

A SURVEY OF OREGON LEGISLATORS' VOTING
PREFERENCES ON AIDS LEGISLATION

A Master's Thesis

Presented to

The Oregon Health Sciences University

School of Nursing

in partial fulfillment

of the requirements for the degree of

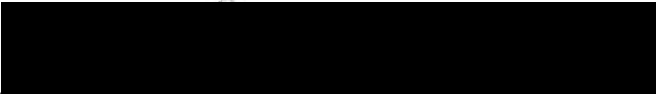
Master of Nursing

June, 1989

by

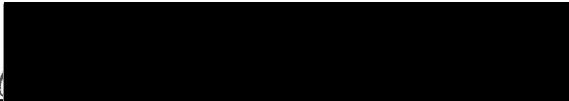
Patsy Lindsay, R.N.

APPROVED:


Joyce Semradek, R.N., M.S.N., Thesis Advisor


Barbara Gaines, R.N., Ed.D., First Reader


Marna Flaherty-Robb, R.N., M.S.N., Second Reader


Carol A. Lindeman, R.N., Ph.D., Dean, School of Nursing

This thesis is dedicated to five very special women. First, it is dedicated to Joyce Semradek, my advisor, who coached, guided and encouraged me all the way through the process. Second, it is dedicated to Barbara Gaines and Marna Flaherty-Robb for their ideas, support and for the overall shaping of the study. Without the support of these three bright and talented women I could not have made it.

I also dedicate this to my long time friend and colleague, Holly Coit. I can never thank her enough for her continual encouragement over the last several years with this project.

Finally, I dedicate this thesis to Carol Lindeman. Ten years after I first was quoted in a newspaper about the subject, I still maintain that she is a total class act. I think time has only served to prove my point.

TABLE OF CONTENTS

	<u>Page</u>
Chapter I. INTRODUCTION	
National Health Authorities' Positions on AIDS Issues	3
Right to Privacy Issues	5
Factors That Influence Legislative Voting	8
General Legislation on AIDS	10
Oregon Legislation Related to AIDS	13
Statement of the Problem	14
Research Questions	16
Chapter II. METHODS	
Design Overview	17
Sample and Setting	17
Data: Variables and Measurement	18
Procedure	23
Chapter III. RESULTS AND DISCUSSION	
Return Rate: Sample Bias	24
Analysis Strategy	25
Discussion of Results	27
Chapter IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	
Summary of Results	41
Implications for Future Legislation	43
Implications for Influencing Legislators' Decision Making on AIDS Legislation	47
Addendum: 1989 Activity by the Oregon Legislature and Findings About Oregon Health Care Providers' Positions on AIDS Issues	47
Recommendations for Future Research	49
Conclusions	50
REFERENCES	
APPENDICES	
ABSTRACT	

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Sample: Members of the 1987 Oregon Legislature Who Refiled for 1989 or Were in the Middle of Four-Year Senate Terms	18
2. Questionnaires Mailed and Returned By Legislative Branch and Party Affiliation	25
3. Reported Political Philosophy By Party Identification	27
4. Percentage of Legislators Who Agreed or Strongly Agreed, and Mean Score on Potential AIDS Legislation By Party Affiliation	29
5. Percentage of Legislators Who Agreed With Mandated AIDS Testing for Eight Population Groups By Party Affiliation	31
6. Mean Score on Mandated AIDS Testing of Eight Groups By Party and Political Philosophy	33
7. Response to Policy Questions About AIDS By Party; Percentage Who Agreed or Strongly Agreed and Mean Score	35
8. Response to Policy Questions About AIDS By Political Philosophy; Mean Score	37
9. Voting Propensities By Political Party and Philosophy; Mean score and t-test	38
10. Stated Factors Influencing Voting Decisions on AIDS Legislation; Percentage Who Indicated Factor Had "Quite a Bit" or "Large" Influence	39

Chapter I. INTRODUCTION

It is likely that AIDS will be regarded as the most significant medical and social phenomenon of the 20th century.

Goldman, 1987

Choices are political when 1) they formally commit the authority of government to the achievement of certain actions (or formally reject any such commitment); 2) they are made collectively; and 3) people disagree about what government should do.

Steven Kelman, 1987

As an institution, the legislature has purposes of its own; it provides a means by which people and interests are represented and policies produced, and it offers a process by which conflict is managed and consensus built.

Alan Rosenthal, 1987

Acquired Immune Deficiency Syndrome, or "AIDS", is having an enormous impact on American society. AIDS was first reported by the U.S. Public Health Service in 1981. Since then over 82,000 cases have been reported in the U.S. (MMWR, 1989). It is projected that by 1991 over 270,000 cases will have been reported in this country with over 179,000 deaths (Volberding, 1987).

There is no vaccine or cure for AIDS and the disease is thought to be fatal in almost all, if not all, affected persons. AIDS has created a great deal of fear in our society, and people have proposed numerous strategies for dealing with the disease and with the complex and difficult issues it presents.

As Surgeon General C. Everett Koop has said, "The purely scientific issues pale by comparison to the highly sensitive issues of law, ethics, economics, morality, and social cohesion

that are beginning to surface" (JAMA, Oct. 16, 1987). Because AIDS is a significant public health problem, much of the problem solving effort has been in the public sector, at local, state, and national levels.

State legislatures, in particular, have taken an active role in dealing with AIDS issues though AIDS is a national (in deed, international) problem. The state legislation on AIDS that has been passed to date gives us valuable information about how we as a nation are approaching AIDS issues.

The AIDS legislation each state decides to enact is important in part because of the federal government's slowness in establishing national priorities or directions for dealing with the problems. It is important for other reasons as well. To the extent that state legislatures focus on their own particular population characteristics and on the strengths and weaknesses of county and state health departments, prevention and treatment programs can be directed where they are most effective. To the extent that states have effective AIDS programs, the population benefits from appropriate prevention, education and public health efforts. Additionally, other states may borrow legislation from states with effective AIDS programs.

Articles on state legislative activity related to AIDS are now beginning to appear. Lewis (1987) provides an overview of the AIDS issues being debated and a summary of what has been enacted so far in each state. However, discussions of the beliefs and attitudes affecting legislators' voting behaviors are still lacking. What factors influence their votes on various AIDS

bills? How do legislators feel about the dilemmas presented by AIDS? And in states where AIDS legislation may be voted on in coming sessions, which way are the legislators leaning at this time on such legislation?

The answers to these questions would be particularly valuable to health care providers and health care administrators, who are vitally concerned that effective prevention and treatment programs be developed to slow the spread of AIDS and provide for adequate care of those affected. Knowing what direction a state legislature is heading on AIDS legislation will enable these people to lobby or otherwise act to influence the formulation of the bills or their disposition, and plan for the implementation of new programs.

National Health Authorities' Positions on AIDS Issues

In the U.S., the three most widely recognized authorities on AIDS are the Center for Disease Control (CDC), the Public Health Service and the Surgeon General, Dr. C. Everett Koop. The Surgeon General's Report on AIDS was released in October 1986. In that report, and in subsequent press releases and speeches, Dr. Koop stated his position on many issues pertinent to AIDS legislation. In particular, Koop made strong recommendations on the role of education in slowing the transmission of AIDS, stressing the need to direct education towards groups at high risk, including homosexual males, IV drug users, blacks and Hispanics, and noting that open and frank education about AIDS must occur in public schools, starting in the lower grades. He said, "We have made some strides in dispelling rumors and educating the public, but until

every adult and adolescent is informed and knowledgeable about this disease, our job of educating will not be done" (Koop & Samuels, 1987, p. 8).

Koop did not support mandatory testing, noting that "Compulsory testing is unnecessary, unfeasible, and cost prohibitive" (Koop & Samuels, p. 10). He did support voluntary testing for those who engaged in high risk behaviors.

According to Koop, quarantining of infected individuals does not have a role in the management of AIDS; it is ineffective because AIDS is not spread by casual contact. Koop said:

Quarantine should be considered only as a last resort by local authorities, and on a case-by-case basis, in special situations in which someone infected with the AIDS virus knowingly and willingly continues to expose others to infection through sexual contact or sharing drug equipment.

Koop & Samuels, 1987, p. 10

In a speech to the California legislature in 1987 Koop commended the legislators for their efforts to establish mandatory reporting of the disease and a statewide registry of cases. He also complimented their efforts to protect the blood supply and to build confidentiality into the laws concerning AIDS.

Two national health authorities, in addition to the Surgeon General, are the Public Health Service and the Center for Disease Control (CDC). The Public Health Service is responsible for protecting the health of the nation and for coordinating the work of state and local health agencies. The Public Health Service has not called for quarantining HIV positive persons, nor has it called for mandatory testing.

The lead agency in the Public Health Service with prevention

responsibilities is the CDC. The CDC is responsible for preventing and controlling of infectious and chronic diseases; preventing disease, disability, and death associated with the environment and work place; and reducing health risks through education and information. These responsibilities are to be carried out in partnership with state and local health agencies (Report of the Presidential Commission on the HIV Epidemic, 1988). The CDC has not called for mandatory HIV testing, nor has it recommended quarantine measures. The CDC began to fund counseling and voluntary HIV testing programs in 1986, but no funds were included for overall program management. The CDC established the National AIDS Information and Education Program Office in 1987 to provide mechanisms to educate the public. In 1988, the CDC sent an AIDS information mailer to every household in America.

