

State Legislation Yields Positive Benefits For Rural Health

A report on the recently adjourned 2005 Legislative Session by Ed Patterson; Legislative Consultant to the Oregon Rural Health Association first published August 12, 2005.

After a marathon session lasting all night, the 2005 legislative session adjourned at 6 am on August 5th. Much has been written and will continue to be said about the inadequacies and partisanship of this session. While there were some disappointments, the rural health community can be pleased with some of the gains that were made. This report will highlight the positive policies that were adopted.

SB 31 - Rural Volunteer Emergency Medical Technician Tax Credit.

Establishes a new personal income tax credit for volunteer EMTs who have at least 20% of their service area in rural Oregon. Provides a new definition of "rural" (areas that are at least 25 miles from any city with a population of 30,000 or more) to be eligible for the \$250 annual tax credit. Estimated to impact 1,500 eligible EMTs. Tax credit certification is to be made by the Office of Rural Health beginning on or after January 1, 2006. Requires the Office of Rural Health to provide a report, no later than October 1, 2006, to the House and Senate Interim Committees on Revenue. Places a five-year sunset on the new tax credit.

SB 404 – Adds pharmacists and definitions to the Rural Health Services Program.

Provides loan repayments of up to \$25,000 annually to physicians, physician assistants, nurse practitioners and pharmacists who agree to participate in the program by practicing in a rural hospital, rural health clinic or in a medically underserved rural community.

SB 443 – Permits non-Oregon licensed physicians to volunteer in health clinics.

Allows the Board of Medical examiners to require a physician who volunteers at a health clinic to require certification if the doctor has not actively practiced for over 24 months. Defines "health clinic" as a public health clinic or health clinic operated by a charitable corporation that provides physical, dental or mental health services to low-income patients without charge or using a sliding fee scale.

SB 458 – Requires Board of Dentistry to accept regional testing agency for licensure.

Requires the board must accept regional testing agency or state clinical board examinations of applicants who have received a passing score on the test or examination or have practiced in other states, the military, Public Health Services

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OHSU Budget Partially Restored

When the Governor announced his 05-07 budgets in November 2004, the proposed budget reduction in state support to OHSU was approximately \$34 million, which represented a cut of about 40 percent.

University leadership struggled to come up with a list of cuts, which eventually affected nearly all rural programs, as well as schools of Nursing, Medicine and Dentistry, and the University Hospital. Throughout the session, OHSU representatives, assisted by our many community and statewide partners, labored to educate decision-makers regarding the impact of the reductions in our state budget.

In the last few weeks of the session, House and Senate budget negotiators agreed to restore \$20.4 million to the OHSU budget. Under this agreement, OHSU's total state allocation is \$73.4 million for the 2005-07 biennium.

State dollars help support essential public programs that cannot otherwise support themselves. For example, state funds support the education of future health care providers, an increasingly important mission as shortages in all fields loom. Restoration of state funding in the budget agreement means that tuition payments for medical students from Oregon will be \$24,100 for the upcoming year. Medical school tuition would have jumped to \$30,600 without the restoration. In-state nursing students will pay \$8,910 instead of \$13,176 and first-year dental students who live in Oregon will pay \$17,100 instead of \$26,709.

The regional AHEC programs will also be able to continue to provide statewide services, and the CDRC clinics that serve children with special needs will remain open. However, there remain budget challenges, and many of the specific impacts have not yet been determined.

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or Department of Veterans Affairs for at least 3,500 hours in past five years immediately preceding application to practice dentistry or dental hygiene in Oregon.

SB 605 – Provides incentive for retired health care providers to volunteer.

Directs the Department of Human Services to establish a program informing retired physicians and other health care providers about laws intended to increase volunteers at clinics providing primary care services. Extends liability immunity to the health clinic where volunteer health care provider is operating.

HB 2426 – Expands dental hygienist services without the supervision of a dentist.

Authorizes limited access permit (LAP) dental hygienists to provide dental hygiene at non-profit community health clinics and to homebound adults. Provides authority to Board of Dentistry to authorize services of LAP dental hygienists at locations or to populations that are underserved or lack access to dental hygiene services. Allows a LAP dental hygienist to write a prescription for fluoride.

HB 3108 – Resolves federal conflict on rural hospital Medicaid reimbursement.

