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001. lsit	National Association of Children's Hospitals Security List re: SSNs and DOBs [partial] (2 pages)	07/28/1999	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 19581

FOLDER TITLE:
GME [Graduate Medical Education] Proposal

2013-0436-S
rc1266

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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National Association of
Children's Hospitals

LAWRENCE A. McANDREWS, FACHE
President & Chief Executive Officer

N • A • C • H

February 28, 2000

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the National Association of Children's Hospitals (N.A.C.H.), I want to express our deep appreciation for your continued leadership in establishing equitable federal graduate medical education (GME) support for independent children's teaching hospitals, such as Arkansas Children's Hospital in Little Rock, AR, and Children's National Medical Center in Washington, DC.

The personal support of the First Lady and yourself on this issue during the past year have meant a great deal, as does your request to increase the FY 2001 appropriation for GME funding for independent children's hospitals, administered by the Bureau of Health Professions of the Health Resources and Services Administration. This funding is important, not only to independent children's hospitals but also to the future of the nation's pediatric workforce and to pediatric medicine.

These institutions not only train a disproportionate number of our children's doctors, they also are the major pipeline for future pediatric researchers. They are the health care safety net for the children in many communities, and they are often the sole source of many critical pediatric services. They also include our leading centers of excellence in pediatric medicine and pediatric research.

Our association and its member hospitals will seek to build on your leadership by urging Congress to provide a FY 2001 appropriation as close as possible to the full authorization of $285 million. This represents the amount required to provide a level of GME support to children's hospitals that is comparable to the level of support that all teaching hospitals receive through Medicare.

Thank you again. Please call upon the children's hospitals if we might be of assistance.

Sincerely,

Lawrence A. McAndrews

Lawrence A. McAndrews

cc: The First Lady and Melanne Verveer, The White House
Donna Shalala, Secretary, Department of Health and Human Services
Christopher Jennings and Barbara Woolley, The White House

401 Wythe Street, Alexandria, VA 22314
(703) 684-1355 Fax (703) 684-1589

Ann O'Leary
02/07/2000 03:33:57 PM

Record Type: Record

To: Katharine Button/WHO/EOP@EOP

cc:
Subject: Re: Children's Hospitals

participants on call...

---------- Forwarded by Ann O'Leary/OPD/EOP on 02/07/2000 03:33 PM ----------

Barbara D. Woolley
02/03/2000 11:00:26 AM

Record Type: Record

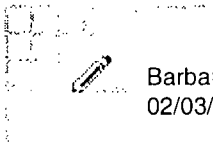
To: Ann O'Leary/OPD/EOP@EOP

cc:
Subject: Re: Children's Hospitals

This is who I would propose for the conf call w/ flotus. I would urge you to allow the NACH to include the additional 3 folks that were not in the original oval office meeting. Horton is the Chairman of the Board for NACH, one talked to the President at a New Markets event recently and the final one is from chicago, Mrs. Clinton's hometown. They make sense to me and its still a very small group, but their leadership. thanks.

***Lawrence McAndrews**, President and CEO, NACH
***Ned Zechman**, President and CEO, Children's Hospital, Washington, DC
***Rand O'Donnell**, President and CEO, Children's Mercy Hospital, Kansas City, MO [former President, Arkansas Children's Hospital, Little Rock, AR]
***David Weiner**, President and CEO, Children's Hospital, Boston, MA
***Ann Langley,** Consultant, NACH [a must]
Joseph Horton, Chairman of the Board, NACH, and Board of Trustee, President, Primary Children's Hospital, Salt Lake City, UT
Larry Gold, President and CEO, Connecticut Children's Medical Center, Hartford, CT **[he talked with the president about this issue at a new markets event recently]**
Patrick Magoon, President and CEO, Children Memorial Hospital, Chicago, IL

***denotes they attended bill signing event with potus and flotus.**



Barbara D. Woolley
02/03/2000 08:15:32 PM

Record Type: Record

To: Ann O'Leary/OPD/EOP@EOP

cc:
Subject: Children's Hospitals

We are confirmed for Monday, Feb. 7, 4:00 pm, for conf call with Melanne and yourself and the 8 folks from the Children's Hospitals. Are you going to do it in Melanne's office?

202/757-2104. The code is 26775

Children's Hospital/Graduate Medical Education Talking Points

As you know, this Administration has worked to improve health care access and quality for all children and Mrs. Clinton, in particular, has fought hard to make children's health a top Administration priority:

- In 1997, we enacted the Children's Health Insurance Program (CHIP) which will provide health care coverage for up to five million children, and has already covered two million children. This year we are proposing to extend coverage to the families of children covered by CHIP by giving states the option and the incentive to cover parents as well, because we know that family coverage not only helps a large proportion of the nation's uninsured adults but also increases the enrollment of children. And Mrs. Clinton will continue her work supporting CHIP and developing innovative outreach and public awareness proposals to educate parents about their options for insuring their kids.

- We have raised child immunization rates to an all time high as 90 percent of toddlers in 1996, 1997 and 1998 received the most critical doses of each of the routinely recommended vaccines. And this year, we are proposing almost $1 billion for childhood immunizations, including the Vaccines for Children program, which Mrs. Clinton helped establish, and CDC's discretionary immunization program.

- We have been working to improve asthma treatment for low-income children. Last year, Mrs. Clinton unveiled our $68 million comprehensive proposal to improve asthma disease management, and to advance research into the causes of asthma, but only a portion of the proposal passed. This year our budget proposes $100 million in demonstration grants to States to test innovative asthma disease management techniques for children enrolled in Medicaid to help these children receive the most appropriate care, and keep their asthma in check.

But one of our greatest accomplishments in the area of children's health last year, was the budget's inclusion of funding to support graduate medical education and training at children's hospitals.

More than anyone else, you know that expertly trained pediatricians are a critical ingredient in providing high quality care to children, and you also know that that children's hospitals play an essential role in their education.

That's why last year, at your urging, Mrs. Clinton worked especially hard to make sure that the budget included $40 million to support the vital role children's hospitals play in training physicians.

This year, our budget proposes to double this amount, providing $80 million to raise support for approximately 60 free-standing children's hospitals to a level more consistent with other teaching hospitals.

Thank you all for your efforts last year, and I hope you will help us fight as hard this year to make sure that this essential ingredient to improving children's health will make it into this year's budget as well.

National Association of
Children's Hospitals

file - children's hospitals - GME $

MEMO

N • A • C • H

TO: Supporters of GME Funding for Children's Hospitals

FROM: Peters D. Willson, Vice President for Public Policy

DATE: October 26, 1999

SUBJECT: **Strong Editorial Support for GME Funding for Children's Hospitals from Across the Nation in Recent Months**

In addition to the broad, bipartisan support that has emerged in Congress, the cause of securing more equitable federal graduate medical education (GME) support for independent children's hospitals has won editorial support from newspapers across the nation in recent months.

The attached packet includes highlights of the coverage on the issue, as well as copies of the full text of individual editorials and stories. They have been consistently very positive.

Among the papers that have given their editorial support are the *Akron Beacon Journal, Boston Globe, Chicago Tribune, Columbus Dispatch, Desert News* in Salt Lake City, *Hartford Courant, Houston Chronicle*, and more.

The coverage includes not only editorials but also op ed pieces, letters to the editor, and news stories. In some cases, such as the *Chicago Tribune* and the *Boston Globe,* the paper has published multiple, different pieces on the issue, including an editorial, news article, and op ed or letter to the editor.

We hope that these copies may be useful to your own efforts to continue to advance this issue in the final rounds of the FY 2000 budget bills working their way through Congress. Our goal is enactment and funding this year.

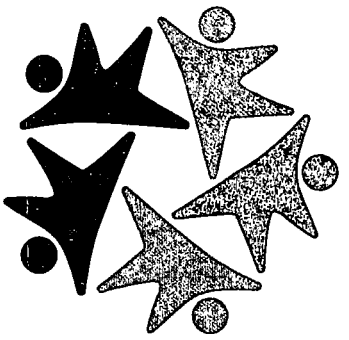
Please call Lisa Tate, NACHRI's vice president for public affairs, or me for more information about press coverage on this issue. And please let me know if we can be of assistance to you in any way.

Enclosure

401 Wythe Sreet, Alexandria VA 22314
(703) 684-1355 Fax (703) 684-1589

An Affiliate of the National Association of
Children's Hospitals & Related Institutions

N • A • C • H



National Association of
Children's Hospitals

What the Nation's Newspapers Are Saying About the Children's Hospitals GME Bill

Chicago Tribune

Tuesday, August 10, 1999

Editorials

Find a Cure for Intern Pay

...One special group of hospitals needs immediate help. Some 58 independent pediatric hospitals across the country, such as Chicago's Children's Memorial Hospital and LaRabida Children's Hospital, have been training interns and residents in highly specialized pediatric specialties without the benefit of even the diminished Medicare surcharge.

The Boston Globe

TUESDAY, JULY 27, 1999

Caring for Children's Hospitals

...Children's Hospital in Boston and other free-standing institutions that specialize in care for young people have been left out of the debate about federal aid to teaching hospitals because, unlike hospitals with a broader focus, they do not get much Medicare support. These specialized hospitals are essential to caring for children with the most grievous medical conditions, and they deserve federal support . . .

...Eventually Congress will have to take a comprehensive look at all elements of medical education. Until that time comes, general hospitals will still be getting Medicare support, and the children's hospitals should be getting a fair share of federal aid.

Houston Chronicle

Saturday, October 2, 1999

Texas Children's: More federal funds to train pediatricians and specialists

...A bipartisan bill entitled the "Children's Hospitals Education and Research Act" that is pending in Congress would bring balance to graduate medical education funding. It would be a splendid investment in the health of our children and this nation's future.

...U.S. Sen. Kay Bailey Hutchison is a co-sponsor of the bill, along with a number of U.S. House members from Texas, including Ken Bentsen, Gene Green and Sheila Jackson Lee, to name several. The Houston Chronicle strongly urges other influential Texans in Congress, including Sen. Phil Gramm and Rep. Tom DeLay, to support this.

