

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.

HOUSE COMMITTEE ON HUMAN RESOURCES

May 22, 1991Hearing Room D 1:00 p.m.Tapes 161 - 164

MEMBERS PRESENT:Rep. Mary Alice Ford, Chair Rep. Beverly Stein, Vice-Chair Rep. Jerry Barnes Rep. Cedric Hayden (arrived 1:55) Rep. John Meek (arrived 1:30) Rep. Hedy Rijken Rep. Jackie Taylor

STAFF PRESENT: Melanie Zermer, Committee Administrator Pamela Berger, Committee Assistant

MEASURES CONSIDERED: Report from Health Services Commission: Prioritization of Health

Services - Inf. SB 44 - Revises certain provision of health services under jurisdiction of Health Services Commission - Pub Mental Health Division and Children's Services Division budget report - Inf.

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TAPE 161, SIDE A

010 CHAIR FORD: Calls the meeting to order at 1:17 p.m.

INFORMATIONAL: Report from Health Services Commission: Prioritization of Health Services Witnesses: Dr. Rick Wolpat, Health Services Commission Donalda Dodson, Health Services Commission, Public Health Representative Amy Klare, Health Services Commission, Public Member Ellen Lowe, Health Services Commission, Public Member

DR. RICK WOLPAT, HEALTH SERVICES COMMISSION: Submits and explains the Health Services Commission press release which summarizes their prioritization list (EXHIBIT A). - Explains the prioritization process (See: Exhibit A). - ICD9 diagnostic codes were used for the prioritization process. 120 - Gives examples of services necessary for diagnosis (See: Exhibit A).

147 DONALDA DODSON, HEALTH SERVICES COMMISSION, PUBLIC HEALTH

REPRESENTATIVE: Describes process for determining mental health and chemical dependency needs. - Recommends that in the 1993 and 1995 sessions that mental health and chemical dependency be included in the prioritization list. - If a mentally disabled person needed medication, they would fall under the line item for their certain medical condition.

180 AMY KLARE, HEALTH SERVICES COMMISSION, PUBLIC MEMBER: Gives background of 1989 SB 27. - Discusses Medicaid requirements. - Gives background on 1989 SB 935. - Describes comfort care as being a priority in the Health Services Commission's list.

244 ELLEN LOWE, HEALTH SERVICES COMMISSION, PUBLIC MEMBER: Describes how the commission had a wide spectrum of Oregonians participating in the prioritization process. - The public responded that dental care was a high priority to them. - Stresses continuity within the commission.

322 WOLPAT: Explains that preventative dental care ranks high on the list.

CHAIR FORD: How were mandates addressed during the prioritization process?

KLARE: Part of the original charge was not to discriminate against providers. Those licensed to provide certain care, would be able to. There may be problems with HMOs that should be examined.

CHAIR FORD: Questions the optometry state mandate and HMOs not providing optometry services.

MELANIE ZERMER: OMAP staff should address that.

390 WOLPAT: Recommends that for a good health care package all essential services and should be included and that it be available to all Oregonians.

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LOWE: Explains that diagnostic visits is a high priority.

CHAIR FORD: What if an infection is viral and medication is needed, who pays for that medication?

020 WOLPAT: That is not totally clear. Need to be careful not to make decisions about treatment. A physician can suggest products for treatment and the patient then chooses to go forth or not.

CHAIR FORD: Would diabetes education be provided?

DODSON: Yes, that falls under ancillary services.

REPRESENTATIVE BARNES: Would mental health services differentiate between children and adult?

065 DODSON: That was considered in the same way physical health was ranked.

REPRESENTATIVE TAYLOR: Participated in your process in my county.

Community members were more concerned about the "bang for the buck".

080 WOLPAT: Describes philosophy of the Health Services Commission. - Discusses high costs for new technological treatment with questionable results.

KLARE: We are trying to prevent people waiting to receive health care services until acute care is needed.

WOLPAT: The prioritization was based on the best outcome data available. If a procedure was experimental, it ranked low. There are treatments which are not even on this list. This raises the issue on how to deal with research and how new treatment procedures are funded. - Discusses transplants, which are ranked as 15 different treatments, depending on effectiveness and the reduction of long term health costs and needs.

159 REPRESENTATIVE MEEK: The decision making process by health care workers probably will be challenged.

WOLPAT: The final decisions will be administrative decisions made by OMAP. It is not our intention to develop practice guidelines. - The list targets treatment for life-threatening pneumonia, no matter what age the person is.

Discussion on Ways and Means members approach to the priority list and report.

Commission members encourage committee member to read the priority list and report.

DODSON: Reviews work the commission will be doing over the next two years.

PUBLIC HEARING: SB 44 - Revises certain provision of health services under jurisdiction of Health Services Commission Witnesses: Mark Gibson, Senate President's Office Hersh Crawford, Oregon Medical Assistance Program (OMAP) Ellen Pinney, Oregon Health Action Campaign Lynn Read, Oregon Medical Assistance Program (OMAP) Bernie Thurber, Legal Aid, Oregon Citizens Coalition for Better Nursing Home Care:

Staff submits SB 44-A5 proposed amendments (EXHIBIT B), a description of persons served by the Senior and Disabled Services Division as it relates to the SB 44-A6 proposed amendments (EXHIBIT C), and SB 44-A6 proposed amendments (EXHIBIT D).

440 HERSH CRAWFORD, OREGON MEDICAL ASSISTANCE PROGRAM (OMAP): Submits and reads written testimony on SB 44 (EXHIBIT E), specifically the changes SB 44 make to the original 1989 SB 27. - An individual's income would have to be below the poverty level to qualify for the Oregon Health Plan.

