

FOIA MARKER

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Presidential Library Staff.**

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Public Liaison

Series/Staff Member: Alexis Herman

Subseries:

OA/ID Number: 2653

FolderID:

Folder Title:
[Health Care] [loose]

Stack:

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Row:

29

Section:

4

Shelf:

7

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3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (1 page)	12/23/1993	b(6)

COLLECTION:

Clinton Presidential Records
Public Liaison
Alexis Herman
OA/Box Number: 2653

FOLDER TITLE:

[Health Care] [loose]

2012-0741-F

rs2622

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

DISTILLED
SPIRITS
COUNCIL
OF THE
UNITED
STATES

September 2, 1993

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue N.W.
Washington, D.C. 20500

Dear Mr. President:

Within the past hours, it has been reported consistently by virtually all media and not denied by anyone in the Administration, that your health care reform package will include so-called "sin" taxes on cigarettes and only on liquor, not on beer and wine also.

Despite repeated attempts, the Administration has refused to directly meet with representatives of the distilled spirits industry. Yet the Administration has met with the beer and wine industries. Our industry has been constantly in contact with your Administration providing them with extremely logical, factual and compelling evidence why distilled spirits (liquor) should not be in the package.

The nation's distillers oppose any new taxes on any form of beverage alcohol, but believe it is unfair, insupportable public policy to tax one form of beverage alcohol -- distilled spirits -- while exempting the other forms of beverage alcohol, beer and wine. We once again plead with you before "final, final" decisions are made on health care reform financing to avoid putting liquor in the financing package.

First, beer currently enjoys a 50% tax preference compared to distilled spirits. It is bad and insupportable public policy to maintain or expand this uneven tax treatment. The Congress recognized this fact in 1991 when an explicit decision was made to begin to correct the unfair and substantial discriminatory tax differential against liquor compared to beer and wine.

Nevertheless, it is still the fact that liquor is taxed on an alcohol basis more than twice the beer rate and at almost three times the rate for table wine.

Second, you are subjecting your Administration to the justified criticism that it does not understand the realities of alcohol abuse. Liquor is no more a beverage of abuse than beer, and beer is no more a beverage of moderation than liquor. There is no beverage of moderation or of the working class. Indeed, the fact is that beer, not liquor, is the beverage of choice of the young and drivers. The suggested liquor-only tax is counter to dealing with the well-being of these groups. Indeed, the most recent Surgeon General, Dr. Antonia Novello, has stated often that beer is the

preferred beverage of youth who consume over 1 billion beers each year. The Surgeon General was quoted in the June 30, 1993, USA TODAY, that :

"I ask you then: Should we really continue to exempt beer from a reasonable level of taxation? If so, we will keep beer cheap and accessible to our young people, keep a blind eye to the problem and keep the beer industry absolved from sharing its responsibility to our youth and our country."

Your proposal would perpetuate a "beer subsidy" that is not rational and that sends the wrong message to young people.

Third, a liquor-only tax does not contribute to the general health and appropriate responsible behavior of the general population, since all potential health benefits identified in many independent scientific studies with drinking alcohol are derived from the consumption of ethanol--the alcohol common to beer, wine and distilled spirits.

Fourth, a liquor-only tax absolutely will not raise any substantial revenues. Indeed, the Treasury could experience an absolute loss from any new liquor taxes. This was and is the fact as the result of the 1990 liquor tax which actually resulted in \$89 million less in total tax revenue than before the tax. The fact of the matter is that only a tax on beer, bringing it to the current tax level for spirits, will raise the revenue your Administration is reported to be seeking. Raising beer alone to the current distilled spirits level would raise almost \$13 billion in new revenues over five years.

Despite two tax increases in recent years on distilled spirits, federal tax collections from spirits have remained essentially constant, at about \$3.8 billion, for the last ten years.

Higher liquor taxes absolutely will cause more severe job losses (87,000 already as a result of the past two liquor taxes) but it will not contribute new revenue.

Finally, it is reported that the Administration is considering a cigarette and liquor-only tax on the grounds that hitting these two "sin" products will send a message to Americans about responsible health behavior without taking on a political fight with the "powerful beer lobby and Joe Six-Pack."

The fact is that a tax is a tax is a tax. The negative impact and the regressiveness of excise taxes is not any more heavy for beer drinkers than for spirits drinkers. Beer is not the "drink of the working man" or "Joe Six-Pack" any more than distilled spirits. The demographics of beverage alcohol drinkers are virtually

identical. According to outside, independent experts, among low-income adults (under \$30,000 income), 20% drink liquor and 22% drink beer. Among middle-income adults (\$30-60,000), almost 56% drink liquor and 56.5% drink beer.

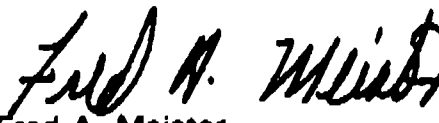
For years we have studied carefully voter opinion regarding alcohol tax policy. Our findings can be summarized simply. Voters are responsible citizens, parents and people of logic and the fact that some are beer drinkers does not change their perception of what is good public policy. They will support a tax policy which treats all beverage alcohol products fairly and oppose one which does not. Inclusion of a liquor-only financing component, we believe will create a serious, intensive and proper opposition from these citizens and numerous anti-alcohol groups who will find a liquor-only tax as totally unsound public policy.

We respectfully argue that the Administration would make a serious miscalculation if it believes that it will avoid a massive political fight by taxing only liquor. Such a step will initiate such a fight -- not avoid it.

In summary, Mr. President, there are overwhelming factual, policy, revenue and political reasons not to include a tax on liquor in your health care financing proposal. We sincerely and respectfully request that you reject a liquor tax and any tax on beverage alcohol.

On at least three separate occasions, Chief Executive Officers of the distilled spirits industry and I have requested a meeting with you to discuss these critical issues. Once again, we urgently request such a meeting. We would be ready at any time to meet with you or other key Administration officials to discuss this issue before final decisions are made.

Sincerely,


Fred A. Meister
President/CEO

FAM:ck

**DISTILLED
SPIRITS
COUNCIL
OF THE
UNITED
STATES**

**FOR IMMEDIATE RELEASE
SEPTEMBER 2, 1993**

**CONTACT: ERON SHOSTECK
PHONE: 202-628-8835**

LIQUOR TAX INCREASES WON'T PAY FOR CLINTON HEALTH CARE PLAN

WASHINGTON -- Increasing the federal excise tax (FET) on distilled spirits won't provide the Clinton administration with the revenue it wants to finance its health care reform plan, Distilled Spirits Council (DISCUS) President F. A. Meister said today.

"In 1991, the federal tax on liquor was raised 8 percent, yet the government took in \$89 million less in revenues because the tax level reached the point of diminishing returns," Meister said. "Raising the rate again won't give the Clinton administration any new funds to finance its plans for health care reform. It's that simple."

Meister's comments came in response to press reports that the White House wants to increase the federal tax on distilled spirits, not wine or beer, as a way to pay for its health care reform program.

Distilled spirits are already the most heavily taxed consumer product in the country, with 42 percent of the cost of a typical bottle going for taxes. The federal government takes in 14 times in tax revenue what distillers make in profits. And distilled spirits is already taxed more than beer and cigarettes combined.

"It isn't just the consumer who would be affected by a tax increase," Meister said. "We're talking about livelihoods and jobs. Since 1985, the liquor tax has been raised 28 percent, destroying 87,000 jobs not only in the distilled spirits industry, but among farmers, truckers, bottlers and packagers. Another tax increase would have an equally devastating

in income level or the number of drinkers of beer, wine and spirits."

effect, especially in the context of the weak economic recovery. Distilled spirits didn't cause America's health care problems, and it isn't fair to penalize the workers in one portion of one industry."

Raising the tax on distilled spirits is often cited as a way to discourage alcohol abuse, but history shows such methods aren't effective in deterring problem drinkers.

"Increased liquor taxes are of little concern to the alcohol abuser," Meister said. "Tax increases only affect the consumption of the more than 100 million Americans who drink moderately and responsibly. The way to combat alcohol abuse is through tougher law enforcement, comprehensive education programs and sound treatment, not punitive taxation on Americans who consume alcohol responsibly."

Meister explained the industry's position in a letter to President Clinton today.

"The nation's distillers oppose any new taxes on any form of beverage alcohol but believe it is unfair, insupportable public policy to tax one form of beverage alcohol --distilled spirits -- while exempting other forms of beverage alcohol, beer and wine," Meister wrote in the letter. "It is still the fact that liquor is taxed on an alcohol basis more than twice the beer rate and almost three times the rate of table wine. You are subjecting your administration to the justified criticism that it does not understand the realities of alcohol abuse."

"There is no beverage of the working class," Meister wrote to Clinton. "The fact is that a tax is a tax is a tax. The negative impact and the regressiveness of excise taxes is not any more heavy for beer drinkers than for spirits drinkers. There is virtually no difference in income level or the number of drinkers of beer, wine and spirits."

DISTILLED
SPIRITS
COUNCIL
OF THE
UNITED
STATES

TELECOPIER TRANSMITTAL FORM

TIME: _____

DATE: _____

ATTENTION: Caren Wilcox

TELECOPIER #: _____

FROM: Tim Dudgeon

We are transmitting 6 pages (including this cover page.) If there is a problem with this transmission, please call (202) 628-3544 and ask for _____.

Caren - I appreciate the call and your assistance. Please tell David thanks!

Tom Jolly also called about this today.

TN + KY + national impact.

**SCHEDULE OF THE PRESIDENT
FOR
SUNDAY, SEPTEMBER 26, 1993**

tba **JOG**

tba **CHURCH**

tba **SPEECH PREP**

NOTE TO STAFF: Staff vans depart from the west basement at 9:15 am en route Andrews Air Force Base. Please be assembled at 9:00 am. Staff driving themselves to Andrews Air Force Base must arrive there no later than 10:00 am.

Baggage call is at 6:00 am outside OEOB 89 1/2.

9:45 am **THE PRESIDENT** proceeds to South Lawn to work ropeline

NOTE: Mayor Dinkins will meet the President in the Diplomatic Reception Room.

10:05 am **THE PRESIDENT** departs White House via Marine 1 en route Andrews Air Force Base
[flight time: 10 minutes]

10:15 am **THE PRESIDENT** arrives Andrews Air Force Base

10:25 am **THE PRESIDENT** departs Andrews Air Force Base via Air Force 1 en route John F. Kennedy International Airport, New York, NY
[flight time: 50 minutes]

11:15 am **THE PRESIDENT** arrives John F. Kennedy International Airport, New York, NY

11:35 am **THE PRESIDENT** departs John F. Kennedy International Airport via motorcade en route the Future Diner, Fresh Meadows (Queens), NY
[drive time: 15 minutes]

11:50 am **THE PRESIDENT** arrives the Future Diner, Fresh Meadows (Queens), NY

12:00 pm-
1:00 pm

HEALTH CARE LETTERS EVENT
THE FUTURE DINER
6109 190th Street
Fresh Meadows (Queens), NY 11365
Remarks: Bob Boorstin
Contact: Antonio Moratos
Staff Contact: Julia Moffett
OPEN PRESS

- **Mayor Dinkins** will introduce the President.
- **The President** will make opening remarks.
- **The President** will conduct a discussion with 8 letter writers from the New York City area.
- **The President** will close the discussion with brief remarks.

1:15 pm

THE PRESIDENT departs health care event site, Queens, NY, via motorcade en route Waldorf Astoria Hotel
[drive time: 25 minutes]

1:40 pm

THE PRESIDENT arrives Waldorf Astoria Hotel

2:00 pm-
5:00 pm

SPEECH PRESS
ROOM 35A
Waldorf Astoria Hotel
Staff Contact: George Stephanopoulos

5:40 pm

THE PRESIDENT proceeds to Suite 42A

5:45 pm-
6:45 pm
(call time: 5:30 pm)

LATIN-AMERICAN RECEPTION
SUITE 42A
Waldorf Astoria Hotel
Talking Points: Jeremy Rosner
Staff Contact: Tony Lake (Will Itoh)
CLOSED PRESS

6:50 pm

THE PRESIDENT departs Waldorf Astoria Hotel via motorcade en route Edgar Bronfman, Jr.'s home
[drive time: 10 minutes]

7:00 pm

THE PRESIDENT arrives Edgar Bronfman, Jr.'s home

7:00 pm-
8:00 pm
(call time: 6:30 pm)

RECEPTION
EDGAR BRONFMAN, JR.'S HOME
122 E. 73rd Street between Park and Lexington Avenues
New York, NY
Staff Contact: Joe Velasquez
CLOSED PRESS

- **Meet and greet**
- **Edgar Bronfman, Jr., makes welcoming remarks**
- **Sen. Moynihan makes brief remarks**
- **Mayor Dinkins makes brief remarks and introduces the President**
- **The President makes remarks.**

8:00 pm **THE PRESIDENT** departs Edgar Bronfman, Jr.'s home via motorcade en route Sheraton New York Hotel and Towers
[drive time: 15 minutes]

8:15 pm **THE PRESIDENT** arrives Sheraton New York Hotel and Towers

8:15 pm-
8:45 pm **RECEPTION** with Co-Chairs of Dinkins Dinner
PRINCESS BALLROOM
Sheraton New York Hotel and Towers
Staff Contact: Joe Velasquez
CLOSED PRESS

*Cocktails
DRESS*

8:45 pm **THE PRESIDENT** will proceed to holding room.

8:55 pm **THE PRESIDENT** will proceed to dias with Gov. Cuomo and Sen. Moynihan

9:00 pm-
10:00 pm **GALA DINNER**
SHERATON NEW YORK HOTEL AND TOWERS
811 Seventh Avenue
New York City, NY
(212) 239-7850
Remarks: David Kusnet
Staff Contact: Joe Velasquez
OPEN PRESS during program only

10:00 pm **THE PRESIDENT** departs Sheraton New York Hotel and Towers via motorcade en route Waldorf Astoria Hotel
[drive time: 15 minutes]

10:15 pm

THE PRESIDENT arrives Waldorf Astoria Hotel

BC AND STAFF RON

**WALDORF ASTORIA HOTEL
NEW YORK, NY**

SCHEDULE OF THE PRESIDENT

FOR

SUNDAY, SEPTEMBER 26, 1993

SCHEDULER:

ANNE WALLEY

HOME: 202-588-0606

OFFICE: 202-456-6418

WHCA PAGER: 4039

CELLULAR: 202-494-7807

PRESS DESK:

ANNE EDWARDS

HOME: 301-565-3101

OFFICE: 202-456-7560

WHCA PAGER: 4208

PRINCIPAL EVENTS:

- * **Health Care Letters Event - Queens, NY**
- * **Receptions - New York, NY**
- * **Gala Dinner for Mayor Dinkins - New York, NY**

WEATHER:

Washington, DC

Variable cloudiness; minimum temperature 54 to 59; maximum temperature 76 to 81; wind southwest at 5 to 10 knots

New York, NY

Mostly cloudy with isolated rain showers; minimum temperature 56 to 62; maximum temperature 71 to 76; wind southeast to southwest at 5 to 10 knots

New York Advance Team:

Team Member	Team Assignment	WHCA Pager	Cell #	SKYPAGE pin
Steve Rasher	Lead		202-365-2753	207-4765
Kirk Hamilton	Lead, Fundraiser	4108	202-365-7699	
Tom Gorman	Site			
Rob Land	Site			
Allison Kutler	Site			
Jamie Lindsey	Site			
David Morehouse				
Chip Ellis	Site, Fundraiser			
Robert Wells	Press	5217		
David Neslen	Press			
Allegra Wilde	Press, Fundraiser			
Paula Thomasson				
Ashley Bell	RON			
Ardy Rivera	Motorcade			

New York Contact Numbers:

Contact Number	Direct Dial	From White House *96+
Staff Advance Phone	212-421-7602	34220
Staff Advance Fax	212-421-7540	
Staff Hotel Phone	212-355-3000	
Press Advance Phone	212-421-7620	34224
Press Advance Fax	212-421-7540	
Signal Operator		34000
Meet Me Conference	202-757-2104	

CHILDHOOD IMMUNIZATION INITIATIVE

NATIONAL PARTNERSHIP

President Clinton's Childhood Immunization Initiative was created to build a comprehensive vaccination delivery system that will eliminate diseases which can be prevented by childhood vaccination. This goal will be achieved with the active participation of the business community, non-profit organizations, civic and community-based organizations, the media, religious organizations, and the talent of many individuals. Many of these organizations and their leaders have worked to improve childhood immunization for years. Following are some, but not all, of the organizations that have joined in this national partnership to promote proper immunization of our nation's children:

The Advertising Council, Inc.
AETNA Foundation
American Academy of Pediatrics
American Medical Association
American Nurses Association
Anthem Health Plans
Association of State and Territorial Health Officials (ASTHO)
Atlanta Project
AT&T
Burrell Advertising Agency, Inc.
Catalina Marketing
Child Health Associates
Children NOW
Children's Action Network
Children's Defense Fund
Children's Television Workshop
Coalition of Community Foundations for Youth
Congress of National Black Churches, Inc. (CNBC)
Council of Returned Peace Corps Volunteers
Delta Sigma Theta Sorority, Inc.
Every Child By Two
Gerber Products Company
Group Health Association of America
Harvard University, Harvard Center for Health Communications
Heal the World Foundation
Healthy Mothers, Healthy Babies
Hope Worldwide, Ltd.
Immunization Education and Action Committee (IEAC)
Johns Hopkins University, Center for Communication
Kallir Philips Ross Advertising, Inc. (KPR)
Kiwanis International
March of Dimes
McDonalds
Major League Baseball (MLB)
Mid-America Immunization Coalition

-more-

Immunization Partnership
page two

National Association of Children's Hospitals
National Association of County Health Officers (NACHO)
National Coalition of Hispanic Health and Human
Services Organization (COSSMHO)
National Council of La Raza
National Hispanic Education and Communications Projects (HDI)
Operation Immunize
Palmetto Project
Partnership for Prevention
Patrick Media
Rotary International
State Departments of Health
Telemundo Network
United Nations Children's Fund (UNICEF)
U.S. Department of Agriculture, Extension Service
WPGC Radio (D.C. area)
and numerous others

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Draft

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April __, 1994

NATIONAL INFANT IMMUNIZATION WEEK, 1994

- - - - -

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

I believe that each child in this country must have the opportunity to live a healthy and full life. Therefore, I have taken dramatic steps to ensure that all children are fully immunized at the earliest appropriate age against presentable, infectious diseases.

Immunizations save lives, prevent suffering, and allow significant savings in health care costs. Ironically, in this country, which develops and produces the majority of the world's vaccines, current immunization levels among two-year-olds fall around 55 percent. In the recent measles epidemic, for example, an estimated one-half of the reported cases occurred among unvaccinated preschool children.

My Administration has launched the Childhood Immunization Initiative which is comprehensive and includes free vaccine for all needy children, increased funding to cities and states to improve the service delivery infrastructure, an enhanced disease surveillance and monitoring system, and an aggressive national outreach program.

We are expanding our efforts to reach into every community as we work together to find solutions to our problems. Much is being done. Federal, State, and local governments are devising innovative ways to deliver vaccines and providers are becoming more sensitive to the need to eliminate barriers and problems that cause children to miss immunizations. New partnerships and coalitions have been formed between the public and private sectors.

Parents and adults responsible for safeguarding our youngest children must be made aware of the seriousness of the problem and act appropriately. However, many parents are not aware that more than 80 percent of all recommended vaccinations should be given before children are two years old -- well before they start school. As part of the effort to focus greater attention on those children under two years of age, I am changing the name of

this week from National Preschool Immunization Week to National Infant Immunization Week.

We must acknowledge this problem, accept our individual and collective responsibilities, and get the job done.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, do hereby proclaim the last full week of April as National Infant Immunization Week, beginning with April 1994. I call upon all Americans, especially parents and health care providers, to do their part to help in this fight and to observe this week annually with appropriate activities and recognition ceremonies.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of April, in the year of our Lord nineteen hundred and ninety-four, and of the Independence of the United States of America the two hundred and eighteenth.

WILLIAM J. CLINTON

#



The Childhood Immunization Initiative

Challenges

- Vaccines are the most powerful and cost-effective ways to prevent nine infectious diseases in children.
 - ☐ Cases of measles, polio and other diseases have decreased by over 99 percent since introduction of vaccines.
 - ☐ The estimated benefit-cost ratio of vaccines (dollars saved by society for every dollar spent) is over 21:1 for measles/mumps/rubella vaccine, is over 30:1 for diphtheria/tetanus/pertussis vaccine, and is over 6:1 for polio vaccine.
- Although over 96 percent of children are adequately vaccinated by kindergarten, about 15 to 35 percent of children under age two are inadequately protected against these childhood diseases.
- Between 11-15 vaccine doses are due by age 2, requiring about 5 visits to providers. This is about 80 percent of all vaccine doses recommended for children.
- Failure to immunize children on time led to the 1989-1991 measles epidemic which resulted in over 55,000 cases and 11,000 hospitalizations.

Goals

- The Childhood Immunization Initiative (CII) has been launched by President Clinton to make sure that children do not become sick or die from vaccine preventable diseases.
- Specific and urgent goals to be accomplished by 1996 are (*See Attachment*)
 - ☐ reduce most diseases preventable by childhood vaccination to zero.
 - ☐ increase vaccination levels for 2-year-old children to at least 90 percent for the initial and most critical doses in the vaccine series, and 70 percent for a more recent vaccine (Hepatitis B).
 - ☐ build a vaccine delivery system to maintain these achievements in the United States within a reformed health care system.
- By the year 2000, a comprehensive infrastructure will be in place to provide the full series of vaccines for at least 90 percent of all children.

Actions

- Since 1963, the Centers for Disease Control and Prevention (CDC) has been responsible for providing vaccine, management, technical assistance, information, epidemiology, assessment, and other national immunization services. These efforts have been targeted to State and local health departments and other partners. The CII enhances CDC's traditional efforts with significant resources and activities that now address immunization issues in a comprehensive manner. CII enhances the following five broad areas designed to attain the goals for 1996 and beyond.
 - I. Improve the quality and quantity of vaccination delivery services
 - II. Reduce vaccine costs for parents (through the Vaccines for Children Program)
 - III. Increase community participation, education, and partnerships
 - IV. Improve monitoring of disease and vaccination coverage
 - V. Improve vaccines and vaccine use

CDC has developed an extensive Action Plan which includes objectives, action steps, and comprehensive timelines designed to achieve the CII goals.

Action I

Improve the Quality and Quantity of Vaccination Delivery Services

Challenges

- Since 1963, the Federal Immunization Grant Program ("317" Grants) has assisted States in purchasing vaccines and managing programs. However, Federal grant funds could not be used to improve the immunization delivery infrastructure e.g., hire staff to give vaccines.
- The public health system, which serves about 1/2 of our Nation's children, was seriously eroded in the 1980's
- Parents faced serious barriers and obstacles to immunization
 - ☐ Inadequate clinic staff, inconvenient hours, insufficient locations, and other barriers.
 - ☐ Many missed opportunities to provide vaccines at health care visits.
 - ☐ Inadequate systems to remind parents when vaccinations were due for their children and for doctors and nurses to determine immunization needs quickly at each office visit.

Solutions

- Immunization Action Plans (IAPs) - Beginning in 1992 as a new component of 317 grants, Federal grant funds were awarded by CDC to begin making seriously needed improvements to the vaccine delivery infrastructure. These IAP funds were supplied to 87 State, Territorial, and local health agencies. In 1994, as part of the CII, IAP funding was tripled to \$128 million. These funds were awarded based on comprehensive State and local IAP's detailing the State and local actions needed to meet immunization coverage targets for children.
- Performance-based funding - About 30 percent of IAP funding is based on meeting coverage targets. In addition, \$33 million in new 1994 incentive funds are available for States achieving high coverage rates as outlined in legislation.
- *Standards for Pediatric Immunization Practices* - These Standards consist of 18 immunization practices that all immunization providers should carry out. The Standards are recommended by the National Vaccine Advisory Committee and endorsed by the American Academy of Pediatrics. Implementation of the Standards is designed to remove barriers that (1) impede vaccine delivery and (2) eliminate missed immunization opportunities at office visits. For example, the Standards emphasize use of simultaneous vaccination with multiple vaccines to avoid extra visits and that parents be given immunization cards to help them and providers know their child's immunization needs.
- CDC will strengthen involvement of private health care providers through improved communication and collaboration to obtain their input and support for the CII goals.
- CDC will award additional grant funds to States to help establish Statewide Immunization Information Systems to remind parents when vaccinations are due for their children.

Action II

Reduce Vaccine Costs for Parents

Challenges

- Vaccine costs have risen substantially in recent years, to about \$280 per child.
- Parents have increasingly been referred by private providers to public health clinics where Federal or State supplied vaccines are free. This referral breaks a child's continuity of care and resulting in missed immunizations.
- Many States invest substantial funds in vaccine purchase, especially through their Medicaid program, thus limiting spending on improved immunization infrastructure.

Solutions

- The Vaccines for Children (VFC) program will provide free vaccine to about 60 percent of our Nation's children, starting in October 1994, by purchasing over \$400 million in vaccines.
 - ☐ Parents of eligible children can obtain vaccinations from their provider of choice, thus allowing continuity of care
 - ☐ Eligible children include those who are Medicaid eligible, those without any health insurance, and American Indians. Children served by Federally Qualified Health Centers (FQHC) and Rural Health Clinics can receive VFC vaccines if their health insurance does not cover immunization.
 - ☐ States can buy vaccines at significantly reduced Federal prices to allow expanded access to vaccine for children in these States. About one-half of the States are considering supplying vaccine to all their children.
- The attached schematic diagram generally outlines the proposed VFC distribution process
- Federal immunization grant funds and State funds will continue to help meet the needs of children not eligible for the VFC.

Action III

Increase Community Participation, Education, and Partnerships

Challenges

- Parental Awareness - while parents are aware immunizations are needed by school age, they are often unaware that 80% of vaccinations are required by 2 years of age (need to change social norm).
- Providers, sometimes not aware of the urgency and importance of age appropriate immunization, often do not use all opportunities to immunize children in their care.
- Need to improve coordination among the many public and private sector groups working at State and community levels to educate and motivate parents/providers (i.e., groups in Harlem unaware of each other) and increase understanding of community organizing methods (i.e., how to recruit/direct volunteers, develop plan/strategy to use and coordinate diverse organizations, how to use media).
- Need to access the good will and provide opportunities for the many organizations that are not involved but desire to participate in immunization related activities.

Solutions

- An aggressive community participation, education and partnership program is a fundamental component of the CII. This component seeks to increase awareness of the importance of age-appropriate immunization and increase community participation in the effort to educate and mobilize parents and providers.
- CDC is working with State health departments and community-based groups to build or enhance capacity to establish or expand coalitions, including:
 - ☐ recruiting/hiring Outreach Coordinators in each HHS region to work with States and community-based groups.
 - ☐ convening regional meetings for each HHS region to enhance coordination and communication among States, community-based groups, and others.
- CDC is reaching out to a cross-section of national organizations, groups, and corporations to seek their involvement within coalitions at the State and local levels.
- CDC is providing other tools and taking additional action to expand awareness and educate parents and providers:
 - ☐ Produced public service announcements, based on extensive collaboration and focus group research, for TV, radio, print and other media in English and Spanish languages;
 - ☐ Established toll-free phone numbers that will provide information in English and Spanish, and will also refer parents to local health clinics, and;
 - ☐ Reached out to the business and entertainment community, such as Gerber, McDonalds, Childrens Television Workshop, and Hollywood, to encourage their promotion and marketing of immunization messages.
- CDC is committed to establishing a long-term program that will ensure sustained support for these activities.

Action IV

Improve Monitoring of Disease and Vaccination Coverage

Challenges

- Epidemics begin in populations with low immunization rates. Quickly finding pockets of low immunization rates or disease allows targeting of efforts to high risk populations.
- Information on immunization coverage at the National, State, and local levels is essential for (1) evaluating program effectiveness, (2) identifying populations at high risk for underimmunization, and (3) targeting remedial action.
- No national immunization coverage data were available between 1986 and 1990.
- No standardized system to collect immunization coverage information at the State and local levels has been available.
- Cases of disease need to be rapidly detected to identify underimmunized populations and to institute control efforts.
- Surveillance systems to detect disease often have been inadequate to prevent those cases from leading to epidemics.

Solutions

- CDC is providing grant funding, for the first time, and scientific/intervention assistance to public health agencies to address surveillance weaknesses. This effort will include the investigation of each case of vaccine-preventable disease targeted for elimination.
- As a result of increased CII funding in 1994, comprehensive systems to monitor immunization coverage are functioning, or are being developed by CDC, to provide local, State, and National data to help target interventions.
 - ☐ The National Health Interview Survey (NHIS) monitors immunization levels nationwide on a quarterly basis
 - ☐ State and local area immunization levels will be assessed on a quarterly basis through random-digit-dialing surveys in all 50 States and in 28 large urban areas.
 - ☐ Clinic assessments assist public and private providers to measure immunization levels in populations they serve.
- This systematic evaluation of the outcome of Federal and State programs toward reaching disease and coverage targets addresses an essential component of the CII, which is to generate data to focus accountability for program results.

Action V

Improve Vaccines and Vaccine Use

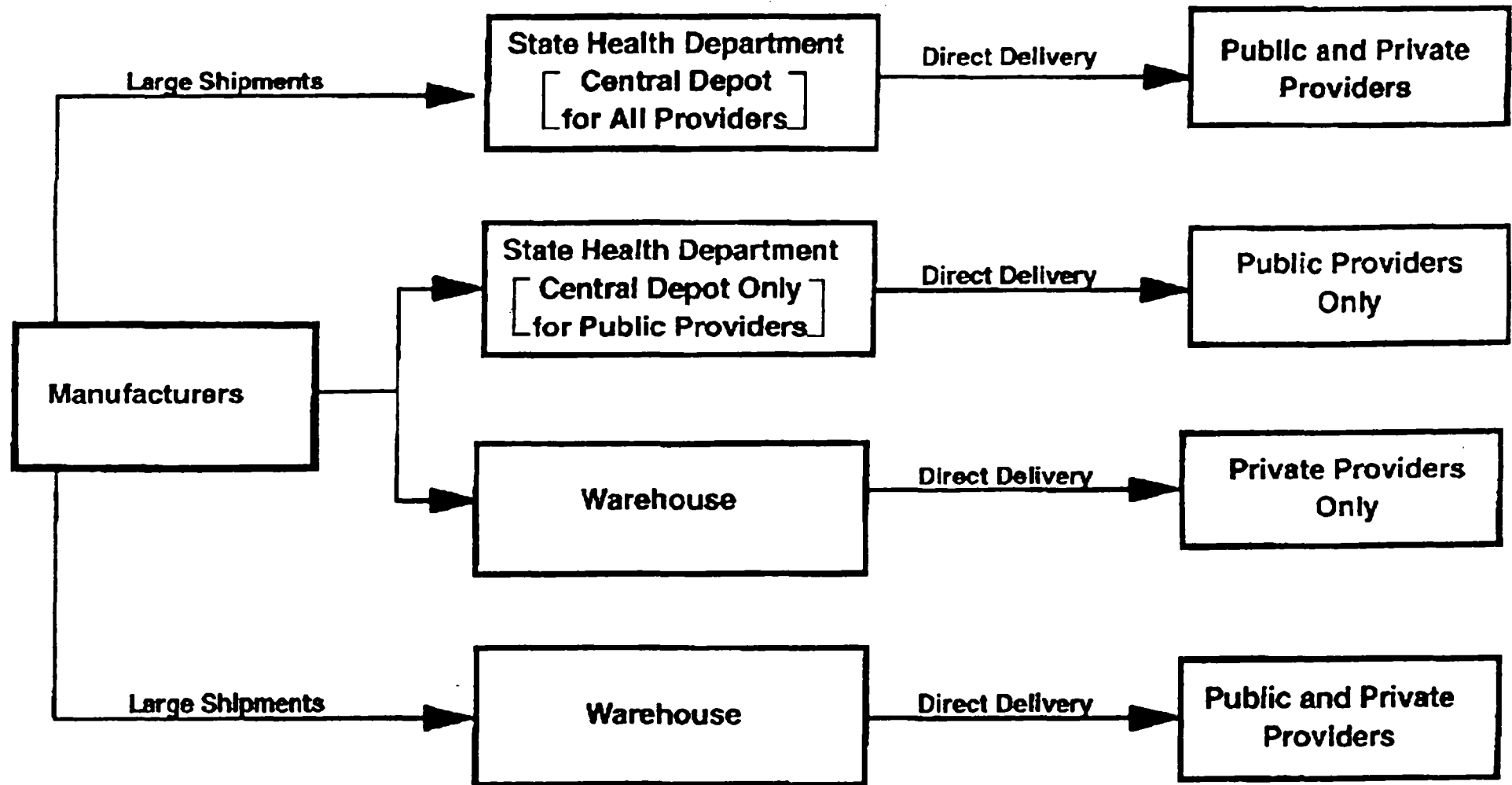
Challenges

- Currently, children require about 11-15 separate immunizations prior to their second birthday. This large number makes it more difficult to obtain complete immunization on time.
- Because of dissemination of inaccurate information, some parents have become more fearful of immunizations than the diseases themselves. Such unfounded fears can reduce coverage.
- Providers can be confused by multiple immunization schedules.

