10/6/89
Knapp cking on
8 or 8:30 am -
If they can do then,
we will accept -- with
caveat -- as always -
barring any last minute
developments.
8:30am
is okay!

Speak
October 31
Tues.
betw. 10:30 - 12:00 noon

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW
WASHINGTON, DC 20036
TELEPHONE (202) 828-0400

at Washington Hilton

SH-141 Hart Senate Office
Building
Washington, D.C. 20510-1601

Dear Ms. Meyer:

Attached is a copy of my letter of May 12 inviting Senator Dole to speak at a Special Session of the annual meeting of the Association of American Medical Colleges on October 31 here in Washington, D.C. In your letter of May 16 (also attached), you indicated it was too early to know what the Senator's schedule might be.

I know it's still "a bit early," but in order for us to plan appropriately, I'd be appreciative if you could give me some idea of when a decision might be forthcoming. We would very much like to have the Senator on our program and hope he can be with us.

Thank you for your help with this matter.

Sincerely,

602/299-2020 - X2123 - Arizona

Richard M. Knapp, Ph.D.
Senior Vice President

- Elizabeth

cc: Dr. Clawson
Ms. Burke

Attachments

428-0410 - Knapp

9-15-89 left word with switchboard operator - hoped to have an answer by end of September.
10/6 Knapp cking to see if Sen. can do at 8:00 or 8:30
10/11 Spoke w/ Mr. Knapp told him 8:30 am was OK!
10/12 Sent copies to Joyce, Jake

AAMC

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW
WASHINGTON, DC 20036
TELEPHONE (202) 828-0400

May 12. 1989

Honorable Robert Dole
United States Senate
SH-141 Hart Senate Office building
Washington. D.C. 20510-1601

Dear Senator Dole:

I am writing to invite you to speak at a Special Session of the annual meeting of the Association of American Medical Colleges on October 31 here in Washington. D.C. The program will be held in the Jefferson East and West Rooms at the Washington Hilton Hotel on Connecticut Avenue from 10:30 a.m. - noon and will be titled:

"Medical Education and Rural Health Care:
Responsibilities and Opportunities"

Kevin M. Fickenscher. M.D.. Assistant Dean/Executive Director. Michigan State University. Kalamazoo Center for Medical Studies will also speak at this session which will be moderated by D. Kay Clawson. M.D.. Executive Vice Chancellor. University of Kansas Medical Center.

We would like you to speak for 30 minutes. and hope you would be willing to take some questions. We expect approximately 450 people to attend this program which is being planned to focus attention on rural health problems and highlight obligations and opportunities for our nation's medical centers to seek solutions to these problems.

We offer an honorarium of $1.000. I would be pleased to discuss further details of this invitation with a member of your staff.

Sincerely,

Richard M. Knapp. Ph.D.
Senior Vice President

cc: Betty Meyer

October 31

The University of Kansas Medical Center

Office of the Executive Vice Chancellor

May 10, 1989

The Honorable Robert Dole
141 Hart Senate Office Building
Washington, DC 20510

Dear Senator Dole:

As you are aware, this year I am Chairman of the Association of American Medical Colleges (AAMC). As part of our annual meeting, we have organized a session on rural health. I will moderate that session. Shortly, you will be receiving an invitation from the AAMC to participate in that program. I hate to burden your busy schedule even more, but would be very appreciative if you could work this into your schedule. The program would be at 10:30 a.m. on October 31, 1989 in Washington, D.C.

