

HOUSE COMMITTEE ON HUMAN RESOURCES

April 2, 1997 Hearing Room H-170

1:00 P.M. Tapes 62-63

MEMBERS PRESENT:

Rep. Patricia Milne, Chair

Rep. Jackie Taylor, Vice-Chair

Rep. Richard Devlin

Rep. Jeff Kruse

Rep. Jane Lokan

Rep. Kitty Piercy

MEMBER EXCUSED: Rep. Steve Harper

STAFF PRESENT:

Lori A. Long, Administrator

Diane M. Quinones, Administrative Support

MEASURE/ISSUES HEARD:

HB 3072 PUBLIC HEARING

HB 3458 PUBLIC HEARING

HB 2123 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 62, A		
001	Chair Milne	Calls the meeting to order at 1:05 p.m.
002	Chair Milne	Opens a public hearing on HB 3072.
<u>HB 3072</u> <u>PUBLIC</u> <u>HEARING</u>		
		Represents, Oregon Speech, Language, Hearing Association

005	John McCulley	(OSLHA), testifies in favor of HB 3072. * introduces Cheryl Davis from the Oregon State Grange, Pendleton
015	Davis	Submits and presents written testimony in favor of HB 3072 (EXHIBIT A).
077	Rep. Lokan	Asks what "intervention" can be taken after early detection of hearing loss.
079	Davis	* the severity of the hearing loss is determined * hearing aids can be fitted on even young babies * sign language can be introduced * appropriate language skills are introduced and taught
095	Rep. Kruse	Asks about the cost of the hearing test.
096	Davis	The test costs about \$45.
098	Rep. Kruse	Asks about the age of a new baby that could be fitted for a hearing aid.
100	Davis	Does not have that information.
103	Rep. Kruse	Asks if the first twenty four hours are critical or can this test be given at the first well baby check when the baby is a couple weeks old.
107	Davis	* Speaking as a parent, the first check-up is acceptable. * At birth all babies have a check-up where all vital functions are checked except hearing. * The bill requests the first twenty four hours because that is how long a baby is usually in the hospital under the hospital's responsibility.
119	Rep. Harper	Comments on the additional burden of an early doctor visit for babies of home births if the bill mandates a test in the first 24 hours.
130	McCulley	OSLHA is willing to work on amendments that support the concept of the bill and bring more flexibility and practicality to it. * introduces Carolyn Talbott, Audiologist, Portland Emanuel Hospital
140	Carolyn Talbott	Audiologist, Emanuel Hospital, Portland, submits and presents written testimony in regards to HB 3072 and information on newborn hearing screening and early detection of hearing impairments (EXHIBIT B).
210	Rep. Kruse	Asks at what age a hearing impairment can be detected without the use of transient evoked otoacoustic emissions.
215	Talbott	After about six months.
216	Rep. Kruse	Asks how many hospitals have this special technology.
219	Talbott	Knows of six in the state that have it or are in the process of acquiring

		it.
226	Rep. Kruse	Asks since this technology is not widely available, is this bill asking people in remote rural areas to travel long distances to get this test for their infants.
231	Talbott	This type of test is new and should be in all fifty nine birthing hospitals in Oregon.
238	Rep. Taylor	Asks if the machinery for testing is portable.
239	Talbott	Responds affirmatively. * The machine is like a lap top computer.
240	Rep. Piercy	Asks about the cost of such equipment.
241	Talbott	* There is more than one model. * Size and type of models vary. * average cost is around \$10,000
245	Rep. Lokan	Asks if there are other types of techniques in testing.
247	Talbott	Responds affirmatively. * Automated Auditory Brain Stem Response
251	Rep. Lokan	Asks if this bill is actually mandating medical facilities with birthing units to acquire this special equipment for hearing tests.
258	Talbott	Responds affirmatively.
262	Rep. Piercy	Asks if someone would be invited to a medical center to have their infant tested if the child had been born in a smaller birthing center or at home.
272	Talbott	Responds affirmatively.
277	Rep. Devlin	Asks if corrective action can be taken after early detection of hearing impairment.
279	Talbott	Sometimes hearing impairment can be reversed (i.e. middle ear infusion).
300	Rep. Taylor	Asks if the proponents of the bill would be agreeable to a target date that would allow hospitals to phase in the concepts of this bill.
322	Talbott	Responds Affirmatively.
345	Jenny Ulum	Represents, Sacred Heart Medical Center, Eugene, testifies in regards to HB 3072. * agrees with the concept of the bill and wishes to address the structure of implementation * introduces Mary Duke, R.N. Maternal/Newborn Nurse manager, Sacred Heart Medical Center, Eugene
366	Duke	Submits and presents written testimony on HB 3072 (EXHIBIT C).

