Anne Perry

Maine State Representative, Washington County

Poverty and Health

Anne Perry, Washington County's representative to the Maine State Legislature, grew up in Winterport, a small town on the Penobscot River near Bangor. She trained as a nurse and worked in northern New York, where she raised a family, served on school boards, and helped to organize health-care initiatives.

Returning to Maine, Perry attended Bangor's Husson College for her nurse practitioner degree and decided she wanted a rural practice. She searched the Northeast and fell in love with Washington County, the "sunrise" county at the easternmost tip of the United States. As the second person in a two-person practice, she was soon organizing residents to tackle public health problems. Her activism led to an invitation to run for the legislature, where she has added statewide health initiatives to her portfolio.

Rep. Anne Perry with Stuart Arnett (left) and Will Armitage of the Federal Reserve Bank of Boston's Community Development Advisory Council at Southern Maine Community College, South Portland, July 2008. Photograph: Caroline Ellis

What made you choose Washington County in 1998?

Both the rural feeling and the cultural diversity. We're 6 percent minority. We have Native Americans on two reservations and Hispanics who originally were migrant laborers. We have Canada across the river, with its Acadian and British cultures. There's also the fishing industry culture and the wilderness culture.

And soon you were doing community organizing?

Yes. In my first two years, we diagnosed four people with drug-related hepatitis C; three were symptomatic in their 20s, very unusual. I asked the state people, "Do you have any hepatitis C statistics?" They said, "You're from Washington County? Boy, have you got a problem!" Around the same time, the U.S. attorney out of Bangor told us we had OxyContin abuse. Concerned citizens got together to consider the options.

In December 2000 four of us created NADA, Neighbors Against Drug Abuse, and organized a workshop. We invited every Washington County medical provider in the phone book, counseling agencies, state agencies, representatives from city and town government and the district attorney's office, the county sheriff, the police, the schools. A coalition formed to bring in treatment services. We got drug counseling from a federally qualified health center and later a for-profit methadone clinic. Some people were unhappy with that part, but by the time the clinic opened, the community was ready. Then NADA applied to Maine's Office of Substance Abuse for prevention assistance and received an $81,000 18-month grant.

How does your support for gambling mesh with improving health outcomes?

The Native Americans have been trying since the early 1990s to bring in a casino or a racino (harness racing with slots). People are poor here and need some kind of the economic development. Statewide voters keep saying no. Some say gambling brings in drug abuse. They have it backwards. All you have to do is be poor for a long time and lose all hope of making any progress, and you've got drug abuse.

Why did you run for the legislature in 2002?

I was visible because of the drug-abuse fight. U.S. Senator Susan Collins asked a NADA member to present before the Congress about rural OxyContin abuse. Another group I was involved with talked to the governor, the Office of Substance Abuse, and the Maine DEA to encourage the governor to work with the Canadian premier on cross-border drug issues.

One day, after that meeting, I was seeing a patient, and our receptionist knocked on the door, her eyes as big as saucers. "The Speaker of the House is on the phone!" So I'm thinking, "Uh-oh, maybe I missed some protocol." I felt I was being sent to the principal. But the Speaker just said, "Would you consider running for the state house of representatives?"

All you have to do is be poor for a long time and lose all hope of making any progress, and you've got drug abuse.

My first response was, "I can't. I've got to work." Then I started thinking about important issues that could be addressed on a state level. I said I'd think about it. I was in a practice with one doctor. I couldn't take six months off. The doctor was great. She looked at the floor, she looked to the side, she looked at me, and she sighed. "I'll probably vote for you and hope you lose."

A nurse practitioner agreed to fill in, with me working one day a week while we were in session. But after my reelection, which I won with 70 percent of the voters, my substitute was no longer available, and I felt I had to resign from the practice. Calais Regional Hospital set up a rural health clinic not long after, so I did get a job after the session.

What has been your legislative focus?

I was appointed to what is now called Insurance and Financial Services. We worked on health insurance among other things. I was on the health-care reform committee that helped create the Dirigo health-care legislation to reduce the number of uninsured. I also was appointed to Health and Human Services. The biggest concern was what medical costs were doing to businesses and to consumer access.

Where do things stand with state health insurance?

Dirigo is a three-legged stool—cost, quality, access. First, we have the Advisory Council on Health Systems Development, which looks at all areas, but especially costs. Second, the Maine Quality Forum gathers data on quality and outcomes. Third is access—increasing the percentage of people with insurance—so the state negotiated with an insurance company to administer the Dirigo product. The idea was that insurance companies and hospitals would subsidize the product by making donations equal to their savings, and savings would be calculated as the decrease in growth of health costs as a result of the Dirigo legislation. The concept of these "savings offset payments" came about because insurance companies and third-party administrators opposed paying for Dirigo with an assessment on premiums.

Has the savings-offset concept worked?

The day it went through, the parties who negotiated for it started litigation against it. The Dirigo process involved having the director of the Bureau of Insurance determine whether the savings claimed were the actual savings.

The Bureau has been remarkably impartial and has backed up its decisions. But inevitably, funding Dirigo through "savings" is not a sustainable solution. The first year a hospital might economize and have good savings. But the next year's expenditures get compared to those of that first year. So every year the benchmark is at a different place and the savings are smaller.

