

House Committee on Human Resources May 8, 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 HUMAN RESOURCES

May 8, 1991Hearing Room D 1:00 p.m.Tapes 140 - 142

MEMBERS PRESENT:Rep. Mary Alice Ford, Chair Rep. Beverly Stein, Vice-Chair Rep. Jerry Barnes Rep. Cedric Hayden Rep. John Meek (arrived 1:47 p.m.) Rep. Hedy Rijken Rep. Jackie Taylor

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

MEASURES CONSIDERED:HB 3575 - Allows income tax credit for foster parents - wrk HB 3218 - Requires Commission for Child Care to establish criteria for applications and awards of grants to educate and train providers of certain

early childhood care and education - wrk HB 3220 - Requires one percent of lottery funds allocated for economic development programs to be used to develop child care resources - wrk Universal Access to Health Care - Inf

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TAPE 140, SIDE A

010 CHAIR FORD: Calls the meeting to order at 1:02 p.m.

WORK SESSION: HB 3575 - Allows income tax credit for foster parents

MELANIE ZERMER: Submits and explains HB 3575-1 proposed amendments (EXHIBIT B).

MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF THE HB 357 5-1 PROPOSED AMENDMENTS.

VOTE: THERE BEING NO OBJECTIONS, THE AMENDMENT IS ADOPTED.

MOTION: REPRESENTATIVE STEIN MOVES HB 3575, AS AMENDED, TO THE COMMITTEE

ON REVENUE AND SCHOOL FIANCE.

REPRESENTATIVE TAYLOR: Met a foster parent this weekend who was not aware of this bill. When I explained it to her she indicated that she was not necessarily supportive of it.

VOTE: THE MOTION PASSES 5-0. REPRESENTATIVE HAYDEN AND REPRESENTATIVE MEEK ARE EXCUSED.

WORK SESSION: HB 3218 - Requires Commission for Child Care to establish criteria for applications and awards of grants to educate and train providers of certain early childhood care and education

MELANIE ZERMER: Submits and explains HB 3218-1 proposed amendments (EXHIBIT C).

MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF THE HB 321 8-1 PROPOSED AMENDMENTS.

REPRESENTATIVE STEIN: Is there a fiscal impact on this bill?

MELANIE ZERMER: This is not a money bill, it is a policy around training.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE STEIN MOVES TO RESCIND THE REFERRAL TO THE COMMITTEE ON WAYS AND MEANS.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE STEIN MOVES HB 3218, AS AMENDED, TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES 6-0. REPRESENTATIVE MEEK IS EXCUSED. REPRESENTATIVE STEIN WILL CARRY HB 3218 TO THE FLOOR.

WORK SESSION: HB 3220 - Requires one percent of lottery funds allocated for economic development programs to be used to develop child care resources

MELANIE ZERMER: Submits and explains HB 3220-1 proposed amendments (EXHIBIT D) and a fiscal analysis (EXHIBIT E).

MOTION: REPRESENTATIVE RIJKEN MOVES ADOPTION OF THE HB 3220-1 PROPOSED AMENDMENTS.

REPRESENTATIVE BARNES: Objects because the New Work Force Quality Council has taken care of this. One of their task is to provide for child care, emergency medical needs, etc. This is not necessary and creates another layer of bureaucracy. I do believe in the concept of this bill.

125 REPRESENTATIVE HAYDEN: Agrees with Representative Barnes. The Committee

on Trade and Economic Development has allocated lottery dollars for child care. This would be a second source of income. If every committee would allocate 1% of lottery dollars for some worthy project, that would be 16-20% of the lottery dollars not being allocated through the substantive committee assigned to deal with lottery funds. All of these allocations should go through the Committee on Trade and Economic Development and then to the Committee on Ways and Means. Not that this isn't a worthy cause, but it has already been taken care of.

REPRESENTATIVE TAYLOR: I wish I felt more confident that every economic development project includes recognition and that child care needs are considered part of work force needs. I favor this bill and think that as amended, it will take little money and is fairly harmless. It recognizes that child care needs are important to the work force.

VOTE: THE MOTION FAILS. REPRESENTATIVE RIJKEN, REPRESENTATIVE STEIN, AND REPRESENTATIVE TAYLOR VOTE AYE. REPRESENTATIVE BARNES AND REPRESENTATIVE HAYDEN VOTE NO. REPRESENTATIVE MEEK AND CHAIR FORD ARE EXCUSED. COMMITTEE RULES REQUIRE THAT THE VOTE OF A MAJORITY OF THE MEMBERS OF THE COMMITTEE IS REQUIRED TO AMEND A MEASURE.

