

HOUSE COMMITTEE ON JUDICIARY FAMILY JUSTICE

March 11, 1991 Hearing Room 357 1:00 p.m. Tapes 55 - 56 MEMBERS  
PRESENT: Rep. Kelly Clark, Chair Rep. Judy Bauman Rep. Marie Bell  
Rep. Jim Edmunson Rep. Kevin Mannix Rep. Del Parks Rep. Ron Sunseri  
MEMBER EXCUSED: Rep. Tom Mason VISITING MEMBER: Rep. Gail Shibley  
STAFF PRESENT: Holly Robinson, Committee Counsel Jeff Steve,  
Committee Assistant Holly Blanchard, Transcriber MEASURES HEARD: HB  
2388 - Drug Testing of Pregnant Women, PH

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 55, SIDE A

004 CHAIR CLARK: Opens Family Subcommittee at 3:12 p.m.

HB 2388 - DRUG TESTING OF PREGNANT WOMEN - PUBLIC HEARING

Witnesses: Howard Klink, Multnomah County Department of Human  
Services Ellen Lowe, Ecumenical Ministries of Oregon Bob Castagna,  
Oregon Catholic Conference Alan Melnick, M.D., Oregon Coalition of Local  
Health Officials Mary Carpenter, American College of Nurse-Midwives  
Steve Remington, American Civil Liberties Union of Oregon Leticia  
Maldonado, Portland Public Schools Bob Olds, Portland Public Schools Ann  
Uhler, Women's Commission on Alcohol and Drug Issues Jacque Wallace,  
Women's Coalition on Alcohol and Drug Abuse Issues Patricia Dawson,  
Health and Community Services Jeff Kushner, Department of Human  
Resources Paul Drews, Children's Services Division Kate Marie, New Start  
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013 ROBINSON: Summarizes HB 2388 comes to the committee from the  
Governor's Task Force on Pregnancy and Substance Abuse. The two primary  
components of the bill are prenatal and birth testing of pregnant for  
controlled substances and community grants for treatment programs. Notes  
HB 2388 has a subsequent referral to Ways and Means. 032HOWARD  
KLINK, PUBLIC AFFAIRS DIRECTOR, MULTNOMAH COUNTY DEPARTMENT OF HUMAN  
SERVICES (EXHIBIT A): Of the approximate 10,000 babies born each year in  
Multnomah County, the County Health Department is involved in prenatal  
care for about 25 percent of those babies. Refers to EXHIBIT A which  
reflects a compilation of public health, alcohol and drug treatment, and  
community corrections staff within Multnomah County; it is a policy  
statement from several groups. Issues raised were the ethicalness of the  
testing, justice and compassion. Concerned about the increase of  
drug-affected babies in Multnomah County and the absolute necessity to  
develop a policy framework that encourages the potential for women  
receiving treatment. We support increased training for staff to identify  
the need for increased funding for treatment, and the need for a  
referral process. One common agreement among public health staff is that  
if anything is deemed mandatory, that will reduce the number of people  
seeking care from the system and thereby reduce the potential for women  
to get into treatment. 083 ELLEN LOWE, ASSOCIATE DIRECTOR, ECUMENICAL  
MINISTRIES OF OREGON (EXHIBIT B): Describes the Ecumenical Ministries of  
Oregon as a volunteer association of 17 religious denominations and over  
2,000 congregations statewide. Distributes EXHIBIT B which includes  
articles that appeared in The Oregonian newspaper concerning a project  
which we have under our wings, The Letty Owings House. This House  
provides a sanctuary for pregnant, addicted women, some with their

children too. Discusses planning stages of The Letty Owings House which began two years ago. Have served 58 women with over 500 inquiries. Concerned that HB 2388 presents an image of a barrier that would keep some of these women from seeking treatment. They would be afraid they might lose their baby after birth--that the baby would be removed from their care. Believe other areas of the state could use a Letty Owings House. 133 REP. BAUMAN: Notes it costs about \$5,000 for a month at a residential, private treatment center. What's the cost of a month's treatment at Letty Owings House? 144 LOWE: Think it's about \$27 a day for some, and \$21 a day for others. Will provide exact figures. Difficultly in determining costs is that we own the house--so total costs would be considerably more. Hope to open another Center if we get through a conditional use process. About 70 percent of our costs come through funding from federal/state resources. About 30 percent is provided through private donations. 157 REP. BAUMAN: Obviously, the puzzle is how to create more treatment. Thinks discussion should include some incentive for other communities to model The Letty Owings House. 168 REP. EDMUNSON: Are all the women who come to the House referred by some agency or just off the street--how do you get your people?

