

HOUSE COMMITTEE ON HUMAN RESOURCES

May 5, 1997 Hearing Room H-170

1:00 PM Tapes 96 - 97

MEMBERS PRESENT:

Rep. Patricia Milne, Chair

Rep. Jackie Taylor, Vice-Chair

Rep. Jeff Kruse

Rep. Jane Lokan

Rep. Kitty Piercy

Rep. Steve Harper

MEMBER EXCUSED: Rep. Richard Devlin

STAFF PRESENT:

Lori A. Long, Administrator

Diane M. Quinones, Administrative Support

MEASURE/ISSUES HEARD:

HB 3072 Public Hearing

HB 3458 Public Hearing

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.

Tape/#	Speaker	Comments
TAPE 96, A		
012	Chair Milne	Calls the meeting to order at 1:05 PM., opens public hearing on HB 3072.
<u>HB 3072</u> <u>PUBLIC</u> <u>HEARING</u>		
		Committee Administrator, summarizes the bill and the -1

016	Lori Long	amendments dated 05/01/97 (EXHIBIT A). Submits written testimony from the Office of Medical Assistance Programs regarding HB 3072 (EXHIBIT B).
051	Ruth Steeprom	Activities Director, Oregon State Grange, testifies in support of HB 3072.
062	Rep. Taylor	Questions the effective date of 2002 in the -1 amendments.
063	Long	Responds that time is needed for purchasing additional equipment.
068	Gerald George	Oregon State Grange, continues the explanation of program implementation and the development of administrative rules.
091	Chair Milne	Questions if the federal government is addressing this issue.
092	George	Responds that the military is currently providing this service.
097	Chair Milne	Questions if all parties are supportive of the timeline.
101	George	Responds that the bill allows for four years of development and implementation. Notes that if health institutions don't comply there will be penalties.
108	Rep. Harper	Questions the fiscal impact of HB 3072.
111	Long	Responds that that information is not available at this time.
122	Rep. Harper	Comments that the cost is approximately \$10,000 per facility and that there are 53 institutions remaining to equip.
128	Rep. Kruse	Questions if this service is mandated will the state be responsible. Notes concerns with the 24 to 48 hour timeline for the hearing exam.
138	Rep. Piercy	Comments that the first 24 to 48 hours are the most important because the newborns are still accessible and it is uncertain if the parents will return for a well-baby check-up.
145	Rep. Lokan	Questions if the equipment is available in hospitals.
148	George	Responds that there are additional locations and there are portable machines.
156	Rep. Kruse	Comments on concerns regarding HB 3072.
171	Rep. Lokan	Questions if this is the only type of equipment available and why there is concern.
184	Bonnie George	Responds that it is estimated to cost \$10,000 per child if they progress without detection.
195	Long	Responds that the \$10,000 per child savings for early detection comes from a study performed in 1982.
200	Chair Milne	Questions why the test could not be conducted during the first well-baby check-up.
206	George, B	Responds that the missed children are a concern.
220	Chair Milne	Questions if this is the only available test.
		Tucker Max Oral School, Portland, comments on two additional

		testing procedures:
226	Patrick Stone	* Otoacoustic Emissions - approx. \$7 per test * Auditory Brain Stem Response
255	Rep. Kruse	Questions how the otoacoustic emissions test is conducted.
257	Stone	Responds with explanation.
279	Rep. Piercy	Questions if this test costs \$10,000.
281	Stone	Responds that he does not know the cost of equipment, just the administering of the test. Continues with the necessity for testing at birth.
298	Rep. Harper	Questions what the current practice is.
305	Stone	Responds that the parents would have to follow-up with an appointment at a otology center.
323	Rep. Harper	Questions why this bill is necessary.
325	Stone	Responds that most parents are unaware that their child is at risk, only high risk babies are currently tested, and early detection is the ultimate benefit.
363	Rep. Taylor	Questions staff about the prioritized list number of health services for the Oregon Health Plan and if an infant hearing test is included in line number 143.
367	Long	Responds that line number 143 represents the well-baby check-up.
369	Rep. Taylor	Comments on her concerns of undetected hearing impairments in young children and the impact that has on their lives.
391	Rep. Kruse	Notes the fiscal impact of HB 3072 and the availability of those funds.
413	Chair Milne	Closes the public hearing on HB 3072, opens a public hearing on HB 3458.
<u>HB 3458</u> <u>PUBLIC</u> <u>HEARING</u>		
417	Long	Summarizes HB 3458 and the proposed -2 amendments (EXHIBIT C). Notes the potential fiscal impact of the -2 amendments.
455	Rep. Lokan	Questions why the -2 amendments will have a fiscal impact.
460	Long	Responds that they require a study by an advisory committee.
468	Rep. Piercy	Comments on the importance of an advisory committee.
TAPE 97, A		
033	Rep. Kruse	Continues comments on the effectiveness of an advisory committee.
040	Chair Milne	Comments on the role of an advisory committee.
052	Judy Brown	Oregon Alexander Graham Bell Association, Yamhill, testifies in

