

1 ADEQUATE HEALTH CARE TASK FORCE HEARING
2 TAKEN ON NOVEMBER 30, 2005
3 AT 10:30 A.M.
4 LOCATED AT 160 NORTH LASALLE STREET
5 CHICAGO, ILLINOIS
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

1 MR. LERNER: My name is Wayne Lerner.
Page 1

Proceedings_HealthCareHearing113005
2 I'm pleased to be here as chairman of the
3 Adequate Health Care Task Force.

4 As we are apt to do, I'd like to call
5 the meeting in order and ask the people to go
6 around the room and introduce themselves. And,
7 Pamela, would you start.

8 MS. BALMER: Pamela Balmer. I'm with
9 the Illinois Department of Public Health, and I
10 am the program director of the breast and
11 cervical cancer program.

12 MR. LAMPERIS: Dr. Lou Lamperis. I'm
13 the chief of the division of oral health at the
14 Illinois Department of Public Health.

15 MR. LERNER: As it turns out, at one of
16 the public hearings, that issue was raised very
17 strongly.

18 MS. MURPHY: Anne Marie Murphy. I'm
19 the Illinois Medicaid Director.

20 MS. ROTHSTEIN: Ruth Rothstein, task
21 force member.

22 MR. YOUNG: I'm Quentin Young. I'm
23 with Health and Medicine Policy Research Group.

24 MS. DAKER: I'm Jan Daker. I'm an
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

3

1 occupational development consultant.

2 MR. BACKS: Craig Backs, president of
3 the Illinois Medical Institute.

4 MS. PRINTEN: Tracey Printen.

5 MS. KANNADAY: Colleen Kannaday
Page 2

- 6 MR. ROBERTS: Joe Roberts.
7 MR. CARVALHO: Dave Carvalho with the
8 Illinois Department of Public Health.
9 MR. JONES: Mike Jones.
10 MR. MOORE: James Moore.
11 MS. MARTINEZ: Senator Iris Martinez.
12 MR. DUFFETT: Jim Duffett with the
13 Campaign For Better Health Care.
14 MR. ORTHOEFER: Joe Orthoefer.
15 MS. DAVIS: Margaret Davis.
16 MS. WALTER: Ashley Walter.
17 MR. GARVEN: John Garven. I'm for Greg
18 Smith.
19 MS. MITROFF: Pamela Mitroff.
20 MR. MURPHY: Mike Murphy.
21 MS. BUTKIS: Helena Butkis.
22 MR. LERNER: Can I ask the members of
23 the Task Force to raise their hands so we can
24 get a count of how many people are here. We can

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

4

- 1 conduct business.
2 We need approval of the meeting minutes
3 from October 26 and November 4. October 26 was
4 the -- we actually had passed out a transcript,
5 and it looks like Ashley, being super efficient,
6 has also provided us with bullet points on the
7 minutes so I would ask you to approve the
8 minutes so we can get the thing moving along.

9

MS. ROTHSTEIN: So moved.

10

MR. YOUNG: Second.

11

MR. MOORE: There were errors in the transcript. I'm not a physician. It had the wrong organization. And there's a few people listed as a doctor, who are not physicians.

15

MR. LERNER: We'll get those corrected.

16

How about if there's any corrections to the transcript, you get them to Ashley.

18

Now, these minutes that are in front of you, if you can move to approve those, I'd appreciate that. All in favor, say I.

20

(Unanimous "I").

22

Any opposed? Thank you, very much.

23

We have a couple of members that just joined us.

24

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

5

1

MS. COULSON: Representative Beth

2

Coulson.

3

MR. LERNER: Thank you.

4

MR. SHATIC: Dave Shatic.

5

MR. LERNER: Anybody else?

6

MR. ROSENTHAL: Jared Rosenthal, from Amerigroup.

7

MR. LERNER: This hearing committee will go into meeting right after this meeting. We are really thrilled that representatives of the governor's office agencies and other agencies are here to join us.

12

13 First, we'd like to do a public hearing
14 briefing. I'd like to ask for any of the
15 members of the task force, who were at any of
16 the public hearings, to talk about their
17 experience, and give us some of ideas about what
18 it is that was discussed. In November we had
19 the LaGrange hearing, the Homewood hearing and
20 the Bourbonnais hearing. So LaGrange, any of
21 the task force members want to talk about the
22 public hearing in LaGrange?

23 MS. DAVIS: I think you alluded to the
24 comments on the dental care. The dentist from
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

6

1 Salvation Army was there, and he gave a poignant
2 discussion on the lack of adequate health care
3 for no insured people with the city having one
4 dentist and the county having 15 minutes where
5 you can call and try to get an appointment.
6 That was it.

7 MS. KANNADAY: I think one of the
8 comments that stood out for me was a woman
9 uninsured. I believe her family was
10 self-employed. Talked about basically her
11 inability to get an appointment with a physician
12 and being referred to Cook County. When getting
13 to Cook County was basically told she had a
14 urinary tract infection on this particular
15 example. And told why are you here? You don't

Proceedings_HealthCareHearing113005
16 belong here. Yet, she couldn't get an
17 appointment with a primary care physician so you
18 look at the abuse of the emergency department,
19 and the problems that our system has created.

20 MS. DAVIS: And I guess I noticed,
21 which I didn't know was the propensity of the
22 number of free clinics in your state, and that
23 they're all at capacity, and they're busting at
24 the seams. And there's the people that are

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

7

1 giving free care, volunteer doctors, volunteer
2 nurses, and they're still not able to meet the
3 needs.

4 The other big one I thought they talked
5 about besides what's already been mentioned is
6 the whole issue of medication availability and
7 complexity for some of our citizens for Part D
8 Prescription Drug Coverage, and how that fits
9 into the overall plan. If you think about the
10 different pieces in the delivery system starting
11 with doctors and the actual sites themselves of
12 facilities and then the patchwork quilt of
13 programs and services that exist and then the
14 levels of care that can exist, inpatient,
15 outpatient, preventative care, prescription drug
16 coverage, you can see why the public is confused
17 about some of this, and why you end up with the
18 perpetual barriers to care.

19 So it made it more daunting to me, the
Page 6

20 task in front of us, to think about a rational
21 plan and delivery mechanism.

22 MR. LERNER: We also had Homewood. Any
23 folks that went to Homewood?

24 MS. DAVIS: The Southland is in the
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

8

1 process of a regional discussion of the health
2 needs in the Southland area. But one of the
3 major processes was the impending closure of
4 Tinley Park Mental Health Facility. And
5 Commissioner Simms had indicated that the Cook
6 County jail is increasing with mental health
7 patients. And when they asked them their last
8 point of care, it was Tinley Park. And then the
9 hospitals are all talking about the increase of
10 mentally ill people visiting their emergency
11 rooms, and not having a place to send them. And
12 there has been a task force established to
13 develop a reorganization of the mental health
14 system in the Southland. However, there has not
15 been any follow through by the State of Illinois
16 so that was a major piece in Homewood.

17 MR. LERNER: Thank you. Any other
18 take-aways from the Homewood Public Hearing for
19 anybody that was there?

20 MS. DAVIS: The quality of care was at
21 great issue that came out. People are still
22 having to go through places like Northwestern and

23 Stroger because they feel that the HMOs in their
24 area are misdiagnosing them, and that they are

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

9

1 not getting the type of care. And nobody is
2 monitoring their complaints. They don't have a
3 complaint number when they feel they have
4 dissatisfaction. We had a lot of politicians
5 that were present. We had Mimi Mesro,
6 representing Jesse Jackson, Jr., that was there.
7 As well as Representative Davis, Representative
8 David Miller and the Chief of Staff, Debbie
9 Halverson, was there and Commissioner Simms and
10 another Commissioner Murphy. And all of them
11 testified. Again, Representative Miller talked
12 about the issue of dental care, and the need for
13 children's oral health, and having doctors
14 accept Medicaid. You can do all these changes,
15 but if you don't have a doctor who can accept
16 the Medicaid card, it still would be of no use
17 to you.

18 MR. LERNER: Thanks, Margaret. I don't
19 know what we would do without Margaret's
20 reporting capabilities. I do appreciate that.
21 Focus on quality of care, outcomes of care and
22 then a vehicle for people to express themselves
23 and help to weave their way through the delivery
24 system because it's very complex.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733
Page 8

1 MS. DAVIS: There were two more points.
2 One was this notion of school health, the lack
3 of vision, and the fact that there's some
4 children that are not able to get their glasses
5 and their hearing tested. And then my director
6 talked about the notion of, as we're beginning
7 to look at this system -- this came out in your
8 study group -- the need for expansion of
9 dollars. Also, that's going to be an issue as
10 we go forth in this issue.

11 MR. LERNER: Thank you. Okay. And
12 then last we have the Bourbonnais.

13 MS. DAVIS: Bourbonnais was definitely
14 mental health. Mental health has become so
15 obvious of a threat. These are people who have
16 serious mental illnesses, who are afraid of
17 being placed out of their long-term care
18 facilities because they have not been able to
19 access Medicaid so much so it was, I would say,
20 about -- Ruth, was it ten people who were all
21 mentally challenged, and they came up and
22 testified about their fears?

23 It seems, Anne Marie, that they're of
24 the notion that you have restricted the

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 formulary and the doctors because they have such

2 large volumes of patients to see, they cannot
3 take the time to do the types of documentation
4 and form filling out that's required in order to
5 get the medications for the mentally ill people.

6 The state representative who was there,
7 her name was Lisa Dugan, she had been contacting
8 the office because I was saying there was such a
9 great need, that there needs to be some
10 intervention that is going to be targeted to
11 that community because it seems like they have a
12 great amount of mentally ill people.

13 MS. MURPHY: Do you want me to put the
14 record straight? On PDL for antipsychotics, we
15 are required by state law that if we wish to
16 have a preferred list for antipsychotics, that a
17 clinical study must be done to show that it
18 would be in the best interest of patients to
19 have such a preferred drug list. University of
20 Illinois school pharmacy and others conducted
21 that study. A very large volume went to the
22 general assembly showing that, in fact, a
23 creation for a preferred drug list for
24 antipsychotics would improve patient care

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

12

1 because a large number of prescribers are not
2 necessarily aware of best practices in that
3 area. And certain of the drugs that are the
4 most potent, fully have had the greatest amount
5 of side affects. So there is no closed

6 formulary. Anyone that needs a drug can he get
7 it.

8 However, if one prescribed a drug for
9 which, first of all, is it not necessarily the
10 most expensive drug where there may not be
11 clinical evidence of a superiority for that
12 particular patient, then a fax to our approval
13 line is required. We now have a dedicated fax
14 line and staff for that line. We've created a
15 whole new array to support that. We also have
16 eliminated mental health drug copays to increase
17 access for those that are mentally ill for
18 mental health drugs. And that change was done
19 in consultation with the Illinois State Medical
20 Association. And we've got a lot of clinical
21 review before we've enacted it.

22 The bottom line is that there are
23 certain drug manufacturers that refuse to give
24 the state an appropriate competitive price that

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

13

1 jeopardized the overall sustainability of the
2 Medicaid practice and the ability to provide
3 comprehensive services to the 2 million
4 beneficiaries that we serve. And we take it
5 seriously, and dedicate a lot of resources to
6 that.