TAPE 63, A		
015	Duke	<ul style="list-style-type: none"> * Wyoming and New Mexico mandated universal hearing tests. * These states provide the equipment to medical centers.
020	Rep. Kruse	Asks how many babies Sacred Heart Hospital tests currently.
022	Duke	Testing of babies is only done in the neonatal unit at about 350 babies annually.
025	Rep. Piercy	Asks if the hospital was planning on universal testing anyway, from its own mandate, why are there cost concerns about this bill.
030	Duke	<ul style="list-style-type: none"> * Concerns have to do with administrative rules. * The bill contains only one provision for religious exclusion. * There are other reasons why families will delay this kind of testing. * The hospital would like reimbursement if this is going to be state mandated.
035	Ulum	<p>When it's done gradually and voluntarily hospitals can renegotiate their contract with insurers when it comes due and include the costs of hearing tests.</p> <p>Would be willing to be involved in discussions around a gradual implementation of this bill. However, the outcome is not guaranteed.</p>
051	Norene Broyles	<p>Infant and Family Specialist, Infant Hearing Resource, Portland, submits and presents written testimony in support of HB 3072 (EXHIBIT D).</p> <ul style="list-style-type: none"> * Concurs with previous testimony of parent with hearing impaired child. * current age of detection is 2 1/2 years * refers to the experience of a 10-week old infant with hearing aids * hearing babies hear parents voices in utero for 3 months prior to birth * amplification can decrease the impacts of hearing impairments * auditory pathways need to be stimulated at critical periods of development * families are troubled, disrupted, and frustrated with a hearing impaired child that has had no intervention * discusses the guilt feelings of parents with hearing impaired

		<p>children</p> <p>* 1982 study showed a \$10,000 savings per child per year who participate in early intervention</p>
119	Rep. Kruse	Asks about the things to look for in a young baby that indicate hearing impairment.
125	Broyles	<p>* Children that do not respond.</p> <p>* Auditory and Speech landmarks that are missed in early development.</p>
142	Chair Milne	<p>Asks about the detection of hearing impairment through normal parent observation and well child check-ups.</p> <p>Asks about the length of time it has taken for a child to be diagnosed.</p>
159	Broyles	<p>* Sometimes the medical personnel drop the responsibility after a parent has voiced concerns.</p> <p>* Deaf children have inconsistent responses to parents.</p> <p>* Parents don't always voice their concerns hoping their child's behaviors will go away.</p>
199	Rep. Piercy	Comments that the behaviors of children are usually dealt with on a behavioral level and not a physiological level.
229	Rep. Kruse	Asks how often hearing aids are changed or adjusted.
230	Broyles	<p>* At the beginning of fitting for a hearing aid checks should be done every couple of weeks and pieces of the equipment are added slowly.</p> <p>* The ear mold is the piece that is replaced more frequently as the child grows.</p>
263	Rep. Kruse	Asks about the cost of the ear mold.
266	Broyles	Approximately \$40.
268	Rep. Kruse	Asks about the life of a hearing aid.
270	Broyles	A hearing aid functions for 7 to 10 years.
		<p>State Health Officer, Deputy Administrator, Oregon Health Division (OHD) testifies in support of the concept of HB 3072.</p> <p>Discusses OHD involvement's and concerns:</p> <p>* 6 years ago OHD and Child Development and Rehabilitation Center received a federal grant to do work with newborn hearing screening</p> <p>* OHD created a brochure to go to all parents leaving the hospital after a birth</p>

