

Everymember Material
LWVLC
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Health Care for Low Income Children in Lane County

*"It's sad when we're unable to cure or contain a person's illness; it's a shame when we could have but didn't."
Maxine Proskurowski and Steve Manela, The Register Guard, August 24, 2007*

The State of Oregon estimates that in Lane County there are approximately 11,000 children age 0 to 18 without health insurance. An estimated 3,000 of these children could receive state and federally funded benefits from programs such as the Oregon Health Plan or SCHIP if their families applied. However, some 8,000 children do not qualify for these state and federal insurance programs because their family incomes are too high, they are not U.S. citizens, or their families are unauthorized immigrants.

This paper examines the health care services currently available to poor children in our county. It is difficult to get data regarding the number of children served; numbers are provided when available. This paper also describes a local effort to better coordinate health care for the uninsured and a state plan to improve Oregon's health care system. Finally, it sets forth the LWVOR statement of principles on health care and provides some suggestions about what individuals can do to make health care more accessible to uninsured children.

Free or Low Cost Health Care Services in Lane County for Children Age 0 to 18

The Oregon Health Plan (OHP) is Oregon's version of Medicaid. It provides comprehensive health care, including hospital and physician care, prescription drugs, mental health and substance abuse treatment to about 3,500 Lane County children. Most of the children covered are in foster care or are members of families who receive cash welfare payments. OHP is state and federally funded and administered by the Oregon Department of Human Services (DHS).

The State Children's Health Insurance Program (SCHIP) provides health coverage to low income children with family incomes too high to qualify for Medicaid but too low to afford private insurance. Most families do not apply for SCHIP until the child has a health care emergency. Hospital emergency rooms, urgent care facilities, and private providers provide applications to families. Eligibility lasts for six months; then the family must re-apply. The program is administered by Oregon DHS and is state and federally funded.

Eight Federally Qualified Health Centers (safety net clinics) are available to Lane County residents. The RiverStone Clinic in Springfield is open to everyone. Others are the Safe and Sound Clinic for homeless and at-risk youth; the LCC Dental Clinic; the Preventive Dental Program, which goes to schools; the HIV Positive and At-Risk Clinic at LCC; the Integrated Behavioral Health Clinic, which offers both mental health and substance abuse treatment; and Lane County Mental Health. About 10,000 adults and children are served per year. Seventy percent of those served are uninsured. The clinics are funded through a renewable federal grant. They are administered by the Lane County Human Services Commission.

School-based clinics are available in several Lane County school districts.

- Eugene 4J operates three school-based health centers at Sheldon, North Eugene, and South Eugene High Schools. A fourth clinic at Churchill is one of Lane County's federally qualified health centers. The clinics serve about 3,000 4J and Bethel elementary, middle school, and high school patients annually. In addition, regional nurses, who can help students and families access care at the health centers, rotate to elementary and middle schools.
- The Springfield School-Based Health Center, another of the federally qualified health centers, is housed at Springfield High School. It offers comprehensive health care to all district students.
- Siuslaw School District in Florence provides health care services to students at all levels in several schools.
- Creswell and Cottage Grove school-based clinics were opened in 2007. Funded by Peace Health in response to the area's recent growth in uninsured residents, the clinics are staffed two half-days per month by a medical doctor. 36 patients were served within the first six weeks of operation.

The Bridge Program at Sacred Heart works with uninsured parents of newborn babies. Bills are reduced by the patient's ability to pay, with payments made over time according to income. Often the cost is totally written off by the hospital. No one is turned away for inability to pay.

Healthy Tomorrows Well Child Program offers comprehensive health care for children ages 1 to 18 who are uninsured or underinsured. Funded by Peace Health and some grants, it is housed in the old Eugene Clinic building on Willamette Street. About 1,000 patients per year are served. Charlotte Rider, a nurse practitioner, created this program ten years ago. She and a secretary have staffed it since its inception.

The Child Development and Resource Center (CDRC), a branch of the larger OHSU/CDRC in Portland, works with children with developmental disabilities, birth defects, ADHD, autism, and other conditions. It is housed at the University of Oregon. In the past services could be offered at no cost. Because of budget cuts, patients with "emergency needs" must now apply for discounted rates. CDRC is funded 10% by the state and 90% by patient fees and grants. It serves about 1,000 children per year. No data is kept on uninsured patients.

White Bird Clinic, a Eugene nonprofit agency, operates a medical clinic, a dental clinic, and a homeless health care project. All provide low cost or free services to people of any age.

Lane County Public Health Services does not provide primary health care. It refers patients to RiverStone Clinic. Lane County Public Health gives 14,000 immunizations per year, 10,000 to children. It also oversees ten "delegate" clinics that provide immunizations: Peace Harbor in Florence, Lakeside, 4J High Schools, Willamette High School, RiverStone, the Lane County Jail, and the University of Oregon. It administers the WIC program, providing newborn health care and nutritional information to approximately 8,000 clients per year. There is also a sexually transmitted disease (STD) walk-in clinic annually serving 500 to 600 clients, some of them children. Tuberculosis screening is also provided, followed by case management for

families of TB patients for six months to one year. No one is turned away from the WIC Program, the STD Clinic, or TB services because of inability to pay.

