



# Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

## Coalition to Protect America's Healthcare to Run New Ads

**T**he Coalition to Protect America's Healthcare, of which GNYHA is a founding member, will step up its advocacy efforts after Labor Day with a new nationwide 30-second television ad and new radio spots in select cities. This second wave of advertising will reiterate the message that the deep health care cuts enacted within the Balanced Budget Act of 1997 (BBA) are forcing hospitals across the nation to make difficult decisions—and in some cases cut critical services. The television ad will begin airing September 6, 2000, on national cable news networks, including CNN, MSNBC, and Fox News, as well as during syndicated reruns of "ER." Radio spots will air in Washington, D.C., and on selected radio stations throughout the country. These new ads will feature a toll-free

number, 1-866-456-CARE. Callers will be patched through to their respective members of Congress so they can urge that funding be restored to hospitals. To further strengthen the case for BBA relief, the Coalition is also planning an eight-page insert for the September 11, 2000, issue of the newspaper Roll Call, a leading source for Congressional news and information. Copies of the insert will be made available on request to Coalition members. The Coalition was launched in July 2000 by a group of hospitals, health systems, hospital associations, and health care businesses (see Skyline News, July 24, 2000) to focus on issues that are central to protecting access to health care services for communities across America. A number of GNYHA members are also part of the Coalition ■

## New Federal Initiatives Focus on Human Subjects Research

**L**ast week, Dr. Greg Koski, the head of the newly created Office for Human Research Protections (OHRP) in the Department of Health and Human Services, announced that OHRP will review existing policies to address conflicts of interest in research, and will consider major changes to the existing framework for regulatory oversight.

The focus on conflicts of interest is part of a broader Federal initiative on human subjects research launched by President Clinton in May of this year. That initiative covers other key issues in human subjects research, including training requirements for investigators, auditing requirements to ensure compliance in the informed consent process, and proposed legislative changes to grant the U.S. Food and Drug Administration the authority to level civil penalties of up to \$250,000 per clinical investigator and \$1 million per research institution. The President's announcement, reorganization of the office with oversight responsibility, and recent enforcement activity reflect heightened Federal scrutiny of human subjects research. Federal enforcement activity has included the decision by the Office for Protection from

## Medicare Plans Leave NYC Area

**A**s of January 1, 2001, five Medicare managed care plans in the eight-county New York City area will no longer enroll beneficiaries in some or all of the counties they currently serve. Approximately 54,500 beneficiaries, or 16.3% of those enrolled in plans in this area, will have to choose to either enroll in another managed care plan or return to the traditional Medicare program.

Those beneficiaries returning to the traditional program may purchase a supplemental policy with certain protections. In no event will a beneficiary lose Medicare coverage.

The U.S. Health Care Financing Administration (HCFA) reported that approximately 934,000 Medicare beneficiaries will be affected by the decisions of

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## SHRPC Part-time Clinic Regulations Become Effective

On August 15, 2000, regulations relating to part-time clinics, which the State Hospital Review and Planning Council (SHRPC) voted to adopt on an emergency basis at its August 3, 2000, meeting, became effective. GNYHA provided extensive comments to SHRPC prior to the adoption of the regulations, objecting to the regulations on an emergency basis and several of the provisions.

The regulations prohibit part-time clinics from operating in certain locations (for example, private physicians' offices and adult homes), and require that they be operated in proximity to the sponsoring facility's main site. In addition, the regulations require part-time clinics to have certain policies and procedures in place, including those that address quality assurance and credentialing. The regulations also establish a new application process for current and future operators of part-time clinics that require future operators to submit applications to the NYS Department of Health (DOH) at least 45 days prior to opening a site. All existing operators of part-time clinics must submit applications to DOH by November 13, 2000, in order to continue to provide services at any and all specific part-time clinic locations. After September 11, 2000, the application will be available on the DOH Web site at [www.health.state.ny.us](http://www.health.state.ny.us); applicants who submit the application electronically must also send a confirmation letter to DOH.

