

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

June 3, 1991Hearing Room D 1:30 p.m.Tapes 179 - 180

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 Pamela Berger, Committee Assistant

MEASURES CONSIDERED:SB 1087-A - Creates policy of prevention services in children's mental health programs of Mental Health and Developmental Disability Services Division - wrk SB 833 - Allows hospitals, local boards of health, or nonprofit clinics providing perinatal care to create perinatal care access programs - wrk SB 801-A - Requires special license or registration indorsement to provide care to Alzheimer's patients in segregated facilities - wrk SB 510-B - Specifies procedures for reporting and investigating cases of alleged abuse of adults who are mentally ill or developmentally disabled - wrk SB 113 - Declares policy in all state programs for serving young children and their families - wrk

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TAPE 179, SIDE A

010 CHAIR FORD: Calls the meeting to order at 1:40 p.m.

Staff submits a Department of Human Resources add back list (EXHIBIT A).

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 MEEK MOVES TO SUSPEND THE RULES IN ORDER TO RECONSIDER THE VOTE ON SB 1087-A.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE MEEK MOVES TO RECONSIDER THE VOTE ON SB 1087-A.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION PASSES.

MOTION: REPRESENTATIVE MEEK MOVES SB 1087-A TO THE COMMITTEE ON WAYS AND MEANS WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY.

WORK SESSION: SB 510-B - Specifies procedures for reporting and investigating cases of alleged abuse of adults who are mentally ill or developmentally disabled

035 MELANIE ZERMER: Submits and explains SB 510-B8 proposed amendments (EXHIBIT B), a fiscal impact statement (EXHIBIT C), and a fiscal impact assessment (EXHIBIT D).

Discussion on the proposed amendments.

070 MOTION: REPRESENTATIVE MEEK MOVES TO ADOPT THE SB 510- B8 PROPOSED AMENDMENTS.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE STEIN MOVES SB 510-B, AS AMENDED, TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE STEIN WILL CARRY SB 510-B TO THE FLOOR.

WORK SESSION: SB 801-A - Requires special license or registration indorsement to provide care to Alzheimer's patients in segregated facilities Pam Edams, The Alzheimer's Public Policy Committee Susan Dieche, Senior and Disabled Services Division (SDSD)

090 CHAIR FORD: Even though there is fiscal impact on SB 801, the Committee on Ways and Means has requested that we send it to the floor.

REPRESENTATIVE BARNES: Does this require an indorsement on a facility that has a separate care unit?

104 PAM EDAMS, THE ALZHEIMER'S PUBLIC POLICY COMMITTEE: This is specifically for the section of a nursing home, assisted living facility, or residential care facility which segregates ahlztimers patients. The intent is to see if that population's care needs are different.

122 SUSAN DIECHE, SENIOR AND DISABLED SERVICES DIVISION: The licensing and certification process, that the division does on behalf of all of the residents in nursing facilities, looks at individual residents in the facility as well as integrated programs. Segregated units (a separate wing or unit) may not provide the same services that are provided in the general facility. We are concerned that individuals, no

matter what condition, get appropriate care. We try to cover that in our licensing and certification rules. We don't have the capacity to examine advantages or disadvantages or differences separate units provide, partially a locked unit.

REPRESENTATIVE BARNES: Assume that you look at individual care provided for

ahlztimers patients.

DIECHE: Yes, and about 50% of nursing facilities residents have ahlztimers disease.

CHAIR FORD: Is it true that you will not stop any nursing home from allowing a patient with ahlztimers disease into a nursing home?

DIECHE: It is not the intent of this bill to prevent ahlztimers patients from being admitted to nursing facilities. It is not intended to discriminate. - We did not introduce this bill, although, we support the concept. - This bill intends to provide protection and safeguards for patients in a segregated unit.

CHAIR FORD: What happens if a patient is restrained for safety purposes?

DIECHE: Generally, when somebody is restrained, there are certain procedures followed (i.e. a physician orders the restraint, legal guardian needs to consent). There are rules that relate to use of restraints. - Restraints are not to be used for the convenience of the facility.

