

American  
Academy of  
Pediatrics



Department of Government  
Liaison  
American Academy of  
Pediatrics  
1331 Pennsylvania Avenue, N.W.  
Suite 721 North  
Washington, D.C. 20004-1703  
202/662-7460  
800/336-5475  
FAX 202/662-7471

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January 9, 1990

The Honorable Robert Dole  
United States Senate  
Washington, D.C. 20510

Dear Senator Dole:

The American Academy of Pediatrics will host its  
Annual Legislative Conference March 27 - 29, 1990 in  
Washington, D.C. We would be delighted to have you  
address the participants of the conference at  
breakfast on Thursday, March 29.

Attending this conference will be over 100  
pediatricians from around the country here to improve  
their knowledge about maternal and child health  
policies and to hone their skills for affecting these  
policies. With the plight of children in this  
country demanding our attention, we feel your  
perspective as the Republican leader of the Senate  
would provide an essential viewpoint for this session  
of Congress.

I have enclosed preliminary agenda for this  
conference. As you can see by the agenda, this will  
indeed be a learning experience.

I would be happy to provide further information, or  
you can contact Ms. Nan Schiavo in the AAP Washington  
Office. I hope your busy schedule will allow you to  
address the conference. I look forward to hearing  
from you.

Sincerely,

Marvin O. Kolb, M.D.  
Chairman,  
Council on Government Affairs

cc: Nan Schiavo

1-19-90 Interim letter

Don?

March 29  
8:00 SPEAK.  
Canada Renaissance Thurs.  
where 776 on July on Capitol Hill  
make Senate side of not then  
+ Canada Hill  
7:15 near  
Convention Center  
I have 8:15  
sp. to  
Am. Public  
5

OK  
advised  
Econometric

MEMORANDUM

DATE: 3/28/90

TO: Senator Dole

FROM: Sheila Burke  
E. Willis

IN RE: Annual Legislative Conference for American  
Academy of Pediatrics

You have been asked to address a group of about 120 pediatricians from around the country on Thursday, March 29, 1990 @ 8:00 a.m. for 20 minutes in the Grand Ballroom, North of the Ramada Renaissance. This three-day Conference has as its goals improving their knowledge about Federal maternal and child health policies and how to affect those policies. Jackie Noyes, their lobbyist, will meet you at the entrance of the hotel.

The spectrum of topics to be covered by the scheduled speakers are: access to care and medicaid; child care; family medical leave; lead poisoning and environmental issues.

The Academy has made access to quality care for women and children its number one priority and are strongly supportive of continued medicaid expansions. They also support Federal child care legislation.

Dr. Gail Wilensky, the Administrator of HCFA, will be the luncheon speaker Wednesday.

They have asked that you comment briefly on some of the issues before the Congress and share your views on child health issues. Immediately following your presentation they are scheduled to go to the Hill and meet with their elected representatives.

Dr. Modesto Gometz, from Pittsburg, is the only pediatrician from Kansas attending the Conference. He will meet with Earnestine at 10:00 a.m. later that morning.



**REMARKS OF SENATOR BOB DOLE**  
**AMERICAN ACADEMY OF PEDIATRICS**  
**MARCH 29, 1990**

'CHILDREN —— INVESTMENTS

FOR FUTURE GENERATIONS'

THERE IS NO GREATER  
PRIORITY FOR AMERICA —— AND  
NO SOUNDER INVESTMENT ——  
THAN MAKING A BETTER FUTURE  
FOR OUR CHILDREN AND OUR  
GRAND CHILDREN. AFTER YEARS  
OF WORK, ESPECIALLY BY

DEDICATED PROFESSIONALS SUCH  
AS YOU, AMERICA HAS FINALLY  
GOTTEN THE MESSAGE THAT THE  
HEALTH OF OUR CHILDREN IS  
ESSENTIAL TO OUR NATION'S  
HEALTH — AND ITS FUTURE,  
TOO. THERE'S NO QUESTION A  
BIPARTISAN CONSENSUS NOW  
EXISTS ON CAPITOL HILL ON THE

