SENATE COMMITTEE ON HUMAN RESOURCES

Monday March 4, 1991 Hearing Room A 3:15 p.m. Tapes 34 - 35 MEMBERS PRESENT: Sen. Bill McCoy, Chair Sen. Cliff Trow, Vice-Chair Sen. Shirley Gold Sen. Bill Kennemer MEMBER EXCUSED: Sen. Paul Phillips STAFF PRESENT: Janice J. Fiegener, Committee Administrator Mike Meriwether, Research Assistant Michael Sims, Committee Assistant Sandy Schaecher, Page SUBJECTS AND MEASURES CONSIDERED: Introduction of LCs 3813, 3814, 3907, 2999, 3904, 3905, 3909, 3910, 3925 AIDS update SB 329, Relating to vital-statistics service fees, WS SB 443, Relating to the Task Force on Hunger, WS

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TAPE 34, SIDE A

004 CHAIR McCOY: Calls the meeting to order at 3:20 p.m.

(Tape 34, Side A) INTRODUCTION OF COMMITTEE BILLS

015 MOTION: SEN. GOLD moves that the Committee introduce LCs 3813, 3814 and 3907 (EXHIBIT A). VOTE: Hearing no objection, Chair McCoy so moves. 023 MOTION: SEN. GOLD moves that the Committee introduce , LCs 2999, 3904, 3905, 3909, 3910 and 3925 (EXHIBIT B).

VOTE: Hearing no objection, Chair McCoy so moves. Senate Committee on lluman Resources March 4, 1991 - Page 2

(Tape 34, Side A) AIDS UPDATE WITNESS: Larry Foster, M.D., State Epidemiologist

034 LARRY FOSTER, M.D., STATE EPIDEMIOLOGIST; ACTING HEALTH OFFICER, HEALTH DIVISION: There are not as many AIDS cases to date as we would have predicted 4 or 5 years ago, but there still is a large number. At the end of 1990, we were up to 1,026 cases. What's important about that figure is that 328, or 32% of those, occurred during calendar year 1990. Oregon ranks 20th among the 50 states in terms of the rate - the number of cases per 1 million population. We're in the upper half on the states in terms of the AIDS rate. What we know about how HIV infection is spread has not changed since we last talked. We still regard it as an infection spread by sexual contact, by blood contact - but not by casual contact. The proportion or pattern of AIDS cases in Oregon according to risk-group is gradually changing. The proportion of cases that now can be attributed to sexual contact between males is down to 76% (calendar year 1990). For intravenous-drug abusers, the proportion of cases is up to 5% during the last year. The proportion of heterosexually-transmitted cases is up to 3 %.

It's critical, at this point, that I emphasize that I'm talking about AIDS cases - these are people with the fully-diagnosed syndrome of AIDS. The incubation period for this infection, from time of exposure to the time of diagnosis of full-blown AIDS is probably on the average of 8 to 9 years. The numbers of intravenous-drug abuse and heterosexual-contact cases are increasing, and when I tell you that, I'm actually talking about an increase of cases in these riskgroups, that occurred probably 8 to 9 years ago - well back into the past decade.

066 SEN. TROW: That didn't add up to 100%. Was it supposed to?

068 FOSTER: No. I was just naming the three groups that showed changes.

-SEN. TROW: What about the other 14%? 069 FOSTER: Those fall into the categories of men who are both homosexuals and intravenous-drug users, which accounts for 10%. Then 2% are people who use blood products, almost all before 1985 when testing of blood products was instituted. Another 2% still are investigation as to cause, or the source has not been specifically pinpointed. We have very little information that gives us a solid idea of how much infection is out there among people who still haven't been diagnosed as having AIDS. But we are doing a number of what we call sero-prevalent studies, in which we try to take a defined population and test everyone in that population to determine what proportion of them would be infected. Probably the best of these is the newborn sero-prevalent study, in which we take the bloodspots submitted from virtually every baby born in the state for purposes of metabolic-disease testing. Once that testing is done, we remove the identifiers and test remainders of the blood spots submitted for presence of the HIV antibody. It's really a test of whether the mother is infected, because it detects the mother's antibody. In 1989, we had a 3: 10,000 positivity rate pretty low. In 1990, it's not statistically different but up a little bit - 4: 10,000. That's out of roughly 40,000 tests a year in Oregon. So that's a measure of the prevalence of the infection, virtually among all women who are having children - a fairly complete, yet narrowly-defined population.

