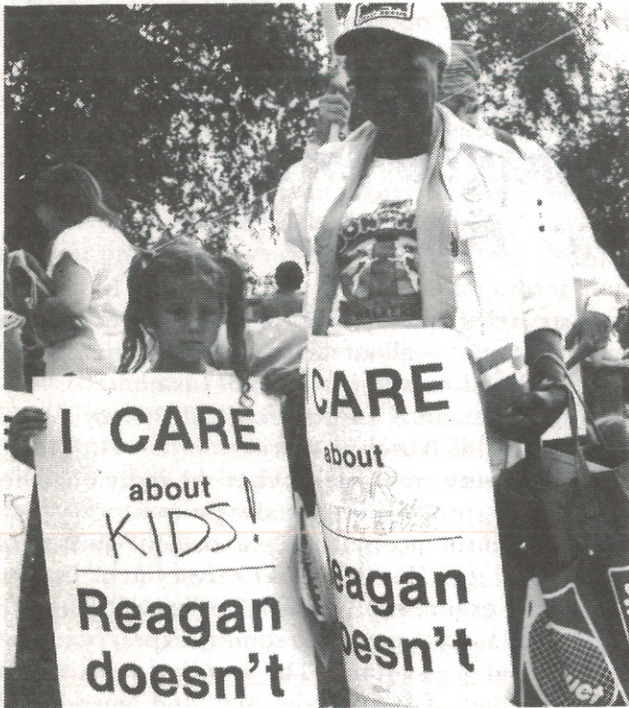


# HEALTH CARE CONSUMER

NEWSLETTER of the Champaign County Health Care Consumers

FALL 1981



JULIE DOYLE (RIGHT) AND GENEVA LLOYD FROM URBANA JOINED 5,000 PERSONS IN A JULY 7 ICARE DEMONSTRATION AGAINST REAGANOMICS IN CHICAGO. MORE ON LOCAL PROTESTS ON PAGE 6.

## Organizing Can Make A Difference

When working for social change, it's often hard to determine how effective we really are. Answering the question "Did it make any difference?" is made difficult by those in power, who try to minimize the impact of organizations working for social change. Concerned with saving face, large institutions often deny any wrongdoing, make some modifications in the way they operate and attribute those changes to factors other than citizens who have organized around a particular issue. Rather than being taken in by these rhetorical maneuvers, we need to take a closer look at what existed before and after people began to organize. The important issue is not what administrators, bureaucrats or politicians admit to or deny; what matters is whether or not

*Continued on page 3*

## Harvest Moon Festival

Back by popular demand this fall, is CCHCC's successful raffle & potluck dinner fundraiser. This event debuted last spring as "Springfest-1981" and was attended by over 100 local residents. It got such rave reviews that we decided to make it an annual event. However, in order to avoid last year's conflict with the Walk-for-Change, we've moved it to the fall.

Harvest Moon Festival will be held Saturday, October 3rd at the Unitarian Universalist Church, 309 W. Green St. in Urbana. The festivities begin at 7:00 p.m. with the Harvest Moon-Luck Dinner. At 8:30 we'll have the CCHCC Awards Ceremony, featuring the Harvest Moon Festival Raffle Drawing. And to finish the evening there will be the Harvest Moon Jam with U. of I. Jazz Band & Chambana Stoppers playing from 9 to 12 p.m. (For details about each of these activities, see enclosed flyer.)

Last spring we raised \$1100 from the Springfest Raffle. This fall we hope to double this amount. The raffle prizes this fall are equally appealing: first prize is \$400 cash, second prize is \$100 cash. And the ticket prices are equally reasonable: \$1 each or six for \$5. So, help out the Health Care Consumers by buying a chance to help yourself to a tidy sum of cash!! (To buy raffle tickets, fill out coupon on enclosed flyer.) If you're especially enthusiastic, you can help out the Health Care Consumers by selling tickets yourself! Those who sell 4 books of tickets will receive a beautiful Harvest Moon Festival T-shirt free!!

Even if you're not into raffles, be sure and come out to Harvest Moon Festival on October 3. It's sure to be a great time for all!!

For more information about tickets, selling tickets, child care, or anything else about Harvest Moon Festival, contact Cynthia Ward at 356-6533.

## CCHCC Board Elections

CCHCC's annual Steering Committee/Board elections will be held again this October. All members are invited to nominate themselves or someone they would like to see on the CCHCC's Board of Directors. Nominations close October 6, 1981. Ballots will be mailed by October 9th to all dues-paying members and must be returned by October 31, 1981. The new Board members will be seated at the November Board meeting.