Most sincerely,

Kay

D. Kay Clawson, M.D.
Executive Vice Chancellor

DKC/pgw

cc: Chancellor Gene A. Budig

39th and Rainbow Blvd., Kansas City, Kansas 66103 • (913) 588-1400

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW
WASHINGTON, DC 20036
TELEPHONE (202) 828-0400

May 12, 1989

Honorable Robert Dole
United States Senate
SH-141 Hart Senate Office Building
Washington, D.C. 20510-1601

Dear Senator Dole:

I am writing to invite you to speak at a Special Session of the annual meeting of the Association of American Medical Colleges on October 31 here in Washington, D.C. The program will be held in the Jefferson East and West Rooms at the Washington Hilton Hotel on Connecticut Avenue from 10:30 a.m. - noon and will be titled:

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Kevin M. Fickenscher, M.D., Assistant Dean/Executive Director, Michigan State University, Kalamazoo Center for Medical Studies will also speak at this session which will be moderated by D. Kay Clawson, M.D., Executive Vice Chancellor, University of Kansas Medical Center.

We would like you to speak for 30 minutes, and hope you would be willing to take some questions. We expect approximately 450 people to attend this program which is being planned to focus attention on rural health problems and highlight obligations and opportunities for our nation's medical centers to seek solutions to these problems.

We offer an honorarium of $1,000. I would be pleased to discuss further details of this invitation with a member of your staff.

Sincerely,

Richard M. Knapp, Ph.D.
Senior Vice President

cc: Betty Meyer

October 31
Tues.

Joyce

AAMC

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW
WASHINGTON, DC 20036
TELEPHONE (202) 828-0400

October 12, 1989

Morrell Taggart
Scheduler
Senator Dole's Office
141 Hart Senate Office Building
Washington, D.C. 20510-1601

Dear Ms. Taggart:

I write to confirm our conversation concerning Senator Dole's participation in the Association of American Medical Colleges (AAMC) annual meeting program. As we discussed the program has been changed so that it begins at 8:30 a.m. in the Ballroom Center at the Washington Hilton Hotel on Connecticut Avenue, and will be titled:

"Medical Education and Rural Health Care:
Responsibilities and Opportunities"

Kevin M. Fickensher, M.D., Assistant Dean/Executive Director, Michigan State University, Kalamazoo Center for Medical Studies will also speak at this session which will be moderated by D. Kay Clawson, M.D., Executive Vice Chancellor, University of Kansas Medical Center.

We would like for the Senator to speak for 25-30 minutes, and hope he would be willing to take some questions. We expect approximately 500-600 people to attend this program which is being planned to focus attention on rural health problems and highlight obligations and opportunities for our nation's medical centers to seek solutions to these problems.

We offer an honorarium of $1,000. If there are logistical matters which need to be discussed, please call me at 828-0410. Thanks for your help.

Sincerely,

Richard M. Knapp, Ph.D.
Senior Vice President

Morrell
If there is a brief "bio" or CV
I should use for introduction, please
send it along, otherwise I will
use the standard
sources & references
D. Kay

RECONCILIATION ISSUES

Robert G. Petersdorf, M.D.
President

AAMC

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ONE DUPONT CIRCLE, NW
WASHINGTON, DC 20036
TELEPHONE (202) 828-0460

October 20, 1989

Sheila

The Honorable Robert Dole
United States Senate
141 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Dole:

As president of the Association of American Medical Colleges (AAMC), which represents the nation's 127 accredited medical schools, 435 major teaching hospitals and 88 academic and professional societies, I am writing about three issues related to Medicare payments to hospitals that will be decided in the upcoming House-Senate conference on the FY 1990 budget reconciliation.

The most important issue in the conference for teaching hospitals is the Medicare indirect medical education adjustment. The AAMC is particularly concerned with the Senate proposal to reduce the IME adjustment to 7.1 percent. This adjustment is a critically important equity factor in the Medicare PPS, compensating teaching hospitals for the higher costs they incur. Teaching hospitals are a diverse group of highly complex institutions that provide both basic and tertiary patient care services as well as the environment and resources for medical education and research. A reduction in the IME adjustment would constitute a severe economic hardship for teaching hospitals and hinder their future capability to support adverse patient selection within DRGs and to provide high technology care, high cost services for referral patients, and unique community services such as trauma and burn units. Therefore, the AAMC respectfully urges you to adopt the House provision which retains the IME adjustment at its current rate of 7.7 percent per 0.1 resident-to-bed.

