

50 Years of Oregon Senior and Disability Policy and Advocacy: An Historical Chronology 1969-2019

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Table of Contents

Introduction	Page 3
Yearly Chronology of Senior and Disability Policy and Advocacy	5
1969	5
1970	5
1971	6
1972	7
1973	8
1974	10
1975	11
1976	12
1977	13
1978	15
1979	17
1980	19
1981	22
1982	26
1983	28
1984	30
1985	32
1986	35
1987	36
1988	38
1989	41
1990	45
1991	47
1992	50
1993	53
1994	54
1995	55
1996	58
1997	60
1998	62
1999	65
2000	67
2001	68
2002	75
2003	76
2004	79
2005	80
2006	84
2007	85
2008	89

2009	91
2010	93
2011	95
2012	98
2013	99
2014	102
2015	105
2016	107
2017	109
2018	114
2019	118
Conclusion	124

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Introduction

It is my pleasure to release the second edition of the *50 Years of Oregon Senior and Disability Policy and Advocacy: An Historical Chronology 1969-2019*, a labor of love project that chronicles year-by-year the major highlights and activities in Oregon's senior and disability policy development and advocacy since 1969, from an advocacy perspective. In particular, it highlights the development and maintenance of our nationally-renown community-based long term services and supports system, as well as the very strong grassroots, coalition-based advocacy efforts in the senior and disability communities in Oregon.

I have had the honor of working within the senior advocacy community in Oregon since the mid-1970s and have been involved in the organizing of nearly all the senior-oriented coalitions during that period. In the process, I have gotten to know the significant personalities that shaped Oregon's senior advocacy and policy work, as well as the administration of senior and disability services and programs, as we joined together as a community to develop the most comprehensive in-home and community-based long term care senior and disability service system in the nation, along with one of the most influential senior and disability advocacy networks.

As an undergraduate, my first session of the Oregon Legislature was in 1975 as an intern to the House Aging Committee and Gray Panther advocate, who co-authored a well-publicized senior review of the session with UO law student and fellow-Gray Panther Ron Wyden. I watched as the vision for the Oregon Project Independence and our future community-based long term care system materialized. Over the next 45 years, I have had the opportunity to advocate and work for the development and maintenance of what became the greatest community-based long term care system in the world for four decades. I have had a particularly strong affiliation since the 1970s with the Oregon State Council of Retired Citizens, United Seniors of Oregon, Gray Panthers, and the Governor's Commission on Senior Services, all major players in the development of the senior service system in the late seventies and early eighties.

I have spent nearly 20 years developing this chronology to look at the senior/disability legislative and policy decisions and achievements, controversies, important gatherings, relevant actions of advocates, legislators and administrators, and other pertinent

activities over the past 50 years. This 2nd edition celebrates the 50th Anniversary of the Oregon State Council for Retired (Senior) Citizens and 40th Anniversary of United Seniors of Oregon.

The Chronology starts in 1969 when senior advocacy started to become established in Oregon with the formation of the Oregon State Council for Senior Citizens, the preparation for the 1971 White House Conference on Aging, and the strong support from a very sympathetic Governor Tom McCall. Within 10 years, an innovative group of advocates and administrators would form the foundation of our current in-home and community-based long term care system through the passage of SB 955 and the securing of a federal Medicaid Waiver, with strong support from Governor Vic Atiyeh's administration. The 1980s and 1990s saw the continued development of our innovative system of services and the inclusion of people with disabilities. The 1990s and early 2000s forced senior and disability advocates to defend and maintain their now comprehensive base of services and supports. As the once new millennium stretched more than two decades, we saw a more mature and established senior and disability services system and advocacy network. Each legislative year opens with a recap on advocacy and lobby activities in that session.

Through my decades of involvement in the United Seniors of Oregon, Oregon State Council for Retired Citizens, Governor's Commission Senior Services, Oregon Disabilities Commission, and the Gray Panthers, I have developed a large hard file system that chronicled senior and disability advocacy and policy development year by year since the late sixties, including memos, letters, hand-written notes, policy and legislative reports, legislation, meeting announcements, meeting minutes, and newsletters, primarily the Senior Challenge (published 1972 to 2005) and the United Seniors Reporter (published from 1982 to 1999). These were the principal resources used to develop the Chronology, relying on the perspectives of the actual people involved and the correspondence, documents and summaries developed at the time.

One of my greatest motivations for writing this Chronology is that we not forget the historical implications of the development and growth of our national model senior and disability services system and the critical players who helped build and maintain it.

I always consider this a work in progress. If anyone reading this document finds a significant program/policy accomplishment or event that is missing, let me know and I will be glad to edit. **For more information contact Dr. Jim Davis at davisjasr503@gmail.com.**

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Yearly Chronology of Senior and Disability Policy and Advocacy: 1969-2019

The remainder of this document will provide a year-by-year chronology of primarily Oregon-based senior and disability legislative and policy decisions and achievements, controversies, events, important gatherings, the relevant actions of advocates, legislators and administrators, gathered through memos, letters, hand-written notes, policy and legislative reports, legislation, meeting announcements, meeting minutes, and other pertinent events over the past five decades. Each legislative year will start with highlights of senior/disability legislative policy and advocacy activities.

1969

- The **Founding Aging Conference** for the Oregon State Council for Senior Citizens is held on May 23, 1969, co-sponsored by then Governor Tom McCall, the Governor's Committee on Aging and the Mid-Willamette Community Action Agency. Secretary of State Clay Myers was the Keynote Speaker with Ellen Swarthout convening as Conference Chair. There had been a State Aging Conference in 1968. Governor McCall issued a statement.
- **OSCSC** elected a 36 member Board of Directors and Al Gildemeister as the first OSCSC President. Executive Committee members included: Mable Mack, Rudy Ness, Ken Thomas, WW Mattoon, Lurita Colson, and Harry Meyers.
- **OSCSC** held meetings in June and November and had a strong advocacy presence in the fall of 1969, with strong involvement from AARP, and publishes the Senior Challenge, which would continue publishing into the 1990s.
- **Marion Hughes** was appointed Executive Secretary of the Oregon State Program on Aging within the Department of Human Resources.

1970

- **Oregon Senior Challenge Conference** held in May 1970, with Governor Tom McCall as the keynote Speaker. Also speaking: Marion Hughes, State Program on Aging; Jack Osssofsky, NCOA; Rep. Al Ullman; Dr. Fran Scott, University of Oregon; and State Senator Lynn Newbry, Ways and Means Committee. A major resolution from the conference gave a first glimpse into our future advocacy efforts around home based care. It called for "home nursing care and housekeeping for disabled senior citizens in their homes whenever possible, rather than placing the disabled in nursing homes." Other recommendations included: more funding for programs on aging; more involvement of seniors in

the State Program on Aging; improving county housing authority outreach to seniors; etc.

- Planning began for the **1971 White House Conference on Aging**. Ruth Shepherd was WHCOA Coordinator. OSCSC and Governors Committee on Aging played a major statewide role. The May Senior Challenge Conference served as a kick-off for a series of WHCOA hearings.
- **OSCSC**, with new President Clayton Shepherd, and the **Governor's Committee on Aging** continued to be the main statewide senior advocacy groups.
- **Other issues** being supported by senior advocates: development of local senior committees to help solve housing problems; health-related property tax exemptions for 65+ homesteads; prevention care as part of annual check-ups; revamping drug list for Medicare/Medicaid; and increasing support of home health care.

1971

- **1971 Oregon Legislature**. In the 1971 Legislative Session senior advocates strongly supported HB 1639, which enacted homeowners property tax relief based on the recommendation of Gov. McCall. Other priority issues: establish state entity to support nursing home consumers; reform retirement laws; age discrimination; and increasing income allowed under Senior Homestead Property Tax Exemption.
- Gov. McCall called a **Special Session** of the Oregon Legislature during the summer around the cigarette tax. The Governor said he would not allow across the board cuts in the state budget. Senior advocates supported the cigarette tax and opposed cuts in services.
- A major emphasis of senior advocacy efforts in 1971 was the preparation for and involvement in the **1971 White House Conference on Aging** in November. Ruth Shepherd was WHCOA Coordinator and the OSCSC and Governor's Committee were very involved.
- The **1971 Oregon State Conference for Senior Citizens** is held in May.
- OSCSC receives OAA Title 3 monies to develop **community-based educational events**. Ruth Shepherd is also actively involved in developing aging-oriented community forums.

- OSCSC and the Governor's Committee on Aging organized **regional groups** of senior advocates and consumers. OSCSC and the Governor's Committee led the effort.
- **OSCSC** increased to 650 members and 33 groups. Jack Nelson was the new OSCSC President. Hal Evenson became staff.
- Oregon State Bar asks the Governor to do a feasibility study for a **statewide legal services program**, which years later was coordinated by a young Ron Wyden.

1972

- OSCSC organized statewide **education and organizing** effort, including stops in The Dalles, La Grande, Burns, Ontario, Eugene, Albany, Corvallis and Medford.
- The **OSCSC Legislative Committee**, chaired by EM Sheldon, met regularly and had strong involvement from WHCOA delegates Terrie Wettle and Walt McGettigan, who also Chaired the Washington County AAA Advisory Council and was a member of the Governor's Committee on Aging. The Legislative Committee wrote to Marion Hughes , Director of the State Program on Aging, with three recommendations: 1) elevation of the State Program on Aging to divisional status within DHR; 2) provision of social services to seniors without regard to income; and 3) creation of a hospital rate review body.
- In April, senior advocates met with **Governor McCall** and visiting Nelson Cruikshank, President of the National Council for Senior Citizens.
- The State Council held the **Conference on Aging** as a follow-up to the 1971 White House Conference on Aging (WHCOA), as requested and co-sponsored by Governor Tom McCall. US Senator Wayne Morse was the Keynote Speaker. Task forces were appointed. Local pre-conference efforts were held in Portland, La Grande, Coos Bay and Medford. More than 250 people attended the Conference. Prioritized issues included, transportation, housing, physical and mental health, nutrition, employment, retirement roles, planning, education and training, and research. The top five issues coming out of the May conference were: federal and state highways funds for senior transportation needs; property tax and renter relief; ombudsman and protective services; multi-purpose senior centers; and coordinated, comprehensive senior program planning between regional, state and federal planning efforts.
- OSCSC leaders and members took part in **Western Regional Conference** and helped organize a session on senior services and agencies. OSCSC commended by Jack Ossosky, National Council on Aging, for their role.

- In July, **Nancy Scott** was appointed the Program Coordinator of the Senior Citizens Advocacy Project, primarily sponsored by the Oregon State Council for Senior Citizens. Ellen Schneider, OSCSC Executive Secretary, served as the program director.
- Senior advocates forwarded a letter to John O'Brien, Director of the PSU Institute on Aging, supporting the White House Conference on Aging recommendation for **Senior Adult Advisory Corps** to create greater access to educational services for seniors. O'Brien responded with support and noted current PSU research efforts.
- Senior advocates opposed **Ballot Measure #9**, a Farm Bureau measure that would remove a portion of the property taxes dedicated to schools. Advocates were commended by Governor McCall for their work, in conjunction with the Oregon State Employees Association, on taxation.
- The Oregon State Council for Senior Citizens (**OSCSC**), now with 945 members and 40 groups, and the Governors Committee on Aging continued to partner as leaders of the senior advocacy community.
- OSCSC published the **Senior Challenge** (October 1972) with a circulation of 2050 and would continue to be published until 2005.
- Planning begins for the **1973 Legislative Session**. Bills of particular interest: low-income housing relief; homeowner relief for the elderly poor; regulation of nutritional programs; property tax relief for renters; civil penalties for those violating nursing home regulations; revocation of nursing home administrators licenses; and requiring public disclosures of ownership share of long term care facilities if more than 10 facilities are owned.

1973

- **1973 Oregon Legislature.** Senior advocates took an active role in the 1973 Oregon Legislature. **Priorities** included: public transportation and the use of highway funds; local property tax relief for senior homeowners and renters; ombudsman and protective services; reordering state and local priorities to human needs; multi-service seniors centers; and issues around the "aged poor." Senior oriented legislation that passed included: protective services and mental health patient rights; homemaker services; 10 cent charge for seniors riding public transportation; increased penalties for nursing home administrators; required pharmacists to label prescription drugs with directions, doctor's names, etc.; and revised regulation and licensure for "homes for the aged". **Other legislation** that was supported, but did not pass: protection against age

discrimination in employment and created age discrimination task force; creation of a Health Services Cost Review Commission; homemaker/housekeeping services for seniors to remain independent; employment for older workers and mandatory retirement; and enactment of the Uniform Landlord and Tenant Act.

A **senior lobby day and a rally** were held in January organized by senior advocates, working closely with the Special Joint Committee on Aging chaired by Senator Betty Roberts and Rep. Bill McCoy.

In February, senior advocates sent a letter to Senator Keith Burns, Chair, Local Government Urban Affairs Committee in support of SB 159, the Uniform **Residential Landlord Tenant Act**, regarding issues around landlord negligence of tenants, including liens and deposits.

In March, a **legislative training** was held in Corvallis led by Ruth Shepherd, DHR, the local area agency on aging, Reps. Bill McCoy and Ralph Groener from the Special Committee on Aging.

- OSCSC held **regional senior advocacy conferences** in Baker, The Dalles, Medford, Newport, and Portland. A conference in Eugene was keynoted by Gov. McCall and State Treasurer Jim Redden.
- Potential limitation on **Social Security** income was a hot issue in 1973. Congressman Wendell Wyatt sponsored HR 2934 to eliminate unfair limitations on income for Social Security recipients, strongly supported by AARP and NRTA. Rural senior advocates in Baker, Union and Wallowa Counties supported removal of Social Security income in calculation of certain benefits.
- OSCSC wrote a letter to Congressman Les AuCoin in support of legislation to have portion of state highway funds to **public transit**.
- On May 25, the **Annual State Aging Conference** was held, with more than 300 participants. The Keynote Speaker was Senator Betty Roberts, Co-Chair of the Senate Committee on Aging.
- The State Program on Aging and the area agencies on aging develop an outreach effort to get the word out about the new **Supplemental Security Income** program (SSI), which was set to begin in 1974.
- In September, **OSCSC** forms an Advisory Committee that includes Governor McCall, Portland Mayor Neil Goldschmidt, and Senator Betty Roberts.

- In September, KATU premieres an aging-related show, **Generation III**, on senior issues, programs, recreation, etc, to be shown on Sundays at 9am and Mondays at 6:30am.
- In November, OSCSC and the Oregon Retired Teachers Association hold a joint **state senior meeting**. Amongst the participants: Rep. McCoy; Bess Sprinkle and Milt Sheldon, OSCSC; Lela Jetties, ORTA; Peter Paulson, United Aged Advocates of Oregon; and representatives from AARP, PSU Institute on Aging, Retired Teamsters, and the Oregon Gerontological Association.
- In December senior advocates start planning the creation of the "**Aged Advocates Coalition**" representing statewide senior groups.
- **OSCSC** remains the principal senior advocacy group and now represents 26,566 seniors with 890 individual members and 49 groups.

1974

- **Future senior leaders** started to gain recognition. Ron Wyden, active in the Eugene Senior Lobby, became the Co-Director of the Oregon Gray Panthers with Ruth Heafner. Jim McConnell, future Director of the Multnomah County Aging and Disabilities Services and President of United Seniors of Oregon, gained recognition as PACT Project Director.
- Hal Evenson replaced Nancy Asbury as Executive Director of the **Oregon State Council for Seniors Citizens** (OSCSC), who's President remained Jack Nelson. OSCSC completed Model Project funded by OAA Title III monies. OSCSC held senior advocacy regional meetings in Redmond, The Dalles, Newport, and West Linn. A regional conference was held in Eugene, with strong involvement from the Emerald Empire Council on Aging, chaired by Jack Ewing of the University of Oregon Gerontology Center. OSCSC sponsored Annual State Aging Conference in April.
- In May, senior advocate leaders met with Governor McCall to discuss progress on the **1971 White House Conference on Aging** proposals.
- Senior advocates threw support behind **Measure 2**, which amends the State Constitution to use state highway funds more "equitably" for public transportation. This issue was considered particularly important to senior advocates because transportation was the top priority at the WHCOA. In May, Ruth Shepherd, DHR, and Milt Sheldon, OSCSC, testified in the Oregon Legislature on the importance of public transportation in rural areas.

- Senior advocates started to show increased interest in the development of a **national health program**, in particular the Kennedy-Griffith bill and a proposal being touted by President Richard Nixon.
- Senior advocates pushed Rep. Ullman for increased **Social Security** benefits.
- The **State Program on Aging**, coordinated by Marion Hughes, reached out to the senior community about new federal programs within the Older Americans Act, which was enacted in 1965 as part of the Great Society movement.
- The **Special Committee on Aging**, co-chaired by Senator Betty Roberts and Rep. Bill McCoy, conducted a statewide tour to gain public input on senior-oriented issues.
- **OSCSC** continued to partner with the **Governor's Committee on Aging** (chaired by Bob Holdridge) as the two major statewide senior advocacy groups.

1975

- **1975 Oregon Legislature.** The 1975 Legislature was historic for seniors in that it was the session that created **Oregon Project Independence**, considered the cornerstone of Oregon's model community-based long term care system. Through the work of the Interim Committee on Aging, chaired by Rep. Ralph Groener, HB 2163 was introduced, which created OPI and the initial model for community-based services, funded with \$1 million during 1975-77 biennium.

Senior advocates were very active in many areas in the 1975 Legislature. Besides the passage of HB 2163, which established OPI and the DHR Special Assistant on Aging, other **priority senior legislative issues that passed** included: development of new low income housing for elders/new types of elderly housing; rental assistance; generic drugs/AARP; out of state drugs filled in Oregon; SSI state supplement; Tri Met senior fares; and nutrition for the elderly/surplus food from schools for elderly nutrition programs.

Key senior bills that did not fare well: expand home care services, "Homemaker services"; create a commissioner on aging within the Governor's office; expand senior transportation; reduce utilities rates; amend inheritance statute; hearing aid repair; generic drugs; retirement home investment; senior foster care licensing; and increase retirement income credit.

In February, senior advocates held a **meeting with legislators**. Rep. Ralph Groener, Chair of the House Committee on Aging, gave the welcoming address. Senior priorities were given to House Speaker Phil Lang and Senator President Jason Boe.

In April, a successful **Senior Day** was held at the Legislature.

OSCSC held a **statewide meeting** in Redmond with Rep. Groener as the Keynote Speaker; 120 advocates participated.

- Bess Sprinkle replaces Jack Nelson as **OSCSC** President. Dick Wilson becomes OSCSC Executive Director, replacing Hal Evenson, who went to work for DHR and the Office of Elderly Affairs.
- Ron Wyden and Jim Davis of the Oregon Gray Panthers co-authored the ***Gray Panther Political Action Report of the 1975 Oregon Legislature***, rating legislators based on their votes on major senior issues. The report got statewide coverage as Wyden visited many media outlets. Wyden was the Co-Director of the Oregon Gray Panthers and a recent graduate of the UO Law School. Davis was an intern for the House Committee on Aging and UO Senior Class President.
- Ed Sage, Director of the Mid-Willamette Valley Area Agency on Aging, wrote a correspondence distributed statewide that lamented the fact that the **AAAs** had no statewide group and lobby around legislation. The Oregon Association of Area Agencies on Aging would later be formed.
- In October, the OSCSC Board met to establish **1976 interim issue priorities**, including: consumer affairs special assistant on aging (established in HB 2163) be moved from DHS to Governor's Office; expand home care services; eliminate mandatory retirement at 65; remove limits on earnings related to veteran pensions; senior transportation; establish public transportation in rural areas; and lower property taxes for seniors.

1976

- On January, 16, OSCSC held a **statewide aging conference**, with 250 participants. Speakers included: Congressman Jim Weaver; State Senator Ed Fadeley; Mike Bainbridge, Director of the Lane County AAA; and Walt McGettigan, Governors Committee on Aging.
- Between January and March, OSCSC sent letters to Reps. Les AuCoin and Jim Weaver and Senator Hatfield regarding such issues as the new **federal budget**, food stamp reform, and overriding the veto of the OAA Nutrition program.
- The **Coalition of Senior Advocates** was formed, led by George Corwin and Ruth Shepherd. After a successful run in 1977-79, it would be the pre-cursor to the formation of United Seniors of Oregon in 1979.

- OSCSC established its **1977 legislative priorities**, including: 1) establish Commission on Aging in Governor's Office; 2) shift a larger portion of tax based support of schools from property taxes to income taxes, 3) establish a "utility advocate corps" within the Public Utility Commission; 4) senior insurance; 5) increase earned income allowed by Social Security for public retirees; eliminate mandatory retirement at 65 for public employees; 7) establish minimum training standards for nursing home aides; 8) provide hearing aids through the State Health department; 9) toll free number for information and referral of DHR services; and (10) increase funding for Project Independence.
- Governor Straub sent a letter to senior advocates expressing his strong support for increased funding of **Project Independence**.
- In the early fall, Ken Johnson, Health Care Assistant to Governor Straub, spoke to OSCSC to seek senior advocate involvement in the development of a **health proposal** for Oregon. As a follow-up to the meeting, OSCSC writes to the Governor regarding the meeting and emphasizes the high costs of medical services and other health care services, hearing aids for low-income seniors, continuation of Project Independence, and expanded paramedic and NP training.
- OSCSC wrote to Rep. Vera Katz regarding HB 3133, which would establish a **Commission on Aging** in Oregon. Dick Wilson wrote to the California Commission on Aging in November lamenting the fact that Oregon does not have a Commission on Aging. For years there had been an active Governor's Committee on Aging, where Ruth Shepherd served as an Aging Specialist and advocates like Rev. Walt McGettigan and Wickes Beal were active members.
- In November senior advocates meet with US Senator Bob Packwood to gain his support to protect any threat against the **US Senate Special Committee on Aging**.

1977

- **1977 Oregon Legislature.** The **Coalition of Seniors Advocates** (the precursor to United Seniors of Oregon), including OSCSC, AARP, Gray Panthers, and Governor's Commission on Senior Services, played an active leadership role for senior advocates in the 1977 Oregon Legislature. George Corwin was the new coordinator, with strong leadership from Ruth Shepherd. Doctoral student Jim Davis, representing the Gray Panthers, provided staff and lobbyist support.

Priority 1977 senior legislative issues from the Coalition of Senior Advocates included: property tax and renter relief; weatherization; school equalization/safety net; denture technology; utilities; hearing aid rip offs; heavier civil penalties for nursing home infractions; interim study of nursing home

problems; "unit pricing" measure for elders purchasing food; and increased funding for Project Independence. NAFRE/federal retirees supported freezing property taxes for senior homesteads.

In February, the Coalition thanks House Speaker Phil Lang for creating a **House Committee on Aging**.

Rep. **Sam Johnson** wrote to the OSCSC saying he was "pleased to see a unified senior lobby. He noted the hiring of new LA Donna Zajonc, who would later become a supportive state representative herself.

Senior advocates opposed legislation pertaining to **nursing aide training**, opposing it going to the Board of Nursing. It was considered a roadblock to reasonable training. A legislative task force was named, chaired by Senator Bill McCoy, with Rep. Bob Marx (Vice Chair), Senator (and future governor) Ted Kulongoski.

In May, Gov. Bob Straub gives the keynote address at the **Annual Senior Conference** in the State Capitol, that included an open discussion with legislators. The Governor stated that "The seniors have been frustrated to date by the seeming lack of response from legislators to their basic health, shelter and financial needs."

Senior advocates put strong energy into supporting the legislation that would allow **denturists** to work independently of dentists and allow for greater access for seniors. HB 2354 passed the House 34-25, but lost in the waning days of the session by 3 votes in the Oregon Senate. Advocates Hayes Beall, Ken Cooper and Jim Davis played a major role in the advocacy effort. Ultimately, signatures would be gathered and the measure would pass on the 1978 ballot by a 3-1 margin.

Jim Davis, Gray Panthers and the Coalition, led advocacy efforts for SB 870, which would have created the position of gerontologist in the Oregon Mental Health Division. A budget note was ultimately passed and the position was initiated in 1978.

- The **Office of Elderly Affairs** was created by the Department of Human Resources by combining two existing DHR units, the State Program on Aging and the Office of the Special Assistant for Programs on the Elderly. Their role was to administer Oregon Project Independence and the Older Americans Act programs.
- The Governor's Committee on Aging became the **Governor's Commission on Aging**, chaired by the Rev. Walt McGettigan.

- In one of the most interesting controversies of the year, Governor Bob Straub appointed Oregon Gray Panther Director **Ron Wyden** to the state Board of Examiners for Nursing Home Administrators. With opposition from the NH industry, the Senate rejected the appointment, but Governor Straub went ahead and swore Wyden in anyway, starting a legal fight that would go the state Supreme Court.
- Senior advocates supported **Measure 1**, sponsored by Senator Jason Boe, creating a school safety net through increased state support of schools, also expands property tax refunds and renter refunds. Senior advocates were most interested in rejecting the notion that seniors tend to vote against school measures.
- **Ron Wyden**, the Oregon Gray Panther Co-Director, was appointed the Director of the Oregon State Legal Services for the Elderly. In 1979, he resigned to make what seemed like an improbable run for Congress against incumbent Congressman Duncan in the democratic primary.
- OSCSC formed the **Golden Era Project**, which ultimately initiated training workshops statewide, utilizing CETA workers to coordinate the effort.
- OSCSC became the **Oregon State Council of Senior Advocates**, merging with the Coalition of Senior Advocates. The marriage would be short-lived and United Senior 79 would be the resulting legislative coalition.
- In the fall, the Oregon State Council of Senior Advocates (OSCSA) released the **Senior Legislative Review 1977**, authored by OSCSA VP and doctoral student Jim Davis, which took an in-depth look at the priority senior legislative issues and the voting records of state legislators. State senators who received "excellent" ratings: Sens. Dell Isham; Stephen Kafoury; Bill McCoy; Jack Ripper; Mary Roberts; and George Windgard. On the House side, the following state representatives earned "excellent" ratings: Reps. Bob Brogoitti; Mary Burrows; Jim Chrest; Drew Davis; Margaret Dereli; Nancie Fadeley; Bill Grannell; Rick Gustafson; Gretchen Kafoury; Vera Katz; Grattan Kerans; Bob Marx; Rod Monroe; Hardy Myers; Wally Priestly; Max Rijken; Bill Rutherford; George Starr; and Edward Stevenson.

1978

- OSCSC teamed with the United Health Services to complete a **poll of seniors on legislative issues**. The top issues included: freeze property taxes at age 65; increase homeowner and renter refunds; initiate tax breaks for elder caregivers; reform long term care systems; add home services in health plans; create state subsidy for hearing aids, glasses and prescription drugs for low-income seniors;

assure consumer representation on state boards and commissions; increase funding for Project Independence; and increase support of utilities relief and weatherization.

- **Oregon Long Term Care Ombudsman Program** began in the DHR Office of Elderly Affairs. Marty Lemke became the first appointed Nursing Home Ombudsman. She began to recruit volunteers that were then known as "designees."
- Senior advocates got involved in a petition drive to stop **utilities** from charging ratepayers for construction work in progress.
- A state **Senior Celebration** was held on May 12-13, with Gov. Straub as Honorary Chair.
- Organizational efforts continue in preparation for the **1981 White Conference on Aging** with local forums on aging issues.
- **Retirement** is a key issue in 1978. Senior advocates send letter to legislative leadership calling for the continuation of the **State Task Force on Mandatory Retirement**, especially around issues such as the 600 hour limitation, inability of seniors to work in senior programs, and an employment programs for seniors. Oregon State Employees Association (**OSEA Retirees**) issued a letter supporting the repeal of state mandatory retirement, increase cost-of-living for Social Security recipients, and the creation of a preference for senior services position to be filled by older workers.
- After its failure in the 1977 Legislature, senior advocates work closely with **denturists** to strongly support **Ballot Measure 5**, allowing trained denturists to work independently. The measure passed overwhelmingly in the 1978 General Election.
- OSCSC opposed **Ballot Measure 6**, a property tax limitation.
- Seniors advocates supported **Ballot Measure 3**, which created bonds for 15,000 senior housing units.
- OSCSA teams with the Governor's Commission on Aging to do a **"road show"** reaching Grants Pass, Roseburg, Klamath Falls, The Dalles, Pendleton, La Grande, and Newport. Ken Cooper, long-time senior advocate, preached the virtues of unity amongst seniors and senior advocacy groups. He was joined by advocates Dick Wilson, Bess Sprinkle, Charley Winters, Sam Lissitz, Hugh Wade, and George Corwin.

- Senior advocates write to Senator Packwood in February regarding concern over recent FCC actions on future costs and quality of **telephone service**, and the effects on the low-income.
- Advocates Charley Winters and Bess Sprinkle were appointed senior interns by **Senator Bob Packwood**, who for years had senior interns.
- OSCSC sponsors on-going educational television show on KVDO-TV, **Senior Citizens Today**. Governor Straub appears on a March broadcast.
- In October, the Oregon State Council of Seniors Advocates returned to its original name of **Oregon State Council of Senior Citizens**.
- **United Senior 1979** was formed on October 30, as a continuation of the coalition efforts of the Coalition of Senior Advocates. Initial issues included: homeowner and rental relief; lower utility rates; nursing home reform; consumer representatives on state boards; senior low-income housing; and assistance for hearing aids, glasses and prescription drugs. Organizing members included: OSCSC/NCSC, AARP, AAAs, Governor's Commission on Aging, Oregon Gray Panthers, AFL-CIO Retirees, Oregon State tenants Association, NRTA, and the Retired State Employees Association.
- The newly formed **Portland Gray Panthers** organized a protest in front of a nursing home they felt was poorly operated and not providing their residents with quality of care.
- OSCSC aligns with the **National Council for Senior Citizens** as their state affiliate.

1979

- **1979 Oregon Legislature.** The newly formed United Seniors 79 kicked off its advocacy and lobby efforts in the 1979 Legislature Session. Hayes Beall was the first president, with Cecil Posey as Vice President, and Jack Barnes as Legislative Chair, with strong support from Georgena Dutton (Carrow) from OEA/DHR.

United Seniors 79 sponsored a **Senior Rally** on March 16 in Salem with speeches from Governor Atiyeh and legislative leaders, including: House Speaker Hardy Myers; Senator Jan Wyers, Chair of the Senate Committee on Aging and Minority Affairs; Senator Richard Groener, Senate President Pro Tempore; and Rep Sandra Richards, Chair of the House Committee on Aging and Minority Affairs.

United Seniors pursued a large array of issues in a session that was considered a big success for senior advocates. Some of the **key victories**:

- ✓ Increased funding of Project Independence; advocates wanted \$ 5 million and got \$4.1 million, an increase from \$2.7 million;
- ✓ passage of the Nursing Home Bill of Rights, which is considered watered down by some advocates after strong opposition from the nursing home industry;
- ✓ Increased HARRP (Homeowner-Renter Relief Program) benefits;
- ✓ Increased Housing Division bonding authority to finance low-income housing;
- ✓ Raised compulsory retirement in PERS from 65 to 70 years of age;
- ✓ Creation of an income tax credit of up to \$250 for caring for elder;
- ✓ Nursing home staff required to report abuse or neglect to state;
- ✓ Nursing homes must provide drug prices; and
- ✓ Require an elder on state nursing home licensing board.

Amongst **failed senior legislative efforts**: require more public members on state boards/commissions; make Governor's Commission on Aging independent from Governor's Office; create grants to help low-income elder's utility bills; require pharmacies to post the prices of the 100 most common prescription drugs; require Medicare supplement policies to have in-home care; and make the gerontologist in Mental Health Division a permanent position. In addition, Oregon Fair Share unsuccessfully supported a 5 year freeze in utility rates.

- On January 27th, a **Sponsorship Convention** was held for the affiliation of the **Oregon State Council of Senior Citizens** to the **National Council for Senior Citizens**, their 21st state council at that point. James Garby, NCSC president, presented the National Charter. Newly elected Governor Vic Atiyeh gave the welcoming address.
- Through the Office of Elderly Affairs, there was some visionary work being done on community-based long term care options through the **Flexible Intergovernmental Grant (FIG)**, funded through the Administration on Aging Model Projects Program, allowing them to test options for accessing long term care services with a 3 year waiver on Medicaid regulations. The FIG Project was headed by Dick Ladd, who would later become the Administrator of the new Senior Services Division. The FIG Project operated under the premise that 3 elders could be given in-home services and personal care versus one elder needing nursing home care.
- Senior advocates support organizational efforts for training and certification of denturists, after voters passed the national **first state-level denturist program**.

