ADEQUATE HEALTH CARE TASK FORCE

PUBLIC HEARING - 8TH CONGRESSIONAL DISTRICT

APRIL 5, 2006

McHenry High School East

1012 North Green Street

McHenry, Illinois

Beginning at 4:00 p.m.

MS. DAVIS: Good afternoon. My name is it Margaret Davis, and I'm the executive director of the healthcare consortium of Illinois. I'm also a commissioner on the Adequate Healthcare Justice Task Force. I'm going to be joined by James Jordan, from the Illinois Insurance Bureau, and Pamela Mitroff, who is also a committee member. They're probably a little bit lost, but they'll be here. It was a trek coming from Chicago, but we made it. So I have a little preamble to read to you. This sheet on the desk gives you a website of all of the hearings that we've conducted thus far. And we've conducted about 13 hearings all over the State of Illinois and -- oh, 20 -- this is our 20th. It felt like it was a lot. And I've tried to attend most of them. And it's been really interesting hearing the heartfelt testimonies of the citizens of Illinois as they tried to get access to health care in our state.

Good afternoon and welcome to the 8th Congressional District public hearing of the Adequate Health Care Task Force under the Health Care Justice Act.

It has been well demonstrated that a person's ability to access the health care system influences his or her treatment, outcomes and health status.

Access to health care is most effected by the ability of those seeking care to afford the services that they need. Therefore, the uninsured, working poor, racial and ethnic minorities, and undocumented immigrants in Illinois are least likely to be cable to afford to pay out of pocket for many health care services.

Many Illinoisans lack access to the health care system because they lack health insurance. On any given day an estimated 1.8 million Illinoisans are without health insurance. Additionally, a growing number of Illinoisans are underinsured and the consumer share of the cost of health insurance is growing.

While Illinois has many safety net providers including public and private clinics, public hospitals and charity care administered by private hospitals, that attempt to narrow the

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gap between the insured and uninsured, many uninsured Illinoisans lack access to a usual source of preventative and comprehensive care.

The Health Care Justice Act signed into law by the Governor in August 2004, encourages the State of Illinois to implement a health care plan that provides access to a full range of preventative, acute and long-term health care services and maintains and improves the quality of health care services offered to Illinois residents.

The Act creates the Adequate Health Care Task Force, which has undertaken the task of developing this access plan.

The 29 members of the Task Force were appointed by the Governor, the president of the senate, the minority leader of the senate, the speaker of the house and the minority leader of the house.

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

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On behalf of the Adequate Health Care Task Force and the Illinois Department of Public Health, I would like to thank each of you for coming out this afternoon to take part in this important process.

I would also like to thank McHenry High School East for sharing their space with us this afternoon.

So let's get started.

Before we get started there are a simple couple of house keeping items that must be addressed.

First, if you have not already done so, please, sign in at the table located just outside the room. This will help the Task Force and the department track the number of people who attend this hearing.

There are also two handouts available at this table. And it provides more information about the Health Care Justice Act.

And you can see we have a court reporter, and she's typing verbatim everything that we say. And all of that information is on the website so you can get a feel of how the

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other citizens and congressional districts are thinking about their problems of accessing health care.

Second, should you wish to testify, please, be sure to sign up at the table near the entrance to this room on the gold-colored sheets. Individuals will be called to testify in the order in which they sign up.

If you brought written testimony to submit, you may also do so at this table.

We will begin the hearing by calling up the first five speakers. Please, sit where you are instructed, in the order in which you are called.

Before you testify, please, be sure to say and spell your first and last names for the court reporter.

Please, be reminded that oral testimony will be limited to three minutes; however, if you're going to go a little bit over, I'm going to balance it. Okay. So sometimes you have a lot to say, and we don't have a lot of people testifying so we can be flexible. Okay.

So I would like to also announce that

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the representative for this district, Representative Ed Sullivan, wishes he could have attended this afternoon's hearing, however, he is in Springfield, as the House is still in session.

So I'd like to call the first five people up. Catherine Dalton, April Lyons Puks, Todd Evans, Linda Mendez, Elmer Zarndt. I'm going to start with Catherine.

MS. DALTON: Hello. My name is Catherine Dalton, and that's C-a-t-h-e-r-i-n-e D-a-l-t-o-n. And I'm employee of Thresholds, which is a -- is in Woodstock, Illinois. It's a drop-in center and treatment center.

I want you to know that Thresholds has been doing mental health services for people in Illinois for almost 50 years, and we have seen people recover and their lives improve, as they choose it to be. We know what works. That is supported housing, the availability of transportation, vocational support, hopeful relationships, meaningful roles.

We really need financial sources to increase for housing, transportation and

recovery based community mental health providers. If it truly wants to assist persons that has a mental disability to get out of poverty and to do what all of us strive to do, live meaningful full lives of contribution, joy, ups and downs and all that is encompassed in the human experience.

I too suffer from a mental illness, but I work as a peer specialist and a RAP facilitator, which is Recovery Action Plan, a program that was written by Mary Ellen Copeland. And I see numerous people recover and have very enriched lives. So I just want to thank you.

MS. DAVIS: What is the availability of community services for mental health? Is there a waiting process or is it readily available?

MS. DALTON: No. It is not readily available. There is a waiting process. A lot of times people who are searching for a psychiatrist let's say at a facility that has a less cost on it, it could be two months before their first initial appointment. And we can lose a lot of people in that time in regards to getting them access to the medication that they

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might need, the ability to stay out of the hospital or become homeless because they have no funding for anything. And we just lose them. They just get lost.

MS. DAVIS: And where do people go for crisis?

MS. DALTON: Crisis, they do have PADS, which is an organization -- I don't know if there's anybody here that represents PADS. I know a lot about a couple of the programs, but there's just not enough for McHenry County. We are a growing county and the transportation for people is horrible. They can't get to where they need to go.

MS. DAVIS: So if a person has a crisis, a full breakdown, where do they go?

MS. DALTON: They go to the hospital.

MS. DAVIS: Which hospital?

MS. DALTON: South Street and Blakely. It's South Street Hospital. They go to the Northern Illinois medical center.

MS. DAVIS: Okay. Thank you.

I would like for April to come up.

MS. PUKS: Hi. My name is April Puks,

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and I'm --

MS. DAVIS: Could you spell it, please.

MS. PUKS: A-p-r-i-l P-u-k-s. And I would like to thank Thresholds for everything they have been doing for me. I've been recovering for at least five or six weeks being there, and we need some more funding for it to keep it open.

MS. DAVIS: Thank you.

Todd.

MR. EVANS: Hi, everybody. My name is Tod Evans, T-o-d E-v-a-n-s. I want to thank the state for my CILA while I had a community living arrangement, but I had to give that up because the state went broke.

I want to turn my disability into ability and eventually be on my own. I'm a married man. And I got bipolar/schizophrenia. And there is hope if there's enough to back us where I can turn that disability into ability. And I want to thank Julie Gibson, Tracy Suse, Catherine Dalton and the people from Thresholds. And don't forget Brenda Druno. She is a very important person.

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I want to thank you again for my CILA. We need this money bad. My wife has traumatic brain injury. I like the changes to turn disability to ability. But we need the support to become available to us to become on our own, whatever it takes. And I'll leave that up to you guys and the rest of the staff here. Thank you very much.

MS. DAVIS: Tell us a little bit. Are you saying CILA?

MR. EVANS: It stands for Community Immigrated Arrangement. It's through the State of Illinois. It's in the Section 8. It's not housing. It's a special program through the state.

MS. DAVIS: Okay. Community Immigrant --

MR. EVANS: Living Arrangement. And I got that through Family Services in McHenry from the state.

MS. DAVIS: And they cut the funds?

MR. EVANS: Yes.

MS. DAVIS: And that has essentially left you homeless?

MR. EVANS: No. But it was close to it. I don't have it anymore. Put it that way. The state went broke at the time.

MS. DAVIS: And when was that time?

MR. EVANS: A couple of years back before I got into Thresholds.

MS. DAVIS: 2003?

MR. EVANS: Approximately, yes.

MS. DAVIS: And with Thresholds you're able to stay there?

MR. EVANS: I get housing through Thresholds.

I wanted to make a comment that really hurt me. If you know my illness, they were fighting Seroquel, and they were fighting Zyprexa. And now they got the Part D. But we really got hurt by that. And I got an emotional illness so it takes me a lot of courage to say some things that are absolutely true.

MS. DAVIS: You have not had your medications for a while?

MR. EVANS: No. I got my medication but the doctor had to fight for it. The pharmacies were upset over the Seroquel and

Zyprexa. And a lot of people that are out there that are mentally ill depend on that for bipolar and schizophrenia. So Medicare had a plan. But a fear of mine with Medicare is they'll become HMO. If they become HMO, then we won't have a choice of picking our own doctors. You see my point?

MS. DAVIS: Right. And I just want to ask a little bit more about the housing arrangement. Do Thresholds have scatter site housing?