		support of HB 3458.
068	Nicole Brugato	Staff, Rep. Lewis's Office, is supportive of combining these bills.
080	Rep. Kruse	Questions if they are supportive of reporting annually.
082	Nicole Brugato	Responds affirmatively.
083	Rep. Lokan	Comments that the implementation date is too long.
098	Long	Notes the information provided by Oregon Medical Assistance Program (OMAP).
113	Rep. Harper	Questions why the two year limit is necessary to develop adequate literature.
119	Jean Josephson	Parent of deaf child, provides testimony in support of HB 3458. Notes that Oregon has a solid infrastructure in place for the distribution of educational materials (EXHIBIT D).
164	Long	Comments that the Oregon Health Division testified that an infant hearing loss brochure was previously provided, that program is no longer funded.
168	Chair Milne	Questions the funding amount.
170	Josephson	Responds the grant was for \$60,000 for three years.
180	Rep. Piercy	Requests the Health Division be present. Notes that every baby should be tested for hearing loss.
203	Josephson	Responds that Oregon was the test state to see if testing at risk children was effective.
208	Stone	Comments that testing a newborn should take place in the hospital before discharge.
226	Chair Milne	Requests that the proponents of both bills meet and develop something efficient.
233	Rep. Kruse	Questions why production and distribution of literature costs \$20,000 a year.
236	Josephson	Responds that printing and distribution was a fraction of the budget.
257	Grant Higginson	Provides explanation and outline of the project funded by the federal grant.
291	Rep. Lokan	Questions if the Health Division is unable to provide \$20,000 a year to supplement the program.
300	Higginson	Responds that it was continued for two years. The printing and distribution of literature costs approximately \$10,000 a year and the division is able to provide that.
313	Rep. Lokan	Questions when the pamphlet was distributed to the parents.
318	Higginson	Responds that it was part of a packet given to parents of newborns upon discharge from the hospital.
327	Rep. Lokan	Questions the role of the Health Division in providing direction to

		parents for testing.
333	Higginson	Responds that at the time of the project the current technology was not available.
354	Rep. Lokan	Questions if the Health Division can provide educational brochures for newborn hearing screening.
366	Higginson	Responds that the department can provide that service, however they do not want it to conflict with the ultimate goal of this proposal.
379	Rep. Piercy	Questions if the Oregon Health Division supports newborn testing.
383	Higginson	Responds affirmatively.
393	Rep. Piercy	Comments on the funding of these services and requests changes for future literature.
425	Higginson	Responds with the feedback received by Oreon Health Division during the previously funded program.
449	Rep. Piercy	Comments on the difficulty of educating parents of risk factors associated with their newborns.
TAPE 96, B		
012	Higginson	Responds in agreement.
014	Rep. Taylor	Questions the 90 percent figure and sending information to parents with risk factors.
019	Higginson	Responds that the research indicates that if a program is effective only 50 percent of the children with impairment would be detected.
023	Rep. Taylor	Comments that the state is not addressing the newborns of Oregon adequately.
036	Rep. Harper	Questions the consequences of testing infants at 3 months versus newborn.
040	Higginson	Responds that he is unable to fully answer that question. Comments on the current data and its impact.
057	Chair Milne	Comments on the cost of medical equipment and questions why the screening has not been a priority.
073	Higginson	Responds that the medical technology is new and the fiscal impact is a concern.
090	Rep. Piercy	Comments that until recently this impairment has been viewed as selective, the attitude should be that every child be tested.
106	Rep. Harper	Questions if the division would start distributing the during the interim.
110	Higginson	Responds affirmatively. Notes that the individuals absorbing the cost of these services are not the direct beneficiaries.
130	Chair Milne	Closes the public hearing on HB 3458, opens a public hearing on HB 3657.
HB 3657		

<u>PUBLIC HEARING</u>		
139	Susan King	<p>Oregon Nurses Association (ONA), provides testimony and summary of the progress of the workgroup. Issues covered are:</p> <ul style="list-style-type: none"> * -3 amendments dated 04/25/97 (EXHIBIT E) * availability of an existing provider * capacity of the educational system * available data * clarify the necessity and role of the mental health technician. * temporary certification
172	Chair Milne	Questions if the ONA is supportive of the bill and the -3 amendments.
178	King	<p>Responds that two areas merit discussion:</p> <ul style="list-style-type: none"> * utilizing existing providers * continued data collection
196	Rep. Harper	Questions if existing LPNs can be obtain additional education and become mental health technicians
204	Brain DeLashmutt	Representing the Oregon Nurses Association, comments on the current LPN program.
211	Rep. Harper	Questions the difference between certificate programs versus licensing programs.
214	King	Responds that the ONA would like to see a system that certifies an individual in a specific specialty.
224	Ed Patterson	<p>Oregon Association of Hospitals and Health Systems, notes the following concerns:</p> <ul style="list-style-type: none"> * criteria for registering technicians * statutory definition for "registration" * cost of licensure * the development of a registry board * the registry would be an incentive for employment
302	Rep. Piercy	Comments on concerns between the LPNs and the ONA. Notes the need for adequate mental health technicians and that this bill needs

		additional work.
363	Long	Submits written testimony from the Oregon Board of Nursing (EXHIBIT E) .
346	Chair Milne	Closes the public hearing on HB 3657, adjourns the meeting at 2:25PM.

Submitted By, Reviewed By,

Diane M. Quinones, Lori A. Long,

Administrative Support Administrator

Transcribed By,

Sandy Thiele-Cirka

Administrative Support

EXHIBIT SUMMARY

A - HB 3072, -1 amendments, Staff, 1pp

B - HB 3072, Written testimony, Staff, 3pp

C - HB 3458, -2 amendments, Staff, 2pp

D - HB 3458, Written testimony, Jean Josephson, 4pp

E - HB 3657, -3 amendments, Susan King, 5pp

F - HB 3657, Written testimony, Staff, 1pp