

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 29, 1991 Hearing Room D 1:00 p.m. Tapes 170 - 173

MEMBERS PRESENT: Rep. Mary Alice Ford, Chair Rep. Beverly Stein, Vice-Chair Rep. Jerry Barnes Rep. Cedric Hayden Rep. John Meek (arrived 1:20) Rep. Hedy Rijken Rep. Jackie Taylor

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

MEASURES CONSIDERED: SB 787 - Requires health care organizations to maintain written policies and procedures relating to individual health care decisions - wrk SB 833 - Allows hospitals, local boards of health, or nonprofit clinics providing perinatal care to create perinatal care access program - wrk SB 319 - Specifies that provision relating to automatic repeal of certain statutes on individual and group health insurance does not apply to other specified provision until July 1, 1995 - paw SB 760 - Requires Adult and Family Services Division to endeavor to develop agreements with local governments relating to certain medical assistance - paw SB 1029 - Authorizes certain transfers from Elderly and Disabled Housing Sinking Fund for purpose of financing multifamily housing for elderly and disabled - paw SB 1087-A - Creates policy of prevention services in children's mental health programs of Mental health and Developmental Disability Services Division - paw SB 744-A - Authorizes consolidation of internal audits units within Department of Human Resources - paw SJM9 - Memorializes Congress to enact legislation that eliminates inequities in federal benefits among persons with different disabilities by

providing persons with disabilities benefit calculations which result in the higher level of benefits - paw SJM10 - Memorializes Congress to support legislation to remove barriers to independent living for individuals with disabilities - paw

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.

TAPE 170, SIDE A

010 CHAIR FORD: Calls the meeting to order at 1:12 p.m.

WORK SESSION: SB 787 - Requires health care organizations to maintain written policies and procedures relating to individual health care decisions Witness: G.G. Goldthwaite, Governor's Commission on Senior Services

Staff submits SB 787-A5 proposed amendments (EXHIBIT A) and SB 787-A6 proposed amendments (EXHIBIT B).

011 G.G. GOLDTHWAITE, GOVERNOR'S COMMISSION ON SENIOR SERVICES: Submits and reads written testimony in favor of SB 787 (EXHIBIT P).

MOTION: REPRESENTATIVE BARNES MOVES TO SUSPEND THE RULES IN ORDER TO ALLOW FOR RECONSIDERATION.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE BARNES MOVES TO RECONSIDER SB 787 .

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE BARNES MOVES ADOPTION OF THE SB 787-A6 PROPOSED AMENDMENTS.

VOTE: THE MOTION PASSES 4-2. REPRESENTATIVE BARNES, REPRESENTATIVE HAYDEN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE HAYDEN AND REPRESENTATIVE STEIN VOTE NO. REPRESENTATIVE MEEK IS EXCUSED.

MOTION: REPRESENTATIVE BARNES MOVES SB 787, AS AMENDED, TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES 5-1. REPRESENTATIVE BARNES, REPRESENTATIVE HAYDEN, REPRESENTATIVE STEIN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE HAYDEN VOTES NO. REPRESENTATIVE MEEK IS EXCUSED. CHAIR FORD WILL CARRY SB 787 TO THE FLOOR.

WORK SESSION: SB 833 - Allows hospitals, local boards of health, or nonprofit clinics providing perinatal care to create perinatal care access program Witnesses: Jim Carlson, Oregon Medical Association (OMA) Charlie Williamson, Oregon Trial Lawyers Association (OTLA) Brian DeLashmutt, Oregon Nurses Association (ONA)

MELANIE ZERMER: Submits and explains SB 833-14 proposed amendments from REPRESENTATIVE STEIN (EXHIBIT C) and SB 833-13 proposed amendments (EXHIBIT D). - Describes proposed amendments submitted at earlier meetings.

100 MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF THE SB 833 -14 PROPOSED AMENDMENTS (EXHIBIT C).

REPRESENTATIVE STEIN: Explains the SB 833-13 (Exhibit C) proposed amendments. 155 - Spoke to Brian DeLashmutt, Oregon Nurses Association, who said this wasn't much of an issue for nurses and nurse practitioners - they get fairly inexpensive coverage and are not getting sued.

