

HEALTH CARE CONSUMER

Fall

Newsletter of the Champaign County Health Care Consumers

1996

Vote YES for Public Health!

Referendum to Create County Public Health Department on Ballot November 5

This coming Election Day, the Friends of Public Health in Champaign County urge all registered voters to vote 'yes' for an important referendum on the ballot: "Shall Champaign County levy an annual tax not to exceed .1% for the purpose of providing community health facilities and services?" Specifically, this referendum will establish a County Public Health Department, and make public health services available to all residents in the county.

On August 19, the Friends of Public Health filed almost 8,000 petition signatures at the County

Clerk's office, putting the referendum on the November ballot.

Out of 102 counties in Illinois, Champaign is the largest of only eight without a health department. Although Champaign-Urbana residents are served by the Champaign-Urbana Public Health District, 75,000 county residents are among the 6% of Illinois residents who have no access to public health.

Friends of Public Health has organized town meetings, created educational materials, trained a team of volunteer speakers, and more. "This is clearly something the entire

In This Issue:

"Re-engineering"	2
Kennedy-Kassebaum Act	4-5
Volunteer Profile	6
Sidney Clinic Update	8

county wants," said Savoy resident and coalition volunteer Scott Dubee. "We collected signatures from every town in the county, and the response has been overwhelmingly positive."

Public health provides preventive services such as immunizations, restaurant and food service inspections, and screenings to ensure healthier communities. The lack of these services in the areas

Continued on page 6

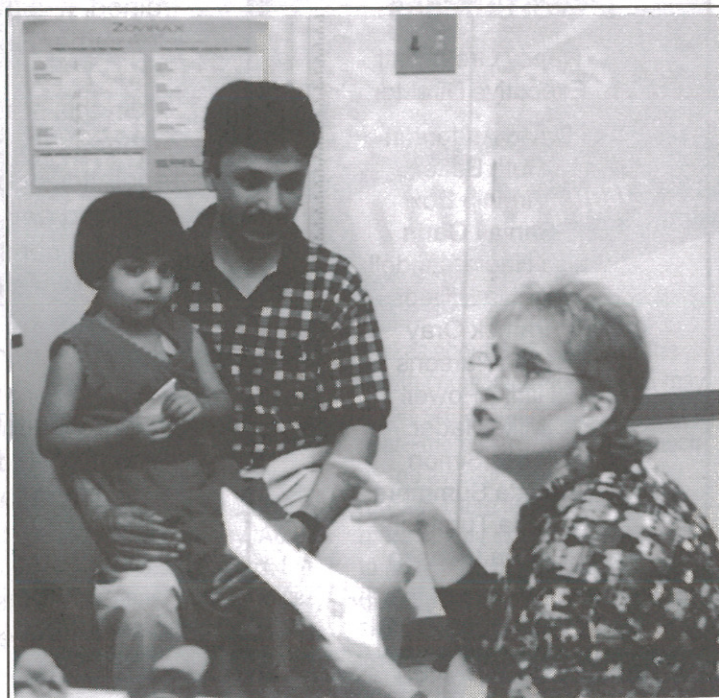
We Need You!

Volunteer Opportunities to win Public Health

Twenty-five people are involved in our volunteer speakers bureau, 130 people turned in petitions with nearly 8000 signatures, over 300 volunteers are actively working on the public health campaign, and nearly 700 people are members of the project. Friends of Public Health couldn't have come this far without its volunteers from throughout Champaign County.

Now we need your help more than ever. To win on November 5, we need people to call members of their community about public health, to go door-to-door to drop off leaflets, to post a yard sign in their yard, to pass out information on Election Day, and much, much more.

If you are committed to bringing public health services to all of Champaign County, join us. Anyone interested should call Alisa Simon, our Public Health Volunteer Coordinator, at 352-6533.



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health care for all.

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Advocates Advice

Re-engineering, reorganizations, and downsizing

Calls on the Consumer Health Hotline this summer included an unusual number of calls from local hospital employees. The health care workers in our community were calling to report their concerns about the "re-engineering" going on at hospitals in Champaign-Urbana. They raised concerns for the safety and well-being of both health care workers and consumers.