There is one other provision on which I wish to register AAMC opposition. Section 4044 of the Energy and Commerce Committee bill would make a significant change in Medicare payments for direct medical education. Regulations

* THE HOUSE HAS NO COMPARABLE CUT - THEY GET MONEY BY DELAYING MEDICARE PAYMENTS 2 days.

implementing the 1986 legislative amendment were finally published on September 29, 1989. In addition to the fact that it is unwise to make changes in a provision which has just now been implemented, the AAMC believes section 4044 will be administratively burdensome and will be ineffective in achieving its objective of serving as an incentive for teaching programs to produce more primary care physicians.

Finally, we wish to register our concern with Medicare reimbursement of jointly sponsored nursing and allied health personnel training programs. While it does not completely solve the problem, we wish to indicate our strong support for section 5306 on this issue in the original Senate Finance Committee bill. (DOLE PROVISION) HOUSE HAS A PROVISION NOT AS BROAD AS OURS.

Please contact Richard M. Knapp, Ph.D. (828-0410) if you have questions or desire further information about any of our views on these issues.

Very sincerely yours,

Robert G. Petersdorf

Robert G. Petersdorf, M.D.

October 30, 1989

M E M O R A N D U M

TO: SENATOR DOLE

FROM: SHEILA BURKE

SUBJECT: SPEECH TO THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

You are scheduled to address a group of medical school deans, faculty, students and medical center administrators. The size of the group could be anywhere between 700-1,000. Kay Clawson, the Executive Vice Chancellor of K.U. Medical Center will be introducing you to the group. (Kay is the current Chairman of the Association.) Other Kansas are likely to be in the audience although we are uncertain as to how many. Dick Knapp will be meeting you at the door of the hotel. Dick is the senior vice president of the association and has been very helpful to us over the years. He is a big fan of yours.

The group will have heard from Secretaries Sullivan and Cavazos. You will be followed by Kevin Fichenscher, M.D., Assistant Dean, Michigan State University. The Association has asked that you speak for approximately 15 - 20 minutes on the subject of rural health care needs and medical education.

Background on the Association

The AAMC represents the nation's 127 accredited medical schools, 435 major teaching hospitals and 88 academic and professional societies. The current President is Bob Petersdorf, M.D. This meeting is their 100th annual meeting.

SPEECH OF SENATOR BOB DOLE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

RURAL HEALTH CARE CHALLENGE

OCT. 31, 1989

I AM PARTICULARLY PLEASED TO HAVE BEEN

INTRODUCED BY KAY CLAWSON. KAY AND HIS STAFF AT

K.U. HAVE BEEN IN THE FOREFRONT OF EFFORTS TO

HELP US SOLVE THE HEALTH CARE PROBLEMS BEING

FACED BY RURAL AMERICA. NOTWITHSTANDING OUR

PROBLEMS, THE STATE OF KANSAS HAS MUCH TO BE

THANKFUL FOR WITH RESPECT TO THE CONTRIBUTION MADE BY THE MEDICAL SCHOOL AND UNIVERSITY.

YOU ARE, I NOTE, HERE FOR YOUR 100TH ANNUAL MEETING. CLEARLY A TIME FOR REFLECTION ON THE PAST, BUT ALSO PLANNING FOR THE FUTURE. THE NEEDS OF RURAL AMERICA ARE CRYING OUT FOR YOUR ATTENTION AND YOUR HELP.

CRISIS OF CARE

NOBODY LIKES TO HEAR A STORY ABOUT A FAMILY WHERE THE BREADWINNER HAS LOST HIS OR HER JOB AND IN TRYING TO SURVIVE GIVES UP THE FAMILIES HEALTH INSURANCE AS A NON-ESSENTIAL COST. THE FAMILY HOPES NO ONE GETS SICK, BUT THEY ARE AT PARTICULAR RISK BECAUSE THEY ARE FARMERS ENGAGED IN ONE OF THE MOST HAZARDOUS OCCUPATIONS IN AMERICA.

