RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

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CREATION DATE/TIME:08-JUL-1994 13:20:00.00

SUBJECT: Health Reform Wire Report, 1PM Edition, July 8,1994

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TEXT:
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Health Care Reform Wire Report
1PM Edition, July 8, 1994

Cisneros to meet with community builders for health care reform (Advisory
□
-PRNewservice)

Women may be losers if Clinton health plan shrinks (Baltimore Sun)

Democrats enlist ad couple in bid to save health plan (Dow Jones)

Opposition's health ads play off Harry, Louise (Newsday)

Health bill seen falling short of 95% coverage (Wall St. Journal)

Give the states a crack at devising health care reform (LAT)

Coalition attacks Dole's health plan (NY Times News Service)

States continue to act as laboratories of innovation (Wall St. Jpournal)

NEB: Rally, Congressmen line up on health care issues (AP)

OK: Doctor to run against Synar; won't take tobacco money (AP)

WI: Klug announces bid for third term from 2nd
Congressional District (AP)

CA legislature approves tough, statewide anti
-smoking law
(Bloomberg)

NH:Poll shows jobs, economy top concerns (AP)

Hawaii presents possible archetype for Clinton health plan
(LA Times)

Subsidy fund becomes one of Hawaii's best kept secrets (LA
Times)

USA TODAY Issues; Health Reform

CT: Franks announces bid for third term (AP)

Johns Hopkins hospital rated best in the nations
(PRNewswire)

AP Daybook
-Friday
-Health Reform

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bc
-DC
-HUD health
-care
-- NEWS ADVISORY -- TO NATIONAL EDITOR:
COMMUNITY BUILDERS FOR HEALTH CARE REFORM
Secretary Henry G. Cisneros, U.S. Department of Housing and Urban Development, will join the leaders of a number of community organizations to discuss their support of the administration's five principles of health care reform. These community groups will discuss the impact of the current health care situation on local communities and the importance of reforming the nation's health care system.

WHAT: Community Builders for Health Care Reform
WHO: Secretary Henry G. Cisneros and organizational leaders
WHEN: Monday, July 11
10 a.m.
WHERE: White House
Indian Treaty Room
Old Executive Office Building
17th & Pennsylvania Ave. N.W.
Washington
NOTE TO EDITORS: White House clearance procedures are

in effect. Press persons attending must call the contact
below and provide the following information: full name,
social security number, date of birth, organization.
CONTACT: Michael Zerega of the U.S. Department of
Housing and Urban Development, 202
-708
-0277, ext. 118.

-0- 7/8/94
/PRNewswire -- July 8/ CO: U.S. Department of Housing
and Urban Development ST: District of Columbia IN: HEA
SU: EXE DC
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bc
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-women - a2122
(bal) (ATTN: National editors) (Includes optional trims)
Women May Be Losers If Clinton's Health Plan Shrinks
(Washn)
By Karen Hosler= (c) 1994, The Baltimore Sun=
WASHINGTON Women, who probably had the most to gain
from President Clinton's proposed overhaul of the health
care system, may now have the most to lose as Congress
moves to shrink and delay the program.
Women's health care advocates, who once viewed
Clinton's proposal as a chance to make enormous strides on
abortion rights, preventive services and direct access to
insurance for the largest segment of the adult population
that is without it, now fear they could lose ground in all
these areas.
So much controversy has developed over how to finance
reform that ``a squeamish, incremental approach'' appears
to be taking hold of the legislative process, Pamela J.
Maraldo, president of the Planned Parenthood Federation of
America, a leader in abortion rights, complained Thursday.
``We want to make sure coverage isn't lost.''
A gradual, voluntary approach that fails to provide
everyone with comprehensive coverage will do little to
bring Pap smears, mammogram screenings and other
preventive services within reach of working
-class women
who cannot afford them today. In fact, critics say, a
go
-slow approach to reform could drive up insurance
premiums, putting preventive services even further out of
reach for many.

As the 10

-month

-old health care reform debate moves later this month to the full House and Senate, a battle over abortion rights has long been expected. It appears to be one of a handful of issues on which the success or failure of the entire legislation could turn.

But as important as the abortion cause is to women's advocates, it is secondary to the more fundamental question of whether Congress can produce a measure that meets Clinton's goal of guaranteed health care for all Americans that can never be taken away.

``It's really hard to figure out abortion strategy when you don't know what's going to happen to the priority concern of universal coverage,'' said Andrea Camp, a spokeswoman for Rep. Patricia Schroeder, D

-Colo., who has been a leader on women's issues in Congress.

(Begin optional trim)

``Universal coverage'' is the underpining that would open the insurance market to women who are disproportionately poor, jobless, work part time, are employed by companies that don't offer insurance or are covered by a spouse's policy over which they have no control.

Without some version of Clinton's proposal that employers be required to buy insurance for their workers and a new government program to subsidize the working poor, many of the 12 million women now without health insurance are unlikely to get it.

Republican lawmakers argue that even without mandates requiring insurance coverage, more people can get policies because of lower costs that will result from greater competition and because of market reforms to bar insurance companies from denying coverage for pre

-existing conditions, such as breast cancer.

But industry lobbyists contend that those reforms won't lower costs unless premiums can be spread across the population. For example, they say, if an insurance company accepts the risk of a woman diagnosed with breast cancer, all others in the plan will have to pay more.

As premiums rise to absorb those costs, industry lobbyists say, young, healthy people who must buy insurance on their own will drop out, shrinking the pool of payers. Premiums will rise further, ultimately raising the costs beyond the reach of most of the middle class.

(End optional trim)

Women lawmakers on three of the four congressional committees that produced versions of the bill

worked to meet women's health needs. Under most versions of the bill, preventive services, such as regular Pap smears and mammogram screenings, are included in the basic benefit package that must be offered.

But without universal coverage, Maraldo of Planned Parenthood said, those services still won't be available

to most women who can't afford them now. If Congress signals employers that providing health insurance to workers is not expected of them, other women could lose the coverage they have now.
``Women have a lot more to lose from this than they realize,'' said Alice Weiss, a program analyst for the Campaign for Women's Health, a grass
-roots advocacy group.
Thus, women's rights groups are in the forefront of the crusade Hillary Rodham Clinton unleashed two weeks ago, when she urged the strongest supporters of her husband's bill to put aside parochial concerns and focus on assuring coverage for all.
Distributed by the Los Angeles Times
-Washington Post
News Service

Democrats Enlist Ad Couple In Bid To Save Health Plan
WASHINGTON -- The Democrats have drafted the health insurance industry's best customers, Harry and Louise, in an effort to rescue President Clinton's health
-reform
initiative, The Wall Street Journal reported.
The fictional couple's concerns over the plan, expressed in television and radio ads sponsored by the Health Insurance Association of America over the past several months, have helped diffuse support for the proposal.
Now the Democratic National Committee is bringing out a new TV spot showing the couple sick and uninsured. Louise, heavily bandaged, yells at Harry, in a full body cast, about how he said they would always be covered because he had a job. Now he doesn't. She kicks him out of bed.
Committee Chairman David Wilhelm says the commercials stress the Clinton administration's cornerstone theme of health reform: coverage for all Americans. The commercial advises viewers to "Tell Congress you want what they already have" in health insurance.
The insurance association says it finds the Democratic committee's ads "the highest form of flattery. If they want their Harry and Louise to push for universal coverage and get the same benefits as members of Congress, we would absolutely agree with that," says Susan VanGelder, an assistant vice president at the trade group.
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(ndy) (ATTN: National editors) (Includes optional trims)

Opposition's Health Ads Play Off Harry, Louise (Washn)
By Dena Bunis= (c) 1994, Newsday=

WASHINGTON Harry and Louise are back sort of. But this time, it's the Democratic Party that is bringing them to American living rooms.

The brainchild of the health insurance industry, Harry and Louise have spent more than a year trying to convince the American public that President Clinton's health plan has serious flaws.

Now, as the health care debate is set to move from the committee rooms to the floors of the House and Senate, the Democratic National Committee has decided to spend $250,000 to use Harry and Louise lookalikes to inject some humor and bite into the issue.

``We want to challenge the Health Insurance Association of America and others on their scare tactics, the fear

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-mongering, the skillful manipulation of people's emotions,'' Democratic Party Chairman David Wilhelm said at a news conference Thursday. ``This new ad, which is entitled, `Harry Takes a Fall,' attempts to show people in a lighthearted way that the Health Insurance Association of America has been misleading them.''

The ads, produced free by Clinton friend and television producer Harry Thomason and sanctioned by the White House, show Harry and Louise bandaged up and in bed after a bad accident, with Louise carping at Harry about his opposition to universal coverage. An announcer then urges viewers to call Congress and say they want the same ``affordable, universal health care'' that the lawmakers already have.

Supporters of Clinton's approach to health care have criticized the White House for what they contend has been a disorganized campaign to sell the issue.

Advocates Thursday said while they applaud the DNC's gesture, they are still concerned about the message getting out effectively.

``Our experience in health care advertising is not to overreach and try to do too much,'' said Charles Leonard, coordinator of the Health Care Reform Project, a coalition of labor, business, seniors and other advocates of sweeping change. The project has spent $3 million on advertising this year, and Leonard said it hopes to raise close to $2 million and be back on the air soon with more of its own commercials.

The DNC spot could also be in for some congressional criticism. Sen. Daniel P. Moynihan, D

□

-N.Y., has already expressed concern over first lady Hillary Rodham Clinton's insistence that the health plan be as good as the one Congress has.

``As someone who has tried to get votes for the president's bill, he had the experience that a certain number of members were alienated by that discussion,'' said Lawrence O'Donnell, staff director of the Senate Finance Committee, which Moynihan chairs.

Wilhelm said in addition to the $250,000 being spent for this commercial, which began airing Thursday night and

will run for five days in the metropolitan New York and Washington markets, the committee has set aside $4 million for the final push toward passage of a health care bill.
(Optional add end)
Officials at the health insurance association reacted with bemusement to the DNC spot.
``We're for universal coverage, and we're for the employer mandate, and I wish they would put their energy into how to effectively communciate their position on those issues instead of spoofing us,'' said the group's vice president, Chip Kahn.
This is the third parody of the group to hit the airwaves. Thomason did an earlier one that showed Harry dead after he didn't have proper health insurance, and the president and first lady videotaped a widely aired skit first used for a media dinner in Washington last spring.
``It's sort of three spoofs and you're out,'' Kahn said.
Distributed by the Los Angeles Times

-Washington Post
News Service=

Health Bill Seen Falling Short Of 95% Coverage

By David Wessel and Hilary Stout
Staff Reporters of The Wall Street Journal

WASHINGTON -- The slapdash health bill that the Senate Finance Committee approved last week promises health insurance for 95% of Americans, but doesn't raise enough money to achieve that goal, administration and congressional officials say.

The bill was heralded as proof the government could get close to President Clinton's goal of universal coverage without requiring employers to provide health insurance as Mr. Clinton proposes.

But Democratic and Republican congressional staffers and administration officials privately say the bill can't deliver what it promises. The bill even provides a mechanism for breaking the promise; a fail

-safe provision
designed to avoid increasing the federal deficit would automatically scale back subsidies and new tax deductions if the financing proved inadequate.

The Finance Committee hasn't provided any cost estimates for the bill even to the senators on the committee, several of whom acknowledged they were voting on it with even less than the usual analysis. But estimates prepared for comparable proposals and preliminary calculations circulating within the government suggest that, over the next five years, the program the bill envisions would cost tens of billions of dollars more than it provides -- perhaps as much as $100 billion more.

"Without additional funding, I don't think there's any way the bill will lead to 95% coverage," says Thomas Scully, who oversaw health spending for the Bush administration's budget office and now represents a number of clients in the health

-care industry. "There's a big
financing gap, and it's not any fun to close it. Your
choices are A: raise taxes, which isn't doable; or B: cut
entitlements, which is also highly unpleasant."
  The Finance Committee's bill is one of two health
-reform
measures approved by Senate committees. The other promises
universal coverage by requiring employers to pay part of
the tab for their workers' insurance, but it's unlikely
that a majority of the Senate would vote for such a
mandate. Senate Majority Leader George Mitchell of Maine
has said he will meld the two measures and bring a bill to
the Senate floor by the end of this month.
  In the more liberal House, two committees have approved
bills with employer mandates. A floor vote also is
expected on a bill that would create a government
-run,
taxpayer
-financed health system.
  To make health insurance affordable to lower
-income
Americans and to encourage them to buy it, the Finance
Committee's bill would offer subsidies for all families
with incomes up to twice the poverty level (up to about
$29,500 in today's dollars for a family of four). The
poorest of those would get insurance free; the government
would pick up part of the premium for others.
  A Congressional Budget Office analysis of a rival
program crafted by Rep. Jim Cooper (D., Tenn.) and Sen.
John Breaux (D., La.) puts the five
-year price for a
similar subsidy plan at $400 billion to $500 billion,
depending on the scope of the benefit package. And the CBO
says that sum would lift the fraction of Americans with
insurance to only 91% from the present 85%.
  The Senate panel's bill appears to aim at a benefit
package in the middle of the CBO's range, suggesting the
promised subsidies will cost roughly $450 billion over
five years. (There are differences between the Cooper and
Finance Committee plans, but some would make the Senate
version more costly and others would make it less costly.)
  (END) DOW JONES NEWS 07
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Health Bill Seen
-2: Senate Unable To Reach Majority
  After rejecting a number of tax increases suggested by
Chairman Daniel Patrick Moynihan (D., N.Y.), the Finance
Committee Saturday approved a bill that appears to raise
little more than $100 billion in revenue over five years,

after accounting for the cost of expanded tax deductions for the self
-employed and those workers who buy their own policies.
The biggest chunk would come from higher tobacco taxes, about $65 billion over five years. Another $30 billion or so would come from a new 1.76% tax on health
-insurance premiums, though the bill would dedicate that money exclusively to research. Another $4 billion would come from raising Medicare premiums for upper
-income elderly people.
The hardest tax to estimate in the legislation is Sen. Bill Bradley's (D., N.J.) tax on high
-cost insurance plans. The Treasury's top tax official has indicated the tax might produce $14 billion to $17 billion over 10 years.
The remaining $350 billion or so needed to provide the subsidies would have to come from money
-saving changes to Medicare and Medicaid, the federal insurance programs for the elderly and the poor. Medicaid spending would fall because many beneficiaries would be shifted to government
-subsidized private insurance under the Senate committee's bill, but none of the preliminary estimates suggest the Medicare and Medicaid savings come close to making up the shortfall.
During the committee deliberations, Sen. Robert Packwood (R., Ore), who voted against the bill, said back
-of
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-envelope calculations by GOP staff found the bill $91 billion short over five years. Afterward, Sen. Bradley, who voted for it, said he was "concerned that this bill is short on funding." Under the fail
-safe, provision if financing is inadequate, phasing in subsidies and expanding tax deductions would be delayed beyond 2000. The bill also creates a commission to make recommendations to Congress if fewer than 95% of Americans have health insurance in 2002; Congress would have to vote on those recommendations.
The Finance Committee bill isn't the only proposal that would deliver less than coverage for 95% of Americans. There essentially are three ways to assure universal coverage: require individuals to obtain it, require employers to provide it, establish a government program,

or some combination. None of those seems to attract a majority in the Senate, so the alternative is to offer subsidies to encourage the uninsured to buy insurance. With more generous subsidies, more of the uninsured are expected to take the bait. But generous subsidies are costly.

A proposal put together hastily by Senate Republican Leader Bob Dole and endorsed by 39 other Senate Republicans would give subsidies to Americans with incomes up to 150% of the federal poverty line without raising taxes. But the still

-sketchy proposal is difficult to evaluate because it doesn't specify how generous a benefit plan would be offered.

Some of the Democratic universal

-coverage bills also may come up short. An employer mandate reduces the need for large government expenditures. To fund subsidies to small, low

-wage companies and low

-income people, most of the bills rely on higher tobacco taxes, Medicare and Medicaid savings and a payroll tax on large companies.

(END) DOW JONES NEWS 07

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-comment - a0840

(ATTN: Editorial Page editors)

Give the States a Crack at Devising Health Care Reform

Marmor is a professor of public policy and Mashaw is a professor of law at Yale University. They frequently write on health

-reform issues.

By Theodore R. Marmor and Jerry L. Mashaw= Special to the Los Angeles Times=

We have reached a point in the congressional struggle over health

-care reform where there is enough opposition to defeat the Clinton administration's plan but nothing like a firm majority for an alternative. With proposals emerging from the House Ways and Means Committee, Senate Finance Committee and three other committees, the press

reports are confusing, the policy issues are unintelligible to most Americans and the chances of deadlock are considerable.

Can a workable version of national reform be enacted when no majority exists for any single plan? The answer is yes, but you'd never know it from the compromise proposals now making the rounds. The real challenge for reformers is to find a strategy that reflects whatever agreement there is on the goals of health reform and accommodates the disagreements on means. Instead, in the search for a plan that can pass, the compromisers focus on what seems doable politically rather than what is substantively desirable.

Three of these political compromises which look appealing on the surface but are badly thought through currently crowd the agenda:

Amending the definition of ``universal coverage.'' Debates on this issue mask a substantive disagreement about how great a role public compulsion, of either individuals or businesses, should play in ensuring coverage. A group in the Senate Finance Committee including John Chafee, R

-R.I., and John Breaux, D

-La.,

suggests giving up President Clinton's nearly 100 percent goal and substituting a 95 percent coverage ``target'' by the 2002. This approach is misguided because it fails to confront either the large

-scale insecurity or the cost escalation problems that have driven reform. Who will the 5 percent left uncovered turn out to be? You? Me? The chronically ill? The usually well? Only if we know the answers to these questions would we know whether reform was likely to achieve its major goals. The methods proposed to increase coverage if it falls below the target percentage may also be misaimed either ineffective (another study of the problem) or pointed in the wrong direction (employer mandates, which would fizzle if the uninsured were not workers).

