

1 3RD CONGRESSIONAL DISTRICT PUBLIC HEARING
2 OF THE ADEQUATE HEALTH CARE TASK FORCE
3 UNDER THE HEALTH CARE JUSTICE ACT

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5

6 Tuesday, November 1, 2005

7 4:00 p.m.

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12 LaGrange Village Hall

13 53 South LaGrange Road

14 LaGrange, Illinois

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17 Reported by: Donna M. Stifter, RPR, CSR

18 Illinois CSR No. 084-003145

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1 APPEARANCES:

2 DR. WAYNE LERNER, Chairman.

3 MR. TIMOTHY CARRIGAN

4 MS. MARGARET DAVIS

5 MS. COLLEEN KANNADAY

6 MR. DAVID KOEHLER

7 MR. KEN ROBBINS

8 MS. CATHERINE BRESLER

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1 CHAIRMAN LERNER: My name is Wayne
2 Lerner. I am the president and CEO of the
3 Rehabilitation Institute of Chicago, and I am the
4 chairman of the Adequate Health Care Task Force.

5 With me today are other members of
6 the task force, David Koehler, Ken Robbins, and
7 Margaret Davis. Other members of the Task Force
8 will appear here today.

9 Also I really thank the staff of
10 the Illinois Department of Public Health, Ashley
11 Walter and her colleagues, for helping us out. We
12 wouldn't be able to do this without the tremendous
13 support of IDPH.

14 Good afternoon. Welcome to the 3rd
15 Congressional District Public Hearing of the
16 Adequate Health Care Task Force which has been
17 constructed under the Health Care Justice Act.

18 It has been well demonstrated that
19 a person's ability to access the health care
20 system influences his or her treatment, their
21 outcomes, and ultimately their health and
22 functional status.

23 Access to health care is most
24 effected by the ability of those seeking care, to

1 afford the services that they need. Therefore,
2 the uninsured, the working poor, racial and ethnic
3 minorities, undocumented immigrants, and other
4 special populations in Illinois are least likely
5 to be able to afford to pay out of pocket for many
6 necessary health care services.

7 Many citizens of Illinois lack
8 access to the health care system because they
9 simply lack health insurance. On any given day an
10 estimated 1.8 citizens of Illinois are without
11 health insurance.

12 Additionally, a growing number of
13 Illinoisans, citizens of Illinois, are under
14 insured and the consumer share of the cost of
15 health insurance is growing.

16 Illinois has many safety net
17 providers, including public and private clinics,
18 public hospitals and charity care which is
19 administered by the private hospitals of Illinois,
20 that attempt to narrow the gap between the insured
21 and the uninsured. Many uninsured citizens of
22 Illinois lack access to the usual source of
23 preventive care, continuous care, and
24 comprehensive care.

1 The Health Care Justice Act signed
2 into law by the governor in August of 2004
3 encourages the State of Illinois to implement a
4 health care plan that provides access to a full
5 range of preventive, acute, and long-term health
6 care services and maintains and improves the
7 quality of health care services offered to
8 residents of Illinois. The Act creates the
9 Adequate Health Care Task Force which has
10 undertaken the task of developing this access
11 plan.

12 The twenty-nine members of the Task
13 Force were appointed by the governor, the
14 president of the senate, a minority leader of the
15 senate, speaker of the house, and a minority
16 leader of the house.

17 As part of its work, the Task Force
18 will be holding at least one public hearing in
19 each congressional district to seek input from the
20 public regarding the access plan, which is after
21 all why we are here this afternoon.

22 On behalf of the Task Force and its
23 members and the Illinois Department of Public
24 Health, I would like to thank each of you for

1 coming out this afternoon to take part in this
2 very important and very public process. We would
3 also like to thank the Village of LaGrange for
4 graciously sharing this space with us today.

5 Now, before we get started there's
6 a couple of housekeeping items that I'd like to
7 mention. First, if you have not already done so
8 please sign in at the table located just outside
9 this room. This will help the members of the Task
10 Forth and the staff of the Task Force and the
11 Department track the number of the people who
12 attend this hearing.

13 There are two handouts available at
14 this table that provide more information about the
15 Health Care Justice Act, the Adequate Health Care
16 Task Force, and this public hearing.

17 Second, should you wish to testify
18 please be sure to sign up at the table near the
19 entrance to this room. Individuals will be called
20 to testify in the order in which they signed up.

21 If you brought in written testimony
22 to submit, you may also do so at the table. After
23 you have signed in, you may pick up two one-page
24 handouts. Both of these handouts list the Web

1 address from which you can link to the Health Care
2 Justice Act website.

3 We will begin the hearing by
4 calling up the first five speakers. Please sit
5 where you are instructed in the first row in the
6 order in which you are called. Before you
7 testify, please be sure to say and spell your
8 first and last names for the Court Reporter. And
9 please be reminded that oral testimony will be
10 limited to three minutes, and I will be assisted
11 by my able body timekeeper David Koehler who will
12 keep us in line.

13 We have another member of the Task
14 Force, Tim Carrigan. Thank you very much for
15 being here.

16 Are there any comments from the
17 Task Force members?

18 Okay. Let's get started. The
19 first five, if you would please come up and take a
20 seat in the front row: Adam Cohen-Lewe, Ann
21 Wohlberg, Susan Hickerson, Chris Golden, and
22 Rebecca Berkson. We will take these speakers in
23 that order.

