

House Committee on Business and Consumer Affairs Subcommittee No. 2
April 18, 1991 - Page

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.

HOUSE COMMITTEE ON BUSINESS AND CONSUMER AFFAIRS SUBCOMMITTEE NO. 2

April 18, 1991
P.M.

Hearing Room F 3:00
Tapes 11 - 13

MEMBERS PRESENT: Rep. Beverly Stein, Chair Rep. Carolyn Oakley Rep. Hedy Rijken Rep. John Schoon

STAFF PRESENT: Terry Connolly, Committee Administrator Carol Wilder, Committee Assistant

MEASURES CONSIDERED: HB 2875 PH & WS HB 3292 PH & WS HB 3196 PH

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TAPE 11, SIDE A

010 CHAIR STEIN: Calls the meeting to order at 3:05 p.m.

HB 2875 - LABORATORY TEST REPORTS, PUBLIC HEARING Witnesses: Dave Huff, Citizen Ed Patterson, Oregon Association of Hospitals Jim Carlson, Oregon Medical Association

020 DAVE HUFF, CITIZEN: - Describes red tape involved in adoption of foreign children, especially regarding requests for laboratory reports. - Feels if he purchased a service he is entitled to get the service directly. - As a responsible adult feels he has the ability to take that product and act on it responsibly. - This bill would help keep health care costs low.

090 ED PATTERSON, OREGON ASSOCIATION OF HOSPITALS: Submits and summarizes written testimony (EXHIBIT A) against HB 2875.

140 CHAIR STEIN: You indicate in Point #4 that there are certain situations in which the patient is denied access to medical records. There is a standard, then, in some statute that we could perhaps use to constitute an immediate or grave danger?

143 PATTERSON: I think the citation would be ORS 179.505.

145 REP. SCHOON: Can the individual get this report through the physician or through the hospital?

151 PATTERSON: It is a practice in most hospitals that they only deal with the hospital medical records and those records are generated by attending physicians to inpatients, so I'm only addressing those records that would be retained in hospitals. I believe the Oregon Medical Association will be addressing those records retained by physicians. It is the practice in all hospitals to honor the request of a patient for their own medical records. But most hospitals have procedures for the benefit of that patient to request that the physician intervene on behalf of the patient in making the request so that the physician can respond to questions to the patient that the record might generate. That's the general policy in most hospitals.

160 REP. SCHOON: Is there anything to prevent an individual who had a test made of some type from getting that if he or she requested it through their doctor or hospital? I would think it would be appropriate to ask the doctor rather than the hospital.

172 PATTERSON: To my knowledge there is nothing to prohibit the patient from obtaining their own medical record. There may be some procedures that the hospital has that if a patient requests their entire medical record or even a portion of their medical record that the procedure would dictate that the physician would be informed that there was a patient request for this and the physician would be available to interpret the record that was requested so there would be no misunderstanding by the patient about their own medical condition. Most physicians are cooperative in that regard.

185 REP. RIJKEN: Regarding #4, denial of access, you're talking about this bill allowing this even when it would be clearly contrary to patient's or community's best interest. In essence, you're saying you're trying to save the patient from himself with the knowledge of what's in those records?

190 JIM CARLSON, OREGON MEDICAL ASSOCIATION: It's a very rare situation, particularly in the mental health arena when you're dealing with psychiatric care. You do have situations emerge where you might have an individual whose emotional balance or care can be adversely impacted by having direct access to all the information included in their medical record. This is not a real common situation, but you do have some instances where you can have adverse information that is recorded in the medical records that does not suit the best interests of the patient to have a complete copy. In those cases some release of medical records are generally provided to the patient. Any areas that get into any delicate situations dealing with their condition would be deleted from such a summary. It's primarily in the mental health arena where you see those types of situations occur.

210 CHAIR STEIN: Temporarily closes public hearing on HB 2875 and opens public hearing on HB 3292 for testimony by Rep. Burton.