Though Surgeon General Koop was quite outspoken on AIDS issues, the CDC has been slow to respond publicly on many AIDS issues. The Report of the Presidential Commission on the HIV Epidemic (1988) addressed concerns about this lack of speed and appropriate direction of the CDC and cited reasons for the problems, including budget shortfalls, personnel issues, and misaligned organizational structures.

Right to Privacy Issues

At the heart of many of the issues surrounding AIDS are dilemmas about the rights of individuals. As Brandt says:

AIDS makes explicit a central tension in our polity: the premium we place on the rights of the individual to fundamental civil liberties versus the notion of the public good and the role of the state in assuring public welfare. Both sets of values, highly prized

in our culture, have been brought into conflict by the AIDS crisis. In the course of the twentieth century, the notion of civil liberties was expanded and strengthened in the courts. But this makes the conflicts posed by AIDS even more contentious.

Brandt, 1987, p. 236

This tension between the right of the individual to privacy and the right of the public to know surfaces primarily in relation to mandatory testing for AIDS, reporting of AIDS cases, and notification of contacts of HIV positive persons. Any of these three can be considered a violation of a person's right to privacy.

There has been and continues to be debate on all three of these issues. Most debate, however, has focused on issues related to testing. The debate began following the development and licensing of a blood test, ELISA (enzyme-linked immunosorbent assay), which can detect antibodies produced by the immune system in response to infection by the AIDS virus (Murray & Aumann, 1987). ELISA only indicates previous infection by the virus and does not mean that the person with a positive result will necessarily develop symptoms of AIDS. It does, however, indicate that the person can infect another person with the virus. The Surgeon General, the CDC and the Public Health Service have not recommended mandatory testing. They have also warned about the need to guard the confidentiality of test results in order to not frighten away those who should be tested. Others have called for mandatory testing of any number of groups. Those currently being screened for AIDS include all members of the military, all military applicants, all blood and plasma donors, all organ and tissue donors, all sperm donors, and prisoners in Nevada,

Colorado, Iowa and Missouri (Ross, 1988). A far larger group of people have been suggested as appropriate for mandatory testing or recommended for voluntary screening; they include health care workers, dialysis patients, pregnant women, hospital patients, marriage license applicants, college students, prisoners, prostitutes, applicants to drug diversion programs, all women with more than one sexual partner, and health and life insurance applicants (Ross, 1988).

Much of the support for mandatory testing has come from conservative political groups and politicians (Krieger & Appleman, 1987). In a speech in 1987, former President Reagan called for mandatory testing of prisoners, immigrants and military recruits (US News and World Report, 4/20/87). William Buckley, Jr., has recommended mandatory universal testing. Buckley also believes that those who test positive for HIV should be tattooed on their forearms and buttocks (Brandt, 1987).

Insurance companies have also advocated mandatory testing for AIDS. These companies have said that those with a positive test are more likely to have higher health care costs than the general public and therefore they should pay higher premiums. Some states, however, have taken legislative action to prevent insurers from requiring testing, or to be sure results will be kept confidential (Brandt, 1987).

Arguments against mandatory testing include concern that positive test results will be used to discriminate against a person in areas such as insurance, employment or housing (Murray & Aumann, 1987). The same concern has been raised in regard to

reporting of positive tests (even if they are voluntary): the fear is that results will not be kept confidential by those reporting them or receiving the report.

Many, especially in the gay community, have been concerned that those who are carrying the AIDS virus may be segregated and even quarantined (Brandt, 1987). Statements by political or religious leaders implying that AIDS is a "punishment" for those who are gay have added to their concern (Krieger & Appleman, 1987).

Factors That Influence Legislative Voting

There are many factors that may influence legislators in their voting decisions, including: (1) political party membership; (2) political philosophy; (3) influence of party leadership; (4) influence of lobby; (5) influence of public opinion (Key, 1963).

Political party membership. The political party that a legislator belongs to may affect his voting behavior. All the legislators in Oregon currently belong to either the Republican or Democratic party. Both parties have political platforms covering many major issues that legislators may feel a responsibility to follow. However, neither party has a specific platform plank on AIDS.

Political philosophy. Traditionally, the Republican Party has been associated with conservative views and causes while the Democratic Party has been associated with liberal issues. While this is typically the case in Oregon, there are many conservative Democrats and liberal to moderate Republicans. There are also

numerous examples of legislators taking a conservative position on one bill and a liberal position on another. Identification with one or another political philosophy may influence legislators to think of issues in terms of liberal, moderate, or conservative solutions. They may seek to determine how the public, the media, interest groups, or fellow legislators categorize possible solutions in this light.

Influence of lobby. Legislators may be influenced by lobbyists for several reasons: (1) lobbyists are often very skilled at communication and can present their side of an argument very well; (2) lobbyists often have a great deal of information on the topic they are discussing, and they may present more information about the topic to the legislator than anyone else does; (3) many lobbyists represent groups that have been helpful to the legislator during a previous campaign. The help may have been in the form of non-monetary goods, money, labor, or endorsements. Though it is illegal for lobbyists to try to influence legislators as a result of any help the legislator has received, it may be difficult for a legislator to avoid being affected by such help.

Public opinion. Legislators' voting behavior can be affected by both the opinions of their constituents and the opinion of the public on a given issue. The legislator may become aware of constituents' opinions through letters or phone calls, or through the results of surveys. General public opinion is almost always derived from public opinion surveys which the media publishes or the legislator generates.

Legislators may be influenced by constituent or public opinion for two reasons: (1) as a result of a desire to be reelected, they may not want to vote in a way that their constituents disapprove, and (2) they may believe it is their job to vote according to the wishes of the majority of people they represent.

Party leadership. Once in office, legislators can be influenced by their legislative party leaders. Formal party leaders are those elected by fellow legislators to leadership positions. In Oregon there is a Majority Leader in both the House and Senate (both Democrats in the 1987 session) and a Minority Leader in both (both Republicans in the 1987 session). There are also two other elected leaders, the Senate President and the Speaker of the House.

Legislators can be influenced by these leaders for the following reasons: (1) party leaders select legislators for committee assignments, and most legislators have strong personal preferences regarding committee membership; (2) party leaders are often interviewed by the press and can express favorable opinions about any given legislators for possible publication; (3) party leaders are involved in fund raising and can influence what candidates receive what amounts of money; (4) during legislative sessions, party leaders often call their legislative members together in what are known as "caucuses," where the party leaders put pressure on legislators to vote in a party block.

General Legislation on AIDS

The first AIDS-related bills were introduced in state

legislatures in 1983. The early legislation was mostly concerned with establishing statewide task forces on AIDS. In 1987, more than 450 bills on AIDS were introduced in state legislatures (Lewis, 1987). Most can be classified into the following general subject areas: (1) antibody testing; (2) blood and blood products; (3) confidentiality; (4) employment and housing; (5) informed consent; (6) insurance, and (7) reporting.

Antibody testing. It is believed that those infected with the AIDS virus can transmit infection even in the absence of symptoms. Because of this, there has been a great deal of discussion about using antibody testing to identify those who are infected. Exposure to the AIDS virus can be detected with a blood test (ELISA). Once those infected are identified, they can be taught how to avoid infecting others. Also, those at risk of being infected and those with other interests in knowing who is infected (such as health insurers) could be informed about who in the population is already infected.

Various states have enacted laws that mandate antibody testing of certain populations, require blood banks to test for AIDS, establish the means by which health authorities can order certain persons to be tested, require testing for organ donations, and require health departments to provide requested testing.

Nine states (California, Colorado, Hawaii, Illinois, Maine, Massachusetts, Oregon, West Virginia, and Wisconsin) prohibit testing for AIDS without the written informed consent of the person being tested. Three states (Alabama, Florida and Nevada) require or allow testing of all correctional inmates.

Four states (Florida, Nevada, Oregon, and Texas) require screening and testing of persons convicted of certain crimes like sexual assault or prostitution. Rhode Island requires the testing of newborns if the physician thinks the mother has AIDS. Two states (Louisiana and Illinois) require testing of marriage applicants. Florida allows testing of people who injure fire fighters, paramedics, law enforcement or corrections officers.

Blood and blood products. Legislation on the blood supply enacted in various states provides for autologous transfusions for interested persons, directed blood donations, and means to prohibit infected persons from donating blood or blood products.

Confidentiality. Several states have passed legislation on the confidentiality of AIDS test results and of medical records that might contain information about a patient's AIDS status. Fourteen states (California, Florida, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, North Carolina, Oregon, Wisconsin and Texas) have laws prohibiting the disclosure of patient records and preventing people from being compelled to reveal a person's HIV test results, with certain exceptions.

