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90 LEGISLATIVE NETWORK



LEGISLATIVE NETWORK FOR NURSES

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VOLUME 5, NUMBER 11 * JUNE, 15, 1988 JKH

CONGRESS PASSES CATASTROPHIC INSURANCE COMPROMISE: GREATEST EXPANSION OF MEDICARE IN 23-YEAR HISTORY

By a vote of 328-72, the House passed a compromise on June 2 of the "Medicare Catastrophic Coverage Act of 1988," HR 2470. The Senate passed the bill on June 8, by a vote of 86-11. This Medicare expansion has been one of the most hotly debated issues this legislative session.

The bill would close many gaps in Medicare coverage, but does little to address the needs of those with long-term chronic illnesses. Rep. Claude Pepper's (D-FL) Long-Term Home Care bill (HR 3436), was killed on the House floor by a vote of 243 to 169, also on June 8. (See LNN 5 (9), May 13, 1988)

HR 2470 imposes a catastrophic expenses limit of \$1400 for Part B (physician) out-of-pocket payments. The cap would apply only to Medicare-covered costs, and not to doctor charges in excess of the Medicare allowance. It would be financed by implementing a supplemental premium system for Medicare Part A (hospital), based on beneficiaries' tax liabilities, and a flat-rate Part B premium. The supplemental premium is expected to provide 63% of the program's revenue; the flat-rate Part B increase would provide 37% of the financing. The cost is \$33 billion for 5 yrs.

Major provisions of this Medicare expansion are outlined below:

* Unlimited days of inpatient hospital care after annual deductible of \$564 in 1989. Currently, 60 days are free.

* Up to 150 days in a skilled nursing facility.

* Prescription drugs subject to \$550 deductible in 1990, \$600 in 1991, and \$652 in 1992. Beginning in 1990, coverage for immunosuppressive and home IV therapy drugs with 50% coinsurance for immunosuppressives and 20% coinsurance for IV drugs.

(Continued on page 2)

NFSNO TO MEET IN PORTLAND, MAINE IN JULY

The National Federation for Specialty Nursing Organizations is scheduled to meet in Portland, Maine on July 23-24, 1988 to discuss further the concept of incorporation for the 27 specialty nursing organizations. Additional agenda items include the 1989 Nurse in Washington Internship and the American Medical Association's Registered Care Technologist (RCT) proposal. (See LNN 5 (10) May 31, 1988 for further info on the RCT proposal.) Hosting organization for the July NFSNO is the National Association of School Nurses. Call Beverly Farquhar at 207-883-2117 for info.

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CATASTROPHIC INSURANCE (cont. from page 1)

* Up to 80 hours a year of in-home respite care for some chronically dependent individuals. This would be defined as someone who depends on a voluntary caregiver for assistance with at least two activities of daily living.

* Mammography screening every other year for women over 65 years. For Medicare beneficiaries under 65, a baseline screening would be available between age 35 and 40; between 40 and 49, women would be eligible for an exam every other year. Between 50 and 64, an annual screening would be available.

* Up to 38 continuous days of home health care.

* Under the hospice benefit, extension of the 210-day limit for care to those patients certified to be terminally ill.

The bill makes some changes to the Medicaid program as well. One of the most important would require state governments to pay Medicare premiums for the poor, thus making them eligible for all optional Medicare services and new expansions. Another provision would prevent "spousal impoverishment" that occurs when a couple must exhaust their savings and assets to qualify for Medicaid assistance for nursing home expenses. HR 2470 would require states to allow the spouse living in the community to receive a sufficient amount of the institutionalized spouse's income -- at least \$780 monthly, rising to \$970 in several years. The spouse also would be permitted to keep at least \$12,000 of the couple's combined liquid assets before they are counted as available to pay for nursing home care. (See story, below.)

President Reagan has been strongly encouraged by Health and Human Services Secretary Otis Bowen, to sign this important, far-reaching legislation, and he is expected to do so.

UPDATE ON WOMEN AND LONG-TERM CARE

Not only do women make up the majority of the frail elderly, both in community and institutional settings, but current public mechanisms for financing long-term care put women at a disadvantage in a number of ways. One is spousal impoverishment.

