PUBLIC HEARING

HB 3087, 2785

TAPES 99-100 A

HOUSE REVENUE COMMITTEE

Members Present:

APRIL 5, 2005 1:00 PM STATE CAPITOL BUILDING

Rep. Vicki Berger, Acting Chair

	Rep. Mark Hass, Vice-Chair
	Rep. Brian Boquist
	Rep. Sal Esquivel
	Rep. Larry Galizio
	Rep. Betty Komp
	Rep. Andy Olson
	Rep. Chuck Riley
Member Excused:	Rep. Tom Butler
Witnesses Present:	Rep. Dennis Richardson, Dist. 4 Doug Riggs, Oregon Primary Care Assn. Joy Soares, Health Care Safety Net Coalition Scott Gallant, Oregon Medical Assn. (OMA)
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Scott Ekblad, Oregon Office of Rural Health

Dave Lapof, Oregon Volunteer Firefighter Assn.

Staff Present:Paul Warner, Legislative Revenue OfficerLizbeth Martin-Mahar, EconomistKristi Bowman, Committee Assistant

TAPE 99, SIDE A

002 Acting Chair Berger Calls meeting to order at 1:05 p.m.

OPENS PUBLIC HEARING FOR HOUSE BILL 3087

010	Lizbeth Martin- Mahar	Gives overview of HB 3087 (Exhibit 1). The bill creates a tax credit for volunteer health professionals. There will be three clinics (yet to be determined) designated by the Dept. of Human Services (DHS) that will serve as pilot sites for the tax credits. Existing community clinics will be able to apply to DHS for eligibility to extend the tax credits to their volunteer health professionals.
054	Rep. Riley	Asks about any sunset date on this bill.
056	Martin-Mahar	Responds that the sunset date is 01/01/08, affecting tax years 2005-2007.

068	Rep. Dennis Richardson	Testifies in support of HB 3087. Discusses amendment HB 3087-1 restricting the bill to specialist physicians at \$125 per hour (Exhibit 2). Submits handout explaining the goals of HB 3087 (Exhibit 3). The goal is to support federally-funded community clinics and used Virginia's volunteer program as a model.
117	Rep. Galizio	Asks if the tax credit goes to the health professional or to the clinic.
119	Rep. Richardson	Responds that the credit goes to the health professional. If a specialist doctor will volunteer a minimum of seven hours, the doctor can claim \$125 per hour contributed for a tax credit.
129	Rep. Riley	Asks if Rep. Richardson feels that this incentive will be enough to have the specialists work in the clinics.
134	Rep. Richardson	Responds that the people working in community clinics are very grateful for any assistance, especially for the ability to make referrals to specialist physicians.
143	Rep. Komp	Asks if there are community-based clinics in all parts of the state.
145	Rep. Richardson	The three pilot clinics will represent the western, eastern and southern regions of the state.

153	Rep. Boquist	Asks about eastern Oregon locations and the availability of specialists.
160	Rep. Richardson	While the specific sites have not been chosen, he is confident that eastern Oregon will be well represented.
172	Doug Riggs	Testifies in support of HB 3087. Submits written testimony (Exhibit 4). Comments that there is a shortage of specialist physician volunteers resulting in additional case loads and high turnover of other volunteers. Suggests that the \$125 hourly rate stated in the bill be increased, and the definition of "certified health clinic" as stated in the bill should be clarified.
254	Rep. Boquist	Asks about using this credit to recruit specialists in rural areas.
269	Riggs	Responds that specialists are distributed throughout the state. The amendment would allow referrals to specialists outside the designated clinic. In very rural areas there would be some commuting by the patient.
288	Rep. Boquist	Asks about supplementing salaries of specialists already on staff.
290	Riggs	Responds that the credit would not be used for salary supplements, but rather to attract community specialists who would not normally volunteer in a community clinic.

