

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 JUDICIARY FAMILY JUSTICE

May 29, 1991 Hearing Room 357 3:00 p.m. Tapes 137 - 138

MEMBERS PRESENT: Rep. Kelly Clark, Chair Rep. Judy Bauman Rep. Marie Bell Rep. Kevin Mannix Rep. Del Parks Rep. Ron Sunseri

MEMBER EXCUSED: Rep. Tom Mason Rep. Jim Edmunson

STAFF PRESENT: Holly Robinson, Committee Counsel Kathy Neely, Committee Assistant

MEASURES CONSIDERED: HB 2944 PH/WS (Commitment for Alcoholism or Drug Dependency) SB 376 WS (Revision of Contempt Law) HB 3516 WS (Child Custody Determinations)

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TAPE 137, SIDE A

003 CHAIR CLARK: Calls the meeting to order at 3:20 p.m.

HB 2944 - PUBLIC HEARING Witnesses: Steve Telfer, Legacy Health System Howard Harrison, M.D., Holladay Park Med. Ctr. Dave Butzer, Lt., Portland Police Bureau Peter Grundfossen, Oregon Housing Richard Harris

007 HOLLY ROBINSON: Gives overview of bill. *Bill was originally a proposal to create a new system for individuals with alcohol or substance abuse problems. *Has significant fiscal impact. *Reviews amendments (EXHIBIT A and B). *Mentions issue of physicians' ability to refer patients to other facilities in emergency situations. *HB 2944-2 (EXHIBIT B) should be HB 2944-3.

039 STEVE TELFER, LEGACY HEALTH SYSTEM: Introduces Dr. Howard Harrison, Holladay Park Med. Ctr., and Dave Butzer, Portland Police Bureau. *Want to create some statutory authority to transfer someone who is in need of psychiatric services from one hospital to another. Otherwise, police and medical teams--people who are responsible for the transfer--risk liabilities.

058 DR. HOWARD HARRISON, HOLLADAY PARK MEDICAL CENTER: Gave testimony (EXHIBIT C). *Cites problems with transfer of patients from other hospitals.

086 REP. BELL: Asks for definition of "Two Physician Hold."

088 HARRISON: Under Oregon Statutes a physician licensed to practice medicine in the state of Oregon, in consultation with another similarly qualified person, can hold the person in a hospital against that person's will if that patient is dangerous to others. During that stay the patient is evaluated and it is determined if they should release the patient or send on to a commitment hearing, committing them to the mental health authority for six months.

098 REP. BELL: Why is the hold at both ends such a legal problem?

100 HARRISON: The statute does not specify how you put a Two Physician Hold at one hospital and get the person to the other hospital. *Afraid of being sued for kidnapping or assault because of this.

105 REP. PARKS: Is the court notified and is there some time limit?

108 HARRISON: When the Two Physician Hold is signed, the paper is transmitted to the court as early as possible. Also, the hospital unit calls the court and inform them that the hold is in place and is on its way.

113 REP. PARKS: Does that become a petition for an adjudication for mental illness?

114 HARRISON: In a way, yes, because the investigator from the court determines if a commitment hearing is warranted.

115 REP. PARKS: After that it is an ordinary court process. Not changing any of the process, just proposing that you have that right to transfer pending the hearing.

119 HARRISON: Right.

120 REP. PARKS: Does the concept of the bill still contain involuntary treatment of a person who is an alcoholic?

122 HOLLY ROBINSON: I think the proponents of that bill are anticipating that it will not remain, so the answer is, "It depends." The relating cause is such that this could stand independent.

129 CHAIR CLARK: Proposal is not in any way a "substantive change" to statutes. What you're asking for is transfer authority.

132 HARRISON: Yes. We want authority to do what we do anyway, and feel rather nervous about right now.

135 DAVE BUTZER, PORTLAND POLICE BUREAU: If a Two Physician Hold is not an option for the doctor, the next option is to call in a police officer. The police officer is asked to evaluate the person, then make a determination to further transport the person to the hospital. *We're being asked to second-guess a doctor. There have been issues where the person has previously been exhibiting behavior that would warrant it but the police officer has to make a determination at that moment; there have been cases where police officers have over-ruled the physician. That should not occur. This bill should fix this problem.

