

# Minutes

## Health Resources Commission

February 16, 2007

**Members Present:** Kathleen Weaver, MD, HRC Director; Dr. James MacKay, MD; Justin Leonard, JD; Judith Wilson, John Saultz, MD; Tony Melaragno, MD; Manny Berman; Dan Kennedy; RPH, Dean Haxby, PharmD; Kate Merril, MD.

**Members Absent:** Bill Origer, MD.

**Staff Present:** Kathleen Weaver, MD, HRC Director

**Also Attending:** Barbara Porter, AG RX Grant; Ruth Medak, MD.

### 1. Call to Order - James MacKay, MD

Dr. James MacKay, MD called the Health Resource Commission (HRC) meeting to order at 1:30 pm in room #104 of the Legacy Meridian Park Hospital Community Health Education Center. 19300 SW 65<sup>th</sup> Tualatin Oregon 97062.

### 2. Roll call and approval of minutes – James MacKay, MD

The HRC minutes of 10/20/2006 were unanimously approved.

### 3. Subcommittee Roster Updates – Kathleen Weaver, MD, HRC Director

- a. Beta 2 Agonists - Jean Carney, MD; Michelle Koder, PharmD; Dana Selover, MD; T. Michael Norris, MD; Earl Van Volkinburg, MD; Annette Gravem; Kevin Hogan, RPH.
- b. Hepatitis C - Kathleen Bakke, MD; Todd Martin, PharmD; Anne Busch, NPS; Ken Flora, MD; Kent Benner, MD; Lorren Sandt; Tina St. John, MD.
- c. Obesity Management – Ruth Medak, MD; Ruth Carey; Henry DeMots, MD; Jeannette Jansson; Andrea Kielich, MD; Linda Lester, MD; George Waldmann, MD; Bob Mendelson, MD; Mel Kohn, MD; Mel Kohn, MD; **Bing-Bing Liang. Bing-Bing Liang was unanimously approved.**
- d. Targeted Immune Modulators (TIMs) – Donna Coy; Craig Fause. MD; Joseph Schnabel, PharmD; Gerald Shoepflin, MD; Sheila Rittenberg; Sean Karbowixz, PharmD; *Andrew Blauvelt, MD.*
- e. Standing Update Committee – William Origer, MD; Kathy Ketchum, RPh, MPA:HA; Nicole O’Kane, PharmD; Tracy Klein, WHCNP, FNP; Ruth Medak, MD; Rich Clark, MD, MPH; Kathleen Weaver, MD.

### 4. (180) Public Testimony - Kathy Ketchum, RPh, MPA: HA

Plan drug list (PDL) update from EMap; updated 1/1/2007. The major change was adding a new class anti amedics. Senate Bill 160 gives permission to use prior authorization to enforce the list.

### 5. Drug Class Program

#### (102)NSAIDs - Ruth Medak, MD

*Motion excepted unanimously approved.*

#### AHRO Comparing ACEs and ARBs - Kathleen Weaver, MD, HRC Director

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What are the Comparative long term benefits and harms of ACE-inhibitors versus ARBs for treating Hypertension? Suggests the sub committee meet and look at the key questions in document #4 and then add the clinical aspects to be followed by a report.

### **6. MedTap Program - Kathleen Weaver, MD, HRC Director**

#### (570)Obesity; Revising Key Questions – Ruth Medak, MD

Changes to the key questions include: Question #1 added the words physical activity, also waist/hip ratio and asthma. Question #2 was added: “What is the evidence for effectiveness of non-surgical treatments in prevention of weight gain for children and adults?” Under populations the BMI was added for children. Interventions: A. Dietary i. Low calorie ii. Low carbohydrate iii. Glycemic index iv. Protein sparing. B. Pharmacological i. Bupropion (wellbutrin) ii. Diethylpropion iii. Exenatide (Byetta) iv. Fluoxetine (Prozac) v. Phenteramine vi. Sibutramine (Meridia) vii. Topiramate (Topamax) viii. Xenical (Orlistat) ix. Zonisamide C. Behavioral D. Physical Activity i. Exercise ii. Non-exercise activity thermogenesis (NEAT) E. Combination. #4 Under outcome; vii. Asthma improvement. #5 Under Safety and Adverse Effects: iii. Alternative addiction.