ADDITIONALLY, NOBODY LIKES TO HEAR ABOUT THE ELDERLY WOMAN WHOSE HEALTH STATUS DECLINES SIMPLY BECAUSE SHE CAN'T MANAGE TO TRAVEL THE DISTANCE TO THE NEXT TOWN "ONLY" THIRTY MILES AWAY TO HAVE HER MEDICATION ORDERS CHANGED. AND FINALLY, NOBODY WANTS TO HEAR THE STORY OF THE CHILD WITH A HEARING DISORDER WHO GOES UNTREATED BECAUSE NO ONE IS AVAILABLE TO DIAGNOSE THE PROBLEM.

BUT UNFORTUNATELY, WE HEAR THESE STORIES EVERYDAY IN RURAL AMERICA. AND THEY ARE STORIES THAT ARE PREVENTABLE.

WE KNOW THAT RURAL RESIDENTS ARE MORE LIKELY TO SUFFER FROM CHRONIC DISEASE CONDITIONS INCLUDING: ARTHRITIS, VISUAL AND HEARING IMPAIRMENTS, ULCERS, THYROID AND KIDNEY PROBLEMS, HEART DISEASE, HYPERTENSION AND EMPHYSEMA. THEY ARE ALSO MORE LIKELY TO SUFFER

LIMITATIONS IN ACTIVITY AS A RESULT OF THESE CHRONIC CONDITIONS THAN ARE URBAN DWELLERS.

SO THERE IS NO QUESTION THAT MORE PHYSICIANS, NURSES, AND OTHER HEALTH PERSONNEL AND SERVICES WILL BE REQUIRED TO MEET THESE INCREASING NEEDS. YET, AS ALL OF YOU KNOW BETTER THAN I, CURRENT TRENDS IN AVAILABILITY OF HEALTH CARE FACILITIES AND PERSONNEL SHOW MARKED DECREASES AND CONSISTENT INADEQUACY WHICH

PAINT A VERY BLEAK PICTURE FOR RURAL AMERICANS LIKE THOSE WHO LIVE IN MY HOME STATE.

MULTIFACETED PROBLEM

IT WOULD APPEAR THAT ALL THE ODDS ARE WORKING AGAINST US AS WE TRY TO SOLVE THESE PROBLEMS. FOR THE LAST THREE YEARS MORE RURAL THAN URBAN HOSPITALS HAVE CLOSED. IN FACT, OF THE 2,674 RURAL HOSPITALS OPEN AT THE END OF 1985, 4.5 PERCENT OR ABOUT 120 HOSPITALS HAVE CLOSED.

WITH RESPECT TO HEALTH MANPOWER, THE CURRENT NURSING SHORTAGE IS GROWING AT AN EVEN FASTER PACE IN RURAL AREAS THAN IT IS IN URBAN AREAS. AND, AS YOU WELL KNOW, NURSES FORM A SIGNIFICANT PROPORTION OF THE FRONT LINE PROFESSIONAL PROVIDER STAFF UPON WHICH A RURAL HEALTH CARE SYSTEM DEPENDS. WITH INCREASED DEMANDS ON AN ALREADY FRAGILE SYSTEM OF RURAL HEALTH CARE, THE NURSING SHORTAGE WILL MEAN LACK OF ACCESS TO ENTRY LEVEL CARE FOR MANY RURAL RESIDENTS.

AND, OF COURSE, ONE OF THE BIGGEST PROBLEMS IS THE SHORTAGE OF PHYSICIANS. MANY RURAL COMMUNITIES CONTINUE TO HAVE PROBLEMS IN RECRUITING AND RETAINING PHYSICIANS, DESPITE THE ALLEGED NATIONAL SURPLUS.