157 HOLLY ROBINSON: In the way it was drafted, it is a new section to that part of the statute that deals with emergency and voluntary admissions. Suggests placing it in that part of the statute so that it follows those parts of the statute that address the Two Physician Hold

and the fact that the person must be retained in that specific hospital.

164 TELFER: That would be fine. I drafted them as an add-on to the original bill. We want to make sure that this covers any involuntary commitment for mental illness concern. If there is a way to have it apply to the Two Physician Hold, that would suffice.

173 REP. SUNSERI: Are definitions being changed for people who were being involved in alcohol or drug abuse?

176 HOLLY ROBINSON: At this point we're not working off the bill but off of the -3 amendments (EXHIBIT B).

178 CHAIR CLARK: The problem was wrapped up in SB 49 and for a variety of reasons that's plugged up in Senate Human Resources committee.

181 REP. SUNSERI: So these changes will not be part of that.

182 HOLLY ROBINSON: For the moment. The issue here is solely the transfer one.

184 TELFER: If those end up being too contentious, we would appreciate using this bill for this purpose only.

191 CHAIR CLARK: Confirms that counsel believes wording should be added to the end of ORS 426 .175 as a new sub 4.

193 HOLLY ROBINSON: Correct.

195 CHAIR CLARK: Closes hearing and opens works session on HB 2944.

HB 2944 - WORK SESSION

206 REP. MANNIX: Discusses the -2 amendments (EXHIBIT A). *Amendments apply to a bill worked on in 1987. *Addresses the main question "what about the cost?" *Page 3, lines 24-26 has language that doesn't quite accomplish that purpose. The modified language would say, "is responsible for insuring that funds are available to pay the costs attendant to examination, investigation and treatment incurred as part of the commitment." *Some communities are willing to work on it but are not willing to come up with the money. The person who wants to proceed had better make sure that the cost of the process is going to be taken care of because we don't have the government funds right now to add this layer to the system.

245 REP. SUNSERI: If this is established and there are people picked up on the street and taken to the psychiatric unit, what if they don't have the money? Will they go back out on the street?

253 REP. MANNIX: The person who initiates the process is going to have to insure that the money is available.

253 REP. SUNSERI: What if the money is not there?

255 REP. MANNIX: Then we're back where we are right now. Unless people are shown to need commitment under the standards of the current law. This bill won't take out the current law. The problem is that the current law sets such a high commitment standard that we're not reaching out to help people who are at a lower level of need but still need treatment

265 REP. PARKS: Initially, the bill addressed anybody convicted of driving under the influence and others.

269 REP. MANNIX: This is totally changed. Now if the court determines that someone is incapacitated as a result of alcoholism or drug dependency, the court must find out if the person is an alcoholic or drug-dependent person whose health is deteriorating, as certified by physician, or whether the person has attempted to inflict physical harm on themselves or on others.

278 REP. PARKS: Wants the blanks filled in on page 2 (EXHIBIT A).

283 REP. MANNIX: Still consulting the experts right now regarding medical complications due to drug dependency. Tempted to say "means that which a physician is willing to certify."

294 CHAIR CLARK: Asks how many people came to testify on HB 2944. Wants to give witnesses some time to look at the -2 amendments and to recess work session temporarily.

319 REP. SUNSERI: Wants to know if the -2 amendments accomplished what they originally tried to accomplish.

331 REP. BELL: Asks if these amendments force law-abiding people who can't afford to get help can't get treatment but if they become violent they can.

338 REP. MANNIX: This is not the intention. There will have to be a petitioner who is willing to come forward; they will not want to reward people for engaging in that kind of conduct.

345 REP. BELL: Worries that the law-abiding citizens in the middle are going to get left without treatment.

352 CHAIR CLARK: Recesses work session on HB 2944 to give proponents and opponents a chance to look at the amendments. Opens work session on SB 376.

SB 376 - WORK SESSION

366 HOLLY ROBINSON: Explains SB 376's history and briefly introduces amendments (EXHIBIT D). *The bill is a significant re-write of Oregon's contempt statutes.