Spousal impoverishment is a kind of accidental policy, a loophole, that has exacted a cruel price from elderly people for years. It developed because Medicare, the federal health program for disabled people and those over 65, primarily covers acute care needs. It is not a good source of funding for chronic health care needs, including custodial care and care for the frail elderly. By default, Medicaid, the state-federal needs-based health assistance program, has come to pay about half of the nation's nursing home bills. In order to become eligible for Medicaid, seniors must "spend down" or exhaust their assets and savings to meet income standards. In many cases, one spouse is left in the community with few resources. (Continued on page 3)

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UPDATE ON WOMEN (Continued from page 2)

The victims of spousal impoverishment are usually women. Women live longer than men, spend more years in retirement than men, and married women spend more years as widows than men. This year may bring the end of spousal impoverishment. If passed, "Medicare Catastrophic Coverage Act of 1988" (HR 2470) would protect spouses from being impoverished to pay for a mate's nursing home care. The chart below depicts the disparity between length of life of men and women.

Number of Men per 100 Women by Elderly Age Group: 1986

65-69yrs.	70-74yrs.	75-79yrs.	80-84yrs.	85+yrs.
83	74	64	53	40

OSHA RULE ON ETHYLENE OXIDE CAUSES CONTROVERSY

Ordered to establish exposure limits for the medical instrument sterilizer, ethylene oxide, by March 1988 or prove that one is unnecessary, the Occupational Safety and Health Administration (OSHA) established a 15 minute exposure limit of five parts per million for employees working with the gas. Some critics charge that the rule is too strict, while others charge it is too lax.

About 68,000 workers are routinely exposed to ethylene oxide, which has been linked to an increased incidence of cancer, miscarriage, and motor coordination and memory loss. The previous exposure limit was one part per million over an eight-hour period. Unions such as the American Federation of State, County and Municipal Employees (AFSCME) had sought a short-term exposure level of three parts per million. AFSCME has joined with the Public Citizen Health Research Group, a Ralph Nader affiliate, in a suit that argues the new exposure limit is still too high.

Health care industry officials object to the new standard, saying that it will be too expensive to implement. OSHA estimates that it will cost health care facilities and manufacturers about \$2.5 million to implement.

SENATE COMPROMISE ON PARENTAL LEAVE INTRODUCED

Senator Christopher Dodd (D-CT) introduced compromises to the Senate Family and Medical Leave Act (S.249) on June 8. He stated that he expected it to come up for a vote in Labor and Human Resources by the end of June. The compromise would guarantee up to 10 weeks unpaid parental leave and 13 weeks of unpaid medical leave for workers who had been employed by a company for at least a year. Companies with fewer than 20 employees would be exempt. The US Chamber of Commerce remains opposed stating the parental leave bill is a "Washington-based solution to a Washington-perceived problem." The Amer. Nurses Association and NAACOG: Org. for Obstetric, Gynecologic and Neonatal Nurses support the bill.

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DOD ISSUES REGULATIONS FOR BIRTHING CENTERS FOR CHAMPUS

Effective May 23, 1988, the Department of Defense (DOD) final rules took effect in defining and establishing birthing centers as a category of institutional health care provider under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). They also prescribe the criteria for assessing birthing center applications for authorized status and reimbursement.

Reference: Federal Register, Friday, April 22, 1988, p. 13258. For further information, call Joseph W. Baker, Office of Program Development, OCHAMPUS, Aurora, CO 80045-6900. (303) 361-4019

RURAL HEALTH CLINICS FOR PNP's

Debra Hardy and Marianne Lile writing in the May-June 1988 issue of the Journal of Pediatric Health Care, describe the "how-to" of opening a rural health clinic for pediatric nurse practitioners.

Writing that "In the urban setting, nurse practitioners have little opportunity to own and operate their own shop and be fully reimbursed under the Medicare and Medicaid program. There is a little-known provision contained in Title 42 of the Rural Health Clinic Services Act of 1977 under the subchapter 'standards and certification' that will allow nurse practitioners to hang their own shingle in the rural health care setting. This provision states, 'the physician assistant or nurse practitioner member of the staff may be the owner of the clinic or an employee of the clinic.' This provision is little-known, seldom advertised, and rarely used."

For copies of the article by Hardy and Lile, call Capitol Associates, Washington, DC (202) 544-1880. For information about opening a Rural Health Clinic contact your local state health agency. For information about opening a small business, contact your local Small Business Association field office or the SBA in Washington, DC at (202) 634-4950. The phone number for the Office of Women's Business Ownership is (202) 653-8000.

INS GIVES FOREIGN NURSES ANOTHER YEAR IN THE US

The May 26 decision of the Immigration and Naturalization Service (INS) will allow foreign nurses working in the US to stay 6 years, which is one year beyond the expiration of their temporary H-1 visa. This move will help 5,000-30,000 foreign nurses. According to Health and Medicine (May 30, 1988), INS Commissioner Alan Nelson, whose wife and mother are nurses, warned hospitals that the new policy is good for only one year and urged them to "do more to recruit and retain US nurses" by improving wages and working conditions, providing loans and scholarships to employees who want to become nurses, increasing support systems for nurses to relieve them of non-professional duties, and offering more flexibility in hours and type of patient care.