- United Seniors voiced its concern about the growing number of **utility shut-offs** for low-income seniors.
- **Oregon Gray Panther Director Ron Wyden** continued to make a great impact with his advocacy work on a wide range of issues from insurance to health care to dentures. He was also the Director of the Oregon State Legal Services for the Elderly. In 1979, he announced for what seemed like a long shot run for Congress against incumbent Congressman Duncan, which he would ultimately win in what was considered one of the greatest upsets in Oregon political history.

1980

- In what would be some of the **initial discussions and processes in the development of Oregon's model long term care system**, senior advocates continued to push for a new "division on aging". The Department of Human Resources developed a proposal for a revamped long term care system with state-controlled branch offices. The proposal was formulated without the involvement of senior advocates, AAAs, nor local officials, and it met with strong opposition for a system they felt would benefit the state administration more than the clients. AAAs were very vocal about their limited role in the proposed system.
- In September the OSCSC sent a letter to Leo Hegstrom, DHS Director, responding to an initial proposal around the new division. They were not happy with the DHS Task Force that had been set up to make recommendations for the development of **a new senior services division** and called for a task force more representative of seniors and providers. They wanted full involvement of the Governor's Commission on Aging. They pointed to the State Policy on Aging developed by the Interim Committee on Aging and Minority Affairs. They also wanted the AAAs more involved in the administration of Project Independence. The letter ends with "It appears that the structure of the division has been built upside down; that is, from the standpoint of administrative expediency, rather than from the point of view of the clients." They said that unless the support of seniors is present, they would not support the proposal.

Leo Hegstrom, DHS Director, responded that he was not going to proceed with a DHS Task Force proposal to create a new division for seniors. He felt that the issues now "rest with the elderly themselves." He felt that the Governor's Commission on Aging should further review the issue. He did emphasize that when such a move was made, the current systems serving seniors, long term care through Adult and Family services and other senior services through the Office of Elderly Affairs and the area agencies on aging (AAAs), should be merged. The Governor's Commission would ultimately lead this visionary effort

and Leo Hegstrom would strongly support the revised recommendations for this historic new community-based long term care system.

- Planning began nationally for the **1981 White House Conference on Aging**, with former Congressman Jerome Waldie being appointed the head of the 1981 WHCOA. In Oregon, OSCSC sponsored outreach and local forums to gain Oregon's input. A planning Committee was formed in Oregon, led by Walt McGettigan, Governor's Commission on Aging, and Bob Zeigan, Office of Elderly Affairs.
- The **Oregon Mental Health Division** and their gerontologist Jim Davis were making impact statewide on senior mental health issues, including the development of a State MHD Advisory Committee on Elderly Mental Health, a number of new skilled volunteer counseling programs, a senior mental health series on television and radio, and a September state-level "Conference on the Emotional Health of the Elderly."
- The **Interim Committee on Aging and Minority Affairs** took an active role on senior issues. The Committee was chaired by Rep. Max Rijken, with Vice Chair Mary Alice Ford and Reps., Bob Brogoitti, Mary Burrows, Howard Cherry, Grattan Kerans, and Tom Throop.
- OSCSC sponsors "**Senior Power at Work**" in Salem with Senator LB Day as featured speaker.
- OSCSC continues to co-produce on-going television shows called **Senior Citizens Today** on KVDO-TV, Salem.
- **Senator Packwood** introduced a bill in 1980 that would have created a new title under Social Security to cover home health programs.
- In March, **Jean Smith** became the state Ombudsman for Nursing Homes, working under Oregon Ombudsman Jackie Winters in the Governor's Office. The LTC Ombudsman program would later become independent.
- In April, Grace Williams and Scott Clevenger were appointed the **Senior Interns** for Senator Packwood in Washington, DC.
- In May, the **Office of Elderly Affairs**, with Dick Ladd taking a more visible role, received an HHS grant for legal and personal advocacy, particularly around training on advocacy capacity. Georgena Dutton (Carrow) had the lead on the grant and Gray Panther Aileen Kaye was hired as a Development Specialist. The State Aging Plan was developed with a core group of Dick Ladd, Keith Putnam, Bib Zeigan, and Ellen Schneider.

- In June, **Rex Griggs, OSCSC President**, represented Oregon at the National Council of Senior Citizens Constitutional Convention. He noted upon return that NCSC recognized that Oregon had amongst the best senior services. At the Convention, he pushed for legislation that would create a Title XXI under the Social Security Act for a program of "comprehensive, community-based non-institutional long term care services for the elderly and the disabled." He used Oregon Project Independence as the model. One of the strong NCSC stances was to cut defense spending and move monies to senior programs.
- On June 30, 71 individuals were certified by the Oregon Health Division as the **first certified denturists** in the country. Division Administrator Kristine Gebbie oversaw the ceremony that marked a long and often bitter struggle to pass this important dental health legislative that so directly affects seniors and low income individuals. The seven-member Denturist Advisory Council had been serving since June of 1979 and played a major role in implementing the measure. Dick Wilson, OSCSC, represented senior advocates. Denturists noted the work of Dr. Tom Pickles, manager of the Dental Section, for his contributions in getting the certification program completed on time.
- **United Seniors** continues to operate as the primary statewide senior legislative coalition, with Cecil Posey as the President and Scott Clevenger and Lela Humiston as Vice President.
- On June 28th, the **Oregon Long Term Care Coalition** held its 2nd Annual Statewide Confab at PCC. Their principle issues included: "audits of both the nursing home facilities and corporations annually by the Secretary of State; stiffer penalties for understaffing; stronger requirements for aide and surveyor training; use of welfare recipients as aides to supplement NH staff; more effective monitoring of the public guardianship role; and stronger state support for alternatives and more flexibility in the use of funds to support those alternatives."
- Prominent senior advocates supported the formation of a **Senior Citizens for Al Ullman Committee** as the embattled veteran congressman and Co-Chair of the Ways and Means Committee fought a losing battle with future congressman Denny Smith, who senior advocates would fight for years.
- United Seniors go on the record in opposition to **Measure 6**, which would have set a property tax limitation that would have had negative effects on seniors.
- On September 22, **Governor Vic Atiyeh** speaks to the United Seniors. Issues raised by advocates included: crisis assistance for energy costs; nursing home

oversight; OPI; senior housing; mobile home occupant rights; creation of a Division of Elderly Affairs; increased HARRP funding; and retirement.

- On September 25-27, **Gray Panther Founder Maggie Kuhn** visited Oregon. She inspired many at her various town hall style meetings, as well as appearing on Senior Perspectives, radio and television shows in Eugene, produced by Jim Davis.
- In what was considered one of the greatest political upsets in Oregon history, political newcomer and Oregon Gray Panther Director **Ron Wyden** became a congressman from east Portland. He upset long-time Congressman Bob Duncan by 20 percentage points in the Democratic Primary Election and easily defeated the Republican opponent in the General Election, in a very Democratic district. He would go on to serve decades in the Oregon Congressional Delegation, being elected U.S. Senator in 1996.
- In December, **Dick Wilson** resigned as OSCSC Executive Director to become the Administrator of the House Aging and Minority Affairs Committee. **Jim Davis** resigned as the State Gerontologist for the Oregon Mental Health Division and OSCSC 2nd Vice President as he and his wife Lois headed to Washington, DC, where Jim would become an administrator and faculty member at the University of Maryland and Lois the Press Secretary and later Chief of Staff to then Congressman Ron Wyden.

1981

- **1981 Oregon Legislature.** The 1981 Legislative Session was the historic turning point for seniors, with the passage of legislation creating the Senior Services Division and setting the foundation for Oregon's model community-based long term care system. Other 1981 **legislation of note** for seniors included efforts around: investigation of elder abuse; funding of Oregon Project Independence; income tax credit for elders; support of the Governor's Commission on Aging; appointment of trustees for long term care facilities; amendments to the nursing home bill of rights; disclosure of nursing home records; increased funding of senior transportation, establishing and funding a state mental health gerontologist; and funding for displaced homemakers programs.

House Speaker appointed the **Aging and Minority Affairs Committee**, including, Reps. Wally Priestley, Chair, John Schoon, Vice Chair, Peg Jolin, Max Rijken, Tom Throop and Gerogre Trahern. The committee administrator was former OSCSC Executive Director Dick Wilson. The Senate Human Resources and Aging Committee included Senators Bill McCoy (Chair), John Kitzhaber (Vice Chair), L.B. Day, Lenn Hannon, Ruth McFarland, Rod Monroe, and Frank Roberts.

The 1981 Oregon Legislature marked the passage of one of the most famous senior-oriented policies in state history in **SB 955**, which, after an arduous process, passed with near unanimous support on the last day of the session, assisted by a strong senior lobby effort, led by the Governor's Commission on Aging, United Seniors of Oregon and the Oregon State Council of Senior Citizens. This historic legislation **established the Senior Services Division** and a new local service delivery system, a state policy on aging, and recommendation for the relocation of nursing home residents to alternate community settings. and the foundation for Oregon's model in-home and community-based long term care system.

With a 1979-1980 interim **DHR task force** recommendation around the formation of the new senior services division having received strong advocate opposition and ultimately being withdrawn by DHR, Governor Atiyeh asked the Governor's Commission on Aging to coordinate an effort to develop a new, more acceptable proposal. They formed what was considered a much more representative **ad hoc committee** in the fall of 1980 that consisted of seniors, providers , and those in senior programs, including advocates Walt McGettigan, Cecil Posey, Bill Gordon, and Scott Clevenger. The mailing list included more than 100 advocates, AAAs, administrators, and caregivers, but it was a core of senior advocates, Governor's Commission on Aging commissioners, and AAA directors that drafted a proposal over 18 months which became a major part of the Governor Atiyeh's Legislative Package recommendation and, ultimately, **SB 955**, which was introduced by the **Senate Human Resources and Aging Committee** at mid-session. Walt McGettigan, Dick Ladd, Georgena Carrow and Bob Zeigan, representing the Governor's Commission on Aging the Office of Elderly Affairs, conducted "road trips" around the state to explain the proposed new long term care system.

The path to passage of SB 955 was rocky. As expected the nursing home industry led by the Oregon Health Care Association strongly opposed the legislation, concerned about the impact these new community alternatives would have on nursing homes. In addition, the **Area Agencies on Aging** (AAAs) initially opposed the legislation until a compromise was fashioned, enabling the AAAs to opt out of administering Medicaid programs if they wished. As a result, a system was developed that provided the AAAs with the following options: administer only OAA programs and OPI (Type A); take on Medicaid long term care programs with staff provided by DHR and funded by the state (Type B Transfer); or administer Medicaid programs by supervising state-funded staff and services under a contract with the county.

With the AAA compromise, SB 955 moved forward well into the legislative session, with emergency meetings and a rushed process that would ultimately

bring a last minute victory. The **House Aging and Minority Affairs Committee** started holding hearings while it was still in the Senate. The bill went through 13 revisions before it finally passed the Senate floor and arrived at the House on the last day of the session. SB 955 passed the House floor at 6pm of the last day, **establishing the new state Senior Services Division** to "regulate and provide leadership to insure that the elderly citizens of Oregon will receive the necessary care and services at the least cost and in the least confining situation."

During the 1981 session, senior advocates also made concentrated and successful efforts to deal with the problems and issues around **nursing home care**. Several key nursing-home related bills passed. Advocates had success passing legislation that granted greater access to nursing homes and their records and legislation which required the involvement of seniors government actions and programming regarding seniors.

Before leaving for Washington, DC/Maryland, Mental Health Division Gerontologist Jim Davis developed a \$1.1 million **elder mental health package** that United Seniors and lobbyist Jack Barnes got put into legislation. It included a state mental health gerontologist, a state senior mental health contingency fund, foster home teams, skilled volunteer projects, state gerontology training programs, and 12 local senior mental health specialists. It was not funded.

United Seniors and Senator Walt Brown sponsored legislation that increase penalties for **crime** against those 65 and over.

- On March 23-25, the **1981 Oregon State Conference on Aging** was held at the Portland Hilton. It was convened and keynoted by Governor Vic Atiyeh. Portland Mayor Frank Ivancie also spoke. The purpose of the conference was to prepare for the 1981 White House Conference on Aging.
- Oregon **Long Term Care Ombudsman Program** was moved into the Governor's Office from its original home in the DHR Office of Elderly Affairs. Jean Smith was the Ombudsman in 1981.
- The OSCSC Board voted to commend **Cecil Posey** for his leadership and legislative advocacy through United Seniors. OSCSC Executive Director **Dick Wilson** was also honored.
- **NCSC** celebrates its 20th Anniversary of its founding in 1961 and the role it played in the development of many of the new programs for seniors like Medicare and the Older Americans Act. NCSC February "Seniorgram" from Bill

Hutton, NCSC, protests Reagan economic policies and the potential cuts in Social Security, Medicaid, and Food Stamps.

- In the later Spring, senior advocates put priority energy into fights against **federal cuts** in Social security, Medicare, Medicaid, food stamps, low-income housing.
- OSCSC sends letter to Senator Mark Hatfield requesting support of S. 861, which would amend the Social Security Act to provide for a 6 year demonstration program of **non-institutional and long term care services** for the elderly and disabled. He responded, expressing his support for this "reasonable response to a very real need for alternatives to institutionalization for the elderly."
- The Oregon Legal Services Corporation sent a communication to members of United Seniors asking for support to oppose recommendations for massive cuts in **legal services** after a US Office of Management and Budget recommendation to cut federal funding for legal services. Congressman Wyden testified in Congress about his experience in legal services. He said, " It is inconceivable that we would act to provide these people with goods and services and yet eliminate their only avenue for ensuring that they actually receive them."
- **Social Security reform** issues were a big item of discussion through the year, with particularly concerns around cuts in benefits, cost of living adjustments, changes in disability benefit standards, and change in age of qualification for benefits.
- U.S. House Select Committee on Aging proposed **Medicare expansion** to include eyeglasses, hearing aids and dental care. It did not pass.
- Vance MacDowell formed the **Willamette Health Care Association** with the dream of developing the model retirement community in Salem.
- In December, the **new Senior Services Division** began to gather input on the development of its purposes and goals around such issues as coordination of senior community-based services, local planning, decision-making and implementation processes; promoting independence and self determination; development of a single-entry delivery system; education and training opportunities; and geriatric workforce training and development.
- The State Community Services Program reached out to the senior community through the area agencies on aging regarding the Low Income Energy and Assistance Program (**LIEAP**) to help low income individuals with their heating bills in the Winter.

- The **1981 White House Conference on Aging** was held in December in Washington, DC. The Oregon Delegation was led by Rev. Walt McGettigan, Chair of the Governor's Commission on Aging, and Bob Zeigan, Administrator of the state Senior Services Division. The Oregon delegation was as follows: "Committee" Appointees: Bobbi Gary, Bill Gordon, Vernia Huffman, Lela Humiston, Albert Kungisky, Sr. Pat McCann, Mildred McCauley, Clayton Nyberg, Pauline Swain, Reta Talbott, and Litha Wanless; Congressional Appointees: Elsie Barrett (Smith), Bernice Feibleman (AuCoin), Rex Griggs (Packwood), Marina Gardner (Hatfield), Ed Greene (Weaver), and Grace Szigethy (Wyden); national delegates: William Bernard, Warren Chung, Carl Drilca, William Fast, John Hakanson, Paul Loeber, Elizabeth Rowa, Edwin Singmaster, Mildred Sunderleas, Jean Young, George Lavatta, Helen Stonebrink. There were more than 2300 delegates, who approved more than 600 resolutions. Despite accusations of bias by the Reagan Administration, most were satisfied with the recommendations and its blueprint to Congress on Aging. Gray Panther Bill Gordon gave kudos to the work of NCSC, NCOA, and the Gray Panthers. He noted the passage of resolution broadening opportunities for older workers, full range of community-based and in-home services, elder housing, and a commitment to gerontological research and education.
- Oregon was granted a **waiver (under Section 1915 of the Social Security Act)** from the federal government to use Medicaid dollars to pay for alternative, community-based "non-institutional" services such as home care in addition to nursing home care. Oregon was the first state to be granted such a waiver and it would serve as a model for other state. It took effective December 21, 1981.
- Senior Services Division expanded federally-required **Pre-Admission Screening (PAS)** for Medicaid-eligible seniors, particularly those likely to require nursing home care within 90 days, to determine proper levels of long term care needs. Screening teams were made up of a social worker, registered nurse, and a caseworker to evaluate social and medical needs.

1982

- **1982 Special Legislature Session.** The state was facing serious a serious economic recession that would have necessitated major budget reductions. The 1982 Special Session of the Oregon Legislature is called by Governor Atiyeh, who sends a message to the legislators outlining the dire economic situation faced by the state and the projected loss of \$273 million in revenue. He supported maintaining services for those in greatest need. SDS would ultimately deal with a cut of \$8.7 million by reducing nursing home caseloads and increasing community-based care services. The Special Session started on January 18th and finished March 1, the longest special session in history. The legislature

chose not to cut deeply into the agencies' budgets, especially after steep cuts in the 1981 session. They balanced the budget by increasing income taxes, increasing state cigarette taxes, cutting property tax relief, and making more cuts in agencies and education. OPI monies were not cut as feared.

- The **new Senior Services Division (SSD)** continued to develop and evolve. Remaining administrative and program funds are moved from Adult and Family Services and the old Office of Elderly Affairs. SSD developed an immediate statewide effort to give nursing home residents the option to relocate to a community-based option, a move not warmly supported by the nursing home industry. SSD went statewide to help local communities develop alternative care options, such as adult foster homes and residential care facilities. Ultimately, over 3 years, 7000 nursing home residents were relocated into community options. SSD created a new standardized assessment process, establishing a set of 18 "survival priority levels" that measured a senior's capabilities and impairments, and revisited the 180 assessment form to create the "360 Form." SSD sponsored elderly abuse community forums around the state. Dick Ladd was the new Administrator of the Senior Services Division.
- **Adult foster homes (AFH)** began a period of great proliferation with strong support from SSD, ultimately seeing AFHs triple from 1982 to 1992. With the assistance of Terry Rogers and Penny Davis from the Multnomah County Legal Services, laws were developed and passed in 1983 that certified AFHs and provided state oversight.
- **Ralph Rawson** became the President of the Oregon State Council for Senior Citizens. Past President **Rex Griggs** died early in the year.
- In January, the Western Denturist Association approaches senior advocates to address problems with the newly enacted **state denturist program**. They wanted to create an independent board, remove control from dentists, and increase the support with the Health Division. Advocates start to express alarm at the lack of support within the Health Division and call upon the Special Session to respond.
- United Seniors sent a letter to Governor Atiyeh asking for more support and questioning attacks on an overburdened **Nursing Home Ombudsman Jean Smith**. They also soundly criticized the state for not responding adequately to complaints.
- Advocates rally to oppose the potential cut in the **Title V Senior Community Service Employment Program**, including Green Thumb and the NCOA Senior Aides Program.

- United Seniors and the Oregon Gerontological Association sponsor a series of **workshops on advocacy** around housing and care options for seniors.
- In April, the Governor's Task Force on Mental Health reaches out to senior advocates in support of **Measure 2** on the May 18th primary election ballot which would provide access to housing loans for low-income elders and people with disabilities through expansion of bonding authority.
- NCSC, AARP and other national groups fight to avert inevitable **cuts in senior programs**, including Medicare, Medicaid, Food Stamps, SSI, and affordable housing.
- United Seniors of Oregon conducted a **Senior Citizen Opinion Poll** in the summer and fall. More than 1,500 responded. The most supported items were that private pay nursing home patients should not be forced to leave if their funds run out and that insurance companies should have to clearly state on health insurance policies that they do not cover nursing home care. They also strongly supported tax credits for family care givers; licensure of adult foster homes; decreased crimes against seniors; increased cigarette taxes; and removal of Oregon Legislative responsibility for the distribution of local funds.

1983

- **1983 Oregon Legislature.** United Seniors of Oregon adopted its **1983 legislative priorities** or "concepts" as a foundation of its advocacy activities in the 1983 Legislative Session. The following are the 20 adopted legislative concepts: 1) support revenue program that benefit senior citizens, such as HAARP, the older renter's refund program, deferred assessments on property improvements, and an older homeowners property tax deferral program; 2) support the Senior Services Division budget and its "special packages"; 3) tax relief programs; 4) increase funding of OPI; 5) require licensure for adult foster homes; 6) require health insurance policies to clearly state if they do not have nursing home care; 7) increase public representation on state boards/commissions; 8) require pharmacies to post prices of the 100 most common drugs; 9) require understandable language in state contracts and other documents; 10) require tax credits for family caregivers; 11) favor additional income tax as opposed to a sales tax; 12) protect private pay nursing home residents whose funds run out; 13) require all beds in nursing homes be certified for Medicaid and prohibit that a patient has to be private pay before converting to Medicaid; 14) increase corporate taxes; 15) increase cigarette taxes; 16) give grandparents and other relatives the right to pursue visitation privileges; 17) support the budget for the Long Term Care Ombudsman; 18) support a policy that nursing home reimbursements be based on specific needs of the individual patient; 19) continue filing fees that help offset Legal Aid costs; and 20) oppose

collecting monies from relatives of older persons who receive nursing home or in-home care.

United Seniors (Scott Clevenger, President) and OSCSC (Ralph Rawson, President) provided a **strong presence** in the 1983 Legislative session. There were a number of **bills** that dealt with senior issues, including legislation to provide for patients to have a Medicaid bed if private funds are exhausted and nursing homes cannot demand prepayment; provide for the licensure of adult foster homes; strengthen guardian laws for elders; report of fired nursing aides; long term care ombudsman be under the supervision of the legislature rather than the Governor's Office; pharmacies must post the prices for the top 100 common drugs; provide property tax deferral for households of \$17,500 or less; create the Citizens Utility Board; increase PERS benefits; and create and fund a medically needy program.

In the end, the following **legislation was successful**: complete funding of the Senior Services Division; develop registration for adult foster homes with 5 or fewer adult residents; reestablish the Funeral Home Commission with added public representation; stricter judicial procedures for guardianships; require nursing homes to have established processes for evicting patients; nursing home residents no longer required to buy from nursing home pharmacy; and reimbursement to nursing homes on a sliding fee scale depending on the degree of care offered. Bills on the posting of the 100 most common drugs, increased PERS retiree benefits, and grandparental visitation rights all failed.

- There was an interesting divide amongst senior advocates in the issue over moving the state **Long Term Care Ombudsman** from the Governor's Office to the Secretary of State. Earlier in the year, the Governor's office complained about Ombudsman Smith, but advocates supported her and the program. SB 292 passed the legislature to move the Ombudsman from the Governor's office to the Secretary of State, with some strong support from senior advocates. However, the Governor vetoed the bill and the legislature just barely missed an override. The LTC ombudsman would ultimately become an independent agency in 1985.
- OSCSC Executive Director Dick Wilson takes leave of absence to become the administrator of the **Aging and Minority Affairs Subcommittee** of the House Human Resources Committee. Rep. Shirley Gold is chair and Rep. Mary Alice Ford, Vice Chair of the Human Resources Committee.
- In August, Secretary of State Norma Paulus speaks to OSCSC and starts pushing for consideration of **vote by mail**, which had received some positive test results.
- NCSC and Senior Champion Rep. Claude Pepper sent communications to Mark Fowler, FCC Chair, protesting proposed rules to repeal rules around local

requirements for **community-based, issue-oriented television** and the bias of "pay TV vs. fee TV".

- SSD pushed legislation to strengthen statutes around **elder abuse** investigation and reporting, as well as the role of senior service workers and ombudsman designees.
- In September, OSCSC sent a letter to Senator Packwood in support of his legislation that offered a tax credit to those **caring for the elderly** and how they plan to introduce similar legislation in the 1985 Oregon Legislature.
- On December 28, Governor Atiyeh issued an Executive Order establishing the **Long Term Care Ombudsman Advisory Committee**.

1984

- **Dick Ladd, SSD Administrator**, supported a re-organization of the Senior Services Division (SSD) to "decentralize" and create more local control. SSD was also trying to get the Medicaid waiver for community services renewed and the prospects were not looking good at that point, although the struggle did prove successful, as the Waiver was renewed by a stubborn Health Care Financing Administration, who ironically requested that a reduced number of clients be served than originally projected by SSD. Dick Ladd would ultimately take his fight to Washington, DC and gained the support of the Oregon Congressional Delegation. National groups also provided support, although the nursing home industry continued to provide roadblocks. OSCSC arranged a meeting for Dick to meet with Bill Hutton, President of the National Council of Senior Citizens.
- SSD hires **Jim Wilson** as the SSD Assistant Administrator, primarily because of his experience with HCFA, who made the decisions on the critical Medicaid Waiver. Wilson would ultimately provide invaluable help in securing the renewal of the Waiver.
- United Seniors sponsored a **Nursing Home Evaluation** statewide. The Oregon Health Care Association advised its members not to take part. Nursing homes remained a major issue for senior advocates.
- The **Long Term Care Ombudsman Advisory Committee** was appointed by Governor Atiyeh: Ed Sage (Mid Willamette AAA), Chair; Grace Szigethy; Mary Swarthout (Nursing Homes); Theodore Wolcheck (RCFs); Jack Barnes (OSCSC); Mildred McCauley (AARP); and Wickes Beal (GCSS).
- In the Spring, the Governor's Commission on Senior Services organized a joint meeting with the **AAA Advisory Council Chairpersons**, a statewide group

chaired by Brad Bayliss, who would later become the Chair of the GCSS. Recommendations were made around training and orientation of local advisory council members, communication/PR, planning and evaluating senior services, and idea and resources sharing. Presentations were given by: Georgena Carrow, Senior Services Division; Jim McConnell, Portland/Multnomah County AAA; Hazel Carr, GCSS; and Bayliss, AAA Advisory Council Chairpersons.

- Senior advocacy groups wrote to Senators Hatfield and Packwood about the impact on **Medicare** in the deficit reduction process. Each responded that they were concerned about certain sections on Medicare and would consider it in Conference Committee.
- In the July edition of OSCSC Senior Challenge, an article entitled ***A 1984 Force That Can't Be Ignored: Political Power of the Elderly*** was published by Jeff Lewis, newly appointed Citizen Representative/Ombudsman and former Committee Administrator and Aide to Senator Bob Packwood. He discussed the exponential increase in senior political power and compared it to the civil rights movement.
- The **Coalition for Better Nursing Home Care**, led by Legal Aid attorney Terry Rogers, took an active role in statewide advocacy efforts around nursing home reform.
- OSCSC, led by Jack Barnes, weighed in to oppose a **BPA** change on cost methodology that would cause **PGE** to raise their rates. PGE actually also opposed the changes and wanted senior advocates' support.
- The **Negotiated Investment Strategy** process was initiated within SSD, involving teams from the various aspects of the senior community representing: advocates, SSD, providers, and the AAAs. The goal was to come to agreement on major issues affecting the SSD system. A big issue in this NIS process was that AAAs wanted more flexibility managing the new Medicaid Program under the new federal Medicaid Waiver. The result was a report entitled *"Shared Roles and Responsibilities for Delivery of Services Through the Oregon Senior Services System."*
- **Maggie Kuhn**, the Founder and National Convener of the Gray Panthers, visited Oregon in September.
- The **No Sales Tax League** is formed, led by the Oregon State Grange and Oregon AFL-CIO, and including strong involvement from the Gray Panthers, OSCSC, and Oregon Fair Share.

- OSCSC President Ralph Rawson wrote a letter to the OSCSC Executive Board suggesting **merging** with the United Seniors. The proposal did not gain traction.
- United Seniors began their **planning for the 1985 session**. Some issues raised: preservation of HARRP program; protection of phone rates; opposition to the sales tax; cigarette tax earmarked for OPI; moving the Long term Care Ombudsman to the Secretary of State; implementing right to die provisions; and decertification of nursing aides for cause.
- **Ray Fisher** became OSCSC President after Ralph Rawson resigns.
- There were four **active statewide senior organizations** at the end of 1985: OSCSC (Ralph Rawson, President); AARP (Mildred McCauley, State President); United Seniors (Scott Clevenger, President); and the Governor's Commission on Aging (Dale Caldwell, Chair).

1985

- **1985 Oregon Legislature.** United Seniors of Oregon again led the charge for seniors in the 1985 Oregon Legislative Session. Their **priority goals** included: a 3% COLA for PERS retirees; transfer of the Nursing Home Ombudsman to the Secretary of State (vetoed by the Governor in the 1983 Legislature); transfer all senior and long term care-related licensing and enforcement from the Health Division to the Senior Services Division; expansion of the right to petition for grandparental visitation rights; creation of a four-level program of nursing home client reimbursement as a part of the SSD budget; licensing of adult foster homes; funding OPI; protection of seniors against utility rate hikes; increased appropriation for the Senior Citizen Property Tax Deferral Program; and certification of nursing assistants and medication aides.

The 1985 Legislature ended with United Seniors President Bob Van Houte proclaiming "The 1985 Legislative Session produced good results for Oregon seniors." Amongst **the victories**: passage of the bill giving the Long Term Care Ombudsman more independence and requiring that five of the seven advisory committee members be seniors; passage of legislation that provides for the licensing and inspection of adult foster homes of five or less residents; a 3% increase for PERS retirees; penalties for assaulting seniors; requirements for clear, simple language for legal contracts; 11% increase in cigarette tax, with 1% going to senior transportation; provision of four levels of nursing home care; requirements for fact sheets for Medicare supplement policy applications; allowing payment of spouse for care of dependent; and an expanded Senior Service Division budget.

United Seniors sponsored and passed **SB 848**, which provided that when any senior was solicited to buy Medicare supplemental health care insurance they must be given a fact sheet by the company that explains what the insurance company will pay item by item. The state Insurance Commissioner then proposed rules to carry out the directives.

Following a Governor's Veto in 1985, United Seniors came back strong with legislation that would move the **Long Term Care Ombudsman** from the Governor's Office to the Secretary of State. Advocates felt that there could be too much political pressure exerted on the Governor's Office and that the Secretary of State was more oriented to the investigatory work of the Ombudsman. This would be the advocacy effort that would lead to an independent Office of the Long Term Care Ombudsman, which advocates would carefully guard in the coming decades. SB 292 passed, led by advocate Ken Cooper, United Seniors.

United Seniors of Oregon released their **evaluation of the 1985 Legislature** on senior issues around support and accessibility. The Senators receiving 4 stars: Walt Brown, LB Day, Charles Hanlon, John Kitzhaber, Bill McCoy, Rod Monroe, Frank Roberts, Nancy Ryles, Steve Starkovich, Cliff Trow, Jan Wyers. Top house members: Rick Bauman, Ron Eachus, Mary Alice Ford, Shirley Gold, Tom Hanlon, Jim Hill, Vera Katz, Rick Kotulski, Mike McCracken, Dave McTeague, Bob Shiprack, and Tom Troop.

- **Karen O'Connell** was appointed by the Governor and approved by the Senate to be the state Long Term Care Ombudsman. She was also the choice of the Ombudsman Advisory Committee.
- Oregon's **new in-home and community-based long term care system** started to show immediate results with the transfer of thousands of senior clients into community support systems and away from nursing homes, who were seeing the on-going decline in residents. This did not please the Oregon Health Care Association, who represented the nursing home industry, as they continued to create road blocks and opposition to the new community-based system.
- After 8 months of negotiation with the federal Health Care Financing Administration, SSD received approval to continue its pioneering community-based **long term care waiver program**. Strong support was provided by advocates and the Oregon Congressional Delegation.
- OSCSC sent letters and telegrams to Senators Hatfield and Packwood on advocates' deep concerns that the **Social Security COLAs** will be used in an attempt to cut the national deficit and their belief that the SS fund should remain separate from the federal general fund.

