

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

April 08, 2005 Hearing Room D

9:00 A.M. Tapes 83 - 84

Corrected 10/10/05

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

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

**Rep. Gordon Anderson**

**Rep. Deborah Boone**

**Rep. Kevin Cameron**

**Rep. Mitch Greenlick**

**MEMBERS EXCUSED:**           **Rep. Tom Butler, Vice-Chair**

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

**Pamella Andersen, Committee Assistant**

**MEASURES/ISSUES HEARD:**

**HB 2490 – Public Hearing and Work Session**

**HB 3260 – Public Hearing**

**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.**

<b>TAPE/#</b>	<b>Speaker</b>	<b>Comments</b>
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**TAPE 83, A**

004 Chair Dalto Calls the meeting to order at 9:08 a.m. Opens a public hearing on HB 2490.

**hb 2490 – PUBLIC HEARING**

007 Tom Barrows Oregon Podiatric Medical Association. Submits and reviews written testimony in support of HB 2490 (**exhibit a**). Discusses arguments in opposition and responds to them. Mentions chart from state medical board of Ohio. References letters included in written testimony. Notes podiatrists need to be heard.

060 Chair Dalto Questions if there is an existing liaison on the board present at all meetings.

064 Barrows Explains role of liaison. States they are present about half the time.

073 Rep. Anderson Inquires how fully a podiatrist (DPM) can treat the rest of the human body.

078 Barrows Reports DPM's have full training on the entire body and can write the full range of prescriptions, but their scope of practice is limited.

084 Rep. Anderson Mentions his understanding DPM's requested to be placed under the purview of the Board of Medical Examiners.

089 Barrows Believes DPM's may have had a separate board prior to 1981.

093 Rep. Anderson Inquires how many DPM's are in Oregon.

095 Barrows Relates there were 138 active DPM's in 2004. Compares numbers of DPM's, medical doctors (MD) and osteopaths (DO) and percentages of representation on the board.

113 Rep. Anderson Questions whether MD's and DO's consider themselves equals.

116 Barrows Explains similarities and differences and compares to DPM's.

125	Rep. Greenlick	Asks if osteopaths have a statutory place on the board.
127	Barrows	Responds, yes. Reviews -1 amendment ( <b>exhibit b</b> ) and -2 amendment ( <b>exhibit c</b> ).
147	Rep. Greenlick	Inquires whether there will be an amendment for DPM's to write physicals.
152	Barrows	Reports that is still a concern and is not included in either of these amendments.
167	Kathleen Haley	Executive Director, Board of Medical Examiners (BME). Submits and reviews written testimony in opposition to HB 2490 ( <b>exhibit d</b> ). Provides current number of podiatrists in Oregon.
207	Chair Dalto	Requests clarification on the number of board meetings in the past year and the presence of the DPM liaison.
213	Haley	Clarifies meetings held. Offers to check on liaison attendance.
221	Chair Dalto	Questions why the DPM's wish a board seat if they feel represented.
223	Haley	States council members have not expressed concern.
231	Rep. Anderson	Asks if the board considers DPM training equal to that of MD's.
234	Haley	Responds the first two years are comparable but then diverge.
243	Chair Dalto	Questions whether they are viewed as incapable of making decisions beyond their scope of practice, and asks if there are public members on the board.
255	Haley	Relates the public members on the board only review medical practice issues after they have been reviewed by an investigative committee.
265	Rep. Greenlick	Questions what the downside might be to adding DPM's to the board.
294	Haley	States medical board members are concerned with pursuit of expansion of scope of practice.

309	Rep. Boone	Asks why it is inappropriate for DPM's to have a voice.
314	Haley	Responds DPM's do have a voice, and they are satisfied with it.
326	Rep. Cameron	Inquires whether a podiatrist license is issued by the board.
328	Haley	Responds, yes.
339	Scott Gallant	Oregon Medical Association (OMA). Testifies in opposition to HB 2490. States he is not aware of any issues between the DPM's and the board other than politics, and this is mostly a symbolic issue. Supports an independent DPM board.
420	Chair Dalto	Closes public hearing on HB 2490. Opens a public hearing on HB 3260.
447	Genoa Ingram	Oregon Physical Therapy Association. Submits and reviews written testimony in support of HB 3260 ( <b>exhibit e</b> ) and submits and references the -2 amendments ( <b>exhibit f</b> ).

