

American Academy of Pediatrics



Jayne

January 9, 1990

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

March 29 Thurs.
8:00 SPEAK.
Renaissance
where 7:30 on July on Capitol Hill
in the Senate side of Capitol
7:00 near Convention Center

Department of Government Liaison
American Academy of Pediatrics
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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.

Jayne 8:00
AP. to
Am. Pediatric
5

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.

- President**
Birt Harvey, M.D.
- Vice President**
Antoinette P. Eaton, M.D.
- Past President**
Donald W. Schiff, M.D.
- Executive Director**
James E. Strain, M.D.

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

- Executive Board**
- Maurice E. Keenan, M.D.
West Newton, Massachusetts
- David Annunziato, M.D.
East Meadow, New York
- Anthony De Spirito, M.D.
Interlaken, New Jersey
- Joseph R. Zanga, M.D.
Richmond, Virginia
- Leonard P. Rome, M.D.
Shaker Heights, Ohio
- Kenneth O. Johnson, M.D.
Milwaukee, Wisconsin
- Betty A. Lowe, M.D.
Little Rock, Arkansas
- George D. Comerci, M.D.
Tucson, Arizona
- Martin Gershman, M.D.
San Francisco, California

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.

Carol King - 662-7460

Sincerely,

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

OK
advised
Ernestine

cc: Nan Schiavo

1-19-90 Interim letter

How?

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.