

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Public Liaison

Series/Staff Member: Alexis Herman/Ruby Moy

Subseries:

OA/ID Number: 4275

FolderID:

Folder Title:

Health Care Information III [binder] [1]

Stack:

S

Row:

29

Section:

5

Shelf:

6

Position:

3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (3 pages)	02/00/1994	b(6)

COLLECTION:

Clinton Presidential Records
Public Liaison
Alexis Herman
OA/Box Number: 4275

FOLDER TITLE:

Health Care Information III [binder] [1]

2012-0741-F

rs2638

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]

PUBLIC LIAISON

ALEXIS HERMAN

RUBY MOY

3 BOXES OF MATERIAL SENT TO FILE

Box 1

Booklet - Health Security Plan Briefing Book - September 22, 1993

Booklet - Health Care Reform Briefing - Tuesday February 15, 1994

Booklet - Briefing for the African American Health Care Providers
Thursday, February 17, 1994

Binder - Health Care and Business - 1994

Binder - Health Care and Business - 1993

Binder - Health Care Notebook - (date order)

ENCLOSURES FILED OVERSIZE ATTACHMENTS

4274

NARA 2965

Box 2

Binder - Health Care Information II

Binder - Health Care Information III

ENCLOSURES FILED OVERSIZE ATTACHMENTS

4275

NARA 2966

**HEALTH CARE
INFORMATION
III**

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Black Editors / Publishers

Divider Title: _____



OFIELD DUKES & ASSOCIATES
PUBLIC RELATIONS COUNSELOR

TO: Alexis Herman
Assistant to the President and Director,
Office of Public Liaison
The White House

cc: Ben Johnson

From: Ofield Dukes

Subject: Health Care Briefing of Black Editors/Publishers
(National Newspapers Publishers Association)

Date: February 22, 1994

FEB 24 1994

Bob Bogle, president of the National Newspaper Publishers Association (NNPA), is interested in having NNPA members briefed on the President's Health Care Reform legislative package during the annual observance of Black Press Week, March 16-19.

Initially, I attempted to arrange for Dr. Risa Lavizzo-Mourey to brief NNPA during their Mid-winter Workshop in Charleston, South Carolina in January. However, there was some concern among publishers in North Carolina about health advocates from Washington, D.C. embarrassing one of their corporate hosts, RJ Reynolds Tobacco Company.

So, after a series of telephone calls, Bob offered the alternative of having Risa do a series of articles for NNPA newspapers (copies enclosed) and a health care briefing in Washington in March.

The best day for NNPA is Thursday afternoon, March 17, or Friday, March 18, morning or afternoon.

If this can be arranged, Bob suggests that a direct invitation be mailed to all 160 NNPA editors/publishers. It may well be a wonderful opportunity for NNPA members to be introduced to the First Lady, as a part of the briefing.

WHERE WILL THE MONEY COME FROM?

By: Risa Lavizzo-Mourey, M.D., M.B.A.

President Clinton's Health Security Act proposes a comprehensive reform of our health care system that is built on six principles -- the key one for the African American community being security. Of the half-dozen major proposals before Congress to reform the health care system, only the President's and one other include guaranteed, comprehensive benefits for every American that can never be taken away. Expanding benefits is critical to improving the health status of the African American community, but it also raises the question, "Where will the money come from?"

The answer lies in President Clinton's principle of responsibility. We will all pay our fair share. Employers who are not currently providing health insurance benefits for the employees will have to do so. Individuals will pay for part of our health insurance premiums as well as a portion of the cost when we actually receive services. The federal and state Governments will pay for discounts for low-income persons and small businesses so that the responsibility to pay is fair. A new tax on cigarettes and other tobacco products will raise additional monies to help pay for the discounts.

Many African American business people are concerned about the requirement that employers pay part of the health care premium. Since the vast majority of African American businesses are small businesses, business people are worried that this new requirement could cut profits and even cause some businesses to close. Though this is an understandable concern, there are two reasons that make this unlikely. First, most small businesses already provide health insurance for their employees and do so at a cost much higher than that paid by large corporations. Under President Clinton's plan, their costs will be lower. Second, President Clinton's bill includes significant discounts for low-wage, small businesses. There will be a cap on how much a business will be required to pay for health insurance premiums. These caps will range from 3.5 percent of payroll for very small businesses to 7.9 percent for any business. (SEE INSERT OF THE BAR GRAPH FOR THE PAYMENT FOR SMALL BUSINESSES) According to most data, the average number of employees in minority businesses is 25 therefore, most of these would be eligible for substantial discounts.

Surveys of business people not providing insurance to their employees say that they would like to, but cannot afford to provide insurance. Discounts for small business will make insurance far more affordable and will allow employers to "do the right thing."

How much will individuals pay? That will depend on the price of the health plan they choose. The Government will calculate the price for an average "premium" in each area. Employers will pay 80 percent of this average premium unless they are eligible for the discounts already described. The individual will pay the difference between the cost of the premium and the amount the employer pays.

In order to make this fair to people with limited incomes, the Government will also provide discounts for individuals making up to \$10,800, single parent families making up to \$18,400 or two parent families making up to \$22,200 (150 percent of poverty). Persons who receive Medicaid and welfare payments will not have to pay any premiums if they choose an average price plan, or a below average price plan. Unlike some proposals, President Clinton's proposal does not force poor people into the cheapest health plan. It does say that people who want the most expensive health plans have to pay more.

Self-employed persons, a growing portion of the African American workforce, will find their health care premiums more affordable for two reasons. First, instead of paying a higher premium as they do now, because they do not have group insurance, their payments will be based on the same average premium as everyone else in the community.

Second, their premiums will be 100 percent tax deductible, not just 25 percent tax deductible as they are today. The bottom line is that the vast majority of African Americans will have more health care coverage, will have it from the cradle to the grave, and will pay less for it. (SEE INSERT THAT GIVES AVERAGE COSTS PER FAMILY).

THE HEALTH SECURITY ACT:
MORE CHOICE FOR AFRICAN AMERICANS

By: Risa Lavizzo-Mourey, M.D., M.B.A.

Choice is one of the guiding principles that President Clinton has said he will not compromise. In the African American community choice has two meanings -- being able to choose your source of care and having more than one source from which to choose. Too many African American communities suffer from shortages of doctors, nurses, clinics, hospitals, pharmacies, and other health care organizations. Some communities have only a single provider. The result is that members of the community do not have any choice of provider. This situation is unacceptable and demands correction.

Equally unacceptable is being denied the choice of provider because an employer or bureaucrat assigns you to a particular health plan. Only 29% of people receiving health insurance through large employers have more than three plans to choose from. This is a problem because the doctor or hospital that you want may not be in one of those plans meaning you can't see the provider you want. Most small businesses don't offer any choice of plan.

To really provide choice for African American communities both of these issues must be addressed. This is exactly what the Health Security Act does.

President Clinton's proposal builds on the well established trend of providing health care through integrated, managed health plans. Each health plan will be composed of doctors, hospitals, nurses, pharmacies and other health care organizations needed to deliver the comprehensive benefits that will be guaranteed to every American. (SEE BOX)

The alliance will guarantee you a choice of a variety of health plans. You will be provided with information on the price of the plan, the names and locations of the providers and the performance of the plan on quality measures such as consumer satisfaction. Then, you will choose the plan that meets your needs. Every family will make its own choices. Employers won't choose your source of health care, nor will Medicaid officers, or state officials -- you will. (SEE BOX, MAKE SURE THE FIGURES IN THE GRAPHIC LOOK AFRICAN AMERICAN) If you want a particular doctor, you will choose the health plan to which that doctor belongs.

Of course choosing a plan will be meaningless if there is a shortage of doctors and hospitals in our communities. That's why President Clinton has included provisions in this bill to increase the number of doctors, nurses and health plans in our communities. The bill calls for doubling of the number of minority medical students by the year 2000.

The Act also provides tax incentives and loans for providers who practice in underserved areas. It increases the number of African American nurses as well. It provides "equal pay for equal treatments" so that doctors and hospitals caring for Medicaid patients will no longer have lower payments. When the Health Security Act provides universal health care coverage and equal payment, the two major financial reasons our communities have been underserved will be fixed.

We must be realistic. This bill will not correct the effects of years of discrimination and neglect that has caused the health care crisis in our communities immediately. But it has the key ingredients to move us much more rapidly in the right direction, and to provide real choices along the way.

AFRICAN AMERICANS' HEALTH CARE UNDER THE HEALTH SECURITY ACT
by: Risa Lavizzo-Mourey, M.D., M.B.A.

Nineteen ninety four will bring health care reform, but it will bring better health care for African Americans only if President Clinton's principles are not compromised.

President Clinton has introduced a bill in Congress, The Health Security Act, that will overhaul the health care system. It is a comprehensive bill that is based on six simple principles - security, savings, simplicity, choice, quality and responsibility. Various groups have focused on specific principles as vital to their interests in a reformed health system. The economists demand savings; the American Medical Association trumpets choice and everyone rallies behind quality.

What about African Americans? Crisis describes the status of health and health care in the African American community, making all six principles vital to African American interests. However, the **security** that will follow from everyone having access to comprehensive health benefits that can never be taken away is, in my opinion, the most important principle to the African American community.

The health care crisis in the African American community has many causes, but at the core are two issues - disproportionate numbers of uninsured persons and a heavy burden of illness.

One in four African Americans does not have health insurance compared with 14.7 percent for the general population. The reality of this statistic is that virtually every African American knows a family member, friend, or coworker who is uninsured. Most uninsured persons work or are dependent on someone who works.

Moreover, African Americans' health status is lower than Americans as a whole. Life expectancy is lower; infant mortality is greater; many disabling diseases such as heart disease, diabetes, and arthritis are more common. This high burden of illness means that African Americans often have "preexisting conditions" resulting in high health insurance premiums or worse - being refused coverage by insurance companies. In addition, many African Americans who are insured rely on Medicaid or have bare bones policies. It does not make sense for one fourth of a people so burdened with illness to be without comprehensive health coverage.

Under the Health Security Act

The Health Security Act will guarantee comprehensive health care benefits to every citizen and legal resident. The benefits will cover office treatments, laboratory tests, hospitalizations,

prescription drugs and insulin, dental and eye care for children to age 18, rehabilitation, long-term care, hospice, mental health services and substance abuse treatments.

Full mental health and substance abuse treatment benefits will be phased in over 6 years. Even in the beginning inpatient and outpatient mental health and substance abuse treatments will be covered with some restrictions, but more liberally than most of today's health insurance policies.

Equally important, the Act will cover preventive services such as pap smears, mammograms, well baby check ups and health classes. In order to encourage everyone to take advantage of these services and do everything possible to stay healthy, these services will be free of charge.

Emergency services will be covered and for true emergencies there will not be a co-payment. The tragedy is that today many people use the emergency room because they do not have any other acceptable source of medical care. Because the Health Security Act will increase the number of providers in underserved areas, everyone will be able to reserve emergency rooms for emergencies.

The Health Security Act will provide the security of cradle to grave health care coverage. No insurance company will be able to exclude you because you have a serious, chronic, or expensive medical problem such as stroke, cancer or health disease. A crucial step in improving the health of the African American community will be assuring that all African Americans have comprehensive health benefits throughout life -- no matter what life may bring.

The health care system in this country is extremely complex. Therefore, even though most African Americans know that the system needs fixing, and know what would be best for our communities, there is a tendency to leave the fixing to the experts. Our health care system is too important for us not to get involved. Everyone should try to learn how this will affect them, their family and their neighbors and make their views know. As the various health care reform bills are debated, African Americans must examine each with regard to the security it brings to our community.

Comprehensive Benefits Covered Under the Health Security Act

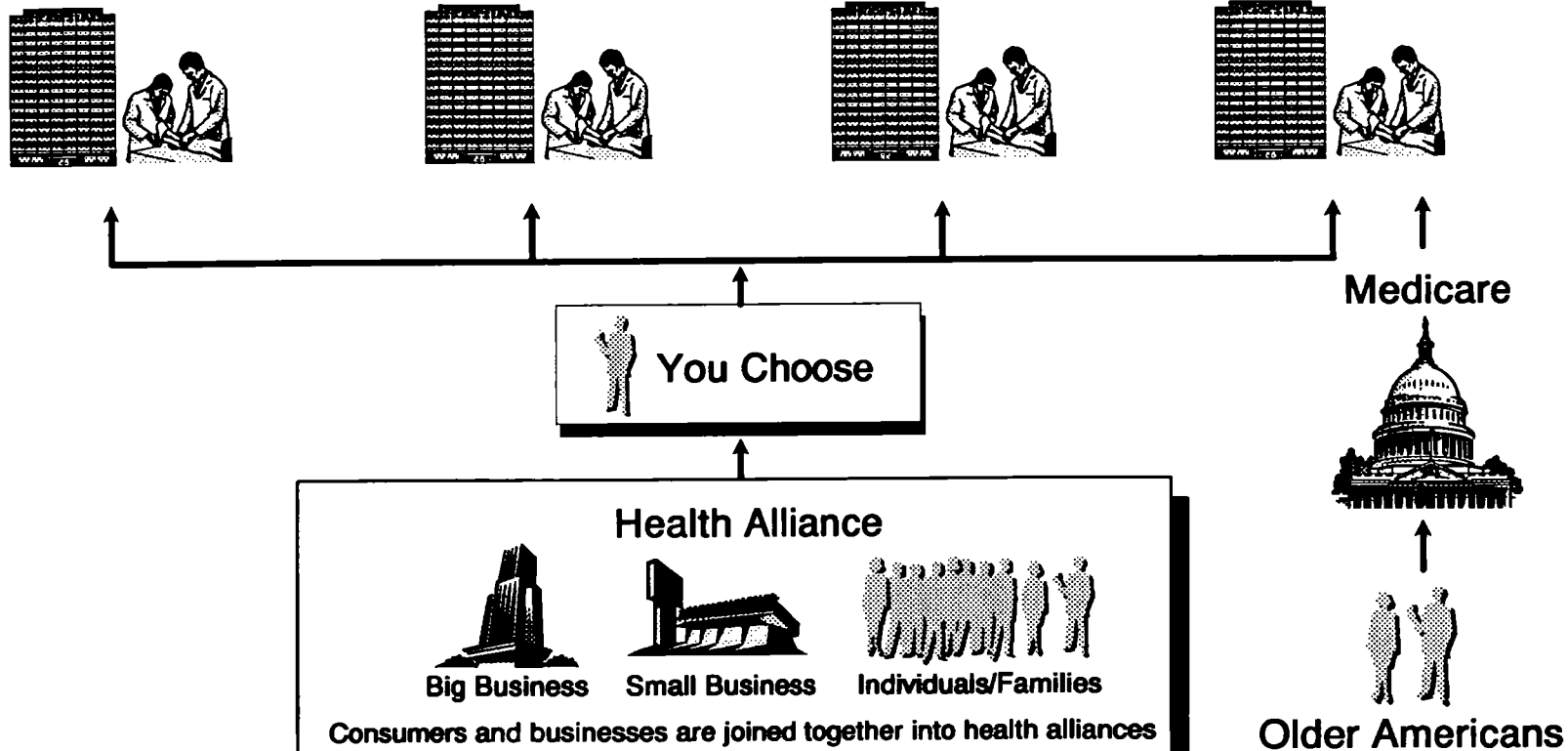
- Preventive services
- Hospital
- Prescription drugs
- Emergency services
- Health professionals
- Family planning
- Pregnancy-related
- Hospice

Comprehensive Benefits Covered Under the Health Security Act (cont'd)

- Home health care
- Extended care
- Ambulance
- Laboratory and radiology
- Outpatient rehabilitation
- Durable medical equipment
- Vision care
- Preventive dental - children

How You Get Coverage: The New System

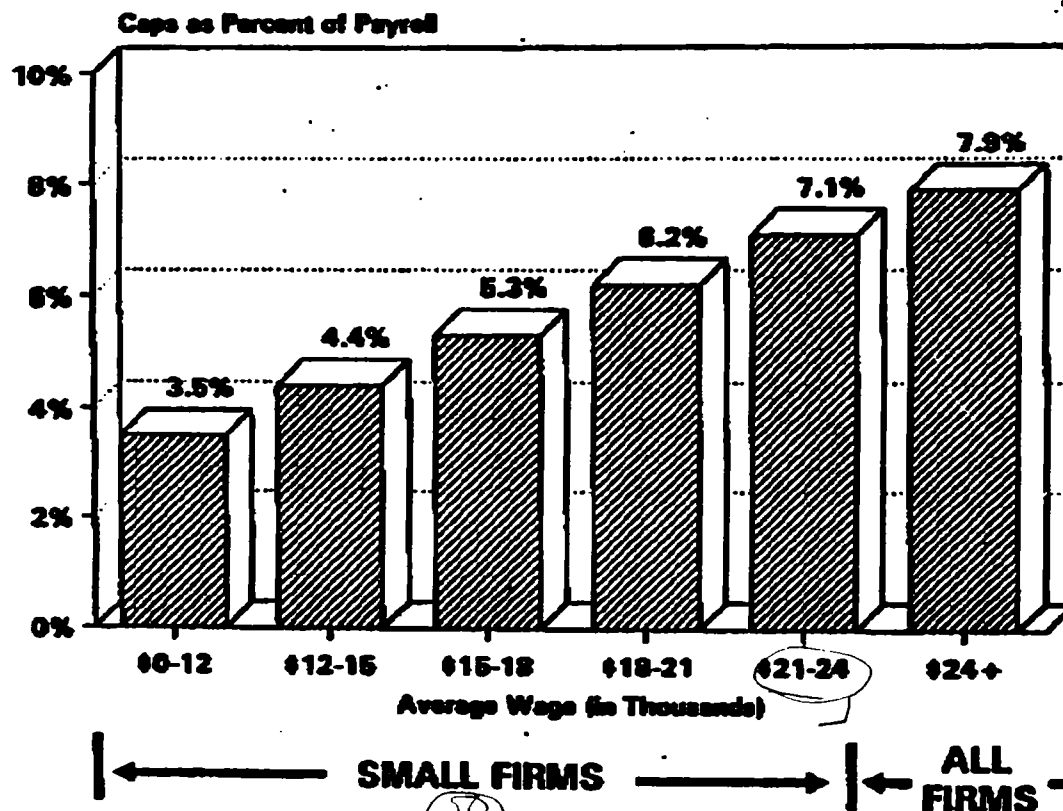
Health care reform brings people closer to their doctors and the high quality, affordable care they deserve.



AHCPR

CAPS ON EMPLOYER CONTRIBUTIONS

- Employer contributions are limited to a percent of their payroll costs, depending on their size and average wage. Government subsidies cover the remainder.



- Small Firms (fewer than 50 workers): Caps are placed on their premium contribution ranging from 3.5% of payroll to no more than 7.9%, depending on the average wage of that firm.
- Large Firms (more than 50 workers): Not required to pay more than 7.9% of payroll for their employees' premiums.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Business Led Coalitions

Divider Title: _____

April 14, 1994

APR 14 1994

MEMORANDUM FOR RICKI SEIDMAN

FROM: AMY ZISOOK

SUBJECT: COMMITTEE OF 200

Per Colleen's request, attached is additional information about C200 including the list of participants and their full packet of promotional materials.

As you can see, the women are either CEOs of small and mid-size companies or senior executives of large ones.

Being women, they are more likely to support the President's health care plan and more likely to work and speak-out in our behalf.

Inasmuch as we do lots of business events with "suits," we get some extra mileage out of appealing to women executives for a change!

cc: Alexis Herman
Steve Hilton
Doris Matsui
Danny Wexler

MEMORANDUM
OF CALL

Previous editions usable

TO: R

☐ YOU WERE CALLED BY-- ☐ YOU WERE VISITED BY--

OF (Organization) Julia

☐ PLEASE PHONE ☐ FTS ☐ AUTOVON

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

I talked to her: she
said They were trying
to ~~get~~ get info from you.
They will wait to send

RECEIVED BY X DATE 4/25 TIME 10a

63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
FPMR (41 CFR) 101-11.6

Memo until they
hear back from
you

MEMORANDUM
OF CALL

Previous editions usable

TO: R

☐ YOU WERE CALLED BY-- ☐ YOU WERE VISITED BY--

OF (Organization) Julia Moffitt

☐ PLEASE PHONE ☐ FTS ☐ AUTOVON

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

Says she needs
to talk to
you ASAP if you
have info.

RECEIVED BY X DATE 4/25 TIME 9:50

63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
FPMR (41 CFR) 101-11.6

No info yet -
we're checking

Ash Julia to give
you more info

Let her know
AMH will be call'g
Const. people

MEMORANDUM
OF CALL

Previous editions usable

TO: Auth

☒ YOU WERE CALLED BY R.V. Siegal ☐ YOU WERE VISITED BY

OF (Organization): @ Home

☒ PLEASE PHONE 404-392-0132 ☐ FTS ☐ AUTOVON

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

WK 404-804-2111
Cell 404-626-0628

RECEIVED BY [Signature] DATE 4/23 TIME 5:30p

63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
U.S. GOVERNMENT PRINTING OFFICE: 1991 281-781/40014 FPMR (41 CFR) 101-11.6

MEMORANDUM
OF CALL

Previous editions usable

TO: R

☐ YOU WERE CALLED BY Sonnel ☐ YOU WERE VISITED BY

OF (Organization):

☐ PLEASE PHONE ☐ FTS ☐ AUTOVON

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

I called RKSiegel's office & said ~~Auth~~ Auth is going to call later.

RECEIVED BY [Signature] DATE 4/25 TIME 2:45a

63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
U.S. GOVERNMENT PRINTING OFFICE: 1991 281-781/40014 FPMR (41 CFR) 101-11.6

File under
Construction
list

Fax to 202/456-2983

LAW COMPANIES GROUP, INC.
1000 Abernathy Road, N.E.
Atlanta, GA 30328 USA
Telephone: 404/396-8000
Fax: 404/396-8059

F A X M E S S A G E

TO: Ms. Alexis Herman
White House

FROM: Janis Brown

DATE: April 20, 1994

PAGE(S):

Ms. Herman, at the request of Mr. Andrew Young attached is a listing of the Construction Industry Presidents Forum (CIPF) membership. If you have any questions, please feel free to call me.

*1) Drug Street
2) Long Term Case
H/C # Brown.*

CIPF

MEMBERS

Stephen M. Solomon

President
ABB Lummus Crest, Inc.
1515 Broad Street
Bloomfield, NJ 07003
(201) 893-2554

Thomas J. Henderson

Chairman & CEO
Guy F. Atkinson Co.
1001 Bayhill Drive
San Bruno, CA 94066
(415) 876-1000

Daniel L. Baker

President
Baker Concrete Construction, Inc.
900 North Garver Road
Monroe, OH 45050
(513) 539-4000

Richard L. Shaw

Chairman
Michael Baker Corp.
4301 Dutch Ridge Road
Beaver, PA 15009
(412) 495-4252

Gary H. Bechtel

President
Bechtel Civil Company
50 Beale Street
San Francisco, CA 94105
(415) 768-7493

Lawrence L. Gellerstedt III

President & CEO
Beers Construction Company
73 Ellis Street N.E.
Atlanta, GA 30303
(404) 659-1970

Michael Goodrich

President
B E & K
2000 International Park Drive
Birmingham, AL 35243
(205) 972-6000

J.J. Suarez

President
Belcan Engineering Group, Inc.
10200 Anderson Way
Cincinnati, OH 45242
(513) 985-7266

P.J. (Jim) Adam

Chairman & CEO
Black & Veatch
8400 Ward Parkway
Kansas City, MO 64114
(913) 339-3600

Peter M. Lehrer

President
Bovis, Inc.
200 Park Avenue
New York, NY 10166
(212) 592-6801

Gary L. Brinderson

President & CEO
Brinderson
19800 MacArthur Boulevard
Irvine, CA 92715
(714) 752-5100

D. Keith Dodson

President & CEO
John Brown Worldwide
Engineers & Constructors
7909 Parkwood Circle Drive
Houston, TX 77036
(713) 988-2002

J. Lynn Hartford

President
Brown and Caldwell
3480 Buskirk Avenue
Pleasant Hill, CA 94523-4342
(510) 937-9010

Tommy E. Knight

President & CEO
Brown & Root, Inc.
4100 Clinton Drive
Houston, TX 77020
(713) 676-8283

CIPF

MEMBERS

Dave G. Ruf, Jr.

President & CEO
Burns & McDonnell
P.O. Box 419173
Kansas City, MO 64141
(816) 822-3002

K. Keith Roe

Chairman, President & CEO
Burns & Roe Enterprises, Inc.
800 Kinderkamack Road
Oradell, NJ 07649
(201) 265-2000

Robert C. Marini

Chairman & CEO
Camp Dresser & McKee, Inc.
1 Center Plaza
Boston, MA 02108
(617) 621-8181

William J. Gillilan III

President
Centex Corporation
3333 Lee Parkway
Dallas, TX 75219
(214) 559-6500

Ralph R. Peterson

Chairman & CEO
CH2M Hill Companies Ltd.
6060 South Willow Drive
Greenwood Village, CO 80111-5112
(303) 771-0900

Peter Vigue

President
Cianbro Corporation
Hunnewell Square
P.O. Box 220
Pittsfield, ME 04967
(207) 487-3311

Craig L. Martin

President
CRSS Architects, Inc.
1177 West Loop South #800
Houston, TX 77027
(713) 552-2688

Charles B. Thomsen

President & CEO
3D/International, Inc.
1900 West Loop South
Suite 600
Houston, TX 77027
(713) 871-7000

Raymond W. Holdsworth

President & CEO
Daniel Mann Johnson & Mendenhall
3250 Wilshire Blvd.
Los Angeles, CA 90010
(213) 381-3663

Elijah Rogers

President
Delon Hampton & Associates, Chartered
800 K Street NW
Washington, DC 20001
(202) 898-1999

Douglas P. Dick

President
Dick Corporation
P.O. Box 10896
Pittsburgh, PA 15236
(412) 384-1133

Donald K. Stager

Chairman, President & CEO
Dillingham Construction Holdings, Inc.
5960 Inglewood Drive
Pleasanton, CA 94588-8535
(415) 463-3300

Martin K. Eby, Jr.

Chairman & CEO
Martin K. Eby Construction Co., Inc.
610 North Main
P.O. Box 1679
Wichita, KS 67201
(316) 268-3500

Andrew W. Loven

President
Engineering-Science, Inc.
75 North Fair Oaks Avenue
Pasadena, CA 91109
(818) 440-2000

CIPF

MEMBERS

Eugene C. Figg, Jr.
Chairman, President & CEO
Figg Engineering Group
424 North Calhoun Street
Tallahassee, FL 32301
(904) 224-7400

Leslie G. (Les) McCraw
Chairman & CEO
Fluor Corporation
3333 Michelson Drive
Irvine, CA 92730
(714) 975-5435

Herbert Bodner
President & CEO
Fru-Con Corp.
15933 Clayton Road
Ballwin, MO 63022-0100
(314) 391-4625

W. G. Mango, Jr.
President & CEO
George A. Fuller Co.
919 Third Avenue
New York, NY 10022
(212) 355-2700

Dan R. DeMars
Chairman
Geupel DeMars, Inc.
P.O. Box 887
Indianapolis, IN 46206
(317) 924-9192

Paul J. Choquette, Jr.
President
Gilbane Building Company
7 Jackson Walkway
Providence, RI 02940
(401) 456-5905

David H. Watts
President & CEO
Granite Construction Company
585 W. Beach Street
Watsonville, CA 95077
(408) 724-1011

Witt D. Barlow
President & CEO
Great Lakes Dredge & Dock Co.
2122 York Road
Oak Brook, IL 60521
(708) 574-3008

Frank T. Callahan
Chairman & CEO
Greiner Engineering Inc.
909 E. Las Colinas Boulevard
Suite 1900, Lock Box 44
Irving, TX 75039
(214) 869-1001

Bill L. Harbert
Bill Harbert International Construction, Inc.
P.O. Box 531390
Birmingham, AL 35253
(205) 802-2811

Anthony G. Posch
President
Frederic R. Harris, Inc.
300 East 42 Street
New York, NY 10017
(212) 973-2900

Lawrence A. Wilson
President
HCB Contractors
1401 Elm Street
Dallas, TX 75202
(214) 747-8541

Francis Jelenasperger
Chief Operating Officer
HDR, Inc.
8404 Indian Hill Drive
Omaha, NE 68114-4049
(402) 399-1224

James J. Moynihan
President
Heery International, Inc.
999 Peachtree Street N.E.
Atlanta, GA 30387
(404) 881-9880

CIPF

MEMBERS

Jerome J. Sincoff

President
Hellmuth Obata & Kassabaum, Inc.
1831 Chestnut Street
St. Louis, MO 63103
(314) 421-2000

Jerry L. Morgensen

President
Hensel Phelps Construction Co.
420 6th Avenue
Greeley, CO 80631
(303) 352-6565

Irvin E. Richter

Chairman & CEO
Hill International, Inc.
One Levitt Parkway
Willingboro, NJ 08046
(609) 871-5800

Ronald L. Skaggs

Chairman & CEO
HKS, Inc.
1111 Plaza of the Americas North
Dallas, TX 75201
(214) 969-5599

Zoltan Stacho

President
Holmes & Narver, Inc.
999 Town & Country Road
Orange, CA 92668
(714) 567-2607

Peter W. Schmidt

President
Philipp Holzmann USA Ltd.
J.A. Jones Drive
Charlotte, NC 28287
(704) 553-3668

Harvey K. Hammond, Jr.