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AIDS COMMISSION REPORT CRITICIZES REAGAN ADMINISTRATION

At the press conference on June 2, James D. Watkins, Chairman of the 13-member AIDS Commission stated that the "distinct lack of leadership and coordination" by federal officials has "resulted in a slow, halting and uneven response" to the AIDS epidemic that has struck more than 64,000 Americans.

The 269-page report containing nearly 600 recommendations is ready to be given to the President on June 24 as scheduled. The report was lauded by the same public health experts, lawmakers and AIDS advocates who nine months earlier had ridiculed the Commission as a political solution to complex public health problem. Chairman Watkins said the report was based on his view of the consensus that emerged after 43 days of hearings and testimony from more than 570 witnesses. Watkins emphasized that strong antidiscrimination protections are needed for AIDS victims.

In reviewing the preliminary report, it is important to note that there are many opportunities for nurses to become involved. Copies of the press release and the forthcoming report are available from the AIDS Commission, 655 15th St., NW, WDC 20005.

SURGEON GENERAL'S AIDS BROCHURE HITS THE STREETS

C. Everett Koop's "Understanding AIDS" is being delivered to every US household this month. The simple, frank brochure outlining what every American can do to stop the spread of AIDS was mandated by Congress but discouraged by the Reagan administration. The brochure includes information about giving and receiving blood, what types of behavior are risky, ways that AIDS is not transmitted (such as through saliva, sweat, tears, or sharing a telephone or toilet seat), and how it is transmitted. It answers questions about getting an AIDS test, give guidelines for using condoms, talking to children about AIDS, how babies get AIDS, the role of drug use in getting AIDS, and how to help someone who has AIDS.

It has been reported that some legislators have also sent letters to constituents asking that adult members of the households try to reach the mailbox before their children do, so that they read the material first and are prepared to answer questions from their children.

SENATE-PASSED AIDS BILL WOULD REPEAL DC INSURANCE LAW

If enacted, the Senate-passed AIDS research and education bill, S.1220, would repeal a Washington, DC law that prohibits health and life insurance companies from testing applicants for HIV antibodies. Senator Jesse Helms (R-NC) sponsored the amendment to S.1220 that would repeal the law in the District of Columbia (DC). This attempt marks his fourth in two years; four times the Senate has approved the proposal and each time the House has rejected it. The law is similar to laws in five states, but the US Congress has jurisdiction only over the DC law.

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NIH CREATES NEW AIDS POSITION, ADDS NEW RESEARCH SLOTS

For the first time, the National Institutes of Health (NIH) created a position to oversee all research on a single disease. Anthony S. Fauci, MD, has been named Director of the new Office of AIDS Research.

Fauci, who currently serves as head of the National Institute of Allergy and Infectious Diseases (NIAID), has served as the NIH AIDS research coordinator since 1985. By creating a separate office, the NIH will provide Fauci with distinct staff and budget to carry out coordinating roles. In addition to creating a separate office, NIH also recently added 20 new research positions; much less than the 127 requested. Fauci had testified this spring, that a severe staffing gap had delayed for more than one year human testing of two promising anti-AIDS drugs.

The Office for AIDS Research will be funded at about \$375,000 this year; when staffed with 12-15 people a budget of \$900,000 will be required.

The total NIH budget for AIDS research in 1988 is \$467.8 million; with the President's budget request for \$588 million in 1989. Seen below are the 1988 federal budget allocations for NIH AIDS projects. In addition to funding the Institutes, the federal budget allocates money for other divisions, such as the Fogarty International Center, the focus for international biomedical activities, and the Buildings and Facilities Division which is used for construction and renovation necessitated by the demands of AIDS research.

