

HEALTH CARE CONSUMER

January

Newsletter of the Champaign County Health Care Consumers

1987



Over 100 senior citizens packed the Urbana Public Library Auditorium for a forum on the issue of premature hospital releases (Story page 2)

HEALTH CARE FOR ALL Wins Big In Urbana

When all the ballots were counted, voters in Urbana had given CCHCC's "Health Care For All" referendum overwhelming approval with 63% of the vote. Support for the referendum, which asked voters if they believe the City of Urbana should require medical institutions to adopt a Non-Discrimination policy, was not limited to any segment of the city as it passed in 25 of the city's 28 precincts.

"We are pleased with the margin of support," explained CCHCC Board Member Jean Rice. "It reflects how strongly people feel and sends a clear message that discrimination has no place in the delivery of health care. It also signals a rejection of the arguments put forth by opponents."

The referendum is part of an ongoing campaign by CCHCC to eliminate policies that discriminate against patients on the basis of their source of payment, such as Medicaid. The Champaign County Medical Society had taken out full page ads encouraging citizens to vote against the referendum. The doctors argued that passage would result in a flood of Medicaid patients "from all corners of Illinois" causing delays and increased costs in serving private pay patients.

CCHCC and other proponents countered that such arguments are unfounded and divert attention from the problems here in our community which are real and of growing concern. A recent study of health

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Illinois Fails Health Care Test

Calling the current state of health care in Illinois a "major scandal that threatens our future", CCHCC and three other organizations released a report profiling the status of health care in Illinois and challenged the legislature to take action.

"Thousands of Illinois residents, young and old, urban and rural, will spend this holiday season in fear, knowing that a serious illness will leave them destitute or without the care they need", said Larry Yeast, Vice President of the Illinois State Council of Senior Citizens, one of the organizations releasing the study. The two other groups are the Coalition for Consumer Rights and the Illinois Public Action Council.

The study, entitled, "Facing Facts: A Statistical Profile of Health Care in Illinois", was prepared by the National Health Care Campaign from public data sources and details information about cost, access to health programs, and indexes of quality of care such as infant mortality. Among the findings of the report are:

- Annual per capita expenditure for health care in Illinois is \$1,308, seventh highest in the nation.
- Between 1966 and 1982, per capita expenditures increased nearly fivefold.
- Illinois has one of the highest infant mortality rates in the country.
- Only 22% of doctors in Illinois accept Medicare assignment.

"We are releasing this report as part of a nationwide grassroots effort to bring good health within the reach of all Americans. Here in Illinois we are failing to do this," said Mike Doyle, Executive Director of the Champaign County Health Care Consumers.

The coalition pointed out that health care ought to be high on the agenda for the 85th General Assembly which begins in January, 1987. All of the laws governing health professionals are scheduled to "sunset" or expire in 1987 and the legislature has mandated a "Sunset Review Committee", be made up of eight legislators and

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Legislature Passes CHIP

The Illinois state legislature last week passed a landmark piece of legislation called the Comprehensive Health Insurance Plan (CHIP). This legislation will, for the first time, give thousands of Illinois citizens access to health insurance that they did not have in the past.

Today, people with a history of arthritis, heart disease, cancer, diabetes, and a host of other medical conditions, either cannot get health insurance, or have insurance that is inadequate or extremely costly due to their disabilities. Because of "uninsurability" over 22% of Illinois personal bankruptcies are due to medical costs, and

CHIP creates basic health insurance for those Illinois citizens... perceived as high-risk.

countless other individuals are forced to spend their savings, exhaust all their other assets, and withdraw from the work force in order to qualify for state welfare medical assistance. Other people are forced to decline necessary medical care because they have no means of paying.

CHIP creates a mechanism for provid-

ing health care insurance coverage for those Illinois citizens who are not covered by the traditional insurance market because they are perceived as high-risk. Eleven other states have enacted similar legislation that establishes statewide risk-sharing pools for the disabled. Any Illinois resident who has been rejected for coverage by an insurance company for health reasons, or is offered coverage at a rate above the CHIP rate, is eligible for the plan. Also, there are several health conditions that will make an individual automatically eligible.

The CHIP plan is much like most standard major medical health insurance plans. There is a lifetime limit of \$500,000. Covered expenses include, hospital services; professional services; prescription drugs; some skilled nursing facility care; home health services; hospice care; physical; speech and occupational therapy, as well as other services.

The plan would pay 80% of covered charges after the deductible is paid. However, if the amount of the deductible together with the participants' 20% exceeds \$1,500 per individual or \$3,000 per family, the plan then pays 100% of remaining covered expenses after that amount. For Medicare patients, this total dollar amount

is only \$500 per patient. The expected cost for premiums will be 135% of the average individual rate charged for substantially the same coverage and deductibles as provided under the plan. In other words, if the average premium is \$100 per quarter, the CHIP plan would cost \$135 per quarter.

Claims and administrative costs of the plan will be paid from the premiums received. In the event that costs exceed premiums, the remaining amount is to be paid out of the general revenues of the state. Since many people have been forced to quit their jobs and rely fully on state-funded medical assistance welfare programs to pay their bills, CHIP should help reduce this number. This will help people stay employed, and offset some of the state's costs for the program.

CHIP will be governed by an eleven member board of directors consisting of representatives from the insurance industry, the state Department of Insurance, the Illinois Cost Containment Council, the Office of the Attorney General, and the general public. In addition, representative members from each party in the Senate and the House are ex officio members. Insurers or third party administrators will bid to become the administering carrier for the plan. They will become the entity responsible for applications and claim processing.

Referendum

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care in the US found that Illinois has one of the worst records in the acceptance of public aid patients by doctors, ranking 35th in the nation. Here in Champaign County, a survey of 100 Medicaid patients found that more than half have been turned away or had difficulty finding medical or dental care. Locally, many medical providers limit, restrict or in some cases refuse to serve any Medicaid patients. For example, only 2 of 67 dentists in Champaign County will serve Public Aid patients.