MR. EVANS: Yes, they have 50 houses from here to Chicago.

MS. DAVIS: 50?

MR. EVANS: 50, yes, from here to Chicago. Though, not here in McHenry County. So that cuts funding way down. They got to support the housing for us mentally ill that try to turn the disability of mentally ill into ability because it takes a lot to raise my wife.

MS. DALTON: I just --

MS. DAVIS: Please, repeat your name.

MS. DALTON: Catherine Dalton.

I just wanted you to know that Merna

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Druno is the president for the National Alliance of the Mentally Ill of McHenry County so she advocates for housing.

MS. DAVIS: How many beds.

MS. DALTON: Seven per house. And we have three houses from Nomie. And then there's Thresholds' houses and Pioneer also has homes. Pioneer Center has homes, as well.

MS. DAVIS: Okay. Thank you.

Linda Mendez.

MS. MENDEZ: Hi. My name is Linda Mendez. I'm 48 year old single White female in America, and I'm uninsured. I have raised two children alone from the ages of five months and 18 months. I did this by working hard, often working two jobs. I did this without the help of public assistance, Section 8 housing or Medicaid.

Presently, I suffering from Carpal Tunnel Syndrome, ruptured cervical disks, chronic pancreatitis, chronic gastritis, irritable bowel syndrome, periodontal disease, high blood pressure and cholesterol, and let's not forget depression. Gee, I wonder why.

The State of Illinois has denied me Medicaid, even though I'm uninsurable. Social Security disability, even though I can't work. Vocational rehabilitation, even though I don't know what job to retrain for since my disability. It's also worth noting that private insurance companies will not cover my many preexisting conditions. According to the Urban Institute of Justice Policy Center, prisoners are the only population in the U.S. with the constitutionally protected right to health care. I want to know why the deviants in our society are given preferential treatment over law abiding citizens.

Okay. 45.8 million people in America do not have health care coverage. 40.8 million of these are under the age of 65. 5.5 percent of America's population failed to obtain needed medical care due to cost.

As I explained earlier, I've been denied state services because I am not blind. I have no minor dependents. I am not 63 years of age, and Social Security does not consider me disabled. And you heard the laundry list.

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In order to be a productive part of society again I must have physical therapy and possible surgery for my painful orthopedic problems, dentistry because my teeth are causing severe pain and chronic infection, which is now being connected with heart disease; a colonoscopy for proper diagnosis and treatment of my bowel disorder and evaluation for cardiac problems.

When I need medical care, I'm forced to go to clinics with limited funds and medical resources. If I need to see a specialist, forget it. Often a specialist will volunteer to see an indigent patient like me, but after one visit they back off. They know if they continue to see me, they won't be paid. I have absolutely no continuum of care, and sometimes I have to resort to emergency rooms for my treatment. In the ER I am usually given a narcotic injection so they recognize my pain. But then knowing I'm uninsured, I'm given a script for the same drug and sent out the door with no solution. If I were to fill out those narcotic prescriptions, I would definitely be

addict. If by chance I am admitted to a hospital for abdominal pains, for example, I'm only brought to clear liquids, never solid food, before my release.

At one time I saw 15 different doctors for severe abdominal pain, and they all gave me prescriptions for some sedatives, others for pain drugs or antispasmodics. Not one of these physicians really helped me. Why? Because I was uninsured.

If I wouldn't have had a meltdown in the ER and started screaming lawsuit, I wouldn't be speaking to you folks today. You see, I had gangrene of the gallbladder, a condition that doesn't happen overnight.

The quality of my medical care is horrendous. In 1998 I had Blue Cross and Blue Shield Insurance. And at that time I saw many of the same doctors I've been trying to see now. In 1998 my care was excellent, and now these same doctors treat me like a pariah. Unfortunately, I lost my Blue Cross and Blue Shield Insurance when I was let go from my job at a hospital. I was not able to perform the

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physical demands of my job. You see, during a three-month period, I was hospitalized two times. Once for a gynecological problem and the second time for pancreatitis. After my Cobra benefits from that job expired, I have never, to this day, been insured again. 1998, that's eight years.

Some of the goals of the Health Care Justice Act of 2004 are all residents of Illinois will have access to quality health care that's affordable, be provided access to a full range of acute, preventative and long-term health care services; be provided portability coverage regardless of their employment status, be provided core benefits.

I for one would really benefit from the Health Care Justice Act because of my constant pain. I have not worked since -- full time since February 4, 2004. I must take care of my health problems so I can go back to work. Right now I'm being supported by food stamps, Section 8 Housing, Lihead Energy Assistance and emergency help from the Salvation Army, my family, my friends and you. With proper medical

care I can return to work. I'm 48 years old, not 68. And I'm certainly not ready to retire. Thanks.

MS. DAVIS: Linda, I need to ask you some questions.

MS. MENDEZ: Sure.

MS. DAVIS: Have you sought a lawyer for your SS denial?

MS. MENDEZ: I'm going to do the appeal process now again.

MS. DAVIS: Because there are lawyers, low-income lawyers, who specialize in this process. We're seeing some success because they're so stringent on their definition of disability. However, the lawyers know the proper language in which to document your need. So I would advise you to get the legal aspect.

And is there any free clinics in this area.

THE WITNESS: Yes, there is, but they do not have availability to an orthopedic consult. And often they would send you off. And then the doctor will back down. I was sent from a free clinic. The doctor backed down. I

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never made it through the door.

MS. DAVIS: What was the free clinic's name?

MS. MENDEZ: It's a great clinic. It's called Family Health Partnership Clinic. They help a lot of people in the McHenry County area.

MS. DAVIS: Okay. Thank you.

Elmer.

MR. ZARNDT: Thank you for letting me talk. My name is Elmer Zarndt, E-l-m-e-r Z-a-r-n-d-t. I am a self-employed farmer. And like everybody else in my field of business and every other individual, self-employed people, we are on our own as it comes to health insurance. There is no group policy that we can get into to help with the medical cost.

My wife has diabetes and several other major medical problems. I have had brain surgery, back surgery in 1993 and some other medical problems. Right now I'm going for therapy for my back four times a week at about $150 a crack, which I'm not sure if the insurance is even going to cover.

We have been trying to find a coverage

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of somebody that will pic us up. And with our health problems they will say, no, we don't even want to talk to you.

Here's some numbers that I came up with last year. My medicine was $4,812 --

MS. DAVIS: I need your age, Elmer.

MR. ZARNDT: 58.

The doctor, hospital above what the insurance covered was $6,411. On top of the insurance premiums of $13,104. Which last -- six months ago was raised 34 percent which puts me this year at $15,260. On top of $5,000 of medical expenses as of the first of April.

Last year my net income from the farm after farm expenses was $52,000 subtract $24,360 in medical. That leaves us $27,640 to live off of, which covered -- self-employment tax got to come out of that, half of our living expenses, utilities come out of that and everything else.

Back when President Clinton was elected into office, Hillary tried to get the health reform started there.

My daughter, oldest, daughter had lupus. And she was running out of our family

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policy. Plus, the doctor wouldn't cover her anymore. We were contacted by Carol Mosley Braun to do a story about us in Washington, and they did -- Carol Mosley Braun took our story to the Senate, and told them -- and said that we are an example of people needing health care reform. Also, WGN Channel 9 did a story on us afterwards. Wisconsin has just initiated a group starting up where people -- industries that farm people and stuff like that come together and combine their employees to try to get that many people a group policy, which it just started. And also the state of Wisconsin is trying to put self-employed people under the state employee insurance program. I'm not sure if that started yet or not. But this morning I heard the state of Massachusetts has just initiated a policy where everybody will be issued a policy somehow through different ways and stuff like that. And, basically, I think that about covers what I have to say.

MS. DAVIS: Well, Elmer, one of the processes that we're going to be going through is we're having 22 hearings, and this is the

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21st. And we have one more in Collinsville. We have hired a consulting firm, who is going to look at these plans that the commission can vote on the best plan that covers everything and that doesn't break the bank. And it will be recommended to the state legislature. So when that happens, then we will have to look at, you know, one of the biggest things in the funding. Trying to get the proper funding for the -- for this massive project because, again, 1.8 million people are uninsured in this state so we assure everybody how will we pay for it. And we're trying to do that. And we're well aware of these other states' efforts. And so we don't want to be like Tennessee, and we don't want to be like Kentucky. So we're hoping that we can come up with a plan that will meet everybody's needs and not break the state.

MR. ZARNDT: I hope so.

MS. DAVIS: Thank you.

We'll start with Dan. Please, state your full name for the court reporter.

MR. LARSEN: Dan Larsen, L-A-R-S-E-N.

I am a minister at the congregation

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Unitarian Church in Woodstock. And I wanted to relay our experience with people who need health insurance.