NIH Dollars Allocated for AIDS Research (in millions)

National Cancer Institute	89.9
National Eye Institute	3.8
National Heart, Lung and Blood Institute	24.7
National Institute on Aging	0.4
National Inst. of Allergy and Infectious Diseases	223.4
National Inst. of Arthritis and Musculoskeletal and Skin Diseases	0.7
National Inst. of Child Health and Human Development	14.3
National Inst. of Dental Research	3.2
National Inst. of Diabetes, Digestive, Kidney Diseases	3.4
National Inst. of Environmental Diseases	3.9
National Inst. of General Medical Sciences	7.9
National Inst. of Neurological and Communicative Disorders and Stroke	12.2
* * * * *	
Division of Research Resources	50.4
<u>National Center for Nursing Research</u>	<u>0.5</u>
John E. Fogarty International Center	1.7
Office of the Director	5.8
Buildings and Facilities	<u>19.2</u>
Total	5 467.8

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SEVEN HEALTH FACILITIES FINED OVER AIDS VIOLATIONS

The Occupational Safety and Health Administration (OSHA), the federal agency responsible for worker protection standards, has issued more than \$8000 in fines to 7 health care facilities in recent months because of a failure to protect workers from exposure to blood-borne diseases such as AIDS and hepatitis B. The violations included inadequate employee training, not requiring the use of protective equipment, failing to provide protective equipment, use of unsafe containers, failure to clean up spilled body fluids, failure to post signs warning of potential hazards, not labeling trash bags containing trash potentially contaminated by blood wastes, and others.

The seven facilities cited for violations were:

- American Red Cross, Portland, Maine
- Griffin Hospital, Derby, Connecticut
- Monroe Plasma Lab, Monroe, Louisiana
- Sacramento Medical Foundation, Sacramento, California
- Veterans Admin. Medical Center, San Diego, California
- Veterans Admin. Hospital, Lebanon, Pennsylvania
- Zoological Society, San Diego, California

The highest fine levied was \$5240. Some facilities cited for violations were exempt from fines because they were government facilities. The inspections leading to the citations were all instigated in response to employee complaints.

REGULATORY NEWS FROM THE FOOD AND DRUG ADMINISTRATION

CERVICAL CAP APPROVED BY DEVICES PANEL After nearly a decade, the advisory panel on OB/GYN devices of the Food and Drug Administration (FDA) recommended approval of the cervical cap as a barrier method of contraception. The efforts of the National Women's Health Network's advisory committee finally paid off on April 8. For info, call Victoria Leonard at (202) 347-1140.

FDA PANEL RECOMMENDS PULLING HIGH-DOSE ORAL CONTRACEPTIVES

The FDA's fertility and maternal health drugs advisory committee has recommended that all oral contraceptives containing more than 50 mcg of estrogen be withdrawn from the market. The recommendation mirrors growing clinical feelings that higher-dose pills place users at unnecessary risk of cardiovascular complications. Source: Contraceptive Technology Update, June 1988.

FDA ISSUES MESSAGE TO ALL WOMEN ON MAMMOGRAPHY

An educational/informational brochure was mailed free of charge from the FDA on the subject of mammography for women. It instructs women to ask questions, compare costs, be informed and be prepared when scheduling a mammogram. If you would like more information about the FDA's Women's Health Initiative, call Patricia Kuntze, Special Health Programs, Off. Consumer Affairs, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-5006.

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NURSES IN HEALTH POLICY POSITIONS IN WASHINGTON, DC

Marty Schnepfer, RN, formerly of the Office of Public Liaison in the White House, has moved to the National Council of Community Hospitals.

Julie Trocchio, RN, formerly with the American Health Care Association, has joined the staff of Catholic Health Association.

Karen Bodenhorn, RN, recently with the American College of Nurse Midwives, has joined Capitol Associates, Inc., to lobby for the pediatric nurse practitioners and the nurse anesthetists.

Jean Johnson, RN, previously on faculty of the George Washington University nurse practitioner program, has joined the American Health Care Association to work for the nursing home industry.

1988 CONGRESSIONAL SUMMER SCHEDULE

<u>SENATE</u>		<u>HOUSE</u>
June 30-July 5	Independence Day Recess	July 1-5
July 4	Independence Day	July 4
July 18-22	Not in session	July 15-25
July 18-21	Democratic National Convention	July 18-21
Aug. 15-Sept. 6	Not in session	Aug. 12-Sept. 6
Aug. 15-18	Republican Natl. Convention	Aug. 15-18
Sept. 5	Labor Day	Sept. 5

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AMA MAY BACK OFF OF RCT PROPOSAL IN FAVOR OF NON-PATIENT CARE AIDES

The American Medical Association (AMA) may be willing to drop the requirement that the proposed registered care technologists (RCTs) perform direct patient care. Instead, the RCTs might be limited to non-nursing tasks which would free RNs to spend more time working with patients.

Word of a possible change in the RCT concept emerged after an Aug. 9 meeting in Chicago between nurse representatives and Dr. James Sammons, executive vice president of the AMA. Several of the nurses who attended the meeting said Sammons was interested in compromise proposals which would help ease the current nurse shortage but which were different to the AMA's original RCT concept (LNN, July 26, 1988, p. 1).

