

March 08, 2021

Oregon State Legislature
House Committee on Judiciary
900 Court St. NW
Salem Oregon 97301

RE: Support for House Bill 3035: Health Care Support and Navigation for Adults in Custody

Dear Chair Bynum, Vice Chairs Noble and Power, and Committee Members

We are writing to express our support for HB 3035. We were asked by Representative Dexter to draft a method to classify health risks to supplement and support the health navigator role for Adults in Custody (AICs). We would like to briefly explain the method and express our support for HB 3035.

Dr. Adrienne Feldstein has been practicing medicine in Oregon since 1981 and is board certified in general public health and preventive medicine. She has practiced in many community settings with high risk patients, including migrant farm workers, the unhoused and incarcerated individuals. She retired as the medical director for population health and quality systems for Kaiser Permanente after 30 years of developing, implementing and conducting research on quality improvement methods for at risk populations. Dr. da Silva Bhatia is currently a practicing and board certified internal medicine physician, Master of Public Health student, and involved in human rights and public health research.

In medicine, AICs are a “protected class.” This means by the nature of their confinement, they are at our mercy and therefore we, as physicians, have a higher ethical obligation to provide care that meets the modern standards of quality. It is known that there are significant gaps and barriers when caring for AICs which leads to higher rates of morbidity and mortality, recidivism and increased costs. Prison health and the care of AICs extends beyond the prison system and affects their families and all of our communities.

Adults in Custody (AICs) have a higher burden of infectious and medical conditions compared to other members of the public. AICs are also more likely to have economic and social barriers that negatively impact their health such as lower income and levels of education, adverse childhood experiences, and housing insecurity. Systemic racism in our society has led to higher incarceration rates of Black Americans and other people of color, when compared to white Americans. We must also acknowledge how racism and biases have negatively impacted the health care and health outcomes of people of color and minorities as well as members of the LGBTQ community.

Health care navigators are an evidence-based method to reduce health disparities in under-served populations. Use of these navigators has improved healthcare access and outcomes in many settings and for many conditions. We highly encourage the State to pilot risk-based health navigation at Coffee Creek.

The draft rubric we designed attempts to assign a level of support needed for AICs and considers many factors. It stratifies the AIC population into high, medium and lower risk. Those at high risk will be prioritized for urgent navigation and medium risk for intermediate navigation. We must also acknowledge that *every* AIC would benefit from more aggressive supportive measures. The current rubric targets the most vulnerable of the vulnerable, and leaves room for improvements in the future.

We imagine and suggest the use of an Oregon Health Authority supervising physician, implementing quality controls and review processes, and obtaining AIC input. What follows is just a sample rubric and would require stakeholder input and incorporation of evidenced based tools to start.

Using our draft rubric, an example of a high-risk AIC requiring urgent Health Navigator support may include any one of these conditions: on supplemental oxygen, hemodialysis, active cancer, HIV, TB or

pregnancy. Another example of a high-risk AIC may include a combination of health conditions such as congestive heart failure, uncontrolled hypertension and uncontrolled diabetes. An example of a medium risk may include any one of these conditions: having a stroke within the last 1 year or uncontrolled diabetes, depression on more than 2 medications or needing gender affirming care. Alternatively, someone may be labeled as high or medium risk if they have multiple social determinants of health needs such as: housing insecurity, underemployed, history of emotional or physical abuse, or repeat incarceration.

Prison health is public health.

Sincerely,

Brianna Da Silva Bhatia MD
Portland, OR

Adrienne Feldstein MD, MS
Portland, OR

[Sample Navigation Rubric for Adults in Custody \[HB 3035\]](#)

Intake Form

Section A:

