

HEALTH CARE CONSUMER

June

Newsletter of the Champaign County Health Care Consumers

1988



Congressman Lane Evans delivers the keynote address to 250 persons attending CCHCC's Leadership Through Action Awards Dinner (more on page 3)

Poll indicates broad public support

House Skirts Home Health Care

Congressmen Terry Bruce (D-19th) and Edward Madigan (R-15th) joined a majority of their colleagues in opposing a rule change to bypass two powerful committees which would have brought Claude Pepper's Home Health Care legislation before the full House for a vote. However, a recent survey by pollster Lou Harris showed widespread support for such legislation among the American people.

The Harris poll, conducted from February 18 to February 29, 1988, underscored a growing recognition among the general public that the federal government needs to do something about the emerging health care crisis - particularly in the area of long term care. Specifically, the poll found that:

- Over 8 of 10 Americans favor a federal government program (such as that called for in H.R. 3436) to provide long-term care in the home to the chronically ill and disabled elderly, adults, and children;

- Support for such a program was shared by Americans of all ages and bridged all political and regional differences. Over 8 of 10

Americans who voted for Ronald Reagan in 1984 support such a Federal program;

- Over 7 in 10 Americans support a specific tax — eliminating the \$45,000 cap on income subject to the 1.45 percent Medicare payroll tax — to finance such a Federal health program;

- This method of financing (as contained in H.R. 3436) is supported by Americans of all ages, professions, and income levels, including fully 73 percent of those earning more than \$50,000 and thereby subject to the increased tax. It is backed overwhelmingly by Democrats and Republicans, liberals and conservatives, those who voted for Ronald Reagan and those who voted for Walter Mondale, and those in all parts of the country;

- 82% of all those responding said they could not afford to pay for the costs of providing long-term care either at home or in a nursing home. This trait was shared by the majority of persons in all income brackets, age groups, and all professions, including

Million and a Half Uninsured in Illinois

A recent study released by the Illinois Public Action Council estimates that there are 1.538 million Illinois residents lacking basic health insurance. The figure, which is 69,000 higher than past estimates, represents more than one out of seven of the state's non-elderly population.

The large number of uninsured Illinoisans is the most extreme measure of the inadequacy of the Illinois health care system. Public Action believes we need to develop a more efficient approach to providing the basic right to health care in our state.

Other systems can provide more care better and cheaper. Canada's provincial health insurance provides universal coverage at a cost 25% less than we do, and their infant mortality rate is significantly lower.

The analysis was prepared by Citizen

Most of the uninsured are young, white, and employed...

Action, a national public interest organization, for Illinois Public Action Council, using U.S. Census data for 1985. Other significant findings include:

Most of the uninsured in Illinois are employed: The overwhelming majority of uninsured Illinoisans work for a living, at least part-time. More than 19% are employed full-time year round, while 45% work part-time or full-time part of the year. Slightly more than one-third of the uninsured are without employment.

Most of the uninsured are young, white and modest-income: Demographic breakdowns by age, income, and race reveal that 68% are less than 30 years old, 63% of the uninsured are white, and 44% live in families

continued on page 5

continued on page 7

Investigations Begin Delta, IDPA feel Heat

Following a three month battle led by CCHCC, the Illinois State Legislative Audit Commission voted in late March to investigate the Public Aid dental program, run by Delta Dental. The vote is a major victory in the fight to correct the abuses of the Delta Dental program and gain access to dental care for the State's Medicaid population.

The decision to investigate Delta came in the wake of a CCHCC report which detailed the waste of millions of tax dollars, non-existent monitoring by State officials, and drastically limited access for the poor to dental care under the Delta program. During the past four years, the State of Illinois has paid Delta over \$70 million to provide dental care to over 820,000 welfare mothers and babies, as well as the blind and disabled. Since the program's inception, and during its entire four years, both dentists and recipients have termed the program "a disgrace to our state."

Low Income Task Force member Debbie Doyle explains, "We found an extraordinary waste of our tax dollars, very inadequate dental care to the poor in this state, and dentists so frustrated with Delta Dental that they could no longer afford treating Public Aid recipients."

CCHCC has been advocating an audit by an independent body, such as the Auditor General, because such a body could ascertain exactly where the Delta program failed and provide "official" evidence that the program needs to be completely overhauled. The resolution passed by the Audit Commis-

Representative Helen Satterthwaite and State Senator Glenn Poshard, introduced resolutions asking for an Auditor General investigation of Delta.

While announcing plans to introduce the resolution, Rep. Satterthwaite said, "We want to determine whether or not Delta Dental has complied with their contractual obligations and, if they have not, what the extent of the violations might be and how we can make sure there is a penalty imposed on them for any of their shortcomings. We also want to see whether the Department of Public Aid has appropriately been monitoring what has gone on."