# Changes In Consumerism— New Issues, Alliances & Challenges

2

In the last newsletter, Henrietta DeBoer—current CCHCC chairperson and respected community leader—recounted the history of our organization's first four years. From its formation as an informal group of individual citizens meeting in homes throughout the community, CCHCC has grown into a strong community organization with more than 1000 members and a long record of accomplishments. As a CCHCC founder, I share her pride. I also want to continue her account with a few observations of my own.

First, CCHCC is broadening its issues and taking up new challenges. We originated out of concern for representation on the local Health Systems Agency and sought to improve local health care through active participation in planning. In 1977 and 1978, despite inexperience and meager resources in comparison to provider organizations operating out of the medical society and area hospitals, we generated unprecedented interest in the local HSA election and helped elect responsible representatives to the board. In 1979, the medical society, using buses from the blood bank, systematically transported physicians and hospital employees to the polls during working hours to vote the provider slate in the largest HSA election in the nation that year. In 1980 and 1981 we decided not to endorse HSA candidates but instead to broaden our issues, develop an agenda of our own, and expand our participation in the general community.

Freed from HSA elections, we have entered a new period of activism. A task force has pressured the HSA to investigate local hospital compliance with federal Hill-Burton regulations, to hold a public hearing for testimony on hospital abuses, and to consider recommendations to expand community education and improve monitoring of institutional obligations. A women's health task force has created a self-help group and developed a referral and screening program for DES, a cancer-causing drug given to pregnant women. A community health hotline has been created to help consumers act upon complaints against local physicians and hospitals. The area's first doctors' directory has been published, describing physician specialties, services, and charges. Consumers originally concerned with the HSA are now formulating plans for a campaign focused on public accountability of hospitals.

The decision to grow beyond HSA elections, just as our earlier decision to participate and the infamous medical society response, received national recognition. At the time we wrote a local newspaper letter warning that health planning was under attack and urging consumers to reconsider their participation; later we carried our lessons to a national meeting of health consumers whose own groups were just starting to organize around HSAs at the very time when ours' was growing beyond them. With the 1980 national election and the decline of HSAs as a force, the nation began to catch up with Champaign County.

Second, CCHCC is building new alliances and coalitions in the community and beyond. We always have recognized the importance of outside alliances as a basis to build capacity and support. CCHCC has worked closely with local government bodies, labor unions, low income and minority organizations, social service agencies and religious groups, and also with the Illinois Public Action Council, Consumer Coalition for Health,

Continued on page 6

## IN THIS ISSUE

### WOMEN'S HEALTH FAIR

A health fair at the Wesley Foundation will conclude Women Health Awareness Week, Oct. 12-17 ..... p 4

### NURSING HOME REFORM

Legislation has been introduced in Springfield that would weaken the Nursing Home Reform Act ..... p 5

### MADIGAN MEETS CRITICS

About 400 residents attended a public hearing to voice opposition to Reagonomics ..... p 6

## Insurance Privacy Act: Who Benefits?

Illinois insurance consumers are among the first in the nation to be covered by a new law "designed to provide them with more information about their insurance transactions," according to the Illinois Department of Insurance.

The Illinois Insurance Information and Privacy Protection Act (P.A. 81-1430) became effective on July 1st. The act applies to insurance coverage obtained by individuals for health, disability, property or casualty protection.

Touted by the insurance industry as a consumer protection law, and referred to as the "Insurance Privacy Act," the new law is another example of industry generated consumer protection legislation that one has come to expect from both state and federal legislatures. The wording remains unchanged from that of the "Model Act" and amendments promulgated by the National Assoc. of Insurance Commissioners (NAIC) at its 1979 and 1980 annual meetings in Washington, D.C. Not one comma or word has been altered from the original industry versions.

The seventeen page statute, heavily laden with detailed procedures and instructions normally left up to the mandated regulatory agency to provide, is really a prime example of "legislated" rules and regulations. Although it establishes and clearly protects many consumer rights, it really benefits the insurance industry more since the liability of insurance companies has been drastically limited and clearly specified.

By writing such detailed law, the industry not only eliminated a great deal of the Insurance Department's discretion, but drastically limited public input into the regulatory process because of the lack of regulations and the absence of public hearings. The insurance industry leaders may have anticipated that if they did not write their own legislation, someone else might develop laws to stop industry abuses which might be difficult to live with.

