



# HealthCare Consumer

Newsletter of the Champaign County Health Care Consumers

## Sidney Opens Community Owned/Operated Clinic

The Sidney medical facility formerly owned by Dr. Koeck (and then Covenant Medical Center) reopened on February 17 as the new Rural Health Center. Community for Family Health, the grassroots group which has worked since June of 1996 to establish the center, decided in January to purchase the facility rather than lease it from Covenant.

"This effort, which started with a dozen hotline calls and letters to CCHCC, shows how concerned citizens can make a difference in their own lives and in their community through mobilized consumer action," said Lavina Velasco, CCHCC Organizer who worked with Community for Family Health.

When area residents began meeting together to do something about the loss of their clinic, they did not foresee themselves owning and operating a health center. However, as the group worked through the details of planning and negotiating, it seemed that this was the best and quickest approach to return health services to the local community.

"It is much more fulfilling to have our own independent clinic," says Jan Keller, Chair of Community for Family Health.

Now that Covenant no longer owns the facility, Community for Family Health has the autonomy to contract with employees, accept a variety of insurances, and make all decisions regarding the operation of



Jan Keller & Dr. Koeck of Sidney, along with Lavina Velasco of CCHCC, enjoying the results of their organizing efforts.

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## Annual Dinner Recognizes Local Activists Sidney Clinic, Public Health Receive Awards April 12

### Lifetime Achievement Award:

*Dr. Martin Koeck of Sidney, for being a model for health care providers and, after retiring, being a leader in the community effort to reopen the clinic.*

### Volunteer of the Year:

*Jan Keller of Sidney, for leading the community effort to reopen the clinic.*

### Community Service Award:

*Community for Family Health, for reopening the Sidney clinic; & Friends of Public Health, for efforts to bring public health services to all of Champaign County.*

### Activist of the Year:

*Rev. Harold Davis of Canaan Baptist Church, for SAFE HOUSE and all the other efforts he and his church make for the community.*

### Provider of the Year:

*Dr. Robert Boone, for loyalty, stability, & activism for Frances Nelson Health Center.*

### Excellence in Health Care Reporting:

*Stacey Case of WICD-TV, for coverage of the Sidney Clinic and Public Health.*

### Golden Bed Pan:

*for community dis-service - Clinton Administration for Welfare Reform.*

# Health Care Consumer

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dedicated to ensuring accessible,  
affordable health care for all.

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# Advocates Advice:

## *Insurance Denies All or Part of a Claim*

Many of the problems that cause people to call the hotline involve insurance policies and/or insurance companies. Most often these problems stem from the insurance company's unwillingness to cover all the medical expenses the consumer expects to be covered. These can be difficult situations to deal with, but there are a few guidelines to follow when handling a dispute.

First, it's important to review the contents of the insurance policy itself. Many consumers are not aware of the specifics of their policies. In reviewing the policy, locate the information — the clause or paragraph — which concerns the situation.

Next, it's important to get together all the written materials which have been generated about the issue: letters of denial of coverage, itemized medical bills, letters of appeal, etc.

The first attempt may be with the local agent or another staff person at the insurance agency or company. Phone contacts should be reinforced with letters of complaint, including any relevant information. Copies of information should be given to the insurance representative, and the consumer should keep the originals of any information provided.

It's often helpful to enlist the help of the doctor or other provider; some physicians will do what they can to aid the consumer in a dispute with insurance organizations. This is especially true when the health care provider believes his/her charges are fair and justified.

At other times, the provider may be the root of the problem. This would be true if the insurance company is denying coverage because the physician's cost exceeds the usual customary and reasonable charges for a given procedure. Insurance companies track the cost of specific procedures within a local area, and then decide what they will cover based on this information. If a physician's charges have exceeded these costs, the consumer may need to approach the health care provider.

