

SENATE COMMITTEE ON
HEALTH AND HUMAN SERVICES

March 20, 1995 3:00 P.M.

Hearing Room B
Tapes 39 - 43

MEMBERS PRESENT: Sen. Stan Bunn, Chair
Sen. William McCoy, Vice-Chair
Sen. Lenn Hannon
Sen. Bill Kennemer
Sen. Randy Leonard

MEMBER EXCUSED:

STAFF PRESENT: Art Wilkinson, Committee Administrator
Mary Gallagher, Committee Assistant

MEASURES HEARD: SB 592
SB 594
SJR23
SB 650
SB 573
SB 152

Public Hearing Public Hearing Public Hearing Public Hearing Public Hearing
Work Session

These minutes contain materials which paraphrase and/or summarize
statements made during this session. Only text enclosed in quotation marks
report a speaker's exact words. For complete contents of the proceedings,
please refer to the tapes.

TAPE 39, A

002 CHAIR BUNN: Convenes the meeting at 3:04 P.M.
-Announcements

007 OPENS Public Hearings on SB 592 and SB 594

Witnesses: State Senator Cliff Trow

013 SENATOR CLIFF TROW, Dist. 18: Testifying IN SUPPORT OF SB 592 and SB
594.
[EXHIBITS: A, B, C, D]

060 Finishes testimony

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062 KENNEMER: What does the definition of in-line skating include?
064 TROW: It s six wheels in a row, rather than parallel wheels.
069 CHAIR BUNN: Temporarily Closes PUBLIC HEARINGS on SB 592 and SB 594

OPENS PUBLIC HEARING on SJR23
Witnesses: State Senator Mae Yih

087 SENATOR MAE YIH, Dist. 19: Testifying IN SUPPORT OF SJR23. [EXHIBIT E1
124 Finishes testimony.

130 CHAIR BUNN: Temporarily CLOSES PUBLIC HEARING on SJR23

Re-opens PUBLIC HEARING on SB 594

Witnesses: Gu~ Goode
Angela LaKa
Karen Ann Hershe
Beverly Ragsdale
David Dietz
Dan Patillo
Robert McVicar
James Slater
Claudia Black
David Smathers
Walt McAllister

150 GUY GOODE, representing Oregon Head Injury Foundation: Testifying IN
SUPPORT OF
SB 594. [EXHIBIT F
200 Finishes testimony.
206 ANGELA LATTA, Facilitator, Linn-Benton Head Injury Support Group:
Testifying IN
SUPPORT OF SB 594. [EXHIBIT G]
240 Finishes testimony.

242 KAREN ANN HERSHEY, representing Oregon Head Injury Foundation:
Testifying IN SUPPORT OF SB 594. 1EXHIBIT H1

281 Finishes testimony.

285 BEVERLY RAGSDALE, General Manager, Outpatient Rehabilitation
Institute, Corvallis: Testifying IN SUPPORT OF SB 594. 1EXHIBIT I]

312 Finishes testimony.

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322 CHAIR BUNN: Question to Mr. Goode: You indicated that there were in
excess of 2300 head injuries and in excess of 200 people died. Do we have
figures available that indicate how many of those were due to the type of
activity this bill deals with?

328 GOODE: In terms of the mortality rate, we don't have that broken down at
this time. We're waiting to get that information from the National Head
Injury Foundation and we'll submit that to the committee at a later date.

333 CHAIR BUNN: How many of the 2396 head injuries would have been from
in-line skating?

336 GOODE: For 1993, our statistics show 37,000 in-line skating injuries
across the country. In 1994, 75,000 were recorded. There is a projected
growth of 33% a year.

341 CHAIR BUNN: Are those 37,000 head injuries, or all types of injuries?

343 GOODE: They all required hospitalization.

348 CHAIR BUNN: One of the things this committee would be interested in
from either you or other witnesses are the number of head injuries as a
result of in-line skating.

351 LATTA: Last year alone, 4700 children sustained head injuries while
in-line skating.

355 CHAIR BUNN: Is that nationally'? (Latta responds affirmatively.)

370 HERSHEY: Another thing I d like you to consider would be preventative
care.

379 CHAIR BUNN: Another thing we'll be interested in is to try to get a
sense of the level of

seriousness of the head injuries sustained in Oregon while in-line skating.
385 HERSHEY: That's almost impossible for us to tell you, because in most
cases, the doctors cannot determine the ultimate seriousness of the injury
until two years after it has occurred.