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172 LOWE: Most of them have a total lack of resources and do qualify for some assistance. Some are from Corrections.

180 REP. EDMUNSON: Do you consider the former drug habits of these women to be confidential due to your clergy association? What if the police want information about these women? 186 LOWE: It would depend upon the nature of the communication. If it comes through clergy confidentiality, then it is confidential. In other instances, staff members have chosen to function as advocates with the women when they've been subpoenaed or charged.

198 REP. EDMUNSON: Do you think it would limit you effectiveness if there was no confidential nature of your relationship? Would women be less likely to seek treatment if anything learned about them could be used to their disfavor in some later court proceeding? 204 LOWE: It would create barriers for a number of them to participate. What brings the women there is the image of sanctuary which is part of the religious community as well as the nature of the people providing the service.

211 REP. BELL: Are there any accommodations for other family members of these women? 213 LOWE: They are able to bring their children who are already part of their household with them -that's a positive thing. 219 REP. MANNIX: How are the referrals made to the program? 225 LOWE: Before we even opened the House we had inquiries. They find us. 233 REP. MANNIX: Is there a way to encourage those who need help but won't come in, to do so? 240 LOWE: If we had more homes like this then there would be more women coming in. They would consider treatment a safe avenue in order to keep their child.

259 BOB CASTAGNA, OREGON CATHOLIC CONFERENCE: Urges the committee to approach the issue by stressing education, prevention, and treatment in addressing the problem of drug abuse and pregnant women. Sees a lot of

barriers in HB 2388 to helping these women. Has grave concerns about the services listed in the Task Force Report. Thinks HB 2388 will drive people away from seeking assistance for fear of losing their children.

303 REP. BAUMAN: Unfortunately, there have been more Draconian measure proposed. Thinks that even in designing legislation in the least threatening way possible, some women will be driven away from prenatal care which drives those birth injury risks up.

330 ALAN MELNICK, M.D., OREGON COALITION OF LOCAL HEALTH OFFICIALS (EXHIBIT C): Agrees with intent of HB 2388 which is to identify, treat, and prevent damage due to use of drug by pregnant women. We have same concerns mentioned about access, equity, and cost-effectiveness. Refers to reasons women will not seek treatment (EXHIBIT C). }Iouse Committee on Judiciary March 11, 1991- Yage 4

390 REP. MANNIX: Should we be trying to cast our net in a different direction? We're trying to capture the already pregnant, already addicted women through the mandatory testing. Referred to Ellen Lowe's comment, "Pregnant women don't get addicted, addicted women get pregnant." Should our net be cast in the direction of universal, prenatal health care programs? Then maybe use that proactive approach as an opportunity to intervene with those who also happen to have a drug problem?

TAPE 56, SIDE A

001 MELNICK: That's exactly what I'd like to see. Wants to see universal prenatal care access, and included in that, would like to see a good case management component.

004 REP. MANNIX: What if your profession said, let's take three steps backwards, temporarily, in terms of county medical health and mental health programs, with the idea of reallocating a substantial portion of resources to a renewed county medical health program. This could get some people out in the field doing something about prenatal care. Through that process people could be identified for drug assistance. 013

MELNICK: Doesn't have to be done necessarily by the county, although we have a great program in Washington County called "Hea thy Start" funded through private, nonprofit funds. However, this program lacks sufficient funds for case management. We could identify these women and help them better if there was funding available for case management services.

019 REP. MANNIX: Currently, there's a "dollars short" environment. Mentions support for a proposal for increased beer and wine taxes to fund drug and alcohol rehab programs. Separately, how would you react to the idea of a medical insurance premium tax--say two percent used to fund only prenatal health care programs? 025 MELNICK: Sounds reasonable. Good prenatal care saves money in the long run. 029 REP.

MANNIX: This would mean using a funding mechanism that isn't being used right now. Knows a lot of specialty taxes are being churned up but here's one that's on the prevention side relating to the problem with a proactive approach rather than reactive. 035 REP. BAUMAN: Does SB 27's list include addiction treatment and prenatal care? 044 LOWE: The way SB 27 was originally drawn, we were instructed in our first priority list not to include mental health and alcohol and drug. There is a subcommittee working on those issues. However, maternity care is almost at the top of the list. 063 REP. BAUMAN: When does maternity care start? 065 LOWE: It begins at the first doctor visit.

