future. Does not believe that HB 2076 is discriminating against a group of people.
310	Rep. Knopp	States his support of the bill and concurs with remarks that the OHP is being undermined by these discussions.
329	Rep. Winters	Concurs with the remarks of Rep. Lehman.
337	Rep. Taylor	Believes the bill is a waste of time and money. States that HB 2076 has the potential to weaken the relationship Oregon has with HCFA.
356	Chair Kruse	States that HB 2076 does not risk anything. Emphasizes that SRS is not currently covered by OHP. Concurs with Rep. Lehman and states that health service discussions should be relating to more pertinent matters. Believes that HB 2076 will put to rest an issue that has distracted the public from more relevant issues.
		VOTE: 6-3 AYE: 6 - Close, Knopp, Krummel, Lehman, Winters, Kruse NAY: 3 - Morrisette, Piercy, Taylor
378	Chair Kruse	The motion CARRIES.
390	Chair Kruse	Closes the work session on HB 2076 and opens a public hearing on HB 2700.
<u>HB 2700 PUBLIC HEARING</u>		
398	Janet Carlson	Committee Administrator, summarizes the bill.

TAPE 37, B

003	Sen. Neil Bryant	Senate District 27, submits testimony in support of HB 2700-1 amendments dated 3/10/99 (EXHIBIT D). Discusses the interim Senate Budget Committee that focused on the human resources budget which includes the Oregon Health Plan (OHP). States that a workgroup was formed consisting of health care providers, dentists, doctors, hospital representatives, OMAP, and Barney Speight from the Office of OHP, to bring legislators a better understanding of the function, responsibilities, goals, membership, and costs of the OHP. Discusses support for the ñ1 amendments by explaining the problems that exist for providers when a patient's OHP contract changes. States that providers need an appeal process when they receive notice of coverage changes.
070	Hersh Crawford	Director, OMAP, submits written testimony in regard to HB 2700 (EXHIBIT E) and notes for the committee the distinction between eligibility for the OHP and enrollment in a managed health care plan. States that HB 2700 does nothing for the length of time an individual is eligible for OHP; however, HB 2700 does lengthen the amount of time an individual must stay enrolled in a managed health care plan prior to changing into another plan. Discusses the eligibility review process that OHP members go through and how members will be affected by HB 2700. Discusses the administrative impact of HB 2700 on OMAP by explaining the need for two new processes: <ul style="list-style-type: none">• One administrative plan for members who are eligible to change plans.• One administrative process for members who are not yet eligible to change plans.
110	Crawford	States that most changes in health plans occur because individuals have lost eligibility or have moved out of the health plan service area. Explains that in February 1999, less than one half of one percent of changes in enrollment were due to the desire of the individual to switch from one plan to another. Reports that HB 2700 has no fiscal impact. States that the bill will not improve the OHP and does not generate any savings. Concludes that OMAP remains neutral on HB 2700.
127	Rep. Taylor	Asks if HB 2700 will be helpful in keeping providers in rural counties.
133	Crawford	Responds negatively. The bill may contribute to continuity of care by requiring an individual to stay in a plan for a longer period of time.
139	Rep. Taylor	Asks if the bill will inhibit flexibility for OHP members when choosing a provider.
147	Crawford	Replies that the bill will affect flexibility of OHP members when choosing to change health plans "for good cause."
165	Chair Kruse	States that HB 2700 extends the length of contracts from six months to twelve months for the purpose of bringing stability to the OHP system.

169	Crawford	Replies that if the bill is read to mean that OHP members are to go through the re-determination of eligibility process every twelve months instead of the current practice of every six months, then the fiscal impact will be approximately \$100 million dollars in general funds per biennium.
181	Rep. Krummel	Asks for clarification of the fiscal.
189	Crawford	Replies that when an individual becomes eligible for the OHP they are enrolled for six months during which time the status of their income and resources are not reviewed. Explains that ten weeks before the six-month time limit is up the member is sent another application packet that they must fill out and send in for review. If the member is still eligible, they are certified for another six month period. States that a change to guarantee coverage for twelve months will be very expensive because people will be covered for a longer period of time.
206	Rep. Krummel	Asks if eligibility is established monthly.
208	Crawford	Explains that there are two kinds of OHP clients. <ul style="list-style-type: none"> • Traditional Medicaid eligibleóelderly, disabled, children in foster care. Eligibility is determined by traditional Medicaid requirements; some are determined yearly and some are determined on a monthly basis. • New, non-traditional eligibleó(OHP) approximately 85,000 Oregon citizens from 50% of poverty to 100% of poverty. Eligibility is determined every six months.
230	Rep. Krummel	Asks why OHP members are waiting for health cards on a monthly basis.
238	Crawford	Responds that OMAP sends cards out to members every month because providers want to see a beginning and end date of eligibility.
251	Rep. Krummel	States that his practice sees fewer OHP patients in the beginning of the month because they don't have their health card and they know they will be turned away for service. Asks why OHP members are not provided with cards in a timely manner.
285	Crawford	Responds that every effort is made to get cards out at the first of the month. Promises to look into this matter.
290	Rep. Lehman	Asks if OMAP is reading HB 2700 as an effort to extend the length of eligibility from six months to one year with a price tag of \$100 million.
297	Crawford	Replies that the way OMAP has interpreted HB 2700 is that it changes the length of time that someone must stay enrolled in a plan, before they may change to a new plan, from six months to one year. States that OMAP does not see that HB 2700 changes the length of guaranteed eligibility from six months to twelve months.