IMPORTANCE OF A SOLID  
INVESTMENT IN HEALTH CARE,  
FROM CONCEPTION THROUGH  
CHILDHOOD. UNFORTUNATELY,  
EVEN WITH THIS KIND OF  
COMMITMENT, AMERICA  
CONTINUES TO EXPERIENCE AN  
ALARMING INCREASE IN THE  
INFANT MORTALITY RATES —



IT'S NOW 22ND AMONG  
INDUSTRIALIZED NATIONS! THESE  
STATISTICS ARE A CLEAR  
INDICATION OF A BREAKDOWN  
IN OUR HEALTH CARE DELIVERY  
SYSTEM. DESPITE THE BEST  
EFFORTS OF MOST PARENTS, FAR  
TOO MANY CHILDREN STILL LACK

ACCESS TO QUALITY HEALTH  
CARE.

HEALTH INSURANCE FOR CHILDREN

WE ARE ALL VERY AWARE OF  
THE FACT THAT THE NUMBER OF  
CHILDREN LIVING IN POVERTY  
HAS RISEN FROM 16 PERCENT IN  
1979, TO AN EXPECTED HIGH OF  
ONE IN FOUR CHILDREN BY THE



YEAR 2000. SADLY, THAT FIGURE  
IS MORE LIKE ONE IN TWO OR  
ONE IN THREE FOR NON—WHITE  
CHILDREN. THIS TRANSLATES  
INTO LARGE NUMBERS OF  
CHILDREN WITHOUT ADEQUATE  
HEALTH CARE —— PARTICULARLY  
PREVENTIVE HEALTH CARE ——  
FURTHER EXACERBATING THE

PROBLEMS CREATED BY THE LACK  
OF ACCESS TO HEALTH  
SERVICES. IT'S ALSO A FACT  
THAT IN THE FACE OF FAMILY  
ECONOMIC PROBLEMS, OFTEN  
TIMES THE FIRST THING TO BE  
SACRIFICED IS HEALTH  
INSURANCE.

NONE OF US LIKES TO BE

REMINDED OF THE STORIES OF  
CHILDREN CONTRACTING  
PREVENTABLE DISEASES; THE  
FREQUENCY OF HIGH RISK  
PREGNANCIES DUE TO LITTLE OR  
NO PRENATAL CARE; THE  
INCREASE IN THE NUMBER OF  
INFANT DEATHS DUE TO LOW  
BIRTHWEIGHT; AND THE



POURING MONEY ON THE  
PROBLEM IS NOT THE ANSWER.  
WE'VE SPENT BILLIONS OF  
TAXPAYER DOLLARS AND YET  
THE BAD NEWS ON THE HEALTH  
FRONT CONTINUES. LET'S FACE  
IT, THE PROBLEMS AREN'T SIMPLE,  
NEITHER ARE THE SOLUTIONS.  
STILL, THERE ARE A NUMBER OF

THINGS THAT CAN AND SHOULD  
BE DONE.

I DON'T THINK I HAVE TO  
CONVINCE YOU OF THE NEED TO  
IMPROVE THE COORDINATION OF  
AVAILABLE SERVICES AND  
PROGRAMS. I'M TALKING  
ABOUT MEDICAID; THE EARLY  
AND PERIODIC SCREENING,

DIAGNOSTIC AND TREATMENT  
PROGRAM (EPSDT); THE WIC  
PROGRAM; AND TITLE V — THE  
MATERNAL/CHILD HEALTH BLOCK  
GRANT PROGRAMS.

IN THE CASE OF 'WIC', TOO  
OFTEN WE SEE HEALTH CARE  
PROVIDERS FORGET THE  
IMPORTANCE OF NUTRITION.