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094 SEN. TROW: Was that what you expected, or different?

095 FOSTER: That's just about what we expected.

097 SEN. TROW: Is it consistent with what tests would be in other states?

098 FOSTER: Other states have much higher rates - particularly New Jersey and the urban areas of New York state, especially New York City. In the Bronx, for example, the rate is 1 infant with a measurable antibody for every 67 born. They've had several thousand positives in the state of New Jersey, relating primarily to the much-higher prevalence of drug use associated with HIV infection in those areas as compared to Oregon at this point.

The Multnomah County Sexually-Transmitted Disease (STD) Clinic is another setting where we've tested every patient who has come n; tests are done anonymously if the patient chooses not to receive the test results. During the last half of 1990, the prevalence there was 1.9%, or roughly, 2 out of 100 . Intravenous-drug users entering treatment facilities in Multnomah County were running 1.8% positive. Inmates entering Oregon state correctional-facilities in the last 4 months of 1990 ran 1.2% HIV-positive. I believe the 1990s are going to be very different than the '80s with regard to HIV infection and the impact of the epidemic on state government and society. The '80s were in which we needed to provide information to the general public as to how the

infection is spread and how individuals can prevent being exposed, as well as how the infection is not spread. We had to do a lot of reassuring about the casual-contact concerns people had. In the 1990s, we need to recognize from the surveys we've done that most of the knowledge is out there. Most people really understand how HIV is transmitted, but they haven't internalized that to the point of changing their personal behaviors - particularly among some difficult-to-reach groups. The 1980s was a decade during which Federal funding rapidly increased after 198 4. The '90s will be different. For states such as Oregon, Federal funding is predicted not only to level off but to rather dramatically decrease. They're moving to a system of giving grants to states not on the basis of program merit or state health-agency aggressiveness in pursuing the monies, but rather, on the basis of formulas - primarily based on the size of the state and the number of AIDS cases reported. With that kind of system, Oregon will be penalized relative to the amount of funding we have been able to get from the Federal government so far.

142 CHAIR McCOY: What states are likely to profit from this formula?

143 FOSTER: States such as New Jersey, California, etc. - states with very large numbers of cases will benefit. Also, states that haven't been aggressive in going after funding - haven't bothered to write good proposals so haven't been funded - will be rewarded with increased funding, whether they have plans to spend it or not. 149 CHAIR McCOY: What are the American Medical Association and other similar organizations doing to foster a real program on a national level? Senate Comm;tt~e on Human Resources March 4, 1991 - Page 4

153 FOSTER: That's a very complicated question to answer, because there are so many different aspects to the program - focusing on prevention as well as treatment issues. The AMA is advocating for increased resources. My organization of state and territorial epidemiologists, and the organization of state and territorial health officials - heads of health departments - and the public-health community at large are advocating very heavily with Congress and the Federal bureaucracy to try and increase funding and make sure states such as Oregon don't get penalized any more than is absolutely necessary.

165 CHAIR McCOY: Where are the deaf ears found? 166 FOSTER: The cutbacks that I've mentioned actually were threatened for the 1990-91 Federal fiscal year. All the parties I've named worked very hard with Congress, with good response, so for the most part we were held harmless for the current fiscal year. It's the next one that everyone is warning us these cuts are really going to take effect. We're going to have to try our best to ameliorate that in the coming months. 174 SEN. TROW: What percentage of our AIDS program is federally-funded? 177 FOSTER: I don't know the exact percentage, but it's very heavily weighted toward the Federal side. I could get that figure for you quickly. 179 SEN. TROW: If those funds go away very dramatically, then we've got a real problem with having enough funding to meet the needs here.
182 FOSTER: That's correct. 183 SEN. TROW: With Measure 5 and all the problems we're having with general-fund monies, filling in that gap is going to be difficult. 185 FOSTER: Exactly. Let me give you a specific example - the counseling and testing program we currently carry out through local health-departments to serve any citizen who feels s/he is at risk is currently paid for in its entirety with Federal dollars. The formula effective next year would reduce our share of those Federal dollars - or the actual amount, I should say - by 32%. In addition to that, the stipulations to be added next year require that approximately

