# HEALTH CARE CONSUMER

NEWSLETTER of the Champaign County Health Care Consumers

Winter 1982

## CCHCC vs. Carle Clinic Over Patient Rights

On Thursday, December 3rd, the Human Rights Authority of the Illinois Guardianship Advocacy Commission voted to investigate complaints filed against Carle Clinic concerning violations of patient confidentiality and the state Mental Health Confidentiality Act. The complaints filed by the Health Care Consumers was a result of several calls received by the Consumer Health Hotline concerning Carle's policy.

The matter was formally brought to the attention of the Clinic by CCHCC in a letter to Dr. John Pollard, chief executive officer of the clinic, dated Oct. 12. The letter to Dr. Pollard cited the state Mental Health Confidentiality Act and asked that the clinic change its policy of including the notes from sessions with clinic psychologists and psychiatrists in a patient's general medical record.

The clinic declined. Wrote Dr. Pollard in a reply dated Oct. 20, "The notes of the psychiatrists and psychologists are part of the Carle general medical record and are in continuity with the rest of the medical record (of the patient).

"This is done to promote good health care for patients. Carle physicians believe it is important to know other therapy their patients are receiving in order to properly diagnose and treat the patients' complaints."

This response is, however, at variance with other mental health experts, most notably doctors A.M. Freedman and Harold Kaplan, co-authors of the "Comprehensive Textbook of Psychiatry", regarded by some mental health authorities as a definitive work on the subject.

"Medical ethics as well as theraputic considerations demand that the psychiatrist hold anything his patient may tell him in strict confidence," they write. "In other words, confidentiality is an ethical imperative of the psychiatirist." It's CCHCC's position, that at Carle Clinic psychiatrists' and psychologists' notes in the general medical record are accessible to a variety of medical personnel who have no right to such information and who lack the professional training and skills necessary to properly interpret and evaluate it. Further, CCHCC contends that by not informing patients of this practice, Carle deceives patients who believe the content of therapy sessions is kept in the strictest of confidence. This

*continued on page 11*

Members of Seniors Organizing Seniors protest the lack of action by the Champaign city council on an ambulance ordinance. Lillian Cade (left) of the Democratic Party, supports a public hearing on the issue (Story on page 8 ).

## White House, Local Groups Applaud Doctors Directory

In a rather ironic twist, the Reagan Administration, which is launching an unprecedented assualt on consumer protection legislation and regulations, has strongly endorsedCCHCC's publication of the Doctors Directory for Champaign County. In a letter to CCHCC, Virginia Knauer, Special Assistant to the President, stated "The Doctors Directory is a considerable achievement in a field in which most consumers need help to make wise decisions....You have done your fellow consumers a great service. Keep up the excellent work."

Ms. Knauer's comments were made after obtaining a copy of the revised edition of the Doctors Directory. The Directory, first published by CCHCC in the fall of 1980, contains information about the policies, practices and, in many instances, the fees of most Champaign County physicians, dentists, optometrists and psychologists. The initial response of the first edition was so overwhelming that CCHCC decided to publish a revised edition the following year. The driving force behind the project both years has been Diane and Tom O'Rourke who donated literally hundreds of hours as co-editiors of the Directory. According to Diane, "The revised edition is grealty expanded from the first year. We not only

*continued on page 5*

# Warning: Blue Cross/Blue Shield Coverage Changes

Recent Changes in Blue Cross/Blue Shield insurance coverage will require consumers to pay the bill if they have certain precedures done as an in-patient when they can be done on an out-patient basis.

There will no NO BENEFITS PAID (nothing to hospital, surgeon, anesthesiologist, radiologist, etc.) for certain surgeries which can ordinarily be done at an out-patient facility when they are done as an in-patient. In-patient is defined as requiring overnight hospitalization care, that is, a room and board charge.

Abdominal Paracentesis
Arthrocentesis
Aspiration of Douglas's cul-de-sac
Bladder puncture aspiration
Blepharoplasty, non-cosmetic
Bronchoscopy with or without biopsy
Circumcision male (excluding newborns)
Culdoscopy with or without biopsy
Cystogram
Revision of digit amputation
D&C, diagnostic and therepeutic
Esophageal dilation
Excision of soft tissue lesions (nevus, verrucus, epithelioma, scar)
Foreign body removal from hand or foot
Gastrascopy with or without biopsy
Hydrocelectomy
Hysterosal pingography
Injection of joint, tendon or ligament
IUD insertion and removal, if anesthesia necessary
Lipoma removal
Meatotmy
Minor rectal surgery (not under spinal)
Myringotomy
Nasal polypectomy
Nerves blocks
Otoplasty, non-cosmetic
Pacemaker insertion, transvenous
Protosigmoidoscopy with or without biopsy
Skin graft (small)
Synovial cyst removal
Thoracentesis for fluid aspiration
Triple upper endoscopy
Urethral dilation
Vasectomy
Venography
Antrum Irrigations
Arthrography and arthroscopy
Batholin cyst excision, marsupialization or I & D
Breast biopsy
Cervical biopsies or polypectomies
Closed reduction or complete dislocations or fractures
Cyst aspiration
Cystoscopy with or without retrograde pyelogram
Dorsel split or prepuce
EUA (examination under anestheia)
Fiberoptic endoscopy with or without biopsy
Frenulotomy of tongue
Ganglionectomy
Herniorrhaphy (up to age 14)
Hymenectomy
I&D (incision and drainage of superficial lesions)
Laceration and suture of skin
Laparoscopy with or without biopsy
Mammoplasty, non-cosmetic
Minor eyelid procedures
Muscle biopsy
Nasal fracture reduction, open and closed
Node biopsy (superficial)
Otoscopy with or without biopsy
Pin and screw removed from hand or forearm
Skin biopsy
Submucus resection of nasal septum
Tear duct probing
Trigger finger
Tubal Ligestion
Varicocelectomy
Vein scerosing injection

HEALTH CARE CONSUMER is the quarterly newsletter of the Champaign County Health Care Consumers, 124 N. Neil, Champaign, Illinois 61820, (217) 352-6533. 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.

## IN THIS ISSUE

**NURSING ACT REFORMS**
Nurses in Illinois are fighting to close a loophole prohibiting nurse midwives and other nurse specialist from practicing in Illinois.....p 3

**MEDICAID-Bringing It Back Home**
A policy research group, headed by Quentin Young, proposes major reforms in Medicaid.....p 4

**MEMBERSHIP DRIVE**
CCHCC celebrates our past accomplishments and welcomes the challenge of 1982.....p 6

**HILL-BURTON UPDATE**
A federal autit of Hill-Burton in Illinois Precedes congressional hearings on theprogram.....p 9

*Obligations To Expire By '85*

# End of Hill-Burton Threatens Access

Eighteen months ago, CCHCC began working to improve local hospital compliance with the Hill-Burton free care program. During that time, there have been major improvements in local Hili-Burton programs: more consumers are informed of their right to apply, the number of persons applying has increased dramatically, and the amount of free and low-cost care provided has skyrocketed at all three hospitals. These changes have removed or reduced huge financial burdens facing low-income families.