We are one of the seven churches in McHenry County that does operate a PADS program for the homeless. And we have 40 to 50 homeless people staying there every Wednesday night. None of them have health insurance. All of them have huge health needs that are not being met. We also administer a direct assistance program with ten other churches in Woodstock. And we serve about 300 low income families a year. Most of them do not have -- almost all of them do not have any kind of health coverage. Most of them are working families that make minimum wage, and are contributing to our society, but are not receiving any kind of free or reduced-price health care. We also work a group here in McHenry County called the Latino Coalition serving Latino families, which is a very rapidly growing population. Most of the Latino persons that we see, whether or not they're documented, also do not receive any kind of regular health care.

We did a survey among our own communities. It's a small church with 200 members, but ten percent of our own members also do not have any kind of health care coverage. So it's not a problem just with low income or minority people. It's a problem with middle class people as well.

The Family Health Department Partnership Clinic that was mentioned, is the only place that I know of in McHenry County, other than emergency rooms, where people can get free or reduced priced health care. The needs are comprehensive. It's basic medical care. It's certainly any kind of specialty medical care is almost impossible to get.

Dental. The dental problem is almost worse. There's absolutely no dental care available to people. And prescription drugs, if it gets any worse than dental care, is probably the worse part. It's no help for prescription drugs. And if you have ever been sick and you need a prescription and you can't get it, you know what that does to you. It's a horrible situation.

So those are our experiences of our church and anything that you can do to help, anything that we can do to help, we would be happy to.

MS. DAVIS: Do you have a parish nursing program?

MR. LARSEN: Yes, we do.

MS. DAVIS: And all seven churches offer just one --

MR. LARSEN: No, not in all seven. But we do. And I know some of the other churches do, too.

MS. DAVIS: Okay. Thank you.

MS. MITROFF: I'm Pam Mitroff.

MS. DAVIS: Ann.

MS. PUCCINI: My name is Ann Puccini, P-u-c-c-i-n-i.

And years back I was divorced from my husband. And I had an auto accident that put me in a wheelchair for approximately a year, year and a half. Shortly after the accident, I moved to San Diego and found a doctor who assisted me to teach me to walk all over again. I did remarry my ex husband; however, within a year he

was diagnosed with Lou Gehrig's Disease. He had just started a new job, no insurance, no savings. And I took care of him at home for three years. We lived on my disability check. However, we lost our home because of his medical bills. He died two days after the Social Security disability check was deposited, which they immediately removed three days later.

After he passed away my company insisted I return back to Chicago. My disability check ended, and I attempted to return to work. I was unable to physically pass the requirements of standing on my legs for more than four hours and lifting luggage up to 70 pounds. They agreed to an early retirement based on total disability. My medical insurance ended in one year leaving me with no insurance. I had then to fight Social Security to be accepted for Social Security disability. They even took me to court. And even though I finally won, it took a three-year period and a lot of medical records. I had sold everything. I had to purchase a small home. That home physically collapsed due to complications of a

pipe freeze. Then this a stroke. I had several other medical issues with my legs. With the help of Camco, I purchased a tiny home in Wonderlake. I had four hospital emergency visits in 2004, which I have finally just paid off. With Medicare coverage there were balances due. I had surgeries on an out-patient basis because I could not afford in-hospital care. My doctor of 24 years has helped me with some of my prescriptions. However, when he retired my prescriptions would cost me more than 80 percent of my mortgage. The Medicare D coverage which has taken $110 this month of my Social Security check. I have no card, no verification. It has a $250 deductible, $29 per month with the cap. And the only item I have received is a 66-page instructional booklet, which I can't make heads or tails out of. I only have the Medicare. I live alone. Make ends meet.

However, at age 70, the worry of additional medical problems are insurmountable. I still must work or I can realistically again lose my home. I receive no benefits other than an hourly wage where I work. What happens now?

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I've been a fighter, and I will continue to be one. But where do we turn? I just had X-rays this morning. And I now have to go to an orthopedic specialist. I don't have the money to come to pay for the doctor, hospital much less the pain medications.

Medications are sent to other countries. There are free clinics. However, with seniors, we pay with our life, and we'd like to continue to live it. That's it.

MS. DAVIS: Mark.

MR. PARRINGTON: Thank you. My name is Mark Parrington. I am Senior Vice President with Centegra Health System which is composed of Centegra Northern Illinois Medical Center in McHenry and Centegra Memorial Medical center in Woodstock and some thirty other points of care situated throughout McHenry County. It has been our privilege to serve the health care needs of the residents of McHenry County and surrounding communities for nearly 100 years. Centegra Health System has long been concerned with the crisis of the uninsured and underinsured; in fact, as a sole community provider for so many

decades, we have by necessity made it our responsibility6 to bridge that chasm. So it should go without saying that we support efforts to find reasonable and workable solutions to the uninsured crisis. Our collective failure to do so will be nothing short of devastating.

On behalf of the almost 4,000 associates, volunteers and physicians who comprise the Centegra Health system Family, we commend the members of the Adequate Health Care Task Force for taking on such an important responsibility to work to find potential solutions to this critical societal issue. And we commit to sharing that responsibility with you. But we would be remiss in not underscoring our belief that this is a critical societal issue and one that we all need to address together if we are to find a workable solution.

It is also a subject that evokes strong feelings. After all it can be a matter of life and death. But given that this is an expansive issue, we need to remove ourselves from the highly charged and adversarial atmosphere that has come to surround this issue, explore the

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facts objectively, and seek workable solutions that reflect our common concerns.

There are two critical points we should all be able to agree on: The immediate problem of the uninsured and the underlying national social problem.

The citizens of McHenry County have chosen to live here for the quality of life this area offers. And we understand that underlying that quality of life is the state of our health. For too many, our current health care system does not work and, in failing to do so, jeopardizes that quality of life. Our health care system seems to unfairly penalize some segments of society. Being uninsured takes a significant toll on the individual's mental, physical and financial health. The uninsured often postpone treatment until their condition becomes more serious and more expensive to treat. They live with chronic illness. Being uninsured affects their entire lives, and may even shorten their lives.

A key component of the challenge is the growing number of uninsured, and resolving that

challenge is a responsibility we all share. Lack of access to health care for millions of our neighbors is simply not acceptable. Together we must build a system that guarantees basic health care services to all. That is why we are here today and why we support your efforts in meeting the mandates of the Health Care Justice Act, which established the Adequate Health Care Task Force.

Like hospitals all over the state of Illinois, Centegra is committed to serving the health care needs of people in our communities. We do so regardless of their ability to pay, their insurance status or their citizenship. We treat patients from every segment of society, 24 hours a day, seven days a week, 365 days a year. Our patients and our communities depend on this. They turn to us in times of crisis. They want and need us to be there for them and we are. In every sense of the words, we have become the health care safety net for the uninsured and underinsured.

In Centegra's most recent fiscal year, we provided direct health care services to the

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uninsured and underinsured at a net cost in excess of $36,845,000. In addition we absorbed in excess of $21,000,000 in bad debt costs for those patients who have chosen not to pay for the services they received. In each case these costs represent an increase of approximately ten percent over the prior year. An additional $865,000 was provided to the community in the form of benefits to other needy populations that may not quality as poor but that require special services and support. Examples include the elderly, substance abusers and victims of child abuse. Examples of these programs include a group of people with life-threatening illnesses, a breast cancer support program, a bereavement support group, a support group for people and their families recovering from strikes, and a support group for survivors of traumatic brain injuries.

Centegra also provides a variety of educational programs designed to promote the wellness of all members of the community. Although many of these programs are offered for a low fee to help defray costs, this fee is

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waived if the participant does not have the ability to pay. Programs offered include smoking cessation clinics, weight control programs, diabetic education, baby-sitting clinics, CPR classes, and infant and child saver classes, among other educational programs.

Centegra maintains a policy of providing financial assistance to those patients unable to meet the obligations incurred as a result of the health care services they or members of their family required. Well-trained and compassionate financial counselors are assigned to each patient requesting assistance or appearing to need assistance. Every effort is made to quality these individuals for existing programs of financial assistance such as Medicare, Medicaid, Family Care, KidsCare, etc. If those resources do not exist or are not adequate, Centegra provides a number of programs designed to alleviate the patient's obligation in its entirety or to lessen it to a point that it can be reasonably accommodated under the patient's economic circumstances. Charity care is afforded to those families with incomes up to

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150 percent of the Federal Poverty Guidelines. Patients whoa re truly self-pay without insurance coverage and unable to quality for other assistance, may quality for discounts ranging from 25 percent to 35 percent of their obligation.

Centegra also has been very supportive of initiatives to help the state obtain increased federal funding for Medicaid, such as the Hospital Assessment Program. A new three-year hospital assessment program now being considered by the federal government will bring Illinois an additional $1.8 billion in critically needed Medicaid funding to help care for our state's most vulnerable populations.

But the benefits that Centegra provides to our communities go well beyond charity care or helping patients obtain financial assistance. As noted earlier, for all practical purposes, Centegra serves as the sole community provider for McHenry County and many of its surrounding communities. The reality of this status becomes stark in the face of essential services provided by Centegra. They are worth mentioning.

