

1 18TH CONGRESSIONAL DISTRICT PUBLIC HEARING OF THE
2 ADEQUATE HEALTH CARE TASK FORCE UNDER THE HEALTH
3 CARE JUSTICE ACT
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8 REPORT OF PROCEEDINGS of the meeting
9 of the Adequate Health Care Task Force for the
10 Illinois Department of Public Health, heard on
11 the 1st day of February, 2006, at the Peoria
12 Civic Center, Room 220-222, Peoria, Illinois,
13 61602.
14

15 A P P E A R A N C E S
16

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18 HEALTH CARE TASK FORCE:

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KENNETH SMITHMIER

20 JAMES A. DUFFETT

21 CRAIG BACKS

22 RALPH SCHUBERT
23

SPEAKERS:

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1 MR. KOEHLER: Good afternoon. We
2 have 4:00 so we'll begin. First of all, let me
3 introduce the panel here. We are the members
4 of the Adequate Health Care Task Force.

5 To my immediate right is Ken
6 Smithmier, a member of the Task Force. I'm
7 David Koehler. I'll be your Chair this
8 afternoon.

9 To my immediate left is Jim
10 Duffett, and Dr. Craig Backs next to him. And
11 then we have as well Ralph Schubert who is from
12 the Department of Human Services from
13 Springfield, and also our stenographer this
14 afternoon is Kathy Johnson.

15 I'm going to read to you just a
16 brief statement that we read at each hearing
17 just to be consistent with what we do to start
18 out the hearing.

19 I've already welcomed you. This
20 is the 18th Congressional District public
21 hearing for the Adequate Health Care Task
22 Force, which is under the Health Care Justice
23 Act.

1 It has been well demonstrated
2 that a person's ability to accept the health
3 care system influences his or her treatment
4 outcomes and health status.

5 Access to health care is most
6 affected by the ability of those seeking care
7 to afford the services that they need.

8 Therefore, the uninsured, working
9 poor, racial and ethnic minorities and
10 undocumented immigrants in Illinois are the
11 least likely to be able to afford to pay
12 out-of-pocket for many of the health care
13 services.

14 Many in Illinois lack access to
15 health care systems because they lack health
16 insurance. And on any given day an estimated
17 1.8 million of our citizens are without health
18 insurance.

19 Additionally, a growing number of
20 people are under-insured and the consumers also
21 pay a share of the cost of health care, which
22 is growing.

23 While Illinois has many safety

1 net providers that attempt to narrow the gap
2 between the insured and under-insured,
3 including public and private clinics, public
4 hospitals, and chair to chair administered by
5 private hospitals.

6 Many of the under-insured lack
7 adequate access to preventative and
8 comprehensive care.

9 The Health Care Justice Act
10 signed into law by the Governor in August of
11 2004 encourages the State of Illinois to
12 implement a health care plan that provides
13 access to a full range of preventative and
14 acute and long term health care services and
15 that maintains and improves the quality of
16 health care services offered to Illinois
17 residents.

18 The Health Care Justice Act
19 creates the Adequate Health Care Task Force
20 which has undertaken the task of developing
21 this access plan.

22 The 25 members of the Task Force
23 were appointed by the governor, the president

1 of the Senate, the minority leader of the
2 Senate, the Speaker of the House, and the
3 minority leader of the house.

4 As part of our work the Task
5 Force will be holding at least one public
6 hearing in each congressional district to seek
7 input from the public as we work to develop
8 this plan, and that's why we're here this
9 afternoon.

10 So on behalf of the Adequate
11 Health Care Task Force and the Illinois
12 Department of Public Health I would like to
13 thank each of you for coming out this afternoon
14 and for taking part in this important process.
15 I'd also like to thank the Peoria Civic Center
16 for providing this space to us.

17 Before we get started there are a
18 couple of housekeeping issues that must be
19 addressed, but before I do that let me
20 introduce as well David Carvalho who is from
21 the Department of Public Health and who is one
22 of our staff people that is guiding and
23 directing the work of the Adequate Health Care

1 Task Force.

2 If you have not done so already
3 please sign in at the table when you came in so
4 we know that, who you are in terms of your
5 attendance.

6 This will help us track the
7 number of people that have been attending our
8 hearings.

9 It's also important to get some
10 of the handouts that are available. It
11 provides more information about what the Health
12 Care Justice Act is and about the work of the
13 Adequate Health Care Task Force and this public
14 hearing.

15 Secondly, if you wish to testify
16 be sure to sign up also at that same table.
17 Individuals will be called to testify in the
18 order in which they sign up.

19 You have these yellow sign-up
20 sheets here. We're just going to read them in
21 order as I get them. Then I'm going to
22 actually have you, I'll call your names in
23 numbers of five. If you would come up in the

1 front row so we can have, you have easy access
2 to the microphone.

3 If you have written testimony you
4 may either leave it up here on the table with
5 me or you may leave it with Ashley at the
6 sign-in table as you go out the door.

7 You don't have to testify, or if
8 you have written testimony you can just leave
9 us your written testimony as well.

10 If you are going to give us oral
11 testimony then we would ask for the benefit of
12 the reporter, who's going to take all this
13 verbatim, we keep all these hearing minutes and
14 you can access them on the internet as well,
15 but please spell your first name if it's
16 somewhat difficult.

17 Spell your last name. Pronounce
18 it very clearly so that we can have that as
19 part of the record.

20 You get three minutes and, Dave
21 is going to do that. This is always the prize
22 job of being the time keeper.

23 But we'll give you a notice when

1 it's one minute remaining, and then what else?
2 30 seconds? No. No. Out of time. One minute
3 and then out of time and then we cut you off.

4 Anything else I've forgotten?
5 With that, let's call the first five people up
6 here. Roy Ricketts, Mike Everett, Harry
7 Wolin, James Polk and Joyce Harant.

8 And we'll start with Mr.
9 Ricketts.

10 MR. RICKETTS: Thank you, Dave.
11 Thanks for the opportunity to share a few
12 thoughts regarding our health care system
13 today.

14 My name is Roy Ricketts, R-O-Y,
15 R-I-C-K-E-T-T-S, and I am president and CEO of
16 the Peoria Association for Retarded Citizens as
17 well as Board Chair of the Arthritis
18 Foundation, a greater Illinois Chapter.

19 I'm an advocate for persons with
20 disabilities as well as an employer providing
21 services to individuals with developmental
22 disabilities.

23 Healthcare is a major issue in

1 each of my roles. From these perspectives
2 there's two major holes in the current system
3 that I would like to address.

4 The first is that people with
5 disabilities and/or their families are often
6 denied insurance because of their pre-existing
7 conditions.

8 From a workforce standpoint
9 they're often unable to even explore new
10 employment opportunities if they have insurance
11 with the existing employer that are excluded by
12 a potential employer. They become a virtual
13 prisoner of their disability.

14 The second role parallels the
15 first and has to do with the working poor.
16 These are people trying to provide for
17 themselves and their families, often working
18 two jobs but can not afford premiums or payment
19 deductibles and co-pays even if they have
20 coverage.

21 For those in this situation with
22 major health issues it often leads to
23 abandonment of jobs in order to access Medicaid

1 coverage.

2 Certainly there are no easy
3 answers to the healthcare dilemma. I suggest
4 that as government, businesses, health care
5 providers and the insurance industries study
6 this problem that they look beyond currently
7 available data and statistics and try to
8 project the cost of not fixing the flaws in the
9 system.

10 Government can't afford today's
11 cost of Medicare and Medicaid, and demands for
12 these programs will rise exponentially.

13 So I think collaboration is
14 essential. We are the wealthiest nation in the
15 world. Access to health care by all citizens
16 must be the top priority. Thank you.

17 MR. KOEHLER: Thank you very
18 much. Mike Everett.

19 MR. EVERETT: Good afternoon.
20 Mike Everett, E-V-E-R-E-T-T. I'm the current
21 president of the Labor Council of West Central
22 Illinois representing approximately 120
23 affiliated unions and over 20,000 union members

1 of central Illinois.

2 Health care, or more correctly
3 the cost of health care, is the single most
4 troubling issue on the bargaining tables
5 everywhere in central Illinois, and probably
6 the United States.

7 The rising cost of health care
8 overshadows all other issues on bargaining, on
9 collective bargaining.

10 It is continuing to erode our
11 standard of living as it devours any potential
12 wage increases at a rate that makes rising gas
13 costs look good.

14 The clock is ticking. Something
15 needs to be done. My daytime job is acting
16 business manager of the International
17 Brotherhood of Electrical Workers, Local 34.

18 As business manager I serve as a
19 trustee on a labor management health and
20 welfare fund.

21 Our health and welfare fund is
22 fairly large. We have 27 participating local
23 unions and hundreds of participating

1 contractors across eight states.

2 Our plan covers over 27,000
3 members, spouses, and dependents. We have
4 nationwide preferred provider arrangements with
5 Blue Cross/Blue Shield.

6 We have arrangements with
7 Guardian Dental and MetroHealth on drugs. We
8 are large enough, we're a large enough group to
9 be able to negotiate some of the best discounts
10 for health care that can be found in this
11 country.

12 With that said, I'm here to tell
13 you that we're going out of business. Chasing
14 health care costs in this country is putting us
15 out of business. Health and health care cost
16 shifting is putting us out of business.

17 As a private payer paying for the
18 uninsured and picking up their cost shift from
19 inadequate Medicare and Medicaid programs is
20 putting us out of business.

21 The Federal minimum wage is \$5.15
22 an hour. It's a little higher in Illinois, but
23 in most states it's still \$5.15.

1 That just happens to be our
2 hourly contribution rate for each hour an
3 electrician works.

4 A month's coverage requires 140
5 hours or \$721.00 a month. When my members are
6 unemployed they can continue their coverage
7 with their COBRA rights by self paying \$610.00
8 per month.

9 This is next to impossible to
10 sustain if you're drawing unemployment for an
11 extended period of time.

12 So one of the points that I do
13 want to make is well paid, hard working
14 construction workers are periodically going
15 without insurance several times in a year.

16 Unfortunately, most of my
17 members, or a lot of my members are playing
18 Russian roulette with health insurance
19 coverage.

20 Many of them and their families
21 are going without insurance for extended
22 periods of time in order to make ends meet.

23 They're rolling the dice hoping

1 no one gets sick so they can pay their
2 mortgages, utility bills and put gas in their
3 car.

4 My membership experienced a 71
5 and a half percent increase in their
6 contribution rate over the last four years. As
7 their reward they also have higher deductibles,
8 more out-of-pocket expenses, and less all
9 around coverage.

10 Something has to be done.
11 Private payers like us are an endangered
12 species in this country.

13 We will soon be joining the ever
14 growing ranks of the uninsured. And when that
15 happens the health care industry in the United
16 States will collapse, unless of course you
17 believe the Federal government is going to do
18 something about this mess.

19 I personally wouldn't bank on
20 that. They seem to have a little conflict of
21 interest out there in D.C.

22 There's a little conflict between
23 where most of the campaign contributions come

1 from and the interests of the people they're
2 supposed to be representing.

3 In conclusion, this health care,
4 this country's health care system has already
5 failed more than 45 million Americans.

6 It's going to take, how many more
7 is it going to take for this country to wake
8 up? My electricians are going out of business
9 chasing health care costs.

10 We are going out of business
11 competing with uninsured and pensionless
12 electricians locally because we pay our own way
13 and we pays theirs too when they go to the
14 emergency room.

15 And, finally, my opinion, all
16 American workers are in the same sinking boat
17 when it comes to competing globally.

18 Our failed health care system has
19 tremendous cost to the dwindling number of
20 products we still produce in this country.

21 A universal health care system
22 for all Americans would improve our competitive
23 position.

1 It appears, however, that we
2 intend to level the playing field globally with
3 an unhealthy and uninsured American work force.

4 We can do better than that, and
5 we need to start right here in Illinois. We
6 cannot afford to wait on Washington D.C. They
7 think everything is fine out there. Thank
8 you.

9 MR. KOEHLER: Harry Wolin.

10 MR. WOLIN: Thank you. Good
11 morning, or afternoon. My name is Harry,
12 H-A-R-R-Y, W-O-L-I-N.

13 I am the administrator chief
14 executive officer of Mason District Hospital in
15 Havana, Illinois.

16 I first want to thank you all for
17 holding these Task Force hearings. We think
18 they're important. They address a very
19 serious concern that is really facing all of
20 us.

21 I would echo the comments that
22 have already been made and add that as a
23 provider we share those same concerns.

1 Mason District Hospital, we've
2 been designated as a critical access hospital.
3 We serve the residents of Mason and southern
4 Fulton County. It's a huge geographic area but
5 it represents only about 25,000 people.

6 We've been concerned with this
7 crisis because we are the only provider of
8 health care in that area.

9 We supported the Health Care
10 Justice Act and we work hard with you to find a
11 solution to this problem.

12 While it is truly a national
13 problem that's going to require support from
14 Washington to answer the concerns of ERISA and
15 the issues that are addressed through that law
16 and its impact on working companies that are
17 self insured, the efforts to start in Illinois
18 are important and must be continued.