- **OSCSC** started to organize around union retiree groups. Irv Fletcher sent a letter to union affiliates urging their retiree units to join OSCSC and NCSC.
- Seniors advocates pushed Oregon senators and congressmen to oppose delaying or freezing the benefits in **Social Security**. Advocates met with Senator Packwood, Chair of the Senate Finance Committee, but could not convince him that Social Security COLAs should be delayed. With Reps. Wyden and Weaver in strong opposition, senior advocates turned their attention to Reps. Denny Smith, Bob Smith, and Les AuCoin to join the opposition effort.
- With strong advocate support, the **Oregon Long Term Care Ombudsman** Program was made an independent agency, after being in the Governor's Office since 1981.
- **Bob Van Houte** of the United Seniors gave testimony in front of the Judiciary Interim Committee on grandparental visitation rights and allowing mobile home tenants 18 months to move when the mobile home park has been sold.
- The **Oregon Health Action Campaign** was organized with strong support from senior advocacy groups. Tim Briceland-Betts was the organizer until he went to NCSC and was replaced by Len Norwitz. plays a major role.
- Senior advocacy groups, led by OSCSC and United Seniors, went on the record again strongly in **opposition to the sales tax initiative**, which would be defeated by voters. Controversy arises when noted senior advocate Jack Barnes publicly supports the sales tax in the Voter's Pamphlet using his title as Chair of the OSCSC Legislative Committee. OSCSC severed ties and involved attorney Bev Stein (future Multnomah County Chair), ultimately getting Mr. Barnes to issue an official apology for improperly using the OSCSC title.
- **Bob Van Houte** became the President of United Seniors of Oregon, replacing retiring Scott Clevenger.
- **Senior Power Day** was held on November 16th with the keynote speaker being Dr. Arthur Fleming, former Eisenhower HEW Secretary and President of the University of Oregon. He was joined on the podium by Bill Dodds, National Council of Senior Citizens, Nellie Fox, AFL-CIO, and Bob Van Houte, United Seniors. The Oregonian ran a story the following day.
- The **Human Services Coalition of Oregon (HSCO)** is formed and remains active 34 years later.

1986

- The state continued to face severe financial problems. The **Senior Services Division (SSD)** involved advocates and provides in decisions around potential cuts in senior services. In the spring, the SSD finds itself with a \$6 million state general fund (\$14.3 million total funds) hole in its budget. They suggested rate reductions, reduction in community-based and in-home care caseload, reduction in OPI enhancement, and cuts in administration.
- An **Oregon Health Division Nursing Home Task Force**, including United Seniors' Cecil Posey, finalized new and more stringent nursing home rules and amendments addressing nursing aide training, hiring and care management. United Seniors advocates started to meet regularly with Health Division officials about their concerns with nursing homes.
- Robert (Bob) Smith, United Seniors Board member, wrote an article in the United Seniors Reporter warning that by the year 2000, the **senior population** will grow from 28 to 35 million and create a potential crisis in Medicare.
- Senior advocates expressed their strong opposition to the Gramm-Rudman-Hollings/**Budget Deficit Reduction** legislation that would balance the budget by 1991 through major cuts in the federal budget, including Medicare and Medicaid. An April 1 protest rally is sponsored by senior advocates and headlined by Congressman Ron Wyden.
- The Oregon State Tenants Association reached out to senior advocates around rent increases and **mobile home** park closings that would evict residences, who often have nowhere to go.
- **Oregon Fair Share** worked closely with senior advocates on issues around fair taxes and a fair state budget.
- Signatures were gathered for an **initiative** creating a homestead exemption, which was strongly supported by senior advocates.
- Oregon Secretary of State Barbara Roberts wrote a letter to United Seniors expressing her concern about the potential **inaccessibility of certain polling sites** for seniors and those with disabilities.
- United Seniors OF Oregon began its initial processes for prioritizing **senior legislative issues** for the 1987 Oregon Legislature. Some of the key issues included: pre-admission screening; registry for LPNs and nurses aides with violations; regulation of adult foster homes; funding for OPI; grandparental visitation rights; use of cigarette tax monies for senior/disabled transportation;

strengthening the Nursing Home Ombudsman program; funding for SSD programs; enforcement for abuse of seniors in long term care facilities; protecting the property tax deferral program; mobile home park rent controls; and death with dignity.

- **SSD** held public meetings and then finalized their Final Mission Statement and Agency Goals around independence, service provision, protection, prevention, advocacy, participation, planning, and innovative programs.
- SSD once again sponsored the **Negotiated Investment Strategy (NIS)** process with four constituency groups, including advocates, in November.
- The Oregon Health Action Campaign collaborated with senior advocates to convince physicians to accept Medicare's established rates as sole payment, or commonly referred to as **Medicare Assignment**. Advocates helped pass legislation in the 1987 Legislative Session that required physicians to post a sign regarding their Medicare Assignment practices.
- **Nate Davis**, a retired labor leader, became OSCSC President.

1987

- **1987 Oregon Legislature.** Seniors again had a strong presence in the 1987 Oregon Legislature, which was led by Senate President John Kithaber and House Speaker Vera Katz, with very strong influence from Governor Goldschmidt. The Legislature was more conservative, especially with a slim Democratic majority in the House. Most of the significant senior legislation was introduced in the Senate. But, **much was accomplished for seniors** in the session, including: transferring oversight and enforcement of long term care facilities to SSD; amending bill of rights for nursing home residents; establishment of an SSD registry of nurses aides by facilities; stronger regulations, control and flexibility in the licensing and oversight of the adult foster homes; stronger guardianship provisions; establishment of a check-off for contribution to Alzheimer's in income tax refunds; increased financing for Alzheimer's patients; better income tax equity for retired federal workers and veterans; stronger tenant rights for mobile home residents; provisions for supplemental health insurance programs for PERS retirees; stronger grandparental visitation rights; model legislation for pre-arranged funeral plans; clarification for the posting of Medicare assignment practices; stronger landlord-tenant laws; improved Lifeline telephone services; and adequate funding for SSD, senior transportation, OPI, Senior Property Tax Deferral Program, and the Long Term Care Ombudsman Program.

There were also **defeats** for senior advocates, including: requiring pre-admission screening for all potential patients of skilled and intermediate care facilities;

upgrades for power of attorney for health care; requiring SSD and the mental Health Division to collaboratively implement a statewide system for senior mental health care; income tax credits for family caregivers; requiring certain insurance policies to have cover for dementia; establishing death with dignity provisions; SSD registration for those providing board and room to two or more elders.

United Seniors of Oregon put out ***Evaluating the 1987 Legislature*** by Bob Van Houte. The senators receiving 5 out of 5 on their support of senior issues: Bill Bradbury; John Kitzhaber; Bill McCoy; Frank Roberts; Nancy Ryles; Cliff Trow; and Jan Wyers. Top House members: Mike Burton; Mary Alice Ford; Mike Kopetski; Rick Kotulski; and Nancy Peterson.

- The **Governor's Task Force on Disability Services** was established and directed to report to the next legislative session on the delivery of services to people with disabilities and the potential for a Department of Disability Services. This was the culmination of lobby efforts by disability advocates during the session and were the initial efforts that led to the ultimate merger of disability services into what became Senior and Disability Services Division (SDSD).
- In 1987, Karen Brown Wilson, PSU Gerontology Professor, conceptualized the **concept for assisted living** facilities and worked with Dick Ladd of SSD to develop two state-supported proto-types in Portland. Ultimately, the pilots were a success and licensure procedures were established. SSD was given oversight responsibilities, as they had with nursing homes and residential care facilities.
- In a letter-to-the-editor to the Statesman Journal, OSCSC Leader **Doug Ellis** complained that the Legislature "is becoming more of a country club for well-healed lobbyists and less a place where the rank-and-file citizen can participate in the political issues that affect them on a daily basis. All the ornate words carved in marble at the Capitol are for naught if the hearings and testimony become restricted to the advocates of the powerful."
- **Congressman Ron Wyden** came to speak at the January meeting of United Seniors of Oregon about the federal budget, particularly cuts in Medicare and Medicaid. There were growing concerns amongst senior advocates about the impact of Gramm-Rudman budget reductions and their impact on social services.
- In March, OSCSC passed and publicized a resolution around the protection of **retired workers** from the "cut-off" and "pirating" of health, insurance and pension benefits.
- On April 1, senior advocates staged a rally protesting proposed **federal budget cuts** impacting seniors, particularly Medicare and Medicaid. United Seniors and the Gray Panthers took the lead. Congressman Wyden spoke about the

additional \$50 billion in cuts in Medicaid under the proposed Reagan budget. Gray Panther leader Bill Gordon predicted significant cuts in senior programs.

- On May 29, OSCSC President Nate Davis wrote to Senate President John Kitzhaber and House Speaker Vera Katz complaining that there was a growing problem with seniors not having the opportunity to **testify in hearings** they were intended to provide input.
- In May, in recognition of Older American's Month, OSCSC passed a resolution strongly supporting the reauthorization of the **Older Americans Act**.
- Congress passed the **1987 Medicare Catastrophic Coverage Act**, which made some major strides around senior health for hospital, physician and outpatient services, but was derailed over a massive senior backlash politically, mainly over the surtax or user tax imposed, mostly on the wealthier recipients. The measure was repealed in 1989, much to the chagrin of key advocates, who strongly supported many of its main provisions.
- On August 14, union retirees from OSCSC staged a protest with 35 pickets at the Federal Building in Portland in support of federal legislation (HR 1166) to protect **retirees' medical and hospital coverage** that were jeopardized by corporate bankruptcy.
- In October, OSCSC, United Seniors, Portland Gray Panthers and Citizens Coalition for Better Nursing Homes wrote a letter to acting **Oregon Health Sciences University (OHSU)** President Leonard Laster expressing their concern about the lack of preparation and training for future health professionals in dealing with the special needs of the elderly.
- In December, senior advocates called upon the Oregon Congressional Delegation to oppose a Reagan Administration plan to increase Medicare Part B premiums by 38%.

1988

- In March of 1988, the **1988 Governor's Conference on Aging** is held in Eugene, with more than 200 participants from around the state. The top ten priorities coming out of the conference, included: 1) a comprehensive state health plan; 2) comprehensive system of mental health services for the elderly; 3) increased support for in-home services, in particular OPI; 4) improved nursing home care through increased staff-to-patient ratio; 5) increased funds for senior transportation; 6) increased community-based services, including outreach, information and referral, home health, adult foster care, transportation, and adult day care; 7) adequate care provider training and compensation; 8)

increased housing for seniors and the disadvantaged; 9) access to community-based care services, including pre-admission screening, case management and service directories; and 10) establishment of a full-time geriatric teaching position and continuing education program in the OHSU School of Medicine.

- OSCSC sponsors the **Age Wise television series** and the Senior Community Video Project, produced by Tom Taylor, which created cable television shows and low-income videos are senior services and independence. They worked with GCSS to create segments on senior mental health.
- **Ellen Pinney** was hired to be the Executive Director of the Oregon Health Action Campaign, the state's principal health care consumer advocacy coalition, which had strong senior involvement.
- Senior advocates came out in strong support for the provision of adequate and **affordable long term care** through the Pepper/Roybal Long Term Care bill (HR 3436), which provided long term care benefits from nursing care to in-home services.
- **Lawrence (Larry) Smedley** was appointed the Executive Director of National Council for Senior Citizens and was very supportive of OSCSC.
- OHAC, OSCSC, United Seniors, HSCO, AFL-CIO, and Oregon Fair Share hold a February 5th press conference to call upon the Governor's new **Commission on the Uninsured** to consider universal health care options for the state health plan and that input from health care consumer groups be sought.
- Senior advocates raise concerns over the results of an annual national study of daily **hospital costs** that showed a 20% increase in 1987.
- The state Insurance Division initiates the **Insurance Consumer Advisory Group** to raise a stronger voice for consumers on insurance issues.
- OHSU and advocacy groups, including OSCSC, United Seniors, Coalition for Better Nursing Home Care, and the Portland Gray Panthers, joined together to recommend an **interdisciplinary geriatrics program** in the OHSU Schools of Medicine, Nursing and Dentistry, the Geriatric Center of Excellence. The focus would be on teaching the special needs of seniors. Advocates testified before the state Board of Higher Education about the proposal and then developed legislation for the 1989 Legislative Session.
- Advocates begin a protracted **battle with Fred Meyer** over the right of individuals to gather signatures on initiative petitions on Fred Meyer grounds. Advocates like Lloyd Marbet and Lois Stranahan would be arrested for

trespassing. The Oregon Coalition for Petition Rights is formed with Oregon Fair Share, Oregon State Grange, the Farmers Union, and the Gray Panthers as members.

- Seniors strongly support the **Long Term Care Catastrophic Act** or "Pepper Bill," which would have drastically increased home health care and other long term care services. The bill failed in the House 243-169, despite strong senior support.
- OHAC, OSCSC and Gray Panthers co-sponsored the **Oregon Conference on Universal Health Care**, keynoted by former HEW Secretary and University of Oregon President Arthur Fleming and former Governor Bob Sraub.
- Throughout the year, senior advocates wage on-going advocacy efforts in support of **Long Term Care Ombudsman** Karen O'Connell and the independence of the Ombudsman office.
- OSCSC Executive Director **Jim Davis** won the Hometown USA Award and was nominated for cable TV's top ACE award for his documentary "Bridging the Generations."
- Senior advocacy groups united to fight the **Oregon Health Care Association**, who recommended to the Federal Health Care Financing Administration that Oregon's Home and Community Based Waiver under Medicaid be rescinded and their application for renewal denied, as well as an investigation of the adult foster home system. Advocates claimed that OHCA "created a crisis" that prompted an unnecessary federal investigation in an attempt to undermine Oregon's nationally recognized community-based care system. Advocates felt the accusations were exaggerated and irresponsible and a self serving attempt by the nursing home industry to line their own pockets. The fight culminated a demonstration in front of the OHCA Convention in September, which generated good publicity. The effort failed, but motivated key leaders with OHCA to demand more cooperation with senior advocates after decades of conflict. Shortly, thereafter, OHCA reorganized their leadership and appointed AAA leader Ed Sage to be their new Executive Director. OHCA also would ultimately endorse for the first time the state's community-based long term care system.
- On November 15, advocates representing OSCSC, United Seniors, OHAC, Portland Gray Panthers, Citizens Coalition for Better Nursing Home Care, joined the Oregon Pharmacists Association and the Oregon Chapter of the National Federation of Independent Businesses, protested DHS/Oregon Adult and Family Services Division's proposal to limit **prescription drug services** through more limited numbers of pharmacies for low-income clients and pharmacists being paid at lower levels of reimbursement. The proposal was ultimately defeated.

- On November 29, senior advocates, led by United Seniors of Oregon and OSCSC, wrote to DHR Director Kevin Concannon to raise serious concerns about how the **Low Income Energy Assistance Program** funds have been reallocated and the impact that it would have on low-income energy assistance, particularly in the rural areas.
- In November, United Seniors President Bob Van Houte led advocates in a meeting with **Governor Kitzhaber**, where they discussed issues ranging from the Ombudsman Program to a state health plan to a lack of communication with the Governor's office.
- The Governor's Commission and other advocacy groups, led by GCSS commissioners Jim Davis, LaVerne Moore and Lee Hazelwood, created a coalition effort to develop **statewide senior mental health services** through a collaborative effort within the senior and mental health services systems. That led to a successful legislative effort in 1989.
- OSCSC, utilizing NCSC voting data, releases a senior voting record for the 1980s of the **Oregon Congressional Delegation**, with Rep. Ron Wyden having the best record and Reps. Denny Smith and Robert Smith being criticized for their low voting records on senior issues.
- Long time Oregon Gray Panthers founder and leader **Ruth Heafner** died.

1989

- **1989 Oregon Legislature.** In the 1989 Legislative Session, seniors were again considered by many to be the best consumer-based lobby in the state. They came into the session armed with **recommendations from the Governor's Conference on Aging** in the priority areas of universal health care, comprehensive senior mental health services, funding for in-home and community-based services, increased funding for nursing home direct care staff, and increased funding for adult foster homes. In the end senior advocates again achieved some important victories for seniors.

Amongst the **key senior-oriented legislation** achieving passage: transfer of services for younger adults with physical disabilities to SSD, which was renamed Senior and Disabled Services Division; allocation of \$200,000 through SSD/DHR for senior mental health services; implementation of a system of screening private-pay seniors referred to nursing homes to provide information on care options that meet their needs; passage of a 1 cent cigarette tax for senior and disability transportation; expansion of coverage for community-based services in long term care insurance with greater protections for senior consumers;

appropriation of funding for SSD to plan and develop new assisted living models; continuation of QUIP, the patient-based, quality incentives for successful care giving in health, functioning, and impairment; establishment of the Power of Attorney to enable the naming of an individual representative to make health care decisions; defeat of attempts to implement self service gas; tighten hearing aid laws to prevent fraudulent hearing aid sales; improvements in the Senior Property Tax Deferral program; requiring that continuing care retirement communities register with the state; killing attempts to put the Long Term Care Ombudsman Program in the Governor's Office; killing attempts to implement a closed formulary process for Medicaid beneficiaries; and secure funding for younger individuals with Alzheimer's through OPI.

There were **losses** as well, including: limited expansion of senior services because of spending limit; no funding for a Geriatric Center of Excellence at OHSU; no additional needed funds for OPI; denied Medicaid buy-in for low income Medicare beneficiaries; and defeated a requirement for physicians to accept Medicare Assignment. Senior advocates put a special emphasis on consumer-oriented **pharmaceutical issues** with a number of pharmacy-related bills including, requirements to allow Medicaid clients to choose their own pharmacy, require pharmacies to list the retail price for the 100 most common drugs, and require pharmacists to provide counseling to patients, especially on new medications. All were defeated.

On January 25th, more than 250 senior advocates attended **Senior Day** at the State Capitol. Heavy on their minds were the legislative expenditure limits and the effects of the 2% Kicker on programs dedicated to senior and disability services.

OSCSC, United Seniors and other seniors advocacy groups join with the GCSS to support legislation (SB 699) that would allocate monies to six area agencies on aging (AAA) districts to develop much needed **local senior mental health services**. The legislation was developed out of the Governor's Commission on Senior Services Mental Health Committee, chaired by GCSS commissioners Jim Davis and Laverne Moore. Through strong advocacy efforts, \$200,000 would be allocated for what became the six senior mental health pilot projects.

Universal health care became a central issue of the 1989 Legislative Session as Senate President John Kitzhaber continued to push for the creation of his universal health care model, which would become the **Oregon Health Plan**. Senior advocates joined with Oregon Health Action Campaign in supporting universal health care and ultimately the landmark SB 27 that created the OHP system. OHCA introduced SB 390 with their vision of universal health care. There was discussion and concerns within advocacy circles over the proposed "rationing" approach to the delivery of health care services. Senior advocates did

make sure that the long term care side of the Oregon Medicaid program, namely SDS, was "carved out" and not included in the managed health care approach of OHP.

Senior advocates again became a key partner in opposing legislation that would implement **self service gas**. Oregon was at that time one of two states (New Jersey) not to have self-service gas. Opposition efforts were greatly enhanced by the involvement of the AFL-CIO and the AAA Automobile Club of Oregon. HB 2767 was defeated, one of many times over the years that advocates have defeated self service gas measures.

Senior advocates went public in opposition to legislative efforts that would have eliminated the popular **Homeowner and Rental Relief Fund** and replace it with a property benefit that senior advocates thought inferior. They stressed the impact it would have on low-income seniors.

OSCSC, United Seniors and Gray Panthers continued to partner with the Oregon Health Sciences University (OHSU) toward the development of an **OHSU Geriatric Center of Excellence**. Senior advocates introduced SB 774, which would 2 geriatric faculty in Schools of Medicine, Nursing and Dentistry. The funding was not received, but efforts toward a center of excellence continued into 1990, until the passage of Measure 5 ended the discussion.

- The Senior Services Division officially became the **Senior and Disabled Services Division**, as all disabled adult services were moved from Adult and Family Services to SDS. This was the culmination of a year-long review of where the adult disabilities services should be located or whether there should be a separate division.
- In January, the **Governor's Commission on Financing Long Term Care**, chaired by former State Representative Keith Skelton, released its findings and recommendations, which included: require all state employees to purchase long term care insurance as a way to drive down long term care costs; allow seniors to use equity in their home to pay costs LTC; and allow relatives who provide long term care to receive a tax credit. The insurance industry opposed the recommendations, feeling that long term care insurance would not be profitable. In addition, AFSME didn't want to require state workers to buy the insurance. GCSS, OSCSC, United Seniors, Gray Panthers, and Oregon Retired Teachers Association joined together to support the Governor's Commission on Long Term Care Financing legislation that would expand long term care insurance coverage to include community-based long term care options such as assisted living, adult foster care, adult day care, and in-home and community based services.
- 1989 marked the 20th Anniversary of **OSCSC**, led by President Jim Smith.

- A coalition of advocates, pharmacists, and businesspersons claimed victory in their successful effort to oppose the Adult and Family Services Division proposal to limit the number of **pharmacies** Medicaid recipients could use to purchase their prescription drugs.
- With a grant from the Oregon Community Foundation, OSCSC built its **Senior Driver Decisions Education Program**, which worked within the senior community to organize support groups and develop workshops and media programming to assist seniors with the difficult challenges of changing their driving habits. Ethel Villeneuve founded and directed the project.
- In the on-going battle between initiative petitioners and the large retail outlets, the **Oregon Court of Appeals** ruled that the Lloyd Center must let petitioners gather signatures (with set restrictions) since it is a public gathering place. The petitioners argued that this was matter of the constitutional right to free speech and assembly. The Coalition to Protect the Right to Petition remained active, coordinated by Oregon Fair Share.
- In July, **Meredith Cote**, the New Mexico State Ombudsman and attorney, was appointed the new Long Term Care Ombudsman and quickly gaining the support of advocates. In the 1989 Legislature, advocates had to fight back efforts to move the program into the Governor's rather than allowing it to remain independent.
- As the new Ombudsman was settling in, OSCSC, United Seniors and the Gray Panthers organized a protest in front of the **state Long Term Care Committee**, which oversaw the Long Term Care Ombudsman Program, to publically state their strong opposition to the election of Becky Mansfield as Chair because of her strong connections to the nursing home industry.
- In late October, the **1989 Senior Advocacy Conference** entitled Senior Empowerment in the 1990s attracted 120 seniors, advocates and gerontology professionals. Meredith Cote, the new Long Term Care Ombudsman, was the Keynote Speaker. The morning panel reviewing the 1989 Legislative Session includes Jim Davis, OSCSC; Bob Van Houte, United Seniors; and Ellen Pinney, Oregon Health Action Campaign. Dr. Davis' award-winning documentary "Bridging the Generations" was previewed. The article on the conference in the Senior Challenge was written by OSCSC Graduate Assistant and future gerontology scholar Jenny Sasser.
- OSCSC culminated a 4 year effort to educate the public of the poor senior voting **record of Congressman Denny Smith**, who had an accumulative record of 5 percent on senior issues, with a rally in front of a debate with challenger State

Representative Mike Kopetski that he ended up not attending. The action got major coverage in the Statesman Journal, as well as other good media coverage of his voting record. Ultimately, the effort changed senior support of Smith and contributed to a very close upset victory by Kopetski.

- OSCSC published the ***Report on the Oregon Congressional Delegation 1980-1989: A Look at the Decade from a Senior Perspective***, based on NCSC's top ten senior votes each year. Rep. Ron Wyden had the top percentage of 97 percent, followed closely by Rep. Peter DeFazio's 95 percent. Rep. Les AuCoin had an 80 percent senior voting record. Reps. Denny Smith and Robert Smith had dismal records of 18 and 5 percent respectively. Senator Mark Hatfield had 54 percent and Senator Bob Packwood 44 percent.
- In October, under the leadership of Ruth Shepherd, **Oregon Generations Together** was formed "to increase positive interaction amongst Oregon's oldest and youngest populations." There was strong senior advocacy support from United Seniors, OSCSC, Governor's Commission on Senior Services, and SDSD.
- On November 27, senior advocates led an opposition effort to a Blue Cross/Blue Shield proposal to raise rates on **Medicare supplement** policies 23 percent in a hearing led by state Insurance Commissioner Ted Kulongoski. Advocates emphasized the impact on low-income seniors. Ultimately, Governor Goldschmidt and Commissioner Kulongoski placed a moratorium on all Medicare supplemental premium rate increases.
- OSCSC, Oregon Association of AAAs, Oregon State Pharmacist Association, and **Project DARE** developed the Oregon Senior Education Project which reached around 1000 seniors, advocates and providers during the year. They sponsored 28 "Managing Your Medications" workshops around the state.

1990

- In January, a Multnomah County circuit judge barred activists from entering Fred Meyer property to **collect initiative signatures**. Advocates pointed to the 1989 Oregon Supreme Court ruling that allowed petitioners at the Lloyd Center. Advocate Lois Stranahan was very active in the Right to Petition effort.
- In January, United Seniors and OSCSC sponsored a **Senior Housing Forum**, keynoted by former Governor Bob Straub and Peter Grundefassen, Association of Oregon Housing Authorities.
- Early in the year, senior advocates mobilized a very visible opposition effort to a sales tax, but strongly supported a homestead exemption. The **No on Sale Tax**

League was formed and they started to gather signatures on a constitutional amendment to eliminate the sales tax in Oregon.

- In March, the **1990 Governor's Conference on Aging** was convened in Eugene, Oregon. Governor Goldschmidt addressed the conference, as well as Secretary of State Barbara Roberts, and Attorney General Dave Frohnmayer. There were more than 250 conference delegates. The **top ten priority legislative concepts** were: 1) in-home services for senior and disabled persons; 2) universal health care for all; 3) increased funding to upgrade quality of nursing homes; 4) development of a comprehensive system of senior mental health and addiction services; 5) additional accessible, affordable senior housing; 6) expansion of adult day care; 7) modifying the spending limit and eliminating the 2% kicker to meet human needs; 8) increasing support of community-based care; 9) enactment of a sales tax with exemptions; and 10) expanding support for senior health and long term care insurance and SHIBA.
- Based on the recommendations of a **Joint Legislative Task Force on Taxation** (with advocates Phil Dreyer and Jim Davis as members), the Oregon Legislature put four tax options in front of the voters in a non-binding, advisory vote in the May Primary. Two were sales tax options, one property tax and the other homestead exemption. All went down to stinging defeat.
- The **Oregon Alliance for Progressive Policy** formed with strong support from advocates and labor. Jim Davis was the founding President, OPEU Executive Director Alice Dale, Vice President, and Bill Weismann, the Executive Director.
- On July 26th, President George H.W. Bush signed into law the historic **Americans with Disabilities Act (ADA)**, which prohibits discrimination based on disability, requiring reasonable accommodations and protections for workers with disabilities and imposing strict accessibility requirements around public accommodations, including public entities, public transportation and public/commercial facilities. ADA requirements would ultimately be incorporated within Oregon Statutes and redefine disability policy and advocacy. The ADA passed after years of strong, on-going advocacy and lobby efforts from within disability communities nationwide, including the historic "Capitol Crawl", where disability advocates abandoned their wheelchairs and assistive devices and crawled and pulled their bodies up the 100 steps in front of the Capitol Building, in what many consider the key act of advocacy that provided the final push toward ADA passage.
- OSCSC-sponsored cable television show **Age Wise**, produced by Tom Taylor, continued to put on-going senior-oriented programming on local cable television.

- OSCSC received continued funding from the Oregon Community Foundation to continue their **Senior Drivers Decisions Education Project**, coordinated by Ethel Villeneuve.
- With strong senior advocacy involvement, the **Board of Pharmacy** approved new "Duty to Consult" state Administrative Rule that required pharmacists to provide counseling to consumers on their new prescription drugs and upon request with refills. Senior advocates and the Oregon State Pharmacists Association had sponsored legislation in the 1989 session that would have achieved the objective.
- Major senior groups, including GCSS, OSCSC, United Seniors and the Gray Panthers, joined together to oppose proposed **Public Utility Commission** recommendations around consumer deposits, time payments, shut-offs, and medical certificate. Advocates supported the positions taken by the Citizens Utility Board.
- With the \$200,000 allocated to SDSA for **senior mental health projects** by the 1989 Legislature, 6 AAA areas were chosen (out of 14) for the first "pilot" project sites: Lane, Marion/Polk/Yamhill; Multnomah County; Jackson/Josephine; Union; and Washington. Senior advocates had put a strong push on in both the 1987 and 1989 sessions. The Governor's Commission on Seniors Services continued to play a major role in the advocacy and coordination of the projects, coordinated by Dr. Jim Davis, a former GCSS Commissioner, who played a major role in the legislative passage and would ultimately coordinate the senior mental health projects for the 12 years of state funding.
- Senior advocates continued to fight increases in Oregon-based **Medi-Gap** insurance, particularly when SelectCare requested a 42 percent premium increase. Insurance Commissioner Ted Kulongoski was praised for his willingness to gain public response.
- Senior advocates and the No on Sales Tax League continued their active efforts to qualify an **anti-sales tax initiative** on the ballot.
- **Senator Mark Hatfield** visited the August United Seniors meeting. The senator discussed universal health care, medical research, low-income housing, geriatric education, and income disparity.
- In October 4th, OSCSC sponsored the **1990 Oregon Senior Advocacy Conference**, entitled "A Winning Strategy for Seniors in the 1991 Legislature." The keynote was delivered by Barbara Roberts, Secretary of State and Democratic Candidate for Governor. Education and strategy sessions were held in health care/health insurance, housing, nursing home care, home and

community-based care, mental health, and taxation and school finance. The next day advocate and conference coordinator Jim Davis appeared on AM Northwest on their Quality of Life show.

- The November 1990 General Election saw the passage of **Measure 5**, which shifted the burden of funding schools from local property taxes to the state general fund, and from business to the residential taxpayer. It would dramatically alter the nature of state funding, particularly social services, and leave newly elected Governor Barbara Roberts with an almost impossible burden.

1991

- **1991 Oregon Legislature.** The 1991 Legislative Session operated under the **dark cloud of Measure 5**, although an improving economy offered some hope to advocates fighting for the survival of important senior services. Governor Roberts faced her first Legislative Session after being elected the first female governor in Oregon's history. There was a **split legislature**, with the Republicans controlling the House and the Democrats the Senate.

Seniors went into the session with a wide array of **critical issues**, including: support of senior and disability services and protection of Oregon's model community-based long term care system; implementation of an income tax option that would help support social services and replace revenue lost by Measure 5; protection of the funding and independence of the Long Term Care Ombudsman Program; implementation of a system of mandatory Medicare Assignment for low-income seniors; requiring that the Insurance Division to hold a public hearing anytime a premium is raised 10 percent or more; saving the University of Oregon Gerontology center from elimination; upgrading guardianship laws to allow affected consumers to be present at hearings and represented by counsel; increasing the state inheritance tax dedicated to senior services; health care decisions/power of attorney; supporting the creation of the state Board of Denture Technology with better representation of denturists and consumers and the ability of denturists to dispense partial dentures; supporting funding of state senior mental health projects; supporting a state Housing Trust Fund; and opposing efforts to place further restrictions of signature gathering for initiative petitions.

The 1991 Legislative Session proved to be a **fight for survival**. After the threat of severe cuts, SDSA and the LTC Ombudsman Program escaped with only minor budgetary cuts, due to a boost of money that became available at the of the session. The Senior Mental Health Project were cut 25 percent, but survived. Advocates were also able to pass legislation (SB 823) that incorporated in statutes a policy calling for a comprehensive network of senior mental health services. Other **senior legislative victories** included; establishment of the

State Board of Denture Technology despite bitter opposition from the Oregon Dental Association; requirement that employers grant employees medical leave to care for loved ones with serious health problems; establishment of the Housing Trust fund with \$30 million; requirement for the training of care providers in adult foster homes; the posting of bill of rights and prohibition of care providers accused of certain crimes in adult foster homes; requirement for special endorsement to care for those with Alzheimer's in segregated facilities; defeat of self services gas; provision of greater flexibility in OPI to provide day care; and defeat of efforts to weaken consumer provisions to file initiative petitions.

Amongst the **legislative losses**: the elimination of the University of Oregon Center for Gerontology; defeat of single payer health care legislation; expansion of long term care insurance options; increase of penalties and guidelines for reimbursement for nursing facilities; and requiring physicians to accept Medicare Assignment.

Universal health care and the **creation of Oregon's new health system** were again front and center as 1991 Legislative Session put the finishing touches on the new Oregon Health Plan (OHP), the innovative creation of Senate President John Kitzhaber. Senior advocates joined with Oregon Health Action Campaign in supporting the creation of the OHP system. There was again concerns raised within advocacy circles over the proposed "rationing" approach to the delivery of services and the work of the Health Care Commission on their prioritizing efforts.

