

HEALTH CARE CONSUMER

April, 1985

Newsletter of the Champaign County Health Care Consumers

Vol. 9 Issue 1

Medicare 100/Plus Celebrate New Program Year

Since last April, over 500 local seniors have found that health care costs aren't as great a burden as they used to be. These people have found relief by enrolling in the Medicare 100 and Medicare Plus programs developed last year by the CCHCC's Medicare Task Force with Burnham Hospital and its affiliated physicians. Now, as the Medicare 100 and Medicare Plus programs begin their second year, a new effort is underway to make the programs even better by increasing program participation and by expanding program benefits. Already this year the benefit package of the programs has been expanded to include prescription drugs.

The rising cost of health care is a problem that concerns all senior citizens. The Medicare Task Force recognized this problem and sought to create a solution. Last April the Task Force negotiated an agreement with Burnham Hospital and 80 of its affiliated physicians which greatly reduces the health expenses which Medicare

doesn't cover. The result was the Medicare 100 and Medicare Plus programs. Since the programs were created, over 500 local seniors have enrolled and seen lower medical bills as a result. Said Hazel Carlson, a Task Force member, "Since I joined the program I've been to the hospital two times for eye surgery and I haven't had to pay a penny in hospital bills. I don't think I could have gone if it hadn't been for Medicare 100."

It took over a year of negotiations to reach the agreements creating the programs. The Task Force was able to convince Burnham that it would benefit from the program. By offering substantial discounts to seniors, they would increase the volume of patients they care for. The Task Force's assumptions have proven true as the Medicare 100 and Medicare Plus programs have already helped strengthen the financial outlook of Burnham Hospital. This approach of developing a mutually beneficial program to both providers and consum-

ers has been looked upon as a model program across the country. The CCHCC has been asked for advice on forming similar programs from groups all over the country.

During the second year of the program the Task Force will be working to make the
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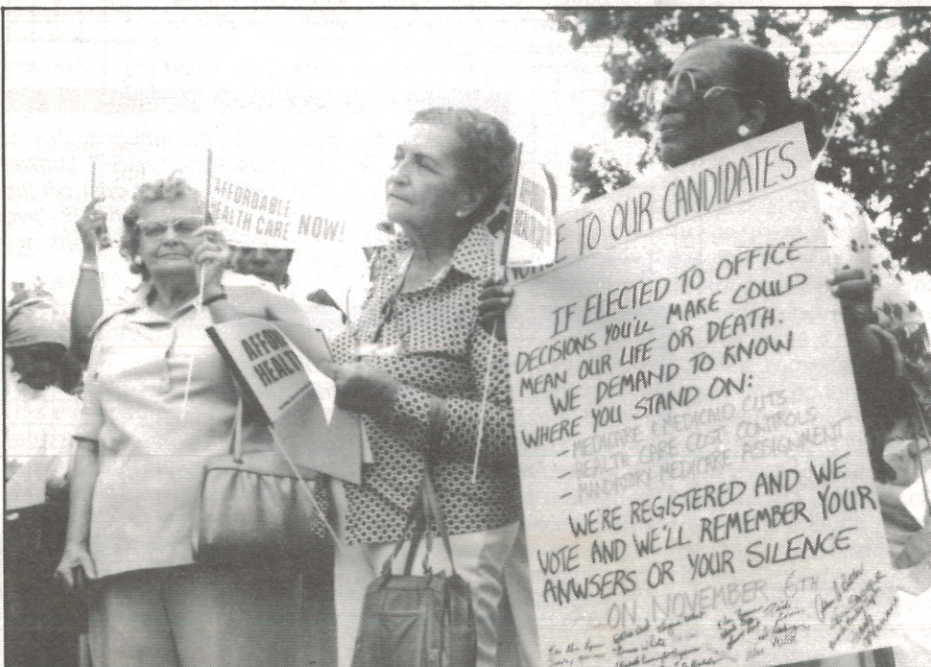
the **DPT** controversy

Each day, new parents bring their children to physicians and clinics to receive "childhood shots", a series of vaccines to protect their children against the common childhood diseases. The first vaccine most children receive is the DPT shot: one of from three to five they will receive before they are a year old. Many parents don't know that the initials "DPT" stand for the three diseases from which the vaccine protects the child: diphtheria, pertussis and tetanus. Many also don't know that there are risks involved in receiving the vaccine. Reactions caused by the pertussis part of the vaccine are coming under increased scrutiny in this and other countries, and are receiving a renewed publicity.

Sherry Day, a member of our Women's Health Task Force, became interested in this controversy on a very personal level: out of a concern for the safety of her own children. In order to be an informed consumer able to look out for the well-being of her children, Sherry Day researched this topic and, with the help of the CCHCC staff, wrote this article for our newsletter.

Pertussis, or as it is commonly known, whooping cough, was once one of the major causes of infant death in this country. Young children, not able to withstand the prolonged bouts of violent coughing and vomiting brought on by the disease, often died. Without antibiotics, secondary complications of the disease, such as pneumonia, bronchitis, and ear infections, led to other casualties. In 1934 over 260,000 cases of

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Mary Evans, Clara Greenblau and Clara Clark (l. to r.) of CCHCC's Medicare Task Force joined 50 other area concerned citizens to demonstrate their support for: no cuts in Medicare or Medicaid, national health care cost control legislation, and mandatory Medicare Assignment. Story on pg. 5

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, 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.