### **7. Announcement - Kathleen Weaver, MD, HRC Director**

Kathy will be leaving HRC for a different position in 2 months.

### **8. Attorney General Grant - Barbara Porter**

Barbara went over the progress, goals, and curriculum to date with the Attorneys General Consumer and Prescriber Education Program.

### **9. (529) Resignation Commissioner – James MacKay MD**

Lynn Kryder Commissioner has resigned, she represented labor.

### **10. Next Meeting / Adjourn**

The next HRC meeting will be March 16, 2007.

The meeting was adjourned at 4:30pm.

#### **Documents:**

- 1. Minutes from 10/20/06**
- 2. Demographic Roster Additions**
- 3. NSAIDs**
- 4. AHRO Comparing ACEs and ARBs**
- 5. MedTap Program, Obesity, Draft Key Questions**

# Minutes

## Health Resources Commission

April 13, 2007

Members Present: Kathleen Weaver, MD, HRC Director; Dr. James MacKay, MD; Judith Wilson, John Saultz, MD; Tony Melaragno, MD; Manuel Berman; Dan Kennedy; RPH; Bill Origer, MD; Jeanene Smith, MD, OHPR Administrator.

Members Absent: Dean Haxby, PharmD; Justin Leonard, JD; and Kate Merrill, MD

Staff Present: Kathleen Weaver, MD, HRC Director; Jeanene Smith, MD, OHPR Administrator.

Also Attending: Ruth Medak, MD; and Wally Schaffer

### 1. Call to Order - James MacKay, MD

Dr. James MacKay, MD called the Health Resource Commission (HRC) meeting to order at 1:30 pm in room #104 of the Legacy Meridian Park Hospital Community Health Education Center. 19300 SW 65<sup>th</sup> Tualatin Oregon 97062.

### 2. Roll call and approval of minutes – James MacKay, MD

*The HRC minutes of 02/16/2007 were unanimously approved.*

### 3. OHPR and Legislative Update - Jeanene Smith, MD, OHPR Administrator

Firstly recognized Dr. Weaver's service to HRC and the HRC commission. She hopes to interview soon for Dr. Weavers position, they are looking for a panel to do the interviews. There are two new reports available; Health Care Trends and Hospital Quality Indicators. SB 329-2 created by Senator Bates and Westlund to plan how to improve healthcare in the state has been amended. It asks to take OHPR out of DAS and place it inside a new created "Oregon Health Fund Board". SB27, Kitzhauber's bill, is supposed to be merged into SB 329-2.

### 4. DMAP Update and MED Project – Wally Schafer, MD

Discuss the status of the MedTap program and showed a rapid appraisal report that had recently been done. He also discussed the inclusion of Bariatric surgery as a covered procedure under certain conditions and briefly discussed those conditions.

### 5. Drug Class Program

Tims Update #1 – Gerald Schoepflin, MD

#### New Findings, January 2007

- Since the last report abatacept and rituximab have been added.
- The FDA has approved adalimumab for Ankylosing Spondylitis, Psoriatic Arthritis, and Crohn's disease.
- Using the same search strategy that was used in the original TIMs report, the EPC found 45 that met criteria and were included in this review. Of these 14 were new placebo-controlled trials, 1 meta-analysis, 3 head-to-head observational studies, and 25 other observational studies. .
- For RA:
  - Three head-to-head prospective cohort studies compared etanercept to infliximab.
  - One head-to-head retrospective cohort study on radiological outcomes comparing etanercept and infliximab.
- For PA:
  - Two new placebo-controlled trials on alefacept and adalimumab
- For Crohn's Disease:
  - One new RCT on adalimumab

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- For Plaque Psoriasis:
  - 12 placebo controlled trials (2 on alefacept, 4 on efalizumab, 4 on etanercept, and 2 on infliximab.)

### Key Question 1 Consensus

1a. In patients with RA there was no demonstrable clinical difference between abatacept, adalimumab, etanercept, or infliximab plus MTX or for rituximab for efficacy. Adalimumab, etanercept or infliximab plus methotrexate were superior to anakinra using indirect comparative evidence. Adalimumab, anakinra, efalizumab, etanercept, and infliximab are all superior to placebo in efficacy.

