

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 HUMAN RESOURCES

February 6, 1991Hearing Room D 1:00 p.m.Tapes 22 - 23

MEMBERS PRESENT:Rep. Mary Alice Ford, Chair Rep. Beverly Stein, Vice-Chair Rep. Jerry Barnes Rep. Cedric Hayden (arrived 1:25 p.m.) Rep. Hedy Rijken (arrived 1:30 p.m.) Rep. Jackie Taylor

MEMBER EXCUSED: Rep. John Meek

STAFF PRESENT: Melanie Zermer, Committee Administrator Pamela Berger, Committee Assistant

WITNESSES: Mike Bullis, Oregon Disabilities Commission Patty Arndt, Access Oregon Independence Living Center Charlie Williamson, Oregon Trial Lawyers Association Grady Landrum, Access Oregon Independent Living Center Eugene Organ, Oregon Disabilities Commission Mary Bunch, Head Injury Task Force Brian DeLashmutt, Oregon Nurses Association Beth Blodgett, M.D. Lynnae Rutledge, Vocational Rehabilitation Division MEASURES CONSIDERED:HB 2282 - Head Injury Pre-treatment Screening - PH HB 2283 - Head Injury Cost Reduction fund - PH HB 2287 - Revises definition of "disabled" - PH HB 2288 - Create Injury Prevention Task Force - PH HB 2290 - Independent living centers and program - PH HB 2291 - Demonstration project community based care giver - PH HB 2398 - Criminal record check for certified child care providers - Wrk HB 2399 - Regional and Community Child Assessment Centers - Wrk Introduction of LC Drafts - Wrk

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TAPE 22, SIDE A

004 CHAIR FORD: Calls the meeting to order at 1:00 p.m. - Welcomes members of the audience.

WORK SESSION HB 2398 - Criminal record check for certified child care providers HB 2399 - Regional and Community Child Assessment Centers

025 MOTION: REPRESENTATIVE STEIN MOVES TO SUSPEND THE RULES FOR THE

PURPOSES OF RECONSIDERATION OF HB 2398 AND HB 2399.

031 VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

035 MOTION: REPRESENTATIVE STEIN MOVES RECONSIDERATION OF THE VOTE BY WHICH HB 2398 AND HB 2399 WERE SENT TO THE FLOOR FOR REFERRAL.

040 VOTE: THERE BEING NO OBJECTION THE MOTION CARRIES.

CHAIR FORD: HB 2398 and HB 2399 will be scheduled for public hearing later in the month.

047 MELANIE ZERMER, COMMITTEE ADMINISTRATOR: Submits and explains LC 1362 (EXHIBIT A), LC 1632 (EXHIBIT B), LC 2531 (EXHIBIT C), LC 2685 (EXHIBIT D), LC 2871 (EXHIBIT E), and LC 2876 (EXHIBIT F).

WORK SESSION INTRODUCTION OF LC DRAFTS

061 MOTION: REPRESENTATIVE TAYLOR MOVES INTRODUCTION OF LC 1362 (EXHIBIT A), LC 1632 (EXHIBIT B), LC 2531 (EXHIBIT C), LC 2685 (EXHIBIT D), LC 2871 (EXHIBIT E), and LC 2876 (EXHIBIT F) AS COMMITTEE BILLS.

ZERMER: Reviews sponsors of the drafts.

084 VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES UNANIMOUSLY. REPRESENTATIVE MEEK, REPRESENTATIVE HAYDEN, AND REPRESENTATIVE RIJKEN ARE EXCUSED.

PUBLIC HEARING HB 2290 - Independent living centers and program

Staff submits a SMS on HB 2290 (EXHIBIT G) and a fiscal impact statement on HB 2290 (EXHIBIT H).

106 MIKE BULLIS, DISABILITIES COMMISSION: HB 2290 is funded through the mechanism created by HB 2283 which established the Head Injury Cost Reduction Fund from an increase in the insurance premiums charged to foreign and alien insurers. - This bill will fund independent living centers and programs.