7 MR. LERNER: Other comments?

8 MR. CARVALHO: I'd like to thank Anne

9 Marie because the first time in one of the
10 hearings, after there were several persons that
11 presented the same complaint that Margaret
12 mentioned, I stepped out and called Anne Marie,
13 and said what the residents and the nurses had
14 been telling the committee. It was what they
15 call Public Aid. But Health Care and Family
16 Services had forbidden certain drugs be
17 prescribed. And we had several persons testify
18 to that, and that didn't sound right. And I
19 stepped out, and called Anne Marie. And she
20 shared the information she shared with you. And
21 I shared it at the hearing. And a person who
22 didn't testify but was sitting to the side and
23 was a manager to the home with the residents
24 were, acknowledged it was a preferred provider

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

14

1 list, but people were too busy to call it. And
2 so it was kind of disturbing to see the patients
3 be told their drugs -- they could not be
4 receiving prescriptions. But, in fact, there
5 was a process --

6 MS. ROTHSTEIN: I was there as well,
7 and what I think David says is correct and
8 Margaret says is correct. There is a great deal
9 of misinformation or no information or lack of
10 information or whatever. So I think that
11 something more has to be done other than what we
12 did to try to reach those people because there's

13 a great deal of fear. But now whether it's
14 justified or not, it's not relevant. But the
15 patients, the people that are in those
16 facilities, are scared to death. They may be
17 being taught to be scared to death. But somehow
18 that information has to get there so those
19 people can be calmed down because it's tough out
20 there.

21 MR. BACKS: These drugs are available
22 in practice by the time the notice gets from the
23 pharmacy through the nursing home to the
24 physician with the notice of Public Aid. And in

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

15

1 essence the message is we'll not pay for the
2 drug unless you go through a lot of hoops. And
3 the physician says, do you want to go through
4 the hoops or am I going to take care of the
5 patients that have been waiting an hour that
6 have been waiting in the office? So the answer
7 is we'll try this. So in reality there are
8 many, many barriers to these drugs that were
9 formerly easily available that are no longer
10 available. It's not just mental health
11 medications. I've heard a lot of complaints
12 about that. But the statement, you can't get
13 that drug, is what people hear when they are
14 told you have to do something extra to get that
15 drug or your insurance won't pay for it. You

16 can get it, but your insurance won't pay for it.
17 So we have to be cognizant of the fact that
18 providers perceive it to be the reality.

19 MS. DAVIS: One of the things is that
20 the large integrated health network is Riverside
21 Health Care, and they are reporting great losses
22 as a result of no-pay and charity care.

23 And there was one other thing. We had
24 not heard this before. In that area it seems to

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

16

1 be a lot of people with Lyme disease. And they
2 report that there is only one physician that is
3 treating Lyme disease patients, first, trying to
4 diagnose it and giving the appropriate
5 treatment. There seems to be only one in the
6 State of Illinois, but they're saying that there
7 has to be some quality monitoring of this notion
8 of Lyme disease because a whole family had
9 gotten this disease. And one of the family
10 members was pregnant, and it effected the unborn
11 child. So that Lyme disease is an issue that
12 came up in this community.

13 MR. LERNER: Thank you. I'd like to
14 remind you, as we get started on the agenda,
15 that Ashley does a great job of reminding us at
16 the top of our documents the charge before us,
17 the wording from the public act which created
18 the Health Care Justice Act and what the
19 legislation called for. And we do this on

20 purpose because the task in front of us is
21 daunting. If you think about all the individual
22 comments and then what the analysis we talked
23 about, how complex the system is. We're not
24 going to be able to solve all the problems with

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

17

1 one swoop of our pen on our report. We have to
2 keep in focus what the Act asked us to do.

3 And the other reminder is that
4 individuals have individual issues. We are
5 trying to plan for population and population
6 needs to be considered. We really need to think
7 about it. We have to balance the individual
8 needs against the population needs. And that's
9 going to be part of the hard discussion that
10 we're going to have later on in our
11 deliberations in the early part of '06. So just
12 as a reminder as we think about all these
13 responses, how you frame that. We've had a
14 frame for that.

15 MR. DUFFETT: On Bourbonnais a couple
16 of people after the hearing contacted us and
17 were appreciative of your comments, David, of
18 explaining about the Act and going in greater
19 detail of that.

20 And I think the other thing that we
21 hear is the loss of health insurance between
22 jobs. And, once again, I think very moving

Proceedings_HealthCareHearing113005
23 testimony by many people. And we all know that
24 our elected officials are not exempt of that,
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

18

1 with Lisa giving testimony of her own personal
2 situation of getting into a car accident without
3 health insurance, and the impact it had on her.
4 So I just kind of want to add that to the
5 Bourbonnais hearing.

6 MS. PRINTEN: It was brought up at the
7 last task force hearing that it would be nice to
8 have information and things available at the
9 hearing. Have we done anything?

10 MR. LERNER: Programs, you mean like --

11 MS. PRINTEN: There was an objection
12 for a lot of people there that might qualify for
13 programs with the state, and they weren't aware
14 that they might qualify for that. And Pam asked
15 that we have information for hearing attendees.

16 MR. LERNER: I don't think we've done
17 that to date. We can find a mechanism to do
18 that or link them in for somebody.

19 MR. MURPHY: Mr. Chairman, I did not
20 hear Pam's comments. But the first two public
21 hearings I was at, it was anguishing listening
22 to people's information knowing there were
23 safety net mechanisms that were in place that
24 they would qualify for.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733
Page 16

1 MR. LERNER: Okay. Let me move along.
2 As we get into our presentations, I want to
3 thank all of our participants today for making
4 time.

5 First on our agenda is Dr. Anne Marie
6 Murphy. And, Dr. Murphy, I appreciate you being
7 here for lots of reasons. The floor is yours.

8 MS. MURPHY: So I was asked to give an
9 overview of basically what can you use Medicaid
10 for to expand coverage. And I was going to say
11 how expansive has Illinois become because we've
12 done nearly every option out there close to the
13 maximums, and that doesn't mean there wasn't
14 more one could do.

15 As many of you know, Illinois is, in
16 fact, the only state in the nation to have
17 significantly expanded access to health care.
18 Three years in a row a lot of states have been
19 cutting back and cutting provider rates and
20 eligibility benefits, optional services. And
21 Illinois has been beating to a different drum,
22 which is, of course, why I get more severe in
23 regards to cost containment because the way that
24 we're able to do our expansions and cover more

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 people is that we've been very cost effective

Proceedings_HealthCareHearing113005
2 managers of the program and been consistent with
3 getting the best price possible for services
4 rendered.

5 Since the Governor took office in
6 January of 2003, over 370,000 more Illinoisans
7 have health care through Medicaid and SCHIP, who
8 did not previously have coverage. We have a
9 little growth of the seniors, but the majority
10 are parents and children.

11 The next slide is the Kaiser Family
12 Foundation, who is nonpartisan, has found us
13 number one in the nation two years in a row of
14 expanding coverage to patients. And number two,
15 expanding access to children. And number one in
16 increasing our roles and covering more people.

17 Federally there are two main federal
18 programs that we know. Medicare is the single
19 comprehensive health care program for seniors.
20 We could discuss whether we think as to how
21 comprehensive is. It is the reason that close
22 to 100 percent of seniors in the United States
23 have health care today due to Medicare.

24 However, on the other side of --

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

21

1 created the same year is Medicaid, created in
2 1965. And it provides states with federal
3 match. Illinois gets the 50 percent match. So
4 for every dollar the state spends on health care
5 through the Medicaid program, we get back 50

6 cents.

7 We also have the SCHIP program which
8 funds our part of our Kid Care Program. And we
9 have waivers of both the Medicaid and SCHIP
10 statute under our Family Care Program and some
11 others.

12 This was an interesting judicial quote.

13 The next slide is the main reason to be
14 eligible under the federal Medicaid law. And
15 that is in the absence of waiver rules. You
16 must fit into basically a box, a category. You
17 can be a senior age 65 or older, a person who
18 meets the Social Security Disability definition,
19 a person who is blind, a child younger than 19,
20 a parent or other care taker relative so that's
21 a blood connection in general or adoption or a
22 pregnant woman. There are additional
23 requirements in each state. You must be the
24 resident of the state covering you. You must be

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

22

1 a U. S. Citizen or qualified legal alien. You
2 must have a Social Security number or proof of
3 application for one. Each of these categories
4 have financial requirements. And we'll get to,
5 you know, how there are minimums, and then there
6 are options for the state to go beyond the
7 minimums.

8 But federal law establishes that there

9 Proceedings_HealthCareHearing113005
are income limits, and they vary between the
10 different groups. Federal law establishes
11 minimums as exceptions, though, the assets be
12 involved provided you do them for a whole group.
13 So you can drop assets for children. 42 states,
14 including Illinois, don't have an asset test for
15 children. You could drop. Though, it would be
16 very expensive doing the asset test for seniors
17 and persons with disabilities. I don't know if
18 there are any states that do that.

19 Next. So then in the absence of a
20 waiver, this is just to describe what is the
21 difference between SCHIP. I should say, first
22 of all, Medicaid is an entitlement. If you
23 qualify under a state's plan, you are eligible.
24 And a state may not have a waiting list for

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

23

1 Medicaid. You cannot arbitrarily say that a
2 certain group who would otherwise meet the
3 criteria are not eligible so that's a big
4 deference between Medicaid and SCHIP. Where
5 SCHIP is not an entitlement. States can have a
6 waiting list and a cap on the number of
7 enrolled.

8 In addition, in the absence of a
9 waiver, a waiver that Illinois does have, only
10 uninsured children may be eligible for SCHIP,
11 and so that's quite a difference. Here in
12 Illinois we do use the same nonfinancial

13 factors. We have harmonized our SCHIP and
14 Medicaid program. We recognize the families'
15 incomes may change month-to-month and
16 year-to-year, and they may have moved between
17 the programs. States that don't -- that have
18 separate SCHIP programs, you find a lot of drop
19 off. That the cases that transfer between the
20 programs frequently get lost, and there's
21 significantly less coverage. We don't have
22 asset tests for families of children of pregnant
23 women.

24 Mandatory versus optional. There are
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

24

1 certain groups of individuals that are -- that
2 each state by having a Medicaid program -- not
3 that the state has to have a Medicaid program.
4 Arizona was the last state in the nation to sign
5 up for Medicaid, and I think it was in the '70s.
6 Many, it was later than that. Anyway, there are
7 certain groups that are required. And then
8 there are optional groups. And then in addition
9 you can get a waiver that can give you some
10 flexibility to also do an expansion or other
11 types of changes. Not all federal requirements
12 may be waived, though, when Mike mentioned that
13 the current administration is pretty flexible
14 when it comes to waiving criteria in the Social
15 Security Act. States must cover children

16 Proceedings_HealthCareHearing113005
17 through age 5 if their family income is no
18 greater than 133 percent of poverty, and they
19 meet the other requirements such as residency,
20 et cetera. States must also cover children age
21 6 to 17 if their family income is no greater
22 than 100 percent of poverty. And states must
23 cover foster children receiving federal
24 financial support and children receiving
adoption assistance. States can opt to cover

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

25

1 children through age 20, and they can set the
2 Medicaid income limit for children as high as
3 200 percent of poverty. Some states that had
4 children's income limits at or close to 200
5 percent of federal poverty, which is \$40,000 for
6 a family of four, when the SCHIP law took
7 effect, therefore, billed their SCHIP on top of
8 Medicaid. And they go up to income levels of 50
9 percent of the poverty level.

10 Here in Illinois, Illinois has opted to
11 cover children through age 18 so until their
12 19th birthday. With Medicaid a family income up
13 to 133 percent of the poverty and between 133
14 and 2,700 percent of poverty, children are
15 covered with the SCHIP program or Kid Care
16 waiver.

