League of Women Voters of Lane County
Everymember
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OREGON HEALTH CARE IN 2010

In the early 1990's LWVLC participated in a two-year LWVUS study of the funding and delivery of health care in the United States. The League's 1993 position begins with this sentence, "The LWVUS believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents." So it is with interest that the Lane County League examines the many changes taking place in Oregon with the enactment of health-care legislation in 2009. This material summarizes some of these changes for LWVLC members plus programs in Lane County.

SOME STATE LEGISLATION

OREGON HEALTH AUTHORITY

In June of 2009 the Oregon Health Authority legislation passed, changing the organization and funding of Oregon's health system. HB 2009 moved all health-related services from the Department of Human Services to the Oregon Health Authority (OHA). This action will improve access, cost and quality of the health care delivery system for all Oregonians.

HB 2116 creates the Health Fund Board, using the money already in the health care system by restructuring the provider tax (hospital and insurance company assessments) to increase health and dental coverage for 80,000 children and up to 35,000 low-income adults. The plan is to maximize federal matching dollars and bring in $500 million for which Oregon currently doesn't qualify. The OHA and the Health Fund Board have just been appointed and have begun meeting in 2010. We can expect procedural changes in the future with greater emphasis on maintaining good health, preventive measures and treating illness using an evidence-based outcome. The transition to the new agency will be completed by July 2011.

These changes in the Oregon health care system have their roots in 1987, when Oregon's "practice of fully insuring only Medicaid eligibles, while neglecting the rest of Oregon's uninsured poor, no longer made sense."[1] A working group of providers and consumers developed a political strategy, resulting ultimately in the Oregon Health Plan (OHP). The following goals of 1987 remain today:

- All citizens should have universal access to a basic level of care.
- Society is responsible for financing for poor people.
- There must be a process to define a "basic" level of care.
- The process must be based on criteria that are publicly debated, reflect a consensus of social values, and consider the good of society as a whole.
- Services and procedures should be effective, appropriate and discourage over treatment.

- There must be accountability for allocating resources and for the human consequences of funding decisions.

Insurance reforms followed, and efforts were made to lower costs by emphasizing managed care, preventive care, early intervention and primary care. Ineffective care would not be covered. In 1987, the Oregon Medical Insurance Pool was established by the Legislature to offer health benefits to people who could not buy insurance because of a preexisting condition.

In 1988 Senate President John Kitzhaber began the process which resulted in the Prioritized List of Health Services. A commission was created to rank medical services from the most to least important to low-income populations. Clinical effectiveness and public values concerning health care, obtained through 50 statewide focus groups, were the first considerations. The cost data for treatments paid by both Medicaid and private insurance were used to develop cost factors. The basic health care package today is derived from this list.

In 1993, a funding package was passed to allow Medicaid expansion to include more low-income residents. The law used State general funds, a cigarette tax increase and matching federal funds. For example, more people with disabilities as well as mental illness and chemical dependency were covered. In that year, 606 out of 745 services were included. Over the years, as the state economy has fluctuated, covered services have decreased to as few as 503 out of 782 in 2009.

Goals were: 1) to commit to a public process with structured public input and, 2) to meet budget constraints by reducing benefits, rather than by cutting individual clients from coverage or by reducing payments to providers below the cost of care. By contrast, Medicaid reduces costs by cutting clients and provider payments.

Since it was completed in 1992, the list has been revised every two years as part of the budget process. For example, cochlear implants were moved to a higher position as improved outcomes were documented. Also interim modifications can be made as medical costs and advancements need immediate attention. The use of interferon to treat chronic hepatitis C and the inclusion of services related to physician assisted-suicide are examples of interim modifications.

Public support has never weakened, and “the integrity of the prioritized list has never been questioned by providers or consumers of health services.”[2]

In 1994 the Oregon Health Plan (OHP) was finally established as a public/private partnership with three main components:

- Medicaid reform and expansion
- Private and employer-sponsored insurance subsidy to help those not eligible for Medicaid.
- Prioritized list of health services

THE HEALTHY KIDS PLAN

Although the economic crisis resulted in cuts to many important programs and services, on August 4, 2009, the Governor signed into law sweeping legislation that will provide health care coverage over the next two years to 95% of Oregon's uninsured children. This historic legislation not only means that Oregon's kids will have the health care coverage they need, but it also puts Oregon at the front of the line for federal health care dollars. The Healthy Kids Plan is being put into effect now. [3]

Healthy Kids is a free or low cost health care coverage for Oregon children who don't have health insurance. Even kids with preexisting health conditions can enroll. Eligibility is mostly based on income. Coverage lasts for at least one full year and can be longer if the child is still eligible. Three key things determine if a child qualifies: age, residency and income.

