

The future begins today, the future begins with us. May God continue to bless America and may He bless us all in our righteous endeavors.

For this I ask humbly, in the name of Jesus Christ. Amen!

TRIBUTE TO DR. GEROLD L.
SCHIEBLER

HON. KAREN L. THURMAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 11, 2000

Mrs. THURMAN. Mr. Speaker, I am here today to pay tribute to Dr. Gerold L. Schiebler, the Associate Vice President for Health Affairs for External Relations at the University of Florida Health Science Center and a Distinguished Service Professor with the Department of Pediatrics (Cardiology). Dr. Schiebler is a very special doctor and advocate for health-care issues who I am sorry to say is retiring by the end of the year after 40 years of unselfish service to children, to medicine, to the University of Florida Health Science Center and to Shands Hospital in Gainesville, Florida.

Let me start off by telling you a little bit about this man's remarkable background.

Growing up, Dr. Schiebler probably never realized that he was destined to be a great physician. He started off—like so many great Americans—quite modestly. In fact, as recounted by his longtime friend Clarence Burkey, at the completion of the meal at a recent awards dinner, the person seated next to Dr. Schiebler said, I can tell that you are a child of the depression era because you 'cleaned up' your plate." That begins to describe the early years of a first generation child of German immigrants. They lived in and were a part of the Borough of Hamburg, a small middle class Pennsylvania-German community, where frugality, pride, and self-sufficiency were the rules.

In high school he was an excellent student, class president and class valedictorian. Years later and as part of her life recollections, former grade school principal, Ella Scholl, remarked that he was "the smartest person that had ever graduated from Hamburg High." Mrs. Scholl's late husband had also been the high school principal for many years. Dr. Schiebler attended Franklin and Marshall College where he graduated magna cum laude and then graduated from Harvard Medical School. His medical internship and residency were at the Massachusetts General Hospital and the Mayo Clinic. While in residency at the Mayo Clinic, Clarence Burkey recalls, "During a visit to Hamburg, Gerold called at the home of my mother to inquire of my whereabouts. He noticed that there was something medically wrong with her. He looked at her medication and then told her that she was taking the wrong thyroid medicine. That visit added more than a decade to her life."

This was clearly only the beginning of what would be a very long and distinguished career for the 72-year-old physician.

Throughout his medical career, Dr. Schiebler was an influential member of numerous professional societies, including the Society for Pediatric Research and the American Pediatric Society. He also wrote or co-wrote 86 peer-reviewed articles published in medical

journals, authored four books and wrote 10 chapters for inclusion in other medical texts—predominantly on the subject of cardiac disease in children. As his published writings make clear, over time, he truly became an expert in his field.

But he also became much more than that. As he grew into the role of teacher and mentor, he became an expert at creating experts. Many of his former faculty members are proof of his ability and commitment to helping younger colleagues grow and succeed. Today, many are chairmen or deans at institutions throughout the country.

In fact, you can even say that his 17-year tenure as the Chairman of Pediatrics at the University of Florida was legendary. Residents joked that he could read an EKG and then be able to tell the patient's age, hometown and referring physician!

Dr. Milton Morris, Director of Governmental Relations at the University of Florida, said he has learned a great deal from Dr. Schiebler over the years. "He was a mentor to me and he taught me how to be a mentor. He taught me the advantage of investing in the future," Dr. Morris said. "He has a love of, and faith in, medical students. He provided students with experience in politics, in the medical profession and encouraged them to become contributing members of society."

I had the pleasure of getting to know a 21-year-old University of Florida medical student this summer who considers herself one of Dr. Schiebler's biggest fans. Joy Kunishige interned in my Washington office this summer after coming to me highly recommended by Dr. Schiebler—a man she says will always have a very special place in her heart.

Despite his many accomplishments, Joy says, Dr. Schiebler makes time to help and support aspiring students.

"I have no idea how to thank Dr. Schiebler for all he has done for me," Joy said. "I always tell him, 'please let me know how I can help you.' The last time I said this he said, 'When you're in a position to do so, someone else will come and ask you for the same thing. You can return the favor then.'"

Former student turned Senior Associate Dean for Educational Affairs Dr. Robert T. Watson says, "Dr. Schiebler is easily one of the most amazing people I have ever known. He possesses the ability to keep track of an infinite number of things and has a deep and sincere commitment to medical education. I don't know anyone else like that. I don't think a team could replace him."

Ann Groves, Administrative Assistant to Dr. Schiebler for 25 years, agrees. She said, "He can generate more work in five minutes than a team can in five months and while Dr. Schiebler is telling us what to do, he is also writing it down and doing it!"

He is also well known for his uncanny ability to remember details about people. He knows your middle name. He knows where your parents grew up. He just knows. He has an ability to make everyone feel special and important. These are qualities that have enabled him to succeed and develop great personal and professional relationships wherever he goes.

