

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 31, 1991Hearing Room D 1:00 p.m.Tapes 174 - 178

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

STAFF PRESENT: Melanie Zermer, Committee Administrator Carol Wilder, Committee Assistant

MEASURES CONSIDERED: SB 1069-A - Directs Oregon Disabilities Commission to adopt rules for optional testing and certification of sign language interpreters - paw SB 1070 - Directs Oregon Disabilities Commission to contract with sign language interpreters to provide services for state agencies - paw SB 44 - Revises certain provisions of health services under jurisdiction of Health Services Commission - paw SB 833-A - Allows hospitals, local boards of health, or nonprofit clinics providing perinatal care to create perinatal care access program - wrk SB 974 - Requires convening of physical access committee by each state institution of higher education within 60 days after effective date of Act - paw SB 113 - Declares policy in all state programs for serving young children and their families - paw SB 510 - Specifies procedures for reporting and investigating cases of alleged abuse of adults who are mentally ill or developmentally disabled - paw SB 801 - Requires special license or registration indorsement to provide care to Alzheimer's Patients in segregated facilities - paw SJM18 - Memorializes Congress to enact comprehensive National Health Plan SJM19-A - Memorializes United States Senate and House of Representatives to give older citizens right to choose freely long term care options and to allow disabled individuals to marry without loss of income - paw

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Note: Approximately the first 30 counts of each tape is blank, therefore some discussion is not available on tape or transcribed for the minutes

010 CHAIR FORD: Calls the meeting to order at 1:07 p.m.

PUBLIC HEARING: SB 1069-A - Directs Oregon Disabilities Commission to adopt rules for optional testing and certification of sign language interpreters Witnesses: Jeff Howard, Program Coordinator for Deaf and Hearing Impaired Services, Chemeketa Community College Eugene Organ, Oregon Disabilities Commission Jack Cassell, Oregon Association of the Deaf

020 JEFF HOWARD, PROGRAM COORDINATOR FOR DEAF AND HEARING IMPAIRED SERVICES, CHEMEKETA COMMUNITY COLLEGE: Submits and summarizes (through a sign language interpreter) written testimony in favor of SB 1069 (EXHIBIT A).

059 JACK CASSELL, OREGON ASSOCIATION OF THE DEAF: In response to CHAIR FORD, describes two different types of sign languages. - Sign language interpreters, who have maximum skills, are proficient in both American sign language and english forms of interpretation. - This bill addresses both types of sign languages.

142 EUGENE ORGAN, OREGON DISABILITIES COMMISSION: In response to REPRESENTATIVE BARNES, we will be able to provide lists, to local courts and government, of certified sign language interpreters. - Submits written testimony in favor of SB 1069 (EXHIBIT B).

090 CASSELL: In response to REPRESENTATIVE STEIN, describes certification fees.

Staff submits a staff measure summary and a fiscal analysis on SB 1069 (EXHIBIT D).

WORK SESSION: SB 1069-A - Directs Oregon Disabilities Commission to adopt rules for optional testing and certification of sign language interpreters

104 MOTION: REPRESENTATIVE BARNES MOVES SB 1069-A TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE RIJKEN IS EXCUSED. REPRESENTATIVE BARNES WILL CARRY SB 1069-A TO THE FLOOR.

PUBLIC HEARING: SB 1070 - Directs Oregon Disabilities Commission to contract with sign language interpreters to provide services for state agencies Witnesses: Eugene Organ, Oregon Disabilities Commission Jack Cassell, Oregon Association of the Deaf Carl Garner, Oregon Disabilities Commission

120 EUGENE ORGAN, OREGON DISABILITIES COMMISSION: Submits written testimony in favor of SB 1070 (EXHIBIT C).

125 JACK CASSELL, OREGON ASSOCIATION OF THE DEAF (OAD): Testifies in support of SB 1070.

129 CARL GARNER, OREGON DISABILITIES COMMISSION: Testifies in support of SB 1070. - Submits a letter to the Commission from the Children Services Division (CSD) (EXHIBIT F) regarding a pilot project.

140 ORGAN: Discusses 1989 SB 44. - Discusses contracting with state agencies.

Staff submits a staff measure summary and a fiscal analysis on SB 1070 (EXHIBIT E).