Chairman & CEO
HNTB Corporation
11270 West Park Place
Milwaukee, WI 53224
(414) 359-2300

Peter C. Forster

President
The George Hyman Construction Co.
7500 Old Georgetown Road
Bethesda, MD 20814
(301) 986-8236

Raymond E. List

Chairman
ICF Kaiser Engineers, Inc.
1800 Harrison Street
Oakland, CA 94623
(510) 419-6000

William J. Deasy

Vice Chairman, President & CEO
T.L. James & Co., Inc.
P.O. Box 20115
New Orleans, LA 70141-0115
(504) 461-9101

Charles T. Davidson

President & CEO
J.A. Jones, Inc.
J.A. Jones Drive
Charlotte, NC 28287
(704) 553-3323

Gordon V.R. Holness

President & CEO
Albert Kahn Associates, Inc.
Albert Kahn Building
7430 Second Avenue
Detroit, MI 48202
(313) 871-8500

Ayao Katayama

President & CEO
Kajima International, Inc.
900 Sylvan Avenue
Englewood Cliffs, NJ 07632
(201) 568-1800

Gerard M. Kenny

President
Kenny Construction Company
250 Northgate Parkway
Wheeling, IL 60090
(708) 541-8200

CIPF

MEMBERS

Charles H. Campbell

Chairman
Kiewit Construction Group
1000 Kiewit Plaza
Omaha, NE 68131
(402) 342-2052

Stephen C. Mitchell

President
Lester B. Knight & Associates, Inc.
549 W. Randolph Street
Chicago, IL 60606
(312) 346-2100

Victor D. Laidlaw

President
Koll Construction
3020 Old Ranch Parkway
Seal Beach, CA 90740
(310) 594-5577

R.K. Sehgal

Chairman & CEO
Law Companies Group, Inc.
1000 Abernathy Road
Atlanta, GA 30328
(404) 396-8000

Uzi Halevy

President
Litwin Engineers & Constructors
P.O. Box 1281
Houston, TX 77251
(713) 267-7752

Donald R. Luger

Chairman, President & CEO
Lockwood Greene Engineers, Inc.
250 Williams Street
Atlanta, GA 30303
(404) 525-0500

John L. Marshall III

President
Marshall Contractors, Inc.
75 Newman Avenue
Rumford, RI 02916
(401) 438-3500

Robert H. Luffy

Chairman & CEO
Mellon Stuart Co.
1 North Shore Center
Pittsburgh, PA 15212
(412) 323-4648

George A. Bicher

President
Metcalf & Eddy, Inc.
10 Harvard Mill Square
Wakefield, MA 01888
(617) 246-5200

Murli Tolaney

President & CEO
Montgomery Watson
300 North Lake Avenue
Pasadena, CA 91101
(818) 796-9141

Gunnar E. Sarsten

President
Morrison Knudsen Corporation
1500 West Third Street
Cleveland, OH 44113-1402
(216) 523-6677

T.J. (Tim) Thirlwall

Joint Managing Director
Mott MacDonald Group, Ltd.
20/26 Wellesley Road
Croydon CR9 2UL
Surrey, England
081 686-5041

Fred C. Kreitzberg

President & CEO
O'Brien-Kreitzberg & Assoc.
185 The Embarcadero
San Francisco, CA 94105
(415) 777-0188

Dan T. Montgomery

President & CEO
OMNI Construction, Inc.
7500 Old Georgetown Rd.
Bethesda, MD 20814
(301) 657-6800

CIPF

MEMBERS

Michael D. Sargent

Chairman
Ove Arup & Partners HK, Ltd
56/F Hopewell Centre
183 Queen's Road East
Hong Kong
528-3031

Charles J. Pankow

Chairman & CEO
Charles Pankow Builders, Ltd.
2476 North Lake Avenue
Altadena, CA 91001
(213) 684-2320

Henry L. Michel

Chairman
Parsons Brinckerhoff, Inc.
One Penn Plaza
New York, NY 10119
(212) 465-5002

Leonard J. Pleroni

Chairman & CEO
The Parsons Corporation
100 West Walnut Street
Pasadena, CA 91124
(818) 440-4477

Robert S. O'Neill

President
Parsons DeLeuw, Inc.
1133 15th Street N.W.
Washington, DC 20005
(202) 775-3300

James T. Callahan

President
Parsons Main, Inc.
Prudential Center
Boston, MA 02199
(617) 859-2211

Joseph D. Thompson

Chairman & CEO
PCL Constructors, Inc.
5410 99 Street
Edmonton, Alberta
Canada T6E 3N7
(403) 435-9711

David B. Perini

Chairman & President
Perini Corporation
73 Mt. Wayte Avenue
Framingham, MA 01701
(508) 875-6171

Paul L. Busch

President & CEO
Malcolm Pirnie, Inc.
2 Corporate Park Drive
White Plains, NY 10602
(914) 694-2100

Herman J. Russell

Chairman
H.J. Russell Construction Co., Inc.
504 Fair Street S.W.
Atlanta, GA 30813

David S. Rozendale

President & CEO
RUST International Corp.
P.O. Box 101
Birmingham, AL 35201
(205) 995-7601

Eugene V. Abraham

Senior Partner
Sargent & Lundy
55 East Monroe Street
Chicago, IL 60603
(312) 269-3765

Claes Björk

President
Skanska (USA), Inc.
60 Arch Street
Greenwich, CT 06830
(203) 629-8840

Michael J. Flynn

Chairman & President
Slattery Associates, Inc.
16-16 Whitestone Expressway
Whitestone, NY 11357
(718) 767-2600

CIPF

MEMBERS**Arnold Mikon**

President & CEO
Smith, Hinchman & Grylls
Associates, Inc.
150 West Jefferson Avenue
Detroit, MI 48226
(313) 983-3820

Lewis R. Smoot, Sr.

President & CEO
The Smoot Corporation
907 North 23rd Street
Columbus, OH 43215
(614) 253-9000

Bruce C. Coles

President
Stone & Webster, Inc.
One Penn Plaza
New York, NY 10019
(212) 290-7494

Michael Haratunian

President & CEO
STV Group, Inc.
11 Robinson Street
Pottstown, PA 19464
(215) 326-4600

J. Doug Pruitt

President
Sundt Corp.
2630 South 20th Place
Phoenix, AZ 85034
(602) 252-5881

Brice R. Smith, Jr.

Chairman & CEO
Sverdrup Corporation
13723 Riverport Drive
Maryland Heights, MO 63043
(314) 436-7600

David H. Grubb

President
Swinerton & Walberg Co.
580 California Street
San Francisco, CA 94104
(415) 421-2980

Dana E. Low

President & CEO
TAMS Consultants, Inc.
655 Third Avenue
New York, NY 10017
(212) 867-1777

Alfred T. McNeill

Chairman & CEO
The Turner Corporation
375 Hudson Street
New York, NY 10014
(212) 220-6450

William J. Marrazzo

President & CEO
Roy F. Weston, Inc.
1 Weston Way
West Chester, PA 19380
(215) 430-3190

James D. Pitcock, Jr.

Chairman & CEO
Williams Brothers Construction Co., Inc.
P.O. Box 66428
Houston TX 77266
(713) 522-9821

Jean-Yves Perez

President & CEO
Woodward-Clyde Group, Inc.
Stanford Place 3, Suite 600
4582 S. Ulster Street
Denver, CO 80237
(303) 740-2772

Carl E. Petrillo

President & CEO
Yonkers Contracting Company, Inc.
969 Midland Avenue
Yonkers, NY 10704
(914) 965-1500

H. Bartell Zachry, Jr.

Chairman & CEO
H.B. Zachry Company
527 Logwood
San Antonio, TX 78221-1738
(512) 922-1213

April 14, 1994

The Honorable Dan Rostenkowski
U.S. House of Representatives
Washington, DC 20515-1305

Dear Mr. Chairman:

The undersigned urge you to include in any health care reform legislation which the Committee on Ways and Means passes a provision which assures health care coverage for all Americans.

We believe that universal coverage is critical to the efficient and optimal performance of the health care system and the broader economy.

We also believe that among the methods of achieving universal coverage, an employment-based system, in which there is both employer and employee financial participation, offers the most practical and realistic approach. An employment-based system is preferred by most Americans and advances a public-private approach to the human and economic needs for universal health care coverage.

Universal coverage is critical to successful health care reform:

- As a matter of equity, humanity and economy, every American should be covered for appropriate health care. The costs in terms of lost productivity and wasted human resources are untenable.
- The current problems in our health delivery and financing systems cannot be effectively remedied when one in six Americans lack health care coverage at any one time.
- There can be no effective means to control the growth of health care costs -- either through market or regulatory mechanisms -- when significant portions of the population remain outside the health care system. Needed insurance reforms will work only when everyone has health care coverage.

A prudently designed employment-based system offers the most effective means of achieving universal health care coverage by:

- addressing an important element of the current cost shifting crisis in which the costs of caring for the uninsured are borne by the insured;
- extending coverage to the majority of the uninsured -- 84 percent of the 39 million uninsured live in families headed by workers;

providing the simplicity of using the current mechanism by which Americans receive coverage -- a mechanism preferred by most Americans.

We believe that an employment based system of universal coverage, with employer and employee financial participation, is an essential component of health care reform. We urge you to support inclusion of such a provision in health care reform legislation.

Air Line Pilots Association
Alpha Building Corporation
Alpha Steel
American Association of Retired Persons
American Automobile Manufacturers Association
American College of Physicians
American Hospital Association
AMR Corporation
Archer Daniels Midland Company
Association of Private Pension and Welfare Plans
Audiovox Cellular Communications
Bethlehem Steel Company
The Catholic Health Association
Chrysler Corporation
CNA Insurance Co.
Food 4 Less, Inc.
Ford Motor Company
Guess, Inc.
Hechinger Company
JF Contracting Corporation
Marangos Construction Corporation
Mead Corporation
National Association of Chain Drug Stores
National Association of Children's Hospitals and Related Institutions
Network Security, Inc.
NYNEX
Polycrete, Inc.
The Principal Financial Group
Protestant Health Alliance
Safeway Inc.
Sara Lee Corporation
Southern California Edison Company
Sun Company, Inc.
Transport Workers Union of America
USX Corporation
Westinghouse Corporation
White Dog Cafe, Philadelphia
Zenith Electronics Corporation

- General notes

February 22, 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux

SUBJECT: Attached Charts

There are so many coalitions and players out there on the health care debate that it is extremely confusing as to who is doing what. Having already done memoranda and charts on the broad positioning that different groups and sectors have in the health debate, I decided it would be useful to go into more detail on charts outlining the various supportive coalitions that are out there on our behalf. I have done three charts: one for business-led coalitions, one for proposed business-led coalitions, and the other for "base group" coalitions.

If you have any questions or comments please give me a call.

DISTRIBUTION:

Hillary Rodham Clinton
Harold Ickes
Greg Lawler
Richard Celeste
Jerry Klepner
David Wilhelm

Debbie DeLee
Heather Booth
Jeff Eller
Bob Boorstin
OPL Staff

Business-led Coalitions

1. Community Retail Pharmacy Health Care Coalition

- Goals: 1. Pro-Unitary drug pricing
 2. Pro-Prescription drug pricing
- Members: 1. National Association of Retail Druggists
 2. National Association of Chain Drug Stores
- Tactics: 1. Grass roots lobbying
 2. Hill lobbying
 3. Tends to follow our suggestions

2. National Leadership Coalition for Health Reform (otherwise known as Simmons Group)

- Goals: 1. Pro-Employer Mandate
 2. Pro-Tough Cost Controls
- Members: 1. 65 of 95 member organizations are corporations, but also includes some senior, consumer, and labor groups
- Tactics: 1. In-district lobbying
 2. Occasional print ads

3. Pre-Medicare Health Security Coalition (otherwise known as early retiree benefit)

- Goals: 1. To preserve early retiree benefits
- Members: 1. Labor, seniors, big business who are the biggest beneficiaries of the early retiree provision
- Tactics: 1. Ads in targeted districts
 2. Co-ordinated hill lobbying
- Lead Consultant: Letitia Chambers

Proposed Business-led Coalitions

1. Employer Mandate Coalition (proposed)

- Goals: 1. Pro-employer mandate
- Members: 1. Still being formed, but will probably include big business supporters of mandate, AHA, HIAA, BCBS, AARP, labor
- Tactics: 1. Co-ordinated hill lobbying (unknown beyond that)
- Lead Consultant: Ann Wexler

2. Small Business Coalition for Health Reform (proposed project of Retail Pharmacy Coalition)

- Goals/Tactics: To recruit and organize small business owners on behalf of health care reform

Base

1. Health Care Reform Project (otherwise known as the Rockefeller Group)

- Goals: 1. Universal coverage as soon as possible
 2. Cost controls
 3. Comprehensive benefits
 4. Community rating
- Members: 1. Labor, consumer, pro-reform provider groups
- Tactics: 1. Co-ordinate grassroots activities in targeted districts
 2. Paid advertising, primarily in targeted districts
- Lead Consultant: Bob Chlopak

2. Campaign for Health Security (otherwise known as single payer coalition)

- Goals: 1. To come as close to single payer as possible
 2. To provide us with a vigorous left flank
- Members: 1. Labor, Citizen Action, Some Seniors Groups, Consumers Union, and Social Workers
- Tactics: 1. Grassroots activity in targeted districts

3. Issue Coalitions (These are non-business led coalitions organized around a narrow set of provisions in the President's plan)

- Mental Health Liasion Group
(mental health providers and consumers)
- Long Term Care Campaign
(Primarily seniors and disability groups)
- Campaign for Women's Health
(Primarily women's groups)
- Coalition on Smoking or Health
(Primarily Cancer, Heart, Lung Associations and some Public Interest Groups)

4. Major Individual Organizations (These are large sympathetic organizations devoting several hundreds, thousands (or more) dollars worth of resources, and considerable field efforts, to health care reform. Most have set up their own War Room effort, and are players in at least one of the previously named coalitions:

AFL-CIO
AFSCME
SEIU
NEA
UAW
AARP
Citizen Action
Children's Defense Fund
American Nurses Association
Catholic Health Association
Planned Parenthood
NARAL

DRAFT
April 14, 1994

Mr. Herman Cain
President and Chief Executive Officer
Godfather's Pizza
9140 West Dodge Road
Omaha, Nebraska 68114

Dear Mr. Cain:

Thank you very much for your quick response to the President's request to send us your health care calculations for Godfather's Pizza. The President enjoyed his conversation with you at the Kansas City Town Hall meeting last Thursday and he has asked me to respond to your letter.

The President has said repeatedly that he is committed to signing a health reform proposal that will be beneficial for America's businesses and families, while improving the health of the nation's economy. American businesses bear a heavy burden under today's health care system -- with health care costs per worker almost doubling over the last eight years. Some insurance companies, as you know, characterize entire industries as "high risk" and refuse to offer them insurance at any price. Restaurant owners are often singled out in this fashion.

The President's reform is designed to solve these problems, asking responsibility from everyone -- employers, employees, and government -- without imposing an undue burden on any one sector.

- The President's approach will aggressively control costs by bringing market forces to bear in the health care system. We will build on the successful practices employed in the private sector today to pool purchasing power and enable all businesses to bargain for the rates that only the very largest companies get today.
- The President's approach will streamline the burdensome and costly regulation that consumes 15 cents of every health care dollar. By replacing thousands of insurance policies with a comprehensive benefits package and standard claim forms, more money will go to benefits and less to underwriters and marketers.

DRAFT

- The President's plan also includes rock solid guarantees that increases in business' health care costs will be reasonable and predictable -- not several times the rate of inflation, as in the past.
- Today, providing comprehensive benefits to all your employees -- similar to those suggested by the President -- would cost you over \$3.8 million, or 15% of your payroll. But under the President's proposal, you and other employers would never pay more than 7.9 percent of annual payroll for health care. Godfather's would pay nearly \$2 million less under the President's approach to cover all of your employees with benefits that can never be taken away. Your premium costs will be discounted by over 40% to ensure that your health costs do not exceed 7.9% of payroll. This is half what you would have to spend today, while providing all of your employees with the security of comprehensive coverage.

Guaranteed private insurance will allow businesses to recruit and maintain a stable work force that will not be lured away by other companies which offer their employees health security. This will decrease the high turnover that characterizes the restaurant industry today, which you've said is of particular concern to you.

In your letter, you state that you believe we can achieve the goal of universal coverage "using an alternative approach to health care reform". I am eager to hear any ideas you have about how to finance guaranteed private insurance for every American. We believe that the President's approach -- building on the current system of employer-based health coverage -- is the least disruptive, most equitable and easiest way to achieve the goals we both agree on -- universal coverage and affordable insurance.

In addition, I must respectfully point out that you cover only 12% of your employees today (490 out of 3,418). The cost of providing health care to your 2,928 uninsured employees -- when they become ill and have to go to the emergency room for expensive last minute care -- is borne by other business owners, American taxpayers, and individuals. For example, in 1991, employers who took responsibility for their employees' insurance paid an additional \$10.8 billion in premiums to cover uncompensated hospital care -- nearly half of which was provided to workers, or dependents of workers, in firms that didn't provide coverage. In addition, the National Association of Manufacturers further estimates that employers spent \$26.5 billion to cover dependents who are employed by firms that did not offer insurance.

Godfather's Pizza

April 14, 1994

Page 3

DRAFT

By asking all employers to share responsibility, the President's plan levels the playing field. For the first time, all businesses will be able to negotiate the rates that America's largest companies do today. In addition, all of your competitors will have the same responsibilities that you will.

Once again, we appreciate the speed with which you responded to the President's request and your contribution to the health reform debate.

Sincerely yours,

Erskine Bowles
Small Business Administrator

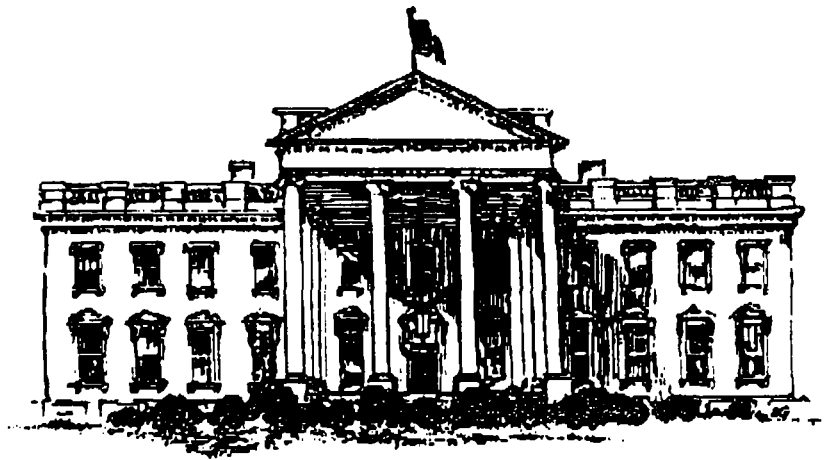
Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

CBO Analysis

Divider Title: _____



AUG 2 1994

THE WHITE HOUSE

Ruby

I got these
have them
and copied them
and sent them
to everyone
this
is
yours

To: Dana Wyckoff

Date: 7-29-94

From: Debbie Fine

Page 1 of 4

CBO on Finance

The CBO found that the Senate Finance bill doesn't come close to its stated goal of covering 95% of the population, even though it spends \$163 billion a year in government subsidies and increases health care spending nationwide.

According to the CBO, more than 20 million Americans -- most of them working -- will remain without insurance, premiums for businesses and middle class people will rise, and responsible businesses and insured families will face three new tax increases.

The CBO has now analyzed two non-universal bills, the Cooper bill and the Senate Finance bill. These reports prove that there is no way to achieve universal coverage without employer participation, and that any non-universal plan makes things worse for businesses and middle class families.

[As with the Cooper bill, many in Washington looking for an easy way out hoped the Senate Finance bill would deliver what it promised: 95% coverage with no new mandates. But just like with Cooper, the bill doesn't survive close scrutiny. It doesn't even come close to 95% coverage, and requires three new government taxes of more than \$100 billion in new taxes to even get to 92%. And this bill includes the worst of all new mandates: mandated tax increases on employers and families currently insured.

This bill is Cooper II: when you scratch the surface and read the fine print, you see that the plan would actually make things worse for a lot of people, particularly middle-class families and small businesses.]

CBO ON SENATE FINANCE

LEAVES MORE THAN 20 MILLION PEOPLE WITH NO INSURANCE:

- The CBO found that despite \$924 billion in new government subsidies¹, financed partly through new taxes, insurance coverage would only reach 92%. Nearly one in ten Americans -- most of them working -- will be left with no insurance.² Millions more could continue to lose their insurance every year.

COMBINATION OF TAXES UNWORKABLE:

- While the Senate Finance Committee bill contains a lot of good things, and many of its bipartisan provisions will no doubt be adopted in Senator Mitchell's bill, the combination of taxes in the Senate Finance bill would be overly burdensome on businesses, particularly large manufacturing firms vital to America's global competitiveness.
- The CBO says among those hard hit by the new taxes will be firms that have given generous health care plans in lieu of higher wages: *"Self-insured employers who reduced other compensation to offset their higher expenses for health benefits would face an effective tax rate of 38.5 percent if they were taxable corporations and 25 percent if they were nontaxable."*³

TAKES MONEY FROM MEDICARE TO PAY OTHER BILLS

- The Senate Finance bill takes \$198 billion from Medicare to extend coverage for guaranteed benefits to low-income Americans -- including coverage of prescription drugs. But the bill provides no drug coverage to Medicare recipients -- leaving older Americans as the only Americans without prescription drug coverage, even though Medicare money is buying drug coverage for others.

HAS ALL THE PROBLEMS OF NON-UNIVERSAL REFORMS:

- The CBO study of the Senate Finance Committee bill is the latest in a series of analyses -- CBO on Cooper, the CHA report on non-universal reforms, Lewin-VHI on Dole -- that demonstrates the problems of non-universal reforms. The cost more, cover fewer people, raise premiums, and create the wrong incentives.

¹ New spending for premium subsidies and cost-sharing subsidies 1997-20005

² CBO Table 3

³CBO p. 10

Costs more to cover fewer people

- CBO's conclusion Senate Finance spends more on subsidies to cover fewer people.

	Coverage	Cost of Subsidies To Families
HSA	100%	\$ 95 billion
Finance	92%	\$163 billion

Source: CBO (2/94, 7/94). Estimates are for the year 2004.

Encourages employers to drop coverage

- By offering government-subsidized insurance for people of up to 200% of poverty, this bill would subsidize insurance for many workers now covered by their employer. Government subsidies for workers, in addition to new taxes on businesses providing coverage, could give employers powerful incentives to drop private coverage for their employees and their families. The CBO estimated that *"some companies might stop paying for insurance"* and that *"workers at firms that paid for insurance would face larger costs for their insurance than similarly placed counterparts at firms that did not pay."*⁴

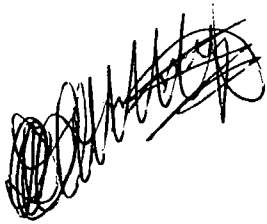
Raises premiums for small firms and their middle class workers

- According to the CBO, small businesses that provide insurance will pay 11% more than with universal coverage. (\$5565 under HSA; \$6175 in community-rated pool under Senate Finance). And that *"small plans with little ability to control their premiums might well be the ones subject to the tax."*

Creates disincentives to work

- Since the Finance Committee bill subsidizes low income people but does not provide universal coverage, many people will have a disincentive to taking a job. According to the CBO, *"the Senate Finance Committee's proposal would discourage certain low-income people from working more hours or, in some cases, from working at all."*

⁴CBO p. 11 and 12



THE WHITE HOUSE
WASHINGTON

Date 2/17/94

FEB 18 1994

MEMO FROM: MAGGIE WILLIAMS

TO:

Rahm Emanuel	_____	Bernie Nussbaum	_____
Mark Gearan	_____	Howard Paster	_____
Marcia Hale	_____	John Podesta	_____
Charlotte Hayes	_____	Carol Rasco	_____
Alexis Herman	_____✓_____	Bob Rubin	_____
Nancy Hernreich	_____	Rex Scouten	_____
Harold Ickes	_____	Eli Segal	_____
Phil Lader	_____	Ricki Seidman	_____
Anthony Lake	_____	Nancy Soderberg	_____
Bruce Lindsay	_____	G. Stephanopolous	_____
Ira Magaziner	_____	Patsy Thomasson	_____
Mack McLarty	_____	Christine Varney	_____
Regina Montoya	_____	David Watkins	_____
_____	_____	_____	_____

The attached is for your:

Information _____✓_____

Advice _____

Action _____

COMMENTS:

The White House
Health Care Reform Today
February 9, 1994

Fig 1
4/10/94

* YESTERDAY'S CBO REPORT VALIDATES PRIMARY GOALS OF THE PRESIDENT'S APPROACH TO HEALTH REFORM. HERE'S WHY:

1. It proves that we can guarantee all Americans private health insurance -- and provide coverage to 39 million additional Americans -- by 2000, while at the same time reducing total health expenditures.

2. It confirms that we will be able to dramatically lower health expenditures over the long run -- by \$30 billion in the year 2000 and \$150 billion in the year 2004.

3. And, finally, it validates the fact that the President's approach will lead to overall deficit reduction in the long term. It's report maintains that: "CBO believes that the proposal holds the promise of reducing the deficit in the long term." [CBO, "An Analysis of the Administration's Health Proposal", 2/9/94, p. xiii]

* WE DIFFER WITH CBO'S SHORT-TERM DEFICIT ESTIMATES, BUT THE DIFFERENCE IS NARROW AND WILL BE WORKED OUT:

We are encouraged that the Congressional Budget Office agrees that the President's approach to health reform will bring down the deficit over the long term. We do however disagree on the short-term deficit estimates. Our estimates call for about \$10 billion of deficit reduction per year for the first five years. CBO estimates that the proposal will add approximately \$10 - \$12 billion per year to the deficit. This difference is manageable and we will work with Congress within this range to ensure that the proposal is deficit neutral or better. And as CBO itself said: "The difference between these estimates is small". [CBO, "An Analysis of the Administration's Health Proposal", 2/9/94, p. xiii]

We care about reducing the long-term deficit -- and that's what the plan will do. Let's remember that last year at this time, the Administration disagreed with the CBO about its deficit projections for the budget. But we cooperated with them to work out our differences and now we both agree that last year's budget agreement will reduce the deficit even more than either of us originally projected.

* Employer Premiums Should Not Be in the Budget:

We fundamentally disagree that employers' premium payments for their employees' health insurance should be included in the federal budget. This would mean that payments currently made by private employers to private insurance companies on behalf of tens of millions of Americans would suddenly be considered part of the federal budget. These are payments from one private party to another private party. The government will neither collect nor spend this money. This transaction is similar to the requirement 39 states have today that their residents purchase auto insurance. The resulting payments -- between these people and their insurance companies -- are not counted as part of state budgets, nor would anyone expect them to be.

* DIFFERENCES WILL BE WORKED OUT IN CONGRESS:

While we do have some differences with some of the individual assumptions and conclusions of the CBO, these differences will be worked out in the Congressional process. Congress will meet this test. There will be adjustments, of course, as health care moves through the process of meeting our goal -- guaranteeing private health insurance for every American.