17 And state expense. Illinois covers
18 children who were legal immigrants but who have
19 not lived in the U.S. for five years. And

20 undocumented immigrant children are only
21 eligible for emergency services. And that we
22 cover foster children through age 20. We cover
23 children in subsidized guardianship
24 arrangements, and we cover children who do not

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

26

1 get federal financial support.

2 All kids, et cetera, was an initiative
3 in line with the Governor's long-standing
4 commitment to expanding access for health care
5 for children. And the Governor campaigned, when
6 he campaigned for election, on the notion of
7 expanding health care for children. And every
8 budget has included money to do expansions since
9 we had done well over the last few years
10 expanding access to children. And it was in
11 sight to, in fact, go to the full distance and
12 cover all uninsured children. And the general
13 assembly were happy and in arms with the
14 Governor, and passed the All Kids legislation.
15 And that makes Illinois the first state of the
16 nation to cover all uninsured children
17 irrespective of the family income. And the
18 program is not free. There's a sliding scale
19 premiums and sliding scale and cost sharing. It
20 is for children who are uninsured, not for
21 children who are currently insured. So there
22 are requirements that the child be uninsured for

Proceedings_HealthCareHearing113005
23 a period of time initiating six months initially
24 unless the child is a new born whose parent was
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

27

1 uninsured, that child was in Kid Care and lost
2 eligibility to income increasing for the parent
3 or the parent lost their job and with it their
4 health insurance. So in essence we hope that
5 now here in Illinois we've got the situation.

6 Seniors are covered through Medicare.
7 Children we have comprehensive coverage through
8 the employer-sponsored system and, also, the
9 publically-funded Kid Care Program.

10 There are a few -- there are quite a
11 few in there. And this is definitely where the
12 gaps are. The states are required --
13 mandatorily required to cover single parents if
14 their income is below the AFDC, i.e., welfare
15 cash payment level. Interestingly, states do
16 not have to cover two-parent families regardless
17 of their income if both parents are employable,
18 i.e., if neither parent is disabled. That I
19 previous assume is somewhat a historic
20 commentary on social policy in the U.S.

21 In regards to family minimums. And in
22 Illinois the 1996 -- this is why lots of the
23 presentation took quite a while to put together
24 because it's pretty torturous as to what are the

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733
Page 24

1 standards.

2 In 1996 the AFDC cash payment levels
3 depend on county. And counties were grouped
4 into one of three groups based on average cost
5 of living, as established years ago. So the
6 income level was not based on poverty. However,
7 Illinois is not at the minimum. We opted to
8 cover two-parent families even if both parents
9 are employed. We've adopted a single statewide
10 income threshold. And, as of January, that
11 threshold for parents will be 185 percent of
12 poverty, which is \$35,000 for a family of four.

13 The next slide. So that's where we are
14 with parents for pregnant women. States must
15 cover pregnant women whose income is no greater
16 than 133 percent of poverty. And that coverage
17 extends for 60 days postpartum. Some states
18 have narrow coverage, only really prenatal care.
19 Illinois is not one of those states. We have
20 comprehensive coverage for the woman recognizing
21 the woman's overall health is very important for
22 pregnancy and overall health during her lifetime
23 and to the benefit of her family. States must
24 cover -- in Illinois we cover women with income

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 up to 200 percent of poverty, and we cover all

Proceedings_HealthCareHearing113005
2 pregnant women regardless of immigration status
3 through a state plan amendment that we have for
4 the SCHIP program.

5 To the aged, blind and disabled. And
6 when SSI income was established in 1972, states
7 have the option of adopting SSI or maintaining
8 the rules they have in place. Illinois opted to
9 use the rules that we had in place, which makes
10 us one of only a few. And it means that our
11 rules are pretty complicated. The money income
12 levels here are based on individual-needs-based
13 standards. The calculation for income is quite
14 complicated because it takes into account rent,
15 food, utilities, a variety of other things. And
16 the allowable amounts that you may then subtract
17 from income or allowable amounts are capped so
18 it's difficult; however, making it somewhat
19 easy. Illinois opted to expand coverage for
20 seniors and persons with disabilities including
21 those suffering from blindness up to an income
22 level of 100 percent of poverty. That was done
23 in the late '90s.

24 Then the states do have other options
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

30

1 for comprehensive coverage. For instance, the
2 health benefits for Workers With Disability
3 Program, which is a Medicaid buy-in, which is
4 available for persons who -- and even though
5 they meet the federal definition of disability,

6 which has as parts of the criteria your
7 inability to work but with the program you do
8 work. So that's somewhat tortuous, which is
9 probably one of the reasons why the program is
10 small. We have that option, and we have it up
11 to 200 percent of the federal poverty level, and
12 we could go higher.

13 And there's health benefits for workers
14 with breast and cervical cancer. This is a
15 program where public health does screening for
16 low-income women to determine whether they would
17 be diagnosed with the conditions. And, if so
18 diagnosed through that program, then they are
19 referred to Health Care and Family Services for
20 the treatment program. States do have the
21 option to, say, a broader coverage system. But
22 we've been looking here in Illinois in regards
23 to those who are diagnosed outside the public
24 health screening program. And our

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

31

1 administration chose to have a narrow option.
2 And we are asking whether it would be beneficial
3 and easy to do to actually expand this program.

4 We, also, have a partial benefit
5 program. And the Medicaid statute allows states
6 to create specialized programs through a waiver
7 process. You apply to waiver the overall
8 Medicaid rule for comprehensive coverage. And

9 we can talk a little bit more as to what waivers
10 can do. But one thing they can waiver you from
11 is the rules of providing comprehensive
12 services. Those waivers are generally required
13 to be budget neutral. They have to be neutral
14 to the federal government, and we have two such
15 partial benefit programs. The healthy woman
16 program is a family-planning health services
17 program for women ages 19 to 44, who are losing
18 their Medicaid coverage. And Illinois took up a
19 narrow option. We have requests in with the
20 federal government to expand that to all women
21 up to 200 percent of poverty, which would be
22 eligible, if pregnant. So we're hoping to
23 expand that program.

24 We have had the senior care program,
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

32

1 which is going to be getting folded into the new
2 Illinois Cares Program. That rationale is that
3 if seniors have access to drug coverage, they
4 will remain healthy. And, therefore, such an
5 expansion is, therefore, budget neutral to the,
6 federal government, and income is good for
7 seniors.

8 And the next slide -- and we also have
9 the mandatory buy-in for Medicare benefits where
10 the state pays the Medicare Part B premiums.

11 Options, one of the issues is could we
12 do more? Obviously, it's all determined on

13 budget. But, yes, states can do more. States
14 can actually opt to disregard any amount of
15 income for an eligible Group. One of the issues
16 here is without a waiver you would be required
17 to have the Medicare cost sharing rule so that
18 would be the minimal copays, no premiums and
19 comprehensive services. So that is one reason
20 why that approach usually, as stated, if they're
21 going to try to do something like that, they
22 would also apply for a waiver to have cost
23 sharing. That was perhaps a little bit
24 expansive for groups that are above certain

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

33

1 income levels. Which, of course, is what we've
2 done with the All Kids Program, which we'll hope
3 to get a program match for. But the budget is
4 not contingent on that. States may also seek a
5 waiver of income limits or to employ partial
6 benefits, as we've mentioned earlier. And these
7 waivers have to be cost neutral. And that can
8 be quite tricky. And we can get to that a
9 little bit later.

10 The next slide. States have used two
11 main areas in regards to waivers to do
12 expansion. Some of those are not really
13 eligibility expansions. They are benefit
14 expansions. And, for instance, the home and
15 community based services waivers allows states

16 to create special benefit packages for certain
17 groups, who would otherwise be
18 institutionalized. And, in general, those are
19 benefit expansions rather than eligibility
20 expansions.

21 And the other options are the 1115
22 waivers. These are research and demonstration
23 waivers that are broader, for instance, for a
24 waiver of statewidenedness and comparability of

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

34

1 services so you can create special programs and
2 areas targeted -- there are a variety of things
3 that you can do there to create new programs.
4 But, again, they must be budget neutral.

5 The home and community based waivers
6 can be capped. They're not an entitlement. You
7 can cap the number of people in them, which
8 gives states flexibility. It's a little less
9 scary than amending the state plan. Which, once
10 you amend the state plan, everyone is entitled
11 so that's a benefit of these waivers. And one
12 of the things that's interesting in the home and
13 community based waivers, the individuals
14 participating must be at the medical need for
15 nursing home care. However, two states recently
16 have received waivers to allow them to actually
17 have an easier, lower standard for admission to
18 their home and community based waivers using the
19 same logic as was used with the senior care

20 program. Whereby, you argue if people can get
21 the level of service early and remain healthy,
22 then they can remain out of the more expensive
23 nursing homes. Iowa and Vermont have taken
24 those services.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

35

1 Next slide. We have seven home and
2 community based waivers in Illinois. Illinois
3 has the highest growth in community based
4 services, if you look at other states, if you
5 look across the nation, the growth in home and
6 community based waivers. Illinois is a big
7 state, but a large amount of growth is based on
8 Illinois's growth, which is often I think
9 overlooked. And Illinois, sometimes described
10 as an institutional state, but over the last few
11 years, due to a large amount of the expansions,
12 we have, in fact, moved toward a lot more than
13 community care and community options.

14 And the other one of these waivers that
15 you would describe as an eligible expansion is
16 the medically fragile and technology dependent
17 children waiver. These are very sick children
18 where even if a parent had a reasonable income
19 because of the cost of care for the children,
20 they would be impoverished if the cost was borne by
21 the parent.

22 You can go to the next slide.

23 Proceedings_HealthCareHearing113005
Immigration status is the one thing that we
24 can't waiver.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

36

1 You can go to the next. We have three
2 such 1115 waivers, the family care waiver,
3 healthy women and senior care.

4 Next side. So then we get to the --
5 sort of the group that is not categorily
6 eligible for Medicaid. That is single,
7 childless, nondisabled adults. So a person who
8 is covered in, say, Kid Care and then they turn
9 19, and they then lose their coverage. And we
10 certainly have lots who are desperately in need
11 of health care who may have health issues, but
12 who are not covered under the Medicaid program.
13 Certain states have expanded to do childless
14 adult expansions. However, the challenge there
15 is that such a waiver requires budget neutral or
16 SCHIP allotment. Because we've nonextensive,
17 this outreach for the children with the SCHIP,
18 we don't have SCHIP allotment here in Illinois.
19 We don't have a virtual program. We have a real
20 program. And we've done a lot to breakdown the
21 barriers of access. So, for instance, they
22 removed hospital services for patients of their
23 population. And, you know, some states that may
24 be admonished because they may have a system of

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

1 charity care in their state, which facilitates
2 that. Massachusetts is a state that does that.
3 They assess -- they have in essence a hospital
4 assessment. They have an insurers assessment,
5 and they have some other revenues that they put
6 into a pot for uncompensated care. And they
7 have an interesting waiver pending to take that
8 plus the disproportionate share to put it into a
9 pot and draw it out of federal match and use for
10 premium assistance for expanding private
11 coverage. Other states have used this type of
12 mechanism. Like, for instance, in Utah where
13 they did away for the hospital system.
14 Obviously, here in Illinois that would be a
15 significant challenge as to what mechanism could
16 you contemplate using. There are a variety of
17 waivers out there. Vermont has done an
18 interesting waiver recently that has -- they
19 have done some expansions, and they also had run
20 into some ITT problems that are going to have to
21 go away. They came up with a way of configuring
22 their state as a managed care entity. Then they
23 get paid as a managed care in essence through
24 their Medicaid program. And so they negotiated

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 toward a trend line, which was certainly above

2 the current trend line for expansions. And they
3 signed up, which is what some people would
4 consider controversial and might be wary of.
5 Having had done this negotiations for a pot of
6 money that they have considered more than their
7 current expenditures and more than in the
8 future. And there's a risk there because if
9 their case load grows -- are inflation, it turns
10 out to be larger than anticipated. They would
11 be holding the liability there, and obviously
12 they calculate they'll be ahead. And I know
13 that some people are nervous about that
14 approach. And because they were a small state,
15 they were able to negotiate for a larger pot
16 because it didn't cost federal CMS as much
17 money. And they were eager.