Solutions

- The Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians are working together to develop a single childhood immunization schedule.
- The Public Health Service (NIH, FDA, and CDC) will work with manufacturers and researchers to stimulate development of new and combined vaccines to reduce the number of immunizations.
- Although available vaccines are very safe and effective, CDC will work with States and selected provider institutions to enhance systems to detect rare adverse events following vaccination. This will provide better information to parents on the risks and benefits of vaccination.

Proposed Vaccine Distribution



Attachment

Childhood Immunization Initiative Vaccination Coverage for 1992* 1993*[§] and Vaccine Coverage Goals for 1996 and 2000[¶]

Vaccine	1992	1993	1996	2000
DTP 3+	83	87	90	90
OPV 3	72	78	90	90
MMR	83	81	90	90
Hib 3+	—	50	90	90
Hep B 3	—	13	70	90
DTP 4	59	71		90
DTP 4, OPV 3, MMR, Hib 3+, and Hep B 3**	55	65		90

* Coverage for children 19-35 months of age.

[§] Provisional data based on 1st and 2nd quarters.

[¶] Healthy People 2000 goals have not changed.

** 1992 and 1993 data are only for DTP4, OPV 3, and MMR

April 16, 1994

MEMORANDUM FOR ALEXIS HERMAN

FROM: Mike Lux

SUBJECT: OPL Health Care Memo to the President and Others

In order to document everything OPL is doing on health care, I would recommend that we pull together a comprehensive memo for the President, the First Lady, Mack and other senior staff of all that is being done by us and allied groups. It would include:

1. A summary of the constituency day program.
2. A summary of the opinion leader program.
3. All of the coalition work we are tracking district-by-district each week.
4. A summary of our work and plans with the provider community.
5. A summary of our work and plans with the business community, including a section on the employer responsibility coalition and a section on the small business coalition.
6. A summary of all the other briefings on health care OPL has organized and is planning (ethnic briefings, business briefings, etc.)

In case you want to do such a memo, I am asking Debbie to begin the process of pulling it together this weekend.

April 16, 1994

MEMORANDUM FOR ALEXIS HERMAN

FROM: Mike Lux

SUBJECT: DNC Health Care Role

When we talk with Greg and Harold about the DNC role, we should ask for them to play the following roles on health care:

1. The "adopt-a-district" program;
2. Providing a staffer to help us desk and track the constituency days/state opinion leaders days/ coalition work;
3. Providing a staffer to help us with small business support.

These requests, of course, would be in addition to what we talked about with Greg on Friday.

X

OFFICE OF PUBLIC LIAISON THE WHITE HOUSE

Alexis M. Herman, Director
(202) 456-2930
(202) 456-6218

Facsimile Transmittal Sheet

DATE: 4/25

Number of Pages (Including Cover) _____

TO: Marilyn Yager / Alexis Herman

FAX NUMBER: 6X 2983

OFFICE NUMBER: _____

FROM: _____

*M. Yager
says to put
in your chair.
This is no good
if you + Gwen
do not
hook up
this
evening.
R J
4/25/94*

*****COMMENTS*****

THESE COMPANIES BELIEVE THAT HEALTH BENEFITS
SHOULD BE GUARANTEED AT WORK

Acme Steel Company
AlliedSignal Inc.
Alpha Building Corporation
Alpha Steel
American Iron & Steel Institute
American Airlines
American Stores
Ameritech
Amoco Corporation
AMR Corporation
Amtrak
Anheuser-Busch Companies, Inc.
Archer Daniels Midland Company
Atlantic Richfield Company
Audiovox Cellular Communications
Bacardi Corporation
Bell Atlantic
Bethlehem Steel Corporation
Blue Diamond Growers
Brown Foreman Corporation
Ceridian Corporation
Chrysler Corporation
CNA Insurance Company
Cox Enterprises Inc.
Dayton Hudson Corporation
Del Monte Foods
Dow Chemical Company
Drummond Company, Inc.
DuPont Company
Earl G. Graves, Ltd.
Eckerd Corporation
Filter Materials
Food 4 Less, Inc.
Ford Motor Company
General Motors Corporation
General Electric Company
Geo. A. Hormel & Company
Georgia-Pacific Corporation
Giant Food Inc.
Gross Electric Inc.
Guess, Inc.
H. J. Heinz Co.
Hechinger Company
Hershey Foods Corporation
Hiram Walker Group
Hunt Wesson Inc.
Inland Steel Company
Intel Corporation
International Multifoods

Page Two

International Business Machines Corporation
Invacare Corporation
James River Corporation
JF Contracting Corporation
Johnstown Corporation
Keebler Company
Keller Glass Company
Liberty Mutual
Lincoln Telephone & Telegraph Co.
Lockheed Corporation
Loral Corporation
LTV Steel Company
Marangos Construction Corporation
McDonnell Douglas Corporation
Mead Corporation
National Steel Corporation
Network Security, Inc.
Norwest Corporation
NYNEX
Olympia West Plaza, Inc.
Pacific Gas & Electric
Pacific Telesis Group
Paramount Communications
Polycrete, Inc.
Rite Aid Corporation
Ryder System, Inc.
Safeway Inc.
Sara Lee Corporation
Southwestern Bell Corporation
Sun Company, Inc.
The Hecht Groups
The Principal Financial Group
The Home Depot
The Boeing Company
The Great Atlantic & Pacific Tea Company, Inc.
Thrift Drug
USX Corporation
Westinghouse Corporation
Zenith Electronics Corporation

The Big Business Supporters for Health Benefits guaranteed at Work is comprised from the following sources:

The National Health Care Leadership Coalition (Simmons Group)

The Corporate Healthcare Coalition (Atkins Group)

Wexler Group letter to Chairman Rostenkoski

Clinton Plan Supporters

Of note:

The Principal Financial Group's (signed the Wexler Letter) CEO, David Hurd, is currently the chairman of HIAA.

was recently

NATIONAL ASSOCIATION OF REALTORS®
HEALTH INSURANCE COVERAGE SURVEY OF REAL ESTATE FIRMS

Health Insurance Coverage

1. Do you (as the broker) have health insurance coverage through your firm?

☐₁ Yes ☐₂ No

If yes, please indicate who paid the premium.

Firm paid all	Firm paid part	I paid all	Amount I paid in 1993
☐ ₁	☐ ₂	☐ ₃	\$ _____

2. Do you offer health insurance coverage to your salaried employees?

☐₁ Yes (full-time only)
☐₂ Yes (full-time and part-time)
☐₃ No, skip to question 3

If yes, what type of health insurance coverage do you provide?

☐₁ Individual only ☐₂ Family ☐₃ Both

A. What are the options offered by your health insurance program (check all that apply)?

☐₁ Hospitalization ☐₁ Major Medical ☐₁ Dental ☐₁ Prescription drugs
☐₁ Mental health ☐₁ Vision care ☐₁ Drug/Alcohol treatment

B. Have any of your employees or their family members been denied health insurance through your insurance plan due to pre-existing conditions?

☐₁ Yes ☐₂ No ☐₃ Don't know

C. Who is the provider of your firm's health care insurance for your salaried employees?

☐₁ Independent health insurance provider (not through the Assoc. or Franchise)
☐₂ Local Board/State Association
☐₃ Franchise organization
☐₄ Other, explain _____

D. What proportion of your salaried employees are enrolled (include all offices) in your firm's insurance program? _____ %

E. Please indicate who paid the premium for your salaried employees. If your firm

paid part of the premium, please indicate the proportion paid by the firm.

	Firm paid all	Employee paid all	Firm paid part	Proportion paid by firm
Full-time	☐ ₁	☐ ₂	☐ ₃	_____ %
Part-time	☐ ₁	☐ ₂	☐ ₃	_____ %

3. Do you offer health insurance coverage to your independent sales agents?

- ☐₁ Yes (full-time only)
☐₂ Yes (full-time and part-time)
☐₃ No, skip to question 4

If yes, what type of health insurance coverage do you provide?

- ☐₁ Individual ☐₂ Family ☐₃ Both

A. What are the options offered by your health insurance program (check all that apply)?

- ☐₁ Hospitalization ☐₁ Major Medical ☐₁ Dental ☐₁ Prescription
☐₁ Mental health ☐₁ Vision care ☐₁ Drug/Alcohol treatment

B. Have you or any of your independent contractors/family members been denied health insurance through your insurance plan due to pre-existing conditions?

- ☐₁ Yes ☐₂ No ☐₃ Don't know

C. Who is the provider of your firm's health care insurance for the independent contractor?

- ☐₁ Independent health insurance provider (not through the Assoc. or Franchise)
☐₂ Local Board/State Association
☐₃ Franchise organization
☐₄ Other, explain _____

D. What proportion of independent contractors are enrolled (include all offices) in your health insurance program? _____

E. Please indicate who paid the premium for your independent contractors.

If your firm paid part of the premium please indicate the proportion paid by the firm.

	Firm paid all	Agent paid all	Firm paid part	Proportion of premium paid by firm
Full-time	☐ ₁	☐ ₂	☐ ₃	_____ %
Part-time	☐ ₁	☐ ₂	☐ ₃	_____ %

4. Does your firm's health insurance program allow your salaried or independent

contractors the option of choosing their own doctor (check all that apply)?

- ☐ Yes, employees
☐ Yes, independent contractors
☐ No

Opinions

5. A. Please indicate how important are the following health care issues.

	Not Important			Very Important	
Physician choice	1	2	3	4	5
Universal coverage	1	2	3	4	5

B. Please indicate how strongly your agree with the following health care statements.

Statement	Strongly Disagree			Strongly Agree	
Firms should be required to pay a portion of the health insurance premium for their salaried employees.	1	2	3	4	5
Firms should be required to pay a portion of the health insurance premium for their independent contractors.	1	2	3	4	5
Firms should be required to make available (but not necessarily pay) health insurance for their employees.	1	2	3	4	5
Insurers should be able to deny coverage due to pre-existing conditions	1	2	3	4	5
I should have the option to obtain or maintain insurance coverage through my spouse.	1	2	3	4	5
Chiropractic and holistic health care options should be covered under any new health care legislation	1	2	3	4	5

Demographics

6. In which state is your firm located? _____ and your Zip code _____

7. How many offices does your firm operate? _____

8. How many salaried employees are in your firm (include all offices)? _____

9. How many independent sales agents are affiliated with your firm (include all offices) ? _____

10. What is the legal status of your firm?

☐1 Corporation ☐2 Proprietorship ☐3 Partnership ☐3 Sub S Corporation

11. Is your firm affiliated with a franchise organization?

☐1 No
☐2 Yes, with a national franchise
☐3 Yes, with regional franchise

12. Indicate the percent of your firm's gross revenue currently derived from each of the following real estate activities.

_____ % Single-family	_____ % Property Management	_____ % Syndication
_____ % Commercial	_____ % Appraising	_____ % Other
_____ % Industrial	_____ % Building & Dev.	
_____ % Farm and Land	_____ % Mortgage Financing	100 % Total

13. Which of the following REALTOR® designations do you hold (check all that apply)?

☐ 1 GRI	☐ 1 LTG	☐ 1 CRE	☐ 1 SIOR
☐ 1 CRB	☐ 1 ARM	☐ 1 CCIM	☐ 1 DSA
☐ 1 CRS	☐ 1 WCR	☐ 1 CPM	☐ 1 ROTY
☐ 1 ALC	☐ 1 None		

14. Please provide us with your opinion on the issue of health insurance as it relates to your firm.

Please return to: Research Division, NATIONAL ASSOCIATION OF REALTORS®,
777 14th St, NW, Washington, DC 20005, Attention: Forrest Pafenberg.

**NATIONAL ASSOCIATION OF REALTORS®
HEALTH INSURANCE COVERAGE SURVEY OF REAL ESTATE FIRMS**

Health Insurance Coverage

1. Do you (as the broker) have health insurance coverage through your firm?

☐₁ Yes ☐₂ No

If yes, please indicate who paid the premium.

Firm paid all	Firm paid part	I paid all	Amount I paid in 1993
☐ ₁	☐ ₂	☐ ₃	\$ _____

2. Do you offer health insurance coverage to your salaried employees?

☐₁ Yes (full-time only)
☐₂ Yes (full-time and part-time)
☐₃ No, skip to question 3

If yes, what type of health insurance coverage do you provide?

☐₁ Individual only ☐₂ Family ☐₃ Both

A. What are the options offered by your health insurance program (check all that apply)?

☐₁ Hospitalization ☐₁ Major Medical ☐₁ Dental ☐₁ Prescription drugs
☐₁ Mental health ☐₁ Vision care ☐₁ Drug/Alcohol treatment

B. Have any of your employees or their family members been denied health insurance through your insurance plan due to pre-existing conditions?

☐₁ Yes ☐₂ No ☐₃ Don't know

C. Who is the provider of your firm's health care insurance for your salaried employees?

☐₁ Independent health insurance provider (not through the Assoc. or Franchise)
☐₂ Local Board/State Association
☐₃ Franchise organization
☐₄ Other, explain _____

D. What proportion of your salaried employees are enrolled (include all offices) in your firm's insurance program? _____ %

E. Please indicate who paid the premium for your salaried employees. If your firm

paid part of the premium, please indicate the proportion paid by the firm.

	Firm paid all	Employee paid all	Firm paid part	Proportion paid by firm
Full-time	☐ 1	☐ 2	☐ 3	_____ %
Part-time	☐ 1	☐ 2	☐ 3	_____ %

3. Do you offer health insurance coverage to your independent sales agents?

- ☐1 Yes (full-time only)
☐2 Yes (full-time and part-time)
☐3 No, skip to question 4

If yes, what type of health insurance coverage do you provide?

- ☐1 Individual ☐2 Family ☐3 Both

A. What are the options offered by your health insurance program (check all that apply)?

- ☐1 Hospitalization ☐1 Major Medical ☐1 Dental ☐1 Prescription
☐1 Mental health ☐1 Vision care ☐1 Drug/Alcohol treatment

B. Have you or any of your independent contractors/family members been denied health insurance through your insurance plan due to pre-existing conditions?

- ☐1 Yes ☐2 No ☐3 Don't know

C. Who is the provider of your firm's health care insurance for the independent contractor?

- ☐1 Independent health insurance provider (not through the Assoc. or Franchise)
☐2 Local Board/State Association
☐3 Franchise organization
☐4 Other, explain _____

D. What proportion of independent contractors are enrolled (include all offices) in your health insurance program? _____

E. Please indicate who paid the premium for your independent contractors.

If your firm paid part of the premium please indicate the proportion paid by the firm.

	Firm paid all	Agent paid all	Firm paid part	Proportion of premium paid by firm
Full-time	☐ 1	☐ 2	☐ 3	_____ %
Part-time	☐ 1	☐ 2	☐ 3	_____ %

4. Does your firm's health insurance program allow your salaried or independent

contractors the option of choosing their own doctor (check all that apply)?

- ☐ Yes, employees
☐ Yes, independent contractors
☐ No

Opinions

5. A. Please indicate how important are the following health care issues.

	Not Important			Very Important	
Physician choice	1	2	3	4	5
Universal coverage	1	2	3	4	5

B. Please indicate how strongly your agree with the following health care statements.

Statement	Strongly Disagree			Strongly Agree	
Firms should be required to pay a portion of the health insurance premium for their salaried employees.	1	2	3	4	5
Firms should be required to pay a portion of the health insurance premium for their independent contractors.	1	2	3	4	5
Firms should be required to make available (but not necessarily pay) health insurance for their employees.	1	2	3	4	5
Insurers should be able to deny coverage due to pre-existing conditions	1	2	3	4	5
I should have the option to obtain or maintain insurance coverage through my spouse.	1	2	3	4	5
Chiropractic and holistic health care options should be covered under any new health care legislation	1	2	3	4	5

Demographics

6.. In which state is your firm located? _____ and your Zip code _____

7. How many offices does your firm operate? _____

8. How many salaried employees are in your firm (include all offices)? _____

9. How many independent sales agents are affiliated with your firm (include all offices) ? _____

10. What is the legal status of your firm?

☐1 Corporation ☐2 Proprietorship ☐3 Partnership ☐3 Sub S Corporation

11. Is your firm affiliated with a franchise organization?

☐1 No
☐2 Yes, with a national franchise
☐3 Yes, with regional franchise

12. Indicate the percent of your firm's gross revenue currently derived from each of the following real estate activities.

____ % Single-family	____ % Property Management	____ % Syndication
____ % Commercial	____ % Appraising	____ % Other
____ % Industrial	____ % Building & Dev.	
____ % Farm and Land	____ % Mortgage Financing	100 % Total

13. Which of the following REALTOR® designations do you hold (check all that apply)?

☐ 1 GRI	☐ 1 LTG	☐ 1 CRE	☐ 1 SIOR
☐ 1 CRB	☐ 1 ARM	☐ 1 CCIM	☐ 1 DSA
☐ 1 CRS	☐ 1 WCR	☐ 1 CPM	☐ 1 ROTY
☐ 1 ALC	☐ 1 None		

14. Please provide us with your opinion on the issue of health insurance as it relates to your firm.

Please return to: Research Division, NATIONAL ASSOCIATION OF REALTORS®,
777 14th St, NW, Washington, DC 20005, Attention: Forrest Pafenberg.

NATIONAL ASSOCIATION OF REALTORS®
HEALTH INSURANCE COVERAGE SURVEY OF REAL ESTATE AGENTS

Health Insurance Coverage

1. Do you have health insurance coverage (from any source)?

- ☐₁ Yes ☐₂ No, skip to question 9

2. What is the source of your insurance coverage (check all that apply)?

- ☐₁ Your real estate firm
☐₁ Spouse's employer
☐₁ Local Board/State Association of REALTORS®
☐₁ Group purchased plan (e.g., Blue Cross, Aetna, etc.)
☐₁ Government subsidized care (e.g., Medicare, Medicaid, VA)
☐₁ Other employer or organization
☐₁ Other (specify) _____

3. What type of health insurance coverage do you have?

- ☐₁ Individual ☐₂ Family

4. Which of the following are covered by your health insurance plan (check all that apply)?

- ☐₁ Hospitalization ☐₁ Major Medical ☐₁ Dental ☐₁ Prescription drugs
☐₁ Mental health ☐₁ Vision care ☐₁ Drug/Alcohol treatment

5. What type of health insurance coverage is offered through your firm?

- ☐₁ Individual ☐₂ Family ☐₃ Both ☐₄ None

6. If your health insurance coverage is obtained through your firm, please indicate who paid the premium.

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------|
| Firm paid all | Firm paid part | I paid all | Amount I paid
in 1993 |
| ☐ ₁ | ☐ ₂ | ☐ ₃ | \$ _____ |

7. If your health insurance coverage is obtained through a source other than your real estate firm, please indicate who paid the premium.

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------|
| Other paid all | Other paid part | I paid all | Amount I paid
in 1993 |
| ☐ ₁ | ☐ ₂ | ☐ ₃ | \$ _____ |

8. Does your health insurance program allow you the option of choosing any doctor?

- ☐₁ Yes ☐₂ No ☐₃ Don't know

9. Do you employ a personal assistant?

☐₁ Yes ☐₂ No

If yes, do you or your firm offer the assistant health insurance coverage?

- ☐₁ Yes, firm paid the entire premium ☐₄ Yes, I paid the entire premium
☐₂ Yes, firm paid part of the premium ☐₅ Yes, I paid part of the premium
☐₃ Yes, assistant paid the entire premium ☐₆ No coverage offered

No Insurance Coverage (Skip to question 12 if you currently have health insurance)

10. What is the primary reason you do not currently have health insurance coverage?

- ☐₁ Premium too costly due to pre-existing condition
☐₂ Premium too costly, explain _____
☐₃ Insurance coverage denied due to pre-existing condition
☐₄ Other (specify) _____

11. How long have you been without coverage? _____ (Months/Years)

Comments

12. Have you had difficulty in obtaining health insurance coverage? Please explain.

13. A. Please indicate how important are the following health care issues.

	Not Important			Very Important	
Physician choice	1	2	3	4	5
Universal coverage	1	2	3	4	5

B. Please indicate how strongly your agree with the following health care statements.

<u>Statement</u>	Strongly Disagree			Strongly Agree	
Firms should be required to pay a portion of the health insurance premium for their salaried employees.	1	2	3	4	5
Firms should be required to pay a portion of the health insurance premium for their independent contractors.	1	2	3	4	5
	Strongly			Strongly	

	Disagree				Agree
Firms should be required to make available (but not necessarily pay) health insurance for their employees.	1	2	3	4	5
Insurers should be able to deny coverage due to pre-existing conditions	1	2	3	4	5
I should have the option to obtain or maintain insurance coverage through my spouse.	1	2	3	4	5
Chiropractic and holistic health care options should be covered under any new health care legislation	1	2	3	4	5

Demographics:

14. Age:

- ☐₁ 18-24 ☐₂ 25-34 ☐₃ 35-44
☐₄ 45-54 ☐₅ 55-64 ☐₆ 65+

15. Marital Status:

- ☐₁ Single ☐₂ Married

16. Gender:

- ☐₁ Male ☐₂ Female

17. Are you a full-time or part-time salesperson?

- ☐₁ Full-time ☐₂ Part-time

18. What type of license do you currently hold?

- ☐₁ Sales Agent ☐₂ Broker-Associate ☐₃ Broker

19. Are you an independent contractor or a salaried employee of the firm?

- ☐₁ Independent Contractor (commission only) ☐₂ Salaried Employee

20. Are you primarily a Buyer's or Seller's agent?

- ☐₁ Buyer's agent ☐₂ Seller's agent

21. How many total sales people are affiliated with your firm (include all offices)?
- ☐1 5 or fewer ☐2 6-10 ☐3 11-20 ☐4 21-50 ☐5 More than 50
22. How many offices does your firm operate? _____
23. What is the legal status of your firm?
- ☐1 Corporation ☐2 Proprietorship ☐3 Partnership ☐4 Don't know
24. Is your firm affiliated with a franchise?
- ☐1 No
☐2 Yes, with a national franchise
☐3 Yes, with regional franchise
25. In which state is your firm located? _____ and Zip code _____
26. Which of the following REALTOR® designations do you hold (check all that apply)?
- ☐1 GRI ☐1 LTG ☐1 CRE ☐1 SIOR
☐1 CRB ☐1 ARM ☐1 CCIM ☐1 DSA
☐1 CRS ☐1 WCR ☐1 CPM ☐1 ROTY
☐1 ALC ☐1 None
27. Please indicate the percent of your gross revenue currently derived from each of the following real estate activities.
- | | | |
|---------------------|---------------------------|-------------------|
| ____% Single-family | ____% Property Management | ____% Syndication |
| ____% Commercial | ____% Appraising | ____% Other |
| ____% Industrial | ____% Building & Dev. | |
| ____% Farm and Land | ____% Mortgage Financing | 100 % Total |
28. Please estimate your household adjusted gross income for 1993 (before taxes and deductions).
- | | | |
|--|--|--|
| ☐ 1 Under \$25,000 | ☐ 5 \$40,000 - \$44,999 | ☐ 9 \$70,000 - \$99,999 |
| ☐ 2 \$25,000 - \$29,999 | ☐ 6 \$45,000 - \$49,999 | ☐ 10 \$100,000 + |
| ☐ 3 \$30,000 - \$34,999 | ☐ 7 \$50,000 - \$59,999 | |
| ☐ 4 \$35,000 - \$39,999 | ☐ 8 \$60,000 - \$69,999 | |

Please return to: Research Division, NATIONAL ASSOCIATION OF REALTORS®,
 777 14th St, NW, Washington, DC 20005, Attention: Forrest Pafenberg.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

Washington, D.C. 20201

Older Americans Month
*May 1994**"Celebrating Long Life & Good Health"*Department of Health and Human Services
Office of the Assistant Secretary for Aging

Phone: (202)401-4634

(202)401-4541

FAX: (202)401-7741

TO:

Alexis Herman + Mike Lux

FAX #:

456-6218

FROM:

Fernando Torres - III

DATE:

3-28-94Number of Pages (including cover): 7

COMMENTS:

*Pls. call Valerie at 401-4634 if
any questions - hard copy being
mailed -*



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

Washington, D.C. 20201

TO: Alexis Herman
Mike Lux

FROM: Fernando Torres-Gil *FTG*

SUBJECT: Northern California Trip

Last week I traveled to North California for a series of speaking engagements and conferences (March 18-22, 1994). I used those opportunities to focus on the Health Security Act. The events included:

- A keynote speech at the San Jose Mayors' Conference on Aging.
- A series of presentations at the annual conference of the American Society on Aging.
- Editorial board meetings with the San Jose Mercury and the San Francisco Chronicle.

Observations:

- The Mayors' Conference included approximately 300 persons and the attendance at the American Society on Aging conference was around 3500 persons. I used those events to highlight the Health Security Act and its benefits for older persons and providers who serve senior citizens. The audiences at both forums were very supportive of the President's plan and especially the long term care and prescription drug provisions. What is noteworthy is that there seems to be an air of reality in that people are beginning to realize that the President's plan is facing opposition and that if these groups do not make their voices heard, they may well lose the important benefits for senior citizens. There is a very sophisticated and well organized long term care campaign in California (I met with many of those groups). They by-and-large support the President's plan because of its long term care piece.

Unlike the last two months, I notice a growing grassroots momentum, especially around long term care. Groups are beginning to realize that this is serious business and that they have to support us. The high-profile trips by the President and the First Lady to senior citizen events is making a difference.

- In doing my presentations I find that two key statements will get an audience of older persons to be receptive to our position:
 1. Clarifying up-front that the President's plan preserves and protects Medicare (and explaining in some detail how and why);
 2. Asking them to compare all other alternatives with the President's plan (thus, they can see quite clearly that what they want is only prescribed in the President's plan.
- The two newspapers I spoke with remain quite cynical and wonder, not surprisingly, how Whitewater is affecting our health care reform efforts. My standard response is that I cannot speak to that issue, I can only assure them that the administration's progress on health care reform is moving well. I generally have to explain to them that, notwithstanding what they hear out of Washington, we are where we need to be legislatively -- that is, leaving it to the Congressional committees to do their work. I always mention that we have already made an important contribution by having health care reform at the top of the Congressional agenda and that the President's plan serves as the barometer/model for all other alternatives. It helps to explain to reporters that the President's plan is the only one that has been comprehensively analyzed and thought through and that over time the Congress will be looking more and more to the President's bill for integral pieces of the final product.
- One final note: there is a movement by single payer advocates to put a single payer initiative on the California ballot. To do so requires 500,000 signatures (they are at 300,000).

Attachments

cc: Phil Lee
Judy Feder
Jerry Klepner
Kevin Thurm
Bill Benson

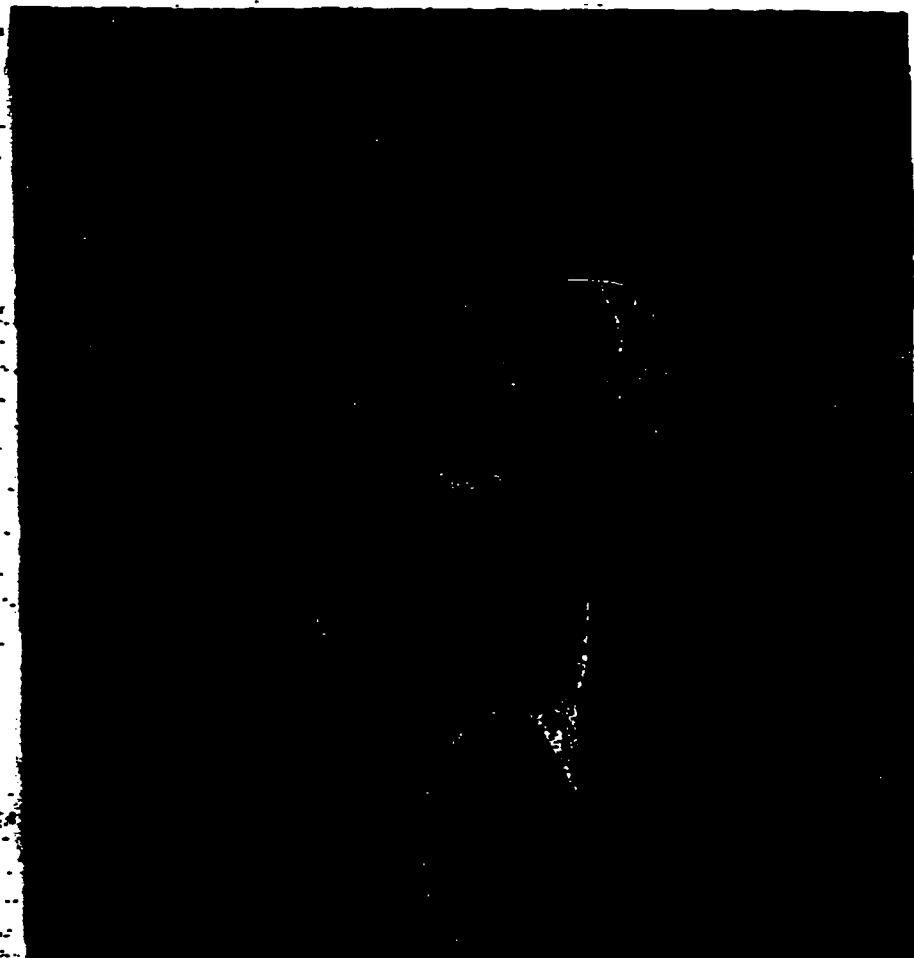
Monday, March 28, 1994

Commentary

Care at home is a big part of Clinton plan

Fernando Torres-Gil definitely is not the average Washington policy wonk.

Born to Mexican-American farmworkers in Salinas, he overcame polio and poverty to become a leading figure on public health policy in the Carter and now the Clinton administrations. He is U.S. assistant secretary on aging and a member of the president's health care and welfare reform teams. In a recent interview with Mercury News editorial writer Joe Rodriguez and reporter Ed Pope, he spoke about his childhood in a welfare home, efforts to change the focus of care for older Americans, and other issues.



FERNANDO TORRES-GIL: "I go to the White House several times a week for various staff meetings, not just for health care but for welfare reform, anti-violence initiatives and the budget that is coming, and I can tell you no one has missed a beat."

Q What can America's elderly, 2001 it will be funded with about \$38 billion per year, and based on matching state funds?

A As our priority, we want to finally give older persons and their families long-term care, particularly in the community-based care. We will pay for it in large part by using savings from the Medicare program. Those savings, which are not cuts, a reduction in the reimbursement rates for providers hospital

MAR 28 '94 13:51 A04 REGION IX

2001 it will be funded with about \$88 billion per year, and based on matching state funds.

We will pay for it in large part by cuts, are a reduction in the reimbursement rates for providers and hospitals and others. We will also pay for it in part through an increase in the cigarette tax.

But we're also going to ask for a fair share contribution from the beneficiaries. There will be a graduated fee schedule. Individuals will pay up to 25 percent of the cost for home and community-based care. The Congressional Budget Office has shown that our dollars and estimates all balance out.

So you're talking about a greater emphasis on home-based care, which would be a complete change from what we have now, where Medicare and Medi-Cal do not contribute to helping people who don't need 24-hour care.

Absolutely. One thing that became very clear is that states are no longer able to afford the costs of Medicaid, Medi-Cal in California, most of which goes to nursing home care, the most expensive, impersonal and the least desired.

Our plan deliberately operates on two premises. One, we are going to build the home and community-based side and make that the focal point of long-term care. Secondly, it will not be limited by age. For the first time, it will be based on levels of physical disability.

It's going to reduce state costs. Many more persons who would otherwise be in nursing homes, including victims of AIDS and Alzheimer's Disease, will be able to be taken care of at home.

Where are you going to get the personnel to do this?

Good point. It is a problem that's why we're comfortable with the phase-in. We don't have the best practices, the training, the supply of individuals who will be the aides, licensed vocational nurses, geriatric nurses, social workers, and the administrators, et cetera. So, we have a lot of work to do, not only in getting the manpower but to create the status, compensation and interest for people who get into the field.

The other reason the phase-in is critical is that we do not want it to be captured by the acute medical side. If our home and community-based program is essentially run by hospitals, medical corporations and physicians, it will not work. We want it to be

FERNANDO TORRES-JUL: I go to the White House several times a week; various staff meetings, not just for health care but for welfare reform and violence initiatives and the budget that is coming, and I can tell you one has missed a beat."

anti-violence initiatives and the budget that is coming, and I can tell you one has missed a beat."

based on a social model where it's the nurses and social workers in conjunction with physicians, community-based providers and non-profits. They are the ones who will make it work.

Is the Whitewater affair sinking the Clinton health plan?