The Insurance Privacy Act includes detailed information practices governing the collection and disclosure of personal information about consumers by the insurance industry: the right of access to files; the right to correct, amend or delete

Continued on page 3



## Privacy Act from page 2

personal information; and requirements for written notification and authorization. Despite these protections, the question consumers should be asking is "who benefits the most?" A close scrutiny of the law might make some conclude that perhaps the big insurance companies may have come out ahead on this one.

For more detailed information about the new law, contact Frank Giarrizzo, AHCC, 1212 W. Lill, Chicago, IL 60614, or call (312) 935-5147.

*This article first appeared in the July/August newsletter of the Association of Health Care Consumers in a slightly different form.*

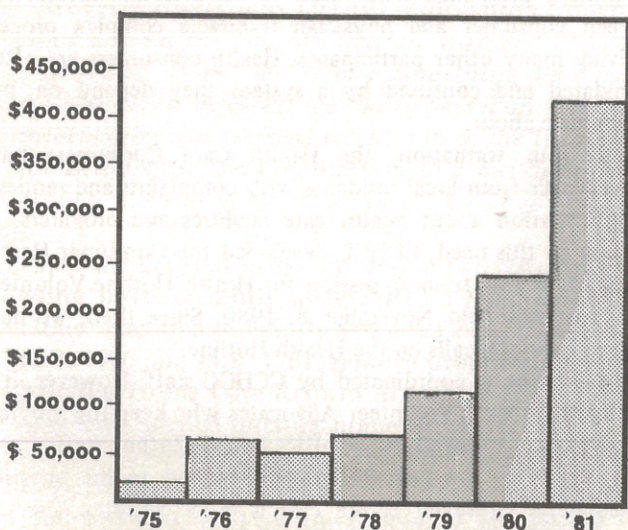
## Organizing from page

we've made real improvements in people's lives.

CCHCC efforts to improve the Hill-Burton program provide an important lesson and a useful example. Despite claims by local hospital administrators that CCHCC was on a "witch hunt" and that our efforts were counter-productive, a closer examination of the changes in the way local Hill-Burton programs operate indicates something quite different.

Let's look at Mercy Hospital to demonstrate our point. According to evidence presented at the public hearing last February, Mercy Hospital had been notified as early as 1977, in a letter from a "legal services" attorney, that poor persons who received care at Mercy were not being informed of their right to apply for Hill-Burton. Yet not until recently have there been any significant changes in the way Mercy has provided Hill-Burton care.

For example, an examination of how much care Mercy has provided in total dollars each year shows significant increases since citizens began to organize around Hill-Burton (see figure 1).

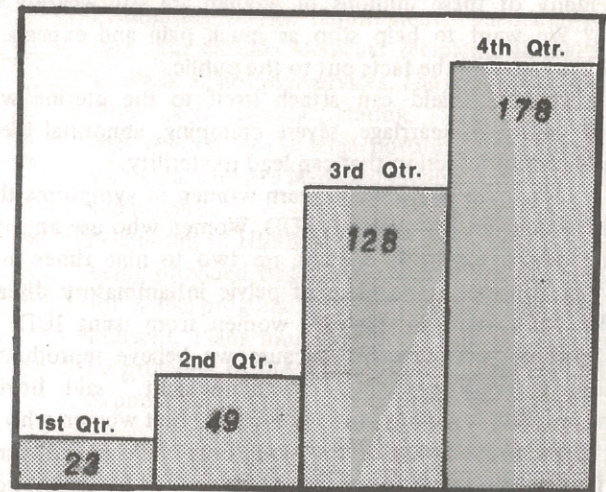


**FIG.** Dollars of Hill-Burton care provided by Mercy Hospital 1975-1981. The 1981 figure is a projection based on the first 6 months.

In the first six months of their most recent fiscal year, Mercy Hospital provided over \$210,000 in Hill-Burton care,

that figure is nearly a 1000 percent increase over the total amount Mercy provided for all of 1975 (\$24,000). Although hospital costs have been skyrocketing, such a dramatic increase is hardly attributable to inflation.

Another barometer which measures whether or not people are being informed is the number of persons applying for Hill-Burton. Although Mercy claims it did not keep record of the number of applicants until recently, even these recent figures are quite revealing. During Mercy's most recently completed fiscal year, the number of Hill-Burton applicants steadily rose throughout the year, with 8 times as many applicants in the fourth quarter as there were in the first quarter (see figure 2).



