

HOUSE COMMITTEE ON HUMAN RESOURCES

May 2, 1997 Hearing Room H-170

1:00 P.M. Tapes 94 -95

**MEMBERS PRESENT:**

Rep. Patricia Milne, Chair

Rep. Jackie Taylor, Vice-Chair

Rep. Richard Devlin

Rep. Jeff Kruse

Rep. Jane Lokan

Rep. Kitty Piercy

Rep. Steve Harper

**MEMBER EXCUSED:**

**STAFF PRESENT:**

Lori A. Long, Administrator

Diane M. Quinones, Administrative Support

**MEASURE/ISSUES HEARD: HB 2174 Work Session**

HB 2747 Work Session

HB 3657 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>
<b>TAPE 94, A</b>		
001	Chair Milne	Calls the meeting to order at 1:35 p.m.
002	Chair Milne	Opens a work session on HB 2747.
<b>HB 2747</b>		

<b>WORK SESSION</b>		
002	Rep. Frank Shields	Oregon Legislator, House District 16, testifies in support of HB 2747 and explains the -3 amendments dated 04/24/97 ( <b>EXHIBIT A</b> ).  * the -3 amendments change a statutory reference from a place where there is no money to Title XIX of the Social Security act
013	Lori Long	Committee Administrator, explains the fiscal impact of the bill and the subsequent referral to Ways and Means.
025	Rep. Harper	Asks about the reference at the bottom of the fiscal impact statement that states "It is unlikely that a waiver will be approved for this group and as a result they will be ineligible for federal participation."
030	Long	Does not have relevant data to give a conclusive answer, however this concern can be addressed in Ways and Means.
044	Rep. Lokan	Asks about past discussion that exempted a care-provider from this program if they already had health coverage.  Relays her concerns to the committee about the substantial fiscal impact.
050	Chair Milne	Acknowledges Rep. Lokan's question and agrees that the fiscal impact is about one million dollars higher than she anticipated.
057	Rep. Devlin	Asks if an explanation of the fiscal analysis will occur should the bill go to Ways and Means.  * hopes that the fiscal impact took into account those people that are below 100 percent poverty level and are currently eligible for the Oregon Health Plan (OHP)
068	Long	* The -3 amendments take the place of the -1 and -2 amendments introduced at the public hearing on 04/14/97.  * It was not the intention of the bill to offer this program to individuals that already have insurance.
083	Rep. Kruse	Comments that language changes need to happen in the Human Resource Committee before the bill is sent to Ways and Means.
086	Rep. Taylor	Comments that it was her understanding that an individual is not eligible for the OHP if they have other insurance
092	Chuck Sheketoff	Oregon Law Center, testifies in regards to HB 2747.  * The bill is saying that a care-provider must meet all the other requirements of the OHP except the poverty level limit.  * The poverty level limit will be raised to 200 percent.  * assumes that individuals will still be covered by the five thousand dollar asset limit

		<p>* assumes that full time students are exempt, however, a full time student could also be a care-provider</p> <p>* discusses other legislation that may need to be combined with this bill to avoid conflict with the voucher program among other things</p>
105	Rep. Lokan	Asks if this bill is affecting people at the 200 percent poverty level.
105	Sheketoff	This bill is for care providers and changes their poverty level requirement from 100 percent to 200 percent.
120	Rep. Lokan	Comments that the fiscal is too high and gives her great concern.
128	Rep. Kruse	<b>MOTION: Moves to ADOPT HB 2747-3 amendments dated 04/24/97.</b>
		<p><b>VOTE: 6-1</b></p> <p><b>AYE: 6 - Devlin, Harper, Kruse, Piercy, Taylor, Milne</b></p> <p><b>NAY: 1 - Lokan</b></p>
135	Chair Milne	<b>The motion CARRIES.</b>
136	Rep. Kruse	<b>MOTION: Moves HB 2747 to the committee on Ways and Means AS AMENDED WITHOUT RECOMMENDATION as to passage.</b>
		<p><b>VOTE: 6-1</b></p> <p><b>AYE: 6 - Devlin, Harper, Kruse, Piercy, Taylor, Milne</b></p> <p><b>NAY: 1 - Lokan</b></p>
148	Chair Milne	<b>The motion CARRIES.</b>
149	Chair Milne	Closes the work session on HB 2747.
150	Chair Milne	Opens a work session on HB 2174.
<b><u>HB 2174</u></b> <b><u>WORK</u></b> <b><u>SESSION</u></b>		
152	Long	Summarizes the bill and discusses the amendments including an explanation of the -7 amendments dated 05/02/97 ( <b>EXHIBIT B</b> ).
178	Gwen Dayton	<p>Legislative Counsel, explains the need for a word change in the -7 amendments, thus creating the -8 amendments dated 05/02/97 (<b>EXHIBIT C</b>).</p> <p>* page 1, line 18 of the -7 amendments the word "section" is changed to "sub-section"</p>

1. laden the bill with politically and socially controversial issues
2. work counter to the initial intent of the bill
3. report on medical procedures, health issues and family issues that could set precedents
4. the discussion will not be simple and will turn this bill into everyone's social agenda

- 267 Rep. Taylor Will be voting against the -8 amendments that incorporated the -7 amendments that incorporated the -6 amendments.  
Comments that the bill needs to stay an administrative housekeeping bill.
- 271 Rep. Devlin As soon as all the "potentially controversial" issues are separated from the record keeping nature of the bill then the bill becomes a debate and the original intent is lost.  
  
