

JOINT INTERIM COMMITTEE ON HUMAN RESOURCES

March 4, 1998 Hearing Room F

8:30 A.M. Tape 9 - 14

MEMBERS PRESENT:

Sen. Bill Fisher, Co-chair

Rep. Jeff Kruse, Co-chair

Sen. Susan Castillo

Sen. Jeannette Hamby

Sen. Lenn Hannon

Sen. John Lim

Sen. Thomas Wilde

Rep. Richard Devlin

Rep. Jane Lokan

Rep. Patti Milne

Rep. Frank Shields

MEMBERS EXCUSED: Rep. Margaret Carter

Rep. Eldon Johnson

STAFF PRESENT:

Lori Long, 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

Overview of Current Oregon Health Plan Contracting

Processes and Discussion of Competitive Bidding

Hersh Crawford, Director

Office of Medical Assistance Programs

Review of Board of Pharmacy Proposed Rules (Pharmacy

Technicians; Collaborative Drug Therapy Management

Arrangement; Pharmaceutical Care; Services to Community

Based Care Facilities)

John Block, Chair

Joe Schnabel

State Board of Pharmacy

Discussion on Subcommittee on Long Term Care (subcommittee

will meet on April 2 and May 7)

Review of Health Services Commission Placement of Physician Aid in Dying on Oregon Health Plan Prioritized List of Services
Darren Coffman, Executive Director

John Alsever, Physician, Member

Health Services Commission

Hersh Crawford, Director

Office of Medical Assistance Programs

Health Insurance Mandates

Review of Current Statutory Requirements for Health

Insurance Mandate Legislation (ORS 171.870-880)

Review of Automatic Repeal of Certain Health Insurance

Mandates (ORS 743.700 et seq.)

Gwen Dayton, Deputy

Legislative Counsel

Bruce Bishop

Harrang Long Gary Rudnick, P.C.

Discussion on Health Insurance Mandate Workgroup Activity

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 9, A		
004	Co-chair Kruse	Calls meeting to order at 8:45 am. Reviews agenda items.
<u>UPDATE on THERAPEUTIC CLASS 7 and 11 WORKGROUP ACTIVITIES</u>		
024	Barney Speight	Administrator, Oregon Health Plan Policy & Research Office, provides summary of the process for review, development, endorsement, dissemination, and implementation of clinical guidelines for physicians in prescribing certain antipsychotic and anti-depressant medications (EXHIBIT A).
080	Speight	Continues review of Step Two of the Four-Step process (EXHIBIT A).
130	Sen. Hannon	Questions if the pharmacy associations are included in Step 3.
138	Speight	Responds that they will be. Notes the intention is to be inclusive of all stakeholders. Continues review of Step Four.
185	Speight	Continues with the guideline development process, page 3 (EXHIBIT A) .
240	Speight	Discusses the request for two special resource representatives. Summarizes the projected timelines.
305	Sen. Lim	Asks if the guidelines will be developed on a voluntary basis and what the consequences will be if they are not followed.
311	Speight	Responds that there will be no consequences. Notes that a voluntary approach is beneficial in developing the standards of care.
359	Co-chair Kruse	Suggests involving groups that work with this issue on a day-to-day basis.

379	Speight	Responds affirmatively.
389	Co-chair Kruse	Requests a preliminary report at the June meeting.
393	Speight	Responds affirmatively.
<u>OVERVIEW OF CURRENT OREGON HEALTH PLAN CONTRACTING</u>		
402	Hersh Crawford	Director, Office of Medical Assistance Programs (OMAP), submits written response to issues raised at the February 11, 1998 meeting (EXHIBIT B). Submits and presents testimony regarding the Oregon Health Plan (OHP) contracting process (EXHIBIT C).
488	Crawford	Continues presentation on OHP and competitive bidding alternatives (EXHIBIT C).
TAPE 10, A		
003	Crawford	Continues overview of OMAP's investigation of the competitive bidding process. Notes that it would not be beneficial for OHP to implement a competitive bidding process (EXHIBIT C).
035	Crawford	Continues overview. Notes the availability of information to potential providers, which is unique in the Oregon's health care system (EXHIBIT C).
057	Co-chair Fisher	Questions if the actuarial information could be more closely guarded.
060	Crawford	Responds affirmatively, but states it would require a change in statute.
076	Rep. Shields	Questions if the actuarial information is not accessible to public, how is it presented to the legislature.
083	Crawford	Responds that the process would have to be changed. Discusses the approach necessary for developing a new process.
125	Rep. Devlin	Requests information where competitive bidding is in place, asks for examples.
137	Crawford	Responds that Arizona has moved in this area and he will provide information. Continues review of department's concerns (EXHIBIT C) .
174	Rep. Milne	Asks what the current turnover rate is amongst contracting health plans.