Employment and housing. Many states (including Oregon) have adopted policies that prohibit discrimination in employment or housing for those with AIDS. Connecticut has established a pilot program to make housing available and affordable for those with AIDS.

Insurance. Fifteen states (including Oregon) have established risk pools to offer health insurance to people who are otherwise uninsurable. Many states have passed legislation to

prohibit insurers from requesting or requiring individuals to reveal that they have been tested for AIDS.

Reporting. Confirmed cases of AIDS are reportable in all 50 states. In some states, the names of those infected must be reported to public health officials. Some states require various public and private bodies to report positive blood tests, AIDS-related Complex (ARC), and/or AIDS to blood banks, institution administrators, welfare departments, or local and state health departments.

Interestingly, though New York and California were the two states with the highest initial number of AIDS cases, the state of New York did not pass any early legislation related to AIDS; only California did so. Clearly, the number of cases in New York was not sufficient to pressure legislators to pass AIDS bills.

Oregon Legislation Related to AIDS

In Oregon the 1987 legislative session was the first in which legislators voted on AIDS bills. Four bills related to AIDS were acted on at this session: (1) House Bill (HB) 2067, (2) Senate Bill (SB) 994, (3) HB 1023, and (4) SB 1006. These four bills contained articles similar to the AIDS legislation described above.

The key piece of legislation was HB 2067. This bill proposed a law to ensure that AIDS testing would occur in a confidential manner. It also contained provisions allowing the Oregon State Health Division to quarantine patients with AIDS in some circumstances.

A concurrent bill in the Senate, SB 994, focused on

premarital testing for AIDS and included confidentiality provisions. This bill stalled in the House after passage in the Senate. Certain provisions, chiefly those related to punishments for personnel who violated the confidentiality of AIDS tests results, were added to HB 2067, which eventually passed both the Senate and House. The bill passed the House by a vote of 57 to 2 (1 absent).

There were two other less controversial pieces of legislation related to AIDS that year. HB 1023 required the Health Division and Adult and Family Services Division to establish programs for AIDS education and prevention and appropriated over a half million dollars for this. It passed by a vote of 59 to 1 in the House and by a vote of 29 "aye" in the Senate (1 excused). SB 1006 proposed establishment of a Catastrophic Care Fund to pay for unpaid hospital costs for Medicaid recipients and AIDS patients. It was still in committee upon adjournment of the session.

The 1987 Oregon legislative session made it apparent that legislators were willing to expend at least some moneys for AIDS education and to set up a structure to provide for medically indigent AIDS patients. They were also willing to pass legislation to protect the confidentiality of test results. Legislation mandating AIDS testing of large groups (such as those applying for marriage licenses) was not passed, however.

Statement of the Problem

Clearly, AIDS has created a new set of problems and dilemmas for our society. Many of these are working their way into the state legislatures for discussion, debate, planning, and potential

resolution.

It is appropriate that AIDS issues are debated in state legislatures, which function in three key ways: (1) to serve as a check on the executive branch; (2) to integrate public demands and public policy, and (3) to supervise state administrative agencies (Heard, 1966).

Legislation related to AIDS is taking various forms, and different states are taking different approaches to AIDS issues. There is, however, very little information available to indicate the future directions any given legislature may take on AIDS legislation or the factors that may influence those directions.

Such information would be valuable because what each state decides to do directly affects the population of that state and those (such as health care providers or administrators) who are concerned with the health of the population. If health care providers or administrators know in advance that legislators are leaning towards legislation they disagree with, they have an opportunity to try to persuade the legislators to consider their point of view. Also, if legislators indicate indecision, there is an opportunity for providers and administrators to offer information. Information on the factors that legislators say have influenced their decisions on AIDS issues would also be valuable for those seeking a meaningful way to convey their concerns about AIDS. Furthermore, any state may influence another state's decision making process on similar legislation. Therefore one state's decisions may affect the populations of other states.

Research Questions

The research questions addressed in this study were:

1. What are the Oregon legislators' levels of agreement and disagreement with potential AIDS legislation?
2. What are the Oregon legislators' levels of agreement with two voting propensities?

The two voting propensities examined were:

- 1) tendency to agree with national health authorities on AIDS issues, and
 - 2) tendency to favor the right of the public know over the right of privacy.
3. What factors do legislators' say affect their decision making on AIDS legislation?

The factors examined were:

- 1) political party membership
- 2) political philosophy
- 3) influence of party leadership
- 4) influence of constituent input
- 5) influence of registered lobby
- 6) influence of public opinion
- 7) influence of media
- 8) influence of health care professionals
- 9) influence of other legislators and
- 10) influence of other interest groups.

Chapter II. METHODS

Design Overview

This study was designed to obtain information about legislators' views on AIDS. Members of the Oregon legislature were surveyed about AIDS issues using a mailed questionnaire to determine: (1) the legislators' voting preferences on past and possible future legislation related to AIDS; (2) the legislators' tendency to agree with national health authorities on AIDS issues; (3) the legislators' tendency to favor the right of the public to know over the right to individual privacy, and (4) factors that affected the legislators' decision making on legislation related to AIDS.

Sample and Setting

The Oregon legislature consists of 90 members. Thirty of the members are in the Senate and 60 are in the House. Members are elected in general elections held in the fall of even years. Representatives serve two-year terms and Senators serve four-year terms, with half of the terms expiring on alternate election years. Of the 90 members elected in 1987, 83 either had refiled for office for 1989 or were in the middle of a four-year term in the Senate. These 83 members made up the sample (see Table 1).

A questionnaire was developed by the investigator to obtain data on three sets of variables: (1) issues about AIDS; (2) voting propensities on AIDS, and (3) factors affecting legislators' voting decisions on AIDS-related legislation.

Issues about AIDS. Questions to elicit legislators'

Table 1. Sample: Members of the 1987 Oregon Legislature Who
Refiled for 1989 or Were in the Middle of Four-Year Senate Terms

	<u>Republican</u>	<u>Democrat</u>	<u>Total</u>
House	27	29	56
Senate	<u>11</u>	<u>16</u>	<u>27</u>
Total	38	45	83

Data: Variables and Measurement

positions on AIDS issues confronting them were derived from the literature about legislative activity in other states and about social and ethical issues related to AIDS legislation.

Legislators were questioned about three main types of issues that might be the subject of possible AIDS legislation. The first set of questions focused on possible legislation to regulate health care workers or health care organizations, the confidentiality of AIDS test results and liability for violating it (see Questions 1a-f on the questionnaire in Appendix A).

The second set of questions concerned mandatory testing of various groups. Legislators were asked their level of agreement or disagreement with mandatory testing of groups such as those applying for marriage licenses or those convicted of prostitution (Questions 2a-h).

The third set of questions involved general policies related to AIDS. The legislators were presented with five different broad policy questions about education, right to privacy and the most effective use of state moneys for AIDS (Questions 3a-e).

Voting Propensities. Two different voting propensities were considered: (1) the tendency to agree with national health authorities on AIDS issues, and (2) the tendency to favor the

right of the public to know over the right of the individual to privacy with respect to AIDS issues.

The tendency to agree with national health authorities on AIDS issues. The positions the United States Surgeon General, Dr. C. Everett Koop, the Public Health Service and the Center for Disease Control on AIDS issues considered in this study were as follows: (1) testing of large groups of people for evidence of AIDS is not a cost effective means of slowing the disease; (2) quarantine of those infected with AIDS is not an acceptable means of control; (3) dollars spent on education to prevent AIDS transmission are an effective use of money. The following items were included in the scale designed to determine legislators' tendency to agree with these positions: (1) whether testing should be mandatory for inmates of correctional facilities, applicants for marriage licenses, and people admitted to hospitals; (2) whether it is better to spend money on education for prevention than on testing to detect AIDS; (3) whether the 1987 Oregon legislation went far enough to ensure that AIDS-infected persons would be quarantined when necessary; (4) whether it is appropriate to provide sexually explicit instructions in high school to educate students about the methods by which AIDS is transmitted, and (5) whether the legislators voted for or against a bill to punish those who violate the confidentiality of test results. Responses to these questions that indicate agreement with national health authorities are summarized in Figure 1.

A response was given a score of "1" if it was consistent with

the positions of health authorities regarding AIDS and a "0" if it indicated disagreement. The scores were summed to obtain an overall measure of this propensity. The possible score range was from 0-7. The higher the score, the stronger the propensity to vote in accordance with positions taken by national health authorities.

Survey Question	Responses	
	Indicate Agreement With Health Authorities	Indicate Disagreement With Health Authorities
2 a	A or SA	D or SD
2 b	A or SA	D or SD
2 c	A or SA	D or SD
3 a	D or SD	A or SA
3 c	A or SA	D or SD
3 d	D or SD	A or SA
6	Voted for	Voted against

Figure 1: Items from questionnaire used to determine propensity to agree with health authorities.