Centegra provides a full array of behavioral health services, including the only inpatient services in McHenry County and, in collaboration with the Mental Health Department, we manage the McHenry County Crisis Program. Centegra is also the only provider of inpatient OB/Gyn and neonatal services in McHenry County. Some 2,200 new neighbors began their lives at Centegra last year. It should come as no surprise that the provision of these services alone required subsidies of $8,100,000 last year. And our costs continue to rise as well. Our cost of pharmaceuticals has increased 14 percent over the last year and the medical liability crisis in Illinois has driven our cost of coverage up in excess of 15 percent in one year.

In spite of all these challenges, Centegra remains steadfast in its commitment to provide quality, life-saving care to our patients and to meed the needs of our communities every day. We work closely with the Family Health Partnership Clinics to provide an alternative to more expensive emergency department care for those members of the

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community who would otherwise lack access to affordable care. Many of our associates and many physicians on our medical staffs donate their time and talents to caring for these patients. We work in partnership with the County Health Department and many other interested parties in conducting the Community Health Needs Assessment. We also are vital to the economic health of our communities. As McHenry County's largest employer, Centegra is privileged to employ over 3,200 associates providing almost $160,000,000 in annual salaries and benefits in 2005.

In conclusion let me restate my earlier comments. We commend the members of the Adequate Health Care Task Force for taking on such an important responsibility to work to find potential solutions to this critical societal issue. And we commit to sharing that responsibility with you and all of the other concerned citizens who have come before you in these hearings. But we would be remiss in not underscoring our belief that this is a critical societal issue. We each have a responsibility,

individually and collectively, to craft a workable solution that draws on the resources and commitment of every citizen of this state. There are millions of stakeholders at this table and no single stakeholder has shoulders broad enough to bear this burden alone. Thank you.

MS. DAVIS: I was wondering, are you seeing an increase in Methamphetamine use in the behavioral medicine?

MR. PARRINGTON: Not only in the programs but in the emergency room as well.

MS. DAVIS: What about in the neonatal units?

MR. PARRINGTON: Not yet.

MS. DAVIS: Deanna.

THE WITNESS: Deanna, D-e-a-n-n-a G-r-a-h-a-m.

I am one of the 1.8 million that was without insurance for quite a few years. I was self-employed. And there's just no way you can afford it. I am pretty healthy. I didn't have too many problems, a few accidents. More than likely I had to take use of Centegra, and they really don't just kind of write it off. They

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chase you down and hunt you down with a collection agency if you have trouble paying.

I testified to you the way you are treated. I agree with Linda. It's much different if you don't have insurance.

I had a problem with a rotator cuff. I fell, and I went to the correct doctor, orthopedic. And he said, okay, you know, this is what is happened. Go have some therapy. And I said, I don't have insurance. And he said, well, here's a sheet of exercises. You better do these because, you know, obviously I can't pay for this on my own.

Recently, within the last few months -- well, actually over the last couple of years, I have eye problems. I have retina problems. Within the last three months, I have run up a $15,000 bill for emergency surgery. Who I don't know what's going to be covered, if anything yet, because what I found is that the bill is presented to the insurance. The insurance says, well, gee, it shouldn't have cost that much. They negotiate with the doctor, and the doctor may write some off. But they don't pay the

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rest.

To me, all health care and dental and vision is right now geared to the person who has extremely good insurance. And if you don't have it or if you have, you know, lessor insurance, you're in big trouble. And I'm at a point right now where I can lose my job. I'm not eligible for Medicare yet. There's nobody that is going to hire me or insure me. I mean because I've got this problem.

I was turned down by Blue Cross-Blue Shield when I was self-employed because I had smoked, even though I didn't smoke at that point. But I had taken a pulmonary test at one point and they said you'll always be classified as a smoker so we can't help you.

Inasmuch as you need to get insurance that people can afford, you need to find out why everything costs so much. Why is it $500 for a blood draw? Where is it going? Look at a hospital bill. It's ludicrous.

When I go in to get checked for my eye, I have a co pay. That's another thing I was going to say. My insurance will give you four

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doctor visits a year, and they'll pay. If you're going to monitor for high blood pressure, that's your four visits. That doesn't leave anything for mammogram, Pap smear, if you happen to get sick or in my case I go in and the pay the co pay for the doctor. That's fine. But it's a $225 procedure for them to dilate my eye and look at it. That's mine. They don't pay that. So that's one of my issues as, you know, where are these costs coming from? And, you know, yes, we need insurance. But where did it all start from? Why do we have to have so much costs? It's like Catch 22. The catches are high because of this because of that. I don't know.

MS. DAVIS: We're trying to find that out, too.

MS. MITROFF: We had a presentation, and that was the question that the committee wanted to know about cost versus charge. Was it cost versus charge. So when we find out, we will put it on the website.

MS. GRAHAM: Well, to some people I might have good insurance. To met it's not

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enough though really if I have any major problems. I mean I wrecked my life-style. I don't want to retire and just sit. I'd like to be able to do something. I don't want all my wages for medical.

MS. DAVIS: How much are you averaging per year in medical? You talked about $15,000 of debt. But what are you dealing with the co pay?

MS. GRAHAM: Okay. I have a co pay. They'll pay $30 per doctor visit right now. And most doctors will accept that. But that's four. I mean that's it for the year. So if I see another doctor -- or in one case where I had a problem with a back injury and I already used up my four, then it's all mine, the X-rays, everything. So I think two years ago when I had the first eye problem, I want to say over and above mine -- it was probably $4,000, $5,000 over and above what the insurance paid. Last year it was okay. This year I don't know. I'm scared. So that's what I have to say.

MS. DAVIS: Okay. Ray.

MR. EVERHARDT: I'm Ray Everhardt. My

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name is spelled E-v-e-r-h-a-r-d-t. And I'm here as a member of the congregation of the Unitarian Church in Woodstock and also as president of the Elgin Community College Retirees Association.

And it was my experience working to improve the retirees' health insurance plan that I discovered how great a problem that we had then. Originally, there was no provision made for health insurance or retirees other than to pick up the kind of plan that was available to faculty at a very high cost. Of course the fact that it was subsidized and we were not.

After a number of years of hard work, quite a number of people of the community college teachers were provided with a state health insurance plan, which presently subsidizes former employees but not, of course, dependents.

I mention this because I now realize the state of affairs our state is in with respect to human services and professional services to the public. As we look at our roads and schools, we realize how little the state is contributing to the very need of the services

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and how inadequate our system of taxation is. And as we look to the improvement of our health insurance system, we know that something has to be done to our system of taxation. And so it's so ironic that a bill was not accepted that would have improved the funding of our public schools. Our legislatures would not take a heroic stance and pass the bill that would have taken the load off of the taxes that are paid for schools. In other words the real estate tax. And it doesn't look as though there's much hope there. I mention this because I'm very much aware of the fact that the state has not been willing to do its share. And, especially, I'm aware of this because for eight or more years, the state failed to fund the pension system. The pension systems were not being funded by the state. And the state was depending entirely on the contributions of the retirees, of the employees. Actually, the state is in no better shape today, and the system is probably going to become even worse. So the state has the huge backlog of money that is being pumped into the retirement system. And if

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they're unwilling to provide the contributions for that number of years and even more, are they going to be willing to help subsidize the health insurance for those people that are presently not covered? I think the answer lies in what we can contribute to the improvement of our legislatures. In some way we must pressure them into doing a much better job in providing human services. And I think the general public needs a great deal more education as to how the state system works. And until they are better informed by the press and other media, we're going to continue to live in an -- under an impoverished state system.

We know there will very likely be further cuts in the health insurance plan that I'm presently under. The cuts will be made in order to help subsidize the pension system. The pension system in the state is scandalous, and most teachers do not or are not provided Social Security. So we know that we were guaranteed pensions under the state institution, but that can always be amended. And will the state stoop so low as to do that?

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So I really think we need to get at the essence of the problem, and that is funding. We have a flat tax on this state, and we do not tax pension. I think my pension, as small as it is, could be taxed at a minimal level. I think people with very large numbers ought to be paying something to the state. But presently they're paying nothing to support these very much needed systems. Thank you.

MS. DAVIS: Okay. Ray, a couple of points that you raised. If you will wait just a minute. On the pension fund, as you said it, there was an eight year deficit.

MR. EVERHARDT: Under Governor Thompson there were no contributions made. In other words the state had an obligation to pay.

MS. DAVIS: I'm aware of that. But what I was just going to tell you, if you can review it now, there has been some progress.

MR. EVERHARDT: Very little progress.

MS. DAVIS: But there has been some progress, and there has been a commitment to improve it. And with the issue of the tax for the education, because it was an election year,

it wasn't defeated. It was just postponed. And I think it's going to come back up again.

MR. EVERHARDT: I don't see any heroic act this year. And we've been advised by our state University that the legislature will take another weak stand on funding many things. So it's going to be what happened after the election I suppose.