181	Crawford	Responds that he does not have that information, he will provide it to the committee. Comments on the past process.
195	Rep. Milne	Questions if the 30 percent turnover rate would be an immediate impact if competitive bidding were implemented and would that be a one time rate.
200	Crawford	Responds that the turnover rate would depend on how the transition occurred and it is possible that the turnover rate would be a one-time change. Notes that the greatest percentage would occur upon implementation of contract renewals.
227	Sen. Castillo	Questions the department's specific concerns relating to the impact of changing to competitive bidding on senior and disabled populations.
233	Crawford	Responds that these populations rely on a continuing care relationship with their providers. Notes that these populations are the highest utilizers of the health care system.
252	Rep. Milne	Questions if providers are currently covered under several plans.
255	Crawford	Responds affirmatively. Continues review of concerns regarding health plans dropping out of the OHP delivery system, and the negative impact to delivery systems in rural Oregon. Reviews the auto-assignment process (EXHIBIT C).
320	Rep. Milne	Asks why the difference between Oregon and other states.
322	Crawford	Responds that the department offers client education, a choice of counseling materials, and health care coverage as a condition of eligibility.
338	Rep. Milne	Asks why other states are auto assigning and requests figures of the estimated savings if Oregon implemented competitive bidding.
356	Crawford	Responds that auto-assigning could be a step backwards for Oregon and that there are no savings attached to auto-assigning. Notes that the savings are associated with health care plans offering lower bids.
382	Rep. Milne	Comments that if Oregon auto-assigned there should be some savings.
395	Crawford	Responds it depends on the breadth of the bids received.
403	Rep. Shields	Questions if a rural community would be more attractive to health plans with a competitive bidding process.
417	Crawford	Responds no. Reviews current arrangements in some rural communities.

452	Co-Chair Kruse	Discusses concerns that impact rural communities.
468	Crawford	Comments that there could be difficulty for some rural communities.
472	Co-Chair Fisher	States that rural communities have been paid less than urban communities for services rendered.
498	Crawford	Reviews Oregon's five geographic zones and the capitation rates.
TAPE 9, B		
017	Sen. Castillo	Comments on the importance of OHP's creation and the importance of accessibility to all Oregonians.
027	Sen. Hannon	Questions the projected increase of cost for OHP compared to the private sector.
031	Crawford	Responds that he does not have that information, but will provide it to the committee. Notes the average annual increase of capitation rates has been 4.5 percent.
040	Sen. Hannon	Asks if increased costs limits access or does that eliminate treatment modality.
044	Crawford	Responds that if costs increase OHP is mandated to return to the legislature with proposed changes to the benefit packages.
049	Sen. Hannon	Asks if access could be an issue.
052	Crawford	Responds that if healthcare services are included in the definition of access then it is a possibility.
057	Sen. Hannon	Remarks on the process of public and private health care costs.
074	Crawford	Comments and reviews the re-payment structures and rates of OHP. Notes that OHP use rates established by an actuary, which are based on the reasonable costs of delivering services.
104	Sen. Hannon	Questions who pays the difference.
106	Crawford	Responds that the actuary determines that the rates reflect the actual cost of delivering services.
112		Committee discussion of healthcare delivery system and reimbursement