MLux
M Yager
A Z

H/C Congressional

AMH/B

THE CBO ANALYSIS

February 9, 1994

FEB 10 1994

- The fundamental premise of the President's approach to health reform is that we can guarantee private insurance to every American and still reduce the amount the nation spends on health care. Yesterday, the Congressional Budget Office completely validated that premise.
- In fact, the CBO determined that, **between the years 2000 and 2004, we will be able to guarantee private insurance to all Americans while spending \$413 billion less on health care.** That's \$413 billion that can go to higher wages for American workers, money that businesses can invest and use to create jobs, and increased savings.
- The CBO and the Administration agree that the President's approach will save money. In fact, the two estimates of savings in national health expenditures -- that is, total spending for health care in the country -- are very close. The difference between the Administration and the CBO analyses is that CBO predicts that these savings will initially go to businesses and state/local governments. In contrast, the administration expects these savings to initially go to the federal government and therefore to immediately begin to reduce the deficit. The \$133 billion "difference" in the CBO and the Administration deficit estimates -- which is described as "*small*" in the CBO analysis itself -- is a result of these differing assumptions. **Nonetheless, the CBO too projects long-term deficit reduction.** [CBO Analysis, p. xiii]
- This issue clearly can be resolved. Since we are in agreement on the essential framework, the deficit issue is something that can be easily worked out as the proposal proceeds through what will be a very substantive process in the U.S. Congress. **We stress that the President's health reform proposal will pay for itself and reduce the deficit.**

THE CBO ANALYSIS

A. VALIDATES THE PRESIDENT'S APPROACH

- **The President's approach will guarantee every American private health insurance and control costs.**
 - *"The CBO credited the administration with coming up with a framework that appears to reconcile what many had considered irreconcilable: extending health care to all Americans while at the same time slowing the growth of medical costs, which threaten to consumer 20 percent of the nation's economic output by the end of the decade."* [Pearlstein and Broder, Washington Post, 2/9/94]
 - *"[The CBO analysis] is a significant acknowledgment that health reform can do what is necessary; that is, provide health coverage for all Americans while containing sky-rocketing health-care costs."* [USA Today, 2/9/94]
- **American families will benefit from the President's approach.**
 - *"The Clinton plan, when compared to today's system, would cost average Americans less money, give them more health benefits and more choice of physicians and medical care, [Reischauer] said."* [Priest and Rich, Washington Post, 2/9/94]
- **The President's approach will lead to deficit reduction.**
 - *"[CBO Chairman Reischauer said] significant deficit reduction will be achieved by 2004."* [UPI, 2/9/94]
- **American workers will get higher wages from the President's approach.**
 - *". . . the lion's share of those savings would be returned to workers in the form of higher cash wages. . . "* ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 35]
 - *"First, the proposal would increase the cash wages of U.S. workers . . ."* ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 51]

THE CBO ANALYSIS

Page 2

- **National health expenditures will be "significantly" reduced under the President's approach.**
 - *"Thus, CBO projects that national health expenditures would fall \$30 billion below the current CBO baseline by calendar year 2000, and would be \$150 billion (7 percent) below that baseline in 2004." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xii]*
 - *"Once the administration's proposal was fully implemented it would significantly reduce the projected growth of national health expenditures." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 26]*
- **Businesses will save substantially under the President's approach.**
 - *"But businesses' costs for health care would be significantly reduced overall . . . For example, the total premiums employers would pay for active workers would drop by about \$20 billion in the year 2000." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xiii]*
 - *"[The President's proposal] would sharply reduce the growth of employer spending for health insurance. By 2004, employers would save about \$90 billion for active workers and more than \$15 billion for early retirees. . . ." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 35]*
- **All small businesses will benefit.**
 - *"[The proposal] would benefit smaller firms that typically pay much higher premiums than larger firms. This leveling of costs could benefit all small businesses -- not just those that provide insurance today. With access to more affordable insurance, small businesses would be better able to attract workers who now demand health insurance as a condition of employment." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 54]*

THE CBO ANALYSIS

Page 3

B. WHAT IS OUR RESPONSE TO . . .

- **Reports that the CBO claims job loss:**

The CBO analysis specifically states, as do many independent studies, that the President's approach will have a negligible, or positive, effect on employment.

- *"The Clinton plan, [CBO] concluded, would not significantly slow the economy or result in the loss of jobs, as many critics have charged."* [Pearlstein and Broder, Washington Post, 2/9/94]
- *" . . . [the proposal] would alter the unemployment rate little."* [CBO, "*An Analysis of the Administration's Health Proposal*", 2/9/94, p.51]

In fact, some independent studies say there will be job creation.

- Two independent studies -- one from the Economic Policy Institute and one from the Employee Benefit Research Institute -- predict that jobs will be created as a result of health reform. The EPI projects that 258,000 manufacturing jobs will be created over the next decade. And the Employee Benefit Research Institute predicts that the President's proposal could produce as many as 660,000 jobs. There will also be health care jobs created -- with one health economist at the Brookings Institution predicting that the plan will create 750,000 health-related jobs. [EPI, November 1993; EBRI, November 1993; Reuters, 9/16/93]

The CBO says that the primary changes in the labor market would be a result of voluntary retirement as Americans who have worked hard their whole lives are no longer locked into their jobs just to keep their health coverage.

- *"CBO estimates that eventually between one quarter of a percent and 1 percent of the labor force might prefer to stay at home if the proposal were enacted."* ["*An Analysis of the Administration's Health Proposal*", CBO, 2/9/94, p. xiv]

THE CBO ANALYSIS

Page 4

- **Differences in Short-Term Deficit Projections:**

The Administration and the CBO agree that the President's approach will create savings. CBO shows the initial savings going to private sector and state/local governments, rather than to the federal government as the Administration projects. The difference between the CBO and Administration deficit estimates -- which was described as "*small*" in the CBO analysis itself -- is a result of this allocation. Nonetheless, the CBO too projects long-term deficit reduction.

- *"[Reischauer] also went out of his way to call the differences in financial estimates 'relatively small potatoes in the great scheme of things.'" [Pear, New York Times, 2/9/94]*
- In fact, the difference between the Administration's and the CBO deficit estimates is only about 4% of the projected federal health expenditures during the same period -- and much less than 1% of the total federal budget (.13%). [internal calculations from CBO, Table 2-1, p. 26]
- *"[CBO Chairman Reischauer said] significant deficit reduction will be achieved by 2004." [UPI, 2/9/94]*
- *"[This] difference of opinion may have more political than economic significance: Both predict that the Clinton plan will begin saving money for the government, business, and consumers by the year 2000." [Pearlstein and Broder, Washington Post, 2/9/94]*
- *"Focusing on the effects of proposals in their early years is, therefore, not very meaningful; it is the long-term impacts, when new coverages would be fully phased in and the system stabilized, that are important." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xiii]*

C. **OUR PROPOSAL STANDS ALONE IN SPELLING OUT SPECIFICS:**

- *"The Health Security Act is unique among proposals to restructure the health care system . . . the proposal outlines in legislation the steps that would actually have to be taken to accomplish its goals. **No other proposal has come close to attempting this.** Other health care proposals might appear equally complex if they provided the same level of detail as the Administration on the implementation requirements." (emphasis added) ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xv]*

AMH/B

THE CBO ANALYSIS

February 9, 1994

FEB 10 1994

- The fundamental premise of the President's approach to health reform is that we can guarantee private insurance to every American and still reduce the amount the nation spends on health care. Yesterday, the Congressional Budget Office completely validated that premise.
- In fact, the CBO determined that, between the years 2000 and 2004, we will be able to guarantee private insurance to all Americans while spending \$413 billion less on health care. That's \$413 billion that can go to higher wages for American workers, money that businesses can invest and use to create jobs, and increased savings.
- The CBO and the Administration agree that the President's approach will save money. In fact, the two estimates of savings in national health expenditures -- that is, total spending for health care in the country -- are very close. The difference between the Administration and the CBO analyses is that CBO predicts that these savings will initially go to businesses and state/local governments. In contrast, the administration expects these savings to initially go to the federal government and therefore to immediately begin to reduce the deficit. The \$133 billion "difference" in the CBO and the Administration deficit estimates -- which is described as "*small*" in the CBO analysis itself -- is a result of these differing assumptions. Nonetheless, the CBO too projects long-term deficit reduction. [CBO Analysis, p. xiii]
- This issue clearly can be resolved. Since we are in agreement on the essential framework, the deficit issue is something that can be easily worked out as the proposal proceeds through what will be a very substantive process in the U.S. Congress. We stress that the President's health reform proposal will pay for itself and reduce the deficit.

THE CBO ANALYSIS

A. VALIDATES THE PRESIDENT'S APPROACH

- **The President's approach will guarantee every American private health insurance and control costs.**
 - *"The CBO credited the administration with coming up with a framework that appears to reconcile what many had considered irreconcilable: extending health care to all Americans while at the same time slowing the growth of medical costs, which threaten to consumer 20 percent of the nation's economic output by the end of the decade."* [Pearlstein and Broder, Washington Post, 2/9/94]
 - *"[The CBO analysis] is a significant acknowledgment that health reform can do what is necessary; that is, provide health coverage for all Americans while containing sky-rocketing health-care costs."* [USA Today, 2/9/94]
- **American families will benefit from the President's approach.**
 - *"The Clinton plan, when compared to today's system, would cost average Americans less money, give them more health benefits and more choice of physicians and medical care, [Reischauer] said."* [Priest and Rich, Washington Post, 2/9/94]
- **The President's approach will lead to deficit reduction.**
 - *"[CBO Chairman Reischauer said] significant deficit reduction will be achieved by 2004."* [UPI, 2/9/94]
- **American workers will get higher wages from the President's approach.**
 - *". . . the lion's share of those savings would be returned to workers in the form of higher cash wages. . . "* ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 35]
 - *"First, the proposal would increase the cash wages of U.S. workers . . ."* ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 51]

THE CBO ANALYSIS

Page 2

- **National health expenditures will be "significantly" reduced under the President's approach.**
 - *"Thus, CBO projects that national health expenditures would fall \$30 billion below the current CBO baseline by calendar year 2000, and would be \$150 billion (7 percent) below that baseline in 2004." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xii]*
 - *"Once the administration's proposal was fully implemented it would significantly reduce the projected growth of national health expenditures." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 26]*
- **Businesses will save substantially under the President's approach.**
 - *"But businesses' costs for health care would be significantly reduced overall . . . For example, the total premiums employers would pay for active workers would drop by about \$20 billion in the year 2000." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xiii]*
 - *"[The President's proposal] would sharply reduce the growth of employer spending for health insurance. By 2004, employers would save about \$90 billion for active workers and more than \$15 billion for early retirees. . . ." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 35]*
- **All small businesses will benefit.**
 - *"[The proposal] would benefit smaller firms that typically pay much higher premiums than larger firms. This leveling of costs could benefit all small businesses -- not just those that provide insurance today. With access to more affordable insurance, small businesses would be better able to attract workers who now demand health insurance as a condition of employment." ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. 54]*

THE CBO ANALYSIS

Page 3

B. WHAT IS OUR RESPONSE TO . . .

- **Reports that the CBO claims job loss:**

The CBO analysis specifically states, as do many independent studies, that the President's approach will have a negligible, or positive, effect on employment.

- *"The Clinton plan, [CBO] concluded, would not significantly slow the economy or result in the loss of jobs, as many critics have charged."* [Pearlstein and Broder, Washington Post, 2/9/94]
- *" . . . [the proposal] would alter the unemployment rate little."* [CBO, *"An Analysis of the Administration's Health Proposal"*, 2/9/94, p.51]

In fact, some independent studies say there will be job creation.

- Two independent studies -- one from the Economic Policy Institute and one from the Employee Benefit Research Institute -- predict that jobs will be created as a result of health reform. The EPI projects that 258,000 manufacturing jobs will be created over the next decade. And the Employee Benefit Research Institute predicts that the President's proposal could produce as many as 660,000 jobs. There will also be health care jobs created -- with one health economist at the Brookings Institution predicting that the plan will create 750,000 health-related jobs. [EPI, November 1993; EBRI, November 1993; Reuters, 9/16/93]

The CBO says that the primary changes in the labor market would be a result of voluntary retirement as Americans who have worked hard their whole lives are no longer locked into their jobs just to keep their health coverage.

- *"CBO estimates that eventually between one quarter of a percent and 1 percent of the labor force might prefer to stay at home if the **proposal were enacted.**"* [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. xiv]

THE CBO ANALYSIS

Page 4

- **Differences in Short-Term Deficit Projections:**

The Administration and the CBO agree that the President's approach will create savings. CBO shows the initial savings going to private sector and state/local governments, rather than to the federal government as the Administration projects. The difference between the CBO and Administration deficit estimates -- which was described as "small" in the CBO analysis itself -- is a result of this allocation. Nonetheless, the CBO too projects long-term deficit reduction.

- *"[Reischauer] also went out of his way to call the differences in financial estimates 'relatively small potatoes in the great scheme of things.'"* [Pear, New York Times, 2/9/94]
- In fact, the difference between the Administration's and the CBO deficit estimates is only about 4% of the projected federal health expenditures during the same period -- and much less than 1% of the total federal budget (.13%). [internal calculations from CBO, Table 2-1, p. 26]
- *"[CBO Chairman Reischauer said] significant deficit reduction will be achieved by 2004."* [UPI, 2/9/94]
- *"[This] difference of opinion may have more political than economic significance: Both predict that the Clinton plan will begin saving money for the government, business, and consumers by the year 2000."* [Pearlstein and Broder, Washington Post, 2/9/94]
- *"Focusing on the effects of proposals in their early years is, therefore, not very meaningful; it is the long-term impacts, when new coverages would be fully phased in and the system stabilized, that are important."* ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xiii]

C. **OUR PROPOSAL STANDS ALONE IN SPELLING OUT SPECIFICS:**

- *"The Health Security Act is unique among proposals to restructure the health care system . . . the proposal outlines in legislation the steps that would actually have to be taken to accomplish its goals. No other proposal has come close to attempting this. Other health care proposals might appear equally complex if they provided the same level of detail as the Administration on the implementation requirements."* (emphasis added) ["An Analysis of the Administration's Health Proposal", CBO, 2/9/94, p. xv]

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Fortune 1000 Firms

Divider Title: _____

AMH/HCB



U.S. DEPARTMENT OF COMMERCE

Office of the Secretary

February 23, 1994

To : Distribution

FEB 24 1994

From : Jonathan M. Silver *JMS*
Assistant Deputy Secretary

In mid-January, Secretary Brown sent a letter to each of the CEO's of the Fortune 1000 firms, asking for their thoughts on national health care reform.

Attached are the first responses we have received. We have responded with a brief note thanking them for their input and indicating that we would forward their comments for review.

I will continue to batch these and forward them to you as they are received.

Attachment

Distribution:
Roger Altman
Richard Celeste
~~Alexis Herman~~
Harold Ickes
Mike Lux
Ira Magaziner
Robert Rubin
George Stephanopoulos
Karen Wilcox
Marilyn Yeager
Amy Zisook

C.427020

Robert J. Eaton
Chairman of the Board
Chief Executive Officer

February 16, 1994

The Honorable Ronald H. Brown
Secretary of Commerce
U. S. Department of Commerce
14th Street & Constitution Avenue, NW
Room 5854
Washington, DC 20230

Dear Mr. Secretary:

Thank you for your recent letter concerning the President's health care reform proposal. As you know, this is a subject of real concern to our company and our employees and we have long supported the type of comprehensive reform advocated by President Clinton.

I couldn't agree with you more that we must work together to develop a national consensus. Unfortunately, as I read the papers, it appears the forces opposing the President are getting more than their fair share of attention.

We believe the President's plan is properly focused and many of its provisions are critical to our business. Sound health policy dictates that all Americans have health coverage. By spreading costs fairly among all employers, the cost shifting burden carried by the majority of employers who currently provide health benefits is substantially alleviated. And, by addressing the issue of retirees not yet eligible for Medicare, it responds to a problem truly national in scope, a problem which hurts this country in the global marketplace.

I see a real need for the Administration and its supporters in Congress to develop a process so that businesses and other groups who want to work with you to pass a sound health reform bill, can cooperate in developing a common message to the public, as we did during the NAFTA debate, to counter the misinformation which is literally inundating people. For example, we could share our insights regarding the best way to build support for the key elements of the president's reform proposal, particularly universal coverage and the requirement that all employers pay their fair share of the cost of the health care system. We believe there is wide support in the business community for these principles, including many companies who are BRT, NAM and Chamber of Commerce members. Indeed, the health reform guidelines of both the U.S. Chamber and NAM continue to support these principles although they oppose other elements of the President's bill.

Thank you again for your letter. We are continuing to work hard on behalf of the cause of reform. However, we sincerely believe there is a pressing need for a closer two-way dialogue between the administration and its allies, especially those in the business community. We look forward to a successful campaign for health reform.

Sincerely,



BANC ONE CORPORATION
100 East Broad Street
Columbus Ohio 43271 0161

C427015



Ronald H. Brown
The Secretary of Commerce
The United States of America
Washington, D.C. 20230

February 11, 1994

Dear Mr. Brown:

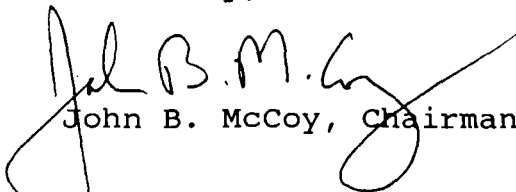
Banc One Corporation shares many of the concerns you, President Clinton, and many other Americans hold about the problems with our current health care delivery systems. In response to your request for recommendations for legislation, I am providing you a copy of our "Key Principles for Health Care Reform".

By aggressively adopting new managed care plans over the last three years, we have reduced the annual rate of increase on our health care plans from 23% to 7% for our 51,000 active employees, and 3,400 retired employees in 32 states. This transition to managed care, although painful for some of our employees, occurred quite smoothly using existing products of private sector suppliers. These products are also available to other companies, particularly in the manufacturing sector or in heavily union dominated industries, who wish to reduce the increases in their health care costs.

President's Clinton's proposal would not eliminate the current cost-shifting from Medicare and Medicaid programs to private sector payors, like us. 49% (\$189 Billion) of the projected "savings" in the Health Security Act results from reductions in payments under Medicare and Medicaid to health care providers. Doctors and hospitals will have to make up this drop in revenue by higher prices to the private sector. Even excluding the effect of this additional cost shift, we project the President's proposal will increase our current costs by approximately 40% due to a richer benefits package, mandating coverage for additional employees, and an increase in the company subsidy.

At Banc One, we believe the interests of our customers, shareholders, employees, and those of our country can best be served by promoting health care reforms and added competition in the private marketplace, not by additional government mandates and bureaucracy. Thank you for asking for our suggestions.

Sincerely,



John B. McCoy, Chairman and CEO

Enclosure

BANC ONE CORPORATION: Key Principles for Health Care Reform
February 7, 1994

BANC ONE CORPORATION is a publicly traded bank holding company of 51,000 active retired employees operating in 32 states. Of those employees enrolled in health care, 87% are participating in managed care plans.

In proposing these key principles, it is not BANC ONE CORPORATION's intent to support or oppose any federal or state legislation for health care reform. Instead, we believe that any reform legislation should serve the business interests of our customers, shareholders, and the U.S. economy by including these key points:

1. Employers must offer, but not be required to pay for medical coverage. Although BANC ONE pays 70% of the cost for active, and retired employee medical benefits, a mandate would cause an increase in layoffs, a decrease in new jobs, and the failure of some labor-intensive industries; this would hit many small and medium sized companies, the source of most new jobs today, the hardest.
2. New government agencies, programs, rules, reports, etc. should be kept to an absolute minimum. Although there is a need for an organization like the National Health Board to set and maintain national standards, other functions could be performed by existing regulatory bodies. For example, certification of health plans should be performed by the existing Department of Insurance in each state since they are already performing much of this role already. Similarly, if any new federal taxes are absolutely essential (for example, to cover part of the cost of the health care subsidies for low income persons), the Internal Revenue Service should be used for the collection process; this eliminates the huge costs of a new federal agency, and the even greater costs to employers in complying with government reporting requirements and making tax deposits.
3. Graduated federal subsidies, administered through the Health Care Financing Authority, should be employed to help pay for coverage for those whose medical coverage expense exceeds a specified percentage of income. The Medicaid program could be eliminated by this approach, and current beneficiaries would individually arrange coverage through a certified health plan. This would address the uninsured issue, but require cost sharing from those with an ability to pay.

4. Reductions in payments to Medicare and Medicaid providers result in cost-shifting to the private sector; this does not control medical costs or utilization of health care. It is an indirect form of taxation. The Health Security Act proposed by President Clinton projects savings of \$189 Billion in the Medicare and Medicaid Programs (this represents 49% of the total projected "savings" from the act). All of this \$189 Billion will simply be transferred to other buyers of health care (employers and individual patients) by hospitals, doctors, etc. who cannot cover their costs of doing business from the government's payments. Since increases in Medicare and Medicaid spending are greatly fueling the budget deficits at federal and state levels, it should be treated in the same manner as proposed for Medicaid (Item 3, above). Otherwise, private sector employers which currently provide subsidized medical coverage to employees will be hit by a double 'whammy' of higher costs due expanded eligibility for part-time employees, and cost-shifting from reductions in provider payments by Medicare and Medicaid.
5. All employers, federal, state, municipal, as well as private sector, should be subject to uniform national standards for health care reform. Maintaining separate rules for the public sector will result in higher costs and inefficiencies; it also begs the question: if health care reform isn't good enough for the public sector, why is the private sector stuck with it?
6. Global budgets should be avoided; prices for health care, like prices for food, housing, transportation, etc., will be most effectively and efficiently controlled by competitive forces in the marketplace. To be effective, global budgets must ultimately result in a rationing of health services. Global budgets should only be considered after broad consensus is reached on a detailed, rational schedule of prioritized health services. Much of the data needed to develop such a schedule is currently unavailable. In addition, arbitrary price limits will prevent health care providers and suppliers from obtaining a reasonable profit; this will cause erosion over time of our national capacity to deliver quality health care. Competitive marketplace pressures are the best assurance for an efficient and cost-effective distribution of health care resources.

7. Employer deductions for medical care expenses should be capped as a percentage of salary expense. This would provide more of an economic incentive for employers, and organized labor to provide for more cost-effective benefits. The new tax revenue generated by companies exceeding the cap could be used to help subsidize coverage for low income persons. BANC ONE's expense is currently about 6% of salary for medical coverage for active and retired employees.
8. It should be unnecessary to place a limit on the income tax exclusion for employees on the value of medical coverage provided by employers. In competitive market areas, the more expensive plans will, over time, price themselves out of existence. Many small towns and rural areas are unlikely to see much competition, and should not be penalized due to a lack of providers. In addition, the limit on tax deductible employer contributions will minimize the number of expensive, inefficient plans.
9. Any new funding required for components (National Health Board, federal subsidies for low income individuals, etc.) of the new health care system should be supported by a broad tax base, and not primarily by those private sector employers already providing subsidized medical coverage for their employees. This also applies to the incremental costs for those 'teaching' hospitals involved with training medical professionals; they need to continue to fill this role, but they should not be kept at a competitive pricing disadvantage as a result.
10. The current ERISA pre-emption from state mandates for self-insured plans should be maintained. Federal reform should provide a consistent, effective framework to ensure the application of the key points in this position paper. Multi-state employers would face substantial costs in attempting to comply with 50 different sets of rules in providing medical coverage to employees. Similarly, 23 states have "any willing provider" laws requiring managed care organizations to include all providers of care in their networks, regardless of the quality of care furnished by the provider. Multiple benefit packages would also invite 'gaming' of the system by employers and individual patients shopping around for the plan most suitable to their interests, not necessarily the highest quality, most cost-effective plan.

11. Participation in group purchasing cooperatives should be voluntary. The strength and efficiency of our economy is primarily based upon relatively free competition in the marketplace. Similarly, many of the improvements and advancements in promoting improved health for employees have come from private sector initiatives (Health Maintenance Organizations, Point-of-Service Plans, Wellness Programs, Smoke-Free Workplaces, etc.).
12. Employers electing to participate in group purchasing cooperatives should have the right to retain total control over, and responsibility for the medical plans for all of their employees, including part-time and retired employees. Medical coverage is only one piece of our employee benefits package, and we wish to retain control over the type, quality, and cost of all of our cash and non-cash compensation to employees.
13. Certified health plans must be required to capture common performance and cost measures, and to uniformly report the information to medical coverage purchasers. The National Health Board should determine these standards for uniform, national application.
14. All individual-specific underwriting risk characteristics (age, sex, health status, etc.) should be eliminated to ensure universal access to medical coverage through certified health plans. Likewise, the standard benefit packages should not include coverage limitations for pre-existing conditions, Americans-With-Disabilities-Act-protected classes of disabilities, or other similar individual-specific conditions. Certified health plans should not be able to cancel coverage due to claims utilization, or other individual or group specific characteristics. Cost reductions should result from rational utilization management and market efficiencies, and not from cost-shifting to patients due to arbitrary limits on coverage within the standard benefit packages.
15. Malpractice reform is needed to help control direct costs, and the indirect costs of the practice of defensive medicine by health care providers. Non-economic legal damages should be eliminated; poor quality providers will be weeded out by certified health plans. Binding arbitration should be enacted as an alternative to civil actions. Each certified health plan should be required to establish an independent arbitration board to hear and decide formal charges of malpractice. Decisions by the arbitration board could be subject to review by local and federal courts.

16. Medical coverage under Workers Compensation laws in all 50 states should also be folded into the standard benefit packages. This would provide better management of the utilization, quality, and cost of care through a fully integrated approach.
17. The National Health Board should standardize the data sets and procedures for submitting and paying claims to reduce costs, and improve quality. Similar standardization should apply to obtaining, maintaining, and transferring patient, provider, treatment, and other health care related data.
18. A choice of three or four standard benefit packages should be available from all certified health plans. Focus group meetings with our employees have indicated four medical options as the optimum number. Employees want choice, but not too many choices as to be indistinguishable. The current Federal Employee Program for medical coverage is a prime example of the disaster of too many choices.
19. The standard benefit packages should provide coverage equal to the median value of plans currently provided by public and private sector employers. The description of these packages must be very detailed to address advanced medical technology issues, and medical necessity.
20. Terms of office on a National Health Board should be handled like the U.S. Supreme Court to eliminate conflicts of interest in developing and updating the standard benefit packages.



C427004

RECEIVED

February 11, 1994

FEB 13 P 7 58

The Honorable Ronald H. Brown
The Secretary of Commerce
Washington, D.C. 20230

Dear Mr. Brown:

This letter is in response to the January 24, 1994 letter you sent to me regarding President Clinton's recent submission of legislation regarding health care reform to the Congress of the United States. I appreciate your writing and your request for thoughts regarding this significant matter.

I and the industry in which I participate - - the food distribution industry of the United States - - are deeply disturbed and concerned by the general outline of the health care system reforms that have been presented to Congress. This concern begins with the massive administrative bureaucracy that is called for by the current proposal. We question its underlying assumption that a single government bureau can do a better job of satisfying the American people than independent, free market forces being allowed to work.

On February 3, 1993, I presented a statement before the House Committee on Ways and Means specifically regarding the employer mandate and related provisions of the Administration's Health Security Act, H.R. 3600. I enclose a copy of that brief statement that summarizes our industry's deep concerns regarding this proposed legislation. I would be most pleased to discuss these with you at any time, if you feel this could be of benefit to you or other members of the Administration.

Sincerely,

A handwritten signature in dark ink, appearing to read 'John F. Woodhouse', written in a cursive style.

John F. Woodhouse

JFW/cm
Enclosure



National-American Wholesale Grocers' Association



International Foodservice Distributors Association

*THE Food Distributors Association
Educational Services • Government Relations*

**STATEMENT
OF
JOHN F. WOODHOUSE**

**BEFORE THE
HOUSE COMMITTEE ON WAYS AND MEANS**

**ON THE
EMPLOYER MANDATE AND RELATED PROVISIONS
IN THE
ADMINISTRATION'S HEALTH SECURITY ACT, H.R.3600**

**ON BEHALF OF THE

NATIONAL-AMERICAN
WHOLESALE GROCERS' ASSOCIATION

AND THE

INTERNATIONAL FOODSERVICE
DISTRIBUTORS ASSOCIATION**

February 3, 1994

TESTIMONY OF JOHN F. WOODHOUSE

**VICE CHAIRMAN OF THE BOARD
NATIONAL-AMERICAN WHOLESALE GROCERS' ASSOCIATION/
INTERNATIONAL FOODSERVICE DISTRIBUTORS ASSOCIATION¹**

**CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER
SYSCO CORPORATION²**

BEFORE THE HOUSE COMMITTEE ON WAYS AND MEANS

FEBRUARY 3, 1994

Good morning, Mr. Chairman, Congressman Archer, and members of the Committee. I am John Woodhouse, Vice Chairman of the Board of the National-American Wholesale Grocers' Association, and its foodservice partner organization, the International Foodservice Distributors Association; and Chairman of the Board and Chief Executive Officer of Sysco Corporation. I am very pleased to have the opportunity to appear before you today to discuss an issue which has long been of significance to the food distribution industry -- reform of our nation's health care system.