Notwithstanding the media fascination with this issue, the work continues, the focus continues. I go to the White House several times a week for various staff meetings, not just for health care but for welfare reform, anti-violence initiatives and the budget that is coming, and I can tell you no one has missed a beat. We appointees know the best thing we can do as we get through this very difficult period, which will be resolved, is to stay focused on what needs to be done. The president and the first lady continue to put in a tremendous amount of their time on health care reform.

I'd like you to respond to a question in a personal way. The Clinton welfare reform plan calls for a "two years and you're out" provision for welfare recipients. Your family would have been out after two years. How neat or messy would two-years-and-out be for thousands of families like yours?

Let me clarify something. For us it's not two-years-and-out. It's two-years-and-work.

A little background. My mother raised nine children alone because my father abandoned the family when we were very young. She went on Aid to Families with Dependent Children, and she had to move into public housing. And she was forced to decide between having to find work and leaving her kids on their own.

She chose to go on welfare to be there for her kids. And if she wasn't there they would be latch-key kids and get in trouble. She was absolutely right. Her nine kids have all graduated from college or are in college now.

My mother also had a strong belief in certain values -- self-reliance and giving back and not making welfare a way of life. While she was on welfare and taking care of kids she just didn't sit at home and watch soap operas. She used her time to organize her

kids, to organize school bus stops. She became a community leader, a block captain. She essentially organized housing projects in Salinas and served as the liaison to the housing authority.

As her kids got older, she then volunteered in the welfare department as an interpreter part-time. And when her kids got out of high school could take care of themselves at school, she was hired as a full-time interpreter. She eventually became the director of the General Assistance (welfare for single persons) program for Monterey County.

What she did and represents is exactly what the president wants. That's how we are structuring the welfare proposal.

We want to make sure that when an individual comes onto AFDC that know it will not be a way of life. While they are on welfare during the two years, they must be in a job-training program, they must be acquiring skills and at the end of the two years they must have moved into the private sector and a job. Or if that's not available, they must then go into community service. And for single mothers who are raising children, we will recognize and reward their ability to take care of their own children but they must also volunteer in the communities or work part-time.

You're a key player in welfare reform, welfare reform issues of the aging. So what else are you doing?

Those are my major areas of responsibility, but there is another that is near and dear to my heart, and that's disability.

We want to make sure that disabled persons and older persons work together because ultimately they will need the same services.

We know that in the next 10 to 20 years there will be twice as many people who are older, and many with disabilities. When you reach our retirement years there will be twice as many retirees as we have now. If we think we have a Clinton issue now, it's going to be far more apparent. And the real question is are we going to be prepared for our retirement? Will we have in place what we will need to age well?

As our priority, we want to finally give older persons and their families long-term care, particularly home and community-based care.

The second thing we hope to finally start promoting is a new concept of aging -- that what we do for seniors today is every bit as important for younger people and middle-aged persons. It would address this generational tension that we hear about doing much for the elderly.

What could an average family that wants to keep grandma or grandpa at home, but really can't handle it, get from the plan?

Let me take my mother. She's 70. She has a chronic illness. At any point she could be chronically disabled. She will not go into a nursing home. With the exception of one brother, all the other eight children are in other cities. What happens to her in the plan?

In the president's plan, she can or I can hire a local agency who will send a manager to her home, do an assessment -- what does she need to stay at home? And then that agency will contract out, in her case for home modifications, so that she can have grab bars, a ramp if she needs a wheelchair. It will contract out for a visiting nurse to come in on a regular basis, home-delivered meals, or home health care including all the equipment that might be needed. It will also, where necessary, ensure that she go to an adult day health center, if my brother or a sister must move with her and take care of her all day, the plan will pay for respite care.

It will provide that wide array of services so that one, we won't have to call her home so she can qualify for Medicaid and go into a nursing home. And it will mean that we, her children, will not have to give up our jobs or go back to Salinas to live with her, or worse, force her to leave Salinas to move to Washington, Los Angeles or Sacramento.

As part of our long-term care, we're also focusing on private long-term care insurance, which will be streamlined, standardized and more affordable. It means that I can buy it for my mother. That'll help pay for nursing home care if she needs to go there.

How would you pay for it?

We will put in over a seven-year period approximately \$68 billion in what will be essentially a rate-of-return and entitlement program. By

MARCH 23, 1994

San Francisco Examiner

Graying boomers told to think ahead

Secretary of aging says public policy needs attention now

By Eric Brazil
of the Examiner staff

America's window of opportunity to plan for the time when baby boomers are old is now, and taking advantage of it will require taking more than budget problems into account when considering aging issues, says Fernando Torres-Gil, the first U.S. assistant secretary for aging.

Aging has become a mainstream issue on the nation's public policy agenda, but "still centers around financial and budgetary considerations," whereas "the social dimension of an aging society" should be given equal weight, Torres-Gil said Monday.

The penalty for disregarding the fact that the nation is aging will be "an age-segregated society, which we cannot afford," he said.

Torres-Gil, the Salinas-reared son of migrant farmworkers, gave the keynote speech at the American Society on Aging conference at

the Hilton Hotel in San Francisco.

The number of Americans age 65 and older grew 21 percent between 1981 and 1991, according to the U.S. Census Bureau, to 32 million. The Department of Health and Human Services estimates that by the year 2030, 85 million Americans — a quarter of the population — will be 60 or older, with about 9 million of them at least 85.

Torres-Gil's office in the Department of Health and Human Services is the lead agency in putting together a blueprint for a coordinated national policy on aging, to be put in place within the next two years.

In addition to addressing such high-profile issues as home health care, early retirement, biomedical research and adult day care for frail seniors and Alzheimer's patients, the blueprint will emphasize reconstituting a feeling of intergenerational community, Torres-Gil said.

That will mean introducing gerontological concepts into public education, beginning in the elementary grades, he said. Torres-Gil said he recently got the attention of a group of high school students when he reminded them that "you're going to live to be 100 years

of age if you don't do it in drastic."

It is also crucial, he said, to promote longevity at all ages and promote policies that bring generations together.

"We have just a few short years left to get this in place," Torres-Gil said at a pre-speech press conference. "If we wait until 2015 when turn 65 to create this, it will be late. If my generation becomes selfish generation, this nation will become balkanized."

Politicians of the baby boom generation are going to have to start thinking in terms of defer gratification and supporting public education, he said.

"How do we re-create a sense of community based on values of self-reliance and thrift that may seem old-fashioned but which allowed a generation of our elders to be successful as a cohort?" he asked. "The rate of savings of a cohort is lower than that of parents and grandparents at the same age. ... They're going to need a social safety net to help them out."

Plan on elderly meets praise at S.J. unveiling

Top official lauds city for taking initiative in dealing with 'age wave'

BY ED POPE
Mercury News Staff Writer

With praise from the nation's top official on aging, San Jose on Friday introduced its far-reaching plan to deal with the

of a rapidly aging citizenry. At the turn of the century, the plan notes, about one in 25 residents was 60 or older. By the

2010 — only half a generation away — the figure will be in five. The first of the baby boomers born after World War II — the most daunting demographic onslaught in U.S. history — will then be 64.

"We face an enormous challenge over the next 20 years," the elderly population is expected to double, said Mayor Susan Hammer. She called the city's 10-year document, "Planning for the Age Wave," "a very bold step to meet that challenge."

That the challenge faces primarily cities is evident in a single statistic: nearly three-fourths of the elderly live in urbanized areas.

The keys to handling the coming age crisis, Hammer said, are planning, coordination and collaboration with agencies throughout the community.

The "age wave" plan is the blueprint for that strategy. One of its primary goals is to keep older people living independently in their own homes as long as possible.

The unanswered question is cost. Hammer said she will sit down with city officials soon and find "elbow room in the budget. But the city can advance many parts of the plan without additional funding, she said.



Mayor Susan Hammer called the change an enormous challenge over the next 20 years.

'You are further ahead in your city than we are at the federal level.'

— Fernando Torres-Gil, assistant U.S. secretary on aging

Hammer was joined at the public unveiling by Fernando Torres-Gil, assistant secretary on aging and the Clinton administration's surfer on the age wave, which is looking more like a tsunami.

Torres-Gil, a native of Salinas, said San Jose's plan "puts this city in the forefront of dealing with the tremendous implications" of the aging population. "You are further ahead in your city," he said, "than we are at the federal level."

The master plan was drafted by a 24-member advisory group and other volunteers. In addition to its aim of keeping the elderly in their own homes, the plan groups services into three categories: those that enhance quality of life, those that support and enable, and those that provide a safety net.

It sets population standards for senior centers, neighborhood outreach programs and day care. It outlines management funding

of direct senior services. And it sets up an Aging Leadership Council to promote collaboration and coordination among all providers of services.

The plan also dispels the image in some quarters that most elderly people are relatively well off. In 1988, it notes, 85 percent of single people over 60 and 88 percent of couples over 60 in San Jose were listed as "very low income or below."

At the public ceremony introducing the plan, Torres-Gil said that along with "providing for today's elderly, we must prepare younger people for their own aging and increased longevity" and

discover "how we can utilize the tremendous resources inherent in our retirees."

He called the push for universal health care proposed by President Clinton "an epic struggle."

The son of Mexican-American migrant farm workers, Torres-Gil spent his early years on welfare as his mother struggled to raise nine children after their father abandoned them.

She eventually became an interpreter, freed herself from the welfare system and managed to send all nine children to college.

In an interview with the Mercury News editorial board after his address, Torres-Gil made these points:

■ Home and community-based care — a complete reversal of present government policy, which will not pay for services outside a hospital or nursing home — is a priority of the administration.

■ In-home care won't happen overnight because the infrastructure is not there. It will take time to supply the necessary people — nurses, aides and social workers — and training.

"We don't want home health care to be captured by doctors and hospitals," he emphasized. "because that won't work. We want it run by non-profit community groups."

S.J. plans for boom in elderly

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Amid

Ronald E. Lund
Senior Vice President,
General Counsel and Secretary

Medtronic, Inc.
Corporate Center
7000 Central Avenue N.E.
Minneapolis, MN 55432 USA
Telephone: (612) 574-3013
Telefax: (612) 572-5459

APR 19 1994

April 6, 1994

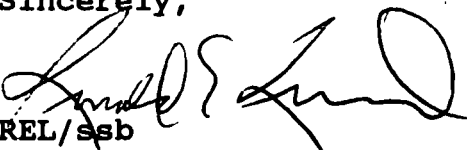
The Honorable Alexis Herman
Assistant to the President &
Director of Public Liaison
The White House
West Wing
Washington, DC 20500

Dear Ms. Herman:

Our Company wants to go on record supporting the President's call for the assurance of a basic level of health insurance coverage for all Americans.

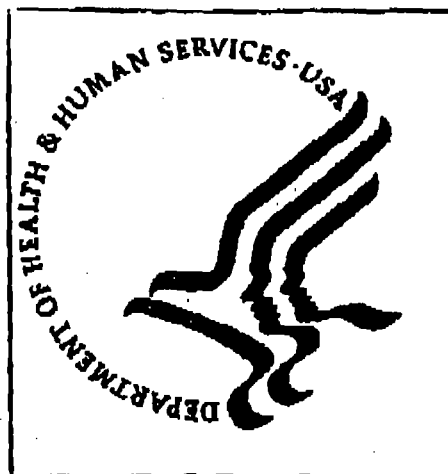
We understand that the President will be putting out a list of corporations in support of the principle that universal coverage should be a part of any Health Care Reform Plan that is approved by the Congress. We believe universal coverage is a principle that can be achieved in a responsible manner.

Sincerely,


REL/ssb

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY

Amst



APR 20 1994

PHONE: (202) 690-6870 FAX: (202) 401-7321

Date:

From: Ken Thorpe

To:

Alexis Hermann

Phone: (202) 690-
(202) 690-6870

Phone: 456 - 6218

FAX: (202) 401-7321

Fax: _____

Number of Pages (Including Cover): 3

Comments:

To: Alexis Herman, Marilyn Yager
From: Ken Thorpe
Date: April 19, 1994
Re: Realtor's Association Survey

Based on this survey and our own analysis, it appears the real estate industry as a whole, as well as the real estate firms who currently offer insurance, will pay more under reform.

Our analysis showed that real estate firms (including those that do not currently offer insurance) will pay \$4.7 billion (\$2,495 per worker) in premium payments under reform in the year 2000, relative to \$3.4 billion (\$1,770 per worker) in the absence of comprehensive reform.

Similarly, real estate firms that currently offer health insurance will pay \$3.8 billion (\$2,672 per worker) in premium payments under reform in the year 2000, relative to \$3.4 billion (\$2,345 per worker) in the absence of comprehensive reform.

Why real estate firms will pay more:

1. Low coverage.

The survey reports that only 34% of real estate firms offer insurance. Of those that offer insurance, the median proportion of salaried employees' premiums paid was 77%—less than the 80% under the Health Security Act. Of the real estate agents surveyed, only 6% received insurance through their firm 38% receive coverage through their spouses and 11% through a second job.

The Urban Institute's TRIM2 model found that, nationally, 75% of real estate workers are in firms that offer health insurance, but only 44% of all workers receive insurance through their employer.

Consequently, the industry as a whole will probably pay more under reform since a high proportion of firms do not currently offer insurance and will incur new costs.

2. Less comprehensive benefits.

The survey reports that less than 50% of real estate agents that have health insurance are covered for mental health and drug/alcohol treatment and vision care. Thus, real estate firms that currently offer insurance may pay more under reform since they currently do not provide health insurance with comprehensive benefits.

Despite these negative points, there are some results of the survey that support the Health Security Act.

Supporting Results:

1. **Cost of insurance:** Of the 13% of real estate agents that reported that they did not have insurance, over three-fourth named prohibitively high costs as the reason. An additional 16% could not afford or obtain insurance because of pre-existing conditions.

Under the Health Security Act, health insurance premiums will be more affordable and will grow at slower rates than in the current system. Additionally, unfair insurance practices such as pre-existing conditions exclusions will be eliminated.

2. **Means of obtaining insurance:** Although a large number of real estate agents are able to obtain health insurance coverage through their spouses (38%) or second jobs (11%), this is not a stable source of insurance for two reasons.

First, this fosters a reliance on both the stability of the family and the security of the spouses' job. The National Association of Realtors reports that female agents are more likely than their male counterparts to be widowed or divorced. These individuals may have been vulnerable to loss of insurance with the end of their relationships. Second, there may be greater pressure on the spouse to remain with his or her job-- experience "job lock"-- if both partners are reliant on that spouses' employer-sponsored insurance coverage.

3. **Choice:** The vast majority of real estate agents and firms think that physician choice is very or somewhat important.

Under the Health Security Act, everyone will have access to an affordable health plan that allows him or her to choose a physician. Additionally, the individual, rather than the employer, will be able to select the health plan. Individuals are often forced to choose from the limited health plan choices offered by their or their spouse's employer. The Health Security Act gives consumers the information and the options to choose plans that suit their personal preferences.

4. **Expansion of benefits:** The survey reports that less than 50% of real estate agents that have health insurance are covered for mental health and drug/alcohol treatment and vision care--all of which are part of the basic benefit package under the Health Security Act.

62982
Ruby

To: Alexis Herman
From: Walter Zelman
RE: Realtor data
Tuesday, April 19, 7 P.M.

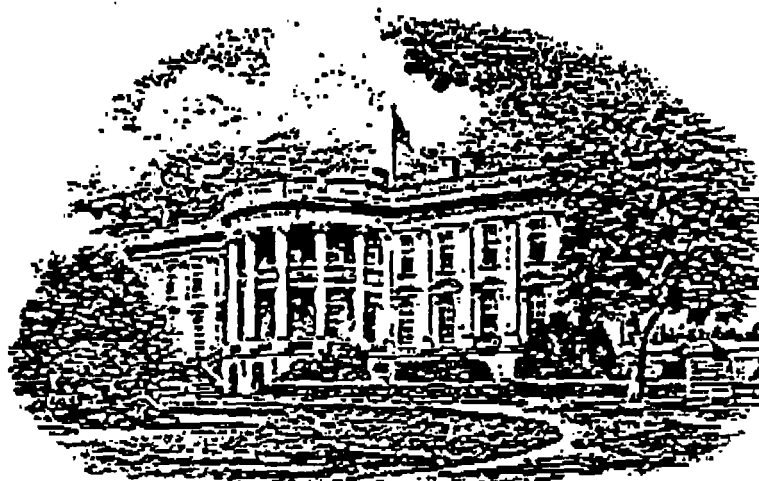
I have reviewed the numbers from Ken Thorpe's office. I have also talked with Ken's office to clear up some issues. I believe that:

1. The numbers will prove to be better than what is on Ken's sheet. Specifically, it appears that when running these numbers they did not take into account the discounts that would be available to firms. (This would reduce the cost to firms, as a whole, by about \$1 billion, or 20%). Also, they should be able to produce a number on what firms that now provide (not just offer) insurance will save. That will help. (The numbers do take account of the fact that many of the employees are part-time. That was something we were worried about).
2. We could lay out the numbers in a more positive fashion, including stronger, but non-rhetorical, arguments for the benefits of the HSA.
3. We should emphasize that the data were provided by the Urban Institute. They calculated the numbers. Also, we used CBO's premiums, which are higher than those we used in doing original HSA estimates. I.e., all these factors should add to the credibility of the numbers.

Ken's office is doing some more checking into some things I asked them to review, and will fax me results this evening.

I can be reached by beeper at 490-0320. My home number is 703 533-8198.

If you like, I can work up a cleaner, more positive draft of a presentation tonight or early tomorrow.

DATE: _____
TIME: _____THE WHITE HOUSE
WASHINGTON

FAX COVER SHEET

TO: Alexis Herman
Att: Ruby

PHONE: () _____

FAX: () _____

FROM: Walker

PHONE: (202) 456-_____

PAGES FOLLOWING COVER SHEET: _____

FOR DISCUSSION: THOUGHTS ON A PROVIDER OUTREACH EFFORT

Walter Zelman

(ALL SUGGESTIONS SUBJECT TO APPROPRIATE LIMITATIONS ON WHITE HOUSE POLITICAL AND LOBBYING EFFORTS)

I. Discussion of an outreach program to providers must consider a few basic assumptions.

- A. We have a relatively brief period of time before major votes.
- B. We have limited resources.
- C. We cannot do everything we'd like to do.
- D. Therefore, we need to determine:
 - Who we need to influence
 - The means we have of generating that influence
 - The resources required to support various means of generating that influence
 - The resources we have available for this effort.

II. POSSIBLE IMPACT POINTS OR TARGETS OF INFLUENCE EFFORTS

We want to expand provider support for our proposal and maximize the awareness and potential impact of that support. The following might be prime targets of such an effort.

- A. Other providers; associations, individuals, etc..
- B. The general media
- C. Media in targeted districts
- D. The general public
- E. The public in targeted districts
- F. The Congress in general
- G. Members in targeted districts

III. POTENTIAL SHORT AND LONG TERM GOALS OF PROVIDER OUTREACH EFFORT: (List not meant to be exhaustive or mutually exclusive)

- A. Increase provider understanding of the plan.
- B. Increase provider support for the plan.
- C. Increase capacity of providers in targeted districts to impact the views of key Members of Congress: entails some focus on the grass roots.
- D. Increase strength of D.C.-based provider support effort: entails focus on Washington-based provider influence effort.
- E. Generate an overall public and media impression that many physicians support the Administration's plan. (Inoculate against the image that they may oppose it).
- G. Limit the impact of potential opposition from organized medicine.
- H. Increase our support among the general public by using providers as surrogate speakers. This could be done across the country or in targeted districts only.
- I. Gain support of key provider constituencies and individuals --especially academic medical centers, on the grounds that they may be uniquely influential with Members.

IV. MEANS THAT COULD BE EMPLOYED TO ACHIEVE SOME OR ALL OF THE ABOVE GOALS

- A. Identify, train and utilize a modest number of respected, articulate provider supporters of the plan: use them for major Congressional and media appearances in D.C. and targeted districts.
- B. Organize ongoing national and/or local press conferences highlighting provider support using providers to offer positive messages about the plan.
- C. Organize a visible, high-level, Presidential provider "Advisory Board" to meet occasionally with the Administration: could provide visibility of support, press opportunities, unique access and input for some, etc.
- D. Circulate a newsletter to supportive providers.
- E. Organize provider lobbying efforts in D.C., or in districts
- F. Assist in development and placement of provider op ed pieces.
- G. Place emphasis on gaining support from academic medical centers.

H. Identify the most important, supportive provider groups/individuals and maximize their efforts and impact.

V. SOME RELATIVELY LABOR/RESOURCE INTENSIVE GOALS AND MEANS

A. Education training of large numbers of providers or surrogate speakers.

B. Winning endorsements of major organizations.

C. Developing leadership and organization at the grass roots level.

VI. SOME MEANS AND GOALS THAT MAY BE LESS LABOR/RESOURCE INTENSIVE.

A. Assisting in Washington-based lobbying efforts.

B. Assisting in targeted media events, nationally and in targeted districts.

C. Obtaining endorsements of a reasonable number of key individuals. (Modest level of resource intensity).

D. Providing solid training to a handful of individuals.

E. Organizing a national provider advisory committee (to the extent such an entity does not already exist).

F. Maximizing the efforts and impact of those provider groups already supporting our cause.

CONCLUSIONS

Given that we have limited time and probably limited resources we need to carefully target priorities.

Overall it appears to me that additional education of large numbers of providers --with a view towards getting them active-- will entail great effort and modest results.

Focus should be placed on maximizing the efforts of those already in our camp, and enabling them to engage in high impact events.

Especially as legislation moves and changes, considerable effort will have to be made to keep supportive providers firmly on our side. Holding on to and getting the most out of what we already have may be the highest priority.

Efforts might focus on media and lobbying events aimed at

conveying the message that large numbers of providers support reform. Specific issues and organizations might be highlighted.

Where deemed appropriate, targeted efforts might be directed at those Members who might either: (1) be persuaded by supportive providers or (2) be wary of organized opposition from providers.

If we have not already done so, core provider spokespersons might be identified, supported, and trained and then used aggressively in media events, including talk shows, press conferences, etc.. Substituting these individuals for Administration officials may be appropriate in some circumstances.

**Statement
of John Paul Galles, Executive Vice President
National Small Business United
before the National Association of Insurance Commissioners
Regarding Health Care Purchasing Alliances**

April 14, 1994

I appreciate the opportunity to appear before the National Association of Insurance Commissioners to comment on model legislation for the establishment of a system of health alliances. Alliances are of fundamental importance to small businesses in the health care debate, so we are very pleased that you are taking such an active role in their development.

National Small Business United (NSBU) represents over 65,000 small businesses in all fifty states. Our association works with elected and administrative officials in Washington to improve the economic climate for small business growth and expansion. We have always worked on a bi-partisan and pro-active basis. In addition to individual small business owners, the membership of our association includes local, state, and regional small business associations across the country. For the last four years, health care reform has been our top federal priority.

In reflecting upon your draft, I must say that our basic vision of the nature of a health alliance differs quite dramatically from the sort which is presumed in your model. While we appreciate that this model is potentially only one of several different types of

model alliance structures, I think it is important to lay out the type of structure that we think is crucial for small businesses and why. However, it also means that most of our comments will focus on what is not in the draft, rather than what is.

We also prefer to call these entities purchasing cooperatives, rather than alliances, since they will be businesses and individuals who have voluntarily joined together to purchase coverage and care. We think that "purchasing cooperative" is a much more accurate description for this type of model.

The model you have put forth corresponds with some other alliance models, in that it envisions essentially two roles for the alliance. The first role is to provide a range of health care choices to small businesses and, more significantly, to their employees. The second role is to reduce administrative and marketing costs by pooling small business together and limiting "churning." While both of these goals are laudable, and would generally be achieved by your model legislation, we would strongly advocate a much more dynamic and market-oriented role for the health purchasing cooperatives.

COMPETING PURCHASING COOPERATIVES

Fundamentally, small businesses do not want to lose substantial control over the costs of their health care benefits, which make up such a large part of their compensation packages. In fact, they wish to gain additional control. This concern underpins many of the positions and stances taken by small businesses and their representatives in Washington and state capitals around the nation. We think that one of the best ways to

simultaneously grant that control and obtain many of the objectives of health care reform would be to create a system of small business-controlled, privately competing purchasing cooperatives.

In the system we now have and have had, small businesses have been left to accept what insurers offer and to deal with a system that makes it very difficult for them to organize to increase their clout. Small businesses now face the specter of an overly patronizing approach to their needs, one which largely takes them out of the health care system and simply leaves them to pay the bill. Neither of these approaches is correct or helpful to the actual needs and concerns of small businesses.

Small businesses should have the right to organize and run their own health care purchasing cooperatives, in order to have choice and be empowered within the system. We believe that voluntary, private competing health cooperatives would harness more competitive forces for cost containment than single mandatory alliances ever could. Competing cooperatives will have strong incentives to negotiate tough deals with providers, in order to attract members. In areas where the market cannot sustain multiple cooperatives, they would therefore not exist, thereby maintaining the efficiencies of larger pools. Multiple cooperatives represent an important component for maximizing the cost containment potential of managed competition.

By bringing together small businesses from all industry sectors in one community, real clout can be gained in the market and real savings can be realized. Rather than the system we have now, where businesses are largely grouped across the nation by industry

for the purchase of coverage, purchasing cooperatives allow large groups to be locally based, and able to affect the local market significantly.

Many health reform experts have been appropriately nervous about allowing single, government-run or government-established health alliances to exclude health plans from participation in the alliance. The only mechanism the alliances would have to exclude plans would be some version of a price cap and several other standards. But a private cooperative could actually bargain with insurers and provider groups for the best deals for their members, and groups that would not deal could be excluded from the cooperative--and other markets and cooperatives could still exist outside the cooperative, for those who might want those alternative choices.

In your own draft model, you have allowed carriers to charge different rates inside and outside the alliance. While this practice may raise some risk selection flags with some individuals (to be discussed later), we believe that such a provisions is critical for purchasing cooperatives to function as true cost containment mechanisms. Further, in a competing purchasing cooperative, we would allow carrier to charge different rates to different competing cooperatives. More precisely, we would allow each purchasing cooperative to negotiate its own deal with each carrier, rather than being stuck with a uniform community rate and unable to strike a better deal for their members.

We believe that a system of voluntary, competing health purchasing cooperatives will accomplish the goals of pooling for administrative savings and choice for individuals, but will also put additional downward pressure on costs, provide choice for *businesses*,

and allow small business owners a much greater control over, and comfort with, their health care plans and costs. But we must also be very clear. Such purchasing cooperative should be organized and run by small businesses and small business organizations, not insurer or provider groups. Even the appearance of a takeover by these groups would make small business owners back away from this important tool for their existence.

RISK SELECTION AND COMPETING COOPERATIVES

Some opponents of competing health purchasing cooperatives have argued that voluntary purchasing cooperatives would allow subtle forms of cherry-picking and thereby foster risk selection problems, causing the new system to be doomed by segmentation. We think that these arguments are either overblown or simply incorrect, depending upon the assumptions made. Certainly, these arguments should not be viewed as an insurmountable problem. If all individuals must have coverage, and all providers and cooperatives must offer coverage and accept individuals under the same conditions, we believe that the risk selection problems--*in a universal coverage system*--will be relatively minor. Even more significantly, we are convinced that the adverse selection problems caused by mandatory alliances are even greater than those that might come from voluntary cooperatives.

If necessary, there are several ways to deal with potential risk selection, and adverse selection, problems in a competitive purchasing cooperative environment. Since adverse selection has primarily to do with individuals "gaming" the system for their own

benefit (sick people enrolling in the most expansive plans and young healthy individuals choosing HMOs), we expect most risk selection problems to occur *within* the alliance, rather than between them. In other words, the primary problem results regardless of the number of cooperatives, and this problem is at least as great within a single mandatory alliance as in any other type of system.

To solve this--and any other--risk selection problem, a risk adjuster could be used, which would essentially transfer funds from plans that happen to have better risks to those plans that happen to have worse risks. The Administration already plans to use a scheme similar to this in their health alliances. This mechanism would have two primary effects: 1) it would spread the costs of caring for the very sick equitably across all carrier groups; and 2) it would eliminate any financial incentive for creative "cherry-picking" by carriers. Why expend resources to get healthier individuals into your pool if they cost you money?

But risk adjustment becomes much more difficult in a non-universal coverage arena. Since the model you propose is designed for state adoption with or without universal coverage, adverse selection could be a problem. One of the ways that adverse selection could be lessened would be to allow more employer choice at the plan level. For instance, an employer could decide upon a level of coverage for which the company would pay, and employees could only choose among plans at that level (there would be, perhaps, three levels), rather than from among all plans. Such a system would allow both employer and employee choice, yet not allow such unfettered employee choice as to create massive adverse selection problems within the cooperative.

RULES FOR COOPERATIVES AND MARKETS

Your model draft requires the state board to draw boundaries for operation of the purchasing alliances. Such boundaries are crucial to the conduct of any cooperatives and must be strictly set at the state level. In terms of AHP's ability to compete within these boundaries, however, your language becomes decidedly ambiguous. AHPs are required to provide "accessible to at least 10 percent" of the alliance area's population. We presume that this section means that the facilities of a given AHP must be physically accessible to at least 10 percent of the population of the area. Even this could be very difficult in some areas. But if the rule is intended to indicate that an AHP must have 10 percent market share in an area to compete through the alliance, it would be completely unacceptable. Much more competition needs to be allowed than by the relative handful of AHPs that could achieve this market share.

In your model draft, you outline a number of procedural responsibilities that would be incumbent upon the purchasing alliances. In a system of private, competing cooperatives, we think it is unnecessary for state governments to establish more than a general framework for internal operations of the purchasing cooperatives. Different cooperatives may choose to meet the needs of their members in somewhat different ways. We believe that this freedom will lead to a system that best responds to the actual needs of the cooperative members, and not simply to their needs as we currently perceive them. There will also be a need for the purchasing cooperatives to establish fees (or dues) for members of the cooperative, primarily to support the data collection and analysis responsibilities of the cooperative.

CONCLUSION

We believe that voluntary competing purchasing cooperatives are likely to provide greater cost containment than single alliances; voluntary purchasing cooperatives can be structured to avoid risk selection problems at least as well as single health alliances; voluntary cooperatives provide small businesses with empowerment in the system, room to maneuver without feeling "locked-in", and a role in keeping costs down system-wide. We think that the issue of voluntary competing purchasing cooperatives is one of the key overlooked small business issues in this debate. Thank you for allowing us to testify on this key small business health care issue.

April 18, 1994

MEMORANDUM FOR ALEXIS HERMAN AND RICKI SEIDMAN

FROM: Mike Lux
Debbie Fine

SUBJECT: National Council on the Aging

The following are the times that the National Council on the Aging has laid out as options for remarks from the President, in priority order:

1. Thursday 4/28 at their banquet; starting at 7:30 PM. (Dinner does not begin until after the program, so he could leave by 8:30PM.)
2. Wednesday 4/27; 7:30 PM. This is their opening session. Cisneros is currently scheduled to make remarks.
3. Friday 4/29; 9:00 AM. This is their plenary session on health care; Senator Mikluski will speak as well.
4. Friday 4/29 in the evening
5. Thursday 4/28 in the afternoon. They would rearrange their program to accommodate the President at this time. For this, however, we need to let them know as soon as possible.

At all of these times they approximate attendance by 2,000 people. They would like to present an award to the President on behalf of Mrs Clinton at whenever he addresses them. They also anticipate that Senator Pryor will participate whenever the President does, as will Dr. Arthur Flemming. Although they prefer the evening times, they have repeatedly stated their ability and willingness to be flexible because they want the President to speak to their group. As you know, the problem from our perspective with the evening times is press coverage, which is the primary reason we wanted to address this group.

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Ken
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- Ken J. J. J.

The White House

Health Reform Delivery Room



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Whitewater frenzy

Rev. Jesse J. Jackson

March 15, 1994

Whitewater. Washington is awash in its wake, riding the rapids of plots and rumor. For the media, Whitewater fills the vacuum left by the anticlimactic Tanya Harding/Nancy Kerrigan melodrama. While the public wasn't much interested for a long time, the media pounding is finally beginning to take its toll on the president's popularity - and the frenzy has only just begun. Dozens of reporters have now descended on little Little Rock to dig up the past. They'll surely find something - as they could on anyone submitted to the same scrutiny.

In this atmosphere, Hillary Clinton is particularly at risk. A special venom is directed at her. She broke the rules. She didn't accept her place. She is too smart, too strong, too independent and too powerful. She took on the great challenge: to guarantee health care to all Americans. She assailed powerful interests who oppose reform - the health insurance industry, the drug companies. She has an independent base, inspired by a strong woman in motion. She insists on being a wave maker, not a cookie baker. Hillary is viewed as "uppity," and the boss men don't put up with that for long.

So there is a particular passion to see her brought down, to stain her reputation, to pierce her proud independence, to make her bow a little. Successful African Americans know this phenomena well, for it often comes their way. So we can anticipate more stories targeting Hillary's law practice.

This is a great distraction. Crime stalks our streets. A generation of young Americans face a forbidding future. Infant mortality is at shameful levels. Inequality continues to grow. The recovery has not reached into our poor neighborhoods. All these areas and more cry out for reporting and analysis. Instead the news is filled with Whitewater froth.