Fortunately, the Audit Commission vote helped to speed up the investigative process by avoiding a prolonged battle in the General Assembly. The Commission's vote means that Delta now faces two official government investigations. Two days after CCHCC's report was released, Attorney General Neil Hartigan announced his office was examining possible legal violations by Delta Dental.

The Commission vote also intensifies the pressure on the Department of Public Aid and Delta Dental. Feeling that pressure, officials at the Department finally agreed to meet with CCHCC after being publicly invited to attend CCHCC's Tenth Anniversary Conference. These officials had been avoiding a direct meeting with CCHCC for months.

At the Conference, Mark Camille, Public Aid's Chief of the Bureau of Medical Practitioner Services, attempted to defend the

support an outside investigation of the program. Instead he promised to forward the pledge to his superiors.

Delta's reaction to the scrutiny it has come under has differed from the Department's. Delta has hired a PR firm and commissioned a private accounting firm to "study" the program. Not surprisingly, Delta made sure that the "study" was conducted within certain agreed upon parameters.

Consequently, Delta's study considers dentists as participating in the Public Aid

"This is just one more humiliation the State has imposed on the poor"

program who "are retired, deceased, or merely no longer willing to accept Public Aid recipients as patients."

Ironically, the study which Delta commissioned still shows a minimum drop of 5% in dentist participation. Upon hearing of the results, Task Force member David Rein remarked, "If Delta's best foot forward shows a drop, can you imagine what the results of an independent study will show?"

Two days after CCHCC's report was released, Attorney General Hartigan announced he was examining possible legal violations by Delta.

sion directed the Auditor General to examine four areas:

- whether the Department of Public Aid has adequately monitored and enforced Delta's compliance with contract provisions since 1984;
- whether the fiscal year 1988 contract provides the IDPA with adequate controls to effectively manage the performance of Delta;
- whether the fees paid by the State to Delta Dental for dental care are reasonable;
- whether the present contract provides recipients with adequate access to dental care.

Support for an investigation of Delta began gaining momentum immediately following the release of CCHCC's report, "Dental Care for the Poor in Illinois: The Failure of Pre-paid Health Plans under Medicaid." In February, several legislators, led by State

dental program. Camille claimed dental services have improved under Delta and that the number of dentists participating in the Public Aid program under Delta have increased.

However, most of the people listening to Camille, a group which included recipients, social workers, and dentists, have had first hand experience to the contrary.

Medicaid recipient Margaret Murch told Camille that her dentist has stopped treating Public Aid since Delta took over the program. "This is just one more humiliation the State has imposed on the poor," Murch said. Dr. Nick Sabbia, a Savoy dentist, said he stopped treating Public Aid patients after Delta Dental took over and that he won't rejoin the program until the company is ousted.

Even though he defended the Public Aid program, Camille refused to sign a pledge to

Coming Next Issue

Catastrophic Care Update...

The Medicare Catastrophic Bill limiting out-of-pocket hospital expenses is nearing passage. Next issue will feature a report on the costs and benefits of the legislation.

Hospital Wars Heat Up...

The Open Heart Surgery controversy has resurfaced and the trauma spat has become downright inhospitable. The next Health Care Consumer will analyze these and other local developments.



"Don't worry, dear. We'll make up those stock market losses somehow."

Leadership Awards Highlight Conference

As always, one of the highlights of CCHCC's Annual Conference and Dinner is the awards ceremony. At our Tenth Anniversary Celebration last March, CCHCC paid homage to some very special people.

To help us look back over our 10 year history, many of those individuals who have served on CCHCC's Board of Directors during the past ten years returned for the celebration at Jumer's. Flowers were presented to each past and present Board Member, a traditional part of the yearly affair.

One of the biggest attractions at this year's event was Ms. Bylye Avery, the winner of CCHCC's Provider of the Year Award, our most prominent and longest running award. Presenting Ms. Avery with the award, CCHCC Board Member Jeann Rice thanked her for "providing the leadership and the vision so desperately needed."

Founder of the National Black Women's Health Project, Ms. Avery thanked CCHCC for its recognition and called on the organization to "draw from the great diversity within your ranks to forge ahead with the reforms so badly needed within our health care system." Ms. Avery also challenged the audience to include the issue of violence as a major health care concern. "We can no longer ignore the violence that we inflict upon one another," urged Avery, "whether it's violence in the home, or the shooting of our children in the streets, we must take steps to address this national tragedy."

A special connection with CCHCC's early years was made when Executive Director



CCHCC member Debbie Doyle presents a Legislative Achievement Award to State Representative Helen Satterthwaite.

Mike Doyle announced that the organization's annual Volunteer of the Year Award would be named after former CCHCC Chairperson Henrietta DeBoer. Ms. DeBoer, a long time activist in Champaign-Urbana, has championed human and civil rights for the last three decades through her deep involvement in dozens of community initiatives and organizations. Ms. DeBoer joined CCHCC in 1977, became the organization's first treasurer and returned as chairperson from 1979 through 1982. "We're fortunate that Henrietta chose CCHCC as one of the groups who she strongly supported," explained Doyle.