117 PATTY ARNDT, ACCESS OREGON: Submits and summarizes written testimony in

support of HB 2290 (EXHIBIT I). - Discusses available grants to help fund independent living centers. - Discusses staffing ratios. - Discusses locations of independent living centers.

244 REPRESENTATIVE BARNES: Are these centers going to be non-profit?

ARNDT: Yes, we are non-profit agencies.

REPRESENTATIVE BARNES: Section 2 of the bill states "Oregon Disabilities Commission shall administer...". Will the state provide funds for the community based organizations?

ARNDT: Yes, the centers will remain non-profit entities; they aren't for profit.

REPRESENTATIVE BARNES: Although the centers would not be state facilities, will they be state funded?

ARNDT: Correct, we currently receive state funding through the Vocational Rehabilitation Division (VRD) for independent living centers and we also have federal grants available to us as well as local and community support and foundation grants.

265 REPRESENTATIVE TAYLOR: How large would these centers be and how many persons could be served in each?

ARNDT: With a single center I foresee a staff of 10-20 people and a center could serve up to 300 -500 individuals depending on the types of services required. - These are non-residential and non-vocational centers; we offer a place for people to test skills.

300 CHAIR FORD: Where are the seven existing centers in the state and the places from which they receive funding?

ARNDT: The money isn't from the Vocational Rehabilitation Division, the money is received through the Rehabilitation Services Administration but VRD rehabilitation does administer those funds. - Some centers do utilize Part A funding which is vocational rehabilitation money; there are centers in Portland, Eugene, Klamath Falls, Bend, and Grants Pass.

335 BULLIS: It is frustrating to hear that independent living centers will reduce cost, but unfortunately sometimes you don't see those reductions as the "black hole" at DHR. - There are incredible cost benefits to keeping people out of intensive nursing home care environments.

375 GRADY LANDRUM, ACCESS OREGON INDEPENDENCE LIVING CENTER: Defines independent living centers as resource centers for those with disabilities. - VRD's function is to help individuals with education and re-training if they have acquired a disability or had one from birth. - Independent living centers provide the needed base for people to succeed in training programs; they assist people in getting the basic life skills helping them reach their full potential.

420 REPRESENTATIVE BARNES: Are outreach services provided outside of the center to the clients?

LANDRUM: Once a person accomplishes their goals, they will come back for more services later on to expand on those goals. - With advanced technology more people are living longer and surviving longer with disabilities; as long as people are driving cars, riding motorcycles or diving into shallow lakes there will be people with disabilities and these centers can help fill the need for service. 460 - When serving people with Traumatic Brain Injuries, (TBI), the caseload for one counselor turns out to be very small because of the extra time needed to get them back into society with the skills that they need.

488 REPRESENTATIVE STEIN: Is case management how you approach the independent living centers?

LANDRUM: Yes. Centers differ because the consumer initiates the planning, with assistance from a counselor.

REPRESENTATIVE STEIN: This is a good model for several social service programs.

053 EUGENE ORGAN, EXECUTIVE DIRECTOR, OREGON DISABILITIES COMMISSION: Submits written testimony in support on HB 2290 (EXHIBIT J). - We view independent living centers as being the thriving entity around the country in which people with disabilities are learning to live an independent life style, learning the skills that are needed to make decisions and to mainstream in society. 090 - HB 2290 uses existing programs and services to provide the services needed for people with head injuries.

REPRESENTATIVE BARNES: Have you done any cost analysis in terms of per client served?

ARNDT: I will provide that information at a later date.

125 LYNNAE RUTLEDGE, ASSISTANT ADMINISTRATOR, VOCATIONAL REHABILITATION DIVISION: Testifies in support of HB 2290. - Discusses the stabilization and funding for independent living centers. 155 - Vocational Rehabilitation has worked with independent living centers for ten years and we do have some of the information you are asking for about cost effectiveness measures and data collection. - We plea, as the state considers funding, that they look clearly at how to administer those funds; Vocational Rehabilitation is interested in continuing in that role. Currently, we play a role with the federal government with independent living rehabilitation. - Title VII of the rehabilitation act provides funding in the State of Oregon for independent living centers and it is administered through Vocational Rehabilitation and the Commission for the Blind and that should be considered as an option.