19 Mason District Hospital and
20 hospitals all across the State are committed to
21 serving the needs of the residents in our
22 community.

23 As the only provider meeting

1 those rural isolated communities we treat every
2 patient who shows up at our door 365 days a
3 year, seven days a week, 24 hours every day.

4 Our patients in the communities
5 depend on this. They turn to us in times of
6 crisis. When they don't have coverage, when
7 they can't get in to see the doctor, they show
8 up at our doorstep.

9 We truly are the health care
10 safety net for the uninsured and the
11 underinsured.

12 Last year Mason District Hospital
13 provided uncompensated care, almost nine
14 percent of our revenues, over 11 percent in our
15 operating expenses.

16 This is a cost that is making it
17 very difficult for us to sustain operations.
18 And yes, we shift cost but it's not enough.

19 The problems of unemployment,
20 underemployment, in rural communities has been
21 well documented. And the area that hasn't been
22 documented is the issue of the uninsured in
23 rural communities.

1 I can tell you some anecdotal
2 evidence and data that it rivals those of the
3 inner cities in terms of the percentage if not
4 the numbers.

5 But our contribution as a rural
6 provider goes beyond just meeting the financial
7 needs of the people we serve.

8 But we, through the underwriting
9 of the Central Services, we operate two rural
10 health clinics; we provide an emergency room
11 with a staffed physician 24 hours a day.

12 And to those who live in an urban
13 area that may not seem like a big deal, but in
14 a rural community to not have an emergency room
15 physician available when you hit the door means
16 the difference between life and death.

17 And let me tell you, it is
18 expensive but a cost we gladly bear because
19 that is our mission.

20 We also operate two ambulance
21 services. Actually, it's one ambulance
22 service, two ambulance bases covering the
23 geographic area that we serve.

1 Another area of critical need to
2 the rural communities, and one that is grossly
3 inadequately reimbursed not only by insurance
4 companies but by the third party payers,
5 Medicaid and Medicare as well.

6 In addition to this we face the
7 typical cost of any health care system;
8 pharmaceutical costs, forced costs, the medical
9 liability crisis that was addressed last year,
10 but has yet to result in financial savings to
11 any of the providers.

12 And, quite frankly, we are the
13 first responders in terms of crisis. While we
14 were all geared up for bioterrorism, luckily we
15 have not had to deal with that, but we deal
16 with tornadoes every year.

17 This is the first year that we
18 have not had any loss of life from a tornado in
19 our area or any loss from damage, but it is
20 something that we're always responding to.

21 In spite of these challenges we
22 continue to provide quality life-saving
23 services. We provide a vital economic link to

1 the communities we provide.

2 We are the largest employer in
3 the county, and the fact that our 200 jobs
4 represents a tremendous boost to the economic
5 engine of our rural development, it is
6 something that is crucial.

7 With our farmers, with our small
8 employers, it is something that is very
9 important to maintain the basis of communities.

10 I can't do this in three minutes.
11 I'm going to cut through a lot and it will be
12 in the written testimony that I submit, but I
13 would mention to you that hospitals cannot
14 solve this alone.

15 It's going to take a broad base
16 of support both from industry, from employers,
17 and from government. And we thank you for your
18 consideration.

19 MR. KOEHLER: Thank you. James
20 Polk.

21 MR. POLK: I'm James Polk,
22 J-A-M-E-S, P-O-L-K. I'm delighted to be here
23 today. I have one thing to say before I start

1 is that I think that the time of the day is the
2 wrong time.

3 I am, because from 4:00 to 6:00 a
4 lot of working poor is getting off of work who
5 do not have insurance, and so they don't have
6 the opportunity to come here at these meetings,
7 so I would hope that you would take that back
8 to have them a little bit later in the evening
9 instead of 4:00 in the afternoon.

10 I'm James Polk and I'm
11 representing an organization called Family
12 Involvement in Education, and we are developing
13 local neighborhood school councils in all of
14 the schools, and health care is very, very
15 important for everyone, and especially a lot of
16 people in District 150.

17 There's 62 percent of the kids
18 that go to District 150 is in poverty somehow
19 or involved with the lunch program; so
20 therefore, their parents and families are
21 working and do not have insurance.

22 So I'm very delighted for you
23 being here, and that we need as a community,

1 and as you said here today, I am a, I had polio
2 when I was a kid and I have had childhood
3 rheumatoid arthritis all my life, so without
4 health care I would have been dead by now.

5 So I want to say that the
6 importance of health care to all of us, in
7 order for young people to achieve in school
8 they have to be healthy.

9 And so health care, and their
10 families, in order to work two or three jobs,
11 health care is so very important.

12 So as a political process, move
13 forward. I hope that it's not just talk
14 because in 1981 when Quinn Young was talking
15 about, and he's on your, you guys was talking
16 about universal health care, and nothing has
17 happened as of yet.

18 So I just plead with you to move
19 the political process along, and you need to
20 start staging these meetings at a later time in
21 the day. Thank you.

22 MR. KOEHLER: Thank you. Joyce
23 Harant.

1 MS. HARANT: Thank you for this
2 opportunity. My name is Joyce Harant,
3 J-O-Y-C-E, H-A-R-A-N-T.

4 I'm the president and CEO of
5 Planned Parenthood, Heart of Illinois, and I've
6 been in that position since 1979.

7 I believe that we need a health
8 care system that puts an emphasis on
9 preventative health care.

10 We need to devise ways to provide
11 financial incentives so that we can move from a
12 sickness oriented view of the health care
13 system to one that promotes wellness.

14 And this requires, I believe,
15 change in how we reimburse what is
16 reimbursible, moving away from that office
17 visit is reimbursed to looking at something
18 more wholistic.

19 And of course reproductive health
20 care services we believe are primary health
21 care for most women and men.

22 Universal access is needed that
23 is nonjudgmental, confidential, client-focused

1 and comprehensive.

2 Young people in Illinois also
3 need to maintain their access to confidential
4 reproductive health care services. Planned
5 Parenthood is also a small business.

6 Every year we're going out and
7 trying to bid out health insurance, and when
8 people have to change health insurance plans,
9 provider, physician-patient relationships
10 change, I believe it has a negative impact on
11 health outcomes and on malpractice.

12 Planned Parenthood's also a
13 health care service provider, and we're a
14 really uncomplicated provider.

15 Yet, it is so astonishingly
16 difficult to bill for just a preventative
17 health care service to private insurance or the
18 government through Medicaid or Medicare.

19 Every time a target niche group
20 has provided some really important health care,
21 mammograms, cervical pap smears, whatever, the
22 government is spending millions of dollars to
23 figure out how we're going to enroll people,

1 how we're going to make them eligible, what
2 forms we're going to use, what codes, and then
3 providers have to figure out how they're going
4 to bill for that, adding tremendous
5 administrative burden.

6 We are contractors with different
7 health insurance plans. We have to contract
8 each individual plan. Each of those plans says
9 now we have to credential every provider. And
10 the burden just keeps growing and duplicating.

11 And this insanity is going to
12 strangle, well, it is strangling the whole
13 system, and it's going to collapse.

14 I think we must get
15 administrative uniformity to remove the costly
16 duplicative processes that are removing
17 millions of dollars, billions of dollars out of
18 direct health care and increasing the
19 administrative cost of doing business.

20 It seems to me that one can only
21 get this kind of uniformity if all people are
22 covered for health care services, everybody has
23 services and access, and one entity is

1 responsible for the payment of services, so
2 everybody has access and one entity is
3 responsible for payment. Thank you.

4 MR. KOEHLER: Thank you. Before
5 I call the next group let me just introduce
6 that we have somebody representing Senator
7 George Shadd's office, Peggy Messinger. Peggy,
8 are you here? Thank you for joining us.

9 Also, let me mention that we
10 will, we're prepared to stay here until 7:00 if
11 there is testimony.

12 The reason we changed the hearing
13 official time from 4:00 to 6:00 is that in many
14 places we were waiting that last hour with no
15 one there.

16 So we'll go to 4:00 to 6:00, but
17 if there's more people to testify and people
18 are here and want to do that we'll stay until
19 7:00.

20 We'll stay, I'll stay later than
21 that. But we can, they'll stay with me. Let
22 me call the next group up. Anna Saxon.

23 There's going to be Carol Ladwig

1 speaking for Glen Barton; Gil Nolde; and Nelvie
2 Anderson. So Anna, you're first.

3 REVEREND ANNA SAXON: I am
4 Reverend Anna Saxon, A-N-N-A, S-A-X-O-N, and I
5 rise to testify before this body today as a
6 clergy person serving a local congregation as
7 an on-call chaplain in a local hospital as well
8 as just simply a concerned citizen of the State
9 of Illinois.

10 For many citizens of the State of
11 Illinois the need for assistance in obtaining
12 the basics has increased in recent years, and
13 more and more people are turning to churches in
14 an attempt to meet these very basic needs.

15 As a clergy person serving a
16 local congregation I witness the need
17 firsthand. Most pertinent to this hearing is a
18 phenomenon that has recently become
19 increasingly and very prevalent.

20 I've personally fielded as many
21 as six requests in a one week period for
22 assistance to fill prescriptions for much
23 needed mental health, and acute and long term

1 disease medication.

2 A week does not go by in our
3 office that I do not receive at least one
4 request for medications. And those requesting
5 this help fall into every age range across the
6 spectrum.

7 For some the request is made at
8 the end of the month when they suddenly find
9 themselves out of money and yet suddenly ill
10 enough to require prescription medications.

11 Others make too much for State
12 and Federal programs but not enough to cover
13 the cost of regularly needed medications for
14 chronic illnesses.

15 Let me assure you that our
16 congregation does its very best to assist
17 people in need. And indeed, we give out
18 thousands of dollars a year for just such
19 situations.

20 However, we are not a pharmacy;
21 we do not have the means by which we can
22 purchase medications for people without
23 physically going to a pharmacy ourselves.

1 Lastly, we do not have limitless
2 funds to utilize in assisting people in
3 securing very necessary medications for
4 themselves or their children.

5 It certainly breaks this pastor's
6 heart to hear the desperation in a parent's
7 voice as they try to secure much needed asthma
8 medication for a child just released from the
9 emergency room after an acute attack.

10 It deeply hurts me when I hear a
11 concerned voice of a wife who is trying to
12 obtain critical medication to keep her husband
13 who suffers from bi-polar disorder mentally
14 healthy and not be able to meet these needs.

15 These calls also leave me
16 wondering if these are the people reaching out
17 to the church for aid how many more are out
18 there who don't call our church for assistance.

19 Now, as an on-call chaplain at a
20 local hospital I see the unnecessary tragic and
21 expensive flipside of these situations.

22 I am in the intensive care unit
23 to support a family where someone who has not

1 had the financial means to remain on their
2 mental health medications is now being treated
3 for an attempted suicide.

4 I am in the emergency room to
5 comfort the elderly spouse who is sitting
6 beside his wife's bed.

7 They did not have the financial
8 means to obtain their medications to prevent
9 another exacerbation of congestive heart
10 failure and now she's critically ill.

11 The cost of medications for these
12 kinds of events can not be as much as the cost
13 of having a family be forced by medical
14 necessity to become fully dependent on Medicaid
15 and other forms of State Aid.

16 The cost of medications cannot be
17 as much as the cost of housing an elderly
18 person in a nursing home for the rest of their
19 life because they become too ill to be
20 independent.

21 The cost of mental health drugs
22 cannot be as much as repeated stays in State
23 funded or mental health institutions.

1 I'm a Presbyterian clergy person
2 and our Presbyterian system covers all people,
3 regardless of pre-existing conditions.

4 Premiums are paid by the employer
5 based on a percentage of employees' salary and
6 the deductibles and out-of-pockets are a
7 percentage of the employees' income.

8 There is obviously ways to make
9 programs where all-in work. Other
10 organizations in other states have designed
11 all-in programs that work as well.

12 It is time for health care to be
13 treated as a basic service for all people that
14 all people deserve and not as a luxury that the
15 wealthy can afford.

16 I believe this is a matter of
17 justice. It's a matter of fiscal
18 responsibility, and it is a matter of improving
19 the overall health and well-being of the
20 citizens of the State of Illinois.

21 Thank you for seeking public
22 input across the State, and especially today.
23 Thank you.

1 MR. KOEHLER: Thank you. And
2 then Carol Ladwig reading a statement that Glen
3 Barton wishes to enter into the testimony.

4 MS. LADWIG: My name is Carol
5 Ladwig. It's C-A-R-O-L, L-A-D-W-I-G, and this
6 is Glen Barton's statement. It's G-L-E-N,
7 B-A-R-T-O-N.

8 I am sorry I can not be in Peoria
9 today to personally deliver my message. My
10 name is Glen Barton and I'm a retired chairman
11 and CEO of Caterpillar, Inc., a fortune 100
12 company.