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- Discusses medically needy. - Federal law does not allow us to pay for experimental treatment.

250 REPRESENTATIVE STEIN: Reads statutes relating to Medicaid.

310 CRAWFORD: Describes medically needy and Medicaid benefit packages. - Continues with written testimony. 370 - The Medicaid program is a federal entitlement program. - If Oregon chooses to participate in the Medicaid program, using federal dollars, then Oregon's program then is an entitlement program also. - SB 27 does make provisions for situations such as: more people being in the program than originally estimated that costs are higher than originally estimated or state revenues to fund the program are lower than originally estimated - It limits what the state can do in response to that. It says that we cannot arbitrarily remove persons from Medicaid because of lack of funding. Nor can we reduce

reimbursements to providers. -Continues with written testimony.

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- Compares private insurance exclusions to Medicaid exclusions.

070 REPRESENTATIVE BARNES: Suggests that we have one program, which includes everybody, instead of several programs dealing with different groups.

CRAWFORD: Sees SB 27 as the first step to that type of process. - Continues with written testimony.

155 LYNN READ, OREGON MEDICAL ASSISTANCE PROGRAM (OMAP): Am here to answer any questions.

200 MARK GIBSON, SENATE PRESIDENT'S OFFICE: Explains SB 44-A6 proposed amendments (See: Exhibit D). - Explains federal waiver process. - Addresses certain conditions (i.e. spinal fusion) that effects a small number of people and recommendations to the Health Services Commission included in the proposed amendments. - Discusses efficacy as it relates to outcome of condition and quality of life, not age. In doing this, there would not be a need to add additional services to the list.

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- This process brings the best equity system possible, with constraints of the state's finances. - Continues explaining the proposed amendments.

CHAIR FORD: Due to time constraints, this bill will be re-scheduled for another public hearing.

GIBSON: Further discusses federal waivers. - Line 23 of the SB 44-Ag proposed amendments will not be part of our waiver request.

143 ELLEN PINNEY, OREGON HEALTH ACTION CAMPAIGN (OHAC): Supports parts of SB 27: streamlining enrollment, reimbursing providers at cost, and emphasis on managed care. - We believe that all Oregonians should have equal access to health care. - Now that we have seen the Health Services list we feel that services for the aged, blind, and disabled could be merged in this list. Have not made an official position, on this bill, as a coalition. - We believe that work done until 1993 will give the

commission time to review how benefits for the blind, aged, and disabled can be merged into this list. - We are concerned, as services for chemical dependency, mental health, and the blind, aged, and disabled, are added, that the package will become quite expensive. - Concerned about language page 7 line 18 of the proposed amendments. - Not clear if the waiver issue is as big as the issue of the funding level. - Would like this committee to ask the Health Services Commission to consider including the aged, blind, and disabled. - Thinks that the employer mandate is an essential piece, otherwise the state will be carrying the burden.

389 BERNIE THURBER, LEGAL AID, OREGON CITIZENS COALITION FOR BETTER NURSING HOME CARE: Testifies on SB 44. - The coalition supports extending health care benefits to a broader population, but they do not support a provisions which would significantly reduce benefits to current Medicaid beneficiaries.

INFORMATIONAL: Mental Health Division and Children's Services Division budget report Dr. Richard Lippincott, Mental Health and Developmentally Disabled Services Division (MHDDSD) Barry Kast, Mental Health and Developmentally Disabled Services Division (MHDDSD) Bill Carey, Childrens Services Division (CSD) Gail Arkley, Childrens Services Division (CSD) Ben DeHaan, Childrens Services Division (CSD)

Staff submits letters to MHDDSD and CSD regarding budget notes (EXHIBITS F AND G).

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010 RICHARD LIPPINCOTT AND BARRY KAST, MENTAL HEALTH AND DEVELOPMENTALLY DISABLED SERVICES DIVISION (MHDDSD): Submits and reads written testimony (EXHIBIT H).

270 Members discuss concerns on the funding equity process and county tax rates.

400 BILL CAREY, CHILDRENS SERVICES DIVISION (CSD): Submits and reads written testimony (EXHIBIT I).

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- Discusses DART siting criteria (See: Exhibit I). 120 - Discusses provider programs, licensed by the State of Oregon, taking children from out- of-state, as long as those states are paying for the fee.

135 GAIL ARKLEY, CHILDRENS SERVICES DIVISION (CSD): Submits and explains a report "5 Year Plan - critical unmet need for purchased community services" (EXHIBIT J).

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020 BEN DEHAAN, CHILDRENS SERVICES DIVISION (CSD): Submits and explains "Staffing Allocation" (EXHIBIT K).

CHAIR FORD: Adjourns the meeting at 5:30 p.m.

Submitted by,

Reviewed by,

Pamela Berger

Melanie Zermer

EXHIBIT LOG: A - Health Services Commission - press release/prioritization summary - Wolpat - 19 pp. B - SB 44 - proposed amendments - staff - 2 pp. C - SB 44 - information on persons served by SDSD - staff - 1 p. D - SB 44 - proposed amendments - staff - 11 pp. E - SB 44 - testimony - Crawford - 3 pp. F - Budget notes - letter - staff - 1 p. G - Budget notes - letter - staff - 1 p. H - Budget notes - testimony - Lippincott - 5 pp. I - Budget notes - testimony - Carey - 7 pp. J - Budget notes - 5 year plan report - Arkley - 48 pp. K - Budget notes - staff allocation - DeHaan - 2 pp.