Unfortunately, the future isn't a bed of roses. Although hospitals are finally providing an amount of free care equal to the need in our community, Hill-Burton obligations are expected to expire by 1985. According to these projections, a serious community issue looms in the future; that is, what happens after local Hill-Burton obligations expire. At different times in the past year, local hospital administrators have claimed that their facilities provided free care before Hill-Burton and would continue to do so after it expires. Such promises are encouraging initially, but, an examination of the record indicates there is little hope for such open ended promises. The history of Hill-Burton underscores that free care programs work best when everything is specified in advance. In fact, hospital administrators have argued that past problems implementing Hill-Burton resulted from vague and unclear regulations. This view is supported by state reports which indicate that the three local facilities provided more free care this past year than the total amount provided between 1975 and 1979, when they were operating under the vague and unspecified "open door" policy. The "open door" was eliminated in 1979 because of this type of abuse. There is little reason to believe that these same problems won't resurface after Hill-Burton obligations expire.

Recognizing this potential problem, members of CCHCC's Hill-Burton Task Force contacted the local hospitals to discuss Hill-Burton and the financial burden hospital care places on low-income families. Since November, representatives of the Task

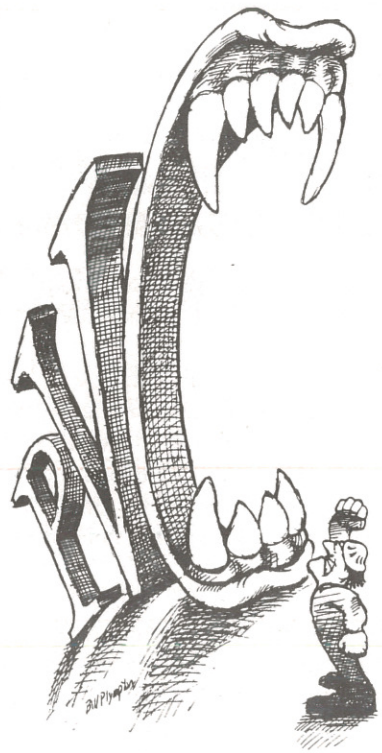
*continued on page 12*

# We Need *The Right To Know*

Consider the following:

- Over 50,000 potentially hazardous chemicals are used in our nation's workplaces.
- A new chemical is introduced into industrial use every half hour.
- 23 million American workers are expose to chemical and physical hazards on the job.
- Many chemicals used in factories and plants eventually find their way into the air and the water supply, and seriously affect the health of our communities.

When you go to the grocery store, you can read all the ingredients listed on the label of any item you buy - that's required by law. But on the job we have no such rights. There is no legal requirement that our employers tell us what



OCCUPATIONAL HEALTH: POLYVINYLCHLORIDE

chemicals we breathe in every day, or what these chemicals are doing to our health.

Yet everyday, workers in Illinois factories, labs, offices and hospitals are exposed to hazardous fumes, dusts and vapors. Residents of communities near plants that use chemicals are at risk too. Many hazardous substances are transported through our state labeled only with trade names, and without vital information on how to deal with spills, leaks or explosions.

These chemicals are taking their toll. Medical research increasingly points to the workplace as a leading cause of cancer, respiratiory disease and birth defects. Two and half million American workers are now disabled by occupational diseases. There are over 390,000 new cases of workplace illness diagnosed every year. Yet many of these victims don't know why they are sick, because they don't know what chemicals they work with or how dangerous they are.

Most workplace chemicals are labeled only with their trade names, not with their actual contents. Companies hide behind trade names and trade secrets, and we're left to guess - and get sick. Industry wants to see it stay that way, and the Reagan administration's first action on OSHA was the withdrawal of a proposed Right-to-Know regulation on chemical labeling. But the Right-to-Know fight is far from over. While keeping up the pressure on Washington, workers and unions have also turned to state and local governments demanding action. N.Y. state and the City of Philadelphia have passed Right-to-Know bills and other states are now considering proposals.

Illinois is one of these states. Last Spring, when Reagan acted to kill the OSHA labeling proposal, the Chicago Area Committee on Occupational Safety and Health (CACOSH) drafted the Illinois Employees' Right to Know Act, and got it introduced in Springfield. However, it went back to committee after industry lobbyists tacked on some amendments that gutted the legislation.

The Illinois General Assembly reconvenes in January, and CACOSH is gearing up for another push. The Right-to-Know campaign is supported by a variety of labor and community groups includng CCHCC, the Illinois AFL-CIO, UAW Region 4, the League of Women Voters and Citizens for a Better Environment. For more information on what you can do, call CHCC 352-6533 or CACOSH (312) 939-2104.

# Nurse Practitioners, Midwives Seek Change In State Law

The Illinois Nurses Association (INA) has introduced legislation in Springfield to close a loophole in the Illinois Nursing Act that state bureaucrats are using to challenge the licensure and practice of nurse specialists in Illinois.

The proposed legislation, HB 662, amends the Illinois Nursing Act by inserting the phrase "includes all its specialties and" in the Act's definition of professional nursing.

According to INA, the amendment is necessary because the Illinois Department of Public Health (IDPH) and Illinois Department of Registration and Education (IDRE) have taken the position in several cases that nurse practitioners and nurse-midwives are practicing outside the legal scope of nursing in Illinois. Insertion of the proposed phrase will provide clarification of the legality of expanded role practice.

The INA claims the state is "grossly misinterpreting" the Nursing Act. The INA argues RNs are currently providing inportant health care services in such expanded roles as nurse practitioner, nurse midwife, nurse anaestheist, and clinical specialist, and that the state's interpretation of the Nursing Act has serious ramifications - e.g., nurse midwives and nurse practitioners educated in Illinois are leaving to practice elsewhere; Illinois is unable to attract such nurses from other states; facilities where nurses practice in expanded roles have been threatened with loss of licensure.

A special subcommittee has been appointed to hear initial testimony on #HB 662. Public hearings are expected to be held in Chicago, Champaign and either Effingham or Olney. Members of the special subcommittee are State Representatives Glen Bower (R-Effingham), Steve Miller (R-Danville), Doris C. Karpiel (R-Bloomingdale), Gary Hannig (D-Mt. Olive), and Wyvetter H. Younge (D-East St. Louis). Persons who support HB 662 should write to members of the subcommittee at: c/o William G. Stratton Office Building, Springfield, IL 62706.

