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As Public Puzzles Personal Impact of Health Care Reform
CAUTIOUS SUPPORT FOR CLINTON PLAN



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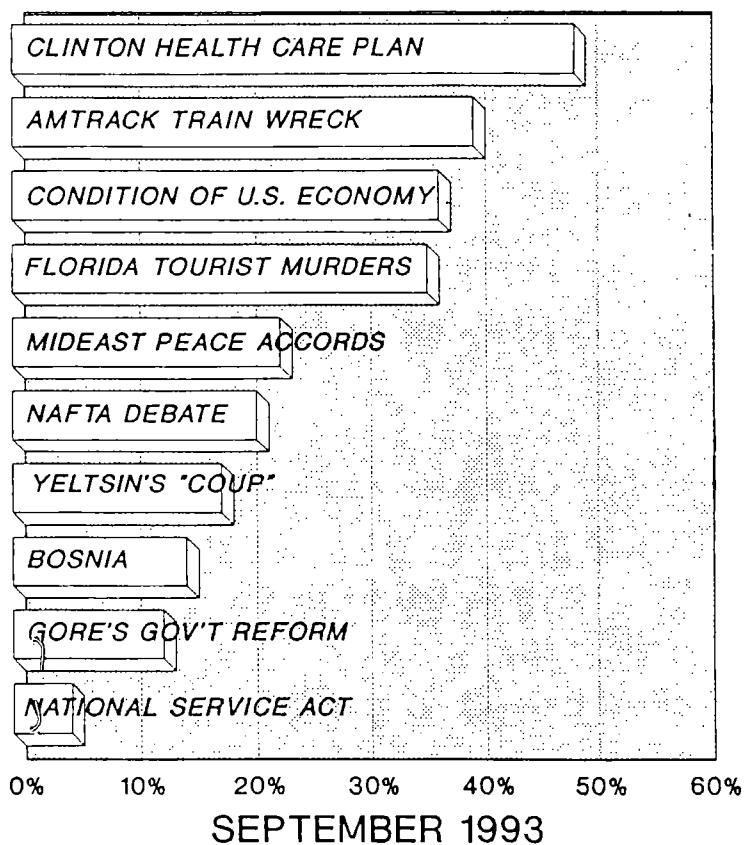
*Push forward.
How? we ask -
How? we ask -
How? we ask -*

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Times Mirror News Interest Index

Public Interest and Awareness of the News



 Times Mirror Center
for The People & The Press

CAUTIOUS SUPPORT FOR CLINTON PLAN, AS PUBLIC PUZZLES PERSONAL IMPACT OF HEALTH CARE REFORM

The American public is expressing wary support for the Clinton health care reform plan, as many Americans attempt to balance the strong appeal of guaranteeing universal access with questions, if not doubts about, how much protection the Clinton approach will actually provide, what it will cost and to what extent it will restrict choice.

The latest *Times Mirror* nationwide telephone survey of 1529 adults conducted September 24-27 found 53% favoring the Clinton health care reform plan, 25% opposing it, and about as many, 22%, saying they had not made up their minds yet. The high undecided response reflects lack of conviction more than lack of attention to the Clinton initiative. The poll found fully 49% of the public saying they had followed the Administration's proposals *very* closely.

This equalled the substantial public attention paid to the President's economic plan when it was unveiled in late February, and far surpassed the amount of public interest in other major news events this month including: the Mideast Peace Accords (23% paid close attention) Yeltsin's Coup (18%) and the deadly Alabama train wreck (40%)

In response to the health care reform announcement, the President's performance ratings improved from a deadlocked 43% approve - 43% disapprove, at the beginning of the month, to a more positive 49% approve - 35% disapprove showing in the current poll. But the survey also found most Americans not changing their views about Bill Clinton's long term prospects. A 54% majority continue to think it is still too early to say whether he will be a successful President.

Attention to the NAFTA debate grew over the course of the month of September. But the informed public remained divided 42% favor, 37% opposed. The poll learned that those who followed the debate most closely showed the least support for the Agreement and the issue of job loss overwhelmed all other considerations.

Clinton's other domestic policy initiatives attracted far less attention. Only 13% followed very closely news about the Re-inventing Government program. And the informed public was split over whether the Gore initiative would be able to make government work more efficiently in the long run.

The passage of the National Service Act in September went virtually unnoticed by the public. Just 5% of Times Mirror's respondents followed news of it *very* closely, and only another 14% said they followed news of it *fairly* closely.

Universal Access Registers

The prospect of guaranteeing universal access is the aspect of the Clinton health care plan that means the most to the public. It is the feature that all Americans, supporters, critics, and fence sitters alike, volunteered as the "*most important thing*" about the Clinton plan in open-

ended questions. And it overshadows all other reasons for supporting the plan among those who now back the President's initiative.

One measure of the salience of universal coverage is found in the fact that 64% of the public had heard of a "*health care security card*" compared to only 36% who said they had heard the phrase "*managed competition*" and 24% who had heard of the "*single payor*" system.

Assuring universal access was cited as a reason for favoring the reform proposals by 43% of the plan's supporters. The need for a change in the health care system generally was mentioned next most often (by 22%), and all other individual reasons were given by fewer than 10% of respondents.

In contrast, Americans who say they oppose the Clinton plan cite a diverse set of arguments on an unprompted basis: 17% volunteer that the Clinton plan will not save money, 12% say that it is an unworkable proposal, 9% mention an increased burden on small businesses, 8% criticize the plan because it takes away the individual's responsibility for health care and 8% cite increased government involvement.

Reflecting these concerns more specifically, the public expresses doubts about how Clinton's plan will affect their own health care, and doesn't believe that the plan can be achieved without a major tax increase. Americans also clearly envision government supplanting private insurance companies as the institution with the greatest influence on health care policy.

But analysis of the poll reveals that the rock bottom reason for public support or opposition to Clinton's plan is not taxes, nor the encroachment of government, but how Americans see the plan affecting their costs, their choice of doctors and their personal coverage.

Perceptions of Costs

Americans do not think they will pay less than they do now for routine health care services under the Clinton plan. Most (41%) believe their costs will remain the same, and many (32%) see themselves paying more. Only about one in ten (12%) think they will pay less for routine health care services, if the Clinton plan comes into being. And the co-payment feature of the Clinton plan was well recognized by the public. No fewer than 88% of Times Mirror's respondents thought they would be required to pay out of their own pockets some share of the cost of the services they use.

Devil is in the Details

While large percentages of the public cheer the guarantees of universal access offered by the Clinton plan, the poll found many people were not clear as to the specifics:

* 64% of the public thought that the Clinton health care plan offered coverage to all Americans, but 17% did not think the plan went that far, and 19% were not sure.

* 54% thought the plan guaranteed that workers would not lose their coverage, if they lost or quit their jobs. But 15% did not think this was so, and as many as 31% were not sure of this.

*85% thought that cost of major illness would be included as part of the basic health care package. But smaller percentages thought basic coverage included regular physical checkups (74%). Nearly as many (73%) thought that the cost of prescription drugs were included. Somewhat fewer (68%) believed that mental health care costs would be covered and about half believed that eye care and nursing home care would be part of the basic Clinton package.

*61% thought that under the Clinton plan they would be able to purchase plans that offer more health care options than the basic service. As many as 27% were not sure about this, and 12% thought it not possible.

The public is equivocal about how well the Clinton plan would protect them from its greatest fear, the cost of a major illness. Only 17% think they will be better protected than they are now, while 23% believe their protection will not be as good. Most (45%) think the Clinton plan would be no better or worse than the status quo. Uncertainty about the degree of protection offered by the Clinton plan is apparent across the spectrum of current coverage arrangements, as shown in the table below. Of particular note is that only 33% of those who now have *no insurance* think they will be better covered under the Clinton plan.

<i>Belief About How Well Clinton Plan Will Protect:</i>	<i>Type of Current Coverage:</i>				
	<i>Private</i>	<i>HMO</i>	<i>Medicare</i>	<i>Medicaid</i>	<i>None</i>
Better	14	13	19	19	33
Not As Well	25	24	22	12	16
About As Well	46	53	40	53	30
Don't Know	<u>15</u>	<u>10</u>	<u>19</u>	<u>16</u>	<u>21</u>
	100	100	100	100	100

Beliefs About Choice

Many Americans wonder whether they will have as much freedom to choose their doctor under the Clinton plan as they do now. Forty-five percent think they will have *less* freedom and 42% believe they will have *as much* freedom. When asked if they would be able to continue to see their regular doctor, most (44%) said *probably* yes, while 35% responded *definitely* yes. A plurality of people currently enrolled in a private insurance plan expect to have less freedom than they have now. Those now enrolled in managed care plans, Medicare, Medicaid and those having no insurance expect as much choice as they have today.

Government Supplants Insurance Company Influence

Although Americans are uncertain about how the Clinton plan will affect their own care, they have a clear vision of a larger role for government in setting health care policy. Most Americans (56%) think that private insurance companies now have the most influence over the nation's health care services. Just 17% think that doctors have the most say and 12% feel the government has the most influence now. Under the Clinton plan, relatively few respondents think doctors (10%) or insurance companies (12%) will have the major influence on health care policy. Instead, a strong majority (65%) see government having the loudest voice.

A 74% majority of the public also believes that the Clinton plan will require a hike in federal income taxes, or other broad based taxes. Fewer than one in five (18%) think that taxes will not be raised to pay for the reforms.

These two factors - increased taxes and greater government control - are the predominant views of *both* critics and supporters of the Clinton plan. (See Table on pp. 13-15) However, opponents, backers and fence sitters differ markedly in how they see the plan affecting their own personal health care. A plurality of opponents think they will be afforded less protection from the costs of catastrophic illness, and will have to pay more than they do now for routine health care costs. And a majority of this group think they will have less choice in doctors.

People who back the Clinton plan see it as protecting them at least as well, if not better, than their current arrangement. Proponents also see routine care costing about as much as it costs now, and for the most part think that their choice of doctors will not be further restricted.

Americans who are undecided about the Clinton plan fall between the extremes in the expectations of supporters and opponents. (See Table on pp. 13-15)

Demographically and politically, support for the Clinton health care reform plan comes from expected quarters: Democrats, poorer people, non-whites and Clinton voters. On balance, Bush voters oppose the plan, while a plurality of Perot voters say they support the Clinton initiative. People who are regular listeners to talk radio or have contacted Congress to express their opinion are more critical of the Clinton plan than are other Americans.

Little difference in response to health care reform was observed by age, which is a factor that often differentiates peoples views about health. However, the poll did find that seniors (65 and older) were more undecided about the plan than younger people.

NAFTA

As the Administration began its campaign for Congressional approval of the Agreement, Americans were paying more attention to NAFTA. Times Mirror's survey of the attentive public on this issue¹ reveals that while there is significant acknowledgement of NAFTA's upside potential to increase the sale of goods to Mexico and to reduce illegal immigration from that country, the job loss criticism of the treaty has more power to shape public opinion.

¹ Only Respondents who said they were following news about the NAFTA debate very or fairly closely were asked detailed questions about the issue.

Indeed, the poll found that those following the debate most closely had a much more negative view of the treaty than those who paid less attention. NAFTA was opposed by a 46% to 36% margin among people who have the news about it *very closely*. In contrast the treaty was *favored* by 46% vs. 30% among those who have only followed this story *fairly closely*.

The informed public appears to have accurately absorbed some facts about NAFTA, such as its side agreements requiring Mexico to follow stricter environmental and labor standards. Sixty percent of respondents thought Mexico would have to meet stiffer ecological standards, while 52% believed it would have to adhere to tougher labor regulations.

As to the background to the treaty debate, public knowledge was spotty. Most respondents to the Times Mirror survey (45%) believed Mexico sells more goods to the United States than it buys from the United States. However, a 39% plurality correctly thought that now Mexico puts more restrictions on the U.S. doing business there, than the reverse.

These opinions and perceptions notwithstanding, opponents of NAFTA justify their view with one clear concept: the Agreement will cost U.S. jobs. Fully two-thirds (66%) of NAFTA critics volunteered this fear in an open-ended question. In contrast, no one issue was cited in favor of NAFTA. Instead, a welter of reasons was offered, led by increased trade: opening markets to U.S. goods (15%) and encouraging free trade (13%). Other reasons cited included creating jobs (14%), encouraging cooperation and goodwill (14%), and stimulating the U.S. economy in the long term (12%).

When asked directly, more of the informed public anticipates job losses (51%) than job gains (31%) if NAFTA passes. But a majority of respondents also expected the United States to sell more goods to Mexico (51%) than less (33%) in the future. And a plurality of the informed public (47%) believes NAFTA would result in fewer immigrants from Mexico rather than an increase (23%).

Jobs, not trade or immigration or the environment, is a more potent element in the debate on NAFTA. Of those who favor NAFTA, 57% believe it will create jobs; but of those opposed to NAFTA, many more (89%) believe it will lose jobs for American workers. Job expectations are more strongly correlated with support for the treaty than are trade expectations. As for rhetoric, half of all respondents (50%) had heard Ross Perot's catchy complaint about "***the great sucking sound of jobs going south***" if NAFTA passes.

Demographically, more women in the survey were in favor of NAFTA than opposed it, while men were evenly split. Those who voted for President Clinton and former President George Bush are more in favor, by roughly four to three, while those who voted for Ross Perot were against it in about the same proportion. Majorities of those with lower incomes and less education oppose the Agreement, while majorities with higher incomes and higher education approve. Regionally, the West is more in favor, and the Midwest most opposed.

PERCENT FOLLOWING EACH NEWS STORY "VERY CLOSELY"

	<i>Clinton Admin.'s Health care Reform Proposal</i>	<i>Amtrack Train Wreck</i>	<i>Reports About Condition Of the U.S. Economy</i>	<i>Tourists Murders In Florida</i>	<i>Peace Accords Between Israel & PLO</i>	<i>N</i>
Total	49	40	37	36	23	1529
Sex						
Male	48	37	41	35	26	741
Female	49	42	33	38	20	788
Race						
White	48	39	36	35	23	1316
*Hispanic	52	47	37	40	31	92
Black	55	54	51	50	21	113
Age						
Under 30	38	36	29	34	17	320
30-49	50	35	38	33	21	644
50 +	54	49	41	43	28	554
Education						
College Grad.	53	36	41	33	30	434
Other College	55	40	41	39	23	441
High School Grad	47	40	35	37	19	491
< H. S. Grad.	38	43	31	36	20	163
Region						
East	48	35	34	33	28	298
Midwest	47	35	36	37	20	399
South	49	49	39	41	22	560
West	52	36	39	32	21	272
Party ID						
Republican	47	37	38	36	25	428
Democrat	53	48	39	42	24	467
Independent	48	38	35	34	21	569

Question: Now I will read a list of some stories covered by news organizations this past month. As I read each item, tell me if you happened to follow this news story very closely, fairly closely, not too closely, or not at all closely.

*The designation, hispanic, is unrelated to the white-black categorization.

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PERCENT FOLLOWING EACH NEWS STORY "VERY CLOSELY"

	<i>Debates About NAFTA</i>	<i>Yeltsin's Decision To dissolve Russian Parliament</i>	<i>Civil War in Bosnia</i>	<i>Gore's Program To reform Federal Government</i>	<i>Passage of the National Service Act</i>	<i>N</i>
Total	21	18	15	13	5	1529
Sex						
Male	27	22	17	13	4	741
Female	15	15	13	13	5	788
Race						
White	21	19	15	13	4	1316
*Hispanic	28	18	20	17	7	92
Black	18	17	16	17	9	113
Age						
Under 30	15	14	12	11	6	320
30-49	19	17	15	11	3	644
50+	26	22	17	16	5	554
Education						
College Grad.	25	26	15	16	5	434
Other College	25	20	14	14	4	441
High School						
Grad	18	15	14	12	4	491
< H. S. Grad.	13	13	16	11	6	163
Region						
East	18	20	18	14	6	298
Midwest	24	16	15	12	2	399
South	20	17	13	14	5	560
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SELECTED TABLES

CLINTON JOB APPROVAL

	<u>Sept. 24-27</u>		<u>Sept. 9-15</u>	
	<i>Approve</i>	<i>Disapprove</i>	<i>Approve</i>	<i>Disapprove</i>
Total	49	35	43	43
Sex				
Male	48	40	42	47
Female	50	31	45	40
Race				
White	45	39	41	47
Non-white	75	12	58	23
Age				
Under 30	48	38	47	41
30-49	48	38	40	47
50+	52	30	44	40
Education				
College Grad.	48	41	47	44
Some College	49	36	42	47
High School Grad.	50	33	43	41
< H.S. grad.	50	31	41	41
Family Income				
\$50,000+	47	44	39	52
\$30,000-\$49,999	51	35	40	48
\$20,000-\$29,999	50	37	44	41
< \$20,000	50	30	47	36
Region				
East	56	30	43	39
Midwest	49	33	43	44
South	44	41	43	45
West	50	34	45	43
Party ID				
Republican	24	62	21	70
Democrat	77	12	70	18
Independent	46	36	38	46
Past Vote				
Bush	21	66	N/A	N/A
Clinton	79	10	N/A	N/A
Perot	31	54	N/A	N/A

CONTINUED...

	<u>Sept. 24-27</u>		<u>Sept. 9-15</u>	
	<i>Approve</i>	<i>Disapprove</i>	<i>Approve</i>	<i>Disapprove</i>
<i>Health Insurance</i>				
Private	46	39	N/A	N/A
HMO	60	29	N/A	N/A
Medicare	51	31	N/A	N/A
Medicaid	59	28	N/A	N/A
None	47	31	N/A	N/A
<i>The Vocals</i>				
Regular Listener	45	42	N/A	N/A
To Talk Radio				
Contacted Washington	41	46	N/A	N/A
In Past 12 Months				
Both	41	45	N/A	N/A
Neither	52	31	N/A	N/A

Question: Do you approve or disapprove of the way Bill Clinton is handling his job as President?

CLINTON HEALTH CARE REFORM PROPOSAL

	<i>FAVOR</i>	<i>NOT SURE</i>	<i>OPPOSE</i>	<i>(N)</i>
<i>Total</i>	53	22	25=100	(1529)
<i>Sex</i>				
Male	52	19	29=100	(741)
Female	53	25	22=100	(788)
<i>Race</i>				
White	50	23	27=100	(1316)
Non-white	70	13	17=100	(205)
<i>Age</i>				
Under 30	51	22	27=100	(320)
30-49	53	19	28=100	(644)
50+	54	25	21=100	(544)
65+	53	30	17=100	(275)
<i>Education</i>				
College Grad.	50	20	30=100	(434)
Some College	52	22	26=100	(441)
High School Grad.	52	23	25=100	(491)
< H.S. grad.	58	23	19=100	(163)
<i>Family Income</i>				
\$50,000+	47	21	32=100	(350)
\$30,000-\$49,999	54	21	25=100	(363)
\$20,000-\$29,999	56	19	25=100	(287)
< \$20,000	56	24	20=100	(386)
<i>Region</i>				
East	57	18	25=100	(298)
Midwest	52	23	25=100	(399)
South	51	23	26=100	(560)
West	52	23	25=100	(272)
<i>Party ID</i>				
Republican	29	27	44=100	(428)
Democrat	75	16	9=100	(467)
Independent	52	23	25=100	(569)
<i>Past Vote</i>				
Bush	27	26	47 =100	(384)
Clinton	76	15	9=100	(495)
Perot	47	25	28=100	(177)

CONTINUED...

	<i>FAVOR</i>	<i>NOT SURE</i>	<i>OPPOSE</i>	<i>(N)</i>
<i>Health Insurance</i>				
Private	49	23	28=100	(980)
HMO	57	19	24=100	(263)
Medicare	51	30	19=100	(224)
Medicaid	68	15	17=100	(81)
None	57	23	20=100	(199)
<i>The Vocals</i>				
Regular Listener To Talk Radio	45	19	36=100	(274)
Contacted Washington In Past 12 Months	47	18	35=100	(357)
Both	45	16	39=100	(108)
Neither	56	23	21=100	(1006)

Question: From what you have heard or read, do you favor or oppose the Clinton Administration's health care reform proposals?

IMPRESSIONS OF CLINTON HEALTH CARE PLAN BY LEVEL OF SUPPORT

	TOTAL (N=1529)	CLINTON HEALTH CARE REFORM PROPOSAL:		
		FAVOR (N=788)	NOT SURE (N=335)	OPPOSE (N=406)
<i>Q.7b In your own mind, what's the most important thing about the Clinton health plan? (NETS)</i>				
Security/Universal Access	53	65	46	36
Savings - Will Cut Costs/Prices	6	6	5	5
Benefits for Elderly	5	5	7	4
<i>Q.7c How well do you understand the way your own health care would change under the Clinton plan?</i>				
Well	47	54	29	45
Not well	45	38	58	48
Don't know	<u>8</u>	<u>8</u>	<u>13</u>	<u>7</u>
	100	100	100	
<i>Q.8 From what you have heard or read, will you and your family pay more for routine medical care under the Clinton plan than you do now, less than you do now, or about as much?</i>				
More	32	20	37	54
Less	12	16	8	4
As much	41	51	30	31
Don't know	<u>15</u>	<u>13</u>	<u>25</u>	<u>11</u>
	100	100	100	100
<i>Q.8a Do you think Americans will be required to pay out of their own pockets some share of the cost of the health care services they use, or will all the costs covered by the plan be paid in full?</i>				
Will have to pay	88	86	86	92
All paid for	5	7	2	4
Depends on plan purchased	1	2	2	1
Don't know	<u>6</u>	<u>5</u>	<u>10</u>	<u>3</u>
	100	100	100	100

CONTINUED...