**hb 3260 – PUBLIC HEARING**

**TAPE 84, A**

003	Ingram	Continues testimony.
045	Rep. Greenlick	Questions how the bill will impact home health aides performing activities under the scope of practice of physical therapists. Inquires whether this is a free speech issue.
070	Ricci Susick	Oregon Physical Therapy Association. Discusses modalities prescribed by other health professionals within their scope of practice and the necessity those professionals not term their efforts physical therapy. Believes physical therapy is not a generic term, and wishes the term protected. Elaborates on modality definitions.
		NOTE: Discussion between Rep. Greenlick and Susick from 045 to 114.
112	Rep. Greenlick	Asks where the bill restricts language use.

114	Susick	States she is not sure it does.
118	Ingram	Reports that restriction was not the intent. Elaborates on goal of the bill and continues review. Mentions veterinarian seeking physical therapy for an animal, and notes physical therapy is only for people.
165	Susick	Reviews intent of the bill. Discusses the requirement of physician referrals, the allowed length of treatment, advertising for physical therapy not performed by licensed physical therapists and medical billing codes.
229	Jim Heider	Executive Director, Oregon Physical Therapist Licensing Board. Reviews membership of board. Testifies in support of the -2 amendment. Lists certain notations to which they are neutral.
305	Rep. Greenlick	Inquires as to the intent of Section 4.
330	Susick	Explains this statute applies to physical therapists and not other professions or their scopes.
340	Rep. Greenlick	Requests clarification the bill is not intended to relate to telling someone they are receiving what is commonly known as a physical therapy modality.
346	Susick	Confirms it is restricting that phrase.
373	Rep. Greenlick	States he wants the record to indicate what is not being done.
390	Scott Gallant	Oregon Medical Association (OMA). Testifies in opposition to HB 3260 and notes concern with the impact it would have on physicians qualified to administer physical therapy. Relates personal experience with back surgery and back strengthening recommended by his physician, which would violate this bill. Discusses violation provisions and the new definition of physical therapist.

**TAPE 83, B**

003	Gallant	Continues testimony. Addresses fees, notes impact on professional relationships and reviews subpoena provisions.
045	Chair Dalto	

Closes public hearing on HB 3260. Opens the work session on HB 2490.

**hb 2490 – WORK SESSION**

053 Tom Holt Oregon State Pharmacy Association. Discusses -2 amendment concerns.

**073 Rep. Boone MOTION: Moves to ADOPT HB 2490 -1 amendments dated 4/7/05.**

**VOTE: 6-0-1**

**EXCUSED: 1 - Butler**

076 Chair Dalto **Hearing no objection, declares the motion CARRIED.**

**078 Rep. Boone MOTION: Moves to ADOPT HB 2490 -2 amendments dated 4/7/05.**

**VOTE: 6-0-1**

**EXCUSED: 1 - Butler**

081 Chair Dalto **Hearing no objection, declares the motion CARRIED.**

**083 Rep. Boone MOTION: Moves HB 2490 to the floor with a DO PASS AS AMENDED recommendation and the SUBSEQUENT REFERRAL to the committee on Ways and Means BE RESCINDED.**

086 Rep. Greenlick Notes a difference between politics and policy issues, indicating he will support moving the bill to the floor, but may oppose it there.

089 Rep. Anderson Indicates he will support moving the bill to the floor, but may oppose it there.

098 Rep. Tomei Indicates she will support moving the bill to the floor, but may oppose it there.

**VOTE: 6-0-1**

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

**EXCUSED:** 1 - Butler

106 Chair Dalto The motion CARRIES.

**REP. DALTO** will lead discussion on the floor.

109 Chair Dalto Closes the work session on HB 2490. Adjourns the meeting at 10:15 a.m.

### **EXHIBIT SUMMARY**

- A. HB 2490, written testimony, Tom Barrows, 8 pp
- B. HB 2490, -1 amendment, staff, 2 pp
- C. HB 2490, -2 amendment, staff, 4 pp
- D. HB 2490, written testimony, Kathleen Haley, 1 p
- E. HB 3260, written testimony, Genoa Ingram, 4 pp
- F. HB 3260, -2 amendment, Genoa Ingram, 20 pp

**8:30 A.M. Tapes 71 - 73**

**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 Alliance for Child Advocacy - Informational Meeting**

**HB 2640 – Public Hearing**

**HB 2362 – Public Hearing**

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**TAPE/#      Speaker                      Comments**

**TAPE 71, A**

004              Chair Dalto                      Calls the meeting to order at 8:36 a.m. Opens the informational meeting on Oregon Alliance for Child Advocacy.