INFORMATIONAL: Universal Access to Health Care Witnesses: Ellen Pinney, Oregon Health Action Campaign (OHAC) Diane Rau, Graduate Teaching Fellows Federation Rep. Carl Hosticka, District 40 Wendy Van Elverdinghe, Oregon Health Action Campaign (OHAC) John Van Slyke, Small Businessman Dr. Patricia Kuhlberg Dr. Tim Takara Dianna Witka, Oregon School Employees Association Rev. Caren Caldwell, United Church of Christ

184 DIANE RAU, GRADUATE TEACHING FELLOWS FEDERATION: Submits and reads written testimony in favor of universal access to health care (EXHIBIT G).

256 REP. CARL HOSTICKA, DISTRICT 40: Testifies in favor of the universal access to health care. - Discusses health care reform. - Discusses the waste problem and bureaucratic overhang in the health care system. There are a large number of people employed in the health care system who are needed to process paperwork. The system is so detailed and complicated that it takes a large number of people just to explain the process. - Describes the Canadian health care system. - Describes "health insurance slavery" (people staying with a job or taking a job they do not want because of the needed health insurance provided by the employer). - The current health care system does not work. To piecemeal it will not be effective either. To reform and revamp the system is the only answer. - The current system is employer and eligibility based - which has flaws. - As we put more government money into the system we actually inflate the system.

TAPE 141, SIDE A

- Doesn't feel that the employer mandate will succeed in covering everybody. That is why I am an advocate in replacing that concept with a single payer universal access system, modeled after the Canadian system but not duplicative. - If we institute a single payer system, funded by a payroll or employment tax, we get rid of health insurance premiums

paid by employers, workers compensation premiums, and a large amount of the TORT liability insurance system. - A single payer publicly supported system would eliminate concerns if a certain health condition was job related and/or who should pay for services. - Don't believe we need to create a new bureaucracy to administer a system; we could contract with a private entity to do the administration. - By eliminating the waste and cost shift, and providing access to all (when they need it) we will have a healthier population at an equal or less cost. 040 - Discusses pricing out health insurance.

ACTING-REPRESENTATIVE STEIN: CHAIR FORD had a meeting to attend and is unable to hear your presentation. REPRESENTATIVE HAYDEN indicated that he did not support this proposal and was not going to listen to it.

060 WENDY VAN ELVERDINGHE, OREGON HEALTH ACTION CAMPAIGN (OHAC): Submits and reads written testimony in favor of universal access to health care (EXHIBIT J).

165 ELLEN PINNEY, OHAC: Testifies in favor of universal access to health care. Explains testimony included in Exhibit J and explains the bill, section by section. - Submits, for the record, testimony in support of universal access to health care from Ian Timm, Oregon primary Care Association (EXHIBIT K) and from Bill Gordon,

Portland Gray Panthers (EXHIBIT L). - Describes OPB special with Walter Cronkite comparing the Canadian health care system to the American health care system. - Employers will soon not be able afford the health care benefits within the current system and the state will not be able to sustain an adequate package of benefits for Medicaid recipients. The high risk pool, as they have in 19 other states, will start to go under financially. 220 - This is not socialized medicine - this is socialized funding. Everybody pays a percentage of their payroll, Medicare and Medicaid waivers will be obtained, and doctors would still be able to be self employed. They would have the option to operate under a fee for service or they could elect to participate in a managed care system (unlike Canada's system). - Describes Canada's health care organizations. - Most hospitals in Oregon are private non-profit. - Describes British Columbia's ministry who negotiates rates with hospitals and providers. - We propose setting up an Oregon health board which would consist of business leaders, labor leaders, consumers, and providers. They would be advised by regional advisory boards. - Our proposal provides comprehensive benefits without deductibles and sets up four trust funds: 1. preventative services, 2. health services account, 3. capital account, and 4. research and development account. - We would like a progressive income tax to finance our health care system, but we assume that will not happen. - 84% of our health insurance is provided through employers; we have an employment based system of providing health care. The average employer, who provides health insurance, pays about 9% of their gross payroll for health care benefits. - Discusses medical inflation rate. - Comments on gallup poll released by the Oregon Medical Association.

346 DR. PATRICIA KULBERG: Testifies in favor universal access to health care. - The access problem in health care will not be solved until the cost problem is solved. - SB 790 is the only plan which addresses both the health care problem and the cost shift problem. - The most obvious problem is administrative costs which can be rectified by reorganizing the financing from a multiple payer plan to a single payer plan. - Discusses resources spent trying to manage the 50 different funding sources to provide health care for the indigents. This is a shameful

waste of money. - Discusses Governor Robert's plan for purchasing authority. - The medical community is not uniform in opposing this concept. - Nationwide, probably close to 50% of the physicians are salaried, lower in Oregon.

TAPE 140, SIDE B

- This plan would not mean necessarily mean that long waiting periods for care will occur, as in Canada. - Discusses historical perspective of the Oregon Medical Association (OMA) fighting against Medicare and Medicaid. - Discusses rationing.