Continued on page 6

CCHCC Briefs

New Board Elected

As announced at our 10th Anniversary Celebration and Dinner in March the election for members of the CCHCC Board of Directors has been completed. CCHCC is pleased to welcome five new members to our Board. In addition, four Board members whose seats were up were re-elected for another term. Joining the Board for the first time are at-large members Patricia Henry, April Ko, Ed Ramthun, Cassandra Woolfolk, and Women's Health Task Force representative Imani Bazzell. Returning to the Board are at-large members Jacqueline Archey, John Peterson, Jeann Rice, and Low-Income Task Force representative Abdul El-Jamal.

Our new Board members come to us from a broad range of social and community service backgrounds. Patricia Henry is currently Interim Director for the Seniors in Community Service Program at the Urban League of Champaign County, and also serves on the Retired Seniors Volunteer Program advisory council. April Ko works as Assistant Program Director of the PACE, Inc. Center for Independent Living. Ed Ramthun is a union organizer for the American Federation of State, County and Municipal Employees, while Cassandra Woolfolk works as an outpatient therapist with the Champaign County Mental Health Center. Imani Bazzell is Program Director at the YWCA and a hotline worker for the Rape Crisis Service.

Once again, a hearty welcome to all new and returning Board members, and best wishes for the hard work facing us in the next year.

Picnic July 16th

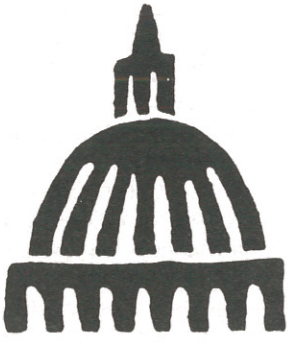
Everyone is welcome to attend CCHCC's Annual Summer Picnic on Saturday, July 16th. This year the picnic will be at the main pavilion in Crystal Lake Park in Urbana. The picnic will begin around 1 PM and feature John Lee Johnson's famous barbecue chicken. People are encouraged to bring a covered dish. Recently refurbished, Crystal Lake Park provides all kind of fun and games for everyone including canoeing, fishing, volleyball, etc.

Memorial

On May 29, 1988 CCHCC lost one of its former staff members, Leo Millar, in a traffic accident at Oberlin, Ohio. Leo was a member of our fundraising staff in 1985 and became Canvass Director in 1986. Under Leo's leadership our canvass expanded and set records for new members. Leo was a dedicated worker and was well liked by all who worked with him. We are saddened by his loss.



CCHCC Board member and longtime community activist Mamie Smith congratulates 1988 Provider of the Year recipient Bylye Avery.



LEGISLATIVE UPDATE '88

Medicaid Expansion Covers More Children

In recent years, federal law has enabled states to expand Medicaid coverage for low-income pregnant women and their children. States receive at minimum a 50% match of dollars from the federal government for payment of these services.

The underlying premise of Medicaid expansion is to extend coverage to greater numbers of needy women whose family incomes are too high to qualify for AFDC but too low to pay for medical insurance. The reality is that these women forego prenatal care often with tragic results.

The rationale for Medicaid expansion is clear. The March of Dimes Birth Defects Foundation has documented that a woman who has 13 to 14 prenatal visits has only a 2% chance of having a low birthweight baby. With no prenatal care, the risk is over 9%. Low birthweight is the acknowledged leading cause of infant mortality.

Illinois has the highest infant mortality rate of any northern industrial state. Most states have recognized the advantages of Medicaid expansion and have implemented the federally sanctioned provisions. Illinois has taken some tentative, though positive steps to enact this program. But much more is needed.

Last year, CCHCC participated in a statewide campaign to expand Medicaid coverage for pregnant women and their children (up to age 2) who have incomes below 100% of the federal poverty level.

Health experts agree that cost savings from Medicaid Expansion far exceed initial program outlays

Last fall, Gov. Thompson signed into law legislation that "enables" but does not mandate this legislation. To date, these provisions have not been implemented, but the state budget now under consideration contains funding for Fiscal Year 1989. Under current Illinois law, each year the fate of an estimated 11,000 pregnant women and their babies will depend upon the implementation of the bill.

Health experts agree that the eventual cost-savings of Medicaid expansion from prevented illness and birth defects will far exceed initial program outlays (studies show that \$1 spent on pre-natal care saves \$3 to \$10 on avoided intensive health care). Medicaid expansion makes fiscal and moral sense. It must be a permanent, mandated, and adequately financed part of the Illinois Public Aid Code.

Two bills were introduced this year that would bring Illinois closer to full compliance with recent federal legislation and provide much needed assistance to working poor women and their children. The passage of these bills would be another positive step in the drive to lower infant mortality in Illinois.