# MEDICAID: Bringing It All Back Home

*This article was submitted by the Health and Medicine Policy Research Group which publishes a quarterly journal - Health & Medicine.*

Those of us concerned about human services, especially for poor and disadvantaged people, face a crises. With the Reagan administration limiting drastically the budget of every important human service program and divesting the federal government of responsibility for administering these programs, we face a situation unique for those of us who grew up in the 1960s and 70s. We no longer have an expanding "good guy" central government to "right the wrongs" society inflicts. We cannot depend on Congress, the bureaucracy nor the courts to require justice and equity. By trimming the size of the pie and sending it back to the states to distribute, the Reagan administration sets the stage for each "cause" to fight the other for its share.

This crisis of dollars and politics is real and immediate. How we respond will effect public policy for the rest of this decade or longer.

The public policy task force of the Health and Medicine Policy Research Group examined this situation as it concerned the Medicaid program. We found ourselves faced with two obvious choices: we could organize to fight the cutbacks and decentralization; or we could watch the state administer a smaller medicaid program. Neither of these was satisfactory. Even if we were successful with the first option, we would only preserve a program with many dificiencies about which we were already too painfully aware. To follow the second option would be to accept the continuation of state imposed cuts in services and eligibles. Neither seemed necessary since the state was planning to spend more than $1.5 billion on medicaid in fiscal year 1982. This is $1500 per medicaid eligible and more than $2,000 per medicaid user, substantially more than what good quality health care costs for Blue Cross, private insurance or local HMOs.

This stimulated the thinking for a creative third alternative. The question was how could we use the $1.5 billion to deliver necessary health and medical services to the state's low income population. More importantly, how could we use that money to stimulate public (user, worker, taxpayer) participation in planning, operating and evaluating the services, a critical element which is now total from medicaid.

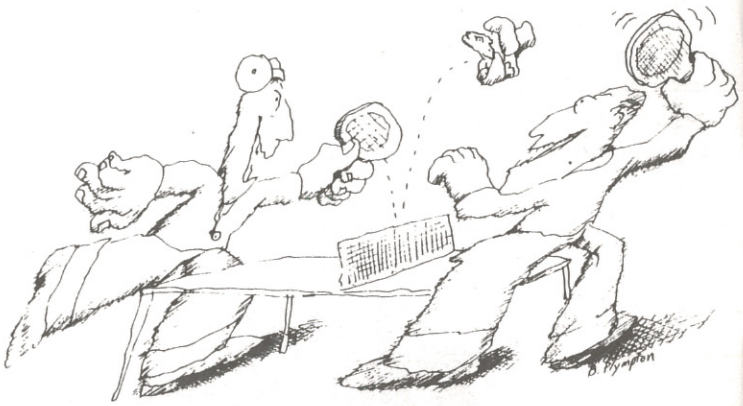
The answer is the Illinois Health Service Authority (IHSA). The IHSA would distribute the money budgetted for medicaid to each county based on the number of medicaid eligibles in the county. Each county will establish an organized health service to meet the preventive acute, rehabilitative and custodial needs of its medicaid recipients.

Counties will provide service through four possible arrangements:

1. Through county owned and operated facilities
2. Through contracts with municipal health departments
3. Through contracts with private organized health systems such as clinics, group practices, pre-paid health plans. federally urban and rural health centers
4. Through contracts with private physicians for low volume specialty services.

Cost reimbursement and fee-for-service arrangements would be prohibited (except for low volume specialty services). Furthermore, all private health organizations with which the county may contract must include non-physician workers and medicaid enrollees on their governing boards.

The IHSA will be a health care system available to all residents in the state. Medicaid beneficiaries will be automatically enrolled in their county's plan. Counties may also enroll AMI and GA recipients, and near and non-poor



MEDICAID MILLS: PINGPONGING PATIENTS

residents by marketing the service to unions, businesses and individuals who could join by paying the monthly premium established by the county.

Counties will offer a benefit package at least as extensive as the mandatory and optional services covered by federal medicaid regulation. Counties could expand services further using local revenue. Counties will allocate at least ten percent of their health service budget to prevention and health promotion activities to help break the link between poverty and illness.

Small counties may form consortia to operate their program. Counties will submit annual health service statistics. service utilization data and cost information, and demostrate how the health problems of the poor are being solved.

Each county board will establish a health committee to develop the annual budget plan and to establish and monitor the health services. The Committee will be extended to include service users including medicaid enrollees. The county will provide adequate independent staff support to develop the plan and will conduct public hearings for each component of it.

The state IHSA will monitor county plans, evaluate progress toward meeting goals and publish county by county comparisons highlighting trends and deficiencies. The state will employ and ombudsman in each county and also offer training and technical assistance to counties and users.

In summary, the IHSA is a realistic program to provide health services for the disadvantaged within the constraints of existing federal law and funding cutbacks. It capitalizes on demonstrated techniques to control costs by substituting orgaanized health systems and prospective reimbursement contracts for inflationary fee-for-service delivery and cost reimbursement arrangements. It introduces health indicies as criteria for evaluation instead of cost data. Most valuable it involves the public in the operation of the program. Users, workers, and taxpayers will together target the $1.5 billion to overcome health problems.

## Doctors Directory from page 1

doubled the number of physicians that participated, but we added both optometrist and pshychologists to the Directory". In additions, the Directory addresses such topics as: How to Choose a Physician; Visiting the Physician; Second Opinions on Surgery; and You and Your Medical Records. The Directory also contains information about local hospital and clinic services, what to do if you have a health insurance problem health maintenance organization (HMOs), nursing homes, you and your pharmacist, and prescription drugs.

The Directory has also received glowing recommendations from many local groups. Gale Fella, Administrator of the C-U Public Health District, stated, "As an agency that receives calls daily from individuals looking for a doctor, dentist or nursing home, this directory is a valuable tool in aiding my staff and myself in answering these questions."Planned Parenthood Executive Director Cecile Steinberg call theDirectory, "a major contribution toward making health care accessible to the entire community." And University of Illiois Librarian Jane Armstrong noted, "As both consumer and llibrarian, I'm impressed--as much by the Directory's fine organization and thoroughness, as by its direct, easy-to-understand approach and affordable price".

Ms. Knauer, former Director of the U.S. Office of Consumer Affairs, acknowledged "The level of sustained effort required for these projects" and "congratulated" the Health Care Consumers "for seeing it through." Although Ms. Knauer stated her desire for "local consumer information system all over the United States to assure that consumers have adequate information to make intelligent decisions in purchasing services", and belief that "better information saves money and time, and prevents mistakes that can have serious consequences", there is little indication that this is a widely held view within the Administration. Mr. Reagan has repeatedly undermined efforts to provide citizens with better information (see article on Right to Know Legislation in this issue).

