

HEALTH

Clinton's Health Plan Could Cover Illegal Aliens

Because of gaps and loopholes in president Clinton's health care proposal, illegal aliens will be guaranteed medical coverage as long as they are working. After debating whether or not to include illegal immigrants in the national health plan, the Clinton administration finally decided that as long as a person is working, legally or illegally, he or she will be included in national coverage.

WHAT'S COVERED NOW

Currently, illegal aliens receive coverage for emergency procedures and pregnancy-related treatment. The costs are paid first by the states which are then reimbursed by a partial subsidy from the federal government. But states such as California, which is swamped by illegal immigrants crossing the border specifically to get the free medical care, say that the federal government is falling behind in its payments.

California now has to pay \$1 billion a year in health care costs for illegal immigrants because its health care officials are not allowed to check for legal residency. State officials say, in some cases, legal residents could be denied the kind of health care that illegal aliens are receiving.

Towns along the Mexican border are particularly hard hit. Thomas Hospital in El Paso, Texas, writes off about \$3 million a year in unpaid bills for illegal aliens, while at Holly Cross Hospital in Nogales, Arizona, one-third of the emergency admissions are Mexican nationals who cannot

afford to pay for the medical services.

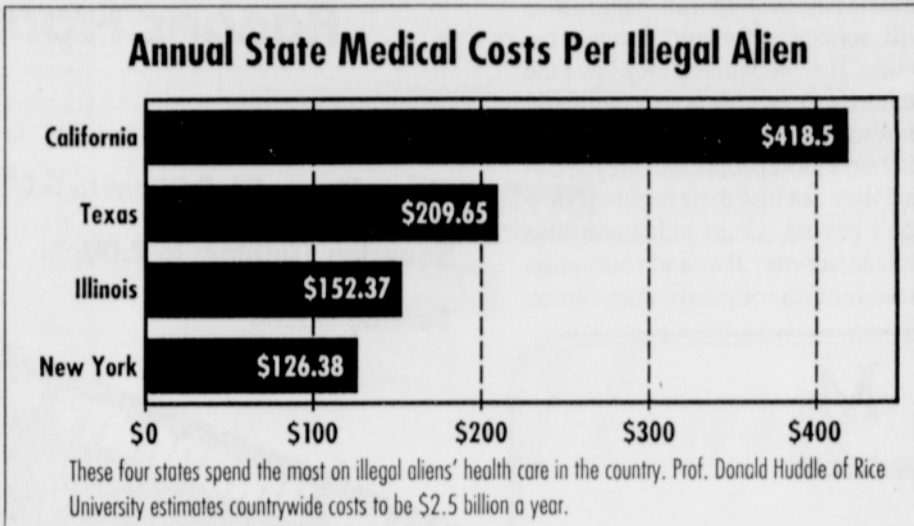
CLINTON'S DILEMMA

Although White House officials say they do not think it is fair for illegal aliens to be covered by the national plan, they also admit that there will be no extensive checks on legal residency. In published news reports, the plan's chief architect, Ira Magaziner, said the administration is concerned about immigrants, be they

they are legally here, can receive free health care.

FIXING THE PROBLEM

FAIR has recommended that lawmakers tie the National Health Security card to the cardholder by photograph or some other physical information to help prevent fraud and abuse of the health care system. To obtain a health card, FAIR also recommends everyone be required to present a



legal or illegal, coming to the United States specifically to take advantage of the health coverage. However, designers of Clinton's plan have done nothing to prevent this magnet.

Allowing illegal aliens to be covered by national healthcare could bankrupt the system, said Dan Stein, FAIR's executive director. Permitting anyone other than legal U.S. residents to be included in the health plan is simply sending an advertisement to the world that anyone who can secure employment in the United States, regardless of whether or not

social security card or valid immigrant documents that prove whether or not they are legal residents.