070 REP. MANNIX: This mandatory testing requirement is a train off the tracks. Don't want to waste time with immovable trains. Questions are being raised to achieve the stated objectives of the program-to get health care and drug/rehab services to women who are pregnant and addicted. - House Committee on Judiciary March 11, 1991- Page 5

080 LOWE: Within the Governor's budget there is some mention of a payroll tax that is related to health services. Has also heard of a hospital assessment tax which may be somewhat in jeopardy right now but is experiencing some renewed life relating to hospital services.

094 MARY CARPENTER, CERTIFIED NURSE-MIDWIFE, AMERICAN COLLEGE OF NURSE-MIDWIVES (EXHIBIT D): Reads her written testimony. We support HE 2388 and urge its passage. During 14 years as a nurse-midwife, have noticed increased use of substances by pregnant women. It's frustrating to deal with a preventable problem and discouraging to identify the problem and have no resources available to deal with it--outside of removing a baby from a woman. Gives example of removing a baby from a young mother who couldn't get drug abuse treatment due to lack of funds. Nurse-midwives are divided on the issue of testing. But it's not equitable the way it's being done now. Refers to questionnaire for "The New Start. Program at Sacred Heart Prenatal Clinic. The program was developed for women who use drugs during pregnancy. Not convinced that testing is wrong-questionnaire has brought good results in identifying pregnant drug users. Treatment is comprehensive--it requires more than just testing; requires time with the client. 164 REP. PARKS: You're suggesting that if babies in hospitals tests positive for drugs, they are routinely removed from their mothers? 168 CARPENTER: A referral is mad, to Children's Services Division (CSD) which initiates an assessment concerning the baby's safety under the mother's care. Personal experience is that the baby is removed from the mother at least temporarily. 174REP. BAUMAN: When a child is removed from the mother, is treatment then provided for her? 177 CARPENTER: Treatment isn't provided, it's recommended. My experience is that if the mothers will go into a treatment program, the babies will be returned to them. 179 REP. BAUMAN: Usually that's the condition upon which the return is made. In the Eugene area, if a woman needed drug treatment, what kind of referral would you make? 187 CARPENTER: We have the Office of Substance Abuse Program, the New Start Program which is a referral service into treatment. We're getting people into the program but there aren't enough treatment beds. 190 REP. BAUMAN: What is the cost of treatment for your New Start Program? 191 CARPENTER: There is no fee for it but can't speak to that. 208 STEVIE REMINGTON, EXECUTIVE DIRECTOR, AMERICAN CIVIL LIBERTIES UNION OF OREGON (EXHIBIT E): We're opposed to mandatory testing. Would want it done with only truly informed consent as to details with no legal consequences as to the use of that testing information for civil or criminal prosecutions. It's clear that we cannot even begin to expect to meet the needs for treatment of the women who are desperately seeking it now. Treatment will offer motivation for women to keep their babies. We ought to provide them that treatment at the time they seek it. Refers to a lot of false negatives and false positives even in

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the best testing circumstances. Also object to testing of a newborn without informed consent which includes legal consequences. Think the bill, as drafted, would be found unconstitutional on grounds of a mandated search and seizure and also might be unconstitutional under the

Equal Privileges and benefits in that it would be selecting out one gender, one class of people for different treatment. Review EXHIBIT E which gives the specific proposals to all state legislatures as to how this Coalition thinks you should be dealing with the problem. Refers committee members to Page 3 for a list of proposals followed by a rationale for each proposal.

248 REP. MANNIX: Recalls one physician advocate presented the point that they would make a distinction between testing, which would assist someone in identifying a problem, as opposed to testing-which challenges the patient. Refers to syphilis test that is currently required for pregnant women to help identify maybe an unknown problem. Do you recognize that distinction?

265 REMINGTON: Yes, but strongly believe that a patient should always be told what they're testing for.

268 REP. MANNIX: Informed consent is very important?

271 REMINGTON: Exactly. With the syphilis testing, more than one woman has wound up with the disease that she had no idea she was at risk. Also, there are no legal consequences for the use of that test except for treatment. Wants to see the same format for treatment of drug-addicted women. The testing would be confidential and only used for proper drug treatment.

280 REP. MANNIX: Then limit this to one true informed consent. Someone would inform them they don't have to take the test but that it does help identify problems--we want to be proactive and help people. If the mother agrees to this, inform her the test is absolutely confidential and can be used only for the purpose of medical referral for treatment. What's your reaction to that kind of approach?