Friday, February 12, 1999

AKRON BEACON JOURNAL

OUR OPINION

Pediatric Boost

...Free-standing children's hospitals such as Children's Hospital Medical Center of Akron are in a tight spot. Besides treating sick children, they are teaching hospitals, providing opportunities for newly graduated doctors, called residents, and medical students to train in specialties in childhood diseases.

...If there is more to the call for a healthy start to life than mere sloganeering, Congress should give serious consideration in this session to bills along the lines offered by Brown and Kerrey.

What the Nation's Newspapers Are Saying About the Children's Hospitals GME Bill

The Boston Globe

AUGUST 23, 1999

Help Children's Teaching Hospitals

by Philip A. Pizzo

The path to leadership in children's health care is neither easy nor cheap. Pediatricians must train three to eight years beyond medical school. Fortunately, during this period, these young men and women are not only learning but also contributing to improving the lives of children at the bedside and in the research laboratory. Unfortunately, these contributions are in peril as a result of a funding gap unique to independent children's hospitals . . .

Both Republican and Democratic leaders, including the entire Massachusetts delegation, are sponsoring legislation called the Children's Hospitals Education and Research Act to fund pediatric graduate medical education. We hope that members of Congress throughout New England will be as supportive so that critical financial relief is provided to children's hospitals . . .

The Columbus Dispatch

Monday, September 6, 1999

Reimbursement Policies Hurt Pediatric Hospitals

A loophole in the federal graduate medical education law keeps most independent children's hospitals from being fully reimbursed for training. About 60 independent children's hospitals nationwide train residents; six are in Ohio . . . Two bills introduced this year in Congress would provide a quick fix and would appropriate money for independent children's hospitals . . .Sen. Mike DeWine, R-Ohio, is one of the legislators promoting the bills, Children's Hospital officials said . . . If children's hospitals cut back on training residents, communities will feel the impact, Jerry Friedman, director of the Association of Ohio's Children's Hospitals said . . .

DESERET NEWS

Monday, September 20, 1999

Kids' Hospital Seeks Equal $$

Primary Children's Medical Center has joined with other teaching hospitals that serve children to ask for fair pay to cover the cost of training physicians . . .The entire Utah delegation has signed on as co-sponsors, which is good news, Primary Children's CEO Joe Horton said. But there's nothing to indicate the bill will become a priority issue, and if it doesn't come to a vote, it won't be resolved. The national association wants people to call 1-800-353-7627 and ask that a postcard in their name be sent to members of their congressional delegation . . .

Chicago Tribune

Saturday, September 11, 1999

Letters

Miraculous Care

by Jenny Kustra-Quinn

As my baby approaches his first birthday, I want to commend the Chicago Tribune for addressing the issue of graduate medical education (GME) funding in the Aug. 10 editorial 'Find a Cure for Intern Pay.' Funding for residency programs at independent children's hospitals is an issue close to my heart . . . Thanks to the extraordinary level of care from doctors and residents at Children's, Brendan experienced a miraculous turnaround and was able to come home after six weeks in the hospital . . . Unfortunately, unintended federal funding inequities are causing losses of millions of dollars each year and are putting Children's Memorial Hospital's residency program and many others across the country at risk . . .

What the Nation's Newspapers Are Saying About the Children's Hospitals GME Bill

Chicago Tribune

Tuesday, August 10, 1999

Editorials

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...One special group of hospitals needs immediate help. Some 58 independent pediatric hospitals across the country, such as Chicago's Children's Memorial Hospital and LaRabida Children's Hospital, have been training interns and residents in highly specialized pediatric specialties without the benefit of even the diminished Medicare surcharge.

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...Eventually Congress will have to take a comprehensive look at all elements of medical education. Until that time comes, general hospitals will still be getting Medicare support, and the children's hospitals should be getting a fair share of federal aid.

DESERET NEWS

Sunday, September 6, 1998

Close Med-Student Funding Gap

...Utah's congressional delegation should strongly support the Children's Hospitals Education and Research Act, which would level the funding field for Primary Children's Medical Center and other independent children's teaching hospitals . . .

...The Children's Hospitals Education and Research Act would stabilize the funding system until a permanent, fair funding solution is worked out nationally. Utah's representatives and senators, with their strong vested interests, should be at the forefront of pushing that measure through Congress. Rep. Merrill Cook is on board as a co-sponsor. The others should follow suit.

Friday, February 12, 1999

AKRON BEACON JOURNAL

OUR OPINION

Pediatric Boost

...Free-standing children's hospitals such as Children's Hospital Medical Center of Akron are in a tight spot. Besides treating sick children, they are teaching hospitals, providing opportunities for newly graduated doctors, called residents, and medical students to train in specialties in childhood diseases.

...If there is more to the call for a healthy start to life than mere sloganeering, Congress should give serious consideration in this session to bills along the lines offered by Brown and Kerrey.

The Hartford Courant.

THE OLDEST CONTINUOUSLY PUBLISHED NEWSPAPER IN AMERICA

EDITORIALS

Toward A Healthier System

Times are not good for teaching hospitals. A large chunk of their funding to train physicians comes from Medicare. The Balanced Budget Act of 1997 put curbs on those grants. Coupled with a greater number of uninsured patients and reduced hospital stays due to managed care, teaching hospitals face a financial crisis.

The challenges are even more daunting for freestanding children's hospitals, such as the Connecticut Children's Medical Center. The federal funding system all but ignores their needs. Grants for training doctors are based on the number of Medicare patients the hospital treats. Since children's hospitals treat very few to none, they get less than a half-percent of what other teaching hospitals receive.

Thanks to U.S. Rep. Nancy Johnson of New Britain, the outlook is better for the Hartford-based regional hospital and about 50 others that treat only children. Through Mrs. Johnson's initiative, the recently approved House version of the Health Research and Quality Act includes an amendment for $565 million over the next two years to train pediatricians at children's hospitals.

This initiative does not cure inequities, but it will provide temporary relief pending reform of the system. The Johnson amendment must be reconciled with the Senate version of the bill, which does not contain the provision. Ultimately, Congress will also have to appropriate the money that's promised in the act.

But it's a healthy start. Surely, a hospital that caters exclusively to children deserves the same support as one that treats adults. Almost 30 percent of pediatricians are trained at children's hospitals. These institutions educate about 5 percent of all medical residents nationwide.

It makes sense that pediatricians should be trained where the children are.

Chicago Tribune

FOUNDED JUNE 10, 1847

SCOTT C. SMITH, *Publisher* HOWARD A. TYNER, *Editor*

N. DON WYCLIFF, *Editorial Page Editor* ANN MARIE LIPINSKI, *Managing Editor*

JAMES O'SHEA, *Deputy Managing Editor/News* GERALD W. KERN, *Deputy Managing Editor/Features*

R. BRUCE DOLD, *Deputy Editorial Page Editor*

Editorials

Find a cure for intern pay

Congress has gone home for the summer after promising a big tax cut the nation cannot realistically afford. President Clinton has gone off to stump for Al Gore, promising new spending programs like a pharmacy benefit for Medicare.

Back in the real world, however, those charged with meeting the here-and-now needs of everyday Americans scramble to keep up with fast-changing conditions that Washington seems not to notice.

Take the problem of graduate medical education.

Until recently there existed a symbiosis in which young medical school graduates got their hands-on training as interns and residents at large medical centers or "teaching" hospitals. Their modest salaries—a fraction of what they stand to make as independent practitioners—were rolled into hospital overhead and billed accordingly. Then along came the double whammies of managed care and the federal Balanced Budget Act of 1997. Private insurance plans became unwilling to pay the doctor-in-training surcharge, and Congress, by capping the growth of Medicaid and Medicare, triggered a scaling back of reimbursements for that purpose.

It would be one thing if Congress or the White House put forward an alternative for funding graduate medical education. They have not. Recently the National Bipartisan Commission on the Future of Medicare timidly suggested the function be separated from Medicare, but Clinton's rejection of that report has pushed the issue by the wayside.

Interns and residents, however, get paid by the week. What's needed is a total revamp, preferably one that removes doctor training from Medicare and places it with a more focused grant-making agency such as the National Institutes of Health.

In the meantime, one special group of hospitals needs immediate help. Some 58 independent pediatric hospitals across the country, such as Chicago's Children's Memorial Hospital and LaRabida Children's Hospital, have been training interns and residents in highly specialized pediatric specialties without the benefit of even the diminished Medicare surcharge.

So dire is their situation that Illinois' two senators and most of its House members have joined a bipartisan coalition that is sponsoring a four-year, $285 million appropriation to help the 58 hospitals pay their interns and residents.

It's a stopgap measure, but a necessary one until Congress and the White House get serious about how the nation should pay for graduate medical education.

The Boston Globe

TUESDAY, JULY 27, 1999

Caring for children's hospitals

Children's Hospital in Boston and other free-standing institutions that specialize in care for young people have been left out of the debate about federal aid to teaching hospitals because, unlike hospitals with a broader focus, they do not get much Medicare support. These specialized hospitals are essential to caring for children with the most grievous medical conditions, and they deserve federal support.

A bill has been introduced to provide the nation's 59 children's hospitals with $100 million next year and $285 million for the following three years to train specialists in pediatric illnesses.

Care of children became a particular concern of Congress two years ago when it passed a law, first proposed by Senator Kennedy, that encouraged states to enroll nearly all youngsters in health insurance programs. Most young people require only checkups and vaccinations, but for those who do get seriously ill, children's hospitals often provide the care of last resort.

That they do is in large measure because of the skilled physicians who work there and were trained there. Nearly 30 percent of the pediatricians and almost half the pediatric specialists receive training in these institutions even though they comprise only 1 percent of all hospitals in the country. The hospitals are also an important source of continuing education for pediatricians.

Representatives of children's hospitals from around the nation will be in Washington tomorrow to make the case for federal support. They follow others from general teaching hospitals, who have been hard hit by cost containment measures in the Balanced Budget Act of 1997.