HB3698 (Curran) would secure health care for all pregnant women and infants whose family incomes are at 185% of the federal poverty level (approx. \$18,000 for a family of four). This expansion of Medicaid would assure that Illinois takes full advantage of opportunities provided by Congress to better serve the health care needs of our uninsured and underinsured working poor families. This legislation would also ensure that Medicaid expansion became a permanent (codified) part of the Illinois Public Aid Code.

The estimated initial cost outlay for this reform is \$5.75 million, but the estimated cost savings within 1 year would be \$17-\$57 million. Unfortunately, this bill was defeated in the House. However, HB3612 (Matavejich) was passed by the full house and now goes to the Senate for consideration. This bill amends the Public Aid Code to provide Medicaid coverage for children between the ages of 1 and 5 whose family income is below the federal poverty line (approx. 11,000 for a family of four). The estimated initial cost outlay for this bill is \$1.8 million with an estimated cost savings within 1 year of \$5-\$18 million.

PLEASE CALL OR WRITE YOUR STATE SENATOR TODAY. TELL THEM TO SUPPORT HB3612. HELP END THE TRAGEDY OF INFANT MORTALITY.

Discharge Planning

This year the state legislature is considering a proposal that would require hospitals to provide a 48 hour notice to Medicare patients in advance of discharge from the hospital. In addition, the hospitals would be required to provide a written discharge plan, and an explanation of the Medicare patient's right to appeal the discharge and the appeals process.

On April 26, the bill, Patients' Rights (H.B. 3873) sponsored by Rep. Peg Breslin, passed out of the House Human Service Committee in a 17 to 0 vote and now will be considered by the full House. The measure is aimed at correcting some of the problems associated with the Medicare system that were uncovered in a 1986 study by the Champaign County Health Care Consumers, entitled OUR ELDERS DESERVE BETTER; The Deterioration in the Quality of Care under Medicare in the 1980s.

This study found that nearly 25% of patients being released by the hospital were informed of their discharge on the same day they were sent home. Given such a short notice, many patients did not feel ready to go home. Even of more importance was the fact that over 80% were unaware of their right to appeal their discharge from the hospitals to the Peer Review Organization (PRO).

The problems have been attributed to the rapid change in the health care system due to the Prospective Payment System (PPS) that Medicare adopted in 1983. Under this system hospitals are reimbursed a set amount for the illness that a patient is admitted under. This list of possible diagnoses is called Diagnostic Related Groups (DRG's). This payment system was meant to hold down costs to the federal government by eliminating the ability to charge for "unnecessary services."

Several things have happened since the DRG system was put into place. Since 1983 the average length of stay for Medicare patients across the country has decreased. At the same time there has been a rise in the need for adequate home health care services. With these changes the need for adequate discharge planning has been recognized as an important step in maintaining the quality of care. In addition, patients need to know that they cannot be discharged simply because their "Medicare days are used up" but can only be discharged when they are physically ready to return home.

Representative Breslin's bill would provide for a uniform standard of what should be included in the discharge plan. It also would standardize the process of informing patients of their right to appeal. The measure is modeled after a similar law that is now in effect in Massachusetts.

Insurance Update

Following two years of insurance industry efforts to curtail consumer rights through tort reform legislation, CCHCC has joined with dozens of other public interest organizations throughout Illinois to launch its own offensive. Operating under the umbrella of the Coalition for Consumer Rights, public interest organizations developed a package of twelve bills designed to reform the insurance industry and protect consumers. Although many of the proposals were tabled or defeated in close votes on the House floor, one proposal has moved on to the Senate. More importantly, consumers have helped redefine the debate over skyrocketing insurance costs.

"We've made great strides by turning the whole issue of rising insurance rates around," explained CCR Director Bob Hudek. "In the past, this has been largely a defensive battle. This year, we were on the offensive. We plan to revive our proposals in the Senate, but if we don't succeed this year, we'll definitely be back in 1989."

Of the legislative package, HB 1491, a bill which requires state oversight of long term care insurance, passed overwhelmingly in the House. This bill now goes to the Senate for consideration. In addition to requiring the State to regulate the sale of long term care policies, this bill guarantees the right of an individual to cancel a policy within 10 days of purchase and receive a full refund if the person is unsatisfied in any way. The bill also requires an insurance company to prominently disclose certain information, such as the ratio of dollars paid to the insurance company in premiums vs. the amount paid out by the company in claims.

Three other proposals made it to the House floor but fell just short of the 60 votes needed for passage to the Senate. HB 3901 required insurance companies to justify all rate increases of over 10% for casualty or property coverage. This bill fell just one vote short of passage in a 59 to 47 vote (with 7 present votes).

HB 3902, which would have removed the ability of insurers to act in collusion and fix prices by repealing the anti-trust exemptions insurance companies currently have, lost by just three votes. HB 3905 which provided consumers a civil remedy to recover damages from insurers violating the insurance codes by adopting policies such as illegal cancelations and knowingly misrepresenting policy coverage, also was defeated on the House floor.