291 REMINGTON: As long as it's informed, voluntary, and confidential, there's no objection to it.

315 LETICIA MALDONADO, PORTLAND PUBLIC SCHOOLS: Last fall our Board, after careful review of the problem of drug-affected children, voted to support testing of pregnant substance abusers with treatment and not for punitive reasons. Portland Public Schools would support legislation which would assist the educational community in preparing itself to meet the educational needs of the children.

331 BOB OLDS, ALCOHOL AND DRUG SPECIALIST, PORTLAND PUBLIC SCHOOLS: Hired to look into how children can be best educated who've been affected prenatally by drug or alcohol exposure. Also, to look at how to prevent teenage girls from abusing drugs while they're pregnant. Attempts to identify these children are extremely difficult. It takes awareness of the characteristics and behaviors of these children, and in the case of fetal alcohol syndrome, that's the only thing that can be positively identified when they get to school which takes a medical referral process. Discusses the difficulties in assessing these children and getting their maternal history. Supports testimony already heard and agrees that the process of help for these women should be done without a risk of frightening them away from getting prenatal care and treatment. House C - nmittee on JudWag March 11, 1991 - Page 7

373 REP. BAUMAN: Would there be any privilege of confidentiality that would apply between a student and teacher concerning the student's drug problem?

388 OLDS: Yes. It would be just like signs of child abuse. The teacher is obligated to pursue it in the best interests of the child.

392 REP. BAUMAN: Would seem that would cut down on the availability of teachers as a trustworthy confidant.

396 OLDS: Hopes it would increase that trust relationship. It's important for teachers to be able to identify these children because increased awareness affects how you regard the children. If a teacher knows that a child's behavior could be linked to the mother's use of alcohol or drugs, then you hope that a more sympathetic and trusting awareness will come about. TAPE 55, SIDE B

005 REP. BAUMAN: Thinking more of the child who was the drug or alcohol abuser rather than being affected by the parent's use. Are there resources available to the school district to refer children who are abusing drugs or alcohol?

008 OLDS: There are a few places in Portland. Aware of three or four places that deal specifically with fetal alcohol syndrome and their parents.

012 MALDONADO: We're talking about two different age groups here. We're here today to discuss the newborns and little ones already in the school district. Directs Representative Bauman's questions regarding adolescent drug users to someone else from the Portland Public School District.

018 REP. BAUMAN: Was thinking the Portland Public School District would have some good information on the instance of adolescent pregnancy and drug use. There certainly is a correlation between those two.

025 MALDONADO: We have one of the best teen/parent programs in the state as well as one of the best alcohol and drug programs. Will gather information for Representative Bauman.

028 REP. BAUMAN: Might be a helpful model for the committee.

033 ANN UHLER, MEMBER, BOARD OF DIRECTORS, WOMEN'S COMMISSION ON ALCOHOL AND DRUG ISSUES (EXHIBIT G): Also a member of the State Alcoholism and Drug Abuse Program Director's Association and will address that. 043 JACQUE WALLACE, BOARD MEMBER, WOMEN'S COALITION ON ALCOHOL AND DRUG ABUSE ISSUES OF OREGON (EXHIBIT F): Reads written testimony, EXHIBIT F. We have supported confidential laboratory testing of pregnant women to establish the incidence of use by them. We are very concerned about the mandatory testing of all pregnant women if there is no matching availability of treatment services. Sections 9 and 10 of HB 2388 establish monies for referral assessment case management and treatment. Without adequate treatment House Conunittee on Judiciary March 11, 1991 Page 8

included in HB 2388, testing will only produce continued information about prevalence and increase the caseload of CSD. We are also concerned that some women may delay seeking medical attention for fear of losing their infants. Recommend that testing be mandated only if adequate services are available.

057 UHLER: The Association has a very pragmatic stance on this that in the wake of Ballot Measure 5, if you're going to spend money, let's spend it on the treatment of people we already know need it. Let's not

test to find more people when we can't treat those we currently have. Working with the physician is an important piece of identification. During this biennium, we want to work with a committee to develop a policy of intervention to get these women into treatment rather than rely on mandated testing.