Also, a recent study at the University of Illinois found that most primary care doctors don't serve Medicaid recipients. In fact, of the 116 primary care physicians in Champaign County, 4 doctors accounted for 40% of the services provided to Medicaid recipients.

Proponents also argued that Medicaid patients aren't the only ones who suffer from discriminatory policies. "These policies are a direct threat to the diversity of our current health care system," explained CCHCC Executive Director, Mike Doyle. According to Doyle, medical institutions often erect barriers to the poor in an effort to gain a "competitive edge."

Discrimination by one medical facility places additional financial pressures on socially responsive health care providers who accept Public Aid patients. By gobbling up the more lucrative patients and dumping

Medicaid patients on competitors, some medical institutions have used discrimination as a shrewd business tactic. A recent study by a nationally renowned accounting firm predicted that between 10-50% of the hospitals in the U.S. will close by the year

2000. Unfortunately, discriminatory policies by some will only accelerate and fuel such developments. The only way to ensure that all health care providers share equally in the responsibility of serving the poor is to end discrimination in health care altogether.

The campaign to eliminate discrimination on the bases of source of payment began last December when CCHCC called on Carle Clinic to drop policies which restricted Medicaid patients access to its facility. When Carle refused, CCHCC filed a federal class action complaint with the U.S. Office for Civil Rights in February.

The referendum wasn't targeted at any particular medical facility nor did it mention any specific institution. Rather, the issue was one of discrimination and applied across the board. However, Carle did find itself at the center of the debate in October, when CCHCC released data we had obtained under the Freedom of Information Act from the Department of Public Aid. That Data (see Accompanying article) underscored how other medical facilities were being forced to pick up the load of Medicaid patients being denied access to Carle.

With the referendum over, CCHCC will begin meeting with members of the Urbana City Council to discuss the results and possible action by the Council. Under Illinois law, public policy referendum are non-binding and require further action by a legislative body to become law.



On November 4 voters in Urbana overwhelmingly approved a Non-Discrimination referendum on the ballot.

Campaign Targets Hospital Releases

Seniors Tackle DRG Issue

CCHCC's campaign to stop the premature hospital releases of Medicare beneficiaries is quickly moving beyond the fact-finding forum which attracted more than 100 people to the Urbana Free Library last fall.

It was at that meeting that Dorothy Seeley, board member of the National Council of Senior Citizens, urged local residents to join other Medicare beneficiaries across the country in the fight to stop premature hospital releases.

Following Mrs. Seeley's heart-felt appeal, about 25 members of the Health Care Consumers' Senior Task Force again met at the Urbana Library four weeks later. The group decided to accept the challenge Mrs. Seeley had put forth.

First, the members contacted all four hospitals in Champaign-Urbana -- Carle, Mercy, Burnham and Cole -- to set up meetings. The purpose is to discuss the individual hospital's discharge procedures for Medicare patients. By sitting down and talking with hospital officials, Task Force members hope to understand how each hospital approaches discharges and possibly identify changes which could prove helpful in seeing that Medicare beneficiaries get the care they need.

To date, two of the four hospitals -- Carle and Burnham -- have agreed to meet with the Task Force representatives.

Second, a survey is being conducted through the East Central Illinois Area Agency on Aging. An additional survey through the Champaign County Office on Aging is in the works. These two agencies have agreed to enclose an 11-question survey in their regular informational mailings to senior citizens. The results of the survey will give the Task Force a better idea of how extensive the problem of premature hospital releases is in Central Illinois.

The survey asks area seniors if they have been hospitalized under Medicare since Jan. 1, 1984 and if they were allowed to stay in the hospital until they were well enough to go home, or until adequate in-home care could be arranged. Additionally, the survey asks if the Medicare beneficiary was informed of his/her right to appeal his/her discharge to the local Peer Review Organization (PRO).

Much time was devoted to the discharge appeal process during the fact-finding forum last fall. Attendees were told about the role the PRO is supposed to play in protecting the rights of Medicare beneficiaries. The PRO is made up of doctors who offer second opinions on discharge dates, etc. Doctors from one hospital work to check up on opinions of doctors at other hospitals. The PRO is the government's consumer protection mechanism.

As was explained at the forum, much of the premature hospital release problem has to do with the Medicare Prospective Payment System (PPS) which went into effect in early 1984. Under the PPS, illnesses

are categorized into Diagnostic Related Groupings. Each DRG has a dollar amount attached to its category. These amounts were determined when the government looked at the average length of stay for each category. However, Congress never meant to limit how long people could stay in the hospital. Instead, it was assumed some would stay longer while others might be able to go home sooner. Unfortunately, the fewer days the patient stays in the hospital, the more money the hospital makes.

The resulting pressures to discharge Medicare patients before they are ready to go home are receiving national attention. In early December, the AMA released a survey that found 48% of the doctors said they "feel under pressure" to release their patients from the hospital. Following congressional hearings on the early discharge problem, several changes have recently been enacted into the new law.

They include:

- a requirement that hospitals inform patients of their rights to appeal a discharge decision;

- the elimination of a requirement that the Medicare patient pay for some of the hospital care while his/her appeal is being considered by a PRO;

- a requirement to adjust the reim-

bursement mechanism under DRGs reflecting the severity of illness.

In all of this, an important element is knowing the phone number of your local PRO. Here in Champaign-Urbana the number is 352-1060.



Senior citizen activist Dorothy Seeley encourages seniors at a CCHCC forum to "Organize Not Agonize"

Medicare 100/PLUS Adds Optometrists, Podiatrists

As the *Health Care Consumer* goes to press, the Monitoring Committee of the Medicare 100/PLUS programs in negotiating with local optometrists to secure a discount on routine eye care and eyeglasses which are not covered by Medicare. After members indicated on surveys that eye care was a primary concern, research was done on the cost and quality of services of several local optometrists. Visits were then conducted by representatives of the Monitoring Committee to optometrists who expressed an interest in participating in the Medicare 100/PLUS program, followed by negotiations. A contract is expected by the end of the year, and members will be notified by mail at the same time that they receive their renewal notices.