18 A large state, like Illinois, is going
19 to ask for a large pot. It would be quite a
20 challenge to do that. However, it is an
21 interesting system that they have. And I think
22 those, Utah, Vermont, Massachusetts, are the
23 three that I can think of that have done
24 creative things to do expansions. And beyond

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

39

1 what we've done, which is basically put up the
2 money and cover our kids, which is a good thing.
3 And beyond that it will certainly be a challenge
4 monetarily, and trying to think of any
5 innovative ways that one can get funding into

6 the system.

7 And we had a study done which was
8 interesting for those of you that follow the
9 health affairs literature. And it demonstrated
10 that publicly funded Medicaid programs are
11 cheaper than if I were to purchase, in fact,
12 slightly less care in the private sector. The
13 reasons are administrative costs are low for
14 Medicaid programs. Obviously, there's the rate
15 issue that is obviously lower. And the
16 marketing and overhead is less. And so the
17 public expansions are very cost effective, but
18 obviously the rate issue is a challenge so
19 that's just something to keep in mind.

20 MR. LERNER: I'd like to thank you for
21 coming today especially given the influx of
22 Vicodin. But I do appreciate your effort.

23 Medicaid, the more you spend time with
24 these programs, the more complex you realize

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

40

1 they are. That's not what the legislature
2 thought they were creating in 1965 or '64, but
3 that's what we've become.

4 I have a question. If you look at our
5 chart with what Ashley's got on the minutes of
6 the last meeting, and you think about our
7 deliberation as what we're supposed to achieve,
8 what would you wish -- given your perspective in

9 your current role, what would you wish we would
10 produce for you that would help the citizens of
11 Illinois as being the outcome of our efforts?
12 What would you hope we would accomplish?
13 Because this is not a small task.

14 MS. MURPHY: No, no, it certainly is
15 not. I think one of the biggest questions is we
16 have X number of people insured; some of them
17 who are insured actually at an extent below what
18 probably is best for their own health so that's
19 certainly an issue.

20 But for the uninsured, who specifically
21 are they and what access do they currently have
22 to insurance? And I guess one of the key
23 questions is, you know, how much is too much to
24 pay for health insurance? You know, at what

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

41

1 level do you get lack of participation because
2 families perceive it as too expensive?

3 The other issues are if one does
4 expansions, if one blends public sector with
5 private sector, I think is how will you fund it?
6 And part of that analysis needs to be where is
7 the money going? I think that's one of the
8 things that they looked at. And they're talking
9 about. They're talking about both employer
10 mandates and personal mandates where every
11 person is required to actually have health
12 insurance. I'm not sure how enforceable that is.

13 I don't know what the penalty is. Obviously
14 with driving, people are required to drive with
15 insurance. That's a different situation in a
16 lot of senses because a person, when they're
17 driving, they're a risk to others. And I guess
18 their governor clearly believes that people are
19 at a risk to society when they're uninsured.
20 And, therefore. Their bills may be cost
21 shifted. However, I'm not quite sure what the
22 strategy is. That's why they've come up with
23 the premium assistance model to help certain
24 numbers be subsidized.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

42

1 So the question is if you're going to
2 do a subsidy, are you making it more expensive?
3 I know they're involved in interesting
4 negotiations with Blue Cross and other insurers
5 to see if they can get cheaper products.

6 The main questions are who is
7 uninsured? What can people afford to pay, and,
8 you know, what is a cost-effective product that
9 you would purchase? And what -- how will you
10 fund it? We are all in some sense paying for
11 the uninsured because they are getting care
12 late. Therefore, they're not as productive, and
13 they may suffer illness more, disability more
14 and we pay in the emergency room and hospital.

15 MR. LERNER: You have an interesting

16 Proceedings_HealthCareHearing113005
perspective because of your prior role before
17 you came to Illinois, and we very greatly
18 respect that.

19 The two ends of the continuum are
20 incremental approach, find a way to build on the
21 private and public and fill in the puzzle, if
22 you will. The other one is it's time for a
23 revolution.

24 Do you have advice for us given you've
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

43

1 got the federal and state perspective given the
2 task?

3 MS. MURPHY: I wouldn't be waiting for
4 the federal government. This has not been much
5 on the agenda in the last few years. The notion
6 of the reform seems to be synonymous with cut.
7 It's nothing more than how can we cut benefits.
8 And it's a sad reflection on the state that the
9 discussion on reform is all focused on cutting
10 rather than providing access to preventative
11 benefits, sometimes more with less. And so --
12 and I know that I talked to my head because
13 Senator Durbin is very enthusiastic to All Kids.
14 As All Kids closed the dichotomy between state
15 action and movement and sort of lethargy and at
16 the federal level. And I just haven't seen
17 anything that seems promising on the federal
18 level. I think there's huge desire on the part
19 of the public for change.

20 MS. ROTHSTEIN: Are there modeled out
21 in other states that we can take pieces that are
22 more advanced in some ways than we are? And, if
23 there are, what would be advantageous to us at
24 this point to be reviewing?

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

44

1 MS. MURPHY: One of the things I
2 suggest is it's interesting to get some of the
3 federal experts to discuss -- come and present
4 on some of those waivers like the Vermont
5 waiver, the Utah waiver, the Massachusetts. You
6 know, give us an overview. What are the plus
7 and the minuses, the limitations and the
8 benefits between those. And there are certainly
9 plans. There are a variety of different models,
10 but they all require innovative thinking about
11 where would your funding extreme be. The issue
12 with Massachusetts is using their additional
13 dollars, and to go into this pot. Obviously,
14 you can only imagine that would be controversial
15 because additional dollars go to hospitals.
16 Now, if you put everything into a pot, it would
17 not go to the same group. But that is the
18 bottom line that when you move the pie around,
19 not everyone likes the pie being moved around.
20 However, you won't get coverage without dollars.

21 MR. LERNER: When you talk about cost
22 effective, I think about the trade-off among

Proceedings_HealthCareHearing113005
23 cost quality, some type of outcome measurement
24 and the time variable. Over what period of time
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

45

1 are you trying to get what results? And we're
2 too short-term oriented to measure the
3 longitudinal effects.

4 MS. MURPHY: That's true. So,
5 actually, the population that we serve now on
6 the children's side tend to be actually with us
7 for longer. So we have more scope of managing
8 care for a longer term. The employer market is
9 also finding that really managing care long-term
10 given the changes in their insurance patterns
11 and an insurer's, it's a challenge. Medicare is
12 one of the programs where you could perceive
13 people once you are in your group from 65
14 onward. So you could actually perceive that you
15 could manage care better. However, it's
16 actually been decreasing, which it seems like a
17 shame because that is an area where you have
18 more potential for managing long-term, and you
19 need a length of time to adequately manage and
20 so that you're not managing cost. You're
21 actually managing care.

22 MR. JONES: How much waste is there in
23 the system? Because the system doesn't
24 currently necessarily restrict patients, for

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733
Page 40

1 example, from seeking care. The most cost
2 effective place or the ways in the systems where
3 the providers are giving a blank check. The
4 more they do, the more they get paid. What are
5 you doing with that as far as Medicaid, and what
6 are the implications of trying to control the
7 waste of the system?

8 MS. MURPHY: There's been interesting
9 studies done by a variety of researchers of
10 looking at utilization of the Medicaid program
11 and looking at the same group if they are in
12 another system of care. And there's not good
13 evidence that there's increased utilization in
14 Medicare because the rates are attractive to
15 providers. And we keep a close eye whether
16 providers are billing an amount in a certain
17 period of time.

18 And one of the good things that I'm
19 delighted about with All Kids is that we're
20 going to change our system to be a primary care
21 case management system where we prioritize each
22 family in essence having a medical home, and
23 having one primary care physician that gets
24 information.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 And we have -- and you may be

2 interested on joining us. We have a prior task
3 group now that is working together on the
4 physician side as to how that system will look,
5 and what will makes Citizens With Physicians in
6 particular like if -- one thing was very
7 interesting in the last discussion was the fact
8 that, say, I was signing up to be a primary care
9 physician and being assigned the new patient.
10 Would I get in essence a chart with what that
11 patient had in the last six or 12 months so I'd
12 know what medications they were on and what
13 treatments they would need. And because it will
14 now be July 1 and onwards to coordinate to the
15 one primary care physician. We do think 29
16 states have a system like that, and we think it
17 will be much better in regards to coordinating
18 care.

19 The issues of the emergency room, our
20 rates are pretty low. So, sadly, it really
21 doesn't actually cost us more if someone goes to
22 the emergency room as to the physician's office.
23 It costs the hospital more, which is why we're
24 interested in doing an emergency room management

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

48

1 system. Which a large number of health plans do
2 well where we can try to manage that, and insure
3 the people that receive their care in a primary
4 care system.

5 But I know that your clinic does a lot
Page 42

6 of interesting work in this area as well through
7 managing care, and I think we'd love to get more
8 input. Then certainly talk to other members
9 that are associated with Linda and Donna in
10 regards to working on that system to make it a
11 managing care very much based on medical
12 principles and doctor input.

13 MS. MITROFF: I thought I heard
14 something about Florida trying to do something
15 different about Medicaid.

16 MS. MURPHY: Florida is not an
17 expansion. It's really a system that will --
18 that is a budget-saving mechanism. They want in
19 essence to move to a voucher system whereby a
20 person would get -- they would spend X amount on
21 a person, and it would buy however much the
22 insurer said it would buy, and you can run out
23 of benefits. And so that's why that waiver is
24 considered extremely controversial. And people

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

49

1 were surprised that it was approved. And
2 because it really does waive a large amount of
3 the Social Security Act protection for
4 beneficiaries in particular the disabled and
5 those that have chronic health care needs. It
6 will allow a person in essence to run out of
7 benefits.

8 MS. MITROFF: Do you know when that

Proceedings_HealthCareHearing113005
9 becomes effective?

10 MS. MURPHY: I don't know if they had
11 to get legislative approval for it so I'm not
12 sure when. I know it got approved by the
13 federal government very quickly, like 14 days or
14 something like that. And, though, to be fair it
15 was pending in preliminary status, and
16 negotiations went on before it got submitted in
17 final form. But I'm not sure if they need to
18 get legislative approval.

19 MS. DAVIS: You were talking about the
20 Medicaid program. One of the things that I was
21 wondering for the seniors is our case management
22 units are designed to keep the seniors in the
23 home. We just completed a three-year study that
24 showed in the southwest side of Chicago that

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

50

1 there is a burden on the gals caring for these
2 seniors, and the RESPA dollars have not
3 increased.

4 Is there a possibility of doing a
5 waiver on increasing RESPA dollars to families?
6 There are these very circumstance, adult
7 children that are requiring a lot of work for
8 the senior parents. Is there some effort in
9 discussions?