Insurance companies have grievance procedures in place through which the patient can attempt to resolve a problem. If these procedures do not offer resolution of the problem, a complaint can be registered with the state of Illinois' Department of Insurance. The department will contact the insurer on behalf of the consumer, and determine whether the company's actions are in violation of a statute, departmental rule, or regulation. If a violation has taken place, the department will take action. If not, the department will offer advice as to alternatives.

Because insurance problems arise so frequently, the Consumer Health Advocates at CCHCC's Consumer Health Hotline can help consumers find their way through the maze of health care insurance policies and problems. For assistance, call the hotline at 352-6533.

## **Correction**

The article in the last CCHCC newsletter which discussed Carle Clinic's new practice of charging interest on outstanding bills, neglected to mention that it is illegal for any health care provider to charge interest to anyone covered by Medicare. If Medicare recipients discover they are being charged interest, they should call CCHCC at 352-6533.

from page 1

the health center.

"The lease process was very complicated, and we saw it as a temporary solution to the problem," said Keller. "Having ownership of the facility gives us more alternatives."

Dr. Maher Ahmad, the University of Illinois' Chief Resident Physician, is the new doctor in town. Assisting him is nurse Chris Reifstek. The office hours are from 9:00 am — Noon and from 1:00 pm — 5:00 pm on Monday, Tuesday, Thursday, and Friday. Dr. Ahmad's hours will be extended after he graduates from the U of I in May.

On February 23, Community for Family Health hosted an open house so people could tour the facility and meet the new staff. The open house was a great success, attracting hundreds of people from Sidney and surrounding communities.

"I was so excited after the open house that I couldn't sleep," said Reifstek, who had been a nurse at the clinic for twenty-four years until Covenant closed the facility. Reifstek sees the reopening of the clinic under a community-based nonprofit organization as a real groundbreaking experience. "It was thrilling for me to see the old and the new at the same time — a familiar place with a new doctor and new people coming through the door."

# Sidney Clinic Opens

Dr. Ahmad's first weeks in Sidney were booked. The health center's receptionist, Gisela Mohr, scheduled a wide range of patients who needed help for various problems, and in just one week forty people made requests to transfer their records to the Rural Health Center. Reifstek helped to treat three generations from one family during the first week.

"It's very exciting to be open, and it's great to be able to help when we're needed," says Mohr. "We've had outstanding response from people who stop in to say hello and send us gifts to show they care."

People interested in receiving Dr. Ahmad's physician profile or scheduling an appointment at the Rural Health Center can call Gisela at 688-2241. The clinic is located at 210 S. David in Sidney.



*Volunteers get ready for the long awaited opening of the community owned clinic.*

## Universal Care for Kids

from page 8

and Kennedy (D-MA), offers vouchers to working families to purchase private insurance. Families with incomes from 185% to 300% of poverty would be eligible, with a maximum first-year subsidy of \$1,800. The bill will cost \$24 billion over five years, and will be paid for by cuts to corporate welfare and an increase in the tobacco tax. Although the bill is more expensive than Clinton's, it is much simpler and would likely provide more coverage.

"Today's families shouldn't worry whether they can afford to take their sick child to the doctor or buy prescriptions," said Kerry. "This legislation gives working families the chance to access health insurance to help keep their children safe and healthy, and gives parents peace of mind."

"These proposals only serve as temporary solutions," said Greenwalt. "The only way this country can afford to provide health care is through a single payer, universal program."



*Doris Aufdenkampe, Mary Thomas, & Lavina Velasco scrub the clinic for the grand opening.*

Since voters passed the Public Health referendum last November, it is now up to the County Board to pass a Public Health Resolution and appoint a Board of Health. This process will make Champaign County eligible for a \$50,000 state grant to begin providing services. The Board of Health must also do a needs assessment, or I-Plan, which needs to be approved by the Illinois Department of Public Health by June 30 of this year. Once the I-Plan is completed and certified, Champaign County automatically receives \$100,000 to start delivering public health services.