		structure.
264	Bill Linden	Public Affairs Counsel, provides testimony in support of competitive bidding (EXHIBIT D) .
325	Linden	Continues presentation (EXHIBIT D) .
380	Linden	Continues and summarizes presentation (EXHIBIT D) .
459	Bruce Bishop	Representing Kaiser Permanente, provides testimony opposing the competitive bidding process.
490	Bishop	Continues presentation.
TAPE 10, B		
020	Bishop	Continues and summarizes presentation.
030		Committee discussion regarding billed amounts versus amounts paid and other states efforts to implement competitive bidding.
113	Ed Patterson	Oregon Association of Hospital and Health Systems, testifies in opposition to the competitive bidding process for the Oregon Health Plan.
165	Patterson	Continues presentation.
218	Stephen J. Baron	Vice-President Finance, Oregon Association of Hospital and Health Systems, provides testimony in opposition to the competitive bidding process (EXHIBIT E) .
262	Sen. Wilde	Discusses the successes of target competitive bidding in a metropolitan area. Asks about excess capacity in the system.
275	Baron	Responds that the issue is not accurate, the plans would bid at a rate lower than what they are currently receiving.
286	Sen. Wilde	Questions if bidding would occur at the current rates or at lower rates.
298	Patterson	Responds that 17 plans offer coverage for the Medicaid population under OHP. Notes that the current system is a competitive system.
329	Ian Timm	President, Oregon Rural Health Association, provides testimony in opposition to the competitive bidding process.

375	Timm	Continues testimony.
425	Timm	Continues testimony.
449	Dave Fiscum	Representing Providence Health System, provides testimony in opposition to the competitive bidding process (EXHIBIT F).
TAPE 11, A		
003	Co-chair Kruse	Comments and recesses until 11:00 a.m.
010	Co-chair Kruse	Reconvenes 11:10 a.m., introduces the Board of Pharmacy.
<u>BOARD OF PHARMACY PROPOSED RULES</u>		
PHARMACY TECHNICIANS		
024	John Block	President, Oregon Board of Pharmacy, provides overview of proposed rule changes (EXHIBIT G).
057	Sen. Hannon	Questions the definition and scope of pharmacy technicians.
064	Block	Provides the definition of pharmacy technician.
083	Sen. Hannon	Questions if a counter clerk handling a prescription is considered a pharmacy technician.
088	Block	Responds no, they are considered a clerk.
092	Sen. Hannon	Questions if a technician can be registered without a background check.
109	Joe Schnabel	Assistant Director of Pharmacy, Salem Community Hospital, responds that anyone can be registered as a pharmacy technician in Oregon. Comments that the pharmacy has to receive written authorization from the board to employ a pharmacy technician who has been convicted of a crime.
123	Sen. Hannon	Asks if there are any restrictions to registration.
127	Schnabel	Responds no.
128	Block	Responds that the restriction was removed from HB 2123 (1997) and the only

128	Block	Responds that the resolution was removed from HB 2123 (1997) and the only board requirement is to maintain a registry.
133	Sen. Hannon	Notes concerns regarding individuals traveling from state to state with a criminal history.
140	Block	Responds that the background can be checked and clarifies the oversight procedure.
146	Sen. Hannon	Questions if there is any disciplinary oversight over the registration.
161	Block	Responds that the board oversees the licensees, the pharmacists that employ the technicians, and the outlet licenses.
168	Sen. Hannon	States that this issue should be addressed and requests the board provides recommendations that could assist in an adequate resolution.
184	Block	Outlines the board's policy on how individuals are disciplined for drug diversion and substance abuse.
216	Co-chair Fisher	Questions the difference between the registration and licensing procedure.
247	Block	Responds with clarification.
261	Co-chair Fisher	Requests that the committee request legislative action to correct the wording in HB 2123 (1997).
265	Rep. Devlin	Asks who bears the burden of proof in investigating prior complaints and does the rule provide for the board to conduct background checks.
285	Block	Responds that the board has the ability to obtain background information the responsibility for providing it. Notes that employers are obligated to act in a responsible manner before hiring new employees.
337	Sen. Hamby	Questions if the board is concerned that the rule is stronger than the legislation.
353	Block	Responds affirmatively.
359	Sen. Hamby	Questions if the original bill had a minimum education requirement.
362	Block	Responds that the language allowed for the board to establish the standards in administrative rules.
369	Sen. Lim	Questions the difference between a pharmacist and pharmacy technician.

371	Block	Responds that each profession has different educational and experience requirements.
393	Sen. Lim	Questions if a technician is allowed to dispense a drug.
395	Block	Responds that a technician can not dispense without the supervision of a pharmacist. Notes that the pharmacist is responsible for the work preformed by the technician.
411	Sen. Lim	Questions what the concern is regarding a technician being under the supervision of a responsible pharmacist.
427	Block	Responds that the concern is in the area of drug diversion and how those situations can be avoided or eliminated.
492	Gary Oxley	Representing Rite-Aid Corporation, provides testimony in support of the proposed rule change.