1c. In patients with AS there was no demonstrable clinical difference between adalimumab, etanercept and infliximab for efficacy, while all are superior to placebo.

1e. In patients with plaque psoriasis alefacept, efalizumab, etanercept, and infliximab had significantly greater Psoriasis and Severity Index (PASI) response and improvements in quality of life for TIMs than placebo. There are no head-to-head RCT comparing one TIM with another.

1g. In patients with UC only infliximab has been proven to be efficacious compared to placebo for moderate to severe UC refractive to conventional treatment.

Key Question 2 Consensus Overall there is no significant difference in tolerability so far as the administration of these drugs. In some cases the route of administration is a factor for adverse drug events.

Key Question 3 Consensus The TIMs Subcommittee agrees by consensus that: No study was specifically designed to evaluate the effect of adalimumab, alefacept, anakinra, efalizumab, etanercept, infliximab and in one subgroup of patients compared to another. Conclusion; In patients with psoriasis alefacept, efalizumab, etanercept, and infliximab had significantly greater improvement than placebo. In patients with UC only infliximab has been proven to be efficacious compared to placebo.

Public testimony – Greg Miller  
Provided a product update

*Tims Update #1 is unanimously approved*

Antiplatelet Update #1 – Ruth Medak, MD

Summary of Results. KQ 1a: In patients with ACS: One fair 6-month RCT compared ticlopidine and clopidogrel in patients with ACS who underwent angiography and found no significant difference in re-occlusion. KQ 1b: In patients with PCI: Five good to fair head-to-head trials were identified comparing aspirin taken in combination with clopidogrel and ticlopidine in patients undergoing PCI. There were no differences in major cardiac outcomes between the clopidogrel and ticlopidine groups within the first six months. However, when follow-up was extended to 27 months in one of the trials, all cause mortality and CV mortality were modestly lower in the ticlopidine group. Two good quality active-controlled RCTs evaluated the effects of pretreatment with loading doses of aspirin plus either clopidogrel 300 mg or placebo in patients undergoing revascularization procedures. In these trials, patients were followed for 8 and 12 (mean) months after revascularization. Results from both trials found that pretreatment with clopidogrel-plus-aspirin modestly reduced the composite risk of serious cardiovascular events compared to aspirin monotherapy. Absolute risk reductions were 3.4% and 3%, respectively. KQ 1c: In patients with Stroke/TIA: There are no completed head-to-head studies comparing newer antiplatelet drugs for strokes or TIAs. There is an ongoing trial of 15,000 patients directly comparing ERDP/ASA with clopidogrel monotherapy for the prevention of recurrent stroke whose results are expected in 2008.

KQ 2 For adults with ACS or coronary intervention procedures (PCI), prior ischemic stroke or TIA, or symptomatic peripheral vascular disease do antiplatelets differ in safety or adverse events? Ticlopidine carries a black box warning concerning Neutropenia, thrombocytopenia, and aplastic anemia. It also has

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higher rates of rash than ASA or clopidogrel/ASA, but may be safer than ASA with regard to risk of GI bleeding.

KQ 3: No studies specifically compared the effectiveness of safety of the newer antiplatelet agents in acute coronary syndrome by patient age, gender, race, comorbidities, or concurrent medications.

However, subgroup analysis did address some of these subgroups.

Co-morbidities: Both the CURE and PCI-CURE trials reported results for the diabetes subgroup (CURE included 2840 patients with diabetes). Although patients with diabetes had higher event rates than non-diabetic patients there was no difference in the primary outcome for patients treated with aspirin plus clopidogrel as compared to aspirin alone. The data for ERDP/ASA were significant for diabetics with prior stroke, as well as for patients with history of heart disease and PVD; all subgroups experienced similar stroke prevention benefits.

Public testimony - Deanne Calvert of Sanofi-Aventis

Related a strong concern for needing more time and notice. Outcome of her testimony is that the report is tabled until the next meeting.

*Vote to table the report until the next meeting was unanimously approved.*

### 6. MedTap Program

Non Surgical treatment of Obesity - Ruth Medak, MD

For quality of evidence the Obesity Management subcommittee took into account the number of studies, the total number of patients in each study, the length of the study period, and the end points of the studies. Statistical significance was an important consideration. The subcommittee utilized the AHRQ's ratings of "good, fair or poor" for grading the body of evidence. Poor evidence was excluded. Overall quality ratings for an individual study were based on the internal and external validity of the trial.