Senior advocates were initially lukewarm about the **Medicaid Waiver** for the new Oregon Health Plan (OHP), with OSCSC, Gray Panthers, Oregon Fair Share, Oregon Human Rights Coalition, and others going on the record in opposition to the Waiver because OHP's rationing approach might provide a narrower range of services and might impede progress toward development of a single pay system. There was also continued caution about making sure that the long term care side of the Oregon Medicaid program, namely SDDS, was "carved out" and not included in the managed health care approach of OHP.

Single payer health care legislation was again supported by the Oregon Health Action Campaign.

Senior advocates passed legislation that put language in SDDS statutes about the importance of developing and **supporting senior mental health services**, the first such language in statute.

Senior advocates protested an attempt by Governor Roberts to put an additional \$68 million into the **"rainy-day fund"** when social services were being severely

cut. Advocates pushed for restoration of critical senior and disability services such as OPI, nursing homes, medically needy, senior mental health care, etc.

OSCSC and United Seniors again take on the issue of **long term care insurance**. They introduce SB 794, which prohibited sales of limited benefit policies; provided expansion of benefits to include adult day care and residential care; and required that applicants receive an overview of Oregon community-based long term care system. This was a follow-up to the successful passage of HB 2494, which expanded long term care insurance policies to include community based long term care options. SB 794 did not pass.

OSCSC released their **Senate and House All-Stars** for the 1991 session. The Senate All-Stars included; Senators Bill Bradbury, Shirley Gold, Grattan Kerans, John Kitzhaber, and Cliff Trow. The House All Stars included Reps. Judy Bauman, Ron Cease, Mary Alice Ford, Eldon Johnson, Vera Katz, Dave McTeague, Hedy Rijken, Bev Stein, and Jackie Taylor.

- The **Advocacy Coalition of Seniors and People with Disabilities** was founded, becoming one of the nation's first statewide coalitions of seniors and people with disabilities. They would quickly establish themselves as a key advocacy influence on senior and disability service issues.
- The Department of Human Resources implements a reorganization process through their **DHR Service Integration Task Force**, whose purpose was to streamline DHR to provide better services and save tax dollars.
- In February, the **Oregon Health Services Commission** completed the list of health services in prioritized form, part of a controversial 'rationing' approach to health care that received national attention.
- The **Heart of Oregon Coalition**, with strong senior support, continued to pick up steam in their quest to find solutions to the impact caused by Measure 5. They released the widely distributed publication: *A Primer on Tax Reform Options for Oregon and the Crisis in Our Communities*.
- The **Oregon Long Term Care Ombudsman Program** was named one of the top 12 LTC Ombudsman Programs in the nation by the Inspector General of HHS. The state Long Term Care Advisory Committee was chaired by Lee Smith and included advocates Irene Brown (Vice Chair), Jim Smith, OSCSC, and Cecil Houchin.
- OSCSC awarded its **Distinguished Service Awards** to long-time senior advocates Jim Davis, Bill Gordon, and Gene Watson.

- In the summer, United Seniors President **Bob Van Houte** died. **Alice Pickard** became the new president of United Seniors of Oregon. In their November 21 session, the Oregon Senate honored the Bob's memory with a memorial to him.

1992

- Seniors advocates spent a great deal of their time trying to figure out how to respond to the devastating **impact of Measure 5** on social services. A Special Session of the Oregon Legislature was held in July to find a solution to the \$1billion Measure 5-induced deficit. Some called for a follow-up Special Session to come up with a long term solution, such as restructuring Oregon's antiquated tax system.
- The **Oregon Health Plan** received a temporary set-back when the Bush Administration rejected Oregon's application for a Medicaid waiver over conflicts with the Americans with Disabilities Act, mostly over the very controversial "rationing" approach with the 709 prioritized medical diagnoses and services covered by OHP, which was set to add 120,000 individuals to cover everyone under the poverty line in the state. Democratic presidential nominee Bill Clinton vowed to support the waiver if elected.
- In February, the Governor's Commission on Senior Services released the report, **"Model System Plan for Senior Mental Health Care in Oregon: A Vision for the Future,"** authored by psychologist/gerontologist Dr. Jim Davis, SDSO Program Coordinator for Senior Mental Health and Staff to the GCSO Mental Health Committee. The Report cataloged the success of the new Senior Mental health Projects and made extensive recommendations programs, services and supports in a model senior mental health delivery system to meet the mental health needs of elders at the early, mid and intensive intervention levels.
- Senior groups joined with the **Heart of Oregon Coalition** to support the "Split Roll" Tax, originally proposed by the Gray Panthers and Oregon Fair Share (Phil Dreyer, President) and strongly supported by other senior advocacy groups. The Split Roll would have shifted some of the Measure 5 burden from homeowners back to business and recover some of what was lost (\$720 million in 1993-95). With Measure 5, commercial property gained 58 percent of the benefits, compared to 42 percent for consumers. The Split Roll initiative, Measure 7, made the ballot, but was defeated.
- **Dr. Jim Davis** was appointed to the Oregon State Board of Denture Technology and later voted Vice Chair, all with strong protests from the Oregon Dental Association, claiming his "bias" because of his long-time affiliation and support of the denturist community. ODA submitted a legislative amendment in the 1993 Session aimed at Davis' appointment that would have not allowed registered

lobbyists to serve on state board and commissions. It was quickly killed with little support.

- Another proposal came from the Governor's Office to consolidate the **Long Term Care Ombudsman** Program into a Department of Diversity and Advocacy. After a very vocal and active opposition effort by senior advocates and volunteer ombudsman, the proposal was scrapped.
- OSCSC adopted two resolutions which they sent to the Oregon Congressional Delegation and NCSC. One expressed their strong opposition to the proposals that would have means-tested **Medicare** in the form of higher premiums and the other supported removing **Social Security** from the federal budget.
- The Gray Panthers and the Oregon Consumer League worked with the Citizens Utility Board in a campaign targeting the high phone rates and monopoly of US West. They were opposed to **deregulation efforts by US West** and the effects on consumers of the monopoly it could create. In a presentation before OSCSC, CUB Director Bob Jenks decried the fact that consumers would no longer have universal phone service, which should include calling within 20 miles free, free directory assistance and free home service to fix problems.
- The **1992 Governor's Conference on Aging** is held in Eugene in the spring, attracting 150 delegates from around the state. The keynote address was delivered by Governor Barbara Roberts, expressing her concern for the impact on the state budget with the phase in of Measure 5.
- Advocates organized in support of the **Long Term Care Ombudsman Program** and the threat to their funding and independence. One proposal tried to unsuccessfully move them to the Department of Human Services, which was soundly opposed by advocates, who wanted the program to remain independent and not effected by changing politics.
- In April, OSCSC Board approved the formation of the first grassroots senior PAC in the state, to be called the **OSCSC PAC**. Jim Davis directed the PAC and Nate Davis (no relation) was the Treasurer.
- Senior advocacy groups wrote to the Oregon Congressional Delegation to strongly oppose the **Balanced Budget Amendment** to the Constitution, which failed to gain the needed two-thirds majority in the House.
- In the summer, **Dick Ladd**, the long time SDSA Administrator and a pioneer of the state's model community-based long term care system, resigned to become the Commissioner of the Texas Health and Human Services Department.

- OSCSC joins the coalition to **ban triple trailer trucks** in Oregon because of the risk to drivers.
- GCSS established their recommended principles for **Measure 5 revenue replacement**, including: generate additional replacement revenue for the impact of Measure 5; represent a fair tax burden on everyone, based on ability to pay; provide reliable income for the future; and lessen the disparity of tax burden between businesses and homeowners.
- **Chuck Sheketoff**, a legal aid attorney was assigned to work on senior issues through United Seniors, replacing Terry Rogers, who become the Executive Director of the Multnomah County Legal Aid. Chuck would later found the Oregon Center for Public Policy.

1993

- **1993 Oregon Legislature.** The 1993 Legislative Session brought the **continuing dark cloud of Measure 5** and the potential for **severe cuts** in senior and disability services, which became the consuming issue of the session for advocates and providers, including fighting proposed cuts in community-based long term care services, OPI, LTC Ombudsman Program, senior mental health projects, and Medically Needy. Advocates also pushed for **other important senior and consumer issues**, including: freedom of access to pharmacies; automatic public hearings when insurance rates increases reach certain levels; consumer access to health alternatives; increased enforcement in the regulation of nursing homes; maintain Certificate of Need; and expanded responsibilities for legal technicians to help targeted populations. In the end, senior advocates were feeling much better when most senior and disability services were funded at continuing levels and approval was given to overhaul the system of abuse reporting and investigation. There were notable legislative losses around insurance: consumer access to pharmacies of choice; required public insurance rate hearings; and access to denture services through health plans.

Senior advocates put a strong effort into passing **consumer-based insurance** legislation. Strong support was given to legislation (SB 788) that would expand access to alternative health options within health plans, as well as legislation (SB 787) that would require the state Insurance Division to hold public hearings on any insurance rate increase of between 10 and 20 percent, depending on size of policy. Both bills failed against strong insurance industry opposition, although SB 787 was supported by DCBS Director/Insurance Commissioner Gary Weeks and did pass the Senate, only to die House Commerce Committee without a public hearing. Although the senior advocates protested, the power of the insurance industry was too great in the Republican controlled House.

After a very hard fight senior advocates were able to get nearly all of the proposed **cuts in senior and disability services restored**. Amongst the priorities senior leadership pushed for: SDSA Survivability Level 17; General Assistance; OPI; home-delivered meals; and certain medical care, such as home health and personal care, vision care, physical, occupational and speech therapy.

Hundreds of advocates and providers joined at the State Capitol for **Senior Citizen Day** on February 26. To kick off the day United Seniors, GCSA, OSCSC, Oregon Association of AAAs, and Advocacy Coalition of Seniors and People with Disabilities held a press conference to express their opposition to proposed cuts in human services programs and to ask the Legislature to develop a revenue package to replace the funds lost by Measure 5. They emphasize the effect on seniors and people with disabilities, particularly in our community-based long term care program.

Senior **advocacy training** workshops are held in January and February in Redmond, La Grande, The Dalles, and Roseburg.

OSCSC published their "**Legislative Stars**" for the 1993 Session. The Senate Stars were: Senators Bill Bradbury; Bill Kennemer; Grattan Kerans; Frank Roberts; and Cliff Trow. The House Stars were: Peter Courtney; Mary Alice Ford; Kevin Mannix; Dave McTeague; John Minnis; Hedy Rijken; and Tony Van Vliet.

- OSCSC and the **No on Sale Tax League** (Phil Dreyer, President) successfully opposed legislative attempts and later in the year a November ballot initiative that would have initiated a sale tax, long opposed by senior advocates.
- OSCSC, O4A, OSPA continued to co-sponsor the **Oregon Senior Drug Education Project**, which had delivered drug safety training to thousands of seniors and providers statewide.
- OSCSC, United Seniors, and Gray Panthers continued to work with the Oregon State Pharmacists Association on "freedom of access" legislation that would allow consumers of health plans to select the **pharmacy or pharmacist of their choice**.
- **Harold King** becomes OSCSC president.

1994

- Senior groups united to support the re-appointment of Meredith Cote as the **Long Term Care Ombudsman**, which was easily approved in the Senate.

- Senior advocates, particularly OSCSC, put a special focus on energy issues. They called upon the Oregon Congressional Delegation to oppose proposed cuts in the **Low Income Home Energy Assistance Program** (LIHEAP) that provides energy assistance to the low-income. Advocates also raised their protest with the Public Utility Commission about PGE's proposed rate increases, which mainly impacted residential customers. Jim Davis published an Op Ed in the Oregonian on May 20th pointing to the impact of the rate hikes on the low income, prompting a long response to OSCSC from PGE VP Fred Miller. Support was given to the Citizen Utility Board of Oregon.
- OSCSC reached out to the **Oregon Geriatric Education Center** (Diana White, Project Director) to commend the good work of OGEC and to express their support of increased geriatric education in higher education, particularly at the health-related programs of OHSU.
- Senior advocates congratulated Kerry Barnett on his appointment as **Insurance Commissioner** and immediately pushed for the need for more public hearings on insurance increase to allow for public input and potentially curtail spiraling premium increases.
- OSCSC sent a June letter to the Oregon Congressional Delegation supporting **universal health care** and the potential role it could play in providing long term care and mental health care.
- The senior advocacy community was divided on how to respond to the controversial **death with dignity** initiative (Measure 16). Certain advocates felt that the recommended statutory changes would particularly effect seniors and people with disabilities, noting the lack of family notification, lack of emphasis on counseling, residency requirements, and no reporting requirements to regulatory bodies. OSCSC opposed the initiative and was active the campaign.
- Advocate Lois Stranahan won an important victory in her **fight against Fred Meyer** for barring signature gathering and having advocates, including Ms. Stranahan, arrested for attempting to gather signatures. Stranahan sued Fred Meyer for false arrest and malicious prosecution. After losing in the Multnomah County Circuit Court, the Oregon Court of Appeals overturned the decision.
- **OSCSC** celebrates its 25th Anniversary with a September celebration at the Milwaukie Elks, with speeches from Rep. Ron Wyden and Labor Commissioner Wendy Roberts. The OSCSC Distinguished Service Awards are given to OSCSC leaders Jesse Stranahan, Harold King, and Doug Ellis.
- Oregon is accepted into the **Silver Haired Congress** under the leadership of Florence Turner.

- Noted senior advocate and educator **Cecil Posey** died in August.

1995

- **1995 Oregon Legislature.** The 1995 Legislative Session began with the inauguration of former Senate President **John Kitzhaber** as the new Governor, succeeding Barbara Roberts, who chose not to run after a turbulent term under the cloud of Measure 5. The Republicans took over both the State Senate (Sen. Gordon Smith, Senate President) and the House (Rep. Bev Clarno, House Speaker). With a decidedly **more conservative Legislature**, senior and disability advocates entered the session cautious and with less optimism, especially with an estimated \$1 billion deficit looming because of ever-present Measure 5. Amongst the initial **senior priority legislative issues:** support universal health care; maintenance of senior and disability services; no cuts in OPI; protect the LTC Ombudsman Program; health insurance public rate hearings; freedom of access for pharmacies; alternative health care; support of denturists; family leave; support of Housing Trust Fund; and lottery monies for RSVP.

After a long, hard fight by senior/disability advocates, much of the SDSA programs and services targeted for cuts were **reinstated**, including projected cuts in OPI and the Medically Needy Program, with key community long term care services remaining at continuing levels. Other **successful legislative efforts** included: successfully opposing moving the LTC Ombudsman program into the Governor's Office; passing legislation that addressed serious problems in licensing, safety, training, testing and penalties for violations; stopping a blatant attempt to de-regulate cemetery and mortuary by removing key consumer protection oversight functions, defeated "litigation reform" that would have taken away consumer protections and made losers of civil suits pay all legal costs; increasing industry control; killed self service gas legislation; and gaining \$250,000 to expand the services of RSVP's work in such areas as schools and crime prevention.

Amongst **the losses:** expanded dollars for senior/disability transportation; expanded denturist practice to include partial dentures; allow for health plan consumers to choose their own pharmacy; and the establishment of medication education for seniors and their providers.

The Oregon Health Action Campaign (OHAC), with strong senior advocacy support, unsuccessfully pushed passage of the **Patient Protection Act (SB 979)**, which dealt with such issues as grievance processes, enrollee rights and responsibilities, and properly informing patients about services provided, access, charges and scheduling.

After the session, OSCSC, United Seniors and the Gray Panthers called upon the Governor to veto SB 927, which repealed language in the statues around the prohibition of **self service gas**, the first step toward self-serf dispensing of gas in Oregon, traditionally strongly opposed by senior advocates.

- SDSD and OSCSC publish the **Oregon Guide to Senior Services**, which was the first guide that provided contact information and program summaries for seniors services throughout the state.
- The **Medicare/Medicaid Coalition** was formed, chaired by Jim Davis, United Seniors/OSCSC and Ellen Pinney, OHAC. In the fall, the M/M Coalition reached out to the Oregon Congressional Delegation in opposition to proposals in Congress to cuts \$182billion from Medicaid and \$270 million from Medicare. They also called upon DHR Director Gary Weeks to allow advocates to have input into future Medicare policy development.
- The **1995 White House Conference on Aging** is held in May by the Clinton Administration, focused on the future of Medicare and Social Security. The Oregon Delegation is well organized under the leadership of GCSS and their coordinator Georgena Carrow, SDSD. A preliminary conference is held January 4-5 to prioritize WHCOA recommendations from Oregon. The **top ten issues**: 1) affordable, quality universal health care coverage; 2) national policy of community-based long term care; 3) preserve the OAA; 4) safeguard the financial integrity and solvency of Social Security; 5) comprehensive senior mental health and addiction services; 6) enable states to establish single payer health care financing mechanism; 7) increase senior transportation; 8) safe, adequate and affordable senior housing; 9) expand Medicare to include long term care; 10) income security for all older persons.

Oregon delegates included: Carrow, SDSD; Jane Baumgarten, GCSS; Brad Bayliss, GCSS; Don Bruland, Rogue Valley AAA; Don Butsch, AAA Advisory Councils; Elizabeth Davis, GCSS; Jim Davis, OSCSC, United Seniors, Gray Panthers; Dee Deems, RSVP; Nan Dewey, Lobbyist; Mickey Hayman, Klamath AAA; Candice Gottenberg, GCSS; Lee Hazelwood, GCSS; Shawn Jennings, RSVP; Betty Johnson, GCSS; Phyllis Lissman, GCSS; Al Mendlovitz, Robison Jewish Home; Alice Neely, Clackamas AAA Advisory Council; Gerry Newhall, RSVP; Phyllis rand, GCSS; Sue Sakai, GCSS, Multnomah County Minority Elder program; Ruth Shepherd, Generations Together; Rachael Shields, LTC Ombudsman program; Hazel Simms, GCSS; Rollie Smith, GCSS; and Grace Williams, GCSS.

The top ten WHCOA issues, as voted by delegates, coming out of the 1995 WHCOA: 1) Keeping Social Security sound; 2) preserving the integrity of the Older Americans Act; 3) Preserving the nature of Medicaid; 4) re-authorization of

the Older Americans Act; 5) increasing funding for Alzheimer's research; 6) preserving the advocacy function under the Older Americans Act; 7) ensuring the availability of a broad spectrum of services; 8) financing and providing long term care and services; 9) acknowledging the contributions of older volunteers; 10) assuming the personal responsibility for the state of one's health.

- **Jim Davis** is nominated by Governor Kitzhaber for the state **Long Term Care Advisory Committee** and is thrown into a group of 7 nominees targeted by the Republicans, a byproduct of Davis' involvement with the OSCSC PAC and their opposition to certain Republican leaders. Advocates and many key Republicans rallied to support Davis, who lost 14-8 (16 needed for appointment) after the vote was held at the end of the day-long session when many of Davis' Senate supporters had left. The other 6 nominees all lost by the Republican majority, 10-20. Davis would soon be appointed to the state Medicaid Advisory Committee by the Governor.
- Long time Gray Panther and United Seniors leader **Bill Gordon** presented the Gladys McCoy Citizen Involvement Award in April. The award was named after late Multnomah County Chair Gladys McCoy, who was the wife of senior friend Sen. Bill McCoy.
- Gray Panther national founder **Maggie Kuhn** dies at age 89 after making an indelible mark on senior advocacy nationally. State Gray panther leaders Jim Davis and Rep. Ron Wyden worked closely with Ms. Kuhn.

1996

- OSCSC, United Seniors of Oregon and Gray Panthers supported the **Health Care Freedoms Initiative**, which would give Oregonians the right to access any licensed health care practitioner. Leaders of the initiative included Rep. Mary Alice Ford and lobbyist Dell Isham.
- The **Medicare/Medicaid Coalition**, chaired by Jim Davis and Ellen Pinney, was active in support of the continuation of essential Medicare/Medicaid services. The M/M Coalition supported legislation and policy approaches that would: maintain essential Medicaid services with adequate federal standards; encourage state innovations to develop cost-effective acute and long term care delivery systems; and protect funding for states such as Oregon who have the 1115(OHP) and community-based long term care waiver agreements and are making bold strides towards increased access to quality services at a lower cost.
- A delegation from Oregon attended the **Post-White House Conference on Aging Western Health Issues Summit**. The Oregon Delegation included; Jim Davis, OSCSC/United Seniors; GCSS Chair Phyllis Rand; OSCSC Chair Doug Ellis;

Harold King, OSCS; Pat List, SDSA/GCSS/Oregon WHCOA, and Gary Underwood, AARP State Legislative Committee.

- Rep. Elizabeth Furse sponsors **Medicare Forum** in August at PSU. Jim Davis, M/M Coalition, testified on the Medicare issues.
- Seniors advocates were active in the **1996 General Election**, particularly on four measures that impacted the senior community:

Measure 39 dealt with alternative health care, amending the Oregon Constitution to forbid restraints or discrimination regarding anyone's choice of state licensed health care alternatives, such as chiropractors, denturists, naturopaths, physical therapists, etc., and requires health plans to cover alternative health care options. Senior advocates strongly supported the measure in line with historical support of alternative health care.

Measure 45 dealt with public retirement and would amend the state Constitution to require public employees to retire at the Social Security retirement age to avoid cuts in benefit and would bar medical benefits for non-disabled retirees. Advocates said the ensure placed roadblocks to retirement security for public employees and was simply bad policy.

Measure 44 increased the tobacco tax, with 90 percent going OHP services and 10 percent to tobacco education. Advocates strongly supported the measure.

Measure 47 was another property tax measure along the lines of Measure 5 that would place further restriction on property taxes, as well as bond measures. Advocates strongly opposed the measure, pointing to the deficit it would cause and the resulting impact on social services.

- OSCSC co-sponsored a mailing with Project 96 that was sent to District 5 seniors to inform them of **Rep. Jim Bunn's** poor voting record on Medicare. An article printed in the Statesman-Journal in October that indicated that OSCSC had been duped into taking part, far from the truth and likely generated by the Bunn campaign. Advocates then visited the Editor and demanded a retraction. They ultimately allowed a response column by Jim Davis that fully explained the senior's position on Rep. Bunn and was printed on election day, believed to have had an impact in a close re-election race that Bunn ultimately lost.
- Seniors advocates come out strong in support of effort to combat senior **consumer scams** and in support of the senior volunteers (mostly RSVP) who staff the consumer advocate program in the Justice Department.

- The **Oregon Medicaid Advisory Committee** is appointed by Governor Kitzhaber based on legislation from the 1995 Legislature. Advocate Jim Davis is a founding member representing consumers.
- Senior advocacy groups join together to protest the Board of Dentistry's attempt, strongly supported by the Oregon Dental Association, to change the **definition of denture** and punish dentists for working with denturists. A protest was staged outside a Board meeting on October 19th. The issue would ultimately go to the State Court of Appeals, where it would be unanimously struck down.
- The **Campaign for Patient Rights** was founded in partnership with the Oregon Health Action Campaign. Jim Davis was the first and only chair in its 7 year existence.
- In December, OSCSC and United Seniors send a letter to Hersh Crawford, Director of the Oregon Medical Assistance program, opposing an attempt by the agency to limit access to **medications** for low-income, seniors and people with disabilities.
- The **Mental Health Parity Act of 1996** passes Congress with the intent of moving the health care plans and their systems toward equal response and treatment for mental health problems as would be done for physical health situations. The law required all group health plans that cover mental health treatment to provide coverage at equal or greater levels to the annual and lifetime limits for other physical illnesses.

1997

- **1997 Oregon Legislature.** The senior advocates came into the 1997 Oregon Legislature with the continued threat of cuts in senior and disability services. The **Republicans had control** of both the House (Lynn Lundquist, Speaker) and the Senate (Brady Adams, Senate President). The **key senior/disability issues** going into the session: maintenance of SDDS continuing-level services; continued funding of senior mental health projects and the RSVP projects; continuing level funding of LTC Ombudsman budget; support funding services for legal immigrants; expansion of OHP; retain 10 cent cigarette tax for health care; managed health care patient protections (see below); freedom of access to pharmacy; opposition to closed drug formularies in OHP; medication management education for seniors; alternative health care options; expansion of denturist practice to include partials; reform of the 2% Kicker; and no self service gas.

By the end of the 1997 session, senior advocates had been able to recover much of the targeted cuts in SDDS and the budget moved with relative ease through

the process, and even got additional monies to increase wages for client-employed providers (CEPs). Amongst other **senior victories** in the session: passage of a continuing level budget for the LTC Ombudsman program; expansion of OHP, particularly around mental health and addiction services; enhanced managed health care patient protections; more stringent defeated efforts to undercut Adult Foster Home protections regarding criminal checks, transfers, quality of care, and inspection and enforcement; maintenance of the Alzheimer's tax Check-Off; and defeat of two self-service gas bills. Senior legislation that didn't do as well: a \$1,500 tax credit for family caregivers; and expansion of denturist scope of practice.

Senior advocates support the coalition **One Million Oregonians Against Pumping Gas** (organized by Col. Dale Brown) to defeat two bills trying to implement self services gas in Oregon. Senior advocates have been at the forefront of defeating similar measures for decades.

The **Campaign for Patients Rights** was very active in the 1997 Legislature, with strong senior advocacy support, advocating for the successful passage of the 1997 Patient Protection Act (SB 21), which dealt with: consumer-friendly grievance processes; appropriate information disclosure to patients about services provided; emergency services without prior-authorization; internal quality assessment; enrollee and provider advisory involvement in important decision-making; and creative of an Insurance Division Health Care Consumer Protection Advisory Committee.

- **AARP** opened their first Oregon state office in the Portland Metropolitan area. Jerry Cohen, an attorney and long-time AARP staffer from Missouri, became the State Director and remained in the position through 2016.
- The **Oregon Health Action Campaign** endorsed and embraced the **Managed Care Consumer Bill of Rights** from the NY Public Policy and Education Fund, including: the right to have timely access to appropriate health care; the right to an affordable choice of qualified health care professionals; the right to comprehensive health care benefits that meet consumer's health care needs; the right to receive health care that is affordable and free of financial barriers that impede access to health care; the right to high quality health care; the right to challenge decisions a plan makes about any practices or services that impact access to and quality of health care; the right to accurate, current and understandable information and a managed care plan; the right to have medical information remain confidential and not to be discriminated against in managed care; the right to be represented in decision-making and in the organization and regulation of managed health care; and consumers have the right of consumers to vigorous enforcement of the managed care consumer bill of rights.

- The **Medicare/Medicaid Coalition** released their revised **Medicare Position Statement**, which included: Medicare must provide comprehensive services; any reform must maintain and enhance current services, scope and quality of care and choice of providers; delivery systems must recognize demographic shifts; inclusion of consumer involvement; quality assurance systems to protect the vulnerable; consumer directed care and strong case management; savings invested back into federal health care programs; and elimination of fraud and abuse.
- The senior advocacy community remained divided on how to respond to the "**death with dignity**" issue. OSCSC votes to support Measure 51, which would repeal the death with dignity initiative (Measure 16) that passed in 1994. Certain advocates felt that the initiative in its current form would particularly affect seniors and people with disabilities, noting the lack of family notification, lack of emphasis on counseling, residency requirements, and no reporting requirements to regulatory bodies.
- United Seniors President **Alice Pickard** was awarded the Advocate of the Year Award by the Oregon Gerontological Association.
- To stop the **Board of Dentistry** from adopting its **proposed rules to change the scope of denturists**, the Oregon State Denturist Association (OSDA), supported by the State Board of Denture Technology, Oregon State Council of Senior Citizens, United Seniors of Oregon, Gray Panthers, and NW Oregon Retired Labor Council, filed a Petition for Declaratory Ruling with the Board of Dentistry. The OSDA attorneys Randall Baker and Brett Carson, who also represented OSCSC, argued their case in December before a Hearings Officer appointed by the Board of Dentistry, who, to the shock of the Board of Dentistry, ruled in favor of the denturists and senior advocates. Of course, the ruling of the Hearings Officer was only a proposed ruling and, to no one's surprise, the Board of Dentistry ignored the Hearing's Officer's recommendations and, would, the following February, issue a final order against the denturists. The issue would be successfully taken to the Oregon Court of Appeals and stuck down.

1998

- In February, the **1998 Governor's Conference on Aging** is held in Eugene. Entitled "Aging in Oregon: Creating the Future - getting ready for the Next Generation," this event served to set the foundation for recommendations going into the 1999 Legislature. Keynote speakers included; Former Assistant HHS Secretary for Aging Fernando Torres-Gill and PSU Center for Aging Director Dr. Elizabeth Kutza. Issue areas included: Medicare; education reform; housing options; in-home care; changing world; acute and long term care; transportation; mental health and retirement.

- The **Oregon Medicare/Medicaid Coalition** (co-chaired by Jim Davis, Gray Panthers/Oregon State Council of Senior Citizens, and Ellen Pinney, Oregon Health Action Campaign), with strong support from senior advocates, endorsed the national **Medicare for All Campaign** and reached out the Oregon Congressional Delegation about holding jointly-endorsed hearings on Medicare reform in key locations statewide. The Medicare for All Campaign, sponsored by the National Campaign to Protect, Improve and Expand Medicare, called for: an adequately and fairly financed Medicare program; expansion of Medicare coverage to prescription drugs, long term care, mental health services, preventive care, and medical equipment; opposition to such reform options as increasing the eligibility age to 67, raising premiums and co-payments, and increased involvement of private insurance companies; and support of universal health care coverage.
- The federal regulations implementing the **Mental Health Parity Act of 1996** went into effect in January. The law required all group health plans that cover mental health treatment to provide coverage at equal or greater levels to the annual and lifetime limits for other physical illnesses. The Oregon Insurance Division then developed state administrative rules to be adopted in the summer that met with a very mixed response from advocates and federal policy-makers. In July, Reps. Peter DeFazio, Elizabeth Furse, Earl Blumenauer, and Darlene Hooley sent a letter to Governor Kitzhaber expressing their "grave" concerns over the Insurance Division implementation of the law, that, instead of encouraging insurance companies to comply with the act, effectively reduced benefits with a "one-size-fits-all" approach, all without public hearings. After the July 28, 1998, John Glascock, Chair of the Oregon AARP State Legislative Committee, sent a letter to Joel Ario of the Insurance Division supporting the concerns of the Oregon Congressional Delegation members and asking for a public process to develop the rules.
- Jim Davis, OSCSC/United Seniors, produced the television show entitled ***Years of Change and Challenge***. The show looked at reaching retirement with growth and happiness and dealing with senior life transitions with healthy solutions, including changes in roles, lifestyle, relationships, responsibilities, and expectations. The Principal Development and Creative Team included Jim Davis as Content Expert/Executive Producer, Richard Wright as Producer and Jeffrey Dickey as Writer/Director.
- Mental health, senior, consumer, low-income and disability advocates continued their fight for access by low-income individuals on the Oregon Health Plan (OHP) to needed anti-depressant and anti-psychotic medications through an **Oregon Health Resources Commission** process to evaluate the effectiveness of these medications and make recommendations to the Oregon Medical Assistance

Program (OMAP), which administered OHP. Earlier in the year, a coalition of statewide senior, consumer and health care groups led a very successful advocacy campaign against a proposed OMAP "case management" program, which would have added unnecessary restrictions and complications for Medicaid patients with mental illness, who needed access to 10 newer, higher-cost anti-psychotic/mental health medications such as Prozac, Zoloft, Risperdal, and Clozaril. The Oregon Health Resources Commission ultimately looked at the issue and made recommendations back to OMAP and the Legislature. Their Consumer Panel, which included senior advocates Nellie Fox-Edwards, AARP, Leo Pothetes, Governor's Commission on Senior Services, and Jim Davis, OSCSC, agreed with the effectiveness of the newer medications for consumers and took a strong stand against any barriers to access to needed mental health medications, expressing particular opposition to the OMAP Case Management Approach. The Medical Director Panel, however, took a stand for the capitation of mental health medications with the health plans.