The pictures on TV all look serious. A special prosecutor, subpoenas, White House aides before the grand jury, a suicide, allegations of cover up, resignations of high officials. The images are all of serious misdeeds in high office.

But before you fall for the sizzle, check out the stakes. What is Whitewater about? As a young couple without much money, the Clintons made a land investment that went bad. In an earlier age, this would be a joke. Here was Bill Clinton, the governor, married to the smartest lawyer in the state, employing the best law firm and the largest bank in the state, joined with a successful entrepreneur, speculating on vacation lands in the go-go 1980s - and he still lost money. It's a good thing he went into public service for he surely wasn't cut out for the private sector. For this the president should be roasted generously by David Letterman, not investigated by a special prosecutor.

But instead of humor, we have a horror show. A special prosecutor searching for crimes to investigate. Congressional hearings - despite Democratic resistance - are certain to follow. Why is this happening?

To some extent, it is propelled by partisan rancor. The president has embraced much of the Republican agenda: cuts in domestic programs, managed care, a two war defense budget, new prisons for public works, three strikes and out, two years and off. With two parties and one agenda, politics turns from substance to spectacle, from democratic debate to partisan maneuver. Unable to argue against their own ideas, the Republicans jump on Whitewater to assault the character of the president and the first lady. Brigands like New York Senator Al D'Amato, who barely avoided censure by his forgiving colleagues, suddenly become the embattled defenders of public probity.

But partisan politics is to be expected. A large part of the Whitewater excess is now driven by the media. As newspaper readership declines and cable channels proliferate, the networks and reputable newspapers begin to sell spectacle rather than report the news. Once White House bungling gave the appearance of trying to hide

something, the media kicked into its "Watergate" mode. Reporters stop reporting the news and see themselves making it.

Yet, Watergate rules are totally inappropriate here. Watergate was about high crimes and misdemeanors - impeachable offenses - committed by a president while in office. Iran-Contra - although the investigation was botched - concerned even greater abuse of office, including setting up an "off the books" operation to engage in covert operations banned by the Congress. Whitewatergate is about a land deal ten years ago that lost money, and the way politics is done in Arkansas - and most other places. It concerns no crimes or misdemeanors committed while in office.

When you stand tall, your opponents will often hit you low. But you can't descend to their level without exposing your chin to the littest of them. The only way out for Hillary and the President is to keep their heads high, to get better, not bitter, and to intensify their efforts to bring more justice and decency to this land. Let the substance of their work and the breadth of their spirit stand in sharp contrast to the petty posturing of partisan politicians, and the breathless panting of the media in heat. If the president and Hillary continue the fight for health care for all Americans, the people will rally to their side and eventually the press will grow tired of interviewing taxi drivers in Little Rock.

- 30 -

FTG on page
31 & 35



HEALTHCARE

DETAILS

The Missing Piece of the Health Reform Puzzle

As lawmakers struggle to piece together national health care legislation, *Secure Retirement* explores how seniors fit into the leading proposals.

Without a complete understanding of the major health care reform bills facing Congress, seniors will be ill-equipped to make their voices heard. As congressional leaders vie for political leverage, *Secure Retirement* takes a closer look at the leading proposals.

THE LEADER OF THE PACK

"It's middle-class seniors who will be the greatest beneficiaries of the president's health care plan," says Assistant Secretary for Aging Fernando Torres-Gil. "They are the

ones who have worked hard, who have played by the rules, saved, built up their assets [and] who now find themselves threatened by the loss of those assets because of the uneven and poorly structured health care system we have today."

Seniors should welcome the president's highly touted prescription drug and community and home-based care benefit. The prescription drug coverage, which places a \$1,000 cap on out-of-pocket costs, should be particularly helpful to

(continued on page 35)

How Seniors Fit Into The Health Care Puzzle

How Medicare beneficiaries would fare if the Clinton administration's health care proposal became law.

PRESENT

BENEFICIARIES: Those enrolled in Medicare when the president's plan takes effect would stay in Medicare. They would not be given the option of joining an alliance unless their state opts to fold Medicare into the alliance structure.

Beneficiaries could join one of Medicare's managed care options, which would be more readily available. As is the case now, enrollees would pay Part B premiums, as well as any additional amount required by the managed care organization.

Seniors with Part B would receive prescription drug coverage for most outpatient drugs. Premiums would rise \$11 to help pay for the benefit. After a \$250 deductible, the government would cover 80 percent of additional drug purchases. Seniors' out-of-pocket expenses for prescription drugs would be capped at \$1,000.

Severely disabled seniors (those unable to complete three activities of daily living) would receive coverage for home and community-based care, including adult day care. States would determine what benefits would be offered. Beneficiaries would pay up to 25 percent of the cost of the benefit. Low-income seniors would receive coverage without cost.

Doctors no longer would be allowed to charge beneficiaries more than what Medicare reimburses, ending balance billing.

Co-payments would be required for the Medicare home care benefit in most cases (10 percent) and clinical lab services (20 percent).

How the president's proposed \$124 billion Medicare cuts would affect beneficiaries is yet unknown.

SOON-TO-BE

BENEFICIARIES: Upon their 65th birthday, seniors would be given the choice of joining Medicare or remaining in an alliance. If they remain in an alliance, they would not be eligible for fee-for-service plan but would have to choose a managed care option.

Seniors starting in an alliance could change their mind and enroll in Medicare at a later date. However, those who opt for Medicare would not be able to enroll in an alliance in the future.

Seniors enrolled in an alliance would have their out-of-pocket costs capped. Medicare would cost seniors approximately \$17 more per month than what younger individuals would pay in an alliance, National Committee experts say. There are no estimates available yet on what seniors enrolled in an alliance would pay.

HIGHER-INCOME

BENEFICIARIES: Seniors with incomes above \$90,000, and couples earning more than \$115,000 would pay higher premiums. Those with incomes over \$105,000—couples with incomes over \$145,000—would pay three times the basic premium. This increase would be collected through yearly income taxes.

LOW-INCOME

BENEFICIARIES: The Qualified Medicare Beneficiaries program would continue to pay premiums, deductibles and co-payments of those with income under the poverty line. The Specified Low-Income Medicare Benefi-

ciary program would continue to pay premiums for beneficiaries with incomes just above the poverty line.

BENEFICIARIES WORKING FULL-TIME:

Seniors who work beyond 65 and their spouses would continue to be covered by their employers' alliance plans. Working seniors might have to pay the employee share of premiums for the standard plan, expected to average \$32 a month. Medicare would pay all co-payments and deductibles if the working beneficiary is enrolled in Part B. If not enrolled in Part B, Medicare would pay hospital co-payments and deductibles.

BENEFICIARIES WORKING PART-TIME:

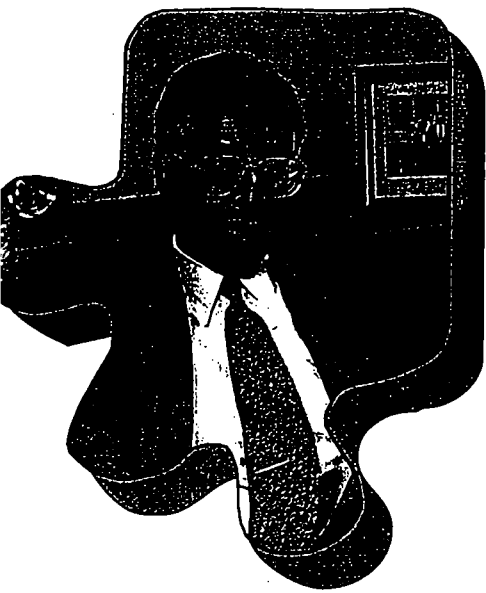
Seniors who work more than 10 hours a week for more than two consecutive months would be classified as working beneficiaries and would be required to participate in an alliance through their part-time employer.

For part-time workers, Medicare would cover what the employer doesn't and would also cover deductibles and co-payments.

Beneficiaries who work part-time would have to switch from Medicare to an alliance. When these seniors retire they would then have to switch back to Medicare.

RETIRED WORKERS:

A beneficiary with supplemental health care from a former employer would see no change in coverage. Some companies, however, require retirees to purchase Part B insurance and many are cutting back on retirees' health care benefits. 



Health and Human Services Assistant Secretary for Aging Fernando Torres-Gil

(Continued from page 31)
seniors with high drug expenses.

And the benefits for seniors don't end there. A less-publicized provision would prohibit doctors from charging seniors more than the amount Medicare pays for a particular service, thereby ending a practice known as balance billing.

Future retirees who opt for a health plan offered through an alliance would have a cap placed on their out-of-pocket costs, and would receive coverage for preventive care services not available under Medicare.

But the president's plan isn't perfect for all seniors. Although the proposal boasts a wide array of choices for those participating in an alliance, entry into the alliance system is restricted to one's 65th birthday or date of retirement if after 65. Therefore, today's Medicare beneficiary would have no chance to get into an alliance-provided plan.

However, because states could opt to fold Medicare into their alliance structure, current beneficiaries could get a chance to participate.

While out-of-pocket costs would be capped for seniors participating in an alliance, seniors enrolled in

Medicare would have no such cap.

And the prescription drug benefit—while still helpful—would be more costly for high-income seniors. Most seniors would receive coverage for a mere \$11 increase to their monthly Part B premium. But those with incomes over \$90,000 would pay up to three times as much.

Medicare also would be means tested, requiring higher-income seniors to pay more for Part B coverage—up to three times the normal premium.

Another potential problem: the president's proposal would reduce the rate of growth of Medicare by \$124 billion over five years.

But the president's plan is no different from every other health care proposal in this regard, says Assistant Secretary Torres-Gil. And while the president's plan would use Medicare savings to fund new benefits, the other reform measures have different plans for the savings.

"Many other legislative proposals are going to drastically scale back Medicare to use it for deficit reduction purposes," the assistant secretary told *Secure Retirement*. "The president's plan is the only plan that will use Medicare savings and reinvest them solely, strictly for senior citizens' benefits."

A SINGLE-MINDED APPROACH

The president's plan, though, isn't the only bill to propose long-term care and prescription drug benefits for seniors.

The American Health Security Act, sponsored by Rep. Jim McDermott, D-Wash., and Sen. Paul Wellstone, D-Minn., provides similar benefits. In fact, the long-term care provisions of the American Health Security

Act, H.R. 1200/S. 491, are more generous than those proposed by President Clinton.

Under the Wellstone/McDermott bill—commonly referred to as a single-payer plan—those who need assistance completing two activities of daily living (ADL), such as eating or bathing, would be eligible for long-term care benefits. The president's plan targets its long-term care benefit toward the severely disabled, restricting eligibility to those individuals unable to complete three ADLs.

Because the Wellstone/McDermott plan would be financed through a broad-based tax increase, it is able to offer the most generous benefits package of all the health care reform measures. But with 1994 elections just around the corner, few politicians may be likely to vote for a tax increase should the legislation come up for a vote later this year.

Although Wellstone/McDermott would be government-financed like Medicare, it would not be government-run. The government would collect money but would not hire and fire doctors, Representative McDermott told *Secure Retirement*.

There would be no premiums or deductibles. After collecting taxes, the government would distribute



Rep. Jim McDermott, D-Wash.



Rep. Jim Cooper, D-Tenn.

funds to the states to administer the program. Providers would bill states for services rendered.

What a single-payer system doesn't have, supporters say, is middlemen: insurance companies. But that's another reason the single-payer bill faces tough opposition.

"I don't think that there are enough—remotely enough—votes in the Congress to eliminate the private health insurance sector of our economy and put all those people out of work," President Clinton told *Secure Retirement*.

Another roadblock is the reluctance of some to turn health care over to the government, critics say. Single-payer foes fear a government-run health care system would operate with the efficiency of the U.S. Post Office and the compassion of the IRS.

A single-payer system, though, would be a new ball game, Mr. McDermott explains. Whereas present government attempts to control the cost of health care end up shifting costs from one program to another, a single-payer system would control costs across the board.

And although the medical community generally does not support attempts to increase government's role in providing health care, the American College of Surgeons re-

cently came out in support of the Wellstone/McDermott bill, noting it would give physicians greater freedom than the alternative proposals and allow consumers greater choice.

"Single payer says, 'We're all in this together and nobody gets a free ride,' " Mr. McDermott says.

SOMETHING FOR NOTHING?

Most lawmakers would agree that the "free ride" must end. However, how to do that is a matter of debate.

While Messrs. McDermott and Wellstone would let the government take care of America's health care needs, others would introduce changes to the marketplace.

These proposals, known as managed competition models, would cost far less to implement than either the Clinton or Wellstone/McDermott plans. But they would also provide fewer benefits.

Perhaps best known of the managed competition alternatives is the Managed Competition Act (H.R. 3222/S. 1579) sponsored by Sen. John Breaux, D-La., and Rep. Jim Cooper, D-Tenn., often referred to as "Clinton Light."

Like the Clinton plan, it would rely on market forces to control costs. But the Cooper plan would not require employers to provide health care coverage for their employees.

And just as the word "light" is used to describe a low-calorie drink, "Clinton Light" seems to refer to a benefits package light on benefits, opponents say.

Not only does the proposal not include home and community-based long-term care or coverage for prescription drugs, but it also eliminates Medicaid coverage for nursing home care—the sole public program now helping to pay for such care.

Besieged by criticism for eliminating this part of Medicaid, Representative Cooper recently announced he intends to include nursing home coverage. However, no such legislation had been introduced at presstime.

Like the president's proposal, Mr. Cooper's bill would mean test Medicare Part B premiums. But under the Cooper measure, higher premiums would kick in at a lower level (\$75,000 for individuals and \$100,000 for couples).

"It's all about responsibility," says Representative Cooper.

House Minority Leader Robert Michel, R-Ill., agrees.

THE MANAGED COMPETITION BANDWAGON

"Let's be honest with the American people and say there's a limited amount we can promise," says Mr. Michel, whose own proposal, the Affordable Health Care Now Act (S. 1533/H.R. 3080), doesn't promise much. For seniors, the major thrust of his bill is a tax incentive encouraging the purchase of long-term care insurance.

The bill also would raise Medicare Part B premiums for seniors with incomes over \$100,000 and couples over \$125,000, and not expand Medicare benefits.

Representative Michel's bill, though, isn't the only managed competition proposal short on benefits for seniors.

A bill introduced by Sen. John

Chafee, R-R.I., would force individuals to purchase health insurance and penalize those who do not.

However, critics are skeptical of whether the government could enforce such a measure. The Health Equity and Access Reform Today Act (S. 1770/H.R. 3704) also would means test Medicare Part B premiums for those with incomes over \$90,000 and couples with incomes over \$115,000 and increase the co-payments required for laboratory and home health services—but it does not expand Medicare benefits.

Another alternative, the Consumer Choice Health Security Act (S. 1743/H.R. 3698), introduced by Sen. Don Nickles, R-Okla., and Rep. Clifford Stearns, R-Fla., would replace the present employer-based system with consumer tax credits.

For example, a worker with a \$35,000 annual salary, who currently receives employer-paid health benefits worth \$3,500, would receive a \$3,500 salary increase to purchase health care.

"The Nickles-Stearns proposal tells Congress to give consumers the dollars and get out of the way," explains co-sponsor Rep. Jim Ramstad, R-Minn. But, before "getting out of the way," the measure would authorize \$67 billion cuts in Medicare over a five-year period.

None of these managed competition proposals include prescription drug or long-term care benefits. Nor do they place limits on out-of-pocket costs. And none of these proposals prohibit balance billing.

Rather than provide universal coverage, which President Clinton says is essential, Representative Cooper and the other authors of managed care proposals speak of guaranteeing "universal access" to health care.

But as Mr. McDermott is fond of noting, "Access to buying a Mercedes does not get you a car."

—by Ursula Himali

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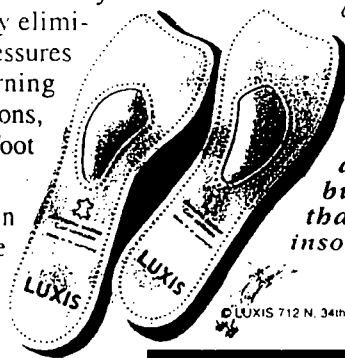
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AS I SEE IT

Fernando M. Torres-Gil, Ph.D.
U.S. Assistant Secretary for Aging

Health care reform and the intergenerational compact

President Clinton's Health Security Act is a generational compact: it provides health security to all generations, young, middle-aged, and old.

The health care reform debate has reached a fever pitch, and stakes are high: for those who benefit from the status quo and for those who savor the ultimate goal of health security for all Americans.

Senior citizens are one group of Americans who have much to gain from the President's Health Security Act. The Act not only offers badly-

needed benefits for older Americans, but it also provides security to families and young persons for whom older people have tremendous love and concern.

The President's plan provides important new benefits for seniors, including a prescription drug benefit that covers 80 percent of cost after reaching a \$250 deductible, with an annual out-of-pocket limit of \$1000. The plan offers a critical new home- and community-based care program that will help states develop a comprehensive sys-

tem of long term care so that seniors and persons with disabilities no longer are forced into nursing homes. And the plan provides early retiree coverage for those who lose their retiree health care benefit before they become eligible for Medicare.

In addition, older persons will be able to choose between staying in Medicare or enrolling in one of the new health care alliances.

But senior citizens know that we must provide health security to Americans of all ages. While seniors may have medical coverage through Medicare (and for the elderly poor, Medicaid), they see first hand the devastating consequence of the health care crisis on their own families.

They see their grown sons and daughters dropped from their insurance plans when they get sick and need insurance the most. They see their grandchildren going without medical care be-

See page 5

from page 3

cause their parents lack insurance. They see the high out-of-pocket costs their loved ones pay for prescription drugs.

To help ease the burden, they give of their retirement savings to help pay medical bills for their grandchildren.

For older Americans, the struggle for health care reform is about ending this crisis, and providing health security for all generations. Older Americans

will judge all other alternative proposals on the extent to which they bring together the generations by ensuring coverage to all groups, regardless of age.

Dr. Torres-Gil, the first U.S. Assistant Secretary for Aging, heads the U.S. Administration on Aging, part of the Department of Health and Human Services.

RICHARD SHELBY
ALABAMA

COMMITTEE ON ARMED SERVICES
COMMITTEE ON BANKING, HOUSING,
AND URBAN AFFAIRS
COMMITTEE ON ENERGY AND
NATURAL RESOURCES
SPECIAL COMMITTEE ON AGING

○ 509 HART BUILDING
WASHINGTON, DC 20510-0103
(202) 224-5744

United States Senate
WASHINGTON, DC 20510-0103

November 10, 1993

STATE OFFICES:

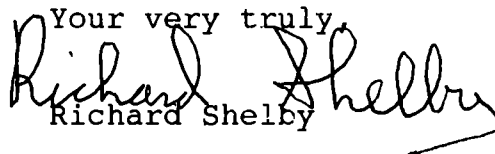
- 1800 FIFTH AVENUE NORTH
321 FEDERAL BUILDING
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(205) 731-1384
- HUNTSVILLE INT'L AIRPORT
1000 GLENN HEARN BOULEVARD
BOX 20127
HUNTSVILLE, AL 35824
(205) 772-0480
- 113 ST. JOSEPH STREET
438 U.S. COURTHOUSE
MOBILE, AL 36602
(205) 894-4184
- 15 LEE STREET
828A U.S. COURTHOUSE
MONTGOMERY, AL 36104
(205) 223-7303
- 1118 GREENSBORO AVENUE #240
TUSCALOOSA, AL 35401
(205) 759-5047

Mr. Steve Ricchetti
Deputy Assistant to the President
for Legislative Affairs
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. Ricchetti:

I have been contacted by Mrs. Fances Lewis Taylor,
concerning her problems with Lupus, and her wish to thank Alexis
Herman for her assistant in getting October declared Lupus
Awareness Month.

Any assistance your office can provide regarding this matter
would be greatly appreciated, in order that I may be able to
respond to my constituents inquiry.

Your very truly,

Richard Shelby

RCS:rdl

Please respond to my state office:
113 St. Joseph Street
438 U.S. Courthouse
Mobile, Al 36602

U. S. SENATOR RICHARD SHELBY

Originating Office: Mobile

Date Received: _____

Person Taking Request: Richard Lee

Office/Person to Respond: _____

REQUESTCaseLegislativePublicationsTour InformationAppointmentsGrantOtherINQUIRING PARTYName: Frances LewisAddress: 1115 Cattrell St.
Mobile 36605

Phone: _____

DETAILS OF REQUEST (Include all pertinent information such as social security no., claim no., all grant info, etc.)

On news 11-7-93 Chanel 10, +
Mobile Press Register in support of
Clinton Health Care plan.
Inner C. 73

LEGISLATIVEsupportoppcseACTION TAKEN/ADDITIONAL INFORMATION

1115 - Cathell - St
Mobile, Ala
Nov 2, 1993 ³⁶⁶⁰⁵

Honorable Alexis,

I Frances Lewis enjoyed speaking
with you while in Mobile.

I appreciate your sending
my new article to Health
Care Task Force for their
information. I love you

I just received the Royal

achievement award nominee
as being recognized as a nominee
in our nation wide search
for outstanding individual

whose personal professional
efforts are creating a better
way of life in southern America.

Honorable Alexis I need my
phone or for medical review
just got out of hospital
Sharon Kennedy at Red Cross
I am to see on request

by Sen from Bushy for
trying to arrange payments
I need phone please contact

KOOL
ACHIEVER
AWARDS
NOMINEE

Frances Taylor

*is hereby recognized as a nominee in our
nationwide search for outstanding individuals
whose personal and professional efforts are creating
a better way of life in urban America.*

Certified by:

Date:

J. E. Sandefur Jr.

Chairman and Chief Executive Officer
Brown & Williamson Tobacco Corporation

10-27-93



BROWN & WILLIAMSON TOBACCO CORPORATION
LOUISVILLE, KENTUCKY



September 7, 1993

Ms. Frances Taylor
1115 Cottrell St
Mobile AL 36605

(LEWIS)

Dear Ms. Taylor:

This letter is to inform you that Ossia Edwards has been selected as the 1993 Mobile KOOL Achiever recipient. She was chosen for the Mobile KOOL Achiever Award by a local selection committee comprised of area business and community leaders.

Although you were not selected as this year's Mobile KOOL Achiever recipient, your efforts to improve the quality of life in your community are certainly worthy of recognition. We commend you for your strong community commitment. Our local selection committee faced a difficult challenge in choosing the KOOL Achiever recipient to represent the area.

We hope you can join us as our guest for a reception on October 27 to recognize the special community accomplishments of Ossia Edwards. The reception will be held from 6-9 p.m. in the Alabama Room of the Adams Mark Riverview Hotel at 64 Waters Street. You will also be presented with a certificate of recognition for your community accomplishments at that time.

✓ me
ms. Lewis

Our guests will include members of the local selection committee and other community leaders and participants in the KOOL Achiever program.

Please return the enclosed reply card by October 18 to let us know if you will attend the reception. We hope you can join us on October 27.

Best wishes for continued success with your important community endeavors.

Sincerely,

Lois Walker

Lois Walker
Mobile Community
Involvement Coordinator



Dr. Sullivan

WASHINGTON, D.C. ---
(CNS)---Dr. Leon H. Sullivan,

Industrialization Centers of America (OIC), announced the formulation of a Statement of Principles, called the Sullivan Principles, to promote racial equality in employment practices for U.S. firms operating in South Africa. By 1987, 185 companies had signed the Sullivan Principles.

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Awareness Rising About Lupus Disease

By Jill Jones

Hard work is paying off in the form of public awareness for Frances Lewis Taylor, who has spent the past decade in an effort to gain public attention about Lupus.

Lupus is a disabling and sometimes fatal immune system disorder, that can affect the skin, joints and one or more of the internal organs such as the kidneys, heart and brain.

The Mobile City Council along with Mayor Mike Dow, have proclaimed October, 1993, as "Lupus Awareness Month" to urge supportive efforts to combat the disease.

Not only has Ms. Taylor received public awareness on the local level, but she also received national recognition from President Bill Clinton for sharing news articles on Lupus. Her information was passed on to Alexis Herman, Assistant to the President, who in turn, gave the information to the Health Care



Task Force.

Ms. Taylor was honored by Kool Achiever Awards during their reception on October 27, to recognize community accomplishments. The reception was held at the Adams Mark Riverview Hotel.

Brewing Is A Major

... ..

not
6/24/93
for les
porter

The Light That Never Fails

Mobile Beacon

& ALABAMA CITIZEN

25¢

MOBILE-PRICHARD

SATURDAY, NOVEMBER 6, 1993

s Newest ourt Justice

current court members. After setting up his own law practice in Birmingham, Cook was elected district judge in 1976. He was appointed circuit judge in 1981 by then Governor Fob James and then re-elected twice to that post. Cook was the first black to hold a state judgeship in Jefferson County and now as the successor to Associate Justice Adams becomes only the second black Justice to sit on the Court. Justice Adams, described his successor as "a fair man with integrity." Justice include black representation. Others describe Judge Cook as a level-headed legal scholar with patience. Jefferson County Circuit Judge Dan Reynolds, senior judge in the Bessemer division described Cook as a very bright man who had the necessary judicial temperament for his new position. "He provides a good atmosphere for people to have a fair trial," he stated. Governor Folsom upon making the appointment stated that, "We are fortunate to be able to fill this vacancy with someone of Judge Cook's character and ability ... I know that he will continue to serve Alabama as he so diligently did in the past."

Cook will serve until Justice Adams' unfinished term expires in January 1995. He has indicated that he will then seek election to a full six-year term the next year.

Judge Cook is married to the former Charlesie Davis and has three children, one son and two daughters. He is a member of the Bethel A.M.E. Zion Church though he admits to not being able to spend as much time as he would like on them, his interests include photography, reading and outdoor sports.

Local Resident Receives Recognition In Lupers Awareness



Frances Taylor

Ms. Frances Taylor, a Luper victim, has received numerous modes of recognition from her being active in letting the public know about the dreaded disease that medical professionals have not found the cause of Lupers, nor cure for it.

Back in 1985, Ms. Taylor received the M. O. Beale Award from a local daily paper. On September 27, 1993, she received an awarded and recognition from Ms. Alexis Herman, who is assistant to President Bill Clinton. Ms. Herman also is the Director

of Public Liason.

On September 30, officials declared "Lupers Awareness Month" from Alabama Senators Richard Shelby and Howell Heflin. It ended on October 30, 1993. She also received a letter from President Bill Clinton for her dedication of helping people to combat lupers and live longer and healthier lives.

Ms. Taylor was recognized as a nominee in the nation-wide search for outstanding individuals whose personal and professional efforts are creating a better way of life in urban America.

Ms. Taylor is a faithful member of St. Luke Baptist Church on Texas Street in Mobile, where Rev. R. E. Lesure is the pastor. Despite the fact that she has Lupers, she is a busy person in her community and is lending a helping hand anywhere needed, including singing and speaking at funerals; urging city officials to get streets fixed; helping special children; serving on various boards in Mobile and many other activities.

Ms. Taylor told the Beacon that many other citizens and business people have assisted her in another award she aspires to get called "The Kool Achiever Award."

Three Mississippi Residents Robbed on South Beltline

PRICHARD WOMAN SHOT IN ABDOMEN IN TOULMINVILLE

Forty two year old Joseph Ingram, of Charles Street, received a shotgun wound on Wednesday, October 27, while in the yard of a residence in the 8 block of Savannah Street, in the down-the-bay area of the Port City, stated Tom Jennings, of the Mobile Police Department's Information Bureau.

According to Mr. Jennings, George W. Hamilton, age 50, Savannah Street, was taken in custody at the scene. The suspect was booked at the Mobile County Metro Jail on the charge of attempted murder. But that charge has been changed and updated since Ingram's wound has proven fatal, to murder.

Mr. Jennings noted that preliminary investigation has determined that Ingram rode Hamilton's residence on a bicycle. Ingram and Hamilton got into an argument, Ingram is alleged

IDAHO COUPLE ROBBED & VICTIM

A couple from the state of Idaho was kidnapped, robbed and their vehicle stolen early Friday, October 29, 1993, stated Tom Jennings, of the Mobile Police Department.

According to Mr. Jennings, preliminary investigation has determined that the couple was preparing to leave the parking area of a motel on Matzinger Drive near I-10 at approximately 5 a.m. when they were approached by a black male who asked for assistance because he had car trouble.

The male is alleged to have stuck his hand in his pocket indicating he had a weapon and commandeered the car. He drove to an automated teller machine on Spring Hill Avenue near Burdette Avenue.

The male is alleged to have instructed the woman to get money from the car and she could

BICYCLIST FATALITY Positive Identification DET.

Nathan Chatman, age 23, Old Shell Road, has been positively identified as the man who was fatally injured while riding a 10 speed bicycle Tuesday, October 26, 1993, stated Mr. Tom Jennings, of the Mobile Police Department.

Mr. Jennings related that victim was involved in a collision with a car on northbound Telegraph Road between Dinkle Road

New clinic treating tricky lupus

By MARION VALENTINO
Living Today Writer

Arthritis hurts. It can debilitate. It flares up when least expected and puts everyday life on hold. Joints swell. The causes are not known. There is no cure, and treatment varies with the individual.

Many people with these symptoms think they have arthritis, and are treated for it, when in fact they may have something else.

This is what happened to Frances Jackson Lewis, who learned after years of being treated for rheumatoid arthritis that she did have something else. Mrs. Lewis has lupus, which is one of the forms of arthritis, but one that is extremely tricky. It mimics other diseases, is difficult to diagnose and requires carefully monitored treatment.

"For several years I was treated for rheumatoid arthritis. Then one morning I woke up with my knees so swollen that I could not walk," Mrs. Lewis said of the problem that began over 15 years ago. "My regular doctor said it was not like any arthritis he had ever seen, and he didn't know what it was. It took weeks to diagnosis."

Lupus is a specialty in the field of rheumatology, and Mobile can claim a young doctor who has returned to practice here and who is in charge of the Franklin Memorial Primary Health Center's lupus clinic. The clinic will open Aug. 17 at 1556 Duval St. (corner of Dauphin Island Parkway and Duval), the site of Franklin Memorial's new health and wellness center.

Dr. James Madison Lawrence III, known simply as Jimmy, is also chief of rheumatology at the primary health care facility, but he has a special interest in lupus.

"This is unusual," he said of the new clinic. "Specialty clinics such as this one is not usually housed along with a primary health care facility. But we are here to help people. We want them to know we are here and can provide quality and affordable care."

"Lupus is a disease that is hard to diagnosis," Dr. Lawrence said, "because it is not just one thing, but many things — a disease of the autoimmune system. The diagnosis is reached by following a criteria — 11 specific things that have to be considered."

Mrs. Lewis, who is now a patient of Dr. Lawrence, recalled that she had been feeling tired and de-

pressed for some time before the lupus diagnosis. There were dizzy spells, headaches, pain, high blood pressure. These are all symptoms of the disease along with hair loss, renal problems, low-grade fever, butterfly-shaped rash across the nose and cheekbones, anemia and heart problems.

"There are two kinds of lupus," Dr. Lawrence said. "Systemic lupus, which is what Mrs. Lewis has, and discoid lupus. The systemic may affect the entire body — skin, joints, eyes, hearts even the brain. Discoid lupus affects the skin and is characterized by mouth and nose ulcers and scarring."

"However," he went on, "those with the systemic form may also have discoid, but those with discoid, 90 percent of the time will not have systemic lupus."

"People with lupus are in a lot of pain for a lot of reasons," says Dr. Lawrence, who did his residency at the University of South Alabama Medical Center, and is no stranger at Franklin Memorial. He is a former staff member but left in 1990 to study on a fellowship at St. Louis University.

He says the triggers that cause lupus remain unknown, but it is known that the disease is not contagious. However, it is believed to be in an individual's genetic makeup along with the unknown factor X.

However, Dr. Lawrence says that probably 95 percent of those who have lupus will have arthritis in their hands. "But," he said, "you have to ask yourself when a patient has swelling in the hands — is it arthritis or is it lupus?"

More women than men have lupus and generally it is women of childbearing years who are more often affected. And the idea of a genetic disposition is re-enforced by the fact that some daughters whose mothers have lupus also have the disease.

Lupus can bring isolation to those who have it if they allow it to. Mrs. Lewis said that one of the frustrating things about this disease is that the individual does not look sick.

In the early '80s, Mrs. Lewis was instrumental in organizing a non-profit organization — the Mobile Chapter of the Lupus Foundation of America, a support group for those with the disease and their families.