182 CHAIR FORD: Did anybody from the Nursing Home Association testify on this bill in the Senate?

EDAMS: Spoke to a representative from the Oregon Health Care Association who has no objections to the bill. Have not been able to contact the Oregon Association of Homes for the Aging. Objections which were stated on the Senate side have not been voiced on the House side.

CHAIR FORD: Staff spoke with Sally Goodwin, Oregon Association of Homes for the Aging, to notify them of the hearing. Ms. Goodwin was unable to attend.

REPRESENTATIVE MEEK: Concerned about the time frame when a facility feels that a patient should be restrained and when the physicians gives approval. What latitude does the facility have to protect the patient?

DIECHE: All of the rules would support a facility taking emergency or short term measures while waiting for physician's orders. There are lots of ways to prevent a patient from wandering off besides locking doors. - We would expect a facility to look at alternatives for managing behavior.

- The purpose of this bill is to look at a special units to determine standards and how those differ from the other area. And what standards should apply from the other part of the facility. The original bill required that standards be developed, but it was amended to allow up to two years to study the conditions.

EDAMS: Our goal is to review the conditions and come up with standards as soon as possible. Training pieces then would be developed for

facilities with separate units who are currently not doing a good job.

280 REPRESENTATIVE HAYDEN: Discusses senile passive dementia. - Most elderly people don't move too fast. Uncomfortable locking people up. My father's nursing home has a buzzer on the front door which rings when anybody goes in or out; the door to the outside leads to a fenced yard.

CHAIR FORD: Since the bill doesn't deal with locking people up, maybe SDSD's rules could address standard of care.

MOTION: REPRESENTATIVE MEEK MOVES SB 801-A, TO THE FLOOR, WITH A DO PASS RECOMMENDATION.

REPRESENTATIVE HAYDEN: Would segregation increase costs?

EDAMS: Some say yes, some say no. This has not been determined. By having some standards, the state then can make that determination.

REPRESENTATIVE HAYDEN: Is it up to a facility if they would like to have a lock up unit?

EDAMS: Correct. This bill is catching up to what the industry is doing. No other states have minimum alhztimers care standards.

333 CHAIR FORD: Do facilities have special units for special needs?

DIECHE: For children; don't know of other special units.

CHAIR FORD: How about for head injured patients?

DIECHE: Many of those people are no longer in nursing home facilities, if they are, they are integrated with the other patient population.

REPRESENTATIVE HAYDEN: Integration I support, not segregation. I will support the bill because it is headed in the right direction.

CHAIR FORD: What is the percentage of patients in nursing facilities with alhztimers disease?

EDAMS: Over 50% have some form of alhztimers dementia. In the facilities which have a separate alhztimers unit, only some of the alhtizmer's patients are separated from the rest of the facility population. - In response to Chair Ford, foster homes are excluded from this bill because generally they do not have special units.

TAPE 180, SIDE A

005 REPRESENTATIVE BARNES: Why not say that an indorsement is needed?

DIECHE: That is the purpose of the bill.

REPRESENTATIVE HAYDEN: Don't want to see us going back to county insane asylums.

EDAMS: There are some facilities which have invisible fencing. Technology has helped us not lock up these patients. There are some residents who are so active and agile that they can jump a seven foot fence.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE TAYLOR WILL CARRY SB 801-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 programs Witness: Ed Patterson, Oregon Hospital Association

065 Staff submits and REPRESENTATIVE TAYLOR explains SB 833-15 proposed amendments (EXHIBIT E) which brings us back to the original cap for non profit clinics.

MOTION: REPRESENTATIVE TAYLOR MOVES ADOPTION OF THE SB 833-15 PROPOSED AMENDMENTS.

078 REPRESENTATIVE MEEK: Liability has become the focus of this bill instead of who this is intended to serve. - Discusses liability problems with the Healthy Start program. - This bill is the first goal is to get prenatal care, right from the beginning. And allowing nurses, nurse midwives, and physicians to help out in that endeavor. - Non profit clinics definitely need to have liability insurance.

Discussion on the liability cap and the non economic and economic terminology.

133 REPRESENTATIVE HAYDEN: Concerned that limited liability would not include enough of the people who are involved in this endeavor.