071 REP. PARKS: Asks for comments about Ms. Remington's written testimony that states Congress mandated that states spend 10 percent of the federal alcohol, drug abuse and mental health services block grants on the development and expansion of prevention and treatment programs for alcohol and drug-dependent women. How much does that amount to in Oregon and is the state doing that? 078 UHLER: Yes. Oregon is doing that. That's for all women whether they're pregnant or not. I direct an organization that serves about 550 clients per month of which 50 percent are women not all of those women are pregnant. 086 REP. PARKS: The legislation required that special emphasis be given to the development of services for pregnant women. 088 UHLER: Yes, during the last two years, the commission has worked with the state office in developing an RFP that went out last year for specific services for pregnant women. Some of those have been provided and some are currently starting up. Even with those services, we're anticipating they won't serve the needed capacity. 101 REP. BAUMAN: Under the program, do addicted women receive educational information about what could happen to their child if they should become pregnant while still addicted? 112 UHLER: Yes, we do that on a regular basis. Many already have children and we educate these women about the affects of their addiction on their present children and any future children. 115 REP. BAUMAN: Is this treatment universal? 127 UHLER: No. It's not universal. There's a wide gamut of approaches being used in the state with no specific requirements. 139 REP. BAUMAN: Is any portion of treatment done because of a mandate that it be included in the treatment of a drug or alcohol addicted person? 141 UHLER: Yes, we have administrative rules that say we have to do certain things.

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151 REP. BAUMAN: For example, there could be an administrative rule that would say all drug and alcohol addicted women of childbearing age will receive this information?

155 UHLER: Yes, that's possible.

158 RFP. BAUMAN: Are you aware of any research on the health of the unborn child caused by the drug addiction or alcohol abuse of the father? 160 UHLER: There's a limited amount of research in that area right now. We certainly know there's more of a propensity for male children to become alcoholics if their father is an alcoholic.

164 REP. BAUMAN: The appropriate administrative rule might mandate this education to all of your clients?

165 UHLER: As a provider and advocate for women's services for years, whenever you mandate something, make sure money is included to do that because as we ask our counselors to do more and don't include the money to go with it, it's asking more for less.

166 REP. BAUMAN: How much does the education component in your current programs cost?

167 UHLER: Can't give you an exact amount. If we didn't have medicaid

clients, we couldn't afford to do what we do now.

168 PATRICIA DAWSON (EXHIBIT H): Opposes HB 2388. Background is in health and community services working with providing services and solutions to indigent people. Reads from written testimony (EXHIBIT H). Adopted a drug-affected baby who is now fully functional but went through a lot of treatment during the first few years of his life. Thinks universal testing will drive women away from treatment because it will be viewed by these women as mandatory and therefore being life and lifestyle threatening. Thinks HB 2388 addresses only the symptoms of the problem. 262 REP. SUNSERI: The Task Force testified that drug babies are hopeless. You've demonstrated that's not the case. These babies can become normal. 275 DAWSON: There are a lot of services at-hand that help these babies. Disagrees with the Task Force Report. I think with a lot of love and attention, no child should ever be termed, hopeless. 296 JEFF KUSHNER, ASSISTANT DIRECTOR, OFFICE OF ALCOHOL & DRUG ABUSE PROGRAMS, DEPARTMENT OF HUMAN RESOURCES: The Department is extremely supportive of the Task Force Report. Doesn't believe the report indicates drug-affected babies are hopeless cases. The drug testing piece is only a small piece of a total package and should not be isolated from it. It would not be acceptable to the Task Force to do testing without treatment also. There's concern about the potential of some women needing prenatal care and not getting it. 324REP. EDMUNSON: We have heard witness after witness tell us these sorts of tests will be viewed as punitive and will drive drug-addicted women away from seeking care. Is it your House Committee on Judiciary March 11, 1991Page 10

testimony that those people are wrong? 329 KUSHNER: We have not seen any evidence to that affect. We would propose that perhaps there is a compromise position that would involve active informed consent. The medical care worker would be obligated to inform the woman that if she did not want to have the test taken, that she understand that the use of alcohol and other drugs could have a very negative impact on the fetus and provide her information for getting help, if she so desires. Concerned that if things are left as they are, we won't see many addicted pregnant women seeking treatment. Treatment capacity has been increased as a result of the July Emergency Board meeting and additional federal funds.

356 PAUL DREWS, EXECUTIVE ASSISTANT, OFFICE OF CHILD PROTECTIVE SERVICES, CHILDREN'S SERVICES DIVISION: Not aware of any state where mandatory testing had been implemented. Thought Florida had but turns out it didn't only a mandatory reporting law on drug-affected infants. However, Florida tried to get a mandatory testing law and was unsuccessful but it varied from county to county. There were some counties in Florida where there was mandatory testing. Learned from Florida officials that there was mandatory testing, initially there was a dip in the numbers of women seeking prenatal care but those numbers went back to the same levels of women seeking care before mandatory testing was implemented. Also, where prosecutions existed for drug-affected babies, there was a definite dip in women seeking prenatal care. This speaks to the Task Force's efforts to make this nonpunitive. 399 REP. MANNIX: In relation to your package, when you refer to active informed consent, does this include true confidentiality for medical and treatment purposes only? Bill only refers to not using it for prosecution. Could we put this in the positive and say it shall only be used for medical treatment for drug and alcohol referral?