35 ~O of those dollars currently being spent for counseling and testing be spent for early intervention, meaning diagnosis and treatment for people who are found HIV-positive. The net result is roughly a 50% cut in funds available for counseling and testing - if we can't do something about it between now and then. 200 SEN. TROW: Just in terms of the treatment of somebody who has the disease, I know we've been prioritizing medical treatment as a result of Senate Bill 27 (1989 session), and I haven't really studied it but my understanding was that treatment for AIDS was way down the priority list. Is that true? Where on that list does AIDS-treatment fall? 206 FOSTER: I don't know the exact number, but it's my understanding that it's quite a way down, because of the poor prognosis for recovery of the average AIDS patient.

210 SEN. TROW: That's what I thought. But someone in the back of the hearing room is shaking her head as if to say that it's not true.

211 CHAIR McCOY AND SEN. TROW: She can come up later and tell us.

212 FOSTER: I can also verify where it's at on the SB 27 list at that time.

-In the 1980s, the focus for HIV-related expenditures was primarily on prevention. Now, we're entering an era where prevention and treatment needs will compete with each other for the same resources. There are a number of things we're doing to reach hard-to-reach groups for early intervention and prevention. One such group is the teens - not just drug-users or school dropouts, but all of them. They really don't understand that HIV infection could affect them. They do understand they have good knowledge - about how HIV is transmitted. But somehow, it's always the other person to get AIDS and not themselves. We're working with the state Department of Education and with local health-departments to continue our efforts to try and reach that very difficulttoreach group. 235 SEN. TROW: How are you reaching those who are home-schooled or are in private schools?

236 FOSTER: That's been most difficult. Some private schools because of religious reasons have discomfort with some of the messages we've put out about sexual behavior. They'd prefer that the only message be abstinence, and we say that abstinence of course is the first choice because it is the most certain preventive method. But for those for whom abstinence is not possible, we need to talk about condoms, limiting the number of partners, and so forth. But we do make our resources available to any private school wishing to use them - we've spent a lot of time in that arena. But we certainly haven't made the same inroads there that we've made with the public schools.

250 CHAIR McCOY: How effective is the abstinence program?

252 FOSTER: That's the reason we don't feel we can talk about abstinence by itself. It does work for some kids and some adults as their choice. But we feel we have to offer the spectrum of choice so the individual who says abstinence won't work for him/her has alternatives.

Intravenous-drug users probably are the most difficult group to reach. Though only 5% of the 1990 cases were attributed to this source of infection, it will continue to be an infection source, particularly into the heterosexual population. Four years ago, we conducted a survey of drug users on the streets of Portland, and found that 92-96 were sharing

needles. Since then, we have been carrying out a National Institute of Drug Abuse (NIDA)-funded project to try and evaluate ways of reaching intravenous-drug users, particularly those on the street. A number of messages about preventing HIV infection are given them: stopping drug use, not sharing needles, cleaning their works, and using better sexual practices - using condoms, abstinence, the whole message. In our initial followup with people enrolled in this special program, we see that we've reduced the needle-sharing to about 50%. We consider that a remarkable success, considering the group we're working with, but are still having difficulty - much more - getting them to change their sexual behaviors. It still is a difficult population with which to work.

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290 SEN. TROW: Is the funding to continue that project beyond this coming fall in jeopardy?

292 FOSTER: That particular project is not in jeopardy because of changes in the Federal formula, but rather because the project itself ends this fall. We've just been informed by NIDA that there may be some continuation funds made available, and that we are in a good position to apply for that, to compete for it. So we certainly will compete for it to continue, not just for the research aspect but also because the NIDA project is funding many of the outreach workers we have out on the streets, working with these drug users. 302 SEN. TROW: Is there any way to get participation from the larger community of concerned people about this problem, so we can leverage some private money and private help?

308 FOSTER: We and the community-based organizations have been strongly working in that direction. As a state agency, we haven't actually sought private monies from within the state, but have unsuccessfully tried to go after some big foundation money. With Federal dollars, we've put a lot of effort into getting community-based organizations that have a life of their own going in the community. Some, particularly the Cascade AIDS Project, have been very effective in going after individual and corporate donations. That's an arena in which we're encouraging them, and trying to expand even further.