In the meantime, it will be up to citizen organizations, such as CCHCC, to make important information accessible to the general public through publications/projects such as the Doctors Directory.

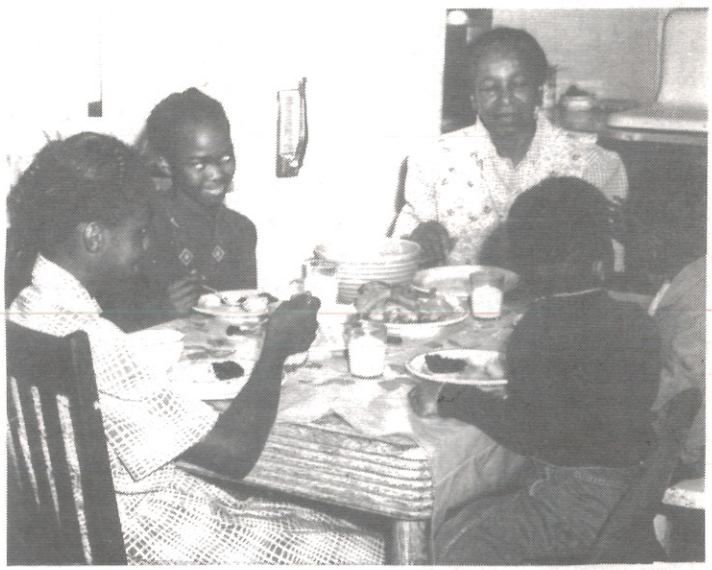
The Directory costs $5 and is sold in most local food, drug and book stores throughout Champaign County or can be obtained from the Health Care Consumers at 352-6533. Complimentary copies have been provided to all local libraries and most social services and health related agencies in the county.

# FRANCES NELSON HAS OPEN HOUSE

On November 1, nearly 200 persons attended an open house at the Frances Nelson Health Center in Champaign. The $500,000 expansion and renovation project marks a milestone in the history of the health center which has provided health care to the poor of Champaign County for nearly 13 years.

Originally established to address the chronic problem of high infant mortality rate in the black community, the center was largely a volunteer effort in its early years. In 1969, it moved to its present facility at 1306 N. Carver and received its first major grant from OEO through the Urban League of Champaign County. The new facility in 1969 held special significance in the black community as the former home of Ms. Frances Nelson, an older black woman, took care of black orphans during the 1940s, 50s and early 60s when black children were not allowed into Cunningham Children Home. It was in recognition of her gallant efforts that the name Frances Nelson Health Center was selected.

Although completion of the renovation project marks a new era for the center, Frances Nelson faces hard times under the Reagan Administration. According to Executive Director Fran Friedman, the Reagan Administration has proposed Catch-22 criteria that could jeopardize federal funds. The catch is this. The Department of Health and Human Services has proposed significant reductions in areas designated as Medically Underserved Areas (MUAs). One of the census tracts the adiministration proposes to drop is Census Tract 2 in Champaign County where Frances Nelson is located. Friedman explains, "To be eligible for federal funding, we must serve a federally designated Medically Underserved Area. One of the criteria to be a MUA is the lack of primary care physicians. When we received federal funds a couple of years ago, we hired full-time physicians for the first time in our history. The Reagan Administration is argueing that we no longer are an MUA because we have doctors. If they succeed in dropping us a MUA, we could lose our funding and our doctors." Such a development would however make Census Tract 2 eligible as a Medically Underserved Area again, but in the meantime health care for low-income persons would be seriously threatened.



A 1956 photograph of Frances Nelson with some of the children she cared for. The Frances Nelson Health Center was named after her

Although there seems to be little logic behind such a policy if the goal is to serve the medically indegent, it makes more sense when seen as a smokescreen for further budget cuts. Irregardless of Reagan's plans, the Frances Nelson Health Center is committed to carrying on its work in the name and spirit of Ms. Frances Nelson.

# CCHCC opposes plan to limit public comment

The Champaign Co... who are designat... policymaker... Health Care Cons... (CCHCC) oppose a de... the board of dire... Wann. East Central ... Systems Ag... allot five... comme... at bo...

A ... C, pu... e h... be s... five-

... involv... HSA ... fore the a pub... ion before need ... body, we for sta... ive minutes entire p... presenting the ty," said ... of the 16-coun... terim dire... Checkow...

"Demoo... ed ...

By DON de BLASIO
News-Gazette Staff Wri...
The Champaign County ... Care Consumers Saturday ... Mercy Hospital of illegally ... public and recipients for ... hospital president Ronald ... urich said the practice happen... only a few times, and just by mi...

The charges were leveled at a ... news conference at the Health Care ... Consumers office in Urbana. ... meeting from a prepared state... Helen Smith, a member of the ... organization, said, "There is evi... dence that Mercy Hospital has a ... practice of sending ... Medicaid patients for ... bills ...

# Consumer Group Bla...

By ... New... Charg... timidat... against ... The Cham... Consu... perse... ed ... and had ... then ... told Mr...

By Michael Murphy
Morning Courier Staff
A consumer group Monday ...

Henrietta DeBoer and Michael Doyle, members and spokespersons ... the consumer group, at a press ... ented about 500 ap... ...ship in the ...

Mercy H... presiden... of Christ... lard, Car... /Deems... clude th... had it ...

# 'Campaign letter' to employees blaste...

letter received recently by em... ployees and hospital auxiliary ... members of Carle, Mercy and ... Burnham hospitals. "We also ... object to the decision to enclose ... these notices in employee ... paychecks," said Henrietta ... DeBoer, a member of the ... CCHA steering committee. ... "Such a decision," she said, ... work for them, ... really fear for their jobs," ... DeBoer said.

Administrators William Deems (Burnham), Charles Dawley (Carle) and Ronald Aldrich (Mercy), have been nominated for election to the suharea council.

Hospital administrators claimed that their effort was ... workers.

Six providers and eight co... sumers will be elected Sep... 7.

# 1977 CCHCC celebrates ou... & welcomes the ...

# Local health care election enveloped in controversy

by Jean Richards
staff writer

The Champaign County Health Care Consumers is charging that, among other things, the ...paign County Medical ...running a dead man for ...ard in Thursday's ...llinois Health ...

health care professions. The health care consumers also claim that a ... learned, during a ... that Illinois State ... employees are ... up" consumer ... The citizen, ... supposedly inf... care consumer ... by medical so... Robert B... Champaign ... w medical ... East Central Illinois Health ... Systems Agency Thursday ... night.