The tendency to favor the right of the public to know over the right of the individual to privacy. Items on the survey related to this conflict were selected from discussions in the literature on AIDS and included issues of confidentiality of test results and mandatory testing of various populations. The specific questions used to address this propensity were: (1) whether MDs should be able to disclose to a patient's spouse a positive AIDS test without liability; (2) whether persons who name sexual or IV contacts to health officials could be relieved from civil liability; (3) whether laboratories should be required to report names and addresses of those with positive AIDS tests to the State Health Department; (4) whether testing should be

mandatory for inmates of correctional facilities, applicants for marriage licenses, people admitted to hospitals, applicants for health insurance, patients making a medical visit for diagnosis or treatment of a sexually transmitted disease, all pregnant women during the first three months of pregnancy, any person whose blood or body fluids contaminate another individual, convicted prostitutes and convicted sex offenders. The responses to the survey questions indicating a preference for: (1) the right of the public to know or (2) the right of the individual to privacy are summarized in Figure 2.

<u>Survey Question</u>	<u>Responses</u>	
	<u>Favor Right of Public To Know</u>	<u>Favor Right of Individual To Privacy</u>
1 b	A or SA	D or SD
1 c	A or SA	D or SD
1 f	A or SA	D or SD
2 a-h	A or SA for each	D or SD
3 b	A or SA	D or SD

Figure 2: Items from questionnaire used to determine Propensity 2

A score of "1" was given for each answer consistent with the right of the public to know and a score of "0" was given for each answer that favored the individual's right to privacy. Scores were summed to obtain an overall measure of voting propensity. The possible score range was 0-12. The higher the score, the stronger the propensity to favor the public welfare over individual rights.

There was some overlap of items used to explore the two voting propensities. Three of the seven items on agreement with health authorities overlapped with items asking about the right to

know versus the right to privacy because the position taken by the health authorities was essentially that the public had a right to know about positive AIDS results. These three items (2 a, b and c) concerned mandatory AIDS testing (see figure 3).

Factors Influencing Voting Propensities. Other variables considered were factors affecting legislators' decision making on AIDS issues. The factors selected were based on a review of the literature on legislative decision making and discussions with people who worked closely with legislators.

<u>Survey Questions</u>	<u>Propensity #1 Agreement With Health Authorities</u>	<u>Propensity #2 Public vs. Individual Rights</u>
1 b,c,f		x
2 a,b,c	x	x
2 d,e,f,g,h		x
3 a	x	
3 b		x
3 c	x	
3 d	x	
6	x	

Figure 3: Survey Questions Used to Form Scales of the Two Voting Propensities

The factors selected were: (1) party leadership; (2) constituent input; (3) input from health care professionals; (4) input from other legislators; (5) public opinion polls; (6) input from registered lobbyists; (7) input from other interest groups; (8) media coverage, (9) political philosophy, and (10) political party. The degree to which each of the first eight of these factors influenced each legislator was measured by asking legislators to self report. Political philosophy was measured by asking legislators to describe themselves as "conservative" or

"liberal"; and political party was measured by the precoding that labeled respondents as Democrats or Republicans.

Procedure

A mail survey using Dillman's Total Design Method (Dillman, 1978) was modified for use in this study. This method was selected because it has produced high response rates. It is a personalized approach that takes into consideration the respondent's need to feel his participation is important to the outcome of the study.

The survey was pretested by four persons, two who were familiar with AIDS issues and two who were not. The two who were familiar with AIDS issues examined the content and format for corrections. The two who were not familiar with AIDS issues examined the questionnaire for clarity and format.

The mail survey was sent to all 83 members of the Legislature who had refiled or were in the middle of a Senate term. Each respondent received an explanatory letter that guaranteed confidentiality and explained the purpose of the study, and a stamped return envelope. Each legislator was also sent a reminder letter ten days after the original letter went out. Dillman recommended that a second reminder be sent out but this was not done because of monetary constraints.

One legislator did not want to put his answers in writing but contacted the researcher to be interviewed. His answers were not coded into the totals because he did not choose to take a position on numerous issues.

Chapter III. RESULTS AND DISCUSSION

This chapter is organized in the following sections:

(1) return rate and sample bias; (2) analysis strategy; (3) discussion of results.

Return Rate: Sample Bias

Thirty-six of the 83 questionnaires were returned, an overall return rate of 43%. The response rates for legislative branch and party were examined to determine the extent to which the sample might be biased (Table 2). Twenty-seven of the 56 House members and 9 of the 27 Senate members returned questionnaires, for return rates of 48% and 33%, respectively.

Forty-five percent of the Republicans and 38% of the Democrats returned questionnaires. Two questionnaires were returned for which the party was not known because the respondents erased the precoded numbers on their surveys that would have identified their party. The sample included a lower proportion of Democrats (47%) than the actual percentage in the Legislature (54%). That is, Democrats were somewhat under represented in the sample.

The sample included a higher proportion of Representatives (75%) than the 67% present in the legislature, thus over representing Representatives' points of view.

As Table 2 shows, although the return rate for the Senate was low, all parties and all branches were represented in the sample.

The return rate was viewed positively by the researcher since three factors could have resulted in a lower rate. First,

legislators receive so many surveys that they could tire of answering them. Second, the subject of AIDS is controversial and legislators might be wary of committing positions to paper. Finally, the researcher had run for the Legislature as a Democrat in 1986 and she was concerned that only Democrats would respond.

Table 2. Questionnaires Mailed and Returned By Legislative Branch and Party Affiliation

	<u>Republican</u>	<u>Democrat</u>	<u>Unknown</u>	<u>Total</u>
<u>Mailed</u>				
House	27.00	29.00		56.00 (67.50%)
Senate	11.00	16.00		27.00 (32.50%)
Total Mailed	38.00 (46.00%)	45.00 (54.00%)		83.00 (100.00%)
<u>Returned</u>				
House	12.00	13.00	2.00	27.00 (75.00%)
Senate	5.00	4.00	--	9.00 (25.00%)
Total Returned	17.00 (47.00%)	17.00 (47.00%)	2.00 (6.00%)	36.00* (100.00%)

* 36 of 83 questionnaires returned = overall return rate of 43%

Analysis Strategy

Initially, descriptive statistics were used to analyze the responses to all items on the questionnaire. Individual items were then examined to locate areas of greatest and least agreement and additional analyses were completed to explain the variation.

Scales were constructed for both of the voting propensities described in Chapter II. A check of validity was done for the items on each scale. Correlation coefficients were examined; based on their very low values two items were removed from the first scale and one item was removed from the second scale.

Both party identification and political philosophy were thought to be important factors in explaining legislators' positions on issues. Although political philosophy is related to party membership, the two are not identical, especially in Oregon, which has a tradition of moderate or liberal urban Republicans and conservative rural Democrats. Therefore the relationship between legislators' stated political philosophy and their party was examined. This relationship is presented in Table 3.

Republicans tended to identify themselves as conservatives and Democrats as liberals. Only one Republican identified himself as liberal though three Democrats identified themselves as conservatives.

Ten respondents did not identify themselves as liberal or conservative. The questionnaires of these respondents were checked for party membership; five were Democrats, four were Republican and one was not identified.

The analysis by party compared the 17 Democrats with the 16 Republicans, omitting the two unknowns. An analysis by philosophy compared the 15 self-proclaimed conservatives with the liberals and omitted the ten who chose not to label their political philosophy.

Because of their close relationship, analysis of results by

Table 3. Reported Political Philosophy By Party Identification

<u>Political Philosophy</u>	<u>Party Identification</u>			
	<u>Democrat</u>	<u>Republican</u>	<u>Unknown</u>	<u>Total</u>
Conservative	3	11	1	15
Liberal	9	1	-	10
Not Identified	5	4	1	10
	—	—	—	—
Total	17	16	2	35

party and political philosophy generally produced very similar results. Therefore, the separate analyses are presented below only when they produced different conclusions or when the philosophy of the members was relevant for a particular issue.

Discussion of Results

The data are presented below in several ways. Summary statistics (mean scores and percentage of respondents agreeing with items) are presented first for the total sample, then by political party. The results are organized in three sections corresponding to the research questions: The first describes the Legislators' agreement and disagreement with specific AIDS legislation; the second describes their propensities to vote in one direction or another; and the third examines factors that affected Legislators' decision making on AIDS legislation.

Legislators' Position on AIDS Legislation. The 18 items in the survey on various aspects of AIDS legislation can be grouped as follows: (1) items related to specific future AIDS legislation; (2) items related to mandatory testing for AIDS, and (3) items concerning overall policy questions.

Potential Specific AIDS Legislation. Legislators were asked their positions on five pieces of potential legislation, three related to reporting AIDS results and two dealing with requirements of health care providers or facilities. As a whole, the legislators indicated agreement with three potential bills concerned with reporting or informing others of positive AIDS tests and disagreement with two pieces of legislation that would place requirements on health care providers or facilities.

The strongest agreement ($\bar{x}=1.48$) was with legislation that would permit an attending physician to disclose to a patient's spouse positive AIDS test results without civil or criminal liability. Eighty-six percent of all respondents said they either agreed or strongly agreed with such legislation (Table 4).