394 BILL LINDEN, STATE COURT ADMINISTRATOR: Briefly explains the A12 amendments (EXHIBIT D) and introduces their additional amendment (EXHIBIT E) that changes the language on the A12 amendments beginning on line 22.

442 CHAIR CLARK: Asks that the additional amendments (EXHIBIT E) be referred to as -13 amendments.

TAPE 138, SIDE A

013 LINDEN: Runs through changes agreed on in the A12 amendments (EXHIBIT D & F) as well as the proposed new Section 7A (EXHIBIT E). *Can now say that the -13 amendments are acceptable to the interested parties.

072 REP. MANNIX: Comments that, although certain amendments are being rejected, no one seems to want to demand that these be put back in.

083 LINDEN: Both A12 and -13 amendments represent the proposed amendments to this bill. Some issues did not make it to the consensus process but the proponents had a clear opportunity to make their case.

094 CHAIR CLARK: Asking Mr. D. Michael Wells, Family & Juvenile Law, if he would like to be heard. Mr. Wells declines.

097 JAMES LANGHLIN, DEPT. OF JUSTICE: Concurs with Rep. Mannix's and Mr. Linden's comments that the A13 amendments do take care of Dept. of Justice's and the criminal side of the DA's office's problems with the prior immunity proposals. *Our understanding of the limitations on incarceration in the bill is that the current remedial sanctions provide for an up-to-6 months incarceration for each separate act of contempt.

121 REP. MANNIX: This is the intention of the bill--to allow that to occur.

123 MOTION, REP. MANNIX: Moves the A12 amendments as modified (EXHIBIT D).

126 HOLLY ROBINSON: Explains that the modification includes deleting lines 21-24, page 1 and lines 1-7, page 2.

132 CHAIR CLARK: Rep. Mannix moves the amendments (EXHIBIT D)

133 REP. PARKS: Refers to "Pew" amendments.

134 REP. MANNIX: Says these were discussed and it was decided they were not needed.

136 No objection. Motion passes.

137 MOTION, REP. MANNIX: Moves the Judicial Dept. 13 amendments (EXHIBIT E).

140 No objection. Motion passes.

141 MOTION, REP. MANNIX: Moves SB 376 as amended, to the full committee, do pass.

143 VOTE: Motion

AYE: REP. BELL, REP. MANNIX, REP. PARKS, REP. SUNSERI, CHAIR CLARK. NO: EXCUSED: REP. BAUMAN, REP. EDMUNSON, REP. MASON.

146 CHAIR CLARK: Rep. Mannix to carry SB 376. Thanks the working group for all the hard work. Opens work session on HB 3516.

HB 3516 - WORK SESSION

155 CHAIR CLARK: Asks if HB 3515 was amended and put into another bill on similar child custody issues.

160 HOLLY ROBINSON: Says that HB 3515 was revised but took the basic concepts of parts of HB 3516 and the bill was moved. Explains that the issue raised in HB 3516 is the creation of presumption of joint custody

in child custody cases.

175 CHAIR CLARK: Confirms that there are no proposed amendments for HB 3516.

182 MOTION, REP. MANNIX: Moves to table HB 3516.

184 CHAIR CLARK: Motion is non-debatable.

VOTE:Motion

AYE: REP. BELL, REP. MANNIX, REP. PARKS, REP. SUNSERI, CHAIR CLARK. NO:
EXCUSED: REP. BAUMAN, REP. EDMUNSON, REP. MASON.

190 CHAIR CLARK: Closes work session on HB 3516 and re-opens the work session on HB 2944.

HB 2944 - WORK SESSION

193 HOLLY ROBINSON: Gives message from a Mr. Barker. He reviewed the bill and said it would not affect the Mental Health Division and therefore has no position on the bill.