They give "no money and no staff time to the county society," Booth said. Barry Checkoway, a heal... ...sumer, said Booth ... converse...

# 'Fireworks' Go Off At Health Meeting

By DON de BLASIO
News-Gazette Staff Writer

A few uncharacteristic fireworks went off at the board of directors meeting of the usually peaceful East Central Illinois Health Systems Agency Thursday night.

Fireworks were ig... ...as from the ...

— Specific criteria for public announcements of meetings and hearings must be developed and used.

An ad hoc committee to prepare instructions for those requirements was approved last night, but Friedlander said ECIHSA may find those the least onerous conditions that ...

# 'Walk for Change' to assist ...

The Champaign County Health Care Consumers ...GU-FM radio are planning a different kind of ...on: one that will benefit ...

For each sp... evenly bet...

# Health Agency Vows End To Unannounced Meetings

By TOM KACICH
News-Gazette Staff Writer

"The longer this goes on, the more interesting it gets," said Gary Adams, Champaign County Board chairman and also chairman of the Champaign County Regional Planning Commission.

Adams was referring to the RPC's discussion of the East Central Illinois Health Systems Agency, the quasi-public agency responsible for health care planning in a 16-county area.

For perhaps the fourth month in a row, the RPC criticized the HSA, a federally-funded agency with a budget of $375,000, from the Department of ... we had the meetings ... e daytime a lot of th... bers of the comm... ouldn't be able ... Wann said ... HSA m... ght ...

Council member Joan Severns, called it, "a good working arrangement but it certainly does prohibit public participation."

The committee meetings could violate the state's Open Meetings Act which requires notification of meetings and covers "committees and subcommittees which are supported in whole or in part by tax revenue."

HSA executive director Allen Wann defended dinner meetings — out of HSA fun... saying, "Most ... to come her... for those ... ings. P... peo...

He said the HSA holds night meetings for the convenience of both the board members and the public.

"It's hard for so... people to get away ... their jobs, especi... consumers on ... Wann said, r... fact tha... membe... both ...

# ...lth Systems Election Draws Packed House

...DON de BLASIO
...Gazette Staff Writer
...agency notorious for ...ack of public interest ... into problems Thurs... ...y night because of lo... ...such interest, resulting in ...an appearance by the fire ...marshal and a request ...from the hotel the pre... ...marshal to clear the ...guard to clear the meeting room ...that the fire marshal ...wanted the hallway cleared ...request was ignored ...must part, but ...officers did ...ess to let ...quickly

only 100 persons. Moreover, a least one winner may be disqualified and there is the possibility of a petition for another election because of ir... regularities in the vote. The turnout appears to have been organized by several factions wanting to ... place their nominees on ... administrator, won as the one-year provider ... The three-year providers ... are Robert Owens, Dr. H... Smith Hopk... Friedman, ... Dr. John ... Korman. The pr... consum...

and several factions con... ducted ...eighone pleas for ... partici... Been ... out fo... meeti... fillet... chai... to ... cro... hol... Un...

# ...Staff Discussion Misinterprete... Health District F... Study Abandone...

By DON de BLASIO
News-Gazette Staff Writer

The Champaign Urba... Health District has sh... plans for a staff study ... services, but administ... Fella said Wednesday ... was upset such a stu... made public ...

Fella reported to ... member Board of He... body for the public ... that he had been ... study by a ...

Public ... public damages pros... open staff meetings ... The discussion ... services was beir... ...ment the ass...

By Michael Murphy
Morning Courier Staff

A consumer group Monday accused the local medical establishment of attempting to unduly influence the Sept. 7 election of members to an area health care planning council.

Champaign County Health Care Consumers objected at a ...

# It's that time again.

# CCHCC ANNUAL

With the start of a new year, CCHCC kicks off its annual membership drive. At this time each year, we turn to you, our members, and ask for your direct financial support. Since our first membership drive, when we raised $200 and signed up our first 40 members, membership contributions have risen steadily each year. In 1981, we received over $3,200 from our membership. This year we hope to do even better and have set a goal of increasing our dues paying members by 20%.

That may seem unrealistic to some, but we believe we have reason to be optimistic. The past year has, without a doubt, been the most active in CCHCC history. Our consumer Task Forces won important victories around Hill-Burton and DES, and firmly established CCHCC as a multi-issue organization addressing a broad spectrum of health related concerns. The revised edition of the Doctors Directory contains information on twice as many physicians as last year and now includes optometrists and psychologists. The Consumer Health Hotline received literally hundreds of calls from local consumers seeking advice and

# Directo... to be ...

# ts Hospitals, Clinics

# Election of consumer slate to health board applauded

# Critics question Mercy expansion

# past accomplishments challenge of 1982

1982

# Abuses Alleged At Local Hearing

# Free Health Care Denied To Some

# 16 groups

# Locals su[illegible]ort DES[illegible]ct

# Hospital: Computer Errors To Blame

# Health Consumer Group Hits Mercy Billing Practices

## MEMBERSHIP DRIVE

assistance. CCHCC also sponsored over half a dozen community forums ranging from Alternative Healing Methods to Nursing Homes to the Reagan Budget Cuts. And 1982 promises to be no different.

However, to continue our work we need your financial support. If you believe in the work we do, please dig down deep and send in a contribution today. If you are already a dues paying member, renew your membership today. If you haven't contributed to CCHCC in the past, we hope this year you'll change your mind.

And remember, we're not the type that expects to get something for nothing. All dues paying members receive a FREE copy of the revised edition of the Doctors Directory hot off the presses, a year's subscription to our quarterly newsletter - Health Care Consumer and a vote in CCHCC Board elections.

Help us make 1982 our best year ever - make your annual membership donation today and include the name of a friend who you think would be interested in joining the Champaign County Health Care Consumers.

# Panel Challenges Local Hospitals' Low-Income Care

# Doctors Directory Adds New Names, Categories

# y of 240 local doctors old by area health group

# Seniors Object To Delays On Ambulance Ordinance

"We are frustrated and tired of waiting on this City Council to do something," argued Champaign resident Jerome Greenblau and several dozen senior citizens who braved the November cold to protest the lack of action by the Champaign City Council on a local ambulance ordinance.

