

HEALTH

The Portland Observer

The Oregon Health Plan

By JANE CUMMINS-

(Chair, Oregon Association of Hospitals and Health Systems Board and Administrator, Legacy Meridian Park Hospital)

In recent weeks, I have traveled throughout parts of this beautiful state to advocate for an issue that is of critical importance to every Oregonian: the Oregon Health Plan. And if Oregon's future is indeed to be a healthy one, this plan should be embraced and understood by everyone who cares about our state and its destiny.

Why do I want Oregonians to care about this issue? Because I believe our viability as a state depends on it. In 1993, Oregon spent \$10 billion while nationally 15% of our Gross Domestic Product went to health care. These numbers make it imperative that we control the cost of health care. And, as costs continue to grow, so do the numbers of uninsured Oregonians. Today, more than 600,000 citizens have either inadequate or no health insurance. These are compelling figures; this is a compelling issue.

Is there a health care crisis in Oregon? Absolutely. Just ask those people in our communities who are private providers, employers, or public administrators working diligently to deliver health services to our citizens. Or, ask a single, working mother whose children desperately need health care.

Discussions about the Oregon Health Plan are frequently offered as the nation debates a federal health plan. Our plan, however, has a context unique to Oregon. It is designed to control Oregon's health care destiny through fiscally responsible action. Its goal is to provide universal health care insurance through a public/private partnership that assures access to coverage for all Oregonians.

Debate about the Oregon plan began during the 1987 legislature. Two years later, in 1989, the original legislative package consisted of three bills that combined methods to pro-



Howard MacAllister of Milwaukie waits in the reception area of the Physicians and Surgeons' Portland Clinic in downtown Portland. Health care for all Oregonians is the aim of the Oregon Health Plan.

vide health insurance coverage for the poor, the working uninsured and the medically uninsurable. SB 27 expanded Medicaid to include all individuals and families earning less than 100 percent of federal poverty income guidelines.

SB 935 established tax incentives for small businesses to provide health insurance to their employees and dependents through an employer mandate. SB 534 created an insurance pool to subsidize coverage for individuals who were uninsurable because of pre-existing medical con-

ditions.

The next two legislative sessions, in 1991 and 1993, amended that plan significantly. 1991 offered SB 1076, which reformed the health insurance market for small firms with 3-25 employees. In 1993, HB 5530 provided the enabling legislation with a structure and process for answering key policy issues on the plan.

The Oregon Health is financed by a combination of federal and state dollars. Oregon's share for the current biennium is \$436 million out of a total Medicaid budget of \$1.2 billion.

To pay the state's share of \$65 million for the expanded Medicaid program called for in the Oregon Health Plan, the last legislature approved a general fund contribution and a 10-cent per pack increase in the state cigarette tax.

Today, the plan keeps Oregonians healthy by doing five important things: moving toward universal coverage; defining a basic benefit package; reforming the small group insurance market; offering major cost-containment; and providing a strong, bipartisan consensus on health care re-

form.

Within the context of the plan there are five components that work each day to deliver health care to all Oregonians:

The Oregon Medical Insurance Pool if for Oregonians who have been refused insurance due to preexisting medical conditions.

The Small Employer Health Insurance created reforms that affect the health plans offered to firms with 3 to 25 eligible employees.

The Oregon Medical Assistance Program offers health care benefits

for low income Oregonians through Medicaid.

The Employer mandate requires that all firms eventually provide coverage or pay into a state fund through a payroll tax system for each employee. Under current law this mandate begins on March 31, 1997 for companies with 26 or more employees and on January 1, 1998 for those with 25 or less employees.

The Insurance Pool Governing Board provides a voluntary small business option for firms with 1 to 25 employees not currently offering coverage.

These programs mean important thing citizens. Today 3,600 Oregonians are already a part of the medical insurance pool. The small business tax credit program has served 7,100 employers. Medicaid, which covers approximately 250,000 low income citizens, has already added 81,000 Oregonians to its coverage.

The Basic Health Care Package covers all major diseases of women, children and men. It includes all preventive and screening service. And it provides services such as hospice, prescription drugs, most transplants, routine physical and mammograms. It also stresses prevention with services such as maternity and newborn care, immunizations, well-child exams and preventive dental care.

That's the plan today. But what about tomorrow? What about the health future of Oregon? Can we keep the momentum of the Oregon Health Plan alive as the 1995 legislative session looms? Can we afford the Oregon Health Plan?

This is a better question: can we afford not to have the Oregon Health Plan? I believe the answer is a resounding no. Now more than ever Oregon needs this plan as a way to provide universal coverage, contain costs and assure continued quality health care services for all Oregonians. These important goals for all of us. This is our call to action.

Free Health Lectures Offered By Portland Adventist

The following free programs during September and October are open to the community. They will be presented at Portland Adventist Medical Center, 10123 SE Market Street unless another location is listed. No preregistration is required, unless otherwise indicated. For more information call 256-4000 (toll free from most areas in Portland/Vancouver).

FREE HEALTH LECTURES:

Leg Pain: Sign of Aging or a Symptom of Vascular Disease
Free Non-Fasting Cholesterol and Blood Pressure Screening. Preregistration required.

The Importance of Diagnosis and Treatment - Mark Hart, MD
Cardiologist.

HELP FOR HERNIAS:

In this seminar you will learn:

- What is a hernia?
- How can hernias be prevented?
- What treatment options are available?
- Newer ways to treating hernias with mesh, keyhole incisions and laparoscopes which provide reduced postoperative pain, earlier return to work, fewer complications and lower reoccurrence rate.