A commission is examing the issue now and is due to report back by early next month, but it will focus mainly on Medicare support for the major teaching hospitals. Eventually Congress will have to take a comprehensive look at all elements of medical education. Until that time comes, general hospitals will still be getting Medicare support, and the children's hospitals should be getting a fair share of federal aid.

Tribune-Review
Pittsburgh News
Regional News - October 7, 1999

Back to Headlines...

Cure sought for funding crunch

Dr. Mark Hall looks over a chest X-ray at Children's Hospital. (Philip G. Pavely/Tribune-Review photo)

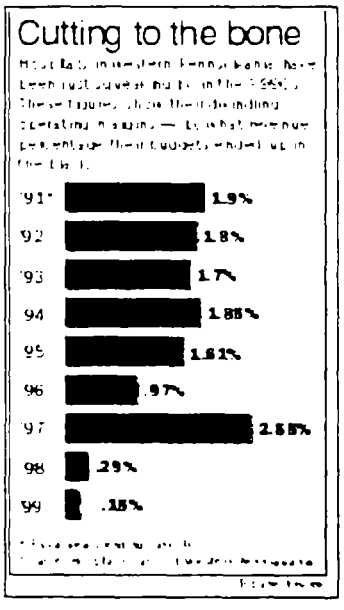
By Lillie Wilson
TRIBUNE-REVIEW

Dr. Mark Hall felt the crunch first-hand.

As the pediatric chief resident at Children's Hospital in 1997, at times he had to buttonhole residents from other Pittsburgh hospitals to keep his rotations full.

"There were residents like that we used and depended on," said Hall, looking back on the administrative vexations of a year when budget restraints forced Children's enrollment of new residents to an all-time low of 17. "If one of those individuals (from another hospital) would change his mind, or suddenly just not be able to come, we'd be out of luck."

The predicament at Children's Hospital of Pittsburgh is hardly unique. With increasing severity, the nation's 59 independent children's hospitals are caught in the same financial vise: paying for residencies and internships - positions largely subsidized by the federal government at adult hospitals - when revenues are decreasing.



Fifty-eight percent of the nation's acute care children's hospitals with teaching programs did not earn enough from patient revenues to cover their expenses in fiscal year 1997, according to the National Association of Children's Hospitals and Related Institutions in Alexandria, Va.

The children's hospitals are hanging their hopes for some financial relief on two legislative measures that would allot federal money to pay for pediatric graduate medical training.

Without such funding, some children's hospitals are "without question" in danger of folding, said Dr. Richard L. Bucciarelli, chairman of the American Academy of Pediatrics' committee on federal governmental affairs.

The lack of money for residencies at children's hospitals, Bucciarelli said, "is putting severe pressure on the nation's ability to provide training for the next generation of health providers for children."

Through Medicare, the federal government earmarks millions to support residencies and internships. But because that money goes through Medicare, only Medicare-eligible patient

populations - generally, the elderly - draw government reimbursements for their attending residents and interns.

According to the NACRI, Medicare's 1983 reimbursement regulations stipulate that only pediatric patients with end-stage renal disease are eligible for Medicare at children's hospitals. Those patients make up a tiny fraction of patients treated at Pittsburgh's Children's.

Last fiscal year, which ended in June, training interns and residents at Children's cost nearly $17 million, hospital officials said. Less than $40,000 of that was reimbursed by Medicare graduate medical education payments.

The difference meant the hospital began this fiscal year with about a $16.8 million shortfall from its intern and residency programs, according to hospital financial statements. That's a significant bite from its approximately $210 million budget.

"To start off the year with that kind of a deficit is incredibly difficult, especially in an era of declining reimbursements," said DeAnn Marshall, Children's director of corporate communications.

The House of Representatives last week passed a reauthorization rider that supported giving free-standing children's hospitals $285 million a year for two years.

Dr. Donald Fischer helps James Hennen, 4, increase his heart rate Wednesday so Fischer can listen to his heartbeat during an examination at Children's Hospital. (Steven Adams/Tribune-Review photo)

See this related story

Western Pa. hospitals hurting

In the Senate, a stronger version of the bill - one that would appropriate $285 million a year for four years - is embroiled in the finance committee's budget debates, according to NACRI.

Peters Willson, NACRI's vice-president for public policy, said it appears Congress now recognizes the unfairness in the system of paying for graduate medical education through Medicare. The question now, he said, is whether Congress will make the issue a high priority and get the funds into the final budget.

Back to Headlines...

The Houston Chronicle
View Related Topics
October 02, 1999, Saturday 3 STAR EDITION
SECTION: A; Pg. 40
LENGTH: 403 words
HEADLINE: TEXAS CHILDREN'S;
More federal funds to train pediatricians and specialists
SOURCE: Staff
BODY:
Texas Children's Hospital is an outstanding institution renowned for its care of children and its graduate training of pediatricians and pediatric specialists.

But it and some 57 other free-standing children's teaching hospitals in Texas and across the nation are in dire need of more federal funding. The funding balance for teaching hospitals is terribly out of kilter.

Medicare has become the only steady source of major income that hospitals can use to cover the costs of graduate medical education. But hospitals like Texas Children's care only for children and receive very little Medicare support to train doctors.

In fact, Texas Children's and other children's teaching hospitals get only 0.4 percent of the support for graduate medical education that Medicare provides to other teaching hospitals.

Teaching hospitals get on average more than $ 66,000 per resident. Hospitals like Texas Children's receive on average less than $ 400 in graduate medical education funding for each resident they train.

But look at the job Texas Children's and other children's teaching hospitals are doing. While the account for less than 1 percent of all hospitals, they train nearly 30 percent of all pediatricians and nearly half of all pediatric specialists. They also provide pediatric training for many general practitioners.

A bipartisan bill entitled the "Children's Hospitals Education and Research Act" that is pending in Congress would bring balance to graduate medical education funding. It would be a splendid investment in the health of our children and this nation's future.

The proposed bill would put children's teaching hospitals on an equal footing with all other teaching hospitals that rely on Medicare payments to support their resident training programs.

The bill would establish a capped fund to make medical education payments to eligible children's hospitals on a prorated basis. Fully implemented, it would cost no more than $ 285 million annually.

U.S. Sen. Kay Bailey Hutchison is a co-sponsor of the bill, along with a number of U.S. House members from Texas, including Ken Bentsen, Gene Green and Sheila Jackson Lee, to name several.

The Houston Chronicle strongly urges other influential Texans in Congress, including Sen. Phil Gramm and Rep. Tom DeLay, to support this measure.

It would be money well-spent - an investment in quality health care for our children.

LANGUAGE: ENGLISH
TYPE: Editorial Opinion

The Washington Post

LETTERS TO THE EDITOR

WEDNESDAY, OCTOBER 6, 1999

Daniel Greenberg's argument that we're heading for a "glut" in the medical profession [op-ed, Sept. 20] is a matter of debate. One undisputed point that his generalization glosses over is that certain medical specialties are facing shortages.

In pediatrics, for example, we're already experiencing shortages of pediatric specialists in pulmonology, rheumatology, pharmacology, adolescent medicine and certain other disciplines, largely as a result of poor reimbursement for the case of the chronically ill child. Mr. Greenberg's sweeping perspective misses those shortages. But if your own child were severely ill, you certainly would want a physician specially trained in caring for children.

Another implication of this growing shortage may be less obvious: If fewer pediatricians train in subspecialties, the number of qualified researchers goes down as well. In children's teaching hospitals, they are, often, the same doctors. That means fewer researchers pursuing cures for cystic fibrosis, chronic asthma, cancer and more.

A great many of the nation's pediatric specialists are trained at the 59 independent children's hospitals across the nation. But these hospitals themselves are facing a severe economic crunch supporting their training programs because fewer and fewer payers cover the added costs of training. In addition, children's teaching hospitals receive little support for training from the one remaining, significant source of **graduate medical education** funding -- Medicare -- because they care for children, not the elderly.

JAMES A. STOCKMAN III

Chapel Hill

The writer is president of the American Board of Pediatrics.

Chicago Sun-Times

Letters to the Editor

By mail: Letters to the Editor, Chicago Sun-Times, 401 N. Wabash, Chicago, 60611
By fax: (312) 321-2120; By e-mail: letters@suntimes.com
Or connect with the Sun-Times Web site at www.suntimes.com
Letters must include name, address and a daytime telephone number.
Letters may be edited for space or content.

Kids' hospitals vital to training programs

There was much to cheer in President Clinton's recent speech on health care for children. His call for aggressive efforts to enroll all eligible children in the government's insurance program for disadvantaged children is right on target. He also recognized another vital need: We have the pediatricians and pediatric specialists ready and trained to provide the care they need.

Independent children's hospitals, like Children's Memorial Hospital in Chicago, represent just 1 percent of hospitals nationwide. Yet they train nearly 30 percent of the nation's pediatricians, almost half of all pediatric specialists and the majority of certain specialities, such as pediatric transplantation. Children across the country benefit from this expertise. For example, Children's Hospital has one of the most comprehensive pediatric transplantation centers in the country. Last year, the Siruguss Transplant Center performed more than 30 liver transplants, making it one of the top pediatric liver transplant programs in the United States.

Unfortunately, the government's current funding for teaching hospitals' training programs is incorporated in the Medicare payment system—the nation's health care program for seniors. Therefore, children's hospitals get only a small fraction of the support they would get if their patients were seniors instead of children. That's bad news for children, because it jeopardizes the programs that train the doctors who care for them.

A bill now before Congress would address the problem. In fact, the House already has passed the Children's Hospitals Education and Research Act, but the Senate still needs to act. The bill is broadly supported by pediatricians, teaching hospitals and others concerned about children's health care. Despite this broad base of bipartisan support, there is a real danger that it will get lost in the shuffle of the budget debate and never make it to the president's desk. We need to make sure this legislation remains a priority.

The president should be congratulated for his leadership on this issue, as should the 22 members of the Illinois delegation who support the legislation.