HB 3292 - HEALTH CLINICS FOR ADOLESCENTS, PUBLIC HEARING
Witness: Rep. Mike Burton, House District #17

217 REP. MIKE BURTON, HOUSE DISTRICT #17: This bill would propose a funding method for the continuation of teen health clinics or school-based clinics. In District #17 is Roosevelt High School; it's one of the school-based clinics in the Multnomah County area. The importance of these clinics can't be overstated. When they were first put into place in 1985, Roosevelt was one of the early ones and it was quite controversial when it was put in. They have been incredibly

successful in providing some health care for underserved population of adolescents in the area. There is some sense that the students are coming in primarily to get birth control devices; that really isn't the case at all. In most cases, the people who are there are there for primary health care that they would not get otherwise.

In 1989-1990 in the Roosevelt school-based clinic which opened in February 1986 there were 10,511 individual students served in the total of 35,132 visits, so they are very well used facilities. The pregnancy rate, because they provide reproductive counseling just as a part of that, for students ages 15-19 was 45 out of 1,000. In the county it was 121 out of 1,000 and for the state it was 82 per 1,000. So the rates for the people in those clinics is about half what it is in places where those services aren't provided.

The teen clinics have been funded in Multnomah County since 1989 and with state general funds since 1985. There are currently five clinics operating in Multnomah County and twelve additional state-funded clinics operating around the state. The program has been successful. Adolescents are the most medically underserved population in this state. These clinics do provide health care for thousands of teenagers who do not otherwise get health care from any other sources. The Governor's budget this time proposed a funding reduction of \$1.1 million in the teen clinic program and this eliminates all twelve state-funded teen clinics and the two Multnomah County clinics that receive partial state funding. While Ballot Measure 5 gives us an opportunity to reexamine the efficiency of some of the publicly funded programs, I don't think that the program was intended to eliminate proven public health programs that through the provisions of basic health care provide primary care for teenagers in some cases for prevention of pregnancy that ultimately save us millions of dollars in the system. The dramatic increase amongst teenagers in sexually transmitted diseases and alcohol and drug abuse compel us to keep these programs alive the best way we can.

HB 3292 is an attempt to try to fund the teen health clinics. Originally wanted to put a tax on X-rated videos because most video stores sell or rent those out but was told by constitutional lawyers that there was a constitutional constraint there. HB 3292 imposes a surcharge on videotape rentals. We need to fund parks, transportation systems, education systems, and teen health clinics, but not out of dedicated fees. You will hear from people in the video rental industry that feel they are unfairly targeted for this particular proposal. I would have to agree with them because it's just not fair to any Oregonian for us not to have a general revenue replacement in our system that deal with the general sales tax or some sort of appropriate progression of our current income tax or a combination of those two things.

First, let's hold it aside, Madam Chair, if you would to see what the general revenues are going to be after the May revenue forecast. If there are funds that are going to be available after that revenue forecast, you fund these teen health clinics out of the General Fund. That's where we should be funding things, out of the General Fund. Hopefully, if we have some sort of a general revenue replacement proposal going out of here, if you're going to have to do piecemeal taxes to fund these legitimate programs you sunset those until we have that other revenue replacements in place. If you do decide to move forward on this bill, there is a blank in there on the amount. Looking at other states that have video rental taxes:

Maine - 5% Generates \$5.3 million/year Oregon - 4% Generates \$4.3 million/year

You would have to account for a collection cost inside that percentage and set it aside until we see what the general revenue bills are going

to be.