392 CHAIR BUNN: We still need to try to explore it in terms of anecdotal
information. We want to do cost-benefit ratios as we make decisions, in each
case we look at.

TAPE 40, A

006 DAVE DIETZ, brain injury survivor: Testifying IN SUPPORT OF SB 594.

1EXHIBIT J

091 Finishes testimony.

107 DAN PATILLO, head injury survivor: Testifying IN SUPPORT OF SB 594.

1EXHIBIT

K]

160 Continuing testimony.

210 Continuing testimony.

230 Finishes testimony.

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232 ROBERT MCVICAR, former President, OSU: Testifying IN SUPPORT OF SB 594.

279 Finishes testimony.

284 JAMES SLATER, head injury survivor: Testifying IN SUPPORT OF SB 594.

[EXHIBIT L]

311 Finishes testimony.

WRITTEN TESTIMONY OF DONALD RANDALL: [EXHIBIT M] (did not testify) WRITTEN
TESTIMONY OF BEN WALD: [EXHIBIT N] (did not testify) WRITTEN TESTIMONY OF
TIM TORCASO: [EXHIBIT *1] (did not testify)

322 CHAIR BUNN: Calls 10-minute recess.

324 Re-convenes the meeting at 4:08 P.M.

339 CLAUDIA BLACK, Bicycle Helmet Program Coordinator, Oregon Health
Division:

Testifying IN SUPPORT OF SB 594. [EXHIBIT P]

TAPE 39, B

476 BLACK: Finishes testimony.

478 DAVID SMATHERS (didn't indicate where he works): Testifying IN SUPPORT
OF SB 594.

545 Finishes testimony.

546 WALT MCALLISTER, Oregon Dept. of Transportation: Testifying IN SUPPORT
OF SB

594. Clarifies ODOT's standards for protective gear.

573 Finishes testimony.

584 KENNEMER: Can these helmets generally withstand the impact'?

586 MCALLISTER: The helmets are randomly tested by the manufacturer. They
are designed to absorb one major impact of about 20 MPH, then the helmet
will crack or fragment.

598 LEONARD: Why haven't we included skateboards in this legislation?

600 BLACK: That is a priority for us and we hope to see such legislation in
1997.

617 CHAIR BUNN: Closes PUBLIC HEARING on SB 594

Re-opens PUBLIC HEARING on SJR23

Witnesses: Mike Antrim

Marilyn Turner

Diane Page

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629 MIKE ANTRIM, Program Manager, DM-Med-Aware, Albany General Hospital Foundation: Testifying IN SUPPORT OF SJR23. [EXHIBITS Q-1, Q-2]

672 Finishes testimony.

674 MARILYN TURNER, Diabetic: Testifying IN SUPPORT OF SJR23. [EXHIBIT R

720 Finishes testimony.

721 DIANE PAGE, Registered Nurse: Testifying IN SUPPORT OF SJR23. [EXHIBIT S]

782 Finishes testimony.

783 LEONARD: Do you share the concern I have that the stickers could be purchased by anyone, even those who don't have diabetes? The stickers could possibly be misused to mislead an officer about a person's condition while driving.

795 PAGE: The main purpose of the sticker would be that, if someone was having low blood sugar, that person would get first aid. People with diabetes drive while they're drunk, too. It does not keep anyone from their legal responsibility while driving. If the person was drunk, they would get first aid and then be taken to detention.

802 LEONARD: How would the officer know?

803 PAGE: That's easily determined in the emergency room by a simple blood sugar test, and also by an alcohol test.

805 CHAIR BUNN: Could a drunk driver possibly be erroneously overlooked because they had one of those stickers on their car?

808 PAGE: No. If a person is experiencing low blood sugar and they receive proper treatment, they are feeling fine and return to all their normal faculties in a short period of time. If they also had alcohol in their system, their recovery would not be the same and that would be identifiable.

815 CHAIR BUNN: How about someone who had no diabetes at all, who used one of these stickers?

818 PAGE: The officers have a test that they administer in the field. They would be able to tell if the person was drunk. Also, if an officer administered sugar, which is the treatment for low blood sugar, it would not hurt the person, and if they did not then recover, that would be another indication that they were intoxicated.

831 LEONARD: I have a concern that there are people out there who are sophisticated enough to get away with abusing these stickers and use them as a means to lessen the concern that an officer might have if they were stopping a car for drunken driving.

