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Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

Federal COGME Report Calls for Training More Physicians

The Federal Council on Graduate Medical Education (COGME), an advisory body to Congress and the U.S. Department of Health and Human Services, recently accepted a commissioned report indicating that the nation is facing a physician shortage and recommended a 15% increase in the number of students graduating from U.S. medical schools over the next decade. The report calls for a similar expansion in the number of residency positions.

While the supply of physicians is expected to increase over the next two decades, the report said, demand for services is likely to

grow even more rapidly. The three major factors driving the increase in demand will be the projected U.S. population growth of 18% between 2000 and 2020, the aging of the population as the number of Americans over 65 increases from 35 million in 2000 to 54 million in 2020, and the changing age-specific per capita physician utilization rates, with those under age 45 using fewer services and those over age 45 using more services. Changing work patterns of physicians, such as decreases in working hours, could lead to greater shortfalls, while increases in produc-

continued on page 2

Number of Uninsured Continues to Rise

A report released last week by the U.S. Census Bureau reveals that 2.4 million people were added to the ranks of the uninsured in 2002—the largest increase in a decade—raising the total number of uninsured in the United States to 43.6 million, or 15.2% of the population. A weak economy coupled with sharply rising insurance premiums caused many employers to eliminate or cut back on job-based health benefits, a trend that drove the decline in coverage, according to the report. An extension of Medicaid and other government-sponsored health insurance programs to more people last year staved off even larger increases in the number of individuals without coverage.

The uninsured rate among children, on the other hand, held steady for the second consecutive year, remaining at 8.5 million or 11.7% of all children—substantially below the average rate of uninsured across all age groups. The report attributes this trend largely to expansions of Medicaid and Child Health Plus to cover more low-income children, and to more aggressive efforts by states to enroll eligible children in these programs.

New York experienced a much more modest increase in the number of individuals without health insurance—to 3.0 million in 2002 from 2.9 million in 2001—than was seen nationally, most likely due to the implemen-

continued on page 2

GNYHA Testifies on Impact of Power Outage on Hospitals

On September 29, GNYHA, joined by Robert V. Levine, President and CEO at Peninsula Hospital Center, testified before the NYC Council Committee on Health about the experiences of NYC hospitals during the August power outage. The hearing, called by Health Committee Chair Christine C. Quinn, was held to assess the area response system's overall performance and to identify what additional roles the NYC government needs to play with regard to hospital emergency preparedness. GNYHA stated that the power outage underscored the essential nature of its members' services and the fact that the community must ensure the ability of hospitals to continue their operations to the same degree as fire, police, and ambulance services. GNYHA, which staffed its desk at the NYC Office of Emergency Management throughout the power outage, testified that its members continued to provide high-quality care during the emergency. In addition to caring for their existing patients, hospitals were called upon to care for others affected by the outage who were unable to obtain services from their usual providers. Ambulance runs also increased during the outage. GNYHA also reviewed the planning that hospitals undertake for emergencies in general and power outages in particular, including installing emergency generators to maintain critical functions and services, maintaining and testing generators pursuant to

continued on page 4

COGME Report *continued from page 1*

tivity could moderate any shortfalls. As a result of these trends, the report recommends the increase in U.S. medical school production, and notes that "the current cap on the number of residents and fellows eligible for Medicare reimbursement strongly discourages teaching hospitals from increasing the number of residents."

Those findings follow other recent reports from physician workforce experts that call into question the earlier policy recommendations by COGME and others regarding what was then described as an impending physician "surplus," as well as Federal legislation limiting Medicare GME funding. In the early 1990s, COGME had issued several reports recommending that the nation use various means, including a cap on Medicare-funded residency positions at 110% of the number of U.S. medical school graduates, to reduce the production of physicians. While the Federal government never adopted that recommendation, the Balanced Budget Act of 1997 did cap the number of Medicare-funded residency positions at the 1996 level. Since then, teaching hospitals nationwide have been forced to balance institutional GME planning goals with those limits on Medicare funding.

The report, *Physician Workforce Policy Guidelines for the U.S., 2000 to 2020*, was prepared by the Center for Health Workforce Studies, under contract to the U.S. Health Resources and Services Administration. ■

Uninsured Rises *continued from page 1*

tation of the temporary Disaster Relief Medicaid program, which enrolled 340,000 people before it expired, and a sharp increase in the number of adults enrolled in the State's new Family Health Plus program.

Nationally, the rate of uninsured Hispanics (32% in 2002) was higher than the rate for any other racial or ethnic group, though lack of health coverage cuts across individuals of all age, income, and ethnic groups. The number of full-time workers without health insurance rose sharply last year to 19.9 million, making up 46% of all uninsured individuals.