319	Rep. Winters	Asks why there is no fiscal impact.
322	Crawford	Explains that, in the OMAP interpretation of HB 2700, there is no fiscal impact because HB 2700 doesn't make people eligible for the OHP for a longer period of time. HB 2700 only states that for someone to change health plans, they must have been with OHP for at least twelve months.
356	Lehman	Asks if many people are switching between plans in the first year they are with OHP.
362	Crawford	Explains that approximately 20,000 people come up for their six- month redetermination each month and, of those 20,000, only 150 people decide to change plans.
374	Rep. Lehman	Asks if the impact of changing plans is on the carriers.
380	Crawford	Responds affirmatively. Changing plans may also have an impact on the continuity of care.
384	Rep. Lehman	Asks for the reasons that people change plans.
387	Crawford	Replies that this information is not collected.
395	Rep. Lehman	Asks if more staff and staff time will be needed to implement HB 2700.
402	Crawford	Responds affirmatively. OMAP will need to create two "streams" of OHP members.
TAPE 38, B		
020	Scott Gallant	Oregon Medical Association, testifies in support of HB 2700. States that he read the bill to mean that an individual will need to stay with one plan for twelve months before they may switch to another plan. Concurs with the testimony of Hersh Crawford.
046	Rep. Taylor	Asks for clarification of Gallant's testimony regarding releasing OHP members who no longer qualify.
047	Gallant	Explains that he would like to hear discussion regarding OHP members becoming eligible for coverage for twelve months (instead of six) during which time they would be released from their contract should their eligibility change.
055	Rep. Piercy	Asks if Gallant is contending that if OHP members are enrolled for twelve months they should still be reviewed every six months or should they be

		reviewed on an ongoing basis.
060	Gallant	Responds that OHP members could be reviewed on a monthly or quarterly basis, or on any set consistent basis. States that his comments are only for consideration.
070	Rep. Winters	Asks if Gallant's proposal would require a fiscal impact.
077	Gallant	States that it may have an impact. Suggests that his comments are for discussion purposes only.
092	Gallant	Supports the bill amendments brought forward by Sen. Bryant.
100	Chair Kruse	Closes the public hearing on HB 2700 and opens a public hearing on HB 2571.
<u>HB 2571 PUBLIC HEARING</u>		
130	Dr. Gordon Miller	Sponsor of HB 2571, submits and presents written information and Power Point presentation copies in support of HB 2571 (EXHIBIT F). States that HB 2571 prohibits health care providers from contracting for reimbursement from insurers at rates less than ninety percent of the rate charged to uninsured patients. Explains that it is time that an individual from the medical community came forward and explained the process of charging and billing for health care services. Describes the situation of a patient needing a cataract operation two years ago. The global fee for the cataract operation in Portland, OR was over \$7,000; however, his (Dr. Miller's) charge for performing the same procedure in Salem was less than \$2,500. States that it appears that the working poor are carrying the "lion's share" of the cost of medical procedures.
190	Dr. Miller	Explains that he referred to the Physician's Fee Reference, which is a reference manual that lists fees of health care providers by fiftieth, seventieth, and ninetieth percentile. Explains that uninsured patients pay 2 or 3 times as much for health services as compared to guaranteed contract prices. Refers to EXHIBIT F and provides the committee with examples of costs, payments, and reimbursements for various health services according to percentiles and contract payments.
235	Dr. Miller	States that the current system of charging cash-payment patients up to three times more for health services is destructive to medical savings accounts. Responds to the arguments that HB 2571 will raise the costs of health care overall and that the bill is about cost controls. Emphasizes that HB 2571 is protection for the working poor who are paying for medical care out of pocket and are charged more than insured patients are charged for the same procedures.
268	Rep. Winters	Asks for clarification of the exemptions for charges mandated by state and/or federal law.