395 CHAIR STEIN: Temporarily closes public hearing on HB 3292 and reopens on HB 2875.

HB 2875 - LABORATORY TEST REPORTS, PUBLIC HEARING Witnesses: Jim Carlson, Oregon Medical Association Jeff Heatherington, Osteopathic Physicians Bruce Bishop, Kaiser Permanente

397 JIM CARLSON, OREGON MEDICAL ASSOCIATION: Testifies against HB 2875. The laws are currently designed to protect the confidentiality of medical records for the patient and to make sure that your medical records do remain confidential and do not fall into the hands of someone other than yourself or someone you believe should be authorized to see copies of your medical records. The association considers lab test results to be a part of a patient's medical record. The association's policy is in concert with state statutory policy on the release of medical records provided in ORS 192.525 to 192.530. It is the association's position that the current statutory provisions contained in ORS 438.430 which allows the clinical labs to only release results to the physicians or dentists is in the best interests of the patient. If a patient was to obtain copies of the lab tests directly, they can receive in Oregon copies or summaries of copies of their medical record directly through the physician. It's a check-and-balance system to make sure the laboratory is not releasing those records to anyone other than the physician or provider who ordered the tests.

440 REP. OAKLEY: Would a person who got the test or medical report by looking at it without a medical background have knowledge enough to understand the results?

442 CARLSON: These laboratory reports can be highly technical and complicated and it is imperative that appropriate medical interpretation and consultation transpire between the physician and the patient.

TAPE 12, SIDE A

003 (CARLSON, continues:) The proposed legislation does state that the laboratory should give notice giving possible need for interpretation of results by a person who is a medical professional but there is no assurance that this does take place. We believe that patient care could suffer as a result of the lack of such a dialogue. Regarding the results of HIV tests--the standard practice in the medical profession right now is that the tests are done with informed consent of individual. Upon the release of such test results if the test result is positive the physician has an obligation to inform the patient of the test results and give them appropriate counseling as to what the means of the test results are. That is for the patient's benefit and to protect the confidentiality of such test results. Considering the volume of tests done by laboratories in the state there are costs associated with making duplicate copies for the patient.

043 CHAIR STEIN: I don't think it's the intent of legislation that all test results would be distributed to patients. The idea is in cases where the patient wanted access to that record he could get it.

045 CARLSON: It's usually a fairly easy process to obtain these copies of these records from your physician. Mr. Huff ran into a lot of red tape. The reason he did run into such red tape was the lab didn't want to release results to anyone other than the physician to protect the patient's confidentiality. We believe the patients do already have access to their records; the overriding policy is to protect

confidentiality of medical records to best serve the patient and the public.

077 CHAIR STEIN: So it's your position there's no need for any adjustments in the statutes?

079 CARLSON: That's correct. We'd be happy to take a look at anything you would be considering to try to improve upon the current statute. Obviously you are going to run into problems from time to time. By and large, the statute has been in place since 1977 and has worked quite well.

085 JEFF HEATHERINGTON, OSTEOPATHIC PHYSICIANS: Testifies against the bill because of the need for interpretation of the lab tests. A laboratory test is a very narrow window of an indication of a patient's chemistry at a particular point in time. That chemistry can change based on diet, mood, disease processes going on. A patient receiving a lab test for a specific point in time can grossly misrepresent their state of health if you take that one lab test as being the real indication of what your health is. An example is cholesterol--depends on what you've eaten during the past 24 hours. The physician must interpret the results.

This bill does not address the issue of confidentiality, which is of utmost importance. Other people could represent themselves with false identification and get other people's medical records. They could use them against them for purposes of employment, blackmail, etc.

We think the bill is seriously flawed.

127 BRUCE BISHOP, KAISER PERMANENTE: Testifies against the bill because of

confidentiality. We support patients' having access to their medical records but with appropriate interpretation by the physician, but do not feel HB 2875 is an adequate response to those concerns, particularly with regard to confidentiality and interpretation problems that may result if patients can directly obtain lab results without it being furnished to them by their physician.