The Centers for Medicare & Medicaid Services (CMS) informed the Department of Human Services (DHS) that the method used to reimburse Type A & B hospitals was in violation of federal regulations. DHS responded with a very cogent letter appealing that determination and asking for a review. Late in the session, CMS responded that they stood behind the previous denial and the state must change the rural hospital law. DHS proposed to allow the state auditor to determine the cost-to-charge ratio for rural hospitals. The Rural Health Association and the Hospital Association wrote our own bill requiring the Medicare Cost Report to continue to be used as the basis for determining the cost-to-charge ratio for rural hospitals Medicaid reimbursement and the subcommittee accepted it. We also agreed to eliminate the settlement process, which was the offensive provision.

HB 5148 – Department of Human Services (DHS) health services cluster budget.

Splitting the Joint Ways & Means Committee and naming a House Budget Committee and a Senate Budget Committee made monitoring state budget actions almost impossible and extended the session by at least one month. The final budget decisions were made by the leadership of both bodies meeting behind closed doors.

The health services cluster is comprised of Public Health Programs, Mental Health and Addiction Services and Medical

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For example, direct state funding for public services beyond the Poison Center in the hospitals and clinics was not restored.

OHSU has experienced a continual decline in state appropriation support during the past decade. In fiscal years 93-95 the state appropriation was \$123.6 million; in the current fiscal years 03-05, that amount was \$85.7 million. The governor's proposed cut for the upcoming 05-07 fiscal years would have reduced state appropriation dollars to about \$50.3 million.

Assistance Programs (including the Oregon Health Plan). The 2003-05 total funds budget for Health Services was: \$9,343,250,082. The Governor's proposed 2005-07 budget was \$9,567,100,356. The 2005 legislature adopted a budget of \$9,798,933,182 or almost \$232 million more than the Governor proposed.

One of the most significant "add backs" the legislature made was restoring Medicaid adult dental coverage. The Governor's budget eliminated the \$12.2 million general fund program and the legislature added back \$11.7million. With the federal funds match that is over \$25 million of dental care for the uninsured.

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2005 - 06 Areas of Unmet Need Report

In August, the Office of Rural Health released the "2005 - 2006 Areas of Unmet Medical Need in Oregon" report. The report is now available on the "What is Rural?" web page of the Office of Rural Health web site.

Each year the Office of Rural Health, using multiple criteria, assesses the unmet health care needs for rural Oregon communities. Unmet Need designations are determined using five separate variables. The Office of Rural Health selected the following five different variables to represent crucial aspects of access to health services in rural areas:

1. Percentage of Primary Care Visits Met
2. Ambulatory Care Sensitive Conditions (ACS) Ratio
3. Travel Time to Nearest Hospital
4. Comparative Mortality Ratio
5. Low Birth Weight Rate

The 2005 – 2006 report contains data expressed as a map of Oregon for each Unmet Need variable. The PDF document is available at www.ohsu.edu/oregonruralhealth/200506unmetneedreport.pdf.

22nd Annual Rural Health Conference

November 3 – 5, 2005 ❖ Sunriver, Oregon

The 22nd Annual Oregon Rural Health Conference, “*Rural Oregon’s Heartbeat – Living the Challenge*”, will feature focused presentations on the myriad challenges facing rural Oregon communities in obtaining quality and affordable care in today’s healthcare environment. The conference represents collaboration among the Oregon Rural Practice-based Research Network (ORPRN), the Oregon Area Health Education Centers (AHEC) and the OHSU Office of Rural Health (ORH).

The theme for the ORPRN sessions is best practices research – improving patient outcomes in rural communities. General conference sessions include informational presentations on workforce issues, legislative involvement, town hall meeting summaries, demographics and conversion to electronic health records. The concurrent presentations are divided into tracks for the purposes of clarity, but you are not limited to remaining in one particular track. You may select any combination of sessions that suit your particular informational needs.

Pre-conference workshops start on Thursday, November 3, 2005. The Recruitment Workshop is open to the public and will provide guidance in preparing for a successful recruitment and resultant provider retention. The Critical Access Hospital Advisory Committee Meeting (open only to FLEX program participants) will focus on issues particular to CAH and other FLEX activities. The Rural Healthcare Quality Network meeting features Terry Hill, M.P.A. on the balanced scorecard and is open to the public. The ORPRN Steering Committee Meeting and Research Skills Building Workshop, as well as the AHEC Advisory Retreat, are invitation-only meetings. The OAHHS Rural Health Summit, for OAHHS members only, will be held all day, November 2. Call Vickie Stephens at OAHHS, 503-636-2204, for registration information.