| | |
|--|-------------------------------|
| <p>Active, Acute or Life-Threatening conditions: (notate those that apply)</p> | |
| <ul style="list-style-type: none"> ● End organ failure (supplemental Oxygen, hemodialysis) ● Decompensated medical condition (cirrhosis, short of breath, edema, bleeding, others) ● Active cancer therapy (except non-melanoma skin ca) ● Hospitalization for any cause within the last 30 days ● Infectious Disease: Active Human immunodeficiency virus (uncontrolled viral load) Active Hepatitis C treatment Active Tuberculosis ● Pregnancy ● Two or more seizures in the last 1 month ● Other life-threatening conditions: | <p>If any present, check:</p> |
| <ul style="list-style-type: none"> ● Hospice, Palliative or end of life care | <p>If present, check:</p> |
| <ul style="list-style-type: none"> ● Psychiatric/Addiction: Suicide attempt within 3 months Psychiatric hospitalization within 3 months Active alcohol use, more than 5 drinks daily Active methamphetamine or heroin use On more than 3 psychiatric medications Substance withdrawal during this incarceration Other: | <p>If any present, check:</p> |
| <ul style="list-style-type: none"> ● Major trauma within 3 months (example: MVA, house fire, broken long bone, others) | <p>If present, check:</p> |
| <ul style="list-style-type: none"> ● Functional Status: requires complete or major assistance for activities of daily life (ADLs) | <p>If present, check:</p> |
| | <p>Section A Total: _____</p> |

Section B:

| Chronic Disease and Systems Care: (notate those that apply) | |
|---|------------------------|
| Neurological: <ul style="list-style-type: none"> ● Stroke within 1 year ● Other: | If any present, check: |
| Cardiovascular: <ul style="list-style-type: none"> ● Congestive heart failure ● Heart attack with stent or open heart surgery within 1 year ● Hypertension (on two or more medications, or uncontrolled) ● Other: | If any present, check: |
| Pulmonary: <ul style="list-style-type: none"> ● COPD or asthma with flare in the last 6 months ● Other: | If any present, check: |
| Renal: <ul style="list-style-type: none"> ● Chronic kidney disease (GFR < 60) ● Other: | If any present, check: |
| Gastrointestinal: <ul style="list-style-type: none"> ● Cirrhosis requiring treatment/monitoring ● Inflammatory bowel disease requiring treatment/monitoring ● Other: | If any present, check: |
| Endocrine <ul style="list-style-type: none"> ● Diabetes Mellitus on more than 2 medications, insulin or A1c > 9 ● Other: | If any present, check: |
| Cancer: <ul style="list-style-type: none"> ● Any cancer diagnosis (except non- melanoma skin cancer) within 1 year but not under active treatment ● Other: | If any present, check: |
| Psychiatric/Addiction: <ul style="list-style-type: none"> ● Depression/Anxiety/ Bipolar/PTSD on more than 2 medications ● History of substance withdrawal requiring hospitalization or ER treatment ● Other: | If any present, check: |
| Rheumatology/Immunology <ul style="list-style-type: none"> ● Autoimmune disease requiring treatment/monitoring ● Other: | If any present, check: |
| Sexual Health: <ul style="list-style-type: none"> ● Gender affirming care ● Other: | If any present, check: |
| Functional Status: <ul style="list-style-type: none"> ● requires moderate assistance for activities of daily life (ADLs) ● use of cane or walker or other assistive device ● Other: | If any present, check: |
| <ul style="list-style-type: none"> ● Unhoused within 6 months prior to incarceration | If present, check: |
| | Section B Total: _____ |

Section C:

| Social Determinants of Health | |
|--|--------------------|
| ● Housing insecurity within the last 1 year | If present, check: |
| ● Not a high school graduate | If present, check: |
| ● Underemployed | If present, check: |
| ● History of trauma, emotional or physical abuse | If present, check: |
| ● Lack of family/friend support in Oregon | If present, check: |
| ● Lack of transportation | If present, check: |
| ● Lack of primary care provider -OR- has not had health maintenance/appropriate screening within 3 years | If present, check: |
| ● Ethnic/racial minority group | If present, check: |
| ● Repeat incarceration | If present, check: |
| ● Other: | |
| Section C Total: _____ | |

SCORING

Section A Total: _____

- If 1 or more: HIGH RISK

Section B Total: _____

- If 3 or more: HIGH RISK
- If 1 or more: MODERATE RISK

Section C Total: _____

- If 7 or more: HIGH RISK
- If 4 or more: MODERATE RISK
- If 2 or more: LOW RISK
- If 1: AT RISK

HIGH RISK: Urgent navigator/advocate assessment within 3 days

MODERATE RISK: Navigator assessment within 7-10 days

LOW: Navigator review, possible navigator assessment within 14 days

AT RISK: Periodic surveillance for change of needs/status. All conditions included in Section A, B and C that did not meet criteria shall be considered At Risk.

* This is a sample rubric and will require input from stakeholders, and the latest evidence/best practices.