These bills will form the foundation of the consumer insurance legislation package in 1989. The strong support for the bills in just the first year that this type legislation was

introduced gives cause for optimism for the next legislative session. Several bills which were defeated in committee or tabled will also be reintroduced next year. These bills include measures to eliminate sex discrimination in determining rates, to establish strict standards for fraudulent or misleading advertising, and to require insurance policies to be written in understandable language.

Other bills such as those aimed at the investment policies of insurers, publication of price comparisons for consumers, elimination of geographic discrimination, and proposals to allow for group purchase of homeowner insurance will also be part of the consumer agenda again next year.

CHIP Defunded

In a vote split almost entirely along party lines, with most Democrats voting yes, and most Republicans voting no or present, efforts to fund the State's Comprehensive Health Insurance Plan (CHIP) fell seven yes votes short of passing in the House.

The CHIP program was a landmark piece of legislation which would have, for the first time, given thousands of Illinois citizens access to health insurance that they did not have in the past. CHIP created a mechanism for providing coverage for people considered high risk by the traditional insurance market. However, the House vote blocking funding for the plan leaves the immediate future of CHIP in doubt.

FOIA Bill Clears House

Over the years, CCHCC has often gathered valuable data from state governmental agencies through the Illinois Freedom of Information Act (F.O.I.A.). However, many times the F.O.I.A. process has been cumbersome, and often bureaucrats have used

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loopholes in the Act to avoid providing information.

To help close these loopholes, CCHCC has joined the ACLU and Common Cause/Illinois in support of amending the Act. HB 2569 will speed up the F.O.I.A. process and make documents more accessible to the public.

The bill passed the House in mid-May and is currently being considered in the Senate. Specifically HB 2569:

- Strengthens the provision for the award

of attorneys' fees to the plaintiff of a successful F.O.I.A. suit;

- For the first time allows a plaintiff in court proceedings to obtain an index and description of denied records, and requires the agency to state the exemption claimed for withheld records;

- Clarifies and narrows language that currently allows overly broad exemptions;

- Makes it easier to obtain a waiver or reduction of copying fees;

- Adds language emphasizing that the exemptions in the F.O.I.A. are to be interpreted narrowly.

Pepper Bill

continued from page 1

over 6 in 10 Americans with income over \$50,000 a year;

- 78% of Americans polled said they preferred to receive long-term care in their own homes over long-term care in a nursing home. This preference was noted among those of all ages and from all parts of the country.

Despite the clear cut support among the public for federal action, two local Congressmen were not nearly as enthusiastic. At a town meeting in Champaign, Congressman Terry Bruce expressed reservations over the financing mechanism when questioned by CCHCC members about his position on the "Pepper" bill. Similarly, Congressman Ed Madigan was vague about his position on the "Pepper" Bill when CCHCC members visited him at his office.

CCHCC joined with several other organizations in the area to generate calls and letters to Congressmen Bruce and Madigan on this issue. "It's critical that our representatives in Congress understand how this issue affects us," explained CCHCC Senior Task Force member Leona Bryant at a May 4th news conference. Mrs. Bryant, who spoke about the problem she's had trying to get care for her sister, was joined by Judy Mix of Weldon. Ms. Mix has been in an iron lung for the last 34 years since she was struck with polio.

"My mother is no longer able to care for me. The financial strain of being at home is tremendous, yet, I don't want to live out my life in a nursing home. It's important for people to have the option of being cared for at home," explained Mix.

The "Pepper" bill would expand Medicare coverage to provide for home health care. The measure, which had 150 cosponsors in the House would have benefited many Medicare beneficiaries who don't need to be institutionalized in a nursing home, but can't afford to pay for home health care out of their own pocket. Despite the defeat, the measure did accomplish one major goal by placing long term care on the agenda for the next Congressional session.

Massachusetts Enacts Universal Health Coverage

On April 21, 1988 Governor Michael Dukakis signed the Massachusetts Health Security Act of 1988 into law, making Massachusetts the first state to make health care coverage available to all its residents. This victory was the result of a four year "Health Care For All" campaign led by MassHealth Alliance.

The Health Security Act of 1988 gives Massachusetts residents the nation's first program to assure basic security through universally available insurance. 600,000 uninsured Massachusetts residents, about 10% of the population, will finally be able to afford quality health insurance.

...The legislation provides a model which other states can build upon and points the direction for national initiatives...

The Act initially encourages and later requires employers to contribute to health insurance for their employees since two-thirds of the uninsured are working people and their dependents. Persons who are not covered by employers will be able to obtain health insurance through a number of new programs and through a new state agency at state-subsidized rates. By 1992, all Massachusetts residents will have health insurance available to them.

Beginning this year, child support and alimony laws have been strengthened to improve health insurance coverage for former spouses and dependent children. Disabled adults and children will have insurance equivalent to Medicaid made available to them.