- The Oregon State Council of Senior Citizens, United Seniors of Oregon, Gray Panthers, and the NW Oregon Retired Labor Council continued in their support of Oregon **denturists' fight with the Board of Dentistry's** over their attempt to cut the scope of practice of denturists and punish dentists for working with denturists, even though the Oregon statutes clearly stated that denturists could make a full upper or lower denture. This was the latest chapter in the escalating legal battle by denturists to protect their rights and the right of their mostly senior clientele to affordable denture care from the Board of Dentistry's repeated attempts to restrict the lawful scope of practice of Oregon denturists. The Board of Dentistry wanted to restrict the definition of denture to cut the scope of practice of denturists so that Oregon denturists could no longer provide over-denture or implant denture services directly to their patients, even though, for many, this has been part of their practices for decades. They also wanted to punish dentists for working with denturists who provide any denture services that involve dentures over retained-root structure or implants. Senior advocates had fought this same attempt by the Oregon Dental Association in the Oregon Legislature. After the Board of Dentistry's override of its own Hearings Officer, OSDA had appealed to the Oregon Court of Appeals, who would ultimately strike down the Board decision. The denturist program in Oregon was strongly supported by senior advocates, who helped to engineer the overwhelming victory of the Denturist Initiative in 1978.
- Representatives of the Oregon State Council of Senior Citizens, United Seniors of Oregon, NW Oregon Retired Labor Council, and Oregon State Denturist Association met with state Attorney General Hardy Myers in October to voice their concern with the apparent "severe" bias displayed by the Justice Department in favor of the Board of Dentistry and against the **Oregon denturist profession** over the past decade, particularly over the fight with the Board of Dentistry over

their attempt to change the scope of practice of denturists. Advocates stated that the Assistant Attorney Generals assigned to the State Board of Denture Technology, which represents the denturist profession, had clearly voiced their support for the Board of Dentistry stance in sharp contrast to their client's stance. Assistant attorney generals would represent the Board of Dentistry in the Court of Appeals case and the denturists/advocates had to hire their own attorney.

- The **1998 General Election** results brought more positives than negatives for senior advocates. The Bill Sizemore supported Measure 59, which would have made it illegal for public employee union payroll deduction to be used for campaigns, went down to defeat by a close margin. Measure 63, which required ballot measure calling for a supermajority to receive at least the same percentage of votes, passed. Measure 65, which would allow opponent of administrative rules adapted by state agencies to gathered signature for legislative review, was defeated. On a statewide level, John Kitzhaber won easily over Bill Sizemore in the governor's race. Republicans retained control of both the House and the Senate, although the Democrats did make gains in the Senate. Rep. Margaret Carter, long-time senior supporter, lost to Stan Bunn for State School Superintendent. In the Oregon congressional races, every senior supported candidate won their races, including: Ron Wyden for US Senate; David Wu, 1st Congressional District; Greg Walden, 2nd Congressional District; Earl Blumenauer, 3rd Congressional District; Peter DeFazio, 4th Congressional District; and Darlene Hooley, 5th Congressional District.

1999

- **1999 Oregon Legislature.** The 1999 Legislative Session turned out to be a long and frustrating legislative experience for senior advocates. Initial **priority issues** included: keeping the SDSA long term care budget at current service levels; expansion of OPI; increased wages, benefits and training for client care providers; support special transportation; expand senior mental health projects; employment initiative for people with disabilities; requiring health insurance rate increase hearings; guarantee consumer access to alternative health care practitioners; medication management training for seniors; expansion of denturist scope of practice; oppose self-service gas; protect the rights of manufactured home residents; state funding of senior corps programs; tax credit for caregivers; guardianship reform; and protecting Alzheimer's research.

In the end, there some **good victories**, including maintaining funding for senior and disability services, OPI, senior and disability mental health and alcohol and drug projects, the Long Term Care Ombudsman Program, RSVP State Projects, and the 10 cent tobacco tax for the Oregon Health Plan, as well defeating efforts to decrease Alzheimer's research funding by eliminating Alzheimer's research from the tax check-off, implement self service gas, and curtail certain adult

foster home reforms and residents protections. But there were many senior and consumer losses, including the caregiver tax credit and expansion of the denturist program.

Senior advocates were involved in the formulation of **priority consumer/patient rights legislation** through the Campaign for Patient Rights (Jim Davis, Chair), including: more fair and comprehensive health care informed consent process; independent external review within health plans; ability to sue health plans; access to non-formulary drugs; prohibition on financial incentives to withhold care; require specialists to serve as primary care physicians; and establish an Office of Managed health Care Ombudsman. Advocates were resoundingly defeated on all eight CPR managed care patient protection consumer health care initiatives; all died in committee and only half were given a public hearing.

Senior advocates once again found themselves fighting the Adult Care Providers Association and their director Grover Simmons on various bills that made unacceptable changes in the SDSA system regarding **adult foster homes**, including: increasing allowed residents in AFHs from 5 to 6; changes in criminal records processes; and weakening complaints processes.

Senior advocates again support the coalition One Million Oregonians Against Pumping Gas, organized by Col. Dale Brown, to defeat attempts to implement **self services gas** in Oregon. All legislative attempts at passing self service gas failed.

Senior and consumer advocates joined together to oppose legislation (HB 3220) that would let PGE recoup from **utility consumers** the profits they would have made on the Trojan Nuclear Plant from 1995-2011 had it remained open. Advocates called this an "outrageous wipe-off" of utility consumers. They did not oppose PGE recouping their investments, but thought that asking for 16 years of profits retroactively was unconscionable, especially after the Circuit Court and Court of Appeals ruled it unlawful.

Senior and disability mental health remained a priority for advocates. Led by the Governor's Commission on Senior Services, OSCSC, United Seniors, and other senior advocacy groups, there was a strong push for increased funding of senior and disability mental health care for the senior mental health projects, which had received no increased (actually decreased) funding since their inception in 1989. SB 880, which died in the Ways and Means Committee, would have provided \$450,000 in addition to current funding to expand the coverage for senior mental health and alcohol and drug abuse services for seniors and people with disabilities.

The state **Senior Mental Health and Addictions Projects** reach the 10th anniversary of their inception having made a significant contribution in the 12 counties affected, Lane, Mid-Willamette (Marion, Polk, Yamhill), Multnomah County, Rogue Valley (Jackson-Josephine), Union, and Washington Counties. To this point, they reached 4,800 senior clients with individual and group counseling, involved more than 300 volunteers, and reached more than 5,500 service providers, advocates and family members with training and coordination.

In May, United Seniors and OSCSC wrote to the Governor urging him to veto SB 425, which would **weaken adult foster home standards** by decreasing the review period from 5 to 3 years prior to employment on criminal records checks for care providers. The bill was ultimately signed into law.

- United Seniors, OSCSC and other consumer/advocacy groups joined with the Campaign for Patient Rights to again ask the Insurance Commissioner Greenfeld to follow through on the commitment made to advocates by the prior two insurance commissioners that called for the development of a process for **public review of health insurance rate increases** and allowance for an advisory body and/or advocates to request that the Insurance Commissioner hold public hearings on rate increase request that seem excessive or unfair to consumers.
- In September, OSCSC, Good Health Network, and the Multnomah County RSVP sponsored a "Premiere Showing" of the video "**Years of Change and Challenge,**" produced by Jim Davis and Dick Wright, utilizing "senior role models" Bill Gordon, Leo Pothetes, Elizabeth Davis, Marcelle Robinson, Howard and Beth Shapiro, and Lorraine Armstrong. The film would later be shown on OPB.
- NCSC took the lead in pushing nationally for the passage of a **Medicare Drug Program**, as the role of prescription drugs in the life of elders had increased multi-fold. It had been 34 years since NCSC helped enact Medicare.

2000

- As a result of years of strong advocacy for managed care patient rights by the Campaign for Patient Rights and an initiative threat by labor and advocates, Governor Kitzhaber brought together advocates, providers and the major health plans to form the **Governor's Patient Protection Work Group** to begin to discuss key managed care patient protection issues and see where compromises could be worked out. The result would be the passage of patient protection legislation in the 2001 Session.
- **OSCSC** celebrates its 30th Anniversary with a January 28th celebration at the Milwaukie Elks with keynotes speakers Dick Ladd and Attorney General Hardy

Myers and Bill Gaynor, OHSU Center for healthy Aging. Outstanding legislator awards to Senator Cliff Trow, Senator Frank Shields and Rep. Barbara Ross. Distinguished Service Awards are given to: Jim Davis, OSCSC; Lee Hazelwood, GCSS; Becki Wehrli, Elders in Action; Dale Brown, 1000 Oregonians Against Self Service Gas; Bill Gordon, Gray Panthers; and Betty Johnson, Health Care for All.

- Senior advocates put strong support behind **Oregonians for Quality Home Care**, a coalition effort gathering signatures to put a constitutional initiative on the ballot that would form a state home care commission that would deal with pressing issues affecting in-home care workers, such as pay, benefits, worker's comp, etc. With strong financial support from SEIU, the constitutional initiative would make the ballot in 2002 and pass comfortably.
- Senior advocacy groups join the **Trust Juries Coalition** to oppose Primary election initiative Measure 81 (referred by the Legislature), which would allow the Legislature to limit any non-economic damages in civil cases, including medical bills, long term care, lost wages, breach of contract, trespass, and other torts. It was defeated.
- The **Oregon Medicare Justice Coalition** is formed to create an uneasy partnership between health care providers and consumers to advocate for equalizing Medicare benefits and create a fair reimbursement structure. Partners included: Oregon Association of Hospitals and Health Plans; OSCSC; United Seniors; Providence Health Care; Oregon Medical Association; NW Oregon Labor Retiree Council; Portland Gray Panthers; Elders in Action; O4AD; and the Advocacy Coalition of Seniors and People with Disabilities. A press conference is held in Portland with coalition partners and Governor Kitzhaber. Soon after its formation advocates began to complain that the provider side was not collaborating well and was using this effort for their own purposes.
- OSCSC and Congresswoman Darlene Hooley hold an August public forum in Salem to highlight how Oregon has been short-changed by Medicare and the need to recreate a more fair **Medicare reimbursement** system. Support was given to Senator Ron Wyden's *Medicare Geographic Fair Payment Act*.
- Senior advocates continued to provide strong support to the Oregon State Denturist Association in their State Court of Appeals case against the Oregon Board of Dentistry, who attempted to do a back door efforts to change Administrative Rules in a way that would cut the scope of **denturist practice** and punish dentists for working with denturists, which went against state law on denturist practice and was well beyond their oversight. Representing seniors and the denturists were Randall Baker and Brett Carson of Casteel and Carson.

- OSCSC, United Seniors and the Advocacy Coalition of Seniors and People with Disabilities hold a press Conference on November 3 to express their strong opposition to **Measures 8 and 91**, which would have cut taxes, mostly to the wealthiest citizens, and caused massive cuts in senior and disability services. Advocates, particularly labor retirees, helped defeat Measures 92 and 93 which would have gutted union influence.

2001

- **2001 Oregon Legislature.** In January, the Legislative Session started on a sour note as advocates, led by the Advocacy Coalition of Seniors and People with Disabilities, expressed their serious concerns over comments made by **Governor Kitzhaber** in his Opening Address to the 2001 Legislative Session. In an attempt to justify his controversial budget recommendations, which included significant cuts to senior and disability services, he told legislators a story of two emergency medical situations he encountered as a medical intern, both of which resulted in death, one a 3 month old premature baby and a 90 year old woman with lung cancer, which he said was a metaphor for the recommended budget. Senior and disability advocates were confused and disappointed by the analogy that seemed to imply that prenatal care was more important than the care of frail elders within state funding priorities. This certainly seemed to advocates to be the direction the Governor was heading with his severe recommended cuts in the budget (\$93 million/\$46.5 State General Fund) for the state senior and disability services system.

Save Oregon Seniors (SOS) and many other senior, disability and provider groups sponsored **two rallies on the State Capitol steps** to make funding of senior and disability services a top priority and rebuke the Governor's recommendations for severe cuts in community-based long term care. More than 600 advocates, senior facility residents, and providers participated in January and then visited legislators. Another rally was held in April to protest cuts in senior and disability funding that brought 1000 people to the steps of the Capitol. Advocates later sponsored a legislative reception and Lobby Day that brought another 300 advocates into the Capitol.

Once Governor Kitzhaber's Budget recommended massive cuts in senior and disability services, the mission of advocates in the 2001 legislative session became very clear: **fight to keep essential services** affecting thousands of seniors and people with disabilities and halt the dismantling of our national model community and institutional-based long term care system. The Governor **recommended cuts** of \$93 million in the 2001-2003 Senior and Disability Services Division (SDSD) budget, including: the elimination of Oregon Project Independence and SDSD eligibility levels 15-17; reduction of hours for Client Employed Providers; reduction of continuing service funding levels for nursing

community-based facilities; elimination of assisted living for Medicaid-eligible clients; and the elimination of the senior mental health and alcohol and drug abuse projects and the Retired and Senior Volunteer Programs within the SDDS system. Nearly ten thousand seniors and people with disabilities would have lost services that help them remain independent in their own communities.

In response to this crisis, senior and disability advocates looked to **statewide coalition efforts** such as Save Oregon Seniors, United Seniors of Oregon and the Advocacy Coalition of Seniors and People with Disabilities. There were also a number of other issues targeted by senior and disability advocates, including the full funding of the Long Term Care Ombudsman Program; funding the new Home Care Commission and the support of client employed providers; managed health care patient protections; senior and disabled transportation, and continued opposition to self-service gas.

Senior and disability advocates supported continuing-level funding of the **Oregon Health Plan** and opposed any efforts to further reduce the level of health services or place limitations on access to health care services for Medicaid recipients. They supported retention of the 10-cent tobacco tax, which was scheduled to sunset in December 2001, and continue to utilize this money to serve the health care needs of low-income Oregonians. With a strong continual funding recommendation in the Governor's Budget, OHP moved to full funding without significant roadblocks. However, advocates had mixed reactions with a late session movement of HB 2519, which increased OHP coverage to those at 185% of the poverty levels, but lowered benefits to those who are not categorically eligible for **Medicaid coverage**, establishing a two-tiered benefits package. Advocates also continued to oppose any attempts to implement co-payments for services such as medical care or prescription drugs.

When the 2001 Oregon Legislature drew to a close in July, senior/disability advocates could finally breathe a sigh of relief for what turned out to be a **victorious effort**, as the recommended cuts in senior and disability services were restored. Seniors and people with disabilities received particularly strong legislative support from the House leadership and key members the Ways and Means Subcommittee on Human Services. Although it turned out to be a very successful advocacy effort, advocates were very frustrated that the on-going senior and disability budget fight continued to be around saving current SDDS services rather than looking to the future direction of services as Oregon's senior and disability population growth continued to be amongst the highest in the nation. There was some movement in the session to **develop task forces** to look at how the senior and disability services system will need to respond to this significant population growth. After the session, the Governor issued an Executive Order for the formation of a Governor's Task Force on the Future of Services for

Seniors and People with Disabilities. House Speaker Simmons then formed the House Task Force on Senior and Disabled Services.

Senior and disability advocates celebrated their successful advocacy for the protection and maintenance of statewide senior and disabled service programs, but within a few months, they found themselves back at ground zero in the fight to maintain these vital services, as the state faced a growing budget deficit of \$830 million in the 2001-2003 biennium and a Special Session loomed.

The **most active supporters** of senior and disability services and other senior issues in the 2001 Legislature included, Speaker Mark Simmons, Rep. Jackie Winters, Rep. Dan Gardner, Rep. Kurt Schrader, Senator Lenn Hannon, Senator Cliff Trow, Sen. Frank Shields, Sen. Kate Brown, Rep. Randy Leonard, and Rep. Steve March.

In response to the passage of Measure 99 in the 2000 Elections forming the new state **Home Care Commission**, the Oregon Legislature began to look at the ultimate objectives of the measure, including increased wages, benefits and training for client employed providers (CEPs) who provide in-home care for seniors and people with disabilities. During the 2001 session, senior advocates worked with SEIU/OPEU and the Coalition for Quality Homecare to support HB 3816 and the successful implementation of the Home Care Commission, which established standards, training, a registry, and a collective bargaining process for home care workers. There were approximately 14,000 home care workers in Oregon at the time. HB 3816 passed and the Home Care Commission was funded. Advocates also continued to unsuccessfully support legislation that would allow for personal tax credit for those **caring for loved ones**, especially considering the financial and personal sacrifices they make.

As always, senior advocates supported the independent status and continuing-level funding of the **Long Term Care Ombudsman Program** to allow its consumer watchdog activities to ensure quality care for nursing home and adult foster home residents. The Program did not face any significant problems in the passage of its budget, but later in the session there was an effort to develop a legislative ombudsman umbrella program that would have incorporated the Long Term Care Ombudsman Program, threatening its independence and potentially future federal funding such as the Older Americans Act. After a strong protest, the program was removed from HB 3963, which ultimately failed in Committee.

Advocates again had to fight efforts to **undercut protections of adult foster home residents**. SB 917 would have weakened provider training to allow 5 of 10 required continuing education hours to be related to business practices rather than care of the residents, taking away needed patient care training. SB 917 died in the House Rules Committee. SB 30 would have allowed an adult foster home to

care for one non-family member without any statutory requirements or safeguards. It would have allowed for potentially hundreds of seniors and people with disabilities to be cared for in an adult foster home setting without any oversight and regulatory protections. After strong advocate opposition, SB 30 died in Committee as well.

Advocates strongly supported **patient protections** and quality of care for consumers enrolled in managed care through the consensus patient protection legislation, HB 3040, which came out of the Governor's Patient Protection Work Group. HB 3040 included external grievances processes through an independent review organization; on-going referrals to specialists; continuity of care when a physician leave a plan; and geographic network adequacy to ensure that all covered services are available and reasonably accessible to consumers. HB 3040 was passed by both the House and Senate unanimously and signed into law by the Governor in a ceremony before the end of the session. Advocates also provided support for other patient protection issues such as: funding for an independent consumer assistance/ombudsman program; appropriate and accessible network providers; informed consent to proposed method of treatment; prohibition of financial incentives to deny medical care; whistleblower protection; and needle stick protection.

Senior advocacy and disease groups led the opposition to HB 3300, which would have implemented a state referenced priced **drug formulary** and was strongly pushed by Governor Kitzhaber and the Oregon Medical Assistance Program. HB 3300 as written could have placed an unfair burden on low-income consumers who depend on these vital medications to help them live normal and productive lives and, as research had shown, could result in cost-shift increases in medical costs through increased physician visitations, emergency room visitations and hospitalizations. The relatively small amount of \$7 million in state general fund dollars estimated in savings for the next biennium was less than 1% savings of the OHP drug budget. It could have led to greater restrictions that could be implemented in the future to create more desirable savings; especially since language was to be removed that bans the implementation of drug formularies for cost purposes. In a compromise move at the end of the session, a somewhat less restrictive version of HB 3300 was amended into SB 819 that would allow for the development of a state formulary with a more seamless exception process. It passed overwhelmingly.

Senior advocates again got actively involved in a number of **consumer pharmaceutical issues**. They supported SB 9, which created a Patient Prescription Drug Assistance Program through the Oregon State University College of Pharmacy to assist low-income Oregonians in gaining access to information about assistance programs being offered by the industry and also set up a toll-free hotline and Internet Hotline. SB 9 ultimately passed with the inclusion of a low-

income senior drug assistance program from SB 927. OSCSC worked in partnership with OSU to expand the toll-free number in cooperation with OSCSC's Oregon Senior Drug Education Program to provide response for questions seniors and Medicaid clients might have about their medications, until funding was frozen. For the 3rd session, consumer and pharmacy groups failed to pass legislation (SCR 8) which recommended the provision of medication management education for Oregon seniors and their health professionals and service/care providers through the Oregon Health Plan and other health care plans.

Senior advocates continued their strong support for a comprehensive system of services that addressed the **mental health and alcohol and drug abuse needs of seniors**. Advocates fought throughout the session to keep funding alive for the SDSD Senior Mental Health and Addiction Projects that were targeted for elimination in the Governor's Budget. We also joined with other senior groups such as the Governor's Commission on Senior Services to co-sponsor HB 3667, which would have provided \$450,000 to increase funding of the Projects and fund the development of new projects in areas of the state not covered by these services. As the session wore on, it became clear that it would be a struggle to even hold onto the 5 current senior mental health projects.

In the end, after a successful 12 year run, the funding for the 5 **Senior Mental Health and Addiction Projects** was eliminated, with some services and programs remaining when other monies were available. From 1989-91 through 1999-2001, the projects reached more than 6,400 senior clients with assessment, consultations, and individual and group counseling; involved more than 600 peer counselors and volunteers; and reached more 11,500 service providers, advocates and family members with training and consultation.

Advocates worked with PEACH in supporting legislation to guarantee consumer access in health insurance coverage for any health-related profession that is licensed/certified in Oregon. Speaker Simmons sponsored HB 3846; an "any willing provider" legislation that would have opened managed health care to certain areas of **alternative health care**. As expected, HB 3846 died in Committee, but it did generate some good discussion about the importance of alternative health care.

For the 4th straight session, advocates and denturists faced serious roadblocks from the Oregon Legislature in their effort to pass **denturist legislation**, including allowing denturists to fabricate partial dentures as a part of their scope of practice; maintain a dental-oriented business association with dentists, and expanded consumer access to denture services through health insurance plans and HMOs; and required rotation of assistant attorney generals assigned to state boards and commissions, both to put a halt to continued efforts by the Board of Dentistry to negatively impact denturists' practices.

Senior and disability advocates strongly opposed SJR 41, a Bill Sizemore-sponsored bill that incrementally eliminated most of the **property taxes** paid by anyone over the age of 65. Although on the surface it sounded like a great idea to assist the senior community, it would have created a major budget crisis. SJR 41 died in Committee.

Support was given to the **Oregon Tenants Association** in their efforts to protect the rights of residents of manufactured home parks, including protection from certain forced removal; protection from abuse of residents by owners or management; management training and certification; support of the Manufactured Dwelling Park Ombudsman; and increased disclosure of information to tenants.

As part of the **Million Oregonians Against Pumping Gas**, advocates continued their strong opposition to the repeal of the prohibition on **self-service gasoline dispensing**, which would create physical and financial hardship on many seniors and people with disabilities, by killing SB 506 in Committee with strong consumer opposition.

Senior advocates continued their strong support for expanded funding for **senior volunteerism** and mentoring. When the Governor's Budget recommended its elimination, the primary advocacy effort stressed the continued funding of the **state-funded RSVP Projects** that assist in senior/disability services, youth tutoring/mentoring, and crime prevention programming. OSCSC and United Seniors also supported legislation supporting the future state funding of the Senior Companion Program and Foster Grandparent Program to assist abused and troubled youth and homebound seniors. The RSVP state projects were ultimately refunded in the SDSD budget, but no consideration was given to funding Foster Grandparents and Senior Companions in a tight budget environment.

- The **National Council for Senior Citizens** was dissolved and became the **Alliance for Retired Americans**. Efforts began by union retirees to organize the Oregon chapter of ARA with the help of leadership within OSCSC, which had been the NCSC affiliate since the 1970s. Despite efforts to merge OSCSC into the new OrARA, OSCSC would remain in existence and later would become a state affiliate of the National Council on Aging.
- OSCSC and SDSD published an updated 2001 version of the **Oregon Guide to Senior and Disability Services**.
- The **Oregon Senior Drug Education Program** began in October with a series of workshops around the state, lead by OSCSC trainer Mark Miller, to assist seniors and their providers with communicating effectively with physicians and

pharmacists about medications and avoiding the serious problems that can accompany improper medication usage.

- The **Medicare Justice Coalition** continued its work addressing inequities in Medicare reimbursement. The 106th Congress does allocate a \$4.2 billion increase in reimbursements.
- **Bob Porter** becomes the President of United Seniors of Oregon replacing Alice Pickard.

2002

- **2002 Special Oregon Legislative Session.** After a successful 2001 Legislature where senior and disability services were preserved, the Legislature was back at ground zero in the fight to maintain vital services as the state now faced a **budget deficit of \$830 million** in the current 2001-2003 biennium. A January Legislative Special Session (adjourned on February 11) was held and senior and disability advocates won the latest round of fights to preserve the state's senior and disability services system from serious cuts. The package of cuts and revenue enhancements passed by the Legislature to deal with the state's budget deficit restored nearly all the senior/disability cuts recommended by the Governor, who was in a dispute with the Legislature over potential revenue enhancements.

Senior and disability advocates urged the Legislature to support the "**Group of 5**" – legislative budget/finance committee appointed by legislative leadership for the Special Session – and **Emergency Board** recommendations around senior and disability services to stand as passed by the **February 12th Special Session**, allowing for: full funding of Oregon Project Independence, which reached 3,700 clients each month with community-based services; no cuts in reimbursement rates for nursing homes, saving many facilities from bankruptcy; no rate reductions for assisted living facilities, which will allow assisted living to remain an option for Medicaid-eligible clients; full Funding of the Retired and Senior Volunteer Projects to reach children, seniors and people with disabilities with needed volunteer support; full funding for the Oregon Home Care Commission; and no cuts in the Oregon Health Plan Adult Dental Program, which would affect thousands of low-income persons, both young and old. Advocates suggested there should not be serious cuts in any of the social and health care services, when there are revenue alternatives currently available that could protect these critical state services, including the Medicaid Plus Upper Limits revenue, unallocated Tobacco Settlement revenue, delaying or eliminating Ballot Measure 88, and increasing currently low taxes on cigarettes, beer and wine.

- In February, senior advocates oppose proposed an **OHP** Administrative Rule that would allow OHP participants to be charged a **co-payment** of \$2 for generic drugs and \$3 for brand name drugs. Advocates cited restrictions on access to medications for low income individuals.
- Governor Kitzhaber forms the **Governor's Task Force on the Future of Services to Seniors and People with Disabilities**, made up of advocates, providers and policy-makers, to look at the future of aging on Oregon. Grassroots senior advocates from groups such as OSCSC, United Seniors and the Advocacy Coalition of Seniors and People with Disabilities expressed their strong concerns

about the lack of grassroots advocacy and consumer involvement. Their request to expand advocacy involvement was ignored.

- OSCSC and Save Oregon Seniors formed the **Seniors Count 2002**, creating opportunities for senior voters to come together in local forums to talk about the statewide issues that are of importance to them in the upcoming 2002 General Election, to register seniors to vote, and to organize get out the vote efforts. They also assessed ballot measures for social and economic impact and published a senior voter's guide.
- **Oregon Health Care for All** organized a historic grassroots signature gathering effort to get an initiative on the ballot to create a single payer health care program in Oregon. The health insurance industry poured millions into the general election campaign to handily defeat the measure.
- **Citizens for Affordable Denture Care** is formed to support Measure 24/Consumer Denture Care Act, which allowed licensed denturists to fabricate partial dentures for the public and allowed a dentist and a denturist to cooperate and maintain any business or professional association that is mutually agreeable. The initiative was sponsored by the Oregon Denturist Association, OSCSC, and United Seniors of Oregon. In the 2002 General Election, Measure 24 was passed by Oregon voters by a 76-24 margin.
- Colonel **Dale Brown**, a leading advocate the successful statewide coalition efforts in opposition to self-service gas, passed away.

2003

2003 Oregon Legislature. In the longest legislative session in Oregon history (227 days), the 2003 Legislature became a battle for advocates to save their model senior and disability long term care service system in the worst **state budget crisis** in 60 years. While the Ways and Means Co-Chairs and new Governor Ted Kulongoski acknowledged that services for seniors and people with disabilities were a priority, the failure of the January tax initiative Measure 28 and other factors prompted **recommendations for devastating cuts** in senior and disability services in their proposed budgets, including: the elimination of Oregon Project Independence; cuts in reimbursement rates for nursing homes; rate reductions for assisted living facilities; elimination of Medicaid community-based long term care services in survivability levels 11-17; elimination of the Medically Needy Program; and the elimination of the state funded Retired and Senior Volunteer Projects.

In January, the **House Task Force on Seniors and Disabled Services**, chaired by Rep. Wayne Krieger, distributed its Final Report to the 2003 Legislature after months of deliberations during the 2001-2002 Interim, following up on the work of the Speaker's Task Force on Funding for Senior and Disabled Services, which reported in March of 2001. The House Task Force issued recommendations on in-home and community based care, long term care facilities, health care, prescription drugs, and global issues around the aging of Oregon population. Task Force members included, Reps. Alan Bates, Alan Brown, Steve March, and Patti Smith and public members Don Butsch, Jim Davis, Darryl Fisher, John Lamoreau, Lee Meyers, John Mullin, and Jacqueline Zimmer.

The **Rally to Save Oregon Senior and Disability Services** was held on January 30 at the State Capitol and more than 1000 seniors, people with disabilities, advocates and providers took part. Rally sponsors included; Save Oregon Seniors; United Seniors of Oregon; Oregon Health Care Association; O4AD; Advocacy Coalition of Seniors and people with Disabilities; Oregon Disabilities Commission; SEIU; and Oregon Catholic Conference.

In the end, senior and disability advocates were able to **prevent devastating cuts** in senior and disability services, including saving survivability levels 12-13 and garnering increases in Medicaid reimbursement for both nursing facilities and assisted living facilities. House Speaker Karen Minnis played a major role in preserving senior and disability services. Unfortunately, General Assistance was discontinued in February.

United Seniors of Oregon, Gray Panthers, Alzheimer's Association of Oregon, and Mental Health Matters opposed HB 2537, which would have removed legal requirements and mandates for critical services within **health insurance** policies, including mental health, chemical dependency, HIV/AIDS, prenatal care and delivery services, mammograms, ambulances, optometrists, denturists, nurse practitioners and physician assistants, and emergency eye care.

Senior advocates opposed HB 2964; which would limit majority ownership and **control of dental offices or clinics** to only dentists and places other restrictions, especially for licensed denturists, who were under a different section of Oregon statutes from the Dental Practice Act. HB 2964 would have potentially subverted the intent of Measure 24, which was passed by Oregon voters in the 2002 General Election by a 76-24 margin. Through Measure 24, advocates strongly supported denturists and dentists developing strong, collaborative relationships by replacing barriers on the ability of denturists and denturists to enter into mutually beneficial business arrangements, removing unnecessary delays and additional expenses and compromises in the quality of dental services for patients.

Senior advocates supported **Oregonians for Health Security** and their affiliate organizations in helping pass critical **prescription drug legislation** to respond to the incredible rise in the cost of prescription drugs that created a statewide prescription drug purchasing pool that has since reached more than 2000 Oregonians over the age of 54, who have received savings of up to 60%.

United Seniors of Oregon, Alzheimer's Association of Oregon, and Portland Gray Panthers supported without success increasing civil penalties for **abuse** of seniors and people with disabilities to three times the actual economic and non-economic damages.

Seniors advocates again helped to defeat legislation that would have implemented **self service gas**.

- **Dick Ladd**, former SDSA Administrator and a pioneer in the development of Oregon's national model community-based long term care system, died.
- Senior advocates asked Governor Kulongoski to strongly oppose recommendations by the Bush administration to **reform Medicaid** through a block grant approach to funding Medicaid that would cap Medicaid costs in the future and leave state with no guarantees of more federal dollars if program costs increased; which was a certainty with the expected growth in the senior population with the baby boomers, as well as the increases in the disability and low-income populations.
- In June, senior advocates reached out to the Oregon Congressional Delegation to express their opposition the repeal of the **estate tax**. Advocates did not understand the logic in repealing a tax that only effect the richest 2% of our nation; individuals with estates of \$1 million or couples with \$2 million estates. At the time, only 3 in 10,000 left taxable estates in which the family business or family farm is the majority of the estate.
- The **Coalition for Responsible Treatment** is formed to create a unique partnership between advocates of seniors, racial and ethnic minorities and the physically disabled, all of whom were being dramatically underserved by the current mental health and addiction services system, to provide education and advocacy for enhanced mental health and addiction treatment services for the three stakeholder populations to ensure adequate state and local funding for needed services and improve access to the medication they need to effectively treat their mental health and addiction problems. The Coalition was made up of a broad-based of organizations that represent health care consumers and providers in the senior/disabilities and ethnic minority communities, including: Advocacy Coalition of Seniors and People with Disabilities; Alzheimer's Association of Oregon; Asian Pacific American Network of Oregon (APANO);

Native American Rehabilitation Association of the NW (NARA/NW); Older Women's League, Portland Chapter (OWL); Oregon Advocacy Center; Oregon Association of Area Agencies on Aging and Disabilities (O4AD); Oregon Consumer League; Oregon Healthcare Association; and United Seniors of Oregon.