Go to www.census.gov/hhes/www/hlthins.html for the full report of *Health Insurance Coverage: 2002*. ■

SHRPC Update

On Oct. 2, 2003, the State Hospital Review and Planning Council (SHRPC) gave contingent approval to the following GNYHA member projects: NYU Downtown Hospital, expansion and renovation of existing emergency department; Our Lady of Mercy Ambulatory Care

Center, Inc., construction of a freestanding diagnostic and treatment center; and Orange Regional Medical Center, certification of a freestanding cardiac catheterization laboratory. SHRPC also gave permanent approval to St. Luke's-Roosevelt Hospital for a 15-bed physical medicine and rehab program in the St. Luke's Division. The project had been given temporary approval in April 2003. ■

Upcoming GNYHA Member Briefings

Hospital Emergency Incident Commander Development

LONG ISLAND

Date: Tuesday, October 21, 2003

Location: North Shore University Hospital at Syosset, 15 Burke Lane, Syosset, NY

NEW JERSEY

Date: Thursday, October 23, 2003

Location: Trinitas Hospital, 925 East Jersey Street, Elizabeth, NJ

MANHATTAN

Date: Friday, October 24, 2003

Location: GNYHA Conference Center, 555 West 57th Street, 15th Floor

WESTCHESTER

Date: Friday, November 7, 2003

Location: Westchester Medical Center-Cedarwood Hall, Valhalla Campus, Valhalla, NY

Time for each session is 9:00 a.m. to 5:00 p.m.

These four identical courses will expand on the principles of the Hospital Emergency Incident Command System (HEICS), and will instruct potential incident commanders when and how to activate HEICS. Critical decision-making, interacting within a command structure, and managing available on-duty personnel effectively will be included. A tabletop exercise geared toward responding to an incident involving weapons of mass destruction will also be presented. Staff who work evening, night, and weekend shifts are encouraged to attend, as well as administrators and security staff. For more information call Terri Straub, and to register call Rosanne Denaro, at GNYHA.

Antitrust Law and Managed Care

Date: Tuesday, October 21, 2003

Time: 9:00 a.m.–3:00 p.m.

Location: GNYHA Conference Center, 555 West 57th Street, 15th Floor

Health care antitrust experts Martha Gifford, Esq., Proskauer Rose LLP; Robert Leibenluft, Esq., Hogan & Hartson LLP; and William Kopit, Esq., Epstein Becker & Green, P.C., will review antitrust law and principles; current issues in health systems configurations and single entity status; current issues in physician organizations, physician-hospital organizations, and clinical integration; and FTC activities related to hospital mergers, messenger model negotiations, and other inquiries. In the afternoon, Joseph Baker, Esq., Chief of the Health Care Bureau, NYS Attorney General's (AG's) Office; Kathleen Shure, Director of the NYS Department of Health Office of Managed Care; and Gregory Serio, Superintendent of the NYS Insurance Department, will discuss a recent AG settlement with an ancillary services provider for allegedly improper balance billing practices, expectations in this area, current status and plans for the State's Medicaid Managed Care program, and current Insurance Department initiatives. The briefing is recommended for managed care negotiators, legal counsel, compliance officers, and finance staff. Staff handling commercial and other insurance arrangements are encouraged to attend in the afternoon. For more information call Patricia Wang, and to register call Theresa Simon, at GNYHA. ■

CMS Issues Revised Occupational Mix Survey Instrument

On Sept. 19, the Centers for Medicare & Medicaid Services (CMS) published in the *Federal Register* a notice on its revised occupational mix survey instrument. Comments are due to the Office of Management and Budget by Oct. 17, 2003. CMS incorporated most of GNYHA's recom-

mended changes to the original instrument, which had been distributed for comment last spring. Among GNYHA's adopted recommendations was that CMS greatly reduced the amount of data it will collect, restricting the survey to full-time equivalent employees in 19 occupational categories defined by the Bureau of Labor Statistics, and applying the survey to a limited time frame in 2003. ■

Medicare, Commercial Payers Announce HIPAA Contingency Plans

The Centers for Medicare & Medicaid Services (CMS) announced its HIPAA contingency plan on Sept. 23, which will allow Medicare to accept and pay claims in the current format after Oct. 16, 2003. HIPAA requires all payers and providers to move to a standard, national format for electronic transactions by Oct. 16, 2003. CMS acknowledged that many providers are still implementing these transactions and that accepting claims in the current format will “move us toward the dual goals of achieving HIPAA compliance while not disrupting providers’ cash flow and operations.” CMS does not specify a time period for the plan.