IMPROVING THE  
COORDINATION OF THESE  
SERVICES AND OTHER FEDERAL  
HEALTH PROGRAMS SUCH AS THE  
ONES YOU HAVE BEEN REVIEWING  
AT THIS CONFERENCE, IS  
ABSOLUTELY CRITICAL TO OUR  
SUCCESS. ADDITIONALLY, WE  
NEED TO DEVELOP INNOVATIVE

APPROACHES AND PROGRAMS  
THAT WILL HELP EXTEND HEALTH  
COVERAGE FOR WOMEN AND  
CHILDREN. PEDIATRICIANS AND  
CHILD CARE ADVOCATES HAVE  
A GOLDEN OPPORTUNITY TO  
CHART A NEW COURSE FOR  
AMERICA'S HEALTH CARE SYSTEM  
— IT CAN BE FAR MORE

EFFECTIVE, BOTH IN TERMS OF  
COST AND DELIVERY.

BUT IN RECOMMENDING BETTER  
COORDINATION, I DO NOT MEAN  
TO SUGGEST THAT ADDITIONAL  
IMPROVEMENTS IN COVERAGE  
ARE NOT ALSO NECESSARY. I  
AM WELL AWARE OF THE FACT  
THAT OF THE 37 MILLION



AMERICANS WHO ARE UNINSURED  
OR UNDERINSURED, 21 MILLION  
ARE WOMEN AND CHILDREN.

ADDITIONAL COVERAGE

IN MY VIEW, ANY  
IMPROVEMENTS IN THE NEAR  
TERM WILL BE LARGELY THE  
RESULT OF MODIFICATIONS IN  
EXISTING PROGRAMS. FOR

EXAMPLE, WE SHOULD MAKE  
FURTHER IMPROVEMENTS IN  
MEDICAID AND EMPLOYMENT—  
BASED INSURANCE. THE DRASTIC  
EROSION IN PRIVATE INSURANCE  
COVERAGE IN RECENT YEARS  
CAN BE ATTRIBUTED TO MANY  
REASONS: TOUGH ECONOMIC  
TIMES FOR EMPLOYERS,

INCREASING PREMIUMS THAT  
SOME EMPLOYEES SIMPLY CAN'T  
AFFORD, OR INELIGIBILITY FOR  
COVERAGE BECAUSE THE  
EMPLOYEE IS PART—TIME OR  
CONSIDERED HIGH RISK. WE  
HAVE TO FIND A WAY TO  
REVERSE THAT TREND, AND IT  
MAY TAKE SPENDING SOME



MONEY ON INCENTIVES FOR  
EMPLOYERS. I PREFER THAT  
ROUTE TO MORE FEDERAL  
MANDATES; THE LAST THING  
SMALL BUSINESS NEEDS IS MORE  
BIG GOVERNMENT MANDATES.  
THE FEDERAL GOVERNMENT IS  
BROKE, BUT THAT DOESN'T MEAN  
BUSINESSMEN AND WOMEN HAVE

TO PICK UP THE TAB FOR FAILED  
POLICIES AND PROGRAMS.

MEDICAID

MEDICAID, FOR ALL OF ITS  
SHORTCOMINGS, HAS MET AN  
IMPORTANT NEED BY PROVIDING  
SOME PROTECTION FOR MANY  
OF OUR POOREST MEN, WOMEN  
AND CHILDREN. WHETHER IT CAN

SERVE AS A USEFUL WAY TO  
PROVIDE PROTECTION TO A  
BROADER SEGMENT OF THE  
POPULATION IS THE QUESTION.  
THE PEPPER COMMISSION  
RECENTLY RECOMMENDED THAT  
WE CONSIDER EXPANDING  
COVERAGE THROUGH MEDICAID  
TO SOME OF THOSE NOW



UNCOVERED, INCLUDING THE  
'UNINSURABLE'. PERHAPS, SUCH  
COVERAGE COULD BE SUBSIDIZED  
TO MAKE IT AFFORDABLE; MAYBE  
IT COULD BE PARTIALLY FUNDED  
BY STATE—WIDE POOLS. BUT  
LET'S NOT FORGET THE PLEA  
FROM OUR GOVERNORS —— NO  
MORE MANDATES ON STATES TO

EXPAND MEDICAID. MOST  
STATES ARE FACING THE SAME  
DEFICIT CRUNCH WE ARE  
GRAPPLING WITH HERE IN  
WASHINGTON. FRANKLY,  
WHETHER IT IS AN EXPANSION OF  
MEDICAID OR AN EMPLOYER—  
BASED PROGRAM, NONE OF  
THESE EXPANSIONS, WORTHY AS

THEY MAY BE, ARE FREE; AND  
THAT BRINGS US TO THE SO—  
CALLED BOTTOM LINE: HOW TO  
PAY FOR WHAT WE NEED?