24

1 MR. COHEN-LEWE: My name is Adam
2 Cohen-Lewe. It's spelled A-D-A-M C-O-H-E-N -
3 L-E-W-E.

4 I'm a second year osteopathic
5 medical student at the Chicago College of
6 Osteopathic medicine. I have attended regional
7 and local meetings for the American Medical
8 Student Association, volunteered in both DuPage
9 and Cook Counties, and am currently taking an
10 elective entitled "Serving The Underserved."

11 I feel that any new steps toward
12 improving the health care in Illinois should
13 address and ideally resolve the current problems
14 in access and delivery that I have experienced and
15 studied as a medical student.

16 Primary services are obviously
17 important because it has been demonstrated that
18 proactive preventive health care is both cost
19 effective and health effective. However, there
20 are many barriers to accessing ancillary services
21 for people receiving public health care coverage.

22 If a patient comes into a clinic
23 and requires a follow-up visit with a specialist,
24 the primary care physician of the clinic often

1 must themselves call the specialist and plead with
2 them in order for the patient to have access to
3 special services. So any new health care plans
4 won't necessarily be substantially effective
5 unless provide better access to ancillary services
6 in addition to primary care services.

7 Additionally, I also feel that
8 there needs to be a public education campaign so
9 that people who can be covered under health care
10 plans or policies know how to go about accessing
11 them because there's currently a large population
12 of people in the state that could potentially be
13 covered but don't know how to go about accessing
14 the coverage.

15 The ideal way to do this, in my
16 limited knowledge, would be to have a department
17 or organization whose sole and specific task is to
18 seek out and help people access health care.

19 Finally, I know that there's also
20 been models existing throughout the world,
21 particularly in certain parts of Africa, that have
22 been particularly effective in meeting
23 community-based health care needs of different
24 communities. And I think if we can look at these

1 other plans that have worked in other parts of the
2 world such as Africa and Europe, and also in
3 addition to the ones that have successful, look at
4 the ones that have failed and use that knowledge
5 to create a better current system of health care
6 for people in Illinois, that would be good.

7 That's it. Thank you.

8 CHAIRMAN LERNER: Thank you very much.
9 Ann?

10 MS. WOHLBERG: Hi. I'm Ann Wohlberg,
11 W-O-H-L-B-E-R-G, and I'm the executive director of
12 Community Nurse Health Association in LaGrange,
13 which provides health care to low income people.

14 I really, really appreciate being
15 here and a number of my staff are here, but
16 literally we got no notice, there was no publicity
17 of this hearing in the local papers. We could
18 have really prepared something. We have a number
19 of patients who could have spoken more eloquently
20 than we. We just pretty much dropped everything
21 today to prepare this. But this is such an
22 important thing to get community input, you really
23 do need to let the community know you're doing it.
24 So thank you for doing it and allowing me to be

1 here.

2 Community Nurse is a free clinic,
3 and we have been providing health care to low
4 income children since 1921. Currently we see
5 adults and children from fifteen local communities
6 in the suburban area, which surprises people that
7 there is a clinic for low income people in the
8 western suburbs. We have an adult clinic, a
9 pediatric clinic, and a dental clinic.

10 Our agency knows firsthand how many
11 families work two or three jobs and still have no
12 health coverage. Unfortunately, our agency is
13 bursting at the seams and we are finding it very
14 difficult, we have had to close our admissions for
15 adult patients and that is because I mean we have
16 sixteen hundred adult patients but that is because
17 the people that are coming in are sicker than they
18 ever have been because they have not seen a doctor
19 for chronic illnesses because they don't have
20 health care. When they come to us they're so
21 sick, we're a primary health care clinic, there's
22 really nothing we can do. It's very hard on our
23 of staff. These people are sick and it's
24 difficult to refer them.

1 Key issues that need to be
2 addressed state-wide are just things that you've
3 mentioned already. All individuals need to be
4 covered, documented and undocumented immigrants,
5 those with special health care needs, and those
6 who not just fall under certain income guidelines.

7 Access to prescription medications
8 is vital. So many of the people we see have
9 chronic illnesses, and, you know, they can't
10 afford the prescriptions for high blood pressure.
11 It's really twenty year old woman, very, very
12 difficult.

13 Prevention, any plan that really
14 focuses on prevention is key. We do alot of
15 prevention in our clinic, alot of education, and
16 we really find that that has been very helpful.

17 And last, how we're going to fund
18 this. It can't be funded on the backs of our
19 children. So anyhow, that's my very, very
20 important topic that you're addressing. Thanks.

21 CHAIRMAN LERNER: Thanks, Ann.

22 I'd like to introduce Colleen
23 Kannaday, another member of the Task Force, who is
24 joining us. Thanks, Colleen.

1 Ms. Hickerson?

2 MS. HICKERSON: Hello. My name is Susan
3 Hickerson, H-I-C-K-E-R-S-O-N, and I am the
4 director of clinical services at Community Nurse
5 Health Association in LaGrange.

6 I have worked at Community Nurse
7 for the past thirteen years. During which time I
8 have seen tremendous growth in health care needs
9 for children and their families.

10 Over the last thirteen years, the
11 census of registered children in our pediatric
12 clinic has increased over 141 percent to the
13 current number of 1,640. Over fifty percent of
14 these children receive Medicaid. The remaining
15 patients have no insurance coverage for health
16 care.

17 Through paid and volunteer
18 providers, all of the children receive
19 comprehensive primary care. Except for the state
20 reimbursement for Medicaid, our clinic does not
21 receive any state or federal funding. Community
22 support and grants help keep our clinic open.
23 However, any change in the support will ultimately
24 result in less services to those most in need.

