HEALTH CARE CONSUMER

February | Newsletter of the Champaign County Health Care Consumers | 1988

Ralph Nader met with CCHCC Board and Staff on a recent visit to Champaign (more on page 7).

Attorney General, Legislators Promise Probe

Dental Report Generates Statewide Interest

CCHCC's office has been flooded with calls following the release of our report "Dental Care for the Poor in Illinois: The Failure of Prepaid Health Plans Under Medicaid." The report, which grew out of a year long investigation, details the waste of millions of tax dollars, non-existent monitoring by state officials, and drastically limited access for the poor under the Illinois Department of Public Aid dental program. The report links the problem to a 3 year, $70 million contract between the Department of Public Aid and Delta Dental, a private corporation in the Chicago area, responsible for dental care to 850,000 Medicaid patients in Illinois.

Since the news of the report broke in a front page Chicago Sun- Times exclusive on Wednesday, January 27, CCHCC has been contacted by elected officials, newspapers, dentists, and public aid recipients all wanting to know details of the report, what CCHCC plans to do next, and how they can join the fight.

Illinois Attorney General Neil Hartigan stated his office was already investigating Delta Dental after the state cancelled its contract with Delta covering state employees in 1987. With the release of the CCHCC report, the Attorney General's office contacted CCHCC for more details and promised to widen its investigation to include accusations relating to the state contract covering Medicaid patients.

"We're turning away five to ten people for every one we take in for dental care."

State legislators have also contacted CCHCC about the report and several have offered to take action on the matter. Several legislators, including State Representative Helen Satterthwaite, have offered to introduce a resolution calling for the Auditor General to conduct an independent investigation of the contract. In addition the Senate Appropriation Committee Staff has called CCHCC requesting copies of the report and seeking more information. On the House side, Representative Woods Bowman, Chair of the House Appropriation Committee II, has offered to hold hearings on the program.

There has also been an influx of calls from Medicaid recipients and dentists from around the state, (the two groups most directly affected by the problems with the program.) Public Aid recipients from Decatur,

Continued on page 8

Task Force Sponsors Women's Health Fair — February 13

CCHCC's Women's Health Task Force presents a "Valentine" to the community with its first annual Women's Health Fair. The main objective of the Health Fair, co-sponsored by Parkland College, is to provide information from a consumer perspective on current women's health topics. The Health Fair will be held on Saturday, February 13, 1988, International Marriage Day which celebrates children and families of all kinds.The fair will be a one day event from 10:00 am - 4:00 pm at Parkland College, 2400 W. Bradley Ave, Champaign, Illinois. The event is free of charge and child care will be provided.

The Women's Health Fair will offer four mini workshops on Affordable Prenatal Services; The High Incidence of Unnecessary Surgery and Controversial Testing, Health Concerns of Women Over 30; and Birthing Alternatives.

In addition, an array of informational booths on varied women's topics and health concerns will be available in the Student Center area of Parkland. Information on nutrition, prenatal services, birthing alternatives, teenage pregnancy, women's social resources, etc. will be available. Booths staffed by local women's health support groups on subjects such as PMS, C-section, diabetics, women and smoking, etc. will also be available. Booth attendants will provide printed information on their groups and services provided.

Unnecessary c-sections - Page 4

Though this will be the Women's Health Task Force first health fair, it is hoped that this will become an annual event. So mark your calendar and plan to attend CCHCC's and Parkland College's first Women's Health Fair, Saturday, February 13, 1988 from 10:00 am - 4:00 pm. at Parkland College.

Public Citizen Joins Fight

PRO Data Difficult to Obtain

CCHCC's Senior Citizen Task Force received a boost last month when Ralph Nader's Public Citizen Litigation Group offered to represent the Task Force in its efforts to obtain data from the Crescent Counties Foundation for Medical Care, the federally financed Peer Review Organization (PRO) for Illinois.

The Task Force has unsuccessfully sought information from the PRO concerning "discharge appeals" filed by Medicare recipients. Responsible for monitoring the quality of care provided to Medicare patients, PROs handle the appeals of Medicare patients who feel they are being discharged from the hospital too soon.

In a January 13, 1988 letter to the Task Force, Mr. David Vladeck stated that he "would be glad to act as your attorney in dealing with the PRO." After reviewing information about CCHCC efforts, Mr. Vladeck noted that "it is clear the PRO has erected a number of barriers... particularly the $200 an hour fee, seems way out of line."

The Task Force has also heard from Senator Paul Simon, who agreed to assist in efforts to obtain the data and directed his staff to work with CCHCC.

The Task Force initially sought the data last spring. But after numerous written requests failed to produce any data, 40 members of the Task Force confronted representatives from the state and regional PROs at a meeting in Champaign last August. At that meeting, representatives of the PRO signed a pledge promising to provide the data on hospital discharges, the number of appeals from Medicare beneficiaries, and the results of those appeals. When no data was received by November, the Task Force turned to Senator Simon and Dr. Sidney Wolfe at the Health Research Group, who contacted the Public Citizen Litigation Group.

According to Dr. Wolfe, the problems encountered by CCHCC are not uncommon. Testifying before Congress last October, he revealed the results of a survey the Health Research Group conducted of the 42 PROs that serve the 50 states and Washington, DC. The survey simply asked how many data requests had been received and fulfilled since the current data disclosure regulation went into effect.

Of the 36 states for which responses were received, three (Colorado, New York, and Massachusetts) were uncooperative, the PRO would not or could not respond to the questions, or wanted to charge a fee for a response. These uncooperative responses, along with the lack of response from 15 other states (including Illinois), in themselves suggest that these PROs are not ready and willing to serve the public by releasing information. For example, a representative of Colorado's PRO, which wanted to levy a $50 charge simply to respond to the survey, insisted that information disclosure is not part of the PRO's "mandate."

The 33 states for which substantive responses were received varied widely in terms of the number of requests they had received and fulfilled. Six states had received no data requests; 13 states had received between one and 10 data requests; and 14 states had received more than 10 requests. The California and Texas PROs, the PROs with the most sanctions against doctors, were also the states that had received and fulfilled the most data requests. California had received 259 and fulfilled 233, while Texas had received 120 and fulfilled 100.