Re-engineering, reorganization, or downsizing of hospitals is taking place across the country, and raising serious questions among both consumer and professional groups. Physicians and nurses are worried about the level of care being offered to patients in hospital units where staff is being cut due to downsizing. The most obvious local expression of this came during August, when physicians at the United Samaritans Medical Center in Danville issued a vote of "no confidence" against the Board of Directors and administration, due to downsizing of staff.

Hospitals in the process of reorganization tend to handle consumer information in one of two ways. They either carry on the re-engineering program without explicitly alerting consumers to its implementation; or they use public relations tools to package the process as "patient focused." These are the techniques chosen by Carle and Covenant, respectively. Both techniques make it difficult for consumers to gather adequate information to protect their rights, and to meet their needs as patients.

According to Kathleen Ennen, President of the Illinois Nursing Association, it is imperative that consumers stay informed about who is caring for them. Among the biggest dangers in re-engineering is the possibility of workers being asked to do tasks for which they are not properly trained. It is this concern which caused hospital employees to contact the Consumer Health Hotline.

In this matter, as in so many others, the consumer's best defense is to gather as much information as possible. According to Illinois state regulations governing medical personnel, no employee should ever be assigned any duties for which they are not trained and qualified. Hospitals count on consumer trust, and assume that patients will not question the qualifications of workers and professionals.

Ms. Ennen states that consumers must ask questions about the level of care they are receiving, and that there are a few basic standards of care of which hospital in-patients should be aware. She says that a hospitalized patient should be visited by a registered nurse at least once an hour, and that 60% of the health care workers on any hospital unit should be registered nurses.

She warns against the use of hospital identification badges which do not include the degree or level of training which a worker has attained. While it was once a given that a worker's

name badge would note whether that worker was a RN, MD, or other professional, many hospitals now only note the unit on which the worker serves.

Therefore, Ms. Ennen advises that patients simply ask those providing care about their level of training. She notes that, among professionals, it is common practice to hang diplomas, licenses, and other documents on an office wall. Similarly, nurses proudly wore their qualification on their name badge. It now becomes necessary for patients to ask for that kind of information from nurses and other health care professionals. She suggests that patients ask such basic questions as "Who are you?" ; "What is your job?"; "What are your qualifications to do this job?"; and "What training have you received to do this work?"

Patients have the right to refuse treatment. If a consumer fears for his or her safety, it may be wise to refuse care from under-qualified personnel, and insist on care by a more qualified health care provider. This may be the most powerful single way for consumers to counter the negative effects of re-engineering.

Professional nurses' organizations such as the INA are working to keep consumers informed about the effects of re-engineering, to keep the media focused on these issues, and to keep hospital re-engineering a matter of public scrutiny. Consumers should continue to watch these sources for information about re-engineering.

The best advice is to be informed and to ask questions of those responsible for patient care. Concerned patients should be aware that hospitals and insurers have grievance procedures available for situations where unqualified personnel may be working in patient care. For more information on these procedures, consumers are encouraged to call the Consumer Health Hotline at 352-6533.

Thank you to all the bands at CCHCC's second benefit at the Blind Pig on September 18:


**Angie Heaton and the
Gentle Tamers**

Salary Man


Lanterna

SENIOR WATCH

THE NURSE
 \$\$\$\$\$\$\$\$
\$35,000
 a year




THE DOCTOR
 \$\$\$\$\$\$\$\$\$\$
 \$\$\$\$\$\$\$\$\$\$
 \$\$\$\$\$\$\$\$\$\$
\$123,000
 a year



HEALTH CARE: WHERE THE \$\$\$\$\$\$ GO

THE HEALTH EXEC
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\$257,000 a year



The doctor and the nurse may save your life, but it's the health exec who gets your money. According to the latest statistics, the average Registered Nurse you see in the hospital makes \$35,000 a year and the doctor you go to

makes about \$123,000. But the health company executive you may never see averages \$257,000 a year—more than 10 times as much as the average American worker makes! There just seems to be more money in figuring out how to raise prices and cut services than there is in actually curing the sick or keeping you healthy.

SOURCE: FAMILIES USA

SENIOR WATCH IS AN EDITORIAL SERVICE OF FAMILIES USA FOUNDATION

The Problem:

"Job Lock" -- people with pre-existing conditions are afraid to start their own business or switch jobs because they may not be able to get new insurance coverage.