142 CHAIR STEIN: Closes public hearing on HB 2875 and reopens public hearing on HB 3292.

HB 3292 - HEALTH CLINICS FOR ADOLESCENTS, PUBLIC HEARING

Witnesses: Ann Kathy, Citizen Art Keil, Oregon Health Division Jim Lodwick, Video Store Owner Tom Hull, Video Store Owner Jim Walker, Video Store Owner Howard Klink, Multnomah County

150 ANN KATHY, FORMERLY OF MULTNOMAH COUNTY HEALTH DIVISION: Implemented school-based clinic in Multnomah County. Describes seven clinics in Multnomah County. It's not just a question of eliminating a program that's doing some good and starting it up again when more funds become available again. Once gone, it will be gone because there was so much controversy when the program was implemented that not many people will want to go through that again. The two basic goals of establishing these clinics were to provide comprehensive health care to an underserved population, which is adolescents. It is important to have age-appropriate health care that has to be where the kids are, immediately accessible, and given by people who understand adolescents. Adolescents are in a developmental age where they don't plan ahead. Over 35,000 visits have taken place in Multnomah County since the program was implemented. Hopes this program can be preserved; it will not easily be replaced.

305 ART KEIL, ASSISTANT TO ADMINISTRATOR, OREGON HEALTH DIVISION:
Introduces Ann Olson, Manager, Adolescent Health Program, Oregon Health
Division. Submits and summarizes written testimony for informational
purposes (EXHIBIT B) and submits survey of school-based health clinics
(EXHIBIT C). Division is not taking a position on the measure.

337 JIM LODWICK, OWNER, VIDEO GIANT: Testifies against the bill, but is
not against teen health clinics. Questions the propriety of the means
of funding as it pertains to the bill. Ten other states have failed to
pass similar bills largely due to First Amendment issue. Tax would hurt
many small businesses. This bill would amount to an approximately 10
percent tax on small, family businesses.

385 REP. SCHOON: Rep. Burton originally wanted to tax just the X-rated
videos. What about them?

387 LODWICK: In the early and mid-80's X-rated video rentals made up
approximately 20-50 percent of the total video rental market across the
nation. It is now down to about 7-8 percent. It has shrunk considerably
in proportion to the growth of the industry.

397 REP. SCHOON: What percentage of sales are they in Oregon?

400 LODWICK: I don't think there are any statistics for that, but I
assume it would be analogous to the national average which is between 5
and 10 percent.

400 REP. SCHOON: How many stores do you have?

402 LODWICK: I currently operate one store.

403 REP. SCHOON: Do you have an idea what it is in your store?

405 LODWICK: I don't rent X-rated tapes in my store. Many stores do
not. The numbers show that X-rated videos are significantly shrinking as
a segment of the industry. They will always be around.

TAPE 11, SIDE B

037 TOM HULL, VIDEO STORE OWNER: Submits and summarizes written
testimony against HB 3292 (EXHIBIT D).

115 JIM WALKER, VIDEO STORE OWNER: Since being a single store owner is
such a competitive business because of the national chains that are
growing by day, it makes it hard to make ends meet. A 10 percent tax
would be an added burden.

175 TOM HULL: It's been clear in my conversations with Rep. Burton's
office that two of the reasons that videos have been singled out is that
we're a convenient target and that videos are viewed as a luxury. The
statistics show that nationally it costs well over \$20 for a family to
see a movie in a movie theater. The same family can view the same movie
for \$3 in their own home. So it is a regressive tax in that it will
affect people of lower income. The other concern that I have is that
it's a very inefficient tax and very expensive to administer. I see
nothing in this bill that explains how it's going to be administered in
terms of how many additional staff the Department of Revenue will have
to hire and what will be involved in enforcement. It will be difficult
for the Department of Revenue to find out how many video rental
businesses there are.

225 HOWARD KLINK, PUBLIC AFFAIRS DIRECTOR, MULTNOMAH COUNTY DEPARTMENT
OF HUMAN SERVICES: Role with Multnomah County Department of Human
Services as Public Affairs Director involved for the last five years

coordination of the public hearings in the community education process. The two concerns addressed by elected officials were: (1) if you make funding available for teen clinics either locally or statewide this will create a funding pot to enable policymakers or administrators to shove teen clinics down the throats of communities that might be opposed to them, and (2) there will be a lack of community process involved in siting these clinics even in the face of significant community opposition, and clinics are sited anyway.