A continuing aversion to straight talk about paying for reform. This was evident in President Clinton's original proposal that employers pay for the health insurance of their employees, reinforcing the delusion that because employers write checks for health insurance, they bear the costs. Then and now, it is we citizens who bear the costs, whether it's through direct taxes, increased prices or forgone wages and employment. The only relevant questions then or now concern the fairness and sustainability of the distribution of the costs. We will keep paying a steep price in confusion and discord until this crucial matter is understood. Those who want to avoid all mandates individual or employer have given us a scheme that is truly illusory: Tax 40 percent of the most expensive health

-insurance plans to provide subsidies for low- and moderate

-income Americans. But people in expensive plans
may be there because they are ill, not because they are
rich. And the game
-playing that will go on by people
trying to stay below the 60th percentile ought to reemploy
any insurance company personnel laid off by other reforms.
   Forgetting about the cost
-control problems that
prompted the reform movement in the first place. The
continuing escalation of health costs, which still
threatens the affordability of health insurance, has
dropped out of the vocabulary of compromise. Words like
``moderate'' or ``centrist'' typically appear in
descriptions of senators like Breaux, Chafee, David
Durenberger (R
-Minn.), Kent Conrad, D
-N.D., David Boren,
D
-Okla., and others, but they don't fit the reforms
sponsored by them, because they contain no serious
approaches to cost control. Just as it does not make sense
to cross
a chasm in two steps rather than a leap, it is impossible
to have workable health reform without slowing the rate of
expenditure increases.
   Is there a compromise that builds on agreed goals but
permits enough variation of means to assemble a majority
for reform? One possibility is state
-led reform (in this,
California is a leader, with its modified single
-payer
health
-reform initiative on the November ballot). Congress
could pass legislation that provided federal assistance to
states that enacted universal coverage, insurance law
reform and reasonable controls on costs. This would leave
states free to choose which administrative and
health
-delivery changes they wanted to implement. By
mandating basic reform principles without imposing their
administration, state
-led reform builds on the reformers'
consensus about goals while allowing for wide differences
in the means of achieving them.
   States already have a significant track record in
health reform, including Hawaii's near
-universal coverage
and employer mandates. Given the diversity of states,
their varied experience with health care and intense local

preferences, why enact a single brand of national health reform, especially if it's the poorly considered compromise that we seem to be headed toward?

By moving compromise in the direction of preserving goals rather than defining means, we can allow states the further thought and experimentation that are needed for effective implementation.

A COALITION ATTACKS DOLE'S HEALTH PLAN
c.1994 N.Y. Times News Service

WASHINGTON - A coalition of labor, consumer, civic and health advocacy groups Thursday denounced the health plan put forward by Sen. Bob Dole, the Republican leader.

In an effort organized by the coalition, the Health Care Reform Project, 117 groups wrote to members of the Senate, saying the Dole plan would leave 24 million to 40 million Americans, many of them working, without health insurance.

The letter also said the Dole plan would ``continue to drive up health care costs and shift the burden onto the backs of businesses and families that pay for coverage.''

The signers of the letter included the American College of Physicians, the AFL

-CIO, the Catholic Health Association of the United States, Consumers Union and the National Association for the Advancement of Colored People.

01:42 EDT JULY 8, 1994

States Continue To Act As Laboratories of Innovation

By George Anders
Staff Reporter of The Wall Street Journal

Last year, Minnesota held itself up as a state that could teach the rest of the U.S. how to overhaul the health

-care system in a hurry. This year, reform

-minded states such as Minnesota have a new message: Don't try to fix everything at once.

"As smart as we think we are, we keep learning things and making mid

-course corrections," says Mary Jo O'Brien, Minnesota's health commissioner. "Our buzzword this year is sequential reform: Doing things one step at a time. I hope that at the federal level, people will do the same."

This new gradualism doesn't mean the end of state efforts to jump ahead of any federal health legislation. States from Florida to Washington continue to be laboratories of innovation, trying out ideas that include cut

-rate buying pools for health insurance, statewide standardized benefits packages and large

-scale subsidies

for low
-income workers.
"There's a lot of leadership in the states," says Richard Merritt, a George Washington University health
-policy researcher. "More than two
-thirds of the states, for example, are calling for reforms in the small
-employer insurance market." But Prof. Merritt says that governors and state legislatures increasingly are opting for a step
-by
-step approach instead of across
-the
-board revamping.
That's a sharp contrast with last year Most of those bills were designed to provide universal care within the next few years, reshape the local medical industry and nudge residents into cost
-minded health plans, known as "managed care."
Only a few of those proposals were enacted, though. In states such as Vermont and Missouri, far
-reaching health bills died entirely this spring, as state legislators couldn't agree on what they wanted.
"There's not much flexibility between the left and the right," says Vermont Gov. Howard Dean, who has pushed hard for state health reform since 1991. In Vermont, legislators clashed over whether employers or the state government should pay for employees' health insurance. Neither plan drew enough support to prevail.
In many states -- just as in Congress -- jitters about how to pay for universal coverage are causing caution to increase. "There are a lot of goals we can push for in state legislatures," says Vermont's Gov. Dean. "But you need a national framework in areas like financing and a benefits package."
As states narrow their focus, many are trying to help uninsured low
-income workers buy coverage. A common approach involves offering insurance subsidies, provided that recipients join managed
-care plans. These new plans typically are run in conjunction with the state

-federal
Medicaid program for the indigent, but target people earning too much to qualify for Medicaid. The new programs focus on people earning up to 200% of the federal poverty level, which is defined as annual income of $7,360 for one person and $14,800 for a family of four.

Among the states aggressively trying this approach is Tennessee.

Its program, known as TennCare, took effect Jan. 1. Since then, state officials say, 315,000 previously uninsured residents have signed up for health care through the program. Gov. Ned McWherter says he believes the program can help Tennessee achieve 95% or 96% insurance coverage of its population. Last year, about 91% of the state's 5.5 million residents had coverage.

(END) DOW JONES NEWS 07

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States Continue To Act

-2-: Minnesota Offers Subsidies

TennCare has drawn complaints from doctors' groups, concerned about low reimbursement rates under the program. The Tennessee Medical Association has sued the state over the program. But Gov. McWherter insists: "We're working through those problems."

Minnesota is in the midst of installing a similar subsidy program. The state currently offers a sliding scale of health insurance subsidies for families earning as much as 275% of the federal poverty level. Over the next 15 months, Minnesota plans to offer similar subsidies to adults without children. Minnesota also has set up a program for high

-risk people who couldn't get commercial insurance otherwise; that program currently covers 30,000.

Minnesota's plan to phase in universal coverage over the next few years would put the burden on individuals to buy health insurance if their employers don't provide it. Washington state, however, has passed a bill that by 1999 would require all employers to offer standardized health benefits.

States can't require employers to provide health insurance. That's because the federal Employee Retirement and Income Security Act of 1974 pre

-empts state laws on such employee

-benefit issues. Expectations are that if Congress passes a national health bill, it will supersede the Erisa rules, perhaps choosing to give states more authority.

How the Erisa issue will be handled "is the question of the day," says Bernadette Dochnal, who chairs the Washington state Health Services Commission. "For us to

fully implement our act, an Erisa exemption is required."
Washington state is drafting a standard benefits package, assuming that it ultimately will have authority to require employers to offer such coverage to their workers. Some business groups are pressing for the Legislature to take a second look at the employer
-mandate
issue. Few other states seem eager to push ahead with an employer mandate on health insurance before seeing how Congress handles the issue.
Another big state issue involves changes in the medical work force, so that universal coverage can actually be carried out if Congress votes for it. In New York state, officials have begun programs aimed at producing more primary
-care doctors.
Minnesota is encouraging doctors, hospitals and other health providers to join together in "integrated service networks." And other states such as Connecticut, Utah and Iowa are setting up health boards to oversee detailed aspects of reform.
Ironically, President Clinton's original health plan of last fall called for many of these work
-force changes and
oversight boards. But those proposals were met with widespread apprehension about creating a new federal bureaucracy. Such ideas seem to fare better on the state level, where bureaucracies are smaller and more likely to give a voice to local interest groups.
Even on the state level, though, the push for health reform sometimes faces unexpected obstacles. Florida's Legislature last year voted to create voluntary insurance
-buying cooperatives, to make it easier for small businesses to buy coverage for their workers. Those co
-ops
began taking applications May 16. But early signups have been small for a state in which about 2.6 million people, or 18% of the population, are uninsured.
Dun & Bradstreet Corp., which is processing applications for about 75% of Florida, says that only 891 workers in its regions have signed up so far. Those early results may not signal the program's ultimate success, but initial signs are that the co
-ops aren't attracting many previously
uninsured people. In a spot check of one region, D&B found that just one of 44 employers joining the program hadn't offered health insurance before.
(END) DOW JONES NEWS 07
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States Continue To Act

-3-: & Floridians Clash On Subsidies

Florida Gov. Lawton Chiles has been pushing for subsidies that would help low

-income workers buy health insurance. But state legislators have repeatedly clashed about how big those subsidies should be and whether they can be financed solely from Medicaid savings. As a result, Florida has yet to enact any such subsidies.

There's a lesson to be learned from such impasses, says Tennessee Gov. McWherter. For an issue as big as health care, he says, decisive action requires bipartisan agreement, gubernatorial leadership and a quick push through the Legislature.

"You can't pass a comprehensive health reform bill through the committee system in this state, any other state -- or Washington -- without having special interests butcher it up," Gov. McWherter says. "Government is a wonderful process, but if you have too much of it, things will get screwed up."

Eight States to Watch on Health Care

-- FLORIDA It is betting heavily on "managed competition," having created 11 Community Health Purchasing Alliances that let local employers band together and buy health care for workers. This system is supposed to produce lower rates and better access.

-- KENTUCKY It plans to set up a single, statewide cooperative that will buy health insurance for state employees plus any small businesses that want to join. Consultants think the Kentucky cooperative could have one million members a few years after its 1995 start.

-- MASSACHUSETTS It aims to increase insurance coverage in 1995 through a system known as "pay or play." Companies with six or more employees will be required to offer health insurance, or else pay a hefty payroll tax and enroll employees in a state

-run insurance plan.

-- MINNESOTA It is encouraging doctors, hospitals and other providers to group together into "integrated service networks." Its strategy for universal coverage relies on individuals to buy insurance if their employers don't.

-- NEW YORK Unable to finance a major drive toward universal coverage, New York is concentrating instead on reshaping its medical

-delivery system. It seeks to produce more primary

-care doctors for underserved areas.

-- OREGON It is aiming for universal coverage by 1998, with employers obligated to provide coverage for their workers. It also has begun a priority system that some call "rationing." This system, for low

-income workers,

covers diseases such as pneumonia, diabetes and AIDS but won't pay for aggressive care of extremely premature babies.
-- TENNESSEE It has expanded its Medicaid program for the indigent to cover many low
-income workers slightly above the poverty line. That program, TennCare, is pulling in enrollees rapidly, thanks in part to a sliding scale of income
-based subsidies. Costs are held down by using managed care.
-- WASHINGTON Its program closely mirrors President Clinton's original 1993 health plan. Over the next five years, the state wants employers, big ones first and smaller ones later, to provide health coverage for all workers. Health alliances and managed care would play a big role.
(END) DOW JONES NEWS 07
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PM
-NE- Health Care,532
Rally, Congressman Line Up On Health Care Issues
LSWHjlstv1
By The Associated Press=
Rep. Doug Bereuter, R
-Neb., is getting ready to make one of the most important votes he has made in Congress while a group of people in Nebraska's largest city rally to try to help him and others make up their minds on the future of the nation's health care.
Bereuter has spent the week listening to constituents at 15 town hall meetings, the first time the veteran lawmaker has focused his annual sessions on a specific issue.
Constituents also have offered their opinions in record numbers by mail, he said.
``I have had more mail on this issue than any issue I've faced,'' the 16
-year congressman said.
The cost of health insurance for self
-employed farmers emerged as the top concern at Bereuter's agricultural meetings in his eastern Nebraska district this year, he said.
Last March, some 8,250 constituents responded to a legislative questionnaire that included a survey of their views about the Clinton health
-care reform plan.

Results: 61.6 percent opposed; 13.8 percent in favor.
Bereuter said people are concerned about questionable cost estimates, increased bureaucracy and a belief that ``the federal government doesn't do anything well.''
He said people worry about their loss of choice in terms of physician or hospital or insurance plan. Health care rationing, employer mandates on small businesses and the affordability of health care and health care insurance.
Bereuter said he agrees with the majority of his constituents who are telling him that ``the Clinton plan is not in the best interests of the country.''
He said his fear is that reforms like the Clinton plan ``could be very harmful to health care quality (and) could destroy some of the best things about health care in our country.''
Bereuter said he can't support any of the five plans on the Senate or House floor, at least not totally.
At this point, ``the one that comes closest'' to meeting his criteria is the compromise plan that cleared the Senate Finance Committee. ``But it makes more basic changes in health care delivery than most Americans are comfortable with,'' he said.
Bereuter said he favors doing some health
□
-care
insurance reform now and encouraging states to do more experimentation ``before we jump to comprehensive national reform.''
He said he'll oppose employer mandates, but support ``some cost containment elements,'' including tort reform aimed at excessive malpractice costs.
Meanwhile, opponents of the Clinton plan gathered in an Omaha parking lot Thursday to say they don't want any further government involvement.
``We've got enough,'' said Rosalie Shepherd, director of United We Stand Nebraska.
She said she favors doing away with either the Medicare program for the elderly or the Medicaid plan for the poor. The two programs simply prove that government can't provide care efficiently and economically, she told a crowd of about 50 people.
Republican candidate for the U.S. Senate Jan Stoney attended the rally.
Spokesmen for Democrat Sens. Bob Kerrey and Jim Exon, and Democrat Rep. Peter Hoagland said they were not invited.
State Democratic Chairman Joe Bataillon said it was more than just coincidence that the event was across the street from Kerrey's Omaha office. Kerrey has been criticized for his health
□
-care stand.
But Mrs. Shepherd said the location was chosen because it's outside her office.

PM
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-OK-

-Coburn

-2nd District, 2nd Ld

-Writethru,560
Doctor to Run Against Synar; Won't Take Tobacco Money
Eds: UPDATES with Synar announcing re

-election plans;
CORRECTS in 5th graf that Vardeman running as a Democrat
By TED BRIDIS= Associated Press Writer=
TULSA, Okla. (AP) Tom Coburn, a family practice doctor, will run as a Republican against Rep. Mike Synar, but he says he will not accept campaign money from the tobacco lobby.
Tobacco interests, generous toward favored candidates, are furious at Synar over high

-profile hearings on the health risks of smoking and efforts to raise cigarette taxes to pay for health reforms.
Coburn comes from a well established Muskogee family. His father founded Coburn Optical in 1951 but sold the business in 1976.
Synar, a Democrat, announced his re

-election plans today, telling supporters: ``We have represented people, not special interests.'' Synar planned a day of campaign stops around the district.
Other Republicans running in the district include Jerry Hill, who lost to Synar in 1992 with 41 percent of the vote, and T.J. Tipton, state GOP chairman Clinton Key said. William S. Vardeman, who ran as an independent in 1992 and won 3 percent, will file as a Democrat next week. He calls himself as ``Democrat

-independent.''
Coburn was asked Thursday if he has any ethical problems accepting money from the tobacco lobby: ``As a physician I do, and I don't intend to take money from tobacco companies,'' he said.
That could restrict Coburn's fund

-raising in a district where the 1992 election when Synar narrowly beat fellow Democrat Drew Edmondson in a runoff was among the most expensive congressional races in Oklahoma history.
In that race, Synar had angered the National Rifle Association over his support of the Brady Bill. The NRA contributed heavily to Edmondson.
In May, Synar was among seven members of Congress who asked the Justice Department to conduct a criminal investigation of the tobacco industry.
``He is sure the tobacco industry will play again, and the National Rifle Association,'' Synar spokeswoman Amy Weiss

-Tobe said. ``He knows the special interests will be
after him again.''
   Coburn who said he has raised $60,000 the past 10 days
 will accept money from political action committees. Synar
refuses PAC contributions but accepts money from
individuals who represent special interests.
   ``I don't see any difference from taking money from
people who give money to the PAC, from taking money from
the PAC. There is no difference,'' Coburn said. ``They
represent legitimate interests as well.''
   Coburn touched on some political issues:
    Coburn is opposed to proposed White House health care
reforms, which he said would ``drive up costs and taxes,
reduce the options enjoyed by the average American and
place a crushing burden on small business.'' He instead
urged work on insurance reform and allowing medical savings
accounts.
    Coburn is opposed to abortion, saying ``our goal as a
society should be to protect and enhance life, not make it
easier to snuff it out before it has a chance to grow on
its own.''
    Coburn believes gays should not be allowed to serve in
the military. ``It's not because they're gay. It's because
it provides
a disruption to the efficient running of the military
organization.''