We focus on consumer participation, education, and action. Our public forums educate the general public on consumer health issues. Our newsletter helps keep consumers abreast of health care problems and emerging solutions. We work for responsible health regulations. We form Consumer Task Forces to address community health problems, currently emphasizing the problems facing low-income consumers, women, and senior citizens. 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.

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.

Articles, letters and comments for print in *Health Care Consumer* are welcomed. While we reserve the right to edit submitted material, we request that you include name, address, and phone number so that we may consult with you during the editing process. Material for print should be directed to the above address.

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Staff Updates

Medicare Task Force

In December, Dave Rein joined CCHCC's staff as our Medicare Task Force Organizer. Originally from the Chicago area, Dave came to Champaign-Urbana in 1980 to attend the University of Illinois, graduating with a degree in Political Science. Quickly putting his educational experience into practice, Dave worked in the summer of 1983 as a canvasser for the Health Care Consumers; and as Coordinator of the local Voter Registration Project in the fall of 1984. Dave, then, was no stranger to the CCHCC staff and to many members of the Medicare Task Force when he took the Organizer position in December. Dave is pictured below registering a new voter.



short takes

A Lou Harris poll shows that 61% of physician leaders believe that "the health care system works pretty well and that only minor changes are needed to make it work better." Overall, 48% of all physicians agreed with this statement; while only 21% of the general public agreed.

A study conducted by the American Association of Retired persons (AARP) showed that 72% of Americans favor cost control on the whole health care system; 42% favor federal or state government involvement in cost control.

The Chairman of the Board of Chrysler Corporation recently stated that at least \$600 of the price you pay for a domestic automobile goes to purchase health insurance for the automobile company's employees.

From January 1983 to June 1984 the American Medical Association's (AMA) Political Action Committee (PAC) was the second largest contributor to political candidates; they gave federal candidates almost \$1 million.

On Thursday, December 6, the Champaign-Ford Sub-Area Council of East Central Illinois Health Systems Agency endorsed nurse-midwifery as a "safe, cost-effective and proven companion to traditional obstetrical services provided by physicians"! This endorsement was contained in a 19-page report researched and written by the local health planning committee's Ad-Hoc Midwifery Task Force. At the instigation of CCHCC's own Midwifery Task Force, this Ad-Hoc Committee was established by the local health planning board nearly 12 months ago.

While the report fell short of recommending policy measures to broaden access to nurse-midwifery services locally, it is, in the opinion of CCHCC's Midwifery Task Force members, a first step. "Our work with the Ad-Hoc Midwifery Committee was both frustrating and rewarding," states CCHCC Midwifery Task Force member Sherry Day. "It was very easy to see that members of the Committee were very cautious not to anger local medical providers. In the face of all the evidence supporting the benefits of nurse-midwifery services, they couldn't very well come out against it. But what they could and did do was to follow the medical establishment's position that there is not a need for midwifery services in Champaign County."

In researching the need for nurse-midwifery services the Ad-Hoc Committee limited their findings to two sources: statistics on health outcome measures such as infant mortality and maternal mortality; and, opinions gathered in surveys from medical providers. Examples of the types of questions they asked in the surveys are: "Do you believe there is a need for nurse-midwifery services in Champaign County?" and "Have patients in your present practice requested nurse-midwifery services?"

"I think they really believed that it was a fair and impartial survey," states CCHCC Midwifery Task Force member Loretta Morales. "But how many women do you know that will ask their physician if there is a nurse-midwife in town? The very fact that they are asking implies that they don't like or don't want the doctor, which doesn't exactly set up a good physician-patient relationship."

The report further states that local health statistics on infant mortality and morbidity and maternal morbidity compare favorably with state and national statistics. This evidence plus that gathered from the health providers questionnaires is used to support the Committee's claim that there is not a need for nurse-midwifery services in Champaign County.

From the perspective of consumers, however, these statistics miss the point entirely. Women feel a need for midwifery services not because they are as safe or safer than traditional obstetrical services, although this is certainly a consideration. They feel a need for midwifery services because of the type and quality of services offered, a service that promotes minimal

medical intervention and maximum consumer participation in the birth process.

If weight had been given to the consumer's perspective, statistics would have been collected on local rates of Cesarean sections, IV's, drugs and episiotomies, for comparison with state and national statistics.

While the Ad-Hoc Committee chose to ignore these factors, members of the full local health planning board commented on the need for further exploration in this area. During the discussion at their meeting, several members commented that the charge of the HSA is not only to reduce ill-health, but to promote health.

In recommending that further study be conducted in this area, the idea of establishing a standing committee on Maternal and Child Health was raised. While a technicality in the organization's By-Laws prohibited the establishment of a new standing committee at the December meeting, it was motioned and approved that an Ad-Hoc committee on Maternal and Child Health be formed, with the understanding that it would become a standing committee.