According to George Rudis of IDPH, the \$100,000 in grant money has already been allocated for Champaign County, and it is up to the County Board to appoint a Board of Health and complete the needs assessment in order to receive the grant. Any delay in completing the I-Plan by June 30 puts the county at risk of losing these funds, which will not be available again until the next fiscal year.

However, a lack of cooperation by the Board Chair, Bud Barker, has made this a harrowing process. He has stalled the appointment process by consistently extending the application deadline and ignoring numerous well qualified people who submitted applications by the original deadline.

Mr. Barker also withheld the applications from other Board members so they could not make informed decisions in approving any particular applicant. Protests from fellow board members eventually made Mr. Barker change his reviewing policy, but by then the Policy Committee had already met and accepted his first four appointments. These four applicants were approved at the February County Board meeting, which members of Friends of Public Health attended in order to present statements advising the Board to conduct the appointments process in a fair and just manner.

The County Board had four remaining appointments to make to the Board of Health, three going to county residents, and one to a County Board member. Again, despite a large pool of well-qualified applicants, Mr. Barker re-opened the call for applications without any notice to County Board members, further delaying the process by another month.

It had been expected that the remaining appointments would be made at the March 11 meeting of the Policy Committee, and that the resolution could then be passed at the next full County Board meeting on March 18. Instead, the only

# County Board Chair Drags Feet on Public Health Board *\$150,000 in State Grants at Risk*

appointment put forward by Mr. Barker at the Policy meeting was County Board member Stephen Moser, one of the most outspoken opponents to the Public Health Department.

Prior to this meeting, Friends of Public Health sent action letters to public health supporters asking them to call their County Board representatives and tell them to support applicants from their own districts, and to pass the resolution. Further, Friends of Public Health tried to arrange a meeting with Mr. Barker to discuss the areas of common interest, such as making sure that well-qualified applicants from throughout the county get appointed for the remaining three seats. However, Mr. Barker never responded to these calls.

During the public comments portion of the March 11 Policy Committee meeting, several supporters of public health expressed their dissatisfaction with the delays in this process. Carlton Mills warned "of the potential loss of money to the County if the Board does not act quickly and responsibly." Mr.

Barker refuted these claims, saying that there is no guarantee that the money is there even if the Board completes their duties on time, even though George Rudis of IDPH specifically stated the funds are ready and waiting for the Board to take action.

Two of the applicants for the Board of Health also expressed concern that they had not yet been contacted regarding the status of their applications. One applicant, Jan Thom, a resident of Savoy, said that she submitted her application "in good faith" by the deadline because she cares about public health, but that she is "frustrated with this process" and its failure to produce results. Both applicants were among the first to meet the original application deadline of Feb. 7, and they are very well qualified to serve on the board of health.

At the close of this meeting, Mr. Barker stated with certainty that the Board of Health

appointments would be completed by the April meetings, and that everything will be in place for Champaign County to start receiving the IDPH funds.

"However, because we have learned that nothing is for certain unless we take action, Friends of Public Health and CCHCC is asking that all supporters call and write their County Board representatives and implore them to support qualified applicants and vote to pass the resolution," said Claudia Lennhoff for Friends of Public Health. "Champaign County cannot afford to lose vital grant money that will not only save county tax dollars, but will exercise the will of the voters by providing much needed public health services."

## Help Wanted!

CCHCC Needs Volunteers for:

**Research:** investigate concerns regarding mental health, HMOs, and hospital policies.

**Graphic Design/Art:** design logos, invitations, and mailings.

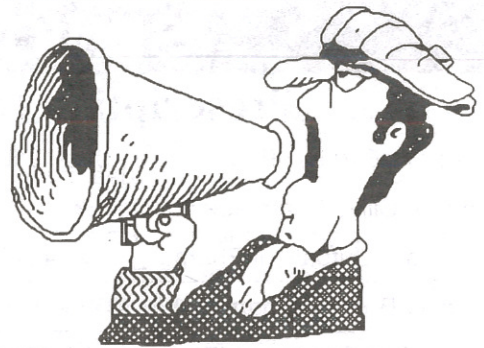
**Phoning:** help with community outreach and education

**Publicity:** help promote the Health Action Network and Hotline

**Advocacy:** assist residents one-on-one through the hotline

**Special events:** help organize the annual Bingo, Phonathon, and Dinner

To volunteer for CCHCC, call Sanjay or Lavina at 352-6533.