CHAIR FORD: Asks about scope of practice and liability for physician assistants.

JIM CARLSON, OREGON MEDICAL ASSOCIATION (OMA): Physicians assistants are licensed by the same licensing authority as physicians, which is the Board of Medical Examiners. They have to work closely with a supervising licensed physician. The physician supervises their scope of practice. In rural areas, physician assistants often work at another location than the physician. Can't speak to the malpractice insurance premiums that they pay.

175 REPRESENTATIVE HAYDEN: Thinks that it is true that physician assistants probably carry their own insurance and are probably covered under the policy of the physician who is ultimately responsible for any TORT which occurs in the case of malpractice. They have dual coverage.

CARLSON: Believe that you are correct. They would carry a separate policy for their malpractice coverage. And the supervising physician would most likely be held liable.

REPRESENTATIVE MEEK: Please explain the difference between liability for specific economic damages and general damages.

CARLSON: During the 1987 liability reform they separated damages into economic and non-economic damages. The economic damages are types of things which can be calculated (i.e. loss wages, medical bills). Non-economic damages are things that you cannot put a specific dollar amount on (i.e. pain and suffering). - Non-economic damage awards were capped at \$500,000 and in most cases, the

rewarding of punitive damages against health care providers were prohibited. - There has been a lower court ruling, that ruled the \$500,000 cap was non constitutional.

REPRESENTATIVE HAYDEN: Is there a cap on economic damages?

CARLSON: No, but punitive damages are prohibited against health care providers acting within their scope of practice, except in the case of malice and gross negligence.

246 CHAIR FORD: The SB 833-14 proposed amendments would be cap the economic damages, which are not currently capped, at \$1 million. The non-economic damages, which are currently capped at \$500,000 would be reduced to \$200,000.

CARLSON: The limit for TORT claims are separate for public entities. - Government has done a better job at capping their own liability, more so than the private sector.

REPRESENTATIVE MEEK: The state and county liability limits would only be extended to the non profits clinics. That is a different law than the \$500,000 cap.

CARLSON: There are two distinct statutes -- the public TORT claims limits and the \$500,000 general liability cap.

280 REPRESENTATIVE HAYDEN: Seems that we are trying to focus on a very small

program -- which is prenatal and post-natal care for low income pregnant women. - The lower we put the cap, the more services will be provided;

therefore we will be doing needy people a service by reducing the cap.

320 REPRESENTATIVE STEIN: Thinks that the maternity care access program that we are trying to set up, is going to help the hospitals because they are going to get fewer high risk babies. It will be in their best interest to participate in these coalitions. It would be outrageous if they pulled out just because they didn't get their liability cap.

REPRESENTATIVE BARNES: Please clarify general and specific damages.

CHAIR FORD: General is non-economic; specific is economic.

335 CHARLIE WILLIAMSON, OREGON TRIAL LAWYERS ASSOCIATION: Suggests using "non-economic" and "economic" terms instead of general and specific.

REPRESENTATIVE STEIN: Does the TORT liability language use "general" and "specific"?

WILLIAMSON: No, they use "non-economic" and "economic".

REPRESENTATIVE STEIN: Then these amendments should use the "non-economic" and "economic" terms.

MELANIE ZERMER: Should nurse practitioners and physicians assistants be included?

REPRESENTATIVE STEIN: Yes.

410 BRIAN DeLASHMUTT, OREGON NURSES ASSOCIATION (ONA): Discusses liability for nurse practitioners. All nurse practitioners in the state carry their own liability coverage, purchased through a large carrier. Most Registered Nurses carry about \$1 million liability coverage. Nurse Practitioners can purchase above that amount. It is more difficult for Certified Nurse Midwives (CNMs) and OB/GYNs to obtain a higher coverage because of a higher risk in the business.

TAPE 171, SIDE A

- Certified Nurse Midwives' liability coverage was dropped at one point, at that time we considered self-insuring, but did eventually find a carrier. - Nurse Practitioners and Certified Nurse Midwives who work in conjunction with facilities may also be covered by the facility. - Concerned about individual providers carrying the burden of coverage for a program. - Hope that the program will have coverage, not just the provider. - Concerned about single coverage and releasing of experience rating information. - Clarifies differences between a Nurse Practitioners and Certified Nurse Midwives.