This marks the first time that the local health planning agency has established a standing committee on an issue. Currently,

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Barbara McFarlin - C/U's First Nurse-Midwife

For over two years our Midwifery Task Force worked to make nurse-midwifery services an option for consumers in Champaign County. Since nurse-midwives must practice under the supervision of a physician, the Task Force focused attention on lobbying local physicians — both individually and through the Champaign County Medical Society. The Task Force held meetings, public forums, and hearings; generated hundreds of postcards, letters and signatures on petitions from area consumers; and developed media attention on the issue of nurse-midwifery. The Task Force's efforts were successful: last summer Dr. Suzanne Trupin informed the Task Force that she would be hiring a nurse-midwife! In October, Barbara McFarlin, CNM, a recent graduate of the University of Illinois-Chicago, Masters Program in Nurse-Midwifery, joined the Trupins' practice.

The following article was written by Deni Wicklund-Will, a member of our Midwifery Task Force, after meeting with Barbara McFarlin.

Thanks to a great deal of media coverage, most of us are aware of the presence of Barbara McFarlin, the first nurse-midwife to practice in Champaign County. What most people do not realize is the scope of her abilities. Being trained as a nurse-midwife we expect her to be knowledgeable of the aspects of prenatal and post-natal care and, of course, of delivery.

Nurse-midwives use only a small percentage of their training because people are unaware of the other services they can provide. These services include yearly check-ups, minor gynecological care, birth control and family planning, and menopause counseling. Except for major problems, for which referrals would be made, a woman could use the services of a nurse-midwife from puberty to menopause.

Barbara has ten years of nursing experience, eight of which were spent in the



Barbara McFarlin, N.M.

Navy. She holds a Masters degree in Nurse-Midwifery from the University of Illinois at Chicago. She was recently appointed Clinical Associate at the College of Medicine at the University of Illinois at Urbana-Champaign.

One of the major concerns in obstetrics today is the use of ultrasound. Barbara does not suggest its use unless there is an indication of need as given by the National Institutes of Health guidelines. Most of us know of the possibility of problems associated with ultrasound, which is why Barbara believes first in there being a need, and upon discovering a need, discussing the use of ultrasound with her patient. She believes in communicating everything to her patients and includes them in her decision making, which is one of the things that sets her apart from much of the medical community. Another thing that sets her apart from most doctors is her willingness to use castor oil in place of oxytocin or pitocin, which are drugs used to speed up delivery. Castor oil is a natural product which will do an effective job in most cases. Barbara herself was a castor oil baby.

Barbara is a warm, intelligent person with an easy sense of humor. She spends a lot of individual time with her patients, including the whole period of labor. Though educated to practice in a hospital environment, Barbara's comfortable manner makes you feel right at home. Since she does not do home births, her presence puts you at ease in the safe hospital environment.

Barbara has already delivered a baby at Burnham City Hospital since starting her practice in October. She is associated with Drs. Suzanne and Lewis Trupin and Dr. Cal Greenstein at 301 E. Springfield in Champaign.

④ Doc's Don't Enroll in National Assignment Program

Senior Citizens lost out in the summer of 1984 when Congress rejected a bill with a strong Medicare cost saving amendment. The Mandatory Medicare Assignment amendment, advocated by the National Council of Senior Citizens (NCSC), would have required all physicians to accept Medicare Assignment in all cases. Instead, the law that passed, the Deficit Reduction Act, only provides incentives for physicians to accept Assignment for all their Medicare patients; it does not require them to do so. Under the Act, physicians accepting Medicare Assignment in all cases are called "participating physicians." However, the incentives created by the Deficit Reduction Act apparently didn't hold much appeal for

physicians — particularly in this area. Only a small percentage of physicians nationwide, and an even smaller percentage locally, enrolled with Medicare as participating physicians.

When physicians accept Medicare Assignment they are agreeing to charge no more than the dollar amount Medicare sets as a just and reasonable charge for a particular service. Medicare then reimburses a physician for treating a beneficiary 80% of this amount; and the physician then charges the patient the remaining 20%. Physicians who don't accept Medicare Assignment charge amounts above that set by Medicare as just and reasonable. Medicare still only reimburses the physicians

80% of the "just and reasonable" charges. All the rest of the charges are passed on to the patient. This often results in the senior paying 50% or more of the physicians' bills. Many physicians accept Medicare Assignment for only a few of their Medicare patients. For example, in Coles County, physicians on the average accept Medicare Assignment in only 30% of the cases they see. The purpose of the Deficit Reduction Act was to increase the number of physicians accepting Medicare Assignment in all cases.

Despite the intent of these measures, the Deficit Reduction Act did not prove very effective in enrolling participating physicians. Nationally only 30% of physicians

Participating Physicians in Champaign, Coles & Vermilion Counties

CHAMPAIGN COUNTY

Anesthesiology
Central Illinois Anesthesiology

Cardiovascular Disease
(Heart & Circulatory System)
Mercy Hospital

Chiropractor, Licensed
Erickson, Scott J.
Gossett, Tommy K.
Gray, Kevin L.
Schwartz, Sandra S.

Clinic or Other Group Practice
Mercy Hospital

General Practice
Frances Nelson Health Center
Mercy Hospital
Spencer, John H.

Internal Medicine
Bloomfield, Daniel K.
Patel, Mahindra D.

Neurology
Mercy Hospital

Ophthalmology
(Eye Specialist)
Schnitzer, Jack I.

Orthopedic Surgery
(Bone Surgery)
Petersen & Nauman Ltd.

Pathology Microscopic
(Exam of Tissue)
Jackson, William L.

Psychiatry
Alikhan, Inayat M.
Stubing, Peter
Young, Charles R.

Radiation Therapy
(Osteopaths only)
Armstrong, Peter S.