WORK SESSION: SB 1070 - Directs Oregon Disabilities Commission to contract with sign language interpreters to provide services for state agencies

MOTION: REPRESENTATIVE TAYLOR MOVES SB 1070 TO THE COMMITTEE ON WAYS AND MEANS WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE RIJKEN IS EXCUSED.

PUBLIC HEARING: SB 974-A Requires convening of physical access committee by each state institution of higher education within 60 days after effective date of Act Witnesses: Lynn Pinckney, Oregon Student Lobby Eugene Organ, Oregon Disabilities Commission Bret Martin, Disabled Students, Oregon State University Roger Bassett, State System of Higher Education

198 Staff submits and explains a staff measure summary (EXHIBIT G) and proposed amendments to SB 974 (EXHIBIT H).

210 LYNN PINCKNEY, OREGON STUDENT LOBBY: Submits and summarizes written testimony in favor of SB 974 (EXHIBIT I).

258 EUGENE ORGAN, OREGON DISABILITIES COMMISSION: Submits and summarizes written testimony in favor of SB 974 (EXHIBIT J).

296 BRET MARTIN, DISABLED STUDENTS, OREGON STATE UNIVERSITY: Testifies in support of SB 974. Describes physical barriers found at OSU and injuries experienced because of those barriers. This bill would help the disabled lead a more normal life.

344 Discussion on language in Section 1 relating the State Board of Education including funds in their budget for capital improvement.

TAPE 175, SIDE A

ORGAN: In response to CHAIR FORD, in 1992 the American Disabilities Act (ADA) will come into affect for state and local governments, including a requirement that new construction be handicapped assessable. And if remodeling occurs, the building then would need to be brought up to the accessibility code.

032 CHAIR FORD: This bill goes beyond federal law.

035 ORGAN: The ADA grandparents in existing facilities, unless those

facilities are remodeled in any way. If remodeling does occur, then the new code automatically comes into place.

043 Continued discussion on the Board of Education's budget.

085 ROGER BASSETT, STATE SYSTEM OF HIGHER EDUCATION: Testifies in support of SB 974. - The state system of Higher Education is responsible for submitting, to the Executive Department, a detailed budget request which is organized for operations and capital projects. The capital projects portion is further detailed, in a prioritized manner, for three bienniums. - The State system has historically included projects related to overcoming access problems to buildings. That process would have continued anyway. - But what the bill does is create, on campus, a better way for us to identify what those needs are and prioritize them.

112 REPRESENTATIVE MEEK: Objects to the fact that a total request will be made based on each campus' report.

123 BASSETT: The Executive Department requests that our construction budget include every construction need for the next three biennia. When there is not enough money to fulfill all needs, we are to be understanding. - Once the appropriation is made by the Legislature, the State Board of Higher Education then again has the task of allocating the funds to those specific projects. - This legislation was not introduced by us.

WORK SESSION: SB 974-A Requires convening of physical access committee by each state institution of higher education within 60 days after effective date of Act

MELANIE ZERMER: Explains the SB 974-A3 proposed amendments (EXHIBIT H).

MOTION: REPRESENTATIVE MEEK MOVES ADOPTION OF THE SB 974-A3 PROPOSED AMENDMENTS.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE STEIN MOVES SB 974, AS AMENDED, TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE TAYLOR WILL CARRY SB 974-A TO THE FLOOR.

PUBLIC HEARING: SJM19-A - Memorializes United States Senate and House of Representatives to give older citizens right to choose freely long term care options and to allow disabled individuals to marry without loss of income Witness: Eugene Organ, Oregon Disabilities Commission

Staff submits a staff measure summary on SJM19 (EXHIBIT K).

234 EUGENE ORGAN, OREGON DISABILITIES COMMISSION: Testifies in favor of SJM19-A. Our Commission did not introduce this bill. This memorial deals with the marriage dis- incentive, which was included in SJM10. It also deals with the right of choice for individuals who are disabled - for them to be able to choose the best living situation which best fits

their needs. People have been forced to live in situations which are not compatible to their needs and wishes (i.e. nursing home care vs. independent living with an attendant vs. adult foster care home).

WORK SESSION: SJM19-A - Memorializes United States Senate and House of Representatives to give older citizens right to choose freely long term care options and to allow disabled individuals to marry without loss of income

MOTION: REPRESENTATIVE MEEK MOVES SJM19-A TO FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE BARNES WILL CARRY SJM19-A 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: Ed Patterson, Oregon Association of Hospitals Ian Timm, Primary Care Association, Maternity Access Coalition, Maternity Care Providers of Oregon

290 Staff submits and REPRESENTATIVE STEIN explains SB 833-14 amendments (EXHIBIT L) as well as technical errors and changes that need to be made to the amendments.