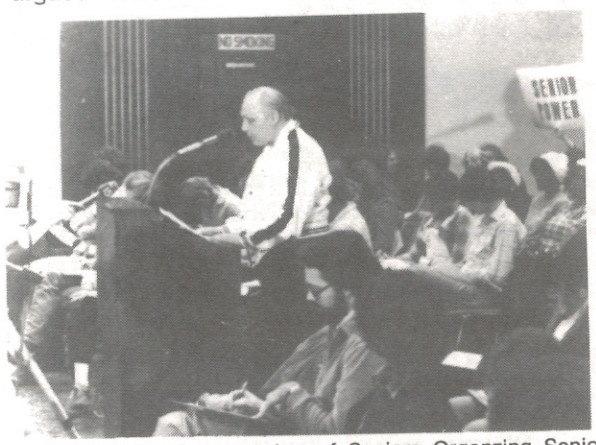
Greenblau, spokesman for Seniors Organizing Seniors (SOS) which urged the Council to pass an ordinance last July, asked Council members to form a joint study committee with the Urbana City Council and hold a public hearing on the issue. Despite a letter from Urbana council member Frieda Wascher offering to establish a joint study committee, the council had a cool reception to SOS's request. Urbana passed an ordinance in 1980, but it doesn't go into effect until Champaign passes a similar ordinance.

Although James Pirtle, Council member for District 1, called the ambulance issue "a very serious matter" that the Council had an obligation to address, several Council members seemed more interested in avoiding the issue altogether. City Manager Gene Miller provided reluctant Council members the perfect excuse with statements aimed directly at discrediting the need for an ordinance.

When SOS went before the Council last July, the Council decided that persons with complaints should call the city's Community Relations Office. According to employees in the office between 35 and 50 calls were received. However, on the day SOS members were scheduled to speak before the city Council, Mr. Miller was quoted in the News-Gazette as saying that, "the city received very few complaints" and that they were from the same people but he failed to elaborate. Mr. Miller's remarks were referred to later that night as one Council member estimated that less than a dozen complaints were received because so many were duplicates. However, when pressed, he acknowledged that he had no idea how many complaints were duplicated.

"What's so frustrating is that when we go before the Council, they tell us they need facts and examples of problems. Then, when we do our part, Mr. Miller makes public statements aimed at minimizing the problem. But he is never asked to document any of his claims" explains SOS member Louise White. "All we are asking is for the Council to hold a public hearing and to study the issue. It's hard for us to understand why any elected officials wouldn't be interested in finding out how people feel."

Although Mayor Severns stated she would discuss the idea of a joint study session with Ms. Wascher, SOS members don't intend to sit back and wait anymore. SOS has already begun to leaflet in different parts of the city to let people know what their representitives are doing, or not doing in this case. "If we continue to be ignored, we are just going to have to make more noise. And if the Champaign City Council doesn't hold a public hearing then we may have to find another governmental body that's more interested in ascertaining the facts" argued White.



Mr. Gerome Greenblau, member of Seniors Organzing Seniors, urged the Champaign City Council to hold a public hearing on the proposed city ambulance ordinance

# ATTENTION SENIORS – SAVE MONEY ON MEDICAL BILLS!

If you are a senior citizen, you are well aware of rising health care costs. Presently, per capita costs for those 65 and older is over $2,500. This is over seven times the cost for the young.

Most senior citizens are covered by Medicare. But Medicare pays for only part of the bill. One reason for this is that many providers do not **accept assignment.** Accepting assignments means simply that the provider accepts the payment from Medicare as "payment in full." More specically, according to the Medicare manual's section on assignment:

> When the assignment method is used, the doctor or supplier agrees that his or her total charge for the covered service will be the reasonable charge approved by the Medicare carrier. Medicare then pays your doctor or supplier 80 percent of the reasonable charge, after subtracting any part of the deductible you have not met. The doctor or supplier can charge you *only* for the part of the deductible you have not met and for the coinsurance, which is the remaining 20 percent of the reasonable charge.

Under Medicare, health providers can refuse "assignment" of your Medicare claim. If the provider does not "accept assignment," he/she can charge you whatever he/she wishes. This "excess charge" can be very significant (e.g., hundreds of dollars, in the case of surgery). A recent Health Hotline case underscored the difference accepting assignment can make: A woman who had surgery at a local hospital was charged over $3,100 by her doctor of which Medicare covered only $1,200. To her dismay, the woman was left with over $1,900 in doctor bills and no way to pay.

Many health providers in Champaign County do not accept assignment. A review of physicians listed in CCHCC's Doctors Directory reveals that less than 1/3 accept assignment for Medicare. Consequently, if you receive care for a provider who does not, you could end up owing much more than you had expected. It is up to you to ask if the provider accepts assignment. If you have been going to a provider who does not accept assignment, you can:

- Stay with the provider and pay the additional cost not covered by Medicare.
- Find another provider who will accept assignment.

Some people prefer a particular health provider who does not accept assignment, so they agree to pay additional costs. Others, to whom cost is a major concern, seek out health providers who do accept assignment. There is no proof that one provider is better than another. It is up to you to understand the options and make your own decision.

# Hill-Burton Scrutinized by Congress, HHS

Just two years after the federal government issued new Hill-Burton regulations, both Congress and the Reagan Administration are reviewing those regulations.

The 1979 regulations were aimed at protecting the rights of low-income consumers and ending hospital abuses under the Hill-Burton program that requires hospitals which have received federal aid to provide free care to the poor. Accurding to reports out of Washington, Assistant Secretary for Health, Dr. Edward Brandt and Dr. Florence Fiori, Chief of the Bureau of Health Facilities, are considering several ways to destroy the only federal program that guarantees poor people the right to health care.

Dr. Fiori, whose Bureau of Health Facilities is authorized to monitor the free care program was formerly employed by the American Hospital Association. Her close ties to the AHA, the most outspoken critic of the 1979 regs, could spell disaster for poor people throughout the country who depend on Hill-Burton to pay medical bills they could not afford.

In the meantime, on Capitol Hill, Representative Henry Waxman, Chair of the House Subcommittee on Health and the Environment, has asked the Government Accounting Office (GAO) to conduct an audit of the Hill-Burton program. The audit is expected to be used in preparation for 1982 hearings in Congress on Hill-Burton and is being conducted in two states in each of the five federal regions. Illinois and Minnesota have been selected in this region.

CCHCC, which has actively fought to improve local hospital compliance with Hill-Burton, met with GAO representatives in Chicago on January 5th. At that meeting the GAO was presented with documentation of local problems, a list of current loopholes and dificiencies and a number of recommendations for improving the program. Unfortunately, with industry representatives such as Fiori in key decision making positions, the battle over Hill-Burton will probably focus on maintaining what has been won over the last few years. Some to the changes being considered by Brandt and Fiori include:

1. Halting all federal enforcement of Hill-Burton. Although a handful of states might do a better job than the Reagan administration, many states refused to enforce Hill-Burton in the past. In Illinois, the state Department of Public Health admitted spending on an average "less than 20 minutes to determine compliance by a facility", repeatedly ignored clear violations of the law in its own files and never once used sanctions available to ensure compliance

2. Muzzle advocates within the Office for Civil Rights. Half the enforcement is done by OCR, which contains serveral staunch advocates. Brandt and Fiori propose to take this power away and return it to the Bureau of Health Facilities, which has always tried to protect the hospitals.