Radiology
(X-Ray Specialist)
Mercy Hospital

Thoracic Surgery
(Throat, Bronchial, or Lung)
Feiler, Ernest M.
Wohnar, Victor

Urology
(Bladder, Kidney, or Urinary System)
Perlstein, George

Ambulance Service
Oakwood Emergency Rescue

Individual Supplier
Moore, Evelyn M.

Medical Supply Company
Claudin Welding Supply

COLES COUNTY

Internal Medicine
Johnson, Carl R.

Ob-Gynecology
(Prenatal and Female Organ)
Dutta, R.K.

Pathology
(Microscopic Exam of Tissue)
Ruskin, Byron

Psychiatry
Boyd, Jerry L.
Suthikant, Deja

Ambulance Service
Charleston Fire Dept. Ambulance

Individual Supplier
Fleming, Rodney

Other Suppliers
Sinners Drive-In Pharmacy

Psychologist
Holt, Gary L.

VERMILION COUNTY

Anesthesiology
Lakeview Medical Center

Cardiovascular Disease
(Heart & Circulatory System)
St. Elizabeth Hospital

Chiropractor, Licensed
Herazy, T.R.
McCann, James F.

Clinic or Other Group Practice
Rome Eye Clinic
St. Elizabeth Hospital

Dermatology
(Skin Diseases)
Spencer, Malcolm C.

Family Practice
Delgado, Alberto L.
Doll, Gregory R.
P.K. Warren & E.S. Warr
Tanner, Lewis W.

General Practice
Charlesworth, Douglas
Lakeview Medical Center
St. Elizabeth Hospital

General Surgery
Cuonzo, R.A.
Kakalla, C.

Internal Medicine
Hoovis, Marvin L.

Neurology
St. Elizabeth Hospital
Tazudeen, V.A.

Ophthalmology
(Eye Specialist)
Anaclerio Angelo M.
Dillman, David M.

Oral Surgery
(Dentists only)
Henderson, W.J.
Honey, John P.

Orthopedic Surgery
(Bone Surgery)
Michael, Oscar J.

Pathology
(Microscopic Exam of Tissue)
Lakeview Medical Center
St. Elizabeth Hospital

Podiatry Surgical Chiropody
(Non-Md Treatment of Feet)
Anderson, William L.

Psychiatry
Alikhan, Inayat M.
Lee, Bumyung
Talbert, Robert E.

Pulmonary Diseases
(Lung Specialist)
St. Elizabeth Hospital

Radiology
(X-Ray Specialist)
Lakeview Medical Center
Soni, Jaidev C.

Individual Supplier
Gibbons Opticians
Paris, Arthur F.

Other Suppliers
Don B Pharmacy
Sanders Pharmacy
The Apothecary

enrolled in the program. In Champaign County, only 15 physicians, or 15.96% of physicians, have agreed to sign on. In neighboring Coles and Vermilion Counties, only 9 and 26 physicians, respectively, participate. While the few physicians who have joined as participating physicians should be commended, it is obvious that the Deficit Reduction Act is not working as intended. However, there is a way to make the legislation work better locally. Consumers can work at the local level to build upon the pressure and incentives created by the Deficit Reduction Act. In the accompanying

box is the list of physicians who did sign up as participating physicians in Vermilion, Coles, and Champaign Counties. If your physician is not among them, ask him or her why. Consider switching to a physician who is a participating physician. If you do switch, let your physician know that you are changing physicians and why! Next October Medicare will again ask physicians to become participating physicians. If enough patients have switched doctors, or tell their doctors they are considering switching, physicians will think a second time before saying no to Medicare's offer.

Finally, it should be noted that Medicare's participating physician program is separate from the Medicare 100/Plus program. The 100/Plus program, described in more detail on page 1 & 7, includes 90 Champaign County physicians who provide services at rates even lower than Medicare Assignment. However, these physicians provide services only to those individuals enrolled in the Medicare 100/Plus program. For more information about either the Medicare 100/Plus programs or Medicare participating physician program, call CCHCC at 352-6533. ⑤

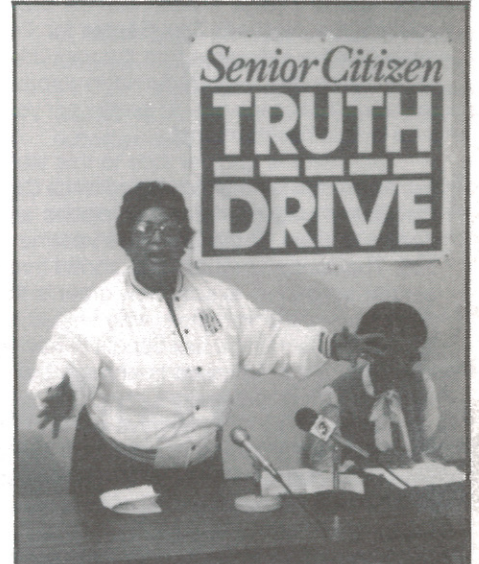
TRI-COUNTY HEALTH COALITION

Increasingly, major decisions affecting health care services are not being made in local hospitals and clinics, but by our legislators in Springfield and Washington. And yet, health care issues are rarely discussed by candidates in their bid for office. Joining the National Council of Senior Citizens, IPAC and close to a hundred organizations around the nation, the Health Care Consumers set about to change this. Rallying under the banner, "Caution: This election may be hazardous to your health. Register and Vote", individuals and organizations around the country launched a national health action campaign. Our newly formed health coalitions in Vermilion, Coles and Champaign Counties interviewed candidates on four key health care issues and made this information available to the public through an intensive voter education

campaign.