**Fig.2** Number of Hill-Burton applicants per quarter at Mercy Hospital, FY 1980.

Another area where Mercy has made changes is in notifying the general public about their Hill-Burton obligation. At the public hearing, Mercy was criticized for only using tiny legal notices in the newspaper to inform the public of the existence of Hill-Burton, while taking out large ads about its new parking garage and full page ads about the HSA election. Not surprisingly, on August 4, 1981, Mercy took out an ad in the *News-Gazette* announcing its Hill-Burton obligation. The ad extended the full width of the newspaper and was 16 times larger than previous notices about Hill-Burton.

These changes in policy are not limited to Mercy Hospital. Carle Hospital included a large article about Hill-Burton in its *CARLE NEWS* the month immediately following the public hearing last winter. A few months ago, Burnham began inserting notices about Hill-Burton in some of their overdue bills. The list goes on.

Although many of these changes have been adopted without much fanfare, the bottom line is that more people are aware of Hill-Burton, more people are receiving Hill-Burton assistance and fewer people's lives are thrown into turmoil over unpaid hospital bills. Although hospitals claim that they've always been committed to serving those in need, it wasn't until local citizens began to organize around Hill-Burton that these institutions had enough incentive to make the changes that made real improvements in people's lives.



## IUDs Focus of Women's Health Task Force

The most litigated product in pharmaceutical history, the A.H. Robbins Dalkon Shield IUD has been worn by millions of women in this country. This birth control device was taken off the market in 1974 because it was found to cause serious pelvic infection. The Women's Health Task Force of the Champaign County Health Care Consumers is organizing a community education project to warn women who may still be wearing the Dalkon Shield of the dangers of continued use.

"We know of women who had the Dalkon Shield inserted when they were teenagers and told they'd never have to worry about birth control again," said Barrie Borich of the Women's Health Task Force. "And the Dalkon Shield was a big seller. How many of these millions of women are still wearing the Shield? We want to help stop as much pain and expense as possible by getting the facts out to the public."

The Dalkon Shield can attach itself to the uterine wall, causing painful miscarriage, severe cramping, abnormal bleeding, and serious infection that can lead to sterility.

The task force also aims to warn women of symptoms they should watch out for with any IUD. Women who use an intra-uterine device for birth control are two to nine times more likely to contract some form of pelvic inflammatory disease.

"We don't want to dissuade women from using IUDs—or any form of birth control—because we believe reproductive freedom is every woman's inalienable right," said Borich. "However, PID is serious stuff. It's crucial that women who are using IUDs to be aware of the symptoms of Pelvic Inflammatory Disease. PID detected early can be treated by antibiotics—but severe PID often results in loss of the reproductive organs through scarring or major surgery. A little information could head off a lot of emotional and financial trauma."

Symptoms women with IUDs should watch for are: bleeding between menstrual periods; painful menstrual periods; lower back pain; frequent constipation; pain during sexual intercourse; abdominal pain or tenderness; unusual and/or frequent cramps; fever, nausea, flu-like feeling; painful bowel movement; and painful urination.

The Women's Health Task Force has more detail information on IUDs, the Dalkon Shield and who women should contact if they're interested in litigation against the A.H. Robbins company, who produced the Shield. For more information contact Cynthia Ward, CCHCC, at 352-6533.

## Women's Health Awareness Week, October 12 - 17

Interested in women's health? Have questions concerning your health and fitness as a woman? Want to become a more assertive health care consumer? Well, mark your calendar for the week of October 12-17.

The YWCA is coordinating a Women's Health Awareness Week (October 12-16). This week will consist of a series of workshops throughout the community, addressing women's health issues. It will culminate in an all-day Women's Health Fair (October 17) at the Wesley Foundation on campus. Information on reproduction, birth control, prevention/self-help,

disease, consumerism and other issues will be disseminated through informal workshops, information booths, and films.

The committee planning this event still needs help in the areas of publicity, facility-planning, child care, and transportation for the day of the fair. For more information call the YWCA at 344-0721 and ask for Lisa Cunningham or Meredith Donaldson.

We hope all women in the community will take advantage of this informative event. It will provide women with important, possibly critical, information about their bodies, how to regain control over them, and how to maintain them in a "healthy" state.



HOTLINE ADVOCATES: (LEFT TO RIGHT) CARRIE STORRS, CAROLE SMITH, PAM FOX, CYNTHIA WARD, BETTY SYKES, CLAUDETTE YOUNG, BEVERLY BULL, ELIZABETH JONGS, ANDREA COLWELL, LORETTA AND DANIEL MORALES.