# Tuberculosis On the Rise Again

A recent concern that has come to the attention of CCHCC is the disease tuberculosis, or TB. Although TB has been around for centuries, the past ten years have seen the first steady increase in reported cases of TB in America since 1953. Previously, the use of antibiotics to treat the disease was so effective that it was hoped that TB would join diseases such as smallpox and bubonic plague in being almost completely eradicated. However, the recent increase has shown that TB is still a problem.

Much of the funding for TB throughout the nation was eliminated in the early 80s. Locally, the TB program that was in effect in Champaign County was eliminated in 1983.

According to Jan Thom, a nurse and public health educator at Parkland College, "The old TB program was not as efficient as it could have been, but

having no TB program at all is not a good solution. We need a local TB program to make sure that the people who need help can get it." From 1985 to 1992, the number of new cases of TB reported throughout the nation increased by 20% (see graph), according to the Center for Disease Control (CDC). The number of new cases has started going back down again the past few years, in part because funding has increased nationwide. If funding goes down, it is believed that TB rates will again increase. Another concern with TB is that there has been an increase over the past five years of reportings of multi-drug resistant TB. These strains are more difficult to treat because they require treatment with several drugs, and there is always the threat that a strain will develop that is resistant to all current forms of treatment.

Tuberculosis is a disease of the lungs. It has two stages, latent and active. Free testing to determine if a person has TB is available to city and county residents through the C-U Public Health District. This test does not distinguish between the two stages, though. This is a problem because a person with latent TB feels healthy and is not contagious. However, once active, TB is contagious and can cause a variety of symptoms ranging from mild to severe such as: a prolonged cough, often producing blood; fever; chills; decreased

appetite; and extreme fatigue. There is a chest x-ray that can determine whether a person with TB has the latent or active disease, but it is not available free of charge.

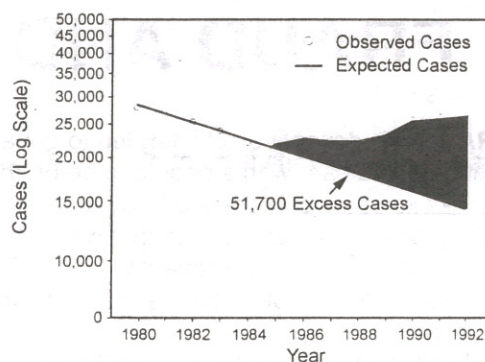
Carrie Storrs, of the Illinois Department of Physical Health, has expressed concern about this because "There are a number of people in Champaign County that test positive but do not have the funds to pay for the follow up exam." Without this test, a person suffering mild symptoms may unwittingly spread the disease by sneezing, coughing, shouting, etc.,

releasing the bacteria into the air. The bacteria can then infect another person's lungs.

This is not easily done, however. TB is not spread by coughing on a bus, sharing drinking glasses, or casual contact. Most infections are passed from spending a lot of time in close proximity to someone who has an active infection. TB is also spread more easily in congested

### Expected vs. observed cases -- U.S., 1980-1992

**Source:**  
Center for Disease Control,  
MMWR,  
V.42/#36,  
9/17/93



settings where people spend a lot of time together, such as schools, child care centers, correctional facilities, and homeless shelters.

Some people are more susceptible to the disease. They are the elderly, alcoholics, intravenous drug users, people with weakened immune systems, and people that are infected with HIV. Since HIV is a relatively recent epidemic, it has been cited as one of the major sources for the recent increase in TB cases.