The coalitions asked candidates to support: no cuts in Medicare/Medicaid, mandatory Medicare Assignment, and legislation for health care cost control. Activities sponsored during the campaign included: voter education forums, candidate forums, National Health Action Day and the Senior Citizens Truth Drive. (Photos from these last two events are included on this page.)

During the fall and winter, our tri-county health coalition has grown from a handful of concerned citizens to an effective lobbying force with 50 organizational and 750 individual members. The current activities of the Vermilion, Coles and Champaign health coalitions are outlined on pg. 7. Anyone interested in joining this effort should call us at 352-6533.



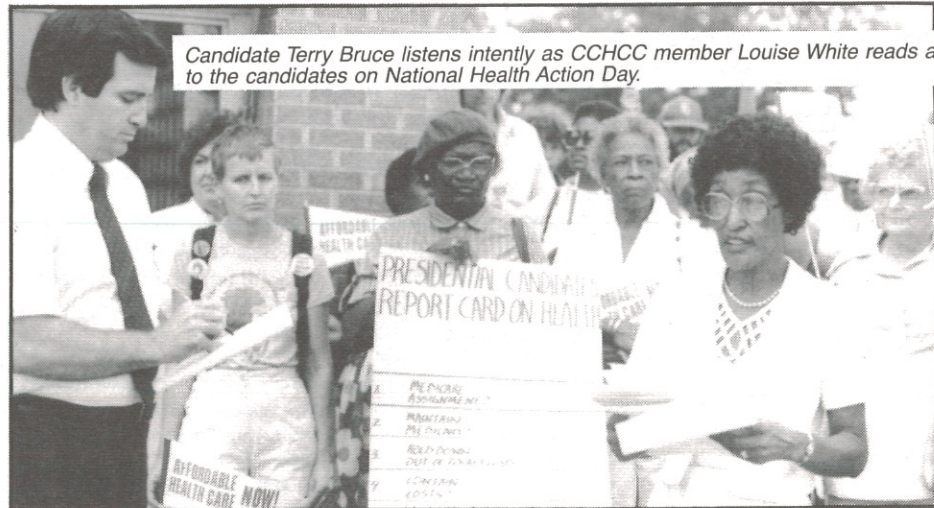
Sarah Buford of Metro Seniors In Action speaks to over 60 area senior representatives as part of the Senior Citizen Truth Drive. Truth Drive Leaders representing the Illinois State Council of Senior Citizens, Senior Citizen Task Force of the Illinois Public Action Council and Concerned Citizens For Better Government visited sixteen Illinois cities in ten days providing elderly voters with information they needed to be informed voters on November 6th.



The Coles County Health Coalition takes a break from their strategy planning session.



Patsie Howell from the Vermilion County Health Coalition reads a statement to the press on National Health Action Day.



Candidate Terry Bruce listens intently as CCHCC member Louise White reads a statement to the candidates on National Health Action Day.



THE

VACCINE: Do You Know Enough to Protect Your Child?

Con't from pg. 1

pertussis were reported in the United States; 7,000 of these resulted in death. Recognized as a major public health threat, most states passed legislation mandating vaccinations soon after the vaccine was discovered in the mid-1950's. To ensure compliance with the law, most states made it illegal for children to attend school until they had been vaccinated. By the 1970's the vaccine had, to a large extent, won the battle against the disease. The Center for Disease Control estimates that the incidence of pertussis has been reduced to approximately 2,000 cases and 10 deaths per year — a public health triumph.

But there is another side to this story. It is a controversy that has raged since DPT inoculation began: that of the injuries and deaths caused by the pertussis vaccine itself. The controversy centers around three central questions: exactly how great is the risk of using the vaccine?; who should be allowed to decide the risk/benefit of having a child immunized?; and is enough being done to minimize the risk?

Risks. Many children have some reaction to the DPT shot. It is estimated that a third to a half of the children immunized have one or more symptoms of minor reactions, including redness, pain and swelling at the injection site; fever; vomiting; rashes; and diarrhea. Severe reactions to the vaccine include seizures, convulsions, prolonged and inconsolable crying, turning blue, shock-like collapse, high fever, and sleepiness with the inability to rouse. In their most severe form, post-immunization reactions have resulted in lasting handicaps and even death. The incidence of serious reactions is also uncertain, both because it is not mandatory to report reactions to the vaccine and because the age at which the DPT is given is also the age at which many neurologic disorders first become apparent anyway. Current estimates of permanent damage are placed at about one child per 100,000, although this figure is subject to debate for the same reasons.

