

SENATE COMMITTEE ON HEALTH INSURANCE AND BIOETHICS January 20, 1991 -
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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.

SENATE COMMITTEE ON HEALTH INSURANCE AND BIOETHICS

February 21, 1991Hearing Room C 3:00p.m.Tapes 22 - ?

MEMBERS PRESENT:Sen. Bob Shoemaker, Chair Sen. Joyce Cohen,
Vice-Chair Sen. Jeannette Hamby Sen. Lenn Hannon Sen. Frank Roberts

MEMBER EXCUSED: Senator Cohen

VISITING MEMBER:Representative Jerry Barnes Reppresentative Beverly
Stein

STAFF PRESENT: Barbara Coombs, Committee Administrator Mark
Sigel, Committee Assistant

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TAPE 22, SIDE A

000 cs: Calls meeting to order at 3:14

cs: INtroduces LC 3328 into the committee as a committee bill.

015 psm: Submits (EXHIBITS A AND B)

120 cs:

142 Cohen:

153 AMY KLARE: AFL-CIO AND HEALTH SERVICES COMMISSION REPRESENTATIVE:

161 cohen: Do all of the 15 castegories relate to the number one
category rank?

165 PSM: Right

171 cs:

182 psm: If there was a one percent chance of death and a 90% chance of recovery and return to normal well-being

197 cs: The criteria you jusdt gave me

201 PSM: Those things thast had a 1% or greater chance of fatality and recovery would be atleasty back to 90% of normal. When you get to the middle of list

212 CS: So the list will allow you to apply the values?

221 psm: Yes.

257 cs: Low birth rate babiers seem to fall at four different places in the list.

265 pSMThey are all in the upper quarter except for the very low weight babies.

296 cs: So we are seeing an effort to merge mental and physical health into a single list?

303 Klaer:

310 Hamby: Woll there be an opportiunity to see the mental health list stand alone?

320 Roberts: Why do there seem to be services missing?

331 LYNN REED, OREGON OFFICE OF MEDICAL ASSITANCE PROGRAMS: Thje actuary has a large data base which includes treatment. They are going through the complicated process of calcalating the per memebr per month cost. They're determining how much it would cost to fund everything.

391 S Roberts: Incidence?

394 REED:

TAPE 23, SIDE A

002 Hamby: Is there a differnetiation between a life saving hysterectomy and a contraceptive management hysterectomy?

013 Ellen Lowe:

018 Hamby: Do you have

026 AMY KLARE: The Oregon health Services has provided a

038 Ellen Lowe: You can note that HIV can be found

042 CS: What is meant by 10\$% surviva1 rate beyond 5 years?

046 psm: If there is a 1 in 10 chance that a person will survive beyond 5 years ...,

068 cs: Would that accord with the practice today ... what is the practice?

072 psm: Patients are provided comfort care at that point.

084 cs: How did you whittle the original list from 3,500 to 808?

089 : KLARE:

115 cs: How did you merge or coordinate

120 klare: On the issue of preventive dental care for children and adults has been rated high. We put preventive care high on the list generally and we put comfort care rather than end stage intensive care high on the list to reflect public desires.

135 cs: How about health outcomes?

137 psm: Health outcomes treatment styles are new.

177 BC: To what extent did prevalence in the covered community take ... in your deliberations? Can we transfer this list to the populations at large and keep....

183 lowe: Yes.

191 cs: Can we transfer the list intact without any changes

195 Lowe: Yes.

197 Hamby: ...

204 PSM: You asked about the effects of drugs and how the disease would be rated. We chose not to penalize a person

220 Hamby: As new pharmaceutical miracles appear on the market.. will their impact be integrated into updated versions of the list

228 psm: Yes.

233 cs: Thanks for the very valuable job you've done for this committee and legislature and legislatures nationwide.

272 CHUCKBENNET: OREGON CHIROPRACTIC AND DANIEL GLEASON: Submit Exhibit B Support SB 469. Very often patients come to our office to get chiropractic care but their policies don't have coverage for chiropractic but the consumers weren't aware of this when purchasing coverage.

311 BENNET: Over the interim we testified we did not need to have a mandate for chiropractic care. We could have a market based solution for making chiropractic care available.

332 lh: I think chiropractic is great but as an insurance salesman I have some questions about what procedures you perform ... If we start doing this for

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77__a2_2,,jB*\$Í ·,one mandated service is the most complicated one and
the one most in need of review.

133 bishop: Section 4 of the bill would include the continuation requirements that are on the code now

- Section 5 is very important

167 ANET: The main problem is that we have taken an incremental approach in terms of looking at mandates. Unlimited benefits are no longer a possibility.

245 STEPHEN KAFOURY: I would like to have the bill amended to delete acupuncturists services.

361 JOHN POWELL, : We support SB 321.

393 roberts; I would like to know how much money the Insurance industry would like to put up to study this.

TAPE 21, SIDE A

010 COOMBS: Can an insurance company write a policy which limits

028 KEVIN EARLS, ASSOCIATED OREGON INDUSTRIES: Presents (EXHIBIT I) We support SB 321.

056 JIM CARLSON, OREGON MEDICAL ASSOCIATION: We support SB 321.

e with a group like Kaiser Permanente is a personal one - therefore, you cannot assign the benefits to another person.

099 JOHN POWELL, HEALTH ASSOCIATION OF AMERICA COMMERCIAL INSURERS:

132 cs adjourns meeting at 444.

TAPE 18, SIDE A

000 cs: Reconvenes meeting at 448

069 fr: Just wants to make sure that we don't negate an insurers' rights to sign contracts

077 cs: We will work over the language so that it doesn't do what you fear.

083 cs: Readjourns the metg at 455. to be exempt from those damages. We don't mind if they are exempt from criminal prosecution or professional disciplinary action.

218 HANK BERSANI, ASSOCIATION FOR RETARDED CITIZENS: Presents (EXHIBIT F) which emphasizes that the Association wants certain terms and standards defined to safeguard Oregon's vulnerable retarded citizens from being adversely affected by this bill. Physicians and people in the general public may not share the same evaluation of the relative worth of the ;lives of people who are retarded. This bill refers to withdrawing life support systems from people who rely on respirators for their breathing and IV feeding systems for their nutrition. Many of our clients fit this description and we don't want this bill to be so broadly defined that our clients, who we consider healthy and valuable, to have their life support systems withdrawn.

288 BERSANI: I am uncomfortable about the provisions of this bill

becuase I don't know who would make life support decisions for a
retarded individual who does not have a guardian.he meeting at 4:57