The final major source of TB resurgence is the lack of funding for TB prevention programs. Currently, Champaign County is one of three counties in Illinois that have no TB program. Although free testing for the existence of TB is available, the tests which determine whether TB is active or latent are not free. This means that a person that cannot afford the chest exam may spread the disease to others if their TB becomes active, but they feel only mild symptoms.

This puts the residents of Champaign County at a greater risk. The rising problem of tuberculosis is a matter of concern for everyone. At this point, the CCHCC is looking into the resurging problem of TB, and what can be done for the future to ensure the health of county residents.

# SENIOR CITIZEN TASK FORCE

## Prescription Drug Alert: Coumadin - 30 pills @ 5 mg

Carle RX Express Pharmacy	383-3250	\$20.05		Osco Drug Pharmacy	352-4272	\$18.82*
Christie Clinic Pharmacy	366-1278	\$21.00		Revco Pharmacy (Eastwood)	586-4914	\$18.53
Covenant Outpatient Pharm.	337-4545	\$18.33		St. Joseph Apothecary	469-2232	\$24.07
Doctors Building Pharmacy	356-1819	\$25.35		Schnucks Supermarket*	351-8497	\$19.25
Jerry's IGA Pharmacy (D)	367-4390	\$18.62*		Target Stores	355-3345	\$15.39
Kmart Super Centers	356-2839	\$18.59		Walgreen's Drug Stores	356-0521	\$9.19
Medicine Shoppe (D)	352-7070	\$19.75*		Wal-Mart Discount Cities	352-1490	\$18.30
Meijers Pharmacy	353-4000	\$18.79		* = Plus/100 Discount (D) = Free Delivery Prices on 3/3/97		

Pharmacists recommend that you buy Coumadin in quantities of 100 for a better price. It is important to develop a relationship with your pharmacist. It may be dangerous to mix pharmacies. Always make sure your doctors know all the drugs you're taking.

Do you belong to a group or organization that would like a speaker from the Medicare Office?

Health Care Service Corporation, the Medicare carrier and intermediary for the states of Illinois and Michigan, has speakers available to participate in training seminars, conferences, speaking engagements, and a variety of other services.

There is never a charge to have a member of the Beneficiary Outreach Team Speak at your function. For more information, call 1-800-642-6930.

## JOIN!

### MEDICARE 100/PLUS PROGRAM

Do you know seniors or people with disabilities who receive Medicare Part A and Part B? They may be eligible to join our Medicare 100 or Medicare Plus program. Medicare 100/Plus has helped hundreds of people. **DON'T DELAY! JOIN TODAY!**

Attention Members: 1997 Memberships are due now. Covenant soon will be sending out an income verification form. You must complete this each year to stay on the program. If you have questions about your dues or need help filling out the verification form, call Belinda at 352-6533.

## IT'S A FACT: FRAUD AND ABUSE

**FRAUD** is a deceptive act intended to get a benefit to which a person is not entitled. Medicare warns people to be on the look-out.

Some examples of Medicare fraud are:

- \* Billing for services or supplies that were not provided. This includes no shows and missed appointments.
- \* Incorrect reporting of diagnosis or procedures to increase Medicare payment.
- \* Claims for non-covered services billed as covered services.
- \* Changing claims history records to get payments.
- \* Use of another's Medicare card to get medical care.

**ABUSE** is an act intended to get payment when there is no legal entitlement to that payment. These acts are not consistent with sound medical, business, or financial practice.

Some examples of Medicare abuse are:

- \* Excessive charges for services or supplies.
- \* Breaking assignment agreements, causing the beneficiary to be billed for disallowed charges.
- \* Provider bills more for services to Medicare beneficiaries than for those not on Medicare.
- \* Claims for services not medically necessary.

