

Dateline Washington

prepared by the Washington Office, Health Policy and Advocacy Department

HHS holds summit on patient safety

On April 23 and 24, an interagency task force of the U.S. Department of Health and Human Services (HHS) convened a “National Summit on Patient Safety Data Collection and Use.” The Patient Safety Task Force, which HHS Secretary Tommy Thompson formally introduced at the beginning of the summit, is composed of the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, and the Health Care Financing Administration (HCFA).

The summit served as a forum for discussing methods of collecting and using data for patient safety efforts, as well as for reviewing topics such as confidentiality, administrative burdens, and the means for translating data into actual safety improvements. In addition, the task force presented a broad outline of a proposed patient safety reporting system, the details of which were still being developed by both Congress and the Administration at press time.

OSHA petitioned to regulate resident work hours

Three organizations sent a petition to the Occupational Safety and Health Administration (OSHA) on April 30, requesting that new federal regulations be implemented to govern work hours for medical residents and fellows. The petition was submitted by: Public Citizen, a consumer and health advocacy group; the Committee of Interns and Residents, a house staff union representing medical students; and the American Medical Student Association, an organization that represents physicians-in-training. The organizations are calling for work hour limits more stringent than those currently effective in New York, including:

- An 80-hour work week.
- No more than 24 consecutive hours worked in one shift.
- On-call shifts only every third night.
- At least 10 hours off-duty between shifts.
- At least one 24-hour period off-duty each week.
- No more than 12 consecutive hours on-duty each day for emergency medicine residents working in hospitals receiving more than 15,000 unscheduled patient visits per year.

The petitioners are requesting these regulations “on the grounds that work hours in excess of the requested limits are physically and mentally harmful to medical residents and fellows, and that a federal work-hour standard is necessary to provide them with safe employment.” The petition connects a typical resident’s work schedule to harm in three specific areas: motor vehicle accidents, mental health, and pregnancy.

This petition was sent to OSHA, which deals with safety in the workplace, because, in November 1999, the National Labor Relations Board (NLRB) overturned a 1976 precedent and ruled that medical residents are primarily employees rather than students. If OSHA decides that it does, in fact, have authority over residents’ working conditions, its procedures require an advisory panel to be formed with equal representation from both the “employer” and “employee” sides of the issue. That panel will debate and make recommendations to the agency. Then, if

OSHA decides there is a case, the matter will proceed through the normal rulemaking process with a notice published in the *Federal Register* and opportunity for public comment.

Former ACS President testifies before Congress

On May 9, former College President LaSalle D. Leffall, Jr., MD, FACS, testified before the U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. Along with Dr. Leffall, representatives from the National Cancer Institute, the CDC, and the National Breast Cancer Coalition gave testimony to encourage Congress to increase its current funding initiatives for breast cancer research. Although the budget resolution for fiscal year (FY) 2002 includes a \$3.4 billion, or 11.8 percent, increase for the National Institutes of Health (NIH), witnesses told subcommittee chair Arlen Specter (R-PA) that a 20 percent increase was needed to stay on track to complete the five-year target to double the NIH budget by 2003.

Dr. Leffall, Charles R. Drew Professor of Surgery at Howard University, will begin a two-year term as chair of the Susan G. Komen Breast Cancer Foundation in 2002. An advocate for increased public awareness of the new scientific advances in technology and therapy, Dr. Leffall is especially concerned about the plight of minorities and the medically underserved.

Hospital payment increases announced

The approximately 4,800 acute care hospitals that are paid under Medicare's prospective payment system (PPS) would experience a 2.55 percent increase in reimbursement rates in fiscal year 2002 under a proposed rule issued on May 4 by HCFA. The proposed increase is based on a formula enacted into law and would become effective October 1, 2001. The draft regulation also contains provisions to implement a number of mandates under the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), including a proposed mechanism to facilitate access to high-cost new services and technologies by authorizing special payments to cover increased costs. In addition, HCFA intends to make revisions to the diagnosis-related group (DRG) classifications, including the addition of two new pancreas transplant DRGs. The text of the proposed inpatient PPS rule can be found on HCFA's Web site, www.medicare.gov, under "What's New."