Who decides the risk/benefit. Because of the danger a whooping cough epidemic presents to public health, most states have taken the initiative to require DPT vaccinations for all children. However, many of these states allow a parent who has "religious grounds" for objecting to the vaccination — or, even more loosely, who has "personal conviction" or "philosophic objection" — to refuse the DPT for their children. But there is still the undefined area of those children who may be at risk from the vaccination itself. In some states, a physician may exempt an individual child whom he regards at risk, or a parent may refuse further vaccination for a child who has had a previous severe reaction. But because of the dispute over the effects of the DPT vac-

cination, there is no general agreement over just what constitutes a reaction severe enough to contraindicate further inoculation. Even those children who have the most compelling arguments against vaccination (children who have personal or family histories of either neurologic disorders or severe reactions to the DPT shot) may be most at risk if they should contract whooping cough itself. Clearly, these issues must be decided on a case-by-case basis, in which both the parent, as the one who knows the child best, has witnessed any reactions, and is ultimately responsible for the child, and the physician, as someone who should be abreast of the latest medical information in this area, must discuss together the pros and cons of inoculation for any particular child. If the parents feel that their children's physician is unresponsive to discussion about their concerns, they should locate another physician who will explore the subject with them.

Minimizing the Risk. The only way to substantially minimize the risk involved with pertussis inoculation is to know exactly what damage the vaccine can cause under what circumstances. To this end, physicians should carefully note the child's tem-

perature and physical condition at the time of vaccination, and states should require the reporting of any reaction to the shot. One group, called Dissatisfied Parents Together (DPT), has been working to establish mandatory reporting, and has won its first legislative victory in the state of Maryland. But until sufficient information has been gathered and analyzed, individual parents and physicians must take the responsibility to inform themselves — and each other — about the possibility of problems with the vaccine. Parents must be careful to alert the doctor to any condition in their child that may be associated with vaccine-related damage (see insert), and physicians should see that parents give their informed consent to their child's inoculation and that they understand what signs of reaction to watch for. Any child who does not have the DPT vaccine should still get the DT, which is not considered risky and will provide immunization to diphtheria and tetanus. For more information, contact Dissatisfied Parents Together at 128 Branch Rd., Vienna, VA 22180, or at (703) 938-DPT3. For \$3 they will send you extensive information about the pertussis vaccine.

What a Parent Should Know About DPT

Before your child gets the DPT:

Illness around the time of vaccination, personal or family history of neurologic disorders, or previous severe reaction to the DPT may be contraindications for receiving the vaccine. Because of this, before your child gets the shot you should:

- Make sure the physician verifies that there is no fever or infection present.

- Tell the physician of any medications your child is taking or has taken recently and ask if they could react with the vaccination.

- Report any illness your child has had within the last month, or has recently been exposed to, and discuss whether that merits delaying the vaccination.

- Report any history of convulsions, seizures or neurologic disorders in your child or immediate family.

- Report any previous bad reactions to DPT by your child or other children in the family.

- If your child is at risk for Sudden Infant Death Syndrome, ask the doctor about postponing the vaccine until the child is out of risk. The evidence on the relation of SIDS to the vaccine is unclear.

After your child has received the DPT:

- Watch for any signs of a severe reaction: seizures, convulsions, prolonged and inconsolable crying, turning blue, shock-like collapse, high fever, or sleepiness with inability to rouse. Report these at once to

your physician.

- Do whatever your doctor suggests (you will probably have to ASK for suggestions) to minimize the risk of a severe reaction, such as giving acetaminophen to control possible fever.

- If a severe reaction occurs, make sure the doctor records it on your child's medical record and reports it in writing to the state health department, the Center for Disease Control, and the vaccine manufacturer.

MIDWIFERY

Con't from pg. 3

all of the agency's standing committees are procedural, such as nominations and finance. Members of CCHCC's Midwifery Task Force, who had recommended the establishment of a Maternal and Child Health Standing Committee to individual HSA members, were very pleased with the outcome. "It took us all of last year to get one meeting with the local medical society. We see this committee as providing an opportunity for consumers to talk to providers about women's health care issues more frequently and with a little less effort," says Task Force Chair Sherry Day. "Again, it is a small step. But that's how we move forward, step by step."

Medicare, Medicaid & Social Security Under Attack ⑦

Three of America's most vital social programs: Medicare, Medicaid and Social Security are once again under attack. If these programs are to be saved, we need to let our legislators and our president know that their proposals are not acceptable! Time is running short — write your legislators today! Send letters to:

Rep. Terry Bruce
U.S. House of Representatives
Washington DC 20515

Senator Paul Simon
U.S. Senate
Washington DC 20510

Senator Alan Dixon
U.S. Senate
Washington DC 20510

Listed below are four of the major cuts being proposed in these programs. This information is reprinted from a handout prepared by the National Council of Senior Citizens.

1. SOCIAL SECURITY: Cancel the Cost-of-Living Adjustment (COLA) for one year. This proposal is not in the President's budget, but will be included in the Senate budget resolution.

- An additional 500,000 Social Security beneficiaries would fall below poverty.

- Social Security revenues, when counted as a part of the unified budget, are far from adding to the deficit and, in fact, are actually reducing the deficit by \$1.4 billion in 1986 and \$22.6 billion by 1988.

2. MEDICARE PART B: Increasing the Medicare Part B premium by 50% over what it would have been, from \$15.50 per month this year to \$34.00 per month — or an average of \$158.00 per year by 1990 ; indexing the Part B deductible to increases in medical inflation beginning in 1987. (Cut of \$75 million in FY 1987, \$825 million by 1990.)

- Both proposals raise the price of access to out-of-hospital physician services and, therefore, discourage older people from visiting the doctor.

