SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

February 18, 1999 Hearing Room B

8:00 AM Tapes 30 - 33

MEMBERS PRESENT:

Sen. Bill Fisher, Chair

Sen. Frank Shields, Vice-Chair

Sen. Susan Castillo

Sen. Verne Duncan

Sen. Marylin Shannon

STAFF PRESENT:

Sandy Thiele-Cirka, Administrator

Andrew Morris, Administrative Support

MEASURE/ISSUES HEARD:

Coalition Local Health Officials

Overview and Program Description

SB 16 Public Hearing

These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speakerís exact words. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 30, A		
003	Chair Fisher	Calls meeting to order at 8:14 AM and opens the informational hearing.
COALITION of LOCAL HEALTH OFFICIALS OVERVIEW AND PROGRAM DESCRIPTION		

013	Linda Fleming	Executive Director, Coalition Local Health Officials (CLHO). Explains the role of public health policy **(EHHIBIT A)**. Provides examples of services provided and case studies **(EXHIBIT B)**.
070	Fleming	States the coalition provides essential services and that the presentation will focus on communicable disease control. Discusses that the system for handling communicable diseases is struggling. States that the CLHO is requesting $3.2 million dollars for communicable disease control in Oregon. States that the cost to each person in the state would be $0.69.
105	Sen. Duncan	Asks if this request is in the budget.
107	Fleming	Responds that the $3.2 million is not in any budget.
110	Paul Cieslock, M.D.	Epidemiologist, Oregon Health Division. Presents testimony **(EXHIBIT C)**. Describes differences between clinical and public health issues relating to communicable diseases. Presents a hypothetical case. States that the clinical health care workers take care of medical needs and the public health workers provide education and asses risk factors.
177	Cieslock	Continues the explanation of a hypothetical case and measures that public health people take to protect people. Provides slide of data for death from infectious diseases. States that the death rate has grown 58 percent since the early 1980ís. States some of the increase is due to AIDS.
211	Chair Fisher	Asks if better reporting methods are attributed to the higher rates.
213	Cieslock	Responds no, that the information is from death certificates. States that Oregon investigates 25 outbreaks a year.
225	Chair Fisher	Asks how Oregon compares to other states.
238	Cieslock	Responds that he is unsure, due to insufficient data. States that Hepatitis A is at a low, right now. States that there were 161 cases of Tuberculosis in 1997. Shows areas of outbreaks in Oregon. States the most recent outbreaks include measles, salmonella bandaka, and viral diarrhea.
282	Sen. Duncan	Asks about the brand of sprouts that caused the salmonella outbreak in Clackamas County.
290	Cieslock	Responds that the company is Hydro Harvest Sprout of Brush Prairie, Washington. Notes that the product was recalled voluntarily.
294	Sen. Castillo	Questions the cause of the viral diarrhea outbreak.

299	Cieslock	Responds that he does not know the cause, but it was traced to homemade potato salad. Provides examples of emerging infections in Oregon which include E. Coli (1982), Hepatitis C (1989), Hantavirus (1993), and the ET-5 strain of meningococcus (1994).
349	Sen. Castillo	Questions the number of E. Coli cases in Oregon.
351	Cieslock	Responds that since 1990, there have been 100 to 200 cases of E. Coli per year. States that fast food establishments have developed effective systems for cooking hamburgers.
381	Sen. Castillo	Asks about the consequences of E. Coli.
388	Cieslock	Explains the effects of E. Coli. Explains antibacterial resistance.
TAPE 31, A		
000	Cieslock	States that antibiotics are becoming less effective as viruses evolve. Discusses that the population is changing. Identifies other factors such as aging, immune suppressed persons, ethnic diversity, increased day care, and eating out all has an impact on communicable diseases.
050	Cieslock	Continues that changes in commerce also contribute to outbreaks. Adds that bioterrorism is a threat.
095	Cieslock	Gives an example of an Anthrax threat in Tualatin. Explains the role of the health department in this situation.
131	Chair Fisher	Asks about the response time in the Anthrax threat.
135	Cieslock	Explains the response procedures.
143	Sen. Shields	Questions the gestation period of Anthrax.
148	Cieslock	Explains the cycle of Anthrax.
153	Sen. Duncan	Questions the consequences for Anthrax hoaxes.
157	Cieslock	Responds that it is punishable by life in prison.
160	Sen. Duncan	Asks if people know about the consequences of such hoaxes.