1 Health care coverage for all
2 individuals in Illinois must include preventive,
3 acute, and long-term care. In serving our
4 children from this high risk population, we have
5 noted chronic illnesses congruent with national
6 trends. For example, the number of children
7 suffering from asthma, Type II diabetes, and
8 obesity is increasing at an alarming rate. If
9 these illnesses are not addressed in a
10 comprehensive manner, the children's health care
11 problems will only escalate as they become adults.
12 The care then will be much more expensive with
13 fewer positive the comes.

14 In providing health care, an
15 individual's classification of disease should not
16 allow the state to carve out, that is, to not
17 provide coverage for health care needs.
18 Currently, children with special needs such as
19 those who have autism are not eligible for
20 services through some health insurance policies.
21 Accessible, affordable services must be equitable
22 for all children.

23 A struggle our clinic is challenged
24 with daily is the lack of mental health services

1 for children. Many of the families who receive
2 our services have complex psycho-social issues.
3 Although our agency works closely with community
4 mental health agencies, the need for services far
5 exceeds the provisions available.

6 With waiting lists where services
7 cannot be accessed for six to eight weeks, the
8 child's total health can be severely compromised.

9 By providing a medical home for all
10 children, better health outcomes are achieved
11 through the continuity of care. The reliance on
12 emergency room care for all health care services
13 is both cost prohibitive and results in
14 fragmentation of health care.

15 Sustaining an affordable,
16 accessible health care plan or plans is the
17 challenge that faces Illinois. Although other
18 agency provides excellent care for the uninsured,
19 we recognize that it is only a Bandaid approach to
20 the greater problem. Successful outcomes
21 notwithstanding, the growing need for our services
22 continues to fuel our quest for health care
23 coverage for all Illinois residents. Thank you.

24 CHAIRMAN LERNER: Thank you very much.

1 Again, I hope those of you that are
2 reading prepared text that those are given to the
3 staff for the transcript and for members of the
4 Task Force who are not here today.

5 Ms. Berkson?

6 MS. BERKSON: My name is Rebecca
7 Berkson, R-E-B-E-C-C-A B-E-R-K-S-O-N, and I am
8 the director of development at Community Nurse
9 Health Association. I'll be reading a statement
10 from Shirl Cannon, S-H-I-R-L C-A-N-N-O-N, and
11 she's our dental clinic coordinator.

12 Shirl has three main points she'd
13 like for you to hear today. First, we see
14 firsthand the unmet need for oral health care in
15 Illinois. As a small agency providing dental
16 care, we have over three thousand individuals
17 registered for services, and our clinic is at
18 capacity. We serve low income uninsured
19 individuals for over fifty-five clinic hours per
20 week. Inquiries from individuals in need are
21 increasing dramatically, yet options for care are
22 limited.

23 Secondly, studies show that
24 prevention is the key to improved outcomes and

1 ultimately lower health care costs. This must be
2 considered in any plan put forth. The dental
3 clinic at Community Nurse works closely with our
4 pediatric and adult primary care medical clinics,
5 and we feel the total health care approach is the
6 only reasonable path for planning and implementing
7 universal coverage.

8 Lastly, in consideration of health
9 care for individuals, oral health is a major
10 issue. Research shows that many health issues
11 stem from oral bacterial conditions. This
12 correlation must be considered in any health care
13 plan for Illinois individuals. Oral health cannot
14 be overlooked when discussing general health
15 issues. Thank you.

16 CHAIRMAN LERNER: Okay. Thank you our
17 first five speakers. I invite them to take their
18 seats. Oh, one more? Did I miss somebody? Chris
19 Golden, I did. I took you out of order. I
20 apologize.

21 MS. GOLDEN: No problem.

22 The name my mother gave me is
23 Marichris Golden, M-A-R-I-C-H-R-I-S, Golden
24 G-O-L-D-E-N. I'm a registered nurse and the adult

1 clinic coordinator at Community Health
2 Association, a free clinic serving sixteen hundred
3 uninsured and low income residents of the western
4 suburbs.

5 I am also a member of the Illinois
6 Free Clinic Association that represents
7 thirty-four volunteer-based free clinics serving
8 thirty-five thousand uninsured individuals
9 throughout the State of Illinois.

10 I know the Task Force will be
11 exploring many aspects of health care. I would
12 like to focus on two issues, primary care services
13 and medication availability.

14 During my last ten years of
15 employment in a free clinic setting, I have seen
16 an ever growing need for primary care services.
17 In the year 2000, the census at my clinic was nine
18 hundred thirty-five patients. We are presently at
19 one thousand six hundred sixty-nine patients.
20 With shrinking financial resources and the
21 volunteer physicians pushed to capacity, I have
22 had to put a hold on admissions to the clinic, but
23 the request for our services still come in daily.
24 Unfortunately, I have to say there's no room at

1 the Inn and I'm forced to refer them to John
2 Stroeger Hospital, a medical facility that is
3 stressed beyond their capacity also.

4 I'd like to put a face on the
5 people that we are serving. It's the lady down
6 the block from you, divorced, she got the kids,
7 the house, not the health insurance. It's your
8 lawn care guy, it's the lady that cleans the table
9 at your favorite restaurant. When they get
10 bronchitis or a urinary tract infection, where do
11 they go for health care. It will cost them \$50 to
12 \$75 to see a physician in a private practice
13 office in the suburbs. They are working but they
14 have no health insurance. At \$6 an hour as their
15 salary, a doctor visit is out of their reach.
16 Their salary is designed for food and shelter for
17 their family, not the luxury of feeling well.