Part of the reason for this success is his ability to be quick on his feet—literally. Rarely one to take an elevator, he walked the halls of the Florida State Capitol so much—up and down flights of stairs—that his wife, Audrey, once bought him a pedometer. When asked

where the pedometer went, Dr. Schiebler replied, "When I looked how far I had walked, I threw it away!" Each legislative session, Ann Groves said, he walks so much he wears out a couple pairs of shoes.

With this energy and spirit, he has lobbied for Shands Hospital, the University of Florida Health Science Center, and, most fervently and constantly, for children. Both Dr. Schiebler and his wife, Audrey, have fostered a lifelong interest in children's health issues. Dr. Schiebler was an early advocate for providing health insurance for children from birth. Before this landmark legislation, insurance companies did not offer coverage to children until they were 60 to 90 days old. Since his pioneering advocacy, all other states have similarly expanded insurance coverage. "As Director of Children's Medical Services (CMS), he introduced the concept of CMS covering the full spectrum of chronic health diseases in children. He established the modern CMS program as the most powerful program for children with special health care needs in the country," comments Dr. Arlan Rosenbloom, Assistant Medical Director of CMS and University of Florida Distinguished Service Professor Emeritus of Pediatrics.

As a trained and skilled medical doctor with political intellect and wherewithal, Dr. Schiebler's deep concern and knowledge of the issues have enabled him over the years to become an effective champion for children and the University of Florida.

In the words of the man chosen to succeed Dr. Schiebler following his retirement, Dr. Richard Bucciarelli said, "In addition to the advocacy and vision Dr. Schiebler has for kids, he was—and still is—an outstanding and caring physician. He brings a unique combination of a practicing physician who has a knowledge of the legislative process. Both of these skills make him very credible in both arenas," said Dr. Bucciarelli, who is the Assistant Vice-President for Health Affairs for External Relations and a professor of Pediatrics at the UF College of Medicine.

Dr. Schiebler's hard work and many accomplishments have not gone unnoticed.

In 1991, Dr. Schiebler became the only person from the University of Florida to be accepted into the National Academy of Sciences Institute of Medicine while being on the faculty of the University of Florida College of Medicine. In the academic world, this is a very high honor.

He has also been recognized in many other distinguished ways.

The District III Children's Medical Services Center bears his name, an honor bestowed upon him by the late Gov. Lawton Chiles. This was a rare happening as buildings are not typically named for the living. The exception was made possible by an unusual vote of the Florida State Legislature in 1990.

Last year, he received yet another honor when Florida Governor Jeb Bush proclaimed him the Children's Medical Services, Pediatrician of the Decade. The proclamation reads, "Whereas it is crucial that health care programs are developed to meet the needs of children, including children with special health care needs; and Whereas, the development of these programs requires leadership, direction and advocacy; and . . . Gerold L. Schiebler, M.D. has dedicated his professional career to such leadership, direction and advocacy for Children's Medical Services programs . . ."

The Florida State Legislature also gave Dr. Schiebler a grand send off to his retirement before concluding the session.

In a House Resolution passed by the 118 Members present, H.R. 9135 outlined his many accomplishments. In one section, the resolution reads, "Whereas, the recipient of awards too numerous to set forth in its entirety, Dr. Schiebler has the distinction of being the only individual to receive both the Abraham Jacobi Award and the Doctor Benjamin Rush Award during any one year, has had an Eminent Scholar's Chair in Pediatric Cardiology named for him at the University of Florida, and has had the Gerold L. Schiebler Lectureship established in his honor. . . . That the Florida House of Representatives pauses in its deliberations to honor the distinguished Gerold L. Schiebler, M.D. . . ."

The Florida Senate Resolution "commending Gerold L. Schiebler, M.D., for his contributions to the health and welfare of children in this state" was equally complimentary.

A portion of the Senate Resolution reads, ". . . Gerold L. Schiebler's efforts have resulted in the creation of Children's Medical Services, infant metabolic screening, infant hearing screening, regional neonatal and perinatal intensive care centers, poison control centers, insurance coverage for babies at birth, and numerous other programs. . . . That the Florida Senate commends Gerold L. Schiebler for his dedication and accomplishments in providing better health care for the children of this state."

And, just last month, out of respect and appreciation to Dr. Schiebler, his peers honored him at the Annual Alumni meeting by choosing him to become one of the first three individuals designated as an Honorary Alumnus of the University of Florida College of Medicine.

In the Florida Senate, I had the pleasure of working with Dr. Schiebler on dental school appropriations, tort reform and children's issues. In that time, I learned that his relationships with legislators was as much about his commitment to helping people as it was about his commitment to his legislative goals. If you needed advice or help about a medical problem for yourself or your family or if you had a constituent who could not get care, you would call Dr. Schiebler. You could send a child without health insurance up to Gainesville and leave a message on his answering machine on Sunday night. You knew he would open the health center's doors on Monday morning. In many cases, he saved people's lives.