Staff submits statutes pertaining to SB 833 (EXHIBIT M).

353 REPRESENTATIVE MEEK: Discusses Medicaid eligibility.

405 ED PATTERSON, OREGON ASSOCIATION OF HOSPITALS: Testifies in support of SB 833. - Discusses TORT liability and free-of-charge issues. - There are hospitals in the state which have helped organize free maternal care clinics. - To limit the liability exposure to that of the TORT claims, is very positive. Normally, hospitals carry a much greater coverage than physicians. If there is a malpractice suit, in almost all cases, the hospital is named because of their deep pocket.

TAPE 174, SIDE B

- If the hospitals have a different limit, as proposed by the SB 833-14 proposed amendments, there may be a low limit for clinics and the practitioners practicing in the clinics. If there is a potential law suit, then in every case, the hospital will be viewed as part and partial of that lawsuit and will named in that law suit because of that deep pocket. - Concerned that the legislative intent to encourage participation in these types of programs will not occur by differing the limits because it would create a dis- incentive for hospitals to participate.

085 CHAIR FORD: If a women does not receive prenatal care and delivers in a hospital, there is a greater chance of problems occurring with the delivery and therefore a greater chance of a lawsuit with the hospital named. Hospital participation would greatly lower the likelihood of a

lawsuit.

090 PATTERSON: Agrees. But, hospitals are not the ones who determine what their liability premiums are. Suggests that the committee have insurance companies testify on this bill. - Discusses hospital deliveries in LaGrande to those who received prenatal care. - Discusses reduced premiums as an incentive for hospital participation in prenatal care clinics.

078 CHAIR FORD: Why wouldn't they do it otherwise when the incentive should be to have reduced risks of liability? They will be delivering the same babies anyway.

117 PATTERSON: To say that they wouldn't do it, isn't accurate, because they are doing it now. We would like to see more hospital participation. Limited liability would provide that incentive.

121 REPRESENTATIVE HAYDEN: On one side of the coin, we have the concept that if we provide the free prenatal care, that we will be delivering babies at less risk, therefore there will be less lawsuits and the cost of business is going to go down. - The flipside of that is that if we are providing free care, we are going to have more people participating and more lawsuits. - I don't think the argument, that this will work, prevails.

131 REPRESENTATIVE STEIN: The people that are participating will then have reduced risks. Hospital premium rates will not go down because of this cap. There is potential for fewer risky pregnancies. Hospitals will still be sued. The insurance will pay for those lawsuits. There is the issue that one could use up all of their liability. Statistics show that these women are no more prone, than anybody else, to sue.

109 PATTERSON: Physicians' premiums are related to the number of deliveries.

113 REPRESENTATIVE STEIN: That is true for some insurance packages, but not all.

115 PATTERSON: There are incentives and dis-incentives to provide free care. The hospitals are an entirely different program and are rated quite differently than physicians. Thinks that hospital administrators, when negotiating insurance premiums, will use the argument of incentives.

180 IAN TIMM, PRIMARY CARE ASSOCIATION, MATERNITY ACCESS COALITION, MATERNITY CARE PROVIDERS OF OREGON: Testifies on SB 833. - Many people believe that the current system does not provide incentives for hospital participation. If a delivery takes place in an emergency room, to a women who has not received prenatal care, it is difficult for trial attorneys to say that hospitals were responsible, or partially responsible, for a bad outcome. - Physicians need to participate to expand access to women in need of prenatal care. There currently is a decreasing pool of physicians willing to participate in delivering babies. - The public TORT limit is a good model to use. It provides realistic incentives. - Expecting providers and insurance companies to bear the costs of a lifetime of care, is a significant barrier to getting that care in the first place. - Don't believe that the SB 833-14 proposed amendments will encourage the creation of more maternity access programs. - Supports the SB 833-10 proposed amendments.

228 REPRESENTATIVE TAYLOR: Is liability coverage different when one receives treatment in an emergency room?

230 TIMM: Am not an attorney. Understand that a trial attorney will try to convince a jury that somebody is responsible, even if partially responsible, that will help pay the bills. Much easier to claim that a hospital is a little responsible if they are actively participating in a program than to claim they were somewhat negligent when a person delivers in an emergency room.