For the sake of our children, it's time for the full Congress to follow suit.

Patrick Magoon, CEO,
Children's Memorial Hospital

The Columbus Dispatch
library @ dispatch.com

STUDENT DOCTORS FUND HOSPITAL-BASED EDUCATION FAIRLY

Date: Monday, September 13, 1999
Section: EDITORIAL & COMMENT
Page: 10A

The federal funding formula for graduate medical education is inequitable; it should be overhauled. In the meantime, Congress should support a temporary fix in the system that compensates hospitals for training resident physicians.

In 1965, lawmakers, concerned that the rate of training wouldn't keep pace with demand, reimbursed the cost of graduate medical education via Medicare payments to hospitals for inpatient care.

Last year, that policy translated into about $50,000 per resident at Ohio State University Medical Center.

Yet in the same period, Children's Hospital received about $227 per resident.

Obviously, something is out of joint.

Similar inequities affect roughly 60 independent children's hospitals nationwide where residents are trained. Six are in Ohio.

Such a funding gap is unacceptable. Children's hospitals don't do a lot of Medicare business, which typically involves older patients. So these hospitals simply miss the boat. The process is unfair; it should be restructured to provide equity.

When the federal reimbursement plan was created, the main source of funds, Medicare, was supplemented by other sources, including payments from insurance companies. Over time, the alternative sources have dried up while Medicare continues, providing about $7 billion a year.

How hospitals handle their money has changed, too. Before managed care, hospitals combined money sources to pay for various programs. Now, managed-care policies dictate where insurance reimbursements will go. And the burden of indigent care for children has increased. In May, fewer than one-fourth of the estimated 275,000 eligible children in Ohio alone were enrolled in a Medicaid program designed for them.

The buck for those cases often is passed to the billing offices of children's hospitals, which must absorb the costs from an ever- shrinking revenue base.

Two bipartisan bills introduced in Congress this year would create a temporary solution, appropriating money from discretionary sources instead of Medicare.

Sen. Mike DeWine, R-Ohio, is a chief proponent of the bills, which would channel about $7 million a year to Children's Hospital in Columbus.

A permanent overhaul of the entire reimbursement system also is advisable.

Those who complain that such a repair would bring a new program into the mix just as federal lawmakers struggle to cut spending and balance the budget miss the point of the original Medicare-based plan, which was to help pay for the graduate education of all student doctors.

Spending emergency discretionary money to pay for the 2000 federal census -- something lawmakers have anticipated for a decade -- is a reach. Spending money to train pediatric physicians is not.

Times have changed. The time has come to change -- temporarily and then permanently -- how hospitals are repaid for medical training, both to improve the lot of children's hospitals and help them retain these crucial programs.

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The Cincinnati Post

SCRIPPS HOWARD

"Give light and the people will find their own way"

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125 E Court Street, Cincinnati, Ohio 45202 (513)352-2000 Wednesday, October 13, 1999

Editorials

Training doctors

Whatever their disputes over health care policy, there is at least one issue that Republicans and Democrats in Congress ought to be able to agree on: Proper funding for residency programs at independent pediatric hospitals.

Because of a quirk in reimbursement practices, federal funds for graduate medical education go almost exclusively to hospitals that treat adults. The nation's 60 independent pediatric hospitals — Children's Hospital Medical Center in Cincinnati among them — get almost nothing.

This isn't a crisis here in Greater Cincinnati, but it is important. Children's Hospital, which employs about 130 residents on any given day, trains three-fourths of the region's pediatricians and plays a vital role in preparing pediatric specialists. Every dollar spent on training is one that doesn't go to research, construction, subsidized care for poor families or another such purpose.

Residency programs are central to America's unsurpassed system of training medical doctors. By working under the supervision of experienced physicians, men and women fresh out of medical school acquire essential real-world experience.

Without doubt, hospitals receive a benefit from residents. Young doctors routinely work brutal shifts — 80-hour weeks are not uncommon — for low pay, and perform tasks that might otherwise have to be handled by more expensive personnel. Still, it is widely acknowledged that the costs associated with teaching and supervising residents outweigh the financial benefits.

For much of the post-war era, private and public insurers permitted teaching hospitals to recover their higher costs as part of the overhead factored into their charges for services rendered.

The arrival of managed care has all but destroyed the old system. Most private insurers are no longer willing to pay more to teaching hospitals; Medicaid too has cut such funding.

The federal government now funds residency programs primarily through Medicare, the health-care program for the elderly. This works to a degree for adult hospitals. But, by definition, it all but cuts off pediatric hospitals.

Bills pending in Congress would earmark funds for graduate medical education at independent pediatric hospitals (such as Children's Hospital here) which are not affiliated with adult teaching hospitals.

One such measure has cleared the House; the Senate is considering a slightly different approach. The House measure would give Cincinnati Children's Hospital about $13 million a year — roughly what an adult hospital with a similarly-sized teaching program now gets.

No matter how poisonous the atmosphere in Washington, Congress should craft a consensus bill and President Clinton should sign it.

Then, federal policy makers ought to sit down and figure out an enduring method for adequately funding residency programs of all kinds. And while they're at it, they should do something about those 80-hour work weeks.

The Columbus Dispatch

House approves bill to reimburse children's hospitals for training

By Mark D. Somerson
Dispatch Medical Reporter

Dozens of children's hospitals nationwide are a step closer to collecting government funds for training doctors — something adult-care hospitals have done for decades.

The U.S. House of Representatives passed a bill Tuesday night that would pay $565 million over two years to reimburse children's hospitals for training medical residents.

"This is good news," said Monna Smith, director of child advocacy and community relations at Children's Hospital in Columbus. "To have the whole House say it is a legitimate concern is something."

A similar bill is being considered in the Senate.

After graduating from college, medical students pay tuition to attend a four-year school. After graduating from medical school, hospitals pay them to train there.

The training, depending on the specialty, lasts three to eight years and costs teaching hospitals tens of millions of dollars annually. Getting some of that money back is a tricky proposition for teaching hospitals in general and a particular problem for children's hospitals.

A loophole in the federal graduate-medical-education law keeps most independent children's hospitals from being fully reimbursed.

How bad is the disparity between adult and children's hospitals?

About 500 doctors served residencies at Ohio State University Medical Center last year. For training them, Ohio State received $25 million from the federal government — about $50,000 per resident.

Across town at Children's Hospital, about 150 doctors trained last year. Children's received about $34,000 — $227 per resident.

Under the proposal, Children's in Columbus would receive about $7 million a year. The hospital spends about $11 million a year to train residents, administrators say.

"Financially, we are strapped on a year-to-year basis to take care of all the kids in this community," said Keith Goodwin, Children's chief operating officer. "This additional funding will give us more flexibility to do more mission-driven things."

About 60 independent children's hospitals nationwide train residents; six are in Ohio.

When the federal reimbursement plan was created, a number of sources, including insurance companies, contributed to the pot of money. The main source was Medicare.

Over the years, most of the other sources have dropped out, and Medicare is left to provide about $7 billion annually.

Medicare patients are typically senior citizens who aren't treated at children's hospitals. Thus, Medicare money used to reimburse teaching hospitals doesn't flow significantly to children's hospitals.

Medicaid funds, which are funneled through state government for treatment of low-income people, also provide for graduate medical education, and both adult-care and children's hospitals are reimbursed. Smith said those funds have been cut over the years.

The bill passed Tuesday was one of two introduced this year in Congress to provide a quick fix. Hospital administrators and legislators are seeking a more-lasting overhaul.

The House and Senate bills are sponsored by Democrats and Republicans. The House bill would provide $280 million in the first year and $285 million in the second for children's hospitals, including about $30 million annually for Ohio's hospitals. The Senate bill would extend payments to four years.

The funding would come from discretionary spending in the federal budget, not the Medicare trust fund.

Primary Children's wants new Fed reimbursement

The Associated Press

SALT LAKE CITY – Primary Children's Medical Center and other hospitals that train doctors to treat children are asking Congress to overhaul the system of federal reimbursement for training doctors.

Primary Children's is lobbying for support of the bipartisan Children's Hospitals Education and Research Act.

The proposed act would correct a discrepancy in the reimbursement formulas for hospitals with programs that train pediatricians and pediatric specialists.

Under the current law, hospitals with teaching programs get a higher rate of reimbursement through the federal Medicare program.

However, since most patients at children's hospitals aren't covered by Medicare, the hospitals don't see the money at all, said Primary Children's CEO Joe Horton.

The National Association of Children's Hospitals estimates that children's hospitals get about .5 percent of what they would get for gradnate medical education if their patients were older.

The proposed legislation would create a new source of federal funds to level the reimbursement.

Chicago Tribune
chicagotribune.com

MIRACULOUS CARE

Jenny Kustra-Quinn.
Published: Saturday, September 11, 1999
Section: COMMENTARY
Page: 25

As my baby approaches his first birthday, I want to commend the Chicago Tribune for addressing the issue of graduate medical education (GME) funding in the Aug. 10 editorial "Find a cure for intern pay." Funding for residency programs at independent children's hospitals is an issue close to my family's heart.

There were many times my husband and I thought we'd never celebrate Brendan's first birthday. Brendan was born Oct. 21, 1998, with severe meconium aspiration, a condition that meant his lungs could not function. We were told after his birth that his only chance for survival was to be transferred to Children's Memorial Hospital. In Children's neonatal intensive care unit, Brendan was hooked up to a heart/lung machine called ECHMO, which oxygenated his blood so his lungs could rest and heal. Brendan also suffered from acute kidney failure as a result of his ordeal and was placed on dialysis. It was touch and go several times during Brendan's first weeks of life.

But thanks to the extraordinary level of care from doctors and residents at Children's, Brendan experienced a miraculous turnaround and was able to come home after six weeks in the hospital. Even more miraculous, Brendan has made a complete recovery--his lung and kidney functions are now normal.