WORK SESSION HB 2398 - Criminal record check for certified child care providers HB 2399 - Regional and Community Child Assessment Centers

(The earlier work session on HB 2398 and HB 2399 was invalid because committee rules require two thirds majority of the members to suspend the rules prior to reconsideration.)

180 MOTION: CHAIR FORD MOVES TO SUSPEND THE RULES IN ORDER TO RECONSIDER A PREVIOUS MOTION TO REFER HB 2398 TO THE JUDICIARY COMMITTEE AND HB 2399 TO THE JUDICIARY COMMITTEE.

184 BEING NO OBJECTIONS, THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE MEEK IS EXCUSED.

185 MOTION: CHAIR FORD MOVES TO RECONSIDER A PREVIOUS VOTE TO REFER HB 2398 TO THE JUDICIARY COMMITTEE AND HB 2399 TO THE JUDICIARY COMMITTEE.

188 VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE MEEK IS EXCUSED.

PUBLIC HEARING HB 2291 - Demonstration project community based care giver

Staff submits a SMS on HB 2291 (EXHIBIT K) and a fiscal analysis of HB

2291

(EXHIBIT L).

200 MARY BUNCH, HEAD INJURY TASK FORCE: Testifies in favor of HB 2291 and describes how it originated. - The In-Home Demonstration Project was mandated by SB 724 and the entire purpose of that project was to create an apprenticeship program that would train CNAs to become community based care providers trained in the issues of Traumatic Brain Injury (TBI). - Describes CNA's training and tasks; in some circumstances CNAs serve very well, but they don't have adequate training to provide the kind of care needed in the community and in homes with TBI and the many complex issues that come up.

232 CHAIR FORD: What isn't a CNA capable of?

BUNCH: They are targeted at daily living such as bed, bath, grooming, feeding and dressing; their training doesn't prepare them for observation, assessment or prevention of unforeseen things that may come up. - More training would increase their opportunity to step up the career ladder, increasing their pay and to be able to give adequate service to the job they are required to do.

260 CHAIR FORD: Are you asking that they have a different degree or status?

BUNCH: Eventually we would hope that would be the outcome.

CHAIR FORD: What is the difference between that and a nurse and what about the potential impact on the shortage of nurses.

BUNCH: These people would be slightly less trained than the LPN; they would be a step below the nurse that is now able to give shots and do some independent things. - They would be trained in TBI and it also has the potential for opening this up to any other type of specialty, but it would be a specific demonstration project to prove that by training people and paying them better, you get better service and they will stay with the job longer.

300 CHAIR FORD: They would have to have the CNA certificate to start this program?

BUNCH: Yes, in order to provide in-home care they have to have that certification.

320 REPRESENTATIVE BARNES: Did the task force receive input from community colleges regarding modifying the curriculums to encompass this additional requirement?

BUNCH: Lane Community College in Eugene already provides a program that can be adapted to this and they are willing to work in developing that curriculum. - I have no doubt that other community colleges would participate, but we haven't talked to any other because the program is to be based in Lane County.

344 BRIAN DELASHMUTT, OREGON NURSES ASSOCIATION: Testifies in opposition to establishing a new level of provider. - There is a direct tie between what appears to be a new level of provider and a nursing shortage. 370 - We aren't able to provide enough nurses in this state. - It isn't our organizations responsibility to supply the need, it is the

state's responsibility, higher educations and community colleges to supply the need.

REPRESENTATIVE HAYDEN: Isn't that what this bill does?

DELASHMUTT: No, it doesn't deal with the nursing shortage, but with establishing another level of provider. 408 - If we change our programs, working with the community colleges to make sure that they are picking up this piece under the current CNA programs that might be a solution to take care of this need. - For years we have been concerned about the lack of educational opportunities for RN's in this state; we have a nursing shortage, but we are going the wrong direction.

463 REPRESENTATIVE HAYDEN: I'd like to hear if this is the type of program that needs a highly educated professional to provide this care.