In other news, the Medicare 100/PLUS program has also added a podiatrist, Dr. William Pierce, who practices at the Widick Foot Clinic located at 1210 East Main in Urbana. While podiatrists services covered by Medicare are limited, Medicare 100/PLUS members can begin receiving non-routine foot care at Medicare assigned rates effective immediately. This is a major breakthrough, as our previous surveys had consistently cited the lack of podiatrist services as a primary concern of the member-

ship.

The Medicare 100/PLUS program will celebrate its third birthday this April, and membership is rapidly approaching 1500. beginning with only 200 senior citizens back in 1984, the program has grown in scope as well as range. Through committed efforts by CCHCC, Burnham Hospital, and the members themselves, the program has not only seen a seven fold increase in members but now goes beyond Medicare coverage to include prescription medications and optometric services. More over, training and consultations with other senior citizen organizations interested in Medicare assignment campaigns in their communities has been another positive outgrowth of the program.

Membership renewals for 1987 have been mailed out and include a survey about health services that members would like to see added to the program in the future. Additionally, membership cards will be available to present to providers to insure receiving discounted services.

Although the annual fee for Medicare 100/PLUS is increasing from \$5 to \$10 in 1987, members who are unable to afford the increase can avoid it by recruiting on new member in January.

CCHCC Conference Sets Consume

"Change does not take place in a vacuum, it takes people who are outraged about an issue to come together." This message from CCHCC Board member Jean Rice opened CCHCC's Annual Conference and dinner on November 22. The theme, "Organizing for Change: A Consumer Health Agenda" set the tone as speakers, panelists and CCHCC members discussed and hammered out points, issues, and strategies for developing a Consumer Agenda for the coming year.

Two women joined Jean in the opening session to give accounts of their encounters with our health care system and the benefits bringing about change. Ruth Baker, a member of CCHCC's Senior Task Force, underscored the shortcomings of Medicare and how her husbands extended illness could have left her in the poor house. However, Ruth avoided that indignity because the vision and commitment of local seniors, who worked for nearly two years to establish the Medicare 100/PLUS program.

The final speaker at the opening sessions was author and midwife, Ina May Gaskin. Ina May spoke of a recent crisis in her life -- the death of her 20 year old daughter from cancer and related it to the birth experience when her daughter was born. According to Ina May, the shabby treatment during her daughter's birth was far more devastating to her than her daughter's fight with cancer. She emphasized the need for consumers to maintain dignity and control over their lives and encouraged everyone to fight for health care that respects human dignity. She called on CCHCC to join with others in Illinois to re-

form the current health care system to allow for alternatives to the high tech care being pushed upon us.

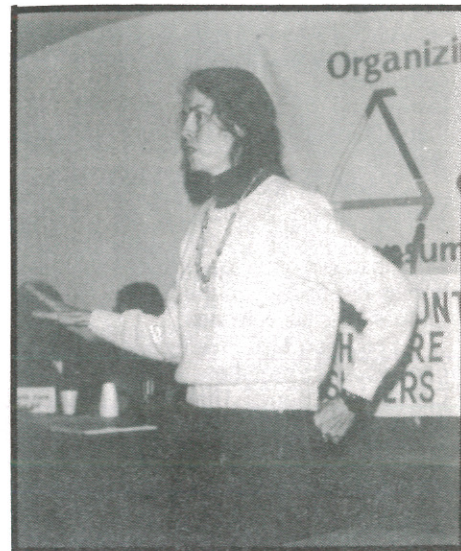
Following the opening session, six separate workshops explored a variety of topics of interest to CCHCC members. Here is a brief summary of each.

Consumer Rights Under Attack

This year the insurance industry and the American Manufactures Association launched an intensive offensive to limit injury victims rights to fair compensation under the cover of the "insurance crisis". Many consumer organizations like CCHCC joined together to argue that better regulation of the insurance industry rather than limiting victims rights was the real answer to the insurance problem.

At the workshop Jan Ryan, Organizing Director, for the Coalition For Consumer Rights outlined the strategy that lead to the Consumer's victory in the Liability Insurance legislation passed this year. According to Ryan the key was a well organized offensive with concrete alternative proposals to what the other side wanted. By having a good offense the insurance industry was forced to compromise and consumers came out better in the end.

The discussion then moved to a similar battle over malpractice in which doctors and the insurance industry have joined forces to limit the rights of malpractice victims as a way to hold down malpractice insurance rates. CCHCC Executive Director Mike Doyle argued that the best way to hold down malpractice insurance is by cutting down on the incidents of malpractice.



Author and Midwife Ina May Gaskin urges women to take control of their bodies and lives

Considering the advice that the best defense is a good offense, CCHCC members at the workshop recommended several changes in the monitoring and disciplining of physicians to "weed out" the bad doctors. Some recommendations including more resources to investigate malpractice, the release of morbidity and mortality rates of physicians, stronger punishments, and better collection of data.

Women And Health

The Women and Health workshop was the best attended workshop at the CCHCC annual membership conference. Two local women, Mary Ellen O'Shaughnesney and Laura O'Banion joined Ina May Gaskin on the panel.

O'Shaughnesney provided a humorous but informative perspective on women's health care concerns. Ina May Gaskin addressed the issue of midwifery as a vital birthing option to women in general and a particularly attractive one for low-income women who cannot afford traditional prenatal care and birthing methods.

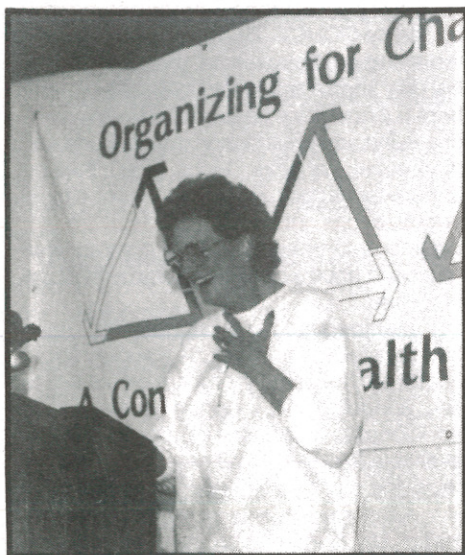
Laura O'Banion supported Gaskin's contentions about midwifery and informed listeners of the importance of the upcoming Sunset Review in which the Medical Practices Act will be subject review. O'Banion read excerpts from the Medical Practices Act which attests to the legality of lay midwives in the state of Illinois as well as provisions for schools of lay midwifery. She emphasized the need for consumers to know what is included in the legislation. Further, she encouraged consumers to go to Springfield to lobby for revisions in the legislation which they consider important.