Brendan would not be alive today if it weren't for the technology and people at Children's--especially Dr. Mary Beth Madonna, a talented and devoted physician, who was and continues to be on call for our family 24 hours a day. Their caring ways and constant attention made the incredibly difficult situation bearable.

Experiences like ours happen at Children's Memorial Hospital every day. Children's is Illinois' only full-service, acute-care, independent teaching hospital dedicated exclusively to caring for children. The hospital's residency program is a valuable resource, not only to the Chicago community but to all of Illinois and the Midwest.

Unfortunately, unintended federal funding inequities are causing losses of millions of dollars each year and are putting Children's Memorial Hospital's residency program and many others across the country at risk. "The Children's Hospitals Education and Research Act" was introduced in Congress this year to close the GME funding gap. This legislation would authorize $285 million in annual appropriations to support the residency programs in the 59 independent children's teaching hospitals across the country.

Brendan is a joy to everyone who knows him. He laughs and smiles all the time; he seems to know how blessed he is to be alive. My family and I can't imagine life without Brendan. Thanks to the specialists and residents at Children's, like Dr. Madonna, we don't have to.

The Boston Globe
Online

Editorials | Opinions

Helping children's teaching hospitals

By Philip A. Pizzo, 08/23/99

During 25 years as a pediatrician I have witnessed dramatic improvements in the health of children.

In my specialties of pediatric oncology and infectious diseases, cancer has gone from a nearly incurable disease to one in which nearly 75 percent of the children diagnosed are likely to survive and even be cured. Equally important, just in the past 10 years, therapies have commuted the "death sentence" for children with HIV infection and AIDS to the possibility of long-term survival. We are also able to virtually prevent the transmission of HIV from mother to child with antiviral drug therapy.

Such dramatic accomplishments do not happen by accident. They are born out of teaching hospitals where senior clinicians and scientists work with young doctors undergoing graduate medical education in pediatrics and pediatric specialties.

It is these interns and residents who become the pediatricians, specialists, and scientists of tomorrow and who will bring us the miracles of the 21st century. A cure for cancer, new vaccines, gene therapy, tissue engineering are all possibilities.

The path to leadership in children's health care is neither easy nor cheap. Pediatricians must train three to eight years beyond medical school. Fortunately, during this period, these young men and women are not only learning but also contributing to improving the lives of children at the bedside and in the research laboratory. Unfortunately, these contributions are in peril as a result of a funding gap unique to independent children's hospitals.

In recent weeks the media have reported on the devastating impact of the current and planned reductions in Medicare on teaching hospitals as a consequence of the 1997 Balanced Budget Act. Due to market changes, Medicare has become the remaining stable and significant source of support for physician training at teaching hospitals. Missing from this dialogue, however, is the fact that independent children's teaching hospitals, including Boston's Children's Hospital, receive

virtually no federal support for their teaching programs because they treat children, not the elderly.

The federal government invests on average per resident nearly 200 times as much through Medicare to train doctors in all teaching hospitals as it does to train them in free-standing children's hospitals. If Boston's Children's Hospital were supported for its mission in graduate medical education at the same level as adult teaching hospitals, it would receive approximately $30 million a year. Instead, it receives $2 million to $3 million from Medicaid and virtually nothing from Medicare or private insurers.

The independent children's hospitals in this country train nearly 30 percent of the nation's pediatricians and nearly half of its pediatric specialists and researchers. The lack of adequate educational funding jeopardizes this future pool of pediatricians and research breakthroughs.

Focused solely on children, Boston's Children's Hospital has had the commitment to remain at the forefront of pediatric health care. When treatments are not available, physicians and research scientists at Children's Hospital create them.

For example, when I began training at the hospital in 1970, my colleagues and I witnessed numerous cases of deadly meningitis caused by Hemophilus influenza. Because of the pioneering work of Children's researchers, whose team included a number of pediatric trainees, a vaccine for this infection was developed. So in the mid-1990s, when my own daughter began her pediatric internship, neither she nor her classmates saw a case of H. flu meningitis.

Similar discoveries have led to new operations and less invasive ways to correct or repair damaged hearts, limbs, and other organs as well as novel ways to diagnose and treat disorders such as epilepsy and cystic fibrosis. Many discoveries have happened because treating and curing children is our only priority.

With all that has been achieved, there is much more to be done. Too many children still suffer and die. Fortunately, President Clinton has introduced a proposal for interim support in his budget this year, but this critical assistance will come only if the bills before the House and Senate are passed. In addition, both Republicans and Democratic leaders, including the entire Massachusetts delegation, are sponsoring legislation called the Children's Hospitals Education and Research Act to fund pediatric graduate medical education. We hope that members of Congress throughout New England will be as supportive so that critical financial relief is provided to children's hospitals. This assistance will come only if the bipartisan bills before the House and Senate are passed.

As the plea to help our teaching hospitals echoes nationwide, the quieter voices of our children must not go unheard.

Philip A. Pizzo is physician-in-chief at Children's Hospital and Thomas Morgan Rotch Professor of Pediatrics at Harvard Medical School.

The Columbus Dispatch

REIMBURSEMENT POLICIES HURT PEDIATRIC HOSPITALS
FEDERAL LAW DOESN'T ALLOW CHILDREN'S FACILITIES TO FULLY RECOVER THEIR COSTS FOR TRAINING, DOCTORS.

Date: Monday, September 6, 1999
Section: NEWS
Page: 01B
Illustration: Photo
Byline: Mark D. Somerson
Source: Dispatch Medical Reporter

About 500 doctors served residencies at Ohio State University Medical Center last year. For training them, Ohio State received $25 million from the federal government -- about $50,000 per resident.

Across town at Children's Hospital, about 150 doctors trained last year. Children's received about $34,000 -- $227 per resident.

"It's been this way for decades," said Dr. Thomas N. Hansen, Children's chief executive officer. "But it's become an issue as costs have increased and revenues have shrunk because of managed care.

"This is a glaring problem for us in the children's hospital business."

After graduating from college, medical students pay tuition to attend a four-year school. After graduating from medical school, hospitals pay them to train there.

The training, depending on the specialty, lasts three to eight years and costs teaching hospitals tens of millions of dollars annually. Getting some of that money back is a tricky proposition for teaching hospitals in general and a particular problem for children's hospitals.

A loophole in the federal graduate- medical-education law keeps most independent children's hospitals from being fully reimbursed for training.

About 60 independent children's hospitals nationwide train residents; six are in Ohio.

When the federal reimbursement plan was created, a number of sources, including insurance companies,

contributed to the pot of money. The main source, however, was Medicare.

Over the years, the other sources for the most part have dropped out, and Medicare was left to provide about $7 billion annually.

Medicare patients are typically senior citizens.

"Children's hospitals don't do a lot of Medicare business," said Jerry Friedman, director of the Association of Ohio Children's Hospitals. "This funding mechanism is an artifact of how the feds have chosen to subsidize graduate medical education."

Two bills introduced this year in Congress would provide a quick fix and would appropriate money for independent children's hospitals. But hospital administrators and legislators are hoping for an overhaul. Congress has directed the Medicare Payment Advisory Commission and the Bipartisan Commission on the Future of Medicare to create a long- term solution, but both groups have indicated that no agreement will be found this year.

The two bills, which are sponsored by Democrats and Republicans in the House and Senate, would provide about $285 million a year for as many as four years for children's hospitals, including about $30 million for Ohio's hospitals.

The funding would come from discretionary spending, not the Medicare trust fund.

Sen. Mike DeWine, R-Ohio, is one of the legislators promoting the bills, Children's Hospital officials said. Children's in Columbus would receive about $7 million a year.

The hospital spends about $11 million a year to train residents, Hansen said. "All we are looking for is parity."

Even adult-care hospitals are feeling a pinch. A recent study published in The New England Journal of Medicine examining Medicare reimbursements for resident training at adult-care hospitals found disparities among cities and states. For example, teaching hospitals in New York received three to four times as much for each resident as those in Los Angeles or Cleveland.

The funding formula is based, in part, on the number of residents at each teaching hospital and the number of Medicare patients treated there.

The greatest disparity in funding is between independent children's hospitals and adult-care hospitals.

"We don't know how much longer we can go on doing this," said Morna Smith, director of child advocacy and community relations at Children's Hospital in Columbus. "We have not had to face that question yet because we have been creative with cost shifting and grants.

"But because of dramatic cost cutting in the mid-1990s, due to managed care, we've had to cut back on training."

Smith said that in the past five years 70 percent of Children's pediatric residents have entered primary care pediatrics, and more than half have stayed in Ohio to practice.

If children's hospitals cut back on training residents, communities will feel the impact, Friedman said. "We are talking about the future here."

AKRON BEACON JOURNAL

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Janet C. Leach, *Editor* | John L. Dotson Jr., *Publisher* | David B. Cooper, *Associate Editor*

OUR OPINION

Pediatric boost

• Doctor-training is paid for largely from Medicare. Children's hospitals have been at a distinct disadvantage

President Clinton has been handing out goodies from his budget bag. He actually turned his attention last week to a most deserving constituency: children's hospitals. The president proposed to direct an additional $40 million to children's hospitals to help them train pediatric doctors and specialists.

The hospitals could use every cent of it and more. Much more.

Free-standing children's hospitals such as Children's Hospital Medical Center of Akron are in a tight spot. Besides treating sick children, they are teaching hospitals, providing opportunities for newly graduated doctors, called residents, and medical students to train in specialties in childhood diseases.

It is very expensive to support the programs, equipment, facilities and personnel needed to turn out an adequate number of properly trained doctors.

The federal government pays for medical education largely by reimbursing hospitals on the basis of a formula involving the number of Medicare patients treated and the medical specialty programs.

The problem with this system is that Medicare is not a children's program, and few elderly patients ever require the services that a children's hospital provides. Consequently, Medicare dollars, the major source of funding for training doctors, are a scant resource for children's hospitals.