The final program I want to emphasize is an exploratory program of working with seropositive individuals; that is, those who've had a positive test and are known to be HIV-infected. The program we're trying to initiate, again with Federal funding from the Centers for Disease Control, is to work with these sero-positive people for two purposes. One is to improve their own individual prospects - get them in for early medical-evaluation, give them needed immunizations, testing for tuberculosis and white blood-cells affected by AIDS. This is so they can be monitored and early problems can be detected and treated; they can be put on AZT when it is appropriate, to prolong and improve the quality of their lives.

At the same time, we're trying to couple this through public-health nurse intervention with these individuals we're serving, to help them get into the medical-care system, to reinforce the prevention message. Indeed, people who are positive are those who may spread the infection if they are not careful about needle-sharing or sexual practices. There's been a lot of enthusiaSMat the Centers for Disease Control about

this project. Of course, it has to be evaluated to determine whether it's successful, both in terms of treatment and prevention aspects. But it's something we're very excited about, and we hope we can keep Federal funding coming in for it.

In conclusion, HIV is going to have a very serious impact on society and Oregon's health-care system. Costs are going to continue to increase, as we to provide AZT to people while they are still well to prevent them from becoming sick. There is going to be a great need to organize services, to develop case management of services for individuals so we can optimize the service for the individual on one hand and try to minimize the cost on the other hand. That's going to be a major focus for us. We're going to be receiving Federal dollars to start moving in that direction. 378 SEN. TROW: Regarding the expanded numbers of folks who have the disease, is it at epidemic proportions? Or is it something much less than that? Is it a steady number - what's going to happen in this decade?

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386 FOSTER: We'll probably continue to see a dramatic increase in cases over the next 4 or 5 years. That will be representing infections that occurred during the mid-1980s. I hope we'll then begin to see a decline at least in the rate of increase in cases after that.

396 SEN. TROW: Will there be a doubling each year, or what?
397 FOSTER: No. We saw about a 50% increase in 1990, over the accumulated cases prior to that. I don't expect a dramatic rate of change one way or another. 406 SEN. TROW: It seems to me that we're going to have an increasing number of folks who have the illness and need the treatment, and as we treat them they'll live longer. Increasingly, they will tend to be dependent upon the state or somebody to finance them in the latter stages of the disease. How prepared are we to handle the treatment? 419 FOSTER: I really glossed over that by saying there is going to be a big impact. It's going to be a tremendous impact; you've hit it right on the head. Not only are we going to be treating well individuals with a very expensive treatment, but we're going to be prolonging their lives so they hopefully can remain productive. To the extent that they become ill, even the illness period when they become disabled probably is going to be longer than it would've been before. I think that's a right thing to do, for humanitarian reasons, but it will increase our cost and I think we're not well prepared for that. Of course, some of that will fall on the Office of Medical Assistance programs as people become eligible for welfare or Federal disability insurance. There will be a burden there. But there still will be that in-between burden for people who've lost their employment, but aren't eligible for full-fledged medical or support assistance. There are going to be problems. We've just sent in application for Federal dollars which, by formula, we're sure we're going to get. We'll be able to increase the Federal dollars available for AZT, so our waiting list can be decreased by about 30% . We'll be able to continue funding for some home health-care, and day care in Multnomah County. We're going to be able to give $25,000 seed money to Multnomah and Lane counties to try and get health services organized for HIV-infected persons. There's seed money from the Federal government to get these things going but, already, we have a very long waiting-list

for AZT. Even this increased funding will not take care of the waiting list we have today. And we've not gone out and tried to get people tested so they can be put on AZT, because we don't have the funding to meet the demand that would occur. 469 SEN. TROW: Are there some side-effects from AZT? 470 FOSTER: Yes. AZT is not a harmless drug. We've learned we can give a lower dosage than was used in the early days, which has reduced the incidence of side effects. But there still is a significant proportion of patients taking AZT who suffer serious enough side-effects that they must stop taking the medication. 478 CHAIR McCOY: What are those side effects? 479 FOSTER: The main one is suppression of the bone-marrow so red blood-cells aren't produced adequately. Others include nausea, vomiting, etc., that can be managed.

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485 SEN. TROW: Is eyesight affected?