TAPE 12, A

COLLABORATIVE DRUG THERAPY

026	Block	Reviews the collaborative drug therapy management proposed changes (EXHIBIT G) .
074	Block	Continues review of issues and proposed solutions.
092	Sen. Hannon	Questions if this proposed change expands the scope of collaborative drug therapy.
109	Schnabel	Responds that a previous proposal developed between the Oregon Medical Association (OMA) and Kaiser addressed this issue. Notes that this type of arrangement could be utilized within the entire community.
145	Sen. Hannon	Questions if a physician and pharmacist have a collaborative drug therapy arrangement, and the patient's medical condition changes and the pharmacy is not notified, who is liable for any complications.
186	Schnabel	Explains the arrangement between the pharmacist and the physician. Notes if the pharmacist is dispensing outside the scope of the pre-arranged guidelines of the agreement, the pharmacist would be liable.

302	Co-chair fisher	Questions what the intent of this type of arrangement is.
314	Block	Responds improved patient care. Notes these arrangements are very patient and condition specific.
362	Co-chair Fisher	Questions if a rural pharmacist would be obtaining a laboratory result from a local facility under the physician's direction.
382	Block	Responds affirmatively.
394	Allan Dulwick	Board member, State Board of Pharmacy provides testimony in support of collaborative drug therapy (EXHIBIT H).
468	Sen. Castillo	Questions how many physicians are currently using these types of arrangements in institutions and outpatient settings.
471	Schnabel	Responds that there are no exact state numbers. States that Salem Hospital has six within the hospital and fewer in the outpatient community.
507	Sen. Castillo	Questions if the physician is in agreement with the pharmacy in determining this arrangement.
512	Schnabel	Responds affirmatively.
517	Sen. Castillo	Asks how many physicians are members of the Board of Pharmacy.
519	Block	Responds that the board consists of five pharmacists and two public members.
TAPE 11, B		
004	Co-chair Fisher	Questions if drug substitution occurs under these arrangements.
010	Schnabel	Responds no. Notes the use of therapeutic interchange procedure.
027	Sen. Hannon	Notes objections to these arrangements being expanded outside of institutional settings.
037	Schnabel	Responds that they are most common in institutions.
057	Scott Gallant	Representing Oregon Medical Association (OMA), provides testimony supporting these arrangements in institutional settings, but not in community retail settings. Notes that the OMA is advising its members not to participate in these types of arrangements and for the Board of Pharmacy to notify its

		pharmacists that it is illegal.
106	Co-chair Fisher	Questions if these arrangements are illegal, why is the association objecting now. Notes the importance of developing standardization between the professions.
123	Gallant	Responds that if the Board of Medical Examiners (BME) were aware of inappropriate delegation and medical authority they would proceed with an investigation.
137	Co-chair fisher	Questions if these arrangements are against the law.
138	Gallant	Responds that it is the belief of the OMA and BME that it is beyond the scope of practice for pharmacists. Notes the arrangements are appropriate in institutional settings.
165	Sen. Castillo	Questions if the physicians are engaging in illegal activity with the pharmacists.
168	Gallant	Responds that if the BME received a complaint, an investigation might determine inappropriate delegation of medical practice.
175	Co-chair Kruse	Asks if the Board of Pharmacy provided approval or disapproval of agreements, what is the OMA's position on retail settings.
180	Gallant	Responds that the Board of Pharmacy can authorize a pharmacist to participate in these arrangements, but they do not have the jurisdiction/authority for physicians to participate.
195	Co-chair Fisher	Questions if the BME has notified their members regarding this proposed rule change.
202	Gallant	Responds not that he is aware of.
210	Sen. Lim	Questions why these arrangements are acceptable in the institutional setting and illegal in community settings.
217	Gallant	Responds and refers to the 1980 Attorney General's opinion using the Kaiser Permanente model. Notes this proposed rule goes beyond this model.
274	Jim Gardner	Representing Pharmaceutical Research and Manufacturers Association (PHARMA), provides testimony regarding the language used for chemical substitution. Notes ambiguities created with the new changes and the jurisdictional issues between physicians and pharmacists.
316	Gallant	Comments that the Board of Pharmacy is scheduled to review this proposed rule change in May and suggests that the OMA and the Board of Pharmacy continue discussions to resolve this issue.

