HEALTH CARE

- ***Support for an informed, consistent policy of health care in Oklahoma.***
- ***Support for an accessible health care system that focuses on preventative care.***
- ***Support for a health care policy placing Oklahoma within the top tier of states.***

Basic tenets

Access to quality, affordable health care is the right of every Oklahoman. Oklahoma should have a health care system that focuses on prevention and that provides comprehensive services to all residents from birth through old age. Health care services must be available to all residents regardless of where they live or their ability to pay.

The League of Women Voters of Oklahoma (LWVOK) believes that the United States compares poorly in many aspects of health care to other developed countries. Our country is not competitive in this area despite the fact that we spend more on health care and on drugs than other countries. The LWVOK believes that the United States should evaluate the health care systems of other countries and, where practical, adopt the best practices of countries with better health care outcomes than our own.

Oklahoma consistently ranks in the bottom quartile of U.S. states in all aspects of health care. The LWVOK believes that Oklahoma must increase funding for health care in order to achieve some degree of parity with surrounding states. Initial emphasis should be placed on medical fields where Oklahoma is particularly lacking, such as mental health. Eventually the state should establish a goal of ranking in the top quartile of all states. Neither the Oklahoma personal nor the corporate income tax rates should be reduced until this goal has been met.

The LWVOK believes that all geographical areas of the state and all ethnic and economic groups within the state should have equal access to health care. Oklahoma is similar to other states that have some large population centers as well as vast areas of sparsely populated land. As a state, we should be studying health care delivery systems in demographically similar states with more positive health care outcomes to evaluate what they are doing well.

Affirming previous positions

Until 2021, the League of Women Voters of Oklahoma (LWVOK) had only two positions on health care. One dealt with mental health (2002) and the other with teenage pregnancy (1989). Of the recommendations from the 2002 study, 2020 LWVOK members agreed that there was a need to:

- focus on identifying mental illness and, when possible, preventing it,
- train more individuals to deliver mental health services,
- increase funding for mental health treatment,

- improve access to mental health services, and
- stop the diversion of mentally ill children and adults into the correction system.

On the subject of teenage pregnancy, the LWVOK affirms, from the 1989 study, the need:

- for age-appropriate health education for all K-12 students in public schools. This would include sex education as well as information on building healthy relationships, family planning, and parenting,
- to provide all children with access to health services including contraceptives and information on the responsibilities of being sexually active.

LWVOK members were asked to review LWVUS health care positions for incorporation into the LWVOK position.

In the area of equitable health care, the LWVOK membership strongly endorsed:

- allocating medical resources to underserved areas, and
- providing for the training of health care professionals in needed fields of care.

And, in the area of behavioral health, the LWVOK strongly supported:

- providing access for all people to affordable behavioral health care services and medications,
- ensuring early and affordable behavioral health care diagnosis and treatment for children and youth,
- ensuring that people with behavioral health challenges, including those who are chronically homeless, have access to safe and stable housing, and
- providing health education at all levels that integrates all aspects of social, emotional, and physical health and wellness.

Reproductive Health

The LWVOK agrees with the LWVUS position in advocating for a basic level of care that includes prenatal and reproductive health care.

<u>Infant Mortality in Oklahoma</u>

There has been a steady decline in infant mortality in the U.S., but the Oklahoma rate remains higher than the national average. To address this, the LWVOK supports:

- increasing the number of women who receive prenatal care starting in the first trimester,
- providing home visitations for postpartum mothers and infants in the first year after delivery,
- continuing to promote safety and health information and training for parents, and
- promoting the work of the Oklahoma Perinatal Quality Improvement Collaboration in improving health care for mothers and infants.

Maternal Mortality and Morbidity in Oklahoma

The LWVOK supports measures to address and reduce maternal mortality and morbidity, which has been steadily increasing in the U.S. and Oklahoma. These measures include:

- continuing to support the work of the state and national Maternal Mortality Review Committees in compiling consistent data on maternal deaths and their causes,
- expanding Medicaid coverage for women to one year postpartum,
- screening of perinatal mothers for depression during the year after delivery,
- establishing treatment protocols for perinatal women to be used in all clinics and hospitals, and by all health care professionals, and
- providing regular health care to all women throughout their lives.

At-risk Families

To address the danger of increased infant mortality and maternal mortality and morbidity in at-risk families, especially those that are racially and ethnically diverse, the LWVOK supports:

- creating more community-based maternal health care provider locations,
- enacting paid family and medical leave for all workers,
- providing incentives to increase diversity among the medical professionals in Oklahoma, including certification for nurse/midwives, and
- providing health care and behavioral health services to mothers for one year postpartum regardless of the outcome of the pregnancy.