CHAIR FORD: Some people would be covered under the clinics, others under the hospitals. The only ones, at this time, that are not getting liability insurance, are the clinics.

REPRESENTATIVE HAYDEN: Concerned about volunteers being excluded.

REPRESENTATIVE TAYLOR: Nobody would keep any less insurance than they have

now. Nor did we hear that liability costs would go down because of the cap on liability. If the non profits are the only ones not able to obtain liability, then lets offer it to them by capping the program.

174 REPRESENTATIVE BARNES: A significant population is needed to have a non profit clinic, otherwise rural areas will not be able to afford it. Don't see how this is going to help serve women in the rural areas. Willing to give this a chance; need to address it again next session.

MELANIE ZERMER: Wonders if non-profit hospitals can establish a non-profit clinic separate from the hospital. And if it fell under the Health Division's rules of a certified perinatal care clinic, then would the clinic service be only be covered, and not the hospital services?

ED PATTERSON, OREGON ASSOCIATION OF HOSPITALS: Depends if the clinic was incorporated, as a separate nonprofit corporation. Our concern is that not all of services are provided within the clinic because eventually the delivery would take place in the hospital. When delivery takes place in the hospital then it would be covered by the blanket liability insurance that the hospital has, not the clinic.

REPRESENTATIVE HAYDEN: Wouldn't the hospitals be sued, if something happened to baby or mother, because the hospitals have the deepest pocket?

PATTERSON: There is a threat that this could happen. That is why I've stated in the past, that in all fairness, to encourage this type of operation, that the liability cap should be the same for the hospital if the patient comes from a clinic, as it is for the providers that operate within a clinic.

CHAIR FORD: Then should the liability be the same for a patient coming from a clinic as it is for a patient coming off of the street?

PATTERSON: Don't think it should. There needs to be some incentive for persons to go to a clinic. 50% of the babies born in Oregon are covered under Medicaid. Seems to me, that we need to encourage that population to participate in prenatal care through these types of clinics. If we are going to provide that public policy then we need to have hospital participation in the development and evolution of these clinics. This is a good way to provide that incentive.

275 Discussion on changes the Senate made to the bill.

Discussion on possible technical amendments.

REPRESENTATIVE STEIN: The intent of language on page 2, line 40 is: The affect of Section 5 on malpractice insurance premiums for non profit clinics established under this act.

REPRESENTATIVE MEEK: Another intent of this bill is limiting this to organizations which are formed for non-profits providing prenatal care.

335 REPRESENTATIVE STEIN: Section 4 indicates that these programs must be certified. And Section 5 is linked to that certification. The only type of prenatal non-profit care program are ones that has been certified by the Health Division, who makes rules to who is certified. It is fairly limited who gets this liability --- it's just not any non-profit.

Discussion on language regarding the policy statement.

361 CHAIR FORD: In response to Representative Barnes, we had an interim maternity care access report, but not a study.

409 REPRESENTATIVE HAYDEN: Is there a sunset clause in the bill?

CHAIR FORD: Yes, there is a four year sunset.

REPRESENTATIVE TAYLOR: Accepts a friendly amendment that the two "specials"

in the bill be changed to "economic" and on page 3, line 40 changing the access to Section 5.

TAPE 179, SIDE B

REPRESENTATIVE HAYDEN: Suggests changing the sunset from four years to July

199 3.

REPRESENTATIVE BARNES: Agrees.

010 REPRESENTATIVE TAYLOR: Accepts that as a friendly amendment.

REPRESENTATIVE STEIN: Suggests a friendly amendment: On page 1, lines 13 and 16, re-numbered to "3" and "4" instead of "4" and "5".

020 REPRESENTATIVE TAYLOR: Accepts that as a friendly amendment.

016 CHAIR FORD: Re-states motion: REPRESENTATIVE TAYLOR MOVES ADOPTION OF THE SB 833-15 PROPOSED AMENDMENTS, INCLUDING THESE FURTHER AMENDMENTS: ON PAGE 1 OF THE HAND ENGROSSED BILL SECTION 1 "(4)" RE-NUMBER IT TO "(3)" AND "(5)" RE-NUMBER IT TO "(4)". AND ON PAGE 2, "SPECIAL" IS CHANGED TO "ECONOMIC DAMAGES" AND ON PAGE 3, LINE 40 OF THE HAND ENGROSSED BILL "ACCESS" IS CHANGED TO SECTION 5, AND DECEMBER 31, 199 4 IS CHANGED TO JULY 1, 1993.