486 FOSTER: I don't believe so, not commonly. HIV-infected people do experience very sign)ficant eye diseases, but that's due to infections that occur.

491 SEN. TROW: But not AZT. 492 FOSTER: No.

TAPE 35, SIDE A

(Tape 35, Side A) WORK SESSION. SENATE BILL 329

031 JANICE J. FIEGENER, COMMITTEE ADMINISTRATOR (EXHIBITS C, D): We held a hearing on this bill on February 20. It was introduced at the request of the Executive Department, to allow the Health Division to establish fees for the Vital Statistics program. It gives them administrative-rule authority with Ways and Means oversight.

-Details dash two (Exhibit C) and dash one (Exhibit D) amendments to SB 329 . 066 ART KEIL, EXECUTIVE ASSISTANT, HEALTH DIVISION (EXHIBIT D): Details dash one amendments (Exhibit D).

089 JAN DEAN, EXECUTIVE DEPARTMENT: We support SB 329, and prefer the dash one amendments because of their flexibility, but are willing to go with the dash two, as these feeincreases are necessary for the Governor's recommended budget.

096 MOTION: SEN. GOLD moves to adopt the dash two LC amendments dated 3/1/91 to SB 329 (Exhibit C); and to amend page 1, line 7, inserting the words "no more than" before "$30"; and to amend page 2, line 19, inserting the words "no more than" before "$30". 108 CHAIR McCOY: I've learned that means the same thing. 109 SEN. GOLD: I don't care. 110 CHAIR McCOY: But, according to Legislative Counsel, this is the language they'd prefer to use. 112 SEN. GOLD: I guess the layperson lawyer is entitled to her interpretation. And to me, the words no more than doesn't mean the same as exactly $30. 116 CHAIR McCOY: It doesn't mean exactly $30, the words no more than $30.

117 KEIL: We would have no objection to the proposal.

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119 SEN. GOLD: To explain my general motion of the dash two amendments - as an individual legislator, I do not wish to hand to the Executive Department, Ways and Means or the Emergency Board the latitude of determining a fee. I'd rather see a cap - and I hope these caps are aufficient certainly for the next biennium if not longer.

121 KEIL: We may need to return in the 1993 legislative session for an increase if this is approved. We certainly wouldn't want to close the door on that, but would like to think that would be sufficient for the interim.

131 SEN. GOLD: I'm satisfied with whatever cap allows you the latitude to do the work you have to do. But in terms of a policy, I prefer a policy with a cap. 137 SEN. TROW: I think I'd like to give the department more flexibility, and think I agree with the Executive Department that it makes sense for them to have that flexibility, and not put this in statute.

144 SEN. KENNEMER: On one hand, I really like the idea of establishing ceilings and putting numbers in statute. On the other hand, it does seem unnecessary to fill the statute with these kinds of things and I guess constituents have the option, if agencies or other fees start escalating out of control, to ask for specific legislation. Because of that, at this point I would tend to favor the dash one amendment.

157 SEN. GOLD: The dash one amendments are a departure from previous practices, I understand. Again, I'm satisfied that the maximum should be whatever is deemed needed. But as an individual, I'm not willing to change what's gone before, in the sense of a policy of setting up a fee in the statute which, if I'm correct, is true of other divisions and agencies as well.

172 SEN. TROW: Many of them do it this way.

173 KEIL: It's done both ways.

177 VOTE: In a roll-call vote, the motion fails with Senator Gold voting AYE. Senators Kennemer, Trow and McCoy voting NAY. 182 MOTION: SEN. TROW moves to adopt the dash one LC amendments dated 3/1/91 to SB 329 (Exhibit D). VOTE: In a roll-call vote, the motion carries, with Senator Gold voting NAY. 194 MOTION: SEN. TROW moves SB 329 to the Ways and Means Committee with a "do pass" recommendation. VOTE: In a roll-call vote, the motion carries with all members present voting AYE.