080 DR. TIM TAKARA: Testifies in favor of universal access to health care. - Has experience working in other countries with single payer system. - Describes cases where physicians do not have the ability to care for patients, as they would like, because of lack of funding from the patient. - I, as well as many of my colleagues, would be willing to take a cut in pay in order to provide the care we know our patients need. - Congress is unlikely to pass a nationwide health care bill.

180 JOHN VAN SLYKE, SMALL BUSINESSMAN: Submits and reads written testimony in favor of universal access to health care (EXHIBIT ?).

290 DIANA WITKA, OREGON SCHOOL EMPLOYEES ASSOCIATION: Submits and reads written testimony in favor of universal access to health care (EXHIBIT M).

330 REV. CAREN CALDWELL, UNITED CHURCH OF CHRIST: Submits and reads written testimony in favor of universal access to health care (EXHIBIT N).

TAPE 141, SIDE B

WORK SESSION: HB 3220 - Requires one percent of lottery funds allocated for economic development programs to be used to develop child care resources

MOTION: ACTING CHAIR STEIN ASKS FOR UNANIMOUS CONSENT TO ALLOW REPRESENTATIVE FORD TO VOTE ON THE ADOPTION OF HB 3220-1 PROPOSED AMENDMENTS.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION PASSES.

VOTE: REPRESENTATIVE FORD VOTES AYE. THE PROPOSED AMENDMENTS ARE ADOPTED.

MOTION: REPRESENTATIVE RIJKEN MOVES HB 3220, AS AMENDED, TO THE COMMITTEE ON WAYS AND MEANS.

VOTE: THE MOTION PASSES 4-1. REPRESENTATIVE RIJKEN, REPRESENTATIVE STEIN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE BARNES VOTES NO. REPRESENTATIVE HAYDEN AND REPRESENTATIVE MEEK ARE EXCUSED.

INFORMATIONAL: Universal Access to Health Care Witnesses: Diane Rosenbalm, Oregon State Industrial Union Council Mary Ann Curry, Healthy Mothers/Healthy Babies Amy Klare, AFL-CIO Betty Johnson, Governor's Commission on Senior Services Lynae Edwards, Citizen Irene Bromley, Citizen

060 DIANE ROSENBALM, OREGON STATE INDUSTRIAL UNION COUNCIL: Testifies in favor of universal access to health care. - Labor employees support this because it provides social and economic justice.

150 MARY ANN CURRY, HEALTHY MOTHERS/HEALTHY BABIES: Submits and reads written testimony in favor of universal access to health care (EXHIBIT O).

190 AMY KLARE, AFL-CIO: Submits and reads written testimony in favor of universal access to health care (EXHIBIT P). - There are issues regarding managed care that need to be resolved, yet managed care is important. People need to have choice in physicians. - You can have managed care and choice of physicians.

265 BETTY JOHNSON, GOVERNOR'S COMMISSION ON SENIOR SERVICES: Submits and reads written testimony in favor of universal access to health care (EXHIBIT Q).

TAPE 142, SIDE A

010 LYNAE EDWARDS, CITIZEN: Submits and reads written testimony in favor of

universal access to health care (EXHIBIT R), specifically as a disabled victim of the system.

135 IRENE BROMLEY, CITIZEN: Submits and reads written testimony in favor of

universal access to health care (EXHIBIT S).

Submitted for the record, testimony from Patricia Rodgers (EXHIBIT F), testimony from Courtney Campbell (EXHIBIT H), testimony from Elisabeth Tandonnet, M.D. (EXHIBIT I).

CHAIR FORD: Adjourns the meeting at 3:10 p.m.

Submitted by,

Reviewed by,

Pamela Berger

Melanie Zermer

EXHIBIT LOG: B - HB 3575 - amendments - staff - 1 p. C - HB 3218 - amendments - staff - 2 pp. D - HB 3220 - amendments - staff - 2 pp. E -

HB 3220 - fiscal analysis - staff - 1 p. F - Health Care - testimony from Rodgers - staff - 1 p. G - Health Care - testimony - Rau - 4 pp. H - Health Care - testimony from Campbell - staff - 2 pp. I - Health Care - testimony from Tandonnet - staff - 1 p. J - Health Care - testimony - Elverdinghe - 54 pp. K - Health Care - testimony from Timm - Pinney - 2 pp. L - Health Care - testimony from Gordon - Pinney - 5 pp. M - Health Care - testimony - Witka - 2 pp. N - Health Care - testimony - Caldwell - 4 pp. O - Health Care - testimony - Curry - 2 pp. P - Health Care - testimony - Klare - 3 pp. Q - Health Care - testimony - Johnson - 2 pp. R - Health Care - testimony - Edwards - 2 pp. S - Health Care - testimony - Bromley - 2 pp. T - Health Care - testimony - Van Slyke - 2 pp.