By way of background, the National-American Wholesale Grocers' Association (NAWGA)--and its foodservice partner organization, the International Foodservice Distributors Association (IFDA)--is an international trade association comprised of food distribution companies which primarily supply and service independent grocers and foodservice operations throughout the U.S. and Canada. NAWGA's 350 members operate over 1200 distribution centers with a combined annual sales volume in excess of \$117 billion. NAWGA members employ a work force of over 350,000; and, in combination with their independently-owned customer firms, they provide employment for several million

¹National-American Wholesale Grocers' Association/
International Foodservice Distributors Association
201 Park Washington Court
Falls Church, Virginia 22046
(703) 532-9400

²Sysco Corporation
1390 Enclave Parkway
Houston, Texas 77077-2027
(713) 584-1390

**Testimony of John F. Woodhouse
Before the House Committee on Ways & Means
February 3, 1994**

people. IFDA represents member firms that sell annually over \$30 billion in food and related products to restaurants, hospitals, and other institutional foodservice operations.

Sysco Corporation, listed on the New York Stock Exchange, is the nation's largest foodservice marketing and distribution organization. Operating from distribution facilities nationwide, the company provides its products and services to approximately 245,000 restaurants, hotels, schools, hospitals, and other foodservice establishments. The Sysco distribution network currently covers virtually the entire continental United States and includes all of its 150 largest cities as well as the Pacific Coast region of Canada. Sales achieved during the 53 weeks of fiscal year 1993 crossed the \$10 billion mark to \$10.02 billion -- a growth of 13% over fiscal year 1992. Sysco proudly employs more than 25,000 individuals.

At your request, Mr. Chairman, I intend to limit my testimony to the issue of the employer mandate. I should note, however, that several other provisions of H.R. 3600, the Administration's Health Security Act, trouble us deeply. Notably, in addition to the mandate, the provisions related to the establishment of government-run purchasing cooperatives, the price controls, and, generally, the enormous role given to the federal government in the Health Security Act are all proposals to which we are opposed. When we were invited to be here we were in the process of finalizing a comprehensive statement of basic principles of health care reform. I will be pleased to provide that as soon as it is completed.

Mr. Chairman, this is not the first time a representative from the food distribution industry has come before your committee to express our industry's views on health care reform. In October 1991, our association's chairman, Boyd Lee George, appeared before you to deliver what is essentially the same message we have today. NAWGA/IFDA firmly believed then, and continues to believe, that the issues of health insurance coverage and health care costs are inextricably linked. It may sound simplistic, but we still believe that there exists a direct relationship between the cost of health care and the ability of employers to provide coverage for their workers and the dependents of those workers. In fact, our most recent survey on the subject shows that when health insurance costs rose more slowly in 1992 than in previous years, more companies in our industry indicated that they offered employer-sponsored health insurance to their workers.

You do not have to mandate employer-sponsored insurance if you take the steps necessary to bring down the cost of health insurance. Mr. Chairman, if the Congress had taken the advice of you and others two years ago and implemented a market-oriented

**Testimony of John F. Woodhouse
Before the House Committee on Ways & Means
February 3, 1994**

incremental reform package, we might already be well on our way to solving the coverage problem.

While my company offers a very competitive health care plan to 98% of our workers, many of our small business customers do not. I am certain that if health insurance were more affordable, they, too, would offer it to their employees.

Universal coverage is an appropriate goal. And while we recognize that an incremental reform package might not get us there as quickly as a mandate, the consequences, both intended and unintended, of a mandate are not an appropriate or desirable trade for reaching the goal quickly.

Let me be clear, the food distribution industry continues to strongly oppose any health care reform proposal that contains an employer mandate. The basis of our opposition is both practical and a matter of sound policy. Our opposition is broad and deep, and our commitment to the defeat of any proposal containing a mandate should not be underestimated.

As a matter of policy, we oppose an employer mandate because it takes away from the employer the flexibility he or she needs to make the decisions necessary to keep a company profitable. Furthermore, our experience with the health care systems which are currently under the control of the federal government is not an altogether positive one, to say the least. Why we would want to turn over control of the entire industry or 1/7 of our economy to the federal government's control is beyond me. Like most companies that offer health coverage, we at Sysco have been able to control our own costs through prudent management; and, with all due respect, I simply do not have faith in the federal government's ability to take over that management responsibility on my behalf.

We are certain that an employer mandate would have a particularly devastating effect on the food industry, both retail and institutional. To the point, a mandate would drive up the cost of labor and take away the flexibility necessary to run a business.

As a large company whose customers are nearly all small businesses, Sysco can never disregard the impact of policies on smaller companies. Without customers who are thriving, food distributors simply cease to exist. You have already heard from representatives of small business and the retail grocery industry; and later, you will hear testimony from a restaurateur. I don't know about you, Mr. Chairman, but when my customers tell me that a mandate will close businesses, I get concerned. Furthermore, I have to admit to having the

**Testimony of John F. Woodhouse
Before the House Committee on Ways & Means
February 3, 1994**

same skepticism about the utility and dependability of the subsidies being considered as an offset.

Any mandate which includes part-time workers, as does the one in H.R. 3600, would have a direct effect on companies, like many in my industry, that have a significant number of part-time workers. Clearly, mandating coverage or a payroll tax along the lines of what has been proposed would force employers to eliminate many of those jobs. These are hard-working men and women whose only mistake will have been being employed part-time when we decided to embark on this flight of fancy called the Health Security Act.

Unfortunately, while the short term impact of a mandate would be the elimination of jobs, the pain it causes does not stop there, as the impact of a mandate in the longer term would be depressed wages. Since more than 90% of our 750,000 potential customers in the U.S. have 50 or fewer employees, many of them part-time, I have a very real and personal concern about the impact of a mandate on the part-time workers of small businesses.

Ours is a labor-intensive industry, and is one in which profit margins typically are very thin. I have yet to discover any secret formula for dealing with increased labor costs. The alternatives are pretty straightforward. The inability of food distribution companies to absorb these increases means that the cost comes out of some other wage or benefit, or prices rise. Neither is a particularly palatable choice.

On the matter of flexibility, Mr. Chairman, I cannot overstate its importance to the continued viability of this nation's economy. On many levels and in many different ways, a mandate robs a business of its ability to make decisions based on economics. For the same reason that you and the other members of this committee passed the 1986 Tax Reform Act, you should oppose an employer mandate. Simply put, policies that minimize the federal government's intrusion into the decision-making of business people are good. Those that force businesses to make decisions based on tax avoidance are bad.

Flexibility in our industry has led to the development of the world's safest, cheapest, most diverse, and most responsive food distribution system. The ability of the industry to respond to the changing demands of consumers can be directly linked to the ability of employers to make economics-based decisions. Do you remember when your local grocery store was only open from nine to five? Flexibility in determining employees' work schedules, delivery schedules, hours of operation, and many other areas would be curtailed by this mandate.

**Testimony of John F. Woodhouse
Before the House Committee on Ways & Means
February 3, 1994**

I should note that the demand for part-time work is not only driven by the employer, but by the employees, as well. The retail grocery and restaurant businesses have, for generations, served as a popular first-employment opportunity for ambitious young people. Companies will be forced to eliminate those part-time jobs because they can no longer afford the costs of part-time employees earning full-time benefits.

Finally, it is a reality of life that flexibility is sometimes the only thing standing between the failure and success of a business. Without the ability to react to dramatic changes in the economic environment, many businesses will be forced to close their doors unnecessarily.

I am encouraged, at least, that you and this committee are even holding this hearing today. It is an indication, at least to me, that perhaps we have agreed that an employer mandate is, in fact, a tax. In my view, such an admission is half of the battle in defeating this proposal. I cannot imagine that a majority in this body would vote to impose a massive new payroll tax in this fragile economy.

Although it may not be in vogue to advocate a reform proposal that is not "comprehensive," I cannot help but implore this committee to take a leadership role in advocating a market-oriented reform package aimed at reducing the cost of health care and insurance. A proposal which makes insurance more affordable for businesses and their employees and for self-employed individuals, coupled with a reform of government-sponsored programs for the unemployed would be a significant step forward this year.

I would remind this committee that in 1964, when we decided that no American should be denied access to food, we did not nationalize the food industry. Nor did we require that all employers feed their employees or pay a payroll tax. Rather, we developed a targeted approach which led to the introduction of food stamps and other programs designed to insure that all Americans have enough to eat.

In our quest for the holy grail that is "universal coverage," we should take a lesson from the Crusades in remembering that a noble end does not justify brutish means. Our search should be one that proceeds with deliberation and care. In the end, to have achieved universal coverage on the backs of small businesses and their employees will have been a mistake we cannot afford.

Thank you for inviting me. I look forward to answering your questions.



CA26952

First Financial Management Corporation

3 CORPORATE SQUARE, SUITE 700, ATLANTA, GEORGIA 30329

(404) 321-0120

RECEIVED
FEB 15 P 3 07

PATRICK H. THOMAS
CHAIRMAN OF THE BOARD
PRESIDENT & CHIEF EXECUTIVE OFFICER

February 8, 1994

**The Honorable Ronald H. Brown
The Secretary of Commerce
Department of Commerce
14th Street and Constitution Avenue, N.W.
Washington, D.C. 20230**

Dear Mr. Secretary:

Thank you for inviting FFMC to state our position on healthcare reform issues. As both an employer and a provider of services within the healthcare industry, FFMC shares the concerns of many companies as to the current direction of healthcare reform.

Following are FFMC's positions on the healthcare policy issues of greatest interest to us. (You will note that we generally support the concept of "managed competition," but with less government involvement than proposed in the Administration's Health Security Act).

- We are strongly against mandating that all but the very largest companies participate in regional health alliances, and we oppose all other efforts to discourage company self-insurance. Reducing the number of large healthcare purchasers in the marketplace and taking away incentives for innovative company healthcare cost cutting and wellness initiatives can only have a negative impact on the price and quality of healthcare in the long-term.

Self-insured plans for companies with over 100 employees should be allowed to continue to operate outside health alliances without the penalties and restrictions currently contained in the Health Security Act, which are obviously intended to kill self-funding for even large employers. We support:

- elimination of proposed employer-mandated sharing of employee healthcare costs (or, at a minimum, a reduction of the proposed employer premium share requirement from 80% to 50%). The greater share of healthcare coverage an employee carries, the greater the employee's likelihood of making cost-conscious healthcare choices.

The Honorable Ronald H. Brown
February 8 1994
Page Two

- ☐ universal healthcare coverage through individual, not employer, mandates
- ☐ removal of penalties and other disincentives proposed for companies electing to self-insure.
- We are very concerned about the potential loss of ERISA preemption of state laws affecting benefit plans, which would make the administration of multi-state employer plans a nightmare. Allowing each state to impose its own crazy quilt of regulations on such plans (including the lowering of barriers to lawsuits against providers and payors) will certainly increase the cost of healthcare nationwide.
- We oppose the imposition of global budgets or price controls of any kind. Controls have proven ineffective in the past, and will erode the long-term delivery of quality, cost-effective healthcare.
- We are against the establishment of the numerous powerful new government bureaucracies required to administer and enforce the proposed system, particularly mandatory, exclusive regional health alliances. In addition, we are convinced that many of the dizzying array of enforcement provisions included in the Administration's plan could prove to be hostile to physicians, health plans, employers and patients. Several examples:
 - ☐ The Secretary of HHS would have the power to seize control of a state's healthcare system if it became underfunded or it failed to provide prescribed benefits, and to collect premiums plus a 15% surcharge from health alliance members.
 - ☐ The Secretary of the Treasury would be able to mandate additional revenues without any legislative or judicial review.
 - ☐ A health alliance that exceeded its budget would be able to withhold or delay payments to providers in order to assure that expenditures would not exceed budget.
- For entitlement programs such as Title XIX (Medicaid) of the Social Security Act, states should continue to be allowed the flexibility to design and operate alternative systems which comply with federal functional requirements. Such systems must, however, continue to encourage positive competitive forces (e.g., single payor systems should not be allowed).

The Honorable Ronald H. Brown
February 8 1994
Page Three

- We strongly support any initiative to improve administrative and cost efficiencies within the healthcare industry, such as the following:
 - Mandated standardization and electronification of healthcare transactions.
 - Establishment of an automated medical records bank with adequate privacy and validation controls, accessible to authorized practitioners.
 - Standardization of healthcare data required for statistical analysis to determine and measure treatment efficacy, provider efficiencies and quality rating systems.

FFMC is committed to bringing about changes in the US healthcare system that make sense, and we will firmly support a position that improves the system where improvement is necessary. We will not support the creation of another monumental government bureaucracy which has proven inept in controlling today's healthcare costs and providing services.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick H. Thomas", written in a cursive style.

Patrick H. Thomas

PHT/jd

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Health Care Coalition

Divider Title: _____

THE NATIONAL LEADERSHIP COALITION FOR HEALTH CARE REFORM

AGENDA

APRIL 27, 1994
11:00 a.m.* - 5:00 p.m.
U.S. CAPITOL
ROOM SC-5

Alexis -

Please call me
on this. Thanks.

NANC

610-694-6137

4/25/94

- | | | |
|-------|--|--|
| 11:00 | Welcome and Update | Bob Ray and Henry Simmons |
| 11:45 | Senator Robert Dole (R-KS)
Minority Leader | |
| 12:30 | Lunch and Update | Henry Simmons |
| 1:00 | Press Conference (on the continuing need and
support for effective cost containment) | <p>Congressman Dan Rostenkowski (IL-5),
Chairman, House Ways & Means
Committee</p> <p>Robert J. Eaton,
Chairman of the Board and Chief
Executive Officer, Chrysler Corporation</p> <p>Doug Dorety,
President, United Food & Commercial
Workers International Union, AFL-CIO</p> <p>Curtis H. Barnette,
Chairman, Bethlehem Steel Corporation</p> <p>Fred Corrado,
Vice Chairman, Chief Financial Officer
and Treasurer, The Great Atlantic &
Pacific Tea Company, Inc.</p> |
| 1:45 | Policy Update: Field and Hill Reports | Peggy Rhoades and Mark Goldberg |
| 3:30 | Senator Daniel Patrick Moynihan (D-NY) (tentative)
Chairman, Senate Finance Committee | |

DIRECTIONS: Proceed to Law Library entrance (east front of the Capitol), turn left to the souvenir display, take immediate right and proceed to the stairway leading down to "Senate Court" level. SC-5 is to the right at bottom of the stairs.

* Please note the earlier starting time of 11:00 a.m. If you have not already done so, please call our offices (202-637-6830) no later than close of business on Monday, April 25, to let us know who from your organization will be attending. We need to give these names to the guards in the Capitol.

Bethlehem Steel Corporation

1170 EIGHTH AVENUE
BETHLEHEM, PA 18016-7699

CURTIS H. BARNETTE
CHAIRMAN
AND
CHIEF EXECUTIVE OFFICER



TELECOPY MESSAGE

To:

Name: Hon. Alexis M. Herman, Director, Office of Public Liaison
Firm: The White House
Address: Washington, D. C.
Telecopy No.: 202-456-2983

From:

Name: Curtis H. Barnette
Firm: Bethlehem Steel Corporation
Address: 2118 Martin Tower
Telephone: 610-694-6137

Number of Pages (including this cover sheet): 2

If you do not receive any of the pages, please call sender at above number.

Our unattended Ricoh Fax 75 number is (610) 694-3686.

Please confirm receipt of transmission and clarity of copy.

Date: April 25, 1994

CORPORATE HEALTH CARE COALITION

1113 Connecticut Ave., N.W., Suite 1200, Washington, DC 20036
(202) 775-8834 Phone (202) 833-8491 Fax

July 29, 1994

*FT
Cowan*

AlliedSignal Inc.
Amertech
Corporation
Atlanta Richfield Company
Bell Atlantic
The Boeing Company
Case Enterprises, Inc.
Digital Equipment Corporation
Chemical Company
DuPont Company
General Electric Company
GTE Corporation
Hershey Foods Corporation
Inland Corporation
International Business
Mitsubishi Corporation
NCR Communications Corporation
Pacific Telesis Group
Southwestern Bell Corporation
United Parcel Service
U S West Inc.

The Honorable Richard A. Gephardt
Majority Leader
United States House of Representatives
Washington, DC 20515

Dear Representative Gephardt:

For the past year and a half, the member companies of the Corporate Health Care Coalition have worked for comprehensive health care reform that would improve our capacity to provide high-quality, cost-effective coverage to employees and their families. We have made clear that we can support reform based on the elements often cited by the President and congressional leadership as essential: universal coverage with shared responsibility and a required minimum benefit package.

While we have strong reservations about and would like to change a large number of provisions in the bills reported in the House, it has been our policy to focus only on those few provisions which go to the heart of whether we can maintain high-quality and cost-effective health plans. In a letter to you dated July 18, twenty-one CEOs of our member companies identified our three critical issues: excessive state flexibility, restrictions on managed care techniques, and inequitable financing.

We have reviewed carefully the July 29th "Highlights of House Democratic Healthcare Reform Bill." The financing provisions in their totality are reasonable in the context of an employer-based system. However, the draft contains other provisions that would create serious problems for our companies and our health plans, especially our managed care plans. Specifically, the draft incorporates the unacceptable state flexibility and state rate-setting language included in the House Ways and Means bill. To make matters worse, it drops the only provision potentially protective of our companies' plans, the exemption for multi-state companies with more than 5,000 employees from various state benefit systems, including state single-payer systems. In addition, the draft incorporates much of the anti-managed care language of the Ways and Means bill, which would eviscerate our managed care plans' abilities to contain health care costs.

The Honorable
Richard A. Gephardt

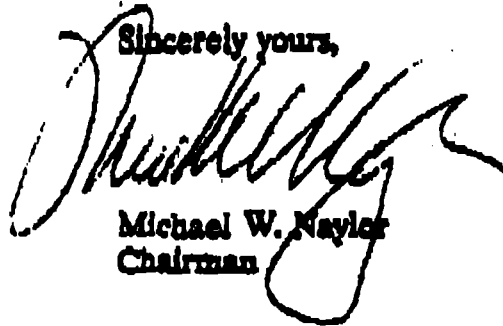
2

July 29, 1994

The Corporate Health Care Coalition will oppose reform legislation which undermines our ability to offer nationally uniform managed care plans to our employees. If a bill containing such elements is brought to the House floor, we would urge Members of Congress to vote against it.

We hope these problems can be resolved before the House takes up the legislation, and are, of course, willing to work with you or your staff to address them.

Sincerely yours,



Michael W. Naylor
Chairman

AMERITECH

FROM:

Dorothy A. Walsh

Director - Federal Relations

AMERITECH

1401 H Street, N.W.

Washington DC 20005

202 326-3823, FAX 202 326-3826

To: Caren Wilcox456-62183 pages including cover

Comments:

Caren - Here is the CHCC letter to Gephardt. Our Coalition meets all day Wednesday. Terry + I are attending the BRT meeting today. I would like to send someone to the White House meeting on Wednesday morning.

I am going out of town for a few days. Please feel free to call Jerry Buice.

Also, Alan Peres, Ameritech's health policy manager will be here in Washington while I'm gone.

Also, John Orlando from Timmons & Co is helping Ameritech. He is the former Chief of Staff.

If there are any problems with this transmission, please call Tina Scogin at (202) 326-3808

to J. Dingell + Energy + Commerce. He is at 202/331-1760.

DW

OFFICE OF PUBLIC LIAISON
THE WHITE HOUSE

MEMORANDUM FOR HAROLD ICKES ✓
ALEXIS HERMAN
BOB RUBIN
IRA MAGAZINER
GREG LAWLER
CHRIS JENNINGS
JACK LEW
MIKE LUX

cc: STEVE HILTON

FROM: CAREN WILCOX

SUBJECT: ERISA/MULTI-STATE ISSUES

DATE: JULY 29, 1994

ERISA/STATE FLEXIBILITY/MANAGED CARE

A substantial group of companies including: Allied Signal, Ameritech, Amoco, ARCO, Bell Atlantic, Boeing, Cox Enterprises, Digital Equipment, Dow Chemical, DuPont, Eastman Kodak, General Electric, GTE Corporation, Hershey Foods, Intel, IBM, McDonnell Douglas, MCI, Pacific Telesis, Southwestern Bell, United parcel Service and U S West, have joined together in a coalition to maintain ERISA exempt multi-state plans.

These companies felt that the President had signalled them at the BRT speech that he understood their desire to operate multi-state plans and maintain ERISA. This speech was made following a discussion the President had with Mr. Gerstner, CEO of IBM.

They had signalled that they would find it difficult to continue to support universal coverage and employer mandate if they saw their ability to function independently significantly curtailed. They had been negotiating with a group of state officials and with members of Congress. They had obtained a letter via Mr. Tanner's office signed by many moderate Democrats indicating their support for these issues in health care reform.

This issue appeared to be reaching enough consensus to hold these 22 companies in the Corporate Health Care Coalition. This is after enormous work by the construction unions and companies since last night. However, we now understand that there may be difficulty due to a desire on the part of some parts of the unions to have enhanced state authority to pass stronger health plans.

State flexibility: they are still concerned about the loss of the groups of 5000 employees. Some of their interim issues seem to have been solved behind the scenes.

Discussions with staff for Feingold and Wellstone: they had discussions with these staffs on Friday. Theresa Alberghini of Leahy's staff was along.

Results: agreement to find data about how many individuals would be removed from a statewide plan if groups of 5000 were exempt.

Wellstone's or Feingold's staff apparently floated a population percentage exemption on the companies. If the company had 5000 but was a minuscule part of the population of a state, then they would be exempt. The companies rejected due to the fact that they believe that this would really force them into the single payer system of that state anyway. There may be some ground here for discussion however.

Managed Care: While they are concerned about any willing provider language under cutting their managed care networks, they know that there are behind the scenes discussions going on with the Black Caucus and they hope this will be resolved.

State interim solution: This is language developed by them, the Milbank state officials group and Leahy's staff, and they believe this is going to run.

These companies do not like the Finance bill and they are very concerned about having the cost shift reduced into legislative language, without a mandate to share the burden.

A few members of the group believe that a premium tax would lead to cost containment, but this is not an overriding issue with them.

This group is continuing to try hold on for the long run of health care reform, but they are also worried about results. They have been less supportive of the President's efforts than have the Pre-Medicare coalition companies.

We have continuously told this group that they would not get a total solution in these bills, or probably be entirely satisfied in the Conference. It is desirable not to have them join with the U.S. Chamber and others in opposition to the final bills, and therefore, we need to try to hold on to them as well even though they have not been as supportive.

Attachments: Letter to President Clinton, letter to Speaker Foley, response to Majority Leader draft

CORPORATE HEALTH CARE COALITION

1133 Connecticut Ave., N.W., Suite 1200, Washington, DC 20036
(202) 775-9834 Phone (202) 833-8491 Fax

AlliedSignal Inc.
Ameritech
Amoco Corporation
Atlantic Richfield Company
Bell Atlantic
The Boeing Company
Cox Enterprises, Inc.
Digital Equipment Corporation
Dow Chemical Company
DuPont Company
Eastman Kodak Company
General Electric Company
GTE Corporation
Hershey Foods Corporation
Intel Corporation
International Business
Machines Corporation
McDonnell Douglas Corporation
MCI Communications Corporation
Pacific Telesis Group
Southwestern Bell Corporation
United Parcel Service
J S West Inc.

July 18, 1994

The Honorable William J. Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

As leaders of some of the largest Fortune 500 companies, we have supported the health care reform goals of controlling costs and achieving universal coverage. We have assumed the foundation for any national reform would be the successful comprehensive health plans that large, multistate employers provide for their employees and their dependents. As we have worked to help move health care reform through the committees of the Congress, we have become increasingly concerned that the emerging legislation would make it difficult, if not impossible, for us to continue operating our plans or managing our costs.

Our companies are committed to providing quality, cost effective health benefits for our employees and their dependents. This commitment is consistent with, and indeed, fundamental to, the goals of universal coverage and cost containment. We cannot support health care reform that conflicts with these goals by putting our health plan and our employees' health care benefits at risk.

Specifically, legislation that would give the states the flexibility to independently design their own health care systems not only would undermine national reform, but also would undermine our companies' national cost containment strategies. A major reason for our support of national reform this year is to preserve federal governance of our multistate plans, which now occurs under ERISA. National reform that grants new state authority over our plans is far worse for us than no reform.

Emerging legislation would also undo the success we have had in controlling costs by placing prohibitions on provider selection and other managed care techniques that have been integral to our success. The new "anti-managed-care" provisions which some committees have adopted would eliminate our ability to manage our programs and substantially raise our costs and national health expenditures as well.

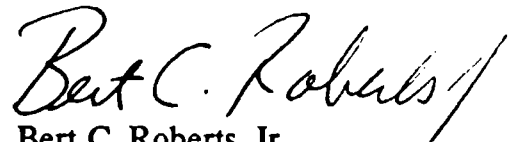
Moreover, it is unreasonable to impose new taxes or assessments on those who already pay for the millions of uninsured Americans through cost shifting, if the Congress is unwilling to impose any obligations on employers and individuals who now pay nothing. Additional financing for "social responsibility" is acceptable only if it is society wide and only in the context of universal coverage.

As health care reform moves to the congressional leadership and the House and Senate floors, we ask for your assistance in ensuring that the efforts of large, multistate employers are not undermined and the goals of health care reform undercut by the final bills presented to the full House and Senate.

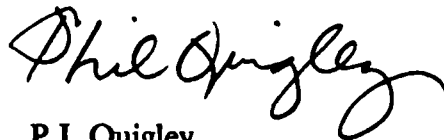
Sincerely,



Robert B. Palmer
President and
Chief Executive Officer
Digital Equipment Corporation



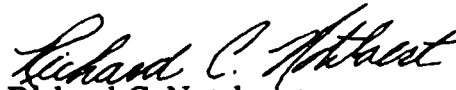
Bert C. Roberts, Jr.
Chairman and Chief Executive
Officer
MCI Communications Corp.



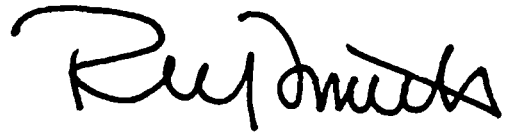
P.J. Quigley
Chairman, President and
Chief Executive Officer
Pacific Telesis Group



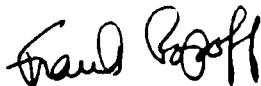
Louis V. Gerstner, Jr.
Chairman of the Board and
Chief Executive Officer
International Business
Machines Corporation



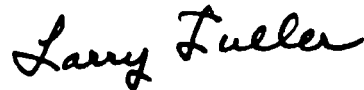
Richard C. Notebaert
Chairman and Chief
Executive Officer
Ameritech



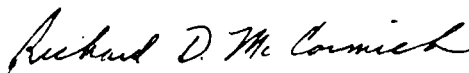
Ray Smith
Chairman and Chief
Executive Officer
Bell Atlantic



Frank P. Popoff
Chairman and Chief
Executive Officer
Dow Chemical Company



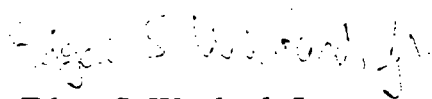
Larry Fuller
Chairman and Chief
Executive Officer
Amoco Corporation



Richard D. McCormick
Chairman of the Board and
Chief Executive Officer
U S West Incorporated



Edward E. Whitacre, Jr.
Chairman and Chief
Executive Officer
Southwestern Bell Corporation



Edgar S. Woolard, Jr.
Chairman and Chief
Executive Officer
DuPont Company



Kenneth L. Wolfe
Chairman and Chief
Executive Officer
Hershey Foods Corporation



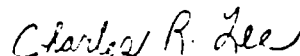
Larry Bossidy
Chairman and Chief
Executive Officer
AlliedSignal, Inc.



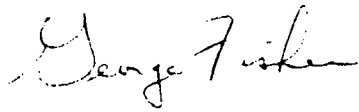
Gordon E. Moore
Chairman
Intel Corporation



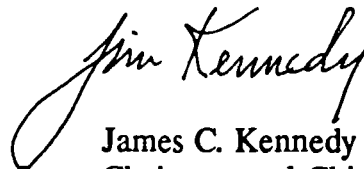
Kent C. Nelson
Chairman and Chief
Executive Officer
United Parcel Service



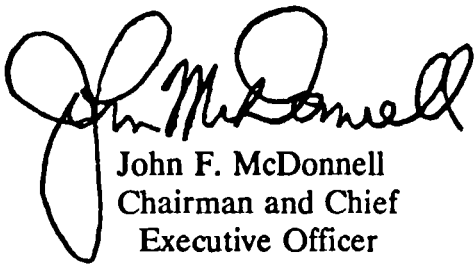
Charles R. Lee
Chairman of the Board
and Chief Executive Officer
GTE Corporation



George M.C. Fisher
Chairman, President
and Chief Executive Officer
Eastman Kodak Company



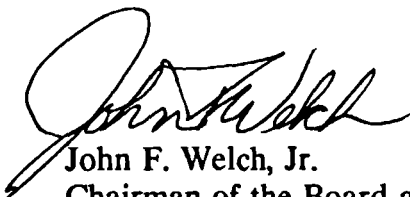
James C. Kennedy
Chairman and Chief
Executive Officer
Cox Enterprises, Inc.



