

JOINT INTERIM COMMITTEE ON HUMAN RESOURCES

June 23, 1998 Hearing Room F

9:00 A.M. Tape 29 - 31

MEMBERS PRESENT:

Sen. Bill Fisher, Co-Chair

Rep. Jeff Kruse, Co-Chair

Sen. Susan Castillo

Sen. Jeannette Hamby

Sen. Lenn Hannon

Rep. Richard Devlin

Rep. Patti Milne

Rep. Frank Shields

MEMBERS EXCUSED:

Sen. John Lim

Sen. Thomas Wilde

Rep. Margaret Carter

Rep. Eldon Johnson

Rep. Jane Lokan

STAFF PRESENT:

Anne Tweedt, Committee Administrator

Sandy Thiele-Cirka, Administrative Support

ISSUES HEARD:

Update on Therapeutic Class 7 and 11 Workgroup Activities

Barney Speight, Administrator

Office of Oregon Health Plan Policy and Research

Update: Placement of Physician Assisted Suicide (Terminal Illness Regardless of Diagnosis) on Oregon Health Plan List of Prioritized Services

Hersh Crawford, Director

Office of Medical Assistance Programs

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
Tape 29, A		
005	Chair Fisher	Calls meeting to order at 9:14 A.M.
<u>UPDATE ON THERAPEUTIC CLASS 7 AND 11 WORKGROUP ACTIVITIES</u>		
016	Barney Speight	Administrator, Office of Oregon Health Plan Policy and Research, begins overview of the status of the two technical advisory panels on the use of anti-depressant and anti-psychotic drugs (EXHIBIT A).
037	Chair Fisher	Asks if the panel membership includes rural representation.
042	Speight	Responds that recruitment for membership has been difficult, but there has been an effort to include as many areas that expressed interest.
059	Sen. Hannon	Notes correction, Dr. Robert Luther's office and residence are located in Medford.
062	Speight	Acknowledges the correction. Continues review of the panels meeting schedule. States that the panels, upon completion, will present the Oregon Health Resources Commission with written recommendations.
108	Speight	Continues review of technical advisory panel (TAP) goals and objectives. Offers to return to the Joint Interim Human Resources Committee in September with additional update.
137	Chair Fisher	Asks if OHPPR has any collaboration with OMAP in connection with these panels.
144	Speight	Responds no. States that these panels are independent of OMAP. Notes that the panels are developing voluntary guidelines that will be accepted and distributed to the professional community.
168	Rep. Devlin	Asks if the advisory panels will dissolve or continue once the clinical guidelines

100	Rep. Devlin	Asks if the advisory panels will dissolve or continue once the clinical guidelines are developed.
173	Speight	Responds and discusses the Medical Technology Assessment Program (MedTAP), which incorporates a process that re-evaluates issues as the technology changes. States that the decision will depend on the use of the guidelines within the community. Comments that a follow-up survey will be used as an evaluation tool.
205	Sen. Hannon	Asks how the pharmacy industry is represented on the panels.
221	Speight	Responds that they are advisors to the technical panels. Notes that they have not been excluded from the process.
238	Rep. Kruse	Discusses the importance of consumers being involved in this process.
257	Sen. Hamby	Acknowledges support of the panels work up to this point.
<u>PLACEMENT OF PHYSICIAN ASSISTED SUICIDE ON OREGON HEALTH PLAN LIST OF PRIORITIZED SERVICES</u>		
268	Hersh Crawford	Director, Office of Medical Assistance Programs, provides update of the placement of physician assisted suicide onto the Oregon Health Plan prioritized list. Discusses that HCFA has to approve all changes made to the list.
315	Crawford	Continues with the status of the HCFA request. Notes that no response has been received at this time. Reviews recent federal actions that have impact on this issue. Notes that implementation of physician assisted suicide is on hold at this time.
375	Rep. Devlin	Asks if an OHP recipient could request and obtain physician assisted suicide.
383	Crawford	Responds that physician assisted suicide is not a covered benefit of OHP.
386	Rep. Devlin	As if an OHP recipient can obtain this service outside of the HMO provider.
395	Crawford	Responds that the physician assisted suicide service can not be included as a benefit of a managed health care package.
412	Sen. Hannon	Asks if the Health Services Commission made this recommendation and where on the list does it appear.
421	Crawford	Explains the Health Services Commission's procedure. Notes that this service was classified as comfort care and it is included in that classification.