GNYHA will meet with DOH regarding the implementation of the regulations, and is planning to host a member briefing at which DOH representatives will answer members' questions. The regulations will expire on November 13, 2000, unless SHRPC readopts them; they will be on the agenda at the September 21, 2000, SHRPC Codes Committee meeting and the October 5, 2000, full SHRPC meeting. GNYHA plans to comment on the regulations at the Codes Committee meeting. If you would like a copy of the regulations, call Olivia Segree, and if you have any questions, call Doris R. Varlese, both at GNYHA. ■

## New York Legislature Requires Coverage of Prostate Screening

The New York Legislature passed A.5037/S.976, sponsored by Assemblyman Thomas DiNapoli and Senator Dean Skelos, which requires insurers to cover diagnostic screening for prostate cancer for men with a prior history of the disease. The bill also requires insurers to cover annual prostate cancer screening for all men over age 50 and for men over 40 who have a family history of prostate cancer. GNYHA

strongly supported the legislation. The bill awaits Governor Pataki's signature.

Prostate cancer is the second most common form of cancer suffered by American men, and its incidence is expected to increase as the population ages: over 80% of diagnosed cases occur in men over 65. With few proven preventative measures available, early detection is the key to saving the lives of those who suffer from the disease. ■

## AAMC to Host Teaching Hospital Trustee Day

The Association of American Medical Colleges (AAMC) will host "Teaching Hospital Trustee Advocacy Day on Capitol Hill" on September 13, 2000. The event will begin with a briefing and organizational meeting, followed by Congressional meetings with key Republican leaders who have not cosponsored S.2394 and H.R. 4239, legislation to freeze payments for indirect medical edu-

cation at 6.5%. AAMC is organizing the advocacy day in response to trustees expressing an interest in meeting with Congressional leaders to discuss the impact of the Balanced Budget Act of 1997 (BBA). Trustees will meet with Congressional leaders to discuss the need for significant relief from the BBA's Medicare cuts in order to protect the nation's academic medical centers. ■

## Medicare Plans Leave NYC Area continued from page 1

certain plans to withdraw from the program or from certain regions of the United States, with about 83% (775,000) of

those affected living in areas where other Medicare+Choice managed care plans will continue to be available. ■

### Medicare Managed Care Plans Not Renewing Contracts with HCFA for 2001 in the New York City Area

County	Plan	Enrollees as of 6/31/00
Bronx	CIGNA Healthcare of New York	884
Kings	CIGNA Healthcare of New York	1,047
New York	CIGNA Healthcare of New York	520
Queens	CIGNA Healthcare of New York	894
Richmond	CIGNA Healthcare of New York	269
Nassau	Aetna U.S. Healthcare	11,216
	CIGNA Healthcare of New York	1,732
	MDNY Healthcare, Inc.	810
	Physicians Health Services of New York, Inc.	1,183
Suffolk	Aetna U.S. Healthcare	16,037
	CIGNA Healthcare of New York	1,565
	HIP of Greater New York	11,862
	MDNY Healthcare	5,616
	Physicians Health Services of New York, Inc.	839

Note: All enrollment is in risk plans except HIP enrollment, which includes cost and health care prepayment plan enrollment. Other health care prepayment plans are not shown.

Source: U.S. Health Care Financing Administration.

# Congress to Debate Labor-Health-Education Appropriations

**P**rior to recess in July, Republican members of the House-Senate Conference Committee completed the Departments of Labor-Health and Human Services (HHS)-Education appropriations bill, H.R.4577. Health professions will reportedly receive \$456 million—\$125 million for children's hospitals' graduate medical education and \$331 million for the health professions education programs under Titles VII and VIII, commonly referred to as the Nurse Education Act. The 9.6%

increase for nursing education will help alleviate the nursing shortage and is equal to the House's original budget appropriation.