238 REPRESENTATIVE TAYLOR: Is there then a difference in malpractice insurance premiums for emergency room physicians than for non-emergency room physicians?

240 PATTERSON: Yes there is. Almost every medical specialty has a different rate structure based on potential and exposure to a liability suit.

208 REPRESENTATIVE TAYLOR: Appreciates Stein's efforts in trying to reach a compromise.

230 REPRESENTATIVE BARNES: Does the law make a distinction between various levels of negligence?

236 REPRESENTATIVE STEIN: Yes. In the SB 833-14 amendments if the negligence is gross then the liability cap would not apply.

PUBLIC HEARING: SB 44 - Revises certain provisions of health services under jurisdiction of Health Services Commission

CHAIR FORD: Opens and closes the public hearing on SB 44.

WORK SESSION: SB 44 - Revises certain provisions of health services under jurisdiction of Health Services Commission Witnesses: Senator John Kitzhaber, District 23 Jean Thorne, Oregon Medical Association Program (OMAP) Dave Fiscum, Sisters of Providence in Oregon

303 SENATOR JOHN KITZHABER, DISTRICT 23: Submits and explains SB 44-11 proposed amendments (EXHIBIT N) and SB 44-13 proposed amendments (EXHIBIT O). - The intention of the SB 44-11 proposed amendments is not to exclude any types of disabilities, including developmental disabilities.

TAPE 175, SIDE B

025 REPRESENTATIVE STEIN: Clarifies that next biennium mental health services will be integrated into the Health Services Commission (HSC) list, ready for the legislature to apply funding. And the legislature will be presented with a list of aged, blind, and disabled incorporation.

030 KITZHABER: SB 1076 requires an actuarial study for the mental health and chemical dependency services. - Discusses abortion as a prioritized service. - Discusses the SB 44-13 proposed amendments (See:

Exhibit O). - Submits and explains a budget note regarding the SB 44- 13 proposed amendments (EXHIBIT P).

093 REPRESENTATIVE HAYDEN: Are experimental procedures exempt from federal matching funds?

095 KITZHABER: Yes.

097 REPRESENTATIVE HAYDEN: Are there procedures on the HSC list which are not eligible for federal matching funds?

099 KITZHABER: Don't believe there are procedures on the list which are not eligible, except abortion.

101 REPRESENTATIVE STEIN: Concerned that the Oregon Medical Assistance Program (OMAP) and the Insurance Pool Governing Board (IPGB) has the option of not including abortion in their health benefit packet, when abortions are legal and the Health Services Commission as designated has a basic health service, which ranked fairly high.

115 KITZHABER: Don't believe this is an abortion issue. OMAP does not currently require those who it contracts with to provide this service. We don't want to confuse the issue of providing basic health care services to a large number of Oregonians with the issue of abortion. Wants to allow insurance companies (i.e. Sisters of Providence, Sisters of Mercy) to have the option of not providing abortion service coverage.

This is not a pro or con abortion issue. It is a clarification on how you build benefit packages. - We are telling insurance companies that abortion is an optional service. - Under 1989 SB 27 abortion services are not in the funded benefit packet. It is funded as a separate appropriation, through general funds. - There is an issue if abortion services should be a mandated portion of every basic benefit packet in the state.

190 REPRESENTATIVE MEEK: Concerned about funding designated and appropriated by the Legislature for medical services and how that fits with the priority list if funding is not available.

213 KITZHABER: Describes discussions during the 1989 session on how to develop a fiscal process which forces us to make explicit choices about the medical services that should be provided to Oregonians. - Currently, Ways and Means is working on some budgetary issues which may change the benefit package but there will not be a reduction of eligibility.

252 REPRESENTATIVE HAYDEN: What does the priority list mean for capitation patients?

252 KITZHABER: If the physician contracts with the State to provide services to Medicaid clients, the capitation rate would be determined by the actuarial information which is associated with the priority list. And the services that would be covered by the capitation rate would depend on the level of funding appropriated by the Legislature.