Empire Blue Cross Blue Shield, HIP Health Plan, and GHI have also adopted contingency plans to allow providers to submit transactions in current formats. Aetna and Oxford Health Plans, which receive transactions through clearinghouses, indicated that providers should be able to continue submitting claims to the clearinghouses in current formats but that clearinghouses must translate these claims into modified HIPAA transactions, which will not include all the new, modified data requirements or allow providers to use defaults for these values. Aetna and Oxford will accept these modified transactions for a transition period. Most of

the commercial payers have not announced timeframes for these contingency plans, but suggest close alignment with CMS’s timeline.

NYS and NJ Medicaid will accept claims and other transactions as they do today until Feb. 18, 2004, and Jan. 1, 2004, respectively. ■

GNYHA Rehab Work Group Meets on 75% Rule

GNYHA’s Inpatient Rehabilitation Facility (IRF) Work Group met last week to discuss the Centers for Medicare and Medicaid Services’ (CMS’s) proposed rule on the 75% rule for IRFs and to formulate recommendations that GNYHA will make to modify the proposed rule. Comments are due to CMS on Nov. 3, 2003.

The 75% rule requires that at least 75% of an IRF’s patients need rehabilitation for one or more of 10 conditions. The list of conditions was developed in the early 1980s and has not been modified since then. (See *Skyline News*, Sept. 8, 2003.) CMS stopped enforcing the rule in 2002 because the fiscal intermediaries were using inconsistent criteria to determine compliance. CMS has proposed to reinstate enforcement on Jan. 1, 2004, with minor changes, including a three-year transition period of slightly relaxed restrictions. The IRF Work Group concluded that CMS should use that period to study differences in outcomes for patients with clinically comparable conditions who receive care in different post-acute care settings. CMS should then identify the clinical conditions and functional status of patients for whom care in an IRF is medically necessary and so modify the 75% rule. In the interim, CMS should significantly relax the requirements of the 75% rule to protect patient access to needed inpatient rehab services.

GNYHA surveyed its members for data needed to quantify the fiscal impact of the proposed rule and to develop technical proposals to CMS, and is working with the AHA and others to update the rule to reflect the conditions used for payment in the IRF PPS. GNYHA is grateful to Representative Frank LoBiondo (R-NJ) and Senator Ben Nelson (D-NE) for their efforts on this issue. ■

President of RWJ Foundation to Address Symposium on Health Services Research

Risa Lavizzo-Mourey, M.D., M.B.A., President and CEO of the Robert Wood Johnson Foundation, will deliver the morning keynote address at the Greater New York Hospital Foundation-United Hospital Fund Symposium on Health Services Research on November 5. Dr. Lavizzo-Mourey will discuss the role of research in changing services and policy. The symposium will be held at the CUNY Graduate School and University Center, 365 Fifth Avenue, in

Manhattan. It will feature concurrent morning sessions on research into the aftermath of terrorism and health care coverage issues, and concurrent afternoon roundtable sessions on patient safety strategies, health outcome disparities, and the implications for research of HIPAA. A poster session will highlight programs and research projects currently under way in the NY metro region. The entire program can be viewed at www.gnyha.org. To register online, go to www.uhfnyc.org. ■

New Regulation Adopted on Rapid HIV Testing

The NYS Department of Health (DOH) adopted a new regulation effective Nov. 1, 2003, requiring hospitals to provide HIV test results within 12 hours of birth for newborns whose mothers were not tested for HIV during pregnancy. The existing regulation requires test results to be provided within 48 hours of birth. The new regulation was adopted on an emergency basis and will undergo the usual public notice and comment period before the final, permanent regulation is adopted. In November 2002, the U.S. Food and Drug Administration approved a new generation of rapid HIV testing, which can provide test results in 20–40 minutes. As a result of the new test, HIV testing may now be done at the “point of care.”

DOH is encouraging facilities without current capacity to bring HIV testing in-house and/or locate HIV testing in the labor and delivery setting, in order to consistently generate results in 12 hours or less. The new regulation will require that if no HIV test result is obtained during the mother’s pregnancy, the HIV test must be performed and the test results provided *within 12 hours* of the mother’s consent to HIV testing, or, if the mother does not consent to testing, no later than *12 hours* after the time of the newborn’s birth. Under NYS law, parental consent is not necessary to test a newborn for HIV. For more information, call Doris R. Varlese, and for handouts from GNYHA’s briefing on the new rapid HIV tests, call Meg Figley, at GNYHA. ■