447	Sen. Hannon	Asks where pain management is located on the list.
448	Crawford	Responds under comfort care.
449	Sen. Hannon	Asks if there has been legislative direction given to Health Services Commission as part of the strategy for what is covered.
463	Crawford	Responds there was no specific direction given to the commission regarding physician assisted suicide. Notes that statutes allow the commission to make technical changes during the interim.
483	Sen. Hannon	Asks how many requests have been generated at this time.
488	Crawford	Responds that he is not aware of any requests, and notes that the specific information relating to physician assisted suicide, is confidential.
498	Sen. Hannon	Asks if the legislature will be able to accept or reject this prioritization.
503	Crawford	Responds that the current language establishes the commission as having responsibility for developing the prioritized list. States that the legislature is involved with the funding of what is on the prioritized list. Notes that the legislature is prohibited from making changes to the list.
Tape 30, A		
004	Rep. Milne	Requests clarification regarding the coverage of physician assisted suicide by a managed care plan.
006	Crawford	Responds when physician assisted suicide becomes a part of OHP it cannot be included in a managed health care package, it has to be paid for separately through a fee-for-service charge.
023	Sen. Hamby	Asks if a patient goes through the mandated protocol, requiring a psychological consultation, is that service covered by OHP.
044	Crawford	Responds and clarifies the services that are covered: medical confirmation of a terminal condition, the two office visits when the patient makes the oral request, the written request visit, the prescription visit, the counseling consultation and the dispensing of the medication.
069	Sen. Hannon	Asks if physician assisted suicide is covered under managed care.
071	Crawford	Responds that the plan cannot include this service as part of the contract with a managed health care plan, the plan is not responsible for providing the service.

075	Sen. Hannon	Asks how the costs will be documented if confidentiality is attached to this service. Notes the possibility of fraud.
099	Crawford	Clarifies that confidentiality refers to releasing information to the general public. Reviews the workgroup process in developing the guidelines. States the information will be available internally.
117	Sen. Hannon	Asks if this service will be paid with public dollars. Notes concerns associated with not being open and public.
120	Crawford	Responds affirmatively, and states that the funding of this service will be public, but not the details of who has chosen to utilize the services.
131	Sen. Castillo	Asks if there are other conditions currently covered by OHP that are handled in this manner.
137	Crawford	Responds that this is consistent with other health care information that is handled by the OHP.
147	Chair Fisher	Asks if confidentiality was addressed in the drafting of the initiative.
151	Crawford	Responds that the initiative contains confidentiality language. Notes that OHP has extensive confidentiality requirements.
158	Rep. Kruse	Comments and notes concern with federal action on this issue. Asks if the commission can table this issue until a federal decision has been made.
196	Crawford	Responds that he will convey these concerns to the commission. Discusses the commission's position.
268	Chair Fisher	Requests explanation of the commission's decisions relating to co-morbidity.
286	Crawford	Responds that HCFA is concerned about the prioritized list and the possibility of denying services to patients. Discusses and clarifies the exception and excluded process.
352	Chair Fisher	Asks if public hearings are conducted for the rule changes.
354	Crawford	Responds that there are formal rule hearings.
359	Chair Fisher	States that he has not received notification for a hearing.
362	Crawford	Responds that there will be a formal hearing before the co-morbidity rule is implemented. Notes that the hearing will not occur before October.

368	Rep. Kruse	Asks what the intent is in changing the definition of co-morbidity.
377	Crawford	Responds that the current language is unclear, which has created an unclear rule. States that it is not the intention to broaden co-morbidity, but clarify the process of how co-morbidity is determined.
405	Rep. Kruse	Notes concerns regarding the potential loophole of including conditions/services that are currently below the line.
440	Chair Fisher	Asks what types of safeguards are going to be developed to avoid system abuse.
448	Crawford	Responds that the department has a responsibility to acknowledge the services that are not covered. However, there are isolated situations where a patient has a condition that is covered, and a second condition that is not covered. States that if a condition was removed from the excluded list that does not mean that it has to become a covered service.
494	Rep. Kruse	Requests clarification on the decision process to convert the excluded list to the covered service list.
Tape 29, B		
003	Crawford	Responds that having something on the excluded list violates the statutory responsibility given to the commission.
008	Rep. Kruse	States that the decision to exclude certain conditions was valid at one time and that OMAP should discuss with the commission why these conditions were originally excluded.
017	Crawford	Responds that the commission's responsibility is to place all health care services on the list. States that the legislature determines what should be funded or not.
022	Rep. Kruse	Asks if there is an excluded list.
023	Crawford	Responds that there is an excluded list that contains items that the commission has not ranked.
033	Rep. Kruse	Remarks that the removal from the list should be publicly debated.
043	Crawford	Repeats that removing the exclusion does not make it a funded service.
052	Chair Fisher	Ask how the original excluded list was developed.