It costs Children's Hospital here in Akron about $8.5 million a year for medical training. On the average, Children's is reimbursed about $400 a year toward the training of each resident doctor. By comparison, general hospitals, such as Akron General Medical Center or Summa Health Systems, that are teaching hospitals and serve large numbers of Medicare patients, receive about $77,000 a year for each resident doctor.

Such a lopsided funding scheme puts pediatric hospitals at a grave disadvantage. It limits the number of training programs they can offer and how many residents they can train. It also restricts the pool of practitioners in childhood diseases.

The funding picture is getting grimmer. The Balanced Budget Act of 1997 initiated steady cuts in Medicare spending as well as in Medicaid, which provides a small percentage of funds for teaching hospitals. The Clinton budget plan includes further cuts in both programs. The reductions come out of reimbursements to hospitals.

Granted, the squeeze on Medicare funds is hurting all hospitals. However, given the funding gap between children's and other teaching hospitals in even the best of times, the shortfall is getting steeper for children's hospitals. Their residency programs risk becoming endangered.

Two identical bills were introduced in Congress last summer, in the House by Sherrod Brown, a Lorain Democrat, and in the Senate by Bob Kerrey, a Nebraska Democrat, to direct more money to children's hospitals for medical training. Both bills requested about $285 million over two years for the purpose, a good deal higher than the $40 million the president has proposed.

But Congress slid into the impeachment bog, and the bills languished. Clinton, to his credit, has returned attention to the question of financing medical education, particularly pediatric and family medicine. If there is more to the call for a healthy start to life than mere sloganeering, Congress should give serious consideration in this session to bills along the lines offered by Brown and Kerrey.

Deseret News

METRO

Section B
Salt Lake / Davis

MONDAY, SEPTEMBER 20, 1999

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Kids hospital seeks equal $$

Primary hospital may get funds to train physicians

By Lois M. Collins
Deseret News staff writer

Primary Children's Medical Center has joined with other teaching hospitals that serve children to ask for fair pay to cover the cost of training physicians.

They're asking Congress to support a bipartisan bill, "Children's Hospitals Education and Research Act," that would eliminate the "gross funding inequity" between teaching programs at children's hospitals and at those hospitals that treat adults, according to the National Association of Children's Hospitals.

While there are fewer than 60 independent children's hospitals in the country, including Primary Children's Medical Center, they train nearly one-third of the nation's pediatricians and about half of all pediatric specialists. But unlike teaching at hospitals that treat adults, they do not receive reimbursement from the government for providing that training. The bill would remedy that, according to Primary Children's CEO Joe Horton.

The problem was not an intentional one, he said. But years ago Medicare was designated as the mechanism to pay for the teaching programs. Hospitals submit a Medicare cost report and, if it's a teaching hospital, that includes the cost of training residents. Teaching hospitals are reimbursed for care at a higher rate than other hospitals to help defray those education costs of residents and others. But children's hospitals collect very little because most of the children they serve are not eligible for Medicare.

The national association estimates that children's hospitals gets about 1/200th of what they would get for graduate medical education if their patients were older. So, the proposed legislation compensates for that by creating a separate source of federal funding that would support graduate [illegible] cal education at comparable levels.

"Freestanding children's hospitals are all in this situa-

Please see HOSPITAL on B

HOSPITAL

Continued from B1

tion nationally," Horton said. "For us, the amount of money is significant. We have 50 residents involved in this hospital on an annual basis, so this bill would provide about $3 million a year that would bring us up to parity."

The entire Utah delegation has signed on as co-sponsors, which is good news, he said. But there's nothing to indicate the bill will become a priority issue, and if it doesn't come to a vote, it won't be resolved. The national association wants people to call 1-800-353-7827 and ask that a postcard in their name be sent to members of their congressional delegation. From that number, callers can also be patched in to their representatives' and senators' offices.

Teaching hospitals put themselves at a financial disadvantage because they have to pay residents and supervise them and "there is a learning curve that imposes responsibilities on the staff," Horton said. "But it's important. We're training the next generation of physicians and benefitting the large community."

The numbers are dramatic. While fewer than 1 percent of the country's children's hospitals are teaching hospitals, they provide a disproportionate amount of the training of pediatricians and pediatric specialists, he said.

And having people trained in pediatric medicine is crucial. Treating a child's heart or pulmonary system or other problems is much different than treating the condition in an adult. "Most cardiologists wouldn't want to treat a pediatric heart condition," he said.

The act would provide $285 million annually to independent children's teaching hospitals. Exactly what the funding mechanism would be has not been decided. But it would be based on the same formula that Medicare uses to pay adult teaching hospitals. (Since Medicare does cover end-stage renal failure in children, the hospitals do receive a little compensation for training.)

No one questions the value of graduate education for those who will treat children, Horton said.

"It's appropriate and makes sense. The challenge is to get it moved up the priority ladder."

PHOTOCOPY
PRESERVATION

N • A • C • H
National Association of
Children's Hospitals

401 Wythe Street
Alexandria, Virginia 22314
703/684-1355
FAX 703/684-1589

An affiliate of the National Association of Children's Hospitals and Related Institutions

Sen Johnson
Bill Thomas

Bob
Sen Kerrey -
$400 mil/yr. intro'ed last yr
Chief sponsor of
295/44 yr. Sen bill.

FACSIMILE

DATE: 6/21

TO: Nicole Rabner

FAX#: 456-9412

Budget -
own -
$40 mil agreement to get sponsors -
on the table.
attractive alt. in end
Get on the table

H. Dingell
Strickland(?)

FROM: Elizabeth Summy
Deputy Chief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

The actual bill language on
GME/Children's Hosp.

_____**Pages [including this cover]**

A BILL

To provide for a program of grants to children's hospitals to support graduate medical education, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Hospitals Graduate Medical Education Act of 1999".

SEC. 2. PROGRAM AUTHORIZED.

Part C of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended by adding at the end the following section:

"SEC. 749. GRADUATE MEDICAL EDUCATION IN CHILDREN'S HOSPITALS.

"(a) IN GENERAL.—The Secretary is authorized to make grants under this section to qualified children's hospitals to support programs of graduate medical education.

"(b) ELIGIBILITY CONDITIONS.— In order to be eligible for a grant under this section for a fiscal year, an entity shall be a qualified children's hospital that meets the following requirements:

"(1) ANNUAL APPLICATION.—The entity shall submit to the Secretary, by November 1 of such fiscal year, an application, in the form prescribed by the Secretary, that—

"(A) establishes, to the Secretary's satisfaction, that the entity is a qualified

children's hospital;

"(B) is accompanied by the annual report required by paragraph (2); and

"(C) provides such other information as the Secretary may require for purposes of administration of the program under this section.

"(2) ANNUAL REPORTING OF FTE RESIDENTS.—The entity shall submit to the Secretary, by November 1 of such fiscal year—

"(A) a report providing the entity's computation, with respect to the preceding fiscal year, in accordance with the provisions of section 1886(h)(4) of the Social Security Act (42 U.S.C. 1395ww(h)(4)) and the Secretary's rules thereunder, of—

"(i) the number of FTE residents participating in an approved medical residency training program at the entity; and

"(ii) the numbers of such residents who were (and who were not) in the initial residency period, and of the adjustments for each group for part-year or part-time residents; and

"(B) such documentation and other information as the Secretary may find necessary—

"(i) to enable the Secretary to verify the conclusions in such report; and

"(ii) to resolve to the Secretary's satisfaction any discrepancy between the reports of resident counts under this section and any reporting of resident counts in a cost report pursuant to section 1815(a) of the Social Security Act (42 U.S.C. 1395g(a)) and implementing regulations.

"(3) REPORTING CONCERNING MEDICAL RESIDENCY TRAINING PROGRAM.—The entity shall report to the Secretary such other data and information, at such times and in such form as the Secretary may require, relating to the entity's participation in the approved medical residency training program, including information concerning the entity's financial status (operating margin), its percentage of uninsured patients, the distribution of rotations in ambulatory and inpatient settings, and placement of medical graduates after completion of their residencies with the entity.

"(c) SECRETARIAL REVIEW AND ADJUSTMENT OF NUMBERS OF FTE RESIDENTS .—

"(1) IN GENERAL.—The Secretary may adjust the number of FTE residents to be counted in calculating the payment to an entity for the current fiscal year or any prior fiscal year for which grant payments were made under this section, based on the Secretary's review or audit of the reports submitted by the entity under subsection (b)(2) and (4).

"(2) NOTICE AND OPPORTUNITY TO CORRECT.—Before making an adjustment pursuant to paragraph (1), the Secretary shall notify the entity concerned of the proposed adjustment and the reasons therefor, and shall afford the entity 30 days to contest the proposed adjustment and to provide such additional information as may be required to support its computation of the number of FTE residents in its program.

"(d) GRANT PAYMENTS.—

"(1) ANNUAL PAYMENT AMOUNT.—Subject to paragraph (2), the Secretary shall pay, to each entity eligible for a grant under this section for a fiscal year, an amount

bearing the same ratio to the amount appropriated for such fiscal year under subsection (f) as the number of FTE residents in the approved medical residency training program at such entity in the preceding fiscal year (as reported by the entity pursuant to subsection (b)(2) and adjusted by the Secretary pursuant to subsection (c)) bears to the total number of such FTE residents in the programs of all eligible entities in such preceding fiscal year.

"(2) ADJUSTMENT FOR PRIOR FISCAL YEAR.—In any case in which the Secretary's adjustment of numbers of FTE residents under subsection (c) for a prior fiscal year has not been taken into account in the payments for such prior fiscal year, the payment amount for each entity under paragraph (1) for the current fiscal year shall be increased or decreased by the amount of the increase or decrease that would have been made if made in such prior fiscal year.

"(e) DEFINITIONS.—Terms used in this section have the following meanings:

"(1) QUALIFIED CHILDREN'S HOSPITAL.—The term 'qualified children's hospital' means an entity that is a children's hospital and that meets the following requirements:

"(A) CHILDREN'S HOSPITAL.—The entity is a hospital (as defined in section 1861(e) of the Social Security Act (42 U.S.C.1395x)) whose inpatients are predominantly under 18 years of age.