840 PAGE: There's no guarantee that such a thing won't happen. This is just meant to be a cue for the officers so that they can be thinking about medical concerns along with all the other things that they need to be thinking about.

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846 TURNER: We have a videotape that is given to all law enforcement agencies in Oregon and we're trying for Washington. It shows the officer that when he sees the sticker, that the driver may be a diabetic, and when he approaches the driver after the car is stopped, he has a list of things to check off. One is to look for an identification bracelet. There are also cards that diabetics carry, or necklaces. Law enforcement has been educated as to what to look for when they stop the car and check out the driver.

864 PAGE: The main thrust of the program is education of law enforcement officers, and the video talks about the differences between recognizing low blood sugar versus drug or alcohol-related symptoms. It's not meant to reduce any officer's alertness, but it may help them differentiate between the different situations.

879 KENNEMER: This discussion has raised two concerns for me. One is that the sticker could lull an officer to make an assumption that there's a diabetic with a low blood sugar problem at the wheel, when in fact there could be someone who's drunk, violent and dangerous at the wheel.

TAPE 40, B

480 PAGE: One of the things that can happen with low blood sugar is a complete personality change. A police lieutenant in Albany helped us format the video and brochures and has stated that he thinks the materials are helpful in sorting out the different situations that an officer could face when pulling over a car for drunk driving, but in no way does it minimize their concern for their safety.

494 KENNEMER: My second concern is that if a diabetic is stopped and they're engaging in dangerous behavior, are they subject to getting a citation like, for example, drunk drivers?

498 PAGE: Generally, if someone is experiencing low blood sugar, then once that's determined, they receive medical treatment. To my knowledge, they do not receive citations.

501 TURNER: There was one person who was arrested for reckless driving, and the officer did not know that the person had a medical condition. The person was put in jail. He was injured because he reacted violently to being arrested, and in the article that I read afterwards, it said that arrest was dropped and he was declared a medical situation, and he was not cited, but he was mishandled.

510 HANNON: I believe there's a statute in Oregon stating that anyone who suffers seizures has to have that noted on their driver's license.

512 PAGE: That's correct.

513 HANNON: I don't think the state should be the one to sanction the sale of this sticker. It's not the role of government to endorse this so that the Albany General Hospital Foundation can make money off of it.

545 TURNER: Is the legislature responsible for law enforcement in any manner?

546 CHAIR BUNN: The legislature is responsible for passing the laws.

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-We don't have time to go into work session on this bill today. I believe that we need to have a State Police officer here at the time of the work session so that we can ask questions about the impact of the issue that Sen. Leonard raised.

564 Closes PUBLIC HEARING on SJR23

Onens PUBLIC HEARING on SB 650

Witnesses: Dr. Richard Gorman

Dr. Ted Forcum

574 DR. RICHARD GORMAN, Chiropractor: Testifying IN SUPPORT OF SB 650.
1EXHIBITS

T-1, T-2]

650 Finishes testimony.

651 DR. TED FORCUM, Chiropractor: Testifying IN SUPPORT OF SB 650.

690 Finishes testimony.

691 LEONARD: Is there a similar statute that would allow medical doctors licensed in other states to come into Oregon and treat people in similar situations (i.e. sporting events)?

696 GORMAN: I'm not sure, but when I was talking with Legislative Counsel, one of the things that they were modeling after was a nurse's act, where they're allowed 30 days to come into the state and work through that act.

701 CHAIR BUNN: Would you provide for our committee, in written form, exactly what it is that the nurse's provision does, and also, how medical doctors are treated in similar situations?

705 GORMAN: I'm not sure how medical doctors are treated; we can find out.

709 CHAIR BUNN: We want to see how it's paralleling with other kinds of providers.

711 HANNON: Question regarding the language of line 7, Sub. 1, of the bill.

719 GORMAN: This was the language of Legislative Counsel.

720 HANNON: Re-phrases the question.

722 GORMAN: Responds.

730 HANNON: The second point I would raise is, why don't we add a Sub. 3 under that section 2 and include any state that has a reciprocity agreement with Oregon, thereby making it legal to operate on a cross-basis so if you want to go to the Olympics in Atlanta, GA, in 1996, they have reciprocity--you're already automatically qualified to treat there.

747 CHAIR BUNN: The issues that have been raised need to be dealt with, but we need to move on right now.

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754 Closes PUBLIC HEARING on SB 650

Opens PUBLIC HEARING on SB 573

Witnesses: Simon Monbaron

Lloyd Athearn

767 SIMON MONBARON: Testifying IN SUPPORT OF SB 573 (this bill is at the request of Mr.

Monbaron).