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-Klug Candidacy,110
 Klug Announces Bid for Third Term from 2nd Congressional
District
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   MADISON, Wis. (AP) Rep. Scott Klug, R
□
-Wis., announced
his candidacy for a third term from Wisconsin's 2nd
District, saying he wants to keep working to shrink the
federal government and improve health care.
   Klug, 41, said in announcing his re
□
-election bid
Thursday that the American health care system has some
very serious problems, but he opposes requiring employers
to provide health insurance.
   He said he favors reforming health insurance and
managing competition of health care to reduce health care
costs, he said. Federal officials should try that for four
or five years before making other changes, he said.

 BC
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-Calif.
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-Legislature
-Approves
-Tough,
Calif. Legislature Approves Tough, Statewide Anti
-Smoking
Law
Sacramento, Calif., July 8 (Bloomberg) -- California legislators sent a bill to Gov. Pete Wilson limiting smoking to a short list of situations, the San Francisco Chronicle reported today. After two years of consideration, the Legislature approved a bill that would allow smoking in homes, warehouses, long
-term health
-care
facilities, smoking rooms at work places, up to 65% of hotel rooms, and in gaming clubs, bars and offices with fewer than five employees. Separately, legislators agreed to spend the 25 cent a pack tax approved by voters in 1988 on health screening for poor children and financing the state's anti
-smoking campaign.
Philip Morris Cos. Inc. is backing a ballot proposition this fall that would replace local anti
-smoking
regulations with statewide rules that would be far weaker than the measure passed yesterday by the Assembly on a
44
-21 vote. (SFC 7/8 A19)(TM) - All San Francisco Bay area newspaper citations refer to local editions of the San Francisco Chronicle and the San Francisco Examiner. -- Tom Murphy in San Francisco (415) 587
-0945, or through the
Princeton newsroom (609) 279
-4000/gm
(Story illustration: For a chart of Philip Morris revenue for the past four years, see MO US
Equity> DES5 Go.
For California news,
Muni> N CA. For information on Philip Morris, MO US
Equity> BQ. For more industry news: NI TOB.)
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PM
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-Poll, Bjt,550
Poll Shows Jobs, Economy Top Concerns
avbrewnas
CONCORD, N.H. (AP) New Hampshire is enjoying its lowest unemployment in four years, but residents still identify jobs as the most important problem facing the state, according to a recent statewide poll.
Taken together, more than 41 percent of those surveyed identified unemployment (25 percent) and the state economy (16.7 percent) among their highest concerns. Taxes was second
-highest at 18.9 percent, while education placed fourth at 13.3 percent.
By contrast, when asked to identify the most important problem facing the nation, these residents listed health care at 14.9 percent, crime
-gangs at 14.1 percent, the economy at 13.5 percent and unemployment
-jobs at 12.1 percent as the top four.
The results are n the ``Voters of Voice'' survey of 503 residents taken last month and cosponsored by New Hampshire Public Radio, New Hampshire Public Television and WGOT
-TV.
The University of New Hampshire Survey Center conducted the poll June 6
-19. It has a margin of error of 4.4 percent.
The survey bodes well for support of President Clinton's health care plan, according to Democratic National Committeeman Terry Shumaker, a Clinton adviser.
``This tells me that Hillary (Clinton) is right, that we are going to have a health care plan that covers everyone or it won't survive a presidential veto,'' Shumaker said.
``I think politicians from New Hampshire should understand that they vote against health care reform at their own peril. Some members seem to only be motivated by what will keep them in their job, so they should pay attention to this issue.''
The results did coincide, however, with what Republican Gov. Steve Merrill had said about issues facing New Hampshire last week.
Merrill had insisted that education was not the No. 1 issue facing the state in response to a poll released last week in which those surveyed identified it as the most neglected problem.
``The No. 1 issue is the economy and following that is taxes,'' Merrill said.
Voters in this survey were asked ``What do you consider the most important problem facing the country today?'' and ``What do you consider the most important problem facing New Hampshire today?''
Survey Center Director Kelly Myers said respondents

were not given a list of issues but asked to name them without prompting.

``In some respects, I wish they had asked people to give their top two or three because sometimes they only answer what they might have seen on the news or in the newspaper on the given day they were called,'' Shumaker said of the poll.

Other breakdowns in the survey:

Income: Jobs was the most important issue, especially for those earning less than $20,000 a year (32.9 percent) and between $30,000 and $60,000 a year. Taxes was tops among those earning more than $60,000 (24.8 percent).

Ownership: 22.2 percent of those who own a home identified taxes as the key issue. Only 7.8 percent of those who rent chose taxes.

Political interest: Taxes was the most important issue among those most interested in politics (24.8 percent), while those only somewhat interested (9.4 percent) or not interested at all (4.7 percent) rated education low.

Age: Unemployment was the most serious concern for those between 18 and 30 (28.4 percent), while taxes figured highest among the 46

-60 age bracket (28.1 percent).

Party: The only variable for the political party of the respondent was far fewer Republicans identified education as the top issue (9.9 percent) than did Democrats (18.6 percent). The responses of Republicans and independents, however, were similar.

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-health hawaii - a2124

(ATTN: National editors) (Includes optional trims)

Hawaii Presents Possible Archetype for Clinton Health Plan (Waianae)

By Edwin Chen= (c) 1994, Los Angeles Times=

WAIANAE, Hawaii Atop a wind

-swept bluff with an aquamarine vista that a posh resort would envy, the Waianae Comprehensive Health Clinic on Oahu's leeward coast offers a compelling view of the benefits and limitations of the employer mandate the controversial linchpin of President Clinton's health reform plan.

After 20 years under a state law that requires employers to pay a portion of their workers' health insurance, 96 percent of Hawaiians enjoy medical insurance, easily the highest percentage of any state. Yet this rural clinic still provides $1 million a year in uncompensated care to those lacking coverage, mostly people who drift in and out of odd jobs, seeking treatment only when a serious problem arises.

``Hawaii's not perfect,'' says Dr. Jack Lewin, a chief architect of the state's recent efforts to cover everyone. ``But we have powerful lessons for the future. We're not theoretical. We're real.''

Many lawmakers and analysts, the president among them, believe requiring employers to pay the lion's share of their workers' health costs is the most feasible way to achieve universal coverage and that spiraling costs cannot be contained until everyone including the nation's 38 million uninsured is covered. But others believe cost containment must come first, with the savings used to gradually extend coverage. They also believe an employer mandate would pose severe financial burdens on many businesses, costs that will only grow.

Hawaii's unique experience as the only state with an employer mandate offers lessons for all participants in the debate.

Some of the results of the state's experiment:

Hawaii has contained costs, even while expanding coverage, and is approaching universal coverage, with 96 percent of its 1.2 million residents covered. The explosive growth of insurance costs for all, especially small businesses, has been lowered by 30 percent or more.

An employer mandate alone does not guarantee that all will be insured. Other programs must be put into place to pay for the medical care of those who slip through the cracks.

Independent studies have shown that the employer mandate has not resulted in ``disruptions'' or high unemployment among small businesses here, but the costs to such firms have clearly grown over the years. The employer's share of premium payments have skyrocketed in relation to employee contributions and the state has required a slew of new benefits that must be covered, which have further driven up costs.

A Louis Harris and Associates poll, sponsored by the California

-based Kaiser Family Foundation, found that 56 percent of small businesses in Hawaii cited health insurance as ``a major problem,'' more so than any other government mandate. And yet, the identical percentage also said they would support an employer mandate if one were proposed today.

Nearly universal coverage can dramatically improve overall public health, further reducing spending and leading to a more productive work force. Hawaii officials cite the infant mortality rate, which is down 50 percent from its 1974 high of 16 deaths per 1,000 births and the state's life expectancy of 78, the highest in the nation.

When Hawaii adopted the Prepaid Health Care Act in 1974, most of the state's then

-million residents already were insured. The employer mandate was designed to reach the 17 percent believed to be without coverage, roughly the same percentage of Americans nationwide who now lack health insurance.

All employers were required to pay for at least 50 percent of an employee's health insurance premiums. But the state law capped a worker's contribution at 1.5 percent of wages. A minimum

-wage worker in the mid

-1970s,
when health costs were much lower than they are now, paid
almost one
-third of the cost of his insurance premiums.
Over the years, insurance premiums skyrocketed, far
outpacing the growth in wages. Yet the 1.5 percent cap
remained, meaning that employers were forced to pay an
increasingly disproportionate share.
``Workers are not being asked to share the burden.
There has to be more of a shared responsibility,'' said
Russell R. Watanabe, president of a family
-owned flower
and floral supplies business in Honolulu.
(Begin optional trim)
State officials concede the point. Lewin, the former
state health director who is now seeking the Democratic
gubernatorial nomination, says the cap on individual
contributions should be raised to ``somewhere between 3
percent and 6 percent'' to make the arrangement more
equitable.
(Originally, Hawaii had intended a 50
-50 split between
employer and employee.)
Watanabe and many other small business owners also
complained that the frequent addition of new and costly
benefits such as in
-vitro fertilization and mental health
have forced many small business owners to reduce other
benefits, to lay off employees, to hire more part
-time
workers, or simply to ``throw in the towel'' and close
their doors.
(End optional trim)
While Clinton would require employers to pay the
premiums of part
-time employees working as little as 10
hours a week, Hawaii placed the cut
-off at 20 hours or
more per week.
Watanabe and other entrepreneurs said some business
owners have attempted to duck the mandate by hiring
part
-timers to work only 19 hours a week. In the Harris
poll, three out of 10 companies said they had engaged in
the practice in the last two years, specifically to avoid
the requirement. But state officials dispute such claims,
noting that the percentage of part
-time workers on the
Islands (18.2 percent) is lower than on the mainland (19.2
percent).

(Begin optional trim)
A Government Accounting Office study this year concluded that the employer mandate in Hawaii ``has not resulted in large disruptions'' among small businesses.
Despite such efforts to reach universal coverage in the state, as many as 20 percent of patients who show up at the Waianae clinic are uninsured, says administrator Richard Bettini.
And it's the same story at the bustling Queen Emma Clinic in downtown Honolulu. Of the 38,000 patients who visit the clinic each year, one in four is uninsured, according to director Chuck Duarte.
(End optional trim)
But despite some problems in achieving total coverage, officials here generally agree that the employer mandate is the essential building block of universal coverage.
``Without it,'' says Marvin Hall, Hawaii's top private health insurance executive, ``you are just not going to do the job.''

-END

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-AUTOBREAK(1)-

-AUTOBREAK(2)

-FOLLOWS

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-health hawaii

-fund - a2123
(ATTN: National editors)
Subsidy Fund Becomes One of Hawaii's `Best

-Kept Secrets'
(Honolulu)
By Edwin Chen= (c) 1994, Los Angeles Times=
HONOLULU In the face of withering criticism, Clinton administration officials staunchly maintain that an employer mandate would not be a crushing blow to small businesses, and they cite as proof a little

-used subsidy
fund in Hawaii, created to help needy entrepreneurs buy health insurance for employees.
The fund has paid out only $109,000 since 1974, but it appears little used because it is so obscure that even state officials charged with promoting business development were unaware of its existence.
``I don't know of any subsidies for health insurance,'' said Milton G. Kwock, manager of the Business Action Center, a special office in the Department of Business, Economic Development and Tourism.
``If there is one, I'd be pleasantly surprised,'' said Kwock, whose office was created in 1989 to help start up

small businesses.
   Largely untapped, the ``premium supplementation fund,''
has grown in 20 years from an initial legislative
appropriation of $375,000 to $2.4 million.
   Dayton M. Nakanelua, director of the Department of
Labor and Industrial Relations, which administers the
fund, conceded that the state needs to make the fund's
existence better known and perhaps to broaden eligibility
for it.
   ``We didn't even know it was there,'' said Bette Tatum,
state director of the National Federation of Independent
Business, a small
-business advocacy group.
   The fund has difficult
-to
-meet eligibility
requirements. Only companies with eight or fewer workers
can apply and they must meet
a complex profit
-loss formula.
   According to the Department of Labor and Industrial
Relations, an eligible small business that paid, say,
$5,665.32 in annual premiums might be eligible for
$1,302.26 in government subsidies.
   One of the few entrepreneurs to avail himself of the
state largess is Edwin Burstyn, co
-owner of a four
-person
business consulting firm in Lahaina, located on the island
of Maui.
   He read about the fund in a newspaper clipping sent by
a former client on the mainland a few years ago. Since
then, Burstyn has received more than $5,000 in
reimbursement for the health insurance premiums of his
employees.
   ``This program is one of the best
-kept secrets there
is,'' he said. ``The state's intent was good. But they are
not reaching the people who need it.''

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 bc
-issues
DECISIONLINE/Issues & Debate
 USA TODAY Update
July 8
-10, 1994
Source: USA TODAY/Gannett National Information Network
   Here are some of the issues and topics being debated
across the nation Friday morning in USA TODAY: Health,
peace, Al Neuharth.

TODAY'S DEBATE: HEALTH REFORM
USA TODAY'S OPINION:
Imagine if Congress required baseball teams to hire every walk
-on able to hit a slider. The teams would be ruined, the game would be destroyed. Congress would never do that to baseball, of course. But some lawmakers appear happy to do it to health care. At least one of Washington's five pending health
-reform plans contains language requiring all managed
-care networks to enlist any health
-care provider who is interested. The idea, designed to protect some doctors' pocketbooks, is called ``any willing provider.'' You can call it absolutely worthless. To a large extent, the future of health care lies with managed care. These systems work by accumulating pools of consumers, and then negotiating with doctors and others to provide needed services. Physicians agree to certain controls in exchange for a large patient population. Consumers agree to reduce their health choices slightly in exchange for lower costs. This setup has many benefits. Managed
-care networks - including the ubiquitous health maintenance organizations - favor primary and preventive care. They discourage unnecessary testing and treatment. Result: The best existing chance to expand health care to millions of Americans is effectively gutted. Supporters say the idea protects consumer choice. But that high
-sounding premise is fake. Managed
-care patients can choose to visit other providers. They just have to pay for it, which is fair enough. The fact is that sweeping any
-willing
-provider laws don't protect consumer choice. They only protect the incomes of specialists who find their livelihoods endangered by reform. But that's the marketplace for you. It's certainly no reason to sabotage managed care. As of last year, 16 states had enacted limited any
-willing
-provider laws. Mostly, they intend to protect small pharmacies and access to health care in rural and inner
-city settings. These are

legitimate interests, but local regulators can answer them. Washington's interference isn't necessary. Does health

-care reform endanger some providers and presage some loss of consumer choice? Yes. Does it warrant laws that defend the costly, irrational, inequitable status quo? No.

OTHER VIEW:

WILLIAM J. JEFFERSON, D

-La., member of the House Ways and Means Committee: What Americans want out of health

-care reform is freedom of choice among quality health

-care providers at an affordable cost and the security of coverage. The ``any willing provider'' provision in the House Ways and Means Committee's bill guarantees all three. This is why 19 states allow any

-willing

-provider plans and 25 others have them under consideration. Most plans offer consumers three choices: low

-cost health maintenance organizations, high

-cost fee

-for

-service plans, or combination plans similar to a preferred

-provider organization. The willing

-provider concept allows any certified health

-care provider to render services if the provider is willing to meet the quality and cost criteria of a health plan, thus making broader choice available to all. It ignores the clear requirement of the committee's language that gives plan organizers sole authority to set standards, configure health

-care providers to meet their targeted markets and, most importantly, to set provider fee schedules. The price for managed competition should not be unbridled freedom for a plan to make arbitrary or discriminatory decisions about which health

-care provider is part of its plan and

thus which, as a practical matter, a patient must choose. Our committee learned of many instances, too numerous to be ignored, of longstanding doctor

-patient relationships
being disrupted and of physicians who had served a community for many years being arbitrarily left out of plans. In summary, the any

-willing

-provider provision
increases health

-care choices without costly new benefits;
it assures no unreasonable diminution and, most likely, increases the number of health

-care providers available to
consumers, especially those in underserved rural and urban areas; and it alleviates the anxiety of health

-care
consumers and providers about continuing traditional doctor

-patient relationships.
VOICES ACROSS THE NATION ON WORLD PEACE:
MARTIN, Tenn., Nina R. Barker, 62, retired: Since countries all over the world are talking more and meeting each other face to face, I truly feel there's more of a sense of strength for peace in the world. Communication is half the battle.
COLLEGE PARK, Ga., Rick Kiernan, 52, retired Army officer: At this point, I would say it's not a safer world for several reasons. Each new state in the old Soviet Union will have growing pains, seeking it own sovereignty and identity in economic and military terms. Dialogue must be tailored to each nation's specific needs.
JUNCTION CITY, Kan., Beverly M. Victoriano, 23, college student: On one hand, the breakup of the Soviet Union is a good thing and makes the world seem safer since it was the main nuclear threat to the USA. But there are other countries, like Korea, that could become powerful nuclear threats.
PRINCETON, N.J., Joseph P. Feran, 48, hotel general manager: I believe the world is safer primarily because of the demise of the USSR. It was our biggest threat, and the breakup has helped to eliminate that threat. I think it's safer now that the nuclear situation is being controlled.
TOPIC - Neuharth family reunion:
(Al Neuharth is the founder of USA TODAY): ``You Can't Go Home Again''
- Author Thomas Wolfe, 1930s
   EUREKA, S.D. - Hundreds of Neuharths, of all ages, from South Dakota to Alaska, Florida to California and in between, gathered here for a 4th of July weekend family reunion. Thousands of you had similar holiday homecomings across the USA. If your reunions were like ours, they put the lie to Thomas Wolfe's novel warning against going back

where your roots are. Mine are deep in this pristine prairie town of 1,200 where I spent the first 11 years of my life (1924
-35). Much reunion reminiscing was about my grandmother, Katharina. She lived to age 90 and left this legacy: 17 children; 51 grandchildren. Her firstborn, my dad, Daniel, died after a farm accident when he was 30. Her husband, my grandfather John, died at 60. Most Neuharth women outlived their men. My mother, Christina, widowed for 54 of her 86 years. Aunt Hilda, now a feisty widow of 80 who did much of the planning for this family reunion, called ``Rejoining the Generations.'' They practiced their own form of feminism. Family first. Gritty and witty women gave us our values and the glue that held our family together. Even after most of the third and fourth generations split for the four corners. ``There was two lasting bequests we can give our children. One is roots. The other is wings.''
-END
-OF
-AUTOBREAK(1)-
-AUTOBREAK(2)
-FOLLOWS

PM
-CT-
-Franks Congress, 1st Ld
-Writethru,300
Franks Announces Bid For Third Term
Eds: INSERTS new grafs 2, 8 and 9 to ADD details
tbwatrfones
WATERBURY, Conn. (AP) U.S. Rep. Gary Franks wants a third term.
The lone black Republican in Congress told supporters that he will continue to fight against tax increases if re
-elected to represent Connecticut's 5th Congressional District.
Franks promised to continue his record as ``the best pro
-taxpayer and pro
-jobs congressman in Washington.''
Franks said taxpayers should not pay for universal health care.
``We do not need to turn our health care system over to the federal government,'' he said Thursday night at the Waterbury Sheraton . ``Yes, we must make health care more

affordable. Yes, we must make health care more accessible and we must maintain the high quality of health care that we have here in our country. But we do not need to turn it over to Mr. Bill Clinton.''