"...it is clear the PRO has erected a number of barriers... particularly the $200 an hour fee, seems way out of line."

Most PROs that reported unfulfilled requests explained that they had been willing to release the information, but that the requester had withdrawn the request because of unwillingness or inability to pay the PRO's search and duplication fees. In a smaller number of cases, unfulfilled requests had been denied by the PROs. Whether the reason is high PRO charges or PRO denials, however, many requesters of information are not receiving the data they seek.

PROs that had received and fulfilled a large number of requests, such as those in California and Texas, have taken several steps to increase public awareness of PRO activity and encourage the public to request information. Both the Texas and California PROs have active sanction programs that tend to attract public attention. Most importantly, the California PRO is alone among the PROs in having voluntarily released, without first receiving a request, hospital-specific data on mortality rates and the number of people in each hospital with certain diagnoses. Through this data release, California providers and consumers alike have been educated about the PRO, its functions, and the useful data it has available.

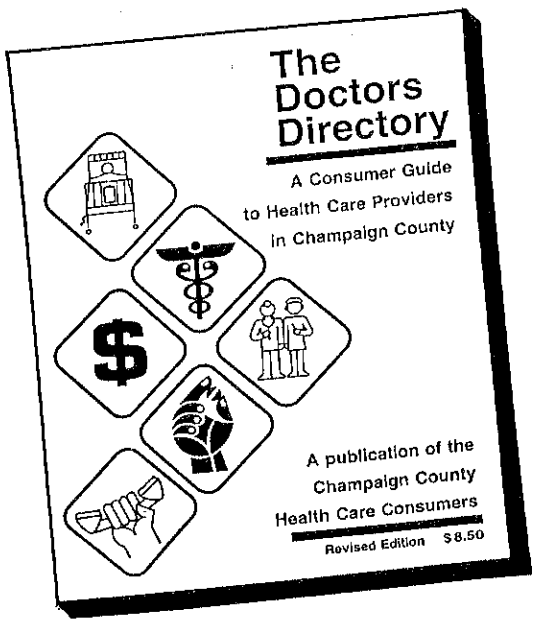
The release of this and other reports, and the two October hearings, set the stage for future Congressional struggles over the PRO program. Some members of Congress are likely to support legislation that will strengthen the PROs and continue to expand their duties, and will insist that the government get tougher on PROs that do not meet their contractual obligations. Other members, those persuaded by angry doctors and hospitals unaccustomed to being second-guessed, may fight expansion and try to restrict PRO activity. In the meantime, CCHCC will continue its efforts to see that the PROs serving our area are accountable to the citizens they are supposed to be serving.

Third Edition of *Doctors Directory* Published

The newest edition of CCHCC's ***Doctors Directory: A Consumer Guide to Health Care Providers in Champaign County*** will be back from the printers in late February. Like previous editions, the new Directory includes extensive listings of doctors, dentists, hospitals, etc., with information on policies, practices, and access. Unlike previous editions, this one also includes for the first time sections on chiropractors and midwifery.

Extensive consumer information chapters provide guidelines on what to look for when seeking health care, and what to watch out for when it's being provided. While other specialized resources may provide some of this information elsewhere, the combination of all this information under one cover makes CCHCC's Doctors Directory the most comprehensive source guide of its type in the county, if not the country.

Special order forms for the new edition will be on display at all CCHCC sponsored events, or consumers may contact us directly at (217) 352-6533. The cover price for this edition is $8.50 ($9.00 by mail). Press runs will be limited, so order now — when they're gone, they're gone.



The 3rd edition of CCHCC's nationally acclaimed ***Doctors Directory*** has just been published and is now available locally.

Tenth Anniversary

Annual Conference at Jumers, March 19

There is growing consensus throughout the United States that our health care system is in need of major revamping. Recognizing the importance of leadership in these changing times, CCHCC has selected "Leadership Through Action" as the theme for its March 19 Membership Conference and Awards Dinner to be held at Jumers Castle Lodge in Urbana. Celebrating its tenth Anniversary, CCHCC will also honor two dynamic individuals who have emerged as leaders in their own right - Ms. Byllye Avery, Executive Director of the National Black Women's Health Project and Congressman Lane Evans of Rock Island.

Ms. Avery founded The National Black Women's Health Project (NBWHP) in Atlanta during a door-to-door campaign in 1984, to focus on health issues which are prevalent among black women. The central philosophy of the NBWHP is "Empowerment Through Wellness" and incorporates an ethos of self-help to promote an environment conducive to healthier and more productive lives for black women. The NBWHP addresses these vital health issues through public forums, media presentations, and national conferences, as well as grassroots organizing which constitutes the base of the group.

Lane Evans was first elected in 1982 as one of the youngest members of Congress and quickly established himself as an ardent supporter of progressive policies. He gained notoriety in his first term by being singled out as the Congressman whose voting record most often disagreed with Ronald Reagan and he has been an outspoken critic of many of the Administration's policies. He serves as Co-Chair of the Congressional Populist Caucus and is a member of the Democratic Study Group, which assists in the formulation of the Democratic Party platform. Congressman Evans is a Board member of the Illinois Public Action Council, the state's largest consumer organization, and is one of the most popular progressive politicians in Illinois.

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Congressman Lane Evans will be the keynote speaker at CCHCC's Conference

CCHCC Dental Report Blasts IDPA, Delta Dental

CCHCC has released a report entitled "Dental Care for the Poor in Illinois: The Failure of Prepaid Health Plans under Medicaid" The report details the rampant shortfalls in the Illinois Department of Public Aid (IDPA) dental program, which IDPA has paid a private corporation (Delta Dental) $70 million to administer. CCHCC's investigation yielded the inescapable conclusion that the IDPA/Delta program wastes taxpayers dollars on a program which does not provide desperately needed services.