"(B) NO SHARED MEDICARE PROVIDER NUMBER.—The entity does not share with any other entity a provider identification number assigned by the Medicare program.

"(C) MEDICARE PROVIDER AGREEMENT OR JCAHO

ACCREDITATION.—The entity—

"(i) has in effect an agreement under section 1866 of the Social Security Act (42 U.S.C. 1395cc); or

"(ii) is accredited as a hospital by the Joint Commission on Accreditation of Health Care Organizations.

"(D) APPROVED MEDICAL RESIDENCY TRAINING PROGRAM.—The entity participates in an approved medical residency training program.

"(2) APPROVED MEDICAL RESIDENCY TRAINING PROGRAM.—The term 'approved medical residency training program' has the meaning given such term in section 1886(h)(5)(A) of the Social Security Act (42 U.S.C. 1395ww(h)(5)(A)).

"(3) NUMBER OF FTE RESIDENTS.—The term 'number of FTE residents' means, with respect to an entity in a fiscal year, the number of full-time equivalent residents in an approved medical residency training program at the entity in such fiscal year, as determined in accordance with section 1886(h)(4) of the Social Security Act (42 U.S.C. 1395ww(h)(4)).

"(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $40,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002, to carry out the program under this section.

"(g) STUDY.—The Secretary shall conduct a study of the Children's Hospitals Graduate Medical Education Act of 1999 to determine its effectiveness.".

July 28, 1999

BRIEFING

MEMORANDUM FOR STEVE RICCHETTI
JACK LEW

FROM: **MARY BETH CAHILL**
BARBARA WOOLLEY

RE: **NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS**

DATE\TIME: Thursday, July 29, 1999, 4 PM

LOCATION: Indian Treaty Room

PURPOSE: To reassure them that the administration continues to support the GME funding ($40 million grant program) at HRSA and to encourage them to continue their efforts on this issue.

BACKGROUND: Forty leaders of the National Association of Children's Hospitals (NACH) are in town for a kick-off advocacy day on Capital Hill, urging members of Congress for their support of H.R. 1579 and S. 391, the "Children's Hospitals Education and Research Act."

In January, Mrs. Clinton, Secretary Shalala, and Senator Kennedy met with 30 CEOs/Senior Representatives in the Vice President's Ceremonial Office, where Mrs. Clinton announced that our FY 2000 Budget Plan would include $40 million for children's hospitals. The administration agreed that the gap in federal GME funding for independent children's hospitals is inequitable and needs to be closed.

NACH has worked to get legislation introduced as H.R. 1579 and S. 391, which would close a serious gap in federal graduate medical education (GME) support for independent children's teaching hospitals. It would provide $285 million annually on a time-limited, capped basis-funds would not come out of the Medicare HI Trust Fund. According to Lewin Group's analysis, that's the amount of funding required to provide a commensurate level of federal GME support to these children's hospitals.

Currently, H.R. 1579 has 138 cosponsors (46 Republicans and 92 Democrats), and S. 391 has 27 co-sponsors (9 Republicans and 18 Democrats).

NACH wants the Administration to make the inclusion of equitable GME funding for them a priority in its work on budget legislation. New, non-Medicare GME funding for the children's teaching hospitals will most likely be achieved as part of a larger budget bill, such as reconciliation, appropriations, or ominous budget bill.

ATTENDEES:

Staff members:
Chris Jennings
Dan Mendelson
Nicole Rabner
Barbara Woolley

Participants:
See attached list

FORMAT:

STEVE RICCHETTI starts introductions.
STEVE RICCHETTI makes brief comments and introduces JACK LEW.
JACK LEW makes brief comments and turns back to STEVE RICCHETTI.
STEVE RICCHETTI opens discussion by acknowledging Randall O'Donnell, former president of Arkansas Children's Hospital

ATTACHMENTS:

- Talking Points
- House Co-Sponsors of H.R. 1579, the "Children's Hospitals Education and Research Act"
- Senate Co-Sponsors of H.R. 1579, the "Children's Hospitals Education and Research Act"

Talking Points For National Association of Children's Hospitals
July 29, 1999

Mrs. Clinton Sends Her Regards. Mrs. Clinton sends her regards to all of you, including Rand O'Donnell with whom she worked as a trustee at Arkansas Children's Hospital. She regrets she's unable to be with you today.

Your Hospitals Matter to Her. Both your hospitals and your efforts to secure equitable graduate medical education (GME) funding matter a great deal to her. She understands how critically important this issue is to your ability to be academic health centers for kids.

Your Meeting with Her on GME Last Winter Was Important. Mrs. Clinton and Secretary Shalala appreciated very much the chance to meet with so many of you last winter here in the OEOB to discuss the inability of independent children's hospitals to receive equitable federal funding for your training programs.

We want to reassure you that we are committed to our budget proposal on GME. This Administration is committed to helping you solve it. That is why the President included funding in his budget for a new GME grant program for the independent children's hospitals. It's not as ambitious as the legislation you are pushing, but it demonstrates the administration's commitment to help you get started.

You Need to Keep Up Your Advocacy. Since your hospitals are not Medicare hospitals and your GME issue is different from that of other teaching hospitals, it's especially good that you're here in Washington now to make sure everyone understands your unique need for equitable federal GME support. Frankly, there's a lot going on and it's hard to get recognized.

We'll try to Make Sure There's GME Funding for You Enacted This Year. The Administration has a lot on its plate, but we're committed to trying to make sure that any budget or appropriations bill that moves this year in Congress will include new GME funding for the children's teaching hospitals.

The Administration Continues to Work on Other Important Issues for You. We're working for meaningful patient's rights. We're seeking funding to prevent and treat asthma among children. We're pushing for more effective implementation of the CHIP program. We want real gun controls enacted this year. We need your support on all of them.

Keep Up the Good Work. On all of these issues, including equitable GME funding for your hospitals, your persistent advocacy is critically needed. Sen. Kennedy made a point of it last winter, when he joined Mrs. Clinton and Secretary Shalala for your meeting on the President's budget proposal. You're good advocates, but you need to work as hard as your can.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Disabled Youth (2 pages)	n.d.	b(6)

COLLECTION:
Clinton Presidential Records
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Ann O'Leary
OA/Box Number: 19575

FOLDER TITLE:
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2013-0436-S
rc1226

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

National Association of Children's Hospitals
VIP Fly-In
Security List
for Old Executive Building

LAST NAME	FIRST NAME	SOCIAL SECURITY	DATE OF BIRTH	LOCATION
Anderson	James M.			Children's Cincinnati
Arledge	Elizabeth			STAFF
Barnes	Bill			Primary Children's
Baxter	Peggy B.			Oakland Children's
Bunnell	Eva			Connecticut Children's
Burry, Jr.	Virgil F.			Children's Mercy
Cammisa	Laurie			Children's Boston
Carpi	Ken			California Children's
Carter	Lee A.			Children's Cincinnati
Croshaw	Kendra			King's Daughters
Dawes	Chris G.			Packard Children's
Dell	Michael, M.D.			Rainbow Babies
Dietzel	Sharon L.			Children's Akron
Ellsworth	Cheryl			Children's Seattle
Farr	George D.			Children's Dallas
Fern	Ellen			STAFF
Fisher, M.D.	David			Children's Columbus
Fowler	Steve			STAFF
Gartland	Heidi			Rainbow Babies
Geier	Peter			Children's Columbus
Giambrone	Vicki			Children's Dayton
Gilmore	James			Children's Columbus
Hansen, M.D.	Thomas			Children's Columbus
Heir	Amy			Children's Wisconsin
Jamison	Mazie	(b)(6)		Children's Dallas
Kaufman, M.D.	Irvin A.			Children's San Diego
Kempf	Jeffrey A.			Children's Akron
Kitchen	Louann			Children's Los Angeles
Lang	David J.			Children's Orange County
Langley	Ann			STAFF
Lederer	Lisa			STAFF
Lesley	Bruce			STAFF
Lifshitz, M.D.	Fima			Miami Children's
Love, M.D.	Marci J.			Children's Akron
Martin	John A.			Children's Dallas
McAndrews	Lawrence A.			STAFF
McDavid	Lolita, M.D.			Rainbow Babies
Murphy, M.D.	Thomas			Children's Dayton
Nicholas	Genette L.			Children's Mercy
O'Donnell	Randall L.			Children's Mercy
O'Donnell	Darby B.			Children's Mercy
Pickoff, M.D.	Arthur			Children's Dayton
Pizzo	Phil, M.D.			Children's Boston
Pizzuti	Marjory			Children's Columbus
Quebral	Dianne			STAFF
Ray	Gillian			STAFF
Reinholds	Dace			Texas Children's
Respess	Suzanne			Children's Alabama

National A ciation of Ch dren's Hospitals
VIP Fly-In
Security List
for Old Executive Building

Riepe	Merv		Children's Omaha
Parkman	Robert		Children's Los Angeles
Ross	Melissa G.		Valley Children's
Rozek	Tom		Miami Children's
Ryan	Barbara L.		Children's San Diego
Sager	Sherri R.		Packard Children's
Schrayer	Liz		STAFF
Schwarz	Liana		STAFF
Smith	Morna		Children's Columbus
Staggers, M.D.	Barbara	(b)(6)	Oakland Children's
Strang	Sallie		STAFF
Tate	Lisa		STAFF
Turner	Thomas F.		Children's Akron
Valadez	Lydia R.		Texas Children's
Varela	Sarah		STAFF
Walters	Day		STAFF Photographer
Weiner	David S.		Children's Boston
Willson	Pete D.		STAFF

1999 – 106th Congress
HOUSE COSPONSORS OF H.R. 1579,
THE "CHILDREN'S HOSPITALS EDUCATION AND RESEARCH ACT"
July 26, 1999

According to Congress' "Bill Status Office" and Rep. Nancy Johnson's office, the following 138 Members of the U.S. House of Representatives are cosponsors of H.R. 1579, the new "Children's Hospitals Education and Research Act" introduced on April 27 by Reps. Nancy Johnson (R-CT), Sherrod Brown (D-OH), Bill Thomas (R-CA), Jim Greenwood (R-PA), Michael Bilirakis (R-FL), John Dingell (D-MI), John Porter (R-IL), Bill Young (R-FL), Pete Stark (D-CA), and over 50 other Members of the House.

