

2022 Forum on Aging in Rural Oregon



Presents

Advocating for the Aging in Rural Oregon: Policy Passed and Policy Needed

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OPAL-K for kids and OPAL-A for adults



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- Presentation slides will be posted shortly after the session at:
<https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon>.
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Advocating for the Aging in Rural Oregon

Policy Passed &
Policy Still Needed

Oregon's Aging Reality

Between 2009 - 2019 Oregon saw an increase of older Oregonians of 46.35% - representing nearly 20% of Oregon's population

76% of Oregonians 65 and older live with at least one chronic condition

8.1% of older Oregonians were living *below* the poverty level in 2019

The United States has an an aging population. Oregon's aging population, though, stands at 18.16% which is higher than the national average of 16%. That percentage will continue to grow and we will see it surpass 21% by 2040

Accessing Care in Rural Communities Remains More Challenging

Dentist FTE per capita is 40% less in rural/frontier areas compared with urban areas.

The ability of primary care providers to meet the demand in rural communities is 23% lower than urban areas.

Behavioral Health Provider FTE per capita is 65% less in rural/frontier areas compared with urban areas.

Challenges

Aging Population

Persistent clinician and
healthcare workforce
shortages made worse
with the pandemic

Lack of Access

2019 Legislation

HB 2524: Providing Information about
Long Term Care
Ombudsman Resources

HB 3413: Increasing Long Term Care
Ombudsman capacity

HB 2600: Long term care facility disease
outbreak prevention
and reporting



HB 2524: Providing Information about Long Term Care Ombudsman Resources

The Long Term Care Ombudsman program works to make ensure resident rights are protected in all long term care facilities; including nursing, residential care, assisted living and adult foster homes

Requires long term care facilities to provide Long Term Care Ombudsman (LTCO) information regarding services upon admission

HB 3413: Increasing Long Term Care Ombudsman Capacity

The Office of the Long Term Care Ombudsman lacked staff capacity for volunteer supervision, reducing their ability to provide services across the state

Expanded the LTCO office from 7 to 10 deputy long term care ombudsman

Each deputy supervises up to 35 volunteers. Adding 3 deputies allowed an additional 105 volunteers to serve

HB 2600: Long Term Care Facility Disease Outbreak Prevention and Reporting

Due to close contact, Disease outbreaks can be common in LTC facilities. When facilities didn't have proper education the chance of persistent disease / outbreaks is greater

Education and standards allow facilities to be better prepared to detect and respond to outbreaks, and make it less likely disease will spread among residents and the public

- Required LTC administrator and staff to receive training to recognize disease outbreaks and infection control, how to prevent and control and responsibility to report
- Clarifies the role of the LTCO
- Required a facility to have medical resource available to advise on and coordinate disease outbreak measures.
- Enhanced communication between facilities and DHS

2020 Legislation



Due to a walkout by some lawmakers, the 2020 legislative session saw just three bills passed.

2021 Legislation

HB 2397: Establishing a pilot program for EMS districts to work with LTC facilities

HB 2508: Expanding access to telemedicine

30 million in ARPA funds

SB 800: Access to healthcare for LTC employees

HB 2981: Established palliative care program to provide care for patients in their homes

HB 2397: Establishing a pilot program for EMS districts to work with LTC facilities

In 2018, a local jurisdiction passed an ordinance that imposed a \$1500 fine on LTC facilities if the city determined EMS was called unnecessarily

The ordinance included regulations governing the care provided at a LTC facility

Established a pilot program and allocated funds to support EMS districts who want to collaborate with LTC providers to better serve the needs of residents

Prohibited local jurisdictions from taking actions that only affect LTC facilities if those facilities are already regulated by DHS

HB 2508: Expanding Access to Telemedicine

The COVID-19 Public Health
Emergency temporarily lifted
restrictions on telemedicine, expanding
access

This is particularly a problem in rural
areas, for people with limited access to
transportation, and for those who are
homebound

HB 2508 made the temporary rule
changes permanent

Required reimbursement at the same rate
as in-person services, allowing for
meaningful access to telehealth services
for Oregonians

HB 2981: Established Palliative Care Program to Provide Care to Patients In Their Homes

Palliative care provides quality end of life care for patients with severe illnesses who aren't eligible for hospice care.

There is a gap, however, in healthcare coverage for patients who would benefit from palliative care.

HB 2981 established a palliative care program through OHA to be administered by CCOs

It provides services for qualified patients in their homes

SB 800: Access to Healthcare for LTC Employees

Long term care facilities were facing a staffing crisis prior to COVID 19. The pandemic only made it worse

One reason is lack of access to quality, affordable healthcare for LTC employees

SB 800 established the Oregon Essential Workforce Healthcare Program to help provide healthcare for LTC employees

The program must be comparable to an ACA silver plan, and balance affordability for employees and employers.

2022 Legislation

HB 4035: Redeterminations & Bridge Health Plan

SB 1549: Temporary Staffing Agencies

SB 1556: Home Care Providers



SB 1549: Temporary Staffing Agencies

The COVID-19 virus created severe strain on our health systems and we saw a greater reliance on staffing agencies

Along with the National Guard, staffing agencies were used to meet healthcare needs in ltc facilities, but these agencies did not have license requirements.

Established standards to license temporary healthcare staffing agencies

Directed OHA, in collaboration with stakeholders, to submit recommendations regarding rates charged by temporary staffing agencies

SB 1556: Home Care Providers

Direct care professionals assist a variety of individuals in assisted-living facilities, memory care facilities, and private homes with activities of daily living and offer companionship and compassion

Directed the Oregon Dept of Human Services to create and maintain an online registry of direct care workers, which will provide a list of certified home-based care and community-based service care providers.

Required ODHS to create criteria for those certifications, and to create a process for applying to be listed on the registry

Failed Policies Over The Years

HB 2394: Preventing
Social Isolation within
care facilities

HB 2327A:
Institutionalize better
planning &
communication between
the state & providers
during public health
emergency and natural
disasters

HB 2252: Remove the
Cap on Residents in
Adult Foster Homes

What Is Next?

Community Care Policy

What Failed policies must be brought back?

Addressing non-emergency medical transportation!

Update rates for Medicaid reimbursement for ACH

And more...

You are the experts



What Policy Is
Still Needed?

THANK YOU



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Thank You, Partners!



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