265 REPRESENTATIVE HAYDEN: There are physicians that are going to treat a patient no matter what.

269 KITZHABER: That probably is a common practice. But the reality is, there are more and more physicians who reduce the number of people that they see in the first place because there is a fiscal limit to the amount of services you can provide to uncompensated or un-sponsored



patients. - The priority list, as a tool, gives us a framework where we can begin to make some judgements about the cost effectiveness of services and understand the relationship between providing services that are excessive and the impact that has on other patients. - The capitation rate will be for a set of services. A physician providing fee for service can in fact treat a patient for something that is not covered. But what they can't do, under the capitation system, is not treat someone for a service that is capitated.

316 CHAIR FORD: Regarding the SB 44-13 proposed amendments, what if a woman is under a health plan who does not provide abortion services, what then are her options?

328 KITZHABER: Unable to answer. Suspect there would not be a deviation from the status quo.

332 JEAN THORNE, OREGON MEDICAL ASSISTANCE PROGRAM (OMAP): If a person is under a managed care plan, they still have the freedom of choice to receive family planning services from any fee for service provider. That woman could also go to the county health department to receive abortion counseling.

350 DAVE FISCUM, SISTERS OF PROVIDENCE IN OREGON: Supports the SB 44-13 proposed amendments. Currently, we do not cover elected abortions but do cover medically necessary abortions. We can refer to other providers. By not offering that service, there is a premium reduction.

TAPE 176, SIDE A

018 REPRESENTATIVE TAYLOR: Please explain the purpose of the SB 44-13 proposed amendments. If we don't have this amendment, will it create a legal problem?

021 KITZHABER: No. The issue has to do with groups that want to compete for the packages in the small pool insurance market which essentially link the product to being substantially similar to the SB 27 benefit package. Sisters of Providence wants to compete to provide that insurance package. But since their current plan does not cover abortion, they did not want to be precluded from competing because of that.

035 REPRESENTATIVE TAYLOR: Concerned about restricting a woman's access by adopting this amendment.

037 KITZHABER: The Insurance Pool Governing Board is currently offering a number packages to small employers. This amendment simply says that the decision as to whether or not to include that particular service is a decision made by the board or the carrier.

053 REPRESENTATIVE TAYLOR: This is a real concern, in light of the current supreme court ruling. Concerned about this decision being left to an employer and his moral judgement. Need some reassurance that this is not going to be a place where we are cutting women out of access.

062 KITZHABER: That is not the intention. If we are going to have universal access to health care services, we need a funding mechanism and managed care systems to provide the services. - There are several

insurance companies interested in participating in the program, but for some, because of religious reasons, do not include abortion services. This would create a mechanism for them to participate in the system.

078 REPRESENTATIVE HAYDEN: Does the Medicaid client have a choice in selecting a plan that best suits them?

086 THORNE: Clients will have a choice among competing plans and they can make a decision as to which plan they would like to enroll with. Even if they choose a plan that does not cover this service, they will have the freedom to receive the services elsewhere.

090 CHAIR FORD: Will the employees, under the IPGB package, have a choice to which insurance company covers them?

095 KITZHABER: Unable to answer. That is an issue that you may need to further explore.

104 REPRESENTATIVE STEIN: Shares same concern. Feels this needs to be a legislative, not an IPGB decision.

131 REPRESENTATIVE MEEK: How does the abortion issue fit into the SB 44-11 proposed amendments?

141 KITZHABER: It is silent to the issue of abortion. It deals with adding services for the aged, blind, and disabled into the health care priority list.

159 MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF THE SB 44-A11 PROPOSED AMENDMENTS.

173 MELANIE ZERMER, COMMITTEE ADMINISTRATOR: Explains the SB 44-A11 proposed amendments.

216 REPRESENTATIVE HAYDEN: Does section 7 deal with a sub- list?

217 KITZHABER: Yes, it parallels the process we followed for chemical dependency and mental health services where a subcommittee studied needs and services of that population and brought those recommendations to the full commission where it went through a prioritization and actuarial work.