Things have changed dramatically since the first teen clinics began. In 1988 Portland public schools' polling results showed that 82% within the Portland School District approved of the school-based clinics and 79% approved of birth control information being available to teenagers. Polling in the Parkrose District showed 2 to 1 in favor of teen clinics. Reed College conducted a statewide poll which replicated these results. So please keep in mind that there is a strong base for public support.

300 CHAIR STEIN: Closes public hearing on HB 3292.

HB 3196 - TAX ON HEALTH SPAS, PUBLIC HEARING

Witnesses: Jeanne Atkins, HB 3114 Committee Mike Balter, HB 3114 Committee Ian Tim, Maternity Access Coalition Frank Eisenzimmer, Cascade Athletic Clubs Sandra Millius, Human Resources Coalition Don McIntire, McIntire's Athletic Club John Miller, Courthouse Athletic Clubs Virgil Kuhls, Multnomah Athletic Club Al Mobley, Citizen Chuck Richards, Sunset Athletic Club

320 JEANNE ATKINS, MEMBER, HB 3114 COMMITTEE ON ADOLESCENT PREGNANCY AND PARENTHOOD: Submits Executive Summary from HB 3114 Committee on Adolescent Pregnancy and Parenthood (EXHIBIT E). Hope to raise \$6 million from health club memberships which would be specifically dedicated to teen pregnancy prevention, teen parent programs, and general perinatal services. Bill was not designed around the politics of Ballot Measure #5 but was based on a Florida model which taxed a discretionary activity to address a very serious social problem.

397 MIKE BALTER, FORMER CHAIR, HB 3114 COMMITTEE ON ADOLESCENT PREGNANCY AND PARENTHOOD: 8,200 to 8,500 teens get pregnant in this state every year. Over 2,500 to 3,000 new families are created each year headed by a single teen mother.

TAPE 12, SIDE B

052 BALTER (continues): The programs that serve these young people are the ones that are most fragily funded. The programs that are in place to address this problem are all at risk. We are at a point of desperation and this tax is an act of desperation. Sees no correlation between this activity and health clubs. The issue of adolescent pregnancy is not distributed evenly and is not fair. As part of the deliberations of this committee, this was the only tax we believe that could generate this level of revenue that was needed -- \$6 million.

095 IAN TIM, MATERNITY ACCESS COALITION: Submits and summarizes written testimony (EXHIBIT F) in favor of HB 3196.

142 ATKINS: Submits fact sheet on broadcast media, teenagers, and sexuality (EXHIBIT G).

155 BALTER: What you've heard from the three of us is that this is not the time when we're trying to decide what to do. This is a day when we know what to do. There are proven models that are effective, that are measured and can be researched, so we're not speculating. We do have that kind of documentation which we didn't have five years ago.

160 REP. SCHOON: I'm glad that you're talking about preventative programs because one of the major problems we have with such a growing share of the resources of money that's available to us is to provide what we've considered traditional state functions like inspecting restaurants, etc. The money's no longer there to do that because we're spending so much money taking care of people, not that the needs aren't necessary, but we're becoming a method of raising money to take care of families.

170 BALTER: It's time we thought about breaking cycles.

172 FRANK EISENZIMMER, OWNER, CASCADE ATHLETIC CLUBS: Submits informational

material regarding taxes (EXHIBIT H). Agrees with Jeanne Atkins and her group on one thing, sees no connection between taxing athletic clubs and teen pregnancies. Disagrees with her on another thing, believes that there is something to do with this because of the fact that Don Mcintire, an athletic club owner, and I, an athletic club owner, were the major players in the passing of Measure #5. Thinks it's too much of a coincidence that this would happen at this time

190 REP. SCHOON: I hadn't heard very much about the bill and I didn't even know who the sponsor was until today. If that occurred, it certainly is not widespread knowledge around here. I would never put the connection together. There isn't anybody in this building, as far as I know, that is making an issue of that or is saying that it happened.