John F. McDonnell
Chairman and Chief
Executive Officer
McDonnell Douglas Corporation



Frank Shrontz
Chairman and Chief
Executive Officer
The Boeing Company



John F. Welch, Jr.
Chairman of the Board and
Chief Executive Officer
General Electric Company



JOHN TANNER
8th DISTRICT
TENNESSEE

COMMITTEES:
ARMED SERVICES
SCIENCE, SPACE, AND TECHNOLOGY

Congress of the United States
House of Representatives
Washington, D.C. 20515-4208

July 19, 1994

Honorable Thomas S. Foley
Speaker Of The House
H209, The Capitol
Washington, D.C. 20515

Dear Mr. Speaker:

The principal House Committees of jurisdiction over health care reform have completed their markups. As a result, we all look forward to the opportunity to continue the debate and vote upon the important issues that the Committees have had under consideration.

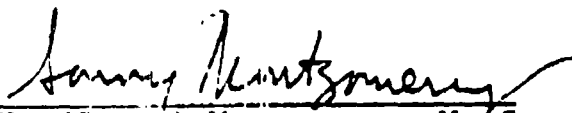
We are concerned, however, that an issue of critical importance to us--the national uniform treatment of multi-state health care plans--will not be resolved satisfactorily in any of the Committees. Should that prove to be the case, we want to serve early notice that we will have great difficulty supporting the product of the Committees on the floor of the House, or supporting a rule that precludes an amendment addressing this important issue.

Thousands of our constituents participate in multi-state employer and Taft Hartley health care plans under which the goals of excellent health care coverage and rigorous cost containment have been achieved. We believe that plans which achieve these two goals should be encouraged to continue their efforts under any new legislation, as they have since the enactment of ERISA in 1974.

If the current system of uniform national treatment is undermined, multi-state employers and their employees will be subject to a wide variety of requirements and mandates in all fifty states. Over time, administrative complexity will become unmanageable, and plan costs due to increased liability and higher overhead will compromise the fiscal and management integrity of the plans. Perhaps even more damaging, hundreds of thousands of employees and their families will suffer as it becomes increasingly difficult to accept promotions and transfers where relocation is required. Employee health care and morale will decline as the differences in health benefits among states proliferate.

Mr. Speaker, abandonment of the national uniformity principle is certain to reduce the coverage for hundreds of thousands of employees and their families, while driving up costs for thousands of multi-state employers. We hope that you will use your best efforts and that of the House Leadership to maintain the national uniformity principle in the emerging health care reform bill.

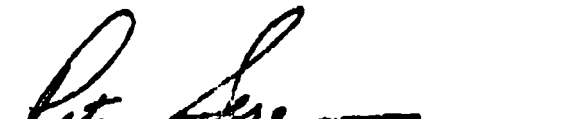
Sincerely,


G. V. (Sonny) Montgomery, M. C.


John Tanner, M. C.


Mike Parker, M. C.


John Spratt, M. C.


Pete Geren, M. C.


Bill Sarpalidis, M. C.

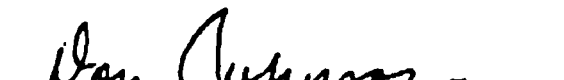

Thomas J. Barlow, M. C.


Bob Clement, M. C.


Sam Coppersmith, M. C.

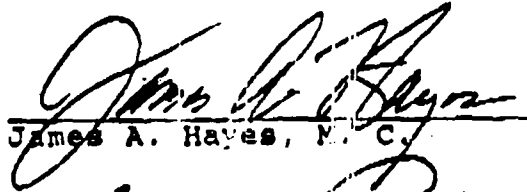

Tim Valentine, M. C.


George (Buddy) Darden, M. C.

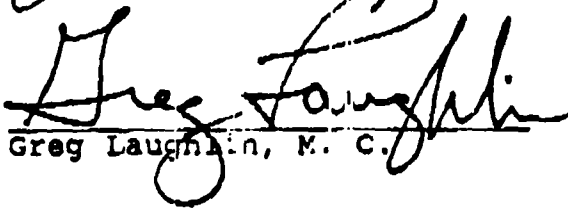

Don Johnson, M. C.

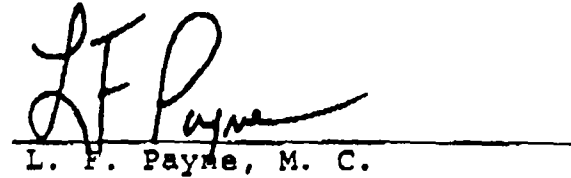

Earl Hutto, M. C.

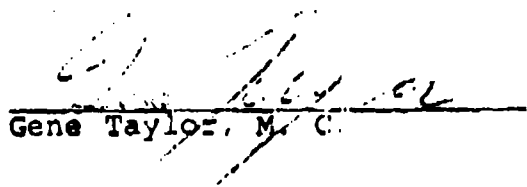

Bart Gordon, M. C.

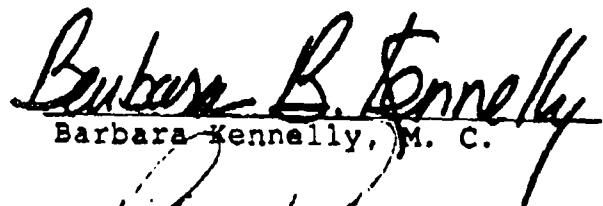

James A. Hayes, M. C.

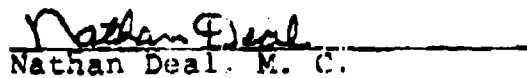

Marilyn Lloyd, M. C.


Greg Laughlin, M. C.


L. F. Payne, M. C.


Gene Taylor, M. C.

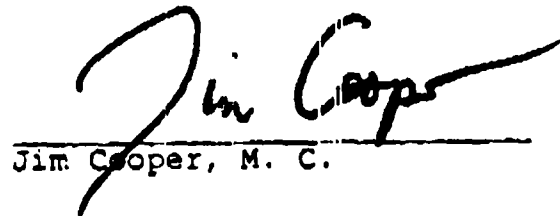

Barbara Kennelly, M. C.

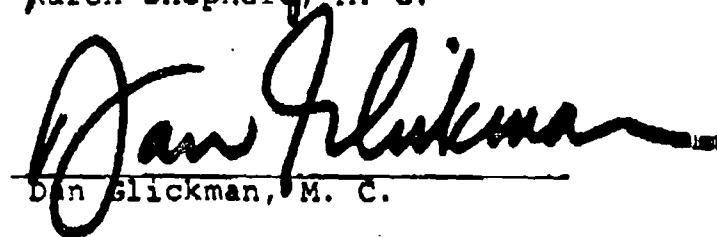

Nathan Deal, M. C.


Pete Peterson, M. C.


Peter Hoagland, M. C.


Karen Shepherd, M. C.


Jim Cooper, M. C.


Dan Glickman, M. C.


Michael A. Andrews, M. C.


Bill Brewster, M. C.

cc: The Honorable Richard Gephardt
The Honorable David Bonior
The Honorable Joseph Moakley

CORPORATE HEALTH CARE COALITION

RESPONSE TO THE JULY 25TH MAJORITY LEADER DRAFT JULY 28, 1994

The Corporate Health Care Coalition (CHCC) has supported health care reform legislation that would achieve universal coverage and control health care costs through an employer-based system. To achieve this goal, legislation must retain and strengthen the foundation of our current system – the plans sponsored by large, multistate employers.

Because it would interfere with the ability of multistate employers to continue providing health plans, the Coalition strongly opposes, and would work to defeat, the June 25th draft "Summary of Agreement" circulated by Mr. Gephardt. Despite the fact that this draft retains the structure of universal coverage and financing from the House Ways and Means bill which the Coalition supports, it contains a large number of other provisions that would create serious, if not fatal, problems for multistate employers and for their managed care plans.

Of these problem provisions, two are of critical importance to the Coalition and must be resolved as a precondition for Coalition support.

- State flexibility: The draft retains the unacceptable language on state flexibility and state ratesetting from the House Ways and Means bill and eliminates the exemption the Committee provided for firms with 5,000 or more employees.

The Coalition proposes responding to state needs for flexibility by protecting existing state waivers and providing states the option for early implementation of national reform – as provided in language prepared by the Senate majority leader in conjunction with state and large company leaders.

The Coalition further proposes modifying the state flexibility language to eliminate any options for the state other than the option to implement a pure single-payer system, and reinstating the exemption for firms of 5,000 or more employees from single-payer.

- Managed care: The draft undercuts the ability of employers to use managed care plans to control costs by requiring that plans accept any willing provider and contract with a wide array of essential community providers.

The Coalition proposes eliminating the language that would require plans to accept any willing provider, and modifying the essential community provider language to meet the needs of rural and minority providers.

*AlliedSignal Ameritech Amoco ARCO Bell Atlantic Boeing Cox Enterprises Digital Equipment
Dow Chemical DuPont Eastman Kodak General Electric GTE Corporation Hershey Foods Intel
IBM McDonnell Douglas MCI Pacific Telesis Southwestern Bell United Parcel Service U S WEST*

130 PM
 Draft ~~10 AM~~ 7/15/94 Description of Proposal

A. STATE FLEXIBILITY/GENERAL PROVISIONS

This Act will define what constitutes a state-regulated and a federally-regulated plan. Federally-regulated plans will be required to meet new Federal standards with respect to benefits, solvency, cost-sharing, data collection and other standards as specified in the Act.

States that already have taken steps to reform their health care systems and have been granted flexibility by Federal law, i.e., under Medicare, Medicaid or ERISA, will be permitted to continue to operate their systems with this flexibility.

B. EARLY IMPLEMENTATION OF COMPREHENSIVE STATE PROGRAMS

States that are able to demonstrate to a Federal agency that they have the capacity to move forward with early implementation of the national health care reform plan should be allowed to do so. The actions of these States will benefit the entire nation and should receive appropriate Federal support and cooperation.

Eligibility. To be eligible for this early implementation program, a State must enact legislation that is consistent with the national plan and present to a joint body composed of representatives of the Department of Labor and the Department of Health and Human Services a plan for implementation. This joint body shall be established within 60 days after enactment.

The areas in which a State must demonstrate that its comprehensive program is consistent with the national plan include:

- benefits package (In the event that Federal benefit standards are set by a health board or regulatory agency rather than statute, plans meeting the Federal benefit standards for a federally-qualified HMO would be considered to be in good faith compliance during the transition period until the benefits are fully defined.)
- insurance reforms and rating requirements
- standards for health plans and purchasing cooperatives

- data collection and uniform administrative procedures
- employer and individual responsibilities
- cost containment

Absent Federal regulations, the joint DOL/HHS body will develop interim standards, in consultation with the States and large, multi-state employers.

Approval Process. The joint DOL/HHS body has 90 days to approve or reject a State application and is required to notify multi-state employers when a State application has been approved.

Employer Certification Process. For purposes of compliance with State early implementation programs, employers with Federally-regulated plans must be certified by DOL to be in compliance with Federal standards described above. Upon enactment of national legislation, such an employer can at any time seek certification from DOL that it is in compliance with Federal standards, but in any case, must be certified with regard to a particular State by the effective date of that State's approved program.

Financing. From Federal revenues raised by this Act, (excluding Medicare and Medicaid savings and sin taxes), approved States will receive Federal funds, as determined in the approval process, to provide subsidies, cover medical education costs, and meet other costs associated with implementing the State program.

CORPORATE HEALTH CARE COALITION

WORKING PRINCIPLES ON HEALTH CARE REFORM

The Corporate Health Care Coalition is comprised of large, multi-state, self-insured, companies that operate health benefit plans for employees and their families as well as retirees, covering over 2.8 million lives and providing over \$6.8 billion per year in health benefits. Members of the Coalition have been in the forefront of efforts to ensure high quality and cost-effective benefits for employees. We have extensive experience in designing, administering and delivering employee health benefits; and are a major force today in ongoing efforts to restructure the health care system.

The Coalition is distinguished by its focus on the issues that are strategic for large, self-insured employers. Our support for health care reform is based on our belief that, properly designed, it can improve access and control costs while enhancing the quality of care. To accomplish this goal, we believe reform must do the following:

- Significantly slow the rate of growth in total health care expenditures as well as in employer and employee health benefit costs;
- Ensure that the employer's primary financial responsibility is for the health care expenses of its own employees and their non-working dependents; and that any additional public or community responsibility is shared equitably through visible and broad-based mechanisms;
- Promote the ongoing transformation to organized systems of care that accept responsibility for cost and quality;
- Rely on market-based rather than government-managed programs to restructure the health care market; and
- Reduce inefficiencies in the current system that contribute significantly to health care costs, including administrative waste, excessive malpractice torts, and inappropriate medical procedures.

*AlliedSignal Ameritech Amoco ARCO Bell Atlantic Boeing Cox Enterprises
Digital Equipment Dow Chemical DuPont General Electric Hershey Foods Intel IBM
McDonnell Douglas Pacific Telesis Ryder System Southwestern Bell U S WEST*

The Coalition expects that employers will remain responsible for financing a major portion of the health care system and that the corporate tax deduction for that responsibility will remain in force. At this time, we believe the most effective way for large employers to remain as major innovators in controlling health care costs is for them to organize and manage their own health benefits. Further, as purchasers, large employers play a significant role in arranging access to quality care for their employees. For these reasons, we prefer reform proposals that build on the existing employer-based system. For an employer-based system to work, the following elements are necessary:

- Participation by all employers in the financing of care for their employees, and the enrollment of all individuals in a health plan;
- A mechanism that reforms the insurance market and strengthens the health care purchasing power of small employers, without creating public or government-sponsored purchasing groups so large that they would dominate the market and upset the balance among multiple purchasers;
- A market with multiple purchasers of health care and a continuing role for large employers as direct purchasers of health care for their employees;
- The ability of employers operating their own plans to retain experience rating so that they and their employees may realize financial and other benefits from active management of their plans;
- Uniform national standards to ensure, as ERISA currently does, consistent benefits for employees and benefit obligations for employers across state lines;
- The financing of care for low-income households through visible and broad-based measures;
- An elimination of cost shifting, through integration of Medicare and Medicaid with private purchasing groups.

The Coalition and its member companies are prepared to commit themselves to the enactment of a comprehensive health care reform plan that is consistent with these principles.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (3 pages)	02/00/1994	b(6)

COLLECTION:

Clinton Presidential Records
Public Liaison
Alexis Herman
OA/Box Number: 4275

FOLDER TITLE:

Health Care Information III [binder] [1]

2012-0741-F
rs2638

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]

FEBRUARY 25, 1994
CHCC MEETING - WHITE HOUSE
12:00n - Harold Ickes

[illegible]

Amoco
Intel
Coalition Staff
Coalition Staff
Allied
Cox Enterprises
Bell Atlantic
Hershey
ups
Ameritech
IBM
McDonnell Douglas

Restate 3 areas
that mandate is
conditional on:

- ① Role of Employer as purchaser
of health care for
employees
- ② State role for employers
of multi-state employees
- ③ Real financing.

Unwieldy on the state issue & the
financing

CLINTON LIBRARY PHOTOCOPY

[Handwritten signature]

THE WHITE HOUSE
WASHINGTON

*Other 3
new
from Vankle*

February 24, 1994

MEMORANDUM TO ALEXIS HERMAN, GEORGE STEPHANOPOULOS, AND IRA
MAGAZINER

FROM: Marilyn Yager

RE: Strategy with the Corporate Health Care Coalition

PURPOSE: Review and clarify the activities of the Corporate Health Care Coalition on behalf of health care reform, and more specifically employer mandates. Those attending the meeting are the senior government relations representatives from the Coalition companies.

DATE/TIME: Friday, February 25, 1994
12 Noon

LOCATION: Room 180, OEOB

FORMAT:

Alexis Herman
15 minutes

Welcome/Opening Comments
(We will ask them to restate their goals and action plan)

George Stephanopoulos
15 minutes

Political Overview from the Administration's Point of View
(take a few questions)

Ira Magaziner
15 minutes

Congressional Policy Process Overview (take questions)

Alexis Herman
15 minutes

Action Plan Activities/Areas of Agreement

WHAT: The Corporate Health Care Coalition is a group of 17 large, self-insured, multi-state employers formed recently to support the enactment of health care reform legislation. The companies are all Fortune 200, provide health coverage for all their employees, and have sufficient employee population to qualify for a corporate alliance under our health plan. They have specifically chosen to exclude companies with a large

health component and have chose to keep their group small. Their primary concerns are those of purchasers of health care for their employees and not venders of health care.

BACKGROUND: We started working with these companies late last summer and they have proven to be some of the most constructive companies with regard to how to get from 'point A to point B.' Although we consider this group to be friendly and constructive, they do not support our bill. However, they do believe that our approach has more strengths than the Cooper or Chafee bills. They are strongly committed to an end result that includes employer mandates, community rating, real health system reform, and serious cost control.

They gave gone out of their way to be helpful at a time when many businesses were backing the BRT -- for example, the day after the BRT vote, they changed their Coalition testimony to the Ways and Means Committee to clarify that they support employer mandates (the testimony was given by McDonnell-Douglas). Next week the Coalition testifies before the Energy and Commerce Committee (testimony will be given by IBM).

To date their activities have largely been an insiders game, i.e., Hill testimony and congressional visits. We really need them to go public on the employer mandate in a bigger way and this is the purpose of our meeting. The following are some examples of initiatives we will raise with them:

- o Letter to all members of Congress signed by their CEOs clarifying their support for employer mandates and why it is important.
- o Coalition OpEd to the New York Times or Wall Street Journal describing why the mandate is important to business.
- o OpEds to the local newspapers of their home companies.
- o Employee education campaigns, which congressional writing campaigns.

Memo for Coalition Meeting
February 24, 1994
Page Three

- o Company financial support for employer mandate advertising.

Also attending:

Mike Lux
Marilyn Yager

How can we work together
if they have conditions for
mandates? Do they
also have conditions
with the mandates?

If they are making their
3 principles (conditions) known
on the Hill, they need to
be equally strong on making
known their support for employee
mandate.

THE WHITE HOUSE

WASHINGTON

February 24, 1994

MEMORANDUM TO ALEXIS HERMAN, GEORGE STEPHANOPOULOS, AND IRA
MAGAZINER

FROM: Marilyn Yager

RE: Strategy with the Corporate Health Care Coalition

PURPOSE: Review and clarify the activities of the Corporate Health Care Coalition on behalf of health care reform, and more specifically employer mandates. Those attending the meeting are the senior government relations representatives from the Coalition companies.

DATE/TIME: Friday, February 25, 1994
12 Noon

LOCATION: Room 180, OEOB

FORMAT:

Alexis Herman
15 minutes

Welcome/Opening Comments
(We will ask them to restate their goals and action plan)

George Stephanopoulos
15 minutes

Political Overview from the Administration's Point of View
(take a few questions)

Ira Magaziner
15 minutes

Congressional Policy Process Overview (take questions)

Alexis Herman
15 minutes

Action Plan Activities/Areas of Agreement

WHAT: The Corporate Health Care Coalition is a group of 17 large, self-insured, multi-state employers formed recently to support the enactment of health care reform legislation. The companies are all Fortune 200, provide health coverage for all their employees, and have sufficient employee population to qualify for a corporate alliance under our health plan. They have specifically chosen to exclude companies with a large

Memo on Coalition Meeting
February 24, 1994
Page Two

health component and have chose to keep their group small. Their primary concerns are those of purchasers of health care for their employees and not venders of health care.

BACKGROUND: We started working with these companies late last summer and they have proven to be some of the most constructive companies with regard to how to get from 'point A to point B.' Although we consider this group to be friendly and constructive, they do not support our bill. However, they do believe that our approach has more strengths than the Cooper or Chafee bills. They are strongly committed to an end result that includes employer mandates, community rating, real health system reform, and serious cost control.

They gave gone out of their way to be helpful at a time when many businesses were backing the BRT -- for example, the day after the BRT vote, they changed their Coalition testimony to the Ways and Means Committee to clarify that they support employer mandates (the testimony was given by McDonnell-Douglas). Next week the Coalition testifies before the Energy and Commerce Committee (testimony will be given by IBM).

To date their activities have largely been an insiders game, i.e., Hill testimony and congressional visits. We really need them to go public on the employer mandate in a bigger way and this is the purpose of our meeting. The following are some examples of initiatives we will raise with them:

- o Letter to all members of Congress signed by their CEOs clarifying their support for employer mandates and why it is important.
- o Coalition OpEd to the New York Times or Wall Street Journal describing why the mandate is important to business.
- o OpEds to the local newspapers of their home companies.
- o Employee education campaigns, which congressional writing campaigns.

laying
out
position →

Memo for Coalition Meeting
February 24, 1994
Page Three

- o Company financial support for employer mandate advertising.

Also attending:

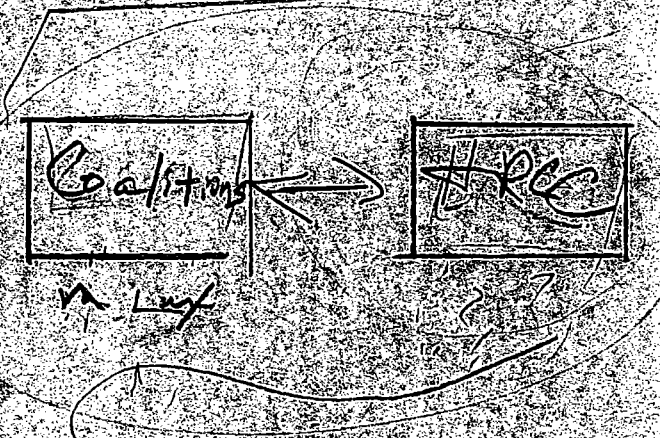
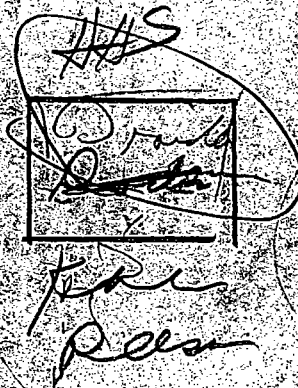
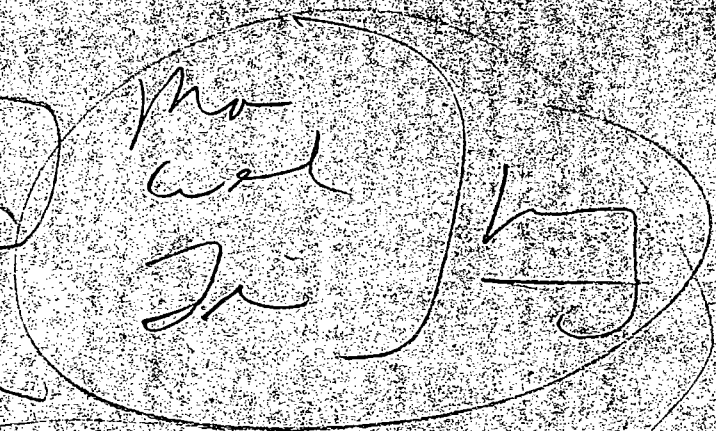
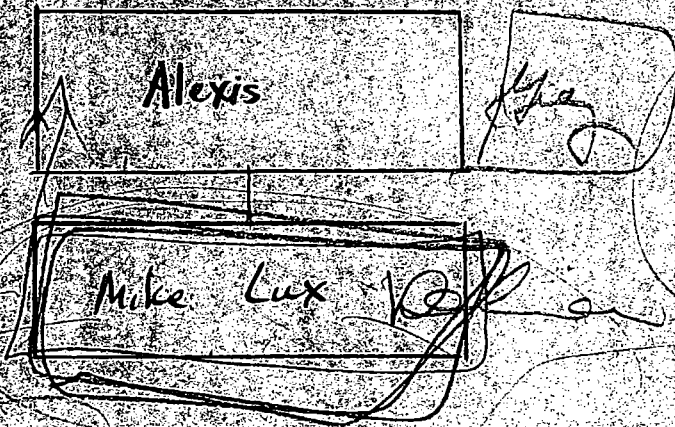
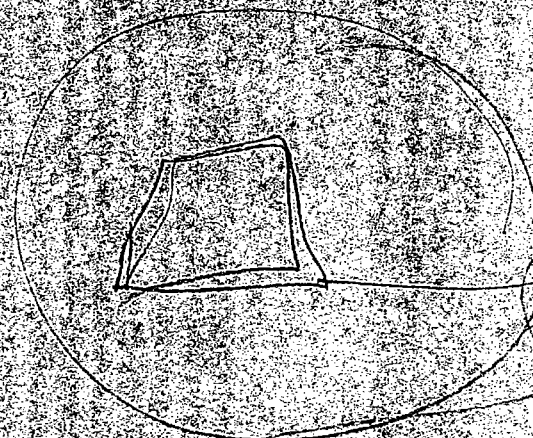
Mike Lux
Marilyn Yager

CORPORATE HEALTH CARE COALITION

*1133 Connecticut Ave., N.W. Suite 1200, Washington, DC 20036
(202) 775-9834 Phone (202) 833-8491 Fax*

AlliedSignal Inc.
Ameritech
Amoco Corporation
Atlantic Richfield Company
Bell Atlantic
The Boeing Company
Cox Enterprises, Inc.
Dow Chemical Company
DuPont Company
General Electric Company
Hershey Foods Corporation
Intel Corporation
International Business Machines Corporation
McDonnell Douglas Corporation
Pacific Telesis Group
Ryder System, Inc.
Southwestern Bell Corporation

Health Care Services



①

- P → Ch
- Went to P ridge

Core Support

(2)

NAME/CEO	COMPANY	STAFF TELEPHONE/FAX	CEO TELEPHONE FAX
Robert "Bob" L. Crandall, Chairman, President, CEO	American Airlines	DeeGee Wilhelm 202/857-4202 Ed Faberman 202/857-4202	817/963-1234
Victor Lund David Maher	American Stores		801/539-4402 h801/582-6109 f801/531-1369
Thomas M. Downs, President and Chairman	AMTRAK	Tim Gillespie 202/906-3000	
Owsley Brown, II, President and CEO	Brown Foreman Corp.		
Alex Trottman, Chairman and CEO	Ford Motor Co.	Elliot Hall 202/962-5371 202/962-5456	
Harold (Red) Poling, Former Chairman and CEO	Ford Motor Co.	Elliott Hall 202/962-5371	
Martin Davis, Chairman and CEO	Paramont Communications	Larry Levinson 202/429-9690	
Roberto del Rosal, President and CEO	Bacardi Corp.		
Earl Graves, CEO	Earl G. Graves, Ltd.		212/242-8000
Alex Grass, Chairman and CEO	Rite Aid Corp.	James Krahulec 717/975-5710 717/975-3760	717/975-5710 717/975-3760
Peter Manos, CEO	Giant Food	Barry Scher 301/341-4100	
George McCarthy	Hiram Walker Group	Nancy Jessick 202/628-5877	313/965-6611 #275 519/971-5716
Robert Hannan, President and CEO	Thrift Drug		412/967-8745 412/967-8293 Lola Burkhart

Core Support

③

NAME/CEO	COMPANY	STAFF TELEPHONE/FAX	CEO TELEPHONE FAX
John McDonnell, Chairman and CEO	McDonnell Douglas Corp.	Tom Culligan	703/412-3807
Ronald L. Ziegler	NACDS	David F. Lambert, III 703/549-3001	703/549-3001 703/836-4869
A. Malachi Mixon III, Chairman of the Board, President and CEO	Invacare Corp.		216/329-6000 216/366-9008
Bernard Schwartz, Chairman and CEO	Loral Corp.	Fred Rhodes 703/412-0168 703/412-5508	212/697-1105 212/867-1147

Support on Principles

①

CEO/Company	Telephone/Fax	Washington Contact	birthdate social security
Maurice R. Greenberg, AM. International Group	212/770-6114 Fax 212/344-6828	Ned Cloonen sec.202/344-6828	(b)(6)
? Paul H. O'Neill, ALCOA	202/956-5300 fax 202/956-5305	Frank Jones	
Robert L. Cranall, American Airlines	202/857-4233 fax 857-4245	Ed Faberman Degee Wilhelm	
Vernon R. Loucks, Jr., Baxter International	708/948-2300 fax 708/948-4808	Dave Aho	
Frank A. Shrontz, Boeing	703/558-9605 fax703/558-9674	Cheryl Russell 703/558-9605 fax703/558-9674 John Hayden 202/558-9602	
? Edgar S. Woolard, DuPont	302/774-4141 fax302/773-0737	Mark Nelson	
Edwin Artzt, Proctor and Gamble	202/393-3404 fax202/393-4606	Marvin Womack	
Joseph T. Gorman, TRW	703/276-5040 fax703/276-5057	Jim Christy Michael McShane	
Stephen M. Wolf, United Airlines	708/952-5871 fax708/952-5931	Larry Nagin Jonathon Knee	
***** *****	***** *	*****	*****
Lawrence Bossidy, Allied-Signal	201/455-6551 fax201/455-4002	Ken Cole/ Mike Naylor 202/662-2650 202/662-2674	
Harvey Golub American Express	212/640- fax212/640-3370		