TAPE 55, SIDE B



005 KUSHNER: That was the understanding of the Department.

008 REP. MANNIX: They don't mind leaving out referrals to CSD in terms of the child protection side?

010 KUSHNER: Don't think that was ever an intent of this piece regarding this part of the universal testing.

015 CHAIR CLARK: The proposal is active informed consent (specific consent); if refused, then a requirement that information be given about the affects of alcohol and drug use on a fetus. If the testing occurs and is positive, then what?

019 KUSHNER: Then the referral would be made to the local health department so the community health nurse could work with the individual to develop a plan to resolve the mother's problems.

021 CHAIR CLARK: Where does the mother go to get help? The committee has heard that there is no place to go to get help. Are people going to be sent away feeling utterly hopeless? House Committee on Judiciary  
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029 KUSHNER: The July E-Board meeting funded about \$750,000 worth of treatment capacity including 80 beds for addicted, pregnant women and their children, about 70 intensive out-patient slots and some transition services. There will be a variety of additional capacity starting next month. This needs to be a package but if there aren't facilities available, forget the testing until we know what we have right now we can handle. 043 ROBINSON: What you're proposing means you wouldn't go through the explanation and information piece if someone consented to the testing? 045 KUSHNER: That's correct.

046 ROBINSON: Why not? Wouldn't you want all pregnant women regardless of the test to have that information?

047 KUSHNER: Yes, that's a good idea.

048 REP. BAUMAN: Testimony has indicated a single test cannot be conclusive, particularly a single negative test.

054 KUSHNER: It depends on the test. Metro Labs has indicated a positive verified by a gas chromatograph is 99.9 percent accurate. Can't speak to a negative test but would argue for what Holly Robinson is arguing for and that is that everyone be informed of the potential impact.

061 REP. BAUMAN: Do you write the administrative rules?

062 KUSHNER: I take responsibility for the administrative rules promulgated by the office.

066 REP. BAUMAN: Referring to Ann Uhler's program, have you considered drafting an administrative rule for that?

070 KUSHNER: No, we get criticized for writing administrative rules that are too prescriptive.

083 REP. BAUMAN: It would be helpful to get a copy of your administrative rules for the committee. What percentage of the \$750,000

treatment money from the July E-Board is represented by the 80 beds for pregnant women?

091 KUSHNER: Those beds were funded at about \$26 per day with the intent they would also generate medicaid for the treatment portion. That amounts to about one-half of the \$750,000.

105 KATE MARIE, STAFF MEMBER, NEW START PROGRAM (EXHIBIT D: Refers members to bill section concerning mandatory drug screening. Believes education of prenatal care providers is also vital.

144 CHAIR CLARK: Appoints a working group of Representatives Bauman, Mannix and Parks to propose some amendments, including a funding source to HB 238 8. The working group will work through committee counsel Holly Robinson. HB 2388 will be brought back to committee in two weeks. House Committee on Judiciary March 11, 1991- Page 12

156 CHAIR CLARK: Adjourns Family Justice public hearing at 4:50 p.m.

Submitted by,

Reviewed by,

Holly Blanchard  
Office Manager

David Harrell Transcriber

EXHIBIT LOG: A - Written testimony, Howard Klink, Dept. of Human Resources, 2 pages B - Articles from The Oregonian Newspaper, Ellen Lowe, Ecumenical Ministries of Oregon, 5 pages C - Written testimony, Alan Melnick, M.D., Oregon Coalition of Local Health Officials, 2 pages D - Written testimony, Mary Carpenter, Oregon Chapter of the American College of Nurse-Midwives, 4 pages E - State Legislative and Policy Proposals, presented by Stevie Remington, Coalition on Alcoholic and Drug Dependent Women and Their Children, 14 pages F - Written testimony, Jacque Wallace, Women's Commission on Alcohol and Drug Issues of Oregon, 1 page G - Written testimony, Ann Uhler, Alcoholism and Drug Abuse Program Directors Association of Oregon, 1 page H - Written testimony, Patricia Dawson, 4 pages I - Written testimony, Kate Marie, Sacred Heart New Start Program (Eugene, OR), 2 pages

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