165	Cieslock	Responds that he is unsure, but that too much publicity could initiate a copycat crime.
172	Gwen Bowman	Administrator, Josephine County Public Health. Relates a story of the extent of an outbreak of TB in Josephine County.
224	Bowman	Explains the testing system and expense of TB in Josephine County. States that the budget has a $50,000 shortfall due to the outbreak. States that communicable diseases affects everyone.
270	Chair Fisher	Asks about interagency/inter-county agreements.
280	Bowman	Responds there are state level response teams, but formal agreements do not exist. States the benefits of being involved with the community. Explains that counties work together.
301	Allen Melnick	Chairman of Family Practice, Oregon Health Sciences University. Presents testimony **(EXHIBIT D)**. States that local health departments are the first line of defense. Explains the reporting process and that each case is investigated and reviewed.
369	Melnick	States that an analysis is done to see who is at risk. Explains that local health departments duties include controlling the communicable diseases, tracking the outbreak, providing education, and protecting the community.
TAPE 30, B		
000	Melnick	Continues to explain the roles of the public health department. States the request for additional funding is for research and to provide preventive measures. States that while providing services, no one is charged for the services. Discusses the need for resources to respond effectively and train staff. Gives examples of recent happenings in Clackamas County.
070	Melnick	Comments on bioterrorism that occurred in Oregon. Additional funding is necessary to protect the communities.
087	Chair Fisher	Suggests the group speak with the Governorís office to receive help.
096	Fleming	Asks Chair Fisher to assist CHLO with receive funding.
105	Chair Fisher	Responds in agreement. Commends CHLO for their work. Closes the informational meeting and opens a public hearing on SB 16.
SB 16 PUBLIC HEARING		

120	Sandy Thiele-Cirka	Committee Administrator. Summarizes SB 16 to the committee, including the ñ1 amendments **(EXHIBIT L)**.
153	Scott Nehring	President, Oregon Optometric Association. Provides testimony in support of SB 16 **(EXHIBIT L)**. Explains eye care and the importance of immediate treatment. Discusses that delays in treatment may cause permanent damage.
215	Nehring	Explains the positive impact of direct access to eye care.
228	Wayne Schumacher	Representing Oregon Optometric Association (OOA). Testifies in support of SB 16. Provides background information from the 1997 legislative session. States that SB 16 has been improved. Discusses the fiscal figures.
284	Stan Roberts	Milliman and Robertson, Inc. Co-author of actuality study of SB 16 **(EXHIBIT E)**. States his firm is independent of the OOA. Explains the background of the report. Compares direct access versus the referral process. States the study reviews eye care and the ease in identifying a medical problem.
375	Chair Fisher	Asks how it affects the costs of the Health Maintenance Organizations (HMOs).
380	Roberts	Responds that the HMOs may oppose SB 16 because the bill may set a precedent for self-referral.
TAPE 31, B		
000	Roberts	Explains the referral process is in place to prevent patients from self-referring to the wrong specialist. States a utilization shift would take place to cover eye care.
018	Sen. Shields	Asks about the projected savings.
022	Roberts	Responds the costs are a shift. Reiterates that insurers do not want a precedent. States that primary care physicians would receive less from this measure
043	Sen. Shields	Asks about the percentage of people who currently are impacted by referral process.
047	Roberts	Responds he is unsure. States that most of people will visit their primary physician. Provides additional examples dire access to eye care.
074	Chair Fisher	States his understanding is that people are waiting while the primary physician provides a referral.
090	Schumacher	Responds affirmatively.

112	Linda Casser	Associate Dean, Pacific University Optometry. Testifies in support of SB 16. Discusses Diabetic Retinopathy and explains eye care professionals can provide a diagnosis.
132	Sen. Duncan	Asks if ophthalmologists are instructors in the Pacific University program.
139	Casser	Responds no, but students do train with ophthalmologists.
141	Sen. Duncan	Asks if the optometry and opthalmology educational programs are similar.
146	Casser	Responds that training programs are similar. States SB 16 goes against the trend. States that she does not support the proposed amendments.
195	Sen. Duncan	**States potential conflict of interest because his daughter is the Alumni Director of Pacific University.**
220	Nehring	Explains the proposed amendments to the committee. States the bill does not address vision care services. States that a consequence with SB 16 is that people could self-refer to the wrong type of provider.
254	Nehring	Continues explaining proposed amendments. States that the association is requesting a flat fee for optometrists and opthalmologists. States there is confusion in the billing process between the two professions.
277	Chair Fisher	Asks about differential fees. Asks if an optometrist would charge more than an opthalmologist.
300	Sen. Duncan	Asks if office setup increases costs.
311	Nehring	Responds that an opthalmologist requires more training.
329	Chair Fisher	Asks if the definition of a surgical procedure would include removing a foreign object.
341	Casser	Responds no, because tissue is not surgically opened.
347	Chair Fisher	Discusses the multiple visit issue.
357	Nehring	Responds that the actuarial study did not consider multiple visits. States that there is no need for visitation limits.
373	Chair Fisher	Questions the need for multiple visits.