199 REP. MANNIX: Asks Mr. Grundfossen, Oregon Housing to speak to the bill and explains that the bill was not "accidental." Previous legislation that was carefully worked over was used as a model. *There is still a gap in the language in the amended version but the rest is carefully formulated. *Addresses Rep. Bell's concern--people who can't afford services who are not criminals--this bill gives community action groups trying to help people a vehicle for getting to those folks overcome the barrier of drug dependency or alcoholism. There wouldn't be an economic requirement there. People who have money don't normally have to use this kind of commitment procedure. *This kind of legislation was available years ago but the line of commitment was so low, there were problems. People were put into holding tanks but nothing was being done in terms of treatment. *This bill will provide community action groups with leverage to help people who don't commit themselves for help.

245 REP. SUNSERI: Who is paying for it?

246 REP. MANNIX: The people who want to carry out the program.

247 REP. BELL: Confirms that if a spouse went to AA and they determined he really had a problem, then the organization could guarantee the payment.

255 REP. MANNIX: The organization does not guarantee the payment but they insure that all cost attendant to this process will be taken care of if we have the amended language. Treatment is included in this bill.

260 REP. PARKS: Wants to make sure that the bill clarifies between a person who has a mental illness and a person who has made a choice to be an alcoholic before decisions are made against their will.

283 REP. MANNIX: A person needs to be shown to be incapacitated as a result of alcohol or drug dependency. *Court will have to specifically determine that the person is alcoholic or drug dependent and that their health is deteriorating. This will need to be evidenced by the presence

of one or more medical complications due to alcohol or drug dependency.
*The court will also need to determine that the person is in need of a more sustained treatment program than is generally available.

303 PETER GRUNDFOSSEN, OREGON HOUSING: Delighted with the appearance with the "1987 bill," a much better bill than the one originally looked at. *Refers to the bottom of page 2 of the -2 amendments (EXHIBIT A), Section 2 lays out problem clearly--"A person may be voluntarily committed under this Act when it is determined by the court that the person is incapacitated..." Points out that guidelines are specific on what constitutes voluntary commitment. *The person has to be suffering from these specific symptoms.

340 REP. PARKS: Most all alcoholics suffer from cirrhosis of the liver, don't they?

343 GRUNDFOSSEN: I'm not a medical expert; I don't know that.

346 REP. PARKS: If a person is an alcoholic and wants to continue being one, you can't stop them. If they don't want to change, what do we do?

354 GRUNDFOSSEN: The key word is "incapacitated," which means "inability to function at a reasonable level in society." *The standard which the court has to uphold here is very high.

365 REP. PARKS: "Incapacitated" in the court will mean what we decide it means here. To me it means that your condition is such that you've almost been deprived of a rational choice so that your situation is bad enough that you don't have the exercise of free will to make this decision.

374 GRUNDFOSSEN: That is clearly the intent of the Association of Oregon Housing Authorities as well as the intent expressed by these witnesses. People are in the streets, sick drunk and unable to care for themselves and are taken advantage of; those are the people we're trying to protect.

383 REP. PARKS: Agrees this should be done. Would be more comfortable with a clearer definition and a more clear and convincing standard.

393 REP. MANNIX: What about changing the bottom of page 2 to read (lines 28-29) "a court must specifically find by clear and convincing evidence that:"? *One line 30, page 2, "(1) The person is an alcoholic or drug-dependent person who is not capable of exercising independent judgement as to the person's own welfare and..."

412 REP. SUNSERI: I have a concern about this also. I've had experience with these people in the military. People who are taken to these programs to be helped who don't want to be there, it doesn't help regardless of how much money you spend on them. Has a problem with forced rehabilitation and questions constitutional rights to do so. *De-tox centers do help, at no cost to them; but it may not be our right to force lengthy treatment.

TAPE 137, SIDE B

011 GRUNDFOSSEN: Introduces Mr. Richard Harris, manager, Detoxification Center in Multnomah County and explains that he was out of the state on business and could not testify at the original HB 2944 hearing. *The experts I brought to the hearing testified that people can be

involuntarily committed and successfully treated.

025 CHAIR CLARK: Has the same understanding but shares concern on the cyclic alcoholic process. Expresses concern about propriety of committing someone against their will and its effectiveness.