18 At Community Nurse we offer a
19 patient a doctor visit for treatment of acute
20 illness or the management of chronic diseases at
21 no or low cost. We keep them at their job, we
22 minimize loss of wages, we improve their quality
23 of life. But the number of uninsured keep growing
24 and the free clinics of Illinois are overwhelmed

1 and unable to shoulder the burden.

2 Another area of concern is
3 medication affordability. Once a patient has been
4 seen in our clinic and diagnosis has been made,
5 the physician may prescribe a medication to cure
6 or control the patient's problem. Again, the
7 patient cannot afford the antibiotics for his
8 bronchitis or medications, so the patient is at a
9 deadend.

10 I am asking the State of Illinois
11 to step up and develop a comprehensive plan to
12 ensure residents access to quality health
13 insurance. Thank you.

14 CHAIRMAN LERNER: Thank you. Now I
15 would like to thank all five of our speakers, it's
16 hard to believe I was a math minor, and ask the
17 next five speakers to come up and take their seats
18 in the front row.

19 Samer Bashiti, Elyse Forkosh,
20 Laurie Brown, Sydney Kopp-Richardson, Gerald
21 Ciebien.

22 And I'd like to welcome Catherine
23 Bresler, another member of the Task Force today.
24 Thank you very much.

1 Dr. Bashiti?

2 MR. BASHITI: Student-doctor Bashiti.

3 Hi, my name Samer Bashiti. That's S-A-M-E-R, last
4 name B-A-S-H-I-T-I. I am also a second year
5 medical student at Midwest University at the
6 Chicago College of Osteopathic Medicine, and I,
7 like my friend, am taking a class in serving the
8 underserved.

9 There are several issues that I
10 would want to bring to your attention that I would
11 like considered when you are making up the Health
12 Care Justice Act.

13 I am here today as a future health
14 care provider and concerned citizen to address
15 several issues that I believe should be addressed
16 with the Health Care Justice Act, especially with
17 respect to the underserved in our community.

18 First, it is of the highest
19 importance of the Act to work not only to improve
20 access to primary health care but it also work to
21 improve access to ancillary services such as
22 laboratory testing and diagnostic radiology.
23 Improving these services would allow many
24 physicians and patients to focus on preventive

1 care services leading to better health maintenance
2 and early disease detection and treatment.
3 Improving health outcomes for all patients.

4 Second, I believe that there should
5 be a mandate to add a public education service
6 available to all patients in Illinois helping to
7 keep the public informed about many of the latest
8 health concerns and ways to address them.

9 Third, acknowledging the growing
10 cost of health care in America, I believe that new
11 laws should address patient health care spending.
12 Coverage gaps in health care and prescription drug
13 coverage cost assistance.

14 Fourth, with regard to the new
15 programs in underserved communities, I believe
16 that the Health Care Justice Act should work to
17 utilizing existing community programs and work
18 with the local community resources when
19 implementing new health care delivery programs.

20 Also, drawing physicians to
21 practice in underserved areas has thus far proven
22 very difficult. And I just thought of this when I
23 was sitting in my seat, so you'll excuse me if
24 this is a little disjointed. But the average

1 medical student graduating from a medical school
2 or university in the area graduates with some
3 \$150,000 to \$200,000 or more in debt. There are
4 currently several different programs in Illinois
5 to draw these students to rural areas to practice
6 health care in those very underserved communities.
7 And that's a great step, but there are very, very
8 few programs, and I don't think I can think of a
9 single one in Illinois, to draw people to poor
10 urban communities to give any sort of health care
11 at all.

12 I believe that if you offered
13 incentives to medical students coming out of their
14 fourth year with crushing \$200,000 debt, alot of
15 them would take up alot of those offers for five
16 or even ten or fifteen years. I know I would.

17 It is imperative that adequate
18 physician reimbursement incentives also be
19 implemented to draw physicians to underserved
20 areas and ensure health care to this population.

21 Lastly, in order to efficiently
22 utilize resources and funds, problems should
23 tailor services and messages to the specific needs
24 of each community. Addressing health care issues

1 according to their prevalence and importance in
2 that community.

3 In conclusion, I believe that the
4 Health Care Justice Act should do exactly that,
5 provide just and equal health care to the most
6 underserved and therefore least healthy
7 populations in our community. Thank you.

8 CHAIRMAN LERNER: Thank you very much.
9 Elyse?

10 MS. FORKOSH: My name is Elyse Forkosh.
11 That's E-L-Y-S-E F-O-R-K-O-S-H.

12 My name is Elyse Forkosh, and I am
13 the director of government relations for Advocate
14 Health Care. Advocate is the largest
15 fully-integrated health care system in Illinois
16 and Chicagoland's second largest private employer.

17 Tonight I am honored to testify on
18 behalf of Advocate Christ Medical Center and Hope
19 Children's Hospital, which are part of the
20 Advocate system and proudly serve the people of
21 Illinois' Third Congressional District.

22 I commend the members of the
23 Adequate Health Care Task Force for hosting this
24 hearing to listen to our views on the critical

1 issue of how we can provide access to quality
2 health care for everyone in Illinois.

3 Christ Medical Center, in
4 partnership with its corporate parent, has long
5 been concerned about the crisis of the uninsured
6 and underinsured. We support efforts to find
7 reasonable and workable solutions to the uninsured
8 crisis.

9 Advocate is a nonprofit faith-based
10 provider whose mission is to serve the health
11 needs of individuals, families, and communities.

12 Christ Medical Center, like the
13 other Advocate hospitals throughout Chicagoland,
14 is committed to serving the health care needs of
15 people in our communities regardless of their
16 ability to pay.