If you believe that a doctor, hospital, or other provider of health care services has performed unnecessary or inappropriate services, you should immediately report this information to Medicare. To report Fraud or Abuse, you need to have the following information:

- \* Exact nature of the act you are reporting.
- \* The date it occurred.
- \* The name and address of those involved.

For more information, call the Beneficiary Outreach Team 1-800-642-6930 or CCHCC at 352-6533.

# Board Profile: Mamie Smith

by Susan Pierce

CCHCC, and indeed the entire C-U community and its environs, have recently been blessed with a great deal of Good Fortune! No brass bands played, no banners unfurled, no speeches were made, and no newspaper reporters or TV crews were there to mark the happy occasion.

True to form, Mamie Smith returned to this community without fanfare but with her usual unwavering and steadfast determination.

On October 3, 1996, she'd gone to Alabama to the Annual Revival meeting of the church where she spent her childhood. The week was a grand experience until, in one brief moment, she fell on a slippery linoleum floor and broke her leg, the same leg she'd broken in 1972. Of both incidents she remarked that she's blessed: "I don't [feel] pain."

Mamie spent the next five months in Dayton Ohio, looked after by her daughters Eunice and Joyce, who tried to talk her out of returning to her Champaign home. "You are 83" they reminded her, but she countered "DON'T LOOK AT THE AGE; LOOK AT THE MOTIVATION! You'd be taking my life away from me. I have our building to watch over, meetings to go to, young people to talk to, churches to help, people to help, and a lot of singing to do." and sure enough . . . she came back on February 28, and three days later attended CCHCC's Board Meeting!

The factual details of Mamie's life could fill a book; they are fascinating, partly from a historical perspective, and partly as a story of a remarkable woman and her very large family.

But there is so much more — her humanity and warmth; her desire and ability to truly accomplish things; her



spontaneity; her sense of humor; her Faith; and her no-nonsense approach to life!

Officially Mamie is "hall captain" in her building on Bradley Avenue, but in reality, she seems to be captain of the entire building. She says of the 14-17 year old youngsters who come down from Chicago, and often end up in her neighborhood, "I'm not afraid to talk to them because I know how to." And from the descriptions of her experiences, it's obvious that she does. Sometimes she is happily surprised, as when some of the "kids" show up and offer to help carry her packages, when she goes to the grocery store.

Mamie is also considered "Community Director" for her building. She goes to city council meetings, church meetings, meetings at the Civic Center, etc., and gives her elderly neighbors "the scoop" on issues that particularly concern them.

Living a life of such high visibility, and having received some good coverage in the News-Gazette, Mamie says, "I see people in the street who know me and I don't know them!" Later she mused, "I've been everywhere talking." Amen!

One of Mamie's many refreshing qualities is her incredible honesty. She knows who she is, and she lives who she is. She wastes no time with pretense, evasion, and manipulation. In my first conversation with her, she used the phrase "get up and go" about ten times — and she means it! "If you keep your head well," she says, "your body will be well ... watching walls is no good for anybody."

I asked her if she'd had a lot of physical therapy, and if she'd be able to ride a bus again soon. She immediately launched into a story about the first time the subject of "physical therapy" came up when she was in Ohio.

She was lying in bed and the doctor came in. "Now Mamie," he said, "I'd like you to raise your good leg up off that bed 20 times." She did it; no problem. Then the doctor said, "Now I wonder if you can try to raise your broken leg like that ... just once." Mamie raised her leg, cast and all, not once, but 20 times! End of Physical Therapy Session No. 1!

Let us all welcome this very plucky lady back to Illinois. And let's realize our good fortune that her daughters "looked at [her] motivation, not at [her] age!" The inspiration that Mamie Smith exudes is both strong and subtle. It can't be described easily in words — perhaps it exists in another dimension.

## CCHCC Membership Renewal Form

(Please clip and return with your check)

☐ \$120 - Patron

☐ \$60 - Sponsor

☐ \$40 - Family Membership

☐ \$25 - Individual Membership

☐ \$20 - Low-Income Discount

☐ Other: \$ \_\_\_\_\_

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Contributions to CCHCC are tax-deductible.