274	Dr. Miller	Replies that state and federal charges are considerably less than guaranteed contract payments. Maintains that the working poor are subsidizing the health care system.
286	Rep. Taylor	Comments that it may not be a correct assumption that the eleven percent of Oregon's uninsured population represents the "working poor." Shares the concern that private pay is taking the burden of health costs. Appreciates the intent of the bill. Believes that the committee will hear testimony that HB 2571 is unaffordable, particularly to the Oregon Health Plan. Asks if unpaid charges are written off by hospitals and providers.
320	Dr. Miller	Replies that hospitals and providers will take all they can from patients, including material items and homes, for the purpose of reimbursing themselves and will then write-off any unpaid balance. Explains that in regard to the OHP, HB 2571 does not concern any government mandated systems. States that this bill only concerns commercial accounts and cash-paying clients.
333	Rep. Krummel	Asks if guaranteed contracts are meant to keep prices down by guaranteeing an "increase panel" size and payment of procedures.
342	Dr. Miller	Responds that guaranteed contracts can keep payments down; however, Salem physicians are all in the same panel and they don't always get paid.
345	Rep. Krummel	Asks if guaranteed contracts keep overhead costs low, thereby reducing health service charges.
349	Dr. Miller	States that this is not the case in Salem because providers don't have a guaranteed clientele. Patients can choose from a variety of providers who are in the same panel.
358	Rep. Krummel	Asks if the guaranteed contract price is based on the Relative Value to Relative Value Units (RVRVUs).
359	Dr. Miller	Responds affirmatively.
360	Rep. Krummel	Asks if it's true that if a provider increases his volume of patients he also increases his revenue.
365	Dr. Miller	Responds affirmatively, as long as payments for procedures exceed costs.
370	Rep. Krummel	Asks if it is a violation of HCFA rules if contract prices, which are based on RVRVUs, are lower than non-contract prices.
377	Dr. Miller	Explains that HB 2571 does not affect any government-provided health care and contracts.

388	Rep. Krummel	Asks if prices found in the Physician's Fee Reference are based on relative value units or if providers are making unilateral decisions about what they will charge for services.
399	Dr. Miller	Replies that the latter is most common. States that guaranteed contracts are based on the RVRVUs but the provider community is charging whatever they want to charge for medical treatments and procedures.
422	Rep. Lehman	Reiterates that eleven percent of the state's population is uninsured and Dr. Miller believes that this uninsured population is subsidizing health care providers. Asks for the revenue percentage of health care received by uninsured patients.
TAPE 39, A		
010	Dr. Miller	Responds that he does not have this information.
011	Rep. Lehman	Comments that if the revenue from uninsured patients exceeds eleven percent, then this population is in fact subsidizing the system. States that if the revenue from uninsured patients is below eleven percent, then guaranteed contract payments are subsidizing the uninsured population.
018	Dr. Miller	Responds that in his office, cash paying patients are paying at a greater rate than ninety-five percent.
020	Rep. Lehman	Asks if there is a way to get figures representing statewide percentages of payments made to providers by the uninsured population.
022	Dr. Miller	Responds that he is not aware of where to find these figures.
025	Rep. Krummel	Asks Dr. Miller if he believes a patient should ask a provider what the contract price of a treatment is and then offer to pay no more than that price.
029	Dr. Miller	Responds that if a patient is in no hurry to receive care, then asking a provider about contract prices is a patient's right. States that if a patient is having an emergency, there is no time for haggling over prices.
042	John Powell	Regence Blue Cross Blue Shield, testifies in opposition to HB 2571. Explains that Oregon has the lowest uninsured rates in the nation. The control of medical costs in Oregon has occurred through public and private sector contracts. Maintains that HB 2571 would destroy the ability of two parties to contract. Believes that, for the bill to work, a price control regulation commission should be established that would set private pay prices, allowing for a ten percent deviation.
065	Rep. Krummel	Asks how lowering provider prices contributes to the increase of medical costs.

070	Powell	Responds that the bill states that a provider can only discount ten percent. Explains that any current contract price that is less than a private pay price will need to go up.
082	Rep. Krummel	Asks if HB 2571 would force providers to lower their private pay prices because insurance companies won't raise their guaranteed contract prices.
095	Powell	Responds that HB 2571 will create a situation where every contract price would be based upon a provider's cash price. States that contract prices would be deviates of cash prices.
110	Chair Kruse	Notes for the committee that John R. Lawton, D.C., representing Oregon Doctors Of Chiropractic (ODOC), has submitted written testimony in support of HB 2571 (EXHIBIT G). Closes the public hearing on HB 2571.
112	Rep. Taylor	Asks for the process regarding the filing of a minority report.
114	Chair Kruse	Responds that a member must give notice of intent to file a minority report to the Chief Clerk's Office.
118	Chair Kruse	Adjourns the meeting at 3:05 PM.

Submitted By, Reviewed By,

Diane M. Lewis, Janet L. Carlson,
Administrative Support Administrator

EXHIBIT SUMMARY

A ñ HB 2076, written testimony in opposition, Thomas Hoggard, M.D., 1 p.

B ñ HB 2076, written testimony in regard, Darren Coffman, 2 pp.

C ñ HB 2076, personal resume, Lori Buckwalter-Itis Time Oregon, 2 pp.

D ñ HB 2700, -1 amendments dated 3/10/99, Sen. Neil Bryant, 1 p.

E ñ HB 2700, written testimony in regard, Hersh Crawford, 2 pp.

F ñ HB 2571, power point hard copies, Dr. Gordon Miller, 6 pp.

G ñ HB 2571, written testimony in support, John Lawton, D.C., 4 pp.