Next year, three-quarter time college and university students will have insurance coverage offered through their school, and uninsured persons will begin to be phased into insurance and managed care plans. In 1990, persons qualifying for unemployment insurance will be eligible for employer-subsidized health insurance, and the following year will see the state enrolling General Relief recipients in pre-paid health insurance plans.

For small businesses, the state will establish a group insurance purchasing pool in 1989, and offer a tax credit as incentive for businesses with fewer than 50 employees to implement health coverage for their employees.

Beginning in January of 1992, most employers will be required to contribute to the Medical Security Trust Fund which will benefit their permanent full-time employees, with deductions allowed in the amount they contribute to their employee's health insurance expenditures. Additionally, all Massa-

chusetts residents who do not have health insurance through their employers will be able to purchase coverage through the new Department of Medical Security, which will offer managed care plans on a sliding fee scale.

Beginning in 1990, employers will be required to contribute an amount equal to .12% of each employee's wages, up to a maximum of \$16.80, to help finance health insurance for their workers who are unemployed, and in 1992 will be required to contribute 12% of each employee's wages, up to a maximum of \$1680, to help finance health insurance for their employees who are working.

Employers with less than 50 employees whose 12% contribution exceeds 5% of their gross revenues will be eligible for financial assistance from the Hardship Fund. Self employed persons and employers with five or fewer employees are exempt from the Act, and new businesses have the option to phase in incrementally over 3 years.

In addition to assuring universal access to health insurance, the Massachusetts Health Security Act contains a four year hospital financing arrangement that includes cost-containment measures, including closure and conversion incentives for under utilized hospitals. Hospital rate increases will be limited to medical inflation plus 2% which is to be dedicated to salary increases. Adjustments are allowed for Medicare cutbacks, government mandates, malpractice insurance increases, and capital expenditures to insure a degree of elasticity to the program.

The Act also contains measures to reduce hospital excess bed capacity and therefore contain costs. Incentives will be

This act gives Massachusetts residents the nation's first program to assure basic health security through universally available insurance

offered to low occupancy hospitals to close, consolidate, or convert to other community uses under the supervision of the new Acute Hospital Conversion Board. Hospitals serving remote areas will have special protections and assistance to assure access to individuals in rural areas, and displaced workers will be offered retraining and job placement assistance.

The passage of the Massachusetts legislation is important because it provides a model of a comprehensive state health program which other states can build upon, and it serves as a national model for the next administration, which may be led by the author of the Act: Massachusetts Governor

Michael Dukakis. It also gives a boost to the rapidly growing health care movement which has the goal of a national health care program, by placing health care at the top of the agenda during the 1988 Presidential Campaign.

Awards *continued from page 3*

"She's one of those special people who gives an incredible amount of time and energy to the organizations she believes in. It's only appropriate that we name our Volunteer of the Year Award after her so that we never forget the contribution she made to us."

Doyle then introduced CCHCC Board Member Betty Hinton, last year's Volunteer of the Year, to present this year's recipient Mr. Maurice Darling. Maurice, a retired government worker, received the Henrietta DeBoer Volunteer of the Year Award for the hundreds of hours of volunteer work he contributed to CCHCC in the past year. In addition to helping out with whatever needs to be done around the office, Maurice also repeatedly provided information on legislative developments in Congress.

For the second straight year, CCHCC acknowledged the general efforts of a local health care provider with its Harry Baker Community Service Award. This year's recipient was the Frances Nelson Health Center, a community health center which provides health care on a sliding fee scale to low and moderate income consumers.

In addition to these annual awards, CCHCC also presented award to two public officials in recognition of this year's theme Leadership Through Action." CCHCC's "Legislative Leadership Award was presented to Rep. Helen Satterthwaite for her support and willingness to work with citizen organizations in her district. In presenting her the Award, CCHCC Low Income Task Force Member Debbie Doyle cited Helen's assistance concerning the Delta Dental issue as an example of how she goes far beyond just voting "yes" or "no". "She's committed to working with people, helping them through the process, seeking out information, and developing a plan for action," explained Ms. Doyle. "It's this level of involvement that makes a difference."

Finally, Illinois Comptroller Roland Burris was awarded our Leadership in State Government Award by CCHCC staff member John Lee Johnson, citing his long time commitment to civil right issues and his outspoken criticism of Gov. Thompson's policies. "At a time when we needed it most, it has been Mr. Roland Burris who has been willing to stand up and speak honestly about the State's financial and fiscal problems."

Uninsured *Continued from page 1*

earning one to three times the poverty level income.

Many of the uninsured are employed in non-service sector industries: While employment data reveals that service occupations have the largest percentage of uninsured employees, industries with the largest total numbers of uninsured workers include durable manufacturing, construction and transport.

Contrary to common perceptions, most of the uninsured are not the chronically unemployed, poor urban minorities, or unhealthy older individuals with high-risks.

The new information on Illinois' uninsured adds extra urgency to legislation now pending in the State House. HB4235 would establish a joint legislative/public task force to recommend specific state strategies to meet Illinois' current health care crisis.