Summary of Results KQ 1 What is the evidence for the effectiveness of non-surgical treatments (dietary, pharmacological, behavioral, physical activity) in improving objective outcomes for obesity such as :a) sustained weight loss; b) waist/hip rati; c)diabetes prevention, improvement, or reversal; d) hyperlipidemia; e) hypertension; f) mortality; g) cardiovascular disease; h) obstructive sleep apnea; i) asthma or j) non-alcoholic fatty liver disease (NAFLD) .

Cost Effectiveness of Bariatric Surgery – Bill Origer, MD

The Australian study by Segal was a cost-effective analysis based on modeling and projection. It addressed only the impact on prevention of diabetes. This compared several strategies for prevention of diabetes in patients with impaired glucose tolerance: intensive diet and behavior modification, group behavior modification, general practitioner advice, media campaign to the public, and obesity surgery.

This showed a cost of US \$8900 net cost per life year saved for surgery, and a net savings for intensive dietary program, media campaign, and behavior therapy for overweight men.

A second study by Ackroyd et al (*Obesity Surgery* Vol 16; 2006) analyzed five-year cost-benefit on of bariatric surgery on type 2 diabetics in France, Germany, and England. This had a more robust predictive model. The comparison group included type 2 diabetics on conventional care. Conventional care assumes modest weight loss the first year, with return to baseline weight years two through five. Cost estimates for surgery include direct costs and anticipated cost of complications. Cost of treatment of diabetes was obtained from payment databases for each country. Cost saving were projected form reduction in diabetes treatment costs due to weight loss. Quality of life improvements assumed an inverse linear relation between BMI and quality of life. BMI reductions for banding or bypass surgery were within the ranges observed in the SOS data.

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This study projected cost savings in France and Germany, and a modest cost increase in England. The projected cost in England was £1927/QALY.

Again, projections have limitations. The diabetic cost model used in this study included diabetics over age 60, who will have higher costs than younger patients. The variability of these study results points out major differences in health care systems in different countries. Projecting these results to the US system is unlikely to be accurate. The issue of cost effectiveness of bariatric surgery in the US remains unanswered.

Public Health and Obesity – Mel Kohn, MD; presented by Kathleen Weaver, MD, HRC Director  
Obesity trends among U.S. Adults; is Obesity an epidemic? Changes in the food environment; increased availability of high caloric foods, super sized portions, and marketing. Changes in physical environment; Office jobs, elevators, PE in schools, TV/PC use, Driving and Land use patterns. Opportunities for Intervention: Medical setting, schools, worksites, and Communities. Evidenced-Based recommendations: Assess BMI and offer counseling and behavioral interventions for obese adults -US Preventive Services Task Force -Intense, multi-disciplinary interventions (counseling + physical activity) -work -Intensive counseling = > 1x/mo x 3 mos -Involve other staff -Periodic reinforcement -Promote physical activity -Limit caloric intake.

7. Future Project; Prioritization - Kathleen Weaver, MD, HRC Director

8. HRC Director Recruitment Update - Kathleen Weaver, MD, HRC Director  
The recruitment will close April 20<sup>th</sup>; and she will keep the commission posted.

9. Resignation Commissioner – John Saultz, MD  
John Saultz, MD Commissioner announces he is resigning, he was a Physician Member.

10. Next Meeting / Adjourn – Chair, James MacKay, MD  
The next Health Resources Commission meeting will be June 15, 2007; Meridian Park Hospital Room 104, 1:30 – 4:30pm. The meeting was adjourned at 4:30pm.

### Documents:

1. Minutes from 02/16/07
2. TIMs Update 1
3. Antiplatelet Update 1
4. Non-Surgical Treatment of Obesity
5. Public Health and Obesity
6. Prioritization

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## Health Resources Commission

June 15, 2007

Members Present: Dr. James MacKay, MD; Judith Wilson, John Saultz, MD; Tony Melaragno, MD; Bill Origer, MD; Kate Merrill, MD

Members Absent: Dan Kennedy; RPH; Dean Haxby, PharmD; Justin Leonard, JD; Manuel Berman;

Staff Present: David Pass, MD, HRC Director; Tina Huntley HRC Assistant.