226 REPRESENTATIVE HAYDEN: How are special needs for special people folded into the list?

228 KITZHABER: We are trying to sort out the medical services which apply to this population. The Health Services Commission developed a benefit cost formula which considered social values, cost effectiveness, and clinical effectiveness. - A social mobility scale, a physical mobility scale, and others were used to determine ranking. Some modifications will need to be developed because a disabled person has different needs in terms of social activity or mobility than somebody who isn't. The subcommittee will determine those.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE STEIN MOVES SB 44 TO THE COMMITTEE ON WAYS AND MEANS WITH A DO PASS RECOMMENDATION.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

279 CHAIR FORD: Recesses the meeting. - Re-convenes the meeting.

PUBLIC HEARING: SB 113 - Declares policy in all state programs for serving young children and their families Witnesses: Senator Ron Grensky, District 25 Senator Shirley Gold, District 7 Jan Borgen, Administrator, Senate Education Merrily Haas, OAEYC Judy Miller, Department of Education Ken Otto, Department of Human Resources Rebecca Severeide, OAEYC Vicky Stott, OAEYC

Staff submits a staff measure summary, fiscal statement, and a revenue statement on SB 113 (EXHIBIT S).

320 SENATOR RON GRENSKY, DISTRICT 25: Testifies in favor of SB 113. - Explains bills. - The goal of the bill is to consolidate and coordinate the many programs that serve children and their families.

352 SENATOR SHIRLEY GOLD, DISTRICT 7: Testifies in favor of SB 113. - Tells of work done, in this area, by the Joint Interim Education Committee. - Discusses 1989 SB 1018. - Discusses 1991 HB 2954. - Defines "family".

TAPE 177, SIDE A

019 JAN BARGEN, SENATE EDUCATION COMMITTEE, ADMINISTRATOR: Submits and summarizes the Interim Education Committee report (EXHIBIT Q).

030 CHAIR FORD: Is this concept in conflict with CSD's new policy in trying to racially match foster and adoption families and children?

035 BARGEN: Not familiar with that policy but it sounds as if it is in accordance with this policy.

037 CHAIR FORD: Concerned about discrimination.

043 GRENSKY: The provision that you are referring to, codifies the civil rights act.

052 GOLD AND GRENSKY: Discuss language on line 19 of the bill.

Discussion on the definition of "education".

178 REBECCA SEVEREIDE, OREGON ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (OAEYC): Explains the six basic needs for young children (See: Exhibit Q). 290 - Submits and reads written testimony in favor of SB 113 (EXHIBIT R).

392 VICKI STOTT, OAEYC: Testifies in favor of SB 113. - Gives illustrations of problems that occur when there isn't program coordination.

TAPE 176, SIDE B

053 MERRILY HAAS, OAEYC: Submits and reads written testimony in favor of SB 113 (EXHIBIT T).

068 JUDY MILLER, DEPARTMENT OF EDUCATION: Testifies on SB 113 . - Discusses family focus. - Communication is very important, between agencies and programs serving children.

120 KEN OTTO, DEPARTMENT OF HUMAN RESOURCES (DHR): Testifies on SB 113. - Discusses 1991 HB 2954. - Supports concept of bill. - Would like clarity as to what is expected from DHR.

096 MILLER: Thinks that SB 113 and HB 2954 are compatible, although the language may not be parallel. - The Department of Education support the concepts in both bills.

Discussion on compatibility of SB 113 and HB 2954.

128 OTTO: Discusses income eligibility for AFS programs.

Discussion on discrimination and compatibility concerns.

PUBLIC HEARING: SB 510 - Specifies procedures for reporting and investigating cases of alleged abuse of adults who are mentally ill or developmentally disabled Witnesses: Ella Johnson, Mental Health Association Senator Bob Shoemaker, District 3 Eva Kutas, Mental Health and Developmental Disability Services Division (MHDDSD) Mark Nelson, Public Affairs Counsel, National Association of Social Workers Mary Byrkit, Exec. Director, Oregon Consumers Network, Inc. Norma Yoas, OCNI Board of Directors Janna Starr, ARC of Oregon

227 ELLA JOHNSON, MENTAL HEALTH ASSOCIATION: Submits and reads written testimony in favor of SB 510 (EXHIBIT U).

430 SENATOR BOB SHOEMAKER, DISTRICT 3: Testifies in favor of SB 510.

TAPE 177, SIDE B

031 EVA KUTAS, OFFICE OF CLIENT RIGHTS, MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION (MHDDSD): Submits and reads written testimony in favor of SB 510 (EXHIBIT V).

Discussion on the fiscal impact of SB 510.

099 MARY BYRKIT, EXEC. DIRECTOR, OREGON CONSUMERS NETWORK, INC: Submits and reads written testimony in favor of SB 510 (EXHIBIT W).