### Volunteer Training Begins 9/26

## Consumer Health Hotline

Over the past 30 years the American health care system has grown not only in size but in complexity as well. Specialists and group practices have replaced the family doctor. Consumers are faced with a myriad of reimbursement mechanisms and government programs. What used to be a simple interaction between consumer and physician is now a complex process involving many other participants. Health consumers are often intimidated and confused by a system they depend on, but known little about.

Since our formation, the Health Care Consumers have received calls from local residents with complaints and requests for information about health care facilities and providers. In response to this need, CCHCC developed the Consumer Health Hotline. Our first training session for Health Hotline Volunteer Advocates was held November 8, 1980. Since then, we have received over 200 calls on the Health Hotline.

The Hotline is coordinated by CCHCC staff. However, it is the Health Hotline Volunteer Advocates who keep the program alive. Calls are received in the office by the Hotline staffperson, Betty Sykes. If she can, Betty will respond to the question immediately. However, if the case is more complex, she will refer it to a Volunteer Advocate. Advocates work directly with the consumer, providing information and support.

The impetus for developing, and the primary goal of the Health Hotline is to meet the immediate needs of health consumers in Champaign County. Advocates are trained to transfer



# Hill-Burton Investigation Completed

After ten months of investigation, an ad hoc committee appointed by the local HSA Board has completed its report on Hill-Burton compliance and recommended several major changes in local Hill-Burton programs. Although the report's recommendations are not binding, representatives of CCHCC's Hill-Burton Task Force and at least one local hospital will sit down and discuss the Committee's recommendations and how to improve the accessibility of hospital care for low-income residents.

The Committee was established last December after CCHCC and several local residents complained that patients were not being informed of their rights to apply for Hill-Burton assistance. Hill-Burton is a 1946 law which awarded federal tax dollars to hospitals for capital expansion projects. Under this program hospitals throughout the country were given over \$4 billion for construction. Locally, Burnham, Carle, and Mercy Hospitals received nearly \$3 million in Hill-Burton funds. Rather than repay the government, these hospitals agreed to repay their communities by providing free and low-cost care to persons "unable to pay" their bills. Each hospital is required to inform every patient about Hill-Burton.

In a cautiously-worded report, the Committee noted the implementation of local Hill-Burton programs has improved recently and facilities are making "more of an attempt to inform patients." However, the report also indicates that this has not always been the case and even today local hospitals appear to be out of compliance with certain Hill-Burton requirements. A summary of the findings include:

- "We do know that people did not receive Hill-Burton payments even though they qualified for them."
- "Past requirement may not have been explicit enough,

but greater initiative in locating and identifying patients could have been taken....the marked increase (in recent years) give rise to the implication that needs were not met in previous years."

- Since the "tightening up" of regulations, facilities have "made more of an attempt to inform patients."
- A review of hospital records "shows that a substantial number of Hill-Burton recipients applied for assistance after service was rendered. This might imply that patients were not informed of the availability of uncompensated care at the time they were admitted which would be contrary to regulations."
- Local hospitals "are not complying with the Hill-Burton community service requirement," particularly the section that ensures Medicaid recipients should have full access to all hospital services. The committee specifically cited Carle Hospital, stating, "This means, in effect, that residents of a large portion of the hospital's service area who are Medicaid-eligible are denied access to the hospital."
- "The amount of Hill-Burton uncompensated care currently being provided underlines the need for this community for some program of charitable hospital care for the indigent. Plans must be started now for how care will be provided to the needy after Hill-Burton obligations expire."

Based on its findings, the Committee recommended that

*Continued on page 8*

## Nursing Home Reforms Under Attack

*CCHCC continually receives information from organizations around the country that are involved in health care organizing. When we receive something that may be of interest to our members we like to pass it on. The following information was received recently from the Illinois Citizens for Better Care, an organization that has been organizing around nursing home issues in the Chicago area:*

The State Legislature is considering two particularly threatening bills, presently assigned to a Subcommittee of the House Health and Family Services Committee. These bills, H.B. 1760 and H.B. 1761, remove provisions from the 1979 Nursing Home Care Reform Act which protect consumers and have opened nursing homes to the public. These bills will be actively considered in the spring session of the Legislature. Among the more adverse components of H.B. 1760 and H.B. 1761 are the following provisions:

1. Drop training requirements for Nurse Aides.
2. Restrict public access to information about nursing homes, including complaint investigation reports and how much funding is received by homes from the government for services provided.
3. Replace penalties for violation of the 1979 Act with a

"Peer Review Board." This would provide that the nursing home industry regulate itself.