Individuals with poor health may either be charged higher premiums in a group health plan or denied coverage altogether.

Small employers (2-50 employees) have a hard time getting group plans from insurers.

Long term care is prohibitively expensive

Insurance premiums can be a substantial financial burden for the self-employed.

Children with pre-existing conditions and pregnant women often have problems with obtaining or maintaining coverage.

We need universal coverage at affordable prices.

Kennedy-Kassebaum:

--mandates insurers to provide insurance to most of those with pre-existing conditions who switch from one group plan to another group or individual plan
--insurers can only exclude full coverage for those with ongoing medical problems for up to 12 months

--prohibits insurers from charging higher premiums and denying coverage to those with poor health in a group plan

--prohibits insurers from refusing to sell plans to small employers

--provides tax deductions on long term care expenses, both for nursing home costs and home health care

--gradually over a 10 year period, the amount of premium expense that can be taken as a tax deduction will rise for the self employed

--families with employment-based insurance can switch jobs without losing coverage on children with pre-existing conditions
--group health plans and employers may not refuse to cover families with children who have medical problems

--none

Shortcomings:

--employers or individuals can still be charged very high rates when pre-existing conditions are involved

--insurers can charge prohibitive rates to the group as a whole if the group has many members with pre-existing conditions

--insurers are allowed to charge higher premiums to groups containing many members with medical problems

--long term care is so expensive that most people can't afford it, with or without tax breaks

--employers have the room to discriminate against people with pre-existing conditions, since this bill does nothing to limit the costs of the group plan

--nothing is done to address escalating costs and the ever-increasing numbers of people without any insurance

Sidney

from page 8

committee was very excited about the chances of having him as a long-term physician. "My first impression after meeting him," said Dr. Koeck, "was that he was very personable, well-trained, and a great asset."

As a foreign physician, Ahmad's visa requires that he practice in a

medically underserved area upon completion of his residency. Thus, his offer is contingent on the state designating the area as a "Physician Shortage Area." An application for this designation went out from the Center for Rural Health in August. One criteria for this designation is a minimum ratio of one primary care physician per 3,000 residents. The 1:11,700 ratio for southern Champaign

County may aid considerably in the designation process.

In the face of enormous challenges, the people of Sidney and surrounding communities have shown initiative, persistence, and a willingness to work as a team for the welfare of the community, and the individuals who have been involved in this effort have a positive outlook on the future of the clinic.

Kennedy-Kassebaum Health Reform Bill Becomes Law

In the first major effort by Congress to expand health care coverage since the defeat of the Clinton plan in September of 1994, the Kennedy-Kassebaum Health Insurance Bill passed both houses of Congress in late July and was signed into law by President Clinton earlier this fall. The legislation is effective on July 1, 1997.

"Kennedy-Kassebaum will help some, but it doesn't go far enough," said Nancy Greenwalt, Executive Director of CCHCC. "The news coverage of this legislation has been light and optimistic, but Kennedy-Kassebaum does nothing to control the skyrocketing cost of health insurance, and only expands insurance to a few more who can afford it or whose employers can afford to purchase it.."

The law would free many people who are now unable to change jobs because they fear losing coverage for expensive medical bills. Under Kennedy-Kassebaum, insurers may not deny coverage or impose preexisting condition exclusions for more than 12 months for any condition diagnosed or treated in the preceding 6 months; no new preexisting condition exclusion may be imposed on anyone who maintains continuous coverage

Also, the bill assures the availability of individual policies for those who leave jobs -- voluntarily or involuntarily -- and for their dependents. This protection would apply only to those who had maintained continuous private coverage for the preceding 18 months, and who were ineligible for further coverage under COBRA. The consumer will be solely responsible for these insurance premiums.

Furthermore, it prohibits insurers from denying coverage or charging higher premiums to individuals in group plans who are in poor health. It also prohibits insurers from refusing to sell plans to small employers (2 to 50 employees) -- although they can

increase the premiums for the whole group without penalty.

Finally, it makes long term care -- both nursing home costs and home health care -- deductible expenses for federal income tax purposes.