789 Finishes testimony.

790 LLOYD ATHEARN, Health Division: Testifying IN SUPPORT OF SB 573.

829 Finishes testimony.

830 LEONARD: Are there any criteria that a doctor must observe before he issues a Do Not Resuscitate Order?

834 ATHEARN: I don't believe so.

843 LEONARD: Why would we allow a Do Not Resuscitate Order for anyone other than someone with a terminal disease'?

845 ATHEARN: Responds.

857 MONBARON: The Do Not Resuscitate Orders have to each be approved by a physician.

861 LEONARD: I understand that, but I'm curious as to why there are no criteria that we would have that the physician must meet before he issues the Order.

866 CHAIR BUNN: You need to clarify that for us between now and the time we have a work session on this bill (Athearn).

875 HANNON: What prohibition is there against a doctor issuing a Do Not Resuscitate Order now?

879 MONBARON: At the current time, it's not legally recognized.

TAPE 41, A

002 HANNON: Yes it is; I was the guardian of a lady, and she was released from the hospital and sent to her home with a caregiver to care for her in her last days. She was in her late 80's and there was a Do Not Resuscitate Order issued by the doctor upon her release from the hospital. So, what is different about this that is not being done today?

007 CHAIR BUNN: I don't think it's being done uniformly.

011 MONBARON: It has been legalized in 17 states. They all have Do Not Resuscitate cards. If a person does not have one of the cards, the medical staff is legally obliged to resuscitate the person.

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016 ATHEARN: I think one of the issues is confusion over identity of
patients. This clarifies which person may have an Order.

TESTIMONY OF REV. NORBERT NOVAK: 1EXHIBIT U] (not present; IN SUPPORT OF SB
573)

025 KENNEMER: Where exactly does it specify how it clears this up?

029 ATHEARN: Responds.

037 CHAIR BUNN: You need to work with our staff to answer the questions that
have been
raised here before we will consider bringing the bill back before the
committee.

040 Closes PUBLIC HEARING on SB 573

Opens PUBLIC HEARING on SB 592

Witnesses: William McCoy

Rollie Smith

Bob Joondeph

Barry Kast

057 ART WILKINSON, Committee Administrator: Addresses Chair Bunn re: Eugene
Organ (not

present but his written testimony is 1EXHIBIT VI--IN SUPPORT OF SB 592)

061 WILLIAM MCCOY, Legislative Spokesman, Manic Depressive Association of
Oregon:

Testifying IN SUPPORT OF SB 592.

115 Continuing testimony.

163 CHAIR BUNN: (Interrupts) We've only got about 5 minutes left. We need to
move on.

169 ROLLIE SMITH: Testifying IN SUPPORT OF SB 592. 1EXHIBIT W

194 Finishes testimony.

197 BOB JOONDEPH, Director, Oregon Advocacy Center: Testifying IN SUPPORT OF
SB
592.

215 Finishes testimony.

222 BARRY KAST, Administrator, Mental Health/Developmental Disabilities
Services Division:

Testifying IN OPPOSITION TO SB 592. 1EXHIBIT X1

268 Finishes testimony.

269 KENNEMER: Question to Rollie Smith: How do you think we could
differentiate between the long-term care Ombudsman, who s already active in
senior facilities, without creating
duplication?

276 SMITH: At present, the long-term care Ombudsman does not address people
who are in the various mental health institutions.

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290 CHAIR BUNN: Calls 30-minute recess.

291 Re-convenes at 6:07 P.M.

Onens WORK SESSION on SB 152

Witnesses: Dr. Peter Kohler Bob Shoemaker Vickie Gates

152. 295 DR. PETER KOHLER, Oregon Health Council: Testif~ing IN SUPPORT OF SB
[EXHIBIT Y] The Health Council was appointed by the Governor, and our task
included making recommendations back to the Governor that included a plan for
universal health care access.

370 Continuing testimony.

TAPE 42, A

001 KOHLER: Continuing testimony.

052 Finishes testimony.

053 KENNEMER: I didn't see the issue of mental health in here. Where does
the Council stand on the issue of mental health?