4. Drop the 21 day notice requirement for involuntary discharge of a nursing home resident.
5. Require that a citizen cannot enter a nursing home without giving good reason why they should be allowed in the home. Moreover, if they are barred they must prove that this actually occurred.

To express your opinion on these bills you can write:

Representative Jane M. Barnes  
Chair, House Health and Family Service Comm.  
Rm. 2003  
Stratton Building  
Springfield, IL 62706

HEALTH CARE CONSUMER is the quarterly newsletter of the Champaign County Health Care Consumers, 813 North Lincoln, Urbana, Illinois 61801, (217) 384-4070. It is produced as a voluntary effort of community residents to help consumers stay abreast of health consumer problems and emerging solutions. Comments and contributions are invited and should be directed to the above address. HEALTH CARE CONSUMER is supported through tax-deductible donations from readers and local community residents.



# Madigan Faces Critics

In a significant display of solidarity, approximately 400 persons attended a public hearing with Congressman Edward Madigan to express their objections to the policies of the Reagan administration. The hearing was sponsored by a broad coalition of over 45 organizations including women's groups, labor unions, churches, environmental and consumer organizations, minority groups, social service agencies, and senior citizens. According to Henrietta DeBoer, who testified for CCHCC, "The hearing was just wonderful. I haven't seen this many people and organizations united together in my thirty years as a resident of Champaign County."

The testimony presented to Congressman Madigan addressed a wide range of issues, including social security cutbacks, the Clean Air Act, the Voting Rights Act, natural gas decontrol, public sector collective bargaining, and more. Although Congressman Madigan handled himself well throughout much of



NEARLY 400 PERSONS ATTENDED AUGUST 29 PUBLIC HEARING WITH CONGRESSMAN MADIGAN.



CONGRESSMAN MADIGAN LISTENED TO OVER 30 PERSONS TESTIFY AGAINST REAGAN POLICIES AT AN AUG. 29 PUBLIC HEARING IN HESSEL PARK.

the hearing, he ruined his credibility in an exchange with the audience about the Legal Services Corporation. In defense of his votes to restrict the activities of legal services, Madigan cited an example from his own district of the abuses by legal services attorneys. According to Madigan, the lawyers were suing a township supervisor for \$1 million over a complaint that could have been resolved with a simple phone call. Unfortunately for Mr. Madigan, the lawyer who handled the case was in the audience and quickly exposed how uninformed the Congressman was. Not only was there no \$1 million anywhere in the suit, but the legal services office had been trying to get the township supervisor to obey the law for over five years with no success, making a lawsuit the only viable alternative.

The hearing was videotaped by the Community Access Center and will be broadcast on Cable TV, Channel 24, at 7:30 pm on Tuesday, September 22 and Thursday, September 24.

## Consumerism from page 2

and other national groups. In these alliances, we tended to be fiercely independent. With our organizational development and major changes in national politics, however, we have drawn ourselves closer to others. For example, our steering committee unanimously supported our executive director's proposal that we spend more resources in coalition building outside health care and share staff time and resources with the Illinois Public Action Council. This will challenge CCHCC to clarify its health mission at the same time as consumers concern themselves with the growing need for broader coalitions. Among us are some of the community's most energetic and capable citizens, and we are eager to share our resources with those who share our concerns.

The best recent example of this coalition-building was the August 29th public hearing with U.S. Congressman Madigan. Organized by a citizen with CCHCC experience, this hearing motivated 400 people to participate while representatives of 40 community groups came forth and spoke out on local and national affairs. One after another they let the congressman know how they felt about the social security cutbacks, clean air act, human life amendment, voting rights act, natural gas decon-

trol, foreign policy and military waste, tuition tax credits, public sector collective bargaining, and cuts in social programs. The congressman came away still standing his ground, but not without hearing new, louder, and better organized orchestrated voices in the community. The word is that ordinary Americans are joining with others in shows of solidarity. As their voices lift up to Washington, the nation again might catch up with Champaign County.

