

**HOUSE COMMITTEE ON**  
**HEALTH AND HUMAN SERVICES**

**March 21, 2005 Hearing Room D**

**8:30 A.M. Tapes 64 - 66**

**Corrected 10/10/05**

**MEMBERS PRESENT:           Rep. Billy Dalto, Chair**

**Rep. Tom Butler, Vice-Chair**

**Rep. Carolyn Tomei, Vice-Chair**

**Rep. Gordon Anderson**

**Rep. Deborah Boone**

**Rep. Kevin Cameron**

**Rep. Mitch Greenlick**

**STAFF PRESENT:           Sandy Thiele-Cirka, Committee Administrator**

**Pamella Andersen, Committee Assistant**

**MEASURES/ISSUES HEARD:**

**Oregon State Hospital – Informational Meeting (cont.)**

**HB 2706 – Public Hearing**

**HB 2276 – Public Hearing**

**HJM 8 – Public Hearing and Work Session**

**These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.**

**TAPE/#      Speaker                      Comments**

**TAPE 64, A**

004            Rep. Greenlick            Calls the meeting to order at 8:32 a.m. as a subcommittee. Opens the informational meeting on the Oregon State Hospital. NOTE: Full committee present by 8:34 a.m.

**Oregon State Hospital – informational meeting (cont.)**

015            Mike Morris, MS            Manager, Mental Health Policy, Mental Health & Addiction Services, Department of Human Services (DHS). Reports on the co-management project. Mentions challenges and progress. Gives overview of development of beds in the state hospital. Notes the beds are not created equal.

050            Morris                      Discusses polydipsia. Reports they are developing ten beds in the community for this. Discusses of co-management proposal which is still in draft.

121            Morris                      Discusses methodology used to determine number of beds needed based on population and civil commitments. Reports on utilization reviews of the state hospital.

165            Rep. Butler                Mentions devolution of mental health services to counties. Suggests Morris meet with the counties so they are aware of the 90-day proposal. Questions the housing arrangements for people awaiting transfer to the state hospital during the 90-day period.

183            Morris                      Responds once approved, they enter as soon as a bed is available.

187            Rep. Butler                Expresses concern with interim period between assessment and bed availability.

197            Morris                      Reports the existing process would not change under this proposal.

206            Rep. Butler                States the local acute care facilities should not be over-burdened with this additional time commitment.

222            Morris                      Notes the proposal would increase beds by moving people out into the community more quickly, allowing others to move into the hospital.

Explains the two parts of the issue: developing beds and a system that juggles the existing beds for greatest effectiveness.

- 277 Rep. Tomei Questions the 25 percent cost charged the counties.
- 280 Morris Reports the primary goal is to determine patient's needs, factoring in the availability of resources, and financially encourage the counties to take ownership of providing care.
- 314 Morris Elaborates and gives example of how this has worked. Reports there has been excellent cooperation with Mental Health Organizations (MHO) on regulating lengths of stay.
- 351 Bob Nikkel Administrator, Office of Mental Health and Addiction Services, DHS. Clarifies this proposal is modeled on what is taking place in other states. Comments it is a clinically-based approach, negotiating patient needs with county service availability. Believes it would be rare to ever charge a county if they were not providing resources.
- 395 Morris Reports the counties support this proposal.
- 411 Nikkel Comments this provision would ensure the ability to show how they are moving people through the system should there be a lawsuit.
- 421 D'Leah Cruz Manager, Extended Care Unit, Mental Health & Addiction Services, DHS. Reviews extended care management projects.

**TAPE 65, A**

- 002 Cruz Continues testimony. Notes collaborative efforts with consumers with special needs. Reports they attempt to keep them in community with the least restrictive settings. States they hope to eliminate the wait list by June with the new beds that have been created.
- 031 Rep. Butler Asks how the DHS is keeping ahead of the curve for the next biennium.
- 037 Nikkel Explains the plans for the future and the additional beds to be created. Notes the impact possible if the forensic population continues to spike.