036 REP. BELL: Urges looking at the 2 ways to help people: (1) when state government is paying for services--weigh and balance effectiveness in order to decide whether or not to provide services; (2) when people who care and are emotionally involved are willing to pay money and take big gambles. We're talking about this second group and cannot look at it the same way.

048 REP. SUNSERI: Clarifies what he said. Gave a personal account of failed attempts to help people he cared about. Hasn't seen evidence of being able to help people who don't want to be helped.

064 RICHARD HARRIS, MANAGER, CHEMICAL DEPENDENCY & HOUSING SERVICES: Sees many cases of late-stage alcohol and drug addicts coming and going. *No alcohol/drug treatment program is 100% effective. Some people take many efforts at recovery to achieve a degree of freedom from drugs. There is no cure for alcoholism. *From a long-term study on alcoholics (over 40 years)--of that group of people who were alcoholic, there was an average of 8 treatment episodes. It's not an easy process. *I've also watched too many people die on the streets when I felt totally helpless to intervene because of the inability to get them into a treatment facility long enough. *States that have used involuntary commitment as a way to intervene with alcoholics have learned that it ends up being no less effective than the person who voluntarily goes into treatment. *Voluntary treatment people usually are coerced by family, employers--somebody is pushing on the alcoholic. Most people avoid treatment and are in denial so it does prevent them from going to treatment. *This procedure provides us with the last push when other things have failed. This is the last resort. *Research in Washington state--where they have been doing involuntary commitment for years--shows that about 90% of individuals who are brought to their attention are individuals who never get committed. They agree to go to treatment. *In late-stage chronic alcoholics--people damaged because of these medical conditions and state of incapacity (unable to form any rational decision about seeking help)--these individuals do quite well if they're held in a place long enough for their bodies to start to heal. Given the option, they don't stay in treatment. They usually relapse and end up in hospitals and unable to control themselves. *Unless you provide a place for those individuals to be, we don't stand a chance of getting them clean and sober.

141 REP. PARKS: Cites experience of acting as a guardian and placing people in a treatment program. Why do we need this law when we have the 126 law which allows you to do exactly what you want to do?

150 HARRIS: It doesn't mandate that people go into treatment, no system in place that defines the civil liberties of the individual very carefully. *Purpose of drafting this bill is that there is a very specific civil liberties protection defined in this bill.

163 REP. PARKS: The general temporary guardianship period is not for 6 months. Your proposal states a 6-month outer limit. *Wants to make sure it's limited so that people who are choosing to live as alcoholics are excluded.

174 HARRIS: Individuals in Hooper Center are sincere about breaking the cycle of addiction but are physically incapable of doing it. Nobody wants to live that way; the physical nature overpowers good intentions.

185 REP. MANNIX: We hadn't listed medical complications due to drug dependency. Asks for referral to get information on that and asks for language suggestions.

190 HARRIS: This was left blank during the last session. Suggests consulting some of the state "addictionologists"--Dr. Byrd, Dr. Kohlberg, Multnomah County. *Would fill the top blank with "HIV," because drug addicts who share needles end up getting HIV which is the principal debilitating drug addiction physical condition right now.

209 REP. PARKS: What could be done for someone with HIV--commit them to treatment for what's left of their life?

214 HARRIS: At the Hooper Center there are 2 or 3 people who are HIV positive in there per day. The average length of their life can be up to 6 or 7 years. It's not necessarily individuals who are in the latter stages of this disease. *An HIV positive individual who is still actively using alcohol and drugs is actively spreading that disease around the community; if they're in recovery, they are not.

229 REP. PARKS: That's a whole different issue.

230 HARRIS: For the individual, they have access to treatment where they may not have otherwise.

221 REP. PARKS: States that such conditions do not necessarily deprive a person of making a conscious decision. I don't know what this adds, to enumerate serious conditions.

238 HARRIS: When the bill was first introduced they listed "when a person has 2 DUI's"; that is not the kind of person we're talking about. *What matters is if they're incapacitated or in danger to self or others. The point of adding the physical conditions was to make it more objective by taking the guesswork out of it; so you could actually run a test for cirrhosis, for example.