The bill is important and necessary to the state's record keeping process.
- 321 Rep. Kruse The bill is a compilation of statistics and the issues of controversy must be put aside.
- 345 Rep. Harper Asks Rep. Piercy about her opposition to the -8 amendments.  
Explains her concerns about the intent of this amendment.
- 357 Rep. Piercy  
\* believes that because the committee has chosen to attach record keeping policy on abortion, assisted suicide, and paternity to the bill the discussion will be about setting social policy around these issues  
\* the section on physician assisted suicide is premature as other forms of legislation are still being discussed over this issue  
\* it is good to keep statistical information on abortion but, believes it has been chosen for its social controversy  
\* This bill is about who can and who cannot have statistics, how they are obtained and what they are used for.
- 423 Chair Milne  
\* Causes of death are currently recorded on death certificates.  
\* The statistics collected give very diverse information on many kinds of death.  
\* Collecting information about what is happening in society around the issues of death is very logical action for a state to take.

**TAPE  
95, A**

\* This committee must work with the department in collecting this data.

- \* Agrees with Rep. Piercy that some of this data is controversial.
- 001 Chair Milne \* As time goes on, different conditions and situations of death should be added to this bill.
- 035 Rep. Kruse Comments that most surgeries take place where there is extensive record keeping and with abortions and assisted suicide there is a more likely disconnect between doctors and patients.
- 043 Rep. Taylor Comments that the committee is specifying what information should be collected as opposed to requesting the division to gather and record information.
- 064 Rep. Harper This may create problems down the road. Asks to stand at ease for a short break.
- 066 Chair Milne Puts the committee at ease for a short break.
- 067 Chair Milne Calls the meeting back to order at 2:27 p.m.
- 070 Long Asks if the Health Division is currently required to record statistics on physician assisted suicide and what do the -8 amendments add to those requirements.  
State Registrar, Vital Records , Oregon Health Division (OHD)
- 080 Ed Johnson \* this amendment would add section B and C items to gathered information  
\* section A items are already being collected on the death certificate since terminal illness is recorded
- 090 Chair Milne \* section D, collecting additional information, is already in statute  
Asks what is recorded on the DEATH CERTIFICATE if Measure 16 is permanently passed and an individual chooses assisted suicide as their option.  
The rule that the agency is working on would not state "assisted suicide" on the DEATH CERTIFICATE.
- 093 Johnson The DEATH CERTIFICATE would state:  
\* the terminal illness the individual was diagnosed with  
\* information from the doctor stating that the individual died from some other diagnosis
- 098 Chair Milne Asks if this means the state won't be collecting the actual cause of death if assisted suicide is not included on the DEATH CERTIFICATE.
- 102 Johnson What is reported is up to the physician in attendance to a large degree.
- 105 Rep. Piercy Asks if measure 16 contains language specific to reporting the cause of death.
- 108 Johnson It states that the division will collect information but it doesn't refer specifically to an individual.
- 112 Rep. Piercy Asks about the specific information the division will collect.

Information collected includes:

115 Johnson \* prescription information

120 Rep. Harper \* any information on the DEATH CERTIFICATE

125 Johnson Asks what would go on the death certificate today if someone committed suicide as a result of a terminal disease.  
\* If an individual, who was dying from a terminal disease, committed suicide today, the DEATH CERTIFICATE would most likely state the terminal illness as the cause of death.

134 Rep. Harper \* The doctor can choose to record the death as a suicide.  
Comments that both elements (terminal illness and suicide) leading to an individual's death should be specifically reported.

146 Rep. Devlin Asks if doctors are under any obligation or requirement regarding what they record on a DEATH CERTIFICATE.

158 Johnson The law says the doctors are to report the circumstances of death.

165 Chair Milne Asks if there is room on the DEATH CERTIFICATE for recording assisted suicide.  
State Health Officer, Oregon Health Division

182 Grant Higginson MD \* If an individual chooses the Death with Dignity Act to end his life the doctor is required to:

1. call the cause of death a "drug overdose, legally prescribed"
  2. list the terminal illness the person was diagnosed with
- \* Another section on the DEATH CERTIFICATE called "Manner of Death" is a check box section:
3. the doctor would check the "other" box
  4. if "other" is checked the agency does a follow up, making sure information they've received is correct

200 Rep. Harper Asks if both pieces of information will be collected by administrative rule.

204 Higginson Responds affirmatively.

206 Rep. Kruse Asks why an assisted suicide is checked off as "other" and not "suicide."  
\* The agency is trying to get the most accurate data.