Medicare: Correcting The Inequities

In this workshop the three person panel consisting of Pat Harvey, Executive Director, St. Clair County Citizens Federa-

Hinton, Hospitals Recieve Awards

CCHCC Board Member, Betty Hinton was bestowed one of our highest awards



Betty Hinton accepts CCHCC's Volunteer of the Year Award

-- Volunteer of the Year, while Burnham and Mercy Hospitals received recognition as the first recipients of CCHCC's Harry Baker Community Service Award.

Betty who lives in Fisher, Illinois, has been on the Board of CCHCC for the past year and an active member of our Senior Task Force for almost two years. I that time she has lead an effort to lower the cost of dentures, devoted endless hours driving around the state speaking out on CCHCC's behalf, signed up dozens of new members to the Medicare 100/PLUS program and been active on CCHCC's Personnel/Nominations committee.

The Harry Baker Community Service Award, established this year, was set up to recognize local health care programs that offer an unique service to the community. Burnham received the award for their role in establishing the Medicare 100/PLUS program, which eliminated out of pocket costs for low-income seniors. Mercy's award was in recognition of their Mercy Care program which offers free and low cost care to low-income people unable to pay their hospital bills.

r Health Agenda

tion, Larry Yeast, Vice Chair, Illinois State Council of Senior Citizen's, and Art Neubaur, UAW Retirees talked of some of the problems of Medicare. From the workshop came resolutions on three issues -- The Diagnostic Related Groupings (DRG's), Medicare assignment, and the pharmaceutical assistance act.

The group voted that CCHCC's Senior Task Force should continue its work to make Medicare beneficiaries aware of their rights to appeal a premature hospital discharge to the local Peer Review Organization (PRO). Further they recommended that the powers of the Illinois Department of Registration and Education be required to keep records on the incidence of appealed discharges. And discipline, doctors who have high appeal incidence rates.

The group also voted to recommend to the CCHCC Board of Directors that all doctors accepting Medicare patients be required to take Medicare assignment and prohibit medical providers from discrimination against a patient based on their source

of payment.

Finally, the group recommended that the Illinois Department of Revenue conduct extensive outreach program to ensure more senior citizens are aware of the Pharmaceutical Assistance Act. This act helps with the cost of heart, arthritis and diabetic medicine. The group also recommended that the legislation be expanded to cover all prescription drugs.

Free To Choose

The "Free to Choose" workshop focused on alternative practitioners and the role that they play in our health care delivery system.. Gary Hinton and Les Lausch of the Illinois Denturists Society related their experiences as Denturists prohibited from practicing. Lausch explained how denturists lower the cost and guarantees quality of care in a comprehensive dental care program. Mr. Hinton, commented on the irony of being licensed to practice in states and countries other than his own.

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AFL-CIO representative Tom Brown jots down some notes during a workshop

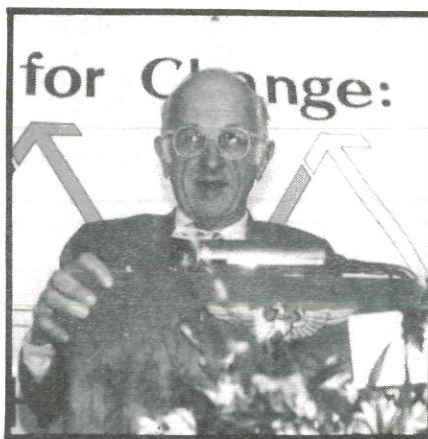
Heretics Headline Dinner

The over 100 CCHCC members who attended out Ninth Annual Dinner on November 22nd, were treated to a couple of wonderful speeches by two unique physicians. Although they were there to accept CCHCC's "Provider of the Year" Award, Dr. Robert Mendelsohn and Dr. Thomas Filardo are probably seen more as heretics by their peers.

Using one liners like a polished stand-up comedian, Dr. Mendelsohn repeatedly drove home a more serious message about the perils of modern medicine. "If I can leave you with one underlying premise -- stay away from doctors unless they have to carry you in on your back."

Although much of his criticisms focused on fellow physicians, Mendelsohn left few of the icons of modern medicine unscathed. Jumping from comments about hospitals ("Temples of Doom") and psychiatrists, to birthing and vaccinations, Mendelsohn used his sense of humor to prick the audience's conscientiousness and challenged our often unquestioning faith in modern medicine. On sexism in medicine, he deadpanned that the reason 80% of valium prescriptions are written for women is the common belief among physicians that "women are born with a congenital valium deficiency."

In explaining his own transformation from a young doctor who "practiced medicine as he was taught in medical school", Mendelsohn revealed a quality of self examination and self criticism often missing today in the health care system. "I practiced for 15 years before I finally figured out what was going on in medicine. That's when my patients would come back to me with the diseases that I was responsible



Dr. Robert Mendelsohn

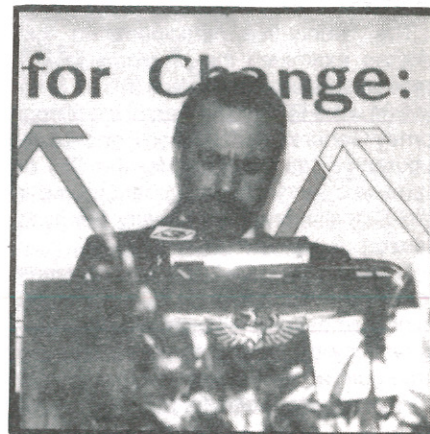
for creating. And they came back with three major problems.