251 REP. PARKS: Isn't cirrhosis a common condition for an alcoholic?

253 HARRIS: As an indicator of late-stage alcoholism, yes. Early-stage alcoholics would not have cirrhosis.

259 MOTION, CHAIR CLARK: Moves -3 amendments (EXHIBIT B) giving the health providers transport authority.

267 No objection. Motion passes.

268 MOTION, REP. MANNIX: Moves the -2 amendments to use as a working document.

271 CHAIR CLARK: Any objection to using the -2 amendments, which basically "gut" the previous bill and goes with the -2's as at least a beginning point of substitution.

275 REP. PARKS: Doesn't object to it but wants to re-state that the -3

amendment discussion brought up a very significant problem. Is it wise to put them together?

282 CHAIR CLARK: Appreciates concern, spoke with the Legacy people who drafted the -3 amendments. Suggests that committee discusses the -2's, then if bill goes to full committee, problems in the full committee could be addressed and the committee could bring the bill back.

293 No objection. Motion passes.

294 MOTION, REP. MANNIX: Moves to amend language on the -2 amendments, on page 2, lines 28-29, as follows: From: "...a court must find specifically that:" To: "...a court must specifically find by clear and convincing evidence that:"

305 No objection. Motion passes.

290 MOTION, REP. MANNIX: Moves on line 30 of page 2 of the -2 amendments to insert a phrase after the 2nd use of the word "person": "...who is not capable of exercising independent judgement as to the person's own welfare and..."

326 No objection. Motion passes.

327 MOTION, REP. MANNIX: Moves on page 3 of the -2 amendments, change line 23 to read "three months" instead of "six months."

337 No objection. Motion passes.

337 MOTION, REP. MANNIX: Moves to change page 3, lines 25-26, in the -2 amendments, after the words "to pay" to read: "...the costs attendant to examination, investigation and treatment incurred as part of the commitment."

358 REP. MANNIX: To that motion: this was designed to make it clear that anyone who wants to avail themselves have got to make sure that they've got a community program or that they have private assets available to take care of the expense. This is to be a non-government funded bill unless a local government comes up with the funds.

369 HOLLY ROBINSON: By having different definitions, you're creating a system that's almost identical to the guardianship statutes and process; it may or may not create a situation that you want.

380 REP. MANNIX: We may be merging the systems at some point. We don't have the guardianship bill signed into law this session. Or are you talking about the current guardianship statutes?

385 HOLLY ROBINSON: The current guardianship law would allow you to do a lot of this.

387 REP. MANNIX: Yes, except that the moving parties in this bill are more broadly defined and have less follow-up responsibility in terms of the personal finances of the individual. *Bothers me to use the guardianship process for these kinds of commitments. This bill has very tough standards as far as review and psychologist examinations and reports. It's somewhere between guardianship and the mental health commitment process.

407 HOLLY ROBINSON: The bill also allows for court-appointed counsel

both on the hearing level and on the trial level. Should attorney's fees be put in that new revised section?

411 REP. MANNIX: Believes it should be; that was the intention.

414 AMENDED MOTION, REP. MANNIX: Motion to include "reasonable attorney fees."

420 No objection. Motion passes.

421 MOTION, REP. MANNIX: Moves conceptual amendment regarding the blanks on page 2 of -2 amendments: In terms of medical complications due to drug dependency, proposes physicians to provide a list of what are generally accepted medical complications due to drug dependency.

432 CHAIR CLARK: Suggests leaving that open. At full committee, offer those as technical amendments.

TAPE 138, SIDE B

007 REP. MANNIX: Wants to make sure people take a good look at it. If there's a problem, we should refer the bill back to subcommittee. Blanks to be left in bill right now.

MOTION, REP. MANNIX: Moves HB 2944 as amended to full committee, do pass, recognizing the need for that technical amendment.

017 REP. PARKS: Could we change the language "whose health is deteriorating..." (HB 2944-2, page 2, line 30) to something more severe than that.