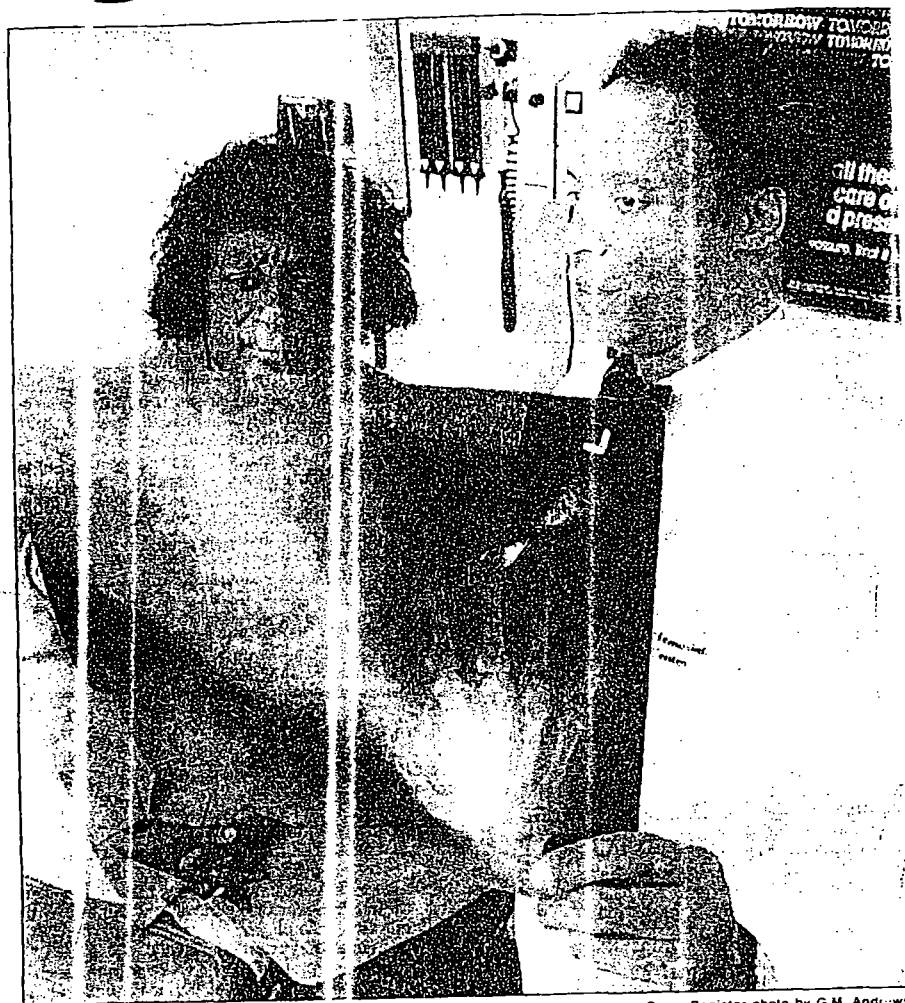
Mrs. Lewis also said that education is important particularly in the public sector. Finances, too, can be a problem since many people with the disease do not have adequate insurance nor available funds for treatment.

Dr. Lawrence replied, "We want you with lupus to know we are here to help. Although there is no cure, there are medications

"To most, lupus means bad news. And it is bad, but it is something we can do something about."

—Dr. Jimmy Lawrence

NEED HELP?
Information concerning lupus or the support group is available by calling the Franklin Memorial Primary Health Center, 432-4117.



Press Register photo by G.M. Andrews

Frances Lewis and Dr. Jimmy Lawrence examine X-ray

and treatment. Many times the drugs used in transplantation — immunosuppressants — work successfully in treating lupus as do anti-malarial drugs, steroids and prednisone. There are side effects from many of these, but Dr. Lawrence says his cardinal rule is "not to give medicine that is worse than the disease."

"To most, lupus means bad news," he said. "And it

is bad, but it is something we can do something about. The disease can be managed and the individual can have a quality life."

Stress is thought to be a factor in lupus — the reason Mrs. Lewis says that good mental health is important. Those with lupus also should try and avoid situations that produce a lot of anxiety and fatigue and strive to maintain a balanced diet and get adequate rest.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (1 page)	12/23/1993	b(6)

COLLECTION:

Clinton Presidential Records
Public Liaison
Alexis Herman
OA/Box Number: 2653

FOLDER TITLE:

[Health Care] [loose]

2012-0741-F
rs2622

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

P&G EXECUTIVES
WHITE HOUSE AD HOC WORKING GROUP-HEALTH CARE REFORM

B. L. "Ben" Bethell Senior Vice President, Human Resources
Date of Birth: (b)(6)

M. J. "Mac" Gowin Vice President, Human Resources
Date of Birth:

J. L. "Jerry" Lafferty Manager, Health Care Planning
Date of Birth:

R. M. "Marvin" Womack Vice President, National Government Relations
Date of Birth:

THE WHITE HOUSE
WASHINGTON

WEEKLY HEALTHCARE OUTREACH MEETING

AGENDA

- I. Legislative Update
- II. Coalition Activity/Individual Reports
- III. Upcoming Big Events
- IV. Problems

• Comment on 1st
Opinion Leader
Briefing

- *Supper*



Sept 10

*2 talk
Party
Dyke*

6-5

Schedule Proposal

March 23, 1994

 ACCEPT

 REGRET

 PENDING

TO:

Patti Solis

FROM:

Harold Ickes
Alexis Herman
Joe Velasquez

REQUEST:

For the First Lady to attend a town hall meeting on health care at the National Council on Independent Living (NCIL) Meeting.

PURPOSE:

To address the health care concerns of the disabled community, many of whose members feel neglected by the health care campaign.

BACKGROUND:

NCIL is the nation's premier organization dedicated to promoting civil and societal rights of the disabled community. Its national meeting will attract the top opinion leaders and political activists in the movement.

The town hall meeting is being co-sponsored by Senators Kennedy and Harkin.

DATE/TIME:

Between April 28 and May 2, 1994

REMARKS:

To be provided by Speechwriters.

LOCATION:

Washington, DC

MEDIA COVERAGE:

Open Press

RECOMMENDED BY:

Public Liaison
Political Affairs

CONTACT:

Joe Velasquez, x6257

Political wants you
to sign off on 2
events. They
need to know
~~how~~ for their 230
meeting

① A.M.H.
② A-Z

Bethlehem Steel Corporation

1170 EIGHTH AVENUE
BETHLEHEM, PA 18016-7699

CURTIS H. BARNETTE
CHAIRMAN
AND
CHIEF EXECUTIVE OFFICER



December 16, 1993

The President
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

DEC 28

Dear Mr. President:

We continue to support your Health Care Reform Plan. Ben Boylston, our Vice President, Human Resources, and I made a presentation to the business leadership of the Lehigh Valley. You and your Staff may find of interest the enclosed copy of our remarks.

Best personal regards.

Sincerely,

cc: The Honorable Robert E. Rubin
The Honorable Donna E. Shalala
The Honorable Thomas F. McLarty, III
The Honorable Alexis M. Herman

**CURTIS H. BARNETTE
AND
BENJAMIN C. BOYLSTON
"THE CLINTON PLAN AND HEALTH CARE REFORM"
LEHIGH VALLEY PARTNERSHIP
THURSDAY, DECEMBER 16, 1993**

C. H. BARNETTE

President Clinton went before a joint session of Congress on September 22, 1993, to launch his Plan to reform the nation's Health Care System. The Health Security Act which is 1,342 pages in length is the most comprehensive piece of social legislation introduced in recent decades.

President Clinton has made a compelling case for the need for comprehensive Health Care Reform. Serious problems exist in our Health Care System as illustrated by the following:

- Thirty-seven million Americans have no insurance at all.
- One out of four Americans will lose health insurance for some period during the next two years.
- Losing or changing a job often means losing insurance.
- Health care costs are rising faster than other sectors of the economy.

President Clinton's Health Security Act is grounded in six basic principles – Security, Simplicity, Savings, Quality, Choice, and Responsibility.

Security means providing every American with comprehensive health benefits that cannot be taken away.

Simplicity means reducing the paperwork that frustrates all of us and wastes billions of dollars.

Savings means giving consumers and small businesses buying clout to bargain for fair prices.

Quality means continuous improvement through practice protocols and quality standards.

Choice means preserving our right to choose providers and health plans.

Responsibility means every employer and employee must contribute something to the cost of health care.

Bethlehem supports the basic principles of the Clinton Health Plan and we commend the President for his leadership in focusing the attention of the Congress and the American people on the need for Health Care Reform.

There is no area of public policy that will impact our nation's future economic growth more than our policy on health care. Our nation's health care system is the most expensive in the world, and without change, it will cripple our ability to compete in the global economy.

Runaway health costs are threatening the continued viability of employer provided health care programs. Since the end of 1980, the United States steel industry has made significant progress in improving its competitive position. Productivity has doubled and quality has improved to world-class levels. Employment costs have been carefully controlled so that our wage costs – exclusive of health insurance – have increased only 38 percent since 1980. In stark contrast, Bethlehem and other steel companies have experienced a 285 percent rise in the cost of health care benefits.

Our industry's health care costs are two to three times higher than those of the rest of the world's steel industries, and most of them have their health care and pension and benefit costs paid for by their government – not by private companies.

Health care cost problems in the steel industry are compounded because we provide medical coverage for active employees as well as retirees. Our current work force is approximately 21,000, and we support health care costs for 170,000 health care beneficiaries including 70,000 retirees. These pension and health care legacy costs place the American industry at a competitive disadvantage because such costs are not borne by our international competitors, but by their governments.

B. C. BOYLSTON**WHAT IS THE HEALTH SECURITY ACT?**

The heart of the Clinton Administration's Health Care Reform Plan is an effort to control health care costs and provide universal insurance coverage through a series of interconnected proposals. The key elements of the Clinton Plan are:

REGIONAL HEALTH ALLIANCES

The cornerstone of the plan would be the creation of state-based health insurance purchasing cooperatives called Regional Alliances. Most Americans would be enrolled in such Alliances, though companies providing coverage to more than 5,000 employees nationwide would be permitted to form so-called Corporate Alliances.

Regional Alliances would negotiate premiums, contract with health plans, enroll citizens, and distribute information and market materials to consumers.

HEALTH PLANS

The health plans envisioned under the Clinton proposal would be networks of insurance companies, doctors, and hospitals that would contract with Regional and Corporate Alliances to provide health care to individuals enrolled in the Alliances.

Consumers would be offered a choice of at least three health plans – a point-of-service choice under which the patient can select their physician, an HMO, and a Managed Care Network.

All health plans, including fee-for-service plans, would be subject to a limit on total spending for each year. Health plans would have to:

- Accept every eligible person enrolled by an Alliance, without regard to health status.
- Offer the standard Federal benefit package.
- Not exclude participants because of existing medical conditions.

- Set premiums based on average health costs of an Alliance, with every individual charged the same.

BASIC BENEFIT PACKAGE

Under the Clinton proposal, all American citizens and legal residents would be guaranteed a standard benefit package, defined initially by statute, but updated by a National Health Board.

The 1994 average cost of health insurance premiums under the Clinton proposal is estimated to be \$1,800 for individual coverage and \$4,200 for family coverage. Guaranteed benefits would be comprehensive and include preventive and acute care.

EMPLOYER MANDATE

All employers, both those in the Regional Alliances and those in Corporate Alliances, would be required to pay for each employee at least 80 percent of the cost of the average-priced health plan available through the Alliance, with employees paying the remaining share of the premium.

However, no company in a Regional Alliance would be required to pay more than 7.90 percent of payroll and additional Federal subsidies would be made available to help small companies and low-income individuals pay their share of the premium. A lower cap would be set for companies with fewer than 50 workers. Subsidies would be available to help low-income individuals and families with incomes below 150 percent of the poverty level pay their share of costs.

NATIONAL HEALTH BOARD

While competition between health plans is expected to slow the rate of growth in health care costs, there also would be a National Health Care Budget enforced by a new National Health Board, which would limit premium increases if competitive bidding fails to control costs adequately.

The budget is designed gradually to bring health care inflation down to the overall inflation rate by 1999.

COST CONTAINMENT

The Health Security Act will reduce most employers direct out-of-pocket costs because it:

- Guarantees that no employer in a Regional Alliance will pay more than 7.9 percent of payroll.
- Offers greater discounts (30% to 80%) to the smallest businesses and to low wage employees. For example, a small employer with an average wage of \$10,000 per year would have health coverage capped at 3.5% payroll or approximately \$350 per year.
- Increases the buying clout of small- and medium-sized companies through participation in health Alliances.
- Allows larger employers to continue to manage their own health care insurance programs.
- Reduces the burden of early retiree health care costs by supporting the employer's share of early retiree premiums.
- Continues to make employer premium payments tax-deductible to employers.

In evaluating the Clinton Health Care Plan, employers need to analyze the cost impact on their projected health care costs. There are six key areas of cost impact that you need to consider as follows:

1. Reduction in the health care growth rate to CPI by 1999 – the Clinton proposal would gradually reduce the health care growth rate, which in 1993 was 9.5%, to the CPI, which is projected to be at 4.3% in 1999. This chart shows a comparison of Bethlehem's trend rate and the Clinton Plan trend rate for the period 1993 through 2001.
2. Reduction in hospital cost shifting due to universal coverage – Universal coverage and the purchasing of care through Health Alliances will reduce much of the cost shifting we as employers experience today.

3. **Early retiree coverage – people between the ages of 55 and 64, who are not working, would receive coverage through a Regional Alliance as a non-working citizen. This coverage would be subsidized by the government picking up 80% of the premium costs and the employer or individual paying the remaining 20%. Covering non-working Americans in this way is consistent with what all other governments do in the industrialized world.**
4. **Medicare Prescription Drug Benefit – The Clinton Plan would provide for a prescription drug benefit for Medicare beneficiaries. Such a benefit would relieve employers of some of the current cost of this benefit for their retirees.**
5. **Mandated Coverage for All Employees – Employers not now providing coverage would be required to do so and pay 80% of the premium costs which would be capped at 7.9% for larger employers and capped as low as 3.5% for low wage employers.**
6. **Corporate Alliances Assessment - If a large employer with more than 5,000 employees elects to provide coverage through a Corporate Alliance, it would pay an assessment of 1% of annual payroll tax.**

These six key cost impacts will reduce or increase the costs to employers depending on their circumstances. Most employers, will, however, show a reduction in costs. The following chart shows the impact of Bethlehem's costs from 1993 through 2001, comparing costs without health reform and cost reduction under health reform.

The next chart shows the projected annual savings from 1993 to 2001. You will note that the savings begin to grow significantly in 1998 as the major portions of the Clinton Health Care Plan begin to be phased in.

President Clinton's Plan will be the focus for the Congressional debate that has already begun.

Democrats and Republicans, alike, seem to recognize the need for Health Care Reform and a number of members of congress have already introduced competing legislation on Health Care Reform.

Key issues in the debate will be – universal access to care, and how to control escalating health costs.

The following chart illustrates the relative positions of some of the key players in the forthcoming Congressional debate.

A single payer proposal, similar to the Canadian system, has been introduced by Congressman McDermott in the House, and Senator Wellstone in the Senate.

President Clinton has introduced his Plan based on managed competition with an employer mandate. Congressman Cooper and Senator Breaux have introduced Bills providing for the creation of purchasing cooperatives to provide care, but with no employer mandate.

Senator Chaffee has introduced a Bill providing for an individual mandate with employers required to offer, but not pay for coverage.

Senator Graham's Bill would require employers to offer, but not to pay for coverage, and there would be no mandate on either individuals or employers.

It appears that the core of the congressional debate will be among the proposals in the center – Clinton, Cooper/Breaux, and Chaffee.

Bethlehem Steel's position is closest to the Clinton Plan among the plans currently before Congress.

We believe that fundamental reform at the national level should be consistent with the following principals addressing cost, access, and quality:

- 1. Aggregate growth in our nation's Health Care System must be controlled. We support the use of global budgets or spending targets to bring the annual escalation in health care costs down to an acceptable level (the CPI inflation rate).**

2. **Cost shifting must be eliminated. All payer regional reimbursement schedules for provider fees should be established to ensure that public and private payers pay the same for health care.**
3. **All Americans should have the security of health insurance with a standard benefit package. We support the principal that working Americans should be covered for health insurance through the workplace – with appropriate subsidies for small business – and that non-working Americans, regardless of their circumstances, should be covered through Regional Alliances.**
4. **We must ensure that we maintain the quality of health care with the use of appropriate tools such as practice protocols, technology assessment, quality measurement systems, and National Quality Data Bases.**
5. **Administrative waste must be eliminated through the use of standard identification cards and claim forms and electronic processing.**
6. **Malpractice reform is needed to reduce costs associated with medical malpractice suits and defensive medicine.**
7. **Medicare must remain as the primary payer for the elderly.**

The growing seriousness of our health care crisis and increasing public concerns have combined to create a new opportunity and need for major change in our Health Care System. As a nation, we can no longer ignore the health care crisis before us. Health care must be placed at the top of the public policy agenda.

As an employer, we recognize that we cannot solve the health care crisis ourselves. Health Care Reform must be addressed in Washington, and we will be working actively on the Washington scene as the Health Care Reform debate begins in earnest after the first of the year.

I urge each of you to keep informed on the issues, and participate actively in the debate on this important social issue.

BCBoylston:sjp

12/09/93

Clinton Plan and Health Care Reform

December 1993

HEALTH SECURITY ACT

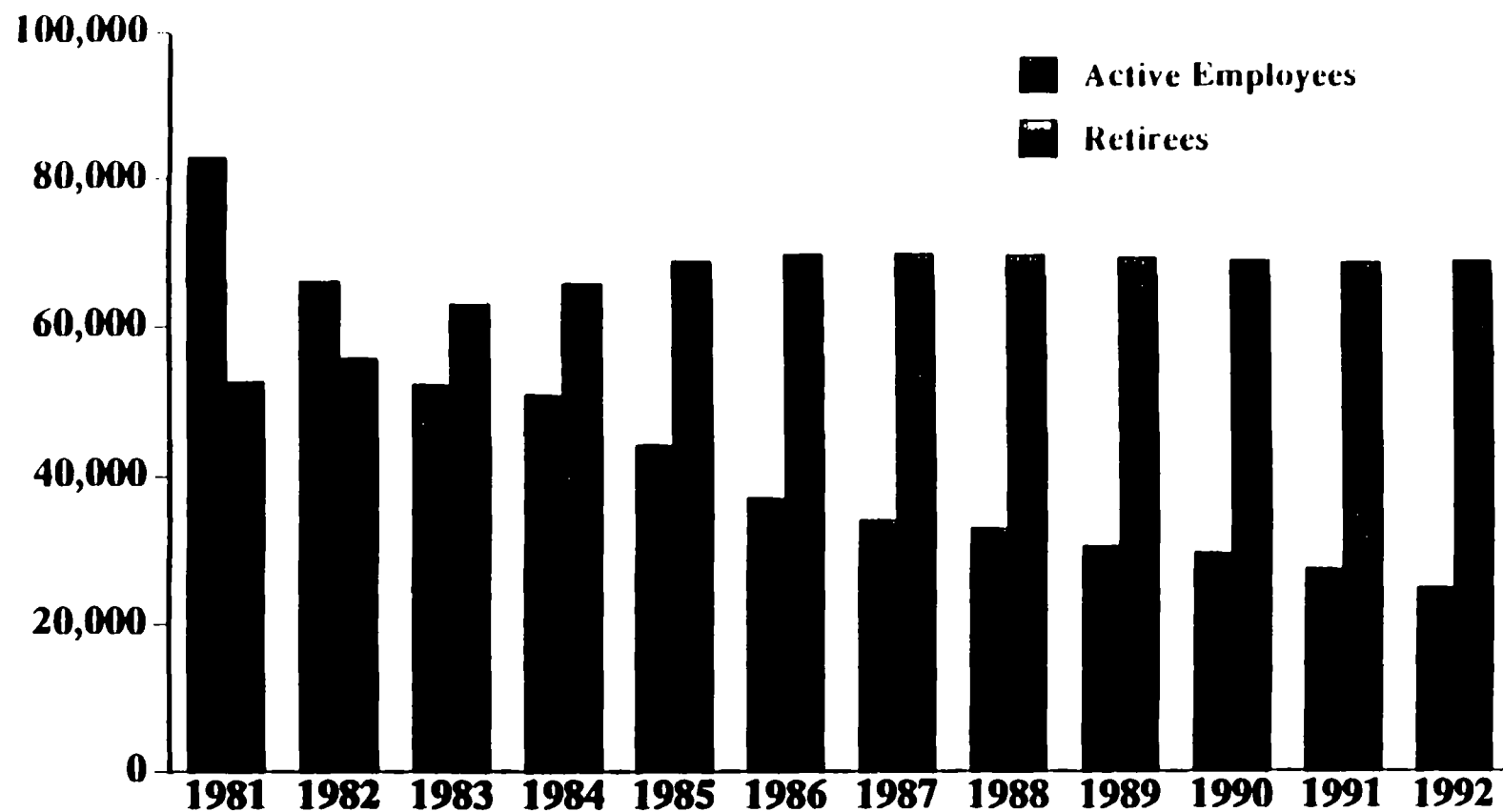
Clinton Principles

- ▲ Security
- ▲ Simplicity
- ▲ Savings
- ▲ Choice
- ▲ Quality
- ▲ Responsibility

American Steel Industry

- ▲ **Since 1980**
 - **Wages increased 38 Percent**
 - **Health Care Costs Increased 285 Percent**

Bethlehem's Active Employees Vs. Retirees 1981 – 1992



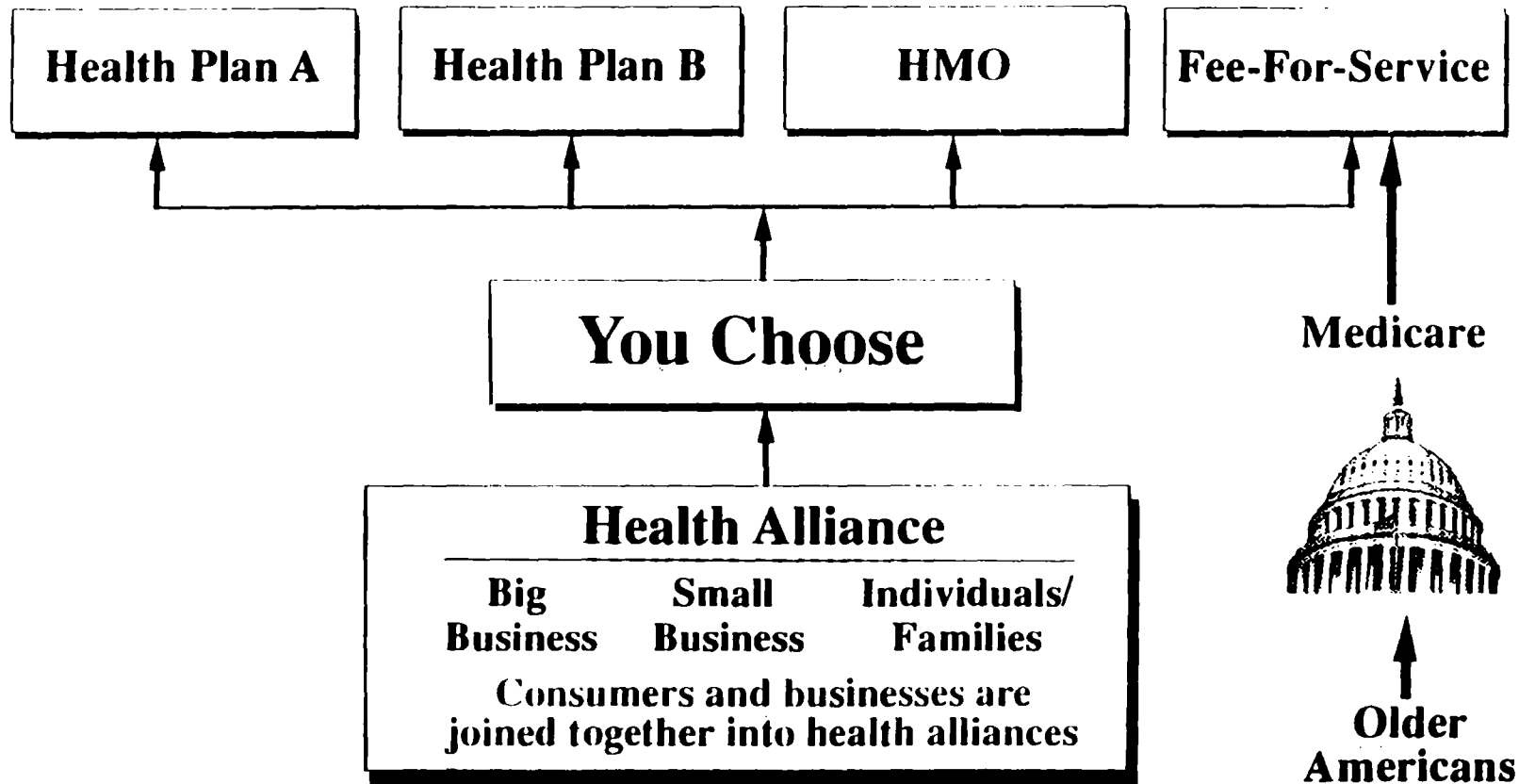
At year-end 1992, Retirees outnumbered Active employees by a 2.8 to 1.0 margin

HEALTH SECURITY ACT
Key Provisions

- ▲ **Health Alliances**
 - Regional
 - Corporate
- ▲ **Health Plans**
 - Minimum of 3 choices
- ▲ **Basic Benefits Package**
- ▲ **Employer Mandates**
- ▲ **National Health Board**
 - Global budget

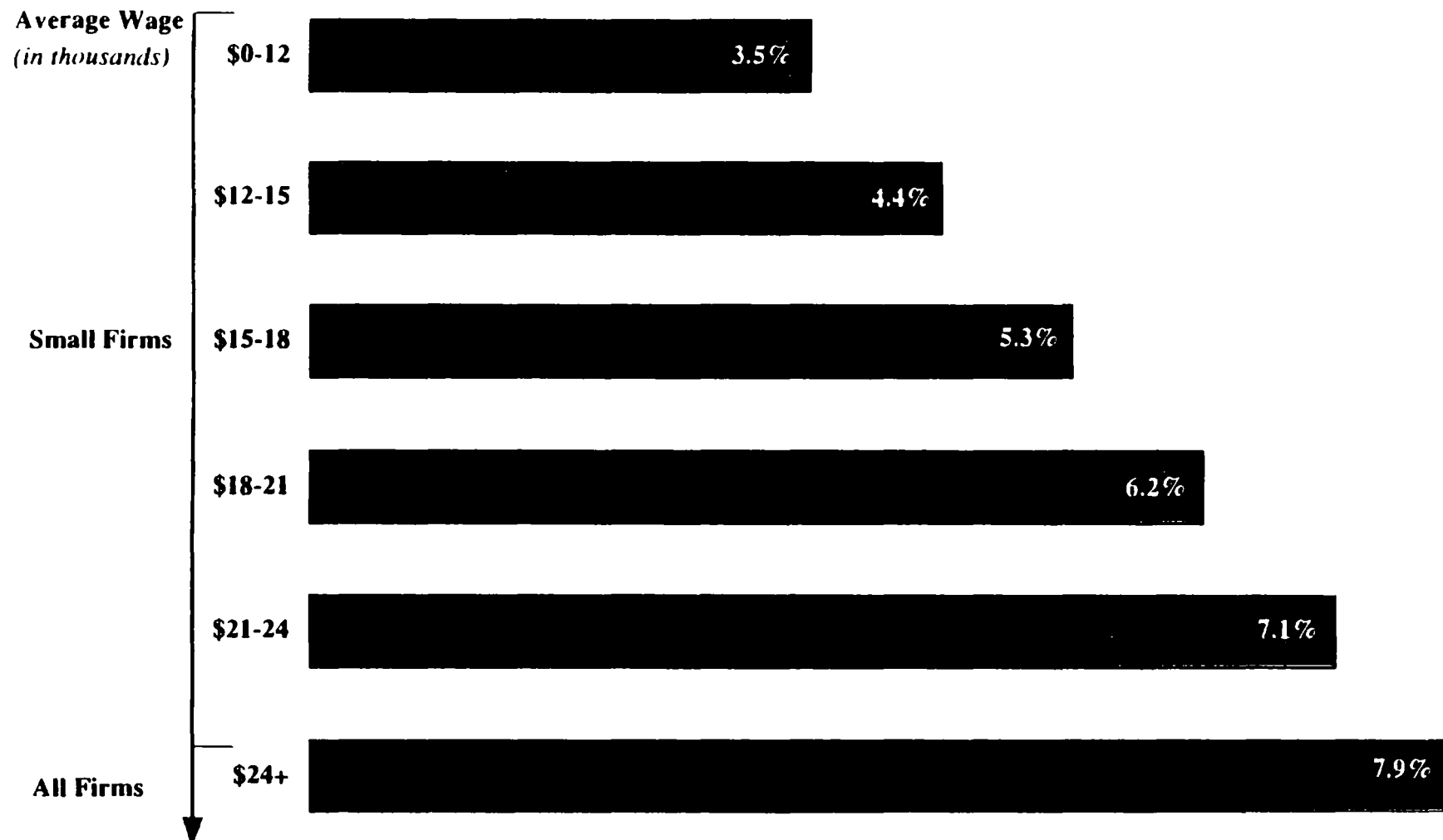
HEALTH SECURITY ACT
The New System

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



HEALTH SECURITY ACT

Caps On Employer Contributions



HEALTH SECURITY ACT

Caps on Employer Contributions

Annual Wage	Monthly Premium	Annual Premium
\$ 5,000	\$ 14.58	\$ 175
10,000	29.17	350
15,000	55.00	660
18,000	79.50	954
21,000	124.25	1,491
24,000	158.00	1,896

HEALTH SECURITY ACT

Key Cost Considerations

- ▲ Health Care Growth Rate to CPI by 1999
- ▲ Reduction in Hospital Cost Shifting
- ▲ Early Retiree Coverage Through Alliances
- ▲ Medicare Prescription Drug Benefit
- ▲ Employer Mandate
- ▲ Corporate Alliance 1% Payroll Tax

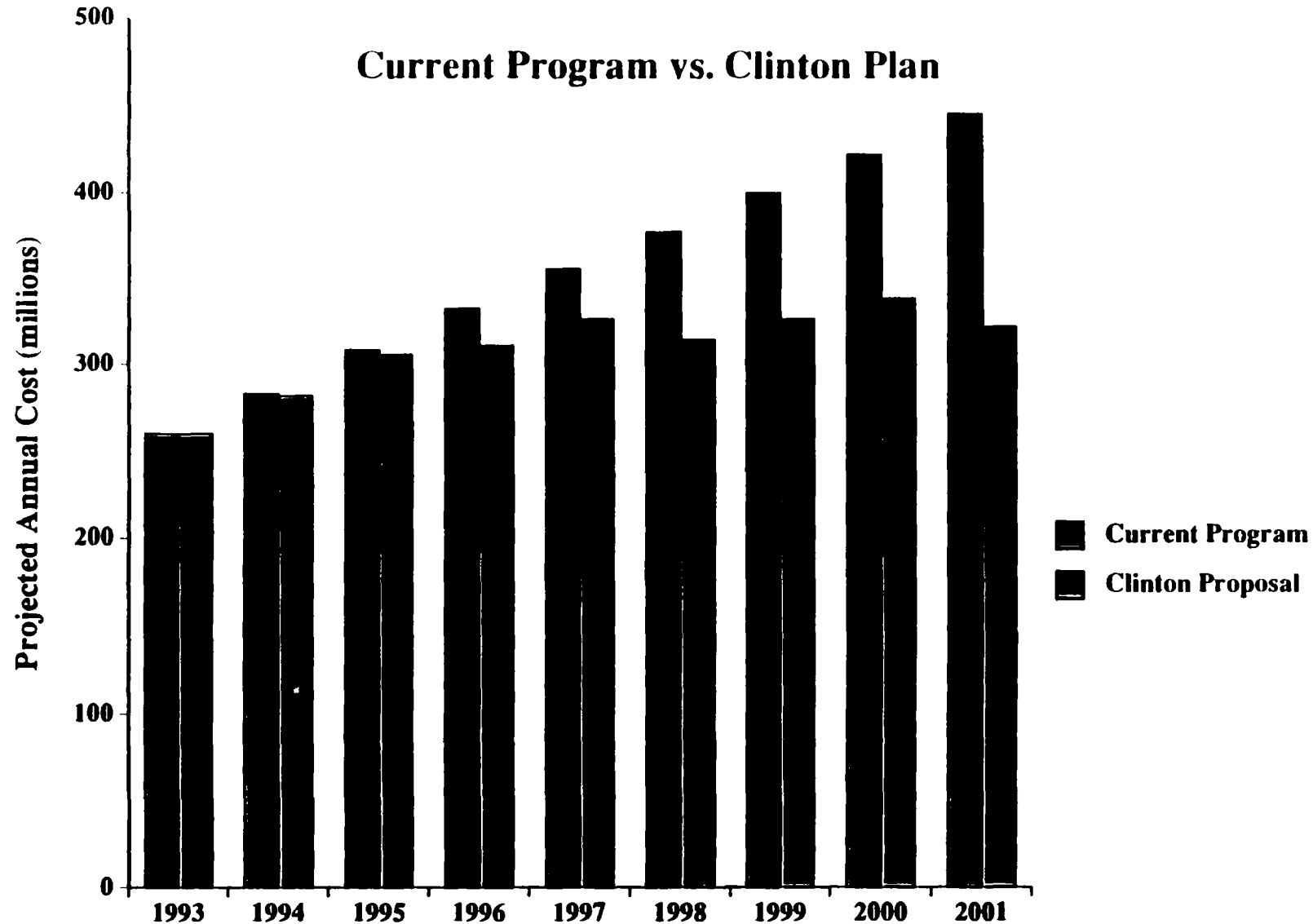
HEALTH SECURITY ACT
Health Care Trend Rates

	Bethlehem Trend No Health Reform	Clinton Plan Trend Rates
1993	9.50%	9.50%
1994	9.00%	8.20%
1995	9.00%	8.40%
1996	8.00%	6.00%
1997	7.00%	5.50%
1998	6.00%	4.90%
1999	6.00%	4.30%
2000	5.50%	4.45%
2001	5.50%	4.61%

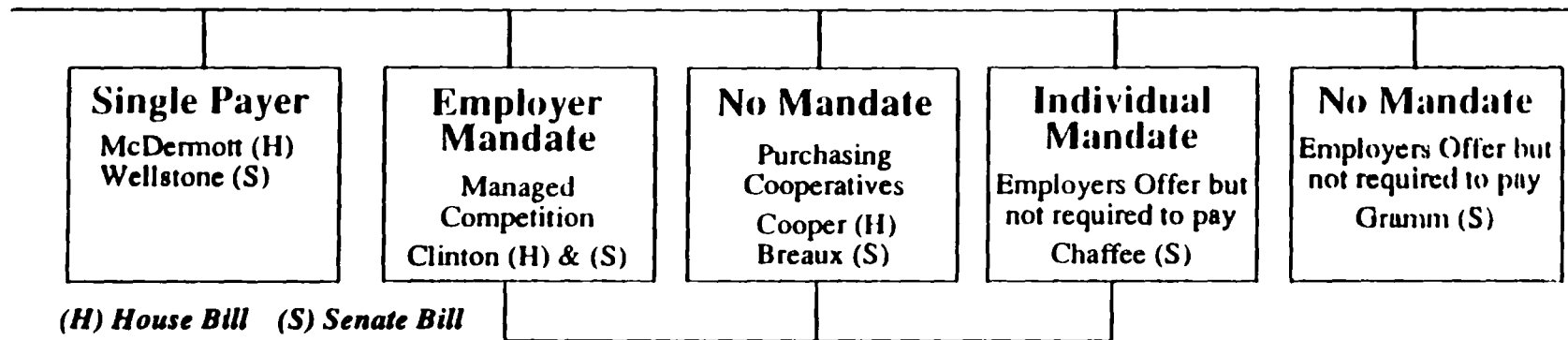
HEALTH SECURITY ACT

Clinton Health Plan

Effect on Bethlehem's Costs



Health Care Reform Alternatives



**Core of
Debate**

Bethlehem Supports

- ▲ **Global Budgets or Spending Targets**
- ▲ **All-Payer Regional Reimbursement Schedules**
- ▲ **Employer Mandates with a Standard Benefits Package**
- ▲ **Quality—Practice Protocols and Quality Measurement Systems**
- ▲ **Elimination of Administrative Waste**
- ▲ **Malpractice Reform**
- ▲ **Medicare—Primary Payer for the Elderly**

**HEALTH CARE
REFORM PROJECT****THE VOICE OF
AMERICANS FOR
CHANGE, NOW.**MEMORANDUM

TO: Health Care Reform Project Principals

FROM: Amy W. Sleumer

DATE: April 13, 1994

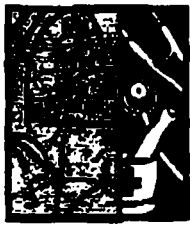
RE: Provider Press Conferences

The Health Care Reform Project has sponsored four provider press conferences in the last week. The first was held in Philadelphia on April 7, 1994. WPVI Channel 6, the local ABC affiliate covered the event. The Project was represented by members of CHA, ACP, ANA and AAP. Mike Menster, who coordinated the press conference for St. Agnes Hospital, did an outstanding job. The television stations ran the story both Thursday night and Friday morning. Jim Wilson, the hospital's CEO did a radio availability spot which was played on several stations throughout the city. Mike said that he has had some very good feedback on the event, and send me a videotape of the conference early next week.