First -- cancer of the thyroid. As we had been taught in medical school I and tens of thousands of my peers used x-rays on the scalp to treat ringworm, on the face to treat acne, and on the neck to treat a disease that never even existed -- the swollen thymus gland.

Second -- permanent yellow and greenish stains on teeth. We now know that this caused from tetracycline for acne.

Third, sons and daughters with cancer of the testes and vagina thanks to a drug, DES given to 6 million women to prevent miscarriages we now have a whole generation of DES sons and daughters who face a greater likelihood of having cancer."

In a teary-eyed presentation of Filardo's award, Mary Ellen O'Shaughnessy described him as a doctor who has a



Dr. Thomas Filardo

"genuine concern for the welfare of patients as a whole person not just a disease", a professor who "encouraged his students to get to know their patients as people first" and a community leader who helped establish Physicians for Social Responsibility in our community.

In a eloquent and thoughtful speech about the continuing evolution of our health care system, Filardo applauded CCHCC efforts and its "ever surprising ways" of bringing about change in the medical system. He went on to encourage CCHCC efforts but warned, "As you organize, try to avoid the idea that the health care system evolved either to care for people or to make profits for doctors... If medicine seems all focused on the interests of providers, it is because they have been more active. Medicine is evolving. You are a great force in this movement."

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The denturists do have a statewide lobbying network and are working to pass legislation strongly opposed by dentists which would legalize their profession.

Marcia Trinski of the Consumer Health Resources Center focused on third-party payers and their importance in the acceptance of alternative practitioners. Ms. Trinski pointed out that some alternative practitioners, such as Christian Science practitioners, are recognized by some insurance companies as legitimate health care providers. This is the result of consumers organizing and demanding that their concerns be met. Ms. Trinski also noted that it is important for consumers, not special interest lobbies, to control access to alternative practitioners.

William Zukosky, an attorney who specializes in defending alternative practitioners, concurred with Ms. Trinski's contention that consumers must control access to these providers. Zukosky, who is also vice chair of the Health Alternative Legal Foundation, maintains that unregulated professions should be considered legal unless specifically outlawed. This is contrary to current interpretations of medical law.

Health Care For All

The twenty-five participants in this workshop examined the problems of low income people's access to health care. The panelists were Richard Ginter, of the Illinois Attorney Generals staff, Valton Henderson, the human relations officer for the City of Urbana, and Jerry Wright, a board member of the Danville Area Community Services Council.

They spoke on a wide variety of issues ranging from the problems of Medicaid and nursing homes to how Human Rights ordinances may be applied to let low income people gain access to health care, as well as organizing strategies for the poor to gain access.

One area of interest was nursing home/Medicaid access issue. Under Medicaid seniors must "spend down" nearly all of their life savings before they may qualify for Medicaid. This forces seniors to become paupers before they may be eligible. Another problem is finding an "open bed" in a decent nursing home if a senior is on Medicaid because many nursing homes severely limit the number of Medicaid patients they will accept.

Another concern raised was the lack of proper dental care for those on Medicaid. Many dentists refuse to take Medicaid patients and for those who do it is nearly impossible to get an appointment.

Everyone agreed for the need put more pressure on health care providers not to discriminate against the poor. Several different strategies were developed to achieve this.

First, encourage more people to file complaints when they are denied access to care. Also, writing to legislators and set-

NECESSITIES OUTPACE COLA INCREASE

Thanks to the political clout of millions of senior citizens, disabled persons, and their allies, Santa won't forget the Cost-of-Living Adjustment (COLA) increase for the 1987 Social Security checks. When Social Security beneficiaries receive their first check of the New Year, they will become the proud recipients of a 1.3 percent COLA increase. But, compared to increases in expenses, the COLA may seem no better than a lump of coal.

While Uncle Sam calculates the Social Security COLA at 1.3 percent, Medicare Part B beneficiary costs were up about 15 percent. Part B is the portion of Medicare which pays for doctor bills. The premium for Part B is deducted from the monthly Social Security check.

Meanwhile, the Medicare Part A deductible will rise from \$492 in 1986 to \$520 in 1987. This is an additional six percent increase in the cost the Medicare beneficiary contributes.

Part A Medicare pays for hospital bills. The Part A deductible is the amount of money each beneficiary, or his/her insurance company, must pay each time he/she is hospitalized before Medicare will begin to pay on the bill. (Health Care Consumer members who are covered by Medicare 100 should realize that Burnham Hospital will continue to absorb the higher cost of the Part A deductible. Medicare Plus members will continue to receive a 30 percent discount toward the \$520 deductible).

As if all of this weren't bad enough, there is more. The cost of the basic need items for Social Security recipients -- food, housing and medical costs -- were also up

much more than 1.3 percent.

The Consumer Price Index, which is compiled by the Department of Labor, shows a 4.3 percent increase in the cost of food, a 2.4 percent increase in the cost of housing (this accounts for rent and utilities), and a 7.7 percent increase in the cost of medical care.

So if all these costs are up in this fashion, why is the Social Security COLA only up 1.3 percent? Several reasons are being cited, most of them having to do with the laws governing how Social Security COLAs are determined. Gary Christopherson, a staff member of the United States Congress House Select Committee on Aging, said using the Consumer Price Index as part of the Social Security COLA formula skews the amount of the COLA.

"The Consumer Price Index is not a good indication of the cost of living to Social Security recipients," Christopherson told The Health Care Consumer. "For example, one of the things that held down the Consumer Price Index was the cost of oil. Most seniors (who depend on Social Security for their incomes) don't own cars. They don't buy gasoline and they don't get out and travel around," he said.

The Consumer Price Index is determined by taking into account the cost of goods and services used throughout the country. Each good and service is given a weight in calculating the overall rise in the cost of living.

Unfortunately, things like food, rent and medical costs -- the items that account for most of the senior citizen dollars spent in this country -- don't carry enough weight.

ting up monitoring committee to check on hospitals' compliance with their obligation not to discriminate under Hill-Burton. Another avenue of pressure discussed was the use of economic means. Calling for boycotts of health plans of providers who discriminate could hurt where it counts more -- in the balance sheet, and make it economically unviable to discriminate.