On Friday, November 4th, the Welcome Reception will feature a tribute to Center for Rural Health Director Karen Whitaker Knapp and a toast to her January 2006 retirement. This is a big opportunity to catch up with friends, get acquainted with new ones, talk with colleagues about issues from the day’s sessions, or just mingle and munch. But don’t eat too much, because immediately following is the Awards Banquet Dinner.

The awards dinner will honor the Rural Health Practitioner of the Year; Outstanding Rural Practice; Outstanding Contribution to Rural Health; Outstanding Clinic Administrator, Manager or Staff Support; OMPRO’s Hospital Quality Improvement award

recipients; and Oregon Rural Health Association (ORHA) award recipients.

Lodging is available at Sunriver Lodge at a discounted rate until October 3, 2005. To make reservations call 1-800-547-3922 and request the group rate for the Oregon Rural Health Conference. *You must make reservations prior to October 3rd to guarantee the group rate as well as room availability.*

The 22nd Annual Oregon Rural Health Conference brochure and

registration information is available on-line at www.ohsu.edu/oregonruralhealth. You may obtain a hard copy of the conference brochure by contacting Linda Pepler at peplerl@ohsu.edu, or via phone at 503-494-4450.

The registration form is available on-line, however, due to prohibitive fees and on-line security issues, *we are no longer able to accept credit card payments over the internet.* Fill out the on-line form, then print, and fax to 503-494-4798 or mail to: Office of Rural Health, L593 3181 SW Sam Jackson Park Rd.

Portland, OR 97239-3011

If you have questions, please feel free to call 504-494-4450, or toll-free 1-866-674-4376. We look forward to seeing all of you at the conference.

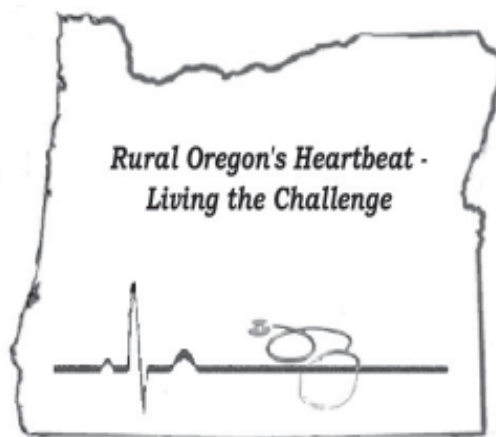
Free Epilepsy Training

Epilepsy Foundation Northwest is offering two-hour in-service trainings to emergency medical responders throughout Oregon. With help from a Centers for Disease Control and Prevention grant, the trainings are offered free of charge. The Epilepsy Foundation provides all training materials, videos, and certificates of completion for all attendees. Your organization will need to supply an internet connection and speakerphone.

The training includes a comprehensive overview of epilepsy basics including recognizing symptoms of a variety of seizures including the often-overlooked subtle seizures.

Trainer Jill Foreman has over 16 years experience with the Epilepsy Foundation, and developed and implemented three national-award winning programs.

To schedule a free training for your organization, contact Jill Foreman at 888-828-7651 (toll-free) or e-mail to jforeman@epilepsynw.org.



TRAINING & CONFERENCE INFO

October 13 - 15, 2005

National Association of Rural Health Clinics Annual Conference
Hyatt Regency on Capitol Hill, Washington, D.C.
NARHC, info@narhc.org or call 515-280-1944

October 19, 2005

Rural Health Town Hall Meeting
Driftwood Shores, Florence Oregon
Caleb Minnieweather, minniewc@ohsu.edu or call (503) 494-4450

October 20, 2005

Rural Health Coordinating Council Meeting
Driftwood Shores, Florence Oregon
Caleb Minnieweather, minniewc@ohsu.edu or call (503) 494-4450

November 3 - 5, 2005

22nd Annual Rural Health Conference
Sunriver, Oregon
Linda Pepler, peplerl@ohsu.edu, or call (503) 494-4450

**The Office of Rural Health
would like to hear from you!**

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