

Oregon health care rates up for review; to be announced Friday

SALEM — Beginning Friday, Oregon consumers could see proposed rates for 2016 individual and small employer health insurance plans.

Health insurance companies submitted rate requests to the Department of Consumer and Business Services, Insurance Division Thursday. The division must approve any rates before they can

be charged to policyholders.

“Today marks the beginning of a two-month process in which the division will rigorously review each health insurance rate request to ensure that it is reasonable and justified,” Insurance Commissioner Laura Cali said.

The proposed rates are for plans that comply with the Affordable Care Act for small busi-

nesses and individuals who buy their own coverage rather than getting it through an employer. These two plan types cover about 10 percent of Oregonians.

In the individual market, 15 companies submitted average rate requests ranging from a 1.9 percent decrease to a 52 percent increase. In the small group market, 15 companies submitted

average rate requests ranging from a 10.6 percent decrease to a 22.2 percent increase.

“Oregon is known nationally for its thorough and transparent rate review process,” Cali said. “We encourage Oregonians to make their voice heard and participate in the rate review process.”

Oregonians are encouraged to comment on rate change re-

quests during the public comment period, which is open until June 25. The public can submit comments online and during public rate hearings.

The division has made a few changes to the rate review process that take effect this year as it reviews 2016 plans. These changes will provide more clarity to the division’s analysis of

proposed rates. To learn more about the rate review process and recent changes, visit <http://tinyurl.com/o8xmfmj>

To search rate filings, submit comments, and find more information about the rate review process, visit oregonhealthrates.org. Once scheduled, hearing information will also be posted to that website.

Mentally ill: ‘I think it’s a tip of a bigger iceberg out there, that something is not working’

Continued from Page 1A

The League of Oregon Cities, in its “State of the Cities” report in January, found that the state’s mental health system does not provide sufficient resources to meet the immediate needs of people in crisis, causing a strain on city services, especially law enforcement.

Objectives

Police say they often repeatedly encounter the same people struggling with mental illness.

“We talk about it really needing to be flexible and community driven,” said Stacy Michaelson, the human services policy manager for the Association of Oregon Counties. “Local law enforcement, local mental health, need to be at the table together jointly deciding what is most needed in their particular community.”

Some of the new investment could go toward supported housing, jail diversion and crisis services. Scott Winkels, the public safety lobbyist for the League of Oregon Cities, said cities would like to see money for mobile cri-

sis intervention units and other outreach where mental health experts respond to incidents alongside police.

One of the objectives is to help divert the mentally ill into treatment, rather than jail or commitment to the state hospital or other institutional settings.

But legislation is also moving that would expand the definition of a person with mental illness for purposes of civil commitment. The bill — House Bill 3347, sponsored by state House Majority Leader Val Hoyle, D-West Eugene and Junction City — would broaden the definition to apply to people who are unable to meet the basic personal needs necessary to avoid serious physical harm in the near future and are not receiving care to avoid such harm.

State Rep. Andy Olson, R-Albany, who serves on the Joint Committee on Ways and Means’ subcommittee on human services, is among the lawmakers who believe increased state funding for mental health should be a priority.

“I think mental health is at the top,” he said. “It’s one of the key things.”

Olson, a retired Oregon State Police officer, understands, though, that for some people with mental illness, “it’s almost like you can’t do enough. An individual is going to eventually do what they want to do.

“You can only prevent so much.”

Not enough

For Bamhart, the outreach was not enough.

Astoria Police reports document a troubling descent. In early January, Bamhart cut her neck with a knife. A few weeks later, she said spirits had told her to jump off the bridge and asked for a lighter so she could light herself on fire. A few days later, her daughter found a suicide note and police tracked Bamhart down on the bridge.

In April, police again picked up Bamhart on the bridge. She was taken to the hospital, evaluated, and released after about two hours. The police report says she was advised to follow up with Clatsop Behav-



Senate President Peter Courtney, D-Salem

ioral Healthcare later that day.

While Astoria police reports mention trips to the hospital, reference a stay in a mental health facility, and cite evaluations by mental health experts, it is not clear what treatment Bamhart received before her suicide.

The Bamhart family, through a relative, declined to comment. Clatsop Behavioral Healthcare and Columbia Memorial Hospital would not provide details about her care, citing privacy rules.

“We are deeply saddened to hear of this terrible tragedy and loss of life,” a spokesman for Clatsop Behavioral Healthcare said in an email. “The safety and well-being of our patients and community members remains our foremost concern. We will work with county officials and local law enforcement to understand more fully the circumstances surrounding this unfortunate incident, as well as to help prevent similar tragedies in the future.”

Clatsop County Manager Scott Somers said the county, which contracts with Clatsop Behavioral Healthcare for mental health and developmental disabilities services, would identify whether there were shortcomings in Bamhart’s care.

“We do have a duty and an obligation to make sure that those services and functions that our contractee is providing are actually being fulfilled,” he said.

Authorities have been discussing the creation of a respite center, which could act as a safety valve for the mentally ill in cases where jail or hospitalization are not appropriate or available.

Astoria Police Chief Brad Johnston said he does not know, as far as the police are concerned, of a “piece that we could improve on in this situation.

“I believe that we’ve communicated the information we had effectively to the professionals that have to make these tough determinations.

“There’s a difference (with) us in the field saying this person is a danger to themselves or others, and then making a clinical determination that this person is

in need of a custodial situation for their mental health, as well.”

But Johnston acknowledged that, “it is very easy to, at this point, say that something else should have happened. But I have no doubt that the professionals trying to make these decisions made (them) in good faith and with the best information they had available to them at the time.”

Norman Tutton, a retired Wyoming police officer who lives in Surf Pines, was disturbed after reading about Bamhart’s suicide in The Daily Astorian.

He has made his own inquiries with the police, mental health experts and the hospital to try to understand what happened.

“The sad thing is I know that people, when they get their mind bent on killing themselves, will get it done,” Tutton said. “And this could be a slip in the crack. Maybe it’s the tip of a bigger iceberg.

“I think it’s a tip of a bigger iceberg out there, that something is not working.”

This story first appeared in the Oregon Capital Insider newsletter. To subscribe, go to oregon-capitalinsider.com

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070.....Help Wanted
080.....Work Wanted

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095.....Schools & Education
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FINANCIAL
105-106.....Business For Sale-Sales Op
120.....Money To Lend

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130.....Open Houses
150-200.....For Sale
160.....Lots & Acreage
195.....Homes Wanted
205-275.....Rentals

285-290.....RV/Trailer Space

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