056 KOHLER: The Council certainly supports mental health as well. I
believe it's in the report somewhere.

077 FORMER SENATOR BOB SHOEMAKER: Testifying IN SUPPORT OF SB 152.
[EXHIBITS Z1, Z2]

130 Continuing testimony.

137 The Interim Task Report should be for the record.

180 Continuing testimony.

197 KENNEMER: Are the charity and bad-debt, exclusive numbers''

198 SHOEMAKER: Yes.

209 Discusses proposed tax credit subsidy.

260 Continuing testimony.

302 CHAIR BUNN: We need to be clear at some point what kind of cost we're
going to have.
Also, we need to talk about and deal with the fact that since it's above
and outside of Medicare and

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Medicaid, we don't get the kind of Federal match that would be driven by
other money, and do we want to be doing things in that way where if we take
the same dollar cost, and leverage Federal dollars, would we be better off
to place it somewhere else?

315 SHOEMAKER: I agree.

316 CHAIR BUNN: We need your help, as we go along, with specific costs--if
we don't have those now, we can get them from you.

321 SHOEMAKER: Responds.

334 HANNON: On your share of responsibility model, you keep identifying
"working poor" do
you mean to tell me if you're at 250% of the Federal Poverty Level, with a
family of three,
that's working poor?

343 SHOEMAKER: Yes.

354 HANNON: Why do I have a moral, legal or ethical responsibility to the employees of an irresponsible employer, while he makes a profit?
360 SHOEMAKER: I myself would prefer an employer mandate, but that's not going to happen.
368 HANNON: Why should I invoke upon my constituents an income tax increase, no matter how small, because some irresponsible employer doesn't want to take care of his employees?
375 SHOEMAKER: Responds.
398 HANNON: Why should the employer who's been totally responsible and paid for health care for his employees, be taxed again for somebody who's totally irresponsible?

TAPE 41, B

476 HANNON: Continuing to ask question.
481 SHOEMAKER: That was the 'pay or play"employer mandate that the legislature enacted in 1989
483 CHAIR BUNN: Addresses Shoemaker regarding the money issue.
493 SHOEMAKER: I hope that the Florida Model will help with that.

502 Discusses movement toward true community rating.
527 KENNEMER: So by 2003, the idea is, we'd phase out age?
529 SHOEMAKER: Exactly. You'd have family-sized rates and geographic rates.

533 Continues testimony.

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566 HANNON: Would you have the alliance under the same rules and regulations? As an example, would they have to have a requirement of a certain reserve amount on hand? Would the alliance be required to meet all the regulations that an insurance carrier would be required to meet?
571 SHOEMAKER: I would think so.

572 HANNON: So we're going to set up a public agency that is governed by a public body to charge a rate and supposedly have a reserve set up to pay the bills?

574 SHOEMAKER: The way it was conceived, they wouldn't have to have insurance reserves, but they would be responsible for the premiums of their members and they would collect that money from the different sources. Employers who wished to have their employees in the alliance would contribute their share to the alliance. The employees would of course contribute their own share.

581 HANNON: Who would be the third party administrator for the alliance?

582 SHOEMAKER: It would hire that person.

593 Finishes testimony.

598 CHAIR BUNN: I think it's important that we recognize that the OHP, in terms of the legislation that we're dealing with this session, is a fragile product. The onJy way we're going to deal with it successfully in this committee is to move it through the committee so that as is comes out, it is a strong product.

630 Continuing comments.

675 Finishes comments.

684 VICKIE GATES, Administrator, Oregon Health Plan: Testifying IN SUPPORT
OF SB 152. [EXHIBIT AAL

740 Continuing testimony.
800 Continuing testimony.

KENNEMER leaves at 7:00 P.M.