13 During my latter two years of
14 leadership at Caterpillar I was also the
15 chairman of the Health and Retirement Task
16 Force of the business round table.

17 This organization represents
18 approximately 150 other countries' largest
19 employers, with employment exceeding 10 million
20 in annual revenue is more than four trillion.

21 During my leadership role the HRT
22 became major advocates of Medicare and Medicaid
23 reform and were directly involved in the

1 passage of Medicare, of part D of Medicare,
2 which provides prescription drug benefits to
3 Medicare and Medicaid recipients.

4 While far from perfect, this plan
5 at least starts to address one of the major
6 Medicare deficiencies.

7 I should add at this point that
8 these comments are my personal thoughts and in
9 no way should they be construed to represent
10 the position of Caterpillar, Inc., or the
11 business round table.

12 Since retiring from Caterpillar
13 I've become a student of the health care
14 situation in our country.

15 I am discouraged by what I am
16 seeing; 45 million Americans are without health
17 care; our businesses are becoming non
18 competitive with other countries' products
19 because of the health care costs.

20 And he has a number of other
21 reasons that I, in the interest of time. In
22 summary, I submit our health care system is
23 badly broken and in need of dire changes.

1 So where do we go from here?

2 Let's look at first at the positives. We have
3 very good health care facilities and excellent
4 health care providers.

5 The largest things hindering
6 their performance are (1) administrative costs
7 associated with receiving compensation for
8 services provided; (2) malpractice insurance.

9 And (3) the continual need to
10 invest to stay competitive, so rather to
11 require legislative changes; medical liability
12 caps; and elimination of anti-trust
13 considerations preventing hospitals from
14 cooperating on specialized services provided.

15 The quickest and simplest
16 solution to receiving compensation for services
17 provided is to go to a single payer system.
18 Oh, well.

19 We have such a system today for
20 the elderly. Medicare. It works amazingly
21 well in my opinion.

22 We pay for this part A through
23 the Medicare tax on wages and income. We have

1 the option to purchase B.

2 My first proposal extends
3 Medicare to not only the elderly but also the
4 uninsured. People with income less than two
5 times the poverty level should receive this
6 coverage free, just as children from lower
7 income families receive free or reduced school
8 lunches.

9 Payments by others would be on
10 the basis of annual income with everyone
11 required to have coverage.

12 This eliminates the huge
13 liabilities health care providers have, and
14 lets them do what they're supposed to do,
15 provide medical services to the ill and the
16 injured.

17 My second proposal is health care
18 premiums should be treated as tax deductible
19 expenses just as school taxes are.

20 And furthermore, employer paid
21 premiums should be treated as wages and
22 benefits and not treated as tax deductible
23 expenses by companies.

1 These premiums set by Medicare
2 would be paid directly to Medicare. This will
3 make the employees more cognizant of their
4 health cost and cause them to be better health
5 care consumers while getting companies out of
6 the health care business.

7 And our nation must become more
8 involved with lifestyle issues; smoking,
9 obesity, poor diets, lack of exercise, etc.

10 If we are to reduce our health
11 care cost rate of increase to any significant
12 degree ideally premiums should be risk rated,
13 but this may make health care even more
14 unaffordable for many of the low income groups.

15 Our best minds are needed to be
16 challenged to address how this issue can best
17 be managed.

18 MR. KOEHLER: Thank you very
19 much. That was a lot to read. And all of
20 these are going to be available on our web
21 site, all of the proceedings, even the oral
22 testimony. Gil Nolde.

23 MR. NOLDE: My name is Gil Nolde.

1 That's G-I-L, N-O-L-D-E. I'm a volunteer
2 director on the Central Illinois Agency of
3 Aging.

4 We are a not-for-profit social
5 service agency aimed at improving the health
6 and the quality of life of older adults in the
7 six county area of Marshall, Stark, Woodford,
8 Peoria, Tazewell and Fulton counties.

9 I speak on behalf of the advocacy
10 of the agency. I want to speak first to the
11 idea of accessibility and quality of health
12 care.

13 Quality training and education
14 are necessary for providing Illinois' future
15 health care work force with the tools and
16 experiences needed to equip them in delivering
17 quality services.

18 State and Federal policy and
19 resources at both levels are needed to continue
20 to support new and existing primary physician
21 and other health care professional training
22 programs to reduce the cost of health care, to
23 increase quality, increase patient

1 satisfaction, and decrease both morbidity and
2 mortality.

3 Advocating for appropriate
4 inter-disciplinary education among health and
5 social service professionals, shared curriculum
6 educators, et cetera, could bring more of a
7 harmonization of a health care system delivery
8 system and less of a fragmented approach in
9 addition to being more cost effective.

10 Many times older or disabled
11 individuals are unable to access services in a
12 timely manner due to a limited number of
13 providers who accept Medicare and/or Medicaid.

14 The problem is exacerbated when
15 the individual lives in a rural area.
16 Advocated for an expanded definition of primary
17 care to include service delivery by
18 multi-disciplinary health care teams would
19 allow for an additional qualified pool of
20 health care service providers.

21 When a situation demands
22 involvement by, or consultation with a
23 specialized physician who is not available in

1 that location alternative forms of service
2 delivery such as electronic forms,
3 telemedicine, telemonitoring, teletherapy, et
4 cetera, should be available, accepted and have
5 comparable insurance coverage.

6 The rebalancing of long term care
7 services is already underway in Illinois, so
8 we'll skip that paragraph and go to the next
9 point real quick.

10 Prevention. Obviously,
11 prevention is a critical aspect especially for
12 older adults.

13 And if regular physical activity
14 has been shown to be beneficial to good health,
15 as it has, then the value of that physical
16 activity needs to be validated by more
17 consistent coverage of structured physical
18 exercise programs.

19 And, in addition, we need
20 education for older adults and their caregivers
21 on what kind of and how and how to get access
22 to more physical activity.

23 Finally, and perhaps most

1 importantly, the whole area of mental health
2 among older adults. Mental illness has been
3 shown to aggravate and worsen a wide range of
4 medical conditions.

5 Mental health then becomes a
6 critical element in reducing hospital stays and
7 preserving health care dollars.

8 There's a need for awareness by
9 mental health and physical health care
10 practitioners of the interconnectedness of body
11 and mind, and they need to be encouraged to
12 work together to best serve the consumer in a
13 wholistic manner.

14 And to sum up the very last
15 point, they both need the same kind of
16 insurance coverage without discriminating
17 against the mental health practitioner
18 providers. Thank you.

19 MR. KOEHLER: Thank you. Nelvie
20 Anderson.

21 MS. ANDERSON: I'm Nelvie
22 Anderson. That's N, like in Nancy, E-L-V, like
23 in Vickie, I-E, Anderson, A-N-D-E-R-S-O-N.

1 I'm with Church Women United and
2 with the Interfaith Alliance. The large
3 reductive middle class of this country has made
4 it the great country it is.

5 With its capacity for
6 considerable buying power it has given us a
7 strong economy. At present, this group is
8 shrinking as it is being squeezed with lowered
9 income and increased expenses.

10 This cost, the cost of health
11 care is a major factor in this decline. How
12 will this affect our country in the future?

13 A woman told me of a couple that
14 went into the hospital; she did not survive but
15 he did. Without insurance all of his savings
16 and retirement were gone.

17 He only had his home left and he
18 could not sell that as the money would go for
19 medical expenses.

20 Thinking he had a comfortable
21 retirement he was left with nothing. Many
22 people cannot afford to pay the high cost of
23 health insurance.

1 From 2000 to '04 premiums rose 36
2 percent, while earnings rose only 12.4 percent.
3 In Illinois two million people are uninsured
4 with most of them working.

5 One thousand dollars is added to
6 the cost of the family health insurance premium
7 each year to cover the cost of the uninsured.

8 Some companies large and small
9 can no longer afford to provide the health
10 insurance they once did and are passing the
11 cost to their employees.

12 Retirees are not always provided
13 with health care at a time when their income is
14 lower and health needs increase.

15 50 percent of the bankruptcies
16 are due to health care. We are all only one
17 health care crisis away from bankruptcy. We
18 are in a health care crisis.

19 We need to simplify our health
20 care system. It is a patchwork with programs
21 put in place to cover loopholes, most having
22 their own administration.

23 In the U.S. we pay three times as

1 much as Canada for health care related
2 paperwork and administration. We spend twice
3 as much as other industrialized countries for
4 our health care.

5 The issue is we need more health
6 care for our dollars, not more dollars for
7 health care.

8 Needed is quality health care
9 that is accessible, contains cost and is
10 affordable for all, fair for the people,
11 business, industry, and taxpayers.

12 Health care should be fair and
13 available to all income and age levels, have
14 portability, have no restrictions or previous
15 conditions, emphasize prevention.

16 Health care needs to include
17 wellness, dental and mental care, plus
18 prescription drugs. It needs to cover braces,
19 hearing aids, dentures, items necessary for
20 prevention but too expensive for many people.

21 The National Coalition on health
22 care states that universal health care will
23 save more money and cost less than our present

1 system.

2 With everyone in one system, the
3 healthy and wealthy, the poor and the less
4 healthy, no one will be left out. We all need
5 to be in one system to make it work.

6 Containment of cost will serve as
7 an economic incentive for attracting new
8 businesses in Illinois. Health care does not
9 need to be a part of contract bargaining.

10 American companies will be more
11 competitive as the cost of health care will not
12 be added to products.

13 Currently, the auto industry adds
14 over one thousand dollars to the price of a car
15 to cover the cost of health care, while foreign
16 companies do not need to add this cost.

17 The cost with change to a new
18 health care system must be done in increments
19 and will take time, but change is an economic
20 necessity and a wellness issue.

21 Our concern needs to be for the
22 good of the whole. We are in a health care
23 crisis. With the eyes of the country on us we

1 have the opportunity to be a pacesetter. Will
2 Illinois have the courage to change?

3 MR. KOEHLER: Thank you. Before
4 we call the next group up let me just check
5 with the Task Force here.

6 Generally we take a short break
7 at 5:00 just for about two or three minutes.
8 So Joan Krupa, Betty Jones, Sherry Sherman,
9 Michael Brown and Michael Vidus.

10 Go ahead, Joan. You're up there
11 first.

12 MS. KRUPA: My name is Joan
13 Krupa, J-O-A-N, K-R-U-P-A, and I'm the CEO of
14 Heartland Community Health Clinic in Peoria,
15 Illinois.

16 The mission of Heartland
17 Community Health Clinic is to provide
18 accessible, high quality, comprehensive primary
19 health care services for the medically
20 underserved, and this is important regardless
21 of ability to pay through collaborative
22 community partnerships.

23 Today we are celebrating our

1 second year as a, having a birthday party down
2 here as a Federally qualified community health
3 center.

4 And in that time we've grown from
5 849 patients to over 7,000. Now, if that
6 isn't an indication of health care crisis in
7 our community and in our area, I don't know
8 what is.

9 I have a bunch of services that
10 we offer as a community health center but I
11 also am suggesting that the community health
12 center model, the FQHC model, is one of the
13 answers to our growing crisis in this state.

14 Today over 800,000 patients are
15 served in community health centers in Illinois.
16 In 2005 Illinois FQHC's served over 325,000
17 uninsured patients, and those patients had 78
18 percent having income at one hundred percent or
19 below Federal poverty guidelines.

20 FQHC's saved the State of
21 Illinois 81 million dollars annually, and
22 that's according to an IDPH study of literature
23 review on the impact of health centers on State

1 Medicaid spending.

2 Increased usage of health centers
3 resulted in reduced ER care that's been
4 mentioned before, and could save the State
5 annually 343 million dollars according to a
6 published study by the National Association of
7 Community Health Centers.

8 Also, we do this in a way that
9 provides quality. For example, in our first
10 year of operation we were JCAHO accredited, so
11 we serve populations by fostering provision of
12 high quality, comprehensive care that is
13 culturally sensitive, linguistically
14 appropriate and community directed.

15 These efforts should be applauded
16 enthusiastically, but more importantly funded
17 appropriately.

18 I have three suggestions for
19 providing access; fund additional Federally
20 qualified health centers within the State of
21 Illinois through the CHC expansion grant
22 program.

23 Right now we spend about 3.5

1 million dollars in getting expansion of care.
2 We need more than that. If we do that we can
3 leverage additional Federal dollars.

4 Second suggestion; affordable
5 medications through FQHC's 340B program;
6 increase patient compliance and reduce health
7 care costs overall.

8 The FQHC model allows for a 25 to
9 75 percent discount off of retail drugs for
10 patients that are enrolled in FQHC's. Another
11 reason to grow the model.

12 And the final is, legislators
13 must resist the temptation to reduce Medicaid
14 funding for the State's most vulnerable
15 populations.

16 We're in a budget crisis but
17 let's not, the model only works, FQHC, works
18 only when Medicaid reimbursements are timely
19 and fair.

20 It may be tempting in the short
21 term to massage State Medicaid reimbursement,
22 but then FQHC's serving close to a million
23 Illinois residents will go out of business.