CLINTON HEALTH CARE REFORM PROPOSAL:

	TOTAL	FAVOR	NOT SURE	OPPOSE
<i>Q.8b In your opinion, do you think that federal income taxes or other taxes that affect everyone will have to be increased to pay for the Clinton plan, or do you think that we will be able to pay for the plan without a general tax increase?</i>				
Will have to tax	74	66	73	91
Will not tax	18	26	14	5
Don't know	<u>8</u>	<u>8</u>	<u>13</u>	<u>4</u>
	100	100	100	100
<i>Q.9 From what you have heard or read, does the Clinton plan protect you and your family from paying the cost of a major illness better than you are now protected, not as well as you are now protected or about as well?</i>				
Better	17	25	12	5
Not as well	23	13	23	43
About as well	45	51	39	38
Don't know	<u>15</u>	<u>11</u>	<u>26</u>	<u>14</u>
	100	100	100	100
<i>Q.10 Do you happen to know, does the Clinton health care reform plan guarantee health insurance coverage to all Americans, or doesn't the plan go that far?</i>				
Yes, guarantees	64	69	57	59
No, doesn't guarantee	17	13	19	24
Don't know	<u>19</u>	<u>18</u>	<u>24</u>	<u>17</u>
	100	100	100	100
<i>Q.11 Do you happen to know, does the Clinton health care reform plan guarantee that workers do not lose their health insurance coverage, if they lose or quit their jobs or doesn't the plan go that far?</i>				
Yes, guarantees	54	58	48	50
No, doesn't guarantee	15	12	13	23
Don't know	<u>31</u>	<u>30</u>	<u>39</u>	<u>27</u>
	100	100	100	100

CONTINUED...

CLINTON HEALTH CARE REFORM PROPOSAL:

	TOTAL	FAVOR	NOT SURE	OPPOSE
<i>Q.11a Do you happen to know, under the Clinton plan, will all Americans have the same basic service or will people be able to purchase plans that offer more health care options than the basic plan?</i>				
All same	12	11	9	16
Can buy more	61	66	53	58
Don't know	<u>27</u>	<u>23</u>	<u>38</u>	<u>26</u>
	100	100	100	100
<i>Q.13a Under the Clinton plan, do you think that you will definitely be able to continue to see your regular doctor, probably be able to or not be able to?</i>				
Definitely	35	47	22	21
Probably	44	42	52	43
Not be able to	10	4	7	24
Depends on plan purchased	2	1	3	1
Don't know	<u>9</u>	<u>6</u>	<u>16</u>	<u>11</u>
	100	100	100	100
<i>Q.15 Under the Clinton plan, who do you think will have the most influence, Doctors, Hospitals, Insurance Companies or the Government?</i>				
Doctors	10	15	6	4
Hospitals	3	4	3	2
Insurance Companies	12	9	15	15
Government	65	62	63	73
Don't know	<u>10</u>	<u>10</u>	<u>13</u>	<u>6</u>
	100	100	100	100
<i>Q.16 As I read from a list, tell me if you think the cost of each service that I name will be included in the basic health care package proposed by Clinton? (% Agree)</i>				
Mental health care	68	74	58	66
Prescription drugs	73	77	69	68
Eye care	51	58	41	45
Cosmetic surgery	5	5	4	5
Nursing home care	54	61	47	45
Regular check ups	74	80	68	65
Major illnesses	85	90	79	81

VIEW OF NAFTA*

	<i>FAVOR</i>	<i>DON'T KNOW</i>	<i>OPPOSE</i>	<i>(N)</i>
<i>Total</i>	42	21	37=100	(805)
<i>Sex</i>				
Male	42	16	42=100	(453)
Female	41	29	30=100	(352)
<i>Race</i>				
White	42	20	38=100	(709)
Non-white	39	32	29=100	(91)
<i>Age</i>				
Under 30	54	17	29=100	(137)
30-49	42	19	39=100	(319)
50+	35	26	39=100	(341)
<i>Education</i>				
College Grad.	50	20	30=100	(253)
Some College	42	21	37=100	(254)
High School Grad.	37	23	40=100	(239)
< H.S. grad.	35	22	43=100	(59)
<i>Family Income</i>				
\$50,000+	47	20	33=100	(219)
\$30,000-\$49,999	42	20	38=100	(187)
\$20,000-\$29,999	44	20	36=100	(163)
< \$20,000	33	25	42=100	(178)
<i>Region</i>				
East	44	22	34	(145)
Midwest	32	21	47	(225)
South	42	22	36	(278)
West	51	21	28	(157)
<i>Party ID</i>				
Republican	48	23	29	(241)
Democrat	38	24	38	(219)
Independent	40	18	42	(314)
<i>Past Vote</i>				
Bush	46	22	32	(227)
Clinton	44	22	34	(267)
Perot	32	19	49	(112)
<i>The Vocals</i>				
Regular Listener)				
To Talk Radio	49	16	35	(193)
Contacted Washington				
In Past 12 Months	43	17	40	(247)
Both	45	13	42	(87)
Neither	39	24	37	(452)

Question: Do you favor or oppose NAFTA, the free trade agreement between the U.S., Mexico and Canada?

*Based on those who said they were following NAFTA *Very* or *Fairly* Closely.

IMPRESSIONS OF NAFTA BY LEVEL OF SUPPORT*

	TOTAL	VIEW OF NAFTA:		
		FAVOR	DON'T KNOW	OPPOSE
<i>Q.18 What's your impression, do we now sell more to Mexico than we buy from Mexico or do we sell less to Mexico than we buy?</i>				
Sell more	34	45	22	29
Sell less	45	34	45	57
Don't know	<u>21</u>	<u>21</u>	<u>33</u>	<u>14</u>
	100	100	100	100
<i>Q.19 What's your impression about trade between Mexico and the U.S., are there now more restrictions on the U.S. doing business in Mexico or are there now more restrictions on Mexico doing business in the U.S.?</i>				
More on US in Mexico	39	40	24	45
More on Mexico in US	33	35	33	31
Don't know	<u>28</u>	<u>25</u>	<u>43</u>	<u>24</u>
	100	100	100	100
<i>Q.20 As far as you know, does the free trade agreement require that Mexico follow stricter environmental standards or won't Mexico have to improve its environmental standards for this agreement?</i>				
Yes, required	60	70	53	53
No, not required	19	11	12	31
Don't know	<u>21</u>	<u>19</u>	<u>35</u>	<u>16</u>
	100	100	100	100
<i>Q.21 As far as you know, does the free trade agreement require that Mexico follow stricter labor standards or won't Mexico have to improve its labor standards for this agreement?</i>				
Yes, required	52	58	49	46
No, not required	24	18	13	39
Don't know	<u>24</u>	<u>24</u>	<u>38</u>	<u>15</u>
	100	100	100	100

CONTINUED...

	TOTAL	VIEW OF NAFTA:		
		FAVOR	DON'T KNOW	OPPOSE
Q.22 What's your impression, if the free trade agreement passed, in the long run, would it lead to more jobs being created in the U.S. or would it lead to more jobs leaving the U.S.?				
Job creation	31	57	19	8
Job loss	51	23	42	89
Same (VOL.)	5	8	7	0
Don't know	<u>13</u>	<u>12</u>	<u>32</u>	<u>3</u>
	100	100	100	100
Q.23 What's your impression, if the free trade agreement passed, would it lead to the U.S. selling more goods to Mexico or would it lead to the U.S. selling fewer goods to Mexico?				
More	51	78	40	28
Less	33	13	27	58
Same (VOL.)	4	3	5	6
Don't know	<u>12</u>	<u>6</u>	<u>28</u>	<u>8</u>
	100	100	100	100
Q.24 What's your impression, would the free trade agreement lead to fewer illegal immigrants coming into the U.S. from Mexico or would it lead to more illegal immigrants coming into the country?				
Fewer	47	61	36	36
More	23	16	20	34
Same (VOL.)	16	14	14	19
Don't know	<u>14</u>	<u>9</u>	<u>30</u>	<u>11</u>
	100	100	100	100

*Based on those who said they were following NAFTA **Very** or **Fairly** Closely.

SURVEY METHODOLOGY

ABOUT THIS SURVEY

The survey results are based on telephone interviews conducted under the direction of Princeton Survey Research Associates among a nationwide sample of 1,529 adults, 18 years of age or older, during the period September 24-27, 1993. For results based on the total sample, one can say with 95% confidence that the error attributable to sampling and other random effects is plus or minus 3 percentage points.

In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

SURVEY METHODOLOGY IN DETAIL

The sample for this survey is a random digit sample of telephone numbers selected from telephone exchanges in the continental United States. The random digit aspect of the sample is used to avoid "listing" bias and provides representation of both listed and unlisted numbers (including not-yet-listed). The design of the sample ensures this representation by random generation of the last two digits of telephone numbers selected on the basis of their area code, telephone exchange, and bank number.

The telephone exchanges were selected with probabilities proportional to their size. The first eight digits of the sampled telephone numbers (area code, telephone exchange, bank number) were selected to be proportionally stratified by county and by telephone exchange within county. That is, the number of telephone numbers randomly sampled from within a given county is proportional to that county's share of telephone households in the U.S. Estimates of the number of telephone households within each county are derived from 1990 Census data on residential telephone incidence that have been updated with state-level information on new telephone installations and county-level projections of the number of households. Only working banks of telephone numbers are selected. A working bank is defined as 100 contiguous telephone numbers containing three or more residential listings.

The sample was released for interviewing in replicates. Using replicates to control the release of sample to the field ensures that the complete call procedures are followed for the entire sample.

At least three attempts were made to complete an interview at every sampled telephone number. The calls were staggered over times of day and days of the week to maximize the chances of making a contact with a potential respondent. All interview breakoffs and refusals were re-contacted at least once in order to attempt to convert them to completed interviews. In each contacted household, interviewers asked to speak with the "youngest male 18 or older who is at home". If there is no eligible man at home, interviewers asked to speak with "the oldest woman 18 or older who lives in the household". This systematic respondent selection technique has been shown empirically to produce samples that closely mirror the population in terms of age and gender.

Non-response in telephone interview surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population, and these subgroups are likely to vary also on questions of substantive interest. In order to compensate for these known biases, the sample data are weighted in analysis.

The demographic weighting parameters are derived from a special analysis of the most recently available Census Bureau's Current Population Survey (March 1992). This analysis produced population parameters for the demographic characteristics of households with adults 18 or older, which are then compared with the sample characteristics to construct sample weights. The analysis only included households in the continental United States that contain a telephone.

The weights are derived using an iterative technique that simultaneously balances the distributions of all weighting parameters. After an optimum sample balancing solution is reached, the weights were constrained to fall within the range of 1 to 5. This constraint is useful to ensure that individual respondents do not exert an inordinate effect on the survey's overall results.

THE QUESTIONNAIRE

TIMES MIRROR CENTER FOR THE PEOPLE AND THE PRESS
NEWS INTEREST INDEX
September 24-27, 1993
N=1,529

INTRODUCTION: Hello. I am _____ calling from the Princeton Survey Research Associates from Princeton, New Jersey. We are conducting a telephone opinion survey for leading newspapers and tv stations around the country. I'd like to ask a few questions of the youngest male, 18 years of age or older, who is now at home (IF NO MALE, ASK: May I please speak with the oldest female, 18 years of age or older, who is now at home?)

MY FIRST QUESTION IS...

Q.1 Do you approve or disapprove of the way Bill Clinton is handling his job as President?

		Early Sept <u>1993</u>	Aug <u>1993</u>	June <u>1993</u>	May <u>1993</u>	April <u>1993</u>	Feb <u>1993</u>
49	Approve	43	39	39	45	49	56
35	Disapprove	43	46	43	37	29	25
<u>16</u> <u>100</u>	Don't know/Refused	<u>14</u> <u>100</u>	<u>15</u> <u>100</u>	<u>18</u> <u>100</u>	<u>18</u> <u>100</u>	<u>22</u> <u>100</u>	<u>19</u> <u>100</u>

Q.1a Do you approve or disapprove of the way your own representative to the US House in Congress is handling his or her job?

		Aug <u>1993</u>	Mar <u>1992</u>	*Dec <u>1991</u>
54	Approve	52	45	60
24	Disapprove	26	37	28
<u>22</u> <u>100</u>	Don't know/Refused	<u>22</u> <u>100</u>	<u>18</u> <u>100</u>	<u>12</u> <u>100</u>

*Washington Post

Q.1b In the long run, do you think Bill Clinton will be a successful or unsuccessful President, or do you think it is too early to tell?

		Aug <u>1993</u>
22	Successful	13
22	Unsuccessful	25
54	Too early to tell	60
<u>2</u> <u>100</u>	Can't say/Refused	<u>2</u> <u>100</u>

Q.2 Now I will read a list of some stories covered by news organizations this past month. As I read each item, tell me if you happened to follow this news story very closely, fairly closely, not too closely, or not at all closely. (READ AND ROTATE LIST) How closely did you follow news stories about ... (READ SCALE IF NECESSARY)?

	<u>Very Closely</u>	<u>Fairly Closely</u>	<u>Not Too Closely</u>	<u>Not at All Closely</u>	<u>DK</u>
a. The civil war in Bosnia					
September, 1993	15	32	32	20	1=100
Early September, 1993	17	38	26	19	*=100
August, 1993	19	37	25	18	1=100
May, 1993	23	34	28	13	2=100
February, 1993	15	32	33	20	*=100
January, 1993	15	33	30	22	*=100
September, 1992	10	27	31	31	1=100
b. Reports about the condition of the U.S. economy					
September, 1993	37	40	14	8	1=100
Early September, 1993	39	39	14	9	*=100
August, 1993	41	36	14	9	*=100
May, 1993	37	38	18	6	1=100
February, 1993	49	36	10	5	*=100
January, 1993	42	39	12	7	*=100
September, 1992	43	37	13	6	*=100
May, 1992	39	39	15	6	1=100
March, 1992	47	38	11	4	*=100
February, 1992	47	37	10	6	*=100
January, 1992	44	40	11	5	*=100
October, 1991	36	38	16	9	1=100
c. Boris Yeltsin's decision to dissolve the Russian Parliament					
September, 1993	18	32	27	22	1=100
d. The peace accords between Israel and the PLO ²					
September, 1993	23	33	24	19	1=100
Early September, 1993	19	31	23	26	1=100
e. The murders in Florida of foreign tourists					
September, 1993	36	37	18	9	*=100

² In previous month story was listed as "Talks between Israel and the PLO about Arab self-rule for the Gaza Strip and the West Bank town of Jericho

Q.2 con't . . .

	<u>Very Closely</u>	<u>Fairly Closely</u>	<u>Not Too Closely</u>	<u>Not at All Closely</u>	<u>DK</u>
f. Debate about the free trade agreement between the US, Canada and Mexico ³					
September, 1993	21	29	26	23	1=100
Early September, 1993	15	28	26	30	8=100
October, 1993	13	27	29	30	1=100
g. The Clinton Administrations's health care reform proposals					
September, 1993	49	34	11	6	*=100
h. Vice President Gore's program to reform the workings of the Federal Government					
September, 1993	13	25	30	31	1=100
Early September, 1993	18	30	23	28	1=100
i. The passage of the National Service Act that provides for a volunteer youth corp					
September, 1993	5	14	31	47	3=100
j. The Amtrak train wreck in Alabama					
September, 1993	40	37	15	7	1=100

³ In previous month story was listed as "Debate about the North American Free Trade Agreement"

Q.3 Which one of the stories I just mentioned, have you followed most closely?
 (DO NOT READ LIST. ACCEPT ONLY ONE RESPONSE.)

	<u>Story Followed Most Closely</u>
a. The civil war in Bosnia	4
b. Reports about the condition of the U.S. economy	6
c. Boris Yeltsin's decision to dissolve the Russian Parliament	2
d. The peace accords between Israel and the PLO	4
e. The murders in Florida of foreign tourists	10
f. Debate about the free trade agreement between the US, Canada and Mexico	5
g. The Clinton Administrations's health care reform proposals	43
h. Vice President Gore's program to reform the workings of the Federal Government	1
i. The passage of the National Service Act that provides for a volunteer youth corp	1
j. The Amtrak train wreck in Alabama	16
CAN'T SAY	<u>8</u> 100

Q.4 Of all the stories mentioned, which of them, if any, received too much coverage? (DO NOT READ LIST, ACCEPT MULTIPLE RESPONSES, BE SURE TO PROMPT FOR "ANY OTHERS". PROBE FOR WHICH BOSNIA ITEM, IF NEEDED).

	<u>TOO MUCH COVERAGE</u>
a. The civil war in Bosnia	10
b. Reports about the condition of the U.S. economy	1
c. Boris Yeltsin's decision to dissolve the Russian Parliament	3
d. The peace accords between Israel and the PLO	3
e. The murders in Florida of foreign tourists	9
f. Debate about the free trade agreement between the US, Canada and Mexico	2
g. The Clinton Administrations's health care reform proposals	10
h. Vice President Gore's program to reform the workings of the Federal Government	2
i. The passage of the National Service Act that provides for a volunteer youth corp	*
j. The Amtrak train wreck in Alabama	3
CAN'T SAY	27
NONE	35

IF RESPONDENT SAID '11' CAN'T SAY IN Q.3, SKIP TO Q.6

Q.5 In general, how would you rate the job the press has done in covering (STORY FOLLOWED MOST CLOSELY IN Q.3); excellent, good, only fair, or poor?

		STORY FOLLOWED MOST CLOSELY				
		Health Care Reform Proposal	Amtrak Train Wreck	Tourists Murders In Florida	Reports on U.S. Economy	NAFTA Debate
<u>Total</u>		<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
19	Excellent	20	29	16	2	12
50	Good	52	53	46	47	38
23	Only Fair	22	12	25	38	40
6	Poor	4	3	10	12	10
<u>2</u>	Don't Know	<u>2</u>	<u>3</u>	<u>3</u>	<u>1</u>	<u>*</u>
<u>100</u>		<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

ON ANOTHER SUBJECT . . .

If National Service Followed - Very or Fairly Closely in Q.2:

Q.6 Do you happen to know what the National Service Act gives people in exchange for their working on community service projects or don't you happen to know?

38 Correct answer (College aid/educational grants)

6 Wrong answer

56 Don't know/Refused
100

If Gore's program Followed - Very or Fairly Closely in Q.2:

Q.6a In the long run, do you think that the Clinton administration's program to re-invent government will be able or unable to make the Federal Government work more efficiently?

45 Able

43 Unable

4 (DO NOT READ) Maybe

8 Don't know/Refused
100

ON ANOTHER SUBJECT . . .

Q.7 From what you have heard or read, do you favor or oppose the Clinton Administration's health care reform proposals?

53 Favor

25 Oppose

22 Not sure (SKIP TO Q.7b)
100

Q.7a Why do you feel that way?

BASE: RESPONDENTS WHO FAVOR HEALTH CARE REFORM PROPOSALS

- 43 Security-Universal Access
- 22 Need change/System not working
- 8 Saving will cut costs/Costs too high
- 7 Clinton trying hard/Good intentions
- 6 Will benefit elderly
- 5 Will benefit me/Don't have insurance
- 4 Will benefit poor/Homeless/Unemployed
- 3 Keep up with other countries
- 9 Other
- 6 Don't know/Refused

BASE: RESPONDENTS WHO OPPOSE HEALTH CARE REFORM PROPOSALS

- 17 Savings-Won't save money/Cost too much
- 12 It won't work/Not feasible/Realistic
- 9 Burden on small businesses to pay
- 8 Responsibility-Have to pay for others
- 8 Increased government involvement
- 6 Taxes will go up to pay for it
- 5 Clinton not paying attention to details
- 5 Quality-Standards may go down
- 4 Choice-Won't get to choose
- 4 Won't benefit middle class/Working people
- 4 Detrimental to the economy/Costs jobs
- 4 It's socialized medicine/Socialism
- 4 Won't benefit the elderly
- 15 Other
- 11 Don't know/Refused

Q.7b In your own mind what's the most important thing about the Clinton health plan?

BASE: TOTAL RESPONDENTS

53	Security-Universal access
6	Savings-Will cut costs/Prices
5	Benefits for the elderly
3	How we'll pay for it
3	Benefits for the poor
2	Changes made/Step in right direction
2	Too expensive/Have to control costs
1	Coverage for prescription drugs
1	Burden on small business to pay for
1	Responsibility-Everyone must pay
1	Benefits for children
1	Choice of doctors and services
1	Quality
1	Don't want to pay for other people
1	Taxes will go up to pay for it
1	Dislike government involvement
1	Detrimental to economy/Cost jobs
*	Socialized Medicine/Socialist Program
*	Mental Health Coverage
*	Oppose covering Abortion
2	Other
18	Don't know/Refused

Q.7c How well do you understand the way your own health care would change under the Clinton plan? (READ CHOICES 1-4)

13 Very Well
34 Fairly Well
27 Not Too Well
17 Not At All Well
9 Don't know/Refused
100

Q.7d Generally, do you think Bill Clinton will be successful or unsuccessful in getting his health care reform program enacted by Congress?

59 Successful
25 Unsuccessful
16 Don't know/Refused
100

Q.7e Do you happen to know, whether or not there is a specific Republican plan for health care reform?

24 Yes, there is a plan
23 No plan
53 Don't know/Refused
100

A FEW MORE QUESTIONS ABOUT THE CLINTON PLAN . . .

Q.8 From what you have heard or read, will you and your family pay more for routine medical care under the Clinton plan than you do now, will you pay less than you do now, or about as much as you do now?

32 More
12 Less
41 As Much
15 Don't know/Refused
100

- Q.8a Do you think Americans will be required to pay out of their own pockets some share of the cost of the health care services they use, or will all the costs covered by the plan be paid in full?
- 88 Will have to pay
- 5 All paid for
- 1 (DO NOT READ) Depends on plan purchased
- 6 Don't know/Refused
100
- Q.8b In your opinion, do you think that federal income taxes or other taxes that affect everyone will have to be increased to pay for the Clinton plan, or do you think that we will be able to pay for the plan without a general tax increase?
- 74 Will have to tax
- 18 Will not
- 8 Don't know/Refused
100
- Q.9 From what you have heard or read, does the Clinton plan protect you and your family from paying the cost of a major illness better than you are now protected, not as well as you are now protected or about as well as you are now protected?
- 17 Better
- 23 Not as well
- 45 About as Well
- 15 Don't know/Refused
100
- Q.10 Do you happen to know, does the Clinton health care reform plan guarantee health insurance coverage to all Americans, or doesn't the plan go that far?
- 64 Yes - guarantees
- 17 No
- 19 Don't know/Refused
100

Q.11 Do you happen to know, does the Clinton health care reform plan guarantee that workers do not lose their health insurance coverage, if they lose or quit their jobs or doesn't the plan go that far?