MS. DAVIS: Yes. I think we need to be vigilant looking at that. And, again, this process is not going to end. And, as you mentioned, we have to deal with the funding of this program.

MR. EVERHARDT: The program seems beautiful to me. And I just didn't understand how a state -- or really it's the federal government's responsibility, but they failed there. We don't have leadership there at the present time.

MS. DAVIS: But just like in education, if you remember our history, it started with the states and then went to the federal. So, as we see, states develop insurance packages.

MR. EVERHARDT: Yes, I see many states

beginning to take responsibility for providing these things.

MS. DAVIS: Right. So then maybe the federal will kick in. Thank you.

We want to just take a five-minute break, and then we have a total of nine more people.

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

MS. DAVIS: We're going to start back. James.

MR. MOWERY: My James is Jim Mowery, M-o-w-e-r-y. I'm a physician practicing at Centegra here in the county and at the Family Health Partnership Clinic in Woodstock.

Being the cynic that I am, I am most suspicious when someone begins to talk about doing something to fix our health care system in any public forum. It always sounds nice, but is always self-serving as none of the players are ever involved other than the politicians who are generally in one political campaign or another.

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The end result is always the same, nothing substantive ever gets done.

The reality is that the system is not going to get changed unless we can someway come up with massive amounts of money to really provide coverage for the 45 million people who do not have access to medical care in that they have no insurance coverage. The only way this is going to occur is to radically change the system as it is, which this society apparently has not intention of doing. To make this fundamental change would mean doing one of two things, either go to a single-payer system or take all the players, doctors, nurses, hospitals, insurance companies, pharmaceutical companies, ancillary service representatives, allied health personnel, medical equipment providers, government officials, trial lawyers, and last but not least, consumers, and put them in a room. Give them a budget. Lock the door and not let them out until they had come up with a way to make fundamental changes in our medical system that would provide basic care for everybody within the prescribed budget.

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In case anyone has forgotten, that is essentially what Hillary Clinton tried a few years back. And we remember how far that got. This is not to say the latter choice could not be done, but rather that the political forces are much too powerful to allow any such change to occur. For one thing, if we were really to try this again, two things wold come out of it be default because of the economics, a two-tiered system and in all likelihood, rationing. Both of these things are absolute poison in the political arena. Of course, we could always consider a single-payer system. But, again, the political clout of all the players in this morass will not allow it. The reality of it all is, however, that there is a very real danger of having a total collapse of the system in the near future, and having to go to a single-payer system anyway as the only logical alternative to enable us to salvage something for everybody.

For the time-being then, nothing substantive is going to change. Thus, we must be satisfied with simple, low cost ideas that at

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least do something to address the problem of the uninsured, and lest you all believe that I am nothing but a harbinger of doom and gloom, I do have something constructive to throw out for your consideration.

I have been practicing medicine for over thirty years in McHenry. And for twenty of those years, I have volunteered my time in first a free clinic in McHenry, and now the Family Health Partnership Clinic in Woodstock. In fact, I currently am the Medical Director of that Clinic. I will undoubtedly be retiring in a very few years and the reality of that will be that in all likelihood I will no longer be able to work in the clinic as I wold very much like. In fact, I would probably work a couple days a week then if I could, much more than I do now. But what is going to prevent that is the fact that I will no longer have malpractice insurance and the cost of maintaining that in order to provide medical care in that clinic for free, will be financially prohibitive.

Clinics like FHPC are able to give the care they do in large part because of the time

people like me do spend there. So here's the suggestion: Expand the Good Samaritan law and allow physicians and other health professional to provide their time and work for free in such clinics without fear of medical liability. Simple idea and yet it gets bogged down as everything else in Springfield because of politics. Not only would more practicing physicians like me be willing to donate their services, but we could continue to do so when we retire. In fact, I believe it would be very feasible and not expensive in the grand scheme of things to come up with tax incentives of one type or another to induce more health care providers to donate their time in providing care to the uninsured. Think of the possibilities. Everyone gets tax incentives these days. Why not apply some of them to health care providers who give of their time to provide care for the uninsured?

So that's it. Rather than to think in grandiose terms which are sure to flop, think in terms of relatively simple things, ideas that will not cost a ton of money but which can have

very real impact on the problem without touching the basic structure of medicine. Because outside of the one minor problem of not providing access to a mere 45 million people, it is a pretty impressive system.

MS. DAVIS: Thomas.

MR. SNODDENH: Good afternoon. My name is Thomas Snoddenh. I am a small business owner. I have problem to supply insurance to employees. The cost is scary as hell.

What I'm going to talk about -- I have so many things I can talk about. I'm going to talk to you about a man who had decent health care insurance. My father had Medicare backed by Blue Cross. He went into Centegra Health Care System. He went in on a Thursday, a very icy Thursday, that took him into the hospital emergency room. They looked at him because he couldn't sleep the night before, coughing, weak, no energy. They looked at his heart and lungs. They cared for that by changing the medication. Kept him in over the weekend. Even though he complained of blacking out when he looked one way, a pain in the head, a bump on his head.

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They didn't look at his head. They said, oh, you just feel that way because you're 70 years old. You're out of your element. And we changed your medication. Go home. You will be fine.

He went home. That entire week his health care declined quickly. Sharp pains in the head. He follows up by his regular care physician. His regular care physician tells him I think it's TMJ. It was not TMJ. He tells him, well, if the Advil you're taking isn't working, switch to Motrin. Take a double dose. You'll be fine.

A week goes by. The weekend passes. He won't let me take him back to the hospital. The next day he falls. I take him by ambulance to the hospital. Not to mention the first visit to the hospital, it was over eight hours in the emergency room before he got cared for. There were people in accidents and stuff. I can see that because there were people coming in with twisted shoulders, broken legs and elbows. I can see why it was so busy. It was an icy day.

The second time going in in the evening

by ambulance I figured he'd get quicker care. I showed up to that emergency room approximately an hour and a half after my son told me that the ambulance had picked him up to find him sitting off of the stretcher in a wheelchair with my sisters pow-wowed around him. I blew up. Everybody tried to calm me down. It wasn't until I blew up to the right people that they said, oh, well, let me take a look and we'll put an order in for a CAT scan right now to take a look at his head.

Well, they did that. A half hour after the CAT scan, I got an apology that he had a cranial bleed and something was going to have to be done soon. And they would get him a bed. The next day they operate on him. Instead of doing a simple boring procedure through the skull to relieve the blood, they had to cut a major portion of the skull out and scoop the blood out.

Being his age, he didn't recover. The brain swelled too much. He died in Centegra.

What I think is happening because there's so many uninsured people is that they're

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coming in at the last minute into an emergency situation blocking up the ICU. There's no beds there.

Unless there's something to make sure that everybody can be treated just smoothly if they're looking into getting the bed filled again. I got no answers. I only brought a story. I got many more. But that's enough. Thank you.

MS. DAVIS: Thank you. Suzanne.

MS. HOBAN: Hi. My name is Suzanne Hoban, H-o-b-a-n. And I am the executive director for the family health partnership clinic. And when I heard that we were the 21st hearing out of 22 hearings I kind of felt like the last girl asked to the dance.

There's a couple of facts about McHenry County that are a little different than the rest of Illinois. We're one of the wealthiest counties of Illinois. The wealth is concentrated in a few areas. That's why we fall through the cracks when it comes to state aid and federal aid. We are the only collar county without a federally funded community health

center. Because of this, our uninsured and our underinsured population only have one place to receive health care, and that's our clinic, a clinic run by volunteer physicians and a lot of community support. But it's just not enough. Last year we saw almost 5,000 patient visits coming through the clinic. We had calls for over 10,000 requests for appointments. So we are able to see half of the people who call us for care. And that was very well elucidated by Ms. Mendez who said it was very difficult to get care in our clinic. It is crowded. It's really, really busy.

Our community looks like an anomaly on the surface because it appears wealthy and falls through the cracks. None of the people are in poverty. And the uninsured and underinsured represent a significant portion of our population.

Our clinic has been in business for ten years. And we had hoped not to be around this long. We hoped someone was going to take care of the problem, and that hasn't happened. And I wanted to echo Dr. Mowry's concern about the

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Good Samaritan Act because we charge our patients. And, again, this is on a sliding fee scale. Most patients pay in average of $10 per visit. And we don't bill people continuously. We don't send anybody through collections. We don't even have an aging billing program through the clinic. But it's important that people feel some responsibility. And 90 percent of our patients pay something even if it's $5. And that's a piece of self-respect and self-worth that is tied up within that framework. That's important.

But, as Dr. Mowry said, retired physician can't volunteer because of the malpractice issue. As you debate and discuss how to implement an overall plan, there's a couple of things that we need to learn from our mistakes. First of all, keep the corporate interest out of it. As the pharmaceutical companies were allowed to write part of the Medicare D Plan. And it prohibits the government from negotiating on drugs we're all paying on health care. Please, don't implement a program without figuring out how to pay for

it.