The Lakeside Clinic, a non-profit organization in Dexter, is a family clinic employing one nurse practitioner. It is a part of a rural health partnership that includes White Bird, RiverStone, and Volunteers in Medicine (which does not serve children). Patients needing further medical attention are referred to one of the other rural health clinics, but transportation to the clinics is a major barrier. Lakeside receives no funding other than patient fees, which are on a sliding scale. About 500 children are served per year; most of them are on OHP. Five percent of the children served do not have insurance.

A Local Initiative to Coordinate and Expand Free and Low Cost Medical Services

In 2005 United Way of Lane County launched 100% Access, a collaborative effort by major health care organizations, safety net clinics, local governments, non-profit agencies, and businesses. The goal is to connect people who have no insurance to existing health insurance programs and medical services and to develop new community-based options where gaps exist.

Since its inception 100% Access has established a Community Healthcare Fund, stimulated by a \$500,000 contribution from the Pacific Source Charitable Foundation. The program has also received nearly \$700,000 in grant funding. It has improved access to free and low cost health care by investing nearly a million dollars in several local health care projects: safety net clinics; increased access to affordable medications, mental health and dental services; self-management programs for those with chronic diseases; outreach efforts for free and low-cost health care programs; and a variety of prevention and resource coordination efforts. A significant portion of its investment has benefited the free and low cost programs described above. In the future the coalition plans to experiment with more ambitious efforts to create health care options for people who have none.

A State Initiative to Develop a New Health Plan: The Healthy Oregon Act

Senate bill #329 was passed in the 2007 legislative session. It established the Oregon Health Trust Board, which will develop a comprehensive state health plan. The plan must be sent to the governor and legislature by October 2008. It must be operative by January 2, 2010. Program goals are: to ensure all Oregonians timely access to a health plan benefit; to cover a defined set of essential health services; to provide options to employers, employees, unions and individuals; and to include public and private health care partnerships. The plan will use proven models of health care benefits and primary care. Emphasis will be on preventive care, chronic disease management, dignified end-of-life care, service delivery, and payments that control costs and over-utilization.

The Oregon Health Fund was established to receive contributions to the program, such as employer and employee contributions, individual premiums, federal funds, and state matching funds. It will be separate from the General Fund. LWVOR is following closely the implementation of SB #329, consistent with its position on health care quoted below.

LWVOR Statement of Principles on Health Care (Derived from LWWUS Consensus)

The League of Women Voters of Oregon has worked hard to ensure access to affordable, high quality health care for all residents and to ensure the protection of patients' rights. We believe there is a growing crisis in the delivery and financing of health care. We favor the transition to a new system that meets the following criteria:

- Provides access to a basic level of quality care for every U.S. resident (universal coverage);
- Includes coverage for the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care (including treatment for drug and alcohol addiction and developmental disabilities);
- Contains effective cost-control strategies;
- Is financed through general taxes in place of individual insurance premiums (national health insurance plan);
- Permits consumers to purchase services or insurance coverage beyond the basic level; and
- Ensures that services are equitably distributed.

The League recognizes that the equitable allocation of resources may become problematic. The League recommends strategies such as allocating medical resources to underserved areas, training health care professionals in needed fields of care, standardizing basic levels of service, using community rating instead of experience rating and establishing insurance pools for businesses and organizations.

The League believes that the ability of a patient to pay for services should not be a consideration in the allocation of medical services. In the event it becomes impossible to provide full services for all patients, the limited resources should be allocated based on the following criteria considered together:

- The urgency of the medical condition,
- The life expectancy of the patient,
- The cost of the procedure,
- The duration of care,
- The expected outcome of the treatment,
- The quality of life of the patient after treatment, and
- The wishes of the patient and family.

The League believes that in order to accomplish appropriate reform and implement a comprehensive health care system, the process must assure opportunities for citizen participation, and be open, accountable, representative and responsive at every level.

Discussion Questions

1. Currently, health services and service coordination for low income children in Lane County are funded by the federal, state, and local governments, as well as by local health care providers (such as Peace Health), health-related businesses (such as Pacific Source), and non-profit agencies (such as United Way and White Bird). If a seamless system to provide health services to all currently uninsured children is developed locally, which of these groups should increase its fiscal commitment? Who should coordinate the services?

2. What is your vision of an ideal health care system for Lane County children?
3. For the past 15 years health care costs have risen at annual rates of two to three times the rate of inflation. As a result, health insurance has become so expensive that many employers no longer offer insurance to their employees. How can health care costs be stabilized or reduced?
4. Do you know of additional health care reform initiatives that are underway in Oregon or elsewhere in the U. S.? Briefly describe those initiatives. Is LWV involved at any level with them?
5. Should LWVLC participate in the state league effort to follow the Oregon Health Trust Board's development of a new state health plan? Should we invite a speaker to talk to our local league about the board and its work?

Sources

Publications:

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Interviews: Steve Manela, Lane County Department of Health and Human Services; Maxine Proskurowski, Eugene 4J; Randy Mee, Creswell Clinic; John Radich, Department of Human Services; Charlotte Rider, Healthy Tomorrows; Susan Stearns, United Way 100% Access

Websites: Eugene School District 4J, Oregon Health Plan, Springfield School-Based Health Center, State of Oregon, United Way 100% Access.

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