217 Higginson \* Trying to follow up on all the suicides that get checked off would be a poor use of resources.  
\* "Other" provides the agency with a flag that this is a probable assisted suicide.

225 Rep. K Asks what else is considered "other."

227 Johnson \* If a person dies in a single car accident - it could be a suicide, homicide, heart failure, or sleeping at the wheel.

242 Rep. Taylor \* "Other" is for situations that can't be accurately determined. Asks if being put to death by the state might be considered "other."

245 Johnson The box marked "legal intervention" is checked when and individual is put to death by the state or a person is a casualty of law enforcement intervention.

255 Rep. Piercy Comments on the -5 amendment that would track abortion complications and asks what other diseases are kept track of in regards to complications.  
 \* The division is already keeping information on abortion complications at the time or shortly after the procedure.  
 \* This amendment keeps the information around longer.

269 Higginson \* Information regarding births and immediate postpartum complications are recorded.  
 \* Information on other diseases and their complications are not kept in vital records.  
 \* The agency does record statistics on cancer, terminal illnesses and communicable diseases

300 Chair Milne Asks if it would be easier for the agency if the -8 amendments were fitted to administrative rules the agency is working on.  
 \* The division will handle the recording and reporting of any information coming into the system  
 \* At this time there is a set of "draft emergency rules" waiting for the implementation of measure 16.

315 Johnson \* Putting rules into statute now would lock the agency into regulations that may be problematic down the road.  
 \* The agency has three months to develop workable administrative rules.

356 Chair Milne Asks what would happen today if a terminally ill individual committed suicide before the disease had run its full course.

360 Higginson Because the Death with Dignity Act has not been implemented into Oregon law, suicide is illegal.

374 Chair Milne Asks how an "assisted suicide" is reported considering the illegal nature of suicide.  
 \* The attending physician would not be able to sign off on the DEATH CERTIFICATE.





084	Long	* notes for the members the letter of support from Rep. Margaret Carter <b>(EXHIBIT E)</b>
		Josephine County Mental Health, testifies in support of HB 3657.
125	Sheryl Peterson	* thought the hearing today would be a work session and is appearing before the committee to answer questions
135	Chair Milne	Asks for both sides to make their positions and concerns clear and concise. Association of Community Mental Health Programs, testifies in support of HB 3657 and discusses the -3 amendments.  * the amendments make the application for licensure voluntary
145	Mike McCracken	* creating a Community College program that supports current mental health care needs  * Oregon Nurses Association is still opposed  * the Mental Health Division is not taking a position of opposition  * the Oregon Board of Nurses has taken a neutral position
195	Rep. Harper	Asks why the board doesn't give the LPNs extra training to handle work in the mental health field. Rogue Community College
198	Susan Berg MD	* There are no LPN programs that are free standing in the state of Oregon and could provide this additional training.
229	Rep. Harper	Asks if a mental health tech program will need to be created why not put that energy into an LPN program. * The average MHT program has 200 hours of theory and 100 hours of mental health practical care information.
234	Berg	* LPN programs don't come close to the mental health requirements in the field psychology health care.
260	Rep. Harper	Asks about certification vs. licensing. * License boards govern and discipline.
270	Peterson	* Examinations for licensure are standardized and regulated.  * Certification programs are voluntary and have no disciplinary action.
317	Marilyn Jorgenson	Josephine County Mental Health * Adding training to LPN programs would drive up costs.
340	Brett West	Office of Community Colleges, has received word from some colleges that they will be supportive of creating MHT programs.

Oregon Psychiatric Association, discusses concerns.

- 355 John McCulley \* The association would prefer that people with existing health training receive additional training in mental health.
- 394 Chair Milne Closes the meeting on HB 3657.
- 395 Chair Milne Adjourn the meeting at 3:17 p.m.

Submitted By, Reviewed By,

Diane M. Quinones, Lori A. Long,

Administrative Support Administrator

**EXHIBIT SUMMARY**

**A - HB 2747 -3 amendments dated 04/24/97, Rep. Frank Shields, 1 p.**

**B - HB 2174 -7 amendments dated 05/02/97, Staff, 2 pp.**

**C - HB 2174 -8 amendments dated 05/02/97, Staff, 2 pp.**

**D - HB 3657 -3 amendments dated 04/25/97, Staff, 5 pp.**

**E - HB 3657, written testimony, Rep. Margaret Carter, 1 p.**