10 MS. MURPHY: Part of those issues are
11 it's definitely true that RESPA would have to go
12 through a waiver because Medicaid being a

13 medical program and ordinarily only pays for
14 medical services. And, in fact, it's
15 interesting and now quite controversial. But at
16 the time -- a lot of the Medicaid statute goes
17 back to 1965. The view of what was considered
18 care was different then, and so nursing home
19 care is an entitlement under Medicaid and home
20 care is not. So if you are medically eligible
21 for nursing home care, you are entitled to it
22 under federal law. And, however, other forms of
23 care you are not. And the waivers you have to,
24 first of all, demonstrate budget neutrality.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

51

1 It's now 38 percent of people that are in that
2 assisted-living type program came from a nursing
3 home. And it's 60 percent of the nursing home
4 rate so you can move your budget neutrality.
5 With CCP. I don't know how far they are. With
6 every service they add in, obviously, it costs
7 money. And in Illinois's case due to -- and so
8 therefore that also is a significant challenge
9 because you're not just giving the service to a
10 lower income group, you're giving it to a more
11 expanded group.

12 MS. DAVIS: The last question is: How
13 are you going to persuade the providers to
14 accept this Medicaid card as we're going around
15 the states? Remember, we're finding less and

16 less providers who accept the Medicaid card.
17 Massachusetts has a different way.

18 MS. MURPHY: What we've done is -- and
19 now come January, we're going to increase rates
20 for maternal and child health providers. We're
21 significantly increasing some of the dental
22 rates for preventive care. And we're putting
23 doctors seeing children in any of our programs.
24 That's all children. 1.2 million children will

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

52

1 be on a 30-day payment cycle. And similar to
2 the dentists are already on a 30-days payment
3 cycle. And that will be significant because we
4 hear a lot from physicians that the payment
5 cycle is a problem, and especially those that
6 are in a single program. So I don't expect that
7 people will believe we're on a 30-day cycle
8 until they see it. And I can say it a million
9 times. They have to get a check regularly. So
10 we're hoping by July, August, September next
11 year that when those checks are regularly
12 coming, people will say how are you affecting
13 other providers? We're not. The comptroller in
14 ten years has never missed an expedited payment
15 schedule. But we do hope that that will assist
16 us in that area. Obviously, would we like to do
17 more, yeah. And there's some rate increases for
18 community health centers because there's going
19 to be a new methodology for calculating rates

20 that many will benefit from. That will help.

21 The other benefit with All Kids is that
22 insofar as All Kids will also cover children
23 seen at community health centers that are
24 uninsured because of immigration. All Kids will

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

53

1 cover the children. That will help community
2 health centers use the 330 grants. That will be
3 another significant thing. And, in fact, a lot
4 of you that see a lot of uninsured children,
5 please, contact us. We would like do
6 pre-enrollment and pre-registration and get
7 families knowing the program is coming and seen
8 as soon as possible.

9 MR. DUFFETT: I think the first
10 request, is the Urban Institute, some of us has
11 seen that if there's a way of getting it. The
12 other thing --

13 MR. LERNER: Maybe we can get a line to
14 it, James.

15 MR. DUFFETT: The other thing is I
16 don't know if this is a request from any
17 partners that we're working with or if it's fair
18 or unfair for -- a short assessment on some
19 other state waivers that are happening. Like
20 you were talking about Vermont. If there's
21 maybe half a page or something, pluses and
22 minus, as you were alluding to. And what do you

23 Proceedings_HealthCareHearing113005
see as the pluses and minuses of these different
24 waivers? And some of that may already be

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

54

1 explained in the assessment of what the other
2 states are doing.

3 And then, lastly, you know, what are
4 the other options before us on expanding
5 Medicaid? I mean where you went and explained
6 very well in terms of how far Illinois has
7 pushed the envelope, where is this other gap
8 that could potentially be there? Is that a fair
9 request? Is that something that you could help
10 with?

11 MS. MURPHY: We can definitely do that.
12 The gap is the child/adult. The most glaring
13 gap here in Illinois as in most states is the
14 childless adults. And then the question is if
15 you were to do a public expansion there and even
16 if it was at the pretty low income, what would
17 be your funding extreme? And that's the
18 question.

19 MR. LERNER: That's a good way. David
20 wanted to make a comment.

21 MR. CARVALHO: Just a reminder. Two
22 things. Anne Marie had mentioned about getting
23 comfortable with who are the uninsured. And one
24 of our subsequent meetings, in fact, is

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

1 dedicated to the issue and information on the
2 profile of the uninsured so that will be
3 upcoming.

4 Second, some of the questions that you
5 have asked and perhaps some that you didn't get
6 a chance to ask about, what is going on in other
7 states and some of the assessments. Even
8 preliminary assessments of those approaches is
9 available in some of the materials that have
10 been presented at some of our prior meetings.
11 In particular the meeting that the Michael Reese
12 trust sponsored. And some of you were able to
13 attend. But those materials are all available
14 or will be soon available. They were e-mailed
15 to you, as well. They are in the community
16 website that we set up if you go through those.
17 Allen Wild, for example, from the -- formerly of
18 the Urban Institute of the National Center For
19 State Health Policy, he shared a lot of insight
20 on both the Massachusetts plan and some other
21 states' plans.

22 MR. LERNER: I want to thank you, Anne
23 Marie, for the great presentation.

24 I'd like to suggest we take a

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 ten-minute break.

2 (Whereupon, a short break
3 was taken, after which the
4 following proceedings were
5 had:)

6 MR. LERNER: I'd like to call back to
7 order, and ask Dr. Louis Lamperis, from the
8 division of oral health, if he would kindly
9 enough share his thoughts with us.

10 DR. LAMPERIS: I know you've been
11 hearing about oral health everywhere you go
12 across the state. Dental health is always
13 number one pretty much on the agenda what is
14 lacking in the community. And I'm going to be
15 addressing really the -- I looked at the Act and
16 it's really Section 15.1 to provide access to a
17 full range of preventive, acute and long-term
18 health care services. And it's at the concept
19 of full range. What is it that -- you folks are
20 going to have to decide what that is. And I'm
21 going to argue hopefully that oral health should
22 be part of that. So based on that, I'm going to
23 talk about Illinois' Oral Health Plan, which was
24 developed through a very collaborative process

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

57

1 that connection of oral and systemic health that
2 you need to understand.

3 A little primer on the dental care
4 delivery system, some of the priorities and some
5 of the data in our state and progress that we've

6 made. The state oral health plan, which you all
7 have copies of, was developed over an 18-month
8 period, published three years ago, and it has
9 been the road map for where we're going in the
10 state. It was a collaborative intervention.
11 Everybody was involved in developing it. And
12 the priorities that are in this document
13 represent what the folks in the state think
14 where town hall meetings were held throughout
15 the state. There are five goals in the plan to
16 change perceptions, which I hope to do that.

17 Oral health is integral to general
18 health to build the infrastructure to meet the
19 needs of all Illinoisans to remove access
20 barriers between people and the services to
21 accelerate building of a base and establish an
22 oral health surveillance system, to substantiate
23 the direction we're taking and work with the
24 public, private participation to get things

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

58

1 done.

2 I'm going to start with some of the
3 associations between oral infection and systemic
4 mouth, gum disease. Periodontitis has been
5 linked to low birth weight, diabetes,
6 cardiovascular disease. The evidence linking
7 periodontitis to preterm, low birth weight is
8 strong at this point in time. When you remove

9 all other possible risk factors, the odds for
10 women with periodontal disease to have a
11 preterm, low birth baby are anywhere between
12 four and 47. There's evidence coming out on a
13 daily basis to show that if you stop the
14 disease, you prevent the preterm, low birth
15 weight. We now also know that dental decay of
16 that process, that's caused by bugs that are
17 passed from the mother to the child. That
18 suggests the need to understand that it's
19 infectious and transmissible. It's a new
20 concept.

21 Diabetes, general gum disease. It's an
22 inflammatory disease. We know at this point in
23 time folks that are diabetic have much more
24 severe disease. But more importantly I think

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

59

1 it's controlling their diabetes. It's harder to
2 do if they have the chronic infection.

3 Next one. We don't think about the
4 complications that are associated with untreated
5 disease. But you can have heart disease happen
6 to you. You can have cerebral abscesses,
7 pneumonia, severe swelling under the neck. That
8 has a mortality rate of all as a result of the
9 tooth decay. And the emergency room is the
10 place of choice for treatment of people when
11 they're insured. And we can go onto the oral
12 and pharyngeal cancer. Among white men it is the

13 seventh cause and in African American men it's
14 the fourth leading cancer. And it's a
15 population that is poor. We know that primary
16 prevention and early screening may be a
17 difference. But the population that are
18 effected are those that don't have access to
19 primary care. It will be found by a physician.
20 If you can't get into a physician's office or
21 dentist's office, it goes on untreated. And
22 seniors are very much at risk.

23 Early childhood caries -- you don't
24 think about the facts or maybe you do a lot of

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

60

1 kids in our state. Unfortunately, they have
2 problems accessing care even though they are
3 insured. We do know that the cost is about ten
4 times higher for treating an oral infection or
5 oral problem in an ER than it is in treating at
6 a dental office. And the kids with dental
7 insurance, either public or private, are three
8 times more likely to have preventive care in a
9 one-year period versus kids who don't have
10 insurance. Early childhood caries an impact on
11 a child's ability to learn and speak. They are
12 in pain and stress in many, many different ways.
13 They're disruptive in a classroom. And 51
14 million school hours are lost annually due to
15 dental problems. We did a study three years

16 Proceedings_HealthCareHearing113005
ago, four years ago looking at the kids
17 participating in the WIC program in Illinois.
18 These are two, three and four years old. The
19 first tooth erupts at six months. And we're
20 talking about 33 percent of these kids had
21 dental caries and.

22 The dental delivery system, briefly.
23 It's a private practice. It's a cottage
24 industry. It's referred to the bungalow

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

61

1 industry. The majority are solo practitioners
2 in a small office. Most of us are general
3 dentists. Unlike physicians, the majority are
4 general dentists and not specialists.

5 The Erie Family Health just opened a
6 wonderful facility. Once you hit 65 and you
7 enter into Medicare, you don't have any dental
8 benefits so it's not a benefit of the Medicare
9 program. And I wish Anne Marie was here. There
10 is the federal number, but the Illinois number
11 is about the same in terms of how much the
12 Medicaid budget is devoted to dental. Managed
13 care hasn't penetrated the dental marketplace,
14 and there's no cost sharing opportunity. In a
15 private dental office, you don't have the
16 dentist. The office itself covers all of the
17 expenses. That's a kew piece.

18 I thought I'd throw in the last IOM
19 report, which came out a couple of years ago.

20 In the previous report we weren't mentioned and
21 now we have an acronym, NGS. I'm proud. We're
22 making progress. Along with the other issues
23 that I know you're dealing with, mental health,
24 preventive services and substance abuse all fit

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

62

1 in the category in the last IOM report.

2 And we talk about what I just spoke
3 about before that relationship between oral
4 health and systemic health, and the fact that it
5 impacts your ability to function in life. The
6 focus of the report is dental insurance. They
7 talk about the 150 million Americans who don't
8 have it and are not covered under Medicare. And
9 its optional services. Going back to Anne
10 Marie's discussion, under the Medicaid plan for
11 adults, you don't have to offer it. Illinois
12 does. Illinois is one of the few states that
13 hasn't cut the benefit, as many other states
14 have throughout the nation. And you want to
15 just go along with what the IOM recommends. An
16 all public and privately funded insurance plan
17 should include age appropriate services. Keep
18 this slide in mind as you do your work.