- Child must be age 18 or younger.
- Child must live in Oregon and be a legal resident.
- Household income can't be more than 300% of the Federal Poverty Level (FPL) or $66,000 for a family of four.

TEENAGE SEXUALITY EDUCATION

In July of 2009 the Legislature passed HB 2509 that requires all school districts to provide age-appropriate human sexuality education courses in all public elementary and secondary schools. The material must be medically accurate, comprehensive and include information about responsible sexual behavior, include abstinence, but also present the risks and health benefits of various types of contraceptives.[4, 5]

OREGON'S DEATH WITH DIGNITY ACT-12 YEARS LATER

The original Act was an initiative passed by voters in 1994. A repeal was referred by the Legislature in a Special Election on Nov. 4, 1997, which was rejected. This Act allows terminally ill Oregonians to end their lives through voluntary self-administration of lethal medications prescribed by a physician for that purpose. Criteria include that the patient must be of sound mind, make two oral requests made at least 15 days apart and make a request in writing. In addition the patient must have been given a diagnosis of a terminal illness that will lead to death within six months and an evaluation by two physicians. The law specifically prohibits lethal injection. The ODWDA requires the Oregon Health Authority to collect information about patients and physicians who use this Act and to publish an annual report detailing usage.

This Act has been widely acclaimed for being a safe and compassionate law providing comfort and peace of mind to those patients choosing to use it. The last published report was for 2008. Its findings were generally in keeping with the reports from the past ten years

with a slight increase in ODWDA prescriptions. In 2008 sixty Oregonians ended their lives by taking a lethal drug prescribed under the ODWDA. In all 401 terminally ill patients in Oregon have died this way since 1997. The typical participant was 72, college-educated, enrolled in hospice care and suffering from cancer. Most patients died at home.

The predictions by opponents of the Act did not occur. There were fears that Oregon would become a death magnet, drawing suicide tourists from around the country. This has not happened. This year, as in all of the previous years, there was not a single report of coercion, abuse, or misuse of the law. ODWDA has proven to be a safe and effective law. There has been increasing participation of physicians using the Act, from 39 in 2005 to 59 in 2009.

Washington joined Oregon in March 2009 as the second state to have voter approved assisted suicide laws. Montana, Hawaii and Vermont are all working on making the possibility available. California voted down its attempts to pass a similar law.

HEALTH CARE IN LANE COUNTY

MENTAL HEALTH SERVICES

Mental Health services are undergoing changes in organization, programs and definition of "mental health treatment and recovery." While traditional counseling and medications continue to be important, supportive services are now seen as essential to recovery of persons with mental disabilities. Emphasis is on improving social function, independence, and self-satisfaction. The future direction of State and local mental health services is to provide the clients' multiple needs through reorganization, partnerships and integration of services. Peer group participation and leadership in treatment is welcome. The Oregon Health Authority will oversee former State health related divisions. Most funding for mental health and supportive services comes from Federal programs and State grants passed down to counties

I. LANE COUNTY BEHAVIORAL HEALTH SERVICES (LCBHS) includes alcohol and drug programs. Their direct services include outpatient adult clinics serving 1,141 clients with little access to new admissions, except those coming from hospital patient psychiatric care or at imminent risk. However, they continue to contract out more than $350,000 to fund mental health agencies serving adults. County mental health also has 13 well-attended treatment groups and offers a variety of socialization groups such as book clubs, hobby groups, and self-care groups. Crisis and stabilization care, evaluation and medication management continue. Alcohol and drug offender and sex offender treatment are now managed by LCBHS.

A. **Child and Adolescent Program** provides rapid access for children and families with acute and chronic moderate to severe complex psychiatric disorders.
B. **Residential Services:** Two State-funded small homes, Danebo for persons stepping down from hospitals or intensive care and Myers Road House serving persons in the judicial system because of mental illness.
C. **Acute care:** Currently, there is a large gap in services in Lane County for persons who need secure placement. A mental hospital is being planned for Junction City and will open in 2013.
D. **Alcohol and Drug Offender (AOD) programs:** Currently LCBHS directly provides sex offender outpatient treatment and the methadone treatment program.
E. **Prevention and Gambling Services:** The County Prevention website had 12,834 visits in 9 months.