324	Co-chair Kruse	Comments in support of this suggestion.
346	Rep. Lokan	Comments and notes concern regarding therapeutic substitutions.
371	Co-chair Fisher	Requests accurate data be provided to the committee regarding the volume of these types of arrangements.
400	Co-chair Kruse	Recess for lunch, 12:30 p.m.
405	Co-chair Kruse	Reconvenes at 1:39 p.m.
413	Rep. Shields	Comments on long term care alternatives (EXHIBIT I) .
PHARMACEUTICAL CARE		
440	Block	Continues review of pharmaceutical care proposed rule changes (EXHIBIT G) .
COMMUNITY BASED CARE		
500	Block	Continues review of community based care facilities (EXHIBIT G) .
TAPE 12, B		
002	Grover Simmons	Representing Adult Care Providers of Oregon, notes concerns that the adult foster home facilities were not invited to the discussions that resulted in the proposed rule changes. Requests the committee advise the Board of Pharmacy to withdraw this change until all parties involved are allowed to participate in discussions.
050	Simmons	Continues testimony.
073	Co-chair Kruse	Questions if the Adult Care Providers of Oregon are supportive of changing the language from shall to may.
075	Simmons	Responds affirmatively. Notes additional concerns.
111	Simmons	Addresses the intent of the voluntary status of this rule. Requests having discussions with the Board of Pharmacy.
126	Gallant	Provides testimony regarding the pharmaceutical care and community based care

facilities proposed changes. Notes jurisdictional issues and that the OMA is accepting of the proposed language change.

DISCUSSION ON LONG TERM CARE SUBCOMMITTEE

158	Co-chair Kruse	Announces that the Subcommittee on Long Term Care will meet on April 2, 1998. Reviews the proposed workplan (EXHIBIT J).
235	Rep. Devlin	Comments on #2, the long term care client. Requests the presentations include long term projections, 10-20 years out, population demographics, and types of changes.
268	Sen. Hannon	Requests information about the Medicare reimbursement formula and the availability/accessibility of long term care insurance to Oregonians.
307	Co-chair Fisher	Responds and discusses the option of converting life insurance policies into long term care coverage. Comments on the caseload growth associated with SDSD services.
373	Rep. Lokan	Remarks and requests county involvement during this process.
385	Co-chair Kruse	Responds that the counties are included in items #3 and #5 of the workplan.
401	Bill Fritz	Consumer Relations Manager, SDSD, comments on the workplan.
428	Co-chair Kruse	Requests that any information for the subcommittee be submitted to committee staff.

HEALTH SERVICES COMMISSION PLACEMENT OF PHYSICIAN AID IN DYING ON OREGON HEALTH PLAN

480	Darren Coffman	Director, Health Services Commission, provides testimony regarding the prioritization of physician aid in dying (EXHIBIT K).
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TAPE 13, A

030	Coffman	Continues presentation.
065	John Alsever	Physician, Health Services Commissioner, provides testimony covering the definition of a health service, physician aid in dying as a service, and where on the list it should be placed.
110	Alsever	Discusses what physician services include and physician aid in dying.

160	Alsever	Continues presentation.
162	Co-chair Kruse	Questions the classification of comfort care.
170	Alsever	Responds that creating a specific classification of comfort care had the potential of creating additional problems.
183	Co-chair Kruse	Asks how the commission defined health service.
197	Alsever	Responds and explains the intervention into an individual's well-being.
217		Committee discussion regarding comfort care and alternative options.
281	Co-chair Fisher	Asks why federal dollars are not permitted in this area.
309	Alsever	Responds that the federal government passed a law prohibiting funds be used in this manner. Discusses and notes the sensitivity of this issue.
342	Crawford	Responds to Sen. Fisher's questions and discusses the implementation issues. Notes that physician's aid in dying is not included in Oregon's Medicaid package.
376	Crawford	Comments that implementation eliminates several things: no federal match, can not be included in the managed health care contracts, and mechanisms need to be established to address claims from physicians, psychiatrists, and pharmacists. Notes options.
415	Crawford	Continues discussion regarding what is covered under OHP. States that the impact of physician assisted suicide to the system is unknown.
488		Committee discussion on cost of implementation and the process of prioritizing health services.