19 We know prevention works. For every
20 dollar spent on preventative care, we see four
21 dollars on treatment. We really -- unlike
22 medicine, we really do focus on prevention.

23

Some other data for you to think about

24

that 70 percent of patients seen by an ADA

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

63

1 member dentists in the privilege system have
2 dental insurance. 63 percent of private and six
3 percent of public. Adults with dental insurance
4 visit two times as often as those without. Look
5 at BRFSS data. It's a survey tool, a telephone
6 survey that is done in Illinois. Just look at
7 2003 data to give you an idea of what is
8 happening in the state among all adults. And
9 this is adults living in the community. They're
10 not in institutions. 50 -- approximately 53
11 percent, 57 percent had dental insurance. And
12 you start seeing some of the disparities for the
13 seniors, for the Hispanic and the non-white
14 population. The percent that have insurance
15 goes down. This shouldn't be a shocker to
16 anybody. We've been diligently working in the
17 state trying to address the problem. We've been
18 funding communities throughout Illinois to do
19 local oral health needs assessments.

20 We've done analyses. Certain
21 priorities emerged. And access to care is
22 number one. We hear it everywhere we go in the
23 state. 90 percent of the communities have
24 access to oral services as number one. Getting

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

Page 56

1 community oral health education, early childhood
2 caries prevention as the top priorities.

3 And that takes us to the oral health
4 plan. It decreases the number of people in
5 Illinois who are uninsured for dental services,
6 and represents model programs that help
7 insurance beneficiaries understand their dental
8 benefits. When you look at the literature,
9 folks that are insured don't even access the
10 system because they don't understand the
11 importance of oral health.

12 This law was signed into effect, signed
13 into law, last year. It's effective this July.
14 And it requires every child in Illinois who is
15 in a private or parochial school have a dental
16 exam. And by next May 15, that's a requirement.
17 Children may waive out. We had to come up with
18 a waiver for kids that would demonstrate an
19 undue burden or lack of access.

20 And the form that you're going to see
21 next, it's just been put on the website last
22 week. The last opportunity check off box for a
23 parent to say I can't get dental care for my kid
24 says that my child does not have any type of

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 dental insurance, and there are no low cost

2 dental clinics in our community that will see my
3 child. We had a little bit of push back on
4 organized dentistry of putting that one there
5 because they said we were giving people an
6 opportunity to not participate. And this is
7 what the school nurses were telling us and the
8 school principals were telling us. The local
9 health administrators said we had to have this
10 out there .

11 Just a quick look to give you an idea
12 of the disease burden amongst our kids in the
13 state. We did a really wonderful study last
14 academic year. And I want you to look at this.
15 This was third graders. And I want you to get
16 an idea of what the disease burden is in our
17 kids. We can go to the next one. Among third
18 graders, 55 percent have had a cavity at some
19 point in time in their life. 30 percent
20 statewide have an untreated cavity. In other
21 words, you have 30 percent of the kids in third
22 grade in Illinois walking around with holes in
23 their teeth. The disparities you can see. And
24 we broke it down by urban areas, Peoria,

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

66

1 Champaign, Springfield. The collar counties
2 have more capacity. Chicago is a huge problem,
3 and Cook County is a problem.

4 Okay. When we looked at their -- the
5 disease burden based on a child's participation

6 in the free and reduced lunch program, it
7 shouldn't be a surprise if you participated in
8 the free and reduced lunch, you were more likely
9 to have holes in their teeth.

10 We tried to look at some of the
11 disparities to ethnicity. And families with
12 kids that he spoke Spanish, 41 percent of kids
13 were walking around with cavities, active
14 disease in their mouths.

15 Okay. Some other issues. I just want
16 to paint the picture because it's not just
17 insurance. The distribution of dentists in our
18 state. There are real disparities in the
19 southern part and the Marion region. The
20 southern part of the state we've got 40 dots to
21 67 dots were 100,000. The school based school
22 lunch programs make a difference, but they
23 haven't instated them everywhere in the state.
24 Communities throughout Illinois are continuously

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

67

1 trying to develop clinical facilities.

2 The scope of services for adults is
3 very limited in the Medicaid program, and the
4 rates are a barrier. And Anne Marie mentioned
5 the fact that the preventive dental rates are
6 going up profoundly. January 1, again, for
7 adults nothing. There are other issues in terms
8 of the distribution, the number of pediatric

Proceedings_HealthCareHearing113005
9 dentists in Illinois.

10 Another significant issue is the
11 closure of several dental schools, Northwestern
12 and Loyola. And the number of graduates has
13 decreased over 75 percent over a ten-year period
14 of time. This is going to be a crisis. The
15 deans are very nervous about this. The school
16 based sealant program -- just to show how it's
17 penetrated in the state. We've a long way to
18 go, but we're going. We have made progress. We
19 have a strong coalition. We've gotten a
20 foundation to support oral health issues.

21 The Illinois Child Health Care
22 Foundation. Illinois is a priority area.
23 They're funding safety net expansions. Michael
24 Reese Health Trust is assisting. We're doing a

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

68

1 fluoride varnish neighborhood program with the help
2 of Public Aid. And we've gotten funding from
3 Michael Reese. We have training for these
4 pediatricians and nurses to come in contact with
5 these children.

6 And we've changed the Dental Practice
7 Act to allow for general supervision of dental
8 hygiene. You want to look at that alternative
9 work force with nurse practitioners and
10 hygienists. CDC, HRSA and NIH have funded
11 projects in the state based on the work that
12 we've done. Lieutenant Governor Quinn, he's a

13 great spokesperson for us. There's a continued
14 commitment in all of the state agencies to
15 address the issue. We've got a great
16 surveillance system that is funded through the
17 CDC.

18 This is loose thought. Okay. I'm
19 going to end with what Lou thinks because I
20 think of you guys as the progressive analysts.
21 Okay. I've also worked under conservative
22 analysts.

23 But it seems like sometimes you can't
24 win when you look at this oral health problem

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

69

1 because from that perspective of let's get
2 universal coverage, let's focus on hospital and
3 medical care. Oral health is going to distract
4 it. We can't get our arms around it. It's not
5 part of the system. The conservative folks are
6 thinking it's something that is going to cost us
7 a lot more money so we're not going to do that.
8 This is what you're going to have to struggle
9 with. That's why I left this with the last
10 slide because this is what I struggle with all
11 the time.

12 So that's the presentation, folks. And
13 I'm very grateful. You can't imagine how happy
14 I am that you're thinking about oral health.
15 And the people in the state are coming out and

16 telling you this is something that you need to
17 think about.

18 MR. SMITHMIER: Why have the dental
19 schools in Illinois closed, first of all? What
20 is our experience with a closure of schools
21 similar to other states in the country? And if
22 not and if we're different, why?

23 MR. LAMPERIS: Private schools have
24 closed, Northwestern and Loyola. And the burden

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

70

1 has been pushed on the state. The reason they
2 have closed is they don't get the federal bucks,
3 the research bucks to support them as the
4 medical school does and the nursing school does.
5 And the pharmacy school can get funding from the
6 state.

7 MR. SMITHMIER: And there's not enough
8 applicants to carry the cost program?

9 MR. LAMPERIS: And the tuition costs
10 have gone up profoundly. It's costing \$150,000
11 to get an education in the United States for
12 four years. What was the last one?

13 MR. SMITHMIER: Similar states same,
14 thing has happened with private school?

15 MR. LAMPERIS: Yes.

16 MR. SMITHMIER: Net inflow and outflow.

17 MR. LAMPERIS: We don't have a good
18 angle on that. We just did a work-force study,
19 and we know that 23 percent of the dentists

20 currently practicing graduated from Loyola,
21 Northwestern from the state.

22 MS. LUBIN-JOHNSON: I want to talk
23 about there's data now about the impact of
24 dental care and coronary artery disease, and

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

71

1 that is the number one killer of people. We're
2 learning more and more about that relationship
3 with inflammation and the impacts it has in
4 other organ systems and CVD being number one.

5 MR. LERNER: We've got to think about
6 the interaction that you're talking about. I
7 keep -- you know, the more I think about the
8 tasks in front of us, the more challenging it
9 is.

10 MR. LAMPERIS: That's the key point.
11 The mouth is connected to the rest of the body.
12 The knee bone is connected to the hip bone. You
13 can't separate the organ system.

14 MR. LERNER: The objective is a healthy
15 citizen, but we have to think about those kinds
16 of things.

17 MR. BACKS: With future dental
18 treatment, is there any health care cost in
19 general? In other words is there dollars to be
20 saved from preventative dental care on overall
21 health care costs?

22 MR. LAMPERIS: No. I wonder what the

23 Proceedings_HealthCareHearing113005
24 medical side of that is for the dollars spent on
prevention.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

72

1 MR. BACKS: I will make a comment that
2 in the medical profession, I think that
3 prevention is cost effective. The reality is if
4 you spend money and improve health, you live to
5 die and get sick another day and generate more
6 costs. And so in a global sense, it's hard to
7 prove that preventative care will save us
8 dollars. It will certainly improve quality of
9 life and improve productively, and it's a good
10 thing to do. But I think the challenge is for
11 the accountant to make that case, and I don't
12 think they will.

13 MR. LERNER: Actually, there's been a
14 series of studies. If you look at quality of
15 years if you balance the cost out against the
16 taxes that you pay, it increases in GDP.

17 Thank you, Dr. Lamperis.

18 The final presenter for today has been
19 waiting patiently. Pamela Balmer from the
20 Office of Women's Health.

21 MS. BALMER: Unfortunately, I was doing
22 preparation for this presentation yesterday, and
23 so I do not have a power point for you. I have
24 a handout for you. And this is something that

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

1 you can take with you. It talks about our lead
2 agencies, and gives you information.

3 Basically, what my charge was, as I
4 understand, it was to present the Breast and
5 Cervical Cancer Program to you, and so that you
6 can make some decision as far as screening and
7 cancer. So I'm going to give some of the
8 background of our program, how we serve. And,
9 of course, we serve the uninsured women.

10 So I'll just start. And this will all
11 be in the presentation. It will be late night
12 reading for you. But, first of all, I read your
13 charge when I was asked to present. And it is
14 an awesome charge, a very awesome charge to
15 insure all residents have access to quality
16 health care at costs that are affordable is one
17 of the items that stick out for me. So I'm with
18 a distinguished group, but you're going to have
19 a lot of work ahead of you. What I'm going to
20 talk about is the national breast and cervical
21 cancer, NBCCEDP. And that is a CDC federally
22 funded program, and it began in 1990. And it
23 went into the states in 1991. It is the first
24 and it is the only national cancer screening

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 program in the nation. So it worked, but it's

Proceedings_HealthCareHearing113005
2 only working for breast and cervical cancer
3 programs. So it's a success story that you need
4 to be able to think about. But it's federally
5 funded. And we also receive GRF funds. All 50
6 states have this program. 17 tribes and
7 territories across the nations have it. And the
8 District of Columbia has it.

9 The Illinois Breast and Cervical Cancer
10 Program started in 1995 so this whole year we've
11 been celebrating our tenth anniversary. We
12 started back in '95 with three counties. The
13 next year we went to 26 counties, and in 1999 we
14 had a program in all 102 counties.