Alabama
Rep. Robert Aderholt (R)
Rep. Spencer Bachus (R)
Rep. Sonny Callahan (R)
Rep. Bud Cramer (D)
Rep. Terry Everett (R)
Rep. Earl Hilliard (D)
Rep. Bob Riley (R)

Arkansas
Rep. Marion Berry (D)
Rep. Jay Dickey (R)
Rep. Asa Hutchinson (R)

California
Rep. Xavier Becerra (D)
Rep. Howard Berman (D)
Rep. Brian Bilbray (R)
Rep. Gary Condit (D)
Rep. Duke Cunningham (R)
Rep. Julian Dixon (D)
Rep. Calvin Dooley (D)
Rep. Anna Eshoo (D)
Rep. Barbara Lee (D)
Rep. Matthew Martinez (D)
Rep. J. Millender-McDonald (D)
Rep. George Miller (D)
Rep. Grace Napolitano (D)
Rep. Nancy Pelosi (D)
Rep. George Radanovich (R)
Rep. James Rogan (R)
Rep. Lucille Roybal-Allard (D)
Rep. Loretta Sanchez (D)
Rep. Pete Stark (D)
Rep. Ellen Tauscher (D)
Rep. Bill Thomas (R)
Rep. Mike Thompson (D)
Rep. Henry Waxman (D)

Colorado
Rep. Diana DeGette (D)
Rep. Scott McInnis (R)
Rep. Bob Schaffer (R)
Rep. Tom Tancredo (R)
Rep. Mark Udall (D)

Connecticut
Rep. Rosa DeLauro (D)
Rep. Sam Gejdenson (D)
Rep. Nancy Johnson (R)
Rep. John Larson (D)
Rep. James Maloney (D)

Florida
Rep. Michael Bilirakis (R)
Rep. Jim Davis (D)
Rep. Peter Deutsch (D)
Rep. Lincoln Diaz-Balart (R)
Rep. Mark Foley (R)
Rep. Ileana Ros-Lehtinen (R)
Rep. Bill Young (R)

Georgia
Rep. Nathan Deal (R)
Rep. Johnny Isakson (R)
Rep. John Lewis (D)

Illinois
Rep. Rod Blagojevich (D)
Rep. Jerry Costello (D)
Rep. Danny Davis (D)
Rep. Luis Gutierrez (D)
Rep. Jesse Jackson, Jr. (D)
Rep. Ray LaHood (R)
Rep. William Lipinski (D)
Rep. Donald Manzullo (R)
Rep. David Phelps (D)
Rep. John Porter (R)
Rep. Bobby Rush (D)
Rep. Jan Schakowsky (D)
Rep. Jerry Weller (R)

Maine
Rep. John Baldacci (D)

Maryland

Rep. Albert Wynn (D)

Massachusetts
Rep. Michael Capuano (D)
Rep. William Delahunt (D)
Rep. Barney Frank (D)
Rep. Ed Markey (D)
Rep. James McGovern (D)
Rep. Marty Meehan (D)
Rep. Joe Moakley (D)
Rep. Richard Neal (D)
Rep. John Olver (D)

Rep. John Tierney (D)

Michigan
Rep. James Barcia (D)
Rep. David Bonior (D)
Rep. Dave Camp (R)
Rep. John Dingell (D)
Rep. Vern Ehlers (R)
Rep. Dale Kildee (D)
Rep. Carolyn Kilpatrick (D)
Rep. Sander Levin (D)
Rep. Debbie Stabenow (D)

Minnesota
Rep. James Oberstar (D)
Rep. Jim Ramstad (R)
Rep. Bruce Vento (D)

Mississippi
Rep. Ronnie Shows (D)

Missouri
Rep. William Clay (D)
Rep. Pat Danner (D)
Rep. Jo Ann Emerson (R)
Rep. Karen McCarthy (D)
Rep. Jim Talent (R)

New York
Rep. John LaFalce (D)
Rep. Carolyn Maloney (D)

Ohio
Rep. Sherrod Brown (D)
Rep. Paul Gillmor (R)
Rep. Tony Hall (D)
Rep. Dave Hobson (R)
Rep. Marcy Kaptur (D)
Rep. Dennis Kucinich (D)
Rep. Steven LaTourette (R)
Rep. Bob Ney (R)
Rep. Michael Oxley (R)
Rep. Rob Portman (R)
Rep. Deborah Pryce (R)
Rep. Ralph Regula (R)
Rep. Tom Sawyer (D)
Rep. Ted Strickland (D)

Rep. James Traficant (D)
Rep. Steph. Tubbs Jones (D)

Pennsylvania
Rep. William Coyne (D)
Rep. Phil English (R)
Rep. Ron Klink (D)
Rep. Jim Greenwood (R)

Rhode Island
Rep. Robert Weygand (D)

Texas
Rep. Ken Bentsen (D)
Rep. Martin Frost (D)
Rep. Charles Gonzalez (D)
Rep. Kay Granger (R)
Rep. Gene Green (D)
Rep. Ralph Hall (D)
Rep. Eddie Bern. Johnson (D)
Rep. Ciro Rodriguez (D)
Rep. Max Sandlin (D)
Rep. Pete Sessions (R)

Utah
Rep. Merrill Cook (R)

Virginia
Rep. Owen Pickett (D)
Rep. Norman Sisisky (D)

Washington
Rep. Brian Baird (D)
Rep. Norm Dicks (D)
Rep. Jennifer Dunn (R)
Rep. Jay Inslee (D)

Wisconsin
Rep. Thomas Barrett (D)
Rep. Gerald Kleczka (D)

1999 – 106th Congress
SENATE COSPONSORS OF S. 391
THE "CHILDREN'S HOSPITALS EDUCATION AND RESEARCH ACT"
July 26, 1999

According to Congress' "Bill Status Office" and key Senate offices, the following 27 Senators are supporters of S. 391, the "Children's Hospitals Education and Research Act," introduced by Sens. Bob Kerrey (D-NE), Kit Bond (R-MO), Edward Kennedy (D-MA), Slade Gorton (R-WA), Bob Graham (D-FL), Mike DeWine (R-OH), Daniel Patrick Moynihan (D-NY), Richard Durbin (D-IL), Daniel Inouye (D-HI), Connie Mack (R-FL), and Patty Murray (D-WA).

S. 391

Alabama
Sen. Jeff Sessions (R)

Arkansas
Sen. Blanche Lincoln (D)

California
Sen. Barbara Boxer (D)
Sen. Dianne Feinstein (D)

Delaware
Sen. Joseph Biden (D)

Connecticut
Sen. Chris Dodd (D)
Sen. Joseph Lieberman (D)

Florida
Sen. Bob Graham (D)
Sen. Connie Mack (R)

Georgia
Sen. Max Cleland (D)

Hawaii
Sen. Daniel Inouye (D)

Illinois
Sen. Richard Durbin (D)

Kansas
Sen. Pat Roberts (R)

Louisiana
Sen. John Breaux (D)

Massachusetts
Sen. Edward Kennedy (D)
Sen. John Kerry (D)

Michigan
Sen. Carl Levin (D)

Minnesota
Sen. Paul Wellstone (D)

Missouri
Sen. Kit Bond (R)

Nebraska
Sen. Bob Kerrey (D)

New York
Sen. Daniel Patrick Moynihan (D)

Ohio
Sen. Mike DeWine (R)

Pennsylvania
Sen. Rick Santorum (R)
Sen. Arlen Specter (R)

Utah
Sen. Robert Bennett (R)

Washington
Sen. Patty Murray (D)
Sen. Slade Gorton (R)

Date: 6/21/1999

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVE., S.W.
WASHINGTON, D.C. 20201

Office of the Assistant Secretary for Legislation

PHONE: (202) 690-7450 FAX: (202) 690-8425

To: Nicole Rabner
Office of the First Lady
Fax: (202) 456-2878
Phone:

From: Greg Jones

Total number of pages (including cover): 2

Thanks for calling this evening. I'm glad to have made a contact in your office and will include you in any regular communications or updates.

The side-by-side on the Children's Hospitals GME proposal follows. This is a draft and shouldn't be distributed.

Please call me at 690-6047 if you have questions, comments, or suggestions.

DRAFT - Comparison of key provisions - HHS draft bill, S. 391, and H.R. 1579 - DRAFT

Provision	HHS	S. 391	H.R. 1579
Fiscal years for which appropriations are authorized	FY's 2000-2002 (3 years)	FY's 2000 - 2003 (4 years)	FY's 2000-2001 (2 years)
Amount authorized for direct and/or indirect GME	FY 2000 $40,000,000 (not specifically allocated to DME or IME) FY's 2001-2002 Such sums as necessary (not specifically allocated to DME or IME)	FY 2000 $35,000,000 (DME) $65,000,000 (IME) FY's 2001-2003 $95,000,000 (DME) $95,000,000 (IME)	FY 2000 $90,000,000 (DME) $190,000,000 (IME) FY 2001 $95,000,000 (DME) $190,000,000 (IME)
Capped amount distributed on a per resident basis	Yes	Yes (DME per resident; IME as determined by the Secretary)	Yes (DME per resident; IME as determined by the Secretary))
Separate methods for determining direct medical education and indirect medical education payment amounts	No	Yes	Yes
Payment in lieu of amount otherwise payable to a hospital under the Medicare GME program	No	Yes	Yes
Interim payments	Not addressed	Prescribed - 26 equal payments	Prescribed - 26 equal payments
Current law amended	Proposed as a new section under title VII of the PHS Act	Amends sec. 1886(h) and 1886(d) of the Social Security Act	Amends sec. 1886 of the Social Security Act