54 Yes - guarantees

15 No

31 Don't know/Refused
100

Q.11a Do you happen to know, under the Clinton plan, will all Americans have the same basic service or will people be able to purchase plans that offer more health care options than the basic plan?

12 All same

61 Can buy more

27 Don't know/Refused
100

Q.12 Under the Clinton plan, do you think you will you have as much freedom to choose your doctor as you now have or will you have less freedom?

42 As much freedom

45 Less freedom

13 Don't know/Refused
100

Q.13 Do you currently have a regular doctor or not?

84 Yes

16 No (SKIP TO Q.14)

* Don't know/Refused (SKIP TO Q.14)
100

IF YES

Q.13a Under the Clinton plan do you think that you will definitely be able to continue to see your regular doctor, probably be able to continue to see your regular doctor or not be able to continue to see your regular doctor?

35 Definitely - Yes

44 Probably - Yes

10 Not be able to

2 (DO NOT READ) Depends on plan purchased

9 Don't know/Refused
100

ASK ALL

Q.14 Under our health system now who do you think has the most influence on the kind of health care services Americans receive: Doctors, Hospitals, Insurance companies or the Government?

- 17 Doctors
- 7 Hospitals
- 56 Insurance companies
- 12 Government
- 8 Don't know/Refused
- 100

Q.15 Under the Clinton plan who do you think will have the most influence: Doctors, Hospitals, Insurance companies or the Government?

- 10 Doctors
- 3 Hospitals
- 12 Insurance companies
- 65 Government
- 10 Don't know/Refused
- 100

Q.16 As I read from a list tell me if you think the cost of each service that I name will be included in the basic health care package proposed by the Clinton Administration? (ROTATE)

	<u>Yes</u>	<u>No</u>	<u>(VOL)</u> <u>Some</u>	<u>DK</u>	
<u>The Cost of:</u>					
a. Mental health care	68	15	3	14	= 100
b. Prescription drugs	73	12	4	11	= 100
c. Eye care	51	25	3	21	= 100
d. Cosmetic surgery	5	81	1	13	= 100
e. Nursing home care	54	21	4	21	= 100
f. Regular physical check ups	74	15	1	10	= 100
g. Major illnesses	85	6	2	7	= 100

Q.16a Do you currently have health insurance or not?
 Q.16b What types of health insurance do you have? Are you enrolled in . . .
 (ENTER ALL THAT APPLY)

- 85 Yes
 - 61 A private health insurance plan that is provided by an employer or that you buy yourself?
 - 17 An HMO plan that is provided by an employer or that you buy yourself?
 - 14 In Medicare?
 - 6 Or in another government run program like Medicaid?
 - 3 (DO NOT READ) Other
 - 1 Don't know/Refused
- 15 No (Skip to Q.17)
- $\frac{*}{100}$ Don't know/Refused (Skip to Q.17)

ON ANOTHER SUBJECT . . .
 BASED ON THOSE WHO SAID THEY WERE FOLLOWING NAFTA "VERY" OR "FAIRLY" CLOSELY:
 Q.17 Do you favor or oppose NAFTA, the free trade agreement between the US, Mexico and Canada?

		Early Sept <u>1993</u>
42	Favor	46
37	Oppose	42
<u>21</u>	Don't know/Refused (SKIP TO Q.18 or Q.25)	<u>12</u>
100	(N=805)	100 (N=921)

Q.17a Why do you feel that way?

BASE: RESPONDENTS WHO FAVOR NAFTA & FOLLOWED STORY VERY/FAIRLY CLOSELY

- 15 Will open up more markets to U.S. goods
- 14 Will create jobs
- 14 Encourage cooperation/Promote goodwill
- 13 Encourage free trade
- 12 Will stimulate U.S. economy long term
- 9 Will benefit all three countries
- 8 Need to pass to stay competitive
- 4 Will improve economy in Mexico
- 4 Will be able to import more goods
- 4 Reduce illegal immigration
- 3 Will lower prices/low cost of goods
- 8 Other
- 8 Don't know/Refused

BASE: RESPONDENTS WHO OPPOSE NAFTA/FOLLOWED STORY VERY/FAIRLY CLOSELY

- 66 It will costs jobs
- 6 Won't benefit U.S./Nothing in it for U.S.
- 6 We should take care of our own
- 4 Wages would drop because of Mexico
- 3 Will cause decline in labor standards
- 2 Benefits Mexico more than U.S.
- 2 Environmental considerations
- 2 Costs of goods will increase
- 1 U.S. goods should stay in U.S.
- 1 Not good for U.S. farmers
- 4 Other
- 9 Don't know/Refused

(IF RESPONDENT DID NOT FOLLOW NAFTA VERY/FAIRLY CLOSELY IN Q.2, SKIP TO Q.25)
I'd like to ask you a few more questions about the trade agreement. Not everyone will be aware of all the issues that I mention.

Q.18 What's your impression, do we now sell more to Mexico than we buy from Mexico or do we sell less to Mexico than we buy?

34 Sell More

45 Sell Less

21 Don't know/Refused
100

Q.19 What's your impression about trade between Mexico and the US, are there now more restrictions on the US doing business in Mexico or now are there more restrictions on Mexico doing business in the US?

39 More restrictions on US in Mexico

33 More restrictions on Mexico in US

28 Don't know/Refused
100

Q.20 As far as you know, does the free trade agreement require that Mexico follow stricter environmental standards or won't Mexico have to improve its environmental standards for this agreement?

60 Yes, will have to follow

19 No, will not have to improve

21 Don't know/Refused
100

Q.21 As far as you know, does the free trade agreement require that Mexico follow stricter labor standards or won't Mexico have to improve its labor standards for this agreement?

52 Yes, will have to follow

24 No, will not have to improve

24 Don't know/Refused
100

Q.22 What's your impression, if the free trade agreement passed, in the long run, would it lead to more jobs being created in the U.S. OR would it lead to more jobs leaving the U.S.?

		Oct <u>1992</u> ⁴
31	Job Creation	20
51	Job Loss	47
5	Same - VOL	*
<u>13</u> 100	Don't know/Refused	<u>16</u> 100

Q.23 What's your impression, if the free trade agreement passed, would it lead to the U.S. selling more goods to Mexico OR would it lead to the U.S. selling fewer goods to Mexico?

51	More
33	Less
4	Same - VOL
<u>12</u> 100	Don't know/Refused

Q.24 What's your impression, would the free trade agreement lead to fewer illegal immigrants coming into the U.S. from Mexico or would it lead to more illegal immigrants coming into the country?

47	Fewer
23	More
16	Same - VOL
<u>14</u> 100	Don't know/Refused

⁴ Based on Registered Voters

Q.25 As I read from a list, tell me how much trust and confidence you have in the person or organization that I name to recommend policies that will benefit you and your family. First, do you have a lot, some, little or no confidence in () to recommend policies that will benefit you and your family? (ROTATE)

		<u>A Lot</u>	<u>Some</u>	<u>Little</u>	<u>No Conf.</u>	<u>DK</u>
a.	Bill Clinton	29	35	20	14	2=100
b.	Al Gore	21	34	22	17	6=100
c.	Robert Dole	13	32	22	20	13=100
d.	Hillary Clinton	26	32	19	19	4=100
e.	Ross Perot	16	22	24	33	5=100
f.	Republicans in Congress	13	42	25	15	5=100
g.	Democrats in Congress	16	42	25	13	4=100
h.	Labor Unions	12	31	26	25	6=100

Q.26 I am going to read a short list of phrases that have been in the news. For each tell me, if you definitely have heard of it or not? Only tell if you have definitely heard of this.

		<u>Yes</u>	<u>No</u>	<u>DK</u>	
a.	Managed Competition	36	62	2	= 100
b.	Re-Inventing Government	65	34	1	= 100
c.	The great sucking sound of jobs going south	50	49	1	= 100
d.	Single payer system	24	74	2	= 100
e.	When the government chooses, we lose	49	50	1	= 100
f.	Health Care Security Card	64	35	1	= 100

Q.27 In the Presidential election this past November, did things come up which kept you from voting, or did you happen to vote? (IF VOTED: Who did you vote for?)

22 Bush

33 Clinton

12 Perot

1 Voted, don't remember for whom

24 Did not vote

$\frac{8}{100}$ No answer/Refused

Q.28 How often, if ever, do you listen to radio shows that invite listeners to call in to discuss current events, public issues and politics: regularly, sometimes, rarely or never?

17 Regularly

26 Sometimes

28 Rarely

29 Never

$\frac{*}{100}$ Don't know

Q.29 Have you ever called, or sent or faxed a letter to your Congressional representative or Senator to express your opinion on an issue?

Q.29a Have you called, or sent or faxed a letter to your Congressional representative or Senator to express your opinion on an issue just in the past 12 months?

41 Yes

21 Yes

19 No

1 Don't know/Refused

59 No (SKIP TO Q.D1)

$\frac{*}{100}$ Don't know/Refused (SKIP TO Q.D1)

TIMES MIRROR DATABASE

PUBLIC ATTENTIVENESS TO MAJOR NEWS STORIES (1986 - 1993)

***PERCENT FOLLOWED
VERY CLOSELY***

- 80 Explosion of the Space Shuttle Challenger (July 86)
- 73 Destruction caused by the San Francisco earthquake (Nov 89)
- 70 Verdict in Rodney King case and following riots and disturbances (May 92)
- 69 Little girl in Texas who was rescued after falling into a well (Oct 87)
- 67 War's end and the homecoming of U.S. forces from the Gulf (March 91)
- 66 Hurricane Andrew (Sept 92)
- 66 Iraq's invasion of Kuwait and the deployment of U.S. forces to Saudi Arabia (Aug 90)
- 65 The Floods in the Midwest (Aug 93)
- 63 Iraq's occupation of Kuwait and the deployment of U.S. forces to the Persian Gulf (Oct 90)
- 63 Iraq's occupation of Kuwait and the deployment of U.S. forces to the Persian Gulf (Sept 90)
- 62 Iraq's occupation of Kuwait and the presence of U.S. forces in the Persian Gulf (Nov 90)
- 62 Recent increases in the price of gasoline (Oct 90)
- 60 Invasion of Panama (Jan 90)
- 60 Destruction caused by Hurricane Hugo (Oct 89)
- 59 Iraq's occupation of Kuwait and the presence of U.S. forces in the Persian Gulf (Jan 91)
- 58 U.S. air strikes against Libya (July 86)
- 57 The plight of the American hostages and other Westerners detained in Iraq (Sept 90)
- 57 Recent increase in the price of gasoline (Aug 90)
- 56 Recent increases in the price of gasoline (Sept 90)
- 53 Crash of a United Airlines DC-10 in Sioux City, Iowa (Aug 89)
- 52 Deployment of U.S. Forces to Somalia (Jan 93)
- 52 Alaska Oil Spill (May 89)
- 51 The release of American hostages and other westerners from Iraq and Kuwait (Jan 91)
- 51 Supreme Court decision of flag burning (July 89)
- 50 Waco, Texas Incident (May 93)
- 50 Opening of the Berlin Wall between East and West Germany (Nov 89)
- 50 Flight of the space shuttle (Oct 88)
- 49 *CLINTON ADMIN.'S HEALTH CARE REFORM PROPOSAL (SEPT 93)***
- 49 Reports about the condition of the U.S. economy (Mar 93)
- 49 The plight of American hostages and other Westerners detained in Iraq and Kuwait (Nov 90)
- 49 Murder of Marine Lt. Col. Higgins in Lebanon, and negotiations to free the other hostages
in the Mideast (Aug 89)
- 49 Drought and its effects on American farmers (Aug 88)
- 49 Bill Clinton's economic plan (Mar 93)
- 48 TWA hostage crisis that took place last summer in Beirut, Lebanon (July 86)
- 47 Rodney King trial and verdict in Los Angeles (May 93)
- 47 Reports about the condition of the U.S. economy (Apr 92)
- 47 Reports about the condition of the U.S. economy (Feb 92)
- 47 Breakup of the Soviet Union following the failed coup to depose of Mikhail Gorbachev
(Oct 91)
- 47 The plight of American hostages and other Westerners detained in Iraq and Kuwait (Oct 90)

**PERCENT FOLLOWED
VERY CLOSELY**

- 47 Political upheaval in China (July 89)
- 47 Supreme Court decision on abortion (July 89)
- 46 Videotaped beating by Los Angeles police of a suspect they apprehended in an auto chase (March 91)
- 46 Nuclear accident at Chernobyl in the Soviet Union (July 86)
- 46 Freeing of two Americans who had been held hostage in the Mideast (May 90)
- 45 Bill Clinton's attempts to lift the ban on gays in the military (Mar 93)
- 44 Bill Clinton's decision to ease ban on homosexuals in the military (Aug 93)
- 44 Reports about the condition of the U.S. economy (Jan 92)
- 44 The release of the last American hostages being held in Lebanon (Dec 91)
- 43 Reports about the condition of the U.S. economy (Sept 92)
- 43 Reports about the condition of the U.S. economy (Dec 91)
- 43 News about the presidential campaign in 1988 (Oct 88)
- 42 Reports about the condition of the U.S. economy (Jan 93)
- 42 The presidential election campaign (Sept 92)
- 42 Hot weather this summer and the greenhouse effect (Aug 88)
- 42 Downing of an Iranian passenger plane by a U.S. Navy ship (Aug 88)
- 41 Reports about the condition of the U.S. economy (Aug 93)
- 41 News regarding harassment charges raised against supreme court nominee Clarence Thomas (Oct 91)
- 40 *AMTRACK TRAIN WRECK (SEPT 93)***
- 40 Bush administration's plan to deal with this country's drug problem (Sept 89)
- 40 The stock market crash (Oct 87)

- 39 Reports about the condition of the U.S. economy (May 92)
- 39 Reports about the condition of the U.S. economy (Nov 90)
- 39 News about the presidential campaign in 1988 (Aug 88)
- 38 President Bush's heart problem (May 91)
- 38 News about the candidates and elections in your state (Nov 90)
- 38 Soviet President Mikhail Gorbachev's visit to the U.S. for a Summit meeting (June 90)
- 38 Drug use and efforts to combat it (Jan 90)
- 38 U.S. Navy escort of Kuwaiti oil tankers in the Persian Gulf (Sept 87)
- 37 *REPORTS ABOUT THE CONDITION OF THE U.S. ECONOMY (SEPT 93)***
- 37 Reports about the condition of the U.S. economy (May 93)
- 37 U.S. Navy escort of Kuwaiti oil tankers in the Persian Gulf (Oct 87)
- 37 Stories about Dan Quayle, the Republican Vice-Presidential candidate (Aug 88)
- 37 Sentencing of Oliver North (July 89)
- 36 *TOURISTS MURDERS IN FLORIDA (SEPT 93)***
- 36 Congressional check bouncing scandal (Apr 92)
- 36 Reports about the condition of the U.S. economy (Oct 91)
- 36 The situation of the Kurds in northern Iraq and allied attempts to help them (May 91)
- 36 Reports about the condition of the U.S. economy (March 91)
- 36 Reports about the condition of the U.S. economy (Jan 91)
- 36 The murder of five people by a serial killer around the University of Florida campus in Gainesville (Sept 90)
- 35 Race for the Democratic presidential nomination (Apr 92)
- 35 Federal Reserve Bank's interest rate reduction (Jan 1992)
- 35 The major job cuts announced by General Motors (Jan 1992)

***PERCENT FOLLOWED
VERY CLOSELY***

- 35 The Standoff in Baghdad between the Iraqis and UN weapons inspectors (Oct 91)
- 35 Reports about the condition of the U.S. economy (July 1991)
- 35 Attempts to change the abortion laws (Dec 89)
- 35 Hijacking of the Achille Lauro cruise ship in the Mediterranean (July 86)
- 35 Explosion and fire on the U.S. Battleship Iowa (May 89)
- 34 Statements by Japanese leaders that American workers are lazy (Feb 92)
- 34 Civil war in Iraq between Shiite Iraqis and forces loyal to Saddam Hussein (March 91)
- 34 Congressional and administration efforts to reach a budget deficit agreement (Nov 90)
- 34 Attempts by Congress and the Administration to find ways to reduce the budget deficit (Oct 90)
- 34 Reports about flooding in Texas and other southwestern states (June 90)
- 34 The war between the Colombian government and the major drug traffickers (Sept 89)
- 33 The winter olympics (Feb 92)
- 33 The nomination to the U.S. Supreme Court of Clarence Thomas to replace retiring Justice Thurgood Marshall (July 1991)
- 33 Reports about the condition of the U.S. economy (May 91)
- 33 Crash of the Colombian airliner near Kennedy airport in New York (Feb 90)
- 33 Congressional hearings about the Iran-Contra affair (Sept 87)
- 33 Guilty verdict in the trial of televangelist Jim Bakker (Oct 89)
- 32 The Presidential election campaign (May 92)
- 32 Mike Tyson's rape trial (Feb 92)
- 32 Criticisms of George Bush for being inconsistent in what he said about taxes and what he said about Persian Gulf policy (Nov 90)
- 31 Mikhail Gorbachev's resignation as the Soviet Union came to an official end (Jan 1992)
- 31 Commemoration of the 50th anniversary of the Japanese attack on Pearl Harbor (Dec 91)
- 31 President Bush's announcement of major nuclear arms reductions (Oct 91)
- 31 The closing of military bases around the country (July 1991)
- 31 Celebration of Earth Day (May 90)
- 31 The World Series (Oct 88)
- 31 Flight of East German refugees to West Germany (Oct 89)
- 31 Oliver North trial (May 89)
- 30 The debate in Congress over Bill Clinton budget (Aug 93)
- 30 Reports about the White House task force on health care reform headed by Hillary Clinton (May 93)
- 30 The end of Mikhail Gorbachev's rule, as a new commonwealth was formed to replace the Soviet Union (Dec 91)
- 30 Reports about the condition of the U.S. economy (Aug 90)
- 30 Freeing of jailed black South African leader Nelson Mandela (March 90)
- 30 Banishment of Pete Rose from baseball for life (Sept 89)
- 30 The Democratic convention (Aug 88)
- 30 President Bush's call for higher taxes to help reduce the federal deficit (July 90)

- 29 Reports about the condition of the U.S. economy (Sept 90)
- 29 Reports about the fires in Southern California (July 90)
- 29 Lithuania's declaration of independence from the Soviet Union and Moscow's response (April 90)

**PERCENT FOLLOWED
VERY CLOSELY**

- 29 Suicide in Boston of Charles Stuart who murdered his pregnant wife and blamed it on a black man (Feb 90)
- 29 Political changes taking place in Czechoslovakia, Hungary and East Germany (Jan 90)
- 29 Political changes in East Germany and the flight of refugees to West Germany (Nov 89)
- 29 Attack and sexual assault on a female jogger in Central Park, New York, by a group of youths (May 89)
- 29 Failed coup attempt against Panamanian strongman Noriega (Oct 89)
- 28 Reports about the White House task force on health care headed by Hillary Clinton (June 93)
- 28 Accounts about U.S. troops in Somalia (Mar 93)
- 28 Creation of White House task force on health care reform headed by Hillary Clinton (Mar 93)
- 28 Supreme Court deliberations re legality of PA abortion restrictions (May 92)
- 28 The death of 87 people in a fire at a social club in the Bronx, New York (April 90)
- 28 Political changes taking place in the Soviet Union (March 90)
- 28 Arrest of Washington's Mayor Barry on drug use charges (Feb 90)
- 28 The revolution in Romania (Jan 90)
- 28 Political changes taking place in Czechoslovakia, Hungary and East Germany (Dec 89)
- 28 Problems at nuclear reactor plants (Oct 88)
- 28 The end of Gary Hart's candidacy and the Donna Rice allegations (Sept 87)
- 27 Reports about the White House task force on health care reform headed by Hillary Clinton (Aug 93)
- 27 Republican opposition to Bill Clinton's economic stimulus package (May 93)
- 27 The Clinton administration's decision to allow women to serve in naval and air combat roles (May 93)
- 27 William Kennedy Smith rape trial (Dec 91)
- 27 Deployment of U.S. marines to Liberia to protect the lives of Americans caught in the civil war (Aug 90)
- 27 Lithuania's declaration of independence from the Soviet Union and Moscow's response (May 90)
- 27 Acquittal of the owners of the McMartin Day Care Center in California who were charged with sexually abusing children (Feb 90)
- 27 The NFL playoffs (Jan 90)
- 27 The Republican convention (Aug 88)
- 26 Court ruling that ordered baby Jessica to her natural parents (Aug 93)
- 26 Networks decision to broadcast parental warning before violent programs (Aug 93)
- 26 The Clinton administration's policies about the situation in Bosnia (June 93)
- 26 Russia and the U.S. reach an agreement to sharply reduce their nuclear arsenals (Jan 93)
- 26 President Bush's state of the union address (Feb 92)
- 26 Charges that the White House Chief of Staff used military airplanes and government cars for personal trips (July 1991)
- 26 Concerns about Dan Quayle's ability to serve as President (May 91)
- 26 Bush/Gorbachev summit meeting in Helsinki (Sept 90)
- 26 The death of Hank Gathers, a college basketball player, during a game (April 90)
- 26 Political changes taking place in Czechoslovakia, Hungary and East Germany (Feb 90)
- 26 Passage in Congress of a bill to bail out ailing savings and loan institutions (Aug 89)