Eighty-two percent of all respondents said they either agreed or strongly agreed with legislation that would relieve persons with positive AIDS tests from civil liability if they named sexual or IV contacts to health officials ($\bar{x}=1.73$). Seventy-five percent of the respondents either agreed or strongly agreed that the state should require laboratories to report names and addresses of those with positive AIDS tests to the State Health Department ($\bar{x}=1.8$) (Table 4).

Sixty-two percent disagreed or strongly disagreed that health care workers should be required to care for AIDS patients as a condition of licensure ($\bar{x}=2.6$). Seventy percent of the respondents disagreed or strongly disagreed that nursing homes should be required to accept AIDS patients ($\bar{x}=2.8$) (Table 4).

In general, there was little difference between parties in

Table 4. Percentage of Legislators Who Agreed or Strongly Agreed, and Mean Score (\bar{x}), on Potential AIDS Legislation by Party Affiliation

Issue	Republicans N=16	Democrats N=17	Total N=35
Permit MD to disclose positive test results to spouse	88.00% ($\bar{x}=1.36$)	82.00% ($\bar{x}=1.59$)	86.00% ($\bar{x}=1.48$)
Relieve persons with positive tests from civil liability if they name contacts	81.25% ($\bar{x}=1.86$)	87.50% ($\bar{x}=1.56$)	82.00% ($\bar{x}=1.73$)
Require laboratories to report positive AIDS tests	75.00% ($\bar{x}=1.87$)	73.33% ($\bar{x}=1.80$)	75.00% ($\bar{x}=1.80$)
Require health care workers to care for AIDS patients as a condition of licensure	6.25% ($\bar{x}=3.19$)*	68.75% ($\bar{x}=2.00$)*	38.00% ($\bar{x}=2.60$)
Require nursing homes to accept AIDS patients	6.25% ($\bar{x}=3.31$)**	60.00% ($\bar{x}=2.27$)**	30.00% ($\bar{x}=2.80$)

*t-test of differences between R and D mean scores was significant

**t-test of differences between R and D mean scores was significant

the levels of agreement with reporting requirements; Democrats and Republicans agreed on items concerning the reporting of or informing others about AIDS tests. However, political party affiliation was related to views on requirements for health care professionals or nursing homes. More Democrats than Republicans agreed that nursing homes should be required to accept AIDS patients, and the difference in their mean level of agreement was significant (Table 4).

More Democrats than Republicans also agreed that health care

workers should be required to care for AIDS patients as a condition of licensure. Again, this difference was significant (Table 4).

Mandatory testing. When legislators were asked their agreement or disagreement with mandatory testing for eight different populations, they agreed that five should be tested: (1) all inmates of correctional facilities (78% agreed, $\bar{x}=1.7$); (2) people admitted to hospitals (53% agreed, $\bar{x}=2.3$); (3) patients making a medical visit for diagnosis or treatment of a sexually transmitted disease (77% agreed, $\bar{x}=2.9$); (4) any person whose blood or body fluids contaminate another individual (such as during an arrest) (65% agreed, $\bar{x}=2.1$), and (5) convicted prostitutes and convicted sex offenders (89% agreed, $\bar{x}=1.5$) (Table 5).

The three groups that legislators said should not be tested were: (1) applicants for marriage licenses (60% disagreed, $\bar{x}=2.7$); (2) applicants for health insurance (74% disagreed, $\bar{x}=3.1$), and (3) all pregnant women during their first three months of pregnancy (67% disagreed, $\bar{x}=2.8$) (Table 5).

The five groups for whom legislators favored testing had one of two things in common: they were either perceived to be criminals, or perceived to have health problems or a potential health problem.

In general, Republicans tended to favor testing more than Democrats, with one exception. Democrats and Republicans were equally supportive of testing for patients with sexually transmitted diseases. The biggest differences by party were in

Table 5. Percentage of Legislators Who Agreed With Mandated AIDS Testing For Eight Population Groups By Party Affiliation

Group	Republicans N=16	Democrats N=17	Total N=35*
<u>High Risk</u>			
Prostitutes & sex offenders	94.00%	82.00%	89.00%
Prisoners in facilities	80.00%	73.00%	78.00%
Patients with sexually trans- mitted diseases	75.00%	76.00%	76.00%
People whose blood or body fluids contaminate another	75.00%	56.00%	65.00%
<u>Low Risk</u>			
People admitted to hospitals	63.00%	37.00%	53.00%
Applicants for marriage licenses	44.00%	29.00%	40.00%
All pregnant women in 1st trimester	43.00%	29.00%	33.00%
Applicants for health insurance	43.00%	7.00%	26.00%

*total includes two respondents of unknown party identification

the low-risk groups. For example, 63% of Republicans but only 37% of Democrats agreed with mandatory testing of people admitted to hospitals, a difference of 26 percentage points. An even larger difference (36 percentage points) appeared with applicants for health insurance. While the percentage of Republicans who favored testing this group was smaller than most other groups (43% agreed), the percentage of Democrats who thought mandatory

testing was appropriate was only 7%. The difference, as measured by the mean scores for the two groups however, was not statistically significant because of the small sample size (Table 6).

When respondents were grouped by political philosophy, their scores differed more; that is, conservatives had lower mean scores than Republicans, and liberals higher scores than Democrats, indicating that agreement with testing is a conservative position and disagreement a liberal position regardless of party membership. Conservatives had significantly lower scores than liberals for two groups, people admitted to hospitals and all health insurance applicants (Table 6). One possible explanation for the greater differences, however, is that those who considered themselves moderate (rather than conservative or liberal) were not included in the analysis, since 10 respondents did not identify themselves as either conservative or liberal.

Overall Policy Questions. Legislators were asked their level of agreement or disagreement with five statements about policies related to AIDS education, quarantine, subsidization of medically indigent AIDS patients, and the right of the public to know certain information.

On three of the five items there was little variation in opinion. One hundred percent of legislators agreed or strongly agreed with the statement, "It is appropriate to provide sexually explicit instruction in high school to educate students about the methods by which AIDS is transmitted" ($\bar{x}=1.4$). Eighty-two percent agreed or strongly agreed that, "It is better to spend state

Table 6. Mean Score (\bar{x}) on Mandated AIDS Testing of Eight Groups by Party and Political Philosophy

	PARTY		t	PHILOSOPHY		t
	Rep N=16	Dem N=17		Rep N=15	Dem N=10	
<hr/>						
<u>High Risk</u>						
Convicted prostitutes & sex offenders	1.36	1.71	1.00	1.20	2.30	1.40
Inmates of correctional facilities	1.67	1.87	.41	1.50	2.33	1.96
Patients with sexually trans- mitted diseases	2.00	1.94	-.09	1.73	2.30	-1.40
People whose blood or body fluids contaminate another person	1.84	2.38	1.10	1.80	2.80	2.04
<u>Low Risk</u>						
People admitted to hospitals	2.06	2.69	1.41	1.93	2.90	2.24
Applicants for marriage licenses	2.48	3.06	.84	2.53	3.20	.49
All pregnant women during their first three months of pregnancy	2.43	3.14	.77	2.36	3.33	1.02
Applicants for health insurance	2.71	3.47	2.37	2.61	3.60	3.21

moneys on education to prevent AIDS than on testing to detect AIDS" (\bar{x} =1.8).

There was a high level of disagreement with one statement. Ninety percent of legislators disagreed or strongly disagreed that, "It is better to spend state moneys on subsidizing the care

of medically indigent AIDS patients than to spend them on prevention efforts" (\bar{x} =3.35) (Table 7).

Two policy questions elicited widely varied opinions. A third (33%) strongly agreed, 21% agreed somewhat, 21% disagreed somewhat and 24% strongly disagreed with the statement, "In general, the right of the public to know who is infected with AIDS outweighs the right of the individual to keep his AIDS status confidential" (\bar{x} =2.4).

There was also wide variation in the responses to the statement, "The 1987 Oregon legislation did not go far enough to ensure that AIDS infected persons will be quarantined when necessary": 25% strongly agreed, 19% agreed somewhat, 22% disagreed somewhat, and 35% strongly disagreed (\bar{x} =2.6). For both of these statements t-tests revealed significant differences by party. Republicans tended to agree with both statements more often than did Democrats (Table 7).

In summary, these legislators tended to support legislation allowing AIDS test results to be shared in specific instances. They also tended to agree that certain high risk groups should be tested for AIDS and that low risk groups should not. They demonstrated a very high level of support for education and preventive efforts in relation to AIDS. There was wide disparity of opinion on two policy issues: legislators disagreed about whether the right of the public to know was more important than the right of the individual to confidentiality and they disagreed about whether or not the 1987 Legislature had gone far enough to ensure quarantining of persons with AIDS.