396	Schumacher	Responds there are practice guidelines regarding multiple visits.
TAPE 32, A		
000	Schumacher	Explains that different procedures require different levels of treatment.
008	Chair Fisher	Asks, if multiple treatments are necessary, would the optometrist refer the patient back to the primary physician.
022	Schumacher	Explains that eye care providers often have the equipment that primary physicians do not have.
060	Jody Fischer	Representing the Oregon Academy of Opthalmology. Testifies in opposition to SB 16 **(EXHIBIT F)**. States that in the past, physicians limited the referrals, but that is no longer the case. States that patients are becoming familiar with the managed care process. Notes that most consumers are unaware of the differences between optometrists and ophthalmologists.
112	Chair Fisher	Provides a personal experience.
189	Fischer	States that most people visit an eye care provider because of social factors. States the amendment are necessary to assure the continuity of the referral process. Explains the need for visitation limits.
226	Chair Fisher	States that he is not limiting amendments and that anyone can submit amendments. Comments he would like to hear from constituents regarding this issue.
260	Sen. Shields	Questions the referral process.
282	Fischer	Responds the referral process has become easier. States the problem has improved during the past six years.
290	Sen. Shields	Points out that it may be easier for the opthalmologist than the optometrists.
302	Fischer	Refers to diabetic retinopathy and treatment. States that optometrists differ from opthalmologists on this issue.
332	Sen. Duncan	Asks Casser to respond.
339	Casser	Explains that when diabetes is detected it is important to co-manage with a treating physician. States concern relating to the proposed amendments.

369	Fischer	Agrees that when diabetes is diagnosed, the patient should be referred back to the primary care physician.
374	Chair Fisher	States the committee wants to work in a cooperative situation.
390	Fischer	Suggest a workgroup to develop a compromise.
400	Jim Anderson	Representing Oregon Medical Association. Comments in agreement with Fischer. Notes opposition to SB 16, as it is written. Recommends a work group.
TAPE 33, A		
000	Dave Fiskum	Representing PacifiCare of Oregon. Testifies in opposition to SB 16.
010	Steve Lynch	Vice President of Public Affairs, PacifiCare. Reiterates that Pacific Care does not support SB 16 **(EXHIBIT G)**.
040	Sen. Duncan	Questions the escalating costs in eye care.
052	Lynch	Responds that care coordination is necessary. States that this coordination would be lost with direct access. Opines people will go to other physicians if they are unhappy with the diagnosis they receive. Comments in support of limited services.
124	Lynch	Comments that SB 16 will increase costs.
130	Fiskum	Presents **(EXHIBIT H)** to the committee.
143	Peggy Anet	Representing Health Insurance Association of America. Testifies in opposition to SB 16 **(EXHIBIT I)**. Comments that the intent of the measure is unclear.
184	Anet	Discusses that the bill would require reimbursement for all services performed, even if it is out of the scope of the care contract.
236	Sen. Duncan	Asks about differential payments between specialists and physicians.
245	Anet	Responds that the contractual agreement determines the reimbursement rates.
270	Chair Fisher	States that more education indicates more money.
340	Kevin Earls	Representing Oregon Associated Industries. Testifies in opposition to SB 16 **(EXHIBIT J)**. Comments that equal reimbursement rates between the

		optometrists and ophthalmologists would be inflationary.
381	Bruce Bishop	Representing Kaiser Permanente. Testifies in opposition to SB 16. Notes concerns with subsection 2(5) **(EXHIBIT K)**.
418	Chair Fisher	Requests testimony from patients. Closes public hearing on SB 16 and adjourns meeting at 11:03 AM.

Submitted By, Reviewed By,

Andrew Morris, Sandy Thiele-Cirka,

Administrative Support Administrator

EXHIBIT SUMMARY

A ñ Coalition of Local Health Officials, written testimony, Linda Fleming, 6 pp

B ñ Coalition of Local Health Officials, communicable diseases case studies, Linda Fleming, 4 pp

C ñ Coalition of Local Health Officials, communicable disease testimony, Paul Cieslock, 13 pp

D ñ Coalition of Local Health Officials, communicable disease control information, Alan Melnick 2 pp

E ñ SB 16, Actuarial study, Stan Roberts, 4 pp

F ñ SB 16, Oregon Academy of Ophthalmology, written testimony, Jody Fischer, 1 p

G ñ SB 16, PacifiCare, written testimony, Steve Lynch, 2 pp

H ñ SB 16, Providence Health Systems, written testimony, Dave Fiskum, 2 pp

I ñ SB 16, Health Insurance Association of America, written testimony, Peggy Amet, 3 pp

J ñ SB 16, Associated Oregon Industries, written testimony, Kevin Earls, 2 pp

K ñ SB 16, Kaiser Permanente, written testimony, Bruce Bishop, 2pp

L ñ SB 16, -1 amendment (2/17/99), Staff, 1p

M ñ SB 16, Oregon Optometric Association, written testimony and conceptual amendments, Scott Nehring, 14 pp