**PERCENT FOLLOWED
VERY CLOSELY**

- 25 Supreme court decision allowing laws that bar federally funded agencies from discussing abortion (July 1991)
- 25 Supreme Court's hearing of arguments in a Missouri abortion case (May 89)
- 24 The debate about whether to use U.S. airstrikes against serbian forces in Bosnia (May 93)
- 24 Controversy over Zoe Baird and Kimba Wood hiring illegal aliens (Mar 93)
- 24 Bill Clinton's cabinet choices and other high level appointments (Jan 93)
- 24 Race for the Republican presidential nomination (Apr 92)
- 24 The breast implant controversy (Feb 92)
- 24 Charges that Reagan campaign officials made a deal with Iran to hold up release of the hostages until after the 1980 Presidential campaign (July 1991)
- 24 Charges that White House Chief of Staff used military airplanes for personal trips (May 91)
- 24 Supreme Court decision that found laws against flag burning unconstitutional and the attempt in Congress to amend the Constitution (July 90)
- 24 Nelson Mandela's visit to the U.S. (July 90)
- 24 Deployment of the Hubble Space Telescope (May 90)
- 24 Difficulties the government is having in getting people to fill out Census forms (May 90)
- 24 The NCAA Basketball playoffs (April 90)
- 24 Supreme Court decision regarding a person's right to die (July 90)
- 23 *PEACE ACCORDS BETWEEN ISRAEL & PLO (SEPT 93)***
- 23 Civil war in Bosnia (May 93)
- 23 George Bush's presidential pardon of Weinberger and five others involved in Iran Contra affair (Jan 93)
- 23 Cyclone that devastated Bangladesh (May 91)
- 23 Attempt in Idaho to pass a bill that would severely restrict abortions (April 90)
- 23 Greyhound bus drivers' strike (April 90)
- 23 Discussion of the reunification of Germany (March 90)
- 23 The World Series (Nov 89)
- 22 Bill Clinton's economic conference in Little Rock with leading economists, policy experts and business leaders (Jan 93)
- 22 Protests and demonstrations at abortion clinics in Wichita, Kansas (Oct 91)
- 22 Congressional hearings about U.S. Persian Gulf policy (Jan 91)
- 22 Reunification of Germany (Oct 90)
- 22 Washington Mayor Barry's trial (July 90)
- 22 The 54 year old Oregon woman suffering from Alzheimers who ended her life by using a suicide machine (July 90)
- 22 President Bush's visit to Colombia to attend a drug summit (March 90)
- 22 The Super Bowl (Feb 90)
- 22 Letter bombings of federal judges (Jan 90)
- 22 Discoveries made by the spacecraft Voyager 2 (Sept 89)
- 22 Trial of televangelist Jim Bakker (Sept 89)
- 22 April hijacking of a Kuwaiti airplane by Shiite Moslems (May 88)
- 22 Cease fire in the war between Iran and Iraq (Aug 88)
- 22 News about the presidential campaign in 1988 (May 88)
- 22 Charges that Pete Rose has bet on baseball games (July 89)
- 21 *DEBATE ABOUT NAFTA (SEPT 93)***
- 21 Bill Clinton's nomination and then withdrawal of Lani Guinier as civil rights division head (June 93)

**PERCENT FOLLOWED
VERY CLOSELY**

- 21 U.S. and its allies establishing a no fly zone over the skies of southern Iraq (Sept 92)
- 21 Execution in CA of convicted killer Robert Alton Harris (May 92)
- 21 Alleged rape of a young woman at the Kennedy family's Palm Beach estate (May 91)
- 21 Controversy surrounding the way Roseanne Barr sang the National Anthem at a San Diego Padres baseball game (Aug 90)
- 21 Tensions between Moscow and the Baltic Republics of Latvia, Estonia and Lithuania who wish to secede from the Soviet Union (June 90)
- 21 Discussions about German reunification (April 90)
- 21 Political changes taking place in Czechoslovakia, Hungary, East Germany and other countries of Eastern and Central Europe (March 90)
- 21 Scandal involving HUD (Aug 89)
- 20 Mikhail Gorbachev's political problems in the Soviet Union (March 91)
- 20 Resignation of British Prime Minister Margaret Thatcher and the election of her successor (Jan 91)
- 20 The murder on a New York subway platform of a Utah man attempting to protect his family from attack by teenage muggers (Sept 90)
- 20 Earthquake in Iran (July 90)
- 20 Gorbachev/Bush summit (Dec 89)
- 20 Attempts by the U.S. government to depose General Noriega in Panama (May 88)
- 20 Post-season baseball playoffs (Oct 89)

- 19 The civil war in Bosnia (Aug 93)
- 19 The Republican primary in New Hampshire (Feb 92)
- 19 The Democratic primary in New Hampshire (Feb 92)
- 19 Attempts by Congress and the Administration to find ways to reduce the budget deficit (Aug 90)
- 19 Elections in Nicaragua (March 90)
- 19 Coup attempt against the Filipino government (Dec 89)
- 19 Attempts in Congress to repeal the new catastrophic health insurance plan (Oct 89)
- 19 Incidents of racial violence in New York City and Virginia Beach (Sept 89)
- 19 Discussions of a U.S. Soviet arms agreement (Sept 87)
- 18 *YELTSIN'S DECISION TO DISSOLVE RUSSIAN PARLIAMENT (SEPT 93)***
- 18 Nomination of Ruth Bader Ginsburg to the Supreme Court (Aug 93)
- 18 The controversy over Bill Clinton's \$200 hair cut on the runway in Los Angeles (June 93)
- 18 Tennis star Arthur Ashe's announcement that he has AIDS (May 92)
- 18 News about the candidates and election campaigns in your state (Oct 90)
- 18 Special meetings between the Bush Administration and Congressional Leaders to find ways to reduce the federal deficit (June 90)
- 18 Continuing news about the Savings and Loan scandal (June 90)
- 18 Reports about renewed inflation and rising interest rates (May 90)
- 18 Senator Moynihan's proposal to cut social security taxes (Feb 90)
- 18 The stock market crash (May 88)
- 18 Conflict in the Middle East between Palestinians and the Israelis in the occupied territories (May 88)
- 17 President Bush's decision to lift the trade embargo on South Africa (July 1991)
- 17 Racial tension in New York City resulting from the Bensonhurst trial verdict and the black boycott of Korean grocers (June 90)

PERCENT FOLLOWED
VERY CLOSELY

- 17 Discussions between the American and Japanese governments about trade issues (April 90)
- 17 A custody case involving a mother who went to jail and a little child taken to New Zealand by her grandparents (March 90)
- 17 Nomination of Robert Bork to serve on the U.S. Supreme Court (Sept 87)
- 16 The gay march on Washington (May 93)
- 16 David Duke's announcement that he will run for the Republican presidential nomination (Dec 91)
- 16 Nomination of David Souter to the U.S. Supreme Court to replace Justice William Brennan (Aug 90)
- 16 Washington DC Mayor Marion Barry's trial ending in a mistrial (Aug 90)
- 16 Financial troubles of Donald Trump (July 90)
- 16 Dispute between the President and Congress over allowing Chinese students to remain in America (Feb 90)
- 15 *CIVIL WAR IN BOSNIA (SEPT 93)***
- 15 The civil war in Bosnia (Mar 93)
- 15 The civil war in Bosnia (Jan 93)
- 15 Charges that Ark. Governor Clinton has had extra-marital affairs (Feb 92)
- 15 President Bush's decision to postpone loan guarantees to Israel (Oct 91)
- 15 Resignation of Soviet Foreign Minister Eduard Shevardnadze (Jan 91)
- 15 Senate confirmation of Supreme Court Justice David Souter (Oct 90)
- 15 Controversy over the exclusion of blacks from membership in many country clubs at which national golf championship matches are played (Aug 90)
- 15 Education Summit held by Bush and the nation's Governors (Oct 89)
- 15 Ethics committee's investigation of Speaker of the House Jim Wright (May 89)
- 15 News about the Democratic candidates for the presidential nomination (Oct 87)
- 15 Conflict of interest allegations about Attorney General Ed Meese (May 88)
- 15 Scandal involving HUD (July 89)
- 14 Resignation of head of national United Way on charges of financial wrong-doing (Apr 92)
- 14 President Bush's educational reform plan (May 91)
- 14 Political unrest and the worsening economic situation in the Soviet Union (May 91)
- 14 Renewed fighting between government and the rebels in El Salvador (Dec 89)
- 14 House approval of a cut in the capital gains tax (Oct 89)
- 14 Spy scandal involving a U.S. Diplomat in Vienna (Aug 89)
- 14 Coverage of Democratic and Republican candidates for the Presidential nomination (Sept 87)
- 14 Pending divorce between Mike Tyson and Robin Givens (Oct 88)
- 13 *GORE'S PROGRAM TO REFORM FEDERAL GOVERNMENT (SEPT 93)***
- 13 Embezzlement charges made against Congressman Rostenkowski (Aug 93)
- 13 Suicide of White House aide Vincent Foster, Jr. (Aug 93)
- 13 The controversy over the management of the White House travel office (June 93)
- 13 Attacks on foreigners in Germany by neo-nazis (Jan 93)
- 13 Debate and discussion about the free trade agreement between the U.S., Mexico and Canada (Sept 92)
- 13 Referendum on ending white rule in South Africa (Apr 92)
- 13 Celebration of Earth Day (May 92)
- 13 End of UAW strike against Caterpillar Tractor (May 92)
- 13 The BCCI international banking scandal (Oct 91)
- 13 U.S. Department of Education prohibition of racially based college scholarships (Jan 91)
- 13 Worsening economic conditions in the Soviet Union (Sept 90)
- 13 Civil unrest and ethnic violence in Soviet Azerbaijan (Feb 90)
- 13 Resumption of fighting in Nicaragua between the Contras and government forces (Nov 89)

***PERCENT FOLLOWED
VERY CLOSELY***

- 13 Elections in Virginia, New Jersey, New York City and other localities (Nov 89)
- 13 News about the Republican candidates for the Presidential nomination (Oct 88)
- 12 The debate in Congress over Bill Clinton's budget (June 93)
- 12 Nomination of Robert Gates to head the CIA (Oct 91)
- 12 News about the democratic candidates for the presidential nomination (Oct 91)
- 12 Russian President Boris Yeltsin's election victory and visit to the U.S. (July 1991)
- 12 The findings of the committee that investigated five senators for doing favors for Charles Keating in exchange for campaign contributions (March 91)
- 12 Major League Baseball's decision to force George Steinbrenner to give up active control of the New York Yankees (Aug 90)
- 12 Pledge of Nelson Mandela's African National Congress to end the armed struggle in South Africa (Aug 90)
- 12 Marital breakup of Donald and Ivana Trump (March 90)
- 12 Solidarity's role in governing Poland (July 89)
- 11 Announcement from London that marriage between Prince Charles and Diana is over (Jan 93)
- 11 Civil War and famine in Somalia (Sept 92)
- 11 The controversy re Governor Clinton's joining ROTC to avoid the draft in 1969 (Feb 92)
- 11 The outbreak of civil war in the former Soviet Republic of Georgia (Jan 1992)
- 11 News about the Democratic candidates for the presidential nomination (Jan 1992)
- 11 Debate in Washington about a new civil rights bill (July 1991)
- 11 Conflict between the Yugoslavian Republics (July 1991)
- 11 The incident in Gaza in which a deranged Israeli killed seven Palestinians and the West bank riots that followed (June 90)
- 11 Legalization of banned black opposition groups in South Africa and the promise to free Nelson Mandela (Feb 90)
- 10 The voter referendum in Russia (May 93)
- 10 Israel's expulsion of 400 muslim fundamentalists following the murder of an Israeli soldier in the West Bank (Jan 93)
- 10 Civil war in Bosnia (Sept 92)
- 10 Mario Cuomo's decision not to seek the Democratic presidential nomination (Jan 1992)
- 10 News about the Democratic candidates for the presidential nomination (Dec 91)
- 10 Japanese purchase of Rockefeller center in New York City (Dec 89)
- 10 The spending and tax proposals made by Congressman Dan Rostenkowski to help reduce the budget deficit (April 90)
- 10 Academy Awards (April 90)

- 9 Discovery of scientific evidence of the beginnings of the universe (May 92)
- 9 Purchase of entertainment giant, MCA by the Japanese consumer electronics company, Matsushita (Jan 91)
- 9 The investigation of five U.S. Senators for doing favors for Charles Keating in exchange for campaign contributions (Jan 91)
- 9 Aids conference in San Francisco (July 90)
- 9 May day protests in Moscow (May 90)
- 9 Bankruptcy of Drexel Burnham Lambert Inc. (March 90)
- 9 Trial of Hotel owner Leona Helmsley for tax evasion (Sept 89)

PERCENT FOLLOWED
VERY CLOSELY

- 9 Stories about the 20th anniversary of the Woodstock Music Festival (Aug 89)
- 8 The resignation of White House Chief of Staff John Sununu (Dec 91)
- 8 Conflict between the Yugoslavian Republics (Oct 91)
- 8 The release of the Kitty Kelley biography of Nancy Reagan (May 91)
- 8 The murder in New York city of Jewish militant rabbi Meir Kahane (Nov 90)
- 7 G 7 Summit meeting in Tokyo (Aug 93)
- 7 Trial of allege N.Y. mafia boss John Gotti (Apr 92)
- 7 First reports from the 1990 U.S. census (Sept 90)
- 7 Pat Buchanan's announcement that he will run for the Republican presidential nomination (Dec 91)
- 6 Stock market crash in Japan (May 92)
- 6 William Bennett's change of mind about heading the Republican National Committee (Jan 91)
- 6 Continuing political unrest in the Ukraine and in other republics of the Soviet Union (Nov 90)
- 6 United Nations Children's Summit held in New York (Oct 90)
- 6 Elections in Romania (June 90)
- 6 The visit to the United States of Vaclav Havel, the new president of Czechoslovakia (March 90)
- 6 Trip of high ranking officials to China (Jan 90)
- 6 Scandal involving the Japanese Prime Minister and other high ranking officials (May 89)
- 6 The scandal involving Congressman Barney Frank and a male prostitute (Oct 89)
- 5 *PASSAGE OF THE NATIONAL SERVICE ACT (SEPT 93)***
- 5 Scandals in the British royal family involving the Duchess of York - Fergie and Princess Diana (Sept 92)
- 5 The conflict between the Yugoslavian Republics (Dec 91)
- 4 Marital break-up of Prince Andrew and Sarah Ferguson (Apr 92)
- 4 Dismissal of Pakistan's Prime Minister Bhutto by Pakistan's President (Aug 90)
- 4 Civil war in Cambodia (May 90)
- 3 Woody Allen and Mia Farrow's family breakup (Sept 92)
- 2 Tom Cruise's separation from his wife (April 90)

October 13, 1993

**MEMORANDUM FOR HILLARY RODHAM CLINTON, DAVID GERGEN,
MARK GEAREN, IRA MAGAZINER, MANDY
GRUNWALD, STAN GREENBERG, GENE
SPERLING, STEVE NEUWIRTH**

FROM: BOB BOORSTIN
MEEGHAN PRUNTY

SUBJECT: Health Security Pamphlet

Here is a close-to-final draft of the Health Security Pamphlet, intended to be a consumer's guide to health reform and the new system. Please ignore the cover as we are still working on it. The document itself is also in the process of a few minor changes and adjustments.

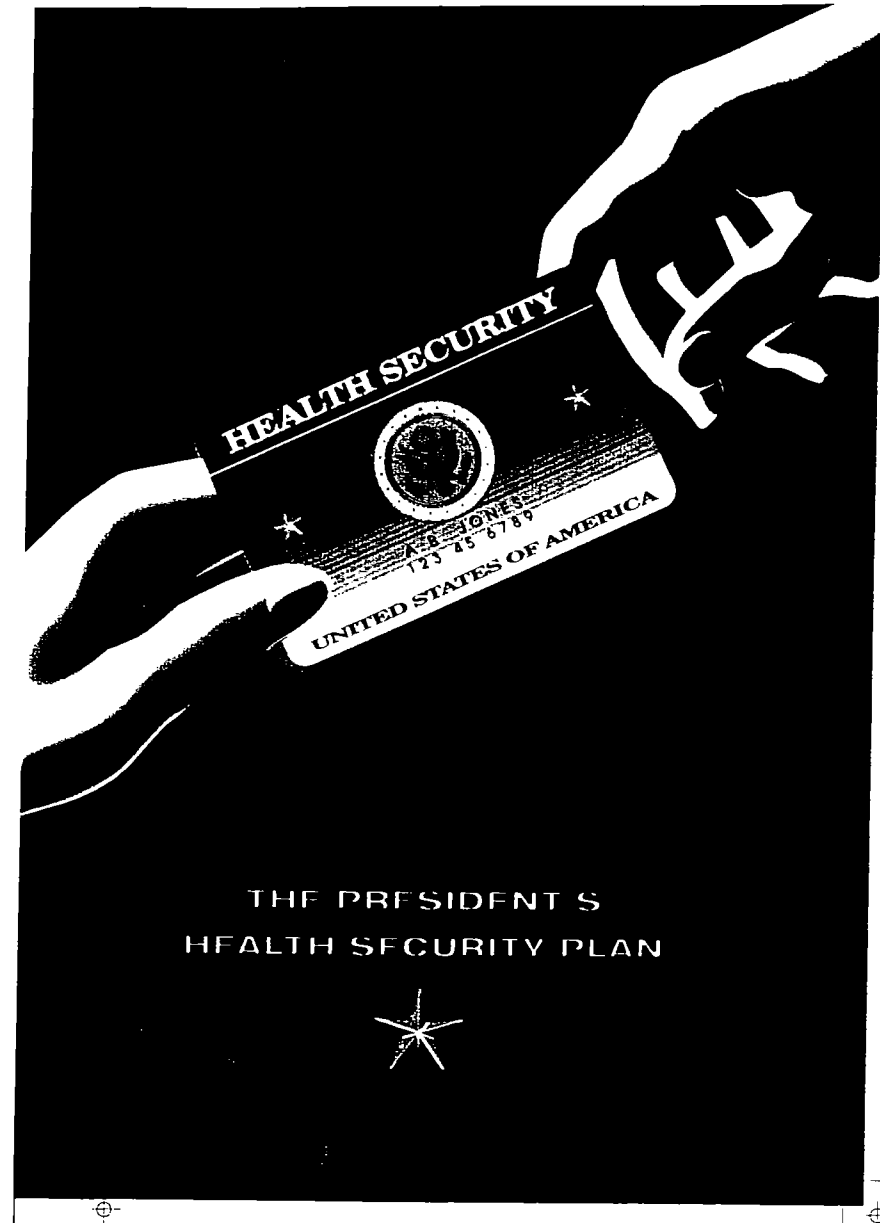
We are looking to send this to the printer as early as possible tomorrow. We welcome your suggestions and comments. Meeghan can be reached at x2932.

MP

Checklist

Before deciding if a health reform plan will provide you with the health security you deserve, ask yourself:

- Does it guarantee that you and your family will never lose your health insurance, no matter what? Can you change jobs or move to another state without losing your benefit? ✓
- Does it allow you to choose your own doctor? ✓
- Does it guarantee comprehensive benefits including hospital care, doctor care, and a broad range of free preventive services? ✓
- Does it guarantee you and your family affordable health care? ✓
- Does it take aggressive steps to get skyrocketing health costs under control? ✓
- Does it offer a prescription drug benefit for older Americans? Does it help you get long-term care at home and in your community? ✓
- Does it help protect small business from insurance company discrimination and overcharges? ✓
- Does it protect you from the fine print that insurance companies use to cheat you out of benefits you've paid for? ✓
- Does it reduce the paperwork burden on you and your doctors and nurses? ✓





THE WHITE HOUSE

September 22, 1993

My Fellow Americans:

Every American must have the security of comprehensive health benefits that can never be taken away. That's what the Health Security plan is all about.

Americans are blessed with the best doctors and nurses, the finest hospitals, the most advanced medical technology, and the most promising research on the face of the earth. We cherish—and we will never surrender—our right to choose who treats us and how and where we get our care.

But today, the things that are wrong with our health care system threaten everything that's right. To preserve what's right, we must get the system under control—and put people first.

The Health Security plan will guarantee you a comprehensive benefits package that stresses free preventive care, it will control health care costs, improve the quality of American health care, simplify the system, increase choices for consumers, and ask everyone to take responsibility.

From the settling of the frontier to the landing on the moon, America has had a continuous story of challenges defined, obstacles overcome and new horizons secured. Our history tells us that we can meet this challenge. After decades of false starts, we must make this our most urgent priority—giving every American health security: health care that is always there.

Bill Clinton



Why Reform Health Care?

Page 4-5



What Reform Will Mean

Page 6-7



Your Benefits Package

Page 8-9



What Reform Will Cost

Page 10-13



Questions & Answers

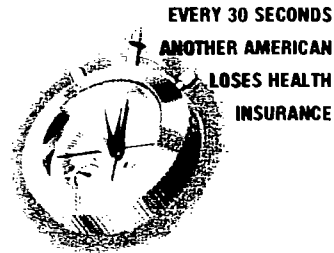
Page 14-19

Why Reform Health Care?

GROWING INSECURITY

Millions of Americans live in fear that they'll lose their health coverage. In fact, one of every four of us will lose our health insurance at some point over the next two years. If your child gets sick or if you have an accident during this period, your family's savings could disappear overnight.

Today's system is rigged against families and small businesses. Insurance companies pick and choose whom they cover. Then they use the fine print in your policy to drop you if you get sick, if you switch jobs, if you move, or if you start a small business.



RIISING COSTS

Our health care bills are spiraling out of control. Insurance companies are raising premiums; companies are charging outrageous prices for prescription drugs; and paperwork and fraud are sending the costs of the system through the roof.

Rising costs also threaten American jobs, hurt American

businesses and explode our state and federal debts. Small businesses are getting killed by health care premiums that rise 35 percent each year. And large businesses can't compete globally against countries that control their health care costs.

INCREASING CONFUSION

Our health care system forces doctors and nurses to spend more time filling out forms and less time taking care of their patients. We're all sick of it: endless, confusing forms; unreadable insurance policies; and fine print you have to wade through so you don't get stuck with a bill. The number of

administrators is growing four times faster than the number of doctors. And we're all paying.