Also Attending: Kathy Ketchum, RPH, MPA:HA.

### 1. Call to Order - James MacKay, MD

Dr. James MacKay, MD called the Health Resource Commission (HRC) meeting to order at 1:30 pm in room #104 of the Legacy Meridian Park Hospital Community Health Education Center. 19300 SW 65<sup>th</sup> Tualatin Oregon 97062.

### 2. Roll call and approval of minutes – James MacKay, MD

*The HRC minutes of 4.13.2007 were unanimously approved.*

### 3. Introduction of New HRC Director - Chair, James MacKay, MD

### 4. DMAP/ OHP Update - Kathy Ketchum, RPH, MPA:HA

Planned drug list is updated every 6 months the next update is July 1, 2007. Simvastatin is now generic bench mark high potency. New class, TZD. Legislator is wrapping up and should meet the deadline by the end of June.

### 5. Legislative Update / Summary - David Pass, MD, HRC Director

House Bill 2918 is going to effect the work session schedule is passed.

### 6. MedTap Program

Medical Management of Obesity – Bill Origer; MD

He gave an overall synopsis on the report. Conclusions are on page 41 of the report.

Public Testimony – Kathy Weaver; MD, Southwest Washington Medical Center

Page 14 Table, Byetta-drug is something to watch. Provided a slide show of how Obesity is changing.

Vote

*Report was unanimously approved.*

### 7. Drug Class Program

Antiplatelet Update #1 – Bill Origer, MD

Basically everything had been reported in the last meeting as follows:

Summary of Results. KQ 1a: In patients with ACS: One fair 6-month RCT compared ticlopidine and clopidogrel in patients with ACS who underwent angiography and found no significant difference in re-occlusion. KQ 1b: In patients with PCI: Five good to fair head-to-head trials were identified comparing aspirin taken in combination with clopidogrel and ticlopidine in patients undergoing PCI. There were no differences in major cardiac outcomes between the clopidogrel and ticlopidine groups within the first six months. However, when follow-up was extended to 27 months in one of the trials, all cause mortality and CV mortality were modestly lower in the ticlopidine group. Two good quality active-controlled RCTs evaluated the effects of pretreatment with loading doses of aspirin plus either clopidogrel 300 mg or placebo in patients undergoing revascularization procedures. In these trials, patients were followed for 8

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and 12 (mean) months after revascularization. Results from both trials found that pretreatment with clopidogrel-plus-aspirin modestly reduced the composite risk of serious cardiovascular events compared to aspirin monotherapy. Absolute risk reductions were 3.4% and 3%, respectively. KQ 1c. In patients with Stroke/TIA: There are no completed head-to-head studies comparing newer antiplatelet drugs for strokes or TIAs. There is an ongoing trial of 15,000 patients directly comparing ERDP/ASA with clopidogrel monotherapy for the prevention of recurrent stroke whose results are expected in 2008.

KQ 2 For adults with ACS or coronary intervention procedures (PCI), prior ischemic stroke or TIA, or symptomatic peripheral vascular disease do antiplatelets differ in safety or adverse events? Ticlopidine carries a black box warning concerning Neutropenia, thrombocytopenia, and aplastic anemia. It also has higher rates of rash than ASA or clopidogrel/ASA, but may be safer than ASA with regard to risk of GI bleeding.

KQ 3: No studies specifically compared the effectiveness of safety of the newer antiplatelet agents in acute coronary syndrome by patient age, gender, race, comorbidities, or concurrent medications. However, subgroup analysis did address some of these subgroups.

Co-morbidities: Both the CURE and PCI-CURE trials reported results for the diabetes subgroup (CURE included 2840 patients with diabetes). Although patients with diabetes had higher event rates than non-diabetic patients there was no difference in the primary outcome for patients treated with aspirin plus clopidogrel as compared to aspirin alone. The data for ERDP/ASA were significant for diabetics with prior stroke, as well as for patients with history of heart disease and PVD; all subgroups experienced similar stroke prevention benefits.

Public testimony – Kyle Downey; Sanofi-Aventis

Mr. Downy has several suggestions for the report and Bill Origer asked that he put his suggestion in writing and submit them to the commission.