106 WILLIAMSON: Clarifies special damages and general damages.

REPRESENTATIVE TAYLOR: Now we are talking about special damages, specific damages, and general damages.

CHAIR FORD: Are "special" and "general" used in statute?

WILLIAMSON: They are used in the TORT Claims Act, not in the TORT Reform statute.

REPRESENTATIVE HAYDEN: Wwould like a Legislative Counsel opinion on terminology.

REPRESENTATIVE STEIN: Withdraws motion.

MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF LINES 1- 4, 6-12, AND 14-17 (PAGE 1) OF THE SB 833-13 PROPOSED AMENDMENTS.

REPRESENTATIVE STEIN: Withdraws motion.

PUBLIC HEARING: SB 319 - Specifies that provision relating to automatic repeal of certain statutes on individual and group health insurance does not apply to other specified provision until July 1, 1995

265 MELANIE ZERMER: Submits and explains a staff measure summary, a fiscal analysis, and a revenue statement on SB 319 (EXHIBIT E), statutes regarding SB 319 (EXHIBIT F), and a mandate briefing relating to SB 319 (EXHIBIT G).

WORK SESSION: SB 833 - Allows hospitals, local boards of health, or nonprofit clinics providing perinatal care to create perinatal care access program Witness: Kathleen Beaufait, Legislative Counsel Office

280 KATHLEEN BEAUFIT, LEGISLATIVE COUNSEL OFFICE: "General damages" and "special damages" are established law terms. "Economic" and "non-economic" are terms which were introduced during the TORT control act. The definitions were not conterminous. The term "non-economic damages" went beyond what we thought were "special damages". If the committee has any questions, define the terms as you would like to see them used. - To use "economic" and "non-economic" would appropriate.

REPRESENTATIVE MEEK: Concerned how the terms will fit it to terminology used by city and county government.

BEAUFIT: When drafting amendments, will keep the committee's concerns in mind and will keep this language clean, as you suggest.

TAPE 170, SIDE B

PUBLIC HEARING: SB 319 - Specifies that provision relating to automatic repeal of certain statutes on individual and group health insurance does not apply to other specified provision until July 1, 1995 Witness: Steven Cloud, Adult and Family Services Bruce Bishop, Kaiser Permanente Brian DeLashmutt, Oregon Nurses Association

005 MELANIE ZERMER: Continues explaining a staff measure summary, a fiscal analysis, and a revenue statement on SB 319 (EXHIBIT E), statutes regarding SB 319 (EXHIBIT F), and a mandate briefing regarding SB 319 (EXHIBIT G).

073 STEVEN CLOUD, ADULT AND FAMILY SERVICES: In 1985 legislation was passed which extended health insurance coverage to children not residing

in the home. - We are required, by federal law, to pursue medical support enforcement as part of the child support program for these children. While we were doing this, insurers were writing the children out of the policies by excluding coverage because they did not reside in the home. - Currently, there are approximately 95,000 medically eligible children being served by the Medicaid program. Approximately 5,000 of them have health insurance through the absent parent. If insurance companies return to the practice of excluding these children from coverage, we could have a fiscal impact of approximately \$7.1 million biennially. This is a low number because many of the medical providers do not bill the Medicaid agency if the payment amount is going to be greater than what the Medicaid agency would pay. Roughly, there are about \$11.8 million in cost avoidance because of insurance through the absent parent.

099 REPRESENTATIVE HAYDEN: With this mandate, the people who buy insurance will pay the costs. Without this mandate, people who pay taxes are going to pay the costs. Which is the larger population?

CLOUD: Probably the tax payers.

110 REPRESENTATIVE MEEK: Explains that employer medical plans are based on family rates.

REPRESENTATIVE HAYDEN: This just shifts money, not sure if we are accomplishing anything.

CLOUD: This would extend medical insurance for children not living with the policy holder.

CHAIR FORD: In other words, you have people who are receiving uncompensated care, if they are not on Medicaid. And those people are part of the uninsured who are being picked up for their care, somewhere, not through the state.

CLOUD: Correct.