- Linking the Part B deductible to increases in medical inflation sets a dangerous precedent of institutionalizing higher out-of-pocket costs as health care costs continue to rise.

3. Extend the current 15-month freeze on physician reimbursement rates for another year without Medicare Assignment.

Doctors who currently accept Medicare's assigned fees ("participating physicians") would not be excluded from the freeze extension and may be unwilling to renew their contracts.

4. MEDICAID: Impose a cap on Federal Medicaid payments to the states. After FY 86, Federal spending increases would be limited to the medical services inflation rate.

Medicaid funding has been cut by \$3 billion since FY 1982 and changes in AFDC have left between 300,000 and 500,000 people without coverage.

Access to health care by low-income individuals would be further limited.

Medicare 100/Plus Celebrate New Program Year

Con't from pg.1

program even better by expanding the benefit package. Right now the programs reduce the cost of Medicare-covered services. In the upcoming year, the Task Force will be working on getting discounts on other health care services. A major breakthrough just came in March when Jerry's IGA and The Medicine Shoppe agreed to offer program members a substantial discount on prescription drugs (see box). Suppliers of durable medical equipment, dentistry, eyeglasses and podiatry are also targeted.

Also during the second year of the programs, a major recruitment drive is planned. Medicare Task Force members will be going out into the community, speaking at local senior clubs, housing complexes, and organizations to bring people information about the benefits of the programs. As a kick-off for the second year, the Task Force and Burnham held a senior citizen open house at Burnham on St. Patrick's Day. If you know of a senior citizen's organization that would like a Task Force member to come talk about the programs, contact the CCHCC office at 352-6533.

Briefly, both Medicare 100 and Medicare Plus are designed to protect seniors from being hit with large medical charges above what Medicare will pay for. Medicare 100 is total payment protection for low-income seniors. Medicare 100 provides a senior with coverage of almost all Medicare approved hospital and physician services provided by Burnham Hospital and its participating physicians. Medicare 100 absorbs all costs that Medicare and your supplemental insurance don't pick up, except

for the \$75 Part A deductible.

Medicare Plus is a program designed for higher income seniors. Under Medicare Plus, seniors receive a 30% discount on out-of-pocket expenses for services provided at Burnham Hospital, and a 25% savings for out-of-pocket costs for physicians' care. If you need information about enrol-

ling in Medicare 100/Plus, please contact the CCHCC office. Also, if you would like to become more involved in working together with other seniors to gain benefits for local seniors, join the Medicare Task Force. We always encourage new members. For more information contact the CCHCC at 352-6533.

Prescription Drugs Added

When surveyed, members of the Medicare 100 and Medicare Plus programs indicated that after high medical bills, the cost of prescription drugs was the biggest health care cost, and subsequently the most pressing problem, they faced. Some seniors said they were paying close to \$100 a month for medication. In most instances Medicare offers little relief to this problem as prescription drugs are not a "Medicare-covered service." Once the Task Force became aware of this problem, they worked to develop a solution. In November, the Task Force began negotiating with Jerry's IGA on Philo Road in Urbana and the The Medicine Shoppe on Prospect in Champaign. The result is a program which will significantly reduce the out-of-pocket money seniors have to pay for prescription drugs. All members of the Medicare 100 and Medicare Plus programs are automatically eligible to receive the benefits of this prescription drug program. The program is effective immediately.

The agreement that CCHCC's Medicare Task Force and Jerry's IGA and the Medicine Shoppe developed provides Med-

icare 100 and Medicare Plus members with the following benefits: 1) all prescription drugs will be available for just \$1 over wholesale prices; 2) over-the-counter drugs will be available at a 5% discount; 3) free delivery of prescription drugs within Champaign-Urbana city limits; 4) the pharmacies will keep a record of prescriptions for each program member.

The program will undoubtedly offer Medicare 100 and Medicare Plus members access to the lowest-priced prescription drugs in Champaign County. After the Task Force met with representatives of pharmacies, Mary Kington, Task Force member, proclaimed, "This program will be a life saver. I'm currently paying close to \$80 a month for drugs. I don't know how much longer I could keep that up." To receive these benefits a person only needs to inform Jerry's IGA or The Medicine Shoppe that she/he is a member of the Medicare 100 or Medicare Plus program. (Just show your ID card.) Only Jerry's IGA and The Medicine Shoppe have agreed to offer these discounts.

HOTLINE ADVERTISING OBJECTIONABLE TO LOCAL PROVIDERS

"Are you confused about where to get help with medical problems? Have you ever been treated unfairly by a doctor or hospital? Have you ever had problems paying for hospital bills? If so, then call the CCHCC Consumer Health Hotline."

For the last several years we have used this message to advertise our Health Hotline on radio and TV Public Service announcements, posters and leaflets. Through the grapevine we have learned that several, if not many, local physicians are angered by our advertising, especially by the question, "Have you ever been treated unfairly by a doctor or hospital?" Apparently, the physicians seem to feel that we are inciting consumers with our message; perhaps that we are looking for problems where there are none; or that we are sticking our noses into situations that are best handled by the medical establishment itself. Their two general messages are: we don't treat (very many) people unfairly; and, those that are should come to us first so we can correct any injustices that have been done.

We believe that these charges deserve a response. But rather than the Hotline staff responding, we like our membership to

have the opportunity to respond for themselves. After all — it was your calls to our office that led us to establish the Health Hotline in the first place!