061	Rep. Butler	Requests further information on future growth plans.
076	Nikkel	Commits to provide information.
083	Rep. Tomei	Asks how many patients are on the wait list.
085	Nikkel	Provides detailed numbers for each location.
103	Chair Dalto	Questions the Psychiatric Security Review Board's (PSRB) testimony on the difficulty to secure appropriate beds in the community, partly due to staff limitations.
112	Nikkel	Mentions their department's recent acquisition of Dr. Peter Davidson who will be developing discharge plans to assist in moving people from the hospital.
127	Chair Dalto	Asks Nikkel to comment on the possibility of the state hospital discharging patients based on conditional release.
132	Nikkel	Contextualizes statement. Reports this is only for patients the board believes are ready and for whom an outplacement is prepared.
158	Chair Dalto	Commends department staff on creativity and progressive approaches.
183	Sandy Thiele-Cirka	Distributes testimony from Bob Joondeph on the Oregon State Hospital ( <b>exhibit j</b> ).
186	Chair Dalto	Closes the informational meeting on the Oregon State Hospital. Opens the public hearing on HB 2706.

**hb 2706 – PUBLIC HEARING**

198	Rep. Mitch Greenlick	House District 33. Explains the bill, noting it brings statutes in conformity with practice.
274	Chair Dalto	Requests explanation of differences between residency training programs.
278	Rep. Greenlick	Explains physician training programs.

- 298 Abbas Hyderi, MD Family physician. Submits and reviews written testimony in support of HB 2706 (**exhibit a**). Notes his involvement in the development of the bill related to women being aware of their HIV status so transmission can be avoided to the unborn child. States previous protection is now a barrier that needs to be removed.
- 373 Rep. Tomei Asks if 40 percent of pregnant women are untested because they refused, or were not asked.
- 377 Hyderi Responds that is still being determined. Notes difference between actual testing and documentation of testing.
- 399 Rep. Tomei Questions what portion of women refuse testing.
- 404 Hyderi Believes that is not documented. Notes he has personally never had anyone refuse.
- 414 Thiele-Cirka Asks if all doctors' panels are set up the same.
- 423 Hyderi Answers and reports even if the HIV test was included in the panel, two separate consent processes would still be required.
- 432 Rep. Butler Asks if there is an added expense passed on to patients.
- 439 Hyderi States the HIV test is \$6 with standard panels costing up to hundreds of dollars. Continues testimony. Notes confidentiality protection will remain intact, the question is only the nature of the consent.

**TAPE 64 B**

- 002 Hyderi Continues testimony on economic studies noting the money saved if transmission of HIV is prevented from mother to baby.
- 032 Duncan Neilson, Jr., MD Obstetrician-Gynecologist. Submits and reviews written testimony in support of HB 2706 (**Exhibit b**). Addresses the necessity of a separate consent process, as this has been a barrier to screening. Notes the professional medical groups that recommend one consent form.

	Judith Guzman-Cottrill, MD	Pediatric HIV Specialist, Oregon Health Sciences University (OHSU). Submits and reviews written testimony in support of HB 2706 ( <b>exhibit c</b> ). Notes her experience in Illinois, where all pregnant women in pre-natal care are tested.
194	Veda Latin	Program Manager, HIV/ STD/TB Section, DHS. Submits and reviews written testimony in support of HB 2706 ( <b>exhibit d</b> ). States there is no fiscal impact from this bill.
214	James Lace, MD FAAP	Oregon Pediatric Society. Submits and reviews written testimony in support of HB 2706 ( <b>exhibit e</b> ). Notes costs of treating an HIV positive patient, most of which are borne by the state. Comments treatment is life-long.
242	Paul Cosgrove	Cascade Aids Project. Testifies in support of HB 2706.
255	Michelle Adler	Physician. Testifies in support of HB 2706. Reads testimony of one of her HIV positive patients which notes the value of knowing and being treated for HIV so the disease is not transmitted to the baby. Mentions three shared priorities: precluding transmission of HIV; best method is to offer universal testing and treatment; incorporate tests into routine labs.
364	Bruce Bishop	Oregon Association of Hospitals and Health Systems (OAHHS). Submits written testimony on HB 2706 ( <b>exhibit f</b> ). States the association supports the bill if amended. Relates details of the related law and the need to differentiate between the consent provision and the specific tests conducted on blood.
446	Rep. Greenlick	Asks if Bishop's concerns could be addressed under administrative rule.
457	Bishop	States review only revealed one rule and it was related to syphilis.

**TAPE 65, B**

009	Rep. Greenlick	Asks if it is standard practice among OAHHS members to provide patients with information on the tests being done on their blood.
017	Bishop	States that would be between the physician and patient not the hospital and patient.