019 REP. MANNIX: I'm open to that.

022 CHAIR CLARK: What about if the phrase was "whose health has substantially deteriorated..."?

025 REP. PARKS: I agree with that.

026 AMENDED MOTION, REP. MANNIX: On page 2 and 3, HB 2944-2 (beginning on line 30), the phrase "whose health is deteriorating" is changed to "whose health has substantially deteriorated".

029 REP. MANNIX: To the motion. This bill is not being offered out of some idealistic notion that someone somewhere will work on it. There is a substantial community action group in Portland that wants to have the opportunity to proceed in working with these folks. I want to give these folks a chance even though it may not work. If it doesn't work, they will have to pay for it.

038 REP. BELL: Comments that there are individuals who want to offer any help they can and are willing to spend money. Encourages support of the bill.

057 MOTION, CHAIR CLARK: Moves conceptual amendment that there be a 2-year sunset on the -2 amendments only.

063 MOTION, REP. MANNIX: Considers friendly amendment as part of the motion.

066 REP. SUNSERI: There are several places in the bill where it says that the maximum time of involuntary commitment would be 6 months. Wants all "6 months" throughout the bill to reflect earlier changes to 3 months or 90 days.

070 REP. PARKS: Intends to vote for the bill now but not sure it needs to be done in light of the guardian statute.

VOTE: Motion

AYE: REP. BAUMAN, REP. BELL, REP. MANNIX, REP. PARKS, REP. SUNSERI, CHAIR CLARK. NO: EXCUSED: REP. EDMUNSON, REP. MASON.

077 CHAIR CLARK: Rep. Mannix to carry the bill. Closes work session on HB 294 4 and re-open the work session on HB 3516.

HB 3516 - WORK SESSION

080 MOTION, CHAIR CLARK: Moves reconsideration of tabled bill. Richard Koenig has proposed amendments and was not in the room at the time bill was tabled.

085 No objection. Motion passes.

086 HOLLY ROBINSON: Explains that the amendments proposed are to HB 3514 (EXHIBIT G).

093 RICHARD KOENIG: Addresses testimony and amendments proposed (EXHIBIT G AND H). *Joint custody would provide an on-going possibility for abuse for the spouses.

135 CHAIR CLARK: Is your proposal to amend into HB 3516, a modified version of HB 3514.

136 KOENIG: I would like to keep them separate but if that's the most convenient avenue to have consideration of that issue, I'd like that to happen. *It fixes the law. In current law we award custody to a parent without consideration of the best interest of the child at ORS 109.175. HB 3514 largely addresses that problem and is also in conformity with the presidential mandate to the public to every state to break the cycle of poverty. It's basically a proposal to put children in environments where they have adequate economic opportunities and that children will be supported by parents who are financially competent in preference to state support or in preference to a parent who is financially incompetent.

160 CHAIR CLARK: The committee already voted once to table HB 3516. So you're asking for a modified version of HB 3514 to be amended into HB 3516.

166 KOENIG: Yes. But does that mean that HB 3516 has to be alive enough to be amended into?

169 CHAIR CLARK: The motion would probably be to gut HB 3516 and insert your modified amendments for HB 3514 into what was HB 3516.

171 KOENIG: Both would be in improvement but we should not take one in place of another.

174 CHAIR CLARK: Points out that, in order to discuss amendments, HB

3516 needs to be removed from the table.

185 No motion offered.

186 CHAIR CLARK: In absence of such a motion, closes work session on HB 351 6. Adjourns at 5:00 p.m.

Transcribed by:Reviewed by:

Darcie Jackson

Office Manager

EXHIBIT LOG:

A -Proposed Amendments to HB 2944, HB 2944-2 - Staff - 20 pages B
-Proposed Amendments to HB 2944, HB 2944-3 - Steve Telfer - 1 page C -
Testimony Re: Amendments to HB 2944 - Howard F. Harrison, M.D. - 3 pages
D -Proposed Amendments to A-Engrossed SB 376 - Staff - 3 pages E
-Testimony on SB 376A - William Linden, Jr. - 3 pages F -Agreed Proposed
Amendments on SB 376 - Staff - 2 pages G -Proposed Amendments to HB 3514
- Staff - 4 pages H -Substance of Testimony - Richard L. Koenig - 2
pages