17 We proudly offer one of the most
18 compassionate charity care programs in the nation.
19 Advocate offers discounts to patients with incomes
20 up to four hundred percent of the federal poverty
21 level. We actively outreach to our patients so
22 that they know the charity care program is
23 available.

24 For those in need of financial

1 counseling, we work with them through the
2 application process, and multi-lingual signage is
3 available throughout the hospital informing the
4 community about the availability of financial
5 assistance.

6 Additionally, as part of the
7 charity care application process, we work with
8 patients to determine whether they are eligible
9 for Medicaid or KidCare to provide ongoing
10 coverage.

11 But the benefits that Advocate
12 Christ Medical Center and Hope Children's Hospital
13 provide to our community go well beyond charity
14 care or helping patients obtain financial
15 assistance.

16 As required by the Illinois
17 Community Benefit Act, Advocate filed its first
18 report at the end of June. We provided as a
19 system over \$240 million in community benefit
20 programs and services. For example, Christ runs
21 one of Illinois' busiest trauma centers serving
22 thirty-two hundred patients last year. It's a
23 Level I trauma center, which is incredibly
24 expensive to operate, and many of those costs go

1 unreimbursed.

2 As well, Christ Medical Center
3 trains hundreds of medical residents each year.
4 Across the Advocate system we spend more than
5 \$30 million on medical education as part of the
6 benefit we provide to the community.

7 The Advocate system is fortunate in
8 that through rigorous financial management, we do
9 have a limited positive operating margin. As many
10 of us know who work in the hospital community, we
11 have a saying "No margin, no mission." At
12 Advocate the dollars that our margin provides are
13 all reinvested in the organization. We are able
14 to acquire the newest technology and update our
15 aging physical plants.

16 At Advocate we believe that
17 everyone in America deserves to have access to
18 affordable health care coverage. We recognize
19 that Illinois and the nation face a daunting
20 challenge and that these issues cannot be resolved
21 quickly or easily.

22 Certainly, the All Kids program
23 recently proposed by the governor is a large step
24 in the right direction. Once implemented, All

1 Kids has the potential to make a significant
2 difference in the lives of many Illinois children.

3 Nevertheless, even with the All
4 Kids program, Illinois will have hundreds of
5 thousands of uninsured residents.

6 So we thank the Task Force for
7 thoughtfully and carefully considering the many
8 ideas presented here, and we stand ready to work
9 with you to achieving success in extending
10 coverage to Illinois citizens.

11 Thanks.

12 CHAIRMAN LERNER: Thank you very much.
13 Ms. Braun?

14 MS. BRAUN: Hello. My name is Laurie,
15 L-A-U-R-I-E, Braun, B-R-A-U-N. I'm the current
16 president of the LaGrange Area League of Women
17 Voters.

18 As you may know, the League of
19 Women Voters is an organization that exists on the
20 national state and local levels. We're made up of
21 women and men, we have one here, who thoughtfully
22 consider a variety of issues and come to carefully
23 discussed positions on those issues in a very
24 carefully nonpartisan manner. And my testimony

1 today is based on those positions on health care.

2 I'd like to thank you very much for
3 conduct this hearing. The League of Women Voters
4 supports the position that affordable health care
5 should be available to all residents of the United
6 States. Therefore, the League supports the Health
7 Care Justice Task Force in its efforts to draw up
8 a plan to provide affordable health care to all
9 Illinois residents. With two million residents of
10 Illinois currently uninsured and with health
11 insurance premium costs rising three times faster
12 than wages, this Act is desperately needed.

13 The League of Women Voters asks
14 that you apply the following criteria as you
15 ponder how to deliver affordable health care: 1),
16 the approach should include a large risk pool and
17 should include both young and old, both healthy
18 and sick individuals; 2), the costs should be
19 shared among individuals from various income
20 levels, with out-of-pocket costs reasonable for
21 lower income individuals; 3), the approach should
22 ensure that all covered individuals have access to
23 the same comprehensive package of quality health
24 care services; 4), the plan should be inclusive,

1 not arbitrarily excluding groups such as
2 immigrants; 5), the approach should contain health
3 care costs; 6), portability and continuity of care
4 should be assured and enrollees should be allowed
5 to choose their health care providers.

6 Thank you again for your efforts to
7 ensure an equitable, affordable system of health
8 care in the State of Illinois. It has often been
9 said that the best test of a civilized society is
10 how it treats its weakest members. Health care is
11 one of the most important ways we care for those
12 members, and therefore, to what extent we succeed
13 or fail in this endeavor is surely a measure of
14 our society.

15 CHAIRMAN LERNER: Thank you very much.

16 Sydney Kopp-Richardson?

17 MS. KOPP-RICHARDSON: Hi, my name is
18 Sydney Kopp-Richardson. That's S-Y-D-N-E-Y
19 K-O-P-P - R-I-C-H-A-R-D-S-O-N.

20 My name is Sydney Kopp-Richardson.
21 I am the Medicare prescription drug public
22 education coordinator with the Campaign for Better
23 Health Care. And although there's a lot I could
24 be bringing up tonight, I want to talk about the

1 Medicare Monetization Act which is President
2 Bush's new prescription drug legislation, often
3 referred to as Part D.

4 This plan is an effort to privatize
5 Medicare, one of the few remaining comprehensive
6 inclusive government health care programs in this
7 country. I'm going to read a document we have on
8 our website that the campaign has been circulating
9 about the consequences of the Medicare
10 Modernization Act.