Conferees agreed to the Senate-approved level of funding for the Agency for Healthcare Research and Quality—a 35% increase in funds totaling \$270 million. The National Institutes of Health will receive an increase of \$2.7 billion with a budget total of \$20.5 billion for fiscal year 2001. Details of the HHS budget will be worked out after the report is filed this month. ■

# Press Conference Promotes Lowey-Quinn Market Basket Update

**I**n a press conference on August 22, 2000, Congresswoman Nita Lowey outlined H.R.3580, a bill to provide a full market basket update for fiscal year 2001 to hospitals under the prospective payment system. The bill, co-sponsored by New York Congresswoman Lowey and Congressman Jack Quinn, "is expected to restore \$8 billion in Medicare payments over five years, \$692 million of which will go directly to New York hospitals," Lowey stated at the press conference, held at Roosevelt Hospital in Manhattan. The bill has bipartisan support from more than 300 members of the House, the Clinton Administration, and 56 Senators. Every member of the New York Congressional Delegation has cosigned the bill. Despite the overwhelming support, the appropriation is not guaranteed until budget deals are completed.

Congressman Jerrold Nadler was also at the press conference and urged support of the bill. He stated that "during a time of surplus, it is shortsighted not to commit to our hospitals' [budgetary] shortfalls." Peter Kelly, Executive Vice President and Chief Operating Officer of Continuum Health Partners, Inc., indicated that Lowey's bill would restore \$38 million to his hospital system, a starting point for replacing the \$300 million in cuts experienced at Continuum. Jim Foy, Chief Executive Officer of St. John's Riverside Hospital, spoke about the \$20 million in reimbursement cuts his hospital has suffered as a result of the Balanced Budget Act of 1997. Congresswoman Lowey and Congressman Nadler plan to aggressively pursue passage of H.R.3580. ■

## STAFF

**Danica L. Patterson** has joined the staff of GNYHA as Assistant Director, Government Affairs. Ms. Patterson will focus on a number of State and Federal legislative issues of concern to GNYHA members. She comes to GNYHA from the Florida Hospital Association (FHA), where she worked from 1996 to June 2000 and most recently served as Director of Government Relations. Ms. Patterson also held the titles of Post-acute Care Liaison and Director of Community Care Services at FHA. She is a graduate of the University of North Carolina, with a bachelor's degree in public health, health policy, and administration.

## Human Subjects Research continued from page 1

**Research Risks** to halt research programs at several major academic medical centers, including the University of Pennsylvania and Duke University.

**New Requirements and Standards:** New standards governing two elements of the recently announced Federal initiative, training for researchers involved in human subjects research and data safety and monitoring, become effective in October 2000. Under those standards, principal investigators and other personnel responsible for the design and conduct of research trials must document that they have received training regarding the protection of human subjects. The new requirements for data safety and monitoring for phase I and phase II clinical trials mandate that investigators submit a general description of the data and safety monitoring plan as part of the application for National Institutes of Health (NIH) funding. A detailed monitoring plan must also be submitted

to the local Institutional Review Board and approved by NIH before the research trial begins.

**GNYHA Briefing and Workgroup:** On September 21, 2000, GNYHA will host a member briefing on the changes under way in Federal oversight of research involving human subjects; call Tracy Miller at GNYHA for more information. In light of the scope of national changes, GNYHA is also creating a workgroup to address the issues raised by the Federal initiative on oversight of human subjects research. The workgroup will help GNYHA members develop policies to implement new Federal mandates and provide input as GNYHA participates in the national discussion about emerging standards. Both the workgroup and the briefing are part of GNYHA's significant ongoing effort to provide educational materials and programs on human subjects research. ■

**AROUND** **David Edwards** has been appointed Chairman of the New York State Public Health Council. Mr. Edwards is currently a principal at William M. Mercer, Inc.

# GNYHA Supports Family Care Act

**P**rior to Congress's August recess, Congressmen John Dingell (D-MI), Henry Waxman (D-CA), Fortney "Pete" Stark (D-CA), and Sherrod Brown (D-OH), along with Senators Ted Kennedy (D-MA) and John Rockefeller (D-WV), introduced S.2923/H.R.4927, the Family Care Act of 2000. GNYHA supports this bill, which targets health insurance coverage to uninsured working families through Medicaid expansions under the Title XXI Children's Health Insurance Plan. It also gives states tools to improve outreach and provides assistance to increase coverage to small businesses. If states take full advantage of the program, an estimated 6.5 million parents would be eligible for insurance under the Family Care Act.