**Oregon Alliance for child advocacy – INFORMATIONAL MEETING**

013              Mary Monnat                      President, Oregon Alliance for Child Advocacy. Explains the Alliance and its services.

053              Janet Arenz                      Executive Director, Oregon Alliance for Child Advocacy. Submits and reviews written testimony on child advocacy (**exhibit a**). Introduces Clark Luster, explaining his background and work.

080              Clark Luster                      President and CEO, Kansas Children's Service League. Relates his experience that children's issues cross party lines. Discusses his experiences in Kansas, stating desperation combined with strong leadership provokes change. Notes large, tripled increase in adoptions with a dissolution rate of less than two percent compared to twelve percent nationally.

175              Chair Dalto                      Inquires why adoptions fall apart.

176              Luster                      Reports there are many possibilities, noting the average age of adopted children is eleven years old, sibling groups need to be kept

together, sometimes there is a poor match, families dissolve, people don't understand the challenges and commitment, etc. Reports Kansas case workers now provide 24-hour responses and foster parents are paid at a rate double the previous amount. Comments one critical outcome is kids are no longer in mental health programs and groups homes, but are in foster care and are adopted.

- 224 Chair Dalto Questions how much the amount paid to foster families influences the outcomes.
- 230 Luster States people do this type of work because of their heart. Notes the goal is to pay enough money that the foster parents don't want to walk away when things get tough. Reports paying a foster parent costs less than a treatment program and allows children to remain connected to their daily lives. Discusses structure of the Kansas system, noting costs were not reduced, but they have better outcomes. Relates the mechanics of the Kansas process and creative components that have been introduced into the system to move children toward permanency. Explains the system is designed around achieving outcomes, and explains how the contractor's rate is reduced based on how long it takes for a child to be released from the system. Discusses the portrait gallery the League moves around the state to motivate people to consider adoption.
- 403 Rep. Butler Asks if Kansas was the first state to enter into a pilot program with federal funds.
- 425 Luster States he is unsure.
- 435 Rep. Butler Asks about medical provisions for special needs children in foster care.
- 437 Luster Responds each child has a Medicaid card, the Department of Education takes care of special education, and mental health costs and in-patient residential costs will be paid by Medicaid in the future.

#### **TAPE 72, A**

- 003 Rep. Butler Questions whether there is a warning system if the state does not see the outcomes they are seeking from a contractor.
- 010 Luster Reports the contractors meet quarterly with the state and the state can take corrective action if needed.

019	Rep. Butler	Inquires about therapeutic foster care.
021	Luster	States the League created a model of trained families who can take tough kids and increased payment to them, intensified training, and reduced their caseworker's workload.
037	Arenz	Clarifies the Alliance is not promoting a particular model, but seeking to look at ideas and pitfalls and develop reasonable expectations for outcomes. States in Kansas the private sector assumes all the risks and must demonstrate effectiveness.
099	Chair Dalto	Asks Luster what role methamphetamine plays in Kansas.
101	Luster	Relates methamphetamine is a serious problem particularly in the rural areas. Elaborates on responses within their state.
115	Chair Dalto	Requests comparison between Kansas and Oregon in terms of the number of methamphetamine-affected kids that enter the foster care system and how their needs are addressed within the League's model.
114	Luster	Reports their program is geographical, so all problems within their area have to be addressed.
122	Rep. Cameron	Asks what issues Florida encountered.
140	Luster	States Florida erroneously thought they had trained people to do the work when they privatized. Notes the new, inexperienced staff created chaos, judges were brought into the process too late, and state workers remained state employees rather than becoming contractors. Changes have been made to balance the program, and state employees are doing prevention, now. Reiterates the importance of communicating with all parties early, and to ensure there is a prepared workforce.
170	Arenz	Interjects some non-profit organizations failed as a result of this process.
179	Rep. Anderson	Questions whether private contracts work.
186	Luster	Believes they work in terms of outcomes, but transitions are difficult. States motivators and incentives are necessary.