200 EISENZIMMER: Called eight legislators and mentioned to them that I thought that this was what was happening and every one of them said, "I would have to agree with you." The State has taken to task Multnomah County and other cities and counties around the state for proposing nickel-and-dime taxes in a piecemeal way to make up revenues, when in fact now the state is proposing to do the same thing. This came from a model in Florida. They do have a 6 percent tax on athletic clubs in Florida, but Florida has no state income tax, very little property tax, and a 10 percent sales tax on products so the comparison between Oregon and Florida would be very difficult to make. Discusses newsletter sent out by athletic clubs in Oregon to over 100,000 members around the state. If this measure goes through, this will be front page news to over 100 ,000 members around the state.

230 REP. RIJKEN: I would like to echo Rep. Schoon's earlier statement that I never thought about this connection and haven't looked into who was behind this bill. So this is news to me. I don't quite understand what bearing that last statement has on anything, and I wonder why that was brought up at all.

235 EISENZIMMER: Getting re-elected is a very important part of what happens in this body down here. The supporters of athletic clubs and theirs members would do what they could to get people unelected were they to support a tax which we think is unfair and even unconstitutional.

243 REP. RIJKEN: I understand and I see your point of view, but I think you're walking a very thin line with that statement.

245 CHAIR STEIN: I hope on behalf on the committee that this is not intended to be a threat to the committee and that you know that we are hear to listen to the testimony, evaluate it, and use our best judgement. Threats are not really acceptable.

247 EISENZIMMER: We consider a tax on our business a threat to us.

250 REP. SCHOON: I don't care if it's a threat. Getting re-elected may not be as important as you might think it is. We lay it on the line every day. When people want to do something and want to find a way to pay for it, it's always a tax on something. I think what you said is O.K. We can take it as we like it.

260 EISENZIMMER: In 1930 the average American was paying 10 percent tax. Today we're approaching 48 percent. I think the taxpayer has the right to come to the legislator and say we do have some power out here and we're going to do that.

265 SANDRA MILLIUS, HUMAN SERVICES COALITION OF OREGON/ FAMILY PLANNING ASSOCIATION OF OREGON: Testifies in favor of both HB 3114 and HB 329 2. The re-establishment of the teen clinics is a top priority. The teen clinics get teens where they are almost every day. Having these clinics allows teens to access primary care as well addressing other issues. Thinks that either of these options for funding ties very well for funding teen clinics -- essentially, putting a small fee on a membership to what is a health-fitness facility to provide health services for another group of people. With video rentals, this is a service that a lot of families access and is not proposed to be a large tax.

337 DON MCINTIRE, MCINTIRE'S ATHLETIC CLUB: Testifies against the bill. All of the proponents are saying that the end is important; forget the means. There are important issues at stake here. It's bad public policy to earmark any kind of a tax for something like a gas tax which becomes more like a user fee. When you're talking about a transfer of income from one segment of society to the other it's much better done within the General Fund system because historically things change. There's ebb and flow in society and priorities change as well as dollar amounts. This tax is a sales tax not an income tax. It's based on gross revenue, not on net profit. If the primary users of athletic clubs are the affluent, the people who work in the clubs are just working people. That's something you need to think about when you're thinking about tax policy -- if a club is employing people and also providing a definite service to the public, if you tip a club over what social good has that done to put people out of work, to keep the club from providing a service? If a club is marginal, or breaking even, or even losing, how would you like to have a 1 percent tax on your gross revenue? It would kill you. Sometimes you can have an honorable intention, rush in to pass some sort of legislation that can have some unintended effects.