9. Committee Roster Updates – David Pass, MD, HRC Director

Needs to have rosters approved by the HRC before moving forward. July 20<sup>th</sup> meeting set to accomplish this.

10. Next Meeting / Adjourn – Chair, James MacKay, MD

The next Health Resources Commission meeting will be July 20th, 2007; Public Service Building, Salem Oregon. The meeting was adjourned at 4:30pm.

Documents:

1. Agenda
2. Antiplatelet Report
3. 4.13.2007 HRC Meeting minutes
4. Obesity Report

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## Health Resources Commission

July 20, 2007

Members Present: James MacKay, MD; Judith Wilson; RPH; Bill Origer, MD; Justin Leonard, JD; Kate Merrill, MD

Members Absent: Tony Melaragno, MD

Staff Present: David Pass, MD, HRC Director; Tina Huntley HRC Assistant.

Also Attending: Dan Kennedy, RPH; Dean Haxby, PharmD

1. Call to Order - James MacKay, MD

Dr. James MacKay, MD called the Health Resource Commission (HRC) meeting to order at 1:30 pm in room #500A of the Health Resources Commission. 255 Capitol Street NE Salem OR 97310.

2. Roll call and approval of minutes – James MacKay, MD

*Vote - The HRC minutes of 06/15/2007 Motioned for approval by Bill O., seconded by Judith W. and was unanimously approved.*

3. Antiplatelet Medications Report – David Pass, MD

Public testimony – No comments

*Vote – Was unanimously approved.*

4. Committee Roster Updates - David Pass, MD

**HepC Roster:** Ken Flora, MD; Lorren Sandt; Tina St. John, MD; Atif Zaman, MD; Michele Koder, PharmD; Ann Thomas, MD

*Vote – Was unanimously approved.*

**Beta2 Agonists:** Annette Gravem, RN; Dana Selover, MD; Earl VanVolkenburg, MD; Jean Carney, MD; Kevin Hogan, RPH; Michelle Koder, PharmD; T. Michael Norris, MD.

*Vote – Motioned for approval by Bill O., seconded by Justin L. and was unanimously approved.*

5. HRC Commissioner Update - David Pass, MD

3 Commissioners terms have expired; at least 1 person has re-applied. George Waldman has been asked to serve on the commission and he is considering it.

6. Next Meeting / Adjourn – Chair, James MacKay, MD

The next Health Resources Commission meeting will be Sept. 21, 2007. The meeting was adjourned at 1:50pm.

*Note: Minutes taken by hand due to malfunction with the cassette tape.*

Documents:

Agenda

6/15/07 HRC Minutes

Antiplatelet Report

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## Health Resources Commission

September 21, 2007

**Members Present:** Dean Haxby, PharmD; Diane Lovell; Dan Kennedy, RPh; Justin Leonard, JD; Bill Origer, MD; Manuel Berman

**Members Absent:** Tony Melaragno, MD; George Waldmann, MD; Judith Wilson, RPH; Kate Merrill, MD; Dr. James MacKay, MD;

**Staff Present:** David Pass, MD, HRC Director; Tina Huntley HRC Assistant.

**Also Attending:** Dr. Schaeffer, MD

**1. Call to Order – Vice Chair, Dan Kennedy, RPh**

Dan Kennedy, RPh called the Health Resource Commission (HRC) meeting to order at 1:30 pm in room #104 of the Legacy Meridian Park Hospital Community Health Education Center. 19300 SW 65<sup>th</sup> Tualatin Oregon 97062.

**2. Roll call and approval of minutes – Vice Chair, Dan Kennedy, RPh**

*The HRC minutes of 07/20/2007 were unanimously approved.*

**3. New Members/Reappointment – David Pass, MD**

New members and reappointments were discussed as well as commissioners updated their contact information.

**4. DMAP Update – Wally Schafer, MD**

Wally Shafer, MD passed out the latest pocket drug list as well as “Important Update CMS guidance regarding tamper-resistant prescription pad requirement” & “Guideline note 7, Bariatric surgery for obesity with comorbid type 2 Diabetes & BMI ≥ 35”. Tamper resistant prescription pads must be used beginning October 1, 2007. Type 2 Diabetes has been added as a requirement to have Bariatric Surgery thru DMAP.