The task force would be charged with designing options to address the problems of cost, adequacy of coverage, and efficiency in Illinois health care. The group would be composed of lawmakers, health

care providers, health professionals, consumer and business representatives.

At the national level, Senator Kennedy has introduced the Minimum Health Benefit for All Workers Bill, which would require employers to offer health insurance as a minimum benefit. That bill (S1265) passed the Senate Education and Labor Committee in February in a 10 to 6 vote and is expected to be taken up by the full Senate later this summer. A similar bill sponsored by Congressman Henry Waxman (HR 2508) is currently being considered by the House Health and Environment Subcommittee.

**Consumer
Health
Hotline**

352-6533



Women's Health Fair a Success

A Women's Health Fair was held at Parkland College on February 13, 1988 in celebration of children and families of all kinds. This event, sponsored by CCHCC's Women's Health Task Force, was the first of its kind and received a great response from the community.

The health fair offered four mini workshops: Affordable Prenatal Access, The High Incidence of Unnecessary Surgical Procedures and Controversial Testing, Health Concerns of Women Over Thirty, and Birthing Alternatives and Options. The Health Concerns of Women Over Thirty and The High Incidence of Unnecessary Surgical Procedures and Controversial Testing workshops were the best attended. This was certainly no surprise since more women are electing to bear children after the age of 30 and are faced with other health concerns such as osteoporosis and breast cancer. Also, with a growing concern nationally over the high incidence of certain surgical procedures such as cesarian sections and hysterectomies, as well as a growing use of sonograms and other prenatal tests, women have a heightened interest in the issue of unnecessary surgical procedures and in obtaining accurate information. Another lively workshop was the one on Birthing Alternatives. This workshop featured childbirth educators, a lay midwife, and the only certified nurse-midwife in Champaign County, Barbara McFarlin of the Women's Health Practice. This workshop's discussion extended well after its scheduled con-

clusion.

In addition to the workshops, an array of information booths on a variety of women's topics and health concerns was set up in Parkland's South Lounge area. Booths representing nearly 20 different organizations presented information ranging from women's social resources to prenatal, birth control, smoking and cancer, AIDS, and nutrition to name a few. In a survey conducted after the Women's Health Fair, participants urged CCHCC to make this an annual event.

CCHCC and the Women's Health Task Force wish to applaud the individuals who donated their time to speak at the workshops offered at the health fair: Dr. Tom Filardo, Dr. Nancy Fay (Carle), Dr. Lawrence Gr Atkins (Christie), Valerie Morris (IL Alliance of Midwives), Marilyn Harscher (Positive Birthing Assoc.), Barbara McFarlin (Women's Health Practice), Sharon Stewart (WIC/ Public Health District), Mary Brunberg (Planned Parenthood), Madalyn Mockabee (Frances Nelson Health Center), Joyce Morris (Dept. of Health & Safety Studies - U of I), and Prof. Ann Flood (Dept. of Medicine - U of I). Also, we would like to thank the organizations and agencies who provided information tables at the health fair: Women's Health Practice, Informed Birth & Parenting Group, Bradley Method of Childbirth Group, Woman's Choice Health Center, Carle Wellness Center, Parent and Children Together (PACT), Center for Health Information at Parkland College, American Cancer Society, American Lung

Adopt-A-Senior

Since the early fall of 1987, CCHCC members have been participating in a unique program designed to help ease the burden of rising health care costs for senior citizens. The Adopt-a-Senior program allows CCHCC members to sponsor a senior of their choice into the Medicare 100 or Medicare Plus program.

Medicare 100 and Plus are programs CCHCC developed with Burnham Hospital and over 80 affiliated physicians to reduce almost all out-of-pocket medical expenditures for senior citizens. In addition, pharmacy benefits, optometric care, ambulance service, free parking, discounts on meals, and billing assistance are part of program benefits. Over 1500 area seniors are currently enrolled in the program.

The Adopt-a-Senior program allows people, through their yearly membership dues, to help a needy senior. CCHCC will donate a free Medicare 100 or Plus membership for each \$36 yearly membership contribution to the organization.

Assoc. of Mideastern Illinois, March of Dimes, Champaign County Community Task Force on AIDS - Women and AIDS Subcommittee, Inventive Products, Inc., A Woman's Fund, National Organization for Women - Champaign County Chapter, and the Obstetrics and Gynecology Dept. of Christie Clinic. A big thanks goes to Parkland College for donating the site with special thanks to Mr. Northrup and Sally Wallace of Parkland for all their assistance.

As health activists, we realize it is particularly important to provide forums like the health fair to the community in order to educate and inform consumers regarding current health trends and concerns. We at CCHCC's Women's Health Task Force applaud the team effort of all those who assisted in the planning and implementation of the Women's Health Fair.