11 The top ten reasons why Bush's
12 Medicare drug benefit is bad for Illinois: 10) It
13 will bankrupt Medicare. The outstanding costs of
14 the new drug benefit will hasten the bankruptcy of
15 the Medicare program years earlier.

16 9) Profits for big business. This
17 new drug benefit will generate billions of dollars
18 in profits for the pharmaceutical industry and
19 pharmacy benefit managers at the cost of
20 consumers.

21 8) Increasingly unaffordable.
22 While Medicare beneficiaries Social Security
23 checks increase annually with the cost of living
24 about one to three percent, the size of the

1 deductible, the donut hole, and premiums will
2 increase annually after 2006 with the increase in
3 prescription drug spending over ten percent in the
4 last few years. This means that the drug benefit
5 will consume a large portion of beneficiaries'
6 incomes each year.

7 7) Loss of low income protections.
8 People on Medicare and Medicaid will lose all
9 Medicaid prescription coverage and lose many of
10 the consumer protections they now have, and many
11 will have an increase in cost sharing.

12 6) The donut hole. After
13 beneficiaries incur \$2,125 in drug costs, their
14 drug coverage will totally end and will not pick
15 up again until they have incurred \$5,100 in drug
16 costs, meaning they have spent \$3,600 out of
17 pocket. Note that while stuck in this donut hole
18 as it's referred to, they'll still be paying a
19 monthly premium of about \$35.

20 5) Loss of retiree benefits. This
21 new law is expected to accelerate the loss of
22 retiree health benefits. 3.8 billion retirees are
23 expected to lose some or all of their retiree
24 benefits in 2006, according to the New York Times.

1 4) Re-importation. The issue of
2 re-importing cheaper prescription drugs from other
3 countries, which would have saved American
4 taxpayers billions of dollars, was not at all
5 addressed in this new law.

6 3) The end of circuit breaker.
7 Thousands of Illinois seniors who currently
8 receive their prescription drugs through Senior
9 Care and Circuit Breaker for \$1 to \$4 per
10 prescription will not qualify for low income
11 assistance.

12 2) No negotiation. Bulk
13 negotiation on behalf of all Medicare
14 beneficiaries for lower drug prices is
15 specifically prohibited in the new law.

16 1) Small benefit, great cost. This
17 new plan provides very few benefits to very few
18 people and does so at a great cost to everyone.

19 This is the first Medicare
20 legislation that pharmaceutical companies are
21 endorsing. I have not talked to one person that
22 supports this. The only feedback I receive is
23 anger, confusion, and feelings of abandonment.
24 This Part D is a disaster and a catastrophic

1 attempt to ruin Medicare and ask that the Task
2 Force seriously address this issue. Thanks.

3 CHAIRMAN LERNER: Thank you very much.

4 Gerald Ciebien?

5 MR. CIEBIEN: G-E-R-A-L-D
6 C-I-E-B-I-E-N. Thank you very much for holding
7 these meetings.

8 I am a dentist with the Chicago
9 Dental Society, Access to Care Committee, and I'm
10 also on the Cook County Department of Health,
11 Public Health Task Force. We have just concluded
12 our five-year plan for the three main issues that
13 we'll address in the next five years. Chronic
14 illness is number one, violence is number two, and
15 access to care issues are number three. This is
16 from the Cook County Department of Public Health.

17 It's still Halloween. I'd like to
18 tell a little horror story, if I may. I've
19 mentioned this to several people in Cook County
20 administration, several commissioners. I'm also
21 the dental director for the Salvation Army Clinic
22 on 1515 West Monroe.

23 The typical scenario for people who
24 are indigent, homeless, and in pain with no type

1 of access to dental facility is to call a number
2 that Cook County has between the hours of
3 7:00 a.m. and 7:15 a.m. That number receives over
4 four hundred calls. They limit the calls to the
5 first seventy-five. Now, I've tried to call this
6 number several times. You generally get an
7 answering machine saying sorry, all the
8 appointments are taken, please call again
9 tomorrow. Now, these are patients that are in
10 pain and have infections trying to access that
11 system.

12 So the patient calls that number,
13 gets nowhere, goes to the hospital, one of the
14 Cook County Hospital networks, Stroeger,
15 Provident, Oak Forest, whatever.

16 Typically that patient will sit in
17 the hospital emergency room for seven hours. A
18 physician needs to see that patient and diagnose
19 the condition. The physician says this is a
20 dental situation, here's some analgesic or some
21 amoxicillin antibiotic, go find a dentist.

22 Now, my horror story is this is the
23 scenario that happened to a patient that I treated
24 September 15th. The patient went to Provident

1 hospital with a severe infection after trying for
2 three weeks to access the County health number.
3 Finally, after seven hours the patient was given
4 some Ibuprofen, some pain medicine, and said find
5 a dentist. The patient saw me, finally got my
6 number at the Salvation Army Clinic because we
7 still provide free dental care there, he tried to
8 extract his tooth with a fork. The person came in
9 with severe swelling, he had the impressions of
10 the tines of the fork still in his gum tissue. So
11 after some surgical procedures I extracted the
12 tooth and put the patient on further antibiotics
13 and treated the patient.

14 What I am asking of the committee
15 is you have a twenty-nine member Task Force.
16 Please have a representative on your committee
17 that addresses oral health issues.

18 I have a quick statement, and I
19 will leave this document for you. This is an
20 address in the report to the Surgeon General on
21 oral health in America, a few main points. There
22 are striking disparities in dental disease by
23 income. Poor children suffer twice as much dental
24 carries as their more affluent peers, and their

1 disease is more likely to be untreated. These
2 poor and nonpoor differences continue into
3 adolescence. One out of four children in America
4 is born into poverty.