194	Rep. Anderson	Inquires regarding the categories of children that were adopted and requests a comparison to Oregon.
203	Luster	Discusses Kansas numbers. Explains the changes the new contract will make with caseworker stability and contractor follow-up.
226	Arenz	Provides comparison with Oregon, stating she does not know the number of children facing adoption.
236	Rep. Anderson	Asks who the private adoption and foster care contractors are.
237	Arenz	Elaborates there are options through the juvenile justice system, and Department of Human Services (DHS). Mentions three agencies in Portland that have private foster care beds.
247	Rep. Greenlick	Inquires how much money was added to the Kansas system by caseworkers handling both child protective services and adoption.
257	Luster	Replies the state-side staff has been reduced by attrition and re-directed toward prevention, but he is unsure of the dollars.
270	Rep. Greenlick	Requests an idea of the magnitude of dollars.
275	Luster	States Kansas has \$125 million in total contracts. Elaborates.
281	Rep. Greenlick	Asks if Oregon could provide a more effective adoption model if they found that much money.
298	Arenz	Lists other services Kansas also provides to children.
323	Chair Dalto	Closes the informational meeting on Oregon Alliance for Child Advocacy. Opens the public hearing on HB 2640.

**hb 2640 – PUBLIC HEARING**

329	Sandy Thiele-Cirka	Administrator. Summarizes HB 2640.
340	Bruce Bishop	Oregon Association of Treatment Centers (OATC). Submits and reviews written testimony in support of HB 2640 ( <b>exhibit b</b> ), noting it

will treat residential and day treatment providers alike with respect to accessing liability insurance.

- 373 Rep. Tomei Requests clarification of the existing situation.
- 376 Bishop Explains it would allow them to join a pool to access lower cost coverage.
- 385 Chair Dalto Reports there is no known opposition to this bill, and the committee will be seeking to remove the subsequent referral.
- 405 Larry Tang Polk Adolescent Day Treatment. Mentions the present substantial rate increases this will preclude.
- 408 Thiele-Cirka Requests clarification regarding the reference to HB 2254 on Bishop's written testimony.
- 412 Bishop Clarifies his wish to connect this testimony to the original bill, to bring continuity.
- 418 Chair Dalto Charges Bishop to seek rescindment of the referral.
- 427 Chair Dalto Closes the public hearing on HB 2640. Committee stands at ease from 9:30 a.m. to 9:45 a.m. Opens a public hearing on HB 2362.

### **hb 2362 – PUBLIC HEARING**

- 455 Bob Joondeph Executive Director, Oregon Advocacy Center. Submits and reviews written testimony in support of HB 2362 (**exhibit c**).

### **TAPE 71, B**

- 002 Joondeph Continues testimony. States the goal is to develop a task force to review how funding and resources can be redesigned with integration for greater efficiency.
- 026 Mark McKechnie Social Worker, Juvenile Rights Project. Submits and reviews written testimony in support of HB 2362 (**exhibit d**). Discusses Wraparound Milwaukee. Notes the Project works with children with complicated issues, and does so with lower costs due to outcomes and the drastic

reduction in hospital care. Discusses costs of three specific clients who have been institutionalized.

Committee stands at ease 9:55 to 10:05 a.m.

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| 173 | Rep. Greenlick | States HB 2362 creates a task force, and asks the purpose in creating a task force rather than just making suggestions to change the system.                    |
| 186 | McKechnie      | Relates the objective is to have a group design changes and complete the task, not study the problem.   |
| 208 | Joondeph       | Confirms need for a firm plan with support of governmental leaders.   |
| 223 | Rep. Greenlick | Reiterates need for a bill that moves in a direction to improve the system.   |
| 225 | McKechnie      | Mentions submitted written testimony of Judge Nan Waller ( <b>exhibit e</b> ), who is also interested in developing a similar approach to Wraparound Milwaukee. |
| 275 | Rep. Boone     | Requests explanation of the Wraparound program.   |
| 277 | McKechnie      | Explains the program and the incentives to provide preventive services earlier.   |
| 295 | Jim Russell    | Director, Mid-Valley Behavioral Care Network (BCN). Testifies in support of HB 2362. Notes need of collaboration and removal of barriers.                       |
| 334 | Rep. Greenlick | Requests an explanation of what the coordinated plan will look like.  |
| 368 | McKechnie      | Notes the pooled fund in Minnesota and the need to borrow benchmarks from other states on how to coordinate services and funding effectively.                   |
| 408 | Rep. Butler    | Asks if there is a state with an effective model Oregon can borrow while the study is being conducted.  |
| 418 | McKechnie      | Replies each state is unique in how they address these issues and some models could not be adapted to Oregon.   |

445 Joondeph Discusses statutory structures of other states, and need to obtain buy-in from agencies involved.

**TAPE 72, B**

003 Rep. Butler Asserts if Oregon's statutory structure is not designed to accomplish the job, changes need to be made.