2004

- SPD reports to the January Legislative Emergency Board that they have realized a \$40 million **savings** over the first 6 months of the 2003-2005 biennium, causing advocates to push for the money to be put back into the already decimated senior and disability service system.
- Advocates organize a strong opposition effort as **SPD service priority levels 12-13** are on the chopping block after the loss of Measure 30, with the potential loss of 1,200 clients. The federal government would ultimately intervene to deny cuts in levels 13 or below.
- Senior advocates and providers strongly supported **Measure 30** in the February 3 Special Election. Forwarded by the 2003 Oregon Legislature, the tax measure would provide \$800 million to balance the state budget and stop the bleeding of critical programs. The measure was defeated by voters, leaving advocates scrambling to fill the budget gap.
- Advocates expressed their opposition to the proposed elimination of the **Oregon Health Plan Standard** program, which would leave approximately 61,000 low-income adults without medical assistance or options.
- **Mental Health Matters (MHM)**, a coalition of mental health-oriented organizations expanded their membership to include: Campaign for Patient Rights; Cascadia Behavioral Services Center; Coalition for Responsible Treatment; Mental Health Association of Oregon; NAMI-Oregon; Oregon Advocacy Center; Oregon Family Support Network; and Oregon Association of Community Mental Health Programs. MHM reached out the legislative Emergency Board to express their concerns around the devastating cuts in mental health care services and pushed for achieving six goals: maintaining funding for services and programs for adults and children with mental health disorders; providing full disclosure of all the services available to adults and children suffering from mental health disorders; requiring full insurance parity for all mental health services; supporting consumer-driven services; providing greater access to mental health and addiction services for underserved populations; and ensuring open access to all mental health medications. MHM recommended the E-Board transfer available money from savings achieved in other areas in DHS to prevent

cuts in the OHP Plus prescription drug and mental health/chemical dependency programs.

- OARC and United Seniors join the **Take A Closer Look Coalition** in opposition to Initiative 36, which would require government to pay a landowner to comply with land use and zoning regulations that could affect profit or value of the property, all of which would have thrown the state government into a budgetary tail-spin.
- The Oregon Alliance for Retired Americans, United Seniors of Oregon, and Oregon Association for Retired Citizens release a press advisory around their opposition to the dire consequences to Oregon seniors and people with disabilities of the **substantial increase in Medicare premiums** by the Bush Administration; a record 17%, the largest increase in the program's 40-year history.
- In December, senior and disability advocates reacted strongly to the **Governor's Budget** recommendations where senior and disability services took a beating, including capping community-based long term care services, eliminating General Assistance, reduction in reimbursement rates for assisted living facilities, and near elimination of OPI, compounded by the elimination of the 10 cent cigarette tax for the Oregon Health Plan.

2005

- **2005 Oregon Legislature.** As the second longest legislative session in Oregon's history came to close in August, senior and disability advocates could look back on a 2005 Legislative Session that was a **roller-coaster ride**, where they were brought to the depths of despair and back again to claim some significant victories and progress, as most of the most severe cuts were restored, although important services were still lost. Early in the session senior and disability advocates faced recommendations for devastating cuts in senior and disability services. Governor Kulongoski made **serious recommended cuts** to senior and disability services, including: the elimination of OPI; serious cuts-backs for assisted living reimbursements; elimination of relative adult foster homes, elimination of the state RSVP projects; and the capping of waived senior and disabilities, which would have cut thousands from services.

In the end, **strong advocacy efforts** paid off as most of the SPD funds slated for cuts were retrieved for the coming biennium. The cap of waived services was eliminated from the budget. Reductions in assisted living reimbursements rates were removed. Funding for relative adult foster care was reinstated. The RSVP Projects were reinstated, albeit at a lower level of funding. OPI was

refunded at \$12 million and modernized to allow people with disabilities to receive OPI services. Mental health parity and senior and disability mental health and addictions legislation passed. Denturist and elder and disability abuse bills successfully made their way through the process. The Oregon Health Plan retained dental services but lost vision care, and was never given a realistic opportunity to regain the 10 cent tobacco tax that would have restored tens of millions of dollars to OHP. The Office of the Long Term Care Ombudsman was funded at continuing levels for 2005-2007.

As they had done for the past 3 sessions, senior and disability advocates **organized to fight** this current threat to further dismantle Oregon's model long term care system. Led by such groups as the AARP, Oregon Association of Area Agencies on Aging and Disabilities, Save Oregon Seniors (SOS), United Seniors of Oregon, Oregon Association of Retired Citizens, Oregon Health Care Association, and Advocacy Coalition for Seniors and People with Disabilities, advocates and providers did a very effective job of expressing their strong support for Oregon's nationally-acclaimed senior and disability services system and opposing the recommended cuts and capping within the SPD 2005-2007 budget.

Advocates and providers renewed their efforts to have the 2005 Legislature respond to the inequity of the current reimbursement process within Oregon's nationally-acclaimed senior and disability services system that allows for many of the state's area agencies on aging and disabilities to be paid at 85 cents on the dollar for the services they provide as compared to other AAAs with state employees getting 100% reimbursement for providing the same services. The **AAAD "equity" issue** had been debated for the many legislative sessions and has yet to be resolved. The Legislature gave its most positive response to the equity issue to date as \$2 million was allotted to help.

Oregon Project Independence (OPI) was a major issue in the 2005 Session as advocates strongly supported the expansion and modernization of OPI, which is a critical safety net program. The Governor's budget had recommended the dismantling of OPI. As seniors and people with disabilities continued to lose services that helped them remain independent in their own communities, it became even more important to support the modernization of OPI, allowing people with disabilities to be covered by OPI services. Advocates felt that it is simple fairness and justice that both populations covered by SPD would have access to the system's safety net. Led by O4AD, Advocacy Coalition of Seniors and People with Disabilities and United Seniors of Oregon, advocates supported the passage of SB 870 that allowed for the modernization of Oregon Project Independence services to include the eligibility of people with disabilities and the use of excess Senior Tax Deferral monies to be used for OPI services. It was believed that allocating excess moneys from the Senior Property Tax Deferral Revolving Account into an OPI Fund would provide a safety net for both seniors

and people with disabilities. With strong advocacy efforts throughout the senior and disability advocacy communities, OPI became one of big success stories in the 2005 session. OPI ended up being funded at one of its highest levels ever, \$12 million. In the final days of the session, legislation passed legislation that modernized OPI services to include people with disabilities and stipulated the use of excess Senior Tax Deferral monies for OPI.

Advocates supported the restoration of funding for the **Oregon Health Plan** to pre-2001-2003 levels and strongly opposed efforts to further reduce the level of health and mental health services or place further limitations on access to health care services for Medicaid recipients. Tens of thousands of low-income Oregonians had already been denied access to essential health care services and were going back to depending on emergency rooms as their primary health care source. The 10 cent tobacco tax that had been lost in 2003 become an important rallying point for advocates as it seemed to fall outside the no new taxes parameters and would bring back tens of millions of dollars for OHP. In a surprising move, the Governor refused to give his support and recommended the elimination of current OHP benefits for dental and vision care services. OHP dental services were retained, but vision care was eliminated. The 10-cent tobacco tax was never given serious consideration.

Senior mental health advocates, led by the Coalition for Responsible Treatment (CRT) and the Governor's Commission on Senior Services (GCSS), claimed a major legislative victory with the passage of SB 781, which **amended senior/disability and mental health statutes** to place stronger emphasis and support for mental health and addiction services for seniors and people with disabilities through a coordinated and comprehensive network of services, education and treatment. It also adds people with disabilities into the SPD statute language on mental health. It was consolidated with HB 3226, sponsored by CRT and GCSS. HB 3226 had enhanced the senior and disability mental health and addiction policy statement in SPD statutes while SB 781 added senior-oriented language into mental health statutes. Advocates also pushed unsuccessfully for creation of a **state task force** on mental health and addiction services for underserved populations, including seniors, people with disabilities, and ethnic minorities.

Health care advocates under Oregonians for Health Security supported the passage of SB 329, which would have removed the age restrictions in the current **Oregon Prescription Drug Purchasing Program** passed last session to allow more Oregonians to participate in this model for negotiating reduced prescription drug prices for Oregonians. This service had the ability to reduce prescription drug prices to 780,000 Oregonians without prescription drug coverage. After easily passing the Oregon Senate, SB 329 died in the House.

Denturists and senior advocates jointly supported and easily passed HB 3219, which instituted a reciprocity process within **state dentist** licensure by allowing the Office of Health Licensing to issue licenses to practice denture technology to applicants licensed as a dentist in a state or territory with an equivalent examination and provided the Board of Denture Technology more flexibility on clinical and laboratory training.

Advocates successfully supported two pieces of legislation that dealt with **abuse**. HB 2415 kept a family member from gaining an inheritance from a senior or incapacitated person with whom they were convicted of felony physical or financial abuse if the abused person dies within 5 years of the abuse and provided added protection for vulnerable individuals from abuse that results in financial gain for the abuser. HB 2416 expanded statutes regarding civil penalties for the abuse of vulnerable persons to a more realistic level, three times the actual economic and non-economic damages.

Senior advocates were vocal through the year in their strong opposition to the **privatization of Social Security**. They strongly supported SM 1, which stated opposition to proposals to implement the privatization of the Social Security system; a defined benefit security program where all workers contribute and deserve their retirement benefits. SM 1 passed the Democratic Senate 18-12 on a party-line vote.

- The Oregon Association for Retired Citizens and United Seniors of Oregon strongly oppose the proposed Bush Administration budget proposals that would cut up to \$60 billion over the next decade in federal support for state **Medicaid** programs, which covers seniors, people with disabilities, and the low-income with health care and long term care services, and the cap proposed in the President's budget on federal spending for Medicaid's "optional" populations and services, meaning states are not required to cover them. In Oregon, that would have drastically affected waived clients in the in-home and community-based long term care program and the Oregon Health Plan.
- The **2005 White House Conference on Aging** was held in Washington, DC in December. Chaired by Dr. Jim Davis, the Oregon Delegation included: Roger Anunsen, Robert Bolanos, Davis, Barry Donenfeld, Joella Ewing, Chris Flammang, Nellie Fox-Edwards, Barnie Gorter, Lee Hazelwood, Lee Girard, Lydia Lundberg, Midori Monroe, Van Moore, Verna Porter, and Florence Turner. A pre-WHCOA Summit was held at Marylhurst University in the Fall. The 2005 WHCOA on Aging was criticized for the lackluster involvement of the Bush administration, lack of full involvement by national senior organizations and the fact that this was the first WHCOA where the President did not show up, even though he was in town. Delegates ultimately voted on resolutions that were pre-set with little input from

state or national senior groups. The top 10 resolutions were: reauthorize the Older Americans Act; develop coordinated long term care strategy; ensure that older Americans have transportation options; strengthen and improve Medicaid; strengthen and improve Medicare; support geriatric education and training for health care professionals, students and direct care workers; promote innovative models of non-institutionalized care'; improve recognition, assessment and treatment of mental illness and depression amongst older Americans; attain adequate health care personal trained in geriatrics; and improve state and local integrated delivery systems to meet 21st Century needs of seniors.

- In 2005, senior advocates held a series of press conferences with Congressman **David Wu** around the reform of Medicare with regard to flawed reimbursement rates and the Part D prescription drug process.

2006

- Senior advocates send communications to the Oregon Congressional Delegation of how countless seniors have been unable to obtain their medications through the new **Medicare Part D** Prescription Drug Plan, especially dual-eligibles on both Medicare and Medicaid.
- ***Years of Changes and Challenge***, an aging documentary produced by Jim Davis, OARC, and Blackthorn Group, is aired on OPB in July.
- The **Future of Long Term Care Work Group** was established to review and assess the state's model community-based long term care system and met through the year. The most contentious issue was the efforts by SPD/DHS to push through a pilot project and other recommendations (formed by a subgroup of the Future of Long Term Care Work Group) around the development of managed health care/acute care model within the community-based long term care system, which did not gain traction. The Work Group report was given to the Legislature.
- In June, OARC, United Seniors and Marylhurst sponsor a 5 part **cable television series** entitled the *2005 White House Conference on Aging: The Oregon Experience*, which aired in June and July.
- OARC, Oregon Consumer League, OSPIRG, and SEIU joined the **Prescription Access Litigation Project Coalition**, who use class action litigation and public education to end pharmaceutical price inflation and make prescription drugs more affordable for consumers.
- OARC and United Seniors organized the **Oregon Fix Medicare Rx** which has attracted around 20 major statewide organizational sponsors. The primary

thrust was the revamping of Medicare Part D, primarily the ability of the federal government to negotiate drug prices with the drug companies, removing the asset test, eliminating the penalties, and filling the "donut hole." OSCRC received a grant from the Public Welfare Foundation in 2006 as part of a six state effort that included, in addition to Oregon, Wisconsin, Minnesota, Massachusetts, Indiana, and Pennsylvania. Through this effort senior advocates communicated with the Oregon Congressional delegation about their concerns regarding the implementation of Part D.

- Oregon Senator **Gordon Smith** is the Chair of the US Senate Special Committee on Aging.
- Senior advocacy groups joined the **Defend Oregon Coalition** to fight initiatives that would place undue limitations within the Oregon tax system and lead to cuts in services.
- The **2006 election** saw the Democrats gain control of both the State House and Senate, prompting optimism for significant gains within the senior and disability arena, possibly regaining services cut in past sessions and making real gains in consumer and health care once thought unattainable. Measure 44 is passed to create the Oregon Prescription Drug Program, who opens Oregon's prescription drug purchasing pool to all Oregonians without prescription drug coverage.
- Senior advocacy groups, SPD and Marylhurst University sponsored the **Mental Health and Addictions Forum** at Marylhurst, attended by more than 100 advocates, providers and educators.
- The **Oregon White House Conference on Aging** 2006 Follow-Up Conference was held on December 13 at Marylhurst University to look at the recommendations from the 2005 WHCOA and see where senior advocates and providers want to go from there.

2007

- **2007 Oregon Legislature.** Senior and disability advocates come into the 2007 Legislature much more optimistic as there was no threat of massive cuts in senior and disability services that advocates have faced over the previous 8 years. After being targeted the previous two sessions, senior advocates were pleasantly surprised to see that the **Governor's Recommended Budget** recommendations were as good as they had been in 6 years. There were no major cuts in Seniors and People with Disabilities/DHS. There was also great hope that some of the slashed SPD/DHS services can be refunded. **Other issues** that advocates were pushing: funding of OPI in the general fund; increased support for the state RSVP projects; establishment of single payer

state health care; change the determination and appeals processes for determining eligibility for state long term care services; develop a state Task Force on Mental Health/Addiction Services for Underserved Populations to look into the mental health and addiction problems/services for seniors, people with disabilities, and ethnic minorities; establishment of an adequate funding base for senior and disability mental health and addiction services; change nursing home resident bill of rights to reflect response to disease; and make needed changes in the denturist statutes.

Senior friends from the Oregon House and Senate form the **Senior and Disability Caucus** to "support measures and policies that enhance the lives and well-being of Oregon's seniors and people with disabilities."

The 2007 Legislature provided much greater support and assistance to seniors and people with disabilities. There were two very **positive distinctions** from the three previous sessions. First, the economy in Oregon finally started to show vast improvement, as employment went up and more money came into the state coffers. As a positive result, senior and disability advocates did not face the major proposed cuts in social services that had been a reality since 2001. Second, the Democrats, typically sympathetic to human services and underserved populations, controlled both the chambers of the Legislature. This opened the potential for increased funding to restore services lost in the last three sessions and provide for more open policy discussions and directions around health, long term care and other consumer issues that might not have been possible in the past.

Things started off well with both the Governor's and the Ways and Means Co-Chairs' proposed state budgets stabilizing Department of Human Services (DHS) and the Seniors and People with Disabilities (SPD) funding at continuing services levels. The over-all **DHS budget** increased by 13 percent over 2005-2007, but **SPD** still remained well below the percentage of DHS funding they had received six years prior. Despite intense lobbying, the Ways and Means Committee rejected senior and disability advocates pleas in critical areas such as Oregon Project Independence, senior and disability mental health and addictions, and Senior Corps volunteer programs.

After an extensive advocacy campaign, the Ways and Means Committee only approved the Co-Chairs recommendation of \$12.6 million dollars for **Oregon Project Independence** (OPI), a mere \$600,000 over the previous biennium, far short of the amount needed to add the OPI disability coverage and a decrease from the Governor's recommendation of \$16 million. OPI remained a major issue after the Co-Chairs Budget put all the funding of OPI under the Senior and Disability Property Tax Deferral Fund excess funding, which were to be dedicated to OPI expansion as directed by the 2005 Legislature, taking it totally out of the state general fund for the first time. By the end of the biennium

the Fund excess had been completely depleted and advocates began pushing to re-establish OPI in the state General Fund.

Other **senior advocacy legislative victories**: park owners required to pay manufactured home tenants between \$5,000 and \$9,000 if the park decides to shut down for reasons such as re-development; creation of the Health Care Insurance Rate Review Board that increased accountability amongst insurance companies over rate increases to insurance consumers; and amended nursing home resident bill of rights to provide them with the right to staff trained to provide care specific to the resident's disease or medical condition and to be provided a modified special diet. Parkinson's Resources of Oregon, United Seniors and OARC passed HB 3093 which addressed two critical issues for individuals with Parkinson's disease and other diseases: staff training on disease-specific issues and special diets in long term care facilities.

Senior advocates, the Oregon State Board of Denture Technology, and the Oregon State Denturist Association supported a slate of bills to assist **denturists**. HB 3096, which passed both the House and Senate unanimously, clarified language in Oregon denture technology statutes (ORS 680) around requirements for licensure to become a licensed denturist in Oregon and also clarifies and simplifies language around supervised clinical practice. Legislation with statutory clarification of the denturist's right to own a dental clinic again died in committee, but statements made at the public hearing on the issue went far in clarifying the issue. However, at the hearing, Board of Dentistry Executive Director Bratz publicly agreed that denturists can own the dental clinic and the equipment, but that the dentist controls his/her practice, marking the first time the Dental Board has agreed that denturists can own a dental clinic providing the services of dentists.

There was a strong and comprehensive discussion in the 2007 Legislature around health care reform in Oregon and what it should look like. Over the past three sessions the **Oregon Health Plan**, which provided health care to low income Oregonians, took a massive fiscal hit, with the OHP Standard population barely a fifth of what it had been in the late 1990s, going from a high of around 100,000 low-income clients to under 20,000. The number of uninsured in Oregon increased to more than 600,000. **SB 329**, the Healthy Oregon Act, was established through a comprehensive legislative process headed by Senators Ben Westlund and Alan Bates, who led an 18 month debate that included public hearings across the state. The legislation developed a statewide strategy for pooling health care resources to finance health care coverage for those who cannot currently afford it. It established the Oregon Health Fund Board, headed by Barney Speight, which would present a detailed health care plan to the 2009 Legislature. **SB 27**, the Oregon Better Health Act supported by former Governor John Kitzhaber and his Archimedes Movement, would have allowed for a broader

discussion amongst Oregonians for broad health care reform at both the state and national levels. It would have ultimately formed the Oregon Better Health Trust Fund to pool state and federal health care benefits to finance treatments for a defined set of health care conditions. It died in the Ways and Means Committee. **HJR 18**, sponsored by Rep. Mitch Greenlick, is a resolution that asks voters to take a position on whether health care is “an essential safeguard to human life and dignity and that access to health care a fundamental right” and also calls upon the Legislature to “establish by law a system designed to provide to every legal resident of the state access to effective and affordable health care on a regular basis.” HJR 18 passed, allowing the referendum to appear on the 2008 general election ballot.

Other **senior legislative losses** in 2007 included: failure to re-establish the General Assistance Program within DHS to provide needed services and support for the lowest income clients; proposed changes in the senior medical deduction creating a means test that would eliminate eligibility for the very high income individuals and free up substantial money that could be used to fund key senior and disability proposals; development of the Task Force on Mental Health and Addiction Services for Underserved Populations to look into the mental health and addiction issues for the underserved populations of seniors, people with disabilities, and ethnic minorities; preventative mental health programs and approaches for seniors (GCSS); making key changes and clarifications around spousal impoverishment, especially the restoring the rights of a healthy spouse to ask a court to award additional resources; changes in SPD administrative rules for determining eligibility for long term care services, the “service priority rules;” and development of a People with Disabilities Task Force to look at the range of services, supports and programs that meet the needs of people with disabilities.

- One of the most contentious issues of 2007 was the efforts by SPD/DHS to push through a pilot project and other recommendations (formed by a subgroup of the **Future of Long Term Care Work Group**) around the development of **managed health care/acute care model** within the community-based long term care system. Senior and disability advocates and providers grew increasingly uncomfortable with attempts that were being made by SPD/DHS and the health insurance industry to test the utilization of managed health care within Oregon’s model long term care system. This initiated a strong opposition effort, engineered by OSCRC, United Seniors and other senior groups, that ultimately led to the suspension of the pilot project and major changes in the recommendations around acute care approaches. Legislation was introduced by OSCRC, United Seniors and Save Oregon Seniors that would have established in statutes that SPD could not undertake any new program or policy that would introduce managed health care into the long term care system. The bill was withdrawn once SPD sent a letter to the legislature stating that they would not implement managed health care programs or policies in the near future and

would do so only after substantial involvement of the senior and disability communities.

- The **Oregon Fix Medicare Rx Campaign** received a second year of funding from the Public Welfare Foundation Grant. With the exception of Congressman Greg Walden, the Oregon Delegation supported the recommendations coming out of the Campaign, including filling the donut hole, negotiation of drug prices, and eliminating the asset test. Despite a Democratic Congress that was sympathetic, Medicare Part D Reform legislation would have faced a veto by President Bush and there were not enough votes to override.
- OSCRC worked with Fred Sheik, IFARA, to produce two **cable television shows**. One show was produced and hosted by OSCRC President Steve Weiss on the mental health and addiction needs of the underserved populations. Guests included Jim Davis, Verna Porter, and Jean McClelland, Independent Living Resources. A second show was developed and hosted by Jim Davis on Medicare Part D, with guests Steve Weiss and Verna Porter. Both shows received positive reactions from within the local community.
- OSCRC and United Seniors co-sponsored with Marylhurst University and Mary's Woods the **Pacific NW Arts and Aging Forum** on April 28, showcasing different aspects of the arts that seniors can get involved in, including theatre, writing, visual arts, etc. Around 75 individuals took part in the all-day event. Evaluations were very complimentary.
- Senior groups sponsor three successful full-day **forums** at Marylhurst University in the fall, including Reinventing Retirement Workshop; Senior/Disability/Ethnic Minority Mental Health and Addictions Forum (110 participants); and the White House Conference on Aging Follow-Up Summit on (70 participants).

2008

- **2008 Oregon Legislature.** A short 2008 Legislative Session was held the first three weeks of February. The newly formed **Campaign for Oregon's Seniors and People with Disabilities**, which involves the major players in senior and disability advocacy, made their mark with the **passage of SB 1061**, which touched on a number of senior and disability issues, and increased reimbursement rates for community-based long term care facilities. Over all, the session went well for seniors and people with disabilities. The Legislature did address temporarily the critical issue of providing relief to help slow the trend of assisted living facilities and other **long term care facilities abandoning Medicaid**; \$11.8 million in state general fund dollars was allocated (a figure that will be more than doubled with Medicaid match) to increase reimbursement rates at moderate levels until the 2009 Legislature can respond. The news wasn't so

good for SB 1075, sponsored by Senator Avel Gordley, which would have created a state task force for the **mental health and addictions** needs of the underserved populations of seniors, people with disabilities and ethnic minorities. After a very warm welcome and great in hearing in the Senate Health and Human Services Committee, with the agreement on the part of DHS to staff and support the Task Force without additional cost, the Ways and Means Co-Chairs ultimately decided to kill the legislation in the Ways and Means Committee with the support of DHS.

- Congress passed private sector **mental health parity**, as part of the economic stimulus package, as well as Medicare mental health parity, although to be phased in.
- OSCRC, United Seniors of Oregon, and Parkinson's Resources of Oregon send a letter to the Department of Human Services opposing a **proposed SPD/DHS rule change** that could have serious ramifications on Medicaid clients and their spouses. The administrative rule allowed the state to claim half of a Medicaid client's house if the client's enrollment was within 5 years of the house being transferred to the other spouse, greatly impacting Medicaid clients and their spouses. It was enacted despite advocate opposition.
- The Senior and People with Disabilities Division/DHS Stakeholders Group of bureaucrats, providers and advocates is formed to look at the **SPD Long Term Care Plan**.
- United Seniors, Oregonians for Health Security, OHAC, Common Cause, OSPIRG, and Oregon Action hold a July 1st press conference to protest the **26% rate hike by Regence Blue Cross-Blue Shield** and highlight the on-going increases in health insurance rates that are pricing citizens out of appropriate health care coverage. It made the front page of the Oregonian, as well as an editorial discussion.
- Senior advocates are active in the **Coalition to Restore General Assistance**, a coalition effort to restore funding to the General Assistance Program, which provided services to the poorest individuals in the DHS system.
- Jim Davis represented senior and disability advocates in presenting testimony to the **Governor's Council on Alcohol and Drug Abuse**, emphasizing the great need for chemical dependency treatment services for seniors and people with disabilities.
- Senior advocates provided input into the **Oregon Health Fund Board**, created through the 2007 passage of SB 329, which sought to develop a statewide strategy for pooling health care resources to finance health care coverage for

those who cannot currently afford it. Key advocates discuss the value of a single payer system, although a single payer universal health care was given serious consideration in an environment that strongly supported a managed health care model.

- In the **2008 General Election**, Barack Obama was elected the first African American President along with a Democratic super-majority in Congress. House Speaker Jeff Merkley is elected to the US Senate over incumbent Senator Gordon Smith by a very slight margin in the U.S. Senate race. State Senator Kurt Schrader won the Hooley congressional seat. All of the Bill Sizemore ballot measures went down to defeat, including: Measure 59, which would cost the state budget more than \$1 billion in the next biennium; Measure 64, which would eliminate the involvement of public employee unions in political efforts, which would have cleared the path for Sizemore's destructive future measures to pass; Measure 61, a Kevin Mannix-sponsored crime measure which would have cost the state up to \$400 million; Measure 59, which was a less costly crime measure that emphasized treatment over incarceration, won comfortably. Advocates were glad for a victory with Measure 56, which would remove the dreaded double majority provisions. OSCRC and United Seniors took a very active role in these and other General Election fights around initiatives through the Defend Oregon Coalition.
- The Northwest **Fix Medicare Rx Campaign** completed its second and final year of the Public Welfare Foundation grant provided to Oregon, Wisconsin, Minnesota, Massachusetts, and Indiana. The campaign then transitioned into a Medicare Justice Campaign which dealt with other Medicare issues like physician reimbursement and mental health coverage. Oregon Alliance for Retired Americans honored the Fix Medicare Rx Campaign at their annual convention with a Certificate of Appreciation as a sustaining partner of the OrARA.

2009

- **2009 Oregon Legislature.** The 2009 Legislative Session faced a grim economic situation with possible **deficits** of up to one billion dollars. The advocates' top priority was preserving the senior and disability service system. The recommendations in the **Governor's Budget** would have further devastated Oregon's model community-based long term care system, cutting anyone needing less than 80 hours of care from eligibility for SPD services.

Senior and disability advocates **organized strong advocacy and coalition efforts** to preserve senior/disability services from deep cuts, primarily through the Campaign for Oregon's Seniors and People with Disabilities Campaign and the Advocacy Coalition of Seniors and People with Disabilities. In the end, senior and disability services took a big cut, but it could have been worse as tens of

millions of dollars worth of programs were able to be saved. The big issue was the support of the legislative revenue package, which brought in around \$730 million through higher taxes on the wealthy and an increased corporate tax, which ultimately went to the ballot in the form of Measure 66 and 67.

Critical **health reform legislation** passed. HB 2009 created the Oregon Health Authority, which ultimately separated from DHS, which was left with senior and disability services and children and family services. Senior and disability advocates continued to oppose efforts to blend SPD services into the Oregon Health Authority because of its emphasis on managed health care, which would not fit the community-based SPD system.

Other **legislative priorities that did not fare well:** family leave to care for loved ones; update the Bill of Rights in ALFs, RCFs, and AFHs to include language around staff being trained in specific diseases and patient's rights to a proper, disease appropriate diet; establish a state Task Force on Mental Health and Addiction Services for Underserved Populations; appropriate monies for the development of senior and disability mental health and addiction services and support systems; reform the SPD selection process for service priority levels; create better appeals and access for clients; and streamline the process for establishing income and resources for a surviving spouse when a loved one has been declared Medicaid eligible to avoid spousal impoverishment.

- **OSCRC** celebrates their 40th anniversary, while **United Seniors of Oregon** celebrates its 30th Anniversary.
- **Meredith Cote**, the state **Long Term Care Ombudsman**, is fired and **Mary Jaeger** is appointed the new Ombudsman in what became a controversial hiring process. Advocates said that they felt the hiring process was inadequate and did not appropriately reach out to the senior and disability communities and the many advocates, volunteers, and providers that care deeply about the program. Many of the most experienced advocates and leaders in the senior and disability communities were unable to uncover the process for applying for the Ombudsman position. It turns out the job was listed only through the state employment site and apparently few other places as only 23 applicants ended up in a pool that would have normally attracted hundreds of applicants. OSCSC, Oregon Alliance for Retired Americans, United Seniors of Oregon, and the Oregon Consumer League asked that the process be re-done and complained that the Ombudsman should not be allowed to assume her duties before Senate confirmation. Testimony was presented at the confirmation hearing by senior advocates Jim Davis, Steve Weiss, Verna Porter, Jerry Morris, Jim McConnell, Lenore Bijan, and others. AARP, OHCA, and SEIU supported the appointment process of Mary Jaeger, who was appointed and went on to serve with distinction until 2015.

- The **United for Oregon March** and Rally was held on June 7th in Portland to highlight the human need around social services and education. There were more than 2,000 participants in the event, which was organized by SEIU with the support of many co-sponsors, including OSCRC and United Seniors of Oregon.
- Senior advocates joined with **Defend Oregon** in support of **Measures 66 and 67** to preserve the revenue package in the 2009-2010 biennial budget. The two measures were put forth by big business and the anti-tax movement (funded primarily by out-of-state anti-tax interests) and succeeded in getting the primary revenue package from the legislatively-passed 2009-2011 Oregon biennial budget put on the ballot. Despite strong business opposition and large expenditures on the campaign, both measures passed. It would have meant an additional 10% cut in services if the Legislature doesn't find other revenues; all of this after \$2 billion was cut from the state budget in the budgetary process completed by the 2009 Legislature. The revenue packages being targeted primarily impacted higher income individuals. The Corporate Minimum was raised from \$10 to \$150, the first increase since 1931. Individuals over \$125,000 and couples over \$250,000 will see minimal tax increases. This legislative tax package was considered moderate and had bi-partisan support.
- **Oregon Project Independence** went bankrupt with no general fund dollars and a completely depleted reserve fund. In 2005, OSCRC and its partners had worked hard for the passage of the OPI Modernization Act, which expanded OPI to include people with disabilities and targeted the Reserve Fund for the Senior and Disability Tax Deferral Program for OPI to allow for this expansion, which could not happen without the additional funds. The 2007 leadership on the Ways and Means Committee, including Rep. Nolan, Sen. Carter and former Sen. Shrader, made the ill-fated decision to remove OPI from the general fund and almost completely depleted the reserve fund.

2010

- The **2010 Special Legislative Session** was far more laid back after the passage of Measures 66 and 67. There was a collective sigh of relief that Oregon wouldn't have a blood bath of a Special Session. If the measures had failed, the Legislature would have needed to deal with at least a \$733 million dollar hole in the state budget, which would have had devastating effects on services for seniors and people with disabilities.
- **Measures 66 and 67** passed after a hard fought ballot measure campaign where advocates, providers and union members matched up against strong opposition efforts by business.

- Senior advocates joined the short-lived **Strengthening Social Security Coalition** to fight those suggesting that Social Security might be a source for scaling back federal expenditures
- **Oregonians for Responsible Federal Taxes** is established, supporting: the Bush administration tax cuts, which faced a 10 year sunset provision; restoring the estate tax that was set to revert to pre-2001 levels; promoting tax breaks and credits for low and middle income families; and starting to eliminate tax loopholes, especially those that benefit upper income. The coalition was a grassroots effort led by Oregon Action and the Oregon Center for Public Policy. OSCSC was a member.
- OSCRC and United Seniors were active on the **Jobs for Justice Health Care Committee**, which was supporting of a single payer health care system and planned to author legislation for the 2011 Oregon Legislature in support of single payer system in Oregon.
- **Lenore Bijan**, a long-time and respected senior advocate in Portland, was appointed to the state Medicaid Advisory Committee as a consumer representative.
- Senior and disability advocates again take a renewed **stand against the integration of managed health care into the SPD/community-based long term care system**, pointing to language in the *SPD Long Term Care Report* and about the pilot project with Care Oregon, which raised serious questions about the directions of DHS/SPD with regard to this controversial issue. When confronted by advocates, James Toews, Administrator of the Seniors and People with Disabilities Division/DHS, tried to distance himself from Governor's Kitzhaber recommendations, while defending the pilot project as using the same approaches as in the popular PACE program.
- Long time United Seniors President **Alice Pickard** retires and is replaced by **Verna Porter**, whose late husband Bob had been United Seniors President year prior.
- Elders in Action took the lead on **elder suicide** and note that the Elder Suicide Prevention Plan has not been implemented, particularly around the issue of primary care physicians more effectively noticing symptoms in their suicidal elders, 80% of whom visit a physician within months before the suicide.
- OSCSC and United Seniors launched the **Third Age Power web-site** in October. OSCSC President Steve Weiss began to post and archive selected articles on the around senior, disability, health care and consumer issues.