3. Let hospitals write off excess costs as "free care". Hill Burton hospitals are only required to give a specific amount of free care each year. HHS is threatening to count the difference between hospital charges and what Medicaid actually pays as "free care." This could possibly end all three local hospitals obligation in the next year or two.

4. Eliminatge the requirement that all patients be notified of their rights to apply for Hill-Burton. For years hospitals have taken advantage of the lack of knowledge about Hill-Burton as a way of minimizing the amount of free care they provided.

5. Weaken or eliminate the Community Service Obligations. Under the present regulations Hill-Burton facilities cannot discriminate against minorities, or refuse treatment ot residents of their service area including Medicaid recipients.

CCHCC has joined other health activists in mobilizing to resist these moves. Bill Edwards of the Alabama Coalition Against Hunger has promised to get 2,000 letters from angry Alabama consumers. All activists shoul immediately write HHS Secretary Richard Schweiker, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, and oppose any change in the regulations.

# Health and Medicine: New Journal For Health Advocates

A newly formed research group will begin publishing Health & Medicine this winter for health activitists throughout the nation. According to the Health and Medicine Policy Research Group (HMPRG), the magazine will be published quarterly and provide readers with analyses of health systems and policies and offer alternatives encouraging health maintenance and care for illness which is delivered humanely, effectively and equitably.

Quentin Young, President of HMPRG, explains that "the Health and Medicine Policy Research Group is a response to the disarray currently engulfing our health care system. The immediate stimulas to this endeavor is economic rather than medical. In 1981, the cost of health care will exceed one quarter of a trillion dollars and soon will claim more than 10% of our gross national product.

"The health care process is recognized as a major destabilizer in a troubled economy. Cost-containment has been transformed from a tactic to the preeminent objective. Goals are dramatically shifting away from improved health standards based on equity. We need to achieve the levels of health that our nation's genius and wealth can assure."

An example of the kind of work HMPRG plans on undertaking is its recently completed proposal on reforming the Medicaid program. The proposal, which is summarized in this issue of Health Care Consumer, argues that by focusing on the delivery of service, rather than the financing, welfare clients and the public will be better served. The plan calls for defereralized Medicaid funds and the service delivery at the county level. The proposal will be featured in the Winter 1982 issue along with articles on occupational illness and block grants.

In addition to research and analysis, Health & Medicine will publish essays on directions for health policy, public sector medicine, the corporatization of the health care industry, and environmental, institutional, occupational, and women's health. Mark Kleinman, Executive Director of the Consumer Coalition for Health states, "Health & Medicine offers clear, timely analyses and pratical strategies for organizing and coalition building. A must reading for every thoughtful activist in these troubled times."

If you are interested, subscription rates are $20 for one year and should be sent to Health & Medicine, 220 S. State, Suite 300 Chicago, IL. 60604. In a special offer to all CCHCC dues paying members, a free copy of the first issue of Health & Medicine will be sent courtesy of HMPRG.

# More Heart Surgery Service Than Necessary

Since its formation CCHCC has argued that unnecessary duplication of services is one of the reasons health care costs have skyrocketed. The existance of two open heart surgery teams in Champaign-Urbana is one example of unnecessary duplication that CCHCC representatives on the local health planning board have opposed. However, until now local and state health planning agencies have failed to take the steps necessary to eliminate the duplications. That may be changing.

According to a preliminary draft of a report prepared by the Appropriateness Review Committee of the Illinois Facilities Planing Board, "Illinois has more programs for adult open heart surgeries than needed." A similiar position has also been taken by the Illinois Department of Public Health which has proposed a minimum of 200 open heart surgeries a year at hospitals with facilities to accomodate the procedures. If this proposal is accepted, at least 17 hospitals throughout the state that do not meet the suggested criteria for open heart surgery would be affected.

Of the two open heart surgery teams in Champaign-Urbana, one is composed of physicians from Carle and Christie Clinics who operate at Mercy Hospital. In 1980 this team performed about 180 open heart surgeries. A similiar number is expected to be performed by the end of this year. The other team is headed by a local physician who performs open heart surgeries at Burnham Hospital in Champaign. Only about 80 open heart surgeries were done by this team in 1980 and again in 1981.

Because neither team is performing 200 surgeries, nor are these surgeries being done at the same hospital, the state is recommending that the teams be merged or that one should be discontinued. In their report, the Illinois Public Health Department strongly stated that "Two programs for this service are clearly not warranted in the (the C-U) area." The report goes on the state that, "In view of the low patient volumn for the two programs (in the C-U area)...It is unfortunate that the service is duplicated in two facilities. It would seem that it might be more cost-effective if only one hospital had the service....,eliminating the hospitals having a duplicate support surgical personnel. Even when combining procedure totals for (the Champaign-Urbana area) there are not enough performed for even one hospital to meet the 200 minimum precedures" based on 1979 figures. If this were not enough the reports further states that, "This (health service area) has the LOWEST utilization rate for this service (29%) in comparison with the other service areas. It would be beneficial if the hospitals offering the service could agree upon which of the two should continue the service."

Besides the concern for unnecessary duplication and cost effectiveness, the state has made this recommendation for another reason - quality of care. Evidence supports the idea that proficiency is increased with more surgeries. Mortality tends to increase as the number of procedures decrease.

This is not a new issue in our area. In September 1979, the East Central Illinois Health Systems Agency failed in an effort to merge the two teams but did restrict Burnham Hospital's team from making improvements in the open heart surgery operating rooms. The ECHISA Board of Directors felt the team would eventually have to be disbanded because of deteriorating equipment. Unfortunately, both teams still reject any notion of merger and a "business as usual" attitude still persists. The results are simple. Consumers still are paying for inefficiencies and, more importantly, less than optimal quality. However, unless the state takes action, it is unlikely that the current situation will change.

Pam Fernadez with a check for $400 she received after winning CCHCC's Harvest Moon Raffle. The raffle raised $1,306.

## CCHCC Chairperson Honored

Henrietta DeBoer, Chairperson of the Health Care Consumers the past two years, will be named the **Public Citizen of the Year** by the Illini chapter of the National Association of Social Workers. The award will be presented on March 9 at the chapter's annual luncheon at the Levis Faculty Center in Urbana. In addition to her work with CCHCC, Henrietta has been involved in a wide variety of community groups including A Woman's Place, the Youth Consortium and Planned Parenthood to name a few.