1 Only 20 percent of Heartland's
2 operations are funded with Federal grants. We
3 must make up the difference through private
4 donations, other grants, and most importantly
5 Medicaid revenues.

6 Help us stay in business. We
7 like what we're doing. Thank you.

8 MR. KOEHLER: Betty Jones is
9 next.

10 MS. JONES: My name is Betty
11 Jones, B-E-T-T-Y, J-O-N-E-S, and I am a
12 resident of a nursing home, of a local nursing
13 home here, and also a member of the Peoria Task
14 Force.

15 We need a health care system that
16 is run of, for and by patients themselves. We
17 the people need to be allowed to make our own
18 choices on how the system is run.

19 We need freedom for the medical
20 professionals to treat us in the best possible
21 way.

22 Government need only help us
23 combine all existing systems into one complete

1 very effective outlet for medical care.

2 This new system could be called
3 Medcare, M-E-D-C-A-R-E. A toll free telephone
4 number spelling out, spelling out this name
5 could be at the core of the communication
6 central linking method of unity.

7 Each person who is physically
8 able could be required to help manage their
9 part of the system by volunteering time equal
10 to half their cost of care.

11 Those unable to contribute could
12 be covered by the efforts of those who can.
13 Payment for cost of care could come in various
14 forms.

15 Support could be accepted through
16 individual contributions to help from
17 foundations, grants from Federal and State, and
18 to any kind of outlet forms.

19 Other examples would be from
20 school children's class projects to higher
21 institutions of learning and their class
22 programs' projects.

23 The bottom line here is for all

1 of us to all work together on providing the
2 money needed for health care.

3 In conclusion, I would like to
4 read a statement from State representative
5 Aaron Shock's office.

6 Aaron Shock is supportive of
7 efforts to increase efficiency and access to a
8 health care delivery system.

9 Also, I would be willing to seek
10 the necessary data toward this end. Thank
11 you.

12 MR. KOEHLER: Sherry Sherman is
13 next.

14 MS. SHERMAN: Hi. My name is
15 Sherry Sherman. It's S-H-E-R-R-Y, and Sherman,
16 S-H-E-R-M-A-N. And I'm not with any
17 organization, I just wanted to give a personal
18 narrative.

19 I found myself unemployed and
20 uninsured about four years ago and at the time
21 I couldn't afford it. I had been laid off of
22 my job and wasn't able to pay my COBRA
23 payments, and I was in a car accident while in

1 that position and I broke my neck at the C2
2 level and was unable to breathe on my own.
3 That's the aftermath.

4 In the first 24 hours of my care
5 it was approaching \$4,000, so I filed for
6 bankruptcy and then became a Medicaid patient.
7 And my frustration with the current system with
8 Medicaid and also disabilities, which is
9 another matter, led me to pursue my masters
10 degree in public policy, and my focus was in
11 health policies and service policies.

12 And while there I did a cost
13 comparison of what was covered under Medicaid
14 and what would have been covered under my
15 employer's health insurance and I found that I
16 was way better off in terms of care, as I was
17 in rehab for about two years, under Medicaid.

18 My care would have been cut off
19 by my insurance well before I was recovered and
20 I certainly wouldn't be standing before you in
21 this condition able to go back to work if I
22 hadn't been on Medicaid.

23 But now I've finished my degree

1 and I'm unemployed and now I find myself
2 uninsurable because spinal cord injuries aren't
3 something insurance companies want to cover,
4 underwrite.

5 So I want you to keep that in
6 mind. And also that one percent of our
7 population accounts for 30 percent of our
8 health care spending and 10 percent of the
9 population accounts for 70 percent of our
10 health care spending.

11 And although HSA's might be great
12 for people who already have insurance and can
13 afford insurance, they don't help people who
14 can't.

15 And most people who have chronic
16 problems and serious illnesses aren't going to
17 want to shop around for a cheaper doctor or
18 cheaper care.

19 And people in my situation where
20 you're in a tragic accident certainly aren't
21 going to call around and say who has the
22 cheapest lifeflight. So I want you to keep
23 that in mind.

1 And also, that the current
2 Medicaid program is disincentive to work
3 because if you work full-time and your employer
4 doesn't provide insurance then you're going to
5 lose your Medicaid benefits and you can't
6 afford to pay for the premiums.

7 I know your hands are tied with
8 ERISA regulations for employers that are self
9 insured, but I just wanted you to keep that in
10 mind. Thank you.

11 MR. KOEHLER: Thank you very
12 much. Michael Brown.

13 MR. BROWN: Good afternoon. My
14 name is Reverend Michael Brown, B-R-O-W-N. I'm
15 a local pastor and I'm the vice president of
16 the Central Illinois Chapter of the Interfaith
17 Alliance which is an active interfaith group in
18 the Peoria area that includes members from a
19 wide variety of religious traditions.

20 Our mission is to promote the
21 positive role of religion as a healing and
22 constructive force in public life.

23 If there's one thing that

1 virtually all religious traditions agree on, it
2 is the moral law known in our culture as the
3 golden rule.

4 In virtually all of these
5 traditions we are called upon to treat others
6 as we wish to be treated.

7 Is there any one among us that
8 wishes to lose our insurance because of
9 changing jobs or being laid off?

10 Is there anyone among us that
11 wants to be turned down for coverage because of
12 a pre-existing condition or to go bankrupt
13 because of overwhelming medical bills we
14 incurred without access to insurance?

15 If none of us wants to suffer
16 those conditions ourselves, then the great
17 moral law says that we must not cause our
18 neighbor to suffer those fates either.

19 Therefore, from an interfaith
20 religious perspective we must arrange our lives
21 together in society so that everyone has access
22 to health care.

23 Everyone has worth and dignity

1 and deserves access to this necessity of life.
2 Therefore, universal coverage is a moral
3 imperative.

4 Once we agree that universal
5 coverage is a moral necessity then the question
6 becomes how to accomplish that goal.

7 An obvious first step would be to
8 look at other people who have accomplished this
9 goal and see how they did it.

10 Virtually every other
11 industrialized country in the world has created
12 a health care system with universal coverage
13 except the United States.

14 They have almost all done it by
15 moving to a single payer system. If there are
16 exceptions to this rule then of course they
17 should be investigated, but the single payer
18 systems are way out in front in terms of a
19 track record of success.

20 Not only do other countries with
21 a single payer system achieve universal
22 coverage, but they do it at about half the per
23 capita cost of our system, or in other cases

1 even less.

2 And many of these countries have
3 better health statistics than we do. To learn
4 from their experience is an obvious course of
5 action. There is of course resistance to this
6 idea in our culture.

7 We are a culture of extreme
8 individualism which is often one of our
9 virtues, but in this case our ultra
10 individualism is not helping us solve the
11 problem. We will need a more cooperative
12 response to be successful.

13 If we insist on staying the
14 course of splicing together more and more
15 individual profit-making entities and more and
16 more government programs into an ever more
17 unwieldy, overhead burdened, Rube Goldberg
18 non-system, we will find ourselves increasingly
19 weighed down by the ever escalating cost of
20 that misjudgment.

21 The symptoms of this unhealthy
22 approach are seen everywhere today, including
23 in this room. Most obviously in spiraling

1 costs for both individuals and businesses and
2 the huge and expanding numbers of our fellow
3 citizens who are uninsured.

4 The time has come to do something
5 different, and Illinois can be a leader in that
6 new direction. There is no excuse for non
7 action.

8 Based on everything we know so
9 far universal health care provided through a
10 single payer system appears to be the most
11 effective, least costly, and most moral path to
12 a healthy system of health care for all our
13 citizens. Thanks for listening.

14 MR. KOEHLER: Thank you.
15 Michael Vidas, and then we're going to take
16 about a three or four minute break.

17 MR. VIDAS: Thank you for
18 allowing me to speak. My name is Dr. Michael
19 C. Vidas; V, as in victory, I-D, as in David,
20 A-S, as in Sam.

21 I'm a physician in the Peoria
22 area. I'm a member of the Illinois State
23 Medical Society as well as the Peoria Medical

1 Society. I speak for myself though today.

2 I think that part of our problem,
3 and usually is, is money. What are we going to
4 do Monday, how do we fund these systems.
5 Everybody's talked about different ways. It's
6 going to be our main problem.

7 And I think funding is always
8 difficult, and especially when we talk about
9 any payer system. Are we going to send money
10 to the government in Washington?

11 I've heard that frequently we
12 send dollars to get back cents. And I do
13 worry about that. I worry about that with all
14 funding.

15 I think that Heartland is a very
16 good way to start. It's a local system. The
17 money stays here. The money goes here. How
18 do we perpetuate, how do we expand on that
19 system? That is for you to help us decide.

20 Existing programs need to be
21 funded but they need to also be fiscally
22 responsible. There's duplication within
23 existing programs, and this needs to be

1 addressed.

2 People also must participate in
3 their care. If they don't participate in their
4 care they're not willing to save the money to
5 go the extra mile.

6 And that also means that they
7 have to take care of themselves and they have
8 to be adequately schooled.

9 They have to be educated, and
10 they also need to do healthy things. And
11 we've talked about that a little bit, and I
12 think that's very important.

13 There are costs to the providers
14 as well. Remember that we have health, we
15 have a malpractice difficulty in this State,
16 and it has been addressed with the non-economic
17 caps. Will they be sustained?

18 Will our Supreme Court indeed
19 rule this time? They've ruled twice against
20 caps, and it costs us money. That costs
21 everybody in the State money.

22 It costs every company in the
23 State money, not only through medical

1 malpractice but in difficulties with product
2 liability, et cetera.

3 I support access to care and for
4 everybody. But, while you have to pay the
5 providers of the care, and that is the guy that
6 moves people in the hospital; he needs adequate
7 payment just as the physicians do.

8 Will a single payer system work
9 for us? I'm not sure. You remember that when
10 we send away money to different places, if we
11 send away money to Washington, do we get
12 dollars back for dollars? I'm not sure that we
13 do.

14 The present system needs to
15 change, but if you change it too drastically
16 it's like a speeding train. If you move it
17 along, if you slowly change it, we can change
18 the direction.

19 If we change it too drastically
20 I'm afraid we'll derail it. All citizens must
21 have access to a basic system. How do we
22 accomplish this? This I'm not sure of, but
23 indeed we do need to accomplish that.

1 Medicare needs to change,
2 Medicaid needs to change, and we need financing
3 for these systems. We need to figure out what
4 to do and how to finance them.

5 Ancillary costs such as insurance
6 for even the health care providers and for
7 malpractice, of course, as I mentioned.

8 I emphasize again preventative,
9 preventative, preventative. Let's be healthy,
10 and indeed maybe we have to even think about
11 our environment and how we're going to clean it
12 up. Thank you very much for allowing me to
13 speak. I appreciate it.

14 MR. KOEHLER: Thank you. I want
15 to take about, I'll take about a four minute
16 break and in that time, the bathrooms are down
17 the hall to your left as you go out the door.

18 Those of you who have not signed
19 up to speak but all of a sudden had a desire to
20 speak, go back and see Ashley and fill out one
21 of the yellow sheets here. So we'll see you
22 back in four minutes.

23 (Break taken at this time.)

1 MR. KOEHLER: I call up Greg
2 Chance, Steve Ridley, Andy Chiou, Blair
3 Gambill, Cheryl Budzinski.

4 Again, Greg Chance, Steve Ridley,
5 Andy Chiou, Blair Gambill, and Cheryl
6 Budzinski. If you would come and sit in the
7 front row, please.

8 MR. CHANCE: Good afternoon and
9 thank you. My name is Greg Chance, G-R-E-G,
10 C-H-A-N-C-E.

11 I have the pleasure of serving as
12 a public health administrator for the Knox
13 County Health Department located in Galesburg,
14 Illinois.

15 As you know, Galesburg has been
16 extremely affected by the current downswing in
17 our economy, and so I'm pleased today that the
18 Adequate Health Care Task Force is coming down
19 to rural Illinois to allow us to give our
20 perspective.

21 As you know, living in rural
22 Illinois increases the risk for being
23 uninsured. This is primarily due because of

1 the rural economy tends to be dominated by
2 smaller employees and the self-employed and
3 because rural residents are more likely to work
4 for low wage employers.

5 Obviously, both small and low
6 wage employers are less likely to offer health
7 insurance.

8 Additionally, when rural
9 residents enter the private insurance market
10 they are likely to pay higher administrative
11 fees, find fewer health insurance choices, and
12 be underinsured.

13 Subsequently, rural residents pay
14 a higher proportion of their income for health
15 insurance because premium rates in rural
16 Illinois are comparable to or even higher than
17 those in urban areas, especially when you
18 average in the issue of income.

19 As we all know and as you heard
20 previously, rural populations tend to be older
21 and poorer. Subsequently, we rely heavily on
22 public sources of coverage for health
23 insurance.

1 For this reason rural residents
2 and health care providers are more heavily
3 impacted by coverage changes and inadequate
4 provider payment rates in our Medicare and
5 Medicaid and SCHIP programs.