**5. Subcommittee restructuring – David Pass, MD**

David Pass, MD presented a organizational chart to the commission suggesting this change be made in order to improve efficiency and ease the burden on the public. He suggests that under the HRC commission would exist 3 subcommittees; Pharmaceutical, Technology, & Mental Health(temporary). These subcommittees would do the same work as the various subcommittees do now without having to form new subcommittees for each drug class. The commission is waiting to approve the idea pending further investigation of policy.

**6. PDD Update – David Pass, MD**

**7. Pegylated Interferons – David Pass, MD**

Draft Report for “Pegylated Interferons for Chronic Hepatitis C Infection” Dated Sept 2007 was presented for approval.

*Public Testimony – There was no public present*

**8. New Business – Committee Members**

**9. Next Meeting / Adjourn – Vice Chair, Dan Kennedy, RPh**

The next Health Resources Commission meeting will be November 16, 2007; Meridian Park Hospital.

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## Health Resources Commission

*September 21, 2007*

### **Documents:**

Report; Pegylated Interferons for Chronic Hepatitis C Infection

Agenda

DERP timeline

Executive Appointment Board Roster

07202007 HRC meeting minutes

Subcommittee Organizational chart

Pegylated Interferons Committee Highlights for 08152007

Beta 2 Agonist Committee Highlights for 08162007

DMAP – “Important Update CMS guidance regarding tamper-resistant prescription pad requirement” &

“Guideline note 7, Bariatric surgery for obesity with comorbid type 2 Diabetes & BMI $\geq$  35”

**Minutes**  
**Health Resources Commission**  
November 15, 2007

**Members Present:** James MacKay M.D.; Bill Origer M.D.; Judith Wilson, RPH; Dan Kennedy, RPH; Dean Haxby, PharmD; Justin Leonard, JD; Kate Merrill, MD; Tony Melaragno M.D.; George Waldmann M.D.; Diane Lovell; Manuel Berman

**Members Absent:** None

**Staff Present:** David Pass M.D. , HRC Director

**1. Call to Order - James MacKay, MD**

Dr. James MacKay Called the meeting of the Health Resources Commission to order at 1:35 pm in room 104 of the legacy meridian Park Hospital Health Education Center; 19300 SW 65<sup>th</sup> Tualatin Oregon 97062.

**2. Roll call and approval of minutes – James MacKay, MD**

*The HRC minutes of 10/19/2007 were unanimously approved.*

**3. HB 2918 Update- Representative Greenlick**

Representative Greenlick presented the Commission with an explanation of the part of HB 2918 that applies to the Commission and provided some background information for the Commissioners

**4. New Members Introduction- James MacKay M.D.**

Dr. MacKay introduced the newest Member of the Commission; George Waldmann M.D.

**5. Medicaid Update- Walter Shaffer M.D.**

Dr. Shaffer updated the commission on progress with the MED project, and also conveyed that there had been a last minute delay of the newly mandated Federal Prescription security requirements.

**6. Beta<sub>2</sub>-Agonist Class Report- David Pass M.D.**

Dr. Pass presented the findings of the subcommittee to the commission. Time was allowed for public comment and none was made.

*The Beta<sub>2</sub>-Agonist subcommittee report was unanimously accepted.*

**7. Subcommittee Reorganization Plan- David Pass M.D.**

Dr. Pass gave a brief description of the subcommittee reorganization plan which had been presented at the previous HRC meeting. Special thanks were given to Commissioner Justin Leonard J.D. for formalizing the plan into the document presented to the Commission. Time was allowed for public testimony and none was given.

*The subcommittee reorganization plan was unanimously accepted.*

**8. Meeting Schedule 2008- James MacKay M.D.**

The proposed meeting schedule for 2008 was presented and discussed. The meetings are scheduled for the third Friday of each month from 1:30pm until 4:30 pm. All dates are already prescheduled at Meridian Park Hospital Health Education Center.

There was no public testimony. Next meeting scheduled for 1/18/2008.

*The 2008 meeting schedule was unanimously approved.*

9. New Business- James MacKay M.D.

10. Next Meeting/Adjourn- James MacKay M.D.

Next meeting scheduled for 1/18/2008. With no further business to conduct at this time the meeting was adjourned at 3:15 pm.