*CONTRIBUTIONS ARE TAX DEDUCTIBLE*

The Champaign County Health Care Consumers is funded largely through tax-deductible contributions of members and other local community residents. It is a non-profit, tax-exempt organization working on behalf of the public interest. Its work is not used for any commercial purpose. CCHCC relies upon contributions to further its programs for consumers. The HEALTH CARE CONSUMER is one of many consumer education activities supported by local contributions. Contributions are tax-deductible and may be sent to:

124 N. Neil #211
Champaign, Illinois 61820

## Patient Rights from page 1

deception, CCHCC maintains, is a violation of the Mental Health and Developmental Disabilities Confidentiality Act passed by the Illinois legislature in 1979.

Under Section 9 of the Act, a therapist can disclose information only to "the therapist supervisor, a consulting therapist, members of a staff team participating in the provision of services, a record custodian, or a person acting under the supervision and control of the therapist.....Information may be disclosed.....only to the extent that knowledge of the record of communication is essential to the purpose for which disclosure is made and only after the recipient (of the therapy) is informed that such disclosure may be made."

The Act suggests that disclosure of records be limited to the extent that release is relevent to the treatment and even then the patient must be informed that this will occur.

According to Tom Kennedy, senior staff attorney for the East St. Louis Land of Lincoln Legal Services Office, who has been active for a number of years in defending the rights of mental health patients, "Maintaining confidential psychiatric records in an undifferentiated medical file is a violation of the Confidentiality Act. Access, as defined under Section 9, is intended to be limited to members of the (mental health) theraputic team only."

In the letter to Dr. Pollard of Oct. 12, CCHCC expressed concern that "notes that the therapist takes of the exchange between himself and the patient are exposed whenever the patient has contact with any other clinic department." Of equal concern, according to the letter, is that the patient may not be informed of the practice. The Mental Health Confidentiality Act was cited and the clinic was urged to limit the "free disclosure of psychiatric and psychological records within the clinic."

In his reply of Oct. 20, however, Dr. Pollard made no reference to the Mental Health Act but merely restated the clinic's policy of continuity of treatment implying it is more important.

CCHCC disagrees. According to CCHCC Executive Director Mike Doyle, "Although the objective of continuity of care is commendable, a policy which serves both confidentiality and continuity is clearly needed."

Doctors Freedman and Kaplan seem to agree. They wrote "The success of treatment will depend in part on the degree to which the patient's dignity is respected by the staff, as evidenced, in turn, by their efforts to keep the details of his treatment confidential."

"It should be emphasized that, even when the patient is admitted to the medical or surgical service of the general hospital initially and referred for psychiatric treatment later, the voluminous psychiatric case record with its detailed amount of the patient's intimate fantasies and hidden feelings need not become part of his general medical record.This can remain part of the psychiatric unit's own record system which is inaccess ible to other staff."

Inteviews with local mental health professionals and a survey of local medical providers who offer both medical and mental health services support this view.

Jerry Denen, executive director of the Champaign County Mental Health Board, says that "confidentiality is essential to the trust that will develop between a consumer (patient) and mental health provider (therapist). And this trust is essential for the (effective) treatment of the client (patient)."

Says Dr. Ralph Trimble, clinical psychologist and director of the University Psychological and Counseling Center, "A frequent concern of clients is that they won't be looked at in the same light by the physician if it is known that they have seen a psychologist."

"Clients actually sign a release form (permitting the disclosure of psychological treatment). The client and I write this together and we decide what the client is willing to have said. That is true of any other psychologist here as well."

At Christie Clinic, notations are entered on a patient's medical record about any prescriptions the psychiatrist writes for the patient but the psychiatrist's notes are kept separate from the patient's general medical record. The same policy exists at Frances Nelson Health Center, which also provides medical and mental health services, according to official sources at these two institutions.

"We had hoped to clear up this matter with Carle Clinic directly. Since this was not possible and Carle appears to be violating the Mental Health Act, we decided to alert professional groups and government agencies."

In addition to Advocacy Commission, formal letters of complaint have been sent to the Illinois Psychiatric Society and the Illinois Psychological Society.

There has been no response from the Psychiatric Society, however the Ethics Committee of the Illinois Psychological Society is expected to act on the complaint in late January.

*This article first appeared in* ***The Weekly,*** *November 19, in a slightly different form.*

**CCHCC Officers Elected.** (From left to right) Barry Checkoway, Vice-Chair; ; Henrietta De Boer, Chairperson; Louise White, Secretary; and Debbie Doyle, Treasurer.

## CCHCC Officers Elected

On December 3 CCHCC s newly elected Board of Directors selected officiers for the upcoming year. Henrietta DeBoer was re-elected Chairperson and Barry Checkoway re-elected Vice-Chair. Debbie Doyle is the new Treasurer and Louise White will serve as secretary. The other Board Members are: Margie Checkoway, Loraine Cowart, James Culp, Connie Eaton, Pam Fox, Carol Hollowell, Diane and Tom O'Rourke, Ken Stratton, Katy Murphy, Mamie Smith, Jean Steele, Barb Schoolenberg and Roxanne Reiter. Anne Robbin was elected as an Honorary Provider.

## HILL-Burton from page 2

Force have met with all three hospitals. The focus of these discussions has been the recommendations proposed by the Ad Hoc Hill-Burton Committee of the local HSA. The committee was appointed last year to investigate local hospitals after CCHCC presented testimony concerning Hill-Burton violations.

Although negotiations with local hospitals have been constructive, and progress has been made in a number of areas recommended by the Committee, one potential stumbling block may be the reluctance of local hospitals to address the issue of free care after Hill-Burton expires. Even though administrators maintain that free care will be provided after Hill-Burton, there is an unwillingness to go any further. Discussions about how much care might be available are avoided because of what one hospital administrator called the "uncertainty of the future." Another referred to the "rapidly changing environment" in which hospitals operate citing third party reimbursements and federal regulations.

While Task Force members recognize the difficulty of making projections in a changing environment, they are unwilling to accept this as a reason to ignore the issue. First, it must be remembered that, despite a rapidly changing environment, hospitals are constantly planning for the future and making projections about their financial situation. Expansion plans require projections as far as five years in advance. Those plans are designed to insure that quality health care is available to our community. There is no reason why such plans should exclude the needs of the poor.

Second, aside from how much care will be available, there are several other concerns such as, who would be eligible for such care, what services would be covered, how will patients and the community at large be informed of the existence of this free and low-cost care and what criteria will be used to refuse assistance. Once again, if we examine local Hill-Burton programs, we find that unless specific plans and guidelines are established, very little care reaches those in need. Without more specific action, local hospitals offer only rhetorical platitudes. If these institutions are serious about their commitment, then it is time for them to take concrete steps toward addressing the needs of the poor once Hill-Burton obligations expire.

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# 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.

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