THE MEDICAL MALPRACTICE CRISIS HAS MADE THE PHYSICIAN SHORTAGE PROBLEM EVEN WORSE. IN A SURVEY BY THE KANSAS ACADEMY OF FAMILY PHYSICIANS, 23 PERCENT OF THEIR MEMBERS INDICATED

THEY HAD DROPPED OBSTETRICAL SERVICES IN THE PAST FIVE YEARS CITING RISING MEDICAL LIABILITY INSURANCE COSTS AS A MAJOR DETERRENT.

COMPLICATING MATTERS FURTHER ARE THE SIMPLE DEMOGRAPHIC REALITIES FACING RURAL AREAS. WE HAVE A CONTINUING POPULATION DECLINE, A CONTINUING HIGH PROPORTION OF ELDERLY, AND A CONTINUING HIGH PROPORTION OF THE POOR. IN FACT,

WHILE IN 1985 WE ONLY HAD 25 PERCENT OF THE COUNTRY'S POPULATION, WE HAD 38 PERCENT OF THE NATION'S POOR.

WE ALSO HAVE, IN SOME INSTANCES, A LARGE POOL OF MIGRANT AGRICULTURAL WORKERS AND DEPENDENTS TO CARE FOR WHO PRESENT AN ENTIRELY DIFFERENT MIX OF PROBLEMS. THE GENERAL PROBLEMS OF RESOURCE AND PROVIDER SHORTAGE,

INADEQUATE HOUSING AND SOCIAL SERVICES, FOLLOW-UP ISSUES AND POVERTY ARE EXACERBATED FOR THIS GROUP OF PEOPLE BY THE VERY NATURE OF THEIR WORK.

TO SUMMARIZE, RURAL AREAS IN STATES LIKE KANSAS HAVE LONG-STANDING PROBLEMS IN TERMS OF POVERTY, ACCESS TO AVAILABILITY OF HEALTH CARE. THE RECENT ECONOMIC DOWNTURN IN THE FARM BELT AND THE ENERGY BELT ARE NOT NEW BUT THEY HAVE MADE AN OLD PROBLEM WORSE, AND THERE APPEARS

TO BE NO CLEAR RELIEF IN SIGHT. THAT'S WHY NEITHER THE GOVERNMENT NOR THE PRIVATE SECTOR ALONE CAN SOLVE THE PROBLEMS THAT FACE US.

COMPLICATED PROBLEMS/COMPLICATED SOLUTIONS

COMPLICATED PROBLEMS REQUIRE COMPLICATED SOLUTIONS. OVER THE YEARS THE FEDERAL GOVERNMENT ALONG WITH THE STATES AND THE PRIVATE SECTOR, HAVE TRIED A VARIETY OF PROGRAMS TO ADDRESS THE PROBLEMS IN RURAL AREAS. WE'VE TRIED BUILDING HOSPITALS -- THE HILL-BURTON

PROGRAM. WE'VE TRIED ENTICING STUDENTS WITH SCHOLARSHIP MONEY -- WITH THE NATIONAL HEALTH SERVICE CORPS. WE'VE SET UP PRIMARY HEALTH CARE CENTERS -- THROUGH THE COMMUNITY HEALTH CENTERS ACT. WE'VE TRIED TO ENCOURAGE COOPERATION BETWEEN ACADEMIC HEALTH CENTERS AND RURAL PROVIDERS -- THROUGH THE AREA HEALTH EDUCATION CENTERS. AND, WE'VE CHANGED MEDICARE REIMBURSEMENT -- WITH THE RURAL HEALTH CLINICS ACT. BUT EVEN GIVEN ALL THESE EFFORTS THE

PROBLEMS CONTINUE. AND FRANKLY, IN ADDITION TO CREATING ALL THE NEW PROGRAMS, WE ALSO CREATED SOME NEW PROBLEMS OR FAILED TO ADDRESS SOME OLD ONES.

