

WASHINGTON UPDATE

• **Child Health Incentives Reform Plan (CHIRP)** is the new name for the federal tax code reform initiative drafted by the Academy.

Formerly called the Pediatric Health Care Incentive Tax Act, the bill would require that, in order to deduct group health insurance premiums as a business expense, employers must cover child health supervision benefits in their employees' policies. Passage of the bill would accomplish in one bold stroke what otherwise would be a long, 50-state struggle.

The bill's name was changed to prevent confusion with the Reagan Administration's proposal to include a portion of employee health benefits with taxable income.

Sen. John Chafee (R-R.I.), who sponsored the bill in last year's session, plans to reintroduce the measure early this year. The Academy is seeking a House sponsor.

• Watch the activities of the Senate "**Gang of Six**" in the upcoming 99th congressional session.

The six senators represent the progressive wing of the Republican party and regularly stake out positions on health and social issues which exasperate party regulars. With the 53-47 Republican-Democratic split in the upcoming Senate, their votes will be pivotal.

The six senators include CHIRP sponsor Chafee, Mark Hatfield (Ore.), Charles Mathias (Md.), Bob Packwood (Ore.), Robert Stafford (Vt.), and Lowell Weicker (Conn.).

• Another good omen for the influence moderate Republicans will wield is the ascension of **Packwood as chairman of the Finance Committee**. The panel's leadership changed when Sen. Robert Dole (R-Kan.) moved to the

top slot as majority leader.

A 1981 recipient of the AAP's Excellence in Public Service Award, Dole was supportive of many maternal and child health programs. However, with Packwood's recognized position as a moderate, the outlook may be even more optimistic for funding the maternal and child health block grant, Medicaid, and progress of the CHIRP initiative — all of which is overseen by the Finance Committee.

Membership of other congressional committees with control over most maternal and child health funding remains the same. Those panels include the House Energy and Commerce Committee, whose health subcommittee oversees virtually all MCH legislation, and the Ways and Means Committee, which is responsible for tax code proposals, including CHIRP. The unchanged status of the Senate Labor and Human Resources Committee bodes well for momentum of the Academy-drafted National Childhood Vaccine Injury Compensation Act. The chief sponsor of that legislation is Sen. Paula Hawkins (R-Fla.), a member of the committee.

• Signed by President Reagan in the last days of the 98th Congress was the **\$79.6 billion fiscal 1985 appropriations bill** for the Departments of Labor and Health and Human Services. The bill includes \$478 million for the maternal and child health block grant, a \$79 million increase; \$18.5 million for pediatric primary care training grants, a \$1 million hike; \$54.4 million for childhood immunization programs, a \$16.5 million increase; and \$313 for the National Institute of Child Health and Human Development (NICHD), a boost of \$38 million. ■

DTP shortage ...

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Williams reported that manufacturer could release 3 million DTP doses if its insurance problems were resolved. Until it regains its insurance, however, the company cannot release even one DTP dose. "That could jeopardize the entire Connaught corporate entity," Williams said.

He suggested that Connaught's insurance problems would be resolved if the government indemnified the manufacturer against liability claims. The panel took no action to offer governmental assistance, however.

Whether the federal government should produce DTP also was discussed. "Since the cost of DTP vaccine has risen 700 percent since the early 1980s," asked Rep. Gerry Sikorski (D-Minn.), "wouldn't the idea of someone in the government making it (the vaccine) be more cost-effective, especially if the price



Dr. Smith testifies at the House subcommittee hearing.

continues to soar?" CDC Director James Mason, M.D., replied he would prefer that alternatives to governmental manufacture of DTP be explored. ■

EPSDT regulations ...

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latory guidance; and disease and accident prevention counseling.

The rules also require that, for the first time in the EPSDT program's history, neonatal examinations—rather than just screenings—be conducted in the hospital.