Support on Principles

②

CEO/Company	Telephone/Fax	Washington Contact	birthdate social security
Lodwrich Cook, ARCO	213/486-2533 fax213/486-2063	Bob Healy/ Richard Azwaya 202/879-9215	
Lawrence Perlman, Ceridan Corp.	612/853-5283 fax612/853-7272	Diane Maranis 202/789-6521 fax202/789-6525	
Walter Shipley, Chemical Bank	212/270-1380		
Richard Sharp, Circuit City	804/527-4100		
John Reed, Citicorp	212/559-2733 fax212/559-5138		
James "Jaime" Houghton, Corning	607/974-8332 fax607/974-8830	Tim Regan 202/347-2270	
Stanley Gault, Goodyear	216/796-2121 fax216/796-2108		
Andy Grove, Intel		Eva Jack 202/973-0292 fax202/296-7332	
William Ferguson, NYNEX	914/644-6430 fax914/644-7649	Jeff Ward 202/336-7882 fax202/336-7920	
Anthony Burns, Ryder Systems	305/593-3496	Lisa Rickard 202/296-6933	
John Bryan, Sara Lee Corp.	312/558-8501 fax312/558-4913		
Don Fites	Caterpillar		
George Fisher	Eastman-Kodak		
Sandy Weill	Travelors		

Kent "Oz" Nelson UPS

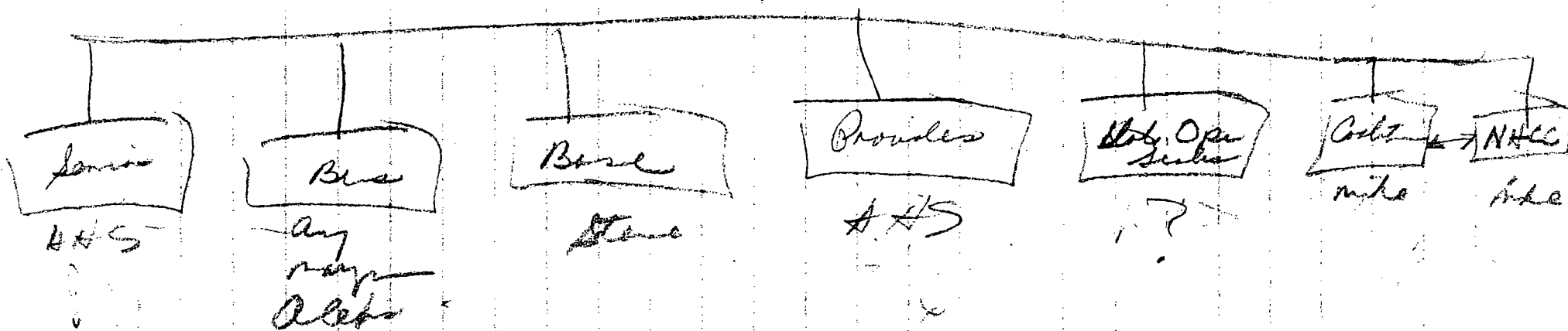
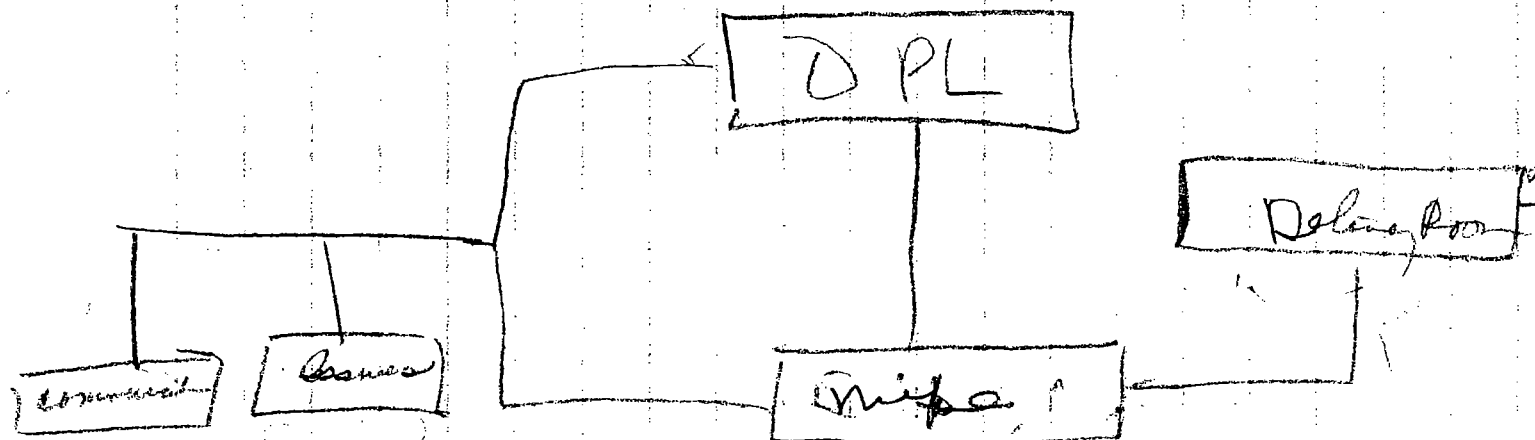
Michael Jordan Westinghouse Electric

Ron Burkle Yucaipa

CORPORATE HEALTH CARE COALITION

*1133 Connecticut Ave., N.W. Suite 1200, Washington, DC 20036
(202) 775-9834 Phone (202) 833-8491 Fax*

AlliedSignal Inc.
Ameritech
Amoco Corporation
Atlantic Richfield Company
Bell Atlantic
The Boeing Company
Cox Enterprises, Inc.
Dow Chemical Company
DuPont Company
General Electric Company
Hershey Foods Corporation
Intel Corporation
International Business Machines Corporation
McDonnell Douglas Corporation
Pacific Telesis Group
Ryder System, Inc.
Southwestern Bell Corporation



THE WHITE HOUSE

WASHINGTON

February 24, 1994

MEMORANDUM TO ALEXIS HERMAN, GEORGE STEPHANOPOULOS, AND IRA
MAGAZINER

FROM: Marilyn Yager

RE: Strategy with the Corporate Health Care Coalition

PURPOSE: Review and clarify the activities of the Corporate Health Care Coalition on behalf of health care reform, and more specifically employer mandates. Those attending the meeting are the senior government relations representatives from the Coalition companies.

DATE/TIME: Friday, February 25, 1994
12 Noon

LOCATION: Room 180, OEOB

FORMAT:

Alexis Herman
15 minutes

Welcome/Opening Comments
(We will ask them to restate their goals and action plan)

George Stephanopoulos
15 minutes

Political Overview from the Administration's Point of View
(take a few questions)

Ira Magaziner
15 minutes

Congressional Policy Process
Overview (take questions)

Alexis Herman
15 minutes

Action Plan Activities/Areas
of Agreement

WHAT: The Corporate Health Care Coalition is a group of 17 large, self-insured, multi-state employers formed recently to support the enactment of health care reform legislation. The companies are all Fortune 200, provide health coverage for all their employees, and have sufficient employee population to qualify for a corporate alliance under our health plan. They have specifically chosen to exclude companies with a large

Memo on Coalition Meeting
February 24, 1994
Page Two

health component and have chose to keep their group small. Their primary concerns are those of purchasers of health care for their employees and not venders of health care.

BACKGROUND: We started working with these companies late last summer and they have proven to be some of the most constructive companies with regard to how to get from 'point A to point B.' Although we consider this group to be friendly and constructive, they do not support our bill. However, they do believe that our approach has more strengths than the Cooper or Chafee bills. They are strongly committed to an end result that includes employer mandates, community rating, real health system reform, and serious cost control.

They gave gone out of their way to be helpful at a time when many businesses were backing the BRT -- for example, the day after the BRT vote, they changed their Coalition testimony to the Ways and Means Committee to clarify that they support employer mandates (the testimony was given by McDonnell-Douglas). Next week the Coalition testifies before the Energy and Commerce Committee (testimony will be given by IBM).

To date their activities have largely been an insiders game, i.e., Hill testimony and congressional visits. We really need them to go public on the employer mandate in a bigger way and this is the purpose of our meeting. The following are some examples of initiatives we will raise with them:

- o Letter to all members of Congress signed by their CEOs clarifying their support for employer mandates and why it is important.
- o Coalition OpEd to the New York Times or Wall Street Journal describing why the mandate is important to business.
- o OpEds to the local newspapers of their home companies.
- o Employee education campaigns, which congressional writing campaigns.

Memo for Coalition Meeting
February 24, 1994
Page Three

- o Company financial support for employer mandate advertising.

Also attending:

Mike Lux
Marilyn Yager

FEBRUARY 25, 1994
CHCC MEETING - WHITE HOUSE
12:00n - Harold Ickes

INDIVIDUAL	DATE OF BIRTH
William Davis	(b)(6)
Eva Maria Rosina Jack	
Gerald Lawrence Atkins	
Kristin Bass	
Ken W. Cole	
Candace Locklear	
Barbara Ann Butler	
Ronald Graf	
Sheryl Webber Washington	
Dorothy A. Walsh	
Chris Caine	
X	
X	
X	
X	

Amoco
Intel
Coalition Staff
Coalition Staff
Allied
Cox Enterprises
Bell Atlantic
Hershey
UPS
Ameritech
IBM
McDonnell Douglas

THE WHITE HOUSE

WASHINGTON

April 15, 1994

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: Marilyn Yager
Office of Public Liaison

SUBJECT: Ameritech and Health Care Reform

SUMMARY

Ameritech is an ideal example of a company which seeks to be a good employer on health care benefits (broad coverage with emphasis on wellness), while at the same time is willing to play a positive public policy role on behalf of health care reform for smaller businesses and the general public.

AMERITECH'S POSITION

AMERITECH's began their active health care reform involvement in 1990 when their Board of Directors first considered and approved a position on reform. As a large, multi-state, self-insured company they have sought to share their experiences with employee wellness programs and cost control programs both with other companies, as well as members of Congress.

Their support for health care reform has largely been addressed through their active involvement in the following membership groups:

- Chamber of Commerce
- National Association of Manufacturers
- Washington Business Group on Health
- National Leadership Coalition (support mandates)
- Corporate Health Care Coalition (support mandates)
- Assn. of Private Pension and Welfare Plans (support mandates)

Of the above groups, their active involvement in the Corporate Health Care Coalition has been especially helpful because of this group's focus on employer based reform.

Like most large companies, Ameritech feels strongly about maintaining their independence in any new system -- meaning their ability to self-insure. They base this view on both their own track record on health costs and their belief that they can control their costs better than the government or a regional alliance. Beyond this key issue, however, Ameritech's health care position could be described as follows:

- o They support employer mandate to achieve universal coverage.
- o They support subsidies for the unemployed and small businesses.
- o They prefer broad-based taxes for financing subsidies and oppose corporate assessments.
- o They oppose changes to ERISA and oppose state flexibility.
- o They support administrative simplification and information streamlining efforts.

BIG BUSINESS AND HEALTH REFORM

Following the February board actions by the Business Roundtable, the National Assn. of Manufacturers, and the Chamber of Commerce, we have sought to organize big businesses around one key issue -- the employer based reform. Large employers who are truly committed to universal coverage recognize that the only way to stop cost-shifting and to insure that all employers (and employees) are paying their share of the healthcare tab is through an employer mandate. Unfortunately, among big business there is certainly no consensus on the employer mandate.

Most companies have tended to work the healthcare reform issue on an individual basis, rather than through organizations. However, there is broad consensus on their issue of concern. The following summarizes those concerns:

Independence for the self-insured companies - large employers want to continue to operate their own health plans, so that they can realize a return on investment through their management and wellness efforts. They support group purchasing for smaller employers. They are concerned about regional alliances that are too large, because large regional alliances may dilute the purchasing clout of self-insured companies.

Protection of ERISA/state flexibility - Continue current operation of ERISA which allows large, multi-state employers to preempt state laws on health benefits. Large companies strongly oppose our provision which allows single payer states to override ERISA protection.

Financing - Most large companies prefer broad-based taxes and revenues to be used for coverage of the low-income. Many oppose the 1% corporate assessment in our health plan and fear that as congressional deliberate health care reform, corporations will be seen as an easy source of revenue to finance the subsidy pool. They also strongly support the tax deductibility of employer contributions to health coverage.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Message to Minorities

Divider Title: _____



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

FEB 24 1994

Washington, D.C. 20201

MEMORANDUM

HEALTH SECURITY ACT

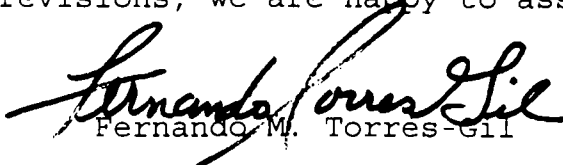
TO: Alexis Herman
Michael Lux

FROM: Assistant Secretary for Aging

SUBJECT: Draft Memo -- "A Message to Minorities"

As you may recall when we met with the President, I made some suggestions regarding the retiree health care coverage and the importance of this benefit to minority communities. The President asked me to provide you with information relative to this issue.

Not knowing exactly what I should provide, I have taken the liberty of having my staff prepare the attached draft "A Message to Minorities". I will also send a copy to Judy Feder. If you feel it is useful or requires revisions, we are happy to assist.


Fernando M. Torres-Gil

cc: Judy Feder
Bill Benson
Moya Benoit Thompson

DRAFT

DRAFT

DRAFT

A MESSAGE TO MINORITIES

President Clinton's Health Security Act is good for our community, our families, older Americans, and our children. For many minorities, who are largely uninsured, the Health Security Act will provide health insurance for the first time. In 1990, 32.4% of the Hispanic population and 19.7% of the African-American population were uninsured. For others, the Health Security Act will establish essential health care that is sensitive to the growing diversity of our cities and communities. More importantly, the Health Security Act provides us with the security of knowing that our health insurance will never be taken away.

MINORITY COMMUNITIES

Research shows that Hispanics are reluctant to use preventive and primary care services because of barriers related to language and culture. The Health Security Act is sensitive to the growing diversity of our society and the basic needs of specific minority groups. The Act establishes and expands various programs targeting minority communities.

- Expands the National Health Service Corps and establishes a new system to apply physician training to primary care specialties sensitive to the needs of specific communities.
- Increases funding for the Community Health Center program. Regional alliances will be required to ensure that all residents in an area, including low-income and non-working persons, enroll in a health plan.
- Offers incentives to providers to ensure that underserved populations will receive necessary health services.
- The plan calls for designated essential care providers. The designation of essential care providers assures access to care during the first five years of reform by requiring health plans to contract with established community-based providers. At the end of the five years, providers will become integrated into health plans or join together to create a new community-based health plan.

MINORITY FAMILIES

The Health Security Act contains provisions that will support families in need of specific health care priorities.

- The long-term care provision is an essential part of the Health Security Act. The Act places a special emphasis on creating ways for older Americans to continue to live in their own homes and communities.
- The long-term care provision will also assist the caregivers who struggle to care financially and emotionally for their loved ones. Three out of every four caregivers of the elderly are women who currently receive little or no assistance.

MINORITY OLDER AMERICANS

Older Americans are the fastest growing segment of the minority population. Between 1990 and 2030, the older Hispanic population will grow 395 percent. The older Black population will grow 247 percent. The Health Security Act prepares for these projections through a variety of proposals to meet the increasing demands of and aging population.

- The Health Security Act subsidizes early retirees between the ages of 55 and 64. The government would pay 80% of the cost of an average premium while retirees would pay the rest. Currently, many unemployed or retired persons between the ages of 55 and 64 either can not get health insurance because of preexisting conditions or have to pay higher rates based on their age.
- The Health Security Act provides long-term care for those individuals who wish to remain in their homes and communities.
- Everyone currently enrolled in Medicare Part B would automatically receive prescription drug coverage. After a \$250 deductible, Medicare would pay 80% of prescription drug cost. There would be an annual out-of-pocket limit of \$1,000 after which Medicare would pay 100% of drug costs. Prescription drug costs are the single largest medical expense for 45% of seniors.

MINORITY CHILDREN

28.3% of Hispanic children and 14.4% of African-American children are uninsured. The Health Security Act will provide our children with security--the security of knowing they will always have health care.

- The plan establishes a new authority to provide for comprehensive school health education and school related health education. These programs would promote

an understanding of the benefits and appropriate use of medical services including clinical preventive services appropriate to the age and risk status of the youth.

As we look at the other health care reform alternatives, we should ask: Are the other alternatives beneficial to our family and our community? Will any other plan be able to recognize the individual needs of our community? America's health care system must begin to recognize the unique needs of our growing minority populations. President Clinton's Health Security Act is a plan for all Americans.

April 13, 1994

APR 14 1994

MEMORANDUM FOR DISTRIBUTION

FROM: WENDY NISHIKAWA

RE: ASIAN PACIFIC AMERICAN HEALTH CARE BRIEFINGS

As part of our health care strategy for the Asian Pacific American constituency we have sent invitations to the following groups. We will need assistance securing the speakers as well as sending out press releases on each event. We intend to have some of our supporters attend the media stakeout after each briefing. This is the first time the White House has touched this community on the President's health care initiative and we are hoping to publicize as much as we can to the specialty media.

For each briefing we have arranged Dennis Hayashi or Judy Whang from Health and Human Services to sit in and answer specific questions and concerns regarding health care and the Asian Pacific American community. We have listed some suggested briefers, but we are definitely open for suggestions.

Thank you.

Tuesday, April 26, 1994

**Asian Pacific American
Health Care Professionals**
10:00 - 11:30 a.m.
Room 450

Suggested briefers:

Secretary Shalala (drop by)
Ira Magaziner/Walter Zellman

Tuesday, April 26, 1994

**Asian Pacific American
Health Care Community Providers**
2:00 - 3:00 p.m.
Room 450

Suggested briefers:

Secretary Shalala (drop by)
Ira Magaziner/Walter Zellman

Wednesday, April 27, 1994

**Asian Pacific American
Business Leaders**
10:00 - 11:30 p.m.
Room 450

Suggested briefers:

Erskine Bowles
Ira Magaziner/Walter Zellman

Friday, April 29, 1994

Asian American Indians
2:00 - 3:30 p.m.
Room 450

Suggested briefers:

Secretary Shalala (drop by)
Judy Feder

Distribution:

Alexis Herman
Doris Matsui
Steve Hilton
Jess Sarmiento

Mike Lux
Flo McAfee
Jeff Shulman
Marilyn Yager

Amy Zisook
Dan Wexler
Debbie Fine

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Strategic Assessment

Divider Title: _____

The following is a strategic assessment of interest group positioning on the health care reform issue.

I. THE MAJOR PLAYERS

Among outside interests I would list the following sectors as the major players in the health care debate:

1. Providers: Includes the American Medical Association and the physician specialty groups; the general practice/family practice physician groups; the American Hospital Association (with its right wing -- the for-profit hospitals, and its left wing -- the Catholic hospitals); the American Nurses Association and affiliated nursing groups; retail pharmacist groups; mental health providers (including psychiatrists, psychologists and social workers); and nursing home groups, most importantly American Health Care Association and Association of American Association of Homes for the Aged.
2. Insurance Industry: Includes Health Insurance Association of America (which represents small and medium sized insurance companies); Blue Cross and Blue Shield; the big five for-profit companies (Aetna, Prudential, Travelers, Metropolitan, Cigna); Independent Insurance Agents of America; and Group Health Association of America.
3. Pharmaceutical Manufacturers: Includes both the big established companies that dominate the Pharmaceutical Manufacturers Association and the newer bio-tech oriented entrepreneurs.
4. Non-Health Industry Big Business: The most important associations are National Association of Manufacturers, Business Round Table, and the Retail Coalition.
5. Small Business: Most powerful is the National Federation of Independent Business, but other key groups include the National Restaurant Association, the Small Business Legislative Council, the National Association of Realtors, and numerous trade associations.
6. Labor: The entire AFL-CIO will be helping, but the most active individual unions will be AFSCME, SEIU, NEA, AFT, UAW and the federal employee unions.
7. Senior Citizen Organizations: Most important are AARP, "the Roosevelt Group" (National Committee to Preserve Social Security and Medicare), the National Council of Senior Citizens and the National Council on the Aging.
8. The Single Payer Coalition: Includes most of the big consumers groups (Citizen Action, Public Citizen, Consumers Union and Consumer Federation of America); liberal seniors groups, such as the National Council of Senior Citizens, Older Women's League, and Gray Panthers; the Rainbow Coalition and some other African-American groups; some unions, although most of the traditional single payer unions are currently playing ball with us and the AFL-CIO; assorted other traditionally liberal groups such as the National Farmers Union and the National Council of Churches.

In addition to these eight major sectors who are players on the overall issue, there are a series of powerful single issue interests who will be mucking around trying to preserve, take out, or alter one piece of the plan. Most important of these are:

- tobacco companies,
- women's/pro-choice groups,
- right to lifers, and
- trial lawyers.

The above eight categories, plus the major single issue interest groups, are not the only groups interested in this issue. There are small health interest -- everyone from the physical therapists, to the dieticians, to the dietary supplement vitamin salesmen, to the chiropractors -- who will no doubt be annoying Congresspeople throughout the entire process. In certain districts, there are medical equipment manufacturers who have factories that will try to tinker with the benefits package or the way the National Health Board is set up. Our opponents on the far right have the Christian Coalition, Conservative Union, and that whole right wing infrastructure stirred up, not only on the abortion question but against the entire bill, and they will provide a lot of the grassroots firepower for those trying to kill the bill.

And on our side, I think we've done a good job of reaching out and keeping a lot of the traditional liberal Democratic groups in the fold, and I think they will help us as we build our infrastructure in the field and in lobbying the hill. Among these groups are children's advocates, the disability rights community, liberal church and social service groups. There are also a collection of disease specific groups -- cancer, heart, AIDS, etc. -- that mostly like what we have done and will be involved in the issue as it is debated this year. (One constituency we still need major work on is the mainstream civil rights community: African-American groups are distrustful and do not feel they have had enough high level attention, while Hispanic groups have problems with the undocumented coverage issue.)

In spite of all these kinds of groups being interested and involved, the reason I listed the above eight categories as major players, in addition to the four single issue concerns, is that those are the sectors with the economic, lobbying, grassroots and public relations resources to either cause us great problems or help us a lot. They also are the sectors that have the ability to impact the swing votes on this issue. As this issue plays out and gets time to cut the deals and vote on the issue, our belief has always been that the eight sectors will break out this way:

- Our allies will be big businesses that benefits the most from the early retiree provision, labor, seniors, and the most significant parts of the single payer coalition, along with the disease groups and other liberal groups mentioned above, and some provider interests: general practice doctors, nurses, pharmacists, Catholic hospitals, social workers, and other mental health providers.

- Our opponents will tend to be (depending on how the deal comes down) most specialist physicians, for-profit hospitals, most major retail and fast food chains small business groups, most of the insurance industry, and most of the pharmaceutical manufacturers, along with the right wing infrastructure mentioned above.
- The American Medical Association, the American Hospital Association, Blue Cross Blue Shield, big five insurers, and many big businesses will probably continue to try to position themselves in the middle.

II. RECOMMENDATIONS FOR ACTION PLAN

Assuming we are doing our Congressional politics and our communications strategy right, I believe this kind of interest group split will allow us to win given the following:

1. That we can keep the full force of the mainstream big business community from going totally against us. As talk of people positioning themselves on the Cooper plan versus our plan fades into discussion of provision by provision, and we make it clear to CEOs that we are open to their concerns but that this is now a Congressional process, I hope and believe that by redoubling our efforts we can keep the full force of big business from going against us. I think we have some good strategies toward doing that, but giving those CEOs in the middle a sign that we are hearing them must remain a priority in the coming weeks.
2. That we build a much stronger network of small businesses in the key targeted Congressional districts. We have to have some kind of small business counterforce in key districts to NFIB and the independent insurance agents, otherwise these Congresspeople will be overwhelmed. I worry about even our allies standing up under the small business pressure, but I think seniors, labor, and liberal groups can help us hold our base. That won't be enough for more conservative Democrats or moderate Republicans.
3. That we keep our organizational allies motivated, and that we hold them accountable. Both in terms of policy and broader political considerations, we have given an enormous amount to make certain that we have a package that meets the needs of our base coalition -- labor, seniors, single payer groups, women, civil rights groups, children's advocates, the disability rights community, nurses, pharmacists, and general practice physicians. We have made it very clear -- as have allies on the Hill like Dingell, Rockefeller, and Gephardt -- that their part of the bargain is to fight like hell for this package. We must hold them accountable, as well as continuing to show good faith with them. If groups are truly doing everything they can to help us, we should fight for their provisions in the final deal (and ask our Congressional allies to do the same). If not, there are a lot of special provisions in this bill we should gladly allow people in Congress to trade away.
4. That we successfully keep our potential opponents off balance. Many of the biggest interests -- including the AMA, Blue Cross Blue Shield, the big five insurers, and the for-profit hospitals -- have major problems with key parts of our bill, but are wary about

opposing us totally. Some are really interested in seeing reform move forward, and are hoping to convince Congress to drop the things they don't like in the bill. Others are worried about being seen -- by us, Congress, and the public -- as total opponents of reform, and are accordingly trying to position themselves carefully in the middle. We need to continue our dialogues with these groups to keep them hoping they can benefit by being constructive. And it doesn't hurt to rhetorically attack our enemies to their right to keep them off balance -- for example, it threw the insurance industry into complete disarray when Mrs. Clinton attacked the HIAA, as others in the industry scurried to position themselves more moderately.

5. That we succeed at reaching down directly into targeted districts to motivate our friends and persuade key local players in the middle. We cannot depend totally on our interest group allies to carry the day for us in targeted districts, even though I hope and believe we can get them to do a great deal for us. We need to go into these districts directly in a variety of ways:

- Through the local opinion leader program we instituted during the budget package fight, we can bring local group leaders, business people, activists, friends and finance people for the targeted Congressperson into the White House to be briefed on the issues, meet the President or First Lady, and get fired up to help us back home.
- Through briefings for targeted constituencies like physicians or small business owners, we can bring people from key Congressional districts in to get educated on the issue (and hopefully persuaded to help.)
- Through an aggressive training program with friendly groups and activists, we can build a force of non-administration people to do surrogate speaking and media interviews in targeted local districts.

These kinds of programs, combined with our traditional local media work and cabinet official trips, can really help build the necessary grassroots infrastructure in those districts.

ALLIES	TRYING TO TAKE A POSITION IN THE MIDDLE	STRONGEST OPPONENTS
labor	American Medical Association	National Federation of Independent Businesses
seniors groups	American Hospital Association	Health Insurance Association of America
general practice physicians	Blue Cross Blue Shield	Independent Insurance Agents of America
nurses	Big 5 Insurers	Pharmaceutical Manufacturers Association
retail pharmacists	Business Round Table	Christian Coalition
early retiree business beneficiaries	National Association of Manufacturers	Tobacco Institute
disability rights advocates	Catholic Conference	Retail Coalition
children's advocates		
Catholic hospitals		
public hospitals		
social workers		
consumer groups		
disease groups		

~ Seminar on the Hill

~ Check the Federal Agenda

Talk in the middle

- I
- 1 Small Bus
 - 2 Senior Citizens
 - 3 Grocery Store
 - 4 Bank
 - 5 Target 65
 - 6 Supermarket
 - 7 Pharmacy
 - 8 Insurance
 - 9 Lawyers
 - 10 Family
- II
- III

I Hand and make what as you plus Alles

late - in reply

Health Barth - DNE price

II Calendar of Sam you
by Alles

III Pub Inputs
Gov + Congress
Staff

IV Prop
Reps
75

Group in the middle

- I keep talking about this issue
Internal meeting

Target Lists

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Admin. H/C Activity

Divider Title: _____

MAR 24

Administration Health Care Activity - Congressional Recess

Friday, March 25, 1994

- o Secretary O'Leary - Senator Nighthorse Campbell. Health Care Town Hall Meeting with Seniors at the Metro Mannor at 1523 Quitman Street, Denver, Colorado, 9:30 AM.
- o Bob Van Hook - Congressman Jim McCrery. Health Care event in Los Angeles, California.

Saturday, March 26, 1994

- o Secretary Jesse Brown - Congressman Synar. Address the Oklahoma Veterans Leaders Conference at the Oklahoma Veterans Center, 3001 W. Bluestar, Claremore, Oklahoma, 9:30 AM.
- o Walter Zelman - Congresswoman Susan Molinari. Presenting the plan at her Health Care Forum in Staten Island, New York.