So, write and let us know what you think. Are the doctors right? Are we interfering where we aren't needed? Responses will be published in the next issue of *Health Care Consumer*.

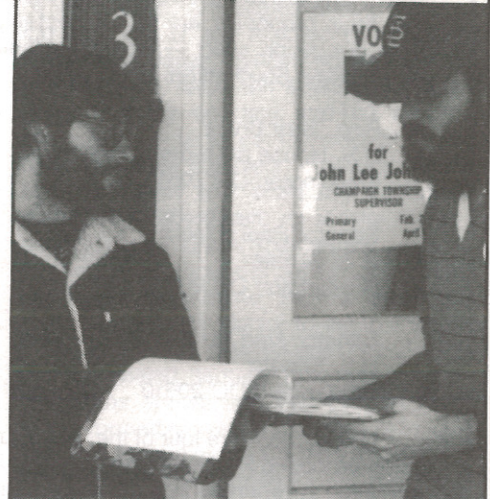
CARLE'S SURPRISE BILL

Carle Hospital's Emergency Room billing procedure comes as a bit of a surprise to some patients — a surprise in the form of two bills! Responding to a call on our Health Hotline, we contacted Carle to find out exactly how they bill for Emergency Room services. Apparently, Carle Hospital bills the patient for the use of the emergency room, any supplies or medicine needed and the nursing staff. And, although you may never set foot in the Clinic, Carle Clinic bills for the physician and any laboratory or x-ray services used. Generally, you'll receive the hospital bill right away, while the Clinic bill may arrive up to seven or eight weeks later — often to the complete surprise of the consumer.

When asked if patients were informed of this policy, the Emergency Room staff person taking our call replied that "They should be, but they aren't always." So beware! That first bill may not be the only bill!

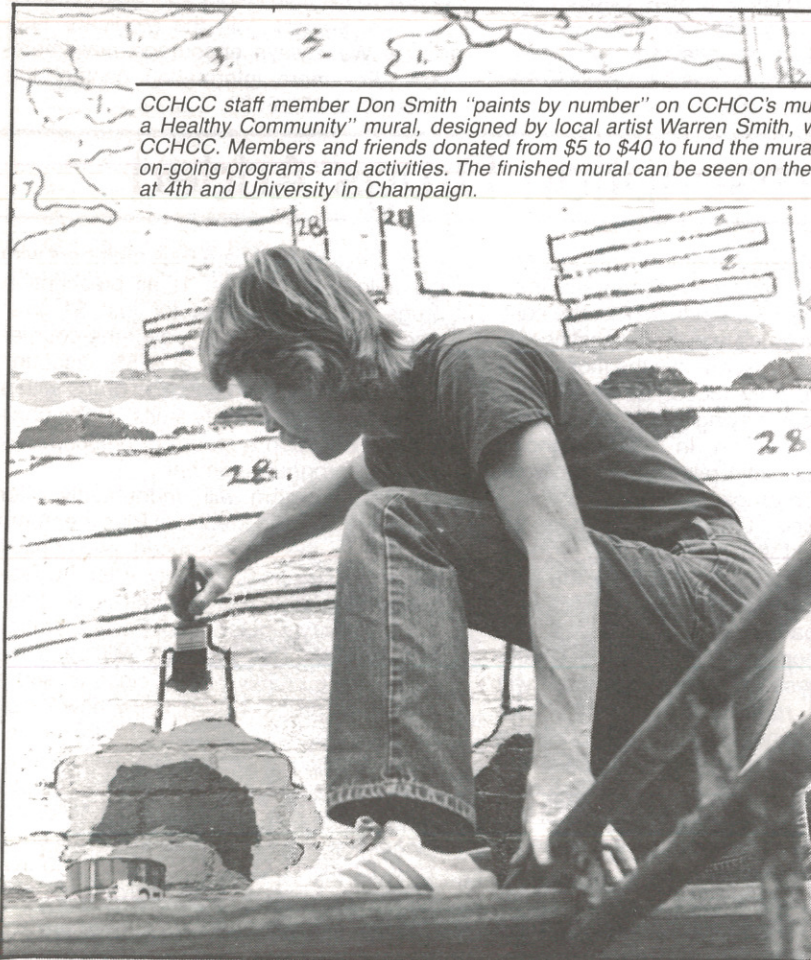
New Members

Through Canvass



CCHCC's second annual canvass got off to a late start this year, but finished up a great success! During the twelve-week canvassing effort, conducted from October through January, we reached an estimated 6,500 households in Champaign County. Canvassers educated the public on CCHCC's purpose and programs and asked for support through signatures on petitions and through financial contributions. This year, we were able to expand the range of our canvass from Rantoul, Champaign and Urbana to include the towns of Mahomet, Tolono, and Savoy. Over 500 new members joined CCHCC through the canvass, and a net total of over \$7,500 was raised. Our thanks go out to the canvassers, who braved the rain, cold and snow each night to make the canvass such a success; and a welcome to our new members!

CCHCC staff member Don Smith "paints by number" on CCHCC's mural. The "United for a Healthy Community" mural, designed by local artist Warren Smith, was a fundraiser for CCHCC. Members and friends donated from \$5 to \$40 to fund the mural and to support our on-going programs and activities. The finished mural can be seen on the east wall of Ginza's at 4th and University in Champaign.



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