A summary of the report's findings includes:

MILLIONS WASTED, LOST

Less dental services are being provided to recipients at a greater expense to the State. In the two years prior to the Delta program the State spent $43 million to operate the Medical Assistance Grant dental program, of which $40 million went directly to purchasing services for recipients. Under the first two years of the Delta program, $45 million was paid to Delta, but only $32.9 million went toward purchasing services! 27% of the total funds allocated for MAG dental service went to overhead under Delta as opposed to 7% under the previous system, an incredible 400% increase in overhead and administration. In one of its two audits, IDPA uncovered nearly $6 million in unspent funds in Delta's accounts.

The IDPA failure to fine Delta has cost Illinois taxpayers hundreds of thousands, probably millions of dollars. Delta has repeatedly violated contract terms. Both Federal law and the IDPA contract with Delta mandate that liquidated damages be assessed in such instances. In the first six months alone, the drop in provider participation should have resulted in fines exceeding $1.5 million. Yet, IDPA has never fined Delta Dental despite this and numerous other contract violations.

DEPARTMENT OF PUBLIC AID BEARS RESPONSIBILITY

IDPA has a dismal record in monitoring Delta's activities and has failed to enforce contract provisions. IDPA has failed to conduct nine of eleven quarterly audits of Delta and has never fined Delta despite numerous contract violations.

Delta's reporting to the State has been wildly inaccurate if not fraudulent. In eight counties Delta lists more dentists as accepting Medicaid patients than are licensed to practice. Delta has often submitted conflicting data to the State regarding contract adherence. Several independent studies by dentist associations, consumer groups, and state legislators directly conflict with reports submitted by Delta Dental.

IDPA is abandoning its role of monitor. Without strict monitoring the financial incentives of a pre-paid dental program inherently discourage access to quality care. Yet, after identifying serious shortfalls in its first audit, IDPA took no enforcement actions. Instead it required Delta to file an "Action Plan for Operational Improvement" which basically restated the original contract. Later, the revised IDPA/Delta contract seriously weakened enforcement powers and responsibilities that the IDPA previously held.

IDPA's monitoring is inadequate when compared to other State agencies. When evidence showed that the Delta Dental program for State employees was being poorly administered, the Illinois Department of Central Management Services took immediate and resounding action. Within the first six months of the program CMS had fined Delta over $600,000, called for an outside audit, and within nine months had terminated the Delta contract.

RECIPIENTS LOSE OUT

Delta is reaping huge profits by operating a program that discourages dentist participation and the delivery of services. Delta's uncooperative business practices, excessive red-tape, and poor payment procedures resulted in 40% of participating dentists dropping out of the program during the first six months of Delta's administration of the program.

Access to dental care for Medicaid recipients has dramatically decreased under the Delta program. Less than 20% of Illinois dentists file a Medicaid claim in a given month, while in several Illinois counties no dentists serve Medicaid patients.

The quality of dental care available to Medicaid recipients under the Delta program is abysmal when compared to the general population. In many communities the few dentists still willing to serve Medicaid patients are overloaded resulting in drastically limited services. In some areas dentists limit their services to pulling teeth.

Report: C-Sections Skyrocket, Half Unnecessary

A new report by Public Citizen's Health Research Group has estimated that in 1986 over 450,000 unnecessary cesarean deliveries were performed in the US. The report also states that the wide variations in cesarean, or c-section, rates between different hospitals and doctors cannot be explained by differences between patients, but instead are a result of the differences in individual doctor and hospital policies.

According to the report, the average maternity patient today faces a growing risk every time she has a baby. She stands almost a one out of four chance of going through delivery by surgery, also known as a cesarean or c-section. The recent increase in c-sections is phenomenal. In 1970, c-sections were done in only 5.5% of deliveries. By 1980 this rate increased to 16.5% and it escalated to 24.1% by 1986. Researchers estimate that if these increases continue, the c-section rate could climb to an incredible 40.3% by the year 2000. C-sections are now the most common hospital-based operation in the country. An estimated 900,000 operations were performed in 1985, and 1 million are predicted for 1987.

FIGURE 1
U.S. CESAREAN SECTION RATE 1970-1986

1970	5.5%
1975	10.4%
1980	16.5%
1985	22.7%
1986	24.1%
1990 (est.)	28.8%

Why should this rapid rise in c-section rates be of concern? There are distinct disadvantages and risks to having a c-section. They cost more to perform and require an average of 2.3 extra days in the hospital, as well as weeks after the hospital stay for recovery. In addition, a c-section can take a large psychological and emotional toll on the mother. Most importantly, c-sections are more dangerous for the patient. The maternal mortality rate is at least six times higher for c-sections than for vaginal birth.

With all these disadvantages, why is the c-section rate rocketing upward? An answer often given is that these increases have led to a reduction in infant mortality rates. However, several other factors have contributed more, such as improved prenatal care, fetal monitoring, and advances in newborn care. Their greater importance is demonstrated in Europe, where most countries have equal or lower infant mortality rates than the U.S. and possess much lower c-section rates.

FIGURE 2
INTERNATIONAL CESAREAN SECTION RATES (1981)

United States	18.5%
Canada	15.9%
Sweden	12.4%
Belgium	7.4%
Netherlands	4.9%
Czechoslovakia	4.7%

The main contributor to the c-section problem has been the policy of automatic repeat c-section, or "once a c-section, always a c-section." Repeat c-sections constituted 35% of all c-sections performed in 1985 and contributed to 48% of the rise in the past 5 years. This practice magnifies any increase in the c-section rate due to other causes, resulting in a vicious cycle.

This practice was started 70 years ago because the old method of surgical incision led to a danger of the uterine scar tearing during subsequent labor. As a result of new, safer methods of performing c-sections (using a small, horizontal incision) this danger has been largely eliminated. Subsequently, the need for automatic repeat c-section has been largely eliminated and the need for automatic repeat c-section has been proven unnecessary. Several large studies have shown the 60-80% of patients who have had a previous c-section can deliver vaginally through a "trial of labor" with no evidence of increased risk for the mother or the baby.As a result, in 1980 a National Institutes of Health (NIH) conference, soon followed by agreement of the American College of Obstetrics and Gynecology, concluded that women with a previous c-section should receive a "trial of labor," provided the hospital has appropriate facilities, services, and staff for prompt emergency c-section birth. However, these guidelines have been virtually ignored by practicing obstetricians. Only 8% of women with a previous c-section underwent a "trial of labor" in 1984, four years after these recommendations were made. More than 50% of hospitals surveyed in 1984 still had an automatic repeat c-section policy.

variations in c-section rates cannot be explained by differences between patients; they can only be explained by differences in individual doctor and hospital policies.