Franks also said fewer federal mandates are a must.

``In order to have a more vibrant economy we cannot continue to mandate in Washington to our states without providing the funding needed to implement new laws,'' he said. ``This would only drive up local and state taxes.''

A former Waterbury alderman, Franks, 41, was first elected to Congress in 1990 after a bitter campaign against Democrat Toby Moffett.

In 1992, Franks left the House Armed Services Committee to join the powerful committee on Energy and Commerce. He said membership on the committee, which deals with a broad range of issues affecting business, the environment, health care, telecommunications and insurance, would give him more influence over issues important to Connecticut.

Franks will face the winner of a Democratic primary between state House Majority Leader Thomas S. Luby, D

-Meriden, and state Sen. James H. Maloney, D

-Danbury.

Franks was re

-elected to a second term in 1992 to represent the western Connecticut district. Both Democratic candidates have called him ineffective.

``He doesn't do anything for the district he represents and he's out of touch,'' said Maloney campaign manager Matt Levine. ``What this district really needs is someone who can spend some time here.''

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bc

-MD

-Johns

-Hopkin

-first

TO NATIONAL AND HEALTH/MEDICAL EDITORS:

/CAUTION -- ADVANCE FOR RELEASE AT 12:01 A.M. EDT SUNDAY, JULY 10/

FOUR YEARS IN A ROW: HOPKINS RANKED FIRST IN NATIONAL SURVEY

/ADVANCE/ BALTIMORE, July 10 /PRNewswire/ -- For the fourth consecutive year, The Johns Hopkins Hospital has been rated best in the nation in U.S. News & World Report's annual survey of American hospitals.

The magazine's 1994 guide to America's Best Hospitals measures a hospitals reputation in 16 medical specialties among a nationwide sample of 2,400 board certified physicians, as well as information in such categories as discharge planning, death rates, technology, and nurse to bed ratios.

Hopkins ranked in the top ten in 15 of the 16 specialties.

"We're obviously pleased. This is a wonderful tribute to this hospital, its incredibly fine staff, to the Hopkins School of Medicine physicians and staff, and to the physicians in our community who refer patients to us every day and with whom we have such close ties," said James A. Block, M.D., president and CEO of The Johns Hopkins Hospital and Health System. "Most of all, the accolades affirm our assurances of quality care to our patients -- and that's what we're here for."

Conducted by the magazine in conjunction with The National Opinion Research Center at the University of Chicago, an independent polling firm, the physician survey ranked Hopkins in the top ten hospitals in AIDS, cancer, cardiology, endocrinology, gastroenterology, geriatrics, gynecology, neurology, orthopedics, otolaryngology, rheumatology, urology, ophthalmology, pediatrics and psychiatry. Hopkins ranked first in gynecology.

This past year, the hospital also was singled out in a study of 5,600 hospitals as among the nation's 100 highest quality and most cost

□

-effective. Hopkins was the only major medical center on the East Coast to make this list, compiled by Health Care Investment Analysts, Inc. and Mercer Management. And more Hopkins physicians than those at any other hospital were listed in the latest edition of "The Best Doctors in America," compiled from recommendations by specialists in the United States.

U.S. News & Report consistently has ranked the Hopkins School of Medicine in the top three medical schools in the magazine's annual report on graduate institutions and the school's faculty receives more government research dollars than any medical school in the United States.

□

-0- 7/10/94/0001

/NOTE TO EDITORS: Johns Hopkins Medical Institutions' news releases can be accessed on

□

-line through compuserve: Jforum:scinews

□

-mednews./

/CONTACT: Joann Rodgers of The Johns Hopkins Medical Institutions, 410

□

-955

□

-6680/ CO: Johns Hopkins Medical Institutions; Johns Hopkins Hospital ST: Maryland IN: HEA SU: KF

□

-DC -- DC001 -- 9408 07

□

-08

□

-94 11:35 EDT

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 AP
-Daybook
-Fri Health Reform  The Associated Press
      -------------------------
    AP DAYBOOK, WASHINGTON, FRIDAY, JULY 8
    HEALTH REFORM  -------------------------
    The following take contains a compilation of health
care reform
-related items.
    Nothing scheduled.

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RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: David C. Childs (CHILDS_D) (OMB)

CREATION DATE/TIME:15-JUL-1994 11:09:00.00

SUBJECT: 12803 Mtg

TO: Michael D. Deich (DEICH_M) (OPD)
READ: UNKNOWN

TEXT:
This responds to your E-Mail of the 12th regarding our meeting with Mr. Bilik & company on the 26th. Our system was down and I just now got a hard copy from Lori in Chris's office.
My understanding is that Joe Valasquez will attend. From the AFL-CIO PED Al Bilik, and three public employees group representatives will also be attending (AFSCME, Transit and FCU9?). Also attending will be Rudy Oswald, who I understand represents the larger interests of the AFL-CIO. Chuck Richards believes that Rudy will represent the private sector union interests, such as the SEIU, and that a separate meeting with private sector unions may not be necessary. Mr. Oswald is somehow responsible for overall AFL-CIO policy, particularly when there are divergent interests within the AFL-CIO, such as there is likely to be in this case.
Based on Chucks comments, for the moment, I am comfortable that we do not need additional meetings with the unions (public or private) on reissuing 12803.
What I am concerned by is the perception that we have already begun our outreach effort and will now have engaged in two discussions with the AFL-CIO - at very senior levels - without inviting any private sector interests to the table. At the risk of re-stating the obvious, if we want more private investment in public infrastructure, we need the help and cooperation of the State and local governments, investment banking community, developers and the construction and service industries more than we need AFSCME or the PED. Short of absolute job protection, which is opposed by almost every member of the working group, AFSCME will oppose sales or leases to the private sector at the national and local level - as a membership issue - no matter what we do with 12803.
Separate but equally senior meetings with the private sector community are essential to convey the Administration's interest and commitment to public-private partnerships. My sense of this community is that, while we have said some good words in, for example, E.O.12893, the investment community has not been asked to really participate in the policy process. They continue to take a wait and see attitude. No programs will move forward and no investments packages will be developed, in my opinion, without the investment community pushing State and local leaders to move forward and they, in turn, appear to be looking to us to get the ball rolling. We should hear their views on 12803 and on the infrastructure bank. We should also make it clear - by asking for their input - that we are serious about solutions that will actually stimulate their investment. I suggest that this needs to be done soon.

RECORD TYPE: PRESIDENTIAL (ALL-IN-1 MAIL)

CREATOR: Linda S. Work (WORK_L) (WHO)

CREATION DATE/TIME:15-JUL-1994 12:42:34.20

SUBJECT: Health Reform Wire Report, 12:30 PM Edition, July 15, 1994

TO: Kimberly S. Anderson (ANDERSON_K) (OA)
READ:15-JUL-1994 13:40:20.46

TO: Catherine Balsam-Schwaber (BALSAMSCHW_C) (WHO)
READ:NOT READ

TO: Robert O. Boorstin (BOORSTIN_R) (WHO)
READ:NOT READ

TO: Thomas I. Burke (BURKE_T) (WHO)
READ:NOT READ

TO: Kenneth R Chitester (CHITESTER_K) (WHO)
READ:15-JUL-1994 19:15:36.31

TO: Gary Cohen (COHEN_G) (WHO)
READ:15-JUL-1994 15:38:52.12

TO: Charlotte A. Hayes (Charlotte A. Hayes@EOP_OVP@CCGATE@EOPMRX
READ:NOT READ

TO: Elise Deal (DEAL_E) (WHO)
READ:15-JUL-1994 13:14:23.56

TO: Steven C. Edelstein (EDELSTEIN_S) (OPD)
READ:NOT READ

TO: Jeffrey L. Eller (ELLER_J) (WHO)
READ:NOT READ

TO: Patricia A. Enright (ENRIGHT_P) (WHO)
READ:15-JUL-1994 13:27:25.96

TO: Deborah L. Fine (FINE_D) (WHO)
READ:NOT READ

TO: Jonathan P. Gill (GILL_J) (WHO)
READ:18-JUL-1994 09:29:13.74

TO: Jason S. Goldberg (GOLDBERG_JS) (WHO)
READ:15-JUL-1994 16:22:21.11

TO: John P. Hart (HART_J) (WHO)
READ:NOT READ

TO: Christine M. Heenan (HEENAN_C) (OPD)
READ:15-JUL-1994 15:27:50.78

TO: Dana J. Hyde (HYDE_D) (WHO)
READ:15-JUL-1994 16:29:02.99

TO: Paul W. Jamieson (JAMIESON_P) (OPD)

READ:15-JUL-1994 13:20:35.13

TO: Kelcey Kintner (KINTNER_K) (WHO)
READ:15-JUL-1994 13:25:05.81

TO: Joseph H. Kolski (KOLSKI_J) (WHO)
READ:NOT READ

TO: G. N. Lattimore (LATTIMORE_G) (WHO)
READ:NOT READ

TO: Gregory E. Lawler (LAWLER_G) (OPD)
READ:18-JUL-1994 13:54:38.58

TO: My La (LA_M) (WHO)
READ:NOT READ

TO: Jacob J. Lew (LEW_J) (OPD)
READ:19-JUL-1994 07:47:36.80

TO: Mike Lux (LUX_M) (WHO)
READ:NOT READ

TO: Ira C. Magaziner (MAGAZINER_I) (OPD)
READ:NOT READ

TO: Lorraine McHugh (MCHUGH_L) (WHO)
READ:16-JUL-1994 13:30:34.56

TO: Julia Moffett (MOFFETT_J) (WHO)
READ:15-JUL-1994 13:40:52.90

TO: Meeghan E. Prunty (PRUNTY_M) (WHO)
READ:17-JUL-1994 20:47:30.45

TO: Mark Miller at PROFS (PR_U=MMILLER@PR_L=CPUB@MRP@EOPMRX)
READ:NOT READ

TO: Laura Quinn (QUINN_L) (WHO)
READ:NOT READ

TO: Simone M. Rueschemeyer (RUESCHEMEY_S) (OPD)
READ:15-JUL-1994 17:15:40.54

TO: Joshua Silverman (SILVERMAN_J) (WHO)
READ:NOT READ

TO: Adam R. Skilken (SKILKEN_A) (WHO)
READ:NOT READ

TO: Jason M. Solomon (SOLOMON_J) (WHO)
READ:15-JUL-1994 12:46:51.88

TO: John O. Sutton (SUTTON_J) (WHO)
READ: 1-AUG-1994 18:00:56.03

TO: Harris, Skila S. (Skila S. Harris@EOP_OVP@CCGATE@EOPMRX)
READ:NOT READ

TO: Marjorie C. Tarmey (TARMEY_M) (OPD)

READ:15-JUL-1994 13:44:27.20

TO: Guild L. Taylor (TAYLOR_G) (WHO)
READ:NOT READ

TO: Joe Velasquez (VELASQUEZ_J) (WHO)
READ:NOT READ

TO: Melanne Verveer (VERVEER_M) (WHO)
READ:NOT READ

TO: Susannah B. Wellford (WELLFORD_S) (WHO)
READ:15-JUL-1994 15:22:42.58

TO: Margaret A. Williams (WILLIAMS_MA) (WHO)
READ:NOT READ

TO: Marilyn Yager (YAGER_M) (WHO)
READ:15-JUL-1994 15:56:21.07

TO: Lynn M. Margherio (MARGHERIO_L) (WHO)
READ:15-JUL-1994 13:03:47.59

TEXT:
PRINTER FONT 12_POINT_COURIER

Health Care Reform Wire Report
12:30 PM Edition, July 15,1994

Clinton, health care advisory- late arrival delays speech (AP)

PA Clinton Visit (AP)

Senate moderates pitch Mitchell on health reform bill (Bloomberg)

Democrats say Pizza Hut, McDonald's pay their workers' insurance abroad(AP)

Democrats seek to presure own, attack GOP with new health care ads (AP)

GOP may delay GATT passage over health care politics, Dole says (AP)

Center for Public Integrity to release study of health care reform lobbying (US Newswire)

Advertising war over health reform heats up (Wall St. Journal)

Senate wants to tax insurers who sell high cost policies (Wall St. JoUrnal)

KY: Insurance Co. to sue over new health care law (APA)

Workplaces increasingly offer incentives for good health,

penalties for unhealthy habits (Chicago Tribune)

Catholic Bishops should help find common ground on health reform (Knight

-Ridder)

AP Daybook

-Friday

-Health Reform

AP Daybook

-Friday

-Health Care

-Update

Conference of lawmakers from southern states opens this week

-end (AP)

PM Health Reform, 3rd Ld

-Writethru, a0554,890

Democrats Say Pizza Hut, McDonald's Pay Their Workers' Insurance Abroad

Eds: LEADS with 15 grafs to UPDATE with report on Pizza

Hut, McDonald's, Dole threat to delay GATT; cuts at bottom to tighten

By CHRISTOPHER CONNELL= Associated Press Writer=

WASHINGTON (AP) Key Democratic lawmakers accused Pizza Hut and McDonald's of hypocrisy Friday for opposing a requirement that employers pay their workers' health insurance in America while paying health insurance and thriving in their overseas operations.

``We have a question for them,'' Sen. Edward M. Kennedy, D

-Mass., said at a Capitol news conference, where he was joined by Rep. John Dingell, D

-Mich.

``What do they have against American workers? ... Why do they want to treat Japanese workers, German workers, Belgian workers, Netherlands workers ... better than they treat the American workers here at home?''

The statements came in response to a study released by the pro Clinton Health Care Reform Project, saying both companies were rapidly expanding operations in countries where they are required to pay large portions of their workers' insurance.

The Health Care Reform Project says it plans to run full

-page advertisements in The New York Times and The Washington Post on Sunday attacking Pizza Hut. ``No Matter How You Slice It ...,'' the ads read. ``Pizza Hut Does Not Deliver The Same Health Benefits in America As It Does In Germany and Japan.''

``If Pizza Hut Wins, American Workers Lose.''

The Health Care Reform Project also produced a television ad, which it planned to run for about 10 days in Washington. But Bob Chlopak, a consultant to the group, said no television station would run it because of libel threats from Pizza Hut.

Kennedy released a letter from a Pizza Hut lawyer to Chlopak, threatening legal action.

Pizza Hut, a division of Pepsico, and McDonald's had no immediate comment on the charges. The Health Care Reform Project says the company's domestic hourly employees must pay the full cost of their health insurance for the first six months, after which the company contributes only to additional coverage, not the basic plan. It said McDonald's does not cover its hourly or part

-time workers in this country.

Senate Minority Leader Bob Dole, in an address to American Medical Association leaders, rebuked the White House and its allies for the attack on Kansas

-based Pizza Hut. Making the firm buy health insurance would drive prices up to $20 a pizza, he asserted.

He said Pizza Hut has 190,000 part

-time employees and ``the Clinton plan would cost them $200 million. They say, `Just raise your price of pizza' It doesn't work that way.''

He said the Democrats have these ``crazy ideas (that) if somebody disagrees with you, you have to punch him in the nose. That's not the way it works. There's still time for bipartisanship in health care.''

Separately, Dole told reporters he may try to derail a new world trade agreement if Clinton keeps attacking the GOP on health care. He said Clinton's new chief of staff, Leon Panetta, had asked for a ``political timeout'' to push the new General Agreement on Tariffs and Trade through Congress.

``Why should I worry about what President Clinton wants to do on trade when he's out beating us up on health care?'' Dole said. ``If this is the kind of hardball they want to play, they need to know there are two teams out there.''

Meanwhile, the Democratic Party's latest round of health reform ads drew Republicans' scorn and prompted one of its own to urge people to stop giving money to the party.

The new $400,000 round of television and radio ads paint Republicans as the villains, saying that most oppose universal coverage.