150 MELANIE ZERMER: Continues explaining the mandate briefing regarding SB 319 (EXHIBIT G).

REPRESENTATIVE HAYDEN: Sympathetic to the needs of having these mandates, but they do raise the cost of insurance. We are taking two different approaches: we are extending mandates but at the same time we are implementing 1989 SB 27, which is a mandate free health care system.

MELANIE ZERMER: Discusses SB 321.

Discussion on amending SB 319 by making reference to SB 321.

230 BRUCE BISHOP, KAISER PERMANENTE: Kaiser Permanente is subject to virtually all of the state health mandates. Discusses changes made to SB 321 in the Senate Health Care and Bio-Ethics Committee.

REPRESENTATIVE HAYDEN: Is there any health insurance programs which are mandate free?

BISHOP: The Insurance Pool Governing Board may be offering mandate free insurance policies.

290 BRIAN DeLASHMUTT, OREGON NURSES ASSOCIATION: Discusses changes made

to SB 321 in the Senate Health Care and Bio-Ethics Committee.

310 MELANIE ZERMER: SB 319 addresses services/service mandates. Children not in household is not addressed in putting together a package of benefits, as well as the continuation of coverage mandate.

WORK SESSION SB 319 - Specifies that provision relating to automatic repeal of certain statutes on individual and group health insurance does not apply to other specified provision until July 1, 1995

MOTION: REPRESENTATIVE BARNES MOVES SB 319 TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE MEEK WILL CARRY SB 319 TO THE FLOOR.

235 CHAIR FORD: Recesses the meeting at 2:35 p.m. - Re-convenes the meeting at 2:50 p.m.

PUBLIC HEARING: SB 744-A - Authorizes consolidation of internal audits units within Department of Human Resources Witnesses: Senator Paul Phillips, District Ken Johnson, DHR Director of Internal Audits

Staff submits a staff measure summary, a fiscal analysis, and a revenue statement on SB 744 -A (EXHIBIT K).

322 SENATOR PAUL PHILLIPS, DISTRICT 4: Submits and reads written testimony in favor of SB 744-A (EXHIBIT Q).

TAPE 171, SIDE B

002 KEN JOHNSON, DHR DIRECTOR OF INTERNAL AUDITS: Submits and reads written testimony in favor of SB 744-A (EXHIBIT R).

WORK SESSION: SB 744-A - Authorizes consolidation of internal audits units within Department of Human Resources

MOTION: REPRESENTATIVE MEEK MOVES SB 744-A TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE HAYDEN IS EXCUSED. CHAIR FORD WILL CARRY SB 744-A TO THE FLOOR.

PUBLIC HEARING: SB 760 - Requires Adult and Family Services Division to endeavor to develop agreements with local governments relating to certain medical assistance Witnesses: Tom Engle, Oregon Coalition of Local Health Officials Jeff Davis, Marion County Health Department Vickie Gates, Department of Human Resources (DHR) Bruce Bishop, Kaiser Permanente Jeff Heatherington, Osteopathic Physicians and Surgeons of Oregon, Inc.

Staff submits a staff measure summary, a fiscal analysis, and a revenue statement on SB 760 (EXHIBIT H).

100 TOM ENGLE, OREGON COALITION OF LOCAL HEALTH OFFICIALS: Submits and reads written testimony in favor of SB 760 (EXHIBIT S).

150 JEFF DAVIS, MARION COUNTY HEALTH DEPARTMENT: Submits and reads written testimony in favor of SB 760 (EXHIBIT T).

170 VICKIE GATES, DEPARTMENT OF HUMAN RESOURCES (DHR): Submits and reads written testimony in favor of SB 760 (EXHIBIT U). - Describes family planning services.

215 DAVIS: Currently, local health departments can issue birth control pills or condoms. This bill does not change any practice to abortion counseling or referral. Family planning clinics primarily focus on the birth control issues and not on the issue of referral for abortion counseling or those kinds of issues.

REPRESENTATIVE MEEK: Wants to make sure that legislative intent remains.

DAVIS: That intent will be maintained.