278	Dr. Grant Higginson	<ul style="list-style-type: none"> * created a program that took high risk information from birth certificates and selected families for notification of physician referrals * 10 percent of children needing screening were reached through the states efforts * universal screening is the way to go * concerned about the 24 hour requirement * concerned about payment of tests * discusses OMAP and the testing of children under their programs * explains concerns if OHD is given the task of monitoring and enforcing the bill
368	Chair Milne	Closes the public hearing on HB 3072.
369	Chair Milne	Opens a public hearing on HB 3458.
<u>HB 3458</u> <u>PUBLIC</u> <u>HEARING</u>		
371	Rep. Leslie Lewis	Oregon Legislator, district 29, submits and presents testimony in support of HB 3458 with proposed amendments (EXHIBIT E).
401	Judy Brown	Children Right Coordinator, Alexander Graham Bell Association, submits and presents testimony in support of HB 3458 as amended (EXHIBIT F).
TAPE 62, B		
001	Brown	Continues presentation.
025	Rep. Kruse	Asks if this bill as amended is a good alternative to HB 3072.
030	Rep. Lewis	<ul style="list-style-type: none"> * Education is the first step. * This bill wants to raise the awareness of new parents as well as seasoned parents.
040	Rep. Kruse	Asks if this bill speaks to putting a procedure in place going beyond creating a pamphlet for parents of newborns and young children.
050	Rep. Lewis	Responds affirmatively.
052	Rep. Piercy	Asks if the proponents of the bill have looked at materials that already exist and discovered their inadequacy.
056	Brown	Called the two hospitals in her area and discovered that the maternity wards had no information on hearing development.
085	Ulum	Testifies in support of HB 3458 and comments on the -1 amendments dated 3/31/97.
		Testifies in regard to HB 3458 and provides the committee with hospital documents given to parents of newborns at time of discharge

097	Duke	(EXHIBIT G). * There is no longer a pamphlet from the state in the packet on hearing development.
130	Chair Milne	Asks if the state's pamphlet contained similar information as in EXHIBIT F. Asks why the state's pamphlet is no longer included in hospital packets.
134	Duke	Cannot answer either question as she was not employed by the hospital during the time the state made information available to the public.
139	Rep. Taylor	Asks Davis if the pamphlet in EXHIBIT F would have been helpful to her in detecting her son's hearing impairment.
142	Davis	* It's possible that she would have thought about a hearing problem sooner if early on she had been given information. * Everyone told her not to compare her children and she figured her son would grow out of the behaviors he displayed. * Because she was with him so much she understood his communication better than any other person.
178	Michelle McAfee MS.	Licensed Speech Language Pathologist, Board Member, Alexander Graham Bell Association for the Deaf, submits and presents written testimony in support of HB 3458 (EXHIBIT H).
207	Rep. Piercy	Asks McAfee when her hearing loss was identified.
209	McAfee	It was identified at the age of 2 1/2 years. * mother and grandmother were very active with speech and language stimulation
235	Don Lorenzen	Director, Oregon School for the Deaf, testifies in support of HB 3458 and submits and presents information from the Oregon Coalition on Education of the Deaf and Hard of Hearing (OCEDHH) (EXHIBIT I).
269	Higginson	Testifies in support of HB 3458 and the -1 amendments dated 3/31/97.
303	Rep. Piercy	Asks if there is information on where the hospitals in Oregon are at in terms of testing readiness.
307	Higginson	The state does not have that information.
		* Represents, Oregon Association of Hospitals and Health Systems, testifies that his association is in favor of universal testing. * fifty percent of the births in the state are covered under the Oregon Health Plan

324	Ed Patterson	<ul style="list-style-type: none"> * discusses the Oregon Health Plan prioritized list of health services. * discusses the governor's budget proposal to increase the number of PLM patients from 133 percent of the poverty level to 185 percent * the OHP will help address the cost of this bill * the Oregon Hospital Association is opposed to unfunded mandates "heaped" upon the hospitals
430	Rep. Piercy	Comments that providing the public with information and education is good, but providing the service is what creates success.
440	Rep. Kruse	Asks about the statistical success on past "information" programs and wonders at the success of a similar approach to addressing hearing screening.
TAPE 63, B		
005	Higginson	<ul style="list-style-type: none"> * When the state of Oregon was given the federal grant it modeled the program it created after a program from the state of Utah. * In Utah they were getting about 30 percent of the children targeted.
031	Chair Milne	Closes the public hearing on HB 3458.
0065	Chair Milne	Opens a public hearing on HB 2123.
<u>HB 2123</u> <u>PUBLIC</u> <u>HEARING</u>		
075	Joe Schnabel	President, Oregon Board of Pharmacy, submits and presents testimony in favor of HB 2123 (EXHIBIT J).
130	Ruth Vandever	Executive Director, Oregon Board of Pharmacy, submits written testimony in favor of HB 2123 (EXHIBIT K).
135	Gary Schnabel	<p>R.N., R. Ph., Compliance Director, Oregon Board of Pharmacy, testifies in support of HB 2123.</p> <ul style="list-style-type: none"> * compliance director is responsible for all inspections of drug outlets in the state and investigations of consumer complaints and drug law violations * thirty seven hundred drug outlets registered with the state * twelve hundred registered as prescription outlets * nine hundred are pharmacies, employing one or more pharmacy technicians * the board represents three thousand plus pharmacists in the state
154	Rep. Taylor	Comments on the trend of pharmacists supervising more than one technician and the need for more regulations in the drug dispensing