Perhaps most significant, however, is the rules' promotion of a variety of providers. Previously, states were allowed simply to contract for EPSDT services with public health clinics. In publishing the new rule, HHS announced that it encouraged "continuing care where feasible as an effective way to build ongoing provider, child and family relationships that provide for a regular source of health care." With pediatricians brought into the program more effectively, abnormalities can be detected earlier and treated in a more cost effective manner.

However, the regulations will work only if AAP Fellows devote them-

selves to making them work, Dr. Harvey asserts. Pediatricians must tell state agencies exactly what "reasonable standards of medical practice" are. The rules' requirement that state Medicaid agencies consult with recognized medical organizations provides Fellows with readier access to state administrators than previously was the case, he added and stressed that direct contact with state Medicaid agencies is the most effective means to ensure that effective EPSDT periodicity schedules are established.

"Although the 15-year-old EPSDT program has been something of a disappointment, pediatricians who have not participated in the past should now reconsider," Dr. Harvey said. "Aside from the obvious program improvements, the signal benefit is that low-income children will, for the first time, be able to receive preventive, acute and episodic care from the same physician." ■

THIS MONTH

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• Nominees for 1985-86 AAP vice president answer questions posed to them by the National Nominating Committee on priorities facing the Academy.

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• The Nominating Committee revises guidelines for the upcoming Academy election.

• Health Supervision Packages sent to Academy members this month give guidelines for each regular examination of children from birth to age 21.

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• Finding the answers to the missing child problem: Prevention is the key, and pediatricians can help.

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• Resource organizations stand ready to help parents cope when children disappear.

• How many children are missing?

• **Finance Forum**: District IX comes close to ensuring that child health supervision is covered by health insurance in California.

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• **Health Alert**: Sears, Roebuck & Co. is making modification kits for one bunk bed model available after a 2-year-old boy dies when the bed's mattress falls on him.

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• Physicians are needed to help provide "basic caring" in Ethiopian refugee camps.

• **Focus on Practice**: Extending office hours can help practitioners build their practices.

• **Chapter Newline**.

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• Preliminary results of an AAP study on physician participation in Medicaid indicate there could be less access to quality health care for the poor in the future.

• AAP members can save money on hotel rates through a program offered by the Academy's travel service.

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• The PREP program prepares to enter its second six-year cycle.

• CME course on emergency pediatricics to feature largest faculty ever for an AAP-conducted course.

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• Atlanta Spring Meeting to feature varied educational opportunities, southern charm.

• **Course Calendar**.

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• Fellows in the news.

• **Second Opinions**.

What you'll find each month in AAP News

Here it is: your copy of the first issue of *AAP News*, the Academy's expanded news publication.

To help you become familiar with *AAP News*, here is a brief description of the columns which will appear in each issue.

• **Focus on Practice**, a nuts and bolts guide to successfully running a practice. The column will provide basic tips each month on a management issue, such as hiring and firing office staff, preventing medical liability suits and choosing computer equipment.

• **Health Alert**, a series of brief updates alerting practitioners to new developments in treatment.

• **Finance Forum**, a news column about child health financing, including developments in the public and private sectors and actions taken by the AAP.

• **Chapter newline**, a report highlighting actions taken by Academy affiliates.

• **Washington Update**, a series of brief updates on developments affecting child health in the nation's capital.

• **Course Calendar**, a monthly list of information on continuing medical education programs conducted or cosponsored by the AAP or by other organizations which have received PREP or Category 1 credit.

• **Insight**, a monthly column of opinion from the Academy's president.

• **Second Opinions**, or letters to the editor.

New column to start in February

Premiering next month will be **Feedback**, which will give experts in a field of interest to pediatricians the chance to answer a question posed by the editor. The first Feedback column will focus on the causes of medical liability suits against pediatricians — and what pediatricians can do to prevent litigation.

If you have a question you would like answered in the Feedback column, write to: Editor, *AAP News*, AAP, P.O. Box 927, Elk Grove Village, IL 60007. ■