The newest version of this problem is the All Kids problem. It sounds really wonderful. Unfortunately, providers in our area are dropping it left and right because the state is so far behind in payments for it. So even if you've got a kids card, there's nobody who is going to take it. So they're back on our doorstep. We can't bill for it because we don't provide 24-hour coverage.

And, remember, under the radar providers of care for the uninsured, there's more than 25 free clinics or clinics like ours, not community health center in the state, who are consistently providing service to the most vulnerable populations. The people that we serve at the clinic have very dramatic stories of well-meaning policies gone bad. Test your policies through the system in real situations, large and small, and the experience will help craft a better system for all of us.

MS. DAVIS: What's the name of the clinic again?

MS. HOBAN: The Family Health

Partnership Clinic.

MS. DAVIS: Kathy.

MS. SCHMIDT: My name is Kathy Bergann Schmidt. And I came because I am seeing health care from two ends. I've been a heavy consumer, and my husband and his brother own a small business. And, of course, provide -- well, I shouldn't say of course. Many people don't. But they do provide good health care for their employees. But every year at anniversary time, you don't know what you're going to be able to get for the same money. And it seems every year when it's time to renegotiate the policy, you get less service for more money. So we're a small business. We're saying we can't do this. It's true. It's getting worse and worse and worse. And I got to tell you being the owner's wife doesn't give you the advantage. They throw out your bills, too. So I argue with them and what have you.

My first initiation into the health care system was when our then almost four-year old son got Leukemia back in 1979, and he was treated down at Children's Memorial and

University of Chicago. And so we're talking, you know, heavy duty, high tech pediatric cancer stuff, which was interesting because when you went to check out at University of Chicago and you had your little sheet, they would try to put a little bit of the word on you for how are you going to pay this? Or can we expect some money from you. Except if you came from the pediatric cancer clinic, and they just took your paper and let you go because they knew it was ridiculous I guess.

I spent days, weeks, months sitting around pediatric wards, and you see a lot of sick kids and a lot of sick kids whose parents have good insurance and a lot of sick kids whose parents have no insurance. And they were all just sick kids. There was no reason that my kid got -- should get better care because we had insurance, and the next guy shouldn't. And that should not be a determining factor.

We went for a bone marrow transplant, and we went to the big daddy of them all. We went to Seattle. And we got out there, and they said let's try -- how about rather than doing a

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mismatch from the father, let's try the experimental where they take the kid's own marrow, try to clean it up and put it back in. And we said, well, no. We already discussed that, and decided against it. And I said besides would the insurance pay for that? And the doctor in charge says, oh, that's a very good question. The answer would have been, if the insurance wouldn't pay for it, then they wouldn't recommend me do it. And that's not the way to pick the way to treat your child whether the insurance is going to pay for it or not.

And even having insurance has its problems. So the fact that a person's ability to get health care depends on whatever their employer deems to get them in a system, that is just not working, and some changes have to be made. Thank you.

MS. DAVIS: Laurel.

MS. BAULTT: Good afternoon. My name is Laurel Baultt. I'm actually from Elgin, the 14th Congressional District. I wanted to come up and tell you a few things about what I've learned and experienced about not taking care of

our own.

I'm very blessed to be employed at Garfield Elementary School located in the poorest section of Elgin. 98 percent of our children qualify for free lunch. 98 percent of our children live in poverty. I get up every day and head to this mission field to help connect families to community resources that can help them help their children.

A few months ago I was proctoring a reading assessment for each of our classrooms in the computer lab. Our third grade teacher brought his class to the lab for this test. We get the children settled in. And after they started to work, Mr. Valis started venting about his recent frustrations with teaching. I just stood and listened. What good is this test going to do for these children, he requested. Why do I need to be out of my classroom for this testing and for professional development to learn better ways of teaching? How does this help these children? And he began to tell me a story about the home life of each of his students. You get stories of poverty children

raising their younger brothers and sisters while parents worked; drug and alcohol abuse affecting the families; families living in fear of being separated because of resident status.

And then Mr. Valis got to Maria. It seems just a few years ago when this young lady was five or six years old, Maria's family was mugged in a local shopping center parking lot. The perpetrator grabbed Maria and held her under his arm with a gun pointed at her head and demanded the cash that the family had on them.

Mr. Valis learned about the incident at the fall parent/teacher conference. This is all that Maria thinks about explains her parents. Still to this day Maria can only talk and think about what happened to her. She can't sleep at night. How can she concentrate on learning?

It doesn't take a specialist that Maria and her family experienced an experience so profound that they're all in need of mental health services. But that is impacted by our health care in Illinois. The stigma mental illness, that fragmentation of delivery of Illinois, keeps families like Maria's dealing

with the trauma of health. And how many other Marias are in our public schools across Illinois?

We spend time and money passing Illinois legislation such as Illinois Children Mental Health Act to address the issue, but still Illinois has been graded an F with the National Alliance on Mental Illness for the year 2006. We spend time and money trying to reform public education funding in Illinois. When are we going to get it together to create real sustainable systemic change? Change will happen with all of us. Thank you, members of the task force. And all of the rest of us practice what we preach. Lack of affordable accessible dignified health care is the moral crisis of our time. Yet, we leave our moral principals at the doorsteps of the places of worship and afraid to take them into our public life. And we are too often silenced. But the silence makes us part of the problem. The profit speaks God's word by saying: My people, why should you be living in well-built houses while my temples are in ruins? Don't you see what is happening to you. And

then it gives action now. Go into the hills, get lumbar and rebuild the temple, and I will be pleased and will be worshiped, as I should be. Do not be afraid if you read the Bible. You've read these words over and over. Yet, many of us are afraid to get involved in the discussion in our faith and politics. We have so misinterpreted the separation of church and state that what was intended to be protection from government, intervention has created a separation of the state and religious practice.

As a member of the health care task force, you are in a unique position to take our voices, submit a health care plan to the general assembly of Illinois that will not only advocates dignity for all but a plan well crafted enough to assure passage until we can asure that the we take care of the physical and mental health care needs of all of our children. Do not be afraid to use your moral principals when completing your work this fall.

MS. DAVIS: Okay. Now we want to hear from Pearl.

MS. WALDSPURGER: My name is Pearl

Waldspurger.

I'm here today for myself and my 37-year-old daughter who has a form of muscular dystrophy. Theresa has a tracheostomy and uses a ventilator at night. Without physical therapy her muscles begin to tighten up. Her mouth is freezing closed, and her hands and arms are closing. Her quality of life is unbalanced. That quality of life will collapse extremely and quickly without physical therapy. All this is happening while we try to get payment from Medicaid or the Office of rehabilitation. Misinformation is given by people with good intentions who are too busy to do their job correctly. I am trying to hold down a job while making all these calls during working hours. We are about to lose the services of a good physical therapist that has given us their all.

Medicaid is almost useless to us because we cannot get doctors who are willing to work for nothing. And that is what they get by the time they pay their workers to file and follow up on claims and then wait six months for payment that we'll spend on wages.

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I'm a single mom working full time responsible for my daughter's care. I had a care giver while I'm at work. When not at work, I'm the caregiver.

I'm about to learn to provide physical therapy as well as all the other needs that I must provide her. In the meantime at 61 years of age my own health is slowing down. And I'm unable to obtain decent health care for myself since workers health care insurance has changed, as we've heard, in the past with deductibles and $1,000 a year and very strict rules that cannot be followed since the doctor and hospital are in network. And the labs and our services that we are not able to choose are out of network. Now a colonoscopy cost me $2,000 and does not go far when you're earning $28,000. One-third of that already is out for taxes. Out of the pocket network is now $10,000 a year.

My work options are limited because I need flexible hours to care for my daughter when care givers do not show up. Most places will fire you if you call in late or take off without prior approval, which is not possible when a

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caregiver just does not show up. Finding a good paying job with flexible hours when you're 60 is very difficult.

The stress of dealing with health care is wearing me down financially and emotionally and physically. Most nights I do not sleep due to night time ventilator duties and the stress of wondering of how we will survive physically, financially or emotionally as I continue to age. My prayer is to be able to work until I die to pay for what poor health insurance. That's it.

MS. DAVIS: Thank you.

Susan.

MS. DORAN: I'm Susan Doran.

I am here representing 250 three-to-five-year-old children from McHenry County Head Start. We cover Cary, Crystal Lake, Harvard and Woodstock. I'm concerned about the serious lack of dentists who accept KidsCare or Illinois Public Aid in our local area. The majority of the children I work with, about 85 percent of them, do have health insurance. But they have to travel to Elgin, Carpentersville or Chicago to receive routine

dental work. It is rare to find a dentist who will accept KidsCare or the IPA for the more extensive work that will be needed.

Traveling out of county to receive dental work can be challenging to our families due to transportation issues and time spent away from work and school. This is further complicated when some of the children require four to six appointments to get their dental work completed.