299	Rep. Galizio	Asks if there would be restrictions on the type of treatment given at the designated clinics.
301	Riggs	Responds that federal requirements are followed, and there are not many restrictions on the type of health care provided.
311	Rep. Komp	Asks about dental coverage, especially referrals to oral surgeons.
314	Riggs	Responds that dental care is a new benefit. In cases where dental or mental health care is not available in a community clinic, the clinic contracts with a local practitioner. Discusses impact of budgetary cuts to Oregon Health Plan dental program.
340	Joy Soares	Testifies in support of HB 3087 because it will benefit all "safety-net" clinics. Submits written testimony discussing safety-net clinics (Exhibit 5). Discusses testimony submitted by Peg Crowley (Exhibit 6).
001	Scott Gallant	Testifies in support of HB 3087 because the concept of the bill is a positive one. The tax credit, especially for rural physicians, will help recruit and retain them.

TAPE 100, SIDE A

023 Acting Chair Berger Asks how the compensation program would work.

041 Gallant Responds that physicians recognize they would not be fully compensated for their costs for voluntary work. Comments that under the Oregon Health Plan (OHP), physicians are the second-lowest compensated group. Suggests a tracking system to measure performance of the program.

065 Acting Chair Berger Asks about number of specialists who volunteer now.

067 Gallant Responds that in a survey by OMA, approximately 4-5% of all physicians volunteer their services.

075 Rep. Riley Asks for more information about Gallant's suggestion to track results.

087 Gallant Responds that with only three pilot sites, it should be relatively easy to monitor results and develop comparative data.

CLOSES PUBLIC HEARING FOR HOUSE BILL 3087

OPENS PUBLIC HEARING FOR HOUSE BILL 2785

094	Martin-Mahar	Gives overview of HB 2785 (Exhibit 7). This bill would allow a specific deduction for certified emergency medical technicians (EMT's) to cover their out-of-pocket expenses they must incur to perform their medical duties. Discusses a possible amendment to clarify taxable expenses that are normally deductible for federal taxation.
148	Dave Lapof	Testifies in support of HB 2785 because it will help recruit and retain volunteers. Comments that there are currently 8200 certified volunteers for emergency services and trauma centers.
181	Scott Ekblad	Testifies in support of HB 2785. Submits written testimony (Exhibit 8). This bill would encourage volunteers for rural emergency services. Discusses challenges of volunteer recruitment and retention. If volunteers would be able to subtract the costs of training from their income taxes, it would go a long way in retaining volunteers.
259	Rep. Boquist	Asks for an estimate of expenses incurred by EMT's.
261	Lapof	Responds that basic training for an EMT at a community college is approximately \$485 plus books and fees. For miscellaneous equipment, annual expenses would be \$200-\$300. For paramedic training, it would be approximately \$10,000.
283	Rep. Boquist	Requests more information from Lapof regarding specific costs incurred by the volunteers.

- 301 Acting Chair Berger Clarifies that the bill is for all EMT personnel, not necessarily just for rural EMT's.
- 315 Martin-Mahar Asks for clarification of training costs.
- 335 Lapof Responds that training costs would be deductible for already-certified EMT's. Lapof will provide more specific financial information to the committee.

CLOSES PUBLIC HEARING FOR HOUSE BILL 2785

366 Acting Chair Berger Adjourns meeting at 1:57 p.m.

Tape Log Submitted by:

Reviewed by:

Kristi Bowman, Committee Assistant

Kim Taylor James, Committee Coordinator

Exhibit Summary:

- 1. 1. HB 3087, Staff Measure Summary, Martin-Mahar, 1 pg., 04/04/05
- 2. 2. HB 3087-1, Amendment, Legislative Counsel, 4 pp., 04/01/05

- 3. 3. HB 3087, Handout, Rep. Richardson, 1 pg., 04/05/05
- 4. 4. HB 3087, Testimony, Riggs, 1 pg., 04/05/05
- 5. 5. HB 3087, Testimony, Riggs, 1 pg., 04/05/05
- 6. 6. HB 3087, Testimony, Crowley, 1 pg., 04/04/05
- 7. 7. HB 2785, Staff Measure Summary, Martin-Mahar, 1 pg., 04/04/05
- 8. 8. HB 2785, Testimony, Ekblad, 1 pg., 04/05/05