The press turn-out in Boucher's district was very strong - two television stations (WLSL, and WDBJ) plus Radford University's telecommunication's department, three radio stations (WRAD, WVRU, and WVTF) and two newspapers (The News and the Roanoke Times). I have attached copies of the two newspaper stories that ran the night of the press conference. Both local network affiliates ran the story Thursday night. One of the local papers ran an op-ed piece written by two doctors who advocated medical IRAs as the solution to the health care crisis. I think that we will try to respond directly to this next week. The Project was represented by three members of ANA who were joined by three representatives from the Radford Community Hospital which hosted the event.

Our efforts in Fresno were also well received. Participating for the project were representatives from ACP, AAP, ANA, APA and an optometrist. Two television stations covered the press conference, one of which was a spanish speaking station. Several of the participants who spoke spanish were interviewed. A Fresno news clip is attached.

Today's press conference in Topeka, Kansas was covered by the AP wire and the local NBC affiliate. We were represented by two people from APA, two from ANA, one representative from CHA, and one from ACP. According to Barb Coufal the questions and answers were particularly interesting. One of the reporters said that he thought that providers (he cited the AMA) were against comprehensive reform. The ACP representative explained that his group, AAFP and AAP, representing the majority of primary care physicians in the country, are all members of the project and support comprehensive health care reform. There were also several questions about the funding for the HCRP, and the participants explained that we are a broadly based coalition.



HEALTH CARE REFORM PROJECT

THE VOICE OF
AMERICANS FOR
CHANGE, NOW.

For Immediate Release
April 14, 1994

Contact: Charlie Leonard,
Bob Chlopak
(202) 296-2777

Small Business Representatives Respond to NFIB

Washington, D.C. — The following letter was sent to Members of Congress today from representatives of small business in response to an NFIB media event. The text of the letter follows:

Dear Member of Congress:

There they go again!

The National Federation of Independent Business today released a study purporting to document massive layoffs if an employer-based financing mechanism is included in health care reform. We've seen this scare tactic before. As representatives of 60 million Americans who support health care reform, including thousands of small businesses across America, we know that reform is good for small business. We do not buy the NFIB rhetoric.

Last October, the Washington Post contacted several small business owners at the suggestion of NFIB and other partisan opponents of reform (Washington Post 10/10/93). Rather than confirm that an employer mandate would put them out of business, as NFIB claimed, most of these small business owners said they could easily cover all employees. Several found they would actually save money under the President's plan.

Indeed, several respected, nonpartisan studies substantiate our view that job displacement under health care reform will be minimal:

- o Rand Corp., a nonprofit public research institute, determined "that job losses due directly to increased cost to employers will be under one-quarter of one percent of total employment. We conclude that direct job loss need not be a major consideration in the evaluation of the President's plan."

- o The Congressional Budget Office found that "the effect of the proposal on the total labor force would be relatively small and limited largely to second workers in households in which one person already works." CBO also found that the President's plan would save businesses more than \$150 million annually in health care costs by the year 2004.
- o Lewin-VHI, in a study for the Heritage Foundation, concluded that few small firms will be forced to lay off workers or go out of business. At most, 155,000 to 350,000 jobs could be cut due to the employer mandate. That number is far less than the number of new jobs that will be created this year alone due to economic growth.
- o Two independent studies (Economic Policy Institute and the Employee Benefit Research Institute) predict that health care reform will cause a net increase in jobs.
- o The General Accounting Office said that "Hawaii's employer mandate did not have a large adverse impact in the small business sector." For the past 20 years, Hawaii has been the only state to implement an employer mandate. Dr. John Lewin, director of health for Hawaii, said that "Hawaii is living proof that the significant job loss and serious economic damage naysayers claim will result from an employer mandate has not occurred."
- o The Employee Benefit Research Institute found that an average business with nine employees and an average salary of \$13,000 per person would actually save more than \$12,000 a year in health care costs.

The NFIB's dire predictions fail to take into account the effects of lower insurance costs resulting from universal coverage and the fact that small businesses will have greater ability to join together to receive lower group rates. And through reductions in cost shifting and administrative charges, many small business owners who presently insure their workers will experience significant savings, which presumably would result in their ability to create new jobs.

The truth is, most small businesses (62 percent) already provide health insurance to employees. Virtually all who do not will be eligible for substantial discounts under the President's proposal. And for the first time ever, small businesses will be able to provide real insurance and comprehensive coverage as good as any Fortune 500 firm. That's good news for employers and employees.

So don't believe the NFIB scare tactics. We certainly don't.

Sincerely,

Charles M. West
National Association of Retail Druggists

Ann Looper
American Institute of Architects

Michael O'Connell
Owner Operator Independent Drivers Association, Inc.

Ronald Ziegler
National Association of Chain Drug Stores

Robert Chlopak
Health Care Reform Project

For additional information, please contact:

Todd Dankmyer, National Association of Retail Druggists Tel.: 703-683-8200

Ann Looper, American Institute of Architects Tel.: 202-626-7404

Michael O'Connell, Owner Operator Independent Drivers Association, Inc.
Tel.: 202-342-8600

Phillip L. Schneider, National Association of Chain Drug Stores Tel.: 703-549-3001

Jim Daskal, Service Station Dealers of America
Tel.: 703-434-4545

Mark Johnson, Health Care Reform Project
Tel.: 202 296 2777

Editors Note: The Health Care Reform Project is in touch with small business owners around the country that support health care reform. For a small business contact in your area, please contact Mark Johnson.

RADIO TV REPORT'S

NATIONAL MARKET COVERAGE

TRANSCRIPT

FOR	CHLOPAK, LEONARD Schachter	STATION	KJEO-TV (CBS)
PROGRAM	News	CITY	Fresno, CA
DATE	April 6, 1994 12noon	AUDIENCE	
SUBJECT	Health Care Reform Project		

New York: 212 309-1000
Chicago: 312 441-2020
Detroit: 313 344-1177
Los Angeles: 213 466-6124
Washington, D.C.: 202 686-4068
Boston: 617 536-2232
Philadelphia: 215 567-7600
San Francisco: 415 466-6124
Miami: 305 358-3358

WARREN ARMSTRONG: Well, while finding a Supreme Court justice is going to be another important job for the President, he is still very focused on health care reform.

President Clinton has called on residents right here in the San Joaquin Valley to make a case for medical reform. One of those who has been involved a lot is the owner of Weco Supply Company, a metal welding business. Owner John Sorenson paid a visit to Washington, D.C. a couple of weeks ago, and this morning, Weco was the site for a news conference where business owners addressed soaring insurance costs as a major problem for them.

JOHN SORENSON [owner, Weco Supply Company]: The government is bigger than the insurance company. I feel like I'm joining a team that can fight fire with fire, that they're going to have to do something about it. The insurance companies can't run businesses like me right out of business by offering rates that are completely unaffordable.

ARMSTRONG: Sorenson's business has also played host to cabinet member Ron Brown. Sorenson continues to play an active role in a reform that he believes in. A former employee's medical tragedy sparked the valley business owner into action.

[end of segment]

Some owners tout Clinton health plan

By Wanda Coyle
The Fresno Bee

Several small-business owners in Fresno want their congressman to know that they not only are willing to shoulder their fair share of responsibility for their employees' health care but also eager.

At a news conference Wednesday, five owners of small businesses called on their local colleagues to join them in endorsing major components of President Clinton's health-care reform plan.

They urged other business owners to tell Rep. Richard Lehman, D-North Fork, that they want a reform bill that would guarantee private insurance through the workplace and stop "discriminatory pricing" against small employers.

Lehman is a member of the House Energy and Commerce Committee, a key panel in drawing health-care reform legislation and has become a focus of intense lobbying from people on all sides of the issue.

He has not made a commitment on specific legislation but has said he favors exempting small businesses from paying the costs of health

Please see Health, Page D2

Health: Some owners tout Clinton plan

Continued from Page D1

insurance for their employees. That is in line with the stance of the National Federation of Independent Businesses and some other business organizations.

But the Fresno business-people who spoke out Wednesday as members of the 60 million-member Health Care Reform Project coalition said that those organizations did not represent their views.

Strong supporter

"I can't imagine a small-business owner not being in favor [of the Clinton plan] if he has read what it does," said John Sorenson, owner of WECO Supply Co. where the news conference was held.

Sorenson said he was asked to be a spokesman for the Clinton plan as the result of a letter he wrote endorsing its principles.

The plan has "features that everybody wants," he said and, by requiring insurers to offer the same coverage to all employers at the same price, would allow small companies to compete more evenly with large ones.

In addition to Sorenson, those speaking for the reform bill were David Wilcox of Pharm Kee Inc., William Patnaude of the Lew & Patnaude architectural firm, Ernesto Vera of Mid-State Medical Claims and Processing Co. and Frank Cortes of Cal State Muffler & Brake.

'A moral obligation'

All of them said that the president's plan would help small business because it would level off and set ceilings on premiums, spreading costs more evenly among small and large businesses.

Patnaude, an architect, said that as an employer he con-

siders providing health insurance "a moral obligation," but one that's more and more difficult to meet because of rising costs. He said he always has provided insurance for his employees and their dependents but recently has had to pull back on its scope.

Wilcox, whose company operates a chain of pharmacies, said that health care was a major concern to prospective employees and a small business that can't afford to offer insurance could not compete in hiring.

In answer to a question whether government regulations would stifle choices in health care, he said that it would mean "more choice, not less" because it would offer individuals a fee-for-service option at an additional fee.

Others favor it

Vera concurred, saying that under current health plans, "people are losing a lot of choices — there are lots of restrictions now."

Cortes, who said he had to drop insurance coverage for his four employees because he couldn't afford fee increases, said that he believed the Clinton plan will work. "It has to work."

The Health Care Reform Project is a national coalition of 37 organizations representing business, labor, health-care providers, seniors and children advocates.

It has launched a widespread advertising campaign for "real health-care reform" to combat what it says are misleading ads sponsored by the insurance industry.

Christiansburg, Blacksburg & Radford

The News

Vol. 124, No. 42

Friday, April 8, 1994

35 cents

Health care providers support national reform effort

By Marty Gordon
Staff Writer

RADFORD — Health care providers in southwest Virginia are calling for Congressman Rick Boucher (D-Abingdon) to support "comprehensive health care reform." During a press conference Thursday afternoon in Radford, the group urged Boucher to support a national plan.

A letter has been sent to Boucher from "The Health Care Reform Project," which is supported by the group. It states: "Let us be clear. Health care providers strongly support health care reform."

The group is calling for coverage for all Americans that can never be taken away, fair financing with all

employers contributing; broad consumer choice of health care providers; enhanced choices for Medicare beneficiaries with additional coverage for long-term care; an end to insurance abuses; and a system-wide cost containment.

The letter sharply criticizes the recent \$14 million ad campaign sponsored by the insurance industry. Archie Crover, a trustee at Radford Community Hospital, said the ads have greatly distorted the true intentions of responsible health care reform proposals. He said the advertising is sponsored by special interests who oppose reform.

The Health Care Reform Project is a national coalition of 80 organizations representing more than 60

Please see REFORM, Page 2

■ REFORM

Continued from page 1

million Americans. The project members are businesses, labor, consumer groups, health care providers, senior citizens and children's advocacy groups.

Thursday, several medical personnel from around the area spoke in favor of reform.

Terri Wright, a registered nurse for 20 years, said she has seen people unable to pay for medicine even after receiving treatment. She said in the long run, it is costing the taxpayers more money to take care of this type of people without health care.

"We all need to live healthy lifestyles, but that isn't always going to happen. The point I'm trying to make is there are a lot of people not even getting a chance," Wright said.

Dr. Richard Robertson, medical director at Radford

Community Hospital, said preventive care and Medicare are two key issues any health reform should address. "This has to be part of the plan," he said.

Also, he pointed to the fact that preventive care will cut the cost of health care overall. Robertson added that on the surface, hospital costs could have probably been kept lower during the past few years if there was some type of health plan. Again he cited unpaid debts and charity coverage that many of the hospitals have had to provide for those not able to pay their medical expenses.

"Somewhere the hospital has to cover these, and yes, some have had to raise hospital costs because of it," he said.

He said hospitals are currently on pace to write off billions of dollars in bad debts.

The group also urged citizens to write Boucher with their own opinions on the matter.

NEW RIVER
CURRENT

FRIDAY, April 8, 1994

Ramapo Times & World-News

Health-plan backers woo Boucher

By ROBERT FREIS
STAFF WRITER

RADFORD — Health-care reform advocates made a house call on Rep. Rick Boucher's home district Thursday to urge his support for universal health care.

Although those who speak in favor of President Clinton's proposed health-care package have some misgivings, "We fully support the basics," said Archie Cromer Jr., a Radford Community Hospital trustee.

Cromer, chairman of the board of directors for Carilion Health System, and others spoke under the banner of the Health Care Reform Project, a national coalition that is staging a multi-million dollar campaign to defend Clinton's plan.

The coalition is wooing Boucher because the Abingdon Democrat stands to be a key player as the health-care plan winds through the congressional labyrinth.

Boucher is a member of the Energy and Commerce Committee, the health-care bill's final stop before it arrives on the House floor for debate.

Boucher hasn't announced how he'll vote on the president's proposal.

The reformers held a news conference to get Boucher's attention and to counteract a national advertising campaign by the insurance industry that questions the Clinton plan.

Cromer accused insurance carriers of cynicism and distortion by twisting the public's ear against comprehensive health-care reform.

He also said the public should listen to doctors and nurses who support health-care reform rather than insurance companies that oppose change.

"Who is more credible when it comes to giving advice?" he asked.

Insurance companies have attacked Clinton's plan — which would provide health care to all Americans through regional

PLEASE SEE HEALTH/2

Health

FROM PAGE 1

alliances of doctors, hospitals and other health-care professionals — for reducing consumer choice while feeding big government.

All who spoke echoed Terri Wright of Radford Community Hospital, who said, "We have a dysfunctional health care system today."

The coalition has prescribed a system that assures universal and affordable health coverage, gives patients choices and doesn't cost too much.

Without such a plan, the present system of shifting health-care costs from people who can't pay to consumers, health-care providers and institutions such as hospitals "will continue to plague us," Cromer said.

The coalition plans to send Boucher a letter that outlines its concerns and solicits his support.

Pressure still on for Lehman vote

By Felicia Conner
The Fresno Bee

Zealous lobbying for Rep. Richard Lehman's vote on health care reform continued Friday as supporters of universal health coverage put on more pressure.

Representatives for a broad-based coalition of health reform groups delivered petitions and postcards bearing nearly 1,000 signatures Friday afternoon to Lehman's district office in northwest Fresno.

But Lehman, D-North Fork, wasn't there. He was at KML radio at the time as guest host for Ray Appleton. The hot topic for the three-hour broadcast was health reform.

Lehman, a member of the House Energy and Commerce Committee, which is responsi-

ble for writing health legislation, is seen as a key swing vote because he hasn't committed to any proposal.

Members of the coalition — which includes the American Association of Retired Persons, Consumers Union, the Health Coalition for Health Care Reform and the Service Employees International Union — spent the week in the Fresno area drumming up support for universal care, comprehensive benefits and cost containment.

They're trying to combat the flood of commercials funded by opponents of President Clinton's plan.

John Beauchamp, who is with a California consumer group called Health Watch, said so far only the Clinton proposal and one sponsored by

Rep. Dan Rostenkowski (D-Ill.) and Sen. Frank Lautenberg (D-N.J.) include the reforms that the coalition is seeking.

The coalition is not pushing any particular plan.

"The emphasis should be on the principles of what we tried to do here this week," Beauchamp said. "We don't care what it's called when it comes out of Congress and the President's office. What we do care about is that every American is covered with comprehensive benefits."

Beauchamp, a spokesman for Lehman, said the congressman's office has received nearly 2,000 telephone calls and letters about the legislation, including the signatures brought in by the coalition.

Fresno Bee
April 9, 1994

Sunday, April 10, 1994 • The Fresno Bee

EDITORIALS

Lehman must stand up

■ The congressman is a crucial vote on health care reform; there are worrisome signs that he's leaning the wrong way.

Rep. Rick Lehman is on the spot on health care reform. As an uncommitted member of the House Energy and Commerce Committee, one of the committees responsible for writing health legislation, he is in a position to cast a crucial vote on one of the biggest social issues of this century.

That has some advocates for reform worried. Consumers Union representatives, among others, are concerned that Lehman has been putting them off, while saying that he is hearing only from those opposed to government involvement in health care reform — as if the government isn't already *hijacked* in health care.

Consumers Union lobbyists are pushing a list of five elements that they say must be included in any health care plan: universal coverage, cost controls, employer contributions, comprehensive benefits, and leaving the option for individual states to create their own single-payer plans, if the federal system that emerges is structured otherwise. It's a useful outline of the kind of health care reform we need, and the sort of major overhaul that is

possible just now, perhaps for the first time ever.

We're concerned as well about Lehman's response, or lack of one. The congressman's office recently mailed a questionnaire to constituents, asking them to respond to several questions; for starters: Is there a health care crisis in the country? If the congressman and his staff haven't answered that question for themselves by now, they haven't been paying attention.

The danger in such polling methods, as with the telephone calls the congressman's office tallies, is that they represent the most unscientific method possible for determining public sentiment. And they further represent, in extreme cases, an abdication of the responsibilities of office holders in a representative democracy.

If in fact Lehman's position — or the position of any elected representative — is to be based on simple tallies of simple-minded questionnaires, why do we need Congress at all? Why not replace the whole outfit with a roomful of clerks equipped with phones and calculators, why not government by 800 number? It would certainly be cheaper.

The reason we don't do that is simple and clear. We elect people to office — any office — to lead, especially in matters of public policy as critical as health care. Sometimes that's painful for elected officials. But that's what we hire them to do.



Richard
Lehman

Health care reform draws medical backing

By PAUL BOYD
Sun Staff

Jonesboro pediatrician Dr. Warren Skaug says the current health care system is "not fair to the working Americans."

The current health care reform legislation created as much confusion in medical circles as in the general public with as many as eight or nine health care reform proposals floating around, Skaug said.

"It's the biggest social change since Social Security," Skaug added. "But there are as many doctors confused as the general public."

Several representatives of the local medical community held a press conference Tuesday morning at the St. Bernard's Regional Medical Center Annex Building to express their views on nationwide health care reform.

Children's insurance coverage and health care are central issues for Skaug.

"Children are one of the most impoverished groups in the country," he said. "Over 25 percent of children live below the poverty line."

"They are actually paying three times. Once paying taxes to help fund the low-income indigent bills, secondly paying the premium on insurance and thirdly they pay at the cash window."

"The problem with insurance policies is that many don't pay for doctor office visits. Consequently, people can not afford to take their children to the doctor."

"They actually pay a fourth way," said family practitioner Dr. Joe Stallings.

Stallings said that working class is also the level hit hardest when premiums are raised by insurance

SEE HEALTH-14B



Staff photo: Chris Rizzo

SUPPORT REFORM

Several members of the local medical community were at a press conference Tuesday to voice support for national health care reform. On hand for the press conference were (from left) Betty Bohannon, registered nurse and nursing instructor at Arkansas State University; Nettle Gibson, coordinator for the Health Care Reform Project in the First Congressional District; Dr. Warren Skaug, local pediatrician; Dr. Mike Mackey, director of the Area Health Education Center — Northeast — located at St. Bernard's Regional Medical Center; and Dr. Joe Stallings, local family practitioner.

Health—

companies

Insurance companies are not to blame directly for these discrepancies, Skaug interjected.

"I'm not insurance bashing," Skaug said. "The playing field just needs to change."

Access and availability to the system is the big problem, he said. "There is nothing wrong with health care in this country," Stallings said. "It's the greatest in the world. It's the system that is the problem."

Stallings said his greatest concern is financing the program.

"People feel like enough excess health care dollars can be saved by trimming the fat," he said. "It's just not enough to make the plan go."

Betty Bohannon, a registered nurse and nursing instructor at Arkansas State University, said misuse of the system drives the overall cost of health care system.

"People don't have the money or education for preventive medical care and end up going to the emergency room," Bohannon said.

"That's the most expensive care there is. If things keep the same course, I'm not sure we'll have good health care for anybody no matter how much money you have."

Bohannon said in her home area of Mississippi County 7½ physicians have "closed practice" or in other words are not accepting any new

patients.

"I understand that the doctors feel like they are handling as many patients as they adequately can care for, but that limits people's choices," she said.

In addition, Bohannon said nurse practitioners could handle "40-50 percent" of general preventive care.

"In turn, we could see the overall percentage of critical care drop if we could get good preventive care," she added.

Skaug said the first step in that battle of education is to get children in the door at primary care facilities.

"We have to build that trust bond first and go from there," Skaug said.

April 11, 1994

Misinformation abounds on health care reform, FCity doctor claims

Americans are surrounded with misinformation about national health care reforms, Dr. Curt Patton said Friday during a press conference at Baptist Memorial Hospital-Forrest City.

Patton serves on the Governor's Health Care Task Force and is a spokesman for National Health Care Reform.

Patton was joined at the news conference by Susan Patton, a nurse practitioner, Nettie Gibson, the coordinator for the Health Care Reform Project in the First Congressional District and BMH-FC Administrator Robert Northern.

Patton has studied health care problems and potential solutions which he discussed at the conference along with

health care reform legislation.

"I'm concerned that the average citizen does not seem to be getting enough information to use in a health care reform debate," Patton explained.

"As I become more familiar with the reforms, I have become more concerned about the misinformation.

"I agree that there is a health care crisis, but I also think it's a regional problem that is worse in some regions than in others," Patton said.

He added, "You can't get five doctors or hospital administrators to agree on what they like about it."

Patton admitted he favors some of the current plans because they would "cover more who don't have coverage



TALKING HEALTH- Dr. Curt Patton and wife, Susan Patton, a nurse practitioner, discussed health care reform Friday during a press conference at Baptist Memorial Hospital-Forrest City. Dr. Patton serves on the Governor's Health Care Task Force.

and eliminate the artificial barriers that sometimes deny a person coverage because of a preexisting condition."

"The majority of people

agree we need reform, it's just that most people don't know enough about the plans to know if he or she is for them or not," said Susan Patton.

STARS BEAT FLAMES, 3-2; MAVERICKS FALL TO 76ERS, 104-90. PAGE 1B.

The Dallas Morning News

Texas' Leading Newspaper

Printed by The Dallas Morning News

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6 Sections

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25 Cent

Democrats receptive to health plan talks

Republicans continue call for overhaul

By Carl P. Lumbard

Staff Writer of The Dallas Morning News

WASHINGTON — As Republicans demanded major changes in President Clinton's health care program, the administration on Wednesday signaled some flexibility on a key element of the plan.

Treasury Secretary Lloyd Bentsen told a business audience "we're willing to discuss" the plan's provision that only companies employing at least 5,000 people could be exempt from regional health alliances.

He also said the administration is open to other changes, as long as the final plan meets Mr. Clinton's demand for universal coverage. But Mr. Bentsen reiterated several other business

proposals, including one to reduce the scope of insurance coverage.

Meanwhile, a leading House Democrat said he expected "a friendly negotiation with the president" on the timing of passing universal coverage legislation.

"If you look at the president's bill, it's phased in over a fairly considerable period, so the president is prepared to yield on discussing the time and the way," said Rep. John Dingell, D-Mich. "But I don't think the president is prepared to discuss whether or not that is an issue which would or not trigger the vote."

Mr. Clinton said in his State of the Union address Tuesday night that 1 Please see DEMOCRATS on Page 1B.

SENT BY:

4-18-94 3:30PM FAX AREA 7 DALLAS

202 788 6027

Democrats hint at health plan changes

Continued from Page 1A.

would veto any bill that didn't provide universal coverage.

Mr. Dingell, a longtime proponent of health reform, is chairman of the Energy and Commerce Committee, one of three House panels with jurisdiction over health care.

In a similar vein, House Speaker Tom Poy, D-Wash., said, "It's possible that you'll have some kind of a phase-in of universal coverage."

At the White House, press secretary Dee Dee Myers said the timing would have to be worked out in coming sessions.

But she added, "guaranteed private coverage for every American ... is not negotiable."

Although overnight polls showed strong initial public support for Mr. Clinton's speech, Senate Minority Leader Bob Dole of Kansas and other Republican leaders continued their steady drumbeat of criticism.

The Kansas senator predicted on NBC-TV's Today show that Mr. Clinton will have to make significant compromises because he doesn't have enough Democratic votes to win passage of his plan.

To gain GOP support, Mr. Dole said, "He's going to have to drop a lot of these price controls, mandates, the mandatory health care alliances."

Rep. Dick Armey of Lewisville, the third-ranking House Republican leader, predicted "gridlock on health care" until the administration makes some compromises.

White House Chief of Staff Mack McLarty countered the Republican comments. "It's very early to start counting votes," he said on CBS' This Morning.

Mr. McLarty said that just by presenting a comprehensive plan, the president has increased the prospects for health care reform.

"That's a major step from where we were a year ago," he said.

Mr. Benton, speaking to the National Association of Manufacturers and the Association of Private Pension and Welfare Plans, stressed that Mr. Clinton's willingness to modify his plan is "not a standard line you hear out of a president."

"He's willing to make those modifications as long as reform achieves his goal of universal coverage with a defined set of benefits," Mr. Benton added.

The plan's 5,000-employee threshold for exemption from regional alliances has been a prime target of criticism



The Dallas Morning News: Richard Michael Pross

Interior Secretary Bruce Babbitt (center) and Rep. John Bryant, D-Dallas discuss health care with residents at the Scenario Adult Day Care Center in northwest Dallas. Eliza-beth Perez, the center's executive director, listens at left.

claim by Rep. Jim Cooper, D-Tenn., chief sponsor of one of the main alternative reform proposals.

Although he indicated the president might be willing to lower the threshold, Mr. Benton added that lowering it too far could create other problems.

"We don't want one that everybody opts out and only the smallest companies and individuals remain in the alliance," he said.

And he said that limiting coverage, a step many business groups have urged, presents problems.

"When you're talking about something this comprehensive, if you fail to have a standard package that includes benefits that people use, you risk losing the cost containment issue," Mr. Benton said.

The former Texas senator reminded his audience that the plan still faces debate on Capitol Hill.

Meanwhile, Interior Secretary Bruce Babbitt brought the administration's campaign for health care reform to Dallas on Wednesday. He and Rep. John Bryant, D-Dallas, visited Scenario, a facility that offers restorative nursing and day care to adults.

The care provided by the for-profit center in northwest Dallas is not generally covered by existing programs. Mr. Babbitt said the president's plan would close that gap.

He said that millions of Americans are now left out of such lower-cost care, citing the example of his own 80-year-old mother.

"She lives in a small town in northern Arizona where this option is not available," Mr. Babbitt said.

"As the system works now, the only

way to meet these kinds of needs is to put people into the Medicaid or Medicare system, which is much, much more expensive."

Mr. Clinton had planned to press the drive for his health reform, welfare reform and anti-crime measures at a Washington school Wednesday. But laryngitis forced him to cancel his speech. He did meet at the White House with key House Democrats.

A pair of television network polls taken shortly after the president's speech showed strong initial support for Mr. Clinton.

A Gallup Poll for CNN/USA Today showed that 84 percent believed that Mr. Clinton was leading the nation in the right direction, up from 67 percent before his speech. The poll had a margin of error of plus or minus 5 percentage points.

A CBS News poll showed that 76 percent of respondents approved of the speech, 11 percent disapproved and 13 percent were unsure. The margin of error was plus or minus 2 percentage points.

But William Kristol, chairman of the Project for the Republican Future, which is running a television commercial denouncing the Clinton plan, said recent polls show support has dropped since last fall.

"The tide is clearly ebbing away for Clinton's health care proposal," he said during a panel discussion of conservative Clinton critics sponsored by National Review magazine. "I don't think the veto threat will do much to stop that ebbing."

Staff writer Randy Lee Loftis in Dallas contributed to this report.

Appleton (Wis.) Post-Crescent March 26, 1994

Why we need health care reform

By Mary Ann Braithwaite
and Richard Collins

Chicanery and deceptive advertising over President Clinton's health care reform plan are being used to scare the public into thinking they would have rationed, government-controlled medical care. The financial interests feeding this campaign have much to win if reform loses. However, every American has much to lose if the seekers of the status quo prevail.

Why are teachers supporting the plan's principles? Simply put, if a school district can control its health care costs, more money would be available for education.

According to a just-released 50-state survey by the U.S. Department of Health and Human Services, the president's Health Security Act would save the state of Wisconsin \$889 million.

But while savings will be achieved, quality and choice of health care will not be compromised. Everyone will be guaranteed a basic benefits package. Current plans will be preserved with an even greater choice of options, with more security and at less cost, since cost-shifting would be eliminated.