DECREASING CHOICES

The quality of America's health care is threatened. Today, if you get sick, your insurance may cover you, but in all but the very best plans, it won't pay a penny to keep you healthy in the first place. You don't receive basic information about who takes care of you, what type of care you will receive, or how much it costs. And more and more Americans are losing something we all hold dear — the right to choose their own doctor.

AMERICANS SPEAK

IF WE DO NOTHING...

Marcia and Mark Callendar

had good jobs with good benefits when they discovered their son Matthew had Hurlers Syndrome. When Mark lost his job, they lost their insurance, and Marcia's insurance wouldn't cover Matthew's "pre-existing condition". When Matthew died last year, Marcia only regretted that they could not have the joy of parenting without worrying "how will we pay for our child's medication?"



Maurice Griffin

• One of every four of us will lose our health insurance at some point in the next two years. And if you get in an accident during this period, your finances could be devastated.

• Seven years from today, almost \$1 out of every \$5 earned by Americans will go to health care.

• By the end of the decade, American workers will lose \$655 in wages every year just to keep their health benefits.

• Millions will find that their firms are forced to cut back on benefits and limit choices of doctors and health plans.

What Reform Will Mean

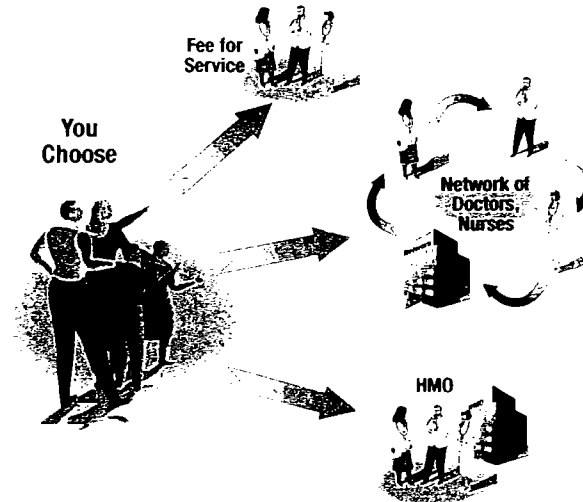
After reform, every American citizen and legal resident will receive a Health Security card. The card guarantees you a comprehensive package of benefits that can never be taken away.

Once you get your card, you can never lose your health coverage—no matter what. If you get sick, you're covered. If you change jobs, you're covered. If you lose your job, you're covered. If you move, you're covered. If you start a small business, you're covered.

And you'll still be able to choose your doctors. Everyone will have a choice of health plans. You will be able to choose a traditional fee-for-service plan,

join a network of doctors and hospitals, or join an HMO. Your boss or insurance company won't decide how or where or from whom you get your care—you will.

Like today, almost all of us will be able to sign up for a health plan where we work. You'll get brochures that give you easy-to-understand information on several health plans—the doctors and hospitals involved, and evaluation of the quality of care, a consumer satisfaction survey, and prices. If you're self-employed or unemployed, you can sign up at the health alliance in your area. Consumers and local business owners will run the alliance and bargain for



affordable health care for you. Health plans will be required to use standard forms to replace the thousands of different forms

insurance companies require today. So when you get sick, you won't be buried in forms—and neither will your doctor, nurse, or hospital.

AMERICANS SPEAK

THE HEALTH SECURITY PLAN

Dr. Jules Zysman, a small town family doctor who still prefers to make house calls, writes: **"While we go about our business caring for our patients, we are being buried in paperwork. Everyday, my mailbox is filled with directives, new regulations and papers to sign. The truth is, if I read all my mail, there would be no time left to see my patients."**



Page 6

- ★ Security of guaranteed comprehensive benefits
- ★ Health costs that are under control
- ★ Improved quality of care
- ★ Increased choices for consumers
- ★ Less paperwork and a simpler system
- ★ Responsibility from everyone

Page 7

Your Benefits Package

In today's system, if you get ill, your insurance may cover you. But, in all the very best plans, it won't pay a penny to keep you healthy in the first place. Health security will guarantee you won't have to wait until you're really sick to go see your doctor.

The comprehensive benefits package covers a wide range of services that detect and prevent illness — going beyond virtually all current insurance plans. Dozens of preventive services—including annual physicals, well-baby care, immunizations, prenatal care,

All Americans will be guaranteed a comprehensive package of benefits that is as generous as those offered by most Fortune 500 companies. Unlike almost all plans today, the guaranteed benefits package has no lifetime limits on coverage.

Emphasizes preventive care

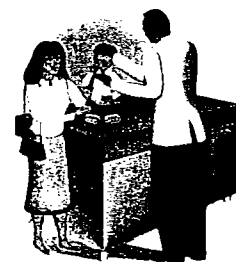
In today's system, if you get ill, your insurance may cover you. But in all but the very best plans, it won't pay a penny to keep you healthy in the first place. Health Security will guarantee that you won't have to wait until you're really sick to go see your doctor.

The comprehensive benefits

Comprehensive Coverage For Every American

- Preventive care (at no cost)
- Prescription drugs
- Expanded home health care
- Visits to doctors and other health professionals
- Hospital services
- Surgical services
- Emergency care
- Ambulance services

package covers a wide range of services that detect and prevent illness—going beyond virtually all current insurance plans. Dozens of preventive services



- Laboratory and diagnostic services
- Mental health treatment

for women, men, adolescents, and young children — including annual physicals, well-baby care, immunizations, prenatal care, cholesterol screenings, influenza

- Substance abuse treatment
- Children's preventive dental care
- Vision and hearing care
- Prosthetic and orthotic devices
- Rehabilitative services
- Hospice care
- Health education classes

shots, mammograms, and Pap smears — are provided at no charge to you. In return, you'll have to help take responsibility for your health.

AMERICANS SPEAK

Mary Lee and Jerry Mauro

pay \$7,700 a year for health insurance but still find themselves "putting off taking our children to the doctor because we know it will cost us even if they're not sick. And then our child's antibiotic is not one of the 'covered' prescriptions. What could be more important to cover?"

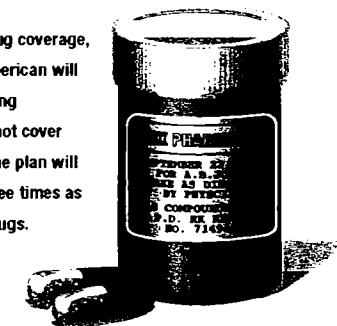


David N. Preosky

Page 8

PRESCRIPTION DRUGS

By providing all Americans with prescription drug coverage, the Health Security plan will guarantee that no American will be forced to choose between buying food and taking medicine. Today, many insurance companies do not cover prescription drugs, and neither does Medicare. The plan will also work to make sure that you no longer pay three times as much as people in other countries for the same drugs.



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What Reform Will Cost

Everyone will be responsible for contributing something to the cost of their health care, even if they can only afford a small amount. Premiums will vary — as they do today — from plan to plan and state to state, but the system will be much simpler and much fairer.

Today, your premium depends on many factors beyond your control: if you're sick, if you've ever been sick before, if your child has an illness, if you're older, or if you work in a small company. This will change. Everyone will pay the same price for the same plan—no matter whether you are sick or healthy, whether you work for a small company or large company. Your premium only depends upon the number of

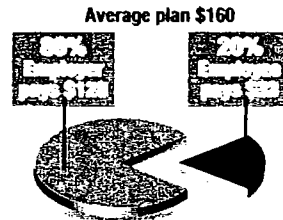
Six of every ten Americans who now have health insurance will pay the same or less than they do today for benefits that are the same or better.

workers in your family and where you live. Low-income individuals and families will be eligible for discounts on their premiums.

Employers will pay a minimum of 80% of the average cost premium and employees will pay the remaining 20%. A lower cost plan will cost a little less; a higher cost plan, a little more. Your employer can pay 100% of your premium if they choose.

FOR EXAMPLE

If the average plan for a single person in your area costs \$160 a month, your employer would pay a minimum of \$128 (80%) for your premium. The average plan, you would pay the remaining \$32. (\$160 - \$128 = \$32). Your employer can pay the entire \$160 if they want, of course.




YOUR PREMIUM*	MONTHLY**			
	TODAY		REFORM	
	RANGE	AVERAGE	RANGE	AVERAGE
Two Parent Family With Children				
Income below \$21,525	\$0-\$180	\$76	Eligible for discount	
Income above \$21,525	\$0-\$180	\$76	\$0-\$91	\$73
Single Parent Family With Children				
Income below \$17,835	\$0-\$180	\$76	Eligible for discount	
Income above \$17,835	\$0-\$180	\$76	\$0-\$80	\$64
Married Couple With No Children				
Income below \$14,145	\$0-\$180	\$76	Eligible for discount	
Income above \$14,145	\$0-\$180	\$76	\$0-\$80	\$64
Single Person				
Income below \$10,455	\$0-\$60	\$25	Eligible for discount	
Income above \$10,455	\$0-\$60	\$25	\$0-\$40	\$32


* Employers can continue to pay 100% of their employee's costs but may pay no less than 80%
 ** Preliminary average estimates, based on 1994 numbers; will vary from state to state.

What Reform Will Cost


WHAT IF I AM...

- 


65 or older: Older Americans will continue to receive their health care under the Medicare program, as they do today. Medicare beneficiaries will

actually have more choices under reform. If they choose, they will have the option of joining different plans which may offer more benefits or lower co-payments.
- 


Unemployed people and their families: Unemployed individuals and their families will have their premiums paid in full. If

they worked part of the year, they will pay part of their premium for the time they were employed and receive discounts on the rest.
- 

Part-time Worker: Part-time workers will pay for a portion of their health insurance premium. As long as they are working, their

employers will also pay part of their premium and they will receive discounts for the remainder.
- 

Self-employed/ Independent Contractor: Today, the self-employed are discriminated against and only allowed to deduct 25% of their health care premiums from their taxes. Under reform, they will be able to deduct 100% of their

health care costs. As with any business, they pay the employer's share, and are eligible for any discounts that apply. They also pay the individual/family share, and may be eligible for discounts on that as well, depending on their income (Chart, p. 10).
- 

Retiree, 55-65: Faced with rising health costs, many companies have been dropping the health coverage that their retired workers depend on. Under reform, retired American workers will only

be responsible for their 20% share of the premium — like all other workers. Those retirees that still have contracts with their former companies will have this share paid by the company.

FINANCIAL PROTECTION

	TODAY	REFORM
DEDUCTIBLE The amount you pay before your insurance kicks in	Almost half of today's plans have deductibles larger than \$200 per person. They range as high as \$3,000.	Many plans have no deductible. Deductibles will never be higher than \$200 for an individual and \$400 for a family.
LIFETIME LIMIT A limit on what insurance companies pay	In 60% of today's insurance policies, your insurance runs out if you get very sick.	There will be no limit on your total lifetime benefits.

CO-PAYMENTS

Your co-payments—the amount you pay out-of-pocket when you go to a doctor—are limited and uniform, protecting you financially and making it easier to choose among health plans. Co-payments vary according to the plan you choose. There are no co-payments for preventive services in any plan.

FEE FOR SERVICE: Patients pay 20% of the cost of each visit after the \$200 individual deductible or \$400 family deductible. They pay nothing after they reach the annual out-of-pocket maximum of \$1,500 for an individual or \$3,000 for a family.

DOCTOR NETWORK (PPO): This plan offers low co-payments (\$10) — with no deductible — if patients use the doctors within the network ("preferred providers"). If patients choose doctors outside the network, they have higher co-payments (20% of each visit) — once they've paid the \$200 individual deductible or the \$400 family deductible. They pay nothing once they've reached the out-of-pocket maximum (\$1,500 for an individual; \$3,000 for a family).

HEALTH MAINTENANCE ORGANIZATION (HMO): Patients pay \$10 for each doctor's visit. There are no co-payments for hospital care and no deductible has to be met.

Questions & Answers

The American Medical Association recommends that you ask these questions about health reform.

Q. Will I still be able to see my own doctor? Will I have to pay extra?

A. You will be able to choose your own doctor. What you pay will depend on which plans your doctor joins. There will be a range of plans available at a range of prices and your doctor will be free to join a number of them—so the choice will always be yours. Like today, people who choose fee-for-service will pay a little more.

Q. Will my doctor and I be free to decide how to treat my illness?



A. Yes. Reform will get insurance companies and the federal government out of doctor's offices and leave your medical decisions to you and

your doctor—where they belong. Consumers will have more information about the benefits and risks of treatments and will be more involved in making decisions about their own health care.

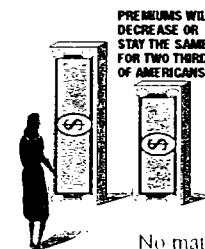
★
Security of guaranteed comprehensive benefits

Q. I have a group insurance policy through my employer. Will that change?

A. No. If you want to continue with the group insurance policy you have now, that's fine. But, if you want to change plans, you can. All Americans will have more choices of health plans. Many Americans today are torn from their family doctors when rising costs force companies to choose only one plan for all their employees.

Q. Will our premiums and co-payments go up?

A. Premiums will decrease or stay the same for six of every ten Americans who now have insurance. Many of the plans that will be offered require just a



small payment (\$10) for each doctor visit. Many of these plans will have no deductible at all.

No matter what, no individual will pay more than \$200 per year for their deductible and no family will pay more than \$400.

Q. Will I be able to choose my own type of health insurance? Can I buy extra insurance if I want it?

A. Of course. You will always be able to choose your plan. Today, rising health care costs have forced businesses to limit the health plans their employees can

join and sometimes the doctors they can see. Under the Health Security plan, no boss will be able to tell you what doctor to go to or what health plan to join. You'll have the choice of at least three plans: a traditional fee-for-service plan, a network of doctors and hospitals, or an HMO.

You will always be free to purchase any additional insurance you want, although these added benefits will not be tax-deductible.

★
Health costs that are under control

Q. Will anything be done to reduce and simplify all the insurance forms I have to fill out?

A. Yes. The Health Security plan will streamline the rules, reduce the paperwork, and make the system make sense. It will do away with all the different claims forms and confusing bureaucratic rules. Having one

Questions & Answers



A comprehensive benefits package means that you will no longer have to worry about what's covered under which policy or what you might have missed in the fine print. Most importantly, this simplification will mean that the money you pay goes to health care — not bureaucracy.

Q. What happens if I change jobs? Will I risk losing health insurance coverage?

A. No. The Health Security plan will guarantee that you will never lose your insurance coverage — even if you change jobs, lose your job, move, or start a small business. It will be illegal for insurance companies to drop you for any reason.

Q. What if someone in my family has a pre-existing health condition? Will they be covered?

A. Absolutely. Under the Health Security plan it will be illegal to refuse to insure people just because they've been sick. Health plans will have to accept you, healthy or not, and most important, they cannot charge you more for being sick.



Q. Will the quality of care my family receives be hurt under a new system?

A. No. Health reform holds doctors and hospitals accountable for the care they give. You'll get a consumer "report card" that you can use when you choose or change health plans. It will tell you what people think of the care they have received under each health plan and will measure results of frequent services to help you compare one plan to another. And if you don't like your health plan, you can change to a different plan or a new doctor.

Q. I'm retired and on a fixed income. Will my Medicare coverage be affected?

A. No. Older Americans who receive Medicare will continue to receive all the benefits they do today. In addition, the Medicare program will be strengthened by adding prescription drug coverage and expanded options for home and community-based long-term care. If you're on Medicare, you'll actually have more choices after reform. You can continue to receive care like you do today or choose among different health plans that may offer fuller benefit packages and lower payments.



Q. Will costs be controlled in a way that doesn't interfere with my medical care?

A. Certainly. Costs will be controlled by eliminating the waste, fraud, and abuse in the current system — not by cutting

coverage on consumers. Other nations, such as Germany and Japan — have controlled costs successfully while providing security to all with quality that is equal to ours. Doctors will be in control of their professional decisions. Patients will finally be asked their opinion and will be given all the information they need to make their choices.

Q. Will everybody in America have health insurance? And, if so, how will we pay for this?



A. All Americans and legal residents will be guaranteed a comprehensive package of benefits that can never be taken away. Everyone — employers and individuals — will be asked to take responsibility for contributing something, even if it is only a small amount, to the cost of their health care. At the same time, we're going to aggressively control costs, cut the waste, and crackdown on health care fraud with new penalties.

Questions & Answers

★ Less paperwork and a simpler system

Here are some other questions the American people have been asking:

Q. I'm happy with my insurance now. Why are we changing so much?

A. People who like their insurance today have a lot to gain from the Health Security plan. First — and most important — you'll get something that no amount of money can buy in today's insurance market: security. You'll also get more choices than many people have today, and you'll finally stop losing wages just to keep the same health benefits. And you'll probably pay less for high-quality care. The bottom line is this: you can't guarantee that what you have today will still be there tomorrow. This reform proposal provides you with that guarantee.

Q. How will this plan help small business?

A. The plan will offer significant discounts to help small firms who are getting killed by rising costs. *The Wall Street Journal* calls the plan "an unexpected windfall" for the two-thirds of all small business that currently provide insurance. Studies show that the fastest growing small businesses are the ones that provide health insurance. And they will be able to create new jobs and expand their business.



Q. When is this all going to happen?

A. Under the plan, some states may be ready to provide health security to their citizens in 1995. The majority of states will join in 1996 and, by the end of 1997, everyone must be

guaranteed a comprehensive package of benefits that can't be taken away.

Q. Doesn't the Clinton plan add more layers of government bureaucracy?

A. No. The President specifically rejected a government-run system in favor of a system rooted in the private sector, based on what we have today. Under the Health Security plan, government will set standards, provide security and safety, and then get out of the way. Health Security will reduce the



regulation that swamps today's health care system. The Health Security plan will free doctors from the avalanche of paperwork and create a standard claim forms. And it will increase consumer control over the system.

★ Responsibility from everyone

Q. What are we going to do to help people in rural areas?

A. Today, two thirds of rural counties do not have enough doctors. In many cases, rural doctors can't take a day off because there isn't another doctor for miles. The plan will include incentives for doctors to practice in rural areas, such as expanding the National Health Service Corp, increasing initiatives for medical schools to train more primary care doctors, and giving states the flexibility to develop programs that are more responsive to rural needs. In addition, the Health Security plan will give rural residents the bargaining power they need to get affordable coverage and access to high quality care.



file Health Care



U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

OFFICE OF THE ADMINISTRATOR

MEMORANDUM

TO: Christine Varney
Deputy Assistant to the President and Cabinet Secretary

FROM: Erskine B. Bowles, Administrator

RE: Health Security Act

DATE: October 15, 1993

As Administrator, I have talked to thousands of small businesses over the last three months. Whether it was talking to an employer or an employee, health care was by far their greatest concern. The rate of increase in the cost of health care for small businesses is 50% higher than the rate of increase for big businesses. Educating the small business community will be critical to the success of the Administration's effort to communicate the need for national health care reform.

Since the President's introduction of the Health Security Act, the Small Business Administration has been committed to educating and informing the small business community on what the plan will mean to their business.

We identified programs and communication vehicles to determine how we could incorporate the importance of universal health care as a theme. In doing so, we have already committed significant funds (\$100,000) from the Agency's budget to begin educating small businesses on the specifics of the Health Security Act, and its probable impact on their businesses. We have a plan for reaching out further to our constituency, but we are unable to commit any additional funds at this time.

The SBA is enthusiastic about what health care reform will mean to small business. In order to communicate the benefits of health care reform properly, however, we will need additional resources from other government Departments. Together we can reach the greatest number of constituencies with little or no duplication in our combined effort.

It is fitting that other Departments allocate proportionate resources to communicating about the health care reform effort. Since Departments have much larger budgets and staff than SBA their "proportionate" contributions should be substantial (Commerce alone is 25 times our size). Shifting some of these resources to our "small business" effort would make a great deal of sense and have a very positive impact.

Here are some of the steps we have taken thus far:

Brochure: *Health Security Act - Benefits for Business*

This 10-page brochure was designed to be used in a number of different ways: as an informational document; as a format for a speech; or, as talking points.

Our first printing, on September 27, consisted of 150,000 copies. On September 28, we sent out 10,000 copies (1,000 per) to our ten Regional Offices; 53,000 copies to our District Offices; and 6,300 to our Branch Offices. We also sent shipments to the sites of our four upcoming SBA Town Hall Meetings, in Portland, Cleveland, Houston, and Denver.

Along with the Commerce Department, we hand-delivered a copy to each member of the House and Senate. In addition, we provided the White House Communications Office with 1,000 copies, and the Office of Public Liaison with 4,000 copies. (See attachment entitled "Distribution of Brochure".)

By October 6, we had completed a shipment to each of our 536 SCORE (Service Corps of Retired Executives) chapters around the country, and also had sent 100 to each of our 56 lead Small Business Development Centers, and to several hundred women's business organizations.

The brochure has also been sent to Department Chiefs of Staff. It was sent in disk format with the hope that all federal employees will take the time to read it on their own computer.

Health Security Act Worksheet/Computer Program:

We have developed a computer software program which allows us to input data on an individual small business -- its number of employees, payroll costs, average annual salary, and annual insurance cost -- and then calculate their estimated projected cost under the Health Security Act. We successfully used this program during our briefing for 50 small businesspeople which we held at the SBA the day after the President's speech. In addition, this same program will be used when people call our 800 number. We have also sent this worksheet out to all of our District Directors and 70 district offices so they can begin compiling health insurance information on small businesses for our database.

1-800 Number:

We are expanding the capabilities of our existing SBA Answer Desk (1-800-U-ASK-SBA) so that small businesses will be able to call in and get information about the Health Security Act. A caller dialing this number will be asked to choose from a number of options, which automatically routes it to the Health Care Hotline. We have set up a local area network with 10 workstations to handle the software used for the computations in the program described above. The information will be obtained from the callers and entered into the database, which can be used for analysis or for follow-up activities. The people staffing the hotline also will have the capability from their workstations to FAX the caller a copy of their worksheet, and an electronic version of the brochure (as is available via SBA ON-LINE, described below). We are preparing to have 10 to 25 workstations operational and staff trained as soon as possible. We anticipate 300-500 calls daily. However, having already expended \$100,000 on this project, we do not have adequate funding to operate this 800 number and need other Departments to share in its cost.