But Democratic National Committee Chairman David

Wilhelm said the spots were also intended to pressure Democratic senators in Nebraska, Wisconsin and Nevada to support coverage for all Americans and making employers pay for it.

That infuriated Sen. Bob Kerrey, D

-Neb., one of the targets.

``I would urge people at the moment not to give to the Democratic National Committee,'' he said. ``It's a waste of money, it's counterproductive, it's irritating and it doesn't influence me at all.''

Kerrey said the party should run ads urging Clinton to embrace the Senate Finance Committee compromise, which avoids mandates but stops short of universal coverage. ``That's what the people want,'' he said.

Haley Barbour, the Republican Party chairman, said, ``It should be revealing to the public that the Democrats feel like they have to bludgeon their own members to get them to vote for the Clintons' bill.''

Health and Human Services Secretary Donna E. Shalala today appealed to leaders of the American Medical Association to push for a bill that covers ``every American ... not just 91 percent or 96 percent.''

``You have a long history (for) universal coverage. This is not the time for any of us to get weak

-kneed on this issue,'' Shalala told the AMA. But the doctors' group supports mandatory coverage by employers only for companies with 100 or more workers.

The Democrats' ad includes a colorful paean to how well mandatory employer

-paid health coverage has worked in Hawaii. An announcer intones, ``Tell Republicans you don't expect palm trees, but you do expect guaranteed coverage that can never be taken away.''

Other ads depict farmers and others complaining that a Republican alternative would hurt the middle class and not cover everyone.

PM

-Clinton Health Care, Advisory

EDITORS:

President Clinton arrived late on his visit to Greenburg, Pa. and isn't expected to begin speaking on health care for perhaps an hour. A lead to PM

-Clinton

-Health Care, Bjt, a0407, will move after his speech.

The AP

PM

-PA-

-Clinton Visit,0490

By JEFFREY BAIR= Associated Press Writer=

PITTSBURGH (AP) Bill Clinton is bringing some regular folks to a regular town to talk about a complex issue health insurance.

Clinton scheduled a speech today in Greensburg, about 25 miles west of Pittsburgh, with three women who wrote him about problems with their medical coverage.

In public appearances to support their plan, the president and Hillary Rodham Clinton have cited stories from people with inadequate insurance or no insurance.

In opposition, health insurers started the $10 million ``Harry and Louise'' advertising campaign with characters speculating the Clinton plan would reduce consumer choices for medical care.

Today outside the Westmoreland County Courthouse, Clinton shared the program with three residents of southwestern Pennsylvania: Patricia Courson, 57, of Ellwood City, Lawrence County; Francine Bagnato of Pennsbury Village, a Pittsburgh suburb; and Louise Bernick, 21, of Pittsburgh.

Mrs. Bernick said she wrote Clinton after Vice President Al Gore appeared on the ``Today'' show and appealed for letters about insurance problems. She is unhappy with the health coverage from her husband's union.

The tile finisher pays $2.75 per hour for coverage without a vision or dental plan. He makes $15.09 per hour, Mrs. Bernick said.

``I just got contact lenses, and I paid for it out of my own pocket. I know I need to go to the dentist, but I'm not going to take out a loan to get my teeth fixed,'' she said.

She also wants an insurance plan that will pay when her son, Ronnie, 2, visits the doctor when he is well. She said she paid for two such visits just before writing the president.

Mrs. Courson, who has high blood pressure and a leaky heart valve, told Clinton she was concerned she would not see her grandchildren grow up. She said she was lucky a medical supplier donated an oxygen machine to her. She needs it to breathe while sleeping because of sleep apnea, which can rob her of breath.

Mrs. Courson said she lost her insurance when her husband lost his job as a security guard.

``Please help,'' she wrote. ``We are going to fall between the cracks.''

Ms. Bagnato told Clinton last October that her 7

-year

-old son was on a waiting list for charity insurance.

``It's a terrible feeling when you can't provide decent medical coverage for your child,'' she wrote.

The boy has since been added to the Blue Chip program funded by state cigarette taxes and administered by Blue Cross and Blue Shield of Western Pennsylvania, said Mary Emery, administration manager for the Western Pennsylvania Caring Fund. The fund is a nonprofit division of Blue Cross.

The Blue Chip and companion Caring Program insure about 19,000 children.

When Ms. Bagnato applied on behalf of her son, the waiting list for insurance had swelled to about 4,000 names because of rule changes but it since has been eliminated, Ms. Emery said.

No one who is eligible for charity insurance or insurance subsidies in the program waits more than a month now, she said.

BC Senate

-Moderates

-Pitch

-Mitchell

-on

Senate Moderates Pitch Mitchell on Health

-Reform Bill

Washington, July 15 (Bloomberg) -- Senate moderates pressed their case for scaled

-back health

-care reforms as the Clinton administration and its supporters launched today a new public relations drive for guaranteeing coverage to all Americans.

Senate and House leaders are working simultaneously to put together versions of President Clinton's health

-care plan to bring to their chambers for passage.

In the Senate, a group of conservative Democrats and moderate Republicans urged Majority Leader George Mitchell (D

-Maine) to bring a health

-reform bill to the floor that falls short of the president's plan to guarantee coverage to all Americans.

The group succeeded in getting their version of a health

-reform bill passed by the Senate Finance Committee. That bill would not require employers to help pay for worker health coverage and relies heavily on subsidies to the poor to reduce the number of Americans without insurance.

The Finance Committee did not provide sufficient financing for its package of benefits, and Sen. John Chafee (R
-R.I.), a leader of the moderate group, said yesterday it had not determined yet what taxes or other means will be used to cover the shortfall.
Even so, Chafee and a half
-dozen other Senate Democrats and Republicans urged Mitchell to use the Finance panel's work as the basis for the bill he brings to the floor.
Mandate Won't Survive
``The consensus from each of us was that the employer mandate is not going to survive, and we urged him to embrace the Finance Committee bill,'' Chafee said.
The Clinton plan would expand health coverage to the nation's 39 million uninsured, largely by requiring businesses to pay for 80% of worker health insurance premiums.
Republicans and some conservative Democrats argue that the so
-called employer mandate will cause layoffs.
``Americans want health
-care (reform), but they don't want to pay for it with their jobs,'' Senate Minority Leader Bob Dole (R
-Kan.) said on the floor of the Senate earlier this week.
Meanwhile, Clinton was scheduled to go to Pennsylvania today to sell his health
-care reform package, and the Democratic National Committee launched a new round of television ads on the subject.
The administration is showing no signs of retreating on its pledge to get a bill that guarantees health coverage to all Americans.
``This is not the time for any of us to get weak
-kneed'' on the issue, Health and Human Services Secretary Donna Shalala told the American Medical Association today.
Mitchell has heard from several senators on ways to attract more votes in the Senate by modifying the employer mandate provision.
Kennedy's Option
One option discussed by Sen. Edward Kennedy (D
-Mass.) would phase in the president's proposal that employers pay 80% of the cost of a worker's health
-insurance premium. Kennedy's idea would limit the employer's share to 50% during the first year the law is in effect, eventually

increasing it to 80%.
Senators and staffers played down the significance of the idea today, saying that it is just one of many financing options that have been raised as Mitchell works on drafting a bill. Mitchell said yesterday that he has been presented with ideas for almost every conceivable variation of an employer mandate.
The question remains whether reducing the employer share of health premiums and excluding some small businesses from the requirement would attract the votes of conservative Democrats.
``I can't be for an employer mandate of any kind,''said Sen. David Boren (D
-Okla.). -
-Paul Heldman (202)
434
-1842/daw (For more on health
-care reform: NI HCP, NI
HEA; on Congress: NI CNG; on the Clinton administration:
NI EXE)
-0- (BBN) Jul/15/94 9:40 EOS (BBN) Jul/15/94 09:40
86

PM
-KS-
-Dole Health Care,0350
GOP May Delay GATT Passage Over Health Care Politics, Dole Says
By CURT ANDERSON= Associated Press Writer=
WASHINGTON (AP) Republicans may attempt to derail a new world trade agreement sought by the Clinton administration if the president continues to attack the GOP on health care, Senate Minority Leader Bob Dole said today.
``Why should I worry about what President Clinton wants to do on trade when he's out beating us up on health care?'' Dole said. ``If this is the kind of hardball they want to play, they need to know there are two teams out there.''
As Clinton and the Democratic Party increase pressure on Republicans to support reform of the nation's health care system, the president is also sending emissaries to Congress seeking votes for the General Agreement on Tariffs and Trade.
Dole, R
-Kan., told reporters in a weekly conference that Clinton's new chief of staff, Leon Panetta, asked this week for a ``political timeout'' among Republicans so that GATT could be passed before Congress breaks in August.
But Dole said he's not interested in such cease

-fires
if Democrats continue to bash Republicans for their opposition to elements of the president's health reform bill, such as a requirement that most employers provide coverage.
``I think it's unfortunate it's going to get in a political tug of war here,'' Dole said. ``When the president's out attacking the Republican bill, it makes it hard for us to cooperate on other things.''
Dole recently proposed a scaled
-down health bill that
would enact many insurance reforms and provide subsidies to allow low
-income families to obtain care, but would not require anyone to buy coverage.
Democratic Party Chairman David Wilhelm this week criticized that plan as ``a disaster for the middle class.''
Dole said that instead of buying television time and organizing bus caravans aimed at blasting the GOP over health care, Clinton and other Democrats should demonstrate how the president's plan will affect jobs and taxes to sway Republican votes.
``They need our votes to pass health care,'' Dole said. ``And they can't pass GATT without Republican support.''

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bc health
-care
-lobby 07
-15
Center for Public Integrity to Release Study of Health Care Reform Lobbying July 21
To: Assignment Desk, Daybook Editor, Health Care Writer
Contact: Charles Lewis of The Center for Public Integrity,
202
-783
-3900
News Advisory:
``Well
-Healed: Inside Lobbying for Health Care Reform,'' is a comprehensive investigative study about the forces attempting to influence health care reform. The Center for Public Integrity, using 17 researchers over the past year, has contacted over 650 corporations, trade associations, labor unions, and nonprofit groups with an interest in health reform, trying to better understand the ways in which many of them lobbied the Clinton Administration and Congress. The study also examines the evolution of the Clinton health care reform plan. This

study includes new ``money and politics'' data, from campaign contributions to industry
□
-sponsored trips, from the ``revolving door'' to investment portfolios of members of Congress.
The findings of the study, the 16th produced by the Center for Public Integrity, will be released at a news conference on Thursday, July 21, at 9:30 a.m. at the National Press Club in the main lounge.

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-0-
/U.S. Newswire 202
□
-347
□
-2770/

Advertising War Over Health Reform Heats Up

By Rick Wartzman
Staff Reporter of The Wall Street Journal
WASHINGTON -- Even the cola wars don't get as nasty as the advertising battle over health
□
-care reform.
In the latest clash, a coalition called the Health Care Reform Project is set to issue a report today saying that PepsiCo Inc.'s Pizza Hut operation pays into a universal health system for its workers in Germany, but has been leading the charge against employers' being required to help pay for insurance coverage for workers in the U.S. The Reform Project wants to run a TV ad highlighting what it calls a "double standard," but says Pizza Hut has scared local stations into refusing to air it. Pizza Hut, which acknowledges contacting the stations, calls the report "very misleading."
The Reform Project's ad is about the only health
□
-care commercial that the public isn't seeing. As Congress debates a final health
□
-care bill, ads touting opposite positions are spreading like some communicable disease.
Airing at one point this week on NY 1 News, a New York cable
□
-TV channel, was an ad featuring "Harry and Louise," the insurance industry's famous fictional couple, warning about some proposed cost
□
-control measures. Not long after, there appeared another spot mocking Harry and Louise paid for by a group urging a Canadian
□
-style health system that would do away with the private insurance industry.

And just what do people think when they're hit with this salvo of mixed messages?

"They throw up their hands and decide they don't know who's telling the truth any longer," concludes Drew Altman, president of the Kaiser Family Foundation, an organization that sponsors health

-policy research and has spent $3 million on its own series of "Straight Facts" health

-care ads. "And then," he says, "they run for cover."

The problem is there is hardly anywhere left to hide. Besides the health insurers and Canadian

-system advocates, everyone from the National Right to Life Committee (opposing abortion services) to the National Restaurant Association (fighting an employer mandate) to the American Hospital Association (battling deep Medicare cuts) have all put out new ads in the past few weeks.

Though all sides are firing plenty of shots now, there is little doubt who is winning the ad wars. A welter of conflicting signals, media specialists say, only contributes to an environment of cynicism and uncertainty that makes comprehensive health

-care reform all the more difficult to pass.

"The impulse is not to want change when you're confused," says Kathleen Hall Jamieson, dean of the University of Pennsylvania's Annenberg School for Communication, which plans on Monday to release a study on health

-care ads that will, among other things, analyze their effectiveness. "We're seeing that in our focus groups."

Some of the ads are stirring new controversies as quickly as they come out. Just yesterday, the Democratic National Committee unveiled new ads emphasizing how the middle class who will be hurt unless there is universal coverage. But Democratic Sens. Kent Conrad of North Dakota and Richard Bryan of Nevada, who are up for re

-election this year, complain that the DNC's main theme should have been the need for cost control. The DNC's $400,000 ad buy is money "down the drain," adds Democratic Sen. Robert Kerrey of Nebraska.

Even hotter is the dispute over the proposed ad about Pizza Hut's policies. Pizza Hut says it does offer medical insurance to its part

-time workers in the U.S. and helps pay for coverage to those who elect to receive it through the company. The Reform Project ad is "vicious. We're outraged," says Rob Doughty, a Pizza Hut spokesman.

(END) DOW JONES NEWS 07

-15

-94
6 11 AM

Advertising War, Health

-2-: Pizza Hut's Contribution
Bob Chlopak, a consultant to the Reform Project, says the coalition of labor, medical

-care and consumer groups stands by its report. He notes that Pizza Hut's contribution for a part

-time worker's insurance kicks in only after the employee carries the full load for six months and that the company's contribution only expands the limit of bare

-bones coverage. Mr. Chlopak says that if the Reform Project can't get its ad on TV, it will simply run print ads instead.

The Reform Project effort notwithstanding, the most biting ads are coming from the political right. This week, for example, a group headed by conservative activist Gary Bauer took out an ad in the Washington Times linking a Clinton administration lightning rod, Surgeon General Joycelyn Elders, to the White House health

-care proposal. The ad, which shows Dr. Elders surrounded by statements she has made on such issues as legalizing drugs and gay adoption, declares: "Bill Clinton Chose This Doctor . . . Now He Wants To Choose Yours."

Pairing Dr. Elders and health reform is "a non sequitur," says Bill Cox of the Catholic Health Association, which is lobbying for universal coverage. "But it will probably gear up the right wing on this . . .. They're pulling out every possible advantage that they might have to stop health reform."

Besides Mr. Bauer's group, the conservative organization Empower America also is running attack ads against what it describes as President Clinton's plan for "socialized medicine" -- a refrain that is frustrating those who support a sweeping brand of health reform.

"It's always easier to get a negative message through," says John Rother, a lobbyist at the American Association for Retired Persons. "Our attempts to be positive are being drowned out. The easiest thing to do is scare people." In an attempt to counterpunch, the AARP recently staged a new $800,000 ad campaign that focuses on how the group says health costs will soar if reform is thwarted.