While many will benefit from this bill, the shortcomings are great, with the most controversial being the four year trial of medical savings accounts. Medical savings accounts (MSA) provide the opportunity for a person to set aside, free of taxes, a portion of his or her earnings to fund medical expenses. A high deductible insurance policy is purchased to cover extraordinary expenses. The fear is

diabetes, and cancer. Unfortunately, intense lobbying from the business community killed any protection for mental health coverage in Kennedy-Kassebaum.

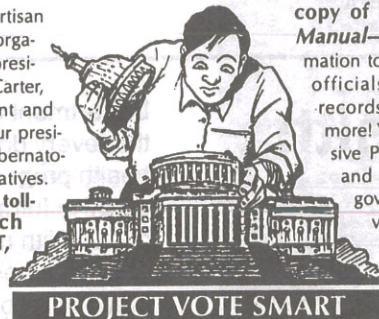
There is yet another giant chunk missing from the bill. Although the Health Insurance Reform Act will help some people with pre-existing conditions to obtain policies, it does nothing to assure affordability. It does nothing to help the millions with jobs that don't provide insurance, or who can't afford insurance. Nor does it do anything for those with pre-existing conditions enrolled in individual plans. This legislation is much too narrow to

PROJECT VOTE SMART

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This Election Year Get The Facts, Not The Rhetoric!

Project Vote Smart, a non-partisan non-profit voter information organization founded by former presidents Gerald Ford and Jimmy Carter, can provide you with relevant and factual information about your presidential, congressional, and gubernatorial candidates and representatives. Call the researchers on the toll-free **Voter's Research Hotline, 1-800-622-SMART**, for information over the phone or to request a free



copy of *The Voter's Self-Defense Manual*—75 pages crammed with information to help you track your elected officials' issue positions, voting records, campaign donations and more! You can also access the extensive Project Vote Smart data base and comprehensive directory of government and political sites by visiting the **Project Vote Smart Web site at: <http://www.vote-smart.org>**.

Don't just vote...Vote Smart!

1-800-622-SMART

that the MSAs will predominantly be used by well-off and healthy workers who will then leave traditional plans, raising premiums for the remaining policy holders.

Not only that, but the bill does nothing to address mental health coverage. A major objective of health care reform has been to require insurers to provide coverage for mental illnesses in a way equivalent to the coverage required for other conditions like heart disease,

dramatically help the uninsured, and it is too weak to cope with the overarching problem of increasing health care costs and medical inflation.

"These are problems that only universal coverage will address," said Greenwalt. "At best, the Kennedy-Kassebaum can be seen only as a minor improvement, maybe the beginnings of reform, but not a solution to the real health care crisis. What we need is to guarantee health care to all through single payer, universal health care."

Volunteer Profile:



Esther Patt

by Susan Pierce

"I probably don't eat right, I don't exercise, and I never get sick," says Esther Patt, a board member of CCHCC since 1989. "I think it is a matter of good luck," she continues, "and I want to give some of that back."

It is no secret that the C-U area has an exceedingly transient

population. Clearly, it is our very good luck that Esther Patt, after coming here from her native Chicago in 1973 to attend the U of I, decided to stay here. Presently Esther is Director of the U of I Tenant Union and a member of the Urbana City Council.

Having lived here 20+ years, she views each current issue with a bold overreaching understanding of the history of the problem. Impatient with over-analysis of a situation, she studies the issue, determines an effective way to address it, and launches into action. Intelligent, and incredibly quick-witted, she's also endowed with a flypaper memory.

Esther characterizes the entire CCHCC Board as "very active" and "hands on," so she's right in her element. Besides being strongly motivated to share her own innate gifts, she never deviates from her commitment to poor people. "People think that if you're poor, it must be your fault. The poor always get the short end of the stick." Her major focus, in one word, is ACCESS -- access to information, to insurance, to benefits, to care, to being treated with dignity and respect.

Residents of Gifford, Ludlow, and Mahomet may have seen Esther recently, as part of a massive campaign to collect 8000 signatures, calling for a referendum on a county-wide public health service, to be on the November ballot. Esther reports that the response was overwhelmingly positive, and she feels optimistic that this much-needed service will, finally, become a reality.

As a board member, Esther feels that she really hits her stride during CCHCC's annual 2-week fundraising marathon. If you go to the second floor of the Lincoln Building before, during, or after this grand event, you will see evidence of the enormous enthusiasm and energy generated by the Board and by many, many volunteers.

