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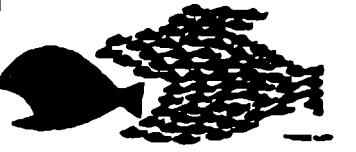

Chris FYI.

Facsimile Transmittal Form

Date: June 12, 1996

Receiver's FAX#: 456-6218

To: Marilyn Yeager & Chris Jennings

Company: White House

Department:

Number of pages: 3
(including cover sheet)

From: Bob Gross

Description and Message: Please share this with Virginia & MSAs with Chris Jennings

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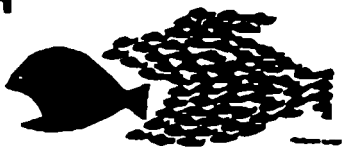

June 12, 1996

STATEMENT OF BOB GRISS ON MSAs IN KASSEBAUM-KENNEDY BILL

Bob Griss is the Director of the Center on Disability and Health in Washington, D.C., and a Co-chair of the Health Task Force of the Consortium for Citizens with Disabilities.

The disability community represents people with many different health care needs. Some are low users of health care and others are high users, but all deserve the most appropriate medically necessary care whether they can afford it or not. That's the difference between comprehensive health care reforms and MSAs.

The disability community has many opinions about the Kassebaum-Kennedy bill.

A. Many organizations support a clean version of the bill as the most likely political strategy for incremental change with the current composition of Congress.

B. Many organizations who focus on mental health needs would like to see a significant move toward mental health parity in deductibles as well as copayments and benefits.

C. Some organizations in the disability community feel strongly that MSAs represent a greater threat to the disability community than the pre-existing condition exclusions which the Kassebaum-Kennedy bill was supposed to eliminate:

1. MSAs would undermine the capacity of the health care system for cross-subsidization which is necessary to ensure that premiums are affordable to high users of health care;

2. MSAs would also undermine pressure for developing public policies that would hold managed care plans publicly accountable for outcomes when patients only go to the doctor when they decide that they can afford it. This ensures that low income persons are less likely to go to the doctor than rich people rather than that all people have equal access to health care on the basis of their health care needs.

3. MSAs would undermine support for standardization of benefits encouraging people to reduce their health care premiums by signing up

only for the benefits which they think they will need. People who can afford more expensive catastrophic plans will be able to get more comprehensive coverage than persons with lower incomes.

4. Rather than resort to MSAs to ensure consumer choice over health plans, providers and treatments, we should demand that managed care be regulated in ways that maximize consumer choice in publicly accountable managed care.

5. Although MSAs would appeal to wealthier low risk people who can afford deductibles of $3000-$5000, and are more likely to have employers willing to contribute to their MSA self-insurance fund, and have greater financial incentives to shelter their higher incomes from taxes, MSAs will tend to segment the marketplace on the basis of health risks and disrupt equal access to health care on the basis of health care needs.

6. It appears that the inability of Congress to support the scaled-back incremental reforms for portability in the original Kassebaum-Kennedy bill indicates that incremental reforms may in fact be more difficult to get bipartisan support for than comprehensive health care reforms. Interestingly, incremental reforms cannot capture the surplus in the health care system and redirect it to reduce the uninsured. Even the Kassebaum-Kennedy bill does not address the single pre-existing condition which accounts for most of the uninsured, namely, the pre-existing condition of poverty. The real challenge of health care reform is not blaming the other party for blocking it but developing public policies to ensure that everyone has equal access to medically necessary services.

7. Expecting the disability community to support an MSA demonstration as a quid pro quo for passage of the Kassebaum-Kennedy bill would be like asking the NAACP to endorse a study, before the Civil War, of the health conditions for blacks on southern plantations compared to northern cities in order to decide whether to oppose slavery.