By traditional marketing standards, the health

-care ads -- even the $12 million Harry and Louise campaign -- have been modest in their reach, frequency and budget. But by carefully targeting policy makers and news media in

Washington and select congressional districts, some of these ads have managed to be very effective. The pharmaceutical industry, for instance, has used a series of ads stressing its commitment to research to put itself in a better position to beat back price controls.
  The health
-care ad blizzard shows no sign of slowing down. The Democratic National Committee, for one, still has $3 million to $4 million to spend on additional ads in the coming weeks.
  But the biggest single chunk of televised health
-reform lobbying still to come is a program being produced by the Republican National Committee and paid for with $1 million of Ross Perot's money. The prime
-time infomercial still is under production, and the RNC hasn't reached an agreement with a major network to carry it; but the RNC would like to get the ad aired before the end of this month.
  (END) DOW JONES NEWS 07
-15
-94
   6 19 AM

Advertising War, Health
-3-: American Medical Association
  Meanwhile, the American Medical Association says it may exceed its $1.6 million ad budget for the year as it continues its fight against managed
-care insurance companies over who would hold the reins in a new health system. The Chamber of Commerce, which has become a leading foe of a major overhaul of the system, says it is considering buying ads for the first time. And William Kristol's Project for the Republican Future, which ran an earlier ad sharply critical of the Clinton package, also is thinking of doing another.
  Harry and Louise may not be finished yet, either. Richard Coorsh, a spokesman for the Health Insurance Association of America, says his group is kicking around another spot. In this one, the couple would raise questions about a Senate Finance Committee proposal to tax higher
-priced insurance plans.
  (END) DOW JONES NEWS 07
-15
-94
   6 25 AM

Senate Wants To Tax Insurers Who Sell High

-Cost Policies
By Hilary Stout
Staff Reporter of The Wall Street Journal
WASHINGTON -- A new policy twist on an old issue has surfaced in the health
-care reform debate.
After months of dispute over whether the government should impose controls on private health
-insurance premiums, the Senate Finance Committee wants to attack medical costs another way: Tax insurers who sell high
-priced health policies.
Insurance companies, to no surprise, are against the idea. So are labor unions, which consider rich health plans to be hard
-won fringe benefits for members. But a group of moderate Democrats and Republicans who back the levy are hopeful that the panel has reached a creative way out of the cost
-control impasse.
The tax, which narrowly cleared the Finance Committee last week by a vote of 11
-9, isn't aimed primarily at collecting federal revenue, although its proponents say that would be a nice dividend. The half
-dozen lawmakers who pushed the measure said it is intended to bring more price consciousness to the health
-insurance market and to generate more competition among health
-insurance plans.
"This is designed to create a disincentive for very high
-cost plans," Sen. John Danforth, a Missouri Republican, said in a speech imploring his Finance Committee colleagues to support the measure. He insisted: "This is an essential component of the legislation. It has to be in it."
Whether the tax would achieve its goal is open to question. Basically, this is how it would work:
Congress would establish a national standardized package of health benefits. Then insurance companies that sell the package at a price that exceeds the average price in their region would be assessed a tax that amounts to 25% of that difference. To avoid penalizing plans in regions where health costs are low across the board, plans selling in the lowest 25% price range nationwide would be exempt from the tax even if their cost is higher than average in their

region.
  Sen. Bill Bradley, who suggested the idea a few weeks ago, said the proposal is an attempt to wed the three principal medical cost

-control theories:
Government

-imposed caps on health

-insurance premiums a la
President Clinton; a "tax cap" limiting tax breaks for employer

-sponsored health plans, an idea pushed by moderate proponents of "managed competition"; and free market competition ideas embraced by conservative Republicans. "I looked at the three mini debates and tried to find something that melded the three together," Mr. Bradley, a New Jersey Democrat, said in an interview.
  Insurers, however, warn that such a levy would have the opposite of its intended effect because they would simply pass on their costs to consumers. "The costs would get shifted onto the purchasers of health insurance. This just raises the cost of health insurance," said Willis Gradison, president of the Health Insurance Association of America. It was the association's advertising campaign against premium caps that helped spur lawmakers to search for a different costcontrol mechanism.
  That's just what worries labor unions. "For all intents and purposes, it's a tax on fringe benefits," said Calvin Johnson, legislative representative at the AFL

-CIO. The
federation has lobbied against the tax and is continuing an aggressive campaign to prevent it from clearing the full Senate. "This would have an effect not only on high

-cost
plans, but it's going to make everyone's plan go up."
  (END) DOW JONES NEWS 07

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   6 02 AM

Senate Wants To Tax

-2-: &   White House Says Little
  At first glance it would appear that the tax would hurt most severely traditional indemnity or "fee

-for

-service"
plans. Because those plans offer virtually free choice of doctors and hospitals, their premiums are often higher. But the managed

-care industry is concerned that health
maintenance organizations could be affected too.
Julie Goon, director of legislative affairs for the
Group Health Association of America, noted that in areas
of the country where managed
-care plans have a large share
of the market, prices between HMOs and indemnity plans are
much closer. Therefore, efficient coordinated care plans
could end up paying the levy as well.
Others said that as the tax forces higher plans to drop
out of the market, more and more lower
-cost plans --
including some of the most efficiently operated plans --
would end up subject to the tax. "So you end up eating
your young," Mr. Gradison said.
Moreover, some health policies are higher priced because
the beneficiaries they insure are higher risks. The way
the provision is now written, there is nothing to adjust
for that.
Sen. Bradley dismissed the criticism. "As with any new
idea, you find everyone's taking shots at the idea because
they're unfamiliar with it," he says.
Paul Ellwood, a co
-founder of the Jackson Hole Group, a
loose
-knit band of academics and medical industry
executives that fathered the "managed competition"
approach to health
-care reform, said the idea is a good
compromise. "I'd prefer a tax cap, but we're not going to
get that," said Dr. Ellwood.
One selling point may be the potential revenue, although
many backers concede the tax is unlikely to raise a
significant amount of money for the federal government.
When the moderates group initially proposed the measure,
it said the tax could raise $30 billion over five years,
which could go to the federal pool of money to subsidize
the cost of health insurance for low
-income people. But
members of the group now say that was simply a number
equal to the estimated federal savings from the
Clinton
-style premium caps. They actually have no clear
idea of what the premium would raise, but preliminary
estimates by the Treasury Department put the figure at
around $7.5 billion.
The White House has said little publicly about the tax.
But with their proposed premium caps in trouble on Capitol
Hill, administration officials are quietly encouraged by
the development of the concept. While many have
reservations about the way the tax is structured in the
Finance Committee bill, some hope the idea can lead to a
less

-regulatory solution to the problem of controlling
medical costs.
(END) DOW JONES NEWS 07

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6 23 AM

PM

-KY-

-Golden Rule, 1st Ld

-Writethru,370
Insurance Company to Sue Over New Health Care Law
Eds: UPDATES with suit filed in lede, INSERTS 1 graf after
8th pvs to show where filed
By CHARLES WOLFE= Associated Press Writer=
FRANKFORT, Ky. (AP) An insurance company that ran an
ad campaign against health

-care legislation this year
filed suit today, the day the bill became law.
Golden Rule Insurance Co., which claims 18,000
customers under 9,300 policies in Kentucky, alleges the
legislation violates state and federal constitutions by
interfering with existing insurance contracts.
Meanwhile, the Legislative Ethics Commission filed a
complaint against Golden Rule. It charged that the company
broke Kentucky law by refusing to report the amount it
spent on an advertising blitz in the legislature's closing
days.
The commission demanded the information in an April 19
letter to Golden Rule executives in Indianapolis. Calls
for comment on the complaint were not immediately
returned. The next step in the ethics case would be a
public hearing, which had not been scheduled Thursday.
The Kentucky Health Care Reform Act creates a state
commission that is to design five types of benefit plans.
At least one of the five must equal the coverage received
by state employees. Coverage could not be denied or
canceled because of age or medical condition.
The theme of Golden Rule's ad campaign was that
Kentuckians were being deprived of coverage choices.
Golden Rule attorney Curtis J. Dickinson kept sounding the
theme Thursday in a series of briefings on the lawsuit.
He said the new law would terminate existing health
insurance contracts in one year July 15, 1995.
That day ``will be marked by Kentuckians as `Dependence
Day' dependence on state government for health care
needs,'' Dickinson said.
The suit was filed this morning in U.S. District Court
in Covington.
Gov. Brereton Jones said the lawsuit ``comes as no
surprise in that this particular insurance company did
everything in its power ... to defeat our efforts to
achieve meaningful health care reform legislation.''

``We are sorry this particular company does not share our concern for Kentuckians who are unable to secure affordable health insurance coverage today,'' Jones said.

BC

-HEALTHPLANS medical, national editors:TB

Workplaces increasingly offer incentives for good health, penalties for unhealthy habits

(HAS TRIMS)

By Rogers Worthington

Chicago Tribune

MILWAUKEE Mickey Kazmierski always avoided the body fat check at her company's ``wellness fair.'' She already knew what her scale told her. Why compound the agony?

But this year was different. The bite of the calipers no longer yawned. Daily lunchtime walks and food choice changes cut her weight from a range of 150

-200 pounds to a trim 115

-120 pounds.

``I was right where I was supposed to be,'' said a pleased Kazmierski, 40, a data processor at Wisconsin Gas Co. There were other bonuses: The company rewards employees for aerobically achieved ``HeartFIT'' points with prizes such as sweatshirts, cooler packs, health magazine subscriptions and gym bags.

It is increasing the reward for achieving low body fat, lower risk blood pressure/cholesterol levels and high frequency of exercise by offering credits that can be converted to cash, used to reduce employees' health insurance premiums, or to add new benefits.

Smokers, who are known to consume more in health

-care costs, or even those living with a smoker, are not eligible.

Wisconsin Gas Co.'s programs, which include other ``carrots'' such as discount memberships in a nearby health club and ``sticks'' such as a 10 percent higher insurance premium for smokers, are part of a growing health promotion trend in the American workplace.

Health promotion consultants estimate that incentives for good health and penalties for habits and activities that make one a poor health risk, are in as many as 15 to 18 percent of U.S. workplaces.

``You have employers trying to give employees the tools to take better care of themselves ... and that is an important development,'' said Dr. Jonathan Fielding, an epidemiologist at the University of California's school of public health in Los Angeles.

Companies have their own best interests at heart: Putting a cap on soaring corporate health

-care costs.

A 9

-year study of Steelcase Corp. employees by the University of Michigan's Fitness Research Center found that employees who were high risk in 1985, but who through healthier habits and activities had shifted to a low-risk profile by 1988, reduced their annual medical claims by half.

``It's clear ... that if you can influence people's behavior to get some minor risk reduction, you can reduce costs,'' said John Harris, a Toledo-based health promotion consultant.

A 1985 U.S. Public Health Service study found that of 1,507 employers with 50 or more employees, 66 percent offered at least one health promotion activity for all their workers.

When the service revisited the work sites in 1992, that figure had grown to 81 percent. More than half the companies offered weight control classes, workshops or lectures, and nearly a third offered weight counseling.

The study also found that 12 percent of the companies had an indoor fitness area, and 10 percent provided either aerobic or strength training equipment.

A 1993 study of 786 U.S. companies by Hewitt Associates, health promotion consultants in Chicago's north suburb of Lincolnshire, found that 44 percent provide either an on-site or employer-owned fitness facility, which can range from a basketball hoop in a company parking lot to a full-scale fitness club or subsidized health club memberships.

Apple Computer, based in Cupertino, Calif., provides free, fully staffed and equipped fitness centers for employees and their families at five sites. Apple employees in other cities are fully reimbursed for memberships in commercial fitness centers.

Many companies, however, have shied away from fitness club memberships because it is difficult to know whether, or how often, employees utilize them.

Georgia Pacific Corp., in Ashdown, Ark., has found a way around that by subsidizing employee memberships based on use. If the employee uses a commercial fitness center three times a week, the subsidy is 100 percent; two times a week, 80 percent, and once a week, 60 percent. An employee who enrolls but doesn't use facility, pays the entire cost.

(EDITORS: NEXT 2 GRAFS OPTIONAL)

Some health maintenance organizations also are becoming more active in promoting fitness. Matthew Thornton Health Plan, an HMO based in Nashua, N.H., is offering insurers a $150 subsidy for each employee who enrolls in a fitness center or buys home equipment such as a treadmill,

stationary bicycle or other fitness device.
``We're finding health insurers are willing to put their money where their mouth is, to shift dollars from exclusively curative medicine to preventive medicine or health promotion,'' said David Pickering, a spokesman for the International Racquet and Sports Association, which is actively promoting such arrangements.
(END OPTIONAL TRIM)
But while incentives for achieving better health are increasing in the workplace, so are penalties for not doing so.
E.A. Miller Co., a meatpacker in Hiram, Utah, won't pay the $5,000 to $6,000 cost of childbirth if the parents fail to attend company
-sponsored pre
-natal health
sessions. A company study found their biggest single source of health
-care expenditures was premature babies.
The company also won't cover hospital bills for auto or motorcycle accidents in which an employee was not wearing seat belts or a helmet.
``There has to be something to make employees responsible for their actions. There has to be a line drawn somewhere,'' said Eric Falk, a company spokesman.
Hershey Foods in Pennyslvania tracks five risk factors for employees smoking, blood pressure, weight, lack of exercise and cholesterol. If at periodic company
-sponsored
screenings they are not within appropriate levels, the employees pay additional insurance premiums.
Employees and spouses at Quaker Oats Co. of Chicago can earn up to $280 a year in credits toward reducing their health insurance premiums. They do this by signing pledges verified by periodic screenings not to smoke, drink to excess, use illegal drugs, or misuse prescription drugs.
How well do incentive programs work?
Larry Chapman of Corporate Health Designs in Seattle says that if the plans are well
-executed and offer
respectable rewards, 30 to 50 percent of a company work force will behave differently because of them.
Are penalties, such as Wisconsin Gas' 10 percent higher premium for smokers, effective?
``Risk rating (making someone pay higher premiums because of their high
-risk behavior) hasn't been proven to
change anyone's behavior,'' said Sandy Wendell, a spokesman for the Wellness Councils of America in Omaha.
``If a smoker pays more for health insurance, it doesn't get at the dependents. ... Two
-thirds of company
claims are from the dependents,'' she said.

-END

-OF

-AUTOBREAK(1)-

-AUTOBREAK(2)

-FOLLOWS

BC

-ABORTION

-EDITORIAL op

-ed editors:PH

Catholic bishops should help find common ground on health reform

Knight

-Ridder/Tribune News Service

(c) 1994, Philadelphia Inquirer

The following editorial appeared in the Philadelphia Inquirer on Friday:

X X X

It does not show up explicitly in the polls, but there is a sour mood this July, a sinking feeling that American democracy may not be up to crafting the cradle

-to

-grave

health guarantee that is common across the rest of the industrialized world. Well

-heeled lobbies are picking it to death: Organized medicine is fighting HMOs, which cut costs by keeping doctors' pay in check. Small businesses are fighting mandates, arguing that they are taxes that will destroy jobs (but never mentioning that businesses providing insurance today take it out of their workers' wages). There are any number of lines in the sand being draw by politicians, interest groups and the elderly. They say: ``Mental health care or we take a walk.'' They say: ``No taxes on young workers or we take a walk.'' They say: ``Don't try to cover everyone or we take a walk.''

There was a new line in the sand drawn this week. This time it was the bishops of the Roman Catholic Church saying: ``Put abortion coverage in a national benefits package and we take a walk.''

Except the bishops didn't put it quite that passively. They said they would fight tooth and nail from the pulpits, in meetings with senators, on the airwaves to kill any universal

-care bill that includes abortion services.

And with that ultimatum, they fell neatly into lock step with other anti

-health

-reform forces those who want more; those who want less; those with political axes; those such as Ross Perot, who is flirting with funding a $1 million anti

-reform infomercial for the GOP; those such as the Christian Coalition, which would spend a like amount to dump a plan that it has vowed (evidence to the contrary) is ``government

-run.''

That's more than too bad. It is perverse because if there is one thing that Catholic social

-service providers have stood for in Philadelphia and far beyond is the expansion of health care to those outside the loop, for fair access, for affordability, for the very reform the Clinton administration has championed so bravely and against so many foes.

The bishops are well within their rights to become one of those foes. They are well within the tradition of this debate to threaten to veto the entire health

-reform enterprise should this issue not be resolved to their liking. But several points need to be kept clear.

First, in any plan there will be something that offends someone. There is in every federal budget, too. Yet in common cause, one gripes and pays. Second, abortion is legal, despite 20 years of squabbling and a challenge before the most conservative Supreme Court in recent memory. Third, two

-thirds of private insurance policies are now covering abortion, as are about 70 percent of HMOs.

Fourth, conscience clauses allow anti

-abortion doctors and hospitals to follow their moral dictates.

Fifth, the lack of health care for those already born in this country is a moral outrage.

Finally, there are ways to make a health bill palatable to all sides if there is a will to win universal care rather than win on any single issue. One of those ways, floated by David Bonior, the House Democratic whip, would give workers the option of choosing a health plan with abortion services or one that excludes them. And surely there are other strategies.

The bishops would do everyone a favor if, in good conscience, they led the way in finding that common ground, advancing their (and most Americans') goal of decent health care for all and shedding their new image as spoilers.

Philadelphia Inquirer

AP

-Daybook

-Fri Health Reform The Associated Press

AP DAYBOOK, WASHINGTON, FRIDAY, JULY 15

HEALTH REFORM ----------

The following take contains a compilation of health care reform

-related items.

MORNING

8:30 a.m. Health and Human Services Secretary Donna Shalala delivers a major address to the American Medical Association President's Forum. Topic: ``The Need for Universal Coverage under Health Care.''

Location: Willard Hotel, 1401 Pennsylvania Ave.

9:30 a.m. The National Institute for Health Care Management sponsors video conference to examine rural health issues linking rural health practitioners, managers and experts from Arkansas, Iowa and Washington state with congressional staff and policy experts on Capitol Hill.

Location: G50 Dirksen

Contact: Paul DelPonte, 202

-973

-5866

10 a.m. News conference with Sen. Edward Kennedy and Rep. John Dingell and representatives of the Health Care Reform Project to release a new report on shared responsibility.

Location: Room 430, Dirksen.

Contact: Bob Chlopak, Andrea Sussman, 202

-289

-5900.

AP

-Daybook

-Fri

-General The Associated Press

AP DAYBOOK, WASHINGTON, FRIDAY, JULY 15

UPDATE: Health Care ----------

2 p.m. HEALTH CARE Pizza Hut holds news conference to rebut Health Care Reform Project study.

Location: Main Lounge, National Press Club, 14th and F Sts. NW

Contact: Paul Nathanson, 202

-466
-6210.

AM
-MS
-VA-
-Southern Legislators,390
Conference of Lawmakers from Southern States Opens This Weekend

NORFOLK (AP) One of the largest gatherings in the country of state elected officials will open this weekend as about 2,000 lawmakers from 16 states discuss everything from welfare reform to health care to free trade.

``It's a significant conference and some very timely issues are going to be discussed,'' said Virginia state Sen. John H. Chichester, R
-Fredericksburg, who is chairman
-elect of the Southern Legislative Conference.

The conference at the Waterside Marriott will open Saturday and run through Tuesday.

Among the scheduled speakers are James L. Witt, director of the Federal Emergency Management Agency, who will talk about recovering from disasters such as the recent flooding in Georgia.

Other speakers include Assistant Commerce Secretary Wilbur Hawkins; Assistant Transportation Secretary Steven O. Palmer; and State Department economist Robin King. Former Virginia Gov. Gerald L. Baliles will talk to the legislators about higher education.

