

HOUSE COMMITTEE ON HUMAN RESOURCES

March 04, 1999 Hearing Room E

1:00 PM Tapes 33 - 34

MEMBERS PRESENT: Rep. Jeff Kruse, Chair

Rep. Kitty Piercy, Vice-Chair

Rep. Betsy Close

Rep. Tim Knopp

Rep. Jerry Krummel

Rep. Mike Lehman

Rep. Bill Morrisette

Rep. Jackie Taylor

Rep. Jackie Winters

STAFF PRESENT: Janet L. Carlson, Administrator

Diane M. Lewis, Administrative Support

MEASURE/ISSUES HEARD: SB 264 Public Hearing and Work Session

SB 305 Public Hearing and Work Session

SB 33 Public Hearing and Work Session

HB 2169 Public Hearing

HB 2170 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.

TAPE/#	Speaker	Comments

TAPE 33, A

005	Chair Kruse	Calls the meeting to order at 1:20 PM and discusses Early Childhood Day taking place on March 15, 1999.
015	Chair Kruse	Opens a public hearing on SB 264.
<u>SB 264 PUBLIC HEARING</u>		
016	Janet Carlson	Committee Administrator, summarizes that SB 264 revises language relating to medically underserved areas and medically disadvantaged areas. Provides the committee with background information.
025	Jody Fischer	Board of Medical Examiners, presents testimony in support of SB 264 and introduces Diana Dolstra.
030	Diana Dolstra	Administrator, Licensing Services Department of the Board of Medical Examiners, submits and presents written testimony in support of SB 264 (EXHIBIT A). Explains that physician assistants are largely used in rural areas of Oregon. SB 264 allows physician assistants to practice without a physician being present "on site" as often as is currently required. Refers to EXHIBIT A , page 1, paragraph 2, and discusses the Office of Rural Health as having a broader definition of "medically disadvantaged areas."
046	Jeff Watkins	Oregon Society of Physician Assistants, provides testimony in support of SB 264.
050	Rep. Piercy	Asks if there have been any questions or concerns regarding SB 264.
052	Fischer	Responds negatively. States that this is a housekeeping bill with no hidden agendas.
057	Chair Kruse	Closes the public hearing on SB 264 and opens a work session on SB 264.
<u>SB 264 WORK SESSION</u>		
060	Rep. Lehman	MOTION: Moves SB 264 to the floor with a DO PASS recommendation.
		VOTE: 8-0 AYE: In a roll call vote, all members present vote Aye.

068	Chair Kruse	The motion CARRIES.
		NOTE: See Tape 33, A, # 1626Rep. Krummel votes AYE under suspension of rules.
071	Chair Kruse	Closes the work session on SB 264 and opens a public hearing on SB 305.
<u>SB 305 PUBLIC HEARING</u>		
075	Mike Skeels	Director, State Public Health Laboratory, Oregon Health Division, submits and presents written testimony in support of SB 305 (EXHIBIT B). Defines "recombinant DNA" as DNA material that has been recombined or modified through genetic engineering. States that SB 305 is in reaction to outdated, existing law regarding the recombinant DNA registry. States that the public health laboratory is using all required safety standards and repealing the registry in no way creates a public health threat.
130	Rep. Piercy	Asks if other states have recombinant DNA registries.
133	Skeels	Responds that, to the best of his knowledge, registries are not kept extensively.
140	Chair Kruse	Closes the public hearing on SB 305 and opens a work session on SB 305.
<u>SB 305 WORK SESSION</u>		
142	Rep. PIERCY	MOTION: Moves SB 305 to the floor with a DO PASS recommendation.
		VOTE: 9-0
153	Chair Kruse	Hearing no objection, declares the motion CARRIED.
154	Chair Kruse	Closes the work session on SB 305.
156	Rep. Kruse	MOTION: Moves to SUSPEND the rules for the purpose of allowing Rep. Krummel to vote on the passage of SB 264.