VOTE: THERE BEING NO OBJECTIONS, THE MOTION CARRIES.

MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF THE SB 833 -11 PROPOSED AMENDMENTS (submitted at 5/24/91 meeting).

Discussion on the inclusion on practitioners.

VOTE: THE MOTION PASSES 6-1. REPRESENTATIVE BARNES, REPRESENTATIVE HAYDEN, REPRESENTATIVE RIJKEN, REPRESENTATIVE STEIN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE MEEK VOTES NO.

MOTION: REPRESENTATIVE MEEK MOVES SB 833, AS AMENDED, TO THE FLOOR WITH A DO PASS RECOMMENDATION.

VOTE: THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE TAYLOR WILL CARRY SB 833 TO THE FLOOR.

WORK SESSION: SB 113 - Declares policy in all state programs for serving young children and their families Witness: Ken Otto, DHR

110 Staff submits and REPRESENTATIVE STEIN explains proposed amendments to SB 113- A from REPRESENTATIVE STEIN (EXHIBIT F).

169 REPRESENTATIVE BARNES: Isn't the Speaker of the House having a special committee look at the children's agenda?

CHAIR FORD: Yes, they plan at looking at all 238 programs for children.

MOTION: REPRESENTATIVE STEIN MOVES ADOPTION OF THE PROPOSED AMENDMENTS TO SB 113 (-9).

REPRESENTATIVE MEEK: Objects because it is a re-write of HB 2954. There is no need to duplicate language and also concerned about the definition of "family".

207 REPRESENTATIVE BARNES: Did CSD testify, and what was their testimony? What are we dictating?

216 KEN OTTO, DEPARTMENT OF HUMAN RESOURCES (DHR): DHRalso is concerned about duplicating processes. The amendment takes care of most of our concerns.

REPRESENTATIVE BARNES: Fragmentation and duplication are my concerns, not sure if we will be accomplishing much by passing this. Maybe we should wait until the select committee conducts their study.

OTTO: The process of for the Coordinating Council for Family and Children will continue, no matter if this or other legislation is passed. DHRand the Department of Education is dedicated to that effort. We are trying to improve, as to how we do business with children.

276 REPRESENTATIVE STEIN: The Speaker did not invent the idea of collaboration between the human services and education programs. The Coordinating Council worked together for two years on this effort. We need to continue with the process that we already have in place.

326 Discussion on input from local commissions.

VOTE: THE MOTION PASSES 4-3. REPRESENTATIVE RIJKEN, REPRESENTATIVE STEIN, REPRESENTATIVE TAYLOR, AND CHAIR FORD VOTE AYE. REPRESENTATIVE BARNES, REPRESENTATIVE HAYDEN, AND REPRESENTATIVE MEEK VOTE NO.

412 MOTION: REPRESENTATIVE STEIN MOVES SB 113, AS AMENDED, TO THE FLOOR WITH A DO PASS RECOMMENDATION.

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VOTE: THE MOTION FAILS. REPRESENTATIVE RIJKEN, REPRESENTATIVE STEIN, AND REPRESENTATIVE TAYLOR VOTE AYE. REPRESENTATIVE BARNES, REPRESENTATIVE MEEK, REPRESENTATIVE MEEK, AND CHAIR FORD VOTE NO.

CHAIR FORD: Adjourns the meeting at 3:08 p.m.

Submitted by,

Reviewed by,

Pamela Berger

Melanie Zermer

EXHIBIT LOG: A - Measure 5 - add back list - staff - 1 p. B - SB 510 - proposed amendments - staff - 2 pp. C - SB 510 - fiscal impact statement - staff - 1 p. D - SB 510 - fiscal impact assessment - staff - 1 p. E - SB 833 - proposed amendments - staff - 5 pp. F - SB 113 - proposed amendments - staff - 1 p.