020	Rep. Butler	Inquires if Bishop has collaborated with the authors of the bill on amendments.
030	Bishop	Notes he has not, due to a question about an opt-out provision.
041	Rep. Tomei	Asks why it would be reasonable to opt out.
045	Bishop	Reports that is current law, and the question is whether that should continue to be the policy.
059	Rep. Greenlick	States the practice is, and should be to explain to the patient the intent of the blood draw. Notes the question is whether the statute should be complicated with details. Reports his belief the specificity should be in rule, not law.
089	Chair Dalto	Closes the public hearing on HB 2706. Opens the public hearing on HB 2276.

**hb 2276 – PUBLIC HEARING**

087	Sandy Thiele-Cirka	Administrator. Summarizes HB 2276.
101	Wendy Johnson	Deputy Director, Oregon Law Commission. Testifies in support of HB 2276. Elaborates on the purpose and membership of the commission.
179	Sandra Hansberger	Oregon Law Commission. Speaks in support of HB 2276. References the Welfare Code Work Group Report ( <b>exhibit H</b> ), and the -1 amendments ( <b>exhibit I</b> ).
249	Rep. Greenlick	Asks why the department is being restricted.
256	Hansberger	Explains the intent of the restriction.
284	Karen Berkowitz	Oregon Law Center. Answers Rep. Greenlick's question on restriction of the department. Gives specific example they are addressing and the attempt to eliminate arbitrariness by caseworkers.
305	Rep. Greenlick	Questions why reconsideration exclusively removes, but cannot give back.

324	Berkowitz	Reports reconsideration could be either option, and the client always has the option of appealing a decision.
358	Hansberger	Mentions errors caused by misapplication of the law. Relates intent, noting they would consider friendly amendments. Mentions possible language. Addresses Ways and Means referral, believing the bill would have no fiscal impact.
382	Berkowitz	Provides background / history on the program that became SSI (Supplemental Security Income).
424	Rep. Butler	Questions how many people are presently receiving assistance through this office.
442	Jeff Miller	Seniors and People with Disabilities, DHS. Responds with numbers receiving assistance. Submits and reviews written testimony in support of HB 2276 ( <b>exhibit i</b> ).

**TAPE 66, A**

002	Rep. Butler	Requests confirmation the funding is already set aside.
007	Miller	Confirms yes.
010	Vice-Chair Tomei	Closes the public hearing on HB 2276. Opens the public hearing on HJM 8.

**HJM 8 – PUBLIC HEARING**

014	Sandy Thiele-Cirka	Administrator. Summarizes HJM 8.
018	Rep. Tom Butler	House District 60. Reviews purpose of the bill. Speaks in support of HJM 8. States the memorial is not a lack of support for mainland China, as much as recognition of Taiwan.
065	Vice Chair Tomei	Closes the public hearing on HJM 8. Opens the work session on HJM 8.

**HJM 8 – WORK SESSION**



068 Rep. Butler MOTION: Moves HJM 8 be sent to the floor with a BE ADOPTED recommendation.

071 VOTE: 6-0-1

AYE: In a roll call vote, all members present vote Aye.

EXCUSED: 1 - Dalto

Vice-Chair Tomei The motion CARRIES.

REP. BUTLER will lead discussion on the floor.

080 Vice-Chair Tomei Closes the work session on HJM 8. Adjourns the meeting at 10:36 a.m.

#### **EXHIBIT SUMMARY**

- A. HB 2706, written testimony and letters of support, Abbas Hyderi, 14 pp
- B. HB 2706, written testimony, Duncan Neilson, Jr., 1 p
- C. HB 2706, written testimony, Judith Guzman-Cottrill, 1 p
- D. HB 2706, written testimony, Veda Latin, 2 pp
- E. HB 2706, written testimony, James K. Lace, 1 p
- F. HB 2706, written testimony, Bruce Bishop, 8 pp
- G. HB 2276, Welfare Code Work Group Report, Sandra Hansberger, 8 pp
- H. HB 2276, -1 amendments, staff, 3 pp
- I. HB 2276, written testimony, Jeff Miller, 1 p

The following prepared testimony is submitted for the records without public testimony:

- J. Oregon State Hospital, written testimony, Bob Joondeph, 3 pp