Finally, CCHCC is an organization in change. We have always depended on the local community as our major source of support. We originated as a voluntary action organization, deepened our roots in the community, and struggled to find resources for a small core staff. Recent conditions have allowed us to hire additional staff at the very time when we need them most, and they have already contributed greatly to CCHCC and the community. Our staff are providing us with an opportunity to plan for the future and attend to unfinished business while advancing our organization and developing new bases of support. Among our common challenges will be to further broaden our base, to stabilize our support in a time of austerity for progressive social movements, and to ensure our continuing work on behalf of all area residents. □

Barry Checkoway



# Family Planning Victory

On July 28th of this year family planning activists around the nation waited anxiously to hear the House-Senate Conference Committee's verdict on the future of this nation's family planning programs. Months of hard work by many friends of family planning lay in the balance. At approximately 4:00 pm Representative Henry Waxman and Senators Howard Baker and Orrin Hatch emerged from a closed-door conference session to announce their agreement: Title X would, pending agreement by the House and Senate, be reauthorized as a *categorical* program for the next three years. Funding ceilings were set at \$130 million for FY82 (approximately 80% of the FY81 level), \$143 million for FY83, and \$155 million for FY84. The substance of the program would be basically as it exists today. All things considered, given the tenor of the times, the committee's decision represented a rather stunning victory for family planning advocates. It had been feared that a new administration, coupled with a more conservative Senate, and a much more strident "new right" element would combine to dehabilitate, if not destroy, federal funding of family planning. Block funding, had it been enacted, would have shifted funding responsibility over to the states, which long have avoided dealing with controversial issues such as family planning.

How, then, did family planning retain its categorical funding status when so many other important programs saw themselves folded into the block funding concept so ardently desired by the Reagan administration? Without appearing to be overly simplistic, family planning advocates succeeded by virtue of some strategically placed *very hard work*. For example, Congressman Ed Madigan, because of his position as ranking Republican on the House Energy and Commerce Committee, was a very critical player in the ongoing negotiations between the House and the Senate. In the months of July and August Congressman Madigan received over 2,000 letters, telegrams, and phone calls from friends of family planning. During that period of time the Congressman switched from advocacy of Reagan's block funding to being one of the *main* engineers of the eventual compromise. It is felt by many that Madigan's change of position was one of the crucial elements of family planning's eventual victory.

If there is one message in this for other social service agencies it might be that the political process can work. But it is necessary to be as organized as those elements which threaten the future of our sorely-needed social programs. The system can work—we simply have to become more adept at using it!

## CCHCC Joins Vintage Champaign

Business may be turning away from central city centers, but the "vintage" location of Champaign's downtown mall is ideal for community groups like the Health Care Consumers. CCHCC has recently moved from Urbana to a new office at 124 North Neil, Champaign, on the "Vintage Champaign" mall. CCHCC shares the office with the Illinois Public Action Council, Seniors Organizing Seniors, and the Central Illinois Consumer Energy Council.

Our move from Urbana to downtown Champaign also resulted in a new office phone number—(217) 352-6533. The Health Hotline also operates at this new phone number.

If you are in the area, please drop in and see the new office.

## HOTLINE from page 4

the skills necessary for consumers to locate information, voice concerns and resolve complaints about health care providers and facilities. It is our belief that this will allow consumers to be more effective participants in the health care system and will result in better health care for all.

In addition, data gathered from the Health Hotline provides a continual assessment of local health care problems and potential solutions. Work on individual cases allows us to identify the skills and information most useful for effective consumer participation in the health care system. This information can then be presented to larger groups of health consumers through CCHCC forums, workshops and newsletter articles. Since many of the problems facing health consumers are just symptoms of the health care system, the Hotline helps to identify cases where structural changes are needed and organizing campaigns can be developed.

### Hotline Has Successes

In its brief existence, the Health Hotline has already had many success stories. The following are a few composites of typical Health Hotline cases:

- A woman goes to an optical shop to buy hard contact lenses. She is talked into buying soft contact lenses instead. She has problems with the soft contact lenses and finds out through another optometrist that she must have hard contact lenses. She tries several times to get a refund for the soft contact lenses and is refused. After calling the Health Hotline, a Volunteer Advocate researches the case with the woman. Armed with information concerning the woman's rights and a more assertive attitude, they meet with the optometrist and demand a refund. After a brief conversation, a full refund is given on the spot.
- A man has been struggling for some time to pay a hospital bill. The hospital account's interest rates are so high that he has barely made a dent in the bill. The Hotline Advocate finds that the man qualified for, but was never informed about, Hill-Burton, a program designed to help persons unable to pay their hospital bills. The man goes to the hospital, applies for Hill-Burton, qualifies, and his account is cleared.
- A woman receives a notice from her insurance company stating that they have paid her hospital bill. A week later she receives a second letter stating that the insurance company will not pay the bill—but no explanation is given. The hospital also claims they have no record of payment, and takes the woman to court for nonpayment of the bill and garnishes her wages. The Hotline Advocate helps the woman contact the insurance company—finds they *have* paid the bill—gets them to send a record of payment to the hospital. Her account is cleared.