CRISIS IN HOSPITAL REIMBURSEMENT

AS I'VE NOTED, THE HILL-BURTON PROGRAM SET ABOUT BUILDING HOSPITALS IN SMALL COMMUNITIES ACROSS THE COUNTRY. THESE HOSPITALS BECAME NOT ONLY THE CRITICAL SOURCE OF CARE NEEDED, BUT ALSO ONE OF THE LARGEST EMPLOYERS IN THE AREA.

IT'S NOT SURPRISING TO HAVE A RURAL COMMUNITY SEEKING TO ATTRACT NEW INDUSTRY AND CITING THE LOCAL HOSPITAL AND THE SERVICES IT PROVIDES. THIS IS ALSO TRUE IN THEIR EFFORTS TO RECRUIT PHYSICIANS AND OTHER HEALTH CARE PROVIDERS INTO THE AREA.

BUT THIS ENVIRONMENT IS CHANGING QUICKLY AS THESE HOSPITALS COME UNDER GREATER AND GREATER FINANCIAL STRESS -- WHICH MAY WELL BE IN PART THE FAULT OF OUR MEDICARE REIMBURSEMENT

SYSTEM. IN PUTTING THE NEW DRG SYSTEM INTO PLACE, WE KNEW THAT RURAL HOSPITALS MIGHT BE ADVERSELY AFFECTED -- BUT WE DIDN'T KNOW HOW SERIOUSLY. WE ARE NOW LOOKING FOR WAYS TO HELP THEM SURVIVE. THERE IS NO QUESTION THAT THE COMMUNITIES WANT TO KEEP THESE HOSPITALS. BUT AT WHAT PRICE? AND DO THEY IN FACT NEED THE FULL SERVICE HOSPITAL OF YESTERDAY? MAYBE ALONG WITH THEIR CHANGING ECONOMIC STATUS, THERE IS ALSO A CHANGING NEED WITH RESPECT TO THEIR HEALTH CARE SERVICES.

THERE IS NO QUESTION REIMBURSEMENT IS A PROBLEM, BUT MAYBE WE ALSO NEED TO LOOK MORE CLOSELY AT WHAT OUR COMMUNITIES REALLY NEED.

WHO WILL PROVIDE THE CARE

WE'RE ALSO TOLD REIMBURSEMENT POLICY IS AT THE ROOT OF MUCH OF THE PROBLEM WITH THE SHORTAGE OF PHYSICIANS IN RURAL AREAS. AS ENTICING AS SCHOLARSHIP MONEY MAY BE -- IT CAN'T SOLVE OUR PROBLEMS OF RETENTION. WE ARE FINALLY ASKING OURSELVES QUESTIONS ABOUT THE INHERENT

WEAKNESS IN THE WAY WE PAY PHYSICIANS. THE EMPHASIS HAS BEEN ON URBAN AREAS AND ON SPECIALITIES WHO DO THINGS TO PEOPLE -- AND THAT NEEDS TO CHANGE.

MONEY, THE ROOT OF ALL PROBLEMS?

BUT MONEY IS NEITHER THE ROOT OF ALL OUR PROBLEMS NOR IS IT THE SOLUTION. GRANTED WE ARE MAKING CHANGES ON THE FEDERAL LEVEL. THE RURAL HOSPITAL BILL THAT SENATORS BENTSEN AND I INTRODUCED AND THE MOVEMENT TO A NEW RBRVS

PAYMENT SYSTEM FOR PHYSICIANS WHICH I SUPPORT, ARE BOTH IMPORTANT STEPS.

BUT WE NEED TO DO MORE.

WITH RESPECT TO HOSPITALS, THOSE OF YOU IN ACADEMIC MEDICINE AND HOSPITAL ADMINISTRATION, NEED TO HELP US RE-EXAMINE THE ROLES OUR HOSPITALS PLAY. REDUCING OR RESTRUCTURING HOSPITAL SERVICES TO PROVIDE LIMITED INPATIENT ACUTE CARE, A SETTING FOR NECESSARY TECHNOLOGICAL EQUIPMENT, TRAUMA RESPONSE AND

A STEP-DOWN OR LONG-TERM CARE UNIT, MAY MAKE TREMENDOUS SENSE.