Table 7. Response to Policy Questions about AIDS by Party
Percentage Who Agreed or Strongly Agreed and Mean Score (\bar{x})

	Reps N=16	Dems N=17	All N=35**
It is appropriate to provide sexually explicit instruction in high school to educate students about the methods by which AIDS is transmitted.	100.00% (1.36)	100.00% (1.53)	100.00% (1.36)
It is better to spend state moneys on education to prevent AIDS than on testing to detect AIDS.	75.00% (1.81)	93.75% (1.69)	82.00% (1.76)
It is better to spend state moneys on subsidizing the care of medically indigent AIDS patients than to spend them on prevention efforts.	7.14% (3.43)	12.50% (3.31)	10.00% (3.35)
In general, the right of the public to know who is infected with AIDS outweighs the right of the individual to keep his AIDS status confidential.	75.00% (1.94*)	33.33% (2.73*)	55.00% (2.36)
The 1987 Oregon legislation did not go far enough to ensure that AIDS infected persons will be quarantined when necessary.	73.33% (2.07*)	18.75% (3.13*)	44.00% (2.66)

*denotes significant difference in means, ($p < .05$)

**includes 2 whose party is not known

Voting Propensities. Two different voting propensities were considered: (1) a tendency to agree with national health authorities on AIDS issues, and (2) a tendency to favor the right of the public to know information over the right of the individual to privacy with respect to AIDS issues.

Agreement with Health Authorities. The possible score range

for responses indicating agreement with national health authorities was 0-5. The higher the score the more the respondent agreed with the authorities.

The overall mean score for the sample was 2.60. This score was very close to the middle of the range and thus did not indicate whether the legislators as a whole leaned towards or away from agreeing with national health authorities.

The mean score for Republicans was 2.13, and for Democrats it was 3.18. The mean score for conservatives was 1.80 and the mean score for liberals was 3.40. The difference by party was not significant, though it was for political philosophy (Table 8). Liberals were most likely to agree with national health authorities and conservatives were least likely to do so.

Favor Right of Public to Know. The possible score range for responses indicating the tendency to favor public information over individual privacy was 0-11. The higher the score, the more the respondent favored the right of the public to know over the right of the individual to privacy.

The overall mean score for the sample was 6.53. This was close to the middle of the possible range, revealing a slight tendency of the overall group to lean towards the right of the public to know.

The mean score for Republicans was 7.36, and for Democrats it was 5.36. The mean score for conservatives was 8.06 and for liberals, 4.33. The differences were significant for both political party and philosophy (Table 9). Of the four groups, conservatives most favored the right of the public to know and

Table 8. Response to Policy Questions about AIDS by Political Philosophy; Mean Score (\bar{x})

Item	Conservative N=15	Liberal N=10
It is appropriate to provide sexually explicit instruction in high school to educate students about the methods by which AIDS is transmitted.	1.57	1.20
It is better to spend state moneys on education to prevent AIDS than on testing to detect AIDS.	2.07	1.67
It is better to spend state moneys on subsidizing the care of medically indigent AIDS patients than to spend them on prevention efforts.	3.57	3.44
In general, the right of the public to know who is infected with AIDS outweighs the right of the individual to keep his AIDS status confidential.	1.80*	3.00*
The 1987 Oregon legislation did not go far enough to ensure that AIDS infected persons will be quarantined when necessary.	2.00*	3.22*

*denotes significant difference in means, ($p < .05$)

liberals favored it least. There was a spread of several points in the mean scores of these two groups.

Factors Influencing Legislators' Positions on Various AIDS Issues. Factors influencing legislators' positions on AIDS issues were examined in two ways: legislators were asked to identify the factors that influenced them, and influence was inferred from the association of legislators' characteristics (for example, party

Table 9. Voting Propensities by Political Party and Philosophy
Mean score (\bar{x}) and t-test

	PARTY		t	PHILOSOPHY		t
	Rep N=16	Dem N=17		Rep N=15	Dem N=10	
Propensity 1						
Agreement with National Health Authorities	2.13	3.18	1.93	1.80	3.40	2.70*
Propensity 2						
Favor Right of Public to Know	7.36	5.36	-1.78*	8.06	4.33	-2.94*

*denotes significant difference between means (p.<05)

membership and political philosophy) with their position on issues.

The legislators were asked to indicate which (if any) of eight factors had influenced their voting decisions on AIDS issues in the 1987 session. In general, they indicated low levels of influence for seven of the eight factors. Over 75% said that the following factors had "very little influence" on them: party leadership, constituent input, input from other legislators, public opinion polls, input from registered lobby, input from other interest groups, AND media coverage of AIDS (Table 10).

The only factor that legislators said had much influence was "input from health care professionals or AIDS Task Force." Of those responding to this question, 24% indicated that this factor had "some influence," 18% indicated it had "quite a bit of influence" and 30% indicated it had a "large influence" on their

voting decisions. There were no significant differences between legislators of different parties or philosophies (Table 10).

Table 10. Stated Factors Influencing Voting Decisions on AIDS Legislation. Percentage Who Indicated Factor Had "Quite a bit" or "Large" Influence

Factor	Republicans N=16	Democrats N=17	Total N=35
Input from other health care professionals or AIDS Task Force	43.00%	58.00%	49.00%
Input from other interest groups	36.00%	14.00%	23.00%
Media coverage of AIDS	7.00%	25.00%	19.00%
Input from other legislators	7.00%	31.00%	18.00%
Constituent input	13.00%	17.00%	15.00%
Input from registered lobby	20.00%	13.50%	15.00%
Public opinion polls	7.00%	6.00%	6.00%
Party leadership	0.00%	12.00%	6.00%

Political party membership and political philosophy did appear to have an effect on voting behavior. The significant differences between Democrats and Republicans in their responses to five questionnaire items would not have been expected by chance alone. Moreover, the differences were consistent with the views expected of the party or philosophy. Political philosophy was also significantly associated with both voting propensities.

Though legislators themselves may feel there is little influencing their decision making about AIDS, something about their party affiliation and especially their political philosophy does affect their voting behavior.

Chapter IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of Results

This study was a survey of Oregon legislators to attain their responses to questions concerning legislation about Acquired Immune Deficiency Syndrome. The study was undertaken in part because very little information was available on the future directions state legislatures might take on AIDS legislation, or the factors that might influence those directions.

Survey questionnaires were mailed to members of both the House and Senate. The overall response rate was 43%. Forty-eight percent of the House membership and 33% of the Senate membership returned the questionnaires. Democrats and Senate members were under represented in the sample.

Legislators favored future legislation to mandate informing others with a need to know about positive AIDS tests. They tended to disagree with legislation that would require health care workers or nursing homes to serve AIDS patients.

A majority of legislators believed that testing should be mandatory for five groups: (1) all inmates of correctional facilities; (2) people admitted to hospitals; (3) patients making a medical visit for diagnosis or treatment of a sexually transmitted disease; (4) any person whose blood or body fluids contaminate another individual, and (5) convicted prostitutes and convicted sex offenders.

Two policy statements regarding AIDS education were widely supported. All legislators agreed that it is appropriate to

provide sexually explicit instruction in high school to educate students about the methods by which AIDS is transmitted," and 82% agreed that it is better to spend state moneys on education to prevent AIDS than on testing to detect AIDS.

Legislators held widely divergent views on whether or not the right of the public to know who is infected with AIDS outweighs the right of the individual to keep his AIDS status confidential. They also varied greatly in their views concerning whether the 1987 Oregon legislature had gone far enough to ensure that AIDS-infected persons would be quarantined when necessary.

As expected, voting propensities differed according to party membership and political philosophy. Republican legislators showed a preference to favor the right of the public to know over the right of the individual to confidentiality, while Democratic preferences tended to be in the opposite direction. Party differences were a reflection of the predominant political philosophies held by party members. When self-identified conservatives were compared with liberals, the differences were sharper.

Respondents disagreed more often than they agreed with national health authorities, with Republicans (conservatives) disagreeing more often than Democrats (liberals). The differences were significantly associated with political philosophy.

The study revealed only a glimpse of what influences legislators in their voting decisions. Of the eight factors listed for legislators to self report, only one, "input from health care professionals or AIDS task force," was identified as

having much influence. Political philosophy and party membership also appeared to influence voting decisions.

Implications for Future Legislation

The implications of these findings for future legislation can be seen by considering: (1) positions taken by legislators on the survey for this study; (2) their voting propensities; (3) the composition of the legislature, and (4) past legislative votes on AIDS issues. However, more than a year has passed since the survey was completed by legislators. During that time new information has become available about AIDS, and legislators may have changed their minds on AIDS issues. Furthermore, overall response rate to the survey was 43% and so the findings may not be a true reflection of the views of our legislature.

Legislators in this study tended to favor legislation allowing test results to be shared in some circumstances, and they tended to agree that providers should be able to share results without fear of liability. There were high levels of agreement on these issues by legislators from both parties, suggesting that even if there were a large shift in the party composition of the 1989 legislature, such legislation would have a high likelihood of passage. Such legislation could be considered as a "right of the public to know" issue. Seen in that light, it has an even higher likelihood of passage if the 1989 legislature shifts further in a conservative direction, since conservatives in this study tended to lean towards the right of the public to know.

Overall, legislators in this study tended to disagree that health care workers should be required to care for AIDS patients

as a condition of licensure. They also tended to disagree that nursing homes should be required to accept AIDS patients. The wide differences between parties in the level of agreement on these issues suggests there would be lively debate if such legislation were presented. Since 60% or more of Democrats agreed with both such requirements, such legislation might stand a better chance of passage if there were a large increase in Democratic membership of the legislature.