5 The second point --

6 CHAIRMAN LERNER: Sir, I'm sorry, but
7 we're out of time.

8 MR. CIEBIEN: I understand.

9 CHAIRMAN LERNER: If you can leave the
10 document with us, that would be great.

11 MR. CIEBIEN: Thank you very much.

12 CHAIRMAN LERNER: Thank you.

13 I'd like to thank the second group
14 of five speakers and now ask, I have I think it's
15 Susan Vega, come forward, and Roger Tim.

16 If there's anyone else who would
17 like to make testimony, would you please see
18 Ashley in the back of the room.

19 Ms. Vega?

20 MS. VEGA: Good evening. My name is
21 Susan, S-U-S-A-N, Vega, V-E-G-A.

22 Actually I'm expecting a couple of
23 colleagues at 5:00 o'clock who live in the
24 neighborhood, so hopefully we'll be able to hand

1 on until then.

2 I work for Alivio Medical Center.
3 We're a federally qualified health center that
4 serves predominantly the Mexican, Mexican-American
5 community, on Chicago's southwest side. Our
6 patients also live in Cicero, Berwyn, LaGrange,
7 LaGrange Park, Riverside and beyond. Alivio is
8 also a proud member of Pilsen Neighbors Community
9 Council and the Metropolitan Alliance of
10 Congregations.

11 I provided testimony at the hearing
12 in the 4th Congressional District and attended a
13 portion of the last Task Force meeting and am here
14 to express some concerns about the process.

15 While our communities are grateful
16 that these hearings are being held, we also
17 strongly urge that more notice about specific
18 locations be made public in a timely manner.

19 We urge you to work with your staff
20 to ensure that local press be notified and that
21 you also work with community organizations that
22 can give you ideas about community-friendly sites.

23 These hearings are the only
24 opportunity the grass roots members of the

1 community have to tell their stories and to
2 provide the valuable input you will need to make
3 decisions about the future of universal health
4 care in Illinois.

5 We are especially disappointed that
6 there is no hearing scheduled in any southside
7 Mexican community. It will be difficult for us to
8 organize folks to get out to these hearings
9 outside the neighborhoods.

10 The Latino community is at a
11 greater risk of being uninsured in Illinois.
12 These are the very people you need to hear from.
13 Please consider having an additional hearing to
14 meet this need.

15 Also, please remember that people
16 need time and information to get to a hearing.
17 They need to see the information in their local
18 papers, see announcements in their church and
19 community bulletins, get invitations from their
20 local senior centers, park districts, and schools.

21 As you take on this important task
22 of retooling Illinois' health care system to
23 include everyone, we hope that you will listen to
24 the diverse and distinct needs of all of our

1 communities. Thank you.

2 CHAIRMAN LERNER: Thank you, Ms. Vega.

3 Mr. Timm?

4 MR. TIMM: Yes. My name is Roger Timm,
5 R-O-G-E-R T-I-M-M. I am pastor of Assention
6 Lutheran Church in Riverside. We are a member of
7 the Evangelical Lutheran Church in America.

8 I am here because I was on a task
9 force that some two years ago put together a
10 social statement called "Caring For Health, Our
11 Shared Endeavor." It was passed by our national
12 church body in August of 2003. And because of
13 that experience, I have been very concerned about,
14 for other reasons too, but very concerned about
15 our health care system in our country, well, that
16 we really don't have a system.

17 One of our statements that
18 expresses how we feel: "The chronic failure of
19 our society to provide its members access to basic
20 health care services is a moral tragedy that
21 should not be tolerated."

22 And so on this statement we try to
23 say is yes, a shared endeavor, that health care
24 has to do with individuals, with churches, with

1 congregations, with our societies, but also with
2 the political structure. And this statement calls
3 for a comprehensive approach to health care as a
4 shared endeavor among individuals, churches,
5 government, and the wider society. A vision of
6 health care and healing that includes individual
7 church and social responsibilities. A vision of a
8 health care system that is based on understanding
9 health, illness, healing, and health care within a
10 coherent set of services. Equitable access for
11 all people to basic health care services and to
12 the benefits of public health efforts. And this
13 last one is perhaps more for church people.
14 Faithful moral discernment guiding individual
15 participation and public policy making in health
16 care services.

17 So when I heard about these
18 hearings, I wanted to come just to support the
19 drive towards better and more comprehensive health
20 care services based on this statement, based on my
21 experience studying the issue.

22 Again, thanks for the hearing.

23 CHAIRMAN LERNER: Thank you. Will you
24 be leaving a copy of that with us?

1 MR. TIMM: Yes, I will.

2 CHAIRMAN LERNER: Are there any other
3 individuals signed up to speak at the moment?

4 Then I'm going to suggest that we
5 take a fifteen minute stretch break. I've got a
6 quarter to 5:00. So about 5:00 o'clock let's get
7 back together.

8 (WHEREUPON a recess was taken.)

9 CHAIRMAN LERNER: We have two
10 individuals who have agreed to testify. If they
11 will come forward and we'll call them up one at a
12 time. Julia Garcia and Leticia Espinosa.