"I asked Dr. Sammons if he was willing to discuss a compromise that did not include this new category (RCTs) performing patient care tasks and he said he was," said Kathleen Andreoli, RN, dean of the College of Nursing at Rush University in Chicago. "Part of the problem is that the AMA believes organized nursing is doing nothing about the nurse shortage and that's not the case."

The entire discussion at the meeting was away from any new category of nursing personnel providing direct health care, said Sheila Ryan, RN, dean of the division of nursing at the University of Rochester. There was a consistent message that the problem with their proposal was that it was divisive, she said.

A spokesman for the AMA declined to say if the AMA was willing to alter the proposal that RCTs perform direct patient care. However, the spokesman insisted that the AMA's original concept was "never meant to be permanently engraved in stone."

The reasons professional nursing organizations say they oppose the creation of a new category of health care provider include:

- RCTs would be drawn from the same talent pool RNs are recruited from. The resulting drain on the number of people interested in entering health care could aggravate the shortage of RNs.

- It is not possible to train someone in 18 months or less, as the AMA proposal describes, to handle direct patient care duties.

- Allowing less skilled personnel to work with patients could increase liability for hospitals. Some physicians have already said they will not permit a RCT to work with their patients.

(Continued)

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AMA BACKING OFF OF ORIGINAL RCT PROPOSAL (Continued)

- The current RCT proposal does nothing to recruit new RNs. Several nurse administrators said they urged Sammons to direct the AMA's resources towards improving the image of nursing.

Other Alternatives Discussed

Several nursing representatives complained after the Aug. 9 meeting that AMA officials were unaware of programs already instituted by many hospital administrators to try and ease their nurse shortage. Many nurse managers argue that programs developed to solve the problems at individual health care institutions are more efficient than broad nationwide or statewide RCT programs.

"It's a false assumption to say that there's a simple solution," said Ryan. "Local alternatives, including different plans for different wards within a hospital, could very well be superior to some sort of broad national licensing program."

St. Luke's Presbyterian Hospital in Chicago has experimented since April with an "environmental technician" to assist its nursing staff, Andreoli, head of the hospital's division of nursing, said. They relieve RNs of non-nursing duties and do not provide direct patient care, she said.

Andreoli said the technicians are high school graduates who were trained in one week by a head nurse at a cost of approximately \$1,000. The technicians belong to a union, are paid \$7.35 per hour and receive full educational benefits which can be used to pursue a career in nursing or any of the allied health fields.

As of Sept. 1, 40 technicians were employed full-time at St. Luke's with no more than two working in each of the hospital's 10 units during a shift, said Andreoli. Half of those employed in the program, which is no longer experimental, are men, she said.

"These people are not meant to be substitutes for nurses," said Andreoli. "They keep the units safe, cleaned and stocked."

Programs designed by the individual health care institutions also appeal to nurse managers who see it as a practical solution to a temporary problem. Even though the demands of the nation's aging population and AIDS victims is outstripping the current supply of RNs, there is no reason to assume nursing will never catch up, they said.

Many nurse managers say the RN shortage is boosting salaries throughout the health care industry, making it more attractive to college bound students. Others said the economic climate in the health care industry would force some hospitals to close, reducing the number of RNs performing administrative work.

Nursing Opposition to RCTs Increases

The National Council of State Boards of Nursing recently released a statement opposing the AMA's RCT proposal. The statement cited safety and potential erosion of public confidence in nursing as reasons for hospitals to reject a RCT plan.

Meanwhile, the AMA wants to continue talking about some sort of RCT proposal since in their view it is a short term solution to the nurse shortage. On Sept. 20 they are sponsoring a telecast on the Hospital Satellite Network where AMA and nursing representatives will discuss the RCT proposal.

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HOUSE-SENATE CONFEREES APPROVE \$1.9 MILLION FOR FY'89 INCREASE FOR NURSE TRAINING

Nurse training programs operated by the Health Resources and Services Administration (HRSA) would receive \$55.9 million under a compromise agreement approved Aug. 9 by House-Senate conferees meeting to resolve their differences on FY'89 appropriations legislation (H.R. 4783) for the Departments of Labor, Health and Human Services (HHS) and Education.

This is a \$1.9 million increase over the FY'88 funding level of \$54.0 million for HRSA nurse training programs.

The conference agreement on H.R. 4783 must now be approved by the House and Senate, which must still resolve their differences over an abortion amendment before the bill goes to the White House. The White House has threatened to veto the legislation if it contains a Senate amendment allowing Medicaid to fund abortions for victims of rape and incest.