"Nurse Hagedorn, the requirement that hospitals must release mortality rates doesn't mean that we should advertise them!"

Insurance Practices Undermine Day Care

At a May 10th news conference, local day care providers and the National Organization for Women (NOW) joined CCHCC in releasing a statewide study that found liability insurance premiums for daycare providers jumped an average of 173% from 1985-87. The study, compiled by the Coalition for Consumer Rights and the Day Care Action Council of Illinois, criticized the insurance industry and noted that insurers collected over \$1,000,000 in premiums from 1985-87 while claims paid and pending totalled only \$13,000.

Local day care providers joining CCHCC at the news conference were Ellen Coleman, Director of C-U Day Care and Jill Hardwick, Owner-Director of the Early Learning Center in Champaign. Ms. Coleman, commenting on the impact on her and other Title XX centers, stated, "There are great variances in premiums and coverage for Title XX Day Care Centers, and standardized coverage at comparable rates is needed to assure ade-

...the cause of the crisis in liability insurance lies primarily within the insurance industry...

quate coverage to meet the needs of the centers."

Elaborating on the problem of cost and coverage, Ms. Hardwick added, "Nearly 3 years ago, our insurance rates doubled, with the general liability portion jumping nearly 400%, while our coverage was actually reduced to exclude sexual abuse. We've had to raise fees and cut services to make ends meet. While we were appreciative that we were not dropped, our rates only declined by 5% when we were accredited by the National Academy of Early Childhood Programs."

The report clearly states that the blame for the crisis isn't connected with a rise in claims, but blames the insurance industry itself. According to a previous study by the National Association for the Education of Young Children, "the cause of the crisis in liability insurance lies primarily within the insurance industry. Spurred by high interest rates, insurance companies operated under incentives to maximize their premiums, which when invested reaped high profits. Rates were kept low and little scrutiny was given to businesses requesting coverage. When interest rates dropped, the industry suffered major losses in investment income. Lower profits, in turn, produced a panic within the insurance industry. The response involved increasing rates and eliminating from coverage numerous lines of business considered risky, or more appropriately, unprofitable."

Sara Tompson, President of the local chapter of the National Organization for

Women (NOW) noted, "With over 50% of women with children under 6 in the full time work force, NOW and other women's organizations are working to make child care as accessible as possible. Therefore, we support legislation to regulate insurance rates which would prevent exorbitant insurance premiums from being passed on to consumers, which restricts access to day care services at a time when the need for those services is growing." Susan McGrath, CCHCC Chair, added, "Since licensed child care centers are required to carry insurance, the companies remaining in the market were free to raise rates at will. If the state mandates the coverage, it also has a responsibility to assure that the premiums are affordable and do not reflect the obscene profits that have been the trademark of the insurance industry the last two years."

The major findings of the report included:

- Day care providers in Illinois saw their rates go up 173% from 1985-1987;
- 27% of day care providers were cancelled sometime during the years covered by the survey - 1985-88. 60% of those were cancelled because their insurance company withdrew from the day care market. None were cancelled because of claims;
- Once cancelled, providers had to pay three times as much to get coverage from another company;
- Only 14% of the day care providers surveyed had any claims. The average claim paid was \$280.00. The total amount paid or pending in claims was \$13,100, while total premiums paid in that same time were \$1,054,014;
- 27% of the day care providers reported narrower coverage for higher premiums.

All of the representatives called upon individuals to voice their opinions to their legislators and to address the issues of rate regulation and anti-trust exemption. Bills and amendments in the Illinois Statehouse are pending to resolve this and other insurance issues.

Fifth Annual Summer Canvass Starts Up

The CCHCC will begin our fifth annual summer canvass following Memorial Day. Starting on May 31st, CCHCC canvassers will be going door-to-door throughout Champaign County to educate consumers about CCHCC and our activities as well as local, state, and national health care issues. Canvassers will also seek support for CCHCC through petition drives and financial contributions.

The CCHCC summer canvass has been growing each year and currently reaches over 10,000 homes in 20 cities and towns throughout the county. This year, plans are underway to expand the canvass to a year-round project by complementing the door-to-door canvass with a telephone operation aimed at reaching members who were not home when we were in their neighborhood. Not only does this reinforce the importance of membership to previous contributors, but it would also improve CCHCC's already strong grassroots financial support. This follows last year's successful expansion of the canvass from 8 to 12 weeks which resulted in a 40% increase in funds raised.

CCHCC recently hired Elizabeth Hamlin as our new Fundraising Director to help oversee the further development of our membership canvass. Elizabeth brings several years experience, having worked with the Illinois Public Action Council as well as Citizen Action groups in New Hampshire and Connecticut.

Anyone interested in participating in CCHCC's 5th annual summer canvass should contact CCHCC at 352-6533. For those who don't want to canvass, but wish to continue to support CCHCC, please be sure to renew your membership when your friendly CCHCC canvasser comes knocking at your door.

Champaign County
Health Care Consumers
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