In order for the Health Hotline to continue having success stories such as these, we need Volunteer Advocates. Our next training session for volunteer advocates will begin September 26th. If you're interested in attending this session, or would like information about other training session dates, call Betty Sykes at 352-6533.



## Hill-Burton from page 5

local hospitals:

- Comply with Hill-Burton Community Service Obligations "to assure patient access" for Medicaid recipients;
- Develop public education programs about Hill-Burton that would make "extensive use of all forms of media";
- Include information about Hill-Burton with billings;
- Write-off any outstanding accounts owed by persons who were Hill-Burton-eligible, but not informed about Hill-Burton;
- Develop concrete plans to provide "a specified amount of health care" even after their Hill-Burton obligations expire. The amount of care provided and eligibility for that care should be at the "minimum" equal to their Hill-Burton obligations.

In addition to their recommendations about Hill-Burton, the Committee also recommended that:

- Local hospitals should establish a paid ombudsman position to deal with community concerns;
- Local hospitals should end the practice of charging "interest on unpaid balances" for low-income persons when no charitable arrangement can be made;
- Schedules of payment established by hospitals "should truly reflect the person's ability to pay";
- "The HSA should incorporate Hill-Burton compliance and availability of other charitable care as part of project review criteria."

When the report was accepted by the full HSA Board for Champaign and Ford Counties, CCHCC wrote all three local Hill-Burton hospitals offering to meet and discuss what each institution intended to do. Carle and Mercy both acknowledged CCHCC's offer but asked for more time to study the report. On the other hand, Dr. Peter Goschy, Chief Executive Officer at Burnham Hospital, stated he "will be pleased to meet with you to discuss our mutual concerns.... It is appropriate to discuss these [recommendations] and other matters concerning Burnham's role in providing health services." Although there are no guarantees, members of CCHCC's Hill-Burton Task Force are hopeful that discussions with local hospitals can result in a cooperative effort to improve the accessibility of hospital care in Champaign County.

# CHAMPAIGN COUNTY HEALTH CARE CONSUMERS

## WHO WE ARE.....

Champaign County Health Care Consumers is an organization of local citizens concerned with improving health care delivery to all residents of our area. We are community-based and include representatives of women and minority groups, religious bodies and local elected officials, local businesses, labor unions and progressive provider organizations. We believe that health care is too important a matter of public concern to be left solely to those who provide it, and that major improvements will come only with the real involvement of consumers. Champaign County Health Care Consumers is funded largely through tax-deductible contributions of members and other local community residents. It is a not-for-profit, tax-exempt organization. For more information on becoming a member write CCHCC, 124 N. Neil, Champaign, IL 61820 or call (217) 352-6533.

## WHAT WE DO.....

We focus on consumer participation, education, and action. Our public forums educate the general public on consumer health issues. Our leadership training workshops provide consumer leaders with knowledge and skills to carry out their responsibilities. Our newsletter helps keep consumers abreast of health care problems and emerging solutions. We work for responsible health planning and administration in accordance with federal regulations. We form Consumer Task Forces to address community health problems, currently emphasizing the problems facing low-income consumers and women. We have established a Consumer Health Hotline for residents who have questions, concerns or complaints about the local health care system. Finally, we publish The Doctors Directory for Champaign County.

### Join CCHCC Today!

Please send me a **FREE** copy of the 1980/81 DIRECTORY today. My membership fee is enclosed.

- ☐ Enclosed is \$10 - Regular Member
- ☐ Enclosed is \$5 - Low-Income Member
- ☐ Enclosed is \$\_\_\_\_\_ for \_\_\_\_\_ additional copies of the Directory (\$3 each).

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Gemini House Foundation  
CHAMPAIGN COUNTY  
HEALTH CARE CONSUMERS  
124 N. Neil  
Champaign, IL 61820

Non-Profit Org.  
U.S. Postage  
**PAID**  
Permit No. 459  
Champaign, Illinois

Address Correction Requested