Monday, March 28, 1994

- o Secretary Reich - Congressman Robert Andrews. Health Care Town Hall Meeting at Camden County Community College, Seminar Room, Little Gloucester Road, Blackwood, New Jersey, 10:00 AM.
- o Secretary Riley - Congressman Kildee. Tour AJA Stepanski Early Childhood Center at 2:00 PM in Michigan.
- o Dena Puskin - Congressman Larry LaRocco. Satellite event on telemedicine at Larocco's event in Idaho.

Tuesday, March 29, 1994

- o Administrator Erskine Bowles - Congresswoman Roybal-Allard. Health Care Town Hall Meeting with Small Business Leaders at the City of Commerce, Council Chamber, 5655 Jillson Street, Commerce, California, 7:30 AM
- o Secretary Jesse Brown - Congresswoman Schenk. Health Care Event with Veteran Service Organizations in San Diego, California.
- o Secretary Jesse Brown - Congressman Filner. Health Care Discussion with the Veterans Advisory Committee in San Diego, California.
- o Secretary Shalala - Senator Kohl & Congressman Kleczka. Health Care Event in Wisconsin
- o Secretary Espy - Visit Nutrition Feeding Center in Missouri

(NOT CONFIRMED).

o Richard Veloz - Congressman Esteban Torres. Speaking at a Town Hall Meeting. Health Care event is in the 34th district, California.

o Marilyn Yeager - Massachusetts Hospital Association. Addressing this years annual New England Chapter's Healthcare Financial Management Association. Chief financial officers throughout New England will be there. Health Care event is in Boston, Massachusetts.

o Walter Zelman - Participating Hospitals of Long Island. Speaking for Physicians Forum at Franklin General Hospital.

Wednesday, March 30, 1994

o Administrator Bowles - Congresswoman English. Health Care Event in Arizona.

o Secretary Jesse Brown - Congressman Pickle. Tour Austin VA Outpatient Clinic & Health Care Forum in Austin, Texas.

o Secretary Shalala - Congressman Slattery & Congressman Glickman. Health Care Event in Kansas.

o Ira Magaziner - Senator David Boren. Addressing forum to the Oklahoma delegation and constituencies. Ira is speaking from 8:45-10:25 am. Health Care event in Oklahoma City, Oklahoma.

o Bo Cutter-Tentative. Speaking for the Joint Labor Management Executive Committee of the Retail Food Industry between 11:00-11:30 am. Health Care event is in Washington, DC.

o Risa Lavisso-Mourey - Odessa Brown Children's Clinic. Health Care event is in Seattle, Washington.

o Elaine Weiss - WBEZ FM radio station. Live media presentation on Healthcare. Health Care event in Chicago.

o Larry Levitt - San Francisco AIDS Foundation. Keynote lunch speaker at the upcoming conference on HIV/AIDS and HCR. Health Care event in San Francisco, California.

o Arnie Epstein - Congressman Klink's district in Jeanette, Pennsylvania.

Thursday, March 31, 1994

o Administrator Bowles - Health Care Event to be determined.

o Secretary Shalala - Congresswoman Furse. Health Care Event in

Oregon.

- o Secretary Pena - Possible Health Care Event.
- o Glenn Hutchins - Congressman Clay Shaw. Speaking to a group of 100 business, community and health care leaders to talk about the effect of the plan on businesses. Health Care event in Miami.
- o Fernando Torres Gill - Congressman Esteban Torres. Speaking at a town meeting that will focus on seniors, employers/small business, and employees/consumers. Health Care event is in the 34th district, California.
- o Dr. Phil Lee - Congresswoman Lynn Woolsey. Attending a business community Health Care Forum. Health Care event in Petaluma, California.
- o Bob Van Hook - Congressman Stenholm. Speaking at a forum sponsored also by Joe Barton and John Bryant. Health Care event in Dallas, Texas
- o Walter Zelman - Chesapeake General Hospital, The Virginian-Pilot and The Ledger-Star, WTKR-TV 3. Speaking at a Healthcare Reform Town Meeting. Health Care event is in Norfolk, Virginia.

Friday, April 1, 1994

- o Secretary Shalala - Senator Feinstein & Congressman Fazio. Health Care Event in California.
- o Secretary Pena - Congressman Barcia. Health Care Discussion with Employees at the GM Plant in Saginaw, Michigan.
- o Bob Van Hook - Congressman Green's district in Houston, Texas.

Saturday, April 2, 1994

Monday, April 4, 1994

- o Secretary Cisneros - Congressman Waxman. Health Care Event in California. (THIS IS NOT CONFIRMED)
- o Secretary Shalala - Congressman Synar. Health Care Event in Oklahoma.
- o Secretary Shalala - Congressman Hall. Health Care Event in Texas.
- o Deputy Secretary Hershel Gober - Congressman Gibbons. Health Care Forum for Local Veteran Service Organizations in Tampa, Florida.

o Deputy Secretary Hershel Gober - Congresswoman Thurman. Health Care Event in Lecanto, Florida.

o Jonathan Silver - Congressman Jim Chapman. Town Hall meeting. Health Care Event in East Texas.

Tuesday, April 5, 1994

o Secretary Shalala - Congressman Jefferson & Congressman Fields. Health Care Event in Louisiana.

Wednesday, April 6, 1994

o Secretary Babbitt - Congressman Farr. Health Care Event in California.

o Deputy Secretary Roger Altman - Congressman Pickle. Health Care Event in Austin, Texas.

o Secretary Jesse Brown - Senator Wellstone. Tour a Veteran Affairs Medical Center and Health Care Discussion with Veteran Service Organizations in Minneapolis, Minnesota.

o Secretary Reich - Congressman Kleczka. Health Care Event in Wisconsin.

Thursday, April 7, 1994

o Secretary Shalala - Congressman Pallone. Health Care Event in New Jersey.

o Christine Heenan - MCET The Mass Learn Pike. Satellite program to participate in a live broadcast consisting in 5 sessions which familiarize students with the federal legislative process through participation in testifying, researching, interviewing, debating, lobbying and amending. Health Care event is in Washington, DC.

o Susan Blumenthal - Congressman Kleczka's district in Louisiana.

o Fernando Torres Gill - Congressman Bilirakis' district in Florida.

Friday, April 8, 1994

o Secretary Babbitt - Congressman Brooks. Health Care Event in Houston, Texas. (THIS IS NOT CONFIRMED)

o Administrator Bowles - Senator Bumpers & Congresswoman Lambert. Health Care Event in Arkansas. (THIS IS NOT CONFIRMED)

o Secretary Jesse Brown - Congressman Kanjorski. Tour Wilkes-

Barre Veteran Affairs Medical Facility and Health Care Discussion with Veteran Service Organizations in Wilkes-Barre, Pennsylvania.

- o Secretary Jesse Brown - Senator Wofford. Tour Scranton New Veterans Home and Health Care Discussion with Local Veteran Service Organizations in Scranton, Pennsylvania.

- o Secretary Cisneros. Health Care Event to be determined.

- o Secretary O'Leary. ,Health Care Event in Los Angeles, California.

- o Secretary Shalala. Speech at Hunter College in New York.

- o Secretary Pena - Congresswoman Cantwell. Health Care Discussion with Fisherman in Seattle, Washington.

- o Secretary Riley - Senator Bingaman. Health Care Event in New Mexico.

- o Bob Hatoy - Women of Color AIDS Council. Speaking for the first annual summit called, "Breaking the Silence: Voices of HIV Positive Women of Color Living the Reality" Jocelyn Elders will attend with approximately 450 people. Health Care event in Boston, Massachusetts.

- o Bruce Vladek - Congressman Haughton's district in Upstate New York.

Saturday, April 9, 1994

- o Secretary Ron Brown - Congressman Becerra. Health Care Event in California.

- o Arnie Epstein-Tentative - Northern Neck Health Action Group. Forum on National Health Care Reform. Approximately 500 people in attendance. Health Care event in Kilmarnock, Virginia.

Sunday, April 10, 1994

- o Dr. Irwin Redling - Congressman Eliot Engel. Panel discussion. Health Care event in Bronx, New York.

Additional Health Care Events (Date to be determined)

- o Administrator Browner - Congressman Cardin. Health Care Event in Maryland.

- o Dr. Lee Brown - Congressman Towns. Health Care Event in New York (NOT CONFIRMED).

- o Dr. Lee Brown - Congressman Serrano. Health Care Event in New

York.

o Dr. Lee Brown - Congress Mfume. Health Care Event in Maryland
(NOT CONFIRMED).

The White House

Office of the Press Secretary

99-

4566485;# 1

**Pls. Broadcast
on U.S. Newswire**

For Immediate Release

Contact:

April 1, 1994

Lorrie McHugh

202-456-2566

APR - 5 1994

****MEDIA ADVISORY****

ADMINISTRATION OFFICIALS PARTICIPATE IN HEALTH CARE EVENTS

Monday, April 4 -- Saturday, April 9, 1994

As the President and First Lady discuss health care reform with the American people during the week of April 4, the following Cabinet-level officials will also be travelling across the country to talk about the plan.

Approximately 40 senior Administration officials will participate in more than seventy Health Care Events during the Congressional recess.

Reporters wishing to cover these events should call the respective contacts and confirm event times and sites. This schedule is subject to change and is not meant to be comprehensive.

DAYBOOK EDITORS NOTE: Please list the contact name and number for each event separately.

Monday, April 4

WHO: Health and Human Services Secretary Donna Shalala
and Congressman Mike Synar

WHAT: Women's Health Forum

WHERE: University of Tulsa
The Great Hall
Allen Chapman Activity Center
Tulsa, OK

TIME: 9:45 a.m.

CONTACT: Avis LaVelle
202/690-7850

Cabinet Schedule, Page 2

WHO: Health and Human Services Secretary Donna Shalala
and Congressman Ralph Hall

WHAT: Health Care Meeting with Community Leaders

WHERE: University of Texas Health Center
Highway 271 at Highway 155
Tyler, TX

TIME: 5:10 p.m.

CONTACT: Avis LaVelle
202/690-7850

WHO: Housing and Urban Development Secretary Henry Cisneros
and Congressman Matthew Martinez

WHAT: Health Care Discussion with Community Leaders

WHERE: Pepe's
11740 Valley Blvd.
Elmonte, CA 91731

TIME: 9:00 a.m.

CONTACT: Sharon Maeda
202/708-0980

Cabinet Schedule, Page 3

WHO: Housing and Urban Development Secretary Henry Cisneros
and Congressman Matthew Martinez

WHAT: Tour Senior Center and Health Care Address

WHERE: City of Elmonte Jack Crippen Senior Center
3120 North Tyler Ave.
Elmonte, CA 91731

TIME: 10:15 a.m.

CONTACT: Sharon Maeda
202/708-0980

WHO: Veterans Affairs Deputy Secretary Hershel Gober
and Congressman Sam Gibbons

WHAT: Health Care Forum

WHERE: Tampa VAMC
13000 Bruce B. Downs Blvd.
Tampa, FL

TIME: 9:00 a.m.

CONTACT: Sunny David
404/347-3236

-more-

Cabinet Schedule, Page 4

WHO: Veterans Affairs Deputy Secretary Hershel Gober
and Congresswoman Karen Thurman

WHAT: Health Care Forum

WHERE: Curtis Peterson Auditorium
3820 W. Educational Path
Lecanto, FL

TIME: 1:00 p.m.

CONTACT: Sunny David
404/347-3236

Tuesday, April 5

WHO: Health and Human Services Secretary Donna Shalala
and Congressman William Jefferson

WHAT: Breakfast Meeting with Health Officials

WHERE: Fairmont Hotel
The Blue Room
University Place
123 Baronne
New Orleans, LA

TIME: 8:15 a.m.

CONTACT: Avis LaVelle
202/690-7850

-more-

Cabinet Schedule, Page 5

WHO: Health and Human Services Secretary Donna Shalala
and Congressman William Jefferson

WHAT: Tour of Hospital Complex

WHERE: Charity Hospital
Tulane Ave., New Orleans, LA

TIME: 9:30 a.m.

CONTACT: Avis LaVelle
202/690-7850

WHO: Health and Human Services Secretary Donna Shalala
and Congressman William Jefferson

WHAT: Luncheon with Minority Health Officials

WHERE: Quality Inn Midtown, Bonaparte Room
3900 Tulane Ave., New Orleans, LA

TIME: 11:00 a.m.

CONTACT: Avis LaVelle
202/690-7850

WHO: Health and Human Services Secretary Donna Shalala
and Congressman Cleo Fields

WHAT: Health Care Town Hall Meeting

WHERE: Pennington Biomedical Research Center
Baton Rouge, LA

TIME: 2:00 p.m.

CONTACT: Avis LaVelle
202/690-7850

-more-

Cabinet Schedule, Page 6**Wednesday, April 6**

WHO: Interior Secretary Bruce Babbitt
and Congressman Sam Farr

WHAT: Health Care Town Hall Meeting

WHERE: Santa Cruz-Dominican Hospital
Education Building
1555 Soquel Drive, Santa Cruz, CA

TIME: 3:00 p.m.

CONTACT: Mary Helen Thompson
202/208-6416

WHO: Veterans Affairs Secretary Jesse Brown
and Senator Paul Wellstone

WHAT: Tour a Veterans Affairs Medical Center and Health Care
Discussion with Veteran's Service Organizations

WHERE: Minneapolis VAMC
One Veterans Drive
Minneapolis, MN

TIME: 1:45 p.m.

CONTACT: Jane Goin
303/980-2995

-more-

Cabinet Schedule, Page 7

WHO: Treasury Deputy Secretary Roger Altman
and Congressman J.J. Pickle

WHAT: Health Care Town Hall Meeting

WHERE: Austin City Council Chamber
2nd and Colorado St.
Austin, TX

TIME: 2:00 p.m.

CONTACT: Ben Nye
202/622-2735

WHO: Energy Secretary Hazel O'Leary

WHAT: Health Care Event to be Determined

WHERE: Los Angeles, CA

CONTACT: Mark Doyle
202/586-7161

Friday, April 8

WHO: Health and Human Services Secretary Donna Shalala
and Congressman Eliot Engel

WHAT: Health Care Town Hall Meeting

WHERE: New York

TIME: 2:00 p.m.

CONTACT: Avis LaVelle
202/690-7850

-more-

Cabinet Schedule, Page 8

WHO: Health and Human Services Secretary Donna Shalala

WHAT: Health Care Reform Speech

WHERE: Sylvia and Danny Kaye Playhouse
East 68th Street
New York, NY

TIME: 4:30 p.m.

CONTACT: Avis LaVelle
202/690-7850

WHO: Interior Secretary Bruce Babbitt

WHAT: Health Care Event to be Determined

WHERE: Houston, TX

CONTACT: Mary Helen Thompson
202/208-6416

WHO: Veterans Affairs Secretary Jesse Brown
and Congressman Paul Kanjorski

WHAT: Tour Veterans Affairs Medical Facility and Health Care Forum with
Veteran's Service Organizations

WHERE: Wilkes-Barre VAMC
1111 East End Blvd.
Wilkes-Barre, PA

TIME: 10:00 a.m.

CONTACT: Ozzie Garza
202/535-8074

-more-

Cabinet Schedule, Page 9

WHO: Veterans Affairs Secretary Jesse Brown
and Senator Harris Wofford

WHAT: Tour Veterans Home and Health Care Forum with
Local Veteran's Service Organizations

WHERE: North Eastern Pennsylvania Veterans Center
401 Pennsylvania Ave.
Scranton, PA

CONTACT: Ozzie Garza
202/535-8074

WHO: Office of National Drug Control Policy Dr. Lee Brown
and Congressman Edolphus Towns

WHAT: Health Care Event to be Determined

WHERE: New York, NY

CONTACT: Ed Jurist
202/395-6700

WHO: Education Secretary Richard Riley
and Senator Jeff Bingaman

WHAT: Health Care Event to be Determined

WHERE: Albuquerque, NM

CONTACT: Andy Paven
202/401-3043

•more•

Cabinet Schedule, Page 10

Saturday, April 9

WHO: Commerce Secretary Ron Brown
and Congressman Xavier Becerra

WHAT: Health Care Event to be Determined

WHERE: Los Angeles, CA

CONTACT: Jim Desler
202/482-4883

WHO: Commerce Secretary Ron Brown
and Congressman Norman Mineta

WHAT: Health Care Event to be Determined

WHERE: San Jose, CA

CONTACT: Jim Desler
202/482-4883

March 25, 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux
Debbie Fine

SUBJECT: Group Activities During Recess

Attached is a grid that lays out some of the group activities scheduled during the recess. It primarily documents coalitional activity, rather than individual groups; attached are lists of the member of organizations of the coalitions focused on here. We will get an updated grid out on Monday or Tuesday. The National Health Care Campaign and the Health Care Reform Project will also likely release schedules of group activities on Monday similar to what the administration and Congress have released.

Amongst other things, missing from this grid is a schedule of media buys and mail/phone banks from the Health Care Reform Project and locations of send-off vigils and rallies planned towards the end of the recess. Groups are also concentrating on attendance and activity at town hall meetings, which are not all included in this grid.

Key:

CA: Citizen Action:
CHS: Campaign for Health Security
HCRP: Health Care Reform Project
LTCC: Long Term Care Campaign
NHCC: National Health Care Campaign

DISTRIBUTION:

Harold Ickes
Greg Lawler
Laura Quinn
Pat Griffin
Steve Ricchetti
Chris Jennings
Jack Lew
Jerry Klepner
Joe Velasquez

Steve Edelstein
Janet Murguia
OPL Staff
War Room Staff
Melanne Verveer
Bob Boorstin
Skila Harris
ira Magaziner
Lane Bailey

David Tittsworth
Alan Hoffman

INFORMATION RECEIVED 3/25

Energy and Commerce

DISTRICT	PAID MEDIA	MAIL	PAID PHONES	CANVAS	PLANNED UPCOMING ACTIVITIES
Bilirakis (R-FL)		3/21 HCRP direct Recess: CA 10,000 & handwritten	3/21 HCRP follow-up Recess: CA phones 10,000	CA	3/24: 2 CA PCs for CHS ads 3/29: Town Hall mtg turnout 4/4 wk: LTCC walk-ins Recess: local coalition leafletting, talk shows, public meetings, op eds Recess: NHCC visit
Boucher (D-VA)	3/23: HCRP ltrs to all news editors re:HIAA	3/21 HCRP wave direct (asking for postcard/calls)	3/21 HCRP calls follow-up mail 3/22: labor mtg -- calls made 3/25: calls during UMW mtg		Recess: Families USA media blitz Recess: NHCC visit
Bryant (D-TX)					3/21: insurance fundraiser protest 3/28: wk CA PC for CHS ads 3/28: "Unhealthy Money" Report released 3/31: Bryant at Columbia Institute 4/7: Bryant Town Hall Mtgs (Hearne, Madisonville)
Cooper (D-TN)		3/21: HCRP direct AFSCME: (20-30,000 to Af-Am cmtty) CHS	3/21: HCRP follow up calls		Recess: LTCC walk ins
Franks (D-CT)		3/21: HCRP direct Recess: CA 10,000	3/21: HCRP follow up calls Recess: CA 10,000	CA	Recess: local coalition leafletting, opeds, talk shows, public mtgs
Greenwood (D-PA)		3/21: HCRP direct	3/21: follow up calls		Recess: LTCC walk-ins Recess: NHCC visit

Klug (D-WI)	CHS: 3/24	3/21: HCRP direct Recess: CA handwritten (by neighbors)	3/21: HCRP follow up	CHS CA	3/24: CHS PC for ads Recess: CA following him
Lambert (D-AR)		3/21: HCRP direct	3/21: HCRP follow up		3/19: NHCC teleconference w/FLOTUS 3/29: CD Seniors Visit w/Lambert 4/4 wk: LTCC walk ins 4/6: HCRP signs and/or ?'s at Sen. Nickles at Republican Fundraiser
Lehman (D-CA)	HCRP: ltr to ed bd re: HIAA	3/21: HCRP direct Recess: CA 10,000	3/21: HCRP follow up Recess: CA 10,000		3/19: NHCC teleconference w/FLOTUS 3/25: LWV Ed Fund PF Recess: NHCC visit
MMM (D-PA)		3/21: HCRP direct Recess: AFSCME 10,000 CA mbrs	3/21: HCRP follow up Recess: AFSCME 10,000 CA mbrs		3/19: NHCC teleconference w/FLOTUS 3/25: NLCHCR public meeting w/MMM Recess: NHCC meeting 4/4 wk: LTCC walk ins 4/11: NCOD Town Mtg
Pallone (D-NJ)		3/21: HCRP direct	3/21: HCRP follow up	CA	Recess: NHCC meeting Recess: CA public meetings, op eds, talk shows, ltrs to ed, mtg w/ed bds 3/31: Town Mtg 4/4 wk: LTCC walk ins
Schenk (D-CA)	Editorial Bd ltr re: HIAA	SEIU 3/21: HCRP direct LTCC handwritten ltrs	3/21: HCRP follow up		3/30: NCOD Town Mtg Recess: NHCC visit
Sharp (IN)		3/21: HCRP direct	3/21: HCRP follow up		
Slattery (KS)		3/21: HCRP direct	3/21: HCRP follow up		3/19: NHCC teleconference w/FLOTUS Recess: NHCC meeting 4/4 wk: LTCC walk ins 4/6: NCOD Town Mtg 4/6: LTCC 2 bus tours
Tauzin (D-LA)		3/21: HCRP direct	3/21: HCRP follow up		Recess: NHCC meeting

Upton (R-MI)	3/24: CHS ads	3/21: HCRP direct	3/21: follow up		4/4: AARP Forum w/Upton
Wyden (D- OR)		3/21: HCRP direct Recess: CA 5,000	3/21: HCRP follow-up Recess: CA 5,000		Recess: CA meetings

Ways and Means

DISTRICT	PAID MEDIA	PAID MAIL	PAID PHONES	CANVAS	UPCOMING PLANNED ACTIVITIES
Brewster (D-OK)	3/20: HCRP	3/21: HCRP direct LTCC target for ltr campaign	3/21: HCRP follow up		Recess: NHCC visit 3/30: Columbia Institute Forum chaired by Boren(Magaziner, Chafee, Nickles, Brewster, McCurdy) 4/4: Families USA blitz wk 4/6: HCRP Rally for Reform State Capitol Grounds, Oklahoma City 4/6: LTC rally ??
Hoagland (D-NE)	HCRP	Recess: CA 10,000 AFSCME mbrs CA: 50 handwritten 3/21: HCRP direct	Recess: CA 10,000 AFSCME mbrs 3/21: HCRP follow up		Recess: NHCC visit Recess: HCRP mtg Recess: CA leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows 4/4: LTCC tv event w/Kerrey
Houghton (R-NY)		3/21: HCRP direct Recess: CA 10,000	3/21: HCRP follow up Recess: CA 10,000	CA	Recess: CA tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows Recess: NHCC visit
Jacobs (D-IN)		AFSCME 3/21: HCRP direct	3/21: HCRP follow up	CA	4/5: LWV-EF PF
Kennelly (D-CT)		3/21: HCRP direct Recess: CA 5,000	3/21: HCRP follow up Recess: CA 5,000		Recess: NHCC meeting
Klecza (D-WI)	HCRP: Ltr to Ed bds re: HIAA	3/21: HCRP direct	3/21: HCRP follow up		Recess: bus tour w/victims and press
Kopetski (D-OR)		3/21: HCRP direct	3/21: HCRP follow up		
McNulty (D-NY)	HCRP: Ed Bd Ltr Re: HIAA	AFSCME 100,000 handwritten HCRP 3/21: HCRP direct	AFSCME 3/21: HCRP follow up		Recess: NHCC meeting 3/30: LWF-EF PF 4/4 wk: LTCC walk ins

Neal (D-MA)		3/21: HCRP direct Recess: CA 6,000	3/21: HCRP follow up Recess: CA 6,000		Recess: HCRP activities Recess: CA meetings, tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows 4/4 wk: LTCC walk-ins
Payne (D-VA)	HCRP: Ltr to Ed Bds re: HIAA	3/21: HCRP direct	3/21: HCRP follow up		3/19: NHCC teleconf 3/21 AARP mtg
Pickle (D-TX)		CA: 350 handwritten targetting Af-Am/Latino cnty 3/21: HCRP direct	3/21: HCRP follow up	CA: Af-Am/Hispanic communities	Recess: NHCC mtg 4/5: Town Hall Mtg 4/5 or 4/7: Altman w/Pickle at U of T
Santorum (R-PA)	3/24: CHS "Give Us What We've Given You" 3/28 wk: talk shows	3/21: HCRP direct	3/21: HCRP follow up	targeted homes of mbrs, staff, donors CA	3/24: CHS PC for ads Recess: NHCC meeting 4/4: CA hit week on pledge and campaign contributions Recess: CA meetings, tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows

Finance

DISTRICT	PAID MEDIA	MAIL	PAID PHONES	CANVAS	PLANNED UPCOMING ACTIVITIES
Boren (D-OK)					Recess: NHCC visit 3/30: Columbia Institute Forum chaired by Boren(Magaziner, Chafee, Nickles, Brewster, McCurdy) 4/4: Families USA blitz wk 4/6: HCRP Rally for Reform State Capitol Grounds, Oklahoma City
Breaux (D-LA)	on-going ltr to ed and radio call-ins				3/25: Columbia Institute Forum Recess: NHCC visit
Chafee (R-RI)	CHS HCRP: Ed Bd Ltr re: HIAA	HCRP Postcard Campaign (ongoing)			Recess: NHCC meeting HCRP sm business recruitment- national pro-reform letter 4/25: HCRP blitz wk

Education and Labor

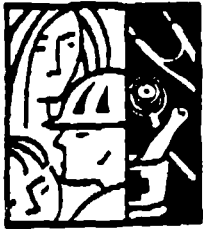
DISTRICT	PAID MEDIA	MAIL	PAID PHONES	CANVAS	PLANNED UPCOMING ACTIVITIES
Roukema (R-NJ)		3/21: HCRP direct	3/21: HCRP follow up	CA	3/26: Community Roundtables 3/28?: CA rlse <u>Unhealthy Dollars</u> rpt w/picket at ofc Recess: CA meetings, tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows 4/4 wk: LTCC walk ins

List of participating organizations in the Campaign for Health Security

Citizen Action, Cathy Hurwit, Debbie Curtis
AFSCME, Diane Burke
Consumers Union, Linda Lipsen, Gail Shearer
American Public Health Association, Jeff Jacobs
National Council of Senior Citizens, Jon Lawniczak
National Association of Social Workers, Sandy Harding
National Education Association, Joel Packer
International Brotherhood of Teamsters, Frank Goldsmith
Church Women United, Nancy Chupp
United Church of Christ, Patrick Conover
National Farmers Union, Nancy Danielson
International Association of Machinists, Owen Hemstadt
International Ladies' Garment Workers Union, Ann Hoffman
Amalgamated Clothing and Textile Workers Union, Carolyn Kazdin
League of Women Voters, Lloyd Leonard
Communications Workers of America, Louise Novotny
National Family Farm Coalition, Kathy Ozer
NETWORK: A National Catholic Social Justice Lobby, Catherine Pinkerton
Older Women's League, Dianna Porter
United Auto Workers, Alan Reuther
United Mine Workers of America, Bill Samuel
National Hispanic Council of Aging, Marta Sotomayer
International Union of Electronic, Electrical and Furniture Workers, Kurt Vondrain
Screen Actors Guild, Richard Masur
AIDS Action Council, Christine Lubinski