Dirigo has had a limited run because funds that would have expanded it were diverted to litigation. We've been fighting for financing from Day One. Recently, a blue ribbon commission looking for sustainable financing recommended, among other things, new taxes on tobacco, alcohol, and sugar drinks, which impact health. But a new campaign may get the taxes

rescinded. That would hurt other worthwhile aspects of the legislation, such as a program enabling reinsurance for high-risk individuals and a pilot project to get young, single adults buying insurance.

Massachusetts now has mandatory health insurance.

We're looking closely at Massachusetts. *States* know that something has to be done. States will push national policy.

What drives our economic engine is the middle class. They're our consumers, our workers, the people who hold the economy together. And we're losing them. Businesses offering good jobs and good benefits are leaving the country. There are many reasons, but we won't get companies back until we abandon business-financed health care. Business can't afford it. The U.S. medical system has the world's highest cost per capita, but out of the 19 industrialized nations, it is dead last in preventable morbidity and mortality.

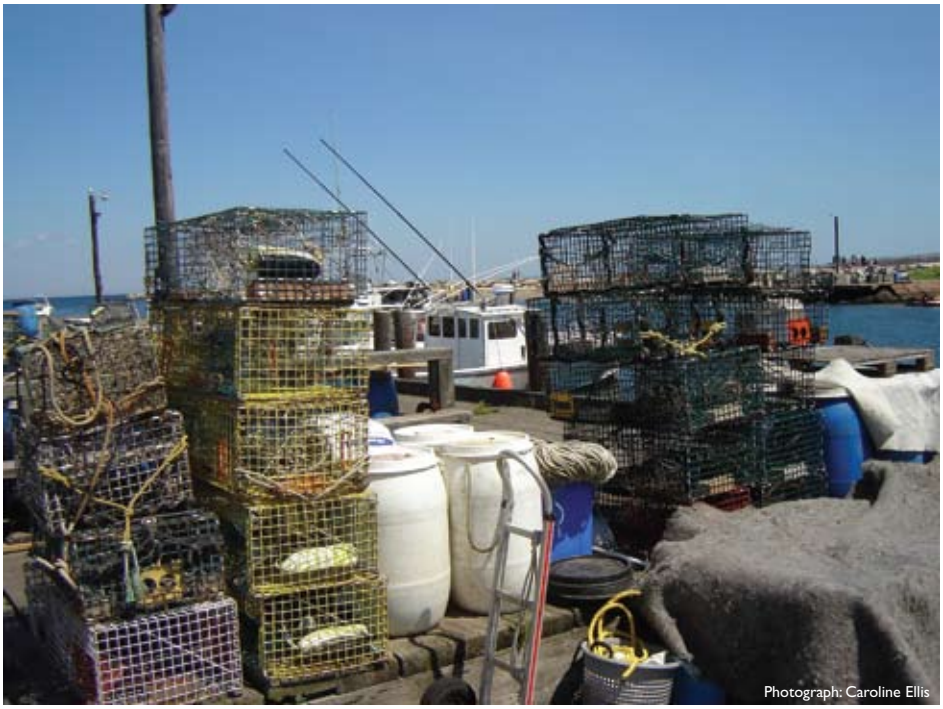
Describe the new mortality study.

The study came out of Harvard in spring 2008. In the Northeast, the only statistically significant *decrease* in life expectancy was for women in Washington County.[1] Washington County has twice the unemployment of the rest of Maine and the lowest family income. And poverty affects health outcomes. People who are just scraping by struggle to follow through on healthcare requirements.

Washington County women have a 191 percent greater incidence of cervical cancer than the rest of the state and a 234 percent greater incidence than the nation. What's going on? Are women not getting preventive care? Do they lack access? I learned from one Eastern Maine Health Systems needs assessment that 19 percent of Washington County residents were uninsured in 2003. My patients with $5,000 and $10,000 deductibles might as well not be insured.

How are you addressing the mortality rates?

First, locally. When I saw the report, I thought, "Somebody ought to do something." Then I realized that maybe that somebody is me. I called the liaison for Health and Human Services and said, "I'm calling a meeting, and I'd like the Commissioner of Health and Human Services, the director of the Maine Center for Disease Control, the director of the minority health portion of the HHS, someone from the Department of Economic and Community Development, and someone from the department of labor."



Photograph: Caroline Ellis

At the meeting, I laid out the statistics and said, "This is unacceptable. We need to work together. It's a recession, and I'm not asking to throw money around. It took 20 years to get here, and it's going to take time to get out. We need a sustainable process and a way to address the health and socioeconomic aspects together."

What did the state leaders say?

They were absolutely great. They committed to having a meeting with stakeholders in Washington County. I'm organizing the event with the help of Maine Healthy Partner (part of our public health infrastructure) and a group called Washington County: One Community.

We're one of the few counties in rural Maine to have experience working on initiatives countywide, and having collaborated on economic development, we'll now tackle mortality rates. I believe that building sustainable initiatives depends on state government being in touch with the workers on the ground. We can do that. And if Washington County can do a focused, coordinated effort within available resources, the state can take what is learned and target similar communities. With our statewide health plan and a new public health infrastructure, we're in a position to do this. Washington County can become a model for the state, and I will do all I can to make that happen.

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Endnote

[1] See http://www.plosmedicine.org.