115 NORMA YOAS, OCNI BOARD OF DIRECTORS: Submits and reads written testimony in favor of SB 510 (EXHIBIT X).

123 JANNA STARR, ARC OF OREGON: Submits and reads written testimony in favor of SB 510 (EXHIBIT Y).

167 MARK NELSON, PUBLIC AFFAIRS COUNSEL, NATIONAL ASSOCIATION OF SOCIAL

WORKERS: Testifies on SB 510. - Suggests amendment, to be drafted at a later date (See: Exhibit B 6/1/91).

185 Discussion on the proposed amendment.

Staff submits a staff measure summary and a fiscal analysis on SB 510 (EXHIBIT Z), and testimony from Robert Joondeph, Oregon Advocacy Center (EXHIBIT AA).

PUBLIC HEARING: SB 801 - Requires special license or registration indorsement to provide care to Alzheimer's Patients in segregated facilities Witnesses: Shelly Shirk, Alzheimer Public Policy Committee Pam Edens, Oregon Alzheimer's Public Policy Committee Susan Dieche, Senior and Disabled Services Division (SDSD)

260 PAM EDENS, OREGON ALZHEIMER'S PUBLIC POLICY COMMITTEE: Submits and reads written testimony in favor of SB 801 (EXHIBIT BB).

CHAIR FORD: Discusses restraining nursing home residents.

372 SUSAN DIECHE, SENIOR AND DISABLED SERVICES DIVISION (SDSD): Discusses methods used for securing residents for their safety. This bill addresses minimum basic standards to assure quality care for residents within secured areas. - Discusses testimony and amendments discussed when the senate committee heard SB 801.

TAPE 178, SIDE A

046 SHELLY SHIRK, ALZHEIMER PUBLIC POLICY COMMITTEE: Submits and summarizes written testimony in favor of SB 801 (EXHIBIT CC).

Staff submits a staff measure summary and a fiscal analysis on SB 801 (EXHIBIT DD) and testimony from Jean Eggers, Alzheimer's Disease and Related Disorders Association, Inc. (EXHIBIT EE).

PUBLIC HEARING: SJM18 - Memorializes Congress to enact comprehensive National Health Plan

There were no witnesses

Staff submits a staff measure summary on SJM18 (EXHIBIT FF) and testimony from Amy Klare, Oregon AFL-CIO (EXHIBIT GG).

CHAIR FORD: Adjourns the meeting at 5:04 p.m.

Submitted by,

Reviewed by,

Pamela Berger

Melanie Zermer

EXHIBIT LOG: A - SB 1069 - testimony - Howard - 1 p. B - SB 1069 - testimony - Organ - 2 pp. C - SB 1070 - testimony - Organ - 4 pp. D - SB 1069 - SMS, fiscal - staff - 2 pp. E - SB 1070 - SMS, fiscal - staff - 2 pp. F - SB 1070 - testimony - Garner - 1 p. G - SB 974 - SMS - staff - 1 p. H - SB 974 - amendment - staff - 3 pp. I - SB 974 - testimony - Pinckney - 1 p. J - SB 974 - testimony - Organ - 2 pp. K - SJM19 - SMS - staff - 1 p. L - SB 833 - amendments - staff - 2 pp. M - SB 833 - statutes - staff - 1 p. N - SB 44 - amendments - Kitzhaber - 11 pp. O - SB 44 - amendments - Kitzhaber - 1 p. P - SB 44 - budget note - Kitzhaber - 1 p. Q - SB 113 - interim report - Barga - 36 pp. R - SB 113 - testimony - Severeide - 2 pp. S - SB 113 - SMS, fiscal, revenue - staff - 3 pp. T - SB 113 - testimony - Haas - 2 pp. U - SB 510 - testimony - Johnson - 4 pp. V - SB 510 - testimony - Kutas - 1 p. W - SB 510 - testimony - Byrkit - 1 p. X - SB 510 - testimony - Yoas - 1 p. Y - SB 510 - testimony - Starr - 1 p. Z - SB 510 - SMS, fiscal - staff - 3 pp. AA - SB 510 - testimony from Joondeph - staff - 2 pp. BB - SB 801 - testimony - Edens - 2 pp. CC - SB 801 - testimony - Shirk - 2 pp. DD - SB 801 - SMS, fiscal - staff - 2 pp. EE - SB 801 - testimony from Eggers - staff - 1 p. FF - SJM18 - SMS - staff - 1 p. GG - SJM18 - testimony from Klare - 2 pp.