CHAIR FORD: We can get someone to come talk about that. - It seems that the CNA training currently isn't adequate; this bill doesn't say we need RN's, they just need CNAs with extra instruction. - CNA's aren't well paid, for encouragement there will have to be a pay incentive and that is how I understand the bill, not that there would be a new licensing procedure; do you object to that?

TAPE 22, SIDE B

035 DELASHMUTT: We have no problem with the project as I understand the concept of getting the right provider with the right educational background and plugging them in where there is need. - The only objection is to the phrase in the bill that says "in light of the nursing shortage" and I say that then we should create more nurses rather than create a new provider.

050 BUNCH: There is nothing in the bill that says there needs a new level of nursing provider; CNAs can be trained to do this type of work and be compensated for it and that would take care of the problem. - The rationale behind the bill was to provide the kind of care in the community that is needed and that RN's aren't willing to do.

DELASHMUTT: We would have no problem if the language was different with that concept.

063 REPRESENTATIVE HAYDEN: I will need time to look the bill over.

PUBLIC HEARING HB 2283 - Head Injury Cost Reduction fund

075 BETH BLODGETT, M.D.: Testifies in support on HB 2283. - I am Oregon's rehabilitation pediatrician and I've been surprised at how quickly and easily we've been able to build an alliance between schools, early intervention programs, self help groups, family support groups and the medical rehabilitation program for children with head injuries. - Discusses costs involved when dealing with head injuries. - We have seen a change in childrens and adolescents behavior after a head injury that makes them more vulnerable to get into situations like gangs, drug and alcohol abuse, minor crimes, truancy and difficulty in school so that the kind of multiple small areas of disability in life prevents the

child from having a strong self image. - The big expense from head injury in our society isn't services to rehabilitate people or to prevent injury, but when those people haven't had the services that will help them become productive members of our society. 115 - The expense comes from social services and law enforcement services; we have people who would be capable of becoming tax payers, but instead become tax drains. - We need such an important fund to be set up.

PUBLIC HEARING HB 2282 - Head Injury Pre-treatment Screening HB 2283 - Head Injury Cost Reduction fund HB 2287 - Revises definition of "disabled" HB 2288 - Create Injury Prevention Task Force HB 2289 - Level 1 Trauma Prevention Program HB 2290 - Independent living centers and program HB 2291 - Demonstration project community based care giver

123 CHARLIE WILLIAMSON, OREGON TRAIL LAWYERS ASSOCIATION: Submits and summarizes written testimony in support of HB 2282, HB 2283, HB 2287, HB 2288, HB 2289, HB 2290, and HB 2291 (EXHIBIT M). - Our members see many head injured people and would do anything we could to prevent this sort of thing happening. - On HB 2288 we would hope that in the appointments of a future task force that an attorney representing people suffering from head injuries would be included.

150 CHAIR FORD: Adjourns the meeting at 2:15 p.m.

Submitted by:      Reviewed by:

Pamela Berger      Melanie Zermer AssistantAdministrator

EXHIBIT LOG: A - LC 1362 submitted by STAFF, 2 pp. B - LC 1632 submitted by STAFF, 3 pp. C - LC 2531 submitted by STAFF, 10 pp. D - LC 2685 submitted by STAFF, 9 pp. E - LC 2871 submitted by STAFF, 14 pp. F - LC 2876 submitted by STAFF, 3 pp. G - Measure summary on HB 2290 submitted by STAFF, 1 pp. H - Fiscal impact statement on HB 2290 submitted by STAFF, 1 p. I - Written testimony on HB 2290 submitted by ARNDT, 5 pp. J - Written testimony on HB 2290 submitted by ORGAN, 3 pp. K - Measure summary on HB 2291 submitted by STAFF, 1 pp. L - Fiscal impact statement on HB 2291 submitted by STAFF, 1 p. M - Written testimony submitted on HB 2282, HB 2283, HB 2287, HB 2288, HB 228 9, HB 2290, and HB 2291 by WILLIAMSON, 2 pp. N - Written testimony submitted for the record on HB 2291 by ORGAN, 2 pp.