- The state budget forecast was released in November and looked grim, with the potential for substantial additional cuts the current biennium. The forecasted **deficit for the 2011-2013 biennium** rose from \$2.5 to 3.2 billion and with it the prospect of massive cuts in senior and disability services.
- In the 2010 General Election, the **governor's race** came down to Democratic nominee former Governor John Kitzhaber and Republican nominee Chris Dudley, and ended up being one of the closest races ever. AARP and the Campaign for Oregon's Seniors and People with Disabilities held two separate events around senior/disability issues with each of the gubernatorial candidates, with around 60 participants on site, but also utilized AARP's robo-call capacity to reach upwards of 15,000 people statewide at each event.
- OSCSC, which has the only grassroots **senior-oriented PAC** in the state, was again active in the 2010 Election, endorsing a full slate of state and legislative candidates. They also took stands on initiatives that could impact seniors.
- Senior advocates supported certain key ballot measures. They supported **Measure 71**, which amended the Oregon Constitution to require the Oregon Legislature to meet in annual session, limiting the sessions to 160 days in odd numbered years and 35 days in even numbered years. It passed comfortably. They strongly opposed **Measure 73**, which would have required increased minimum sentences for certain repeated crimes, costing the state hundreds of millions of addition dollars for prisons. The measure failed.
- OSCRC, United Seniors and the Oregon Alliance for Retired Americans **drafted 2011 legislation**, mostly resubmissions, including: enhancing the appeals process for senior and disability services; forming a state level task force on the mental health and addiction needs of seniors, people with disabilities and ethnic minorities, and the development of senior and disability mental health programs. They also drafted legislation that would require a much more thorough process of outreach to the senior and disability communities in the selection of the Long Term Care Ombudsman, brought to light by the inadequate handling of the selection process by the state in 2009.

2011

- **2011 Oregon Legislature.** The 2011 Legislative Session opens with dire threats to human services, with a projected **state deficit** of more than \$3.2 billion deficit in the 2011-13 biennium and a divided legislature and new Governor. As expected the Republicans gained a much greater share of the power in Salem. The House of Representatives was split 30-30 and the Senate 16-14 for the Democrats. With John Kitzhaber as the **new governor**, the Democrats had very marginal control over a **divided legislative process**.

Advocates feared that senior and disability services such as in-home services, long term care facility reimbursement, and Oregon Project Independence would sustain more major cuts, while at best holding their ground, stating that the senior and disability service model can only sustain so many cuts before it loses much of the foundational services and supports that make it a model system.

Led by the **Campaign for Oregon's Seniors and People with Disabilities and the Coalition of Oregon Seniors and People with Disabilities**, including such groups as AARP, OHCA, O4AD, OSCRC, United Seniors and OrARA, senior advocates provided a **strong advocacy presence** in the 2011 Session. First and foremost was to protect and **defend SPD and other human services** from cuts that could damage Oregon's national model home and community-based long term care system for seniors and people with disabilities, including a united stand in opposition any efforts to integrate Oregon's senior and disability services system through SPD/DHS into acute managed health care. Other key senior issues: support the Long Term Care Ombudsman Program, which faced losing \$1 million dollars in Medicaid funding as well as a potential big hit in state general fund dollars and support funding of comprehensive services that address the mental health and addiction treatment needs of seniors and people with disabilities.

- Aside from their support of senior and disability services, **OSCSC, United Seniors and the OrARA** introduced their priority legislation, including: enhancing access and creating a more open appeals process for determining eligibility to senior and disability services; forming a state level task force on the mental health and addiction needs of seniors, people with disabilities and ethnic minorities; the developing senior and disability mental health programs; increasing the penalties and consequences for breaking the patient bill of rights in long term care facilities; and requiring a much more thorough process of outreach to the senior and disability communities in the selection of the Long Term Care Ombudsman, as brought to light by the inadequate handling of the selection process by the state in 2009.
- Advocates also again strongly supported **single payer health care** legislation, introduced by Rep. Michael Dembrow in the House and Senator Chip Shields in the Senate.
- The 2011 Legislature ended in late June. The Seniors and People with Disabilities Division (**SPD**) **Budget** faced another round of serious cuts to services, but most would agree that it could have been worse. Seniors and people with disabilities funding issues received some strong legislative support that saved certain senior and disability services from even more severe service cuts. SPD faced 10 percent cuts in SPD home care programs. OPI survived with a reduced

allocation of \$9.9 million. The Long Term Care Ombudsman Program did well and only received minor cuts. The Campaign of Oregon's Senior and People with Disabilities and the Advocacy Coalition for Seniors and People with Disabilities played a major coalition role in the session.

- Oregon Health Authority Director Goldberg and Governor-elect Kitzhaber were seemingly in strong support of **integrating managing health care into the SPD** system. Senior advocacy and provider groups reasserted their opposition to efforts by the state to bring managed health care into Oregon's long term care system and had serious concerns about the growing managed health care pilot project efforts in SPD/DHS. James Toews, SPD Administrator started feeling increased pressure from within the senior and disability communities as advocates looked to a potential fight in the 2011 Session.
- OSCRC supported lowering the income cap for **LIHEAP** from 184% to 150% of the FPL because of increasing numbers of low-income, increased applications, cuts in the program and increasing energy costs.
- With the help of Senator Monnes-Anderson and the Senior Health and Human Services Committee she chaired, the **Legislative Work Group on Senior and Disability Mental Health and Addictions** was formed to look into the mental health and addiction problems of underserved population, including seniors and people with disabilities. Senator Monnes-Anderson and Jim Davis, Marylhurst University/United Seniors, were the co-chairs.
- Advocates protested serious changes in the **State Property Tax Deferral Program for seniors and persons with disabilities** that were adopted by the 2011 Oregon Legislature, without the knowledge or involvement of many of our key grassroots advocates. Of particular concern was that they no longer allowed anyone with a reverse mortgage into the tax deferral program. This change was thrown in at the last minute of the 2011 Session with the misconceived notion that it mainly affected those with more comfortable economic means, ignoring the fact that many lower income people also have reverse mortgages, and are dependent on both to survive. There were also concerns about the fact that the interest paid on deferred property taxes had changed from 6 percent simple interest to compound interest, which would end up costing senior recipients more. Advocates sent a letter to legislative leadership and the Revenue Department urging them to delay implementation of the new changes in the Senior/Disability Tax Deferral Program, particularly the disqualification of those with reverse mortgages.
- Advocates have growing concern about the **lack of stakeholder involvement** within the senior and disability communities, in particular providing input to DHS/SPD around on-going budget and policy issues, as well as the future

reorganization of SPD. OSCSC and United Seniors send a letter to Erin Kelley Seil, DHS Director in the spring. Throughout most of the history of SDS, SDSD and SPD, advocates, clients, and providers had been actively involved in planning and strategizing around policy and programs.

- Erin Kelley Seil, Director of the Department of Human Services, removed **James Toews** as SPD Administrator. He would go on to become one of the highest ranking officials at the federal Administration on Aging.
- OSCSC sent a **letter to Regal Cinemas** about their decision to no longer publicize their movie times through the local print media, particularly the Oregonian and its Living and A & E sections, instead requiring consumers to go on-line, which discriminated against the large number of seniors and low-income who lack access to computers or are not connected to the Internet, thus, denying them access to important entertainment information. At the time, half of the 70 plus age population from the Traditionalist and Silent Generations were not on the Internet.

2012

- **2012 Oregon Legislature.** Seniors fared well in the 2012 February Legislative Session. Facing a potential \$53 million hit, the Aging and People with Disabilities Budget ended up only with a \$13 million cut, most of which was made up later in the biennium. The Legislature also passed a short term remedy for those on reverse mortgages in the Senior/Disability Property Tax Deferral Program. This was in response to the negative impact of changes made to Senior/Disability Property Tax Deferral Program in the 2011 Session. HB 4039 provided a two year break for those with reverse mortgages to allow them to remain in the program, but only those who reapplied despite the policy-change.
- APD initiated the **Long Term Care 3.0** effort to review and potentially re-invent the long term care system. The 3.0 indicated the third configuration of our model system, with 2.0 being our current system. It would lead to the passage of SB 21 in the 2013 Session, which formed a statewide "SB 21 Steering Committee" to review the current system.
- OSCRC and United Seniors strongly opposed **Measure 84**, which would phase out the inheritance tax on estates worth more than \$1 million and would cost the state more than \$240 million every biennial budget cycle, slashing budgets for social services, education, public safety, etc. The opposition pitch around saving the family farms was not true, since family-owned farms worth up to \$7.5 million are already exempt from the estate tax. The measure was defeated 56-44.

- OSCSC endorsed **Measure 85**, which would reform the constitutional provisions around the corporate kicker to put that money into K-12 education and loosen up space in the state budget to provide more funding for social services. The measure passed 59-41.
- The Insurance Division/DCBS established a consumer friendly, more in-depth **health insurance rate review process** with the involvement of OSPIRG, who looked over rate filings with their own actuaries and provide a separate opinion. Advocates had been on a decades-long quest for more transparency and public involvement when there are large or consistent rates increases by health insurance plans. There were public hearings on certain rate increases and consumers could go on-line and see rates increases as they happen.
- The Oregon Single Payer Campaign merged into **Health Care For All** in the fight for a single payer health care system.
- The **Legislative Work Group on Mental Health and Addiction Services for Seniors and People with Disabilities**, in collaboration with the Senate Health Care/Human Services Committee and its chair Senate Laurie Monnes-Anderson, held its inaugural meeting in April. The Work Group looked into the mental health and addiction problems, as well as the lack of access to needed services, for the underserved populations of seniors and people with disabilities.
- The Alliance of Vulnerable Homeowners is formed to deal with the issues around the **Senior and Disability Property Tax Referral**. Advocates continued to deal with the negative impact of changes made to Senior/Disability Property Tax Deferral Program in the 2011 Session, especially as it impacted those on reverse mortgages. The Legislature passed HB 4039 in the 2012 Session, which provided a two year break for those with reverse mortgages to allow them to remain in the program; with the catch being that only those who reapplied, despite the policy-change, were allowed back into the program, not past participants who had reverse mortgages but didn't reapply, although many thought they couldn't because of the policy changes. This is thought to be an injustice by advocates.

2013

- **2013 Oregon Legislature.** In the 2013 Legislative Session, the Democrats controlled the House 32-26 and retained control of the Senate 16-14. Rep. Tina Kotek, House Democratic Leader, was elected the new House Speaker and Val Hoyle, Majority Leader. Senator Peter Courtney remained as Senate President, with Diane Rosenbaum as Majority Leader.

The 2013 Legislative Session enjoyed an improving economic situation. Senior advocates and providers, again coalescing around the Campaign for Oregon's Seniors and People with Disabilities, were focused on their priority of maintaining and enhancing funding for community-based long term care services. The **Governor's Budget** essentially held APD harmless, but the Ways and Means The **Co-Chairs Budget** left a \$72 million gap in the DHS budget to shore up education.

Advocates also had other issues they were interested in, including: develop the process for assessing and strategizing the future of community-based long term care in Oregon; require all community mental health programs to have a geriatric mental health specialist on staff; cultural competency training within health regularity boards; establishment Oregon Retirement Saving Investment Board and Oregon secure retirement Plan to improve security in Oregon; prohibit discrimination against Section 8 Housing Vouchers and redefines source of income; creation of an DHS advisory committee to develop recommendations around the re-establishment of the General Assistance Program for the low-income; establishment of Affordable Health Care for All plan to implement a single payer health care system in Oregon; and required CCO board meetings to be under open meeting laws; and create greater transparency in CCO community advisory councils.

The **SPD Long Term Care 3.0** effort morphed into **SB 21**, which developed the process for reviewing, assessing and strategizing the future of community-based long term care in Oregon. SB 21 passed as expected and a **SB 21 Steering Committee** was appointed to assess and strategize on the future of community-based long term care in Oregon in the wake of the boomer aging explosion. There were around 20 members, including representatives from the APD/DHS system, AARP, SEIU, OHCA, Long Term Care Ombudsman, and senior advocacy groups. They were to report back to the 2015 Legislature.

- A **Special Session of the Oregon Legislature** was held in the fall and it proved to be very fruitful for the senior and disability communities, after a successful regular session. The primary gains were a result of the **reform of the Senior Medical Deduction**, which was changed to emphasize health-related tax deductions for lower or middle income elders. The resulting savings was \$82 million for the biennium, of which half or **\$41 million** was dedicated to senior and disability services. Oregon Project Independence was increased from \$10 to \$20 million and Special Transportation given an additional \$5 million. \$26 million in remaining funds was left to be decided in the 2014 Session. The Campaign for Oregon's Seniors and People with Disabilities made recommendations to the Legislature for the expenditure of these monies, including more monies for OPI, protective services, guardianships, caregiver training, and special transportation.

- **The Center for Medicare and Medicaid Services (CMS)** formed an **Oregon Long Term Care Study Group** (appointed by SPD/DHS) for the state of Oregon to look at the potential for the integration of Oregon's model community-based long term care system into the managed health care system of the Oregon Health Authority, long bitterly opposed in the senior and disability communities. CMS was pushing this concept across the nation, which is why many advocates believed this approach would ultimately remove the **carve out of community-based long term services and supports** from the Oregon Health Plan and other Oregon Health Authority (OHA) budgets and programs. The Study Group was made up of 20 members, 10 each from the SPD and OHA communities. There were many members of the Study Group who were familiar to advocates in the senior and disability communities, including Jim Carlson, Don Bruland, Jerry Cohen, Chris Flammang, Ruth Gulyas, Tim Malone, Meghan Moyer, Rodney Schroeder, Tina Treasure, Ruth McEwen, and Mike Volpe. Advocates put constant pressure on the Study Group to oppose budget integration and continue the carve out. After nearly a year of meetings, the vast majority of Study Group members were opposed to full integration, including blending budgets and agreed to define integration as more of a vision of collaboration between the APD and OHA systems. The Study Group wrapping up its work in December with the on-line publication of their final report. Advocates and their partners were successful in guaranteeing the continuation of the carve out and firmly stating opposition to financial integration.
- The state **health transformation** process was completed and the 16 Coordinated Care Organizations became operational. Some advocates expressed concern over the corporate nature of the CCOs and how the profit orientation will impact patient care and effect the functioning of the health care system.
- The national **Affordable Care Act roll-out** faced initial disaster in terms of on-line access to the national health insurance exchanges. Oregon got embroiled in major setback with the failure of the Cover Oregon exchange site developed with Oracle, who the state ended up suing after the on-line exchange never is operational and the state was forced to enroll people the good old fashioned way when the state had to send field staff out into local communities to enroll Medicaid-eligible individuals. The enrollment numbers ended up being relatively good, especially with the Medicaid expansion.
- The **federal Long Term Care Commission** has approved by a 9-6 vote a list of recommendations that makes only minimal changes. The 5 progressives on the commission voted against the recommendations, feeling that they didn't go far enough, along with a Heritage Foundation member that felt they went too far.

- Mary Jaeger was reappointed to another 4 year term as the **Long Term Care Ombudsman**. She was highly regarded advocates, who felt she had done very good work in rebuilding the program.
- In June, consumer and senior advocates, led by longtime Insurance Advisory Committee member Jim Davis, raised public concerns about the controversial **hiring process for the new state Insurance Commissioner** Laura Cali. Pat Allen, Director, Oregon Department of Consumer and Business Services, met with the Oregon Consumer League Board after having been sent a letter from OCL, OSCRC, United Seniors of Oregon, and the Oregon Alliance for Retired Americans, expressing their very strong disappointment this appointment would be made without any public process or involvement of consumer or advocate representatives, who found out about the departure of former Insurance Commission Lou Savage and the appointment of a new state Insurance Commissioner by reading about it in the Oregonian. There had been no formal selection process in the appointment of Laura Cali, a head actuary who had been at the Insurance Division for only 2 years. The four organizations signed onto the letter urged DCBS to make the appointment of Laura Cali as Insurance Commissioner an interim appointment, and then develop a representative selection process for the new Insurance Commissioner, with a balanced involvement from consumers and their advocates. Both Allen and Barrie Leslie, the Assistant Director of the Insurance Division, apologized about the lack of communication and consumer and advocate involvement. Ms. Cali became the Insurance Commissioner and had a very successful tenure.
- **Mike McCormack** is selected to be Director of Aging and People with Disabilities.
- Senior advocates successfully supported **SEIU/Home Care Commission legislation** for the 2014 Oregon Legislature that enabled Oregonians outside Oregon's current Medicaid long term care system to hire and supervise homecare workers through the Oregon Home Care Commission Registry and Referral system. This expanded access throughout the state to homecare services and supports, particularly in rural and underserved areas. At the time, there was a surplus of home care workers with 13,000 to serve 10,500 clients. The state would still handle the administrative aspects of the homecare workers employment.

2014

- **2014 Oregon Legislature.** The short one-month 2014 Oregon Legislative Session started on February 3 with limited opportunities for forwarding legislation; legislators were allowed 2 original bills each, with committees allowed 5 pieces of legislation. For senior and disability advocates the **emphasis was on**

budget and appropriation issues, particularly the \$41 million for senior and disability services that came out of the **Senior Medical Deduction reform** efforts in the Special Session. The Campaign for Oregon's Seniors and People with Disabilities, a coalition of consumers, advocates and service providers, worked with the Ways and Means Committee to craft recommendation for the use of the funds. The Campaign recommendations and ultimate allocations for the expenditure of this money included: senior/disability mental health, \$3.5 million; special transportation, \$9 million; caregiver training, \$3.3 million; Quality Care Fund, \$1 million; public guardianship program, \$950,000; data, research, pilot projects, \$1.792 million; nursing home personal incidental fund, \$1.3 million; Oregon Project Independence, \$11 million plus 3 million for pilot OPI disability benefits; adult protective services technology, \$1 million; and support local area agency on aging services, \$3.75 million. Of particular interest for advocacy groups like OSCRC and United Seniors was to lead efforts for funding of senior and disability behavioral health services, where ultimately \$5 million was dedicated to mental health and addiction issues, as recommended out of the Legislative Work Group on Senior and Disability Mental Health and Addictions, including \$2.8 million to place geriatric/disability mental health specialists in all 36 community mental health centers, \$700,000 for mental health training and \$1.6 for geriatric medication competency training.

Key senior disability legislation/funding approved by the 2014 Session: the Public Guardian Program funding and its transition into the Long Term Care Ombudsman Office; elder abuse prevention bill (HB 4151); Silver Alert bill; and the Senior Property Deferral Program interest change. In addition, SB 1542, SEIU sponsored legislation that expanded the homecare registry to allow access by public use/private payers, passed with strong support from the Oregon Alliance for Retired Americans, OSCRC and United Seniors with their senior advocacy and labor retiree partners.

- In response to the passage of SB 21 during the 2013 Legislature, the **SB 21 Steering Committee** was formed to develop the process for assessing and strategizing the future of community-based long term care in Oregon in the wake of the boomer aging explosion. There were around 20 members, including representatives from the APD/DHS system, AARP, SEIU, OHCA, OSCRC, United Seniors of Oregon, Alzheimer's Association, Long Term Care Ombudsman, and senior advocacy groups. The Steering Committee met monthly throughout the year and ultimately submitted a report to the 2015 Legislature. Advocates expressed their concern that the SB 21 Steering Committee was adhering too strictly to the legislative language, to the point where there wasn't adequate evaluation of certain priority key senior and issues, and that there needed to be greater grassroots involvement on the subcommittees. The one exception was the **Service Equity Subcommittee** that had a very diverse and representative

group looking at services for such underserved and culturally diverse areas, including ethnic minorities, LGBT, and rural areas, as well as the **Respite Care Subcommittee**, which produced in-depth recommendations on respite care.

- **Advocate Lenore Bijan** was reappointed to the state Medicaid Advisory Committee as a consumer representative. Key issues of the time included the exponential Medicaid increases through the Affordable Care Act and the complete failure of the Cover Oregon on-line health exchange process.
- **Ashley Carson-Cottingham** was hired as the Deputy Director at APD/DHS and would become the Director the following year. She brought a strong background, having worked for the Subcommittee on Primary Health and Aging of the Health, Education, Labor and Pensions Committee of the US Senate, as well as the Senate Special Committee on Aging, Older Women's League and Compassion and Choices.
- OHA formed a **Budget Note Task Force** to deal with the legislative appropriations on senior and disability mental health and addictions. The Legislature approved around \$2.8 million to place geriatric/disability mental health specialists/coordinators in community mental health centers statewide and \$700,000 for mental health training, but OHA had to report plans and details to the September Legislative E-Board meeting for the monies to be released. Senior advocates, especially psychologist Jim Davis, continued to play a major role in assisting OHA and APD in the development of these senior and disability mental health and addiction options. They also submitted mental health training recommendations, which were not adopted. Ultimately, a state advisory body would be formed, the Older Adults/People with Disabilities Behavioral Health Advisory Council.
- The Oregon State Council for Retired Citizens became the first statewide senior group to support a **marijuana initiative** by lending their support to New Approach Oregon, which supported the ultimately successful ballot initiative that legalized recreational use of marijuana for those 21 and above, taking the best aspects of the two victorious measures passed in Washington State and Colorado.
- Dr. Jim Davis was invited to provide a featured presentation to the **National Coalition of Mental Health and Aging**, who have more than 80 state and national organizational members, on the work in Oregon around senior/disability behavioral health. The presentation was held in Washington, DC on June 23rd at the American Psychological Association building. There were representatives from many of the major aging and mental health organizations in attendance. Jim provided a history of the senior and disability mental health and addiction efforts here in Oregon, particularly over the last 4 years, and reviewed the

Legislative Work Group recommendations and the progress we have made here in Oregon for senior and people with disabilities who have mental illness and addiction problems, especially getting geriatric/disability specialists into the community mental health system statewide, as well as the additional training monies.

- With the 2015 Oregon Legislature soon to convene, senior and disability advocates completed **preparations for the 2015 Session**, looking at potential priority legislative issues, including: support of appropriations for senior and disability services; support of APD/DHS and Long Term Care Ombudsman budget; continuation of services from the \$41 billion senior medical deduction reform; removal of age restrictions under OPI to allow for fully inclusive involvement of people with disabilities in OPI; place CCO board of director and advisory council meetings under the public meeting laws; strengthen age discrimination provisions; expand abuse laws regarding sexual behavior; oppose long term care-managed care integration/protect the carve-out; support basic retirement security (AARP); increase health coverage for pre-65; senior cultural competence/service equity; increase senior HIV-AIDS education; support intergenerational mentoring/Oregon Early Reading program (GCSS); support the care Act regarding treatment of family caregivers, support mechanisms and quality of care (AARP); and require government agencies to offer communication options to those not on the internet.

2015

- **2015 Oregon Legislature.** During the 2015 Session, senior and disability advocates worked hard in **support of budgetary issues** effecting seniors and people with disabilities in the Aging and People with Disabilities/DHS, Addictions and Mental Health/OHA, and the Long Term Care Ombudsman budgets. They supported full funding of the APD/DHS budget, including in-home and community based services, Aging and Disability Resources Centers, and other senior/disability services and supports, preferably in line with the Governor's Budget recommendations. Advocates supported full funding of Oregon Project Independence at around \$27 million to create enough financial base to allow for full age neutrality, which will enable equal access to OPI services for both seniors and people with disabilities. There were great concerns over the \$140 million hole in the DHS Budget in the Co-Chair's Budget, which would be resolved. With the help of the Ways and Means Co-Chair, particularly Senator Richard Devlin, APD/DHS in-home and community based services and other senior/disability services and supports were generally fully funded, with the exception of the Gatekeeper Program, which was eliminated. Support was given for the funding of the General Assistance Pilot Project, re-establishing this critical program for the poorest of the poor (until it was eliminated again in 2017). The Campaign for

Oregon's Seniors and People with Disabilities again served as the principle legislative coalition for the senior and disability communities.

Senior and disability advocates also supported other **issues that affected the senior and disability communities**, including: raise the minimum wage to \$15; development of inclusionary zoning for multi-family housing that allows local jurisdictions to require low-income housing as a part of housing developments; removal of the waitlist for the Senior/Disability Property Tax Deferral Program; extend for 2 years the study group to determine the best health system in Oregon; develop a single payer health plan in Oregon and establish the Health for All Oregon Board to implement and have oversight of the single payer system to be administered by OHA; requires Coordinated Care Organizations (CCOs) board and advisory committee meetings be under the open meetings laws; remove anti-trust exemptions from CCOs; increased community coverage for durable medical equipment in state medical assistance programs, creating more availability in the local communities and not just in client homes; and support of family caregivers by providing an admitted patient an opportunity to name a family member caregiver for the hospital medical record and providing family caregivers post-discharge care support.

The Campaign for Oregon's Seniors and People with Disabilities and other advocates continued to strongly support the continuation and expansion of all **senior/disability mental health/addiction** funding for the 2015-2017 biennium in both the OHA and APD budgets. Based on the work and recommendations of the Legislative Work Group on Senior and Disability Mental Health and Addictions (2012-2013), there were major strides in development of programs and services for senior and disability mental health and addictions, including the creation of 24 new senior/disability mental health and addictions local coordinators in the senior and mental health communities to develop services and supports, senior/disability mental health/addiction client and provider training, and senior/disability mental health/addiction prevention and support efforts through the ADRCs. Advocates strongly supported the continuation and expansion of all senior/disability mental health/addiction funding for the 2015-2017 biennium. OHA and APD submitted a report on senior/disability mental health and addictions to the 2015 Legislature as part of the budget notes advocates successfully had put in place for both DHS and OHA.

The **Senior/Disability Lobby Day**, sponsored by the Campaign for Oregon's Seniors and People with Disabilities, was held on April 23rd at the State Capitol. Advocates attended seminars and visited with their legislators.

- Long-time senior advocate **Lee Hazelwood** died in December. He represented state and local senior and disability interests for decades in the State Capitol, serving as the Chair and Legislative Coordinator for the Governor's Commission

on Senior Services for many years and was a long-time board member of United Seniors of Oregon.

- **Lenore Bijan**, a long-time and much respected senior advocate in Portland, died of brain cancer and heart failure. She served on the Board of Directors of the Oregon State Council for Retired Citizens, was an Elders in Action commissioner and served on the state Medicaid Advisory Committee as a consumer representative. She helped lead the fight for the preservation of the Senior/Disability Property Tax Deferral Program and was a strong advocate for the low-income.

2016

- **2016 Oregon Legislature.** The 2016 Session began with a shortfall of \$72 million in the DHS budget, due largely to growth in caseloads and cost per case, as well as the US Department of Labor changes for caregivers, including paying over-time, having a base pay of \$14 for hour, and requiring that live-in providers be paid for up to 16 hours a day, from the current 9 hour day. John Mullin with the Oregon Law Center successfully restored the General Assistance Program for the poorest of the poor by procuring some pilot monies. There was a strong priority across the senior and disability communities to restore funding lost for the Gatekeeper program, but it was not successful.

Affordable housing remained a priority issue, with some tenant protection passing, including inclusionary zoning. Housing issues came to the forefront as there was a severe shortage of affordable housing statewide, particularly in the metropolitan areas. Lower income people were facing rapidly increasing rents and eviction without cause or protection. Support legislation was introduced that addressed affordable and accessible housing for low-income individuals, including inclusionary zoning, 90 day notice for no-cause evictions, a mandate for landlords to assist in relocation costs for no-cause evictions, accessibility for people with disabilities, and retrofitting older homes for accessibility. The 2016 Legislature passed HB 4143, which prohibited landlords from increasing rent during the first year occupancy and then required landlords to give at least 90 days notice before increasing rent after the first year.

In response to a **Legislative Budget Note**, APD asked the **Lewin Group** to do an analysis and report to the Legislature on the sustainability of current caseload growth, particularly in light of the boomer population explosion. In the public meetings held prior to the release of the Report and its presentation to the legislature, it became painfully clear that this report was nothing more than a regurgitation of unacceptable recommendations for cutting and capping senior and disability services in the future, including caps on caseloads and budget expenditures and the much-opposed incorporation of LTSS spending into

managed health care/CCOs. It was roundly criticized within the senior and disability communities, including the Campaign for Oregon's Seniors and People with Disabilities, for its lack of innovation, its damaging recommendations, incomplete data, failure to acknowledge loss of federal funds, etc.

- Although APD/DHS had a record of strong outreach to diverse cultures such as ethnic/cultural minorities and LGBTQ demographics, there was still concern amongst certain advocates and providers that certain eligible **culturally-based populations of seniors and people with disabilities** may not be accessing the long term care services they and their families need, potentially caused by such factors as language or cultural barriers or a lack of trust in government services. Recommendations from the SB 21 state sub-committee on service equity was still being used as a model.
- With court challenges exhausted, the **new federal Department of Labor regulations** around senior and disability in-home care workers are taking effect in Oregon, with tremendous potential future impact on client care and the APD/DHS budget. Without an exemption, in-home care workers in Oregon was limited to 50 hours per week and 225 per month and must be paid at the minimum wage. This greatly affected live-in programs, with many clients having to employ multiple care workers. The budget implications were great, raising in-home costs per client by thousands.
- Senior advocate Jim Davis represented Oregon in the annual **National Consumer Assembly** on March 24th and 25th, sponsored by the Consumer Federation of America; whose state affiliate, the Oregon Consumer League, he served as President for 5 years. The conference brought together experts, advocates, researchers and policy-makers to present and discuss on critical consumer issues such as chemicals in consumer products, consumer product safety, privacy rules on the internet, auto issues, civil rights in consumer protection, sharing economy, and consumer marketing.
- The **state Older Adult and Disabilities Behavioral Health Initiative**, a OHA/DHS partnership led by OHA, had been functioning statewide for two years with 24 behavioral health specialists statewide (housed in community mental health programs and/or area agencies on aging), who work locally to establish training and community support for seniors and people with disabilities experiencing mental health and addiction problems. The OHA Senior and People with Disabilities Behavioral Health Work Group served as advisors to the effort.
- A group of advocates organized by OSCRC, United Seniors and NCOA **visited with US Senator Ron Wyden** in October covering targeted issues around Medicare, Medicaid, affordable housing, chronic health care and the Older American's Act.

- Advocates strongly supported **Measure 97**, sponsored by Our Oregon and SEIU, in the 2016 general election. It would have added \$3 billion annually to the state budget for education, senior services and health care through a tax on corporations making more than \$25 million annually. Measure 97 had a commanding lead in the early public polls, but as tens of millions of dollars were poured into the opposition, the tide turned and the measure lost comfortably.
- After widespread support of Hillary Clinton within the senior and disability advocacy communities, the **election of Republican Donald Trump** to the presidency was met with great shock and trepidation by advocates, particularly with the potential impact on human services and consumer programs and issues. There was considerable opposition to his appointment of Rep. Tom Price as HHS Secretary. Dr. Price had supported across-the-board cuts in Medicare, Medicaid, Social Security and many other low-income programs. He would likely support Trump's recommendations to block grant Medicaid, which could lead to future service reductions, and Speaker Ryan's Medicare voucher plan. In addition, there was there was also opposition to the appointment of Dr. Ben Carson, a vocal critic of safety nets programs and with no housing experience, as HUD Secretary, causing great concern for such federal programs as Section 8 Housing. There was some hope that Congress might be hesitant to make big human services reductions before the 2018 mid-term elections with the potential for a large public backlash.
- **The Campaign for Oregon's Seniors and People with Disabilities** began to strategize for the 2017 Legislative Session. They agreed to place the greatest emphasis on protecting vulnerable populations and showing the impact of cuts on the workforce and the local communities, as brought out in the 2009 study financed by the Campaign. They strongly supported all senior and disability programs that resulted from the senior medical deduction reform they helped lead. Other legislative issues under consideration: expansion of OPI to people with disabilities; funding of senior/disability behavioral health; creation of an APD research/data unit; service equity for special senior/disability populations; expansion of ADRCs; paid family leave; changes in advanced directives; expansion of senior/disability transit options; expansion of dental care; better support of work force development; increase in affordable housing; increased funding of independent living facilities; addition of 2.5 FTE to the LTC Ombudsman Office; expansion of public guardianship statewide; and setting up state standards for court visitation programs.
- Advocates continued to support legislation that would add **CCOs** to the Public Meetings Laws to create open public access, as well as meetings with public involvement and expression, public meeting notices, and access to meeting

minutes and other pertinent materials/ information, as well as mandates that all CCO community advisory councils have the ability to approve CCO business plans.