056	Crawford	Responds that list of exclusions was a part of the Medicaid program prior to the OHP. Notes that it was a carry over from the old process.
067	Chair Fisher	Asks if Mr. Crawford is monitoring the commission and OMAP's position.
072	Crawford	Responds affirmatively.
081	Chair Fisher	Requests that the information being requested by Sen. Bryant's workgroup be provided to the Joint Interim Human Resources Committee.
088	Crawford	Responds affirmatively.
091	Sen. Hamby	Asks if the recent changes by the federal government will have a cost impact on OHP.
097	Crawford	Responds that the changes will impact the state's obligation to the Medicare program. Continues explanation of the current obligation.
118	Sen. Fisher	Asks if those dollars are eligible for matching dollars.
119	Crawford	Responds affirmatively.
123	Chair Fisher	Recess at 10:25 A.M.

BOARD OF PHARMACY RULES

136	Chair Fisher	Reconvenes at 1:18 P.M.
147	Joe Schnabel	Member of the Board of Pharmacy, reviews the proposed rule for collaborative drug therapy rule. Notes that it is supported by all parties.
161	Scott Gallant	Representing the Oregon Medical Association, (EXHIBIT B) , reviews two portions of the revised collaborative therapy rule: protocol and the physician prescription order.
210	Gallant	Continues explanation of rule revisions (EXHIBIT B) .
255	Rep. Kruse	Requests clarification regarding section 6, subsection b, the entity-to-entity issue.
259	Gallant	Responds that the agreements between single pharmacies or clinics have to be signed between pharmacists of those entities and the physician(s).

280	Chair Fisher	Asks if rural physicians are excluded from this arrangement.
282	Gallant	Responds no. Notes that Kaiser Permanente offered the pharmacy and therapeutics committee recommendation.
293	Joe Schnabel	Comments and discusses that the board conducted a survey of chain and independent pharmacies. Notes that 10 of the 155 pharmacies surveyed were involved with some form of collaborative therapy and they were located in rural communities.
310	Rep. Kruse	Asks if the Board of Pharmacy is satisfied with these revisions.
318	Gary Schnabel	Responds affirmatively.
339	Chair Fisher	Recess until 2:00 P.M. Reconvenes at 2:06 P.M.

REPORT FROM TASK FORCE ON ADOPTION SERVICES

364	Jan McComb	Committee administrator, reviews direction of the Task Force on Adoption Services.
383	Honorable Merri Souther Wyatt	Chairman, Task Force on Adoption Services, reviews task force report (EXHIBIT C) . Notes that the process did not develop anything new.
433	Wyatt	Discusses issues discussed by the task force: to reduce the time a child waits for a permanent home and a fee increase for private adoption agencies.
497	Rep. Shields	Asks if the members, who voted for the fee increase to private adoption agencies, considered how and where the increase would come from.
506	Wyatt	Responds no.
507	Rep. Shields	Remarks that the state will not fund this expense.
509	Rep. Kruse	Asks if the reimbursement rate was for children already in the state system.
515	Wyatt	Comments that the agencies want to be reimbursed for the home studies with or without state children.

Tape 30, B

005	Rep. Kruse	Asks if a private agency provides the home study for a SCF child and prepares the adoption, do they receive the payment upon finalization.
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008	Wyatt	Responds affirmatively.
022	Rep. Kruse	Discusses that the task force will assist with system modifications.
031	Wyatt	States that the task force was not able to locate another system that was better than Oregon.
034	Rep. Kruse	Identifies recommendations that may receive state funding. Requests refining definitions used in the report (EXHIBIT C).
052	Wyatt	Responds that special needs child is defined on page 4 of the report (EXHIBIT C).
057	Rep. Kruse	Requests numerical data.
064	Kathy Ledesma	Permanency and Adoption Manager, State Office for Services to Children & Families, responds that she does not have that information.
079	Ledesma	States that she has additional information and she will provide it to the committee.
084	Rep. Kruse	Comments on the importance of including mentally disabled children in the special needs category. Discusses that the \$200,000 be applied towards a revised reimbursement rate.
126	Wyatt	Responds that the special needs adoption coalition recommended the rate be increased to \$6700.
132	Rep. Kruse	Suggests increasing the fee reimbursement to \$8000.
140	Wyatt	Responds that the direction of the task force was to increase fees and to evaluate other viable options.
150	Rep. Kruse	Reviews and explains the development of the bill. Notes that his intent was to use the \$200,000 for fee reimbursement.
200	Rep. Kruse	Acknowledges and supports the draft recommendations. Asks if the task force has addressed the conflict surrounding termination.
217	Wyatt	Responds discussion has been limited. Notes that the task force does not have expertise in this area. Suggests that the legislature monitor the federal changes that may have an impact.

