

HOUSE COMMITTEE ON CHILDREN AND FAMILIES

May 5, 1993
74 - 75

Hearing Room 137 1:30 p.m.

Tapes

MEMBERS PRESENT: Rep. John Meek, Chair Rep. Lisa Naito,
Vice-Chair Rep. Ron Adams (Alternate) Rep. Patti Milne Rep. Gail Shibley

STAFF PRESENT: Annette Price, Committee Administrator Edward C.
Klein, Committee Assistant

PUBLIC HEARING: HB 3044 - Requires certain licensing or
registering agencies to require evidence of training on legal,
medical and psychological aspects of child sexual
abuse as part of mandatory continuing education.

WORK SESSION: HB 2004 - Creates State Commission on Children
and Families.

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These minutes contain materials which paraphrase and/or summarize
statements made during this session. Only text enclosed in
quotation marks report a speaker's exact words. For complete contents
of the proceedings, please refer to the tapes. [--- Unable To Translate
Graphic ---]

TAPE 74, SIDE A

003 CHAIRMAN MEEK: Calls the committee to order at 1:36 p.m. -We
won't deal with HB 2083, we're having amendments drafted and we'll
have a work session on Monday.

PUBLIC HEARING ON HB 3044 -- EXHIBITS A to D

Witnesses: Marie Bell, Chair, Task Force on Sex Offenses Against
Children Marcia Morgan, Member, Task Force on Sex
Offenses Against Children Sylvan Simmons, Member, Task Force
on Sex Offenses Against Children Jim Carlson, Oregon Medical
Association Jane Myers, Oregon Dental Association Betty Uchytel, CSD
Julia Gies, R.N., Oregon Nurses Association

CHAIRMAN MEEK: Opens the Public Hearing on HB 3044.

035 MARIE BELL, Chair, Task Force on Sex Offenses Against
Children: Presents testimony in support of HB 3044 (EXHIBIT A). -She
presents report, "Sex Offenses Against Children" (EXHIBIT B). -She
refers to Review of Studies Regarding Long Term Effects of Child

Sexual Abuse (EXHIBIT A). -She discusses the bill (page 2 of her
testimony).

250 MARCIA MORGAN, Member, Task Force on Sex Offenses Against Children: Recent research on preventing child sexual abuse focuses on pre-offender behavior, which we've incorporated into the bill. -We're proposing to educate people that have contact with children to

know the early warning signs in children that indicate they could go on and become abusers. -This is in addition to training mandated reporters to recognize the

symptoms of a child who has been abused. -She describes the three levels of prevention.

295 CHAIRMAN MEEK: Could you go back to the teaching of children?

MORGAN: Responds.

BELL: Children need to hear that certain kinds of touching is inappropriate.

314 MORGAN: The problem in targeting certain individuals is that we don't reach every child. -She discusses recent research. -She presents a newspaper article from "The Register-Guard", Eugene

(EXHIBIT C). -She discusses training.

383 REP. SHIBLEY: Suggests they find a phrase to replace "normal sexual behaviors".

402 SYLVAN SIMMONS, Member, Task Force on Sex Offenses Against Children: Testifies on her personal experience as a victim of sexual abuse and the parent of a sexual abuse victim.

TAPE 75, SIDE A

015 SIMMONS: Continues with her testimony. -The toll free number, services and directory are very important

elements of the bill.

067 REP. SHIBLEY: During the Children's Care Team (CCT) there was discussion about the necessity for a 800 number to be available for kids throughout the state to use for whatever was on their minds. -We not only need a number for adults, but we need one for children.

083 SIMMONS: Care providers that are not experts in sexual abuse can often cause more damage then they can help. -Certification of psychologists is an essential element.

BELL: If the fiscal impact becomes an issue, we want to do whatever we can.

102 REP. ADAMS: Faced with the school funding problem, how difficult would it be to add these additional requirements for teacher training?

BELL: The intent is to work with the Department of Education.

118 REP. ADAMS: How much time are we talking about?

BELL: It could probably be adequate to use their in-service time at the

beginning of the school year.

132 JIM CARLSON, Oregon Medical Association: Describes what the OMA has been doing to educate their members on issues of domestic and family

violence. -We agree with the task force's policy recommendations. -We disagree with the mandate to require all professionals to undergo

training. -The number of reported sexual abuse has grown. -We support what the bill is trying to get at, but have concerns about

the mandate.

185 JANE MYERS, Oregon Dental Association: Dentists fall under the reporting requirements already under statute. -We are supportive of the concept of training people to recognize child abuse and welcome the bill's offer to carry that out. -We question the component where the licensing board is required to have evidence a dentist is trained. -We don't know how realistic the training component is. -She discusses continuing training requirements. -We'd like a time line worked out. -Does the Board of Dentistry's rule which already requires continuing

education, but lets the dentists and hygienists choose from the list, satisfy the intent of the bill?

222 CHAIRMAN MEEK: You'd have to find out from the sponsors.

224 CARLSON: It doesn't make sense to require training of physicians who do not regularly come in contact with children. -He discusses continuing medical education.

244 REP. ADAMS: Could the training be done by video tape? -Marie, says yes.

252 CARLSON: Prefers that it not be tied into the continuing medical education requirement. -We'd prefer it be tied to workshops and written and other forms of

education materials that are being developed. -Our domestic and family violence workshops are not considered

continuing medical education and we have not sought accreditation for them.

267 REP. ADAMS: Refers to page 1, line 25, HB 3044. -Does the OMA have it's own board?

CARLSON: The Board of Medical Examiners licenses and regulates physicians in the state. -They would be the entity in this situation.