Mental Health

LWVOK believes that mental health care should be as available as and on a par with general health care with adequate accessibility in all regions throughout Oklahoma.

LWVOK believes that Oklahoma cannot properly address mental health issues without adequate funding. Inadequate funding is related to:

- Oklahoma's poor rankings,
- Oklahoma's inability to deal with deinstitutionalization of those with mental illness,
- insufficient placement for those with behavioral health issues, and
- schools' inability to deal with children in crisis and those with adverse childhood experiences.

Rankings

According to studies, the United States ranks last in mental health care compared to eight developed countries and six developing countries. Oklahoma ranks in the bottom quartile among the fifty states in rates of mental illness and funding for those with disorders. Studies have also shown that most of those in need of services are not receiving them.

With Oklahoma's large American Indian population, it is worth noting that this group has a higher incidence of mental illness compared to other ethnic groups. The men experience a higher rate of suicide compared to other demographic groups.

Deinstitutionalization

As a result of the elimination of residential care (deinstitutionalization) nationwide, many individuals with mental illness have become homeless or end up in jails and prisons for a lack of anywhere else to go. Due to the lack of alternative community services, many become homeless. Jails and prisons are not equipped to deal with detainees and inmates with mental health issues. Rural counties, due to a lack of resources, especially struggle with individuals who have mental health issues.

Children with Mental Health Illnesses

The LWVOK supports adequately staffing schools with counselors and professional social workers. This would better equip Oklahoma schools to identify and refer students with mental health issues.

Health Insurance and Medicaid

The LWVOK believes all Oklahomans should have equal access to health care insurance. Reliable studies indicate that the lack of health insurance decreases survival. Insured individuals are much more likely to visit a health care professional for preventative care or early detection of fatal or chronic diseases and are much less likely to use emergency department care for non-emergency needs.

The LWVOK believes Oklahomans should have ample opportunity to participate in the decision-making process regarding the funding and administration of Medicaid expansion. On June 30, 2020, the Oklahoma Medicaid Expansion Initiative, State Question 802, passed by a majority vote to expand Medicaid eligibility to adults ages 19-64 whose income is 138% of the federal poverty level or lower. Medicaid expansion is effective July 1, 2021. Ninety percent of costs for expansion will be paid by the federal government. Maximizing federal funding allows Oklahoma to promote integrated care and improve health outcomes.

Basic Level of Quality Health Care

Every Oklahoman should have access to a basic level of health care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care.

The LWVOK supports:

- providing all Oklahomans access to a basic level of routine, preventative health care at an affordable cost,
- providing all Oklahomans access to primary health care as specified in the Affordable Care Act, regardless of ability to pay,

- providing education to all Oklahomans about lifestyle changes to combat obesity, diabetes, hypertension, and other chronic conditions, and
- encouraging the use of nurse practitioners and physician assistants to increase the cadre of health professionals. The availability of these added medical service providers will be especially helpful in establishing and supporting clinics and hospitals in Oklahoma's rural communities.

(2021)

BACKGROUND

Before statehood, the area now known as Oklahoma already had medical providers. The Indian Territory Medical Society was established in 1881, and the Oklahoma Territory Medical Society was established in 1893. One of the primary goals of these organizations was to properly license doctors. During this early period, one of the major health care issues was the proliferation of unlicensed medical quacks.

According to the Oklahoma Historical Society, between 1900 and 1904, there was an institution in Guthrie that held no classes but issued diplomas to people who wanted to pretend they were physicians. There were few licensed institutions preparing doctors in the early years; of the 106 medical schools existing nationwide in 1906, most were substandard or worthless. The University of Oklahoma established its Pharmacy Department as early as 1893 and graduated its first students in 1896. From 1898, the University offered a two-year program in the Premedical Department; the Oklahoma School of Medicine opened in Norman in 1900.

The growth of licensed medical care continued throughout the early years of statehood and up to World War I to the extent that Oklahoma sent 600 doctors to care for the troops. However, this led to a shortage of doctors at home. Oklahoma lost 4,000 people over a 90-day period during the 1918 flu pandemic.

During the first half of the twentieth century, cancer was the leading cause of death in Oklahoma; syphilis and tuberculosis were also prevalent. One illness peculiar to Oklahoma in the '30s was brought on by the black blizzards of the Dust Bowl. This illness was called "dust pneumonia."