Since entering Congress, we have continued to work together on the Patients Bill of Rights, healthcare reform and the Graduate Medical Education Program. We most recently secured federal funding for the creation of the Brain Institute at the University of Florida. The multi-million dollar building now houses magnet systems and the largest breadth of multidisciplinary talent focused on the nervous system.

On a more personal note, he has been very supportive of me and my family. Dr. Schiebler was a great help when my husband John was diagnosed with polycystic kidney disease. We took John up to Shands when John started to go through the dialysis procedures. He was there when John had a transplant. I remember sleeping in my car one night while John was in the ER and the next day Dr. Schiebler asked, "Why didn't you call me?" He was helpful to me and continues to be.

It's very hard to completely sum up all of Dr. Schiebler's accomplishments and contributions because he's done so much for so many people, but I will make an attempt. Dr. Schiebler is an advocate for children. He is an advocate for Shands Hospital and the University of Florida Health Science Center. He is an advocate for the American Medical Association. He is an advocate for me. He is an advocate for his family. He credits his wife, Audrey, for shaping and inspiring his every accomplishment, including the couple's six children—Mark, Marcella, Kristen, Wanda, Bettina and Michele—and their 17 grandchildren.

Perhaps his character is best described by his colleague, Dr. Rosenbloom: "He never, never did anything for Gerry Schiebler. He always acted for the kids for whom he felt responsible, for his family or for his academic family. Never self-serving, he is the most unselfish, caring person of power you will ever meet."

I couldn't agree more.

Thank you Dr. Schiebler for your many years of service to me, to the University of Florida Health Science Center, to Shands Hospital and to the people of Florida. You will be missed!

MEDICARE PARTIAL HOSPITALIZATION SERVICES RESTORATION AND INTEGRITY ACT OF 2000

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 11, 2000

Mr. STARK. Mr. Speaker, today, I am introducing legislation to restore a benefit in Medicare that has been destroyed. A benefit that is needed by about 100,000 Medicare beneficiaries who need outpatient mental health services to maintain their functional capacity and live lives that are as normal as possible. It is a benefit that was put into Medicare in 1990, but has now been almost completely eliminated by administrative actions of the Health Care Financing Administration (HCFA) that I believe have been and continue to be illegal. I have conveyed my concerns to HCFA several times, but without effect.

The history of this benefit is truly sad. In a report issued in January 2000, the GAO concluded that "HCFA's implementation of the partial hospitalization benefit was not adequate." The GAO report details the mismanagement of this benefit by HCFA from the beginning, and I believe that the mismanagement continues to this day. That is why I am introducing legislation today to stop the mismanagement and restore this benefit as the Congress intended it to be.

Before 1990, Medicare covered partial hospitalization services provided by hospitals. Recognizing a broader need for outpatient mental health services, the Congress expanded the benefit in OBRA 1990 to include services provided by Community Mental Health Centers (CMHCs) as defined in Section 1913 of the Public Health Service Act.

The Congress was quite clear in its intent for this benefit, and the precise language of the statute reflects that intent. Section 1861(ff)(2)(I), as amended by Section 4162 of OBRA 1990, specifies the partial hospitalization benefit as services that are:

"Reasonable and necessary for the diagnosis or active treatment of the individual's condition reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services as the Secretary shall by regulation establish (taking into account accepted norms of medical practice and the reasonable expectation of patient improvement)."

The Congress did not know the specific eligibility requirements needed for this benefit, nor did it know the specific services that should be provided for each patient, depending on the functional status of the individual. Therefore, the Congress mandated that the Secretary promulgate regulations establishing eligibility guidelines and covered services—taking into account accepted norms of medical practice. The Congress expected—and required—the Secretary to promulgate regulations so that the public would have an opportunity to comment and participate in defining and establishing the standards for this benefit.

In March 1992, HCFA issued a manual instruction (IM 205.8)—not a regulation—that included the following language:

"In general, to be covered, the services must be reasonable and necessary for the diagnosis or active treatment of a patient's condition. The services must not be for the purpose of diagnostic study or they must be reasonably expected to improve or maintain the patient's condition and to prevent relapse or hospitalization.

It is not necessary that a course of therapy have, as its goal, restoration of the patient to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some patients. For many other psychiatric patients, particularly those with long term, chronic conditions, control of systems and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement. "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the patient's condition would deteriorate, relapse further, or require hospitalization, this criterion is met.

Some patients may undergo a course of treatment which increases their level of functioning but then reach a point where further significant increase is not expected. Continued coverage may be possible even though the condition has stabilized or treatment is primarily for the purpose of maintaining the present level of functioning. Coverage is denied only where evidence shows that the criteria discussed above are not met, e.g., that stability can be maintained without further treatment or with less intensive treatment."

Although this definition of the partial hospitalization benefit was not issued through regulations as required by the law, at least it was consistent with the intent of the law in substance, and the mental health community did not complain.

On February 11, 1994, the Secretary published an Interim Final Rule implementing the partial hospitalization benefit. The language of the Interim Final Rule mirrored the language of the statute:

"(a) Partial hospitalization services are services that—