Of the eight groups listed on the questionnaire as candidates for mandatory testing, both Republicans and Democrats agreed that four should receive testing (convicted prostitutes and sex offenders, prisoners in correctional facilities, patients with sexually transmitted diseases, and people whose blood or body fluids contaminate another person). It can be predicted that legislation introduced to mandate testing of these groups would fare well. If no major shifts in feelings about mandated testing occurred before the 1989 legislature, it would appear fairly certain that legislation to mandate testing of "criminals" (convicted prostitutes and sex offenders, and prisoners in correctional facilities) would pass if introduced since there was such a high level of overall agreement (89% and 78%, respectively) on testing these two groups. Even though mandated testing is a right of the public to know issue, and the legislature appears divided on such issues, criminals may not trigger the protective response by those with a right to confidentiality bias that non-criminals would. An additional issue with such testing, however, is who pays for it; any testing legislation might have

difficulty if legislators had to choose between state funding for testing or funding for education.

A majority of the legislators in both parties supported testing for patients with sexually transmitted diseases and those whose blood or body fluids contaminate another. While such legislation might pass, a tougher fight could be anticipated than in the case of criminals. Fewer than 80% of either Republicans or Democrats agreed with such testing. Further the people in the two groups considered for potential testing could raise a right of the public to know debate. If the composition of the 1989 legislature shifted toward a more Republican or conservative direction, such legislation might have a better chance of passage.

Both parties disagreed that three groups should receive testing (applicants for marriage licenses, all pregnant women in the first trimester, and applicants for health insurance). For one group (people admitted to hospitals), Republicans thought testing should be mandated while Democrats disagreed.

It is unlikely that mandated testing would pass for any of these four groups without a tremendous shift in attitude by the current legislators. This alone would not do it. Even if all were Republican, if fewer than half agreeing, it would not pass. With less than 40% of Democrats agreeing to testing of any of these groups, and less than 50% of Republicans agreeing with testing three of the four, such legislation would have an uphill battle. Also, the 1987 legislature defeated legislation for mandatory testing of those applying for marriage licenses. A further reason that such legislation might not pass is that the

cost of testing low risk groups would probably be viewed as outweighing the potential benefits. With any of the four groups, however, the whole picture could change if the AIDS task force shifted towards support for mandatory testing, since this group has some influence with the legislature (or had it at the time of the survey).

The levels of agreement and disagreement with several policy statements on the questionnaire also have implications for future legislation. The fact that all respondents agreed that it is appropriate to provide sexually explicit instruction in high school about AIDS transmission makes it unlikely that a legislator would sponsor legislation to restrict such education. The high (82% overall) agreement that it is better to spend state moneys on education to prevent AIDS than on testing to detect AIDS has some interesting implications. It brings up the question: even if mandatory testing of some group was approved by the legislature, how likely would the state be to provide moneys to finance the testing? Also, the very high (90% overall) level of disagreement with the statement that it is better to spend state moneys on subsidizing the care of medically indigent AIDS patients than on prevention efforts indicates that requests for state funding for such patients would generate quite a debate, at the very least. While 73% of Republicans agreed that the 1987 Oregon legislation did not go far enough to ensure that AIDS-infected persons would be quarantined when necessary, 81% of Democrats disagreed. Thus, if legislation about quarantining AIDS patients were introduced, there would be heated discussion about it.

Implications for Influencing Legislators' Decision Making on AIDS Legislation

The survey results showed that legislators felt only the AIDS Task Force and other health professionals influenced them on AIDS issues. This suggests that the most promising way to influence AIDS legislation is through one of these groups. The survey results also showed that significant party differences existed on some issues though the legislators themselves did not address this. This suggests that a group wanting a particular bill sponsored should consider the party membership of the sponsor. For example, a group wanting to sponsor a bill that would be considered a right of the public to know bill might fare better by garnering initial support from Republicans or conservative Democrats.

The results also point the responsibility of the AIDS Task Force and other health professionals to be well informed and careful in their requests for AIDS legislation since the legislators will apparently give their input more weight than other sources.

Addendum: 1989 Activity by the Oregon Legislature and Findings About Oregon Health Care Providers' Positions on AIDS Issues

As of May 1989 two bills related to AIDS had passed the House with the current session of the legislature. Neither has yet been forwarded to the Senate for a vote. The first, House Bill 2435, would allow health care personnel to request the Health Division to pursue testing of individuals (through persuasion, not mandate) whose blood or body fluids may have contaminated health care personnel. The bill as it was originally introduced (by the

Oregon Medical Association) would have allowed involuntary testing of such persons. It was initially opposed by the AIDS Task Force and the American Civil Liberties Union. When it was changed to make testing voluntary instead of mandatory, it passed the House unanimously.

The second bill, House Bill 2030, permits mandatory testing of convicted felons. It was introduced by an association of District Attorneys and Sheriffs, and passed the House easily. The ACLU opposed the bill.

Given the findings of the survey reported here, the introduction and positive progression of both of these bills is not a surprise. It is also no surprise that certain legislation has not come forward for consideration this session for example, legislation to mandate testing of low risk groups.

Coit (May, 1989) surveyed physicians and nurse practitioners in Oregon at the same time that legislators were surveyed in this study. The responses of these providers to mandatory testing for AIDS are intriguing. Coit found that 78% of the respondents agreed with mandatory testing of prison inmates and 70% agreed with mandatory testing of patients being seen for a sexually transmitted disease. Over 90% of the health care providers thought HIV results should be made available to health care providers in direct contact with such persons. These results are not unlike the findings from the legislature. Such results raise the question, do legislators and health care providers in Oregon both lean more toward the right of the public to know than has been reflected so far in the speed or outcome of final

legislation? Has the AIDS Task Force alone been able to counter this direction?

Recommendations for Future Research

To improve the response rate in any future surveys, Dillman's procedure should be followed completely. In particular, in addition to a follow-up letter, a postcard reminder should be sent and personal phone call reminders should be made if necessary. If future studies are done, it would be interesting to use interviews instead of a survey. Interviews were not used in this study because at the time of the study the researcher was considering running for the legislature in 1989 and she felt that legislators might be uncomfortable sharing their feelings in a face-to-face meeting.

Several questions on the survey either should not have been included or should have been worded differently. Questions related to votes that legislators made on specific legislation were not helpful since the questions referred to the third reading of the bills (a point at which there was almost no disagreement). Pretesting a larger group might decrease such difficulties in the future. In light of the study findings, it would have been helpful to look separately at the two groups, "health care professionals" and the "AIDS Task Force" since they are in fact two separate groups and it would be useful to know if it was one or both of these groups that the legislatures felt had influenced them.

To learn more about the predictive value of a study such as this, the outcome of any proposed AIDS-related legislation could

be examined at the end of the 1989 legislative session. In order to learn more about the relation of political party to votes on AIDS legislation, other states' legislative activity in 1989 could be examined in light of political party composition of the state legislature.

This study provided some new information about what does and does not influence legislators in their decision making, a fascinating area for further study. Is it only in the case of AIDS that health care professionals are more influential than other groups, or is this true with other health related issues? If it is true with other health related issues, are health care professionals even aware of this?

Questions also surfaced in this study about the interplay and tension among different issues. Are legislators aware of the conflicts that may exist between the various positions they may take on different AIDS related bills? A future study could examine this tension further.

Conclusions

AIDS presents our country with one of the biggest health crises of the century. The fact that it is a relatively new phenomenon means that health care providers have a rare opportunity to observe and participate in the formation of new health care policies.

Nurses and other health care providers can passively respond to this and other health care crises or they can be involved actively in legislation to affect the crisis. This study suggests that their input has an effect on legislators' decisions, at least

in this arena of health care policy. It also suggests that there are numerous potential pieces of legislation that could be influenced in one or another direction. In the current environment, health care providers have both a responsibility and an opportunity to affect legislative outcomes on a major health care issue.

REFERENCES

- Bazell, R. (1986) AIDS and the Rest of Us. The New Republic. Nov. 24, 1986
- Brandt, Allan (1986) AIDS: From Social History to Social Policy. Law, Medicine and Health Care. Vol. 14
- Dillman, Don (1978) Mail and Telephone Surveys. New York. John Wiley and Sons
- Heard, Alexander (1966) State Legislatures in American Politics. Englewood Cliffs, N.J. Prentice-Hall Inc.
- "President's AIDS Commission to Report In December". Journal of the American Medical Association (1987). Vol. 258, No. 15.
- Kelman, Steven (1987) Making Public Policy. New York. Basic Books Inc.
- Key, Valdimer Orlando Jr. (1963). Politics, Parties, and Pressure Groups. New York. Thomas Y. Crowell Company
- Koop, C. Everett and Samuels, Michael E. The Surgeon General's Report on AIDS. (1987). AIDS: Principles, Practices, and Politics (1988). Washington. Harper and Row
- Krieger, Nancy and Appleman, Rose (1987). The Politics of AIDS Oakland, Cal. Frontline Pamphlets
- Lewis, Hilary (1987) Acquired Immunodeficiency Syndrome: State Legislative Activity. Journal of the American Medical Association. Vol. 258, No. 17
- Mortality and Morbidity Weekly Report (1989). Washington D.C. United States Department of Health and Human Services
- Murray, Thomas and Aumann, Gretchen (1986) Ethical Issues in AIDS. AIDS: Facts and Issues. New Brunswick. Rutgers University Press
- Report of the Presidential Commissions of the Human Immunodeficiency Virus Epidemic. U.S. Government Printing Office. Washington, D.C. 1988
- Rosenthal, Alan (1987) "The New Legislature: Better or Worse and for Whom" State Government - Congressional Quarterly's Guide to Current Issues and Activities. Washington D.C. Congressional Quarterly Inc.

