

News from Senator

BOB DOLE



(R - Kansas)

SH 141 Hart Building, Washington, D.C. 20510

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CONTACT: WALT RIKER,
DALE TATE 202/224-3135

OPENING STATEMENT OF SENATOR BOB DOLE
GRADUATE MEDICAL EDUCATION HEARING

FIRST, I WANT TO TAKE THIS OPPORTUNITY TO THANK THE DISTINGUISHED SENATOR FROM MINNESOTA FOR HIS ROLE IN INITIATING THE DISCUSSIONS THAT HAVE BROUGHT US HERE TODAY. WE HAVE CLEARLY BENEFITED FROM THE DEBATE STIMULATED BY HIS EARLIER LEGISLATIVE INITIATIVE ADDRESSING MEDICARE FINANCING OF GRADUATE MEDICAL EDUCATION.

WHILE THERE CAN BE NO QUESTION THAT WE HAVE COMMITTED OURSELVES TO THE TASK OF REDUCING THE FEDERAL DEFICIT, WE MUST DO SO IN A MANNER THAT PROTECTS THOSE WHO RELY ON MEDICARE FOR THEIR PRESENT AND FUTURE HEALTH CARE NEEDS. FOR THIS REASON, I WISH TO MAKE IT CLEAR THAT THE MEDICARE PROGRAM SHOULD FOR THE FORESEEABLE FUTURE CONTINUE ITS COMMITMENT TO GRADUATE MEDICAL EDUCATION -- WHICH INCLUDES THE TRAINING OF PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PERSONNEL.

HOWEVER, WHILE COMMITTED TO CONTINUING OUR ROLE IN THIS IMPORTANT PROCESS, WE MUSTN'T OVERLOOK THE NEED TO RETHINK OUR METHODS OF FUNDING NOR THE NECESSITY OF REDUCING OUR EXPENDITURES IN A REASONABLE FASHION. IT IS FOR THESE REASONS, WE INTRODUCED S.1158. IT IS FOR THESE SAME REASONS THAT WE HOPE TO INTRODUCE SUBSEQUENT LEGISLATION WHICH ADDRESSES INDIRECT MEDICAL EDUCATION EXPENDITURES.

OUR LEGISLATION TRIES TO PLACE SOME LIMITS ON DIRECT MEDICAL EDUCATION EXPENDITURES WITHOUT BEING OVERLY DIRECTIVE. THIS SENATOR DOES NOT BELIEVE THAT MEDICARE FUNDING POLICY SHOULD BE USED TO SPECIFICALLY DIRECT HEALTH MANPOWER DISTRIBUTION; HOWEVER, WE CANNOT AFFORD TO IGNORE THE INCENTIVES CREATED BY AN

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OPEN-ENDED PAYMENT. WE BELIEVE A LIMIT OF FIVE YEARS OR TO THE POINT OF BOARD ELIGIBILITY WILL ENCOURAGE THE VARIOUS SPECIALTY BOARDS AND THOSE RESPONSIBLE FOR THE DESIGN OF RESIDENCY PROGRAMS TO EXAMINE CAREFULLY ANY MOVE TO FURTHER LENGTHEN RESIDENCY PROGRAMS, WHILE NOT MANDATING THAT ANY SPECIFIC CHANGES TAKE PLACE. WE BELIEVE THIS TO BE FAR MORE LOGICAL THAN AN APPROACH WHICH REQUIRES THAT A SPECIFIC NUMBER IN A PARTICULAR SPECIALTY BE TRAINED, OR CUTS OFF ENTIRELY FUNDING FOR ANOTHER GROUP. MEDICARE BENEFICIARIES CLEARLY BENEFIT FROM A WIDE RANGE OF SPECIALISTS.

THE FUNDING OF GRADUATE MEDICAL EDUCATION IS A COMPLEX SUBJECT. NUMEROUS ISSUES REQUIRE OUR ATTENTION. FOR EXAMPLE, FINANCING REFORM OF INSTITUTIONAL COSTS WHICH RESULT FROM THE PRESENCE OF A TEACHING PROGRAM CANNOT BE ISOLATED FROM ISSUES SURROUNDING PART B REIMBURSEMENT OF SUPERVISING FACULTY. FISCAL AND OTHER RELATIONSHIPS AMONG TEACHING HOSPITALS, MEDICAL RESIDENTS, FACULTY, AND MEDICARE BENEFICIARIES MUST BE CAREFULLY CONSIDERED. ANY CHANGES IN MEDICARE PART A MUST ALSO TAKE INTO ACCOUNT POSSIBLE EFFECTS ON PART B. PAYMENT OF RESIDENTS' STIPENDS IS A RELATIVELY INEXPENSIVE FORM OF REIMBURSEMENT, IF WE WERE TO ALTERNATIVELY ALLOW BILLING UNDER PART B, THE COSTS MIGHT ESCALATE DRAMATICALLY. IN ADDITION, WE MUST INCREASE OUR UNDERSTANDING OF HOW OUR REIMBURSEMENT EFFECTS NURSING AND OTHER HEALTH PROFESSIONS. THERE ARE ALSO QUESTIONS OF SUPPLY AND DISTRIBUTION WITH RESPECT TO THESE GROUPS.

I AM PLEASED TO BE JOINED BY BOTH SENATOR DURENBERGER AND SENATOR BENTSEN IN WORKING TOWARD LEGISLATION THAT ASSERTS OUR COMMITMENT TO GRADUATE MEDICAL EDUCATION AND ALSO CONTRIBUTES TO THE GOAL OF LONG TERM SOLVENCY OF THE HEALTH INSURANCE TRUST FUND.

I EXTEND A WELCOME TO THE WITNESSES WHO ARE HERE TO TESTIFY BEFORE US TODAY. I KNOW YOU HAVE A GREAT DEAL TO CONTRIBUTE AND I LOOK FORWARD TO OUR WORKING TOGETHER. YOU REPRESENT MANY VIEWPOINTS THAT WILL CERTAINLY HELP US TO CRAFT A BILL THAT ADDRESSES MANY OF OUR COMMON GOALS. THANK YOU FOR COMING.

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