15 How we do our program is we are what we
16 call -- and everybody does it different. But
17 in Illinois we are a decentralized program. The
18 most of the agencies are local health
19 departments, which cover, of course, multiple
20 counties. We also have three hospitals that do
21 our screenings and get our women in. It's a
22 somewhat complicated program. And we use a
23 system that you guys may know of called
24 Cornerstone. That's where WIC goes through.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

75

1 And our program has very complicated data, but
2 CDC being the program and the research entity
3 that it wants data. They want to know if we
4 find a diagnosis or if we find an abnormal
5 screening. In 60 days we have to have a

6 diagnosis so we are extremely data driven
7 programs. It's very complicated. It's quite a
8 program so congratulate any of the local health
9 departments that you have that are doing this.
10 But we recognize it at a state level that it is
11 complicated.

12 What we have for a budget, we have \$5.3
13 million in federal, and \$2 million in state GRF
14 funds. We have been flat-funded for the last
15 two years for the breast and cervical cancer
16 program. I think we all know why we're
17 flat-funded at the federal level. We're doing
18 other things in the other places, and the money
19 is much not there. We've been told that this
20 year for the program that will begin in July,
21 June '06 -- the Feds do. But we think July at a
22 state level that there will be further
23 reduction.

24 There's another program of the breast
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

76

1 and cervical cancer program which is the Wise
2 Women Program. That's a cardiovascular disease
3 research program. It's at least a ten percent
4 cut so you know we will be in a hard situation
5 for this upcoming year. The \$2 million GRF has
6 held status since July of 2001. We anticipate
7 that by the end of this fiscal year June 29, we
8 will have waiting lists of women that are

9 eligible women in need but women that will go on
10 a waiting list. With this funding level of
11 about \$7.3 million, we are only serving about
12 ten percent of the women that are eligible with
13 this program. This is not an entitlement
14 program. We are only serving a fraction of the
15 women that need our services.

16 Nationwide, 2.3 million have been
17 screened since 1991. And 5 million screening
18 tests have been conducted in our program in this
19 anniversary year. We have served 57,000 women
20 with breast and/or cervical cancer screenings in
21 this ten-year period of time. We started out in
22 the first year serving 540 women. We are now
23 serving 18,000 women. We'd love to have more
24 money to serve, more money.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

77

1 Target population. The priority are
2 the uninsured older women who are racial, ethnic
3 and cultural minorities and women who live in
4 hard-to-reach communities, rural communities and
5 urban areas for access. There are difficulties.

6 So who's eligible for our program? A
7 person who is 200 percent of the poverty level
8 or a woman making about \$19,000, if she's a
9 single woman and has no insurance. We serve
10 women for breast cancer. Our age category is 40
11 to 64 for breast cancer. 35 to 64 for cervical
12 cancer. But we also serve younger symptomatic

13 women. If there are younger woman that through
14 their screening have an abnormal result, they
15 must be diagnosed through the Breast and
16 Cervical Cancer Program in order to gain entry
17 into the treatment program.

18 So let's talk about the treatment
19 program. The -- prior to 2001 the Breast and
20 Cervical Cancer Program asked all of you
21 doctors, hospitals and clinics, hello, if we
22 find cancer, would you, please, serve them under
23 your charity because we could not treat. CDC
24 does not state the state money. We just find

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

78

1 the cancers. But at 2001 it came at the federal
2 level, the treatment act services. So that
3 meant if women -- if we found them with cancer,
4 they would pay for the diagnosis.

5 So let's talk about some stats for
6 the -- and feel free to interrupt if you have a
7 question. In 2005 we believe there will be
8 211,240 new cases of breast cancer. We
9 anticipate, using stats, that 40,410 women are
10 expected to die this year from breast cancer
11 alone. Cervical cancer estimates -- and there
12 should be no reason anyone gets cervical cancer,
13 as we all know. But cervical cancer we say
14 10,370 across the nation with 3,710 deaths. And
15 in Illinois our department, which I so heavily

16 rely on, we think in Illinois 8,870 women will
17 be diagnosed with breast cancer. 1,980 will
18 die. In 2005, 620 women in Illinois will be
19 diagnosed with cervical cancer and 220 will die.

20 And you know with early detection,
21 which is what you guys are trying to work on
22 that if we could have five years survival rate
23 for early detection for breast cancer is
24 98 percent. So if we had the ability to do more

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

79

1 mammograms, we would be able to find more
2 cancers early. And we wouldn't have these death
3 statistics. We know for cervical cancer, if it
4 is detected early, 100 percent is. -- nearly
5 100 percent of the stats that they give is for a
6 cure. Regular screening for cervical cancer can
7 prevent the disease. And CDC will tell you in
8 studies that they're saying that the physicians
9 are not telling these women that they need to
10 get their pap test. When you're seeing these
11 women say: When was the last time you had your
12 pap test? I will get a quote from your director
13 because we just had national mammography month.
14 Research showed it can be reduced by 30 percent
15 if individuals follow breast screening including
16 routine mammography and regular examinations by
17 a physician and those monthly self-examinations.

18 So who are we trying to reach? Low
19 income and uninsured women. And why do we try

20 to reach those women? Because those are the
21 women that are not out there getting any
22 screening. If you don't have insurance and you
23 don't have any money, that's not one of the
24 things you're going to go to. Those women are

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

80

1 taking care of their children, their
2 grandchildren. They're making sure their needs
3 are met before them. We must insure through our
4 program that the women that are uninsured that
5 they get their mammogram and pap tests because
6 by the time we find them, they're in the later
7 stages of cancer. All of us in this room, we're
8 there every year. We're right there. And we
9 have the insurance. And somebody is covering
10 this for us. And these are woman that don't
11 have that ability, when we get these women,
12 they're at the later stages. And the mortality
13 rate is much higher so that's our high risk
14 group.

15 The Federal Breast and Cervical Cancer
16 Prevention and Treatment Act became effective on
17 October 1, 2000. And thank goodness for the
18 legislators here in this room. House Bill 25
19 was signed into public act 92-47.

20 Now, the interesting way that people
21 get into treatment, which at that time increased
22 our medical provider capacities, we have 2,300

Proceedings_HealthCareHearing113005
23 medical providers who work that are doing this
24 service. But to be treatment act eligible, they
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

81

1 have to come through our program. And I learned
2 something. But what I heard from Anne Marie is
3 that women have to be eligible for this
4 treatment program which covers treatment of
5 anything, their cancer, they break a leg, you
6 know, they have other issues. They get any
7 treatment covered through this treatment
8 program, but what they have to do is come
9 through our program in order to be eligible for
10 treatment.

11 We find women that are still not
12 eligible for treatment so there's a lot of
13 charity work that you find doctors and hospitals
14 are doing because the Treatment Act cannot cover
15 those so.

16 For the fiscal year '05, 301 women were
17 sent over to Anne Marie's department through the
18 Treatment Act. And of those 301 women, 286 were
19 eligible currently, right now, as of the figures
20 that we got yesterday so this would be hot and
21 ready for the presses here. 412 women are
22 receiving breast or cervical cancer treatment
23 programs as we sit here in this room. Since the
24 Treatment Act was implemented, the Illinois

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733
Page 72

1 Breast and Cervical Cancer Program has put 1,034
2 women in for treatment. It can be a five-year
3 treatment as long as every year a physician says
4 this woman still needs treatment services.
5 She's still in the treatment program. And then
6 it works real well between HFS. But HFS when
7 they're done with treatment, they then are
8 referred back into our program so we can keep
9 them up and regular screenings going and follow
10 that woman through.

11 And, as I said -- it's a somewhat brief
12 presentation. And FY '05 nearly 18,000 women
13 received free screening throughout Illinois
14 Breast and Cervical Cancer Program. Of the
15 screenings, we identified this last year 170 new
16 breast cancers, 24 cervical cancers and 242
17 pre-cancerous cervical conditions.

18 So I conclude my presentation. I thank
19 you for the staff that I represent which are
20 three nurses, one-half time data manager, two
21 UIS interns. Thank you for your time and
22 attention. We are very proud of this program.
23 There will be waiting lists this year, as I
24 said, with the cuts that are happening. We have

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 started to work on waiting lists. Our waiting

2 list will be any symptomatic woman will not be
3 on our waiting list. We have also said that we
4 will try to hit that rarely never been screened
5 cervical -- the high-risk cervical women. And
6 we are also targeted for the breast cancer
7 screening the high risk women.

8 So I've been foolish enough to put my
9 direct number on this page. And I'm always
10 there. I live there, you guys. So if you have
11 questions, please, feel free to call. And if I
12 can't answer it, because I'm a bureaucrat, I'm
13 not a nurse, we will get you whatever answers
14 you need and whatever other statistics through
15 that cornerstone system that I refer to. We are
16 able to tell you what tests are being run, how
17 much it's costing us. We can get you
18 information that will be very, very helpful.
19 You just have to give us time because it's a
20 very heavy system, and it will take almost an
21 overnight run to do something because we have to
22 go through all the WIC people, also.

23 Do you have any questions now? And if
24 you don't, I have provided the lead agencies and

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

84

1 what territories. And I have the same stats.

2 MR. LERNER: We appreciate that.

3 MS. COULSON: Thank you. My question
4 is on the waiting list. Is it a factor of cost?
5 Is it a factor of access. In my area women with

6 insurance are on waiting lists because they
7 can't get enough mammogram equipment. One of my
8 questions -- this may be not just an issue for
9 your program but for the whole state.

10 MR. BALMER: Our waiting list is
11 directly related to our funding level. Women
12 with insurance get to go every year. And I'm in
13 this program --

14 MS. COULSON: So the other question
15 then related to the cervical cancer issue is:
16 Are you covering the tests that are now being
17 done so you don't need a pap test annually or
18 are you only covering an annual --

19 MS. BALMER: I staff the cancer
20 elimination task force, which was a fine thing
21 from women in the government. The Illinois
22 women put it forth. The HPV issue, that is now
23 covered. But it's all of that. It's all of
24 that. You'll hear from the CDC, from your

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

85

1 medical director, he's saying no liquid pap
2 test. That's not sound science. You're not
3 finding it so you can do more pap tests because
4 it's more reasonably priced to do. But yet we
5 did learn in this last year that they're looking
6 to do other things. The procedure is there.

7 MR. CARVALHO: Although, this
8 particular program has been funded the last

Proceedings_HealthCareHearing113005
9 couple of years because, as Pam pointed out,
10 there are health disparities in minority
11 communities in the state. A program targeted to
12 identify women in minority communities with
13 breast and cervical cancer, has been funded. So
14 those two working together have actually
15 resulted in the expansion of services to the
16 residents of Illinois.

17 MR. LERNER: And as we look at this
18 going forward, the thing that concerns me is the
19 age distribution. And I'm seeing more and more
20 young women being diagnosed with breast cancer.
21 We need to take a look at all of.

22 MS. BALMER: We handle the 20 to 30
23 year period of women that are Medicaid or
24 Medicare, and that's our group.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

86

1 MR. LERNER: Thank you.

2 Back to the administrative side of the
3 agenda.

4 MR. CARVALHO: On the RFP, I would just
5 like to apologize. We keep running into hurdles
6 internally. And we'll dispute it to you also.

7 MR. LERNER: I'm going to presume that
8 even though the RFP is going to be late getting
9 out at the original time, things are going to be
10 met.

11 MR. CARVALHO: Yes.

12 MR. LERNER: We'll work harder, and the
Page 76

13 consultants will work harder. But the original
14 deadlines we have --

15 MS. LUBIN-JOHNSON: Am I to understand
16 that RFP has not been finalized?

17 MR. CARVALHO: That's correct.

18 MS. LUBIN-JOHNSON: Do you have a time
19 when you anticipate that occurring?

20 MR. CARVALHO: It better be in the next
21 two weeks or I'm going to be angrier than I
22 thought.

23 MR. LERNER: Which is causing me some
24 heat over here. I'm with you Dr. Lubin. We do

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

87

1 actually -- David and I do periodic conference
2 calls, and we're all on the same wavelength.
3 That's why I said the time frame is the time
4 frame.