When the Health Security Act Information Service is operational, we will develop a "hypertext" type feature as an aid for our information providers. This is an on-line help window that the user can invoke after each entry filed. Each help window would provide clarification or Q&As related to the information in that field. Creating this help feature is essentially a software-writing task which we can perform internally over a two to three week period.

SBA "On-Line":

This is the SBA's electronic bulletin board that is accessible by anyone with a microcomputer and a modem. The service is provided free via an 800 number. SBA ON-LINE is being modified to allow callers the option of going to a section of the bulletin board where they can view or download to their individual computers a copy of the Health Security Act brochure. We also are establishing a mailbox on the bulletin board, where callers can leave comments regarding health care. This information will be analyzed by our trained staff and an immediate response will be sent via modem. We also can provide the capability for SBA staff to interactively communicate via computer with people calling the bulletin board. This might be something we would do periodically with updates on Health Security Act legislation. In addition, we plan to set up a mechanism to collect basic information from the callers that can go into a database to be used for analysis or for follow-up activities.

Associations Database:

To date, we have contacted over 100 small business-related associations to obtain information on their annual meetings and their publications, and plan to send them copies of the brochure, along with articles on small business and health care. After reviewing all association/trade speaking dates we will work closely with the "War Room" to identify the appropriate keynote speakers for specific events.

Part II: 1-800 Number Cost Estimates

These are the cost estimates for two options to provide Health Security Act information services to small business callers. We cannot reliably estimate the number of calls we will receive or the average length of each call. Assumptions have been made for discussion purposes and to create a budget estimate.

ASSUMPTIONS: (for both options)

- Full service operation 9 a.m. - 9 p.m. Mon-Fri.
using two shifts (9-3; 3-9)
- All phone lines in continuous use
- Salaries based on SBA Agency-wide average
- 10 minute average call length during full service hours

▪ Option #1: Call Processing System

This system will answer calls on 25 incoming lines, provide menu-based information, transfer a caller to an operator for estimated cost calculations, or ask caller to hold if all operators are busy. System will feed 12 "on hold" callers to the next of the available 25 operators.

EQUIPMENT COSTS (One time only)

Microlog Call Processing Hardware	\$24,900
Phones & Headsets	7,500
25 Microcomputers	67,500
Fax server, cabling, misc. hardware	31,000
Fax machines & lines	7,400
Phone line installation	<u>2,500</u>
TOTAL	\$140,800*

*(SBA expenditure to date: \$42,500)

RECURRING COSTS

PHONE LINES:

1-800 lines (during full service hours Mon-Fri 9 a.m.-9 p.m.)	\$186,480
1-800 lines (info messages during off-hours, after 9 p.m. and Sat-Sun 24 hours)	108,864

LABOR:

50 FTE	<u>633,000</u>
Recurring total	928,344
+ equipment total	140,800

Total Estimated Cost over 3 months.....\$1,069,144

CAPACITY:

- 25 simultaneous operator assisted calls
- 12 calls holding for next available operator
- Up to 9,000 operator-assisted calls per week during 9 a.m. - 9 p.m. period; 4,500 on hold for next available operator

■ Option #2: Direct Call System**ASSUMPTIONS:** (as in 1. above)

- Full service operation 9 a.m. - 9 p.m. Mon-Fri. using two shifts (9-3; 3-9)
- All phone lines in continuous use
- Salaries based on SBA Agency-wide average
- 10 minute average call length during full service hours

This is direct person-to-operator calling with no pre-recorded intermediate answering system. This system has no "on hold for next operator" capability and no off-hours message capability. All callers after #26 will get a busy signal; after hours callers will get no pickup or response.

EQUIPMENT COSTS (One time only)

Phones & Headsets	7,500
25 Microcomputers	67,500
Fax server, cabling, misc. hardware	31,000
Fax machines & lines	7,400
Phone line installation	<u>2,500</u>
TOTAL	\$115,900

RECURRING COSTS**PHONE LINES:**

1-800 lines (during full service hours. M-F, 9 a.m. - 9 p.m.; No off-hour message or information service)	\$126,000
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LABOR:

50 FTE	<u>633,000</u>
Recurring total	759,000
+ equipment total	115,900

Total Estimated Cost over 3 months.....\$874,900

CAPACITY:

- 25 simultaneous operator assisted calls
- Up to 9,000 operator-assisted calls per week during 9 a.m. - 9 p.m. period

▪ [A third option considered was an interactive voice response system which would collect information by prerecorded questions which the customer would respond to via touch-tone phone input. Operator Assistance would be available as an option. We have decided to exclude this system from consideration because it would require 45-60 days to develop, and we believe the complexity of these issues merits more immediate operator assistance.]

Distribution of *"The Health Security Act: Benefits for Business"*

Department of Commerce.....	23,800
SBA Regional Offices.....	10,000
SBA District Offices.....	53,000
SBA Branch Offices.....	6,300
Portland, OR (town hall meeting).....	350
Cleveland, OH (town hall meeting).....	350
Des Moines, IA District Office.....	400
New York District Office.....	400
Houston, TX District Office.....	500
Houston, TX (town hall meeting).....	350
Other Executive Departments/Agencies.....	300
White House Office of Communications.....	1,000
White House Office of Public Liaison.....	4,000
Democratic National Committee.....	10,000
Mailing to SCORE, SBDCs and WBOs.....	19,200

Health Care

- 1) We have a plan.
- 2) Contrast other plans.

comprehensive, universal most important points -
no one can match up on these two points
difference between access and coverage

3/ Changes in Plan -

- make financing more responsible, more constructive
- alliances - responding to concerns they were too bureaucratic, too much regulation

4/ No one close on details, financing

On changes:

- don't get caught in detail

Most responsible plan people can depend on,

- minimize bureaucracy + regulations
- doesn't turn it over to the gov't

Other plans:

No lifetime limits in our plan.

healthcare 2

Pre-existing Conditions -

All other plans say it - ours does
by cost + insurance

other plans: make it illegal to deny but
allow any charge allowed.

Savings

- All others - cap growth of Medicare
- Prescription drug benefit

"Comprehensive" - all factors above

Subsidies

- 1) Gross subsidies
- 2) Offsets - savings in fed programs;
- 3) Net subsidies over

Gross \$338 Bil

Offsets \$183 Bil

Net \$155 Bil

~~lower~~

health care β

inflation

Subsidy estimates \uparrow

Removes the burden on business of negotiating insurance. Groups of businesses and consumers – regional health alliances – will negotiate for high-quality care at affordable prices. This will simplify today's system, where hundreds of thousands of businesses negotiate with more than 1500 insurance companies. The burden of finding insurance will be lifted -- and so will administrative costs -- which can run as high as 40% of total health costs for small business.

HOW THE SYSTEM IS FINANCED

The financing proposal was developed under the most rigorous and conservative forecasting standards. For the first time, representatives from every federal agency involved in fiscal accounting and financial projections have been brought together to work out the numbers. Then teams of actuaries, health economists and other financial analysts from outside the government served as auditors and consultants, checking and rechecking.

The system is financed from five major sources:

- 1) Employer and employee contributions -- Everyone will pay a portion of health insurance premiums, even if your contribution is small, because everyone must assume responsibility. Today, the overwhelming majority of employers cover their employees, and they'll continue to do so. But the businesses that provide insurance are paying for those who don't. No one should get a free ride.
- 2) Medicare and Medicaid savings -- Specific savings can be achieved by slowing the rate of growth of these programs. Every penny of these savings will be channeled back into benefits -- prescription drugs and long-term care -- for the people which these programs serve.
- 3) "Uncompensated care." -- Savings can be achieved from money now paid to hospitals and doctors who care for people who can't afford care but receive it anyway and the uninsured.
- 4) Sin taxes and other federal revenues -- There will be some new "sin taxes," and other revenues will be added as health care costs slow, less money is spent, and the difference is no longer tax-deductible.
- 5) Other savings -- Reducing paperwork and administration -- estimated to cost \$100 billion or more a year -- will cut bureaucracy and save money. Cracking down on health care fraud - - estimated to be at least \$80 billion annually -- and imposing new stiff penalties will also yield savings.

PAYMENT SCENARIOS

As a rule, most individuals and families in which at least one person works will pay a maximum of 20% of the average health plan premium in their area. Those who choose a lower cost plan -- from among those offered in the area -- will pay a little less than the

QUESTIONS AND ANSWERS

The American Medical Association recommends that you ask these questions about health reform.

Q. Will I still be able to see my own doctor? Will I have to pay extra?

A. You will be able to choose your own doctor. What you pay will depend on which plans your doctor joins. There will be a range of plans available at a range of prices and your doctor will be free to join a number of plans -- so the choice will always be yours.

Q. And will my doctor and I be free to decide how to treat my illness?

A. Yes. Under the current system, doctors have too many people looking over their shoulder, second-guessing their professional judgment. Reform will get insurance companies and the federal government out of doctor's offices and leave your medical decisions to you and your doctor -- where they belong. Consumers will have more information about benefits and risks of treatments and will be more involved in making decisions about their own health care.

Q. I have a group insurance policy through my employer. Will that change?

A. No. If you want to continue with the group insurance policy you have now, that's fine. But, under reform, if you want to change plans you can. All Americans -- from employees of the local car wash to the big auto companies -- will have more choices of health plans. Many Americans today are torn from their family doctors when rising costs force companies to choose only one plan for all their employees.

Q. Will our premiums and co-payments go up?

A. Premiums will decrease for two-thirds of Americans. And many of the plans that will be offered require just a small payment (\$10) for each doctor visit (i.e., co-payment). Many of these plans will have no deductible (the amount you pay until your insurance kicks in) at all. No matter what, no individual will pay more than \$200 per year for their deductible and no family will pay more than \$400. (Deductibles under the present system can be as high as \$3,000.)

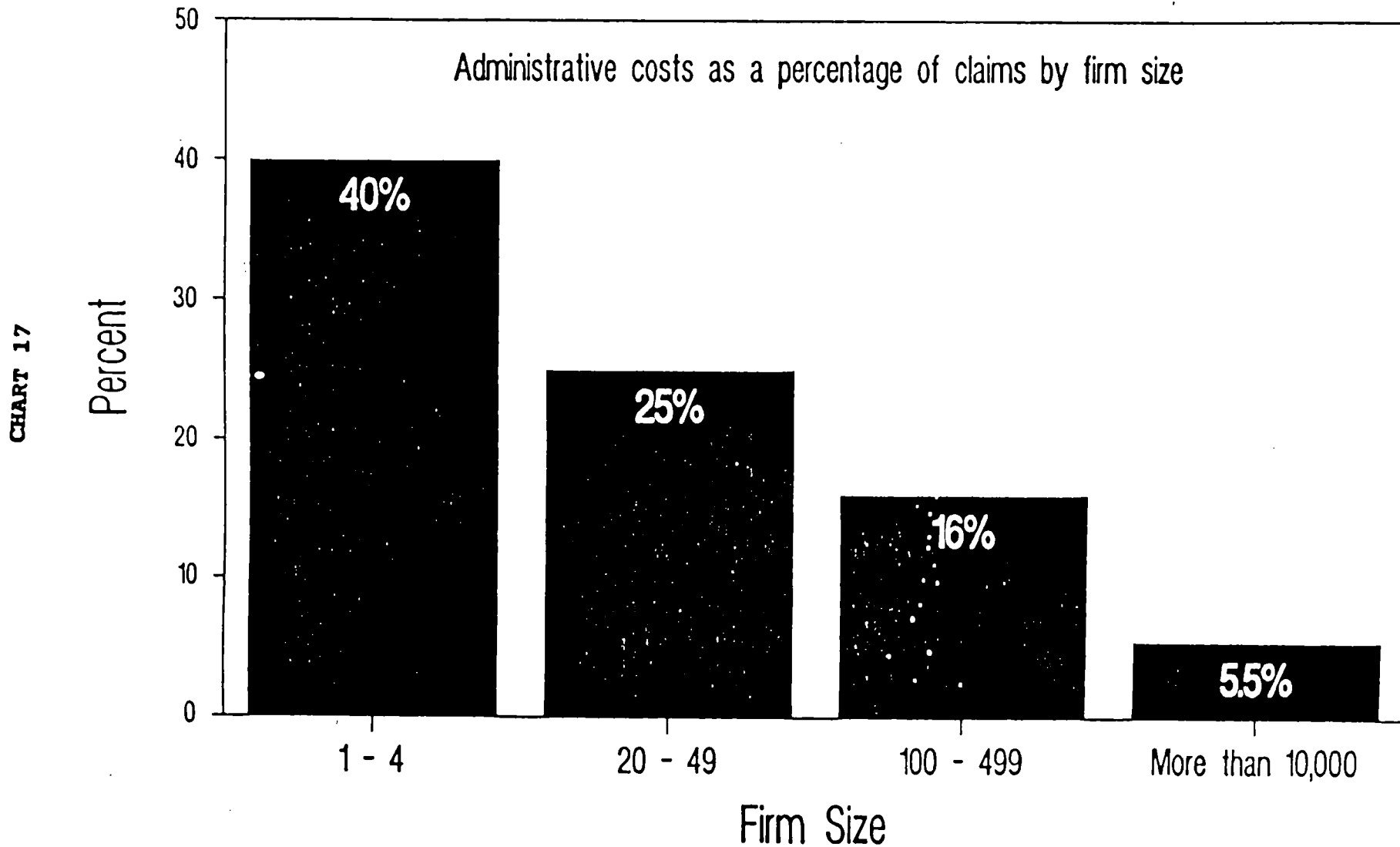
At the same time, we're going to aggressively control costs and cut the waste, fraud and abuse from the current system.

Q. How will this plan help small business?

A. The plan will offer significant discounts to help the small firms who are getting killed by rising costs. The Health Security Act will lower costs for the two-thirds of small businesses that now provide insurance by as much as 50%. It will make insurance affordable for those small businesses that now want to provide coverage but can't afford it.

Small Businesses Face Higher Administrative Costs

As much as 40¢ of every dollar which small businesses spend on health insurance is consumed by administrative costs.



SOURCE: Hay/Huggins, Inc.

How You Get Coverage: The New System

Health care reform brings people closer to their doctors and the high quality, affordable care they deserve.

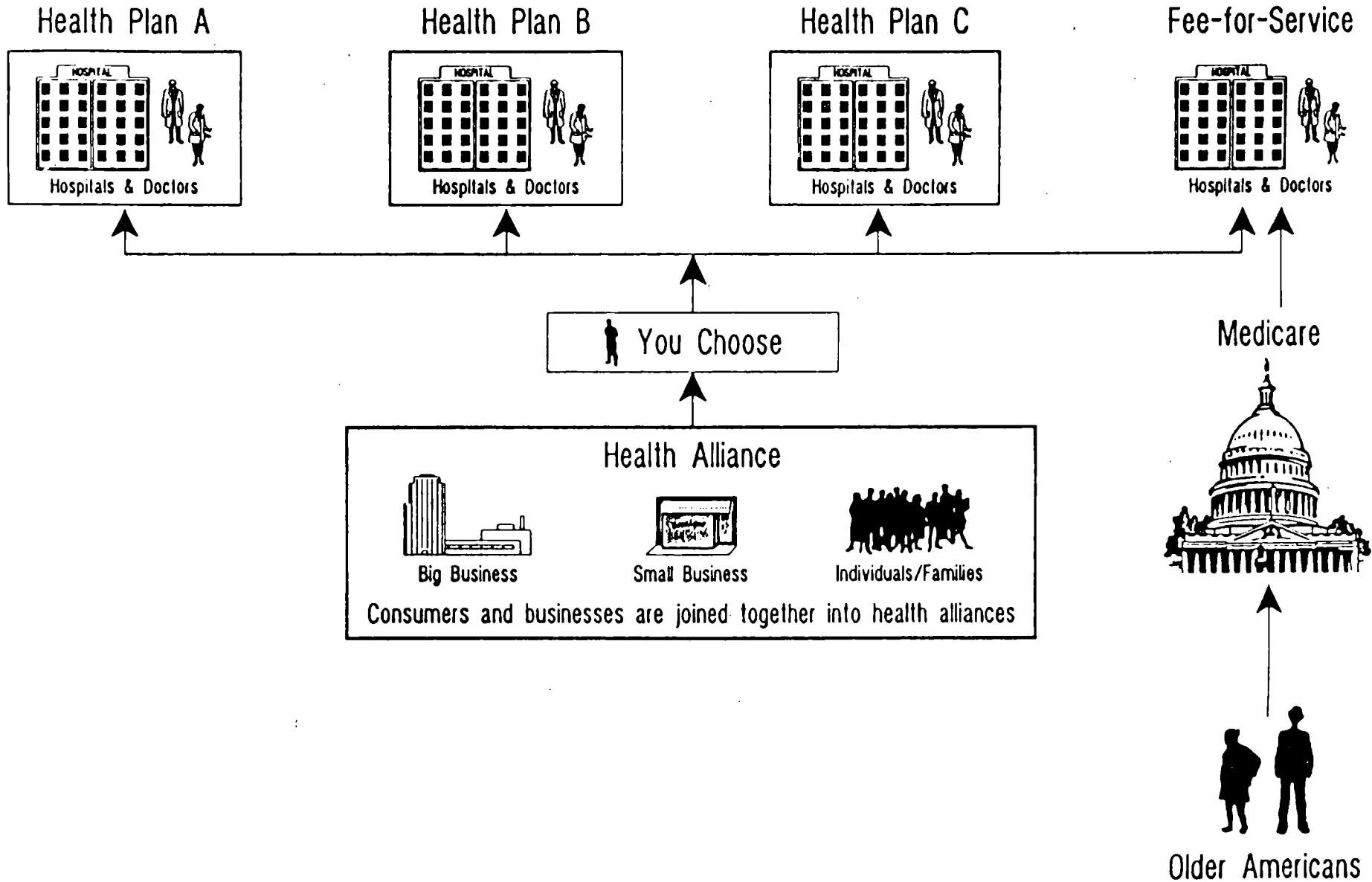
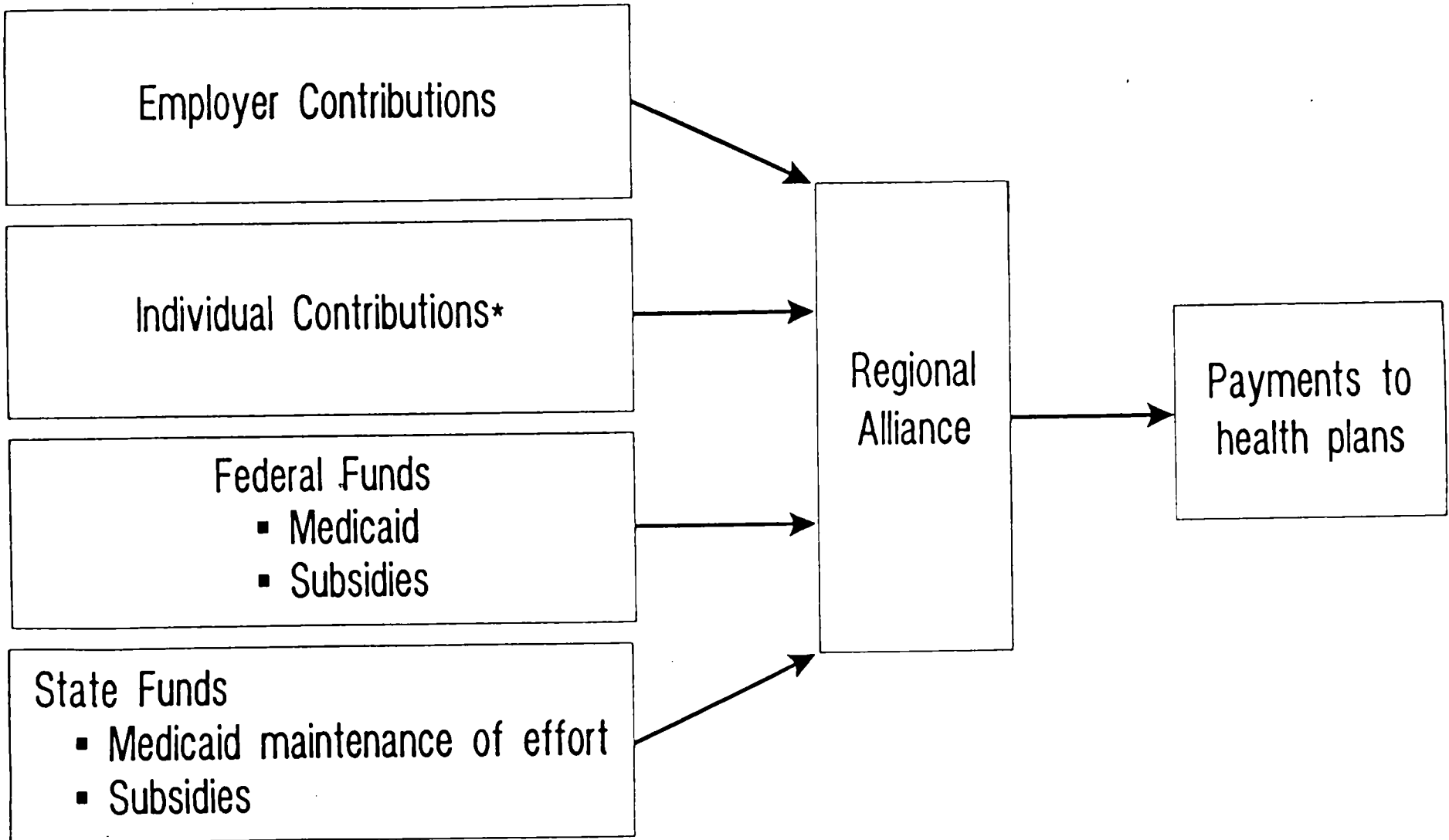


CHART 20

How Will the Money Flow?