School employees may be more aware of the health care crisis than most. Teachers and paraprofessionals see first hand the toll that the crisis has taken on our nation's children.

Students are coming to school with many treatable physical or emotional problems that often go undiagnosed or untreated because their family has inadequate or no insurance. Many don't see a doctor even once during a year. Sometimes children's only source of health care is a school nurse — and many districts are eliminating these positions.

A sick child is a poor learner. We must ensure that all Americans — including the very young — can be guaranteed health care.

By any indicator, the crisis in children's health care is growing more acute.

The United States ranked 20th in the world in infant mortality in 1990, behind such countries as Hong Kong, Singapore and Spain.

It is a tragedy that in most states, less than 60% of all school children are fully immunized. As a comparison, 90% of Chinese children are immunized.

The Centers for Disease Control recently reported that rates of tuberculosis among children increased 35% in 1993.

Consider how much better it would be if a comprehensive system of health care could reach everyone, starting with the very young. Only South Africa and the

United States leave their children without a guarantee of medical coverage.

Right now, only the wealthy can count on guaranteed health insurance. If you're employed, you're at the mercy of your employer. Eighty-eight percent of the uninsured are working people and their families. The numbers of uninsured middle class are growing rapidly as well. If you're poor or unemployed, you're probably out of luck. And the health care you're able to obtain is paid for by those who have insurance. It's called cost-shifting.

Here's how President Clinton's plan should benefit all Americans. You'll see that it is the furthest thing from rationed, socialized medicine.

■ Under the Clinton plan, everyone would be guaranteed private health insurance that never could be taken away.

■ Everyone would be guaranteed a choice of provider and plan.

■ All employers would be required to pitch in to help employees buy health coverage. Ninety percent of Americans with private health insurance get it through work now.

■ The Clinton plan preserves and strengthens Medicare by providing choice, prescription coverage and long-term care.

■ And finally, the Clinton plan outlaws insurance company abuses, such as dropping coverage, discrimination on the basis of health status, age or pre-existing conditions; jacking up premiums; or imposing lifetime benefit caps for specific conditions or any other reason.

The Clinton plan promises all Americans — children, teens and adults — an unprecedented guarantee of health care security. The plan's reliance on primary and preventive care is sound medical policy. It has been shown to be dazzlingly cost-effective, especially for children.

America has two choices: Continue to allow millions to suffer under Third World health care conditions, or live up to our vision of ourselves as a civilized nation in which no one suffers a preventable illness or goes without medical treatment.

In the coming months, the goals of the reform plan will be clouded by deceitful commercials produced by monied interests predicting Armageddon. Our mission is to dispel these impressions and work to pass a fair, inclusive universal health care reform plan for all.

■ Mary Ann Braithwaite is president of the Wisconsin Federation of Teachers. Richard Collins is president of the Wisconsin Education Association Council. WFT and WEAC members are meeting jointly in Appleton this weekend to discuss health care and other issues.

Wednesday, April 6, 1994

THE MILWAUKEE JOURNAL

Kids need Clinton health care

CHICANERY and deceptive advertising over President Clinton's health care reform plan are being used to scare the public into thinking it would get rationed, government-controlled medical care. The financial interests feeding this campaign have much to win if reform loses. However, every American has much to lose if the defenders of the status quo prevail.

Why are teachers supporting the plan's principles? Simply put, if a school district can control its health costs, more money would be available for education.

According to a just-released 50-state survey by the US Department of Health and Human Services, the president's Health Security Act would save the state of Wisconsin \$889 million.

But while savings would be achieved, quality and choice of health care would not be compromised. Everyone would be guaranteed a basic benefits package. Current plans would be preserved with an even greater choice of options, with more security and at less cost since cost-shifting would be eliminated.

School employees may be more aware of the health care crisis than most. They see firsthand the toll that the crisis has taken on our nation's children.

Students are coming to school with many treatable physical or emotional problems that often



IN MY OPINION

Mary Ann Bralthwaite

Richard Collins

go undiagnosed or untreated because their families have inadequate insurance or none. Many don't see a doctor even once a year. Sometimes a child's only source of health care is a school nurse — and many districts are eliminating these positions.

A sick child is a poor learner.

The crisis in children's health care is growing more acute. The United States ranked 20th in the world in infant mortality in 1990. In most states, fewer than 60% of all schoolchildren are fully immunized, compared to 90% of all Chinese children.

The Centers for Disease Control recently reported that the incidence of tuberculosis among children increased 35% in 1993.

Consider how much better it would be if a comprehensive sys-

tem of health care could reach even one, starting with the very young.

Right now, only the wealthy can count on guaranteed health insurance. If you're employed, you're at the mercy of your employer. Eighty-eight percent of the uninsured are working people and their families. The numbers of uninsured middle-class are growing rapidly, as well. If you're poor or unemployed, you're probably out of luck. And the health care you're able to obtain is paid for by those with insurance. It's called cost-shifting.

Under the Clinton plan, everyone would be guaranteed private health insurance that never could be taken away. Everyone would be guaranteed a choice of provider and plan.

All employers would be required to pitch in to help employees buy health coverage. Ninety percent of Americans with private health insurance get it through work.

The Clinton plan outlaws insurance abuses such as the elimination of coverage, discrimination on the basis of health status, age or pre-existing conditions, big boosts in premiums, and the imposition of lifetime benefit caps for specific conditions.

The Clinton plan promises Americans an unprecedented guarantee of health care security. The plan's reliance on primary and preventive care is sound.

Fourth page, column 1

Crisis in kids' health care is growing

By VINCE ALTIERE

CHICANERY and deceptive advertising over President Clinton's health care reform plan are being used to scare the public into thinking they would have rationed, government-controlled medical care. The financial interests feeding this campaign have much to win if reform loses. However, every American has much to lose if the seekers of the status quo prevail.

Why are teachers supporting the plan's principles? Simply put, if a school district can control its health care costs, more money would be available for education.

According to a just-released 50-state survey by the U.S. Department of Health and Human Services, the president's Health Security Act would save the state of New Jersey \$3.7 billion.

But while savings will be achieved, quality and choice of health care will not be compromised. Everyone will be guaranteed a basic benefits package. Current plans will be preserved with an even greater choice of options, with more security, and at less cost, since cost-shifting would be eliminated.

School employees may be more aware of the health care crisis than most. Teachers and other school employees see firsthand the toll that the crisis has taken on our nation's children.

Students are coming to school with many treatable physical or emotional problems that often go undiagnosed or untreated because their family has inadequate or no insurance. Many don't see a doctor even once during a year. Sometimes, children's only source of health care is a school nurse — and many districts are eliminating these positions.

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The United States ranked 20th in the world in infant mortality in

Teachers support the Clinton health care reform plan because we see firsthand the toll the crisis has taken on our nation's children.

1990, behind such countries as Hong Kong, Singapore, and Spain.

It is a tragedy that in most states, fewer than 60 percent of all schoolchildren are fully immunized. As a comparison, 90 percent of Chinese children are immunized.

The federal Centers for Disease Control recently reported that rates of tuberculosis among children increased by 35 percent in 1993.

Consider how much better it would be if a comprehensive system of health care could reach everyone, starting with the very young. Only in South Africa and the United States are children left without a guarantee of medical coverage.

Right now, only the wealthy can count on guaranteed health insurance. If you're employed, you're at the mercy of your employer. Eighty-eight percent of the uninsured are working people and their families. The numbers of the uninsured middle class are growing rapidly, as well. If you're poor or unemployed, you're probably out of luck. And the health care you're able to obtain is

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The Clinton plan preserves and strengthens Medicare by providing choice, prescription coverage, and long-term care.

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The Clinton plan promises all Americans — children, teens, and adults — an unprecedented guarantee of health care security. The plan's reliance on primary and preventive care is sound medical policy. It has been shown to be dazzlingly cost-effective, especially for children.

America has two choices: Continue to allow millions to suffer under Third World health care conditions, or live up to our vision of ourselves as a civilized nation in which no one suffers a preventable illness or goes without medical treatment.

The Record
Bergen County, N.J.
3-29-94

Vince Altieri is president of the New Jersey State Federation of Teachers.

ALT

Post-It™ brand fax transmittal memo 7571

* of pages * 1	
To	From
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Dept.	Phone #
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Santorum Watch Rick spurns consumer group

Here's the latest on U.S. Rep. Rick Santorum's campaign to dethrone Democratic U.S. Sen. Harris Wofford:

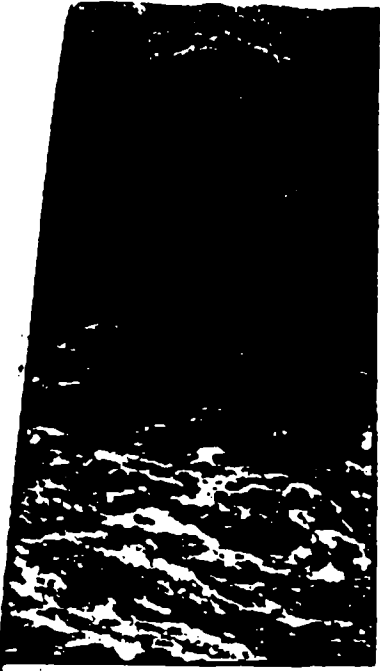
- Because Santorum refused to meet with them, representatives from Citizen Action, a consumer group with 100,000 members in Pennsylvania, traveled to Santorum's McKeesport office to deliver a pledge for health care reform. Santorum has cosponsored a bill that has none of the tenets sought by Citizen Action, according to spokesperson Jennifer O'Donnell. These tenets include universal coverage, affordable for all, from employers who contribute their fair share. "We're just saying, 'You have a good plan in Congress. Don't give us anything less,'" said O'Donnell.

- A group of University of Pittsburgh law students calling itself Pennsylvanians United for Real Ethics (PURE) has awarded

Santorum a "scrub brush" award. The group criticizes Santorum for urging President Clinton to release his tax records (which he did) while at the same time refusing to release a memo from a Santorum congressional staffer concerning the employee's alleged "blurring of the line between campaign and Congressional activity."

- A Pittsburgh Post-Gazette/WTAE-TV poll shows that Santorum, an anti-choice ultra-conservative, is in a close race for the Republican nomination to challenge Wofford. Joe Watkins, a former Bush administration aide from Philadelphia, has a slight edge going into the May 10 primary — 18 percent to 16 percent.

Santorum spokesperson Tony Fratto could not be reached for comment. **IP**



DALFIELD PROGRESS PHOTO/BOB SKIDEN

April 23. For a schedule of how to reduce waste in the Page 8.

assault

...based Smokey Mountain Wrestling. Witnesses testified that the ring camp included space between the ring and a railing separating the audience from the wrestler. Nov. 4. Mabe claims Morton and one of the Moondogs were wrestling in the space behind the railing when the Moondog "slung him (Morton) over to where we were at." Mabe said he and his friends stood up to watch what was happening.

See WRESTLER, PAGE 10

Boucher dickering with key panel chair on health care reform

By JEFF LESTER
Coalfield Progress Staff Writer

Ninth District U.S. Rep. Rick Boucher has not yet endorsed one of at least 10 health care reform plans before the House of Representatives, but he may be getting close.

Boucher, D-Abingdon, Monday said he is negotiating with House Energy and Commerce committee Chairman John Dingell on the details of Dingell's own compromise proposal.

Dingell, D-Mich., introduced a plan based on President Bill Clinton's sweeping system-wide health reform proposal, but Dingell eliminated controversial mandates for large government-sponsored health consumer "alliances" and softened the financial blow for employers required to cover their workers.

Boucher, a member of the commission, wants Dingell to reduce the burden on companies even more and wants to make sure whatever plan is approved does not slam tobacco farmers with huge new cigarette taxes to pay for it.

Meanwhile, Boucher and five other undecided Energy and Commerce members are being lobbied fiercely by a variety of interest groups, with one coalition hoping to lock in committee votes for the Clinton package and a handful of conservative groups blasting almost all the Democratic-supported variations now on the table.

Boucher wants to reduce the burden on businesses even more and make sure whatever plan is approved does not slam tobacco farmers with huge new cigarette taxes to pay for it.

At least nine major proposals have been referred both to Energy and Commerce and to the powerful Ways and Means committee, which sets taxing policy that would drive the funding for reform.

The plans range from Clinton's, which would create the huge "alliances" or insurance buying pools, cover everyone and impose price controls, to a conservative proposal offering individuals tax incentives to buy private insurance.

Boucher confirmed that his discussions with the Clinton Administration and with Dingell are based on Dingell's compromise proposal.

Last month Dingell offered his own plan designed to garner enough

See HEALTH REFORM, PAGE 9

personal Norton anecdotes

...bal mining during year. ...are made ...onal human ...vents mean- ...yone have a ...the first Nor- ...talled in 1901. ...show came in ...him about ar- ...vangelist Billy ...n crusade, or ...spending time in the Hotel Norton during its heyday? Many people may be reluctant because they think personal memories of the city's history don't carry the weight of known, recorded facts. Baker said. But history is more than dates — it's how big events affected regular folks. For example, Baker said he remembers hearing a story of how a Norton home was to be converted into a hospital. That alone is certainly

significant, but then came the rest of the story — how workmen dug up the basement only to discover a massive nest of rattlesnakes. Doves of people shot them as they covered the hill.

The play could use personal stories, funny stories, tales of everyday life, Baker said. He initially hoped to finish a first draft by May 1 and centennial planners envisioned an August or September performance. But Baker needs more material now to get it done.



Those with stories or ideas for the centennial play can write to Baker at 505 Kingswood Lane NW, Atlanta, Ga. 30305

• Health reform

FROM PAGE 1

Democratic committee votes for referral to the full House, according to information provided by Health Care Reform Project, a group supporting the Clinton plan. Dingell is believed to have 17 firm votes on the 44-member panel and is focusing on six more undecided Democrats, including Boucher, to win committee approval.

Dingell's plan, like Clinton's, would cover everyone but with fewer benefits and higher deductibles, would require companies to pay part of all workers' health coverage and would provide a mechanism to hold down costs. Dingell and Clinton also would eliminate rejection for pre-existing medical conditions.

However, Dingell replaces the Clinton mandatory health care purchasing alliances with an option for individuals and companies to join voluntary state-formed alliances. Also, Dingell's plan caps health care spending for firms with up to 10 employees at 2 percent of total payroll, while Clinton's plan caps spending for firms with up to 25 workers at 3.5 percent to 7.9 percent of payroll, depending on average annual salary.

The committee needs to back a plan that reduces the burden on private companies much more, Boucher said, noting that he is very concerned

about the idea of requiring all businesses to cover their workers. "I do not support that approach."

Boucher said he is working for two main goals — to increase the number of people covered at lower cost without damaging the quality of care and to prevent damage to the local economy.

Stiff employer mandates could hurt the region and a hefty cigarette tax increase could endanger the livelihood of more than 11,000 Ninth District farmers, he said.

Clinton has proposed huge tobacco tax hikes to help finance his plan. Also, a Ways and Means subcommittee already approved a different bill including a \$1 per pack cigarette hike, Boucher said. "I hope the full committee won't," he said.

The Dingell plan does not specify any financing strategy, Boucher said, adding that he intends to be part of conference committee talks on whatever bill is reported to address the proposed tobacco tax.

Boucher declined to detail what he wants to see in Dingell's bill. He said Dingell's bill will be reported out of committee "as soon as he has 23 votes. That could be in a week or a month."

Boucher and other committee members are targeted in heavy media campaigns to influence those votes. He is not pleased with television ads from Citizens for a Sound Economy.

B idget

Stiff employer mandates could hurt the region and a hefty cigarette tax increase could endanger the livelihood of more than 11,000 Ninth District farmers, Rep. Rick Boucher said

conservative foundation strongly posed to the Clinton plan.

CSE's ads feature doctors claiming that Clinton's plan would lead to rationing of health care, limit choices of physicians and invade the consumer's privacy.

Boucher specifically noted the issue of limiting doctor choice, calling it misleading and calling CSE "a very conservative organization that does not want health care reform at all."

He said he was encouraged to learn the Health Care Reform Project has started a campaign to highlight the Clinton plan's goals of universal coverage and reducing costs.

He said the Clinton plan could end up saving care because it sets a cap on the amount that can be spent for health care in each fiscal year. CSE spokesman Brent Bahler said Wednesday that limiting doctor choice, he said, "is Clinton's plan 'arguably will let you pick only the primary care physi-

cian who will be the 'gatekeeper,'" he said.

Women especially, who often regularly see a family practice doctor and a gynecologist, will find that the primary doctor who is "gatekeeper" for their other forms of care dictates their choice of specialists, Bahler said. He acknowledged that a growing number of private "preferred provider" plans already do the same, but he said the consumer can choose not to join them.

Further, under the Clinton plan, all confidential information from a physical exam would have to be recorded on a national health care database, Bahler said, dangerously invading privacy.

CSE doesn't support any particular plan on the table now but agrees with many principles in a plan called the Roland-Bilirakis bill, which provides for insurance that is portable from job to job, eliminates pre-existing conditions, allows now-illegal

cooperative medical ventures that cut costs and reforms malpractice laws, Bahler said. However, the bill hasn't been assigned to a committee, he said.

CSE's television ads are specifically targeted to a half-dozen congressional districts represented by undecided committee members like Boucher, Bahler said. The foundation has also held town meetings and encouraged citizens to contact members, he said. "The word we get back is that their phones are ringing off the hook," he said.

On the other side of lobbying efforts, the Health Care Reform Project has begun using print advertising and will soon run two television and radio commercials in 15 U.S. cities, along with sending 1 million pieces of mail and making more than 100,000 phone calls to drum up support for the Clinton plan, according to an HCRP press release.

Local efforts are coordinated by John Wanchuck, a field coordinator for Families USA, and Sam Church, Virginia political action coordinator for the United Mine Workers of America.

Both the union and Families USA, a consumer group working for health reform, are project members along with several other national unions.

professional associations such as the American Academy of Pediatrics and American Academy of Family Physicians, advocacy groups including the American Association of Retired Persons and the Children's Defense Fund and corporations including Chrysler and American Airlines.

The project argues that reform must include universal coverage, cost caps, better quality, preventive care and promotion of good health habits, and considers Clinton's plan the best to accomplish those goals.

Energy and Commerce hasn't abandoned the vital goals and is searching for a combination to achieve them, Wanchuck said last week. The committee will begin marking up the legislation now and could report a bill by the month's end, he predicted.



Lordy, Lordy, Look Who Turned 40!

Roy Estep

Wise County Board of Supervisors



Office of County Administrator

COURTHOUSE

WISE, VIRGINIA 24293

TELEPHONE 703-328-2321
FAX 703-328-9760

P.O. BOX 570
206 E. MAIN STREET

April 15, 1994

Honorable Rick Boucher
405 Cannon
Washington, D.C. 20515

Dear Congressman Boucher:

Please find attached a resolution showing overwhelming support from the Wise County Board of Supervisors for universal health care.

The strength of this vote is indicative of most of the population, and should reflect the tendency of the voters.

Wise County solicits your support on universal health care, and will stand behind your efforts to promote this measure.

We wish you luck in your efforts and remain ready to support you any way we can.

Very Sincerely Yours,

Scott H. Davis
County Administrator

Enclosure

Wise County Board of Supervisors



Office of County Administrator

COURTHOUSE

WISE, VIRGINIA 24293

TELEPHONE 703-328-2321
FAX 703-328-9780

P.O. BOX 570
206 E. MAIN STREET

RESOLUTION

WHEREAS 39 million Americans are without health care coverage;

WHEREAS 2 million Americans lose health coverage every month;

WHEREAS affordable health care coverage for all Americans is long overdue.

WHEREAS the Board of Supervisors of Wise County support universal health care for all Americans; and

WHEREAS the Wise County Board of Supervisors believe that health care reform must establish permanent health care security for Americans; and

WHEREAS the Wise County Board of Supervisors believe that employers must contribute to the support of the health care system. Adequate and equitable financing with strong quality assurances, also must be provided to meet the health care needs of all Americans; and

WHEREAS the Board of Supervisors of Wise County strongly support enforceable and accountable cost containment in the public and private sectors, which will reduce the system wide rate of increase in overall health costs and provide administrative savings and simplification;

THEREFORE BE IT RESOLVED the Wise County Board of Supervisors are advocating enactment, during this Congress, of comprehensive reform, including all of the above elements. The Supervisors are opposed to a piecemeal approach or long-term phase-in of any key provisions;

BE IT FURTHER RESOLVED that the Wise County Board of Supervisors urge enactment of universal health care reform this year.

ATTEST:

WISE COUNTY BOARD OF SUPERVISORS


Clerk


Chairman

Health care

Survey: Clinton's plan picking up support but most fear higher taxes

From staff reports

President Clinton's health care reform plan has picked up some support, but most people still think the plan will mean higher taxes, and just one in four believe it will result in better health care coverage.

Those were among the findings of a new Times-News poll of more than 550 people in Northeast Tennessee and Southwest Virginia. People were surveyed in Sullivan, Washington and Hawkins counties in Tennessee and in Wise, Scott and Lee counties in Virginia.

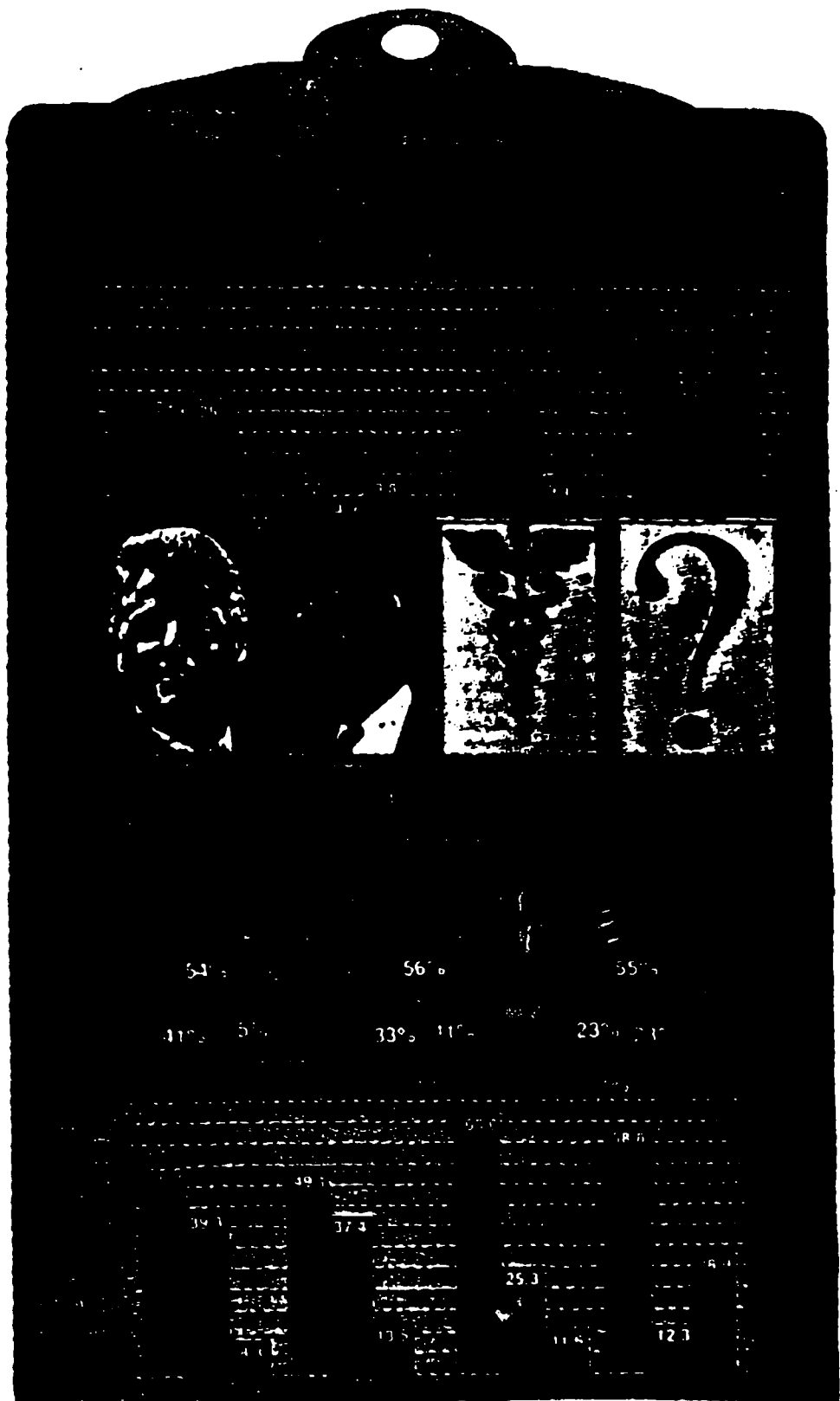
Clinton plan's impact on coverage:

People were asked if they believed the Clinton plan would mean better coverage in their personal situations.

About one-fourth, 25.9 percent, of the survey participants said they would expect better health coverage. Coincidentally, the 25.9 percentage was identical for those surveyed in both Northeast Tennessee and Southwest Virginia.

A slightly larger percentage, 29.5 percent, said they believed their coverage would get worse under the Clinton plan, while 29.3 percent said it would stay about the same and the remaining 15 percent were unsure.

The Times-News had asked the identical question a few months ago. In that survey, just 18.6 percent of the respondents said the Clinton plan would mean better health care, and 22.7 percent said it would mean a change for the



Kingsport Times
Sunday
4-17-94

Please see SURVEY: 3B

Survey: Clinton plan gains support

Continued from page 1B

worse.

Back then, more people (28.6 percent) were uncertain.

The percentage believing their health care coverage would remain the same under the Clinton plan is virtually unchanged in the two surveys. In the previous poll, 30.1 percent said coverage would stay the same, compared with the 29.3 percent in the latest sampling.

A Sullivan County woman who said she was uncertain how the Clinton plan would affect her said, "I didn't vote for Clinton and I don't listen to what he has to say."

Taxes going up:

The majority of people polled (56.8 percent) said they expected the Clinton plan's adoption would mean their taxes would go up. Twenty percent said they believed their taxes would stay about the same, with nearly 18 percent uncertain. Just 5.2 percent expected their taxes to decrease.

A Times-News survey of nearly 550 people conducted last fall asked the same question. In that survey, about 78 percent said they would pay more in taxes under the Clinton plan, while 11 percent expected a tax decrease, 9 percent were unsure, and 3 percent expected taxes to stay about the same.

In the new survey, more Southwest Virginians (nearly 64 percent) were inclined to expect their taxes to increase compared to their cross-state neighbors (50 percent of Tennesseans).

"If any health care plan is adopted it will cause an increase in taxes," said a Lee County respondent.

A Scott County participant said, "I don't know of any 'plan' except to get more money!"

Clinton plan favored by 29 percent:

The new Times-News poll asked people if they preferred Clinton's plan, Rep. Jim Cooper's plan, or some other reform plan. Clinton's plan was the choice of 29 percent.

Among Northeast Tennesseans, the percentage favoring the Clinton plan was 29.2 percent. The percentage was virtually the same (28.7) among the Southwest Virginians polled.

Cooper's plan didn't even have double-digit support.

Though Cooper is a congressman from Tennessee, his plan had less support (4.9 percent) among Northeast Tennesseans than among Southwest Virginians (9.8 percent).

Despite Cooper's seemingly relentless attempts to promote his alternative to the Clinton plan, a common question raised by those surveyed was, "Who is Cooper?"

A Scott County person not familiar with the Cooper or Clinton plans said, "We just need to do something so all can have medical care!"

Many people admitted their confusion about health care reform, and one person confused the nationwide reform plans with TennCare, Tennessee's program to replace Medicaid.

"No plan of Clinton's (should be passed)," said a Washington County respondent. "His TennCare is no good. He should be impeached for that."

TennCare was the creation of Gov. Ned McWherter's state administration, and McWherter had a tough time even getting approval from the federal government.

A plurality of respondents (43.1 percent) said they were unsure which plan to support. A majority of Southwest Virginians polled (52.4 percent) was uncertain.

Employer-provided health care:

Poll participants were asked, "Do you think that the federal government should require companies to provide health insurance for all their workers, or is this something that should be left up to the individual company?"

This question was another repeat from a Times-News poll of last year.

In the previous poll, about 56 percent of the respondents said employers should be required to provide health insurance. The percentage was 54.8 percent in the new survey.

More Southwest Virginians (nearly 59 percent) supported requiring employer-provided health coverage in the new poll than Northeast Tennesseans (about 49 percent) in the new poll.

In the old survey, about 33 percent said it should be up to the company whether or not the company provided health insurance. The percentage dropped to about 23 percent in the new poll, though among Northeast Tennesseans polled, more than 37 percent said health insurance should be a matter of a company's discretion.

A Lee County respondent who favored letting companies decide said the size of a business should be a determining factor.

Another Lee County participant said, "Smaller businesses cannot afford health insurance for their employees at the present-day rates plus all of their other operating expenses."

"Sometimes, all profits have to be put back into the business — especially new businesses — in order to operate."

Another opponent of requiring companies to provide insurance said, "I think unless it's a government operation, they should keep their damn nose out of it."

The Times-News poll was taken by Pat Cox, Vicky Kilgore, Marge Quillen, Barbara Dockery, Carolyn Vaughn and Angie Hicks.

Cooper responds to poll findings

From staff reports

JOHNSON CITY — Rep. Jim Cooper, a leading player in the national debate on health care reform, offered some strong opinions to questions posed in the latest Times-News health care poll.

Cooper, D-Tenn., is the sponsor of one of the major health care reform plans offered as an alternative to President Clinton's proposal. He reviewed the results of the new Times-News poll on health care Friday prior to speaking at the fourth annual Health-care and Quality Management conference in Johnson City.

In the poll, about 55 percent of the respondents said the federal government should require businesses to provide health insurance for their employees, as the Clinton plan would require.

Cooper opposes an employer mandate, and it's not part of his plan.

"There are pros and cons on the employer mandate," Cooper said Friday. "If every

Cooper responds to poll findings

Continued from page 1B
company could afford to provide health coverage, then every company should do it.

"The trouble is, so many companies cannot. ... A number of folks are going to be thrown out of work if we do require an employer mandate.

"The employer mandate is essentially a clumsy and expensive way to try to achieve universal coverage."

The Times-News poll asked people if they thought their taxes would increase, decrease or stay the same if the Clinton health plan passed. About 57 percent said they expected their taxes would go up.

"The president's plan does have a cigarette tax increase and some other fees that would be charged," said Cooper. "Our plan really has no tax increase

"We have an adjustment of corporate tax deductions."

Participants in the Times-News survey were also asked about how they thought passage of Clinton's reform plan would affect the quality of their health coverage.

About 30 percent believed coverage would improve, and about the same percentage thought it would get worse.

Cooper said, "Under the president's plan, people would have in many cases more choices than they have today.

"The president's plan does have a section that talks about quality ratings, making sure the people are able to shop for quality in health care.

"We think we do a better job of promoting quality with our plan. We try to have a level playing field ... so the people

can choose what sort of care they think is the best by looking at the price, the quality and the consumer satisfaction of each different type."

But while Cooper, a U.S. Senate candidate, touts his proposal as better than Clinton's, Cooper's plan was supported by just 7.4 percent in the Times-News poll.

Cooper's response: "I think it's still too early for most Americans to focus on a lot of the details. ... Who has had the time to read the president's 1,364-page bill, or my 292-page bill?"

"But I think as more and more people learn about the bills, they want a more conservative plan than the president's plan. They want more of a market-based plan, and not a big-government plan."

KINGSPORT
Times
Sunday
4-17-94

WEDNESDAY, APRIL 6, 1994

Your Opinion

Dear Editor,

As a member of the Seniors coalition, I want you to know that most Seniors do not favor the Clinton Health Care Plan.

Under the Clinton plan, senior citizens will surely face drastic cuts in Medicare coverage, lose their right to choose their own doctors, face long waiting lines, and possibly be denied life-saving medical treatment.

These matters are documented in a report, available at no charge, from the 2-million member Seniors Coalition. I urge you to contact the Coalition today at (703)273-5449, get a copy of their report, then do stories that will alert people in our area to the real facts behind the Clinton Health Care Plan. Thank you

Sincerely,

Thelma H. Ferguson
Howard Ferguson

insurance plans. For businesses with less than fifty employees, the Clinton plan would place a cost cap of .035% to .079% of the average payroll, accomplished with 30% to 80% discounts for employees making \$24,000 or less. A universal health care form will also help reduce the administrative costs, which can sometimes increase the cost of medical care by as much as 40%.

Small businesses are the heart of the America. The 62% that currently provide health insurance benefits should get behind the President's plan.

For the 38% of small businesses that don't currently have health care coverage, this is an opportunity for them to provide their employees with accessible, affordable health care benefits.

Small business owners and employees should cheer President Clinton on with a cry of "Health Care For Every Citizen!" They should also contact Ninth District Congressman Boucher, and urge him to support health care reform.