Learning The Legislative Process

The final workshop of the day focused on the who, what, and where of the legislative process. Participants were there to find out what is the most effective way to get legislation through the legislature and into law.

To discuss the process CCHCC invited Representative Helen Satterthwaite (D-103rd) and Ms. Jan Ryan, of the Coalition for Consumer Rights to share their knowledge. Representative Satterthwaite has had 14 years experience in the House of Representatives and has a fine record of successful legislation. Ms. Ryan, helped organize the successful effort in this years battle on insurance legislation.

Representative Satterthwaite presented the workshop with an overview of the legislative process. Although some of her remarks were general, several recom-

mendations were made for those individuals or groups concerned with using this process for change.

The first was know your issue before you attempt to get legislation passed. Secondly, form coalitions with other interested groups. Thirdly, research the voting pattern of the general assembly to know who will support your interests. Fourthly, know how your legislator votes and talk to them in the local district office. Lastly, understand the process by which bills are introduced and stay in contact with the process until the finish.

Ms. Ryan supported Representative Satterthwaite's statements while stressing the need for community based groups to get more involved. She stressed the need for them to push hard for legislation that they had interest in.

The workshop closed with the participants agreeing that if the battle to change society will not be won without the ability to deal with the legislative process.

On the whole the conference was a huge success. There were many good suggestions that came from the workshops. The board will have its work cut out for it in the next several months to determine exactly where the resources of the organization should be focused.

Facing Facts: Health Care In Illinois

On December 11, CCHCC joined with several other organizations in releasing a report of the state of health care in the nation and here in Illinois. Here is a summary of the findings of that report.

The cost for health care in Illinois continues to skyrocket above the national rates:

- Per Capita expenditures for personal health care in Illinois increased from \$220 in 1966 to \$1,308 in 1982 making it the eighth highest in the nation.

- Total expenditures on health care in Illinois rose 530% in the fifteen years from 1966 to 1982, from \$2.38 billion to \$14.99 billion.

- In 1983, the Average Cost Per Day in an Illinois hospital was \$413 or 12% higher than the national average while the Average Cost Per Stay was \$3,239 or 16% higher than the national average of \$2,783.

While costs increase, consumers are stuck with a greater percent of the bill, particularly those most in need:

- Only 21.8% of the physicians in Illinois are "participation physicians" in the Medicare Program, one of the lowest rates (34th) in the nation. The result is senior

citizens are forced to pay a greater out-of-pocket expenses.

- The number of "participating physicians" accepting Medicare assignment has steadily decreased in Illinois in the past 2 years with a 10% drop since October, 1984.

- Between 1975 and 1982, the number of Illinois senior citizens on Medicare facing liabilities for unassigned claims rose from 81.5% to 85.8%. This is well below the national average which rose during the same period from 69.7% to 79.3%.

- The number of disabled residents in Illinois on Medicare facing liabilities from unassigned claims rose from 62.1% in 1975 to 67.4% in 1982, also above the national average.

- The situation is also getting worse for the poor. Here in Illinois only 585 of the persons below poverty qualified for Medicaid in 1982 leaving the rest uninsured.

- Part of the problem is that Illinois sets AFDC eligibility and thus Medicaid eligibility at 47.7% of the poverty level, lower than 27 other states.

- Even for those who are eligible for Medicaid, many have difficulty finding a

doctor who will take a green card. Illinois ranks 35th among states in terms of the number of physicians who accept Medicaid patients.

- Although specific data was not available for Illinois, the report noted that the move from manufacturing jobs to service sector employment means fewer and fewer employers are providing (health insurance) coverage, or are shifting a greater percentage of the premiums, deductibles, and copayment costs to their employees. In 1983, 1 million fewer people were covered by employer health plans than in 1982. Further, a 1984 survey of 1200 companies found that only 42% provided full hospital reimbursement, contrasted to 67% which provided full coverage in 1982. The drastic loss of manufacturing jobs in Illinois underscores the problems many of our residents face.

Finally, high costs and reduced coverage and health benefits translates into less access and a drop in the health status:

- For example, Illinois has the eighth worst infant mortality rate in the nation, with 12 deaths per thousand live babies

- Also in 1983, the percentage of low birthweight babies in Illinois for all races was 7.1%, compared to the national average of 6.8%; for non-white babies, the low birthweight rate was 13.1%, compared to the national average of 11.4%. Low birthweight babies are twenty times more likely to die in the first year of life.

Paid Members Top 2,850 In '86

The response so far to CCHCC's annual membership drive (announced in our last newsletter) has been very encouraging, with many first-time contributors joining our ranks in addition to those previous members who have renewed. As always, we greatly appreciate the support you've shown for CCHCC, and thank you for your generous response.

Unfortunately, we're still about 150 members short of our membership goal. Regular readers of the newsletter know how far reaching CCHCC's agenda for 1987 will be. Sunset review of the Medical Practices Act, discrimination and low-income access, women's health, prenatal care, as well as Medicare 100/PLUS and other senior issues are just some of the areas in which we, as consumers, can

make a major impact next year.

But as usual, none of this can happen without your support. If you haven't contributed in 1986, won't you please take a moment now to clip out this membership form and mail it in with your check?

For your convenience, we've put the month and year of your last contribution of record on the corner of the mailing label on this newsletter. When sending in your contribution, be sure to return the full coupon including your address label. If the date indicated is wrong, please drop us a note so we may correct it.

Remember, your tax-deductible contribution of \$25 or more entitles you to a free copy of the People's Medical Society book *Take This Book to the Hospital With You*.

Illinois Continued from Page 1

four public members to recommend revisions in those laws.

"The legislature is dragging its feet," said Doyle. "The Sunset Committee is supposed to make its report on January 1 and the members have not even been appointed yet. Are they serious about addressing the health care issue?"

The coalition is developing a comprehensive package of bills aimed at improving the cost and quality of health care services especially for high risk groups including senior citizens, low income women and children, the uninsured and victims of malpractice.