CHART 43



* "Individuals" include workers, non-workers, and the self-employed.

QUESTIONS AND ANSWERS

The following is intended for use by the President for the town meeting in Tampa the day after the speech. In a slightly revised form, these could be used for wider distribution.

Questions and Answers On:

- Job Impact
- Small Business Impact
- Medicare/Medicaid Savings
- An Untested Plan
- Middle-Class Taxes
- Price Controls
- Malpractice
- Rationing
- Research and New Technology
- Government Regulation
- Doctor Choice
- Pay More and Get Less
- Forcing People Into Managed Care
- Why Not Single-Payer?
- Employer vs. Individual Mandate
- I've Got Good Insurance
- Financing
- Savings
- Rural Health
- Urban Health
- Veterans
- Unions
- Abortion
- Health Alliances
- Benefits Package

JOB IMPACT

Q: Won't the Clinton plan destroy millions of jobs?

A: Let's put this in perspective: economists and business leaders agree that comprehensive health care reform is a necessary element in a strategy to increase long-term economic growth, reduce the deficit, and create jobs. **Today, the rising cost of health care is a hidden tax on American workers and employers** -- hurting businesses, limiting job creation and threatening our competitiveness. **The bottom line is this: most businesses provide health care to their workers. Health care reform will lower their health care costs -- allowing them to create jobs and increase wages.**

Manufacturers -- the employers that pay the highest wages to middle-class Americans -- have been forced to lay off workers because of rising health costs. **Our health care reform proposal will have dramatically lower health costs for manufacturers and make it easier for them to compete and create new jobs.**

From small businesses that provide insurance to manufacturers like Chrysler and US Steel, costs will be controlled and money will be freed up for job creation. The Wall Street Journal has called the plan "an unexpected windfall" for small businesses. Studies show that **the fastest growing small businesses are the ones that provide health insurance.**

In addition, **there will be jobs created in the health care industry**, particularly for nurses and home health workers who will be providing more care. Joshua Weiner, a health economist at the Brookings Institution, predicts that the Health Security Act will create 750,000 home health care jobs, and that overall the plan will be a job creator.

SMALL BUSINESS IMPACT

Q: Won't small businesses be driven under by the employer mandate?

A: Two-thirds of small businesses currently cover their employees. For these businesses, health care reform will mean a chance to expand and create new jobs. **The Wall Street Journal calls the plan "an unexpected windfall" for small businesses.**

Some people say that this proposal is going to hurt small businesses. And it's important to keep in mind that my critics are right on one important point: asking all employers -- including low-wage small businesses -- to provide comprehensive coverage for their employees without discounts would be unreasonable. But that's not what my plan is -- my plan provides **discounts of between 30 and 80%** for small businesses, depending on the average wage of their workers.

Most small businesses will receive a windfall because they will be getting substantial discounts compared to what they pay now. Studies show that **the fastest growing small businesses are the ones that provide health insurance.** So they will be able to create new jobs and expand their businesses.

You see, the whole problem with the way people get insurance today is that **the insurance companies have all the power, and small businesses and consumers get the short end of the stick.** My plan changes the market to give small businesses and consumers more bargaining power and really put them in the driver's seat.

A lot of small businesses that don't provide insurance want to -- they just can't afford it. Listen to Diane Welch of San Jose, California -- she owns an Italian restaurant there with 40 employees. She says -- this was in the newspaper a few days ago -- that she is looking forward to my proposal because it has bothered her that she and her husband couldn't afford to provide coverage for their employees. With the discounts, health care would finally be reasonable, she said. And she said of the price: "It's something we could definitely handle."

Let's look at what a low-wage small business might pay. For a small business whose employees make an average of \$12,000 a year, they would only have to pay \$420 a year per employee to get their employees comprehensive health benefits. In today's market, they might have to pay as much as \$4000 per year per employee, but after reform, it's affordable because of the discounts which we are proposing for small businesses. Now compare that to the average big business, paying \$2200 a year for each employee. We're talking about a discount of 80% for the small business.

When we look at what effect this will have on small businesses, one interesting example is Hawaii. Hawaii passed a plan in 1974, the Prepaid Healthcare Act, that requires all businesses to contribute to the cost of their employees' health insurance. But small businesses have continued to thrive. In 1991, Hawaii was the nation's third fastest-growing state for small businesses, and Hawaii's unemployment rates are consistently among the lowest in the country.

MEDICARE/MEDICAID SAVINGS

Q: With all these cuts in Medicare and Medicaid, aren't you financing health reform on the backs of the poor/elderly?

A: There's one thing that's important to keep in mind here: **older Americans will receive all the benefits they do today after health care reform.** If you're on Medicare, you will see little difference in where, how or from whom you receive your health care under the Health Security Act. This proposal does not involve cutting Medicare-- it involves spending Medicare money differently, and increasing benefits for older Americans -- prescription drug coverage and more options for home and community-based care.

When talking about these savings, we have to view them in the context of comprehensive health reform. We will use the savings from Medicare for expanded benefits – prescription drugs and long-term care – and greater security for older Americans. And we are talking about using the savings from Medicaid to guarantee universal coverage. So the savings in these programs goes right back to the people who these programs serve.

Now, specifically on the Medicare savings. Compare our plan to others out there, and you'll see that the Medicare savings are actually very reasonable. The main single-payer bill in the Congress (McDermott/Wellstone) projects \$147 billion in savings over six years, we project \$124 billion, and the Senate GOP bill estimates \$92 billion. So we're in the middle of the range of what's out there right now.

Outside of the health care context, if Medicare payments were simply cut -- so that a hospital was paid \$100 for a service that they used to pay \$150, the hospital is likely to simply charge everyone else \$50 more, rather than try to control costs. Yet, within comprehensive reform, doctors and hospitals cannot simply pass on the costs because of limits on private sector premiums growth.

AN UNTESTED PLAN

Q: Isn't this plan untested? Should we really be using America for some kind of social experiment?

A: If we look at our international competitors and at models of reform around America, we know this can work. **There's no reason why other countries spend so much less than we do on health care - - and still guarantee comprehensive benefits for their people.** Look at Germany and Japan for a few examples. Germany and Japan have been able to keep the growth in their health care costs under control while ours have been growing at much faster rates.

Look at California, where hospitals have kept the rates at which their costs grow well below the national average in the last decade. Look at Minnesota, which has slowed their rate of growth of costs compared to other states as a result of reform which used competition to drive costs down. There's plenty of evidence out there in places that have made serious attempts to cut waste, reduce paperwork and red tape, and encourage competition that this can work .

MIDDLE-CLASS TAXES

Q: Won't the Clinton plan burden the middle class with massive new taxes?

A: Nothing could be further from the truth. **I specifically rejected any kind of broad-based tax** on the middle class because I believe that middle-class Americans are already paying too much for their health care.

There is already plenty of money in the system -- the problem is that much of it is wasteful. **We're not getting good value for our health care dollar.** I believe we need a modest amount of sin taxes, and everyone does have to take responsibility for the cost of their health care. But raising a lot of new money is not the answer when we've already got such a wasteful system.

PRICE CONTROLS

Q: I heard that the plan contains price controls on the medical industry. Is that true?

A: Not at all. I specifically rejected that approach, in part because it wouldn't really control costs and in part because I don't think it's right to do that to the doctors and hospitals that are providing the highest-quality care in the world.

We think that by limiting the insurance company premiums we can eliminate some of the overcharging and cut some of the waste that exists in the current system.

Look, whenever you hear some of these accusations about my plan -- these are price controls, you're going to take me from my doctor -- you've got to consider where these charges come from. And when the insurance companies are complaining about price controls, you've got to understand that these companies are worried that they're going to lose their ability to make outrageous profits off you and the current system if we pass reform.

MALPRACTICE

Q: Will the plan have serious malpractice reform?

A: Yes, the plan has serious malpractice reform to reduce lawsuits and let doctors practice medicine.

Everyone knows that the current system of malpractice needs to be changed. **In the current system, doctors are forced to spend too much time practicing what's called "defensive medicine"** -- performing extra tests because they're looking over their shoulders for lawyers. It's not helping to improve care or protect patients -- but it is helping to drive doctors out of the profession and pushing up costs.

My proposal will limit lawyers' fees in order to discourage frivolous lawsuits. If there's a legitimate concern about the care you get, then that's one thing. But what we've got today is too many lawsuits that just aren't legitimate.

Besides limiting lawyers' fees, the plan will also require patients and doctors to use alternative forms of dispute resolution before they end up in court. There will be out-of-court panels to hear disputes in order to reduce the number of lawsuits.

This is all a part of everyone taking more responsibility in our health care system. We say to lawyers: we respect your role as protector of the patient when he or she is treated badly, but you must be responsible and not file frivolous lawsuits. To make sure that doesn't happen, we're going to require that you try settling this out of court, and if you do go to court, we're going to limit your fees. We say to doctors: we're going to stop the lawyers and insurance companies from looking over your shoulder, but we're going to hold you accountable for delivering high-quality care. And we say to patients: even if you don't get the proper care, the answer is not always to go out and sue the first person you see. It's all about taking responsibility.

RATIONING

Q: **Won't these tight cost controls lead to health care rationing?**

A: **"Rationing" is the scare tactic used every time by those who don't want reform.** Let me emphasize that one of the principles of this proposal is to improve the quality of what is already the finest medical care in the world. **We're going to guarantee everyone comprehensive benefits, including preventive care,** so that we keep people healthy instead of waiting until they get sick. And decisions about your treatment will continue to be decided by you and your doctor. When opponents of the plan talk about "rationing," they're just trying to scare the American people.

Now, there will be limits on how much insurance premiums can go up. For that, I make no apologies. There's no reason why we can't stop the insurance companies from raising your premiums every year at two or three times the rate of inflation and still get the highest-quality care in the world.

RESEARCH AND NEW TECHNOLOGY

Q: Won't the Clinton plan impair the development of new lifesaving drugs and medical technologies?

A: No, the plan will encourage more of the research and innovation that has made American medical care the best in the world. The pharmaceutical industry will continue to develop new lifesaving drugs. Although we are asking the drug companies to hold their prices down, they will have plenty of new customers because prescription drug coverage is included in the comprehensive benefits package. **And the proposal is designed to encourage the development of new medical technologies – because it rewards high-quality care that keeps patients healthy.**

GOVERNMENT REGULATION

Q: Doesn't the Clinton plan rely on heavy government regulation?

A: No. Nothing could be more confusing than the current system. Hundreds of forms confront doctors, nurses and consumers at every turn. And doctors are constantly looking over their shoulder.

After reform, there will be less regulation of doctors, nurses and hospitals so that they can spend less time filling out forms and more time caring for patients. There will be, however, some more regulation of the insurance industry. We will stop insurers from refusing to cover people because of pre-existing conditions, make it illegal for an insurance company to raise your premium when someone in your family gets sick, and make it impossible for insurance companies to charge small businesses 35% more than big businesses.

I specifically rejected a government-run system, opting instead for a system rooted in the private sector and based on what we have today. Under my proposal, government will set standards, provide security and safety, and then get out of the way. My plan will free doctors from the avalanche of paperwork, and streamline the system. It will create a single claims form, give every American a Health Security card which will lead to electronic billing, and it will reduce regulation of doctors and hospitals to cut the unnecessary paperwork for doctors and patients.

DOCTOR CHOICE

Q: **Won't the Clinton plan prevent your family physician from deciding how best to treat you?**

A: No. **You will always be able to see your doctor and have your family doctor work with you to decide the best treatment to keep you healthy.** In today's system, doctors' decisions are too often second-guessed by insurance company bureaucrats and lawyers. Reform will free doctors from much of this second-guessing and paperwork and let them do what they do best -- care for patients.

After reform, doctors may join one or several different health plans. And **you can follow your doctor to any plan he or she joins.** The opponents of reform are using scare tactics - - telling you that the Clinton plan will separate you from your doctor -- in order to preserve the status quo. But make no mistake about it -- you will be able to see your doctor, and nothing any special interest says will change that.

PAY MORE AND GET LESS

Q: Won't the Clinton plan result in people paying more and getting less?

A: No. The overwhelming majority of Americans will pay the same or less for the same or more comprehensive benefits.

If you're young and healthy, you may have to pay slightly more for similar benefits to what you now have (if you have comprehensive benefits now). This is because of "community rating," whereby insurance companies will no longer be allowed to charge older, less healthy people higher rates than everyone else.

But the important thing to remember throughout is that **reform will give you something that no amount of money can buy: a guarantee of comprehensive benefits that can never be taken away.**

FORCING PEOPLE INTO MANAGED CARE

Q: Won't the Clinton plan force all people into managed care?

A: No. In fact, Americans will have increased choice under the health security plan. Everyone will be able to choose their doctor. And no one will be forced into anything. In fact, people will have increased choices of health plans. Today, just one in three employers with less than 500 employees offer any choice of health plan. And in an effort to cut costs, many employers have ben forced to move their employees into managed care plans. That will be impossible after reform.

Under reform, all Americans will be able to choose from among a traditional fee-for-service plan, a network of doctors and hospitals, or an HMO. Your boss or insurance company won't choose where or from whom you get your care -- you will.

WHY NOT SINGLE-PAYER?

Q: Isn't the Clinton plan administratively complicated and unduly costly? Wouldn't single payer be cheaper and simpler?

A: In designing my reform proposal, I reaffirmed an American principle: that **health care should be rooted in the private sector and respond to market forces**. Most people get insurance through their employer today, and that will not change under the Clinton plan.

Some have argued for a "single-payer" system. We are leaving it as an option for states to set up single-payer systems in their own state. But **we explicitly rejected a national, government-run system. In many countries that might be a good system, but to change to that kind of system now in America would require a massive tax increase and too much government**. I think that middle-class Americans are already paying too much for their health care. We can do better, and we will with the Health Security plan.

Q: Isn't the Clinton plan the worst combination of single-payer and managed competition?

A: No, in fact, I think it's a good blend of some of the different approaches out there. One of the important things in this process is that we looked at different kinds of approaches and models -- from Canada to Germany, from Hawaii to New York. So **this is an approach that draws on already existing reform efforts and models out there already**.

Now, some people ask: why not just propose a "pure" single-payer or managed competition plan. The answer is this: our proposal is based on the belief that **unleashing the forces of the marketplace -- allowing health plans to compete based on price and quality -- will help control costs and improve the quality of care**. Competition is the engine of reform, but as a backstop, to make sure that we achieve all the savings necessary to guarantee coverage, we put a limit on health insurance premiums -- a device more in line with the single-payer approach. If the market works as we expect, then the backstop becomes unnecessary.

I want to point out something else apart from the different theories. We have really tried to make this a bipartisan effort, and that is reflected in the proposal that we are presenting to Congress. **This proposal contains many ideas that have come from Republicans and have been in past Republican bills**.

- The idea that we should ask all employers to contribute to the cost of their health care was proposed by President Nixon in 1974. It was introduced by Senator Packwood at that time, and Senator Jeffords has also proposed a bill supporting the same idea.
 - Senators Kassebaum and Danforth have limits on the growth of insurance premiums in their bill, as we do.
 - Senators Chafee, Kassebaum, Danforth, Bond and Cohen all have proposed setting up these large purchasing pools -- or "health alliances" -- to give consumers and small businesses bargaining power in getting affordable insurance.
- So this is not one idea. It is a uniquely American solution that will work for this country.

EMPLOYER VS. INDIVIDUAL MANDATE

Q: Why not just do an individual mandate instead of an employer mandate?

A: OK, let's look at what we're trying to do with reform and then talk about some of the different approaches and why we chose what we did.

Given that we want to guarantee everyone comprehensive benefits that can never be taken away, there are a couple of approaches as to how you could do that.

The first is, you could go with a single-payer system as they have in Canada. It achieves universal coverage, people can choose their doctor, and their system is simpler than the one we have now. **But to go to a single-payer system in America would mean turning a lot of the parts of the health care system that are currently in the private sector over to the government.** And it would also mean raising a lot of new tax revenue. And with all that we're currently wasting in our health care system, we didn't think that was the way to go.

Then some of the Republicans have proposed what's called "**an individual mandate**" -- requiring all individuals to purchase insurance. **Now we agree with the idea behind this: that everybody should take responsibility for their health care, and everyone must contribute something to the cost.**

But the question is: how do you make sure that people actually go out and buy the insurance? **Most people agree that it would require some kind of new and intrusive bureaucracy to track down people** and make sure that everyone buys insurance, and that's not something we wanted to do. **And then there's the problem of how you prevent employers from just dropping people's coverage** once they realize that they're basically off the hook and don't have to provide insurance to their employees. And once employers start dropping people, that would mean we need more subsidies for low-wage people, which would mean a need for more taxes. So after really thinking this through, we decided that that was not the way we wanted to go.

We finally decided that **the best approach builds on the current system -- a system where most people get their insurance through their workplace**, and if you're unemployed, the government helps out until you get back on your feet.

There is widespread support for this idea. **The United States Chamber of Commerce, representing hundreds of thousands of businesses all over the country, supports the idea, because they agree that everyone must take responsibility for the cost of health care in this country.** The AMA supports this idea, and so does the HIAA. The first person to propose this was President Nixon in 1974. It was introduced by Senator Packwood at that time, and Senator Jeffords has also proposed a bill supporting the same idea. So there is real bipartisan support for these ideas.

Right now, three-quarters of all employers cover their employees. And the businesses that cover their employees are paying for those that don't. When someone without insurance goes

to the hospital, don't think those costs disappear into thin air. Those costs are passed along to you, your business and every consumer in higher premiums, \$20 Tylenols at the hospital, and higher Medicaid and Medicare taxes in every state.

So we ask all businesses to take some responsibility for their own employees. For low-wage small businesses who can't afford insurance, we will provide substantial discounts -- **of up to 80%** -- so that small business owners can finally get comprehensive coverage for themselves, their families, and their employees at an affordable price.

I'VE GOT GOOD INSURANCE

Q: Why should I support this plan? I'm happy with my insurance, and so are most people I know.

A: People who like their health insurance today have a lot to gain from the health security plan. First -- and most important -- they'll get something that no amount of money can buy in today's insurance market: security. Lose your job? You're covered. Want to change jobs? You're covered. Your child gets sick? You're covered. You just can't guarantee that today.

People who like their health insurance today will also get

- increased choices
- the chance to stop trading wage increases for the same health benefits
- preventive care benefits that will keep them healthy

Even those Americans who are satisfied with what they've got now have plenty to gain. And they'll probably pay less for high-quality care. **The bottom line is this: you can't guarantee that what you have today will still be there tomorrow. This reform proposal provides you with that guarantee.**

FINANCING

Q: Isn't this financing scheme just 'smoke and mirrors'?

A: No. From the beginning, I instructed my staff to take enormous care with the numbers that we used in estimating financing; to make sure that we have accurate, conservative, and valid numbers; and that we base our policy decisions on accurate numbers. We had all the federal agencies working together on this, and we brought in outside actuaries and economists to act as auditors. And I am confident that they have done the job and done it well.

People may have debates over policy, and that is fine. We finance our system largely from savings from the existing system and sin taxes, while others think that we should raise some kind of broad-based tax or payroll tax. That is not the route we have chosen, but there is bound to be disagreement. And we want to hear other people's ideas, Democrats and Republicans, on better ways to finance reform.

But there should be no argument on the internal validity of these numbers. We are comfortable with them, and we think they are a good starting point for debate.

Let me just walk you through the way we pay for this proposal.

First, we ask everyone to take responsibility and contribute something to the cost of health care if you don't pay anything today -- that includes employers and individuals. Most businesses cover their employees, and most people have insurance. But not everybody does, and those who don't are getting a free ride.

Second, we slow the growth of Medicare and channel every penny of those savings back into benefits -- specifically, prescription drugs and long-term care -- for older Americans. Third, we fold Medicaid and other government health programs into the new system, because we don't have to pay as much money to hospitals and doctors to compensate for caring for the uninsured. And then there will be some revenue that the government gains because with health care costs lower, there will be less money that is tax-deductible for employers. And finally, there will be some sin taxes to raise additional revenue.

SAVINGS

Q: What makes you think that you're going to save money anyway?

A: We know this can work. There's no reason why our international competitors spend so much less than we do on health care - - yet they insure all of their people and they provide richer benefits.

Let's look at Germany as an example. In Germany, they have managed to guarantee all their citizens health coverage while controlling health care costs. Germany's system is rooted in the private sector, and everyone has a choice of doctor. But they have managed to limit the growth of national health care costs -- so that now, their health care costs per person are nearly half the costs in the United States. There are a lot of elements of the German system that we are borrowing from in this reform proposal. And if they control costs, I don't see why we can't too.

I mean, who out there is going to tell me that there is no waste in the system? Who out there is going to tell me that there isn't overcharging? Who out there is going to tell me they've never heard of fraud in the health care system? Who out there hasn't heard about a hospital or lab being reimbursed for a test it never did or a patient it never saw? Who out there thinks we need all the paperwork that they make you fill out, that they make nurses and doctors and hospitals fill out? Who out there thinks the insurance company premiums should be rising at 2 and 3 times the rate of inflation?

[And then there's the savings that will come from prevention. Our comprehensive benefits package fully covers preventive care. And certainly it will save money to keep people healthy as opposed to waiting until they get sick -- that is one belief that we have and I know is shared by Dr. Koop and other leading doctors.]

So I say: instead of going to the American people and raising taxes for this thing, as some suggest, let's try and get some of this waste out of the system. I know other countries have done it, individual states have done it, and I think we can do it as well.

RURAL HEALTH

Q: What are we going to do to get doctors into rural areas?

A: Right now, two-thirds of rural counties do not have enough doctors. It's no wonder. Rural doctors provide more charity care than any doctors in the country, and they often get paid late. In many cases, rural doctors can't even take a day off because there isn't another doctor for miles around.

The plan will include incentives for doctors to practice in rural areas. Specifically, it will expand the National Health Service Corps and their loan repayment program, increase incentives for medical schools to train more primary care doctors, and give states flexibility to develop programs that are more responsive to rural needs.