		industry.
160	Rep. Kruse	Asks if opposition exists on HB 2123.
163	Vandever	Believes that the Oregon Hospital Association is opposed.
173	Long	Refers to the letter of support for HB 2123 and the graph attached, submitted by the Oregon Society of Hospital Pharmacists (EXHIBIT L).
185	Marcus Cecchini	<p>* Licensed Pharmacist, Pharmacy Supervisor for Fred Meyer, testifies in support on HB 2123 on behalf of Dave Schulberg, Director of Pharmacy, Fred Meyer.</p> <p>* It is the best interest of the public that all technicians be registered.</p> <p>* This bill will make Oregon consistent with neighboring states that have similar legislation.</p> <ol style="list-style-type: none"> 1. Washington 2. California 3. Nevada
200	Mike Dewey	<p>Represents, Oregon State Pharmacists Association, testifies in support of HB 2123.</p> <p>* This is a consumer protection bill.</p> <p>* The employer needs a data base to refer to when considering employee hiring and firing.</p> <p>* This bill can save the hospitals problems down the road.</p>
233	Patterson	<p>Submits and presents written testimony in opposition to HB 2123 (EXHIBIT M).</p> <p>* if the bill is to move forward a definition for "registration" needs to be included</p>
305	Rep. Taylor	Asks if the suggestions Patterson made in his testimony would address the instance where a technician is caught stealing drugs from the pharmacy and wants to flee to another state.
322	Patterson	<p>* Washington does have a registration law.</p> <p>* The Hospital Association does not oppose a registration program.</p> <p>* Having reciprocal agreements between states is desirable.</p> <p>* The Hospital does not believe that the state needs to fully license technicians</p>

341	Rep. Devlin	Asks for clarification between the proponents definition of "registration" and Patterson's definition.
360	Patterson	* As he reads the bill, language has been added in each section that deals with the licensing of pharmacists to include registering the technician. * This means the technicians have to comply with all the regulatory authority that a licensed pharmacist complies with including disciplinary procedures.
407	Rep. Kruse	Asks if "support" pharmacy personnel are overseen by the board or only by the direct supervising pharmacist.
411	Patterson	The board has limited control.
440	Long	Refers the committee to EXHIBIT K : * the yellow page gives statutes * the green pages are administrative rule in regards to support personnel * this information will help answer questions about governing by the board.
464	Chair Milne	Closes the public hearing on HB 2123.
465	Chair Milne	Adjourns the meeting at 3:00 p.m.

Submitted By, Reviewed By,

Diane M. Quinones, Lori A. Long,

Administrative Support Administrator

EXHIBIT SUMMARY

A - HB 3072 written testimony is support from the state grange, Davis, 4 pp.

B - HB 3072 written testimony and screening information, Talbott, 8 pp.

C - HB 3072 written testimony, Duke, 1 p.

D - HB 3072 written testimony in support, Broyles,

E - HB 3458 written testimony from bill Sponsor, Lewis, 1 p.

F - HB 3458 testimony and hearing/ speech information, Brown, 6 pp.

G - HB 3458 hospital packet, (less the PKU test documents), Duke

H - HB 3458 written testimony in support, McAfee, 1 p.

I - HB 3458 Minutes - Oregon Coalition on the Deaf and Hard of Hearing, Lorenzen, 5 pp.

J - HB 2123 written testimony in support, Schnabel, 1 p.

K - HB 2123 written testimony and information on the Board of Pharmacy, Vandever, 6 pp.

L - HB 2123 written testimony in support, staff, 5 pp.

M - HB 2123 written testimony in opposition, Patterson, 2 pp.