425 CHAIR STEIN: Turns the gavel over to Rep. Schoon so she can attend another meeting.

TAPE 13, SIDE A

007 JOHN MILLER, ASSISTANT GENERAL MANAGER, COURTHOUSE ATHLETIC CLUBS: Testifies against the bill because it's unfair, very poorly targeted and ill advised. Sponsors of this tax make the assumption that the members of our clubs fit into the mold of upscale urban professionals with more disposable income than they know what to do with, that they join our clubs as a status symbol, to make a fashion statement, or to find a mate. Under such an impression, the assumption is that these clubs are simply luxuries and that the proposed tax is a tax on the rich. The great majority of our members are average people just trying to live a better life and take care of themselves. To a few of our members, this tax would be assessed to something they consider to be a luxury. But to many, the fitness programs we offer are not a luxury; they are a necessity for good health. For many people this would be a tax on their prescribed treatment for high blood pressure, stress, or coronary disease. For some it would be a tax on their physical therapy after injury or operation. It would definitely be a tax on something the government should be encouraging, and that is fitness. Urges the

committee to reject this proposal. The vast majority of members do not view exercise as a discretionary activity; it is something that they have to do to maintain good health. If you tax this, it's something that's going to discourage that. I can't understand providing discouragement to something that is a measure of preventative health care in order to provide a preventative health care in another means.

055 VIRGIL KUHLS, ASSISTANT MANAGER, MULTNOMAH ATHLETIC CLUB: Testifies against HB 3196. We are not against teen pregnancy prevention, etc. We are distressed by special taxation of organizations or groups that are not in any way related to the cause or use of the funds. The organizations that are being targeted are organizations that have very moral purposes, promote athletics, physical well-being and health. Many of these clubs have rehabilitative programs for the elderly and many preventative programs. The problem being addressed is a general problem of our society and I believe it's more important that the general public should be responsible for social service funds. We believe in equal and fair taxation for all individuals and organizations as much as possible, and believe that the taxation of organizations for unrelated needs is a concept that should be avoided. Urges committee to seek another way to provide this service.

100 AL MOBLEY, CITIZEN: Anyone would have to be politically naive not to believe that this is payback time. Don McIntire and Frank Eisenzimmer were the authors and main supporters of Measure #5, and this comes on the heels of that. I would encourage you to look very carefully at it as it will be seen as payback time. I think it's ill-advised for all the reasons given but especially for that reason.

115 VICE CHAIR SCHOON: I would tend to agree that there would be an obvious connection whether it was ever intended or not.

127 CHUCK RICHARDS, SUNSET ATHLETIC CLUB: About \$200,000 a year is generated in taxes through the Sunset Athletic Club. As a citizen, we asked our Legislature to take a look at the whole picture and not have a turkey shoot and randomly decide who to impose the taxes upon. Recommends dealing with it through the General Fund. I don't believe this is the appropriate way.

[Written testimony in favor of HB 3196 (EXHIBIT I) was also submitted by Michael Taylor, Legislative Assistant to Rep. McTeague.]

150 VICE CHAIR SCHOON: Closes public hearing on HB 3196. Adjourns the meeting at 5:03 p.m.

Submitted by: Reviewed by:

Carol Wilder Terry Connolly Assistant Administrator

EXHIBIT LOG:

A - Testimony on HB 2875 - Ed Patterson, Oregon Association of Hospitals - 2 pages. B - Testimony on HB 3292 - Art Keil, Health Division - 2 pages. C - Report on Oregon School-Based Health Clinics - Art Keil - 23 pages. D- Testimony on HB 3292 - Tom Hull - 5 pages. E - Executive Summary - Jeanne Atkins, HB 3114 Committee on Adolescent Pregnancy and Parenthood - 6 pages. F - Testimony on HB 3196 - Ian Tim, Maternity Access Coalition - 5 pages. G- Fact Sheet on Broadcast Media, Teenagers, and Sexuality

- 2 pages. H - Newspaper Articles on Taxes - Frank Eisenzimmer,
Cascade Athletic Clubs - 2 pages. I - Testimony on HB 3196 -
Michael Taylor, Legislative Assistant to Rep. McTeague - 1 page.