I want to support CCHCC

- ☐ \$25 - Please send me a free copy of **Take This Book to the Hospital With You**
- ☐ \$15 - Regular Membership
- ☐ \$8 - Senior Citizen and Low Income Membership
- ☐ \$75 - Sustaining Member

NAME _____

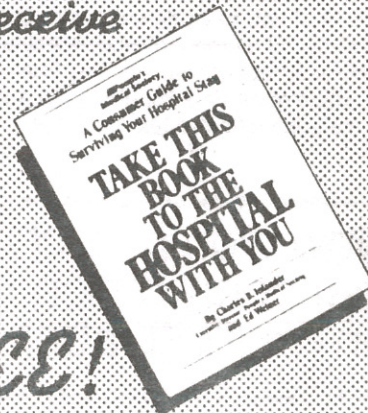
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CITY/STATE _____

PHONE _____

Mail to: **CCHCC**
124 N. Neil
Champaign, IL 61820

Contribute \$25
& receive



FREE!

Advocates Wanted

Once again, CCHCC extends an invitation to you to become a Consumer Health Hotline volunteer. If you are interested in health care issues we welcome your involvement in our health hotline. Our last hotline training, held in October was a great success. However, as always, more volunteers are needed.

The Consumer Health Hotline serves the entire Champaign County area by providing health care information, referral data, and advocate services to consumer callers. Volunteers are interested individuals who donate time after attending the required training sessions. Training involves three sessions which cover effective advocacy, hotline procedure, filling out consumer call forms, background information on CCHCC, and a general history of the Consumer Health Hotline. Since the hotline works to assist consumers who usually lack the necessary knowledge or skills to help themselves, basic problem resolution skills are employed and are part of the training session. Volunteers often work at home and no prior experience or expertise is required.

The next hotline training session will begin January 31, 1987. The January 31 session will be the first of three training sessions held. If you are interested or just want more information, call Constance at our office (352-6533). You can play an active and much needed role by attending the upcoming training sessions and becoming a hotline volunteer!

Help Us Project Our Message

The Health Care Consumers is beginning to compile an extensive slide and audio tape library. However, our research shows the basic no-frills slide projector to be running over \$200. Such a purchase is a major expenditure for a non-profit group such as ours. Yet, slide shows are a great way for us to inform people about our work.

Therefore, we are asking your help in locating a carousel-type slide projector. A gift of an old family slide projector which is not getting any use these days would be a big help to us.

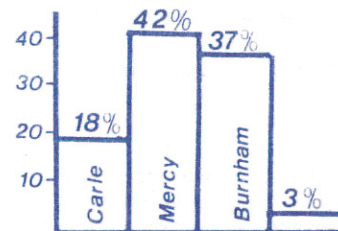
If you have an extra slide projector or know of someone who does, we would greatly appreciate hearing from you. Our office number is 352-6533. As a final note, all such gifts are tax deductible.

Discrimination or Just "Good Business"

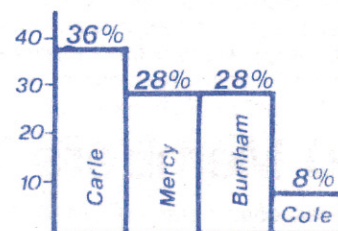
In the current battle over discriminatory policies, most of us tend to focus on the impact such policies have on the poor who are being denied services. Although this is clearly the central issue, data recently obtained by CCHCC suggests that in the long run, we may all become victims of such policies.

The data is Medicaid utilization rates, secured by CCHCC from the Illinois Department of Public Aid under the Freedom of Information Act. What the data reveals is that some local medical institutions serve a disproportionate share of Medicaid patients in our community. The concern is that discriminatory policies by some health providers are being used to gain a "competitive edge" over others. The result could

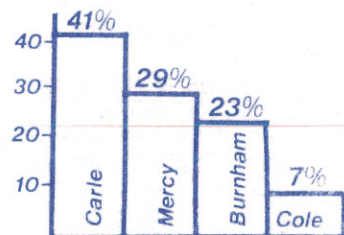
to charity care. The result is predictable. In Danville, the two major hospitals are in the process of merging into one to cut expenses. The question facing the poor is -- where will they go if socially responsible institutions are forced out of business. The question the rest of us face is what choices will we have in seeking health care if we allow discrimination to be used as just another shrewd maneuver in the "business" of health care.



A. % of Public Aid patients served by local hospitals - 1985



B. % of beds at local hospitals



C. % of In-patient Days provided by local hospitals - 1985

Burnham and Mercy Hospitals must devote far more of their in-patient days to Medicaid

be fewer medical institutions serving our needs.

Here in Champaign County 10,671 Medicaid patients received hospital service in 1985. Of these 42% were served at Mercy and 37% were served at Burnham. However, at Carle, which acknowledges that its clinic physicians limit the acceptance of public aid patients, only 18% of the patients were served. (see figure A)

These figures are even more distressing when you consider that Carle has 36% of the local hospital beds and provides 41% of the in-patient days in the county. On the other hand Mercy has just 28% of the hospital beds and 29% of the in-patient days while Burnham, also with 29% of the hospital beds provides 23% of the in-patients days. (see figures B and C) This uneven distribution means, Burnham and Mercy Hospitals must devote far more of their in-patient days (12%) to Medicaid than Carle does (8%).

These discrepancies are even greater in outlying counties where hospitals devote 2 to 3 times more of their annual budget

Champaign County
Health Care Consumers
124 N. Neil
Champaign, Illinois 61820

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See page 7 to renew your dues.



January 13, 1987

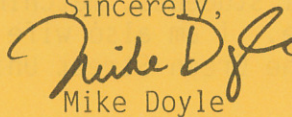
Dear CCHCC Member:

It's that time again! As a dues-paying member of the Champaign County Health Care Consumers, you are eligible to vote in the election of CCHCC's Board of Directors.