FIGURE 3
STATE CESAREAN SECTION RATES (1983)

Maryland	23.6%
Connecticut	20.7%
California	19.9%
Pennsylvania	19.3%
New Mexico	17.2%
Wisconsin	15.8%
Utah	13.9%

The Health Research Group study identified dystocia, or failure to progress in labor, as the second largest contributor to the rise in c-sections. This diagnosis contributed to 29% of the rise from 1980- 1985, mainly from the 42% increased incidence of dystocia. There are three factors involved in the failure to progress in labor — the powers (uterine activity), the passenger (the fetus), and the passage (the mother's pelvis). The latter two contribute to fetopelvic disproportion (FPD), where either the fetus is too big, or the pelvis is too small. There is no evidence to indicate that any of these factors have changed over time. Therefore, this increase in the diagnosis of dystocia must be mainly due to subjective factors on the doctor's part.

The third main contribution to the increase in c-sections has been the increased incidence in the diagnosis of fetal distress. Fifteen percent of the rise in c-sections over the past five years has been due to fetal distress; during this time there has been a 225% increase in the reported rate of fetal distress. There is no evidence of declining health in fetuses or mothers in the United States during the last five years which would explain this enormous increase. One must assume, therefore, that the cause again lies not in the changing population but in the process of how these diagnoses are being made.

A major factor in this increase has been the growth of continuous electronic fetal monitoring (EFM), a technique which has gained widespread use in the last 15 years. It is a more sensitive method of monitoring the fetal heart rate than the traditional stethoscope. However, it requires additional training and the quality of this training varies enormously. It has been shown that the rate of c-sections proposed as a result of EFM is inversely correlated with the amount of training or experience that the clinician has had with this technique. That is, the more training a obstetrician receives on EFM, the fewer false diagnoses of fetal distress are made, and the fewer unnecessary c-sections are performed.

The study argues that one of the factors influencing the rise in c-sections is the increased money that it brings to both physicians and hospitals. Physicians often receive up to 40 % more for doing a c-section. The extra 2.3 days spent in a hospital can double the hospital's revenues. Recent studies have found that women with private physicians were more likely to receive a c-section than women receiving care in a public clinic, the implication being that the lower reimbursement rates for c-sections in public clinic patients help to discourage unnecessary c-sections. For example, in 1983 c-section rates for Blue Cross patients were 22.5% while self-paying patients' rates were 17.1% The report suggests this dangerous financial bias favoring c-section could be eliminated if government and private health insurance providers decided to reimburse the same amount of money for vaginal delivery as for a c-section.

In the report, researchers Craig Tonio, Marc Manley, MD., MPH., and Sidney Wolfe, MD., examined the rates between individual hospitals and physicians. The

findings were eye opening, with an enormous variation in hospital and physician c-section rates. The hospitals ranged from a c-section rate of 12.4% to a high of 42.0%, resulting in an overall state c-section rate of 26.6%. Individual physician c- section rates also varied enormously. For example, at St. Joseph's Hospital the individual physician's c-section rates varied from a low of 15.9% to a high of 52.6%. No significant differences were found in the c-section rates between tertiary hospitals with neonatal intensive care units (which handle more difficult cases), and community hospitals. Therefore, the wide variations in c-section rates cannot be explained by differences between patients; they can only be explained by differences in individual doctor and hospital policies.

Health Research Group proposes that incentives be created by the following steps which would have a significant impact on the c-section rate.

RECOMMENDATIONS

1. State legislation should be passed which requires disclosure to maternity patients by admitting hospitals of the rates of primary and repeat c-section delivery, and the rate of vaginal birth after a previous c-section.

2. Hospitals and obstetricians should be required to attempt a "trial of labor" in patients with repeat c-sections who have no other complications requiring a c-section.

3. Hospitals and obstetricians should begin to use fetal stimulation tests to supplement regular electronic fetal monitoring.

4. Hospitals should require a mandatory consultation or second opinion prior to doing any c-section deliver which is not an emergency.

5. Both government (Medicaid) and all private insurers of health care should adopt a policy of reimbursing vaginal and c-section deliveries at the same rate.

6. Women and their spouses should ask questions about c-section policies before selecting an obstetrician or a hospital.

This article is adapted from a previous article in the November 1987 issue of the Health Letter.

Birthing Centers Pushed As Option for Illinois

In response to the growing demands for alternatives to high tech birthing methods, the Chicago based Health and Medicine Policy Research Group has formed a Birth Center Task Force.The Task Force was established with the purpose of determining the feasibility of and potentially helping in the development of freestanding, out-of-hospital birth centers in Illinois.

A birth center is a facility which is equipped to provide comprehensive maternity care to healthy women throughout the childbearing cycle in an ambulatory care setting. While there are approximately 140 birth centers in 21 states throughout the US (as well as abroad), birth centers are not legal in Illinois under existing legislation. Presently, the Illinois Department of Public Health (IDPH) is considering introducing regulatory legislation to enable the establishment of birth centers in Illinois.

birth centers are not legal in Illinois under existing legislation

In order to assess environmental factors (including legislative feasibility, financial feasibility and community interest) and to advocate changes necessary for the establishment of birth centers, the Birth Center Task Force has organized a conference entitled, "Freestanding Birth Centers in Illinois: The Time is Now!", to be held at the Nineteenth Century Women's Club in Oak Park on March 18, 1988. CCHCC will be one of the many co-sponsors of the conference. Conference goals include:

1) Education of health care professionals, administrators, and organizations as well as public health officials and consumers about birth centers;
2) Determination of need and feasibility in Illinois; and
3) Organizing a response to the needs that are identified.