13 Julia, would you like to go first?

14 MS. GARCIA: Sure. I'm going to try to
15 do it in English, and if not Sue will give me a
16 hand, okay.

17 My name is Julia Garcia, J-U-L-I-A
18 G-A-R-C-I-A. I live in LaGrange Park, and I'm
19 here because I'm very, very interested and I'm
20 worry about all the people that don't have health
21 care. For me it's been a struggle because my
22 husband doesn't have insurance. I don't have
23 insurance because I work part time, and my husband
24 is a self-employed and he doesn't have any kind of

1 medical assistance. So my kids, they were born
2 here, they have the medical card, but they don't
3 cover us, my husband and myself. And for me it's
4 been a struggle since I have been ill lately and I
5 have been having alot of problems with my head,
6 something is going on, I have been with headaches
7 for the last, since March. I went to Cook County
8 Hospital, and they order an MRI but the MRI won't
9 be until March of the next year. And while that
10 happened I need to be buying very expensive
11 medications for me in order to keep the pain low
12 and be able to work. And it's been very, very
13 hard for me trying to drive and live with pain all
14 the time and not able to go and get an MRI.
15 Actually, I went to check the prices out of the
16 Cook County Hospital to a local MRI system, and
17 they told me they were going to charge me \$2,000,
18 and if I don't have insurance they will probably
19 give me a health price, which means \$1,000, but
20 definitely that is not in my budget.

21 So right now I have two teenagers
22 and I'm struggling with my health, but I'm there,
23 you know, fighting, and I'm here because I know
24 that there is alot of people here with kids that

1 even they were not born here, they were born in
2 Mexico, in other countries, and they come here and
3 they cannot even get a shot or be seen by a
4 doctor.

5 By the way, about one month ago I
6 called one of the local organizations to find out
7 about a doctor around this neighborhood because I
8 was having symptoms of UTI, which means urinary
9 tract infection, and the lady who answered the
10 phone told me well, you have to go to Cook County
11 Hospital, and I said I'm calling you because I
12 live here in the neighborhood and I know for the
13 urine infection I don't need to go to the
14 emergency room, I just need an antibiotic. So the
15 lady just told me, no, you know what, I don't know
16 any doctor around the neighborhood that can give
17 you right now a good rate for a medical visit so
18 she told me, you know what, I really think that
19 you need to call Cook County Hospital.

20 But what happens is when you go to
21 Cook County Hospital with those symptoms, they
22 will say are you here for those symptoms, this is
23 not an emergency. But the same system is pushing
24 you to go to Cook County Hospital, and I know that

1 is not a reason. An ear infection in our children
2 is not an emergency, but if you go to any
3 doctor they will say no, you should go to the Cook
4 County Hospital because it's the only way that
5 they will not charge you.

6 I'm not asking for no charge, but
7 at least I'm asking for, you know, affordable
8 prices that I can afford. I don't want free, but
9 I want something that is in my budget. But I know
10 that alot of families, we are struggling with the
11 same problem. Thank you.

12 CHAIRMAN LERNER: Thank you very much.
13 Leticia Espinosa?

14 MS. ESPINOSA: Good evening, everybody.
15 My name is Leticia Espinosa, L-E-T-I-C-I-A,
16 E-S-P-I-N-O-S-A.

17 Like Julia I'm going to try to do
18 this in English or please give me a hand. I want
19 to tell you about some people I know, alot of
20 people. I volunteer at Park, I mean last year, I
21 volunteer at Forest Road School and I was really
22 surprised that there is alot of Latin people in
23 there, Latin people who doesn't have the service
24 of any medical insurance. Well, I also volunteer

1 at Chicago Latino Coalition and the Avivio Medical
2 Center in Chicago, they have some free events,
3 alot of free events, some screening and some
4 things about health. Well, I notified all these
5 people about all the free events, we got there at
6 the Chicago Latino Coalition so they can get
7 there. When I talk to all these people, I know
8 they need medical services and I know some of them
9 go to, I think it's Chicago, I'm not sure,
10 somewhere in the Chicago area that they go to some
11 doctors, I don't know what is it called, like they
12 have specialty, family practice doctors. And
13 sometimes when we start talking about the need
14 they have, it's about some more specific things.
15 I'm not telling you this doctor, which is kind of
16 cheaper than the one they can find here or
17 somewhere around, I'm not telling you this doctor
18 is not a good doctor, but I also know because the
19 things we talk about, they need something more
20 specific. And I told them why didn't you go to
21 the Cook County and they tell me, you know, you
22 have to wait alot of time there. I think
23 something like happened to you, Julia, that they
24 needed a doctor to have this service but not to

1 wait, is there an emergency but they cannot wait
2 too much. So I think it's a problem. And as I
3 told you, I was really surprised how many Latin
4 people is living all around this area.

5 CHAIRMAN LERNER: Thank you very much.

6 MS. ESPINOSA: Yes, sure.

7 CHAIRMAN LERNER: Are there any other
8 speakers signed up yet? Okay. We'll adjourn for
9 a few more minutes.

10 (WHEREUPON a recess was taken.)

11 CHAIRMAN LERNER: I'll let the other
12 panel members leave and we'll stay for another
13 hour or so in case anyone else shows up.

14 (WHEREUPON said hearing was so
15 adjourned.)

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1 STATE OF ILLINOIS)

2 COUNTY OF C O O K)

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4 I, Donna M. Stifter, RPR, CSR
5 No. 084-003145, has hereunto set her sign and seal on
6 this 10th day of November, 2005, saying she is a
7 court reporter doing business in the City of Chicago;
8 that she reported in shorthand said proceedings at
9 the taking of said hearing; and that the foregoing is
10 a true and correct transcript of her shorthand notes
11 so taken.

12

13 _____
Donna M. Stifter, RPR, CSR 084-003145

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