Governor Pataki Takes Action on ECT, Emergency Contraception Bills

On Sept. 22, NYS Governor George Pataki vetoed legislation that would require electroconvulsive shock therapy (ECT) providers to collect information on the use of ECT and report it to the NYS Office of Mental Health (OMH) on a quarterly basis. During the final days of the 2003 State Legislature, the Senate and Assembly passed the bill (S.2691/A.7906), which

GNYHA opposed vigorously. The bill included reporting provisions that many viewed as redundant in light of existing reporting requirements through the SPARCS data bank, the NYS Department of Health (DOH), OMH, and the JCAHO. GNYHA believes that decisions regarding the use of ECT treatments have been appropriately left to patients and their physicians, based on the patient's condi-

tion, available alternatives, and risks associated with both treatment and non-treatment. In his veto message, the Governor refers to GNYHA's objections over the bill as part of his justification for rejecting the legislation, citing arguments that ECT is a safe and effective treatment for certain forms of mental illness. GNYHA will work to educate the public about the efficacy of ECT.

On Oct. 1, the Governor signed a bill requiring hospitals to give emergency contraception upon request to rape survivors during emergency treatment. The bill requires hospitals to give rape survivors written information on emergency contraception, orally inform them of the availability of such contraception, and provide it if requested unless contraindicated. Hospitals are not required to offer emergency contraception if the survivor is pregnant. Currently, NYC hospitals already provide emergency contraception as a result of local legislation passed in May 2003. ■

CMS to Allow Feeding Assistants in Nursing Homes

On Sept. 26, the Centers for Medicare & Medicaid Services (CMS) published a final rule in the *Federal Register* that will permit long term care facilities to use trained feeding assistants. Under the rule, feeding assistants must complete a State-approved training program and work under the supervision of a registered nurse or licensed nurse practitioner. The NYS Department of Health (DOH) is developing a training curriculum for feeding assistants, which it expects to make available on or about Oct. 27, 2003, the date that the final rule becomes effective. The State-approved training must meet minimum Federal standards that include relevant subjects such as

feeding techniques, communication and interpersonal skills, and safety and emergency procedures.

Prior to release of the final rule, CMS required that only nursing staff could assist with eating and drinking. However, under the previous regulations, volunteers, who were often family members, could help feed residents. The final rule would not affect the status of such volunteers, but would not exclude them from being trained under the new curriculum. Staff from GNYHA's Continuing Care Leadership Coalition will continue to communicate with DOH about the curriculum and will distribute it to its members when available. ■

GNYHA Testifies *continued from page 1*

code and other requirements, and developing contingency plans for addressing services that are not supported by generators. GNYHA explained, however, that, notwithstanding these preparations, generators did not always function as effectively as expected, and thus hospitals implemented internal contingency plans, worked with neighboring facilities to assist them, or coordinated with GNYHA to obtain additional generator support.

GNYHA commented that hospitals are now implementing enhancements to minimize disruptions during any future outages. However, funding is limited, and GNYHA stated that hospitals require significant funding to ensure that they can remain operational during future emergencies. Purchasing and installing a new generator alone can cost as much as \$3 million, and hospitals are already spending significantly increased

amounts on emergency preparedness since Sept. 11, 2001. GNYHA estimates that each hospital in NYC will have spent, on average, \$5.5 million on incremental preparedness activities since September 11 through the end of this year, yet each hospital has been allocated only small amounts of funding for these activities by the Federal government, aimed primarily at bioterrorism.

GNYHA also urged that health care facilities be given priority in the restoration of power and communication systems, continued support in meeting generator and communication needs during future outages, assistance with access to the City during emergencies, and the establishment of shelters and alternative care sites to help alleviate the surge of individuals coming to hospitals during emergencies who may not have acute care needs. GNYHA submitted similar recommendations to the Mayor's Task Force empaneled to review the power outage. ■

DOH Issues Regs for Live Adult Liver Donors

On Sept. 24, the NYS Department of Health (DOH) published in the *New York State Register* proposed regulations for live adult liver donation and transplantation. The proposed regulations require that hospitals performing live liver donation establish independent donor advocate teams, who will be responsible for evaluating the prospective donor, ensuring that the donor has the necessary information to give informed consent, and following the donor's care through discharge and beyond. The regulations also set forth staffing requirements for surgeons, as well as anesthesia, medical, and nursing staff. Moreover, transplant centers would be required to report to DOH on the medical and psychosocial status of donors both during the donation process and after discharge, and should attempt to track the donor for the rest of his or her lifetime. DOH will take comments on the proposed regulations until Nov. 7, 2003. Members who would like GNYHA to submit specific comments to DOH should contact Susan Stuard at GNYHA by Oct. 31, 2003. ■