The program includes a keynote speech by Eunice (Kitty) Ernst, CNM President of the National Association of Childbearing Centers; a presentation by Ruth Lubic, CNM, Ph.D., Director of the Maternity Center Association; speakers from other midwestern birth centers, and a "reactor panel" including a physician, a third party insurer, a midwife, and representatives from IDPH, an HMO and a hospital. The full-day program includes many others.

Among those we are inviting to attend the conference are physicians, nurse-midwives, nurses, hospital and HMO administrators, public health officials, consultants, and coalitions of health care workers and consumers concerned with maternal-child health, perinatal/infant mortality, and choices in childbirth.

For more information about the conference you can contact Gina Novich, Chairperson of the Birth Center Task Force at (312) 633-6507, or the Health and Medicine Policy Research Group at (312) 922-8057, or CCHCC at (217) 352-6533.

CCHCC Briefs

Membership Support Jumps...

If membership contributions are any measure of support for the work we do, CCHCC members are providing a ringing endorsement of the organization. According to a mid-year financial report presented to the Board of Directors in January, membership dues and donations are projected to skyrocket 50% by the end of the fiscal year on June 30. This represents the second year in a row that memberships have increased dramatically. In FY'87 (ending June 30, 1987) membership dues and donations jumped to $39,097, up over 25% from $31,151 received the previous year. In the first seven months of FY'88, membership dues and donations have topped $42,000, and are projected to top $58,000 by the end of the fiscal year.

Over 250 Attend Bingo...

CCHCC's Third Annual Halloween Bingo Bash was a tremendous success, as over 250 devoted Bingo players turned out for the event at the Moose Lodge in Champaign. The crowd buzzed with excitement as over $2200 in prizes was awarded, including two $500 jackpots. The 1987 Bingo Bash was the best to date, according to staff member Rebecca Walker, who organized the event. "We eliminated advance registration, which cut down on expenses and staff time and made it easier for the players," explained Walker. The event also quadrupled the net from last year's Bingo Bash. CCHCC is currently evaluating the possibility of adding a second Bingo Bash in the spring.

Clara Clark Re-Elected Task Force Chairperson...

At its January 22 meeting, CCHCC's Senior Citizen Task Force re-elected Clara Clark as its Chairperson. Clara has served as chair the past two years, providing the Task Force with strong leadership and direction. Other officers were also elected at the meeting, including Willa Mae Dibrell as Vice-Chair, Anna Clayton as Secretary, Eddie Carter as Assistant Secretary, Mamie Smith as Chaplain, and Ida Pritchard as Correspondence Secretary.

Happy Hours on a Roll...

CCHCC celebrated its third Happy Hour since moving to its new offices. A small auction at the December 11 event netted $200 as those in attendance bid on a variety of items, including Illinois basketball tickets, the first edition of Mother Jones Magazine, and much more. The next Happy Hour is scheduled for Friday, April 15 — IRS Madness Day. There is a $3 donation. Hope to see you there!

Consumers Launch Insurance Initiative

Consumers bristled at the news that health insurance rates may jump as much as 70% in 1988, and for good reason. Nearly 20% of the population is already without health insurance of any kind, and millions more are underinsured. The average family now spends 12% of their income on various forms of insurance, making insurance a family budget item exceeded only by housing and food. Meanwhile, as a larger percentage of income is devoured by insurance, the industry threatens to restrict availability to many consumers on some lines of insurance. The result has been a mobilization of consumers around the country in opposition to industry proposals which are increasing rates while reducing coverage.

Consumers have been at loggerheads with insurance companies for many years, and most recently came to a head in Illinois during the 1986 legislative session. Since consumers were able to hold their ground in the last round, the Insurance Industry has re-grouped and is preparing another onslaught on consumer rights. However, this time consumers are prepared with their own legislative agenda to address injustices perpetrated over the years by the industry.

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REGULATION - Since insurance companies operate like banks in many respects, they need to be subject to the same guidelines. Although insurance companies amass huge amount of money which is lent out at very profitable interest rates, unlike banks they are not required to re-invest their funds in Illinois or in socially productive enterprises such as housing or community redevelopment. Therefore, consumers are supporting legislation similar to that regulating banks which would make insurance companies more accountable to the public interest.

Another proposal being pushed is a flexible rate regulation system. Flex rating of insurance premiums is designed to even out the cycles of high and low rates and could eliminate many of the "insurance crises" which we are periodically faced with. Flex rating would permit insurance companies to adjust rates less than 10% without regulation, while requiring changes of greater than 10% receive prior approval from the Department of Insurance. Additionally, measures to prevent collusion in the setting of rates needs to be enacted. A similar bill would require that a company's "claims history" be considered when changing property/casualty premiums, to temper large swings in price and availability of this crucial business insurance.

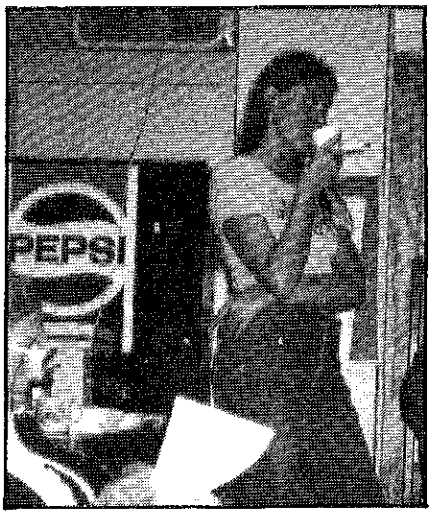
OVERSIGHT - While the State does approve which insurance policies may be sold in Illinois, marketing practices are largely unregulated and unchecked. Senior Citizens are the most common victims of these deceptive advertisements for Medigap health insurance and life insurance policies. The State needs to enact stricter measures to address this problem, which will only become more acute with the arrival of long-term care policies, directed at seniors who need skilled nursing facilities.