279 REP. ADAMS: Assumes their board could choose video if they had access to it.

CARLSON: Yes.

REP. ADAMS: This is pretty important; if it added three hours every two

years, even to someone who didn't specialize in children, he could live with it.

299 CARLSON: We'd be willing to work on language that would allow more flexibility.

309 REP. SHIBLEY: What percentage of licensed professionals are members of your respective associations?

CARLSON: Eighty to 85 percent of licensed physicians.

321 MYERS: Between 87 and 89 percent. -She asks the committee to consider how often a person should take this training.

339 REP. ADAMS: Suggests they work with the drafters.

REP. SHIBLEY: Thinks alcohol server education is every five years. -She would like to ask staff how many licensing boards there are? -It seems the fiscal impact would not be on CSD to provide the

curricula, but on the licensing boards that fall under this.

358 ANNETTE PRICE: Does not have the number, but there is an administrative cost. -We don't have a fiscal impact statement yet.

375 BETTY UCHYTIL, CSD: Presents testimony in support of the basic concept of HB 3044 (EXHIBIT D).

TAPE 74, SIDE B

015 JULIA GIES, R.N., Oregon Nurses Association: Presents testimony in opposition to HB 3044 (EXHIBIT E).

072 REP. SHIBLEY: Every individual would love to know they have a steady and adequate source of income. -You're saying that if there's anything we can do to effect child abuse, it's that we need more money. -She doesn't disagree. -People love to pay lip service to protect children. -If nothing, else could we play off of that guilt and get communities to join with others in the public and private sector to advertise the

warning signs, the available resources, treatment, etc. -Is there any possibility of that happening?

113 GIES: Has not been following the discussions on what will happen to CSD.

REP. SHIBLEY: This has nothing to do with HB 2004. -Is there another way for local people to deal with this?

129 GIES: There are more things we can do on more levels. -There is a role for voluntary organizations, community efforts and for public education. -We won't get anywhere until we start focusing on prevention. -By the time health care providers see these families, they are already in crises.

REP. SHIBLEY: It's the cycle.

GIES: We need to reinforce the notion it's not just in the clinics and

the providers' offices where these problems exist; they are in the community. -Each and everyone of us needs to be involved in this issue. -She doesn't think it takes the responsibility off those who ultimately decide about funding to make some difficult decisions.

157 REP. SHIBLEY: Part of the answer is additional funding.

CHAIRMAN MEEK: Closes the Public Hearing.

WORK SESSION ON HB 2004 -- EXHIBITS E & F

165 CHAIRMAN MEEK: Opens the Work Session. -The HB 2004-14 amendments (EXHIBIT E) are a printed version of HB

2004-13 Hand Engrossed. -We have amendments to HB 2004-14 (EXHIBIT F). -Hopefully there will be a hand engrossed -14 later today or tomorrow. -There will be HB 2004-15 Amendments coming from LC. -Staff is working through the bill, using the Care Team report and the

University of Southern Maine study. -You'll also be receiving a structural diagram and an operational

diagram. -Let us know where you'll be on Friday. -We'll schedule a Work Session Monday.

257 REP. ADAMS: Are we going to talk about 2004, without talking about -13 & -14. -He'd like to share some of his concerns. -He uses the blackboard. -We're working toward a mission statement. -We've talked about opportunities and problems. -He doesn't know if he's comfortable with strengths and weaknesses.

294 REP. NAITO: Are you saying to enhance the existing system or the proposed system?

REP. ADAMS: Is talking about the existing system. -The organization flows out of these understandings. -Then you bring in the implementation; how do you make all this work? -The thing the Care Team didn't give us is that we didn't have a chance for the professionals to tell us how. -That's not clear to him.

334 REP. NAITO: Agrees with him when he talks about the strengths and weaknesses. -In the Care Team we looked at the strengths and weaknesses in a

discreet programmatic sense: -What good exists in the existing system in some programs. -How the system doesn't work from a client perspective. -We didn't look at the entire system and what the strengths of the

system are. -She's uncomfortable with the system strengths and weaknesses.

357 REP. ADAMS: That has to be part of what you understand. -He would like to be able to vote intelligently on this. -How can he tell someone to implement this, when they haven't had the

opportunity for input to help make them create this vision? -We're creating a vision that can't work if the providers can't get to a child abuse problem. -How much additionally can we bring in from the community?

394 CHAIRMAN MEEK: Encourages Rep. Adams to read the CCT report.

REP. SHIBLEY: Rep. Adams has touched on--this process hasn't adhered to the process that we say we value; the system's workers, for example. -We've talked about the importance of ownership, but there's very little ownership in some key areas. -She's concerned about what that bodes for the future system.

423 CHAIRMAN MEEK: That's a legitimate concern. -Please let staff know where you'll be on Friday. -Rep. Adams, you've raised some good points. -He hopes some of this information he'll receive will help him. -He closes the Work Session and adjourns at 3:04 p.m.

Submitted by,

Reviewed by,

Edward C. Klein,

Annette Price, Committee Assistant
Committee Administrator

EXHIBIT LOG:

A - Testimony on HB 3044 - Marie Bell - 3 pages B - "Sex Offenses Against Children" - Marie Bell - 75 pages C - Testimony on HB 3044 - Betty Uchytel - 1 page D - Testimony on HB 3044 - Julia Gies - 2 pages E - Amendments to HB 2004 - Staff - 41 pages F - Amendments to HB 2004-14 - Staff - 3 pages