158	Chair Kruse	Hearing no objection, declares the motion CARRIED.
162	Rep. Krummel	Votes AYE that SB 264 move to the floor with a DO PASS recommendation.
163	Chair Kruse	Opens a public hearing on SB 33.
<u>SB 33 PUBLIC HEARING</u>		
170	Bob Joondeph	Director, Oregon Advocacy Center, testifies in support of SB 33. Explains that SB 33 is designed to correct ambiguities in existing law governing declarations for mental health treatment. States that the 1993 Oregon Legislative Assembly passed a bill creating the declaration for mental health treatment document which provides a way for people to plan, in advance, for their mental health treatment should they become mentally incapable of giving consent to treatment. Explains that people who suffer from occurrences of mental instability will benefit from SB 33. Discusses the expansion to declarations of mental health documents that took place in the 1997 legislative session including outpatient services. States that the definition of "outpatient services" was not correct and language has been added to clarify this term. Also, Legislative Counsel decided that the definition for "provider" should be made clearer. Explains that SB 33 also allows a physician to withdraw from providing treatment of a patient.
255	Rep. Piercy	Asks for examples of why a physician would withdraw treatment.
257	Joondeph	Replies that a family member of an incapacitated patient might ask a physician to perform certain treatments for the patient that the physician does not agree with or cannot perform. Explains that provisions in SB 33 allow a physician to refer the patient to another doctor, keeping in mind what is best for the patient.
283	Rep. Taylor	Asks if SB 33 allows a physician to do "other than" what is stipulated in a patient's declaration for health treatment.
288	Joondeph	Responds negatively. States that the only way that a physician can proceed to give treatment to a patient is with informed consent from the patient or a person appointed by the patient.
310	Rep. Close	Asks if SB 33 is relevant to any medical treatment or is it specific to mental health treatment.
318	Joondeph	Replies that SB 33 only covers mental health treatment.
334	John McCulley	<p>Oregon Psychiatric Association, states support for advanced directives. Refers to SB 33, page 2, line 3, and discusses concerns regarding language stating " in the best interest of the principal." States that there are two separate issues at work:</p> <ol style="list-style-type: none"> 1. The best interest of the principal.

		<p>2. The medical judgment of the physician.</p> <p>States that the separation of these two issues could be problematic during future litigation in the medical community.</p>
375	Chair Kruse	States that although these issues are different points of view, they are still arrived at mutually, which eventually makes them a single point.
380	McCulley	Responds that Rep. Kruse's remarks are one interpretation.
388	Rep. Piercy	Asks if SB 33, page 2, line 3, was changed, deleting "and" and inserting "which is," would this clarify the intent.
390	Joondeph	States that a language change does not seem necessary. Explains that this law provides no additional potential liability.
TAPE 34, A		
015	Chair Kruse	Asks McCulley if he sat through the Senate hearings on SB 33.
017	McCulley	Responds negatively.
019	Rep. Close	Asks when a doctor withdraws from the treatment of a patient, is the patient free to find another doctor.
020	Joondeph	Responds affirmatively.
024	Chair Kruse	Closes the public hearing on SB 33 and opens a work session on SB 33.
<u>SB 33 WORK SESSION</u>		
026	Rep. Close	MOTION: Moves SB 33 to the floor with a DO PASS recommendation.
028	Rep. Piercy	MOTION: Moves to AMEND SB 33 on page 2, in line 3, after "judgment," delete "and ," and insert "which is".
		<p>VOTE: 8-1</p> <p>AYE: 8 - Knopp, Krummel, Lehman, Morrisette, Piercy, Taylor, Winters, Kruse</p> <p>NAY: 1 - Close</p>