DISCLOSURE - The insurance industry has historically cloaked itself in a shroud of secrecy and muddled language. Insurance policies need to be written in plain English so that consumers can better make informed decisions. Readable size print, clear headings, and an orderly layout of the printed policies should be required by the Department of Insurance prior to approval for sale in Illinois. Additionally, important information such as statistics on accidents and workplace safety which are collected by insurance companies should be published to warn consumers and assist in reducing claims. Insurance policies should also list the "premiums paid" to "claims paid" ratio. By informing consumers how much is brought in versus how much is paid out, consumers can more readily determine the value of insurance and compare policies from different companies. This is particularly critical in various supplemental policies such as Medicare supplements.

AFFORDABILITY - The erratic cycle of the unregulated insurance industry has resulted in affordability crises for consumers. The state should authorize the establishment of pools for consumers to purchase insurance at savings similar to those realized by group health insurance policies. Small businesses and non-profit concerns should likewise be eligible to form pools and joint underwriting plans to assure affordable rates.

DISCRIMINATION - Current insurance industry practices include sex discrimination against consumers on life and health insurance policies, and businesses can legally be denied coverage based on geographic location. It is time that these civil rights violations against businesses be eliminated to assure equitable access for necessary insurance coverage for everyone.

CIVIL JUSTICE - Consumers need redress for unfair actions by insurance companies, such as denied, inadequate, or delayed settlements. Funding for arbitration panels to expedite small claims and improved appeals process including the right to bring suit and the threat of punitive damages would improve consumer's opportunities for justice in larger claims.



Rebecca Walker looks on as members of the Senior Citizen Task Force question PRO officials at a meeting last August.

Rebecca Joins Peace Corps

Rebecca Walker, the lead organizer with our Senior Citizen Task Force, left CCHCC in December to join the Peace Corps. Rebecca, who joined the staff in July, 1985, played an instrumental role in broadening the focus of the Task Force beyond the Medicare 100 and Plus programs.

With her assistance, the Task Force established an Issues Committee to help identify and organize around those issues of most concern to local senior citizens. Since then, the Task Force has focused public attention on the need for licensed denturists, won an agreement from Arrow Ambulance to accept Medicare assignment, convinced the PRO to require local hospitals to post the rights of Medicare patients to challenge discharge notices, and led local efforts to secure passage of the catastrophic health care bill in Congress.

Rebecca's assignment in the Peace Corps will send her to Honduras. Her enthusiasm and commitment will be missed by all.

Conference *from page 3*

Workshops for this year's conference will feature Ms. Avery speaking on women's health issues, an analysis of pending Federal legislation, including catastrophic care and the Kennedy-Waxman mandatory health insurance bill. The conference will also have a unique focus on alternatives to modern medicine including a special guest presentation from Chief Two Trees, an American Indian who practices "traditional" health care with emphasis on the use of herbs. Other topics under consideration include the impact of changes in legislation regulating trauma designation, and a panel on the adjustments in the health care system wrought by the rise of HMO's, advanced technology, and increasing corporate models in the delivery system.

For more information call CCHCC at 352-6533.

Congress to Vote on Home Health Care

"We've met the challenge of Catastrophic Health Care costs and come up with the solution", many legislators are proclaiming. With the Catastrophic Health Care plan in conference committee, many people may think that the fight is over. Unfortunately, the Catastrophic Health Care legislation doesn't even affect one of the most pressing catastrophic health care costs - those associated with long term home health care. It is estimated that 80% of catastrophic health care expenses are for long term care provided outside hospitals.

Recognizing this, Rep. Claude Pepper, a long time champion for senior citizens in Congress, has introduced legislation to correct the inequity. Pepper's Long-Term Home Health Care for Americans of All Ages (H.R. 3436) is aimed at taking care of the extremely high costs of health care outside of the hospital. It is important to note that the proposal not only helps senior citizens but will also help many younger people who are disabled due to birth disorders or accidents.

Under the current American health system, once a person becomes so desperately ill that there is no hope of making him or her self- sufficient, Medicare and most private insurance coverage come to an end. When that happens, the patient and his or her family are left to fend for themselves. Life savings can quickly be depleted from costs associated with long-term care, and then the only option is to spend down into poverty, in order to qualify for Medicaid. The average allowable assets under Medicaid are $3,000 for a couple and $2,500 for an individual. It is estimated that 1 million Americans each year become impoverished due to costs associated with long-term care. Because of the high cost of nursing home care, and eventual need to provide some universal coverage at a future date, Pepper's legislation takes aim at providing lower cost home health care.

Under the legislation a person would be eligible for long-term home care benefits provided as prescribed by an independent professional case management team and the individual's attending physician. A wide range of services would be covered from nursing care and homemaker/home health aid services to patient and family education, training and counseling. The benefit would be available to the chronically ill elderly, disabled, and children who have been certified to be unable to perform two or more normal activities of daily living (eating, bathing, dressing, transferring or toileting).

It is estimated that 1 million Americans each year become impoverished due to costs associated with long-term care.

How to pay for the increased costs of care has been a big issue due to the budget deficit. The bill would raise the revenue to pay for the expanded services by lifting the cap on the present Medicare payroll tax. Under the present system a person's income is taxed at a rate of 1.45% for the first $45,000 of income. This tax is part of the social security payroll deduction. This legislation would lift the cap off income over $45,000, thereby generating an additional $6 billion over the next 5 years. It should be noted that 95% of the population have incomes less than $45,000 and would be unaffected by lifting the cap.

In addition, the legislation would also save many states the cost of providing for long-term care through their Medicaid programs. Since Medicare would be providing home health coverage, many families would no longer be forced into poverty and dependent on state Medicaid programs.

Examples of individuals who should benefit from long-term home care are elderly persons with advanced Alzheimer's disease or Parkinson's disease, children born with chronic lung impairments, elderly stroke victims, working-age Americans left paralyzed or otherwise disabled by accident, injury or disease, and children and elderly with long- term cancer.

Because H.R. 3436 would provide protection against the catastrophic costs of chronic illness for people of all ages, it is really a family protection proposal. It recognizes that catastrophic health care costs are not simply a problem for the elderly, but that many young families face destitution as well caring for their ill children.