The conference third largest of its kind, behind the National Governors' Conference and the National Conference of State Legislators operates under the Council of State Governments to encourage cooperation and information exchanges among member states.

``There's a community of interest in the South,'' said Chichester, who will take over as chairman Wednesday from Florida Sen. Ron Silver. ``What happens is, some great ideas are promulgated by the states, and then they share them.''

For example, Chichester said, some conference states picked up on a Kentucky managed health care plan that was adopted in the mid
-1980s for Medicaid recipients. In Virginia, he said, the idea was modified to apply to state employees to keep down medical costs.

``It's a comparing conference,'' Chichester said. ``We compare theirs with ours. If theirs is better, we take what's better and apply it to us.''

In addition to Virginia, Florida, Georgia and Kentucky, the conference's member states include Alabama, Arkansas, Louisiana, North and South Carolina, Maryland,

Mississippi, Missouri, Oklahoma, Tennessee, Texas and West Virginia.

RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: Michael D. Deich (DEICH_M) (OPD)

CREATION DATE/TIME:20-JUL-1994 09:18:00.00

SUBJECT: oswald

TO: Paul A. Deegan (DEEGAN_P) (OPD)
READ: UNKNOWN

TEXT:
Pablo: per your request. Miguel
========== ATTACHMENT 1 ==========
ATT CREATOR: Michael D. Deich (UNKNOWN)

ATT CREATION DATE/TIME:20-JUL-1994 09:17:00.00

ATT BODY PART TYPE: P

ATT SUBJECT: PC -BINARY- -OSWALD-

ATT TEXT:
Mr. Rudy Oswald
Director
Economic Research Department
AFL-CIO
815 Sixteenth Street, N.W.
Washington, D.C. 20006
Dear Mr. Oswald:
Thank you for coming by and letting me know of your concerns about Executive Order 1
hearing their report.
Thanks you also for sending a copy of Rebuilding America's Vital Public Facilities.
together for passage of the President's investment initiatives, so that our country
Sincerely,
RER
========== END ATTACHMENT 1 ==========

RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: Linda J. McLaughlin (MCLAUGHLIN_L) (WHO)

CREATION DATE/TIME:21-JUL-1994 16:53:00.00

SUBJECT: August meeting with labor

TO: Paul A. Deegan (DEEGAN_P) (OPD)
READ: UNKNOWN

TO: Heather Beckel (BECKEL_H) (WHO)
READ: UNKNOWN

TO: UNKNOWN (FAX (93956958,Alice for Tyson) (TLXA1MAIL_\F:9395
READ: UNKNOWN

TO: FAX (92197659,Katherine for Reich) (TLXA1MAIL_\F:92197659\C:KAThERINE for REI
READ: UNKNOWN

TO: Sylvia M. Mathews (MATHEWS_S) (OPD)
READ: UNKNOWN

TEXT:
The AFL-CIO has called to request that the August monthly meeting be changed as follows:
Date: Tuesday, August 2
Time: 9:00 a.m.
Site: AFL-CIO
Lane Kirkland, Rudy Oswald, Jim Baker and Tom Donahue are available at this time.

Are your principals able to attend? They are hoping to have some indication tomorrow.
Thanks. Linda

RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: Lori L. Victor (VICTOR_L) (OMB)

CREATION DATE/TIME:21-JUL-1994 14:52:00.00

SUBJECT: Attendees for Bilik Meeting

TO: David C. Childs (CHILDS_D) (OMB)
READ: UNKNOWN

TO: David J. Haun (HAUN_D) (OMB)
READ: UNKNOWN

TO: Michael D. Deich (DEICH_M) (OPD)
READ: UNKNOWN

TO: Kenneth L. Schwartz (SCHWARTZ_K) (OMB)
READ: UNKNOWN

TEXT:
Bilik will be bringing with him:
Donald Wasserman, AFSCME
Rudy Oswald, AFL-CIO
Robert Molofsky, ATU (Amalgamated Transit Union)

RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: Paul Meyer (MEYER_P) (WHO)

CREATION DATE/TIME:22-JUL-1994 18:28:00.00

SUBJECT: News Calendar

TO: Dawn A. Alexander (ALEXANDER_DA) (WHO)
READ: UNKNOWN

TO: David B. Anderson (ANDERSON_D) (WHO)
READ: UNKNOWN

TO: S. Collier Andress (ANDRESS_S) (WHO)
READ: UNKNOWN

TO: Paul T. Antony (ANTONY_P) (STP)
READ: UNKNOWN

TO: Tony Wilson (ANTHoNY T. Wilson@EOP_OVP@CCGATE@EOPMRX)
READ: UNKNOWN

TO: Wilson, Anthony T (ANTHONy T. WILSoN@EOP_OVP@CCGATE@EOPMRX)
READ: UNKNOWN

TO: Donald A. Baer (BAER_D) (WHO)
READ: UNKNOWN

TO: Joan Baggett (BAGGETT_J) (WHO)
READ: UNKNOWN

TO: Heather Beckel (BECKEL_H) (WHO)
READ: UNKNOWN

TO: Eric Berman (BERMAN_E) (WHO)
READ: UNKNOWN

TO: Elizabeth A. Bernstein (BERNSTEIN_E) (WHO)
READ: UNKNOWN

TO: Robert O. Boorstin (BOORSTIN_R) (WHO)
READ: UNKNOWN

TO: Elizabeth C. Bowyer (BOWYER_E) (WHO)
READ: UNKNOWN

TO: Brian E. Burke (BURKE_B) (OPD)
READ: UNKNOWN

TO: Amy L. Busch (BUSCH_A) (WHO)
READ: UNKNOWN

TO: Gabrielle M. Bushman (BUSHMAN_G) (WHO)
READ: UNKNOWN

TO: Prichard, Beth (BETH PRIchARD@EOP_OVP@CCGATE@EOPMRX) (DE
READ: UNKNOWN

TO: Rebecca A. Cameron (CAMERON_RA) (WHO)

READ: UNKNOWN

TO: Phillip M. Caplan (CAPLAN_P) (WHO)
READ: UNKNOWN

TO: Lisa M. Caputo (CAPUTO_L) (WHO)
READ: UNKNOWN

TO: Paul R. Carey (CAREY_P) (WHO)
READ: UNKNOWN

TO: Ann C. Castagnetti (CASTAGNETT_A) (WHO)
READ: UNKNOWN

TO: Jose Cerda, III (CERDA_J) (OPD)
READ: UNKNOWN

TO: Ken Chitester (CHITESTER_K) (WHO)
READ: UNKNOWN

TO: Deborah L. Coyle (COYLE_D) (WHO)
READ: UNKNOWN

TO: Kelly A. Crawford (CRAWFORD_K) (WHO)
READ: UNKNOWN

TO: Amanda Crumley (CRUMLEY_A) (WHO)
READ: UNKNOWN

TO: Carolyn Curiel (CURIEL_C) (WHO)
READ: UNKNOWN

TO: Betty W Currie (CURRIE_B) (WHO)
READ: UNKNOWN

TO: Gire, Cynthia L (CYNThiA L. GIrE@EOP_OVP@CCGATE@EOPMRX) (
READ: UNKNOWN

TO: M. Brooke Darby (DARBY_M) (WHO)
READ: UNKNOWN

TO: Katherine L. Darwin (DARWIN_K) (WHO)
READ: UNKNOWN

TO: Nestor M. Davidson (DAVIDSON_N) (WHO)
READ: UNKNOWN

TO: Paul A. Deegan (DEEGAN_P) (OPD)
READ: UNKNOWN

TO: David Dreyer (DREYER_D) (WHO)
READ: UNKNOWN

TO: Alpert, Dennis W (DENNIS W. ALPErT@EOP_OVP@CCGATE@EOPMRX)
READ: UNKNOWN

TO: Charles M. Eaton (EATON_C) (WHO)
READ: UNKNOWN

TO: Anne M. Edwards (EDWARDS_A) (WHO)

READ: UNKNOWN

TO: Anne M. Edwards (EDWARDS_A) (WHO)
READ: UNKNOWN

TO: Jeffrey L. Eller (ELLER_J) (WHO)
READ: UNKNOWN

TO: Rahm Emanuel (EMANUEL_R) (WHO)
READ: UNKNOWN

TO: John B. Emerson (EMERSON_J) (WHO)
READ: UNKNOWN

TO: Thomas S. Epstein (EPSTEIN_T) (WHO)
READ: UNKNOWN

TO: Emerson, Edward H. (EDWARD H. EMERSoN@EOP_OVP@CCGATE@EOPMRX)
READ: UNKNOWN

TO: Deborah L. Fine (FINE_D) (WHO)
READ: UNKNOWN

TO: Karen Finney (FINNEY_K) (WHO)
READ: UNKNOWN

TO: Dawn M. Friedkin (FRIEDKIN_D) (WHO)
READ: UNKNOWN

TO: William Galston (GALSTON_W) (OPD)
READ: UNKNOWN

TO: William A. Galston (GALSTON_W) (OPD)
READ: UNKNOWN

TO: Mark Gearan (GEARAN_M) (WHO)
READ: UNKNOWN

TO: Mark D. Gearan (GEARAN_M) (WHO)
READ: UNKNOWN

TO: David R. Gergen (GERGEN_D) (WHO)
READ: UNKNOWN

TO: Ernest D. Gibble (GIBBLE_E) (WHO)
READ: UNKNOWN

TO: Jonathan P. Gill (GILL_J) (WHO)
READ: UNKNOWN

TO: Jason S. Goldberg (GOLDBERG_JS) (WHO)
READ: UNKNOWN

TO: Ilizabeth S. Gonchar (GONCHAR_I) (WHO)
READ: UNKNOWN

TO: Sara Grote (GROTE_S) (WHO)
READ: UNKNOWN

TO: Marcia L. Hale (HALE_M) (WHO)

READ: UNKNOWN

TO: Bart Handford (HANDFORD_B) (WHO)
READ: UNKNOWN

TO: John P. Hart (HART_J) (WHO)
READ: UNKNOWN

TO: Christine M. Heenan (HEENAN_C) (OPD)
READ: UNKNOWN

TO: Alexis Herman (HERMAN_A) (WHO)
READ: UNKNOWN

TO: Nancy V. Hernreich (HERNREICH_N) (WHO)
READ: UNKNOWN

TO: Steven M. Hilton (HILTON_S) (WHO)
READ: UNKNOWN

TO: Julie Hopper (HOPPER_J) (WHO)
READ: UNKNOWN

TO: Katherine V. Houston (HOUSTON_K) (WHO)
READ: UNKNOWN

TO: Dana J. Hyde (HYDE_D) (WHO)
READ: UNKNOWN

TO: Carver, Holly D (HOLLY D. CARVeR@EOP_OVP@CCGATE@EOPMRX) (
READ: UNKNOWN

TO: Gloria P. Johnson (JOHNSON_GP) (WHO)
READ: UNKNOWN

TO: Joseph W. Cerrell (JOSEPH W. CERRELL@EOP_OVP@CCGATE@EOPMRX)
READ: UNKNOWN

TO: Payne, Julia M (JULIA M. PAYnE@EOP_OVP@CCGATE@EOPMRX) (D
READ: UNKNOWN

TO: Sharon Kennedy (KENNEDY_SM) (WHO)
READ: UNKNOWN

TO: Joshua A. King (KING_J) (WHO)
READ: UNKNOWN

TO: David M. Kusnet (KUSNET_D) (WHO)
READ: UNKNOWN

TO: Van Giesen, Kris (KRIs VAN GieSEN@EOP_OVP@CCGATE@EOPMRX) (
READ: UNKNOWN

TO: Laurie L. Labuda (LABUDA_L) (WHO)
READ: UNKNOWN

TO: Philip Lader (LADER_P) (OMB)
READ: UNKNOWN

TO: G. N. Lattimore (LATTIMORE_G) (WHO)

READ: UNKNOWN

TO: David Leavy (LEAVY_D) (WHO)
READ: UNKNOWN

TO: Christiana L. Lin (LIN_C) (WHO)
READ: UNKNOWN

TO: Gordon Li (LI_G) (WHO)
READ: UNKNOWN

TO: Sylvia M. Mathews (MATHEWS_S) (OPD)
READ: UNKNOWN

TO: Cathy R. Mays (MAYS_C) (OPD)
READ: UNKNOWN

TO: Floydetta McAfee (MCAFEE_F) (WHO)
READ: UNKNOWN

TO: Colleen A. McCarthy (MCCARTHY_C) (WHO)
READ: UNKNOWN

TO: Carola McGiffert (MCGIFFERT_C) (WHO)
READ: UNKNOWN

TO: Lorraine McHugh (MCHUGH_L) (WHO)
READ: UNKNOWN

TO: Kathy McKiernan (MCKIERNAN_K) (WHO)
READ: UNKNOWN

TO: APRIL K. MELLODY (MELLODY_A) (WHO)
READ: UNKNOWN

TO: Julia Moffett (MOFFETT_J) (WHO)
READ: UNKNOWN

TO: Linda L. Moore (MOORE_L) (WHO)
READ: UNKNOWN

TO: Lisa Mortman (MORTMAN_L) (WHO)
READ: UNKNOWN

TO: Alison Muscatine (MUSCATINE_A) (WHO)
READ: UNKNOWN

TO: Julie A. Nash (NASH_J) (DEFAULT)
READ: UNKNOWN

TO: Kathleen M. Neugold (NEUGOLD_K) (WHO)
READ: UNKNOWN

TO: Felton T. Newell (NEWELL_F) (WHO)
READ: UNKNOWN

TO: Wendy A. Nishikawa (NISHIKAWA_W) (WHO)
READ: UNKNOWN

TO: Erin A. O'Connor (OCONNOR_E) (WHO)

READ: UNKNOWN

TO: Jennifer M. O'Connor (OCONNOR_J) (WHO)
READ: UNKNOWN

TO: Kathleen L. O'Neill (ONEILL_K) (WHO)
READ: UNKNOWN

TO: Cathleen L. O'Neil (ONEIL_C) (DEFAULT)
READ: UNKNOWN

TO: Antonella Pianalto (PIANALTO_A) (WHO)
READ: UNKNOWN

TO: Dianna A. Pierce (PIERCE_D) (WHO)
READ: UNKNOWN

TO: John Podesta (PODESTA_J) (WHO)
READ: UNKNOWN

TO: Jonathan M. Prince (PRINCE_J) (WHO)
READ: UNKNOWN

TO: Meeghan E. Prunty (PRUNTY_M) (WHO)
READ: UNKNOWN

TO: Ronald D. Lewis at PROFS (PR_U=RLEWIS@PR_L=CPUB@MRP@EOPMRX) (DEFAU
READ: UNKNOWN

TO: Jack Quinn (QUINN_J) (VPO)
READ: UNKNOWN

TO: Carol H. Rasco (RASCO_C) (OPD)
READ: UNKNOWN

TO: Bruce N. Reed (REED_B) (OPD)
READ: UNKNOWN

TO: Bruce Reed (REED_B) (OPD)
READ: UNKNOWN

TO: R. Paul Richard (RICHARD_R) (WHO)
READ: UNKNOWN

TO: Jeffrey L. Riley (RILEY_J) (WHO)
READ: UNKNOWN

TO: A. Victoria Rivas-Vazquez (RIVASVAZQU_A) (WHO)
READ: UNKNOWN

TO: Marla Romash (ROMASH_M) (VPO)
READ: UNKNOWN

TO: Kathryn G. Roth (ROTH_K) (WHO)
READ: UNKNOWN

TO: Jess Sarmiento (SARMIENTO_J) (WHO)
READ: UNKNOWN

TO: Lee A. Satterfield (SATTERFIEL_L) (WHO)

READ: UNKNOWN

TO: Debra A. Schiff (SCHIFF_D) (WHO)
READ: UNKNOWN

TO: Marsha Scott (SCOTT_M) (WHO)
READ: UNKNOWN

TO: Ricki Seidman (SEIDMAN_R) (WHO)
READ: UNKNOWN

TO: Eric K. Senunas (SENUNAS_E) (WHO)
READ: UNKNOWN

TO: Peter J. Shakow (SHAKOW_P) (WHO)
READ: UNKNOWN

TO: Richard L. Siewert (SIEWERT_R) (WHO)
READ: UNKNOWN

TO: Stephen B. Silverman (SILVERMAN_S) (WHO)
READ: UNKNOWN

TO: Patti Solis (SOLIS_P) (WHO)
READ: UNKNOWN

TO: Jason M. Solomon (SOLOMON_J) (WHO)
READ: UNKNOWN

TO: Elizabeth Spencer (SPENCER_E) (WHO)
READ: UNKNOWN

TO: Elizabeth Spencer (SPENCER_E) (WHO)
READ: UNKNOWN

TO: Gene Sperling (SPERLING_G) (DEFAULT)
READ: UNKNOWN

TO: Janine Stanzione (STANZIONE_J) (WHO)
READ: UNKNOWN

TO: George Stephanopoulos (STEPHANOPO_G) (WHO)
READ: UNKNOWN

TO: Todd Stern (STERN_T) (WHO)
READ: UNKNOWN

TO: Alan J. Stone (STONE_A) (WHO)
READ: UNKNOWN

TO: Richard Strauss (STRAUSS_R) (WHO)
READ: UNKNOWN

TO: Stephanie Streett (STREETT_S) (WHO)
READ: UNKNOWN

TO: Donsia Strong (STRONG_D) (OPD)
READ: UNKNOWN

TO: Robert G. Sweeney (SWEENEY_R) (WHO)