259	Rep. Kruse	Comments and discusses the "Best Interests" legislation.
283	Ledesma	Responds that Oregon has had the option in delaying implementation of the Adoption Safe Families Act (ASFA).
303	Rep. Kruse	Requests future discussion.
304	Ledesma	Responds affirmatively.
306	Rep. Milne	Asks for clarification regarding strategies that address the removal of children from the home.
314	Wyatt	Responds that a primary strategy is to increase mental health and drug/alcohol resources.
330	Rep. Milne	Asks if there were discussions addressing parenting skills and when it is appropriate to remove a child.
341	Wyatt	Responds no.
350	Rep. Milne	Notes concerns regarding children being removed from the home unnecessarily. Requests having this issue addressed.
381	Rep. Kruse	Remarks on the limited scope of the task force.
398	Rep. Shields	Notes concerns regarding adoption confidentiality of a child, asks if the current system allows for child information to be available to adoptive parents.
435	Ledesma	Responds that there have been significant changes. Reviews the legal changes that have taken place in Oregon that require information be shared with the adoptive parents.
471	Rep. Shields	Asks if there is any recourse for children who were adopted in the 80s when the information was not available.
483	Ledesma	Responds no. Reviews current actions: <ul style="list-style-type: none"> • accessibility to all child information • continued training of adoptive parents • continue adoption support and assistance
517	Rep. Shields	Asks if these support services include counseling.

518	Ledesma	Responds affirmatively.
Tape 31, A		
002	Ledesma	Continues clarification of the adoption support services.
009	Rep. Devlin	Asks how accurate the forecasts are on page 13, (EXHIBIT C) .
024	Ledesma	Responds that the average amount of time that a child stays in foster care has decreased. Discusses the current recruitment activities.
055	Wyatt	Comments on residual effects. Notes that some children are not adoptable.
064	Rep. Kruse	Notes the importance of decreasing high risk activities in teen-agers.
079	Chair Fisher	Asks for clarification of SCF adoption procedures.
089	Ledesma	Reviews the process: <ul style="list-style-type: none"> • the identification of an adoptive family; relatives are the first choice • termination of parental rights • recruitment (if necessary) of an adoptive family • committee process (agency and non-agency members), the adoption application is reviewed and the selection is determined
134	Ledesma	Continues explanation of the agency's lack of utilizing resource families. Notes that policy is being modified to accommodate for the families that have been waiting the longest and will receive a higher consideration.
148	Chair Fisher	Notes concerns regarding families that are competing for a child.
174	Ledesma	Responds in agreement. Continues explanation of the adoption reform plan. Notes that Oregon's disruption rate is one of the lowest in the nation.
195	Chair Fisher	Asks if the potential adoptive parents are able to spend time with a child.
218	Ledesma	Responds and reviews the adoptive committee process.
241	Wyatt	Provides judicial experience involving a family member assisting SCF in locating a suitable family for a child. Acknowledges the collaboration between the private agencies and SCF.
288	Chair Fisher	Discusses personal experience with the adoptive process.

345	Wyatt	Responds that consistency among branches and caseworkers is one of the task force's recommendations.
356	Ledesma	Comments that the committee process brings together subjective and objective perspectives that provide equality for the applicants.
382	Rep. Kruse	Remarks that the task force has had a positive impact on the system.
400	Sen. Fisher	Discusses personal experience.
453	Ledesma	Asks if Sen. Fisher would consider being involved in the adoption committee process.
467	Wyatt	Summarizes and closing comments.
481	Chair Fisher	Adjourns meeting at 3:15 P.M.

Submitted By, Reviewed By,

**Sandy Thiele-Cirka, Anne Tweedt,
Administrative Support Administrator**

EXHIBIT SUMMARY

A ñ Class 7 & 11 Workgroup Report, Barney Speight, 11pp

B ñ Board of Pharmacy Proposed Rule Revision, Scott Gallant, 2pp

C ñ Task Force on Adoption Services Report, Merri Souther-Wyatt, 57pp