The cost of long-term home care services would be tightly controlled by limiting monthly payments to two thirds of the monthly Medicare rate for skilled nursing home services. Payments for technology-dependent children could not exceed the cost of providing similar services in a hospital or nursing home. Numerous national and state studies have demonstrated the feasibility of providing tightly controlled case-managed home care services at a fraction of the cost of institutional care.

H.R. 3436 also contains an amendment to provide Medicare coverage of an annual preventive screening test for breast cancer. One in ten American women will develop breast cancer and nearly 40,000 die from the disease each year. Studies have demonstrated that provision of inexpensive mammograms would prevent many unnecessary hospitalizations and cut the incidence of breast cancer deaths by up to one third.

The bill is expected to come up for a vote on the House floor in early February. It is important that you contact your congressman immediately and urge their support for H.R. 3436.

CCHCC Board Members Walter Feinberg and Abdul El-Jamal were among the Board and Staff members who met with Ralph Nader last October.

Ralph Nader Does TV Spot for CCHCC

Following a presentation at Carle Clinic's Business Day Seminar last October, Ralph Nader returned to the Chancellor Inn in Champaign where he met for several hours with a dozen of CCHCC's leaders. The meeting went into the early morning hours as the far reaching discussion jumped from medical malpractice to the growing corporate dominance of health care to the need for a revamped health care system with universal access. Mr. Nader also prodded CCHCC leaders to explain how the organization has continued to grow over its 10 year history, and to share our experience with others seeking to organize in their communities.

Before the evening ended, Mr. Nader agreed to record a public service announcement for CCHCC, even though he generally refuses such requests. The PSA is currently airing on local TV stations and cable outlets such as CNN and ESPN.

For those in attendance, Mr. Nader left an incredibly positive impression — something that Mr. Nader must have also shared. Just days after leaving, Mr. Nader devoted his syndicated column to the work CCHCC has done over the years.

Consumer Health Hotline 352-6533

Dental Report from page 1

Chicago, Ford County, Southern Illinois, as well as within Champaign County, have called to relate their own personal experiences.

One Champaign resident relates, "I haven't been able to get care for myself or my children for over two years. I called all the dentists in town. I also called the 800 number Delta gave us, but the line is always busy."

Jack Beebe, Executive Director of Frances Nelson Health Center, confirmed CCHCC's contention in the report that Public Aid recipients cannot get access to needed care. At the press conference releasing the report Beebe said, "We're turning away five to ten people for every one we take in for dental care."

Dentists have also rallied in support of the report's findings. The American Dental Association requested copies of the report and also relayed the information that the American Dental Association had recently severed its own relationship with Delta due to poor performance. The Chicago Dental Society has termed the dental plan "a disgrace to our state ... horrible, shameful, and disgusting." Local dentists have suggested CCHCC send their report to all of Illinois' legislators in both houses.

As might be expected, the Department of Public Aid and Delta Dental have denied the report's findings. However, Department spokesperson James McDonough has admitted that the Department has "had enough concerns to limit (a renewal) of the contract to one year" and will decide whether it will stay with Delta "in the next 30-60 days." The only substantial criticism of the report has been by the Department which admitted it had an inaccurate figure concerning dentist participation in the program. McDonough stated that the Department has "internally adjusted" that figure since providing it to CCHCC.

"We're glad the Department is admitting to some of their incompetence surrounding the monitoring of this program," explained CCHCC Executive Director, Mike Doyle. "This report clearly documents dozens of violations and problems and is not based on any one figure. We stand by our findings and welcome an independent audit of the program to determine the full extent of the incompetence, waste, and mismanagement that pervades this program."

Options for Uninsured Focus of Report

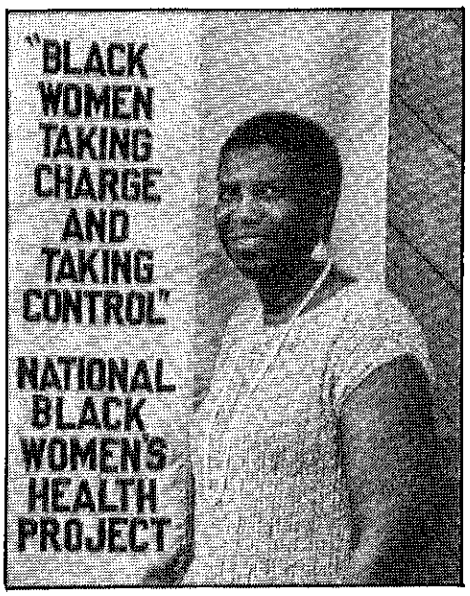
Across the country, states are studying and implementing comprehensive solutions to the problems of access to health care. To assist health care advocates and others active in this effort, the National Health Care Campaign and Citizen Action have released Insuring the Uninsured: Options for State Action.

The study reviews state options for providing health care coverage to uninsured people such as high-risk pools, hospital uncompensated care pools, multiple-employer trusts, medicaid expansion and other strategies targeted at specific populations.

The report calls special attention to broader, comprehensive health care programs being developed in a number of states. Detailed analyses of proposals from Massachusetts (3 plans), California, Oregon, Wisconsin, and Minnesota are included.

The authors are Geraldine Dallek, nationally known health policy expert and currently a Pew Health Policy Fellow at the Rand Corporation; Cathy Hurwit, legislative director for Rep Ed Markey of Massachusetts; and Adeline Golde, health policy staff with Citizen Action.

Insuring the Uninsured is a 130 page report filled with charts, statistics and valuable analysis of the options states can exercise to meet the growing crisis of access to health care. This report is available from the National Health Care Campaign for $25.00. Discounts are available for orders of 10 or more. To order, contact Sarah Anders at the Campaign P.O. Box 27434, Washington, D.C. 20038.



Byllye Avery, *Founder of the National Black Women's Health Project will be honored at CCHCC's Award Dinner, March 19 at Jumers Castle Lodge in Urbana.*

LEADERSHIP Through Action

CCHCC Annual Conference March 19

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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 seven of the twelve At-Large seats are open. Nine people have been nominated for these seven seats. 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 Consumer office at 44 Main, Room 208, Champaign, IL 61820. You may vote for up to seven of the nine 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 Friday, March 4. Results will be announced at our Tenth Anniversary Conference/Dinner on March 19, as well as being listed in the next issue of the newsletter. If you'd like to know the results sooner, please feel free to call the office.