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(Tape 35, Side A) WORK SESSION. SENATE BILL 443 210 FIEGENER (EXHIBIT E): This is one of the Hunger Task Force bills we heard February 25. It extends the Task Force through 1995. There are several amendments that have been worked out with Task Force members that have gone through Legislative Counsel. Before I detail those, I want to point out that

even though this bill was intended only to extend the Task Force with no fiscal impact attached to it - there was a separate appropriating bill, SB 444 - Legislative Fiscal has given SB 443 an appropriation that is the same as SB 444, the appropriating bill. Through discussions with Fiscal staff, the policy decision was that this bill should have a fiscal-impact statement attached to it. It is $220,760 in the 199 1-93 biennium and $139,550 in the 1993-95 biennium. 230 SEN. TROW: Does 443 have a subsequent referral to Ways and Means? 231 FIEGENER: Yes. We were thinking that if it didn't have a fiscal impact, we could ask to have the referral rescinded. 236 SEN. TROW: The amendments are the dash one and dash two? 238 FIEGENER: Yes. -Details dash one and dash two amendments to SB 443 (Exhibit E). 292 SEN. GOLD: What will the size of the Task Force be? 293 FIEGENER: Originally, there were 24. Now, there will be 22. 302 SEN. GOLD: The quorum still is a majority? 310 CHAIR McCOY: 12 members shall constitute a quorum, so it must be 13, yes? 311 FIEGENER: There are 22 members. 312 SEN. GOLD: Then 12 is right - inclusive of the Chair? 313 CHAIR McCOY: Yes. 317 SEN. KENNEMER: We also got rid of that little section I was having trouble with, on page 2 the bureaucratic language about ensuring eligibility. I think that's what (B) after line 17 does. 332 SEN. GOLD: I know it's very frustrating to those who are the leaders of the Task Force, the chair and vice-chair and so forth, when members don't show up. By the same token, you have to set meeting times and places and all that. I also know that for the Senators and Representatives who were appointed, there were often conflicts with other legislative committee meetings. So I guess my question is that whatever the section was that said the Task Force would request the appointing individual to appoint a replacement for a member who'd missed two meetings or something?

352 FIEGENER: On top of page 2, line 1, it states that the appointing authority may appoint a replacement for any Task Force member.

355 SEN. GOLD: So it's a may-appoint.

356 FIEGENER: Yes. 357 SEN. TROW: I'd like to see a provision stating that the Task Force shall consist of the Governor or her deputy. 361 SEN. GOLD: To have an ownership in the proceedings, yes.

362 SEN. TROW: And then, maybe have just one Senator and one representative.

364 CHAIR McCOY: I agree.

367 SEN. KENNEMER: In response to that, I'm wondering - we've created all of these people as appointees of the Governor. Also, the Governor has accepted this Task Force to her fold. It seems to me that she's already provided considerable ownership and has a lot of involvement in who was selected. I don't see any need for the Governor to have a specific place on the Task Force. 376 SEN. TROW: The Governor is on the Progress Board. 377 SEN. GOLD: I don't know; I think it works both ways in these commissions. For example, I could argue that when you have Adult and Family Services, the director of Human Resources, the state Department of Agriculture, and maybe some others I've missed, all represented, then you do have the Governor represented. 387 SEN.

TROW: I'll withdraw the suggestion. 388 SEN. GOLD: And I agree that one Senator and one Representative seem like enough. But the argument that you'll encounter from other members of the Legislature is that you need both the majority and minority parties represented, and that's why you get two members from each house. 398SEN. TROW: Then have a Republican Senator and a Democratic House member. 399 SEN. GOLD: Whatever. But I wouldn't want to get into a hassle over the bill for that reason. 400CHAIR McCOY: It's too important. 404 MOTION: SEN. TROW moves to adopt the dash one LC amendments, dated 2125191; and the dash two LC amendments, dated 3/4/91 (Exhibit E) to SB 443. VOTE: Hearing no objection, Chair McCoy so moves. so moves.

412 MOTION: SEN. TROW moves SB 443 to the Ways and Means Committee with a "do pass" recommendation. VOTE: In a roll-call vote, the motion carries with all members present voting AYE. 446CHAIR McCOY: Adjourns meeting at 4:21 p.m.

Submitted by: Reviewed by: Michael Sims Janice J. Fiegener
Assistant Committee Administrator

EXHIBIT LOG:

A - LC drafts (Committee bills) - Committee staff - 8 pages B - LC drafts (Committee bills) - Committee staff- 87 pages C - Amendments to SB 329 - Committee staff- 1 page D - Amendments to SB 329 - Committee staff - 1 page E - Amendments to SB 443 - Committee staff- 3 pages