- Governor Kate Brown, newly re-elected to her own 4 year term, released her **Governor's Budget Recommendations** as they effected the APD 2017-2019 budget. The state faced a \$1.8 billion deficit, caused by PERS retirement system obligations and the \$328 million share of the Affordable Care Act (ACA) Medicaid Expansion, which would come due in 2017 after more than 400,000 low-income individuals were added to the Oregon Medicaid Program. Most senior and disability services and eligibility levels were maintained at current levels, with the big exception being a \$21 million cut in OPI from \$26 to \$5 million, which advocates found disappointing and short-sighted. OPI has traditionally been a political football in budget fights, but advocates felt confident that with strong advocacy much of the recommended cuts could be retained. Until this budget recommendation for OPI, advocates had planned to legislate necessary changes in the Aging and People with Disabilities/DHS statutes to remove age limits and allow full participation from eligible people with disabilities under age 60 to fully open OPI involvement to both eligible seniors and people with disabilities.
- OHA and DHS restructured their advisory group on senior and disability behavioral health issues to form the **OHA/DHS Older Adult-People with Disabilities Behavioral Health Advisory Council**, chaired by Dr. Jim Davis, with representation from the senior, disability, and mental health communities.

2017

- **2017 Oregon Legislature.** With a surge in funding at the end of the session, most advocates were generally happy with the results of the 2017 Legislative Session, particularly for **Aging and People with Disabilities/Department of Human Services (APD/DHS)** programs. **Oregon Project Independence (OPI)** was ultimately funded at then current funding levels of \$27 million, after threats of major OPI cuts throughout the session, particularly the Governor's proposed budget cuts down to \$5 million. Nursing homes and community-based long term care facilities received COLA increases. **General Assistance** for the people with disabilities who are the poorest of the poor was maintained after being eliminated in the Governor's Budget. There had been very strong advocacy efforts for both OPI and General Assistance. Despite strong advocacy support, the Gatekeeper Program remained unfunded, including the reduced proposal to fund the effort at about 10% to allow for some statewide coordination of various gatekeepers efforts that remain statewide.

Advocates supported continuing-level biennial funding for the **Long Term Care Ombudsman Program** to allow for greater advocacy and watchdog activities for

residents of Oregon's long term care facilities. Advocates expressed their concerns about legislation to create a statewide Office of the Ombudsman, including the Long Term Care Ombudsman and how it changed the roles, independence, appointment process and supervision of the LTC Ombudsman, a clear departure from the mission outlined in the Older Americans Act. However, advocates became more comfortable when LTC Ombudsman Fred Steele offered an amendment that would return the LTC Ombudsman to pre-2013 levels, with all protections intact and the appropriate separation of the Public Guardian Office. The legislation died in Ways and Means.

Strong advocacy support was given to the ultimate passage of HB 3262-A (Rep. Nathanson), which would create better control by DHS-assigned medical professionals in the **prescription of opioid drugs to seniors** by secondary providers.

Affordable housing legislation passed that allowed for a significant increase in affordable housing preservation, purchasing publically supported housing projects and protecting long term affordability of housing funded with public dollars. Unfortunately, provisions to remove no-cause evictions did not gain support.

Although considered a successful session for advocates, some strongly supported legislation went down to defeat. **Advanced directives** legislation ultimately failed as a sacrificial lamb to get enough votes for Medicaid funding. The Right to Life lobby continued to battle and raise funds against a bill that simply wanted to update the state advance directives forms and processes, which were outdated. They made outrageous claims of the mistreatment of dying patients and placed on-going roadblocks in the way.

Advocates were also disappointed to again see the defeat of legislation which would have created **greater CCO transparency**, forbid new for-profit CCOs, and created greater public oversight of CCO board meetings under public meetings laws; after a compromise effort failed under the burden of strong opposition from for-profit CCOs and physicians groups, who formed an opposition coalition. Advocates also faced an uphill battle in their support of Oregon Trial Lawyers Association-sponsored legislation to remove the **court-imposed cap** of \$500,000 on civil damages around such critical issues as defective products, discrimination and medical malpractice, particularly affecting those who have suffered the greatest physical and emotional loss and trauma. OSCRC and United Seniors had supported this concept for decades, including two successful initiative campaigns. Other advocate-supported bills that were **not successful**: removal of no-cause evictions; \$25 million in lottery bonds for the preservation of affordable housing; and creation of a human rights commission on individuals with disabilities.

The **Campaign for Oregon's Seniors and People with Disabilities** and its Legislative Committee continued to be the primary coalition-based, legislative coordinating body for state and local senior and disability organizations/groups. It met every Tuesday at 2pm during session.

- Advocates expressed their great concern and disappointment in a legislatively motivated, APD-led administrative rules process around **redefining the activities of daily living** to require greater service need, ultimately eliminating 1,200 clients from Medicaid long term care coverage, based on monthly need for services. In a response to legislative pressure to tighten up Medicaid long term care eligibility, this process had been on-going for a year and had approved rules in increments along the way, making it impossible to reverse. Senior and disability advocates were very vocal in their opposition in public meetings and strongly believed the advocacy community was not adequately informed of the impact. They faulted certain major state-level allies for being complicit in its progress and not allowing for an adequate discussion of the initiative within the senior and disability communities. Disability Rights Oregon would ultimately sue DHS-APD, and through negotiations, would gain APD/DHS's agreement to postpone the impending process until there were assurances that the clients affected would get the services and supports they need (see 2018).
- **The Older Adult-People with Disabilities Behavioral Health Initiative** continued to grow with the support of advocates. The 24 Older Adult-PwD BH Specialists, who were doing good work in local communities across the state, continued to be funded within the Oregon Health Authority budget, after gained the initial funding in 2014. PSU Institute on Aging released data from a statewide survey of stakeholders and a review of the monthly specialist reports. The OHA-DHS Older Adult-PwD Behavioral Health Advisory Council, chaired by Jim Davis with Jim McConnell as Co-Chair, met bi-monthly representing the senior, disabilities and behavioral health communities. The Advisory Council had been restructured with representation similar to the successful Legislative Work Group on Senior and Disability Mental Health and Addictions, guaranteeing representative participation from the senior, disabilities and behavioral health communities.
- A statewide "**Older Adult-PwD Behavioral Health Summit,**" sponsored by OHA and PSU, was held in June in Keizer but with video participation in key locations around the state. Advocates raised concerns about the lack of senior-disability and Advisory Council involvement in the planning of the event and corresponding leadership meetings. OHA/PSU countered that the Summit was really meant to be more of training for local behavioral health specialists and their communities and should not have been named a "summit." However,

advocate/Advisory Council protests changed plans for the meeting, expanding the facilities, agenda and the invitation list.

- National aging groups continued to try to respond to the chaotic environment created by the **new Trump Administration**, with their on-going attempts to tear down programs that are critical to elders and people with disabilities. There were continuous efforts to dismantle the Affordable Care Act and the Medicaid expansion accomplished within it, including support of capping and block-granting Medicaid, which would have led to significant service reductions, potentially impacting the 11 million dual eligible (Medicare-Medicaid) clients. The ban on insurance companies denying coverage based on prior conditions again seemed in jeopardy, despite the support previously voiced by the President. Many Older Americans Act programs were threatened, as was LIHEAF funding.
- The Oregonian featured a series on the serious problems with the **APD state on-line reporting system**, which was reported to be listing only around 40 percent of the certified APD abuse cases. APD Director Ashley Carson-Cottingham admitted to flaws in a system she inherited that they were working to correct. In the meantime, the Oregonian created a full on-line list of abuse reports based on their research for the series, which the LTC Ombudsman agreed to link to. Some advocates felt the articles blind-sided APD, who were cooperating in the investigation of the reporting system and looking for the most effective way to restructure the system, and that the new, more complete state list should be controlled and managed by the state, not the Oregonian. Advocates have also noted that there are historically few articles featuring our model senior-disability community-based LTC system and, as a result, an investigative feature like this creates an unfortunate and negative perception of our nationally-recognized long term care system.
- The **Oregon Health Plan and Medicaid Expansion** came under attack with a very organized effort by a group of Republican legislators, led by Rep. Julie Parrish, to gather signatures for a statewide vote on the approved provider tax, which was a negotiated effort to provide significant funding for state-level Medicaid. This had particular impact on the Medicaid Expansion, which affects more than 400,000 recipients added through the Affordable Care Act Medicaid expansion efforts. This would become **Measure 101** and would be on the ballot in January 2018 and would be defeated after a strong statewide opposition effort led by Our Oregon, who organized to get people not to sign the petitions but could not stop this well funded signature gathering effort. Senior and disability advocates were on the record with strong opposition to this measure and any other efforts to tear down Medicaid funding.
- An **AARP report of state-level long term care** ranked Oregon's model community-based long term services and supports as the 4th best in the nation,

taking into account accessibility, choice, quality, support of family care givers, and transitioning from health facilities back to home. Some long-time advocates felt that Oregon should have been ranked higher, possibly number one, in that Oregon has what is considered the national model for community-based long term services and supports.

- **Lois Stranahan**, a long-time advocate for union workers and seniors and an active board member of the OSCRC, United Seniors of Oregon and the Oregon Alliance for Retired Americans in 1990s and early 2000s, died at age 98. Teaming with her beloved husband Jesse, they made their mark in labor-oriented advocacy and both were voted into Oregon's Labor Hall of Fame. Lois' fight for the right to protest and gather signatures in front of large stores and malls went all the way to the Oregon Supreme Court.
- **Lucille Pugh**, a highly respected and honored social services professional and senior/disability advocate for more than 5 decades, died at age 97. She won both the prestigious Bob Van Houte and Jim McConnell Awards for her amazing contributions to senior and disability services.
- **Nellie Fox-Edwards**, a long-time labor, senior and mental health advocate and renown state-level labor leader, died at 93. She was active in many senior advocacy groups, including United Seniors of Oregon and many retired labor organizations, and was President of the Mental Health Association of Oregon, all after her retirement from the state AFL-CIO, where she served as the Director of Education and Legislation, the first woman elected to a paid state-level AFL-CIO position.

2018

- **2018 Oregon Legislature.** The short 2018 Legislative Session completed its 4 week run in March. The passage of **Measure 101** and with it the continuation of the health care provider tax and the Medicaid Expansion, allowed for a more relaxed session as the state averted a potential \$1 billion shortfall in state revenue that could have gravely affected both DHS and OHA Medicaid-based programs.

Most advocates agreed that this was one of the more fruitful short sessions for seniors and people with disabilities with the passage of many good pieces of legislation, including: **transparency in drug pricing**, with strong consumer advocacy support, passed despite strong drug industry opposition; positive progress in the on-going consumer-friendly effort to change **CCO public records and public meeting processes** as albeit watered down legislation passed, despite opposition of the health plans; requirement that **ALF/RCF administrators** to be licensed rather than certified and moving them into a

revamped state nursing home licensing board (Long Term Care Administrator's Board) passed with strong support from senior and disability communities, including APD and the LTC Ombudsman; extension to 2026 of the sunset on the **assessment of long term care facilities** that was ultimately used to match against Medicaid and bring large returns to the long term care community (generating \$72 million in 2019-21 and \$156 million in 2021-23); special purpose appropriation of \$300,000 to increase access to **ventilator-assisted services** in nursing facilities; expansion of the **APD Background Check** Unit; and SEIU legislation to enhance **home care provider training** that is more accessible and culturally appropriate.

After multiple failed attempts, the Legislature finally approved the formation of a state committee to work on an update of **Advance Directives** materials and processes, despite continued battles with Right to Life, who spread fears and lies, seemingly using the issue as a fundraising tool. The Republicans provided "silent nos", but didn't mount an opposition effort, allowing the legislation to finally pass.

There were disappointments as well, including legislation which would have created a state **Workforce Disability Task Force**, and a resolution which would have added a provision in the state Constitution guaranteeing all Oregonians access to **affordable health care**.

- Amongst a sea of generally bad ballot initiatives, there were some good ones introduced in 2018. Gaining strong support were state and regional measures for affordable housing and clean energy. **Measure 102** was a constitutional amendment that lifted the ban on local governments working with non-profits and local businesses to **build affordable housing** that is a barrier to many cities abilities to implement an affordable housing bond program without this change. Advocates were a part of the Yes for Affordable Housing Coalition. **M. 26-201** created the **Portland Clean Energy Initiative**. Both passed comfortably in the 2018 General Election.

The remaining state initiatives were strongly opposed by advocates, including: **Measure 103**, a corporate tax carve-out for taxes related to groceries and food, sponsored by major grocery corporations; **Measure 104**, a constitutional amendment that would have expanded the use of the super majority on the Oregon Legislature for updating fees and the closing of tax loopholes; and **Measure 105**, an anti-immigrant measure that would have repealed Oregon's 30 year old sanctuary law and opening the door to increased racial profiling. All failed in the 2018 General Election.

- The **state ADA Celebration**, chaired by OSCRC/United Seniors Executive Director and Oregon Disability Commissioner Jim Davis, took place on July 26th at

the Roberts DHS/OHA Building in Salem. The event was considered a success, with more than 100 in attendance.

- National aging and disability groups continued to respond to the problems created by the Trump Administration. The **Trump Budget** looked to make significant cuts in Medicare, Medicaid, Older Americans and other key low-income programs; with the elimination of Community Development Block Grant, Community Services Block Grant, Social Services Block Grant, Weatherization Assistance Program, Low-Income Home Energy Assistance Program (LIHEAP), Senior Corps programs such as Foster Grandparents, RSVP and Senior Companions, State Health Insurance Assistance Program (SHIP), Legal Services Corporation, HUD Section 4 Affordable Housing Program, Senior Community Service Employment Program, and Corporation for National and Community Service, including AmeriCorp. Luckily, the Trump Budget was dead on arrival and Congress ended up providing fair funding of social services with the trade off of substantial increases in the Defense Budget.
- OSCRC and United Seniors, supported by their national affiliate the National Council on Aging, sent a letter to the Oregon Congressional Delegation supporting continued federal funding of the **Money Follows the Person** program.
- **APD Budget Cuts and ADL Rule Changes Suspended.** Disability Rights Oregon, in collaboration with the Oregon Law Center and Legal Aid Services of Oregon, reached an agreement with APD to **suspend the scheduled client cuts** created by the Legislatively-approved budget cuts that would remove 1,200 APD clients from Medicaid services through administrative rule changes in allowable Activities of Daily Living (ADL) levels and the corresponding cuts in APD clients who then become in-eligible. As part of the agreement, APD agreed to: provide impacted consumers with additional communication explaining the changes, the specific impact to them and their rights to exceptions and appeals; restore service hours and eligibility to individuals whose services were reduced by the changes (to occur no later than March 4, 2018); and discuss programmatic changes for apportioning Medicaid-funded long-term care services. There were strong concerns about the APD changes to the Service Priority Levels and Time Study of service hours that the state projected would result in 1200 clients being cut from services for the 2017-19 biennium. The cuts are based on efforts to reach a 4% cut in the APD services budget as directed by the Legislature. Many key advocates were not consulted on the proposed cuts before the changes were adopted. Area Agencies on Aging and Disability were consulted, but were not supportive of the cuts. An interesting fact: the justification used by APD to make the changes was that the growth rate in utilization of LTSS was "unsustainable." Yet advocates pointed out that the

growth rate over the past 5 years is minimal and does not merit the level of service cuts proposed by APD.

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- In the **2018 Elections**, the Democrats remained in strong control as Democratic Governor Kate Brown won a convincing re-election victory over former State Representative Knute Bueller and the Democrats returned with super majorities in both the House and the Senate.

Advocates and providers formed the **Seniors for Governor Kate Brown Committee** with the blessing of the Brown campaign. The Seniors Committee was made up of supportive key leaders and stakeholders in the statewide senior community, and was intended to support and advise the Governor's Re-Election Campaign on matters and issues that affect older Oregonians, including response to priority senior issues, incorporating senior issues and concerns into campaign positions and materials, and potentially helping develop senior-related outreach efforts to appeal to elder voters. The committee was completely ignored and never utilized during the campaign.

- The **Oregon State Council for Retired Citizens (OSCRC) PAC**, the only statewide senior PAC, continued to take an active role in the election process by endorsing candidates for the Oregon Congressional Delegation, Governor and other statewide races, state house and senate races, and select local and county races.
- Jim Davis marked a decade of chairing the **National Coalition of Consumer Organizations on Aging**, a constituency group of the **National Council on Aging**. NCCO concentrates on current federal aging policy issues, including: aging-oriented programs in the Federal Budget; the reauthorization of the Older Americans Act; Social Security; Medicare/Medicaid issues; and Medicare health care and prescription drug issues. NCCO holds monthly national conference calls, which included state updates on advocacy work and a national report on senior-oriented policy and legislation from the beltway from Howard Bedlin, NCOA VP Public Affairs and NCCO Staffer.
- In December, the **Governor's Budget** recommendations came out and were very supportive of human services and the APD budget, with no cuts to services and COLAs for the community-based long term care facilities, much to the relief of advocates, who could move their energies to other key issues.
- **Jerry Cohen**, executive director of the Oregon State AARP since 1996, retired and was lauded for his exemplary work developing and administering the Oregon AARP Office for 22 years. He was been replaced by a former AARP Illinois staffer Ruby Haughton, who had previously been an Oregon-based lobbyist for an

insurance health plan and the banking industry (and had also graduated from the University of Oregon.)

- **Oregon Consumer League** held its 50th anniversary party on November 14th, at the Kennedy School/McMenamins. Advocates Jim Davis and Steve Weiss were given OCL Lifetime Achievement Awards, along with long-time OCL Executive Director Jason Reynolds and consumer attorney Max Rothman.

2019

- **2019 Oregon Legislature.** After the Governor's Budget recommendations for **Aging and People with Disabilities (APD)** were very supportive of human services and the APD services, the Joint Ways and Means Committee passed out an APD/DHS budget that was strong and funded senior and disability programs at continuing levels. The **Long Term Care Ombudsman Program**, the critical watch-dog for residents of community-based long term care facilities and nursing homes, was also given continued level funding, but still pushed for much needed additional staffing. Legislation also passed that required community-based facilities to inform new residents of the services of the Long Term Care Ombudsman program.

Advocates were pleased that the popular **Oregon Project Independence (OPI)** received full funding and wasn't used as the political football it often has been in the past. Advocates, led by OSCRC/USO, sponsored legislation that sought to make necessary changes in the APD/DHS statutes to remove age limits and replace the current pilot project and fully open OPI to both eligible seniors and people with disabilities under age 60, as envisioned by statutory language implemented in 2005. The Oregon Association of Area Agencies on Aging and Disabilities didn't think the system was quite ready statewide and offered alternative legislation, ultimately supported by advocates, requiring DHS to study to potential statewide extension of OPI to include people with disabilities. In a surprise move, the bill was sent to the Ways and Means Committee and ultimately died there.

However, there was a budget note that did come out of Ways and Means that would bring together stakeholders to look at potential Medicaid match for OPI, which has always been fully funded by the state general fund as a Medicaid alternative, as well as an expanded Family Caregiver Respite program. The budget note also required APD to convene an Advisory Committee to make recommendations on program design, benefit packages and the application for federal approval. Advocates saw this as an excellent opportunity to deal with issues around the expansion of OPI for people with disabilities.

Advocates became very involved in fighting potential cuts in the **SHIBA Program** (in the Department of Consumer and Business Services budget), which coordinates volunteers statewide to counsel thousands of seniors on their Medicare options, which can often be quite complex and confusing. SHIBA funding had been cut by close to \$300,000 coming out of Ways and Means. With the help of Rep. David Gomberg and Senator James Manning, who wrote a very thoughtful letter of support, the SHIBA funding was added back through the “X-Mas Tree” Bill.

A wide array of advocacy groups and coalitions, led by OSCRC/USO, supported legislation which would have reestablished (at \$2 million) the statewide **Gatekeeper** program, the popular, cost-effective, community-based outreach effort which utilizes community members and resources to support seniors and people with disabilities. It was referred to Ways and Means by the House Human Services Committee and died after advocacy attempts to add the funding to the X-Mas Tree Bill failed to gain traction.

Advocates supported the expansion of **Centers for Independent Living** to all 36 counties in the state and created greater equity in their APD/DHS funding through the provision of \$8 million per biennium for the next 10 years, died as expected in Ways and Means. Oregon Disability Commission Chair Jim Davis testified for advocates in support and spoke at the Rally in front of the Capitol. CILs are dedicated to providing people with disabilities with the fullest levels of independence and dignity, to fully participate in their communities and families, offering information and referral, independent living skills, peer counseling, advocacy, and life transition assistance.

Senior and disability advocates developed two pieces of **senior/disability behavioral health** legislation: **SB 173**, which asked for \$10 million to enhance behavioral health services and supports for seniors and people with disabilities statewide; and **SB 175**, which would have required that the Oregon Health Authority and the Department of Human Resources create systematic, programmatic and policy recommendations, through a stakeholder process, for the creation of a more seamless path for Aging and People with Disabilities/DHS clients to access mental health and drug and alcohol treatment services from OHA and long term services and supports from DHS simultaneously without interruption of services and supports from either agency or system. They died in the Senate Human Services Committee after hearings on January 31st. Advocates pushed for the Ways and Means Committee to adopt a budget note in the DHS/OHA Budgets that would also call for a stakeholder process to make necessary systematic changes to streamline access to behavioral health services between APD/DHS and OHA and require a report-back to the legislature in 2021.

Senior advocates mobilized around **age discrimination in employment** and were very disappointed about the defeat of HB 2818, which would have made needed changes in state employment discrimination statutes to prohibit employers from using age-identifying information against older applicants in the initial job application process or using age-related criteria against older employees workers such as length of service or higher salary/benefit cost factors, and for those experiencing age discrimination, victim compensation was increased. In a shocking move to kill the bill at the last moment by Committee Chair Rep. Barker, HB 2818 died in House Business and Labor Committee as it appeared to be moving forward, under behind-the-scenes pressure from big business lobby.

Advocates, particularly OSCRC/USO, supported the Quality Care for Injured Workers Act, **older worker's comp discrimination** legislation pushed by the Oregon Trial Lawyers Association which would have ended sex and age discrimination against injured workers. The legislation addressed an emerging crisis facing injured workers, particularly older and female workers, strengthened the standard of proof for insurers and protected against the indiscriminate use of pre-existing conditions (such as arthritis typically found in older persons) to deny coverage, even if the workers never experienced any symptoms before the on-the-job event occurred. Older workers can end up paying out of pocket or even go on the Oregon Health Plan, and then state and feds have to pick up the tab.

Advocates supported successful legislation that banned single use plastic bags, but weren't happy with the **new paper bag fee to consumers**, which advocates vocally opposed. It was agreed that that banning single-use plastic bags in Oregon is a common sense step to help diminish the amount of plastic pollution in our waterways and oceans, but there seemed to be little sense in burdening Oregon consumers with a paper bag fee as a condition for bill passage. Advocates felt it unfair for consumers to have to pay a new and additional fee for carrying groceries that they have purchased with expectations there will be provision for complimentary bags to carry them home. Advocates stressed that this was another opportunity for grocers to make additional profits off unnecessary consumer fees.

Highly-supported **affordable housing** legislation passed that provided statewide rent control at 7 percent plus inflation and required that after the first year of a rental there needs to be just-cause for eviction. Advocates felt the legislation was movement forward, especially in removing renter fears around no-cause eviction; but many felt it was not perfect and would have preferred the rent control to be at 5 or even 3 percent.

- Jim Davis represented senior and disability advocates for two years as part of the **state Ethnic Studies Advisory Group**, which was a legislatively designated

state committee housed within the state Department of Education that developed recommendations around ethnic studies for the state Social Studies Standards. He helped get many references to seniors and people with disabilities in the new recommended additions.

- Senior and disability advocates were represented by Dr. Jim Davis, Chair of the Oregon Older Adult People with Disabilities Behavioral Health Advisory Council, on the **Oregon Alcohol and Drug Policy Commission's Strategic Planning Subcommittee** in 2018-2020. The statewide subcommittee was tasked with reviewing and making recommendations to the Oregon Legislature on the modernization of treatment and support systems for substance abuse disorders, as well as potential treatment and programmatic solutions. They also completed a series of town hall meetings around the state to gather input from stakeholders. Advocates considered it a good and fruitful opportunity to push for recognition of alcohol and drug issues affecting seniors and people with disabilities.
- OSCRC and United Seniors joined with the Oregon Health Care Association and other advocates in the successful initiative campaign that repealed an **anti-senior McMinnville City Council Ordinance** (5059), which had targeted seniors with taxes, fees and fines to make up a city revenue short-fall. Each local care facility was being taxed \$200 per bed annually by the city and their residents charged \$1,500 for any ambulance response that was deemed a non-emergency. This was plain and simple a money grab by the city to fill a budget hole. The City of McMinnville had no experience or expertise in long term care, nor the staffing to deal with long term care issues, which is the obvious purview of APD/DHS and their local area agencies on aging and disabilities. Ordinance 5059 conflicted with the extensive state and federal regulations affecting senior/disability care providers, not to mention completely and blatantly discriminating against elders and people with disabilities with poorly constructed and blatantly ageist public policy passed without input or stakeholder involvement from the senior or disability communities. Advocates, who were prominently featured at hearings and in advertising and materials, hoped that this decisive initiative victory will send a message regarding the implementation of such a terrible policy precedent in the future.
- Advocates worked with a coalition effort in support of **Medicare Advantage**, sending letters and joining in visitation with the Oregon Congressional Delegation to urge their support for extending the Health Insurance Tax suspension through 2021. The Health Insurance Tax had been delayed before, and seniors and all Medicare Advantage beneficiaries need your support for another suspension of the Health Insurance Tax and support legislation that will protect their health

insurance costs from spiking, which could serve as a barrier to seniors' continued access to Medicare Advantage.

- **Disability Rights Oregon**, who had a string of critically important successes in representing people with disabilities in the court system, had some organizational transitions as they welcomed in a new executive director. They laid-off long-time DRO attorneys and staff. They claimed financial problems, but there were also reports of labor problems, with attempts by DRP employees to form a union. DRO planned to start taking more visible cases, limiting their traditionally far-reaching impact on legal issues affecting the disability community. Long-time advocate and ally Jan Campbell was the DRO Chair.
- Advocate Jim Davis testified in front of the **Senate Mental Health Committee** on November 18th, highlighting senior/disability behavioral health, particularly around seniors and people with disabilities more smoothly accessing community-based mental health and addiction services. He was joined by Dr. Maureen Nash, Gero-psychiatrist, Dr. Margaret Neal, PSU Institute on Aging, and representatives from the ECHO Program.
- 2019 marked the **50th Anniversary for OSCRC (Steve Weiss, President)**, founded in 1969, and the **40th for United Seniors of Oregon (Jim McConnell, President)**, founded in 1979. Both remained the longest-standing senior advocacy groups in the state.
- Both the Governor's Commission on Senior Services and the Oregon Disabilities Commission sent communication to the Governor's Office to express their **opposition to the Governor's restrictive advocacy policies toward commissions** that dictates that legislative and specific budget positions must be in line with the Governor's Budget. This policy greatly restricted GCSS and ODC in their policy positions and advocacy efforts on issues that called for more money beyond the Governor's Budget, such as expansion of such services as OPI, Gatekeeper, senior-disability behavioral health, Long Term Care Ombudsman/Public Guardian and other important services, crippling their historically effective efforts to advocate for additional services and against cuts in the APD Budget.
- OSCRC/USO and the Oregon Consumer League raised serious concerns to Andrew Stolfi, State Insurance Commissioner and Director of the Financial Regulation Division, and the Department of Consumer and Business Services regarding the weakening of the state Insurance Advisory Committee and the state Insurance Consumer Liaison position, negatively affecting the **voice of**

consumers on important insurance issues. They urged DCBS/DFR to accept the importance of the state Insurance Advisory Committee, which has existed since the late 1980s providing a balanced voice for consumers, agents and the industry, and make renewed efforts to maintain and strengthen its mission, including policy, legislation, rules, marketing, systematic changes, and other important insurance issues effecting Oregon consumers, as well the return of the state Insurance Consumer Liaison position, in place since the 1980s and critically important to the voice of consumers and their advocates, to previous levels of responsibility. Ultimately, assurances were made that the Insurance Consumer Liaison position had not lost any of its influence, but was upgraded to fit the changes that occurred with the merger between insurance and financial regulation within DCBS, emphasizing outreach statewide, but also involving him in policy and programmatic discussion. The IAC developed a new charter and had a much greater and strengthened role. Advocates have made it their mission to protect the Committee from numerous attempts to either eliminate or weaken it. After the merger, DFR appeared to have weakened the mission of the Insurance Advisory Committee, once considered a model for balanced public and industry voice, particularly for how it involved consumers and their advocates.

- At the end of the year, there were small news stories of a potentially dangerous virus coming out of Wuhan, China. It would become known as the **Coronavirus/COVID-19 pandemic** and be one of most devastating health crisis of our time, with deadly impact on the more vulnerable senior and disability populations. Ultimately, tens of millions would contract the disease nationally and hundreds of thousands would not survive, with an alarmingly high percentage of the deaths being vulnerable seniors, particularly those in nursing facilities. By mid-March, all would be sheltering in place and be asked to wear masks and socially distance. Face-to-face meetings would stop and ZOOM and Skype would become the means to hold meetings, and actually see who was there. In Oregon, APD/DHS and the Oregon Health Authority would scramble to respond. After some serious outbreaks in certain long term care facilities, Governor Brown would order that all long term care facility staff and residents be tested. APD would put in place such a testing system, which found about 2 percent infection rate, well below what was feared. Advocacy at the grassroots levels would be stymied, but advocates remained involved. Many senior/disability advocates felt there needed to be greater efforts within the COVID-19 response statewide to specifically address the needs of seniors and people with disabilities with underlying conditions who are a very vulnerable to the virus. They became involved in coalition and other advocacy efforts and worked on such issues as: injecting monies into additional disability-related services and supports, including care giving, respite, medical equipment, interpretation services and telehealth; addressing specific and immediate physical and behavioral health care concerns of seniors and people with disabilities; urging health clinics and hospitals to

develop appropriate health care protocols geared to seniors and people with disabilities; responding to disability bias that creates barriers in health care; creating better access to testing/screening for those most at-risk in the senior and disability communities; and protecting and defending the rights of seniors and people with disabilities in long term care facilities, including: providing necessary access to personal protective equipment; avoiding unless absolutely necessary any restrictive measures, seclusion and/or restraints; allowing virtual visitation with family members; requiring no forced evictions; and allowing for adequate time and planning for any displacement of residents.

Conclusion

It has been such a pleasure to share the *50 Years of Oregon Senior and Disability Policy and Advocacy: An Historical Chronology 1969-2019*, a 5 decade historical chronology - from an advocate's perspective - of Oregon's nationally-renown senior and disability policy and programmatic innovations and the strong grassroots, coalition-based advocacy network that supported its development.

I have spent two decades developing this chronology of senior/disability legislative and policy decisions, achievements, controversies, important gatherings, relevant actions of advocates, legislators and administrators, and other pertinent happenings over the past 50 years. It has been a notable history that shouldn't be forgotten. Nor should we forget the historical implications of the development and growth of our national model senior and disability services system and the generations of advocates who helped build and protect it.

I always consider this a work in progress. Thus, if anyone reading this document finds a significant program/policy accomplishment or event that is missing, let me know and I will be glad to edit. For more information or recommendations for additions and/or changes to the *50 Years of Oregon Senior and Disability Policy and Advocacy: An Historical Chronology 1969-2019* contact: Dr. Jim Davis, davisjar503@gmail.com.