Ross, Judith Wilson (1987) An Ethics of Compassion, a Language of Division: Working out the AIDS Metaphors. AIDS: Principles, Practices, and Politics. Washington, Harper and Row

US News and World Report. (1987) AIDS - A Time of Testing. April 20, 1987. 56-62

Volberding, Paul A. (1987) AIDS Overview. AIDS: Principles, Practices, and Politics. Washington. Harper and Row



**THE OREGON
HEALTH SCIENCES UNIVERSITY**

3181 S.W. Sam Jackson Park Road, L343, Portland, Oregon 97201 (503) 279-7709

*School of Nursing
Community Health Care Systems*

February 10, 1988

Dear Legislator,

This letter, and the enclosed survey, is about AIDS. This survey is being sent to all Oregon Legislators to determine their feelings on potential AIDS legislation.

I developed the questions after many months of reviewing national trends in AIDS legislation. The survey should take you less than ten minutes and I think you will find it interesting. I will provide you with the results of the survey, if you are interested, within ten weeks from the date I receive the survey.

As a nurse, a health care administrator, and a graduate student in Community Health Care Systems, I am interested in using the results of this survey to provide both legislators and health care providers with more information about the direction future AIDS legislation may be heading.

You may be assured of confidentiality. Numerical data will be reported only in aggregate form. Any anecdotal information will have any identifying information removed (such as name of town, etc.). The questionnaire has an identification number for mailing purposes only. This is so we may check your name off of the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire.

The results of this survey will be made available to legislators, health care providers, and health care administrators. You will receive a summary of the results by writing "copy of results requested" on the back of the return envelope and printing your name and address below it. Please do not put this information on the questionnaire itself.

Either my faculty advisor or I would be most happy to answer any questions you may have. Please write or call. The telephone number is (503) 279-7709 for Joyce Semradek, Associate Professor, School of Nursing, or (503) 285-9321 for Patsy Lindsay, Assistant Administrator, Bess Kaiser Medical Center.

Thank you for your assistance. Please return the questionnaire no later than February 24, 1988.

Sincerely,

Patsy Lindsay
Patsy Lindsay,
Assistant Administrator
Bess Kaiser Medical Center

Joyce Semradek
Associate Professor
School of Nursing

Schools:
Schools of Dentistry, Medicine, Nursing

Clinical Facilities:
University Hospital
Doernbecher Memorial Hospital for Children
Crippled Children's Division
Outpatient Clinics

Special Research Division:
Vollum Institute for
Advanced Biomedical Research

March 30, 1988

Dear Legislator,

This letter is a reminder to please return your survey on AIDS if you have not yet had a chance to do so.

We have had a good response so far, with many legislators asking to have results sent as soon as they are available. The results will be even more valuable if we have received all possible survey results.

If you did not receive a survey, or need another copy, please give me a call at 285-9321. If you have already returned your survey, kindly disregard this letter.

Thank you,

A black rectangular box redacting the signature of Patsy Lindsay.

Patsy Lindsay
12025 SE 22nd
Milwaukie, Oregon 97222

Legislative Survey on AIDS

0. 1 Please check the column that indicates your level of agreement about the following potential areas for legislation.

At this time, I believe passage of each of the following pieces of legislation would be a good idea:

KEY:

SA = I strongly agree.
A = I somewhat agree.
D = I somewhat disagree.
SD = I strongly disagree.

	SA	A	D	SD
a. Decriminalize possession and sale of IV needles.	1	2	3	4
b. Permit an attending physician to disclose to a patient's spouse positive AIDS test without civil or criminal liability.				
c. Relieve persons with positive AIDS tests from civil liability if they name sexual or IV contacts to health officials.				
d. Require health care workers, as a condition of licensure, to care for AIDS patients.				
e. Require nursing homes to accept AIDS patients.				
f. Require laboratories to report names and addresses of those with positive AIDS tests to State Health Department.				

Comments on any of the above:

Q. 2 Please check the column that indicates your level of agreement about the need for mandatory testing for AIDS in the following groups:

At this time, I believe passage of legislation mandating testing for the following groups of people would be a good idea.

KRY:

SA = I strongly agree.
 A = I somewhat agree.
 D = I somewhat disagree.
 SD = I strongly disagree.

	SA 1	A 2	D 3	SD 4
a. All inmates of correctional facilities.				
b. Applicants for marriage licenses.				
c. People admitted to hospitals.				
d. Applicants for health insurance.				
e. Patients making a medical visit for diagnosis or treatment of a sexually transmitted disease.				
f. All pregnant women during their first three months of pregnancy.				
g. Any person whose blood or body fluids contaminate another individual (such as during an arrest).				
h. Convicted prostitutes and convicted sex offenders.				
i. Other groups not mentioned:				

Q. 3 Please check the column that indicates your level of agreement with each of the following statements:

KRY:

SA = I strongly agree.
 A = I somewhat agree.
 D = I somewhat disagree.
 SD = I strongly disagree.

	SA 1	A 2	D 3	SD 4
a. It is better to spend state monies on education to prevent AIDS than on testing to detect AIDS.				
b. In general, the right of the public to know who is infected with AIDS outweighs the right of the individual to keep his or her AIDS status confidential.				
c. The 1987 Oregon legislation did not go far enough to ensure that AIDS infected persons will be quarantined when necessary.				
d. It is appropriate to provide sexually explicit instruction in high school to educate students about the methods by which AIDS is transmitted.				
e. It is better to spend state monies on subsidizing the care of medically indigent AIDS patients than to spend them on prevention efforts.				

Comments on any of the above:

Q. 4 Please check the column that indicates how much influence any of the following factors had your voting decision on AIDS issues in the 1987 session:

KEY:

- VL = Had very little influence.
- S = Had some influence.
- Q = Had quite a bit of influence.
- L = Had large influence.

	VL	S	Q	L
a. Party leadership.				
b. Constituent input.				
c. Input from health care professionals or AIDS Task Force.				
d. Input from other legislators.				
e. Public opinion polls.				
f. Input from registered lobby.				
g. Input from other interest groups.				
h. Media coverage of AIDS.				

Q. 5 Generally, how would you classify yourself? (Circle number)

1. Politically conservative.
2. Politically liberal.

Q. 6 How did you vote on SB 994? (Circle number)

1. Voted for.
2. Voted against.
3. Did not vote because I am House member.
4. Did not vote for other reason.

Q. 7 How did you vote on the 3rd reading of SB 1023 (authorized funds for AIDS education)?
(Circle number)

1. Voted for.
2. Voted against.
3. Did not vote.

Q. 8 How did you vote on the 3rd reading of HB 2067 (provided for isolation and quarantine measures)? (Circle number)

1. Voted for.
2. Voted against.
3. Did not vote.

Q. 9 How did you vote on the 3rd reading of SB 1006 (provided for a Catastrophic Care fund)?
(Circle number)

1. Voted for.
2. Voted against.
3. Did not vote.

Q. 10 Any additional comments you would like to make about needed legislation in area of AIDS or
the state legislature role in the . . .)

THANK YOU!! PLEASE RETURN THE SURVEY IN THE ENVELOPE PROVIDED.

ABSTRACT

Title: A Survey of Oregon Legislators' Voting Preferences on AIDS Legislation

This study was a descriptive survey to examine voting preferences of Oregon legislators on AIDS legislation. The study was undertaken in part because there was little information available about the future directions state legislatures might take with AIDS legislation.

The population studied were the members of the Oregon state House and Senate. A modified version of the Dillman method was used. Survey questionnaires were sent to members of both the Oregon House and Senate. The overall response rate was 43 percent.

A majority of legislators believed that testing for AIDS should be mandatory for five populations. Two policy statements regarding education were examined and were found to differ according to party membership and political philosophy. Republicans and Conservatives showed a preference to favor the right of the individual to confidentiality while Democratic and Liberal preferences were in the opposite direction.

The study revealed little about what influences legislators in their voting decisions. The only factor legislators identified as having much influence on them was "input from health care professionals or the AIDS task force". In addition to this factor, the study revealed that political philosophy and party membership appeared to influence voting decisions.

Author: Patsy Lindsay

Approved:

Joyce Semradek, R.N., M.S.N.