230 REPRESENTATIVE STEIN: I understand the intent is to get people in the system where you are likely to find them.

ENGLE: 10-15% of the WIC population are Medicaid eligible, but not part of the Medicaid program. We think if we get cooperative agreements with local AFS offices to facilitate getting those people enrolled, then we will substantially improve the number of children and women that are covered. It may differ from county to county which is why there are different options provided in the bill.

250 GATES: Describes language on page 1, lines 24 and 25. - In the area of prenatal care and maternal and child health, the major problems are access and the number of resources available. We are striving for cooperation agreements which utilize the expertise already in the system. - Describes Marion County Health Department as an excellent example of contracting with the local HMO to provide significant prenatal services.

REPRESENTATIVE HAYDEN: Are acute illness systems in place?

GATES: No. Some county health departments are primary care providers, which is atypical. - This bill is not designed to interfere with a person's rights. It is designed to make participation easier.

328 BRUCE BISHOP, KAISER PERMANENTE: Testifies in opposition to SB 760. We do not object to better coordination between state and county agencies in the delivery of public health services. We believe those are laudable goals. Those are activities in which state and county governments should cooperate. But, you don't need SB 760, or any other legislation, to encourage that type of cooperation. State and county agencies are well able to cooperate. - SB 760 has the potential of jeopardizing the managed care programs that the state has been involved with for the past 6-7 years. Since 1984, the Medicaid program has aggressively worked with providers, throughout the state, to develop physician care arrangements and HMO contracts, to serve the Medicaid population. - We are concerned that the language in Section 4 may start

to unravel that kind of a system, because it will require that pre-paid health plans, like Kaiser Permanente, become the fiscal intermediary between the state and the county public health departments. When the local agencies provide immunizations, and treatment for STD and communicable diseases, we then would be required to reimburse the county for those services. That puts us in an awkward situation because the state is paying us to provide those services directly, rather than paying us to be a fiscal intermediary between the state and county. We believe that it is appropriate that the state make sure that those entities, which they contract with, fulfill its legal and contractual responsibility. - The fact that a client goes to another provider, should not lead into any obligation for us to reimburse the county for those services. - Our specific concern is language in section 4, line 5 "require and approve agreements". - The objective of this bill is to encourage and support voluntary cooperation. Except in that one instance, the bill does do that.

TAPE 172, SIDE A

REPRESENTATIVE STEIN: Are there other situations in which managed care organizations reimburse for services that are provided in another location?

BISHOP: For emergency services out of the service area. Or if we refer a member to a specialist, then we reimburse.

REPRESENTATIVE HAYDEN: Recaps Bishop's testimony.

BISHOP: Clarifies county reimbursement process.

055 REPRESENTATIVE HAYDEN: The last people to over-treat are the county health departments.

BISHOP: That is not what this bill addresses. - Discusses auditing programs. - This bill allows our Medicaid clients to go outside of the contracted managed care arrangement, which puts us in the position of reimbursing the county. - We are in favor of cooperation and the sharing of resources and agree there are limited resources.

070 Discussion on maternity case management.

BISHOP: Discusses Medicaid clients enrolling in Kaiser Permanente's program. - Discusses coordination of care. - Suggests that on line 4 in Section 4 delete "require" and insert "encourage".

140 JEFF HEATHERINGTON, OSTEOPATHIC PHYSICIANS & SURGEONS OF OREGON: Testifies on SB 760. As a managed care organization, we also have the same concerns that Kaiser Permanente does. - We have had no problems working with the Multnomah County Health Department. - The concern with this bill is that all services, listed within the bill, will be required to be paid for. My understanding is this would include follow-up services, at rates which we would not have any cost control.

REPRESENTATIVE STEIN: It is quite clear that there is to be an agreement. But, there is nothing stopping you from putting any provision that you want in the agreement.

190 HEATHERINGTON: That is not how I read the bill. Under the current

PCO program, we set up our own agreement with our providers. Under this bill, we would have to set up an agreement, unless we could prove to the state that such an agreement is not feasible --- which would basically put the state in the position of writing the agreement. We are concerned about having a third party doing our negotiating.

200 REPRESENTATIVE MEEK: Agrees with REPRESENTATIVE STEIN. - You know what counties' general costs are for certain treatments and immunizations. There are no timelines, in the bill, when to reach an agreement.