The Immigration Stabilization Act, which has been introduced in both the House and the Senate, would help in cutting back on potential health care fraud. If the bill is passed, a tamper-proof identification card would be issued to all U.S. citizens and legal immigrants. This card will make it easier to identify those entitled to work legally in the United States. (Copley News Service, September 23, 1993)

State Dealing With Oregon Health Plan Dental Access

The smooth beginning of the Oregon Health Plan has encountered an unexpected kink -- a lack of participating dentists in some areas -- that the state is trying to correct.

Hundreds of Oregon Health Plan enrollees have experienced difficulty obtaining dental appointments, particularly in rural Oregon, said Nancy Hale, prepaid health plan coordinator for the state Medicaid office, which is managing the health plan's Medicaid expansion.

"Although many of the dental plans forecast wide acceptance, dentists' actual participation rate has been far less than anticipated," Hale said.

Hale said no dentists are signed up with managed care plans in Baker and Douglas counties, for example, although even there patients can receive fee-for-service care if they can find a dentist to take them. A number of areas outside of tri-county metropolitan Portland have experienced difficulty, she said.

"There is some concern that dentists may not take patients who have serious dental problems because of years of neglect and the dental reimbursement rates offered by the state," Hale said.

She said the reasons that fewer dentists than expected signed up to

treat Oregon Health Plan patients include insufficient information to dentists, the dental plans' reimbursement rates, and the fast startup of the health plan. Dentists are also unaccustomed to government-financed plans' specific recordkeeping requirements, she said.

Hale said the state is scheduling meetings with the Oregon Dental Association and with selected dental insurance plans to determine how to meet Oregon Health Plan members' dental needs.

"Increased outreach to the dental community will begin immediately," Hale said, to provide information about the health plan and how to sign up with a managed care plan.

"We are also considering such options as paying non-plan dentists a low monthly fee per health plan patient, in addition to payment for actual treatment, to accept health plan enrollees," Hale said.

"We will also discuss the feasibility of establishing free-standing dental clinics that would be run by private dental plans to serve both Oregon Health Plan members and private patients."

Hale said the state Medicaid office will also work with dental plans to review dental-fee schedules now in

place.

"This is a problem that the state cannot resolve by itself," Hale said. "It's going to take the collaborative efforts of the dental plans and dental community to make it work."

"We need to find the key that will open the door to access to dental care so we can keep our commitment to the thousands of Oregonians who are looking to the Oregon Health Plan to meet their health care needs."

More than 30,000 Oregonians are newly enrolled in the Oregon Health Plan since the Medicaid expansion began taking applications on Feb. 1. More than 2,000 calls a day continue to be received on a toll-free phone line -- 1 (800) 359-9517 (TDD: 1 (800) 621-5260) -- where people can call for printed information and applications. The TDD number should also be used by people with hearing impairments who want to request assistance at a community meeting.

An estimated 120,000 Oregonians are eligible for the Medicaid expansion under the health plan, and a requirement that employers provide health insurance to their employees is scheduled to take effect during 1997-98.

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Caregivers Need To Meet Their Own Needs

Estimates are that 80% of long-term care for the elderly is provided by a family member.

Increasingly, that is a grown child. A survey by Portland State University's Institute on Aging, for example, revealed that of Portland-area employees who responded to the survey, one in four had some eldercare responsibilities.

Social worker Joella Bullock, at Kaiser Sunnyside Medical Center in Clackamas, advises those caring for an aged relative to:

- **Set limits.** Just because you've agreed to care for someone doesn't entitle him or her to demand instant obedience to every request.
- **Find a support group.** Speaking with others who share the same responsibilities can help you talk through common concerns, and get insights into how others cope.
- **Get help.** If you don't get time away from caregiving responsibilities you'll burn out and risk your own health. Don't be afraid to ask siblings or others to help.
- **Consider alternative living arrangements before you reach your breaking point.** It can take a long time to find a placement option for an elderly relative needing care, so don't wait until you're at your wits' end to start looking.