Yes, it is our good luck to have Esther Patt as a member of CCHCC. She's a woman of strong opinions, strong feelings, and deeply felt commitments, and she's certainly not without the formidable stresses that everyone fully entrenched in the workplace seems to encounter these days. That she chooses to turn her generous heart and boundless energy our direction is clearly worthy of our notice and gratitude.

Public Health District

from page 1

surrounding Champaign-Urbana has been a cause of complaints for years, from both individual citizens and businesses. Many parents are unable to find affordable dental care for their children, the elderly and disabled cannot receive home visits from public health nurses, and catering companies cannot do business in Champaign-Urbana because their kitchens are not inspected on a regular basis.


Public health works on the principle that an ounce of prevention is worth a pound of cure. By providing preventive services like inspections and screenings, public health addresses the root causes of medical problems and prevents them from developing into serious illnesses. A study conducted by the Illinois

Department of Public Health found that every dollar spent on public health programs saves an additional \$3.27 in future medical treatment costs. With medical costs increasing at three times the rate of inflation, creating a county-wide public health department is an effective way of holding the line.

While nobody likes paying taxes, this is a case where a small initial tax can save money in the long run. The maximum rate will be no more than .1% of assessed property value, so the owner of a \$90,000 home outside Champaign-Urbana will pay no more than \$30 per year. Residents in C-U already pay for public health services, and will not be double taxed. Remember, this is the maximum; most health departments levy less than half that amount. The Sangamon County and St. Clair County Health Departments, for example, provide most of the same services as the C-U Public Health District at a tax rate of

only .026%; less than \$8 on a \$90,000 home. On average, local health departments in Illinois use local taxes to finance only a quarter of their budgets. Most of the remainder of their budgets come from federal and state grants which are already paid for by our taxes.

Now the residents of Champaign County have the chance to bring public health services to the county. So November 5, show your support for public health and Vote 'yes'!



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QMB ELIGIBILITY:

Everyday hospital bills are rising, but incomes aren't changing for most seniors. Are you aware of the programs for which you might be eligible?

The Qualified Medicare Beneficiary Program (QMB) is one to consider.

Medicare Beneficiaries who meet the following income and resource guidelines are eligible:

Income:

\$665 per month or under for a single-person.

\$884 per month or under for a couple.

Resources:

\$4000 or under for a single person

\$6000 or under for a couple.

These resource limits do NOT include home, car, or personal effects.

Your \$42.50 Medicare Part B premium is considered income.

What benefits does the QMB program provide?

Eligible Medicare beneficiaries are entitled to:

- * Your \$42.50 (1996) per month Part B premium (this would therefore no longer be deducted from your Social Security check).
- * Your \$100 annual Part B deductible.
- * Your \$736 hospital (Part A) deductible.
- * The 20% co-payment charged for doctors' services.
- * Hospital and skilled nursing care co-payments.

How to apply: Applications for the Qualified Medicare Beneficiary (QMB) program must be made at your Public Aid Office, 801 North Walnut, Champaign, IL 61820. The phone number is 333-5605.

A family member or other interested party may apply for you as well. If you have any questions or concerns regarding QMB, please contact Linda Turnbull at the Champaign County Health Care Consumers Office at 352-6533.

JOIN MEDICARE 100/PLUS TODAY

Are you tired of wondering how you're going to pay your hospital and doctor bills and you don't qualify for QMB? CCHCC and Covenant Medical Center co-sponsor Medicare 100 and Medicare Plus programs.

These are two different programs based on agreements between Covenant, Pro Ambulance, CCHCC, and over 80 physicians, designed to make quality health care affordable to you. The programs are **not** insurance plans or HMOs.

These programs are for seniors and people with disabilities who receive Medicare Parts A and B. Medicare 100, available to income eligible members, covers 100% of your expenses related to the Medicare Part A deductible and copayment, the Medicare Part B coinsurance at Covenant, and 100% of your coinsurance related to Medicare Part B services from a participating provider.

Medicare Plus members receive a 30% discount on expenses related to Medicare Part A deductible and copayments at Covenant. Both programs provide additional discounts on meals at Covenant, billing assistance, pharmacy benefits, discounts on eyeglasses, and more.