1988 Board Election
OFFICIAL BALLOT

Sincerely,

Mike Doyle
Executive Director

JACQUELINE ARCHEY - I am currently employed at Family Services of Champaign County, Telecare in Social Service, as a counselor. My educational background includes the following: Graduate from Eastern Illinois University with B.S. Degree, Graduate of Parkland College, Graduate Illinois Commercial College Extension Courses in Europe, and Japan from Maryland University, and other courses for personal growth. I am married with three children, resident of Urbana, Illinois for four years, originally from this area, of middle income family. My interest in and beliefs about consumer health issues are that no person be denied health care, that hospitals and other institutions in health care business make people aware of the consumer medical resources if they are unable to pay for medical care. That there be a national health plan. I have been a CCHCC Board member for the past 4 years.

IMANI BAZZELL - I have a BA degree from Fisk University in Multiple Discipline Social Work. I am married and the new mother of a son. I am Program Director at the YWCA. I participate in the Exodus Theater Collective, and am also a hotline worker for the Rape Crisis Service. I do extensive anti-racism (anti-Apartheid, etc.) and anti-poverty work (women in poverty, the feminization of poverty). I have dedicated my personal and professional life to social justice work, addressing sexism, racism, and classism.

ABDUL EL-JAMAL - I've been involved in social work for the past 10 years. Much of my time is spent working with tenants at public housing complexes in Champaign County. Although much of our focus is on housing conditions, we work with tenants to increase their voice in the decisions that affect them and increase their representation on decision making bodies. While I'm deeply involved in the housing issue, I operate on the belief that citizens are entitled to the same opportunities as anyone else, regardless of their economic status or income level. I believe this principle fits right in with the issue of health care. I think we should operate on the principle of equity and be motivated as a society to help those who can't help themselves. I think my work with low-income residents in the area of housing has proven useful as a Board member with the Health Care Consumers, and I look forward to serving another term if re-elected.

PATRICIA HENRY - I am currently employed by the Urban League of Champaign County as Interim Director for the Seniors in Community Service Program. Most of my time is spent counseling, advocating, and helping low-income senior citizens find employment. I am a graduate of Illinois State University, with a B.S. in sociology/social work. I am a black female, married with one child and of middle income. Currently I am on the Retired

(over)

Seniors Volunteer Program (RSVP) advisory council and a "National Employ the Older Worker Week" (NEOWW) committee member. My philosophy about health care is that everyone is entitled to quality health care regardless of their race, age, or ability to pay. I am particularly concerned about those individuals who are on fixed incomes and denied services because of their inability to pay. Because of my beliefs, I paticipated in the CCHCC trip to Danville to give testimony on behalf of the seniors we serve concerning "The Affordable Dentures Act." I feel that by working together we can make a difference.

APRIL KO - I'm a graduate of the University of Illinois with a bachelor degree in Psychology. I started working as a volunteer at PACE, INC. Center for Independent Living since the summer of 87 & again as Assistant Program Director for the first part of this new year. Both positions took place at PACE, INC. Our agency is dedicated to working with people with various disabilities and helping them to become as independent as they can in their daily lives. My experiences & insights as a person with Cerebral Palsy has helped me to encourage others as they strive to achieve their independence. If elected, I hope to help the other members look at various issues from the perspective of a person with a disability.

JOHN PETERSON - Co-founder of Champaign County Health Care Consumers in 1977; former three term member of the Urbana City Council (1973-85); former small businessman and auto mechanic (1970-82); currently MD/PhD candidate in Health Care Public Policy Administration at UIUC. Research activities include improvements in federal and state eligibility criteria for community health centers (such as Frances Nelson), and studies to determine an accurate count of the minority of physicians who actually serve the low-income population.

ED RAMTHUN - I work for the American Federation of State, County and Municipal Employees (AFSCME) as a union organizer. I used to work as an aide in a state hospital, I have helped nursing home employees deal with various problems, and I have assisted union members with health care claims, but I do not claim to be a health care expert. I believe there is a connection between union organizing, health care consumer organizing, women's rights organizing, senior citizen organizing, and all of the other varieties of organizing for progressive social change. If I am elected to the CCHCC Board, I hope to share some of the things that I have learned in my work, and to learn from those people who come from different backgrounds.

JEANN RICE - My name is Jeann Rice and I'm employed at the Department of Children and Family Services. I have a Masters Degree in Public Health and I'm a graduate student in the College of Education. Over the years, I've been involved in a variety of community groups. Currently I'm on the CCHCC Board of Directors, & a Board member at A Women's Place. In the area of health care, I'm deeply concerned about the low-income consumers who can't afford the high cost of health care. I'm particularly distressed about the problems facing single and teenage parents; the growing number of doctors who won't serve public aid patients; and the loss of insurance and HMO coverage when people lose their jobs. I think there is a great need for more community wide health education, support for community health centers like Frances Nelson Health Center, and some form of national health insurance.

CASSANDRA WOOLFOLK - Outpatient Therapist, Champaign County Mental Health Center (1973 to present);Educational Background - M.A. Sociology (1972); M.S.W. (1980) University of Illinois; Member of Board of Directors C-U Girls Club; Coordinator of Mental Health Services at Frances Nelson Health Center (1975-80) - contractual agreement between CCMHC and FNHC to provide counseling to low-income and minority clients.

ELECTION BALLOT
CCHCC BOARD OF DIRECTORS -- 1988 AT-LARGE REPRESENTATIVES

[] Jacqueline Archey	[] Patricia Henry	[] Ed Ramthun
[] Imani Bazzell	[] April Ko	[] Jeann Rice
[] Abdul El-Jamal	[] John Peterson	[] Cassandra Woolfolk

You may cast up to seven votes (1 vote per nomine or write-in).
Return to CCHCC, 44 Main, Room 208, Champaign, IL 61820