**Family Health Plus:** New York recently enacted the Family Health Plus (FHP) program, which will extend subsidized health coverage to uninsured working adults with income above the State's Medicaid level. The Family Care Act will enable New York to expand FHP as well as to extend health insurance coverage to additional vulnerable populations like legal immigrants. The bill has the potential to cover hundreds of thousands of uninsured New Yorkers. New York Congressional Delegation cosponsors of the Family Care Act of 2000 include Congressman Joseph Crowley and Congresswoman Nita Lowey, as well as Senators Daniel Patrick Moynihan and Charles Schumer. ■

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## Children's Health Carnival to Be Held During Hispanic Heritage Month

**T**he Healthcare Education Project—a joint initiative of GNYHA and 1199/SEIU—will co-sponsor a special Children's Health Carnival with Bronx Borough President Fernando Ferrer, the Puerto Rican Family Institute (PRFI), the Hispanic Federation, and VIP Community Services on September 23, 2000, from 12 noon to 5:00 p.m., at Hostos Community College in the Bronx. This special event is part of the Healthcare Education Project's "Cover Every Child" campaign to raise awareness about NYS's Child Health Plus (CHP) insurance program for children, and to increase CHP and Medicaid enrollment. The health carnival takes place during Hispanic Heritage month—September 13 through October 13—and is the ideal venue to boost awareness of CHP among the Latino communities in the Bronx and the surrounding boroughs. CHP and Medicaid enrollment will take place at the event, which will also feature special games, entertainment, and food. The popular Latin radio station "La Mega" 97.3 FM will broadcast live from Hostos College.

**Bronx Health Link:** The Bronx Health Link,

a community-based organization sponsored by GNYHA member hospitals in the Bronx, is partnering with the carnival co-sponsors to promote the event. Borough President Ferrer is scheduled to attend along with other elected officials, community leaders, and health care providers. The carnival is expected to draw several hundred children and parents from the borough.

"We hope that this special health carnival will increase awareness of the Child Health Plus and Medicaid programs within our Latino communities," said Maria Elena Gironi, National Executive Director of PRFI. "We want to reach every Latino parent and enroll Latino children into these programs."

The Puerto Rican Family Institute, founded in 1960, is a not-for-profit, multi-program, family-oriented health and human service agency whose primary mission is to prevent disintegration and enhance the self-sufficiency of the Latino community. The Hispanic Federation is an umbrella organization for health and human service agencies in the tri-state area serving the Hispanic community. ■

# DOH Considers Models for Newborn Hearing Screening Program

**A**t a meeting of the NYS Department of Health (DOH) Newborn Hearing Screening Workgroup, of which GNYHA is a member, DOH received input on the implementation of a universal program to screen newborns for hearing impairments, and indicated that the expected implementation date for the newborn hearing screening program is October 1, 2000.

DOH is now considering two possible models. Each hospital would choose the model it prefers. Under the first model, a hospital would administer the program directly, and would be responsible for initially screening a newborn before discharge; if the newborn did not pass the first screening, the hospital would be responsible for scheduling a follow-up appointment for an additional outpatient screening. If a newborn did not receive an initial screening before being discharged, the hospital would be required to make a reasonable effort to contact the parents to schedule an outpatient appointment for the initial screening. Under the second model, a hospital would refer newborns to a contracted facility that would provide the newborn hearing screening. Under this option, the birth hospital would be responsible for reporting the results of the hearing screening test to DOH. If a newborn missed the screening appointment, the birth hospital would be responsible for making a reasonable effort to contact the newborn's parents and schedule an outpatient appointment for the screening.

DOH has identified several issues to cover at upcoming workgroup meetings, including reimbursement mechanisms, data reporting, personnel required to perform the tests, and contractual agreements between providers. If you have any questions, call Doris R. Varlese at GNYHA. ■