HEATHERINGTON: An agreement must be reached, unless cause can be shown. That means to me, that the state can determine a reasonable fee payable and that we must comply.

REPRESENTATIVE MEEK: That is not how I read the bill.

REPRESENTATIVE HAYDEN: Agrees with REPRESENTATIVE MEEK.

REPRESENTATIVE BARNES: Agrees with HEATHERINGTON.

279 REPRESENTATIVE TAYLOR: Sympathetic to the processing of an application at the point of contact. But we are talking about people who have already opted to receive services from a managed care system.

GATES: There is a lot of discussion about potentials that is far beyond anything that is intended or will happen. DHR is committed to managed care. - Discusses radical differences in health care services from county to county. - We did have discussion about including provisions for limited services, which is why the limited list is included in the bill. We felt these issues were tied emergencies and public health interest. - We hope that when a person makes a commitment to a managed care organization, that preventative care and immunizations are included. This is the ideal; but there are places where that is not possible --- then the back-up network (the county health department) kicks in. - This bill was an attempt to mediate between our interest in managed care and what we feel are legitimate public health concerns, the service network, and the health care resources offered from county health departments.

344 Discussion on language in Section 4.

TAPE 173, SIDE A

HEATHERINGTON: In previous situations, we have attempted to reach agreements with county health departments to share in their buying power for immunizations. - Immunizations costs, for our PCO providers, are exceedingly high. - The county, through their bulk buying power, have a much lower cost than any of our providers can get. - Would like to see language included in the bill that would encourage agreements so that PCOs can purchase immunization supplies from the counties, at their costs.

CHAIR FORD: Feels that needs to be dealt with outside of legislation.

WORK SESSION: SB 760 - Requires Adult and Family Services Division to endeavor to develop agreements with local governments relating to certain medical assistance

MOTION: REPRESENTATIVE MEEK MOVES SB 760 TO THE FLOOR WITH A DO PASS RECOMMENDATION.

REPRESENTATIVE STEIN: Thinks this is great because it is a client centered service system and the wave of the future.

REPRESENTATIVE BARNES: Hopes that the state, in their original contact with managed care organizations, can speak to these concerns, instead of behind the doors.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE RIJKEN IS EXCUSED. REPRESENTATIVE HAYDEN WILL CARRY SB 760 TO THE FLOOR.

PUBLIC HEARING: SB 1087-A - Creates policy of prevention services in children's mental health programs of Mental health and Developmental Disability Services Division Witnesses: Pam Patton, Morrison Center Muriel Goldman, Mental Health Association

Staff submits a staff measure summary, a fiscal analysis, and a revenue statement on SB 1087-A (EXHIBIT I).

070 MURIEL GOLDMAN, MENTAL HEALTH ASSOCIATION: Submits and reads written testimony in favor of SB 1087-A (EXHIBIT V).

CHAIR FORD: Is this not taking the cart before the horse?

100 PAM PATTON, MORRISON CENTER: This does not require services, it refines, in statute, what preventative services are. - Submits and reads written testimony in favor of SB 1087 (EXHIBIT W).

174 Discussion on Ways and Means referral.

WORK SESSION: SB 1087-A - Creates policy of prevention services in children's mental health programs of Mental health and Developmental Disability Services Division

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

REPRESENTATIVE MEEK: Discusses cutoff line of people receiving services.

REPRESENTATIVE BARNES: Thinks it is important to get this on the books so the Governor's staff can at least consider this for the next budget.

REPRESENTATIVE HAYDEN: Early intervention doesn't mean taking a child out of a home and not returning them.

REPRESENTATIVE STEIN: Reads definition of early intervention from the bill.

REPRESENTATIVE HAYDEN: What are the means for identifying children in need of services?

266 PATTON: Explains tools for identification (acting out etc.). Tools need to be based on proven studies.

270 REPRESENTATIVE HAYDEN: Is there access of these tools to pre-school children?

PATTON: Yes, there are all kinds of evaluation tools for that age group also.

REPRESENTATIVE HAYDEN: Discusses child prodigies.

PATTON: Discusses childrens' temperaments.