It was during this period that health care insurance first appeared. However, it was not welcomed by all. One doctor wrote against it in the *Oklahoma State Medical Association Journal*. He called it "red medicine" because it was a form of care seen in the Soviet Union. During the '30s, a Lebanese-born doctor named Michael Shadid opened a cooperative farmers health union in Elk City. He did so in spite of opposition from the governor, the state Supreme Court, and the legislature.

Through the latter half of the twentieth century and into the twenty-first century, health care spending as a portion of the gross domestic product (GDP) increased from 5% in 1960 to 17% in 2009. According to statistics supplied by Ballotpedia, "in 2013, about 48 percent of Oklahoma residents were insured through their employers. Medicaid covered

17 percent of Oklahoma residents, while 15 percent were enrolled in Medicare. Oklahoma's uninsured rate was 14 percent, one percentage point higher than the national rate."

The percentage of money spent on health care can be partially attributed to a rise in demand for health care. However, the Ballotpedia information points to a rise in medical expenses as the primary factor. Between January 1988 and January 2009, the consumer price index (CPI) rose by 82% while the medical portion of the CPI rose by 175%.

Despite the increase in money spent on health care, Oklahoma continues to have some of the highest rates of cancer, heart disease, diabetes, and other health issues. Of greatest concern is the fact that Oklahoma is the only state in the nation where the age-adjusted death rates have actually been increasing. According to the Oklahoma Task Force to Eliminate Health Disparities, one of the most critical factors that accounts for Oklahoma's poor health status is the disparity seen in population groups for certain diseases, health outcomes, and access to health care.

In virtually every category, people of color receive less health care and have poorer health outcomes that whites. For example, a 2016 study of two American Indian groups in southeastern Oklahoma showed higher rates of obesity (42% vs. 24.3%) and diabetes (15% vs. 6%) among the American Indian population than among whites. In the most rural American Indian communities, the rates of obesity were as high as 56% while the rate of diabetes was 25%.

Other studies have shown that African Americans, American Indians, and Hispanic Americans have higher rates of obesity, diabetes, heart disease, and smoking than their white counterparts. Despite efforts to address these disparities, health services in disadvantaged areas continue to be less readily available, and health outcomes among people of color consistently rank behind those of other ethnic groups.

One of the factors that may contribute to Oklahoma's poor performance in the area of health care is the fact that the state does not require formal health education at any level. Standards for health classes, adhering to national guidelines, were written early in the twenty-first century. However, there is no required health education in Oklahoma K-12 public schools.

Despite lack of education and proper funding, there are some signs that health care in Oklahoma is improving. After expansion of Medicaid became available under the Affordable Care Act, Oklahoma's executive and legislative branches initially refused to expand Medicaid. In 2020, however, Oklahoma citizens used the initiative petition process and voted to expand Medicaid to anyone making less than 133% of a poverty level income.

Even before the approval of Medicaid Expansion, Oklahoma had the Tobacco Settlement Endowment Trust (TSET). Near the end of the twentieth century (1996),

Oklahoma's Attorney General filed a lawsuit against tobacco companies. Other states followed suit, and in 1998 a Master Settlement with the states was signed. As part of this settlement, states will receive money from the tobacco industry as long as cigarettes are sold in the United States. By Oklahoma law, 75% of the money received annually from the tobacco industry ($525.6 million in 2019) goes into a trust; the remainder goes to the Legislature and the Attorney General's office. The money from TSET has gone, primarily, to initiate campaigns to reduce smoking. Although the rate of Oklahomans who smoke is higher than the national average in all categories (ages and races), the StopsWithMe campaign has resulted in a decline in the number of smokers in Oklahoma. TSET money has also been used to encourage Oklahomans to adopt good health habits such as drinking more water.

One of the factors that distinguishes Oklahoma from other states is a strong American Indian presence. Oklahoma is home to thirty-nine tribes. American Indians are served by the Indian Health Service. Although this would seem to give American Indians an edge on other Oklahomans, the fact is that the Indian Health Service budget is only $2,849 per person compared to $7,717 for the general population. Nevertheless, in 2021, several of the largest eastern Oklahoma tribes opened clinics to give COVID-19 shots to their tribal members and the general public.

The American Rescue Plan Act of 2021 contains provisions that will make the Affordable Care Act more accessible to the economically disadvantaged. And, to the extent that individual communities, counties, or states have deficiencies in their health care systems, they can use grants from the federal government that will come directly to them to address health care needs.

There are reasons to be optimistic about the future of health care in Oklahoma. However, long-lasting improvements can only come through legislative action. Citizens must continue to be active in all forms of advocacy including using the initiative petition process, contacting their legislators regarding specific pieces of legislation, and voting.