5 MS. LUBIN-JOHNSON: Are we
6 shortening -- I guess changing the guidelines in
7 terms of the solicitation of proposals coming
8 back and that type of thing because of that?

9 MR. CARVALHO: A little bit. But also
10 recall that the actual work that the
11 administration entity is to do. One is to do a
12 study which shouldn't take that much time to do.
13 And the delivery date for that is still within
14 the realm of what was laid out initially. And
15 the second is to analyze specific proposals. If

Proceedings_HealthCareHearing113005
16 you look at the time line that is laid out
17 between the work, you can see you're still
18 probably quite a few months away from
19 contemplating proposals.

20 MR. LERNER: We have to depend on them.
21 We've beat on them, and they beat on the
22 consultants. We have the right to ask about the
23 models. We may decide based on deliberations we
24 don't want to do six. We want to do four.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

88

1 MR. JONES: There's two points I'd like
2 to make very briefly. First, next week is the
3 forum that we've all been talking about. This
4 has circulated the draft agenda. I'd like you
5 to take a look at that. David made reference to
6 this. But I would encourage you, if you
7 haven't, signed up to attend the events. Please
8 do.

9 My second point is I'd like to give a
10 quick update. The Parson (phonetic) grant
11 funding was approved for Illinois a few months
12 back. HRSA came back, which is typical for
13 some, questions and our responses to the
14 testimonies and conditions was accepted last
15 week. We got the blanket permission to go ahead
16 and start spending the money. On the upside
17 that means we have a total of \$250,000 to do
18 things. This will probably help redefine what
19 we're going to be researching and allow us to

20 spend our money a little more wisely as we
21 invest that money in specific aspects of
22 research.

23 MS. BALMER: Are you going to get a
24 staffer or just grant.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

89

1 MR. JONES: Money.

2 MR. CARVALHO: For those of you who
3 weren't at the meeting, this entire grant came
4 about through Mike's efforts of both identifying
5 and being available to put the application
6 through the Department of Insurance within the
7 department's financial and professional
8 regulations. And so I would like to thank Mike
9 for those efforts.

10 MR. LERNER: Okay. Task force
11 presentation plan.

12 MR. CARVALHO: I alluded to this and
13 I'm not sure if the task force as a whole saw
14 it. The steering committee saw it. It's the
15 next item in your agenda packet. It's a grid, a
16 sideways grid. And what we've done is mapped
17 out over -- it should be in your e-mail. But
18 I'll summarize it in case anyone doesn't have
19 it. We identified subjects based on what you
20 all recommended to us over the last several
21 months to be the very piece of presentations at
22 the future scheduled meetings of the task force.

23 And in the grid we have a column that has those
24 themes, some possible speakers that you

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

90

1 recommended to us, some possible organizations
2 that might present. And then particularly
3 soliciting any further suggestions you might
4 have of speakers. If you can send those to
5 Ashley.

6 But to summarize quickly. In addition
7 to our special meeting on the 7th, the one that
8 Mike referred to, the next meeting of the full
9 task force is January. And the topic is the
10 uninsured and the underinsured. And, basically,
11 the demographics of who are we talking about and
12 the circumstances and what do we know about the
13 uninsured. The following one we're calling
14 insurance 101, which is what does the private
15 sector look like. We talked about the public
16 sector. The meeting would -- following meeting
17 would be providers. What is the role of the
18 provider networks currently experiencing in
19 terms of delivery of health care. And so the
20 first of these two meetings -- one in March will
21 be the private side of the provider. And the
22 April meeting will be the public side. Both
23 public hospitals and community clinics. The
24 following meeting focussing on a variety of

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

1 special populations, the disabled, mental
2 health, insurance, racial, ethnic, disparity
3 issues, special diseases such as HIV, AIDS. The
4 following is the whole issue of prevention and
5 public health approach. Its population based
6 approaches to access to health. The following
7 meeting is the long-term care piece. It's
8 something that we really haven't spoken much
9 about. We have a session that's dedicated to
10 long-term care. And then in August and
11 September we have two meetings. At some point
12 we are anticipating that the task force actually
13 is going to be talking and devoting more time to
14 discussion as opposed to the themes. One of the
15 important themes we wanted to make sure was
16 addressed was personal accountability.

17 We invite you to share with us any
18 ideas of additional themes that you think should
19 be included. What we will try to do is to keep
20 on the timeline, figure out what may fair
21 nicely with existing themes. And most
22 importantly if you have specific speakers or
23 organizations that you think will be good
24 presenters on these topics, we'd ask you to

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES

(312) 553-0733

1 share those with us as well.

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

MR. LERNER: Questions or comments?

MR. MURPHY: There have been a variety of us that have, in fact, suggested folks.

MR. CARVALHO: We have all those.

MR. MURPHY: I don't see them on the list.

MS. WALTER: We haven't plugged them in. We're actually talking about how we're going to finance the speakers so I didn't add that on so I will have a separate document.

MR. LERNER: Any other comments about this.

MS. COULSON: I just want to reiterate. I don't know if it's been said in a meeting. The next three meetings are during session dates, and they're all here in Chicago. I would encourage some way of some of us that have to be in Springfield to be able to have some access. I know we can get it on the internet. If all of the presentations are power point, that's fine. I can do that. Otherwise, you may think of having one of those in Springfield.

MR. LERNER: Thank you. Because we

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

1
2
3
4
5

will talk about that.

MS. LUBIN-JOHNSON: And it may be switching out another task force hearing to after Easter for that to happen.

MR. LERNER: This says to me that we're

6 learning and doing. Because in order to hit the
7 time frame that we're talking about, we can't
8 wait to get all the presentations and do all the
9 things we're doing. So, you know, hold on to
10 your seats. I guess it's the only way to put it
11 because it's going to be an interesting ride.
12 It's a lot of material here. But it's a great
13 thing.

14 Other new business. We have one agenda
15 item. We said we would meet with our
16 communications person within the department to
17 identify additional steps that can be taken to
18 develop an immediate plan in particular relating
19 to disseminating information about both your
20 meetings and the public hearings. And so we
21 compiled that into a single document. I believe
22 it's with the e-mail, yes. And so just to go
23 through that, we have now established the Health
24 Care Justice Act website. And we're including

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

94

1 references to that on all the materials. The
2 notices of your meetings and the public hearings
3 are posted there at our website at our
4 headquarters at whichever venue they occur sent
5 to all the task force members as well as to all
6 of our sister agencies.

7 MS. WALTERS: It's just that we have
8 access to the database now so if there are

9 Proceedings_HealthCareHearing113005
10 periodic updates that weren't hearing related
11 that are more task force work oriented, we can
12 send those out as well.

13 MR. LERNER: Questions or comments?

14 MS. LUBIN-JOHNSON: Thank you. I think
15 it's a good plan. I have a couple of
16 suggestions. That when the notices and the
17 press releases go out, that it also goes with it
18 a synopsis of the bill so people who don't know
19 about the bill, can be informed about it. I
20 guess two comments. One is I was trying to
21 facilitate this process going out as you all
22 know with the first couple of hearings. And it
23 was the lateness of the location that prevented
24 I think better attendance than what we have
25 wanted at the first couple of hearings. So I

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

95

1 think this will help improve that. But with
2 that, I'd like to say you all hash it out in the
3 steering committee. But there's got to be
4 another one between the first and second
5 district.

6 My question is how much notice are we
7 going to be having because if you get it -- for
8 example, if I'm supposed to be disseminating it
9 from my office and I get it four or five days
10 ahead of tie, that's not even functional. I
11 have one staff member so the question -- and I'm
12 usually booked full a month or two ahead of

13 time. So I can't imagine elected officials
14 being able to get there very quickly even with a
15 phone call. And how do you get hospital people
16 there or anybody else? They're all busy people,
17 just as we are. So I'm kind of curious. Is
18 there going to be dates so we can have a concept
19 of what dates it's going to.

20 MS. WALTER: It's from our
21 communications office and they're doing a
22 release.

23 MR. CARVALHO: Our problem was that
24 that week is real short because of weekly

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

96

1 newspapers. We're posting it on the website as
2 we develop them. We think three weeks might be
3 better.

4 MS. COULSON: It all depends on what
5 date of the week it is. We would love the
6 Tribune to pick this up.

7

8 MS. WALTER: I'm going to turn that
9 back around on all of you because I don't hear
10 from all of you a day or two before if you're
11 going to appear. And we ran in a small problem
12 in Bourbonnais where we only had three task
13 force members there. And if your plans change,
14 please, let me know.

15 MR. LERNER: Other questions about the

16 Proceedings_HealthCareHearing113005
17 medi a pl ans? We're pluggi ng al ong here, and
18 we'll try to keep people alert.

19 MS. DAVIS: We have two vacanci es on
20 thi s commi ttee. And you know I have just been
21 really aware of the lack of a dentist on thi s
22 commi ttee. And, David, could you noti fy those
23 appoi nti ng i ndi vi dual s that we don' t have the
24 two representati ves. And that we don' t have a
dentist.

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

97

1 MR. CARVALHO: Yes. I believe there's
2 an appointment left with the speaker and an
3 appointment left with the senate president.
4 Although, when I di scussed wi th Robi n her
5 departure, she thought the person had been
6 i denti fi ed. But I' ll follow up wi th both of the
7 appoi nti ng authori ti es to poi nt out the lack of
8 a dentist and the lack of a Native American.
9 And i f there' s anythi ng el se anybody has
10 i denti fi ed, bri ng that to my attenti on, too.

11 MR. LERNER: Other new business?

12 MS. WALTER: I have a couple of house
13 keepi ng i tems. State board and time sheets I
14 need that back. There are sign-in sheets
15 floati ng around. And i f you have e-mai led me an
16 addi ti onal photograph of yoursel f or i f we took
17 your picture, I have your state IDs. So,
18 please, don' t rush out of here.

19 MR. LERNER: Anythi ng el se?
Page 86

20 Before we adjourn a reminder December 7
21 is the special forum. Put it on your calendars.
22 It's between December and January. We have five
23 public hearings scheduled at the moment. We
24 have the 13th, 14th, January 4th and the 19th of
EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

98

1 January. The 18th of January. All this has
2 been published to you. It's in the e-mail. Our
3 next task force meeting is January 25. And I
4 hope to see as many of you on the 7th.

5 I'm take a motion to adjourn.

6 MS. LUBIN-JOHNSON: So moved.

7 (Which were all the
8 proceedings had in the
9 above-entitled matter, at the
10 time and place aforesaid.)

11
12
13
14
15
16
17
18
19
20
21
22

23

24

EASTWOOD-STEIN DEPOSITION & LITIGATION SERVICES
(312) 553-0733

99

1 STATE OF ILLINOIS)
2 COUNTY OF DUPAGE) SS:

3

4 CARLOTTA N. BOMBACIGNO, being first duly sworn
5 on oath says that she is a court reporter doing
6 business in the City of Chicago; that she
7 reported in shorthand the proceedings given at
8 the taking of said hearing and that the
9 foregoing is a true and correct transcript of
10 her shorthand notes so taken as and contains all
11 the proceedings given at said hearing.

12

13

14

Carlotta N. Bombacigno, CSR

15

16

17

18

19

20

21

22

23

24