TAPE 14, A

044	Sen. Castillo	Asks how often the list is adjusted.
047	Coffman	Responds that technical corrections to the list are conducted twice a year. Notes that the commission adjusts medical coding and omissions.
076	Co-chair Fisher	Questions how many prioritized items have been omitted that were included at one time and what this procedure will do to the budget.
100		

100	Crawford	Responds that the OHP is currently in balance.
107	Rep. Devlin	Asks if OMAP and other health care providers have discussed this issue.
120	Crawford	Responds that the task force report provides guidance in these issues. Comments that he is not aware of any managed care provider discussions regarding implementation.
151	Rep. Devlin	Asks if the department has an idea how many people will consider physician-assisted suicide.
162	Crawford	Responds that he does not know.
192	Rep. Lokan	Asks why this issue is so urgent.
207	Coffman	Responds that this is a legal service and it is the charge of the commission to address health services in a reasonable timeline.
233	Co-chair Kruse	Asks if Oregon is in jeopardy of losing federal funding for services that may be associated with this action.
246	Crawford	Responds that HCFA will require an itemized expense to make sure the federal dollars are not being used.
284	Co-chair Kruse	Asks about how Americans with Disability Act figures into this plan.
288	Alsever	Responds that any medication that is provided has to be self-administered. Notes that a paraplegic is unable to self-administer anything, and a request has been submitted to the Attorney General's office for an opinion.
310	Sen. Lim	Remarks that this issue should be treated with caution.
335	Co-chair Fisher	Comments that funding should be separate from OHP.

HEALTH INSURANCE MANDATES

387	Gwen Dayton	Legislative Counsel, provides health insurance mandate testimony. Reviews the reporting requirement that applies to any proposed health insurance mandate.
428	Sen. Castillo	Requests background information regarding this requirement.
434	Co-chair Kruse	Questions how often this mandate has been followed.

438	Dayton	Responds not very often.
448	Lori Long	Administrator, reviews content of notebooks and notes example of required report.
463	Dayton	Continues review of questions incorporated into the mandate and compliance issues.
TAPE 13, B		
002	Dayton	Continues review of ORS 743.700, automatic repeal of certain health insurance mandates. Discusses statutes that will go away in 1999 unless they are reconsidered by the legislature.
055	Dayton	Continues review of sunset statutes or statute repeals. Notes the importance of the legislature to repeal specific statutes.
100	Bruce Bishop	Representing Harrang Long Gary Rudnick P.C. submits and presents testimony and background information reviewing health insurance mandate statutes (EXHIBIT L and M) .
150	Bishop	Continues presentation (EXHIBIT L) .
240	Bishop	Continues presentation covering Oregon's mandated benefit review laws of the past 12 years and discusses the mental health and chemical dependency treatment mandate (EXHIBIT L) .
315	Bishop	Continues review of federal and state law (EXHIBIT L) .
360	Bishop	Reviews options available for Oregon health benefits carriers, legislators and regulators (EXHIBIT M) .
401	Sen. Hamby	Asks if he has any recommendations for the committee.
405	Bishop	Responds that improving the process is an option.
435	Co-chair Kruse	Comments that there is a House workgroup addressing this issue. Encourages committee members to provide ideas that would contribute to improving the system.
459	Sen. Castillo	Requests a copy of membership of the House workgroup.
465	Co-chair Kruse	Answers affirmatively.

TAPE 14, B

005	Co-chair Kruse	Closing comments and adjourns meeting at 3:40P.M.
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Submitted By, Reviewed By,

Sandy Thiele-Cirka, Lori Long,

Administrative Support Administrator

EXHIBIT SUMMARY

A ñ Office for Oregon Health Plan Policy & Research, B. Speight, 3pp

B ñ Office of Medical Assistance Programs, H. Crawford, 56pp

C ñ Oregon Health Plan and Competitive Bidding, H. Crawford, 2pp

D ñ R. J. Reynolds Tobacco Company, written testimony, R. W. Linden, 3pp

E ñ Oregon Association of Hospitals & Health Systems, written testimony, S. Baron, 2pp

F ñ Providence Health Plan, written testimony, D. Fiscum, 2pp

G ñ Board of Pharmacy, written testimony, J. Block, 2pp

H ñ Collaborative Drug Therapy, submitted article, A. Dulwick, 6pp

I ñ Written testimony, Rep. F. Shields, 2pp

J ñ Subcommittee on Long Term Care, workplan, staff, 1pp

K ñ Health Services Commission, written testimony, D. Coffman, 1pp

L ñ Harrang Long Gary Rudnick, written testimony, B. Bishop, 50pp

M ñ Health Insurance Mandate chart, B. Bishop, 1pp