Specific breakouts for nurse training and other programs appear below. For an explanation of each item, see LNN, July 12, 1988, p. 5.

	<u>FY'88 Appropriation</u>	<u>FY'89 Appropriation</u>
HRSA Nurse training		
Advanced nurse training	\$ 16,755,000	\$ 17,290,000
Nurse practitioner	11,489,000	11,856,000
Special projects	11,680,000	12,054,000
Traineeships	12,446,000	12,844,000
Nurse anesthetists	766,000	790,000
Faculty fellowships	910,000	1,087,000
Total for nurse training	54,046,000	55,921,000
National Center for Nursing Research (NCNR)		
General appropriation	20,233,000	25,483,000
Research training	2,637,000	2,964,000
AIDS funding	510,000	699,000
Total for NCNR	23,380,000	29,146,000
National Health Service Corps (NHSC)		
Field Placements	40,407,000	39,866,000
Recruitment Scholarships	2,202,000	-0-
Loan Repayments General & Nursing	-0-	7,906,000
Total for NHSC	42,609,000	47,772,000

HHS REPORTS DIFFER ON EXTENT OF NURSE SHORTAGE BUT AGREE ON THREAT TO HOSPITALS, NURSING HOMES

The "Sixth Report to the President and Congress on the Status of Health Care Personnel" disagrees with the assessment of the current nursing shortage made in the interim report of the Secretary's Commission on Nursing. Both reports were published by the Department of Health and Human Services (HHS).

The "Sixth Report" claims that the aggregate supply of nurses is expected to meet the nation's requirements until the year 2010. However, the commission's report said the current shortage affects all areas of health care delivery (LNN, July 12, 1988, p. 3).

Officials with HHS' department of nursing, who wrote the section of the "Sixth Report" dealing with the nurse shortage said they based their report on projections which show the number of RNs for every 100,000 people increasing until the year 2020, specifically: 667 in 1986, 739 in 1990, 802 in 2000 and 724 in 2020. However, the "Sixth Report" agrees with the commission's statement that hospitals have a demonstrated shortage of nurses and nursing homes may also be approaching a crisis in hiring sufficient staff.

The commission's report said statements from health care providers in all practice areas indicate it takes more than 90 days to recruit critical care RNs. The commission said AIDS, the increased need for nursing home care and the affects of the Medicare prospective payment system (PPS) increased the demands for RNs even though the ratio between nurses and the population has remained stable.

STUDY BLASTS HCFA'S MEDICARE PROS FOR NURSING AND OTHER MEDICAL CARE

A study has revealed that 6.6% of Medicare patients receive poor quality care from nurses and all other health care providers in hospitals, Health and Human Services (HHS) Inspector General (IG) Richard Kusserow reported. The study contradicts findings by peer review organizations (PROs) which claimed less than 1% of Medicare patients receive poor health care.

The IG's reviewers, who were board certified physicians with "experience in peer review," defined poor quality care as "substandard medical care clearly failing to meet professionally recognized standards under any circumstances in any locale," Kusserow said. The study included a review of 7,050 records of Medicare patients discharged from 239 hospitals between October 1984 and March 1985.

The Health Care Financing Administration (HCFA) paid hospitals about \$1.2 billion in FY'85 for the poor quality care, the study said. Eighty percent of the reasons for the poor quality involved the omission of necessary services, such as failure to administer appropriate tests for proper diagnosis, or omission of necessary drugs or therapy.

Kusserow recommended that HCFA determine why there were discrepancies between the IG's study and the PRO's findings. He added that PROs should have the authority to deny Medicare payments for patients who receive substandard care.

HCFA chief William Roper claims the IG's study is flawed by misleading conclusions about quality of care in general and the PRO program in particular. A proposed regulation to give PROs the power to deny Medicare reimbursement is now in the final stages of review, he said.

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EFFORT TO RECRUIT AND RETAIN NURSES AT VA HOSPITALS INCLUDES PAY BOOST

A proposal before Congress to improve the recruitment and retention of nurses at Veterans' Administration hospitals includes a premium pay plan which could boost the salaries of RNs by up to \$7,000 a year. Rep. Joseph Kennedy (D-Mass.) proposed the bonus scheme as a result of reports to the House Veterans' Subcommittee on Hospitals and Health Care indicating VA hospitals are especially hard hit by the current nurse shortage.

Most of the incentives would apply to RNs but the proposal authorizes VA hospital administrators to offer premium pay to LPNs and vocational nurses who will work on Saturdays. The incentives were added to the "Veterans Health-Care Programs Amendments of 1988" (H.R. 5114), an omnibus bill extending and amending several VA programs, which was reported out of the subcommittee on Aug. 10.