FREE RELIGIOUS LECTURES:

Walla Walla College Seminar Series - This four part seminar looks at issues in the book of Daniel, focusing on the question of relevance for today. Special attention is given to the prophetic chapters of Daniel 7, 8 and 9 from both historical and contemporary perspectives.

SUPPORT GROUPS:

Ex-smokers Support Group - Stopping smoking is a process, not an event. Recovery from nicotine addiction is not something you do alone. Meet with other ex-smokers for support.

Heart Talk - This monthly support group for heart patients and their families is an ideal time to share concerns and learn methods to cope with the effects of heart disease.

Women with Cancer - This group provides education and support and increases coping skills. Call 251-6301.

SENIOR HEALTH SEMINAR:

Taking the Pills & Learning the Skills - When your doctor prescribes a pill or medication, do you know the right question to ask? How familiar are you with potential problems with taking multiple medications? These and other questions will be answered by Mary Jo Hubert, registered pharmacist, and Eric Kaplan, pharmaceutical representative.

Secure Horizons - Learn about the health plan and Medicare and how the two work together for maximum coverage.

Aids Project Continues HIV Testing Program

As part of the Speak To Your Brothers Project, Cascade Aids Project continues a HIV testing program for gay and bisexual men. The program is run in conjunction with MCHD, and offers confidential and anonymous testing every Tuesday evening, 6:00-

8:00pm, at Cascade AIDS Project, 620 SW 5th Avenue, 3rd floor, Portland. It is planned that the program will eventually expand to Thursday evenings and two Saturdays each month. For more information, call Cascade AIDS Project at 223-5907.

Nutritionist Offers Advice For Healthy And Enjoyable Restaurant Dining

Dining outside the home is not only an enjoyable social occasion, but also a necessity for millions of Americans whose hectic lifestyles leave little time or inclination to slave over a hot stove. In fact, 1993 was the first year that Americans spent more money dining out than eating at home.

Nutritionist Georgia Kostas, MPH, RD, offers practical advice for finding foods that taste good and are good for you when dining away from home. Kostas, who is director of nutrition at the Cooper Clinic at The Cooper Aerobics Center in Dallas and author of *The Balancing Act: Nutrition and Weight Guide*, cautions health-conscious individuals to eat low-fat, healthy foods both at home and in restaurants. And she says many restaurants are helping by expanding their menus to offer healthier, good-tasting choices.

Kostas offers the following advice for maintaining a healthy diet when eating out.

TIPS FOR ORDERING IN RESTAURANTS:

- Stick to healthy entrees similar to what you eat at home. Avoid splurging on high-fat foods just because you're dining out.
- Order meat broiled or baked. Choose poultry (without

the skin), veal, fish and seafood, or lean cuts of beef, such as a filet, top sirloin or flank.

- Don't hesitate to ask how foods on the menu are prepared, or to request that foods on the menu be prepared to suit your diet.

- Order water, tea, diet soft drinks, club soda or coffee. Limit drinks that are high in fat and calories, such as milkshakes, ice cream drinks, coffee drinks with ice cream and regular soft drinks.

ADVICE ON FOODS TO AVOID:

- To maintain a low-fat diet, avoid menu items that fried, creamed or made with thick gravies, cheese sauces or sugar glazes. If you have no choice, remove the crust, push the sauce aside or just eat half the regular portion. Order sauces and salad dressings on the side and use them sparingly.

- Be careful of items that may seem low in fat, but actually are not. These include tortilla chips, soups made with cheese or cream, and dishes made with nuts.

ADDITIONAL ADVICE FOR DINING IN RESTAURANTS:

- Don't skip meals, and never arrive at a restaurant "starving," or you will probably overeat. Snack on an apple or another healthy food beforehand to take

the "edge" off your appetite.

- Frequent the same restaurant or chain when possible. A regular customer knows the menu and knows what foods can be prepared special ways to avoid extra fat and calories.

- Alcohol can be part of a

healthy diet when consumed in moderation (no more than 10 drinks per week). But be careful: Although some alcoholic drinks, such as beer, contain no fat grams, once the alcohol is metabolized in the body, it is converted to fat.

CANTALOUPE

Sweet flavorful whole melons



19¢

CUT MELONS 24¢ LB. POUND

F.F.V. COOKIES

• NUT MALLOWS • TANGO
• ROYAL DAINTY
• REGAL GRAHAMS



\$1.49

12 to 16 oz. PKG. EACH

FROZEN YOGURT

UMPQUA PREMIUM NONFAT



\$2.89

HALF GALLON CARTON EACH

KIENOW'S

THE FRIENDLIEST STORES IN TOWN since 1900
SPECIALS EFFECTIVE TUESDAY through SUNDAY
AUGUST 16 through 21, 1994
MEMBER OF UNITED GROCERS
FOR YOUR NEAREST KIENOW'S STORE CALL 659-5220

WE RESERVE THE RIGHT TO LIMIT QUANTITIES

STORE HOURS
WEEKDAYS 8 a.m. to 9 p.m.
SUNDAY 9 a.m. to 6 p.m.

ENROLL NOW FOR FALL PROVIDENCE MONTESSORI SCHOOL

Ages 2½ to 6

Monday - Friday • 7 a.m. - 6 p.m.

NEW! Morning Half-day Montessori Class

- Experienced staff • Nutritious lunch/snacks • RN
- Diversity among children & staff • Creative Movement Class

872-2400

Providence Child Center • 830 N.E. 47th Avenue