The plan will also help break the isolation of rural doctors by encouraging networks with regional medical centers, hospitals and other doctors. By sharing skills through technologies like interactive video, it will give rural residents access to the kind of care once available only at major medical centers. And it will use nurse practitioners and other health professionals to increase the availability of care.

In addition, the Health Security plan will give rural residents the bargaining power they need to get affordable coverage and access to high-quality care.

URBAN HEALTH

Q: How will this reform help people that live in cities get high-quality care?

A: First, by providing a comprehensive benefits package to all Americans that emphasizes primary and preventive care. In today's system, too many Americans end up in emergency rooms because they didn't get the primary care they needed. That's not right, it costs the system too much money, and we're going to change it.

And second, it will increase the number of doctors in urban areas by providing incentives for doctors to practice in cities and expanding the National Health Service Corps to reach more people in cities.

There will also be additional support for community and school-based clinics so that we really make an aggressive effort at prevention --keeping people healthy instead of waiting until they have to go to the emergency room.

VETERANS

Q: I'm a veteran. What's going to happen to my health coverage?

A: You will get all the benefits you get today, and you will get the same comprehensive benefits package as all Americans. Veterans will have the choice of either joining the VA health plan in their area or a health plan used by non-veterans. The VA will have the option of organizing its hospitals and clinics into health plans.

UNIONS AND HEALTH CARE

Q: I've got a good union plan. What's going to happen to me?

A: Millions of Americans have worked hard to get the solid health benefits that they enjoy today - - trading increases in wages in order to maintain the same (or reduced) health benefits. And millions are locked into their jobs; wanting to find better jobs but can't leave because they fear losing health insurance and not being able to get a new policy.

But even if you have an excellent health insurance package, you are not guaranteed coverage. Insurance companies hold all the cards: they can drop someone for almost any reason.

My plan does the following things for you:

Guarantees security. You will always have coverage even if you change jobs, lose your job, move, become ill, or have a preexisting condition.

Preserves benefits. The Health Security plan brings all Americans up to the comprehensive benefits package. For those with benefits more comprehensive than the federally guaranteed package, tax preference is preserved for ten years. Employers who do so today may continue to pay 100% of the premium, contribute to the coinsurance and deductibles and pay for benefits over and above the comprehensive benefits package.

Increases your choices. Today, only one of every three companies that employ fewer than 500 people offers employees a choice of plan. And rising health care costs and the bottom line are putting choice of at least three plans in every area: a traditional fee-for-service like many people have today, a network of doctors and hospitals, and an HMO-type plan. Individuals - - not their employers or benefits managers - - choose among health plans and providers.

Help restore lost wage increases. Millions of American workers will have their first real chance for wage increases in years. For two decades, rising health care costs have robbed American workers of wage increases they need and deserve. No longer will you have to negotiate away wage increases just to keep your benefits. Your benefits will be comprehensive and guaranteed.

Preserves Taft-Hartley trusts. Taft-Hartley trusts may continue to operate their own health plans or subcontract with health plans as they do today or they have the option of joining the regional health alliances.

ABORTION

Q: Does the plan cover abortion?

A: The comprehensive insurance package covers pregnancy-related services. Though abortion, like other types of surgery, is not specifically mentioned, most plans will cover it -- as they do now. Plans will cover abortions, as all procedures, when a doctor believes it is appropriate or necessary. Abortion coverage is not mandated, and a conscience clause allows doctors and health institutions, like a Catholic hospital, to exclude abortion coverage for moral or religious reasons.

What is new in this health plan is coverage for preventive care, including family planning, which should reduce the number of abortions which is our common goal.

HEALTH ALLIANCES

Q: Don't the boards of the health alliances offer plenty of opportunities for political corruption?

A: No. First of all, the plan has very strict rules preventing anyone associated with the health care industry from serving on the board of an alliance. Only representatives of the employers and consumers who receive coverage through the alliance can serve on the board. The board and the alliance will be held accountable, with all its workings in full, public view. If any problems were to develop, there would be a powerful constituency -- everyone who gets health care in that region -- with an interest in solving the problem immediately.

The alliance's responsibilities are limited. It acts as a purchasing agent -- and makes sure health plans meet certain standards. It cannot reject any health plan which meets the standards specified in the law; it must accept all qualified plans.

BENEFITS UNDER THE HEALTH SECURITY PLAN

COVERED:

- Hospital Services
- Emergency Services
- Services of Physicians and other Health Professionals
- Clinical Preventive Services
- Mental Health and Substance Abuse Services
- Family Planning Services
- Pregnancy-related Services
- Hospice
- Home Health Care
- Extended-care Services
- Ambulance Services
- Outpatient Laboratory and Diagnostic Services
- Outpatient Prescription Drugs and Biologicals
- Outpatient Rehabilitation Services
- Durable Medical Equipment, Prosthetic and Orthotic Devices
- Vision and Hearing Care
- Preventive Dental Services for Children
- Health Education Classes

NOT COVERED:

- Services that are not Medically Necessary or Appropriate
- Private Duty Nursing
- Cosmetic Orthodontia and other Cosmetic Surgery
- Hearing Aids
- Adult Eyeglasses and Contact Lenses
- In Vitro Fertilization Services
- Private Room Accommodations
- Custodial Care
- Personal Comfort Services and Supplies
- Investigational Treatments, (except for Medically Necessary or Appropriate Care provided as part of an Approved Research Trial)

Benefits Package: How the Health Security Plan Compares

The Health Security Plan's benefit package is as good or better than about two-thirds of the plans on the market today. Here are examples of how it matches up with the packages offered by a large Fortune 500 company and a standard Blue Cross/Blue Shield plan:

Health Security Plan

No lifetime day or dollar limits.
That means you get care when you need it, even if a serious illness leads to high doctor bills.

Doctor's office visits/hospital outpatient:

Either \$10 copayment or 20% coinsurance per visit

Prenatal care:

Full coverage

Fortune 500 Plan

Lifetime maximum of 60 days for inpatient substance abuse.

20% coinsurance

20% coinsurance

Blue Cross/Blue Shield

Lifetime maximum on organ/tissue transplants, mental health, and substance abuse.

25% coinsurance

25% coinsurance

CHART 13

BENEFITS: THE HEALTH SECURITY PLAN
 COMPARED WITH CURRENTLY OFFERED PLANS

BENEFITS	HEALTH SECURITY PLAN		BLUE CROSS STANDARD, FEHBP	FORTUNE 500 COMPANY
	LOW COST SHARING (HMO)	HIGH COST SHARING (FFS) ¹		
Medical Plan Maximum	No lifetime dollar maximum limit	No lifetime dollar maximum limit	Lifetime maximum for organ/ tissue transplants, mental health and substance abuse	Lifetime maximum for inpatient substance abuse
Out-of-Pocket ²	\$1500 / individual \$3000 / family maximum	\$1500 / individual \$3000 / family maximum	\$3000 / individual \$3000 / family	\$1,000 per covered individuals - does not include deductibles
Deductibles	None	\$200 / individual \$400 / family	\$200 / individual \$400 / family	\$200/individual \$400/family
Inpatient Hospital ³	Full coverage, no coinsurance no dollar or day maximum	20% coinsurance no dollar or day maximum	\$250 per admission deductible No dollar or day maximum	Full coverage in-network; 20% coinsurance out-of- network
Doctors Office Visits, Hospital Outpatient	\$10 copay per visit no dollar or visit maximum	20% coinsurance no dollar or visit maximum	25% coinsurance	20% coinsurance
Outpatient Lab	Full coverage	20% coinsurance	25% coinsurance	Full coverage in-network 20% coinsurance out-of- network
Emergency	\$25 copay per visit, waived in emergency	20% coinsurance	Full coverage within 72 hrs. of accident	Full coverage - required plan notification within 48 hours
Preventive Services ⁴	Full coverage, based on periodicity schedule	Full coverage, based on periodicity schedule	25% coinsurance 100% well child care	not specified
Prescription Drugs	\$5 per prescription	\$250/year deductible 20% coinsurance	\$50 deductible 40% coinsurance	20% coinsurance 50% coinsurance for drugs for treatment of mental or nervous conditions

1. FFS - fee for service

2. Deductibles counted toward out-of-pocket limits.

3. Mental health and substance abuse have separate provisions, see below.

4. Including well-child and prenatal care, periodic health exams, targeted tests and vaccines.

BENEFITS	LOW COST SHARING (HMO)	HIGH COST SHARING (FFS)	BLUE CROSS STANDARD FEHBP	FORTUNE 500
Inpatient Mental Health (MH) and Substance Abuse (SA) ⁵	Full coverage 30 day limit / episode 60 day annual limit	1 day deductible 20% coinsurance 30 day limit / episode 60 day annual limit	\$250 per admission deductible; 40% coinsurance Unlimited days \$3,000 maximum for substance abuse treatment program - 28 day max. \$50,000 lifetime maximum	20% coinsurance pre-certification required Substance abuse: Full coverage in-network 20% coinsurance out-of-network; 30 days per stay; 2 stays maximum
Outpatient Mental Health and Substance Abuse	All outpatient except psychotherapy - \$10 / visit Psychotherapy - \$25 / visit; 30 visits annual maximum Hospital alternatives - full coverage; 120 day annual maximum	All outpatient except psychotherapy - 20% coinsurance Psychotherapy - 50% coinsurance, 30 visits annual maximum Hospital alternatives - 1 day deductible, 20% coinsurance; 120 day annual maximum	40% coinsurance; 25 visits annual maximum - includes partial hospitalization \$50,000 lifetime maximum	20% coinsurance for employee 50% coinsurance for dependent Substance Abuse: 20% coinsurance, 30 visit maximum
Hospice	Full coverage	20% coinsurance	100% coverage for home hospice; \$250 per admission for inpatient hospice with 5 consecutive day limit	Not specified
Home Health (HIII)/ Extended Care (ECF - SNF and Rehab Hospitals)	Full coverage as inpatient alternative 100 day annual limit extended care facilities	20% coinsurance as inpatient alternative 100 day annual limit extended care facilities	25% coinsurance 25 visit limit for home nursing care	20% coinsurance
Routine Eye Exams, Eyeglasses	\$10 per exam, or 1 set of glasses. Glasses limited to children only	20% coinsurance Glasses limited to children only	Not covered	Not specified
Preventive and Emergency Dental ⁶	\$10 / visit Preventive services limited to children <18	20% coinsurance Preventive services limited to children <18	Covered at fee schedule	Not specified
Prenatal Care	Full Coverage	Full Coverage	25% coinsurance	20% coinsurance
Outpatient Rehabilitation	\$10 copay per visit; reassessed at 60 days for continuing improvement	20% coinsurance; reassessed at 60 days for continuing improvement	25% coinsurance 25 visit limit	Not specified
Durable Medical Equipment	Full coverage	20% coinsurance	25% coinsurance	Not specified

5. In 2001, inpatient and outpatient MH/SA limitations and higher cost sharing are phased out.

6. In the year 2000, adult prevention / restoration, orthodontia.

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TUCHMAN GROUP

P03

file Health Care

T H E T U C H M A N G R O U P

*Comments
to
John E.*

HEALTH CARE THAT'S ALWAYS THERE

A VIDEO PRESENTATION
OF THE CLINTON HEALTH SECURITY ACT

Presented By
Jeffrey Tuchman

{DRAFT SCRIPT}

Draft script for "Health Care That's Always There"

N.B.: The following bullet points are a guide to the structure of the piece and not part of the script.

1. **The problem:** The system is out of control, costs are skyrocketing and meanwhile, people live in fear of losing access to health care.

2. **The vision:** This plan reflects a commitment on the part of the President to take on the special interests who have kept us from successfully reforming the health care system in the past, thus thwarting efforts to give Americans real health care security.

3. **The solution:**
 - A. It The Clinton plan will provide security to every American, guaranteeing that their health care will always be there *no matter what*.
 - B. It will bring the system under control.
 - C. We will pay for the plan through controlling costs, and through asking every American -- employers, consumers, everyone -- to take responsibility for his/her health care.

Section 1: Introduction - A System Out of Control

The introduction consists of a montage of “health care” images: doctors in hospital rooms, people in clinic waiting rooms, nurses filling out reams of forms, a crowded urban emergency room, all slowed down and in black and white. Not scary, but urgent. Over these, we hear the voices of Americans speaking of their fears and concerns about the health care system. The message is that, as it stands, our health care system no longer makes sense. :

Man’s voice: “I’ve been stuck in my job for 10 years because I’m afraid that if I leave, I’ll lose my health insurance.”

Woman’s voice: “I work for a small company and they don’t cover me and my little girl. If we get sick, I don’t know what I’ll do.”

Man’s voice: “I’ve run a diner for fifteen years and I’d love to get insurance for the folks who work for me, but I just can’t afford it.”

Woman’s voice: “I became a doctor to help people. Now I spend half my time just filling out forms.”

These images are interspersed with factoids (graphically represented on the screen) about the general state of the health care system so as to broaden these individual experiences to illustrate the big picture. This section is cut to music and lasts about 2 minutes. It ends with the main title of show, “Health Care That’s Always There.” [NB: This title is subject to change]

Section 2: The Vision behind the plan

President Clinton (on-camera): "The voices you've just heard and those that you'll hear throughout this program belong to only a few of the many millions of Americans who are angry, anxious, frustrated and whose lives in many cases have literally been torn apart trying to deal with the American health care system. This cannot be permitted to continue. Our plan, the Health Security plan, will see to it that it doesn't.

For decades, we've seen our health care system become wasteful and inefficient -- costing all of us more and more each year, yet leaving more and more of us without the security of knowing that when we need health care, it will be available to us.

Health care costs are out of control. They've *quadrupled* since 1980. And they are rising at a rate that will have the cost of care to American families doubling by the end of the decade if we do nothing. We cannot let this happen.

Meanwhile, Americans live in fear of losing their health care coverage, and every month, 2 million people do. *In fact, one out of every four Americans will lose their health insurance in the next two years.* Unless we adopt health care reform that makes it illegal for this to happen. Our plan does that.

For decades special interests have protected their profits by blocking efforts at meaningful change. *This cannot be permitted to continue.* Our health care has become too uncertain and too expensive, too bureaucratic and too wasteful -- in short, this system of ours is badly broken and the time has come for us to fix it!

Over the next few minutes, I'll try and explain as clearly as I can how our plan will change America's health care system so that instead of sapping our economy, and leaving our citizens unprotected, it will offer every American true health security, knowing that they have health care that can *never be taken away*; health care that is *always* there.

In coming up with our plan we followed six guiding principles. We feel that any plan for health care reform must be based on the principles of:

President Clinton(voice over):

***Security:** letting people know that they can never lose their health care coverage.

***Simplicity:** closing the loopholes and reducing the bureaucracy that are bringing the system to its knees.

***Savings:** by bringing skyrocketing costs under control.

***Choice:** maintaining our choice of doctor and giving us more choice of plans

***Quality:** protecting, and in many cases, *improving* the quality of American health care. And

***Responsibility:** Our plan asks *every* American to take responsibility for reforming the system so that once again, it will work for us instead of against us.

Let's take a closer look at the plan and what it will mean for you."

Section 3: Protecting the best and providing security

[This section starting with a montage of stories and images (as in the introduction, but now with people on the screen, not just in voice over) which relate specifically to issues of security. A man who has been without health insurance for three years and is scared death of ever getting really sick. Or a small business owner whose insurance premiums were tripled because one of her employees got sick and racked up some high medical bills. An example:

Janice: "I wonder how many mothers, the last thing they say to their kids when they go out the door to play, or to ride their bicycle, or to play with their friends, if the last thing they say to them is, 'be careful while your out there, remember, we don't have any insurance, if you get hurt, they could take our house away.' That's how I feel."]

President Clinton (on-camera): "These are people like you and me. People who work hard and play by the rules. But the system has failed them. And their stories, and the millions of others they represent underscore the absolute, pressing need to guarantee health security for everyone -- which is why our plan offers this ironclad guarantee: if you don't currently have health insurance, you will, and if you do, it can never be taken away. We must achieve this security as soon as possible. Here's how that's going to work. First off, under our plan:

Everybody will get a health security card which *nobody* can ever take away. It guarantees you access to a package of comprehensive benefits that is at least as good as most Fortune 500 companies offer now, and that goes for *everyone*, whether you're employed or not, whether you work for a huge company or a small business. *And* it will be *illegal* for your insurer to raise your premiums as much as they want, or to drop you *for any reason*, even if you get sick, or change jobs, or lose your job, or for *any reason*. That's what health security means, plain and simple. You're covered and no one can take it away from you ever. Let me tell you how the plan is going to work for you.

President Clinton (voice over): Under our reform, most of you will still get your health care the same way you do now, from your employer. If you're self-employed or unemployed, you can sign up at the health alliance in your area -- run by consumers and local businesses that will bargain for affordable health care for you.

All of you will be given a choice of at least three plans, and everybody will have the option to join a plan which guarantees you that you can continue to see your own doctor *even if he or she doesn't belong to your plan*. So in many cases you will have a greater choice of doctor than you have now.

No matter which plan you pick, you'll be guaranteed a comprehensive package of benefits which will offer you a wide range of services and unlike most current insurance, our plan emphasizes *preventive* care, including mammograms, regular check-ups, Pap smears and immunizations -- *at no charge to you*. So health security will guarantee that you won't have to wait until you are really sick before you go see a doctor.

Also, over time, this plan will phase in more options for long-term care making it possible for more elderly and disabled Americans to stay in their homes while receiving care rather than being forced into nursing homes as so many are now. And it will include coverage for prescription drugs which are now so costly that they are forcing many older Americans to literally choose between food and medicine.

President Clinton(on-camera): And finally, this plan will put the consumer in the driver's seat when it comes to dealing with insurance companies. Having small businesses and consumers band together in health alliances will level the playing field and give them the same bargaining power to negotiate low rates as big businesses have now. And health alliances will ensure that we get high quality care by providing consumers with "quality report cards" on every plan.

But in order to provide a system that will guarantee security for every American, health care reform will have to make that system work again. Let's look at how we're going to do that.

Section 4: Getting the system under control

[As in section 3, this section starts with a montage of interviews, Again, these are real people (lay people and health care professionals), telling personal stories that specifically relate to the things that are wrong with the *system*.

An example:

Dr. Salzman:

“I started out with training and experience, developed over the years, to take care of patients. Now I find that increasingly, in fact the greater percentage of my time literally is taking care of the bureaucracy, the paperwork.”

President Clinton (on-camera): “Our doctors, hospitals, nurses *and* patients are literally drowning in red-tape, paperwork and bureaucracy. In the past few years hospitals have hired administrative workers at *four times the rate* that they’ve hired people who provide health care. Doctors are having to worry almost as much about being sued as about their patients’ health. And everyone is having to pay a national health care bill that’s going up three times faster than inflation. As I’ve talked to people around the country about this issue, I’ve heard countless stories just like the ones you’ve just heard. This is *not* how a health care system is supposed to work. It’s backwards and wasteful and we have to fix it.

Let me tell you how our plan is going to do that:

President Clinton(voice-over): We're going to slash the red tape by replacing the hundreds of different insurance claims forms we use now with one standard form that will be used by every plan.

We're going to crack down on the fraud and abuse that's costing us billions of dollars a year by imposing and enforcing stiff penalties on anyone who takes kickbacks, files fraudulent claims, or in any way abuses the health care system for profit.

And our plan will reform malpractice, putting limits on lawyers fees to discourage frivolous malpractice suits. This will help to eliminate what's called "defensive medicine," where doctors order extra tests or procedures just to protect themselves from malpractice suits. This will save us money *and* improve the quality of care at the same time.

Finally, we're going to get the system under control by making each and every one of us responsible for health care reform and for paying our fair share. Let me tell you what I mean.

Section 5: How we're going to finance the plan

President Clinton (on-camera): First, we're going to get costs under control:

- * by introducing competition to the health care marketplace, forcing costs down as health plans compete by offering high quality care at an affordable price
- * by limiting the amount insurance companies can raise your premiums;
- * by asking drug companies to hold down drug prices that in some cases are now *three times higher* here in this country than they are overseas.

Second, we're asking everybody who doesn't currently pay for insurance to pay into the system. The 37 million Americans and their employers who don't currently have insurance will be asked to contribute their fair share. So for the first time, we're going to make sure that those people who couldn't afford health care before will be able to. And discounts will be available for low-income workers, the unemployed and low-wage small businesses.

Third, we're going to save money in the growth of spending on Medicare and Medicaid -- the government programs that are involved with health care. In the past, we haven't been able to achieve those savings because we weren't reforming the private sector side too. But everybody involved in this debate -- every Democrat and Republican plan that has been proposed - including mine -- recognizes that with national health care reform, we can save money by limiting the growth of Medicare and Medicaid.

Fourth, we're going to place a tax on tobacco. Our plan has *no broad-based tax*, but I think it's appropriate when we're trying to encourage health in this country, to put a tax on tobacco which everyone acknowledges will help discourage smoking. And finally, we're going to ask those large corporations that form their own alliances to help support the backbone of our health care system -- academic health centers, and medical research.

Conclusion

President Clinton (on-camera): Over the coming months, your going to hear a lot of debate and a lot of conflicting information about our plan. Some of those arguments will be sincere, motivated by a genuine desire to get at the best health care reform package we can. But others will undoubtedly be attempts by special interests who

have profited from the waste and abuse in our current system to scare you about change. As you listen to this debate, I ask you to do one thing: Ask yourself whether the arguments you hear are in *your* best interests, or in someone else's.

We have a long hard fight ahead of us. And the battle will be fierce. Change is never easy, and change of the scope and breadth needed to ensure real health care security to all Americans will take serious effort and committment from everyone of us. We must do it, and I believe we can do it, for ourselves, for our children, and for the future of our nation.

Thank You

[NB: A) DO WE WANT TO PUT IN A SPECIFIC CALL TO ACTION FROM THE PRESIDENT HERE ie. write to your representatives in congress etc.)?

B) Let's talk about validations.]