A similar bill (S. 2011) is awaiting action in the Senate. The bills include the following proposals:

- A \$4,000 bonus for service in intensive care units, critical care units, emergency or operating rooms or in a nursing speciality which the VA's chief medical director determines has extraordinary staffing difficulties.
- A \$1,500 bonus for service as a head nurse.
- A \$1,500 bonus for service in locations where the VA's chief medical director determines there are extraordinary difficulties in recruitment and retention.
- A \$1,000 bonus for more than five years of service with VA hospitals.
- A \$500 bonus for nurses with more than two years but less than five years of service.

LPNs and Aides Available

The VA hospital system was short 1,601 RNs in 1987, a survey by the VA said. At the time there were 33,294 RNs, 10,832 LPNs or vocational nurses and 15,978 nurse assistants working in VA hospitals. There was no difficulty recruiting and retaining LPNs and nurse assistants.

VA hospitals in the largest cities have the most difficulty replacing RNs, Vernice Ferguson, RN, director of the VA's nursing programs said. VA hospitals need the salary incentives and increased recognition of nurses as professionals if they are to compete with surrounding private hospitals which often offer cars and apartments as inducements for nurses with minimal experience, she said.

Other Incentives Needed

VA hospitals need to look at increasing the number of tuition payment plans available to its nurses as an inducement to retaining RNs, Claudette Morrissey, RN, president of the Nurses Organization of the Veterans Administration, said. Tuition programs which allow LPNs and nurse assistants to continue their education proved to be one of the most powerful inducements available to VA hospitals recruiting nurses, she said.

Both the House and Senate bills are expected to be approved by the end of September. For more information on the bills' schedules, telephone the Senate Veterans' Affairs Committee at (202) 224-9126 or the House Veterans' Affairs Subcommittee on Hospitals and Health Care at (202) 225-9154.

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NEWS BRIEFS

• Grants totaling \$12.3 million were awarded by the Health Resources and Services Administration (HRSA) to 179 institutions offering advanced training for nurses. The grants were awarded to institutions providing masters or more advanced programs to prepare RNs as nurse practitioners, administrators, educators, midwives and other specialties. For more information on which institutions received grants and which programs are offered telephone the Division of Nursing, Bureau of Health Professionals at (301) 443-5786.

• More than \$2 million is available to nurses and physicians for the repayment of health education loans in exchange for agreeing to work for the Indian Health Service (IHS) for a minimum of two years. Participants will be required to work at sites designated by the IHS which have a history of high staff turnover due to their physical, cultural and professional isolation. Nurse applicants must have a degree in nursing and a license to practice in a state or be enrolled in the final year of course study in an accredited nursing school. Applications will be accepted through Sept. 8, 1988. For more information telephone Carol Gowett at (301) 443-1840.

• Protocols for use by medical staffs when deciding whether or not to use life-saving techniques should be developed by committees at health care institutions made up of physicians, nurses and other staff members, said a report released Aug. 11 by the Congressional Office of Technology Assessment. The recommendation is a response to previous reports that hundreds of hospitals and two-thirds of the nation's nursing homes lack such protocols and often make life-and-death decisions without consulting with the patients. The report also examines regulatory, legal and ethical barriers such protocols might face and the pros and cons of federal regulations. The report, "Institutional Protocols for Decisions About Life-Sustaining Treatments," is available for \$3.75 from the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402-9325.

• A guide to establishing community infant mortality reviews has been distributed by the Health Resources and Services Administration's Office of Maternal and Child Health (OMCH) to local health organizations, academic institutions and states. Infant mortality review systematically identifies patterns of infant deaths within a community. Information on the "Infant Mortality Review Manual" and slide show is available from Nancy Haliburton, OMCH, Rm. 6-49, Parklawn Bldg., 5600 Fishers Ln., Rockville, Md. 20857, (301) 443-5720.

• "Family Centered Care" is a documentary to train health care providers in this concept of care for children with special health care needs. It was produced by the Association for the Care of Children's Health with Health Resources and Services Administration support. The 39-minute production is available in film or videotape from the association at 3615 Wisconsin Ave., N.W., Washington, D.C. 20016, (202) 244-1801.

• An educational program in environmental health for RNs was published by the Health Resources and Services Administration recently. The program covers biological, chemical, physical and psychosocial agents; community, personal and work environments; biostatistics and epidemiology; environmental health legislation and risk assessment; and the nurse's role in environmental health. The program was prepared by the University of North Carolina School of Public Health, Chapel Hill, and includes a 754-page learner's manual and a 427-page instructor's manual. The program is available under the title, "Environmental Health: An Educational Program for Nurses," from the National Technical Information Service, 5285 Port Royal Road, Springfield, Va. 22161.