6 Due to these issues rural
7 Illinois residents are less likely to seek
8 primary preventive care and subsequently are
9 likely to be in poor health.

10 A strong and reliable source of
11 health care financing are critical to address
12 these issues and to seek better positive health
13 outcomes.

14 As I mentioned Knox County, we've
15 had extreme issues as it relates to
16 unemployment. We currently did a household
17 survey in Knox County where we saw that almost
18 one in eight household members are not covered
19 by health insurance in Knox County.

20 As expected, subsequently low
21 income individuals in Knox County often forego
22 routine preventive medical care and end up in
23 our hospitals and emergency rooms where there

1 obviously the costs escalate.

2 Additionally, Knox County has
3 identified that the inability to access dental
4 and behavioral health services is a significant
5 community health concern for our residents and
6 has been identified in our strategic plan as
7 issues that need to be addressed.

8 One issue with the dental
9 services is, not only in Knox County but
10 probably in Western Illinois representing at
11 least six to eight counties, we do not have one
12 dentist that's willing to accept Medicaid.

13 Obviously, when we have extreme
14 dental care issues those individuals end up in
15 the emergency room which are not equipped to
16 handle that type of issue.

17 Furthermore, psychosis was the
18 ninth leading hospitalization reason for Knox
19 County residents in 2004.

20 Also, psychosis was a leading
21 reason for Knox County children age five to 17
22 to be hospitalized in that year.

23 A significant barrier to

1 receiving mental health services is the
2 inability for care in Knox County.

3 Furthermore, the local area's
4 insufficient mental health service capacity,
5 including a complete absence of inpatient
6 psychiatric facilities and no private pay
7 psychiatrists, further aggravates this access
8 to health care issues.

9 When we seek services outside of
10 town, especially here in Peoria or in the Quad
11 Cities, we look at waiting lists of at least 30
12 days to three months.

13 So some recommendations; we
14 really, and it's obvious that's why the Task
15 Force was put together, we need to look at
16 several public policy issues.

17 One significant issue we need to
18 look at is to retool public policies and
19 programs in Illinois that are aimed at
20 assisting students entering a health care
21 profession.

22 We especially need to look at how
23 do we encourage students to come back to rural

1 Illinois to practice. And that's not just in
2 primary health care, that is in the allied
3 health professions as well, dentistry and
4 behavioral health.

5 We need to look at the
6 opportunity to create tax incentives for health
7 care professionals to establish their practice
8 in rural, underserved areas.

9 Perhaps a reduction in sales tax,
10 property tax, similar to TIF districts, et
11 cetera.

12 We need to establish financial
13 incentives such as enhanced reimbursement or,
14 again, taxes for health care providers whose
15 practices provide a certain percentage of care
16 to the uninsured or underinsured, especially in
17 primary health care.

18 Two quick items; we need to talk
19 about public health. Drastically underfunded
20 in Illinois, we're looking at core public
21 health services funded only about \$1.25 cents
22 per capita across the entire state.

23 We're talking about needing a

1 healthier community, healthier population. We
2 need to invest in public health. Thank you
3 very much.

4 MR. KOEHLER: Thank you. Steve
5 Ridley.

6 MR. RIDLEY: Good afternoon. My
7 name is Steve Ridley, S-T-E-V-E, R-I-D-L-E-Y.
8 I represent 500 members of Unite Here Local 16
9 who work in Peoria hotels and food services.

10 Our members average under \$9.00
11 an hour and can't afford to pay towards their
12 health care.

13 Most qualify for public
14 assistance with their health care, but would
15 jump at the chance to have employer provided
16 health care.

17 As an example, our members who
18 work for U.S. Dining Services at Bradley
19 University just voted down their contract due
20 to the employer demanding they contribute to
21 their health care premium.

22 Workers who average under \$9.00
23 per hour just can't do this. They're already

1 just barely getting by. The health care
2 premiums for our members have doubled over the
3 last five years with no end in sight.

4 Health care costs are bringing
5 down our members' real wages and forcing them
6 to drop coverage and go on public health care
7 assistance which further jumps the cost to all
8 of us.

9 A one payer system with universal
10 health care for everyone would help all of us
11 lead a better life.

12 And in the little booklet that
13 was handed out to us, it's right here in the
14 front in the need, from 2000 to 2004 health
15 insurance premiums rose by 34.9 percent, and
16 during the same period average wages rose by
17 only 13 percent.

18 And I think in our sector the
19 costs were up a little bit higher on the health
20 insurance and a little less on the wages.

21 So we're looking at more labor
22 disputes as time rolls, moves along here. Over
23 this, this cost of health care that's really

1 out of control on both sides of the party, and
2 just trying to figure out what, how we're going
3 to do this.

4 We hope to avoid a labor dispute
5 at Bradley but we'll just have to see how that
6 works out. Thank you.

7 MR. KOEHLER: Thank you. Andy
8 Chiou.

9 MR. CHIOU: Good afternoon. My
10 name is Andy Chiou, C-H-I-O-U. I'm a native
11 Peorian and a proud graduate of District 150.

12 I'm also a vascular surgeon with
13 the Peoria Surgical Group and the University of
14 Illinois College of Medicine here in Peoria.

15 I also serve on the Board of
16 Directors of the Peoria Medical Society, and
17 I'm speaking for myself this evening.

18 I also hold degrees in economics
19 and a masters degree in public health and
20 health services delivery. In my Department 15
21 surgeons provide the backbone for level one
22 trauma in downstate Illinois.

23 We care for a vast region

1 extending from Rockford to just north of
2 Springfield. We care for everybody,
3 regardless. Anybody that's brought in
4 lifeflight. Anybody that comes in through the
5 ER doors.

6 We provide as one small group
7 over 2.5 to three million dollars of
8 uncompensated care to this community every
9 year.

10 We've gone six to nine months or
11 longer without reimbursement from the State of
12 Illinois for Public Aid patients. We continue
13 to see all these patients.

14 We provide surgical support
15 regardless of insurance and insurance status.
16 I myself have over 60 percent of my patients
17 that are covered by Medicare, Medicaid, Public
18 Aid, or simply have no insurance.

19 Last year some of us paid over
20 \$27,000 per policy for our families for health
21 care coverage. In other words, we're very
22 much in tune and in the system, including all
23 of its problems.

1 I was a student in the State of
2 Massachusetts in the 1980's when universal
3 health care was enacted. My student health
4 care policy went from \$600.00 immediately to
5 three thousand dollars.

6 Several of my classmates dropped
7 out of college that year because they couldn't
8 afford health care because it was mandated for
9 all.

10 I also served 16 years in the
11 United States Air Force. I served in the
12 universal health care system. We covered all
13 active duty military, retired military and all
14 of their dependants.

15 Let me give you an example of
16 both the good and the bad of a system like that
17 where it is one payer, one entity, and one
18 budget.

19 In general, in any given year we
20 are on a relatively shoestring budget. When
21 9-11 occurred we massively shifted all of our
22 assets. We shifted them to disaster response,
23 we shifted them to wartime coverage.

1 The flagship hospital in San
2 Antonio for which I served as chief of vascular
3 surgery was decimated. Retirees, dependents
4 and spouses waited exceedingly long times for
5 care, for services, for surgery. That's one
6 example.

7 Another example, and again, this
8 is not to take down a system that may have
9 benefits, but certainly the Medicare Part D is
10 not perfect, as most people will probably
11 agree.

12 This is another example of a one
13 payer system that was then subletted out to
14 multiple, multiple, multiple, multiple payers.

15 There are some issues and things
16 that certainly we can bring up and some reform
17 items, some suggestions, and we have to start
18 somewhere. Prevent direct public advertising.

19 Do we need direct advertising to
20 a public in order to create markets where the
21 demand is for the highest, the best, the
22 latest, the greatest, when oftentimes the bread
23 and butter and the tried and true, which is

1 pennies on the dollar in comparison, is just as
2 good.

3 Secondly, prevention. And I
4 agree, and that's been talked about a lot here.
5 We need to pay for preventive services.

6 Thirdly, you have to reform
7 liability. My liability insurance is on the
8 order of multiple salaries of primary care
9 physicians. And that is one individual.

10 Reduce administrative costs and
11 burdens, perhaps universal medical records that
12 you take with you and you don't have to keep
13 filling out the same form every time you go to
14 an office or a hospital.

15 Every time you do that somebody
16 has to take that paperwork and regenerate that
17 and retype it and reproduce that. Those are
18 all administrative costs. That's 15 percent
19 savings right there off health care.

20 Either regulate the health
21 insurance agencies and companies or don't
22 regulate them, but right now what's going on is
23 last year, a few months ago I should say, I

1 read an article that the CEO of United Health
2 Care, which covers a lot of lives here, was
3 compensated over 120 million dollars.

4 Where do you think those dollars
5 come from? Policy holders. Companies.
6 Unions. Health plans. We have three
7 hospitals here in Peoria. They advertise a
8 lot.

9 They advertise to a community
10 that maybe doesn't really know why they're
11 advertising against each other or for each
12 other.

13 Many of us don't have a choice in
14 what hospital we go to, so why are they
15 advertising? That's a lot of dollars wasted in
16 my mind.

17 There's likely no one size fits
18 all with one huge mandate from a State or
19 Federal entity work.

20 We need to all work together to
21 converge toward the goal of accessing coverage
22 for all without breaking the bank.

23 With a single payer system we

1 would have the advances, would we have the
2 advances that we have today? The vast majority
3 of advances in health care in this world come
4 from this country. And I will certainly stop
5 at that.

6 But lastly, I'd like to say that
7 individually we may think we don't have the
8 ability to make a difference, but these are the
9 examples.

10 Everybody here today, one by one,
11 we can make the difference. We just need to
12 start asking questions and boldening ourselves,
13 educate ourselves, and take it in our own hands
14 as a start.

15 So my head spins when I think
16 about the reforms of this vast and complicated
17 system, but we have to start somewhere and we
18 have to start by looking in the mirror and
19 making our own choices and acting ourselves.
20 Thanks.

21 MR. KOEHLER: Thank you, Dr.
22 Chiou. Blair Gambill.

23 MR. GAMBILL: Yes. My name is

1 Blair Gambill. I'm the CEO and president of
2 Secure First Health Plans. I'm also the
3 Senatorial Republican candidate for the 46th
4 District this coming year.

5 I'm here today because there's a
6 couple of things --

7 MR. KOEHLER: Can you spell your
8 name for her?

9 MR. GAMBILL: The last name's
10 G-A-M-B-I-L-L. The first name is Blair,
11 B-L-A-I-R without an E. Some people sometimes
12 put an E on it.

13 So, anyway, I'm here today
14 because a couple issues I'm concerned with that
15 I just wanted to share with you; I've heard a
16 lot about doing a single payer system today.

17 And even though on one side that
18 seems like a wonderful thing, my concern is on
19 the other side that a lot of people don't
20 realize what the price is being paid on health
21 care now on a single payer system.

22 For instance, if we look at
23 Medicare and its payments and if we look at

1 Medicaid and its payments, and I've already
2 heard here today, many doctors and a few
3 hospitals have said, hey, we can't live on that
4 type of payment. That's not enough for us to
5 get by.

6 So one would wonder where does
7 the money come from to make it affordable for
8 those hospitals and those doctors to get by.

9 Well, right now it seems to be
10 coming from the health insurance industry.
11 And I see certain cases where certain providers
12 pay what we would call 140 or 170 percent of
13 the Medicare rate, and then we get calls from
14 doctors saying hey, we can't work for that.

15 That's under, you know, that's
16 what you're considering reasonable and
17 customary but it's also more than Medicare
18 would pay. It's also more than Medicaid would
19 pay.

20 And the concern I have in that
21 system is, if we were all on a single payer
22 system who's going to pick up the difference?

23 What a lot of people don't

1 realize is 80 percent of the people in the
2 hospital are over the age of 65 by many
3 statistical analyses.

4 My problem with that is we've got
5 20 percent paying to make up the difference for
6 the affordability for the other 80 percent.

7 Now, on a personal level I want
8 to share something that I think needs to be
9 changed and it's needed to be changed for over
10 20 years in the business.

11 I see people every day that call
12 our office and so forth and are extremely upset
13 because they go to a particular hospital and
14 when they go to that hospital they're under the
15 idea that their PPO is going to cover that
16 particular hospital and all the services in
17 that hospital.

18 When they get there they come to
19 find out that the anesthesiologists, that the
20 X-rays, that the emergency room physicians, the
21 particular surgeons and so forth as far as
22 groups don't happen to be under the PPO that
23 was in that hospital.

1 My concern is, if I go to a
2 particular hospital I would think, and I think
3 it's pretty reasonable to think, that the
4 people that work on me, that I have no choice
5 in choosing, maybe an anesthesiologist for
6 something, I guess I'm not going to wake up on
7 the table while I'm being operated on and say
8 gee, no, I don't want you, I want the other
9 person in my PPO. I'm not going to do that.