044	Chair Kruse	The motion CARRIES.
046	Chair Kruse	Asks if members require further discussion of SB 33 and the conceptual amendment. Hearing no discussion requests that staff call the roll.
		VOTE: 9-0 AYE: In a roll call vote, all members present vote Aye.
056	Chair Kruse	The motion CARRIES.
058	Chair Kruse	Closes the work session on SB 33 and opens a public hearing on HB 2169.
<u>HB 2169 PUBLIC HEARING</u>		
070	Chair Kruse	Explains that HB 2169 is an agency bill that was presession filed in anticipation of federal action that never manifested. States that he believes the committee should hear the bill for the purpose of gathering information and learning about current state and federal practices.
075	Bob Miller	Manager, Office of Drug and Alcohol Abuse Programs (OADAP), Department of Human Resources (DHR), submits and presents written testimony that provides background information on HB 2169 and requests that the bill be tabled in committee (EXHIBIT C).
105	Chair Kruse	Asks if the federal SAPT block grant, as stated in EXHIBIT C , was a one time allotment of funds or if it is continual. Asks why DHR was denied approval to accept federal funds for the purpose of conducting Federal Drug Administration (FDA) inspections.
110	Doug Wilson	Director, DHR Department of Program and Finance, explains that funds came from the FDA and were available to all states, 40 of which made application. Explains that at the same time states were making application for funding, the federal courts were litigating whether or not it was the proper role of the FDA to undertake inspections. States that OADAP went to the September 1998 Emergency Board where their request was deferred to the November 1998 Emergency Board. At the November 1998 Emergency Board, the request was deferred again. Explains that OADAP concluded that the Emergency Board did not want DHR to go forward with FDA inspections. States that the FDA continues litigation regarding their authority to oversee tobacco sale inspections.
132	Chair Kruse	Asks for the basis of the federal lawsuit.

133	Wilson	Responds that the main concern is whether or not the FDA has the authority to distribute funds and oversee tobacco retail inspections.
137	Chair Kruse	Asks if federal litigation issues influence state authority to conduct inspections.
138	Wilson	Responds that the state would have used FDA grant dollars to conduct inspections. States that other states are using FDA funds to conduct inspections.
143	Chair Kruse	Asks if there is a projected time line of resolution regarding the FDA's authority.
145	Wilson	Responds that federal litigation will likely go to the Supreme Court.
157	Chair Kruse	Closes the public hearing on HB 2169 and opens a public hearing on HB 2170.
<u>HB 2170 PUBLIC HEARING</u>		
165	Janet Carlson	Committee Administrator, explains that this bill would expand the role of Local Alcohol and Drug Planning Committees (LADPC) which assist in the development of treatment services that are provided at the local level.
178	Bob Miller	Operations Manager, Office of Alcohol and Drug Abuse Programs, submits and presents written testimony in support of HB 2170 (EXHIBIT D). Provides the committee with background on LADPCs and their current function at local levels, EXHIBIT D , page 1. States that HB 2170 also adds language that guards against conflict of interest, EXHIBIT D , page 2.
217	Chair Kruse	Asks how LADPCs coordinate within their communities.
220	Miller	Replies that the activity of LADPCs varies among counties. Explains that statute does not specify how LADPCs are to collaborate in their local communities.
234	Chair Kruse	Asks if the request for program expansion was in anticipation of the governor's budget.
238	Miller	Responds negatively. The request for expansion derives from the principle that the state wants more local involvement in the planning for substance abuse treatment services. States that the drafting of HB 2170 was not connected with any funding stream.
248	Rep. Winters	Asks for costs to implement the expansion.
251	Miller	Replies that the members of the LADPCs are all volunteers. States that there is no funding required to maintain the LADPCs operations.