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LACK OF TRAINING IN INFECTIOUS WASTE HANDLING PROCEDURES THREATENS NURSES

The Environmental Protection Agency (EPA) opposes issuing federal rules to protect nurses and other workers from infectious waste, despite calls for such actions from industry, labor and some members of Congress. Instead, the EPA claims increased education should minimize the chances of workers being exposed to infectious materials, said Jeffery D. Denit, an EPA official, before the House Small Business Subcommittee on Aug. 9.

While the hearing was held largely in response to recent incidents of infectious wastes washing ashore on many northeast beaches, the disease risk posed by the waste to health care workers and waste handlers "may be as important as, or perhaps more important than, possible risks posed to the general public," Dr. Kathryn D. Wagner of the congressional Office of Technology Assessment (OTA) told the subcommittee. OTA, the research arm of Congress, has nearly completed an evaluation of biomedical waste management in the U.S.

Poor Training Alleged

Wagner said some health-care workers apparently are not being trained to follow safe infectious waste handling practices as set forth in Centers for Disease Control guidelines for the prevention of occupational exposure to the AIDS and hepatitis B viruses. OSHA already requires health-care institutions to provide such training, and the safety agency is scheduled to issue a final standard to protect workers from exposure to blood-borne diseases by December (LNN, Aug. 9, 1988, p. 7).

"Hospitals and other health-care employers are reportedly providing minimal training programs and may be requiring workers to sign a form stating that they have been trained, in an attempt to limit any future liability to the facility," Wagner said.

A recent Service Employers International Union survey of 100 institutions that deal with infectious agents found that only 75 percent of the registered nurses, 55 percent of nurses aides and 35 percent of laundry workers polled received infectious disease control training.

Bill Borwegen, director of the union's occupational health and safety department, also noted at the hearing that the OSHA Act exempts state and municipal employees and that only half the states have chosen to confer OSHA protections to their workers. He called on EPA "to immediately confer the Centers for Disease Control infectious disease control guidelines to these workers, and then eventually the permanent OSHA infectious disease standard once it has been issued."

Wagner noted that because EPA, CDC and OSHA have issued varying recommendations on infectious waste management, hospitals and other generators of such waste have been left with "confusing and inconsistent guidance on how best to manage their wastes." She urged EPA to issue federal infectious waste regulations under the Resource Conservation and Recovery Act -- the nation's solid waste law -- including provisions on waste handling, storage and transportation to ensure worker safety.

"Educational materials for generators of infectious waste and sanitation workers who haul, store, transfer, treat or dispose of infectious waste, should significantly assist in minimizing exposures to infectious wastes," said Denit. "If educational efforts and guidance to states fail to solve the problem, regulations can be promulgated."

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STATE AND LOCAL NEWS

• New York officials have approved plans for the first nursing home ward specifically for AIDS patients in the state. The 44-bed unit, scheduled to open in October at the Terence Cardinal Cooke Health Center in Manhattan, is the first step in a proposal to provide up to 1,000 new beds at a cost of \$100 million. The new nursing homes are expected to ease the pressure on inner city hospitals to care for AIDS victims who can no longer care for themselves. Traditional nursing homes are reluctant to take in AIDS victims because they do not want to mix young AIDS patients with their geriatric clientele, officials said.

• New Jersey Gov. Thomas Kean signed a bill (A-261, S-1965) Aug. 5 to create a nursing home pre-admission screening program within the state Department of Human Services. Medicaid recipients will receive intake and case management services. The bill's sponsors, Assemblymen Nicholas Felice (R-Bergen) and George Spadaro (D-Middlesex), said the law should help Medicaid recipients get access to nursing homes and help avoid unnecessary nursing home placements. Contact: Governor's Office of Legislative Services, (609) 292-4625.

• "How to Lobby Your State Legislature: A Citizen's Guide," by the Government Research Service (GRS), presents information on organization and structure of state legislatures; 29 pgs. Available for \$3.25 from GRS, 701 Jackson, Rm. 304, Topeka, Kan. 66603, (913) 232-7720.

• The Rocky Mountain Center for Occupational and Environmental Health at the University of Utah is planning an industrial audiometric technician's certification course from May 10-12 and Oct. 14, 21 and 28, 1989 in Salt Lake City. Tuition is \$375 and occupational health nurses and other health care providers involved in performance and interpretation of audiometric testing should telephone Dr. Robert Brey at (801) 581-5710. END

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