10 My concern is that we need to do
11 something and we need to work together to make
12 sure that all these people when we enter those
13 doors into any facility that claims to be in
14 our PPO, that anybody that does the work in
15 that facility is taken care of by the same
16 networks that they claim are going to be able
17 to take care of me on my insurance program,
18 whether that be on a fully insured plan,
19 whether that be on a self-funded plan or
20 whatever.

21 And I would just hope that we all
22 together can work over the next year and so
23 forth and maybe add that too, because my heart

1 goes out to all of you because this is such a
2 complicated system. It is very difficult to
3 make these changes and so forth.

4 There are so many variables that
5 come into it, you know. You know, the minute
6 you think you've got it fixed over here then
7 the dike starts bleeding over here. Okay.

8 And we keep hearing about hey,
9 well, you know, Medicaid is not being funded
10 correctly. Well, it's a single payer system.
11 Where is the money coming from?

12 And we have to worry about how we
13 would take care of that fully. All right. So
14 I guess I ask over the next year that we really
15 work on some type of way to make sure that
16 these hospitals and these physicians are all on
17 the same page so that the poor client doesn't
18 get caught in the middle and end up with 10 or
19 15,000 or 5,000 dollars in unreasonable
20 expenses because they weren't under their PPO.
21 Thank you.

22 MR. KOEHLER: Thank you. Cheryl
23 Budzinski. I thought I saw Cheryl here. All

1 right.

2 We are going to go to Rudy, I
3 can't read your writing. Rudy Habben. Is
4 that right?

5 MR. HABBEN: Right.

6 MR. KOEHLER: Rudy, just a
7 second. William Albers, Steve Smart, Rodney
8 Osborn, and Pearl Taylor, you're next if you'd
9 come up toward the front. Rudy, go ahead.

10 MR. HABBEN: Rudy Habben,
11 R-U-D-Y, Habben, H-A-B-B, like in BB gun, E-N.
12 I'm a resident of Peoria, retired, not in the
13 medical profession, although I did spend 17
14 years working for the Division of Health in the
15 State of Wisconsin.

16 And I'm going to be somewhat
17 focused on the information I received from
18 listening to At Issue on PBS and then reading
19 the Journal Star, and under those programs they
20 said we have to start somewhere and we, in
21 terms of recommendations and so forth.

22 And so I've been reading about
23 the Governor's proposal on kid's care, and from

1 what I could find out about it through the
2 press and so forth that it's financially
3 do-able and it would reach 250,000 kids.

4 When I worked for the State of
5 Wisconsin we had the Federal program, the WIC,
6 which was Infants -- Women, Infants and
7 Children Program which is a food stamp program
8 out of the Department of Agriculture that
9 focuses on pregnant women and then lactating,
10 pregnant and lactating women, and it had a
11 health education program that went with it.

12 And it seems to me that, well, we
13 were, it was one of the most cost effective
14 programs we had in the State of Wisconsin
15 because it helped in terms of reducing fetal
16 alcohol symptoms, low birth babies and so
17 forth.

18 And so in terms of your
19 recommendations, if the Kids Care program does
20 go through maybe the Department of Public
21 Health can find other public programs that
22 could be added to that so that you'd have a
23 pretty comprehensive program for kid care.

1 The second one is with health
2 education. And a couple days ago we had a
3 public hearing here on Senate Bill 2267 which
4 is a responsible sex education program which
5 provides funding to communities that request
6 that, school districts that requested to have a
7 comprehensive sex education program.

8 And I don't know what the scope
9 is of health education in the public schools,
10 but it seems to me you would start with
11 Kindergarten kids on the importance of washing
12 their hands and so forth and then through
13 junior high on the importance of diet in terms
14 of obesity and anorexia and steroids and so
15 forth, and then sex education and so forth.

16 So I noticed in your list here
17 that the Department of Public Education isn't
18 listed. This program on sex education would go
19 to the Department of Health and Human Services.

20 So the Department, probably one
21 of your recommendations might be a survey of
22 health education in schools and some sort of
23 program to develop a comprehensive health

1 education program. Thank you.

2 MR. KOEHLER: Thank you very
3 much. William Albers.

4 MR. ALBERS: Thank you for the
5 opportunity of speaking this afternoon. My
6 name is Bill Albers, A-L-B-E-R-S. I'm a
7 pediatric cardiologist in Peoria, Illinois and
8 I've practiced here since 1967.

9 I was previously chairman of the
10 Department of Pediatrics at OSF St. Francis and
11 the College of Medicine in Peoria, and I'm
12 practicing part-time still here in the City of
13 Peoria.

14 I've long been frustrated by the
15 system of health care in this country. As a
16 pediatric specialist I've had the opportunity
17 to see many of my infant patients successfully
18 treated with life-saving procedures and
19 excellent nursing care, only to find that as
20 they reach adulthood they are often ineligible
21 for health insurance coverage and unable to
22 obtain employment because of their previous
23 history.

1 When I read of spaghetti suppers
2 which are held by well-meaning people to help a
3 family pay medical expenses for a loved one I'm
4 convinced that our system has failed.

5 And in recent years I've tried to
6 study this problem and I am convinced that the
7 current system can no longer be defended and
8 must be radically changed.

9 Essentially, I believe we have
10 two problems, which if we don't solve them will
11 bring our economy down.

12 Although we have excellent
13 hospitals and excellent physicians and other
14 providers our system has 46 million uninsured
15 nationally, two million in the State of
16 Illinois, and we have many more under-insured.

17 And, secondly, the system is just
18 too expensive. Health care is twice as
19 expensive in this country than in any other
20 industrialized country. And the two problems,
21 the excessive cost and the uninsured, are
22 related.

23 The uninsured gets substandard

1 care and have substandard outcomes, it's been
2 very well demonstrated. They present late for
3 treatment; they don't follow up well on chronic
4 diseases; and they obtain a lot of their
5 primary care in emergency rooms, which is one
6 of the most expensive sites.

7 And of course I think there's a
8 lot of waste and administrative excesses in the
9 current system which adds to the cost.

10 I'm going to give you two brief
11 anecdotes which I believe will illustrate how
12 the problems of the uninsured impact first,
13 major family decisions; and secondly, the
14 quality of care and outcomes, and then I will
15 stop.

16 The first is a six year old
17 little girl whom I have seen several times with
18 a very mild abnormality of one of her heart
19 valves.

20 This is a birth defect but it's
21 very mild. The child is doing very well and
22 has an excellent long term prognosis, and just
23 needs occasional visits and tests to be sure

1 that there's no progression.

2 This family, whose child was born
3 in North Carolina, her father is an unemployed
4 mechanic, self-employed mechanic I should say,
5 and they were unable to buy insurance for this
6 child because of her very minor heart
7 condition.

8 The best quote they could get was
9 a thousand dollars per month which they
10 couldn't afford, so they had to move back to
11 Illinois so that the mother could obtain work
12 with benefits, and the child could be taken
13 care of by their babysitter.

14 They did not want to move but
15 they had to because of the inability to obtain
16 affordable health insurance.

17 The second case is a young man I
18 took care of as a young child who had a more
19 severe involvement of his valve and needed to
20 have an artificial valve placed. Because of
21 that he was on blood thinners.

22 He was assisted by DSCC, Division
23 of Services for Crippled Children, during

1 childhood but when he became an adult he was no
2 longer able to obtain coverage.

3 He was a very proud man, and even
4 though we offered to donate our services he did
5 not want to have big medical bills, so he often
6 failed his appointments, forgot to get his lab
7 work, and wasn't very well controlled on his
8 anti-coagulation.

9 He developed a hemorrhage into
10 his spinal cord and became paralyzed as a
11 result of that. And about 15 years later he
12 presented and, in fact, several months ago in
13 an extremely late stage of congenital heart
14 failure, and died.

15 And I'm convinced that this young
16 man would be alive today if he had had access
17 to adequate health insurance when he turned to
18 be an adult.

19 I don't pretend to know all the
20 solutions to this problem, but I'm sure that
21 this cannot be solved by bandaids.

22 And I would just, if I may, list
23 six important principles of any solution that

1 is eventually put into place.

2 First of all, it must offer
3 universal coverage. Everyone must be
4 considered.

5 Secondly, it should be no more
6 costly than the current system. And this can
7 be done if administrative costs and
8 inefficiencies are eliminated.

9 Thirdly, it must be easily
10 accessible and user-friendly. Fourthly, the
11 plan must include measurements of quality and
12 quality control.

13 Fifthly, the prices must be
14 regulated but negotiated fairly between payers
15 and providers.

16 And, finally, the cost of
17 research, infrastructure, improvement for
18 hospitals and providers and the cost of medical
19 education must be considered and included.

20 Thank you.

21 MR. KOEHLER: Thank you very
22 much. Steve Smart.

23 MR. SMART: Thank you. Steve

1 Smart, S-M-A-R-T. I'm Dr. Steve Smart. I'm
2 an allergist/immunologist as a specialist here
3 in Peoria.

4 I've been here for 10 years after
5 moving here from the same Air Force Hospital as
6 Dr. Chiou, and what I'd like to do is just
7 replay Dr. Chiou's comments and sit down.

8 I'm also active in the Medical
9 Society including the delegate to the State
10 Medical Society speaking for myself. There's
11 no easy answer.

12 And let me also add that this
13 might be a little disjointed. I didn't think I
14 was going to be able to make it here by 4:00 so
15 I just scribbled notes in the back.

16 We all know what we want. We
17 want everything and we want it cheap. The
18 woman earlier had a laundry list of things
19 including braces.

20 And if we want that then we may
21 need to spend 20 to 25 percent of the GDP to
22 pay for it. And we have to ask ourselves
23 whether we're willing to pay for that type of

1 cadillac coverage for everything.

2 We need to be practical. We
3 heard about a thousand dollars added to the
4 cost of a car for health care, but what about
5 the one to two thousand dollars per baby
6 delivery that's added for the cost of
7 malpractice premiums? Let's think about that.

8 The uninsured, the under-insured,
9 the indigent need help, and there are
10 successful options locally such as Joan Krupa
11 mentioned, the community health centers.

12 They could use increased
13 government funding for affordable free clinics
14 and faith based programs.

15 But Governor Blagojevich is all
16 kids, and in the absence of realistic plans for
17 funding is you're responsible because the State
18 can't even meet their Medicaid obligations at
19 this time.

20 We have to be practical here.
21 They're not just low pay, they're no pay. More
22 and more doctors are not seeing these patients.
23 Then what?

1 Fewer and fewer doctors are like
2 myself and Dr. Chiou who right now can and will
3 continue to see these patients, but it's not
4 going to stay that way.

5 And the best students are going
6 to stop going into medicine if they see our
7 health care system crumble.

8 You know what, last year small
9 pharmacists all across the State had to take
10 out personal loans to keep their doors open
11 because the State wasn't paying them for the
12 medications.

13 So let's not expand things until
14 we find the money and the funding to do what
15 we're already obligated to do.

16 There have been many references
17 to single payer systems, and this is seen as a
18 panacea and it's understandable.

19 But it's a fairy tale to believe
20 that the government is going to be more
21 efficient at just about anything.

22 The government will not be more
23 efficient, and single payers will mean

1 decisions by beaurocrats, waiting lists,
2 waiting lists for waiting lists, and rationing.

3 More socialistic countries than
4 ours have already tried and failed, and they
5 come here for their health care, those who can
6 afford it, from those countries.

7 We do need to learn from their
8 experience. We have the best health care in
9 the world. There are serious problems but we
10 do have the best health care. And no matter
11 what, we can't ruin it by tearing it down and
12 making it one big government entitlement
13 program.

14 We do need to build on the
15 current system. The kind of care America has
16 come to expect is expensive. There are real
17 problems we need to address. These include
18 affordability.

19 These things have already been
20 mentioned. Drug costs. Restrictions due to
21 pre-existing conditions. These are important
22 things. They're obstacles and they do need to
23 be addressed.

1 Liability reform; personal
2 responsibility, and patient participation.
3 HSIs are a great model because when patients
4 become real consumers and the liability issue
5 gets pulled out health care costs will go down.

6 Those unnecessary MRI's won't be
7 done. But not until there's an incentive for
8 that to occur. Thank you.

9 MR. DUFFETT: I just wanted to
10 make a couple comments, and I don't want to
11 show any of my biases at all here.

12 When you talk about rationing of
13 health care, what's interesting, what's
14 interesting right now is it's not the
15 government that is rationing my health care.

16 It's an MPA person that's that
17 one eight hundred number away that's rationing
18 my health care.

19 So when you want to use the issue
20 of government rationing the health care, in
21 fact, the private sector right now is rationing
22 people's health care and we as a society all
23 have to figure out about what is going to be,

1 you know, we have rationing right now, and I
2 think it's wrong to, if we want to point
3 fingers at government or point fingers at the
4 private sector.