Sincerely,
Sam Church

Dear Editor,

Over the past few months I have carefully listened to the national debate about health care reform. I was concerned enough about the impact of the Clinton plan on small businesses in southwest Virginia to do some research, and I found that small businesses will benefit under the Clinton plan. Currently approximately 62% of small businesses have health

Burley battle

Area farmers fighting for livelihoods

By GREGORY LEAMING
Hawkins County Bureau

When green-hatted tobacco farmers descended on Nashville earlier this month, they had a couple of messages for state and federal lawmakers.

One: President Clinton's proposed 75-cent-per-pack tax on cigarettes needs to go up in smoke.

Two: Tobacco is king, or at least crown prince, in Tennessee.

Grown in 70 of Tennessee's 95 counties, tobacco is the livelihood of 98,651 Tennessee family farmers. According to the R.J. Reynolds Tobacco Co., another 51,954 Tennesseans work in tobacco-related jobs.

"Approximately one-third of people participate in tobacco," estimates Etheridge Par-

Tobacco facts in 1st Congressional District:

ranking of tobacco-producing counties.

Rank	County	Acres Harvested	Pounds Produced
1	Greene	8,200	13,000,000
2	Washington	3,000	4,700,000
3	Hawkins	3,000	4,700,000
11	Jefferson	1,500	2,400,000
12	Marion	1,500	2,400,000
13	Bulfinch	1,500	2,400,000
14	Cooke	1,500	2,400,000
17	Johnson	1,500	2,400,000
20	Carter	1,500	2,400,000
21	Searcy	1,500	2,400,000
40	Union	1,500	2,400,000

Source: Tom Jackson & Associates Inc., Nashville

Please see AREA, page 8A

Region stronghold of pro-tobacco politics

By ALAN WESTON
Times-News Staff Writer

4-17-94

Attacking the tobacco industry is politically correct in many other parts of the country, but it's a different story in Southwest Virginia and Northeast Tennessee, where many people regard tobacco as a livelihood rather than a killer.

Rep. Jimmy Quillen, a Kingsport Republican who represents Tennessee's 1st District, and Rep. Rick Boucher, an Abingdon Democrat who represents Virginia's 9th District, are both outspoken supporters of the tobacco industry.

INSIDE

- American Indians introduced tobacco to Europeans as a gift. Some call it a curse. Page 4A.
- Farmer: "I don't believe most people realize that what will hurt us will hurt them." Page 5A.

Boucher, in a recent interview, offered the following analysis of tobacco's political standing: "Sixty-six percent of the American public does not smoke and does not reside in a place where tobacco is important to the economy."

Please see REGION, page 9A

Region remains stronghold

Continued from page 1A

"The attitude among that two-thirds of the population is very supportive, for example, of an excise tax increase on tobacco products. It is very supportive of new restrictions on smoking.

"Those of us who live in an area, and represent an area, where tobacco is important to the economy ... resist those efforts very strenuously.

"It is a task that gets more difficult every year."

While the anti-tobacco forces are growing stronger, Boucher said, "There is, however, in the face of all that, a remaining high level of sympathy for the concerns and economic needs of tobacco farmers. Even the harshest critics of the industry are very sympathetic with regard to the economic needs of tobacco farmers."

What that means, in terms of political action, is that "the more dramatic of the proposals to restrict smoking are not going to pass," said Boucher.

"The most dramatic proposal at the moment would declare nicotine to be a drug. If that were done, sales of all tobacco products would be outlawed. I do not anticipate that campaign being successful."

But Boucher does expect the domestic market for tobacco will continue to shrink.

"The domestic market is shrinking by about 5 percent per year. That's been the trend over the last five years.

"Given the current attitudes, that may accelerate to some extent."

The overseas market for tobacco has the potential to more than make up for the domestic market losses.

"For example, the United States is just now beginning to have opportunities with respect to the Chinese market.

"As China becomes more economically prosperous, there will be more opportunities ahead. China is the largest nation in the world, with more than one billion inhabitants. A very large percentage of the Chinese population smokes.

"They smoke today cigarettes that are produced in China and they aren't very good in quality. There's no question about the fact that if people there could afford to do so, they would prefer to smoke cigarettes produced in the United States.

"The same really is true (in Russia). We now have entry

into that market. But most Russians don't have enough money to buy (American) cigarettes."

There is the moral issue of exporting products overseas that have lost favor in the United States because of the evidence of their health risks, but Boucher says the federal government won't restrict tobacco exports because of the health issue.

"Our U.S. trade representative takes quite the opposite view, and that is that tobacco is a major contributor to the U.S. balance of trade and ... the posture of our government, as far as international trade is concerned, should be to promote exports."

"That is the Clinton administration's position. That was the Bush and Reagan administrations' positions."

Boucher would like to see a change in the Clinton administration's position on hiking the cigarette tax to pay for health care reform, but doesn't sound optimistic.

"Some two-thirds of the population supports an in-

"It's wonderful to have the ability to go into a concern

crease in the excise tax.

"Congress typically reflects public mood on matters such as this. Most members of Congress for that reason do favor some increase in the excise tax."

Boucher vows to "make every effort to defeat any increase in the cigarette tax increase."

Would he keep that commitment even if meant the defeat of health care reform?

"I believe that there are other ways that health care reform can be financed," said Boucher. "I think we ought to have a broader taxing vehicle."

But Boucher said he's not making a "line-in-the-sand pledge" to vote against any excise tax increase.

"We may be in a position where we can negotiate an ex-

cise tax down to a more modest level.

"Part of the art of legislating is to take an inevitable consequence and to make it as palatable as possible."

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New shipments of square dance & pageant dresses and shoes have arrived and priced affordably; including dressy dresses. Closeouts on all tennis shoes, save up to 20-30%. Ladies uniforms 1 & 2 piece reduced 1/2 price. Buy now for mother's day and get an extra 10% discount on anything. Shop at Chris and save always any time. Check boys slacks 2 pr. for \$5.00 good for cutting to make shorts. Nylon jackets men's sizes \$14.95 each. We stock team cars, assorted colors \$4.95 each.

Continued from page 1A
ker, president of the Tennessee Burley Warehouse Association. "They smoke or they're involved in the business. We're a minority. We're the largest minority around — why pick on us?"

Parker says tobacco is the state's No. 1 cash crop. Tennessee farmers produce more than 146 million pounds of the leaf every year — a crop valued at nearly \$271 million.

The 1st Congressional District is home to three of the state's top 10 burley-producing counties: Greene (No. 1), Washington (No. 3) and Hawkins (No. 6). The 1993 crop in the district was valued at \$85.05 million. Sullivan County farmers harvested more than 1,500 acres and 3.25 million pounds of burley in 1993, figures that rate the county 13th in the state.

The president's proposed tax, say tobacco proponents, will cripple the already shaky industry. The current tax on a pound of tobacco is \$12.25. If tobacco shoulders the funding burden for the president's health care reform program, the tax will shoot up to \$31 a pound — a 151 percent increase.

That spells gloom, if not doom, to Tennessee's tobacco market, say tobacco industry leaders. Consumption will decrease 12 percent, Tennessee will lose millions in tax money since the feds will reap the revenue, losses to local economies will reach more than \$135 million, and more than 6,000 Tennesseans will be out of work.

Parker says the tax would smother as many as 2,700 jobs in Northeast Tennessee alone.

"What they don't understand is this: The tobacco farmer raises tobacco, he sells it, he pays for his farm, he educates his children, he pays his taxes, he's the man who sits in the church pew next to you, he plays golf with you, and he goes

Hawkins County grower Lee Johnson saw doom in the federal tax when he took his crop to market last fall.

"They'll have to go sign up for welfare or starve," Johnson said of his fellow growers. "We're talking millions of people. A lot of people selling tobacco already get food stamps or some other kind of help. They say that guns kill people — they ought to tax guns, liquor and everything else."

Parker says he wants the federal government to tax anything but tobacco. And with tongue in cheek he offers alternatives:

"Let's put a tax on newspapers," he said. "Let's put a tax on Big Macs. Let's get somebody else. If they can do it to us, they can do it to anybody. To single us out and say, 'You're going to take the burden,' that's not the way this country was founded."

But the anti-tobacco lobby says the president's proposed tax wouldn't devastate tobacco-growing regions like North Carolina and Tennessee. According to a report prepared by the Coalition on Smoking Or Health of Washington, D.C., the proposed increase will "significantly affect only a fraction of the jobs ... and create many new jobs."

"There are only 259,616 jobs involved in growing, warehousing, manufacturing, supplying and selling tobacco products," the report states. "Jobs in these fields have declined and will continue to decline even if no tax increase is enacted."

The impact will be felt in tobacco-growing areas such as North Carolina, the report continues, and that impact will be alight because tobacco-growing regions "have become less dependent upon tobacco and more diversified."

Don't tell that to East Tennessee tobacco fans.

Pro-tobacco Parker says that "every industry has its peaks and valleys" and that the

“We're talking millions of people. A lot of people selling tobacco already get food stamps or some other kind of help.”

— Lee Johnson

Tobacco is already the most taxed industry in America, Parker says.

According to his figures Clinton's tax will amount to a 10.417 percent increase on chewing tobacco and a 3.47 percent increase on snuff. A large percentage of all smokeless tobacco is produced in Tennessee, he adds.

Landsmark at Christmastime and admitted being the one who instigated the attack at City Hall Plaza.

"If Bobby's visit has any meaning to me, it's that change occurs over 20 years and reconciliation is possible," Landsmark said.

Powers, with about 120 fellow residents of the Charlestown neighborhood, was leaving City Hall following an anti-busing meeting with a city councilor. The whites opposed having blacks bused to their schools as part of a desegregation plan.

ising with you. He is a small, independent businessman," Parker said.

"Today, the public perceives tobacco as a man on a white horse on a Marlboro pack — the big corporation. That's not true. The producing is being done by small, rural farmers. They're the settlers of this country. If you're a fourth- or fifth-generation Tennessean, tobacco has touched your life," he added.

men and money and that the tobacco industry is in a valley right now. He compares it to the steel industry.

"Every industry today is going through a re-evaluation in jobs," he said.

"There may be some loss, there may be some gain, depending on supply and demand and consumption. That's true in any industry — some of them are going down, some of them are going up."

Health study claims state would suffer

By CAROL GRIFFEE
Little Rock Bureau

LITTLE ROCK — House Speaker-elect Bobby Hogue of Jonesboro today released an American Legislative Exchange Council study that says Arkansas would lose about \$82.8 million to hidden costs if the Clinton Administration's proposed health care plan is adopted.

The study, done by two Ohio University economics professors, says the Clinton plan, if enacted as proposed, would have an adverse fiscal impact on 48 of the 50 states. Drs. Richard K. Vedder and Lowell E. Galloway of Ohio University wrote that the two exceptions would be New Jersey and Rhode Island.

By 1998, the date of the proposed health plan's full implementation, state and local governments throughout the country would have a net added fiscal burden of \$2.5 billion, according to the study.

Vedder and Galloway called the added burden the equivalent of "another unfunded federal mandate."

Because President Bill Clinton is from Arkansas, Hogue was clearly torn about releasing results of the

Health-

study but opted to make them public, saying the council is a "legitimate organization with no ax to grind" and that "we clearly need this information if we as a state are going to prepare adequately for the future."

Nationally, however, among the many organizations made up of state legislators, the council generally is regarded as being among those that are more conservative and pro-business.

The president spent last week taking his health care proposal to the people in a series of "town meetings" in the Midwest, a move necessary because of what he cited as the "well-financed opposition" in Washington, D.C., that has dimmed the prospects of its passage by Congress.

Pundits have been saying for months, however, that it is unlikely that Clinton's plan will be enacted without many changes and compromises. For example, the projected regional health care alliances in the plan are "dead," they have said.

Hogue, who will become speaker of the House when the General Assembly convenes in January, serves on the Joint Interim Committee on Public Health, Welfare and Labor, one of several legislative groups trying to assess the impact on Arkansas of a national health care plan.

"I guess I'll just have to take the

heat for releasing the study," Hogue said. "What this study reveals is that under any employer-mandated health care plan, the states and American workers will be the big losers...losing jobs, losing wages, losing personal income and losing revenue."

"If adopted, these concealed costs will harm every state's economic activity for years to come."

Vedder wrote that the Clinton Administration has said its Health Security Act "will relieve the financial strain of state and local governments by bringing \$39.5 billion in expenditure reduction in Medicaid the state/federal medical care program for the disabled, those on welfare, and some elderly and community-based long-term care in the period of 1996 to 2000, and a saving of \$3.9 billion for the year 1998 alone."

Yet, the exchange council study says the overall estimated revenue losses for the states far exceed the cost savings.

The professors said the estimated losses for Arkansas by 1998 would include 9,000 jobs, \$640 million in wages and benefits, and \$770 million in personal income. Increasing the per-pack cigarette tax by 75 cents to help pay for the plan, means Arkansas would lose an additional 1,800 jobs, according to the study.

The authors of the study are espe-

cially critical of the cigarette tax increase, saying it will make the levy so high that it will encourage bootlegging and hamper enforcement and collection efforts.

They also maintain that the per capita income loss by 1998 would total \$300 and the income loss for an Arkansas family of four would be \$1,200.

As to state government, the study reached its estimated \$82.8 million figure by adding a projected \$107.8 million loss in revenue collections to \$25 million the Clinton Administration said it expects to save in federal health care spending that otherwise would go to Arkansas.

Nationwide, the professors estimated that 1,021,000 jobs would be lost because of increased labor costs imposed on business by the plan.

"This figure is somewhat in the middle of job loss estimates derived in other studies of the issue," the authors said. They predicted employers would reduce salaries to workers by more than \$93 billion to cover increased health care charges.

At the same time, they said, "we estimate that not all of the incidence of the increased health care costs will fall on labor, and that some reduction in return to capital will also occur, increasing the total personal income loss nationally to over \$112 billion."

SEE HEALTH-2A

Monday, April 11, 1994

Gore Lauds Hoagland; Visit Ties Up Traffic

BY HENRY J. CORDES
WORLD JOURNAL STAFF WRITER

Vice President Al Gore jammed rush-hour traffic, touted the Clinton administration's "gridlock-breaking" in Washington and raised \$80,000 for Rep. Peter Hoagland in a whirlwind visit to Omaha Thursday.

Gore praised Hoagland, D-Meb., at every turn, particularly Hoagland's vote that helped President Clinton's budget bill pass in the Congress, a vote for which Hoagland has taken some heat at home.

"You talk about pressure," said Gore, who himself provided the tie-breaking vote that passed Clinton's plan in the Senate. "We were able to pass it because of people with guts."

During his remarks before 500 Hoagland supporters at a food-raising rally, Gore said time has vindicated those who voted for Clinton's package of tax increases and budget cuts in August. He said it has reversed the nation's economic downturn while at the same time reducing the nation's annual budget deficit by 40 percent.

"The ones who wanted to keep gridlock and keep the status quo told such terrible tales about what would happen ... that we would go into a depression," he said. "We're seeing America back and competitive."

Gore's three-hour visit was intended to boost the campaign of Hoagland, who is expected to face another tough election as he seeks a fourth term in the 2nd Congressional District seat.

The visit started at 5:25 p.m. when Air Force Two touched down at Eppley Airfield — just in time to allow Gore's motorcade to snarl rush-hour traffic.

Omaha police and the State Patrol blocked access to Interstates 80 and 480 and a long section of 72nd Street to allow the Vice President's motorcade to travel unimpeded to a fund-raising event.

The \$1,000-per-couple fund-raiser drew nearly 100 people to the Hoagland-own home of Harland and Nancy Noddle. Gore then spoke at a \$10-per-person rally at the National Guard Armory. The two events raised an estimated \$80,000 for Hoagland's campaign, said Paul Landow, an aide to Hoagland.

The crowd at the armory, 6929 Mercy Road, was smaller than anticipated by Hoagland's campaign. The campaign had printed 750 tickets and sold 500. It was far less than the overflow crowd of more than 2,000 who attended a rally for Gore when he campaigned for the Clinton-Gore

Please turn to Page 2, Col. 1



VICE PRESIDENT AL GORE: He said time has vindicated those in Congress who voted for President Clinton's package of tax increases and budget cuts.

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P000004

Gore Lauds Hoagland, Jams Traffic

Continued from Page 1

Democratic ticket in the same building in October 1992, his last visit to Omaha.

Gore continually heaped praise on Hoagland during his 20-minute remarks at the rally, at one point saying, "There is no member of Congress with whom I have been more impressed."

He said Hoagland helped talk the administration out of eliminating a law enforcement grant program that the congressman said had aided Omaha.

Gore also said Hoagland had bucked the gun lobby by pushing a proposal making it a felony for an adult to sell a gun to a minor. Because of Hoagland's efforts, Gore said, that proposal is now part of the crime bill pending before Congress.

Gore said something must be done about the nation's crime "epidemic," which he blamed on drugs, guns, social injustice, poverty, unemployment and the breakdown of values.

"There are so many causes for it," he said. "But now is the time for a smart, tough, comprehensive crime bill."

Gore acknowledged that Hoagland, who is opposing the Clinton health-care plan, has not always voted the way the administration has wanted. "And we respect that," he said.

Gore talked little of Clinton's health plan, a plan that even Gov. Nelson — a Democrat who joined Gore on the podium — has said has no chance to pass.

Gore said it was "just ridiculous" for anyone to suggest the country does not have a health-care crisis.

Gore sounded many of the same themes at the private fund-raising reception at the Noddles' home, said



FUND-RAISER: Rep. Peter Hoagland and Vice President Al Gore share the podium at the National Guard Armory. About 500 people attended.

former Rep. John Cavanaugh of Omaha, who served with Gore in the House in the late 1970s.

Cavanaugh and Anne Boyle estimated the crowd at about 100.

Security was also tight around the armory, with some people complaining that they had to detour around 72nd Street to make it. Officers could be observed on the roof of the nearby 7000 Building. Police on horseback

surrounded the building.

The security requirements and blocked streets may have reduced the size of the crowd at the rally, Hoagland's campaign officials said. Jim Crenshaw, a Hoagland campaign adviser, said ticket sales and rally promotion were cut off early Thursday at the urging of the Secret Service.

World-Herald staff writer C. David Kotok contributed to this report.



Gore (right) speaks as Hoagland, two of his children listen.

Gore cites Hoagland's 'guts,' independence

By Don Wehner
The Lincoln Star

OMAHA — Vice President Al Gore said Thursday night that "change is at risk" in congressional contests this year. He said Rep. Peter Hoagland's re-election bid.

Those who want to stop or reverse actions taken by the Clinton administration and the Democratic Congress during the past year and a half are "going after the individuals who had the courage to vote for change," Gore said.

Hoagland, Omaha's 1st District congressman, was one of those who had "the guts to do what's right" on issues like the 1993 budget/deficit reduction package which barely cleared the Congress, the vice president said.

Despite pressure to vote no, Hoagland helped enact the president's economic package, and a year later jobs are increasing by 100,000 a month and the economy is growing, Gore said.

DESPITE OPPOSITION predictions of dire economic consequences, interest rates came down and the federal budget deficit was reduced by 40 percent in a single year, he said.

But Hoagland is also independent, Gore said.

"He's not always willing to do what we want to do."

"He always wants to know, 'What's the right thing for the people I represent.'"

Gore's praise for the congressman was voiced at a reelection rally for Hoagland following the vice president's appearance at a private 1,500-people fund-raising gathering for the three-term congressman.

Admission to the rally was \$10 a head, and the National Guard armory was half-empty when Gore spoke. He had lived in two years ago in the fever of the 1992 presidential campaign, when admission was free.

Gore did not criticize the president's health care reform plan, the administration's highest-priority domestic priority, during his Omaha speech.

OMAHA IS A CENTER of the private health insurance industry, and Hoagland has made it clear that he will not support some major elements of Clinton's original proposal.

What the country needs, the vice president said in general terms, is "comprehensive and sensible health

Responding to Republican critics who say there's no health care crisis, Gore said: "Of course there's a crisis."

The vice president spent more time talking about the administration's anti-crime initiatives, and said Hoagland has played a role in strengthening and improving them.

The congressman was opposed for a change that will make it a felony to sell guns to a minor, he said.

"Now is the time for a smart, tough, comprehensive crime bill," Gore declared.

HOAGLAND WON A narrow re-election victory in 1992 and is expected to face a tough struggle in what is traditionally a marginal congressional district again this year.

"I didn't go to Congress to find easy votes," he told his supporters at the rally. "This is the time for tough choices."

But in a kidding aside to Gov. Hoagland suggested: "TV says you're a hero. We'd have some easy votes too."

Gov. Ben Nelson pointed out that Hoagland's independence and noted that his position on the House Ways and Means Committee gives him "the power to help shape health care reform so it fits the needs of Nebraskans, and Americans as well."

GOP says health plan will cost 42,000 Virginia jobs

Associated Press

RICHMOND — President Clinton's health reform plan could cost Virginia as many as 42,000 jobs, state Republicans said Tuesday.

"Under any employer-mandated health care plan, the states and Virginia workers will be the big losers,

losing jobs, losing wages and losing personal income," state Sen. Stephen H. Martin, R-Chesterfield, said.

He cited a study by the American Legislative Exchange Council, a Washington-based public policy group, which found that the Clinton plan would cause economic losses in 48 states.

"According to their report, 26,700

Virginia jobs will be at risk," Martin said. If the federal cigarette tax is increased 75 cents to fund the plan, another 16,400 jobs could be lost in the state, he said.

State Health and Human Resources Secretary Kay Colas James said the federal government should let states continue their health reforms. "The

best thing the federal government can do is move out of our way."

Ms. James cited Virginia's efforts to offer low-cost insurance plans for the working poor, encourage more physicians to perform primary care and improve Medicaid services.

Martin said Congress could help by allowing tax-free medical care savings

accounts, giving individuals more incentives to purchase insurance and capping malpractice awards.

Clinton's plan would require employers to offer health insurance to their workers and would set up a system of regional cooperatives that would provide health plans and try to keep costs down.

Post-it brand fax transmittal memo 7071 1 of 1 pages

To: Barney Ball From: Sam Church

Re: 203-365-7413

Date: 4/13/94

'Nightline' visits tobacco country

Associated Press

CYNTHIANA, Ky. — One of Kentucky's U.S. congressmen acted as a guide when an ABC television crew filmed scenes in the central Kentucky tobacco fields.

U.S. Rep. Scotty Beeler explained that he was trying to get a different face on the industry in Washington, the industry's image is nothing but corporate plants such as R.J. Reynolds and Philip Morris, he said.

The 6th District Democrat was accompanied by ABC correspondent Colin Roberts, who took news Monday as the tour stopped for a lunch-time gathering at Ken's Value Center, a farm supplier and grocery in Harrison County.

Roberts is working on a "Nightline" program about the politics of tobacco that is expected to air late this week or next week at 11:35 p.m. EDT on ABC.

Beeler said it was no coincidence that so much bad news is pouring down on tobacco all at once. He cited recent revelations of dangerous chemical additives in cigarettes, possible federal regulation of tobacco as a drug and proposals for more stringent limits on smoking in the workplace.

"I think it's all designed to put the cover on the threat and head off Lexington."

for the tax. "We've got a very small family that no one likes in Washington," said Beeler. Carla Courtney, Beeler's wife, is to her 14-month-old son, C.L., to keep him quiet, was pleased that ABC bothered to come to Kentucky to hear from people like her whose livelihoods are tied to tobacco.

"I just hope they do something that helps. At this point, I don't know. It's too far gone," she said.

As the gathering broke up, Jereil Eibach, 61, a widow who raises 10 acres of tobacco, but has been told to quit, said the tobacco industry is inconsistent. "It's inconsistent of increasing the tax on tobacco but not alcohol, to pay for health-care reform."

Roberts said she has a point. "That's why we're here."

Beeler said the most immediate threat to farmers was not Clinton's tax but rising imports and the threat of another large cut in the amount of tobacco that farmers would be allowed to sell.

"Nightline" producer Lisa Kuehling said she and Roberts picked Beeler because they wanted a Democrat from a tobacco state. The fact that he raises tobacco made him more attractive. The fact that his schedule already called for him to meet with tobacco constituents clinched it.

ABC also filmed Beeler speaking to a gathering of farmers at the Campbell House in Lexington.

Clinton plan could kill 6,900 Arkansas jobs, lobbyists' study says

BY SUBAN ROTH
Conservative-Clinton Health Study

Nearly 6,900 Arkansans could lose their jobs if Congress were to enact President Clinton's health-care reform plan, according to a study commissioned by a small-business lobbying group.

The national study, performed by a Pittsburgh-based economic analysis firm for the National Federation of Independent Business, also found that another 178,000 Arkansans workers could suffer pay cuts as a result of the reform plan.

Nationwide, job losses could range from 850,000 to more than

3 million, the analysis by CON-SAD Research Corp. states. The study attributes these losses to the mandate in the president's plan requiring all businesses to pay 60 percent of their employees' health insurance.

Four of the other reform plans CONSAD also analyzed would not create the same employment problems because they do not include the mandate, lobbyists said.

"This is not a Clinton-bashing session," said Bob Wimberley, state director of the NFIB lobbying group. "Small business favors insurance reform, guaranteed access to health care, port-

ability of insurance plans and malpractice insurance reform. It's the cost of the mandate that's the problem."

The group released the report at a news conference Thursday morning at the Arkansas Chamber of Commerce in Little Rock.

Small-business groups have protested the employer mandate from the start. They argue it would put many small companies out of business and eliminate jobs. With the debate over health-care reform heating up, the lobby has stepped up its campaign.

The NFIB, the nation's largest small-business advocacy group,

last week brought its chief lobbyist to Arkansas to appeal to the Governor's Health Care Reform Task Force. The task force is pondering how the state should enact its own health-care reform regardless of what's decided in Congress this summer.

Advocates of the Clinton plan say the employer mandate is necessary because it will help ensure that every American has health insurance coverage. The other reform plans that have passed muster with the small-business lobby do not provide the universal coverage the president wants.

"We are for universal cover-

age," said Wimberley. "But there will have to be an across-the-board tax to pay for it, rather than use small businesses as a vehicle to collect the taxes."

The cost of health care will be passed on to employees, said Ed Smith, the president of two small Pine Bluff companies. "Don't shove it on the business' backs. Let's be real about it and spread it out in a fair way."

Elders still firm that legalizing drugs an option

Stumping for health-care plan,
top doctor fields PB, LR queries

BY SUSAN ROTH
Democrat-Gazette Health Writer

U.S. Surgeon General Joycelyn Elders maintained her position on the legalization of drugs during two Arkansas appearances Thursday.

Elders, the outspoken former state health director, created a tempest in December when she told a group of journalists in Washington she believes the government should study whether legalizing drugs would reduce crime.

"They asked if I thought it would reduce crime and I said yes, I thought it would. They asked if it should be studied and I said yes. I still feel that way," Elders said Thursday afternoon.

She addressed 125 businessmen and college and health officials at a forum sponsored by the University of Arkansas at Little Rock College of Business Administration.

It was her first official trip home since she took the national post last September.

Thursday morning, Elders spoke to a group of seventh-grade students at Southeast Junior High School in Pine Bluff. Answering a question, she said she thought drug use would decline, although not immediately, if drugs were legalized.

"But I think we would get rid of some crime that's in drugs," she said. "And we could help treat many of the hard-core users, and eventually the use

would go down."

Addressing the adults, Elders said no methods of controlling abuse should be left out of consideration.

"If we spend \$23 billion on policemen in this country, we've got to find the best method to deal with drug abuse," she said. "It is a medical problem. We can't just put people in jails. We'll never have enough jails."

But Elders said she doesn't have the answer.

"I don't know what to do," she said. "You know if I did, I'd be out there saying, 'Let's do it!'"

She said a lot of schools already are studying the ramifications of legalizing drugs. Doctors, public health officials and educators are looking at different ways to address the problem.

"We just have to convince the politicians that it's something to do," Elders said. "When things get bad enough, we always end up doing the right thing. When the bill gets high enough, reality sets in."

The surgeon general earlier urged the audience of 500 pupils, parents and teachers in Pine Bluff to beware of the "octopus" with tentacles of drugs, alcohol, violence and sexual disease that threaten them.

"I don't want you to sell your brain off while you're trying to grow up. I don't want you to sell it to drugs, to alcohol. I want you

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AP/Wide World Photos

FIRST OFFICIAL RETURN — Surgeon General Joycelyn Elders speaks Thursday to Southeast Junior High School pupils during a return to Little Rock to talk about Pres-

ident Clinton's health overhaul package. Elders, who also visited Pine Bluff, is the state's former director of the Department of Health.

Elders

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to keep that brain and develop it so you can think," she said.

Though she politely answered every question posed by the adults later, Elders was stumping for the president's health-care reform proposal Thursday afternoon.

Every American has the right to have adequate health care, Elders said.

"I was talking to a lawyer who asked me, 'Who gave them that right?' And I said, 'Every criminal has the right to a lawyer. Why shouldn't every sick person have a doctor?' Prisoners in this country are the only ones with guaranteed, mandated health care."

The most important component of the Clinton plan is its emphasis on prevention, Elders said. When she was state health director, prevention of illness through education was one of her top priorities, and it re-

mains so, she said.

"We spend 90 percent on sick care and only 10 percent on real health care, and I mean immunization, prenatal care, health education," Elders said. "We haven't taught people how to be healthy."

She said the president's reform plan not only guarantees insurance for everyone, but also legislates those preventive measures that would ultimately reduce health costs.

Ray Pierce of the Pine Bluff Bureau contributed to this article.

The Oregonian

BUSINESS

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Foes say plan to harm state's health

■ Some studies say President Clinton's proposal could produce severe bleeding in the state's economy

By STEVE WOODWARD
of The Oregonian staff

Oregonians, brace yourself for thousands of lost jobs, millions of lost state tax dollars and bleeding bottom lines at Oregon's hospitals.

That's the view from organizations opposed to various pieces of the Clinton health plan.

In contrast, the Clinton administration maintains that employers would pay less for insurance, fight less with paperwork and increase a small business's ability to attract quality employees.

Nevertheless, a raft of recent studies paints a grim picture for Oregon if the

president's plan succeeds in becoming law.

Study No. 1 is dire: At least 8,200 workers could lose their jobs, according to Consad Research Corp. of Pittsburgh. Moreover, an additional 242,000 workers could lose an average of \$1,170 in wages and benefits during the first year of the health plan.

The study was released Thursday by the National Federation of Independent Business, the nation's largest small-business lobby, and the Health Equity Action League, a business coalition.

Job losses, the study says, would be heaviest among Oregon's small businesses: 5,100 of the lost jobs would be

in companies with fewer than 100 employees.

The study also estimates that providing health care for Oregonians actually would cost \$920 million more than the amount contributed by employers and employees. If the government fails to pick up that extra cost and turns to business for the money, then the job loss would widen to 42,400 in Oregon, with 75 percent of those jobs in the state's smallest businesses.

"The Clinton plan hits low-income workers hardest, because employers can't reduce their compensation since it is already at or near the minimum wage," said E. Joe Gilliam, Oregon state director for the National Feder-

ation of Independent Business. "Until this study, we had no real idea whose jobs will be lost. Now we know."

Study No. 2 is more dire: At least 14,400 workers could lose their jobs, according to a study by two Ohio University economics professors. In addition, the workers who are left could see their wages and benefits shrink by \$1 billion and their personal incomes shrink by \$1.2 billion. That translates into a loss of \$360 in income for each Oregonian.

The researchers also contend that the Clinton plan fails to account for

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Health plan: Groups divided on employer mandate aspect

■ Continued from Page E1
state tax revenues lost because of the decline in personal incomes. The study estimates the state will lose \$210.6 million it otherwise would have collected in income taxes. The total loss to the state, however, would be only \$127.6 million, because the state will pick up an estimated \$83 million elsewhere: reduced Medicaid spending.

The study was released earlier this month by the American Legislative Exchange Council, a national group of state legislators dedicated to free markets and limited government. The council has declared its opposition to the Clinton health plan.

Why the big losses? The presi-

dent's plan requires all businesses to provide health insurance for employees, with business picking up 80 percent of the insurance costs. In turn, businesses — particularly small businesses, the mainstay of Oregon's economy — may reduce their work forces and cut wages and benefits to pay for it all. The National Federal of Independent Business opposes the so-called employer mandate.

The Oregon Association of Hospitals and Health Systems, in contrast, supports the employer mandate, as well as the Clinton plan's call for universal coverage and the restructuring of the health care system, said Ken M. Rutledge, president of the association.

But the association draws the line on other features of the plan: price controls, mandatory health alliances between businesses and consumers and cuts in Medicare spending to help pay for the cost of the plan.

Study No. 3, in fact, says the Medicare cuts would "devastate" Oregon hospitals: By 1998, the first full year of the Clinton plan, Oregon hospitals would spend \$114.60 on hospitalized Medicare patients for every \$100 they were reimbursed by the federal government, according to Lewin-VHI Inc., a Fairfax, Va., consulting firm.

The study, released this week by the Oregon Association of Hospitals, concludes that urban hospitals and teaching hospitals, such as Oregon Health Sciences University, would be hit harder than others. The study also notes that, even without the Clinton plan, Oregon hospitals would continue to lose ground financially, though not as fast or deeply.