II. HUMAN SERVICES COMMISSION (HSC)**:** Unique in the State, the Commission is directed by the governments of the County, Eugene and Springfield that deliver joint funds to mental health related non-profit human service programs filling gaps in funding for growing needs. In 2009 they contracted with 47 non-profit groups for a total of $5,333,430, including support services needed for mental health recovery.

III. LANE COUNTY VETERANS' SERVICES: Assists veterans in obtaining their due benefits.

IV. COMMUNITY HEALTH CENTERS OF LANE COUNTY. These clinics offer primary care, referral to specialists, and mental health counseling. They are funded by a payer mix of Medicaid, Medicare, self pay and Dept. of Corrections.

V. DEVELOPMENTAL DISABILITIES SERVICES: Lane County also serves developmentally disabled children and adults with mental health problems.

VI. LANE CARE manages the mental health components of the Oregon Health Plan in partnership with Lane County, provider agencies, system partners and support. They contract with a variety of agencies to provide direct and supportive mental health programs.

PREMATURE BIRTHS – A PROBLEM IN OREGON

Oregon earned a "C" ranking in 2009 for the second consecutive year on the March of Dimes Premature Birth Report Card. Prenatal services as a whole continue to fail with a "D" on the Report Card.[6] Lane County has an infant mortality rate which is 20% higher than the State as a whole. There is an Infant Mortality Review process being completed now which will address the areas known to have an effect on mortality, such as reproductive and mental health, safe sleep practices, and parental alcohol, tobacco and drug use.

SCHOOL CLINICS

Both South Lane and Bethel school-based clinics are now closed. Both districts have two full time district nurses at present. They can refer students to the Centers in Eugene/Springfield.[7]

- South Eugene High School
- Sheldon High School
- North Eugene High School

All three of these health centers serve students and siblings age 0-19 of 4J and Bethel School Districts. Spanish-speaking staff are available upon request. Funding comes from a combination of state and district funds, grants, private donations, and health insurance (when available). Each center is staffed by a nurse practitioner, a district nurse, mental health therapist and health clerk.

COMMUNITY HEALTH CENTERS OF LANE COUNTY

These clinics are available to entire families.

- Churchill School Based Health Center is in a partnership with Community Health Centers of Lane County and the School Based Health centers. Mental health care is also available.
- Safe and Sound Homeless Youth Clinic accepts homeless and at-risk youth up to age 21. It provides primary care, reproductive and referral to specialty care.
- Springfield High School accepts Springfield district students and families. They work closely with RiverStone Clinic.
- RiverStone Clinic is open to anyone. They charge on a sliding scale with a $20 minimum. An Oregon Health Plan worker is on site.
- Healthy Tomorrows provides primary care to children birth to 12. Older children are accepted if there is no access to school-based health centers. Children from families earning up to 250% of the FPL can be seen here.
- Planned Parenthood Eugene Clinic Provides the following to families at 185% of FPL or those paying cash: abortion referral, birth control services, emergency contraception, general health care, HIV testing, HPV & hepatitis vaccines, men's health services, patient education, pregnancy testing, options & services, STD testing & treatment, women's health services.
- White Bird Medical Clinic serves patients who are uninsured and low-income.
- Volunteers in Medicine Clinic serves patients who have an income of between 85%-200% of FPL.

DENTAL CARE IN LANE COUNTY FOR LOW INCOME FAMILIES

- Lane Community College offers limited preventive dental services for adults and children.
- White Bird Clinic provides full dental services, including walk-ins.

- Churchill High School Dental Clinic is available during the school year. [8]

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Footnotes

1 Oregon Health Plan, An Historical Overview. Dept of Human Services, Office of Medical Assistance Programs. July 2006.
2 A Brief History of Health Service Prioritization in Oregon. Oregon Health Plan. 1996.
3 CHILDREN FIRST FOR OREGON. Updated 12/17/2009.
4 House Bill 2509. 75th Oregon Legislature.
5 State of Oregon. Office of the Governor. PROCLAMATION.
6 Salem-News.com. 1/2/2010.
7 Cindy Sustaire and Annemarie Hirsch. Lane County District Nurses.
8 100% Access Healthcare Initiative. Web Site.

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COMMITTEE MEMBERS: Mary Ann Holser; Elleen Levy; Clara Nistler; Joyce Salisbury, Loretta Ten Brinke; Linda Roe; Chris Donohue, Chair.