Each year approximately half of our At-Large Board members are elected to staggered two year terms. This year there are five seats (out of twelve) to fill, with six nominees. Brief biographical statements of the candidates are listed below. On the reverse side of this sheet is a ballot you can clip and mail (or bring in person) to the Health Care office at 124 N. Neil. You may vote for up to five of the six nominees, with no more than one vote per candidate. You may also write-in a candidate, if you wish.

All ballots must be received no later than Wednesday, February 4. Results will be announced in the next issue of our newsletter. If you'd like to know the results sooner, please feel free to call the office.

Sincerely,



Mike Doyle
Interim Executive Director

RUTH BAKER - I live at Florida House. I am a senior citizen who works as a volunteer at the Attorney General's Office. I have been a member of CCHCC for more than a year, and have been very grateful for what was done for my deceased husband in the way of supplemental health care through Medicare 100. I have spoken at different meetings to make people aware of how this has affected my life, and I become more aware each day of the efforts of those on the staff who work very hard behind the scenes to make these things possible. I would very much like to help, for I believe the senior problem, as far as health care goes, and in other areas as well, needs all the attention it can get.

WALTER FEINBERG - Walter is a Professor in the Department of Educational Policy Studies at the University of Illinois, and holds an adjunct appointment in the College of Medicine, where he was previously the coordinator of the Faculty Seminar in Medicine and Society. He believes that new methods for reimbursing hospitals for Medicare patients, along with the rapid development of HMO's, have introduced a good deal of uncertainty into the health care system, and that there is a need to monitor the effects of these innovations on the poor, the elderly, and other vulnerable groups. There is a danger that the new competitive climate will lead some providers to ignore the needs of these groups. CCHCC can help to avoid this situation by seeing to it that no provider gains a competitive edge by ignoring the health needs of disadvantaged people.

SUSAN McGRATH - I have served on the CCHCC Board since 1982, as Chair of the Personnel/Nominations Committee for 1½ years, and as Chair of the Board of Directors since 1985. I was honored to be named as CCHCC Volunteer of the Year in 1983. I have served on the Champaign County Board from District 8 since 1978. While on the Board, I have served on the Health Services Committee continuously since 1978, and was liason to the Champaign-Ford Subarea Council of the HSA for two years. I am active in the Democratic Party, a deputy voter registrar, a member of the Board of

(over)

Directors of the Champaign-Urbana Girls Club, and a member of the following organizations: National Lawyers Guild; ISBA; Champaign County Bar Association; ADA; DSA; ACLU. I am 30 years old, have lived in Urbana since 1976, and graduated from the University of Illinois in 1978 with a BA in political science and a JD from the College of Law in 1982. I believe that CCHCC has been instrumental in helping poor and lower middle income people achieve health care through their own efforts, with the assistance of CCHCC, and would appreciate the opportunity to continue in this effort.

CAMILLA PARHAM - I live in Urbana, and am employed as a salaried physician at the Francis Nelson Health Center. I have been a family practice physician since completing my residency in June, 1986. Although new to the area, I have demonstrated my interest in community health in many ways: 1978 - wrote advanced level paper on the history of Black women and obstetrical/gynecological care in the US; 1978-9 - deferred entrance to medical school to serve as a VISTA volunteer, working as a paralegal in a legal center for handicapped citizens; 1980 - established a prenatal education program at a community health center as part of a summer National Health Service Corps preceptorship; 1981 - awarded grant to study West African patient population's use of a community hospital in Washington, DC; 1982 - joined National Women's Health Network; 1985-6 - coordinated resident physician involvement in a training program for medical students, matching students with high risk pregnant patients for one-on-one care. I am also wife to an architect, mother to a three year old, and a member of the Green Street Unitarian-Universalist Church.

MAMIE SMITH - Mamie has been an active member of CCHCC since 1979, and a member of CCHCC's Board of Directors for the past six years. Not allowing her age to slow her down, Mamie is actively involved in many local, state, and national senior and community organizations. Some of these include: Illinois Public Action Council's Board and Senior Task Force; the Ill. Senior Advocacy Task Force; Land of Lincoln Legal Services Client Representative; and Peace Meal Council Member. Although Mamie has a special interest in health care issues facing senior citizens, she believes that everyone has a right to health care, and that we should all work together towards this end.

WILLIAM ZUKOSKY - William is a licensed attorney in California and Illinois, and has specialized in defending homeopaths for the last two years. He is a former Legal Services attorney, having practiced in Carbondale, and has also served as a VISTA volunteer. He is the vice-chair of HALF, the Health Alternative Legal Foundation, which raises funds for the defense of alternative practitioners. He also was one of the panelists for the "Free to Choose" workshop at our recent conference, and has resided in Champaign-Urbana for 3 years.

ELECTION BALLOT
CCHCC BOARD OF DIRECTORS -- 1987 AT-LARGE REPRESENTATIVES

Ruth Baker	_____	Camilla Parham	_____
Walter Feinberg	_____	Mamie Smith	_____
Susan McGrath	_____	William Zukosky	_____

You may cast up to five votes (1 vote per nominee or write-in).
Return to CCHCC, 124 N. Neil, Rm. 211, Champaign, IL 61820

ATTENTION MEDICARE BENEFICIARIES AND SENIOR CITIZENS

Task Force meeting

Wed., Jan. 28, 2 p.m.

Urbana Free Library

Agenda

- I. Early releases (DRGs)
- II. Ambulance service
- III. Medicare 100/Plus update
- IV. Special guest speaker - Jan Schakowsky, Executive Director
Illinois State Council of Senior Citizens

ALSO - Pre-meeting press conference at the Urbana Library, 1 p.m. on the effect of DRGs in Central Illinois. Please join us.

IMPORTANT NOTE - Task Force meetings are held the last Wednesday of every month at 2 p.m. February's meeting will be at the First United Methodist Church, at 304 S. Race in Urbana (next to Lincoln Square and the site of the Urbana Peace Meal). If you would like to receive monthly reminders of the Task Force meetings, please call the Health Care Consumers. The number is 352-6533. You may also drop us a note at: Health Care Consumers, 124 N. Neil, Champaign, IL 61820