850 Continuing testimony.

TAPE 42, B

476 VICKIE GATES: Continuing testimony.

530 Continuing testimony.

537 HANNON: Where do you identify these federal funds that would be used to
offset the premium costs?

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541 GATES: Those funds would be from the Medicaid program.
542 HANNON: If we use block grant money, could we do the same thing without
using Medicaid funds?
546 GATES: Responds.
549 HANNON: Would we have to get a waiver?
550 CHAIR BUNN: No. It actually would work better on a block grant.
556 HANNON: Mr. Chairman, I raise a point--I think we're trying to weed out
college kids off the health plan. If we did what we're talking about, would
that be able to bring those college kids back in?
565 GATES: It would bring them in with a low-cost policy.
591 HANNON: On your HMO benefit matrix. what is plan C ? What is plan F ?
594 GATES: Responds.
652 CHAIR BUNN: Addresses the committee regarding some of the good
possibilities of the
proposal.
698 HANNON: Where does the \$20 million originate from?
702 CHAIR BUNN: It's general fund money.
705 CHAIR BUNN: Continues comments.
724 HANNON: Who's going to market this plan?
730 GATES: One of the reasons that this plan is attractive is because it
does not call for a major new state bureaucracy. This plan would have the
ability to be marketed by the purchasing authority, which is a private,
non-profit entity. It would have the ability to be marketed by insurance
agents as they currently market packages. There are also other types of
possibilities. The intent is not to establish a large, additional
bureaucracy.
752 HANNON: Question regarding purchasing pools/the Florida model.
760 CHAIR BUNN: I expect it to be a private sector-driven type of thing and
not a governmental infrastructure.
771 HANNON: Responds to Bunn.
788 CHAIR BUNN: I believe we can relatively quickly get consensus from the
industry so that the concerns you have and the concerns I have can be taken
care of.

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798 GATES: The industry has been extremely involved and helpful in all of the work that's been done on this during the past interim. Our insurance industry priced our package for us through actuarial work. There has been continuing private sector involvement in all of this work.

828 CHAIR BUNN: This is not a we-versus-them type of thing. The industry is a very positive contributor. The process of partnering between the industry and state government is a positive process.

863 HANNON: Addresses Ms. Gates regarding her presentation.

TAPE 43, A

001 HANNON: Still addressing Gates.

026 WILKINSON: Talks about Wednesday's special meeting, when Barney Speight will testify.

036 CHAIR BUNN: Adjourns the meeting at 7:40 P.M.

Submitted by,

Mary Gallagher
Committee Assistant

Reviewed by,

Art Wilkinson
Committee Administrator

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EXHIBIT SUMMARY:

A - -1 Amendments to SB 594--Senator CliffTrow--1 page
B - Press Release relating to SB 594--Senator Cliff Trow--2 pages
C - Press Release relating to SB 594--Senator Cliff Trow--6 pages
D - Fact Sheet relating to SB 594--Senator Cliff Trow--3 pages
E - Written Testimony on SJR23--Senator Mae Yih--5 pages
F-1 Proposed Addition of Sponsors to SB 594--Guy Goode--1 page
F-2 Magazine Article relating to SB 594--Guy Goode--5 pages
F-3 List of Panel/Individual Testimonies on SB 594--Guy Goode-- 1 page
F-4 Letter of Support on SB 594 from Steve Paysinger--Guy Goode--2 pages
F-5 Fact Sheets relating to SB 594--Guy Goode--6 pages
F-6 Vital Statistics relating to SB 594--Guy Goode--1 page
G - Written Testimony on SB 594--Angela Latta--2 pages
H - Written Testimony on SB 594--Karen Hershey--1 page
I - Written Testimony on SB 594--Beverly Ragsdale--1 page
J - Written Testimony on SB 594--David Dietz--2 pages
K - Written Testimony on SB 594--Dan Patillo--2 pages
L - Written Testimony on SB 594--Jarnes Slater--1 page
M - Written Testimony on SB 594--Donald Randall-- 1 page
N - Written Testimony on SB 594--Ben Wald-- 1 page
O - Written Testimony on SB 594--Tim Torcaso-- 1 page
P - Written Testimony on SB 594--Claudia Black--3 pages
O 1 Written Testimony on SJR23--Mike Antrim--3 pages

Q 2 Brochure relating to SJR23--Mike Antrim--6 pages
R - Written Testimony on SJR23--Marilyn Turner--2 pages
S - Written Testimony on SJR23--Diane Page--3 pages
T-1 Written Testimony on SB 650--Richard Gorrnan--6 pages
T-2 Written Testimony on SB 650--Ted Forcum--2 pages
U - Letter of Support on SB 573--Norbert Novak--1 page
V - Written Testimony on SB 592--Eugene Organ--2 pages
W - Written Testimony on SB 592--Rollie Smith--2 pages
X - Written Testimony on SB 592--Barry Kast--2 pages
y - Report to the Governor relating to SB 1S2--Peter Kohler--46 pages
Z - Written testimony on SB 152--Bob Shoemaker--12 pages
AA - Florida Model information, relating to SB 152--Vickie Gates--7 pages

These minutes contain materials which paraphrase and/or summarize statements made during this session. Only text enclosed in quotation marks repon a speaker's exact \vords. For complete contents ofthe proceedings, please refer to the tapes.