

Feds To Decide A Health Care Fix For Oregon Tribes

■ One-third of Oregon Indians and poorest Tribes stand to suffer most.

By Ron Karten

On April 8, the bill was poised to sail through the Oregon legislature. Following a mere twenty minutes of testimony led off by Confederated Tribes of Grand Ronde Chairwoman Cheryle Kennedy, other Oregon Tribal leaders and Oregon Medical Assistance Program (OMAP) manager Joan Kapowich, the Senate Health Policy Committee sent SB 878 to the floor of the Senate with a unanimous "Do Pass" recommendation. A week later, it sailed through the Senate, 29-0.

The bill fixes a mistake the Legislature made last year when it cut health benefits for Indians along with the general population of Oregon, thinking that it was saving as much money by reducing benefits for poor Indians as it saved by reducing benefits for the rest of the state's poor.

The issue came into sharp relief in February when OMAP completed a Legislative directive to develop a second and lower level of

care for as many as 100,000 the state's poor, including about 2,400 Indians. About 5,000

Indians continue to be covered by the state's "Plus" program, which provides the best coverage that state health plans have to offer.

The "Standard" program requires higher co-payments and does not provide non-emergency transporta-

tion, routine vision services, services related to hearing aids, dental services, medical equipment and supplies and outpatient mental health and chemical dependency services.

"It's hardly an insurance plan at all," said Edward Fox, Director of the Northwest Portland Area Indian Health Board, one of the SB 878's prime movers.

In order to make SB 878 happen, the federal government has to approve two waivers already submitted by OMAP. One will allow OMAP applications to be effective from the date of the application. Without the waiver, patients have to wait for the application to be approved, which can take two months and all bills accruing in those two months become the patient's responsibility, or in the case of most Oregon Indians, the responsibility of the Tribes that provide the care.

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~Edward Fox
Director of the Northwest
Portland Area Indian Health Board

said Fox, "it could cost the Tribe \$200,000. One hospital stay has already cost the Coquille Tribe \$40,000," he said.

In Grand Ronde, the cost to the Health & Wellness Center to the Confederated Tribes of Grand



Photo by Peta Tinda

Tribal Council Chairwoman Cheryle Kennedy testified before the Senate Health Policy Committee. Kennedy said that the Confederate Tribes of Grand Ronde supports this legislation because it "would indeed raise the health care status of Native Americans."

Ronde has not yet been determined.

"We're still trying to figure it out," said Michael Watkins, Health Administrative Officer. "When they come in here, they're not identified as Plus or Standard."

And for each Tribe, the costs could be different because federal reimbursement rates vary depending on whether the Health Center is reimbursed at a federal or Indian Health Service rate.

The second waiver allows the Tribes to be exempted from prin-

ciples applying to the rest of Oregonians. The issue here is whether Indians are considered a minority, in which case Indians have to be treated like everybody else, and the waiver is not likely to be approved, or whether Tribes are considered separate, independent governments, and in that case, the waiver seems more likely to be approved.

Although the fix could cost the federal government millions a year, Mary Kahn, Public Affairs staffer for the federal Centers for Medicare and Medicaid Services said that cost does not enter into the decision. As *Smoke Signals* went to press, however, she reported that "both requests are still under review."

Health & Wellness Center Facing Hard Times But Also Rolling Out Prevention Efforts

■ The goal is to develop a model program.

By Ron Karten

In the three months since he came out of retirement to serve as the Health and Wellness Center interim executive director, Steve Bowles has seen a turnaround in morale.

"I have seen a group of people who were afraid of their future change to a group that is excited about their future," he said. "Employees were criticized. All they heard were complaints. We started telling them that they're doing great work. And they are."

Like health care providers across the state, the Wellness Center is finding it harder to offer services that are no longer reimbursed by the Oregon Health Plan to the more than 30-percent of the client load that is non-Native.

Tribal members who use the Wellness Clinic will continue to receive services cut by the Oregon Health Plan, including drug and alcohol treatments, but Tribal members living in Portland or Salem who rely on the Oregon Health Plan will have a hard time getting health care, according to Bowles.

"The cuts are almost ruthless," said Bowles. "People count on a service being there and suddenly it's cut off."

In the short term, the Clinic is looking at contract health dollars and Tribal dollars to get members through this period of medical under funding, but in the longer term, according to Michael Watkins,



Health Administrative officer, efforts to get the state to exempt Indians from health care cuts have made progress. (See related story above).

"The Tribes were not consulted (about statewide healthcare policy)," said Watkins. "We're just getting the effects." The argument for exempting Indians from state health care cuts is that the state does not contribute to Indian health care programs. It is 100-percent paid through federal budgets.

The financial pressure on the Wellness Center in times like this is easily seen from the results of a

study which showed that people pay their housing bills first, their cable bills second, but their medical bills 35th!

As a result of these financial pressures, massages are now only offered when prescribed by a physician, said Bowles. "With massage as a stand alone practice, it is hard to be efficient on a cash basis," he said. "You can't get reimbursed for it by an insurance company."

By contrast, physical therapy is "clinically driven" and reimbursed by insurance companies.

While managed care has attempted to limit the unnecessary costs and costly incentives built into the health care system, "what it hasn't done," said Bowles, "is promote good health. That's why it's so exciting to me to see the Tribes focus on wellness. (Unfortunately), we still don't have anyone, including the federal

government, willing to pay for preventive care. We're spending huge amounts on health care and we're not a healthier society."

The Wellness Center, however, is making a renewed effort to place the emphasis on prevention. It comes as part of an overall planning process that includes bike and walking paths on the Tribal campus. The new gym, the exercise and weight room are other examples of the Tribal effort to promote good health. "The goal," said Bowles, "is to develop a model system."