77th OREGON LEGISLATIVE ASSEMBLY – 2014 Regular Session STAFF MEASURE SUMMARY Senate Committee on Health Care and Human Services

KEV ENOE. NO TEVEnde impact	
FISCAL: Minimal fiscal impact, no statement issued	
Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	5 - 0 - 0
Yeas:	Knopp, Kruse, Shields, Steiner Hayward, Monnes Anderson
Nays:	0
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	2/10

REVENUE: No revenue impact

WHAT THE MEASURE DOES: Requires Department of State Police and all sheriffs and municipal police departments to adopt written policies relating to missing vulnerable adults on or before January 1, 2015. Specifies procedures for investigating reports on missing vulnerable adults. Recommends certain provisions be included in written policies. Requires Oregon Health Authority to request specified information from potential contractors and, if certain conditions are met, to request proposals to establish and operate systems and technologies designed to detect and prevent improper payments in state medical assistance program. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Dementia and Alzheimer's disease increasing
- Communities' response to "wandering" individuals
- Silver Alert Program
- Public safety and health concerns for vulnerable adults
- Medic Alert Safe Return Program
- Law enforcement increased involvement in responding to calls
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT: Deletes language referencing requirement that law enforcement has a signed statement from a family member.

BACKGROUND: The Silver Alert program is a public notification system to broadcast information on missing persons, primarily seniors with Alzheimer's Disease, dementia, or other mental disabilities, in order to aid in their return.

In 2011, the Centers for Medicare & Medicaid Services (CMS) implemented the Fraud Prevention Initiative, a tool to fight fraud and protect taxpayer dollars. The federal government estimates that state Medicaid programs attribute \$18 billion annually to fraud. Currently, the Medicaid practice is to pay claims as they are presented and attempt to recover overpayments or fraud later; this is referred to as the "pay and chase" model. Individuals state that it is more difficult to recover dollars than it is to deny initial payment claims. Currently, 17 states have introduced legislation with the intent to incorporate the latest technologies in preventing fraud and abuse before it occurs, which has the potential to save states money.