HELPING TO SET UP TRAVELING SPECIALTY CLINICS TO SUPPLEMENT RURAL HOSPITAL SERVICES, BOTH PROVIDES ACADEMIC MEDICAL CENTERS WITH CLINICAL TRAINING OPPORTUNITIES FOR ITS FACILITY AS WELL AS ITS STUDENTS AS WELL AS NEEDED SERVICES TO DISTANT COMMUNITIES.

MORE AND MORE RURAL HOSPITALS ARE SEEKING AFFILIATIONS WITH OTHER HOSPITALS -- SOME OF

WHICH ARE FACILITIES LIKE YOUR OWN. THEY ARE SEEKING WAYS TO DO THINGS BETTER AND SMARTER; TO AVOID DUPLICATION AND WASTE.

KANSAS UNIVERSITY HAS A PROGRAM THAT PROVIDES ASSISTANCE TO OUR RURAL AREAS IN MANY OF THE WAYS I'VE SUGGESTED. IT COULD DO WITH SOME COPYING NATIONWIDE.

THERE ARE ALSO AMPLE OPPORTUNITIES FOR YOU TO HELP RETAIN PHYSICIANS IN THOSE RURAL COMMUNITIES. KEEPING THE HOSPITAL OPEN IS JUST ONE ISSUE. PHYSICIANS IN THESE SMALL COMMUNITIES ARE OFTEN SOLO PRACTITIONERS OR HAVE ONLY ONE OR TWO COLLEAGUES -- THEY NATURALLY FEEL CUTOFF FROM THE KIND OF PROFESSIONAL GIVE AND TAKE THAT IS SO CRITICAL TO MEDICINE. THEY ARE ALSO SOMETIMES MADE TO FEEL LIKE THE SECOND CLASS CITIZENS OF THEIR PROFESSION. EFFORTS TO USE

THEM TO HELP TRAIN MEDICAL STUDENTS OR RESIDENTS HELPS TO UNDERSCORE THEIR TREMENDOUS VALUE. EFFORTS TO ESTABLISH CONTINUING EDUCATION PROGRAMS THAT ADDRESS THEIR NEEDS IN LOCATIONS THEY CAN REACH AS WELL AS EFFORTS TO PROVIDE BACK UP CONSULTATION SERVICES, CAN ALSO BE CRITICAL TO THEIR LONG-TERM SURVIVAL IN A RURAL AREA. AGAIN IN EACH OF THESE AREAS, K.U. SERVES AS AN EXAMPLE, AS I AM SURE MANY OF YOUR PROGRAMS WOULD.

CONCLUSION

IN CONCLUSION, I THINK WE CAN ALL AGREE THAT MANY FACTORS CONTRIBUTE TO THE HEALTH CARE CRISIS IN RURAL AREAS, WHETHER ITS THE AVAILABILITY OF SERVICES AS I HAVE DESCRIBED, THE LACK OF TRANSPORTATION TO REMOTE AREAS, OR THE LACK OF FINANCIAL RESOURCES TO PURCHASE CARE. WHATEVER THE CAUSE, THE PROBLEM IS THERE; ITS REAL; AND ITS GETTING WORSE. WHAT I AM SUGGESTING IS WE AT THE FEDERAL LEVEL WILL TRY TO DO OUR PART IF YOU AT THE LOCAL LEVEL DO YOURS.

THE GOOD NEWS IS, RESIDENTS OF RURAL AREAS HAVE THE POTENTIAL FOR CREATIVITY IN HARD TIMES AND THE ABILITY TO PULL TOGETHER. OUR ROLE AT THE FEDERAL LEVEL SHOULD BE TO NURTURE COMMUNITY INITIATIVES AND BE SURE WE DON'T INTENTIONALLY INHIBIT THEM OR CAUSE HARM. YOUR ROLE IS TO HELP BOTH SIDES IMPLEMENT THE CHANGES NECESSARY.