259	Rep. Winters	Asks if there are administrative costs or monitoring costs that are incurred by the state.
261	Miller	Responds that OADAP intends to offer technical assistance to LADPCs if HB 2170 is passed. Additional staff to implement an expansion and provide technical assistance should not be needed. There is adequate staff to do the job.
272	Rep. Krummel	Asks if LADPC programs are focused on treatment for adults.
276	Miller	Responds that programs include prevention services as well as treatment for youth and adults.
288	Rep. Krummel	Asks how LADPCs are implemented and how they coordinate with schools to reach youth regarding substance abuse prevention.
301	Miller	<p>Responds that LADPCs have a responsibility to provide input to the local community health authority. OADAP implementation guidelines are extensive. The guidelines list the stakeholders involved in the comprehensive plan submitted to OADAP by the local community health authority:</p> <ul style="list-style-type: none"> • Local Commissions on Children and Families • Adult and Family Services • Services to Children and Families • Treatment and prevention providers • LADPC <p>Explains that many entities are involved in creating a local treatment and prevention plan that is eventually submitted to OADAP.</p>
340	Rep. Krummel	Asks who is called if a teacher sees a kid with an obvious substance abuse problem.
355	Miller	Replies that a system of treatment and prevention is in every county. States that a teacher should call the local community mental health programs. Explains that treatment providers have active relationships with local educators.
376	Rep. Winters	Asks how links between local commissions on children and families, the LADPCs and resources in the community take place.
390	Miller	Responds that OADAP local implementation guidelines require that collaboration take place between LADPCs, local commissions, and other local stakeholders.
400	Rep. Winters	Asks why the commissions are not included in the guidelines provided to the committee.
406	Miller	States that the County Implementation Guidelines document refers to local stakeholders. Promises to provide the committee with the correct set of

		guidelines.
TAPE 33, B		
005	Rep. Taylor	Appreciates Miller's efforts to strengthen the role of local citizen involvement while supporting more representation in the work that mental health is involved in at the local level. States that committees and councils in rural Oregon are often made up of members that are designated to other "governing" bodies." Voices concern that this is not the best practice for rural communities and has the ability to create conflicts of interest.
015	Miller	Clarifies by stating that the LADPC's role is specific to providing planning advice that assists counties in the development of plans regarding local alcohol and drug treatment.
027	Rep. Taylor	States that problems occur when the same persons serve on multiple committees as well as when the same persons that are planning a program are also service providers.
038	Miller	Concurs and reminds the committee that wording exists in HB 2170 that guards against conflict of interest.
045	Chair Kruse	Refers to HB 2170, section 3, and states that the language referring to the possible designation of an "existing body" could touch on the problem that was raised by Rep. Taylor. States that the committee is very concerned with how local commissions, resources, and LADPCs are collaborating. Asks for information on how collaboration is taking place. Comments that the bill is asking volunteers to take on a great deal of work in order to avoid a fiscal impact.
077	Miller	Responds that LADPCs consist of six to ten volunteers. States that this is the time of year that implementation plans are submitted to OADAP. Explains that there is a tremendous volunteer effort that keeps many local service boards alive.
095	Chair Kruse	States that the fiscal impact of "volunteer efforts" includes office supplies and equipment and wonders how those costs are covered.
108	Rep. Winters	Asks for a definition of "other drugs."
113	Miller	Responds that when the state began intervening in the problem of substance abuse, alcohol was recognized as the main chemical that people were addicted to. Today the substances that people are becoming addicted to and abusing are in a form other than alcohol, including prescription drugs, methamphetamines, cocaine, marijuana, and inhalants.
130	Chair Kruse	Comments that the committee is supportive of the work of OADAP and LADPCs. States his concern that the best possible use of volunteers and resources is being implemented and monitored. Reiterates his desire that people

		"leaving Salem with good ideas for local communities" are connecting, coordinating, and collaborating.
144	Rep. Winters	States that the system must not become so bureaucratic that dollars have trouble reaching local treatment services.
153	Chair Kruse	Closes the public hearing on HB 2170 and closes the meeting at 2:30 P.M.

Submitted By, Reviewed By,

Diane M. Lewis, Janet L. Carlson,
Administrative Support Administrator

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EXHIBIT SUMMARY

A ñ SB 264, written testimony in support, Diana Dolstra, 2 pp.

B ñ SB 305, written testimony in support, Michael Skeels, 2 pp.

C ñ HB 2169, written testimony in regard, Bob Miller, 2pp.

D ñ HB 2170, written testimony in support, Bob Miller, 2 pp.