Oregon Health Plan Income Eligibility Limits Rise April 1

The federal poverty level in Oregon rises on April 1, meaning people will be able to earn more money and still qualify for Medicaid insurance under the Oregon Health Plan.

Jean Thorne, state Medicaid director, said the federal poverty level for a family of three would rise to \$1,027 a month from \$991, an increase of \$36.

"The federal poverty level is adjusted for inflation each April," Thorne said. "Some people who were close to qualifying before may want to check the new income levels."

A principal eligibility criterion for the health plan's Medicaid expansion is monthly household income falling below the federal poverty level in the month that a household applies for coverage. (Other criteria include being a U.S. citizen or legal alien and living in Oregon.)

As a result of the increases, these are the new federal poverty levels for five sizes of Oregon households (with old guidelines in parentheses):

- 1 person: \$613 (\$581)
- 2 people: \$820 (\$786)
- 3 people: \$1,027 (\$991)
- 4 people: \$1,233 (\$1,196)
- 5 people: \$1,440 (\$1,401)

Households may earn up to 133 percent of the federal poverty level if one member is pregnant or is a child under age 6, although only the woman or child would qualify.

Increases in the federal poverty are based on inflationary increases.

Thorne said the April 1 income-eligibility increase was anticipated and, therefore, was factored into the state's Medicaid budget.

An estimated 120,000 Oregonians are eligible for the Oregon Health Plan's Medicaid expansion.

Through March 25, more than 30,000 Oregonians had become newly eligible for Medicaid coverage under the Oregon Health Plan. The Medicaid expansion differs from the old Medicaid program with a priority list of services that emphasizes preventive care, early treatment, most-effective treatments and use of managed care plans to deliver medical and dental services.

Community outreach meetings are being conducted across the state to answer questions about the health plan and to help people complete their applications. Information about meetings, as well as packets of material about the health plan, are available by calling toll free: 1-800-359-9517 (or TDD: 1 800 621-5260).

Thorne said the toll-free line continues to receive more than 2,000 calls a day.

Prior to the health plan's Feb. 1 startup, the state estimated that 479,000 Oregonians were without health insurance.

The Medicaid expansion is the first major piece of the health plan, which beginning in 1997-98 is scheduled to require employers to provide health insurance for their employees working at least 17-1/2 hours a week.

Oregon Receives A Grade Of "Fair" For Control Of Tobacco Use

Oregon is one of 16 states receiving a grade of "fair" in its efforts to control tobacco use, the number one preventable cause of death in the nation.

The grade comes from the from the first report card on state governments' tobacco control policies by the Coalition on Smoking OR Health. The Coalition is a joint effort of the national offices of the American Lung Association, the American Cancer Society, and the American Heart Association.

The Coalition found that most states need to improve their tobacco control policies to protect nonsmokers and to cut smoking rates. The grades the coalition gave apply to actions that have taken place in the 30 years since the release of the first U.S. Surgeon general's report on the health hazards of smoking.

The report card was compiled by tobacco control experts from the American Lung Association, the American Cancer Society, and the American Heart Association. The experts assigned each state of the following grades: outstanding, promising, fair, poor, or failing. Oregon's "fair" grade was based on its performance in three areas: restrictions on smoking in public places, cigarette excise taxes, and sales of tobacco to minors. The ranking incorporates each state's 30-year performance in all three tobacco control areas.

"Oregon's tobacco control policies lack the teeth to take a bite out of smoking," said Brenda Niblock, the American Lung Association of

The Coalition on Smoking Or Health has released the following recommendation for state governments: Sales To Minors

States should enact strong enforcement procedures to ensure that state laws against the sale of tobacco to minors are enforced. Such procedures should include a program to ensure that retailers are licensed to sell tobacco, and that they are penalized for selling to minors. Other steps should include bans on the distribution of free tobacco samples (already against the law in Oregon), and on cigarette vending machines.