Head Start mandates that children enrolled in the program will receive dental treatment. This is the most difficult part of my job since about 87 children, 35 percent, of the children needed just the cleaning and fluoride when 65 percent need the more extensive care. So they had insurance but have difficulty finding those that will accept it. I've been told that dentists fail to accept patients who have Public Aid due to the inadequate financial reimbursement, both quantity and the timeliness.

MS. DAVIS: Hopefully after this legislative session we may have some relief. We got a bill for dental hygienists to provide some

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of these services. So look for it.

Okay. Dolores.

MS. MANNY: My name is Dolores Manny. I'm with the McHenry County Citizens For Choice. Thank you very much for the opportunity to speak to you this afternoon.

Our group is -- actually works on public policy and is working to expand and protect reproductive freedom and health care through advocacy and education in the area. But we have found ourselves being thrust into a different role at times by calls to help people -- help women get to clinics in other counties and into Chicago for reproductive care because they have no alternative here.

Reproductive health care is a basic health care for women. And our issue is important because the uninsured, unemployed, uneducated and the young arriving at a doctor's office or clinic when pregnant represents for many the only time that they receive medical attention in a year. We know that contraception reduces maternal mortality and improves women's health by providing for unintended and high risk

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pregnancies, and it reduces the need for abortions. Adequately spacing pregnancy improves the health status of women. And when women use a contraception, it means that they are accessing preventative care services from a physician. And therefore when they decide to become pregnant, they are more likely to seek early and regular prenatal care. That will corollate with greater health outcomes for the women and for her child.

The Illinois teen pregnancy rate is 11th in the nation. And in 2002 the total number of women age 13 to 44 in need of contraceptive services and supplies in McHenry County was 33,500.

Women of all ages should not be denied access to contraceptive information and services, and those services should be available without restriction. But that's not the case in McHenry County. We would like to draw the attention of the task force to this lack of care in our county. Thank you.

MS. DAVIS: You have no title ten providers.

MS. MANNY: No, we do not. It was rejected by our county board.

MS. DAVIS: Thank you.

Robin.

MS. PERDIE: My name is Robin Perdie. I am a physician family practitioner. I'm in Woodstock, Illinois, private practice since 1983. And I am currently the president of the Centegra Memorial Medical Staff as well. Thank you for your opportunity to testify this afternoon.

I was preparing my testimony today. And just looking on the internet, I see that Dr. Mowry had mentioned the press release from Massachusetts where there -- I don't know if you have seen it yet. You have seen it. And the other report from Honolulu where they're going to be providing -- they're looking at a single pair -- I can leave this with you if you'd like.

MS. DAVIS: Yes.

MS. PERDIE: And then, you know, through the years, I've been amazed at the length of time that the number of my patients will wait before they seek medical care if they

don't have insurance. And it's amazing how far some of the diseases can advance before they seek care. And if they don't come to my office, they go somewhere else. And a lot of time that's our emergency rooms. And so I applaud to what you're doing to come to a conclusion for this problem.

I think in many ways when you become a victim of our own success because of the lengthening of the mortality of our age. As we live longer, people have more and more health problems. And obviously it becomes a more and more than expensive system. And it runs a muck. It's out of control. And looming in front of us is the baby boomers.

As we all reach the senior citizen age and our health care depends will ever increase, it's obvious that Medicare is in big trouble. I think bankruptcy is predicted for Medicare sometime in the mid-2000s, like 15, 2019, somewhere in that ballpark.

So one of the things that irritates me when you talk about wastefulness is the ongoing defensive medicine of this practice in the

emergency room because they don't know the patients so they have to order every test under the sun to rule out medical illnesses because they're seriously threatened by the lawsuit situation. And it's not uncommon for a patient to go in for a headache and get a CAT scan right away, in spite of what the earlier testifier mentioned. And often times these are things that could be put off with a good follow up.

And another testifier mentioned about mental health coverage. And I couldn't agree more. It's time for insurance companies to deal with mental health as a true medical problem. It's obvious that it's biochemical, and it's not in their head, so to speak, except that it is a biochemical process that requires expert treatment.

Speaking on behalf of the Illinois Medical Society, they have a couple of health reform principals that they have published. One of them says basic health insurance reform is needed including changes in the matter of which rates are determined, individual health risks are treated.

I just want to give a quick little anecdote. I tried to get a group policy in my office a few years ago. And I had a nurse who worked for me. And she had breast cancer ten years prior to that. Because she had had breast cancer ten years ago and was in remission for a long time, we were denied the ability to get a group policy for our office.

So I would encourage to look at the insurance companies. It's aggravating that they report the record profits for the CEOs. The insurance companies are making $25 million a year. So I think that the insurance companies are given the opportunity to cherry pick. They take all the healthy people and they charge up the nose for the premiums. And yet it amazes me with the letters of denial that the patients show me. And I joke with them. They're going to turn you down if you have a hangnail. And sometimes it's not too far from being true.

Then the other principal I just want to state is that all citizens should have the quality of access to a health benefit plan insuring -- or including preventative care.

Thank you.

MS. DAVIS: Robin, I was wondering, are you seeing children?

MS. PERDIE: I am.

MS. DAVIS: And are you aware of the new legislation that came out in terms of increasing your rates for children care.

MS. PERDIE: I haven't actually read the information. I'm aware of it, but I haven't familiarized myself.

MS. DAVIS: We would like for you to be aware of that and track if, in fact, you will be reimbursed within a 30-day time frame.

MS. PERDIE: Okay.

MS. DAVIS: Because that's what is promised to you.

Okay. Paul.

MR. DeHAAN: My name is Paul DeHaan. I'm here to speak on my own behalf. But I want to base my testimony on my experiences as president of the McHenry County Medical Society. And I'm 20 years with the service as a private practice orthopedic surgeon.

This hearing today is testimony to the

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degree to which we are all dissatisfied with the current health care delivery system in Illinois. Our system is a very poorly managed combination of privately and publically funded programs, which result in far too many people without access to affordable, quality care. The economic consequences of this are disastrous regarding lost wages and productivity, worsening of disease processes due to delayed care, and especially the detriment to quality of life to our citizens and their families.

Some of the problems with our current system include Byzantine pricing, discounting and rebating systems in the private sector, uncoordinated care and coverage, steadily rising costs and sometimes dubious quality. Accountability is lacking, and although costs are high, customer service is often poor. There are many state mandated health insurance features that make truly basic risk coverage unaffordable or unavailable.

Although Illinois already has a number of health insurance programs geared for the undeserved, is it clear that there are uninsured

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people who are eligible for existing programs, but not enrolled. This will become all the more important when the All Kids program is implemented. Our current Illinois Medicaid program reimbursement rates and lengthy payment cycles are so poor, that physicians cannot afford to participate when the costs of providing services exceed the payments received. This deters too many physicians and health care professionals from offering care. Here in McHenry County several of my orthopedic surgical colleagues and I see IDPA patients on a quota basis through the Catholic Charities program because of these problems and we have tremendous concern regarding our ability to provide services under future publically funded, state managed systems.

As Medical Director the McHenry County Physicians Organization, I learned first hand that Illinois health care consumers are very poorly tuned to the concept of cost effective utilization of health care resources. This group provides services to 11,000 people under HMO contracts, and our utilization patterns are

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remarkably different from other areas of the country considered mature to the managed care industry. In markets such as Minnesota and California, there are large numbers of people enrolled in HMOs, and their expectations are distinctly different regarding expensive diagnostic studies and referrals to subspecialty physicians. They tend to expect their problems to be treated by their primary care physician, and if initial treatment is not successful, then further studies and consultations are ordered. Here in Illinois, patients and their families expect expensive, aggressive care as soon as symptoms develop, and have little patience for simple, conservative treatment initially. They want MRI scans, laboratory tests, referrals for consultations with specialists, and brand name advertised drugs, rather than generics. Our referral patterns, laboratory and medical imaging, and drug utilization rates were far above averages, and our physicians found themselves spending inordinate amounts of time trying to talk patients into accepting more conservative measures initially. This

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translates to much higher costs, and it makes it very difficult for the organization to remain profitable in a managed care setting.

The Health Care Justice Act calls for a plan that provides access to a full range of preventive, acute, and long-term health care services. We must question whether it is financially realistic to assume that a health access plan for all residents can include unlimited medical care. Cost effective care must be the cornerstone of such a plan. Medically necessary and appropriate care should be defined by an oversight panel that includes physicians, the public and others and much included preventative care, including immunizations, well baby care, prenatal care and family planning.

Any solution to our problems would have to address the need to change health care consumption patterns, and consumers must be part of this change. Focus should be placed on incentives for patient cost containment and participation in health care financial decisions. This means that some sliding scale

payment for deductibles, co payments, and coinsurance must be included in any access plan. Consumer directed health plans such as HSAs show promise in improving consumption patterns.