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## Four major bills proposed in Washington, D.C.

# Universal Health Insurance for Kids

Congress and the White House have opened up the possibility of granting universal coverage to all children under age 18. Dubbed "Kiddiecare" by lawmakers, this legislation could have a major impact on the lives of 10 million children who fall through the cracks between private insurance and public aid.

Of the 10 million American kids who have no insurance coverage:

- \* Nine in ten have parents who work
- \* Nearly two in three have parents who work full time year round
- \* Two-thirds live in families with income above the poverty level
- \* Sixty-one percent live in two-parent families

This lack of coverage is now extending to working-class and middle-class families who make too much money to qualify for assistance, but not enough to insure themselves.

The reason for this crisis is the rapidly changing health insurance industry and the decline of employer-provided health plans. Whereas large and medium-sized companies used to offer complete health benefits, more than three-fourths of employees in these companies must now pay an average \$1,600 to \$1,900 per year in premiums. Families without employer-based coverage often have to pay much higher costs — up to \$6,000 per year — to purchase private insurance on their own. Those who

can't afford these costs go uninsured, and so do their children.

Uninsured children are at risk for preventable illness, are less likely to learn in school, and cost taxpayers money when they get sick due to lack of preventive care. Among the 18 industrialized countries, the U.S. ranks worst in percentage of babies born at dangerously low weight, and second worst in infant mortality.

Currently, both Congress and the White House are drafting legislation to expand health coverage for children. According to Children's Health Fund president Dr. Irwin Redlener, "This issue of children's access to care is bridging the partisan gap in ways that the more general issue of health reform was never able to do."

This favorable political climate has prompted President Clinton to offer his own children's health initiative as part of his 1998 budget. "Clinton's proposal is vaguely defined, poorly allocated, and will not provide universal coverage to all children," explains Nancy Greenwalt, Director at CCHCC.

The President's plans extend coverage to half of America's 10 million uninsured children at a total cost of \$17 billion over five years, and in five steps:

**1) Workers Between Jobs Initiative** — will provide annual grants to states to pay for temporarily unemployed workers' premiums for up to six months at a sliding scale. An

estimated 700,000 children will be covered.

**2) State Partnership Grants** — a block grant program to states that will cover children who can't afford private coverage but do not qualify for Medicaid. One million are estimated to be covered.

**3) Low-Income Adolescents** — low-income children aged 13-18 will be phased into the Medicaid program. The Administration estimates one million teens will be covered.

**4) Medicaid 12-month Continuous Eligibility** — a "Medicaid investment" that will allow children to remain on Medicaid for one year, regardless of changes in income. One million more children are estimated to remain continuously covered.

**5) Medicaid Outreach** — targets the 3 million children who are eligible for Medicaid but not enrolled. Although no funds have been authorized and no details provided about how to identify these children, the Administration contends that it will add 1.6 million kids to the rolls.

Yale professor Ted Marmor, who wrote the first Kiddiecare proposal in 1977, criticizes Clinton's plan because it is basically an expansion of Medicaid and, as such, "would have all the problems of Medicaid...either you have it or you don't based on income." Marmor's proposal involved an expansion of Medicare instead, which is based on age, not income, and states that Clinton's plan is "utterly incomplete," and "is smoke and mirrors ... it does not deal with children in a sustainable and politically centered way."

Three other proposals for children's health have been introduced on the Senate floor. Minority leader Tom Daschle (D-SD) prefers a refundable tax credit to purchase private insurance, and Phil Gramm (R-TX) and Paul Coverdell (R-GA) have outlined a plan for an earned income tax credit combined with a medical savings account.

The Children's Health Initiative, introduced by Senators Kerry (D-MA)


*Continued on page 3*

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  - ☐ REFUSED
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