CHILD CARE

ANOTHER KEY ISSUE ON THE  
CHILD CARE FRONT IS HOW TO  
PROVIDE A SAFE PHYSICAL AND  
EMOTIONAL ENVIRONMENT FOR



OUR CHILDREN: CAN IT BE DONE  
BY A PRIVATE HOME, A DAY  
CARE FACILITY, OR BY A FAMILY  
FRIEND OR RELATIVE?

PERSONALLY, I DO NOT FAVOR  
EXTENSIVE FEDERAL GOVERNMENT  
INTERVENTION INTO THE DAY—  
TO—DAY DECISIONS OF PARENTS  
— BUT, I DO SUPPORT MORE

CHILD CARE OPTIONS AND  
PROGRAMS TO FOSTER  
ACCESSIBLE CHILD CARE AND/OR  
HEALTH SERVICES FOR CHILDREN.

I ANTICIPATE THAT WE WILL  
SEE FINAL ACTION ON A BILL TO  
ADDRESS CHILD CARE THIS YEAR.  
EARNED INCOME TAX CREDITS

AND EXPANSION OF THE TITLE  
XX SOCIAL SERVICES BLOCK  
GRANT MIGHT BE THE KEYS IN  
ADDRESSING THIS PRIORITY ISSUE.

PAYING THE PIPER

WITHOUT UNDER—ESTIMATING  
THE VERY REAL THREATS  
BROUGHT ON BY OUR NATION'S  
BUDGET DEFICIT, I AM HOPEFUL

THAT WORKING TOGETHER WE  
CAN IMPROVE THE HEALTH  
STATUS OF AMERICA'S CHILDREN.  
BUT ADDRESS THE DEFICIT WE  
MUST. AS WE DEVELOP NEW  
PROGRAMS, THEY WILL HAVE TO  
BE FINANCIALLY SELF—SUFFICIENT;  
IF NOT, WE SHOULD BE WILLING  
TO ACCEPT SCALING BACK OLD



PROGRAMS. WE WILL CONTINUE  
TO FIGHT FOR BETTER HEALTH  
CARE, BUT THANKS TO THE  
DEFICIT, WE WILL HAVE TO MAKE  
SOME TOUGH CHOICES.

PRIORITIES WILL HAVE TO BE SET  
AND WE'LL NEED YOUR INPUT.

I ENCOURAGE YOU TO  
CONTINUE YOUR EFFORTS TO

MAKE THIS NATION A SAFER AND  
HEALTHIER PLACE FOR OUR  
CHILDREN. DON'T BE FOOLED BY  
THOSE WHO PROMISE EASY  
ANSWERS —— FOR EXAMPLE, ALL  
THE HYPE ABOUT THE SO—CALLED  
PEACE DIVIDEND THAT  
SUPPOSEDLY WILL FINANCE HUGE  
NEW SOCIAL WELFARE SPENDING.

TAKE ONE LOOK AT LITHUANIA  
AND YOU CAN SEE HOW  
FRAGILE FREEDOM AND  
DEMOCRACY CAN BE — WE  
HAVE A LONG WAY TO GO  
BEFORE WE CAN CASH-IN ON  
THE KIND OF PEACE DIVIDEND  
THE BIG SPENDERS ARE  
CLAMORING FOR.

CLEARLY, WE ALL HAVE A  
GREAT DEAL AT STAKE AS  
PARENTS, PROVIDERS, EMPLOYERS,  
TAXPAYERS —— AND AS A  
NATION —— AS WE TRY TO  
SECURE THE BEST HEALTH CARE  
WE CAN FOR OUR CHILDREN —  
— IF WE DO THAT, WE'LL MAKE  
OUR OWN FUTURE MORE SECURE.  
THANK YOU.