5 MR. KOEHLER: That's fine. Let's
6 get some of this as a wrap-up, okay?

7 MR. DUFFETT: Okay.

8 MR. KOEHLER: All right.

9 MR. SMART: Yeah.

10 MR. KOEHLER: We're going to go
11 through the --

12 (Several people talking at the
13 same time.)

14 MR. SMART: We're going to do
15 this at the end.

16 MR. KOEHLER: We're going to have
17 Rodney Osborn, please.

18 MR. OSBORN: My name's Rodney
19 Osborn. It's Dr. Rodney Osborn, and I have the
20 privilege of practicing as a private practice
21 physician with a specialty in anesthesiology
22 here in Peoria.

23 Mr. Duffett, you're very

1 fortunate to have an MPA to make decisions for
2 you. The majority of physicians --

3 MR. DUFFETT: I can not --

4 MR. OSBORN: -- have less than
5 high school educated people making decisions
6 with regard to who gets care.

7 I'm very fortunate to practice
8 here in Peoria with Dr. Chiou and Dr. Albers
9 and Dr. Smart. I've taken care of the same
10 patients that they've taken care of.

11 For Dr. Chiou I currently take
12 care of his Public Aid or no-pay patients. In
13 the past I did the open heart anesthetics for
14 Dr. Albers' patients.

15 It's been a privilege for me to
16 practice in this community as part of a large
17 group that makes no distinction as to the type
18 of insurance or the ability to pay that our
19 patients bring to the hospital.

20 And I'm thankful for that. I
21 need to tell you that it's the altruism of the
22 physicians, physicians like Dr. Albers and Dr.
23 Chiou and Dr. Smart, that have carried this

1 health care system for many, many years.

2 But I need to tell you that that
3 altruism is no longer going to carry this
4 system.

5 And I need to tell you what
6 others won't admit, that the system is
7 crumbling, and that the best students are not
8 going into medicine.

9 The lack of sufficient financial
10 support limits access to care for some
11 individuals and it limits access to certain
12 kinds of care for all individuals, even those
13 with insurance.

14 Low reimbursements, lengthy
15 payment cycles are considerable problems with
16 the current Illinois Medicaid program. And to
17 tier too many physicians, not Peoria physicians
18 in large part, but too many physicians in
19 health care, professionals, from participating
20 in the program.

21 We in Peoria have the same
22 problem that the western part of this 4th and
23 14th District that I was a trustee for for many

1 years found with dental care and dental
2 emergency care.

3 I will tell you I'm a trustee and
4 a past president of the Peoria Medical Society.
5 I'm vice president of the State Medical
6 Society, but I stand before you as a personal
7 testimony to the medical care that we receive
8 here in Peoria and the physicians that provide
9 it.

10 All patients need to be more
11 conscious and cognizant of the costs of health
12 care. Patient cost containment and
13 participation in health care decisions are
14 crucial.

15 This includes some sliding scale
16 payments for deductibles, co-payments,
17 co-insurance. They all must be included in any
18 access plan.

19 The individuals have to be made
20 accountable for the way they use the health
21 plan available to them. Many of our uninsured
22 are uninsured by choice.

23 Dr. Chiou and others perhaps

1 haven't been as blunt as they could be. When
2 Dr. Chiou served in the Detroit area and others
3 have been in the Detroit area the cars in front
4 of the homes of the uninsured cost more than
5 the homes. I think that's a serious flaw in
6 our society.

7 Many medical problems arise
8 outside of the health care delivery system as a
9 result of lifestyle and environmental factors.
10 Good factors like diet and exercise, bad
11 factors like smoking, alcohol consumption,
12 whether or not you use your seat belt.

13 An expensive, ongoing public
14 education program must be included in any
15 proposal.

16 Are we fortunate here in Peoria
17 to have one of the largest gastric bypass
18 morbid obesity surgical programs anywhere in
19 the country? Thank you.

20 MR. KOEHLER: Thank you. Pearl
21 Taylor.

22 MS. TAYLOR: Good afternoon. I'm
23 Pearl Taylor, P-E-A-R-L, T-A-Y-L-O-R. This

1 last gentleman took my thoughts.

2 I'm associated with many
3 organizations in this State, not only the city,
4 the State.

5 I'm a volunteer. I was an
6 employee, but I'm a volunteer for the Agency on
7 Aging. And that's what we do, we take care of
8 the seniors and the disabled.

9 Yesterday we had this big
10 meeting, and this big changeover to Medicare D,
11 so many of our seniors is not going to be able
12 to get their medicine.

13 And with the big changeover so
14 many pharmacists are not taking the patient
15 anymore because they say they're having a
16 backlog of not being paid.

17 I'm a retired nurse. I worked in
18 the emergency room for many years. I never
19 saw anyone come in there that wasn't taken care
20 of.

21 Today I was at a nutrition
22 meeting and they asked me what are you all
23 doing to educate the people on what they eat.

1 They said you are what you eat.

2 However, most of our bad health
3 problems come from overeating, not eating, not
4 exercising, not taking your medicine, and
5 smoking.

6 So I am saying while we are
7 putting all this together in a package maybe we
8 can encourage some people to have some
9 education for the school, the churches, seniors
10 everywhere, to encourage people to let them
11 know that their body is what they eat.

12 If you don't eat right you're not
13 going to sleep right. And if you eat up all
14 your money you can't pay your bills. Half of
15 the people in America is overweight.

16 75 of the people like me and
17 others are overweight because we don't eat
18 right, we don't exercise.

19 So while we're getting all this
20 together let's talk about, you know, somebody
21 that can put this together, that we can work on
22 diets.

23 This is a great country. I know

1 the doctors and all of these legislators and
2 all these smart people, you're not going to let
3 America go down the drain. You guys are going
4 to take care of it. And I'm through. Take
5 care of it.

6 MR. KOEHLER: Thank you, Pearl.
7 We're going to take care of it.

8 MS. TAYLOR: Take care of it.
9 That's your job. We depend on you. We put you
10 there.

11 MR. KOEHLER: We've got five more
12 speakers here. I'll call all of you up; Linda
13 Foreman, Teresa Valerio, Jeanette Luschen, Bob
14 Tudor, and Nathan German. Nate German. Yeah.

15 So if you'd come up here in the
16 front row, and we'll take Linda Foreman first.

17 MS. FOREMAN: Hello. Oh, this
18 is going to be emotional. Linda Foreman,
19 F-O-R-E-M-A-N. I've walked through hell. To
20 put it in a nutshell, it's going to be
21 difficult.

22 In 1996 my husband needed, and I
23 needed, health insurance. We took out an

1 individual private policy for about \$350.00 a
2 month for him alone.

3 In '97 he had a heart attack, so
4 we were locked into that policy and he could
5 not be insured any other way.

6 By June of 2005 that policy's
7 premium was \$886.00 a month. He, because of
8 health problems, was not able to be employed.

9 We, any place we went for
10 assistance, and maybe I didn't go to the right
11 places, to the right doctors, right hospitals,
12 I don't know the system, I made too much money.

13 And I assure you, \$30,000 is not
14 enough to compensate for his medical bills, his
15 drugs and a major medical insurance policy
16 that's \$886.00 a month and still try and live.

17 He had multiple system atrophy.
18 No one could help. There was just this black
19 hole. Everywhere we went there was nothing.

20 A State agency I contacted told
21 me oh, dear, if you had divorced him two years
22 ago he could get assistance. Because you're
23 still married we can't do anything for you.

1 And then we hear the politicians
2 touting family values. I'm a minister in this
3 town. Ethically, even if I knew two years
4 before that that I could have beat the system
5 and survived financially, I still couldn't have
6 divorced him for that. It wasn't ethical. I
7 couldn't have done it.

8 Our church, our friends, when we
9 were at the brink of bankruptcy with bills due
10 all over, had a major fund raiser for us.

11 I may not live long enough to pay
12 the balance that we put on credit cards because
13 we felt we were responsible to pay it. And the
14 system wouldn't help us in any way that we
15 could find. So that's my story.

16 Jack's passing was in April of
17 '05, and I'm still carrying a lot of credit
18 card debt to pay for his medical bills, his
19 drugs, office visits, emergency rooms, et
20 cetera.

21 And I hope something can be done
22 so no one else has to do this journey because
23 the stress level for me knowing that's hanging

1 over me and has been hanging over for many
2 years is not going to help my health any
3 either. Thank you.

4 MR. KOEHLER: Teresa Valerio.

5 MS. VALERIO: My name's Teresa
6 Valerio. Close enough.

7 MR. KOEHLER: I'm sorry.

8 MS. VALERIO: T-E-R-E-S-A, no H.
9 V, as in Victor, A-L-E-R-I-O. And thank you
10 for hearing us today.

11 I'm speaking on behalf of the
12 Illinois Society for Advanced Practice Nursing.
13 I'm a nurse practitioner myself practicing here
14 in Peoria, and having practiced as a nurse in
15 this area for 28 years.

16 I'm, as a representative of the
17 Advanced Practice Nurse Group I would like to
18 talk just one minute about what advanced
19 practice nurses are because many people are not
20 familiar with that.

21 I hope that you become more
22 familiar. And then a couple of our thoughts
23 about how we can improve access, quality and

1 affordability.

2 Advanced practice nurses include
3 nurse practitioners, nurse midwives, nurse
4 anesthetists and clinical nurse specialists.
5 There are over five thousand in the State of
6 Illinois currently licensed.

7 These professionals have
8 education and training, are board certified in
9 their specialty and licensed by the State of
10 Illinois, well educated people with a masters
11 degree or higher in nursing, and we provide
12 preventative, acute, long-term care to Illinois
13 residents of all ages in all areas.

14 We diagnose conditions, provide
15 treatments, prescribe treatments and refer to
16 specialists as needed.

17 We believe that specifically
18 including advanced practice nurses in your
19 plans for health care is very important for
20 several reasons.

21 The population is aging.
22 Chronic care is a big issue and nurses are very
23 specialized in providing care for chronic

1 illnesses and preventive care I might add.

2 That's one of the areas that
3 nursing is very strong in. There are going to
4 be many gaps in the health care system if we
5 don't have enough providers, and advanced
6 practice nurses can be one of the major
7 providers.

8 And there's a very large pool of
9 registered nurses in the State of Illinois as
10 other states, so there's the opportunity to
11 increase access by increasing providers in the
12 State, helping with education as well as making
13 sure that advanced practice nurses are
14 specifically included in any laws or
15 legislation.

16 Advanced practice nurses increase
17 access to care by providing care in all kinds
18 of arenas; private offices, in schools, in
19 college health services, hospitals, long term
20 care, public health, home health agencies,
21 prisons, and correctional institutions,
22 psychiatric facilities for employee health
23 services, and practice in many of the rural and

1 deprived areas where health care providers are
2 not easily accessible.

3 Advanced practice nurses make
4 health care more affordable by focusing on
5 preventive care. As I said, a strength in
6 nursing focusing on lifestyle changes,
7 educating and counseling first, and then, then
8 utilizing more costly services as they're
9 needed, such as drugs which have been mentioned
10 several times today.

11 Also, advanced practice nurses
12 can improve the quality of care. Typically,
13 advanced practice nurses spend a great deal of
14 time with their patients counseling and
15 educating and have been shown in many studies
16 to provide excellent outcomes for a similar
17 type of services.

18 The outcomes for advanced
19 practice nurses equal those of physicians, and
20 the patient's satisfaction with their care is
21 higher with advanced practice nurses.

22 So I would just like to encourage
23 you to make sure that Illinois residents have

1 access to advanced practice nurses in all the
2 specialties, and that they are also, you are
3 looking for ways to improve the funding for
4 education of advanced practice nurses. Thank
5 you.

6 MR. KOEHLER: Thank you.
7 Jeanette Luschen.

8 MS. LUSCHEN: My name is Jeanette
9 Luschen, J-E-A-N-E-T-T-E. Last name,
10 L-U-S-C-H-E-N. I'm a native Peorian.

11 In February of 2005 I became
12 unemployed and fell into that quicksand that is
13 sometimes referred to as the American health
14 care system.

15 I elected to pay for COBRA
16 insurance coverage as a stop-gap measure until
17 I could achieve full-time employment status
18 with benefits.

19 At this time in February of 2006
20 I am still diligently seeking full-time
21 employment. I am entitled to COBRA coverage
22 for which I pay a monthly premium of \$680.00
23 per month.

1 I have been denied individual
2 insurance coverage by three companies, partly
3 because of my age, 57, and partly because of
4 pre-existing conditions, none of which are life
5 threatening or resulted in enough medical
6 claims to satisfy my \$500.00 deductible in
7 2005.

8 I cannot qualify for the State
9 CHIP program until I have exhausted my COBRA
10 benefits, no matter what the premium, which
11 will not be until 18 months from the date of my
12 employment termination.

13 If I were eligible for CHIP
14 coverage at this time the monthly premiums
15 would be anywhere from 400 to \$500.00 per
16 month. And that's the coverage for people who
17 can't get anything else.

18 My current COBRA monthly premium
19 can be best understood in the following terms.
20 It is my highest monthly expense, more than my
21 combined mortgage and car payment.