To determine if you are eligible for these programs, or to receive more information, just call Belinda Summers at 352-6533.

Special thanks to A Call to Resist Illegitimate Authority for their support of the Friends of Public Health's speakers bureau.



YES! I'd like to renew my membership with CCHCC!

(please clip out and return with your check)

- | | |
|---|---|
| <input type="checkbox"/> \$120 - IMPACT Member | <input type="checkbox"/> \$25 - Individual Member |
| <input type="checkbox"/> \$60 - Program Sponsor | <input type="checkbox"/> \$15 - Fixed Income Member |
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Contributions to CCHCC are tax-deductible

Please return to: CCHCC, 44 E. Main St. Suite 208, Champaign, IL 61820

Residents Form Non-Profit to Re-Establish Clinic in Sidney



Mary Fern Wolfe greets residents at the first meeting of Sidney's non-profit coalition.

On July 10, Covenant Medical Center permanently closed the doors to one of its outlying clinics in Sidney, Illinois. This clinic was purchased in 1994 from retired physician Dr. Martin Koeck III, who established it as an independent practice in 1950. CCHCC began looking into the issue after several hotline complaints, and has helped organize residents to discuss the future of health care in Sidney.

It's a struggle to maintain local access to health care in rural America, and Champaign County proves to be no exception. A ten-township area covering the southern half of the county (Ayers, Colfax, Crittendon, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono) has only one local primary care physician for a population of 11,700. Many are particularly concerned about

seniors, who have difficulty traveling to obtain vital health services. According to a U of I Rural Transportation Study (Dept. of Urban and Regional Planning, 1996), southeast Champaign County -- including the towns of Sidney, Longview, Broadlands, Allerton, Newman, and Homer -- is largely unserved by public transportation, and has the highest percentage of elderly, relative to the rest of the county.

However, residents of southeast Champaign County have found that it is not impossible to find medical providers who are interested in serving in small towns. Within days of the start of the media coverage about the closing, physicians, nurse practitioners, and medical recruiters contacted CCHCC and local concerned citizens to express interest.

Furthermore, organizing efforts by community members to restore local health services have progressed quickly. A month and a half after the closing, residents filed with the Illinois Secretary of State as a not-for-profit corporation, under the name Community for Family Health, in order to support quality, local health care for Sidney and surrounding communities.

It all started on June 10, when CCHCC staff sat down with a dozen people who had contacted CCHCC to express frustration over the closing. A community-wide meeting was planned for July 8. With full media coverage,

nearly sixty people attended the first public meeting, including Ms. Mary Ring from the Center for Rural Health. Residents brainstormed ideas to re-establish local access to health care. At this meeting, a steering committee was formed to communicate the community's concerns, as well as to investigate strategies which other communities may have used successfully.

The first steering committee meeting was held on July 16. The overwhelming consensus among attendees was the importance of re-opening the clinic ASAP. "I can't drive to Champaign-Urbana to see a doctor due to a disability," said Mary Fern Wolfe of Sidney. "This is one example of why it's so important to have a local clinic." The group considered alternative recruits, including visiting doctors, nurse practitioners, and physician assistants.

After this meeting, Dr. Koeck and Sidney Mayor Donald Pankey contacted Covenant and Christie Clinic on behalf of the steering committee, in order to discuss the option of placing a nurse practitioner in Sidney. At a meeting on July 29, Covenant representatives explained to Koeck and Pankey that Covenant would be interested in helping the community by leasing the facility to the Village of Sidney. In the offer, Covenant expressed a willingness to lease the facility for one year for a dollar, including utilities and property taxes. The village could then sublease the building to a medical provider.

At the second committee meeting on August 1, community members reviewed the offer, and expressed enthusiasm over the opportunity to lease the medical facility.

"People must realize how essential this clinic is, not only to people in Sidney, but to people in all the other towns who have counted on the clinic for many years," said Gloria Werts, a concerned citizen. It was at this meeting that the committee voted to form the non-profit organization.

Also at this meeting, residents had the opportunity to meet the U of I's chief resident physician in the College of Medicine, Maher Ahmad. Ahmad has expressed interest in providing medical services in Sidney. The

Continued on page 4

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