300 REPRESENTATIVE HAYDEN: Don't we already have intervention programs for abused children?

PATTON: Yes. This though is directed to those who have not yet been identified by the system. May prevent later developmental or emotional disturbances. - Describes Umatilla County project.

375 GOLDMAN: Reads letter from parent whose child is in a preventative mental health program.

VOTE: THE MOTION PASSES 5-1. REPRESENTATIVE BARNES, REPRESENTATIVE MEEK, REPRESENTATIVE STEIN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE HAYDEN VOTES NO. REPRESENTATIVE RIJKEN IS EXCUSED.

MOTION: REPRESENTATIVE STEIN MOVES 1087-A, TO THE FLOOR, WITH A DO PASS RECOMMENDATION.

REPRESENTATIVE HAYDEN: Am voting against the bill because it appears that there wouldn't be enough money to support this philosophy.

VOTE: THE MOTION PASSES 5-1. REPRESENTATIVE BARNES, REPRESENTATIVE MEEK, REPRESENTATIVE STEIN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE HAYDEN VOTES NO. REPRESENTATIVE RIJKEN IS EXCUSED. REPRESENTATIVE STEIN WILL CARRY SB 1087 TO THE FLOOR.

TAPE 172, SIDE B

PUBLIC HEARING: SB 1029 - Authorizes certain transfers from Elderly and Disabled Housing Sinking Fund for purpose of financing multifamily housing for elderly and disabled Witness: Lynn Schoessler, Oregon Housing Agency

Staff submits a staff measure summary, a fiscal analysis, and a revenue statement on SB 1029 (EXHIBIT J).

040 LYNN SCHOESSLER, OREGON HOUSING AGENCY: Testifies in favor of SB 1029. - This essentially, is a housekeeping bill dealing with bond indenture funds.

WORK SESSION: SB 1029 - Authorizes certain transfers from Elderly and Disabled Housing Sinking Fund for purpose of financing multifamily housing for elderly and disabled

049 MOTION: REPRESENTATIVE BARNES MOVES SB 1029, TO THE FLOOR, WITH A DO

PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE RIJKEN IS EXCUSED.
REPRESENTATIVE TAYLOR WILL CARRY SB 102 9 TO THE FLOOR.

PUBLIC HEARING: SJM9 - Memorializes Congress to enact legislation that eliminates inequities in federal benefits among persons with different disabilities by providing persons with disabilities benefit calculations which result in the higher level of benefits Witness: Eugene Organ, Oregon Disabilities Commission

Staff submits a staff measure summary, a fiscal analysis, and a revenue statement on SJM 9 (EXHIBIT L).

086 EUGENE ORGAN, OREGON DISABILITIES COMMISSION: Submits and reads written

testimony in favor of SJM9 (EXHIBIT X).

PUBLIC HEARING: SJM10 - Memorializes Congress to support legislation to remove barriers to independent living for individuals with disabilities Witness: Eugene Organ, Oregon Disabilities Commission

Staff submits a staff measure summary, a fiscal analysis, and a revenue statement on SJM 10 (EXHIBIT M).

EUGENE ORGAN, OREGON DISABILITIES COMMISSION: Submits and reads written testimony in favor of SJM10 (EXHIBIT Y). - Explains that if people are married, they lose SSI money.

WORK SESSION: SJM9 - Memorializes Congress to enact legislation that eliminates inequities in federal benefits among persons with different disabilities by providing persons with disabilities benefit calculations which result in the higher level of benefits

MOTION: REPRESENTATIVE BARNES MOVES SJM9, TO THE FLOOR, WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE RIJKEN IS EXCUSED.
REPRESENTATIVE BARNES WILL CARRY SJM 9 TO THE FLOOR.

WORK SESSION SJM10 - Memorializes Congress to support legislation to remove barriers to independent living for individuals with disabilities

MOTION: REPRESENTATIVE STEIN MOVES SJM10, TO THE FLOOR, WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE RIJKEN IS EXCUSED.
CHAIR FORD WILL CARRY SJM10 TO THE FLOOR.

190 CHAIR FORD: Adjourns the meeting at 4:35 p.m.

Submitted by,

Reviewed by,

Pamela Berger

Melanie Zermer

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