It appears that the choice before us is either to reform our existing system of a combination of private, competitive health care plans supplemented by publically funded programs, or to gravitate toward a publically funded single-payer system. Certainly a single-payer system in each of 50 states is impossible, and a national or nationalized system is an option that to physicians is ominous. In my training and in private practice, the bureaucracy of the VA, CHAMPUS, and IDPA programs has been overwhelming, and they have been unsatisfactory to both consumers and providers of health care. For those of us who suspect that the conservative revolution of the past 25 years is about to run its course and give way to a swing back to left, making a successful and equitable CDHP program work may be the only way to avoid the rationing and bureaucracy tolerated in other Western

democracies as the quid pro quo for more predictable costs in a higher level of perceived equity. Thank you.

MS. DAVIS: Could you just cite your source for the consumer consumption for Illinois. Where did you find that information?

MR. DeHAAN: The testimony I gave regarding the experiences I've had were as medical director of the McHenry County Physician Organization. We did not publish any of these. My data mainly relates to HMO Illinois data that they provided to us. Regarding both for state and the national stuff came out of professional services.

MS. DAVIS: HMO Illinois?

MR. DeHAAN: Right. It's a product sold by the Blue Cross-Blue Shield Organization of Illinois.

MS. DAVIS: Thank you very much.

Okay. Judy.

MS. SZILAK: Hello. My name is Judy Szilak. And that's S-z-i-l-a-k. And I am president of Woodstock McHenry League of Women Voters. And I'm a social worker with more than

25 years of experience in health care in this community. And I want to just give some composite kind of situation and some areas that we're very concerned about.

One is disabled people waiting to get onto Medicare. A disabled person who has a Social Security disability benefit of $1,000 a month needing to pay a $500 a month Cobra, simply cannot live on $500 a month. And their ability to maintain their Cobra insurance until they get Medicare is very significant.

Another issue is the Department of Human Services. They do pay insurance premiums for people who have health insurance, however, it seems to be a little known fact that DHS workers don't seem to know that. And there's some limitations on that. I happened to stumble upon that. And it's just not a very well-known thing. But it saves the State of Illinois a lot of money to pay the premiums versus paying the cost of health care. And that should be done a lot more often.

Another issue I'm concerned about is capping benefits, for example, limitation on

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rehabilitation benefits. If someone has a traumatic brain injury or a stroke or has brain surgery, if they're only allowed $3,000 worth of physical occupational or speech therapy. They're either going to end up in a nursing home or someone is going to have to stay home and take care of them. They're not going to be independent. Years past people stayed in rehabilitation programs inpatient for months especially with a traumatic brain injury. You may see a person in that hospital for close to a year. And now they're being sent home to the families who are ill equipped to take care of them. And if the therapy benefits are further capped, this creates long-term care problems and we're saving these peoples' lives so we need to do something with them.

Another issue is small business owners who drop health insurance cost because of various problems and have accidents. I have a particular case that the person had to wait for Medicaid to be approved. A lesion was noticed on an organ for the assessment from the accident. And it was malignant. He had to go

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to Stroger Hospital in Cook County, and they are not a Cook County resident and after consulting people that Cook County was the only place. The Cook County tax payer should not have to pay for medical care for a McHenry County recipient. But interestingly enough Stroger Hospital was the only option. The same person had a very serious injury to the arm, and they were told by the surgeon when they got the Medicaid approved that the surgery would have to be done, and this was time-sensitive surgery. And the person lost the use of the dominant arm because it took so long for Medicaid to be approved. And the surgery was never done. And the person who needed both their arms to do their business no longer can do that.

Another issue is just young people in general graduating from school on their parent's benefits but no longer in that system. A 23-year-old young man who happens to smoke and is overweight, has been on the group policy of Blue Cross-Blue Shield for years and years. Answers the questionnaire very honestly. When he goes to get an individual policy, is denied

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by Blue Cross-Blue Shield for insurance on the individual policy. And this is for much less of a policy, probably 60 percent of the coverage that he had in his father's group policy. The Cobra for the father's group policy is $600 a month. And this is just a new graduate 23 years old.

People have mentioned mental health. Very serious limitations by insurance companies. You know, unless you're actively suicidal and also substance abuse, that's sort of a joke in terms of getting services. And they're more interested in putting them in jail than treating the people. The way we treat people now is through prescriptions.

MS. DAVIS: Catherine, last but not least. No one else wants to testify?

MS. PRENDERGAST: My name is Catherine Prendergast.

I would have brought a prepared statement, but I was sitting in Centegra's emergency room all morning and afternoon with my husband. I am here representing the 400,000 women in this country that will suffer from

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breast cancer. I find myself very fortunate because I think I'm number 17 because I was diagnosed January 2. That is not my problem. I'm very happy with my treatment. I'm very happy with my doctors. And by the way I'm employed, and I'm educated, and I'm insured.

What I'm not happy about is my insurance. Apparently I'm uninsured by the biggest insurance company. I believe it's called United. And already I've only gotten one bill, and that bill was from Centegra for a six-hour stint there while I had outpatient surgery. That according to my figures or according to my bill, was $13,000, not counting the surgeon, the surgeon's assistant, the anesthesiologist, the radiologist and so on and so forth.

Now, I don't have a problem with Centegra because I'm getting good treatment. However, when I got my correspondence from United, which you need a CPA to read, I can't figure how I owe $27,000 for a six-hour stint to $37,000 for six-our stint or $3,500 for five-hour stint that they're not paying for.

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The other thing was I had to have an genetic test. Yeah, I am a consumer. My consumption has to do with my life. And I'm not sure how much that cost, but it was recommended by my doctor. And I'm pretty sure it's going to cost me. And this company has sent me letters saying that if I need help getting the insurance company to pay it, they will help me. I don't know what that means.

Even though I have a good prognosis, maybe I won't be able to retire because I'm not going to be able to get any insurance to cover me. So what I want to know is for the politicians in this state and in this country, what in the hell is going on with the insurance companies? They're raking in money left and right. I couldn't even have my biopsy tested at the nearest hospital because they won't take that insurance. It had to be sent out, which delayed my treatment. I just want to know what is going on with the insurance companies. And while I'm at it, what is with the pharmaceutical companies? Because I'm going to have to be on drugs for the next five years. That's all I

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have to say. Thank you.

MS. DAVIS: Marilyn.

MS. HUECKSTAEDT: All of the above. Of course, we can all agree --

MS. DAVIS: Could you spell your name.

MS. HUECKSTAEDT: It's Marilyn and then it's H-u-e-c-k-s-t-a-e-d-t.

I was in the corporate world, downsized a few times, changed careers, and then I was on my -- my insurance was with my husband. I'm 61. He died this January. And surprisingly his company is covering me for two years of insurance. I was absolutely surprised at that and glad. But, again, what will I do in two years because I should still be working now. As schools have been brought in this and every other form of our life, Social Security is the one that is messing me up presently because I work. They take $2 -- every $2 I make, they take a dollar back. So I'm not even receiving any Social Security benefits for my husband until later this year. But if I keep my wages down, then I'd be able to collect Social Security sooner. So in two years when I have no

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insurance, what am I going to do? I'll either have a job that pays me money to pay my private insurance or I'll have money that will pay me some Social Security money. The money is just -- the amount of money I'm going to get is a balance for my mortgage. So right now I'm paying for my mortgage until Social Security hits.

My point is in two years, how do I pay for my insurance? Based on no changes, we know that it would be a lot of money by two years. I don't know what the changes will be. But what I'm saying is society is not working together. Two sides, you know, the hospital and the pharmacists and the -- I mean the pharmaceuticals and everybody. Everybody is just in -- not imbalanced. They're out of balance with everybody. Thank you.

MS. DAVIS: Thank you.

Is there anyone else who wants to testify? You want to say something, sir? Is there anyone else? This is the last opportunity now.

And it's Al.

MR. BUGNHAGN: Hello. My name is Al Bugnhagn. I am a resident at McHenry County.

I've seen my health care decline. This isn't something that is -- you know, this has been like the last 18 years. I have health insurance right now, Blue Cross-Blue Shield. And each year deductibles go up, costs to us go up. And the care seems to decline at the same time. And I wouldn't -- I don't mind paying more. I think we should be getting better coverage. Now, they'd like us to fill out -- they want us to fill out a questionnaire, a lot of personal questions. And they want it to be sent to third-party Web M.D. that is supposed to send us back wellness information. I'm in the process of fighting this. I think there should be a relationship between my doctors and self. I know there's laws protecting personal information, but I don't think I should personally be giving my information to someone like Web M.D. that they say right in their disclaimer that they're not physicians that their information is only put out for educational purposes.

But it's always something. We're on a slippery slope. And I think I'd like to see our politicians lose their pension and their health insurance that they are guaranteed after they leave office. And I think if we cut them off, we'd all see it's uphill for us.

MS. DAVIS: Thanks to everyone for coming. This information will be transcribed and placed on the website. Any additional information that you have, please, submit it in writing. Thank you very much.

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

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STATE OF ILLINOIS)
) SS:
COUNTY OF DUPAGE)

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

Carlotta N. Bombacigno, CSR

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