READ: UNKNOWN

TO: Aman, Sally J (SALLy J. AMaN@EOP_OVP@CCGATE@EOPMRX) (DE
READ: UNKNOWN

TO: Harris, Skila S (SKILA S. HARRiS@EOP_OVP@CCGATE@EOPMRX) (
READ: UNKNOWN

TO: Virginia M. Terzano (TERZANO_V) (WHO)
READ: UNKNOWN

TO: FAX (92600279,Kim Tilley) (TLXA1MAIL_\F:92600279\C:Kim Tilley\\ ) (D
READ: UNKNOWN

TO: FAX (93956958,Tom O'Donnell) (TLXA1MAIL_\F:93956958\C:TOM O'Donnell\\ )
READ: UNKNOWN

TO: FAX (96321096,Andrew Barrer) (TLXA1MAIL_\F:96321096\C:ANDrew Barrer\\ )
READ: UNKNOWN

TO: FAX (93952560,Kristie Kenney) (TLXA1MAIL_\F:93952560\C:KRIStie Kenney\\
READ: UNKNOWN

TO: FAX (96321096,Kristine Gebbie) (TLXA1MAIL_\F:96321096\C:KRISTine Gebbie\\
READ: UNKNOWN

TO: Paul A. Toback (TOBACK_P) (WHO)
READ: UNKNOWN

TO: Georgia E. Trapp (TRAPP_G) (WHO)
READ: UNKNOWN

TO: Erich Vaden (VADEN_E) (WHO)
READ: UNKNOWN

TO: Christine A. Varney (VARNEY_C) (WHO)
READ: UNKNOWN

TO: Lorraine A. Voles (VOLES_L) (WHO)
READ: UNKNOWN

TO: Michael Waldman (WALDMAN_M) (WHO)
READ: UNKNOWN

TO: Ann F. Walker (WALKER_A) (WHO)
READ: UNKNOWN

TO: Anne Walley (WALLEY_A) (WHO)
READ: UNKNOWN

TO: Mitchell S. Warren (WARREN_M) (WHO)
READ: UNKNOWN

TO: Kathryn J. Way (WAY_K) (OPD)
READ: UNKNOWN

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: UNKNOWN

TO: Susannah B. Wellford (WELLFORD_S) (WHO)

READ: UNKNOWN

TO: Carter Wilkie (WILKIE_C) (WHO)
READ: UNKNOWN

TO: Marilyn Yager (YAGER_M) (WHO)
READ: UNKNOWN

TO: Barry J. Toiv (TOIV_B) (OMB)
READ: UNKNOWN

TEXT:
PRINTER FONT 12_POINT_ROMAN

NEWS CALENDAR
WEEKLY EDITION
July 23, 1994
The information below is tentative and issued only for internal planning purposes:
SAT
7/23 POTUS: High school reunion, Hot Springs, AR
RADIO ADDRESS
Nat'l Conf. of State Legislatures opens (thru 7/28), New Orleans
Association of Trial Lawyers of America Meeting (thru 7/28), Chicago
WORLD
St. Petersburg: Opening of 1994 Goodwill Games (thru 8/7)
ADMIN: Perry: travel to Italy
TV: Evans and Novak : King Hussein - Mideast Peace
Newsmaker: AID Dir. Atwood, CSIS' Shaun McCormick - Rwanda
SUN
7/24 Disability Independence Day
ADMIN
Reno: Nat'l Assn. of Senior Citizens
Cisneros: ACORN National Convention, DC
TV: David Brinkley: Sec. Christopher - Rwanda
Meet the Press: VP Gore, Sen. Mitchell, Rep. Gephardt - Health Care
Face The Nation: Lloyd Cutler - Whitewater
Late Edition: Sen. Dole, Rep. Gephardt - Health Care
C-Span Sunday Journal: Gene Sperling - Newspaper Roundtable
MON
7/25 PM Rabin & King Hussein meet at White House
POTUS: Meeting, Dinner w/ Rabin & Hussein
VP: Meet w/ Computer CEO's; Rabin/Hussein dinner
ACORN National Meeting, DC
Nat'l Urban League Conf., DC - Reich speaks
CONGRESS:
Joint session address by Rabin & Hussein
Ways & Means subcom. hearing on welfare reform (thru 7/29)
House Ag. Comm. mock mark-up of draft GATT legislation
ADMIN
Browner: NAFTA Comm. on Enviro. Cooperation Ministerial, D.C.
Pena: Amer. Assn. of Ariport Execs. meeting
R. Brown: New York - health care
Reich: Nat'l Urban League Conv.; Nat'l Council on Senior Citizens.
ECON STAT: June Existing Home Sales

TUE
7/26 House Banking opens Whitewater hearings
(Scheduled to testify: Fiske, Cutler, McLarty, Nussbaum, Betsy Pond,

Steve Neuwirth, Williams, Thomasson)
Israel PM Rabin and Jordan King Hussein address Congress, D.C.
POTUS: Rabin/Hussein meeting/press statements, Cuomo Fundraiser
Mrs. Gore Nat'l Press Club luncheon speech
Nat'l Urban League Conf., DC
ADMIN
Browner: NAFTA Comm. on Enviro. Cooperation Ministerial, D.C.
L. Brown: ONDCP Prevention Conference
O'Leary: Nat'l Youth Leadership Council
Reich: Speech to Nat'l Conf. of State Legislators (satellite from DC)
Cisneros: New Orleans
ECON STAT: US Employment Cost Index for 2nd Qtr.; GDP revisions

WED
7/27 POTUS: ADA Health Care Event, CA Day, UNC Women's Basketball
VP: Clean Car symposium; ADA event
RNC Foreign Policy Forum w/ Kissinger, Baker, Kirkpatrick, Cheney
Nat'l Urban League Conf., DC
ADMIN: Browner: Testimony - House Science, Space & Tech Comm.
Reno: Addresses Nat'l Conf. of State Legislators, New Orleans
L. Brown: ONDCP Prevention Conference
Espy: Nat'l Future Farmers of America Presidents Meeting
O'Leary: Nat'l Petroleum Council
Shalala: WH Conf. on Aging
ECON STAT: June durable goods orders

THURS
7/28 Senate Banking begins Whitewater hearings
POTUS: CINC Meeting at Pentagon
ADMIN: Cisneros: Congressional Hispanic Caucus
ECON STAT: Labor Jobless Claims; Weekly Unemployment

FRI
7/29 OJ Simpson Hearings Scheduled
White House Conf. on Character Building & Education
Conf. of Nat'l Coalition Against Domestic Violence, St. Paul, MN
POTUS: Boys Nation, Satellite feed to Unity '94 Conv.
ADMIN: Pena: Nat'l Assn. of Latino Elected Officials, Chicago
R. Brown: Miller event in GA
Anniversary: NASA founded 1958
ECON STAT: 2nd Qtr GDP (4cast up 3.6%); June import/export prices

SAT
7/30 POTUS: Health Care bus tour kick-off, Independence, MO; Hyatt Fundraiser, Cleveland

VP, First Lady, Mrs. Gore: Health Care bus tour, Independence
Anniversary: LBJ signs law establishing Medicare and Medicaid, 1965
KKK Rally, Dayton, OH

SUN
7/31 International Day of Prayer for Haiti
Deadline for Angola rebels to accept UN proposals
Baseball Hall of Fame Induction
VP: Depart for Poland

MON
8/1 VP: Poland
ADMIN:
Elders: Amer Heart Assn. conf on "Children's Heart Health," Chicago
ECON STAT: June personal income; June construction spending

TUES
8/2 Primaries in Kansas, Michigan, Missouri, Tennessee

POTUS: DNC African-Amer Fundraiser
ADMIN
Bentsen: Travel to England
J. Brown: Polish Legion of Amer. Vets, Milwaukee
ECON STAT: June single-family home sales

WED
8/3 VP: GATT opinion leaders; science announcement
Parole hearing for RFK assassin Sirhan Sirhan
ECON STAT: June leading econ indicators; June factory orders; July car sales

THUR
8/4 American Bar Association Annual Meeting (thru 8/11), New Orleans
ECON STAT: June housing completions; Weekly Unemployment

FRI
8/5 Deadline for Rostenkowski lawyers to file dismissal motions
ECON STAT: July unemployment

SAT
8/6 POTUS: Detroit, MI
Anniversary: LBJ signs the Voting Rights Act, 1965

SUN
8/7 INT'L CONFERENCE ON AIDS, JAPAN (thru 8/12)
ADMIN
L. Brown: Columbia - Presidential Inauguration

MON

8/8 POTUS: Medal of Freedom awards
AFL-CIO COPE meeting, Chicago
American Hospital Association Meeting (thru 8/10), Dallas

TUE
8/9 Anniversary: Nixon resigned, 1974
Colorado Primary
ECON STAT: 2nd Qtr productivity; June wholesale trade

WED
8/10 Anniversary: Budget Reconciliation Act of 1993 passed
Anniversary: US troops capture Guam, 1944

THURS
8/11 ECON STAT: July Producer Price Index; Weekly Unemployment; July retail sales

FRI
8/12 SENATE AND HOUSE RECESS TARGET DATE
ECON STAT: July CPI; July Real Earnings

SAT
8/13 Woodstock 25th Anniversary concert begins
AMVETS Convention (thru 8/20), Buffalo
ADMIN
O'Leary: depart for China/Pakistan
Anniversary: construction begins on Berlin Wall, 1961

SUN
8/14 Anniversary: FDR signs Social Security Act, 1935
Anniversary: V-
□
J Day, 1945
Anniversary: FDR & Churchill sign the Atlantic Charter, 1941

MON
8/15 Space Shuttle Endeavor launch scheduled
VP: Postal workers event, Detroit; AFGE Conv., Chicago
ECON STAT: July Industrial Production

TUE

8/16 Wyoming Primary
Fed's Open Market Committee meets
Youth Violence Conference
ECON STAT: July Housing Starts
WED
8/17 Youth Violence Conference
THUR
8/18 AMVETS 50th National Convention, Buffalo - J. Brown attends

VP & MEG: depart for TN vacation
ECON STAT: Weekly Unemployment; Goods & Services Trade

FRI
8/19 POTUS/Mrs. Gore Birthday
VFW Convention (thru 8/26), Las Vegas
SAT
8/20 DAV Convention (thru 8/25), Chicago
SUN
8/21 Mexico: Presidential Election
Jewish War Veterans Convention (thru 8/27), Dallas
TUE
8/23 Alaska Primary
Oklahoma Primary
PVA Convention (thru 8/27), Boston
THUR
8/25 Anniversary: US and French troops liberate Paris, 1944
SUN
8/28 Anniversary: MLK Jr. "I have a dream speech," 1963
MON
9/5 LABOR DAY
U.N. Int'l Conference on Population & Development (thru 9/13), Cairo
TUE
9/6 Florida Primary
Nevada Primary
Rosh Hashanah
A/L Convention (thru 9/8), Minneapolis
WED
9/7 A/L Convention (thru 9/8), Minneapolis
THUR
9/8 A/L Convention (thru 9/8), Minneapolis
FRI
9/9 Anniversary: Civil Rights Act of 1957 signed
SAT
9/10 RADIO ADDRESS
Delaware Primary

MON
9/12 SENATE AND HOUSE RETURN FROM RECESS
Americorps Kick-off
TUE
9/13 Arizona Primary
Connecticut Primary
Maryland Primary
Minnesota Primary
New Hampshire primary
New York Primary
Rhode Island Primary
Vermont Primary
Wisconsin Primary

WED
9/14 Reinventing Gov't Event
Society of Professional Journalism Meeting (thru 9/17), Nashville
THUR
9/15 Yom Kippur
SAT
9/17 Hawaii Primary
SUN
9/18 Sweden: Parliamentary elections
TUE
9/20 Massachusetts Primary
Washington Primary
Oklahoma runoff
Opening of UN General Assembly

WED
9/21 U.N. Gen. Assembly convenes, NYC
ANNIVERSARIES
National and Community Service Trust Act (1993)
MON
9/25 First Lady: UN Reception, New York
TUE
9/26 POTUS: UN General Assembly Address, UN Reception
WED
9/27 Yeltsin State Visit

THURS
9/28 Yeltsin State Visit
FRI
9/30 US MORATORIUM ON NUCLEAR TESTING EXPIRES
SAT
10/1 American Chamber of Commerce Executives Mtg. (thru 10/3), Memphis
Louisiana Primary
SUN
10/2 Magazine Publishers of America Mtg. (thru 10/3), Laguna Niguel, CA

THUR
10/6 German-American Day
FRI
10/7 CONGRESS TARGET ADJOURNMENT DAY

SAT
10/8 American Bankers' Association Annual Convention (thru 10/11), NYC
SUN
10/9 American College of Surgeons Meeting (thru 10/14), Chicago
Mortgage Bankers' Association of America (thru 10/12), Boston
MON
10/10 Columbus Day
THUR
10/13 Anniversary: Rabin & Arafat sign peace agreement at WH, 1993
TUE
10/18 Mandela Visit
SAT
10/22 American Academy of Pediatrics Meeting (thru 10/26), Dallas
MON
10/24 Florida runoff

MON
10/31 INTERNATIONAL UNICEF DAY

SAT
11/5 Louisiana runoff

WOMEN VETERANS RECOGNITION WEEK

TUE
11/8 ELECTION DAY
FRI
11/11 VETERANS DAY -
75th ANNIVERSARY

SAT
11/12 RADIO ADDRESS

SUN
11/13 Gore/Chernomyrdin in Russia

THUR
11/17 NAFTA PASSED BY THE HOUSE (1993): ANNIVERSARY
SUN
11/27 Hanukkah begins at sundown
National Home Care Week, November 27 - December 3, 1994
WED
11/30 BRADY LAW (1993): ANNIVERSARY
THUR
12/1 WORLD AIDS DAY
Mexican Inauguration

SAT
12/10 RADIO ADDRESS
Nobel Prizes Awarded, Stockholm

RECORD TYPE: PRESIDENTIAL (RECONSTRUCTED EMAIL)

CREATOR: Paul Meyer (MEYER_P) (WHO)

CREATION DATE/TIME:27-JUL-1994 11:30:00.00

SUBJECT: Accomplishments - thanks

TO: Paul J. Weinstein, Jr (WEINSTEIN_P) (OPD)
READ: UNKNOWN

TEXT:

PRINTER FONT 12_POINT_ROMAN
HOUSING

? Passed the Housing and Community Development Act of 1993, a bill to reform r for the disposition of HUD-owned multi-family property, enhance program flexibility authorize a program to combat crime.
? Reformulated mission and priorities of HUD, making a commitment to community family support, economic improvement, individual rights and responsibilities, and reduction of spatial separation by race and income.
? Granted $300 million to the Urban Revitalization Demonstration Program (HOPE revitalize the most severely distressed public housing developments in the nation.
? Established partnership with the AFL-CIO, Fannie-Mae and Freddie-Mac to crea investment trust fund that will provide an additional $600 million to rebuild and cr affordable housing.
? Created new partnerships with nonprofit organizations, the private sector, foundations, and labor leaders to construct low-income housing and emergency shelters and to invest in the National Community Development Initiative.
? Announced funding of $109.6 million for economic development and production low-income rental housing in California.
? Extended low-income housing credit permanently, increasing opportunities for housing development by the private sector.
? Established the Innovative Homeless Initiative, allowing the Administration undertake comprehensive strategies with cities committed to ensuring that homeless persons receive the full range of services needed to move from shelters to permanent housing. Implemented a pilot program, the "D.C. Initiative," to address homelessness in the District of Columbia.
? Announced a $412 million grant to homeless programs nationwide - the largest homeless grant in federal history.
? Issued an Executive Order establishing the President's Fair Housing Council, level organization devoted to insuring fairness and non-discrimination against disab and families with children in Federal housing programs.
? Developed a USDA homeless assistance plan through which more than 2,600 home families in nine states will be eligible to become homeowners.

URBAN DEVELOPMENT

? Created nine Economic Empowerment Zones and 95 Enterprise Communities. The local communities the incentives and regulatory flexibility to work with the private sector in developing comprehensive economic development strategies.
? Both Houses of Congress have passed the Community Development Banking Bill. will provide support for community development financial institutions assisting dist communities.
? Delivered the Housing and Community Development Act of 1993 to Congress, sig changing rent policy for public housing tenants and making home ownership easier for income Americans.
? Ordered reform and stricter enforcement of the Community Reinvestment Act to

banks to reinvest and loan money in targeted neighborhoods.
? Established the Community Enterprise Board to assist in the successful imple the Administration's empowerment zone legislation.

WELFARE REFORM

? Expanded the Earned Income Tax Credit by $21 billion over five years to lift families out of poverty with incentives to work. This year, 14 million families wil receive $13 billion in benefits from the EITC. When fully implemented, over 20 mill households with incomes of $27,000 or less will benefit. By 1996, families earning minimum wage could increase their wage rates by 38 percent.
? Fully funded the special supplemental food program for Women, Infants and Ch that, by the end of FY 1996, all eligible children between ages 1 and 4 will be serv Funding was raised $350 million from FY 1993 to FY 1994, increasing average particip by 300,000 families.
? Enacted key provisions of the Mickey Leland Act, broadening food stamp assis for poor families with children, and increased food stamp funding by $2.5 billion over five years.
? Achieved $1 billion in funding for the Family Preservation and Support Initi five years which would help prevent child abuse and teach parents the skills and too they need to raise their children.
? Granted waivers to Wisconsin and Utah for pilot experiments in time-limited