22 Out of my monthly take home pay
23 39.6 percent pays my COBRA premium. 2.4

1 percent satisfies my \$500.00 deductible. 5.8
2 percent pays my out-of-pocket prescription
3 costs.

4 In other words, my monthly health
5 care costs total 47.8 percent of my monthly
6 take home pay. All of my expenses just for
7 gas to go to both jobs, my mortgage, my utility
8 bill, my car payment, and my health care costs,
9 add up to 102.7 percent of my monthly take home
10 pay.

11 And of course that doesn't
12 include such frivolous expenses as food,
13 clothing, car insurance or telephone.

14 I slide further and further into
15 debt each month. And at \$12.00 an hour take
16 home pay and no one else depending on me for
17 their survival I count myself among the lucky
18 ones. And I get by with a lot of help from my
19 friends.

20 I would also like to read
21 something from a recent survey by the National
22 Opinion Research Center based at the University
23 of Chicago.

1 It reports the results of
2 interviews with more than 1300 adults
3 nationwide. According to researchers the
4 results are disheartening.

5 Most Americans report suffering
6 significantly more misery in their lives today
7 than a decade ago.

8 Among the current Center for
9 respondents to the survey a staggering 92
10 percent suffered at least one significant
11 negative life event in the past year.

12 That number is up from 88 percent
13 in 1991. Compared with a decade ago more
14 adults report the source of their unhappiness
15 to be illness or poor health, inability to
16 afford adequate medical care, and mounting
17 personal debt.

18 The proportion of adults
19 nationwide who were unable to afford health
20 care costs rose to 11 percent from seven
21 percent in 1991.

22 Meanwhile, the number without
23 health insurance increased from 12 percent to

1 18 percent over the same time period. The
2 system is broken.

3 I don't have the answers to fix
4 it but I agree with Miss Taylor who said that I
5 know there are a lot of smart people out there
6 who can figure this out, and I hope they figure
7 it out pretty quickly because I'll never get
8 all my credit card bills paid off either.

9 I have a choice; I could file
10 bankruptcy, but I don't want to do that. And
11 there are a lot of people out there who don't
12 want to.

13 MR. KOEHLER: Thank you. Bob
14 Tudor.

15 MR. TUDOR: My name is Bob Tudor,
16 T-U-D-O-R, and I am group administrator for
17 Peoria Ear, Nose and Throat Group, although I'm
18 here to speak as a private citizen.

19 I really had no intent to speak
20 at this meeting. I knew I was going to attend
21 here today but I decided actually last night
22 after listening to the State of the Union
23 address that I did want to speak today.

1 I'll get to that in just a
2 moment. As a private citizen and certainly as
3 a consumer of health care services and also the
4 father of two handicapped children, I am
5 acutely aware of the system and how it works,
6 and certainly the road blocks that insurance
7 companies put up in front of people as to where
8 they can go for their care and certainly making
9 sure that your doctor and your hospital, and as
10 was mentioned before, the anesthesiologists and
11 so forth and so on, are all in your group and
12 are participating providers.

13 I've been fortunate enough to not
14 lose coverage as I have worked the last 30
15 years, and certainly I was limited to certain
16 jobs that I could take or not take based on
17 making sure that I didn't lose coverage for my
18 children with their pre-existing conditions.

19 But really, as I listened to the
20 State of the Union last night I noticed that
21 the focus certainly on the health care side of
22 it was on HSA accounts as a savings vehicle for
23 expenses for individuals.

1 And I wanted to make sure that
2 everybody understands that health savings
3 accounts carry with them a high deductible and
4 can only be used for high deductible health
5 insurance plans. And that right now approaches
6 \$2500.00 for a single individual, that
7 deductible.

8 This emphasis by the government
9 on HSA accounts does nothing toward addressing
10 the problem of out of control health care
11 costs. It merely shifts the cost somewhat from
12 the employer to the employee.

13 It does not address the
14 underlying problem of escalating health care
15 costs in general.

16 As a group administrator I
17 recently bid out our health insurance plan
18 asking for these bids to include an HSA
19 component.

20 When the numbers came back, and I
21 did the assumption of taking about 30 percent
22 of our employees and moving them into the HSA
23 component, I was somewhat surprised to see that

1 the premium quoted by these insurance companies
2 was the same as the premium it is, was
3 currently, for the current year with no HSA
4 component.

5 Yet obviously their liability as
6 an insurance company was less. And I was
7 moving our employees from a \$500.00 deductible,
8 which is pretty low out there today, to a
9 \$2500.00 deductible.

10 You know, the funny thing there
11 again was, I was kind of in shock over this, I
12 took a little bit more than 30 days to make
13 this decision and the insurance company would
14 only hold that quote for 30 days.

15 When I went back to them and said
16 okay, we think we're going to do this, they
17 requoted the premium with an 11 percent
18 increase over a 30 day period.

19 Needless to say, we are not going
20 with the HSA component and subject my employers
21 to that increased premium and the employees to
22 that higher deductible.

23 So I'm out of time. I did have a

1 little bit more to say but I think you're
2 getting the idea. Thank you.

3 MR. KOEHLER: Thank you. Nate
4 German.

5 MR. GERMAN: My name's Nathan
6 German. That's N-A-T-H-A-N, G-E-R-M-A-N. I'm
7 the business representative for the carpenter's
8 union here in Peoria.

9 Today I'm, tonight I'm going to
10 speak on my own, although I will be alluding to
11 a few of the facts that I have learned through
12 my occupation.

13 I'm not educated on any, on
14 health I guess per se, but I do have some
15 insight here, and it's a personal insight I
16 guess.

17 First off, health care is a, it's
18 a traumatic problem. Within us, our
19 organization, we are a self-insured
20 organization as far as our members.

21 Our thousand man local here
22 combined with several other locals for several
23 thousand men, we provide a full family health

1 care coverage for the members and their
2 families. Nobody's excluded.

3 Our health care currently runs
4 six and a half dollars per hour for each
5 member. That's taken away from his wages.

6 When we receive our wages we make
7 a determination if we're going to put them
8 towards our health care or towards the cost of
9 living.

10 That has increased over one
11 hundred percent since 2000, and during that
12 time we have lost, we've had higher
13 deductibles.

14 We went to, we had a Cadillac
15 plan and we've dropped, the deductible has went
16 down. We've had to drop some of our services.

17 We have done different things.
18 We're not educated people per se. We rely upon
19 health care administrators and analysts to let
20 us know what to do.

21 I've heard tonight it spoken
22 about wellness and stuff. We've incorporated a
23 wellness payment program into our insurance to

1 try to control costs.

2 We've increased, we're actually
3 looking right now to pool more locals into our
4 plan to try to control the cost because numbers
5 seem to help a little bit.

6 But I guess on a personal note I
7 guess I bring those to you. It is such a large
8 factor, I think it was spoken to earlier, in
9 dealing with contracts.

10 I just finished a contract. I
11 got it ratified on Tuesday. The largest, one
12 of the largest issues there is purely the
13 health care.

14 Actually, the entire raise that
15 the individuals receive will go towards health
16 care.

17 That was a hard fought battle in
18 the fact that the economics are hard for the
19 company, and with that these guys cannot afford
20 to go backwards again as they have seen their
21 increase the last three years be taken up by
22 health care.

23 With that, I guess that I came

1 here this evening, I guess I thought it was to
2 see what we could do for provision of health
3 care and contain the cost.

4 I certainly believe that we have
5 some of the best health care in the country. I
6 think Dr. Chiou and Dr. Smart and all them, I
7 thank them for providing health care to people
8 who don't have the insurance or the ability to
9 pay it.

10 And I guess what I'm here for is,
11 although we work hard to do that all of our
12 employers compensate our employees in that we
13 maybe provide health care to them, I believe
14 that this, what I'm here to do is to try to
15 contain that cost of health care as to provide
16 some insight I guess and to learn about that.

17 One thing on a personal note; I
18 guess what I've seen, when I was here about a
19 year or so ago there was a health care seminar
20 downstairs, and I forget the name of it.

21 I don't know if that's the Health
22 Care Justice Group or, I think you were here
23 when we had that. And they talked then about

1 the health care in Massachusetts.

2 I heard Dr. Chiou say something
3 about the students and him having three
4 thousand dollars, but I'm not sure how that
5 works.

6 But that seemed to me, that is a
7 huge thing when employers are not all providing
8 health care to their employees.

9 Particularly when you take large
10 corporations such as Wal-Mart is one of the
11 richest companies in the world, and although
12 they make health care affordable they pay such
13 a low wage a vast percentage of their employees
14 cannot afford it.

15 I'm not sure, I'm not going to
16 quote numbers. I think anybody could look it
17 up and probably find it, but I would assume
18 probably half a million from what I understand
19 out of 1.3 million people do not have health
20 care, and they're the richest company in the
21 world.

22 I wouldn't want to put a burden
23 on the small companies in the State of

1 Illinois. However, I do feel that every
2 company should provide health care for their
3 employees.

4 I don't think that it's
5 unreasonable to, and it doesn't need to be a
6 cadillac plan, but some kind of major health
7 care coverage should be provided by them.

8 And with that, I think we talked
9 before at that meeting and, or I've listened
10 before at that meeting and I thought it was a
11 good idea that they should, you know, the State
12 would then provide some sort of a basic major
13 medical coverage for people in our companies,
14 small companies, small businesses, that
15 couldn't afford that.

16 The one thing about doing that is
17 that when doctors such as Dr. Chiou and Dr.
18 Smart and such, they shouldn't have to go
19 without pay for their services.

20 And what they're going with pay,
21 without payment, I'm also looking at all the
22 other people in the hospital, people I can
23 relate to such as the janitors, the clerical

1 staff, the nurses, everybody in that hospital
2 needs payment for their services.

3 They're one of the largest
4 employers. I believe they may be the largest
5 employer in the Peoria community. Actually a
6 lot of communities.

7 I believe the Galesburg community
8 was represented earlier this evening in Knox
9 County, and I believe they're one of the
10 largest employers there in Knox County also.

11 With that, I would like to say
12 that I believe that there should be insurance,
13 some kind of way to make every company pay for
14 insurance in this country, or in this State.
15 I'm sorry. Because we are just referring to
16 the State.

17 The other issue would be because
18 of that, and this is, I know I'm out of time,
19 but real quickly on that note with our shops.

20 We had one shop in particular,
21 and this goes both directions, our insurance
22 group has to pay when somebody else has a wife
23 that's working, she chooses to drop her

1 insurance, take a job without insurance, we
2 pick up all the insurance.

3 If both people are working they
4 should both carry the insurance. The primary
5 coverage goes however. They've got an equation
6 for that.

7 We had one shop in particular
8 which dropped their insurance because all the
9 employees said we'll get it through our wives.

10 That left a couple of people out,
11 and with that those individuals moved to
12 different areas within our industry.

13 They're still members but they
14 just said they would leave the shop so that the
15 other guys could get reduced coverage and get
16 the money back on their checks so that they can
17 live.

18 And I guess that sums up what I
19 have to say. I guess I came here this evening
20 thinking it was going to be more of a
21 conversation along the same or other ideas.

22 And that's why I'm here for is to
23 just, my personal viewpoint on that. I do know

1 it affects a lot of people and it's certainly,
2 by causing other companies or having some kind
3 of general pool, I would like to say would not
4 make us quit having insurance if there's, if
5 all it would do is help us contain our
6 insurance and be able to provide a better
7 living for our people. Thank you.

8 MR. KOEHLER: Thank you. Ashley,
9 do we have anybody else that signed up?

10 ASHLEY WALTER: No.

11 MR. KOEHLER: I have almost a
12 quarter after 6:00, so with that I want to
13 bring the Task Force hearing to a close and
14 thank you all for coming and participating.

15 Again, you can look this up on
16 the web site. What is the web site address,
17 David?

18 DAVID: Go to the Illinois
19 Department of Public Health web site, and under
20 our alphabetical listings there's Health Care
21 Justice Act.

22 The Illinois Department of Public
23 Health web site is www.IDPH, for Illinois

1 Department of Public Health, IDPH.State.IL.U.

2 ASHLEY WALTER: It's also on the
3 handout on the table.

4 MR. KOEHLER: Again, our thanks
5 for coming.

6
7 (Whereupon, the meeting concluded at
8 6:15 p.m.)
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CERTIFICATE OF REPORTER

I, KATHY L. JOHNSON, a Certified
Shorthand Reporter in and for the State of
Illinois, hereby certify that I reported the
evidence in the hearing of the above-entitled
cause, before members of the Adequate Health
Care Task Force, and that the above and
foregoing typewritten transcript is a full,
true and complete translation and transcript of
all the shorthand notes of the evidence taken
down and reported by me at the hearing of said
cause and contains a full, true and complete
report of all the evidence offered or
introduced.

In witness whereof, I have hereunto
set my hand the 7th day of February, 2006.

Kathy Johnson

CSR, NOTARY PUBLIC

A			
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