138 Cooperating Organizations

Alzheimer's Association Amalgamated Clothing & Textile Workers Union American Association for Counseling and Development American Association for Marriage and Family Therapy American Association of Retired Persons American Association of University Women American Association on Mental Retardation American Baptist Churches American Cancer Society American College of Health Care Administrators American Diabetes Association American Federation of Government Employees American Federation of Teachers AFL-CIO - American Federation of Labor - Congress of Industrial Organizations AFSCME - American Federation of State, County and Municipal Employees American Jewish Congress American Nurses Association American Health Planning Association American Medical Student Association American Occupational Therapy Association, Inc. American Physical Therapy Association American Public Health Association American Public Welfare Association American Society on Aging American Speech-Language-Hearing Association Americans for Democratic Action, Inc. Americans for Indian Opportunity Association Amyotrophic Lateral Sclerosis Association Association for Retarded Citizens of the United States ACOGN - Association of Community Organizations for Reform Now B'nai B'rith Women BPA/USA (National Federation of Business and Professional Women's Clubs) Cathedral College of the Laity Catholic Charities USA Catholic Golden Age Center for Community Change Center for Law and Social Policy Center on Budget and Policy Priorities Central Conference of American Rabbis Child Welfare League Christian Institute Church Women United Citizen Action Coalition of Labor Union Women Congress of National Black Churches Consumer Federation of America Consumers Union Council of Jewish Federations Displaced Homeseekers Network Epilepsy Foundation of America Family Service America Family Survival Project Families USA Federally Employed Women Gray Panthers Huntington's Disease Society of America International Ladies Garment Workers' Union Joseph P. Kennedy Jr. Foundation Lupus Foundation of America, Inc. National Alliance for the Mentally Ill NAACP (National Association for the Advancement of Colored People) National Association for the Hispanic Elderly National Association for Home Care National Association of Area Agencies on Aging National Association of Counties National Association of Developmental Disabilities Council National Association of Foster Grandparent Program Directors National Association of Meal Programs National Association of Neighborhoods National Association of Nutrition and Aging Services Programs National Association of Private Geriatric Care Managers National Association of Protection and Advocacy Systems National Association of Rehabilitation Professionals in the Private Sector National Association of Retired Federal Employees	National Association of RSVP Directors National Association of Senior Companion Program Directors National Association of Social Workers National Association of State Units on Aging National Caucus and Center on Black Aged, Inc. National Center for Policy Alternatives National Citizens' Coalition for Nursing Home Reform National Community Action Foundation National Consumers League National Council of Catholic Women National Council of Churches National Council of Jewish Women National Council of Negro Women National Council of Senior Citizens National Council on Independent Living National Council on the Aging National Easter Seal Society National Education Association National Farmers Union National Head Injury Foundation National Health Council National Hispanic Council on Aging National Institute for Women of Color National Institute on Adult Daycare National Institute on Community-Based Long Term Care National League for Nursing National Mental Health Association National Multiple Sclerosis Society National Organization for Women National Parkinson Foundation National PTA National Rehabilitation Association National Union of Hospital and Health Care Employees National Urban League, Inc. National Voluntary Organizations for Independent Living for the Aging National Women's Health Network National Women's Law Center National Women's Political Caucus 9 to 5 - National Association of Working Women NOW Legal Defense and Education Fund Older Women's League Oley Foundation for Home Parenteral and Enteral Nutrition Organization of Chinese Americans, Inc. Paralyzed Veterans of America Public Employees Department, AFL-CIO Rural Coalition Self Help for Hard of Hearing People, Inc. Service Employees International Union Sick Kids (Need) Involved People, Inc. Tourette Syndrome Association Union of American Hebrew Congregations United Auto Workers United Cerebral Palsy Association United Church of Christ United Food and Commercial Workers Union United Methodist Church Board of Global Ministries, Health & Welfare Ministries Department and Women's Division United Seniors Health Cooperative United States Conference of Local Health Officers United States Conference of Mayors United States Student Association Visiting Nurse Associations of America The Well Spouse Foundation Women's League for Conservative Judaism World Institute on Disability
--	---



HEALTH CARE REFORM PROJECT

**THE VOICE OF
AMERICANS FOR
CHANGE, NOW.**

2550 M Street, N.W.
Washington, D.C. 20037



HEALTH CARE REFORM PROJECT

Member Organizations

Alzheimer's Association
 American Academy of Family Physicians
 American Academy of Pediatrics
 American Airlines
 American Association of Retired Persons
 American College of Physicians
 American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)
 American Federation of State, County and Municipal Employees (AFSCME)
 American Federation of Teachers
 American Medical Women's Association
 American Nurses Association
 American Postal Workers Union (APWU)
 American Psychological Association
 Campaign for Women's Health
 The Catholic Health Association of the United States (CHA)
 Children's Defense Fund
 Chrysler Corporation
 Citizen Action
 Families USA
 The League of Women Voters of the United States
 National Association of Children's Hospitals and Related Institutions (NACHRI)
 National Association of Public Hospitals
 National Association of Social Workers (NASW)
 National Council of Senior Citizens
 National Education Association
 National Health Policy Council
 National Multiple Sclerosis Society
 Older Women's League
 Service Employees International Union (SEIU) →
 Southern California Edison Company
 United Auto Workers
 United Mine Workers
 Voice of the Retarded (VOR)

April 21, 1994

APR 22 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Mike Lux
Debbie Fine

SUBJECT: Update on Group Activities in the Field

Attached is an update of group activities in the field. As indicated in the grid and as reports from the hill confirm, intense activity continues in many districts. In addition to the traditional grassroots activities, local coalitions are focusing on small business recruitment and provider press conferences. We want to highlight that today press conferences were held in approximately thirty districts to complement the Families USA national press conference on the uninsured with Mitchell, Gephardt, Dingell and Daschle.

Attached is:

- a package of clips from local events;
- summaries from the Health Care Reform Project of recent provider press conferences and a letter that they issued in response to the NFIB press conference last week attacking our plan;
- two letters being circulated by the Health Care Reform Project to underscore the importance of the employer mandate, mirroring the national letter sent to the hill last week. One is intended for big business sign-ons and the other for labor, consumer and seniors groups. They hope to organize press conferences in the districts to release the letters in the next week or so.

Key:

AAA: Area Agency on Aging
AAFP: American Academy of Family Physicians
AAP: American Academy of Pediatrics
ANA: American Nurses Association
APA: American Psychological Association
CA: Citizen Action
CHS: Campaign for Health Security
CLC: Central Labor Council
CLUW: Coalition of Labor Union Women
CRPC: Community Retail Pharmacy Coalition
FUSA: Families USA
HCRP: Health Care Reform Project
LTCC: Long Term Care Campaign

NAPH: National Association of Public Hospitals
NCSC: National Council of Senior Citizens
NLCHCR: National Leadership Coalition for Health Care Reform
NHCC: National Health Care Campaign

Other abbreviations:

PC: Press Conference
PF: Public Forum

DISTRIBUTION:

Harold Ickes	Steve Edelstein	David Tittsworth
Greg Lawler	Janet Murguia	Alan Hoffman
Laura Quinn	Alexis Herman	OPL Staff
Pat Griffin	Janice Enright	War Room Staff
Steve Ricchetti	Melanne Verveer	Arnold Bennett
Chris Jennings	Bob Boorstin	John Hart
Jack Lew	Skila Harris	Simone Rueschemeyer
Jerry Klepper	Ira Magaziner	
Joe Velasquez	Lane Bailey	

Energy and Commerce

DISTRICT	PAID MEDIA	MAIL	PAID PHONES	CANVAS	PLANNED UPCOMING ACTIVITIES
Bilirakis (R-FL)	CHS start: Radio and TV, "Give Us What You've Got" 3/28-4/10: AARP	3/29 wk: HCRP 8,500 3/29: AAFP E+C mailings +key contact alert Recess: CA 10,000 & handwritten 4/6: HCRP 600 anti- insurance ltrs 4/7: NEA state coordinators mailing 4/12: APA 4/15: NEA 4000 (state, local leaders) 4/94: total April HCRP mailings 14,974	HCRP phones follow up Recess: CA phones 10,000 4/4: AFSCME 5,000 4/4: HCRP 4,000 4/12: APA phone tree 4/18: APA paid phone bank	CA	3/24: 2 CA PCs for CHS ads Ongoing: CHS Pledge Campaign 3/28: LTCC walk ins 3/29: Town Hall mtg 4/4: CHS PC 4/4: LTCC walk-ins 4/4: Sec Guber, Cong Gibbons Tampa HC Forum 4/6-7: HCRP Talk Show Blitz 4/7: Torres-Gil visit 4/7: NHCC visit Recess: local coalition leafletting, talk shows, public meetings, op eds: CA building around CHS ads (refusing mtg reqs - bombarding w reqs) 4/13: ed bd mtg 4/13-4/14: UAW, LWV mtg 4/21: FUSA HCRP rlse "How Americans Lose Health Insurance" 4/23: HCRP PC Rally, Caravan "Give Us What You've Got" 4/24: CHS PC 4/25: leafletting at Rep's office 4/94: a lot of calls from ads 5/4: CA Radio Call In

Boucher (D-V.A.)	3/29-4/10: HCRP TV "Small Business"/ "Imagine"; Radio "Imagine" 4/5: CRPC print ads targeted to snrs	3/24: AFL Senior mailing 4500 3/29 wk: HCRP 20,000 4/6: HCRP ltrs to 6000 snrs 4/6: APA 100 ltrs by patients to Rep 4/7: NEA ltrs to state coordinators 4/12: APA	3/22: labor mtg -- calls made 3/25: calls during UMW mtg 4/4: HCRP 4,000 4/4: hcrp/afscme phone banking 4/8: AFL phone tree started 4/12: APA phone bank 4/14: APA paid phone bank, NCSC phone bank 4/15: NEA 4000	3/23: HCRP ltrs to all news editors re: HIAA 3/24: WH State Opn Ldrs 3/25: UMW mtg w/ HCRP presentation: calls made 3/29: HCRP press rels on ads 3/30: HCRP ltr to ed on sm business (25 papers) 4/4: HCRP/AFSCME 4/5: ltr mailed to 1200 empl of Westmoreland Coal Co. concerning cost containment: calls to Rep 4/7: HCRP provider PC on quality and choice (ANA, NAPH) 4/6: POTUS town hall satellite 4/8: HCRP presentation at AARP mtg: ltrs requested 4/8: HCRP spk at AARP mtg 4/9: 2 town hall mtgs Recess: Families USA media blitz Recess: NHCC visit 4/13: AAA present on ltr 4/14: HCRP presentation to Appalachian Area Agency on Aging: 200 ltrs 4/15: UFCW mtg 4/16: 3 town halls 4/18: Columbia Institute Forum 4/21: PC on FUSA insurance loss study 4/30: Tobacco farmer event in Gate City
------------------	---	--	---	--

Bryant (D-TX)	3/28: CHS ads go up	3/22: AAFP nationwide mailing 3/23: APA mailgrams 27 3/24: HCRP/CFHS mail drop 4000 3/29 wk: HCRP 4,000 3/29: AAFP E&C mailing 4/6: AARP HCRP anti-insurance mailing 6000 4/7: NEA state coordinators mailing 4/12: APA 4/15: NEA 4000 4/94: Total HCRP April mailings 3980	4/4: HCRP AFSCME 4/12: APA phone tree 4/18: APA paid phone banks to 70 members		3/14: AFL mtg 3/21: insurance fundraiser protest 3/28: wk CA PC for CHS ads 3/28: "Unhealthy Money" Report released 3/31: Bryant at Columbia Institute 4/4: Shalala/Cong Hall Event 4/94: leafletting of workplaces 4/4: Shalala and Rep. event in Tyler 4/4: 4 Town Hall Mtgs 4/6: Bryant "Reception on Health Care" 4/6-7: Talk Show Blitz 4/7: 2 Bryant Town Hall Mtgs 4/13: AFL-CIO mtg 4/18: AARP 6 stop bus tour 4/21: FUSA/HCRP rls. "How Americans Lose Health Insurance" 5/21: bus tour
---------------	---------------------	--	--	--	---

Cooper (D-TN)	CHS start: TV and Radio, "Give Us What You've Got"	3/21: AFSCME (20-30,000 to Af-Am cmty) 3/29 wk: HCRP 5,000 CHS	4/4: HCRP 4,000		4/3: Easter sermons incorporate hc: ltr writing following church 4/6: "Nurses Day on Capitol Hill": Nashville Convention Center Recess: LTCC walk ins Ongoing: CHS Pledge Campaign 4/21: FUSA 2 PCs RIs Rpt on Health Insurance 5/2: Chattanooga cmty ldrs lunch 5/5-8: Memphis yard sign campaign 6/94: FUSA blitz wk
---------------	--	--	-----------------	--	---

Franks (D-CT)	3/28-4/3: AARP	3/21: HCRP/CFHS ltrs 23,000 3/22: AAFP nationwide mailing Recess: CA 10,000 3/28: ltr writing at anti- Franks rally 3/29 wk: HCRP 22,500 4/5: HCRP 50 handwritten 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinate 4/12: APA 4/15: NEA 4000 4/18: 115 handwritten ltrs	Recess: CA 10,000 4/4: AFSCME 5,000 4/4: HCRP 4,000 4/12: APA phone tree 4/14: APA paid phone bank	CA	3/30: Meriden Snr Center: 100 people (spkr, fliers, ltrs) 4/2: Waterbury leafletting event 4/5: UAW Retirees mtg: fliers, etc. 4/7: Johnson town mtg Recess: local coalition leafletting, opeds, talk shows, local radio, ltrs to ed: "Give Us What We Gave You" Recess: NO PUBLIC MTGS 4/8: Waterbury Retired Wkrs Cntr: fliers and ltr collection 4/11: CA rally and request for calls and ltrs 4/12: CA mailing to Frank's last opponent volunteers 4/12: Naugatuck Valley Project: speakers, fliers, ltrs 4/14: NASW Annual Conference (200+): skr, ltrs, etc. 4/15: CA newsletter (30,000) 4/16: Health Care rally: distributed 200 leaflets around Rep's home 4/21: Franks strategy mtg 4/24: Regional Conf of New England Dem's 4/25: LWF-EF PF
Greenwood (D-PA)	HCRP: Radio 3/30-4/8 3/28-4/3: AARP	3/29 wk: HCRP 13,500	4/4: AFSCME 5,000 4/4: HCRP 4,000		3/31: Planned Parenthood/NARAL Recess: LTCC walk-ins Recess: NHCC visit cancelling meetings, prep for trip to Russia ?? NHCC PC w/ Vladek

Klug (D-WI)	3/24 start: CHS TV and Radio. "Give Us What You've Got" 3/28-4/3: AARP	3/29 wk: HCRP 24,000 Recess: CA handwritten (by neighbors) 4/94: HCRP 200 handwritten ltrs 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/8: Ltr reqs SOS mtg 4/12: APA mail and signs 4/13, 4/19: Ltr req WI aging groups 4/15: NEA ltrs 4000	4/4: AFSCME 5,000 4/4: HCRP 4,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree 4/14: APA paid phone bank	CHS CA (including Mrs. Klug)	3/24: CHS PC for ads 3/24-25: CA radio talk show 3/25: AFL petition 3/30: Ed bd mtg Recess: CA following him: "Unhealthy Money" rpt 4/94: yard signs out 4/94: airport send off 4/11: Ed Bd mtg 4/11 wk: yard signs in neighborhood 4/11 wk: HCRP tv interviews 4/13: Ltr request at Elderly Services Network mtg 4/19: Ltr request at WI Coalition on Aging
Lambert (D-AR)	Recess: NCSC radio ads	3/29 wk: HCRP 7500 4/6: HCRP 6000 anti-ins 4/7: NEA state coordinators mailing 4/12: APA 4/15: NEA ltrs 4000 4/94: Total April Mailings 13,789	4/4: HCRP 4,000 4/4: hcrp/afscme phonebanking 4/12: APA phone tree 4/18: APA paid phone banks		3/19: NHCC teleconference w/FLOTUS 3/29: CD Seniors Visit w/Lambert 3/31: Bowles HC event 4/4 wk: LTCC walk ins 4/6: HCRP signs and/or Sen. Nickles at Republican Fundraiser 4/8: Providers PC 4/12: Providers PC 4/18: HCRP mtg 4/18: farmers mtg 4/21: FUSA/HCRP rlse "How People Lose Their Health Care"

Lehman (D-CA)	3/29-4/10: HCRP TV "Small Business" "Imagine" 3/28-4/3: AARP	Recess: CA 10,000 3/29 wk: HCRP 14,300 4/4-8: APA mail-grams 4/6: HCRP anti-insurance ltrs 6000 4/15: NEA ltrs 4000 4/94: Total HCRP April Mailings 20,297	Recess: CA 10,000 4/4: HCRP 4,000 4/4: hcrp/afscme phone bank 4/4-8: AARP phone bank 4/12: APA phone tree 4/18: APA paid phone banking		3/19: NHCC teleconference w FLOTUS 3/25: LWV Ed Fund PF HCRP: ltr to ed bd re: HIAA 4/4: Senior Center pc to announce wk long public educ and advocacy project 4/4-8: petitions, postcards, cellular phone calls to Rep 4/6: PC by SEIU, HCRP, NHCC (5 sm business owners speaking) good media 4/7: HCRP providers event at public hospital (acp.aap.ana.apa.naph) 4/8: small business press event outside cd office Recess: NHCC visit Recess: SEIU public ed drive: sm bus srs recruitment Recess: Noon Time Drives every day post cards petitions: Fresno (check - pcs?) not accepting meetings 4/14: CU pc 4/20: picket in front of Rep's office for real health care reform 4/21: FUSA PC "How Americans Lose Their Health Insurance" 4/22: small business press event (75?) 4/26: fundraiser 4/30: mtg of small businesses 4/30: open house at small bus mtg
---------------	---	---	---	--	---

MMM (D-PA)	3/30-4/8: HCRP Radio "Imagine" 4/3: AARP and NCSC tv ads go up	3/29 wk: HCRP 24,300 Recess: AFSCME 10,000 CA mbrs 4/94: 389 mailgrams 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/12: APA 4/15: NEA	Recess: AFSCME 10,000 CA mbrs 4/4: AFSCME 5,000 4/4: HCRP 4,000 4/12: APA phone tree 4/14: APA paid phone bank	3/19: NHCC teleconference w/ FLOTUS 3/25: NLCHCR public meeting w/ MMM 3/25: HCRP mtg 3/25: NARAL/womn's groups mtg 3/25: Labor mtg HCRP: Ed bd ltr re: HIAA Recess: NHCC meeting 4/1: AGJ in Philly 4/4: HCRP op eds 4/4 wk: LTCC walk ins 4/6: Leadership of Philly Citizens for Children and Youth mtg 4/6-7: HCRP radio talk show call in 4/7: HCRP provider pc (acp.apa.ana.aap.naph) 4/8: HCRP leafletting 4/9: LWF PF 4/11: NCOD Town Mtg 4/21: RIs FUSA Rpt on health insurance 4/25: childrens events wk: children's hospital. AAP
------------	---	---	--	---

Pallone (D-NJ)		3/29 wk: HCRP 24,200 4/94: APA mailgrams 109 4/4: HCRP 55 handwritten ltrs 4/4: HCRP 55 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinators 4/11: CA 4/12: APA 4/15: NEA ltrs 4000	4/4: AFSCME 5,000 4/4: HCRP 4,000 4/4: hcrp/cfhs phone banking 4/12: APA phone tree 4/14: APA paid phone bank	CA	3/31: HCRP CD Visit: Pallone agrees to sign HCRP principles 3/31: Town Mtg 4/94: Rep. signed on to HCRP principles;pc highlites Rep as a hero 4/4 wk: LTCC walk ins 4/7: HCRP rls on Pallone Recess: NHCC meeting Recess: CA public meetings, op eds, talk shows, ltrs to ed. mtg w/ed bds: providing cover 4/11: Shalala fundraiser
Schenk (D-CA)	3/30-4/8: HCRP Radio "Imagine" 3/28-4/3: AARP	SEIU LTCC hand ltrs 3/28: NHCC phone bank 3/29 wk: HCRP 7500 4/7: NEA mailing to state coordinators 4/12: APA 4/15: NEA ltrs 4000	4/4 wk: SEIU 4/4: AFSCME 5,000 4/4: HCRP 4,000 4/12: APA phone tree 4/14: APA paid phone bank		3/30: NCOD Town Mtg Recess: NHCC visit Editorial Bd ltr re: HIAA 4/4: HCRP PC 4/4-10: UCP "No Band Aid Campaign 4/4-10: AARP daily snr postcard campaign promoting ltr 4/6: Small Business PC 4/7: Breast Cancer Coalition and AARP to sign up small employers 4/7: Amer Business Women's Assn dinner 4/7: NLC mtg 4/10: HCRP Recess Send Off Rally Providing Cover- got ABC,NBC coverage

Sharp (IN)		3/29 wk: HCRP 34,500 3/31: ltrs at UAW mtg 4/94: working on ltrs from clergy 4/4: ltrs at UAW retirees mtg 4/6: ltrs at Central Labor Council mtg 4/12: APA 4/15: NEA ltrs 4000	4/4: HCRP 4,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree 4/14: APA paid phone bank		4/94: circulating ltr on HCRP principles 4/7: HCRP organizing joint ltr to Rep 4/7: AFL asked Rep. to sign HCRP principles 4/12: presentation at Building Trades mtg 4/14: presentation at Sheet Metal Wrkrs mtg 4/14: presentation at "solidarity" mtg 4/21: FUSA/HCRP PC "How People Lose Their Health Care"
------------	--	--	--	--	--

Slattery (KS)	3/28: NCSC radio "Insurance as Assurance" 3/29-4/10: HCRP TV "Small Business"/ "Imagine" 3/28-4/3: AARP 4/94: ?? CU ad running 4/5: CRPC newspaper ads	3/29 wk: HCRP 20,000 4/94: womens grps ltrs 4/94: HCRP 265 ltrs (handwritten) 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinators 4/8: AARP postcards to KS mbrs 4/12: APA mail 4/15: NEA ltrs 4000	4/4: HCRP 4,000 4/4: hcrp chs phonebanking 4/12: APA phone tree 4/14: APA paid phone bank 4/18: NCSC phone bank	3/19: NHCC teleconference w FLOTUS 3/30: Shalala tour and press w Slattery Recess: NHCC meeting 4/94: 2 empl mandate ltrs 4/4 wk: LTCC walk ins 4/4: HC Forum on ltr campaign 4/5: talk show - labor 4/6: NCOD Town Mtg 4/7: POTUS town hall and sm business tour 4/8: provider mtg and pc 4/8: area providers mtg w Rep: tour hospital 4/8: phone conversation btw Rep and President of KA NEA 4/10: APA mtg. wrote 30 postcards 4/10: KA APA mtg: wrote 30 postcards 4/11: AFL mtg 4/12: KA League Pres on talk radio show 4/13: CLC mtg 4/13: Provider pc (apa, ana, acp, cha) 4/16: Rep attending Graphics Communication International Union 4/18: FUSA blitz wk 4/21: HCRP FUSA PC rise study on ways people lose insurance 4/27: HCRP rally on State Capitol steps 5/94: HCRP collecting signatures for ltr on empl mand ;also recruiting small bus for ltr
---------------	---	---	--	--

Tauzin (D-LA)		3/29 wk: HCRP 6,400 4/1: 1200 ltrs ? 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/12: APA 4/15: NEA 4000 4/94: HCRP Total April Mailings 12,305	4/4: HCRP 4,000 4/4: hcrp.afssscme phone banking 4/12: APA phone tree 4/18: APA paid phones to 9 districts		Recess: NHCC meeting 3/25: Columbia Institute Forum 4/5: town hall 4/6: 2 town halls: leafletting outside 4/6-7: Talk Show Blitz 4/11: Kunin visit 4/21: FUSA/HCRP rls "How Many People Lose Their Health Care" Refusing meetings 5/94: ? A. Randolph Institute 3000 convention
Upton (R-MI)	3/24 start: CHS TV and Radio "Give Us What You've Got"	3/29 wk: HCRP 14,000 4/4: HCRP 14,000 4/7: NEA mailing to state coordinators 4/12: APA 4/15: NEA ltrs 4000	4/4: AFSCME 5,000 4/4: HCRP 4,000 4/4: hcrp.afscme phonebanking 4/11: UAW 10,000 4/12: APA phone tree 4/14: APA paid phone bank		4/4: AARP Forum w/ Upton "I Have BCBS Card Just Like You" CHS: Pledge Campaign, resp to challenge

Wyden (D-OR)		3/29 wk: HCRP 10,100 3/29: local unions ltr campaign Recess: CA 5,000 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinators 4/9: HCRP ltrs (handwritten) 18 4/11: AFL-sendings ltrs 4/12: APA 4/15: NEA ltrs 4000	Recess: CA 5,000 4/4: AFSCME 5,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree 4/14: APA phone bank		4/4: town hall- labor 4/7: town hall- labor Recess: CA meetings Recess: ltrs to ed 4/11: OR Labor Council mtg: ltrs for small business 4/18: small business ltr to the editor 4/21: NCSC health care reform workshop 4/21: FUSA/HCRP PC "How Many People Lose Their Health Care" 4/21: Wyden scheduled to attend NCSC conference
--------------	--	--	---	--	--

Ways and Means

DISTRICT	PAID MEDIA	PAID MAIL	PAID PHONES	CANVAS	UPCOMING PLANNED ACTIVITIES
Brewster (D-OK)	3/9-3/21: HCRP "For You" tv ads 3/29-4/10: HCRP TV "Rain"/"Imagine"	3/22: AAFP nationwide mailing 3/24: HCRP/CHFS mail drop 12,200 3/24: AFL snr mailing 2000 3/29 wk: HCRP 12,200 LTCC target for ltr campaign 4/94: CWA ltrs to ed drive 4/94: CHS postcards 5000 4/1: Alzheimer's 4500 4/6: AARP HCRP anti-insurance ltrs 6000 4/7: NEA 4/12: APA 4/15: NEA 4000 4/94: Total April HCRP mailings 18,127	4/4: HCRP 4,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree		Recess: NHCC visit Recess: CHS thousands post cards 3/30: Columbia Institute Forum chaired by Boren(Magaziner, Chafee, Nickles, Brewster, McCurdy) 4/4: FUSA blitz wk (cd mtgs.reform rallies. leafleting. speaking to srs) 4/4: Shalala at U Tulsa 4/4: HCRP FUSA leafletting at OU campus 4/5: CWA meets w Rep at state capitol 4/6: Rally for Reform (local coalition/HCRP) 4/7: HCRP Victims PC (LTCC, FUSA, AARP) 4/7: FUSA rlse rpt on job loss. eclipsed rally 4/8: HRC Visit 4/19: CWA mtg 4/21: FUSA/HCRP rls "How Americans Lose Health Insurance" 4/22: LWV-EF PF 4/26: providers pc. Tulsa 5/14: AARP Public Education Forum

Hoagland (D-NE)	3/28: NCSC radio ads, "Insurance as Assurance" 3/28-4/3: AARP 3/29-4/10: HCRP TV "Small Business"/"Imagine"	3/21: HCRP/CHS anti-insurance ltrs 24,000 3/22: AAFP nationwide mailing Recess: CA 10,000 AFSCME mbrs CA: 50 handwritten 3/29 wk: HCRP 24,000 4/6: HCRP anti-insurance ltrs 6000 4/12: APA 4/15: NEA 4000 4/24: HCRP ltr writing table at Earth Day	Recess: CA 10,000 AFSCME mbrs 4/4: AFSCME 5,000 4/4: HCRP 4,000 4/4: hcrp/afscme phonebanking 4/12: APA phone tree	3/22: HCRP ltr to editor on HIAA 3/22: presentation to Families Matter on mentally ill family mbrs; ltrs 3/22: ANA mtg Recess: NHCC visit Recess: HCRP mtg Recess: CA leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows 4/4: HCRP mtg 4/4: LTCC tv event w/Kerrey 4/5: NASW mtg 4/6: HCRP leafletted 4/6: Rehab and physical therapy profs mtg 4/6: VPOTUS fundraiser 4/6: HCRP Radio Talk Show call in day 4/7: POTUS down link 4/14: AARP televised town mtg w/ Erskin
-----------------	--	---	---	--

Houghton (R-NY)		3/29 wk: HCRP 15,000 Recess: CA 10,000 4/94: 54 ltrs sent to Rep 4/94: 130 handwritten ltrs 4/7: NEA mailing to state coordinators 4/12: APA 4/15: NEA 4000	Recess: CA 10,000 4/4: AFSCME 5,000 4/4: HCRP/CFHS phone bank 4/12: APA phone tree 4/14: APA paid phone bank 4/25: HCRP phonebanking	CA	4/94: HCRP op-ed in "Gold Card News" 4/1: ltrs/leaflet Elmira 4/3-4/7: group mtgs 4/6: HCRP mtg with Rep and church activists 4/8: Tabling at Elmira College: Houghton newsletter arrives 4/11-16: "Phone Houghton" District Office Week 4/13: HCRP PC for universal coverage 4/18: Picket Outside Houghton Fundraiser; Dole, D'Amato present (Church Women United, CSEA, CA, AARP) Recess: CA tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows Recess: NHCC visit
Jacobs (D-IN)		AFSCME 3/29 wk: HCRP 24,400 3/29 wk: 300 handwritten ltrs 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/12: APA 4/12: 270 handwritten ltrs 4/15: NEA ltrs 4000 4/21: black churches 400 handwritten ltrs	CA 4/4: AFSCME 5,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree	CA	4/5: LWV-EF PF: reception w/ Jacobs 4/12: HCRP presentation to CLC: ltrs to Rep 4/13: Phone calls w/ Jacobs: participating AFL-AFT 4/21: PC on FUSA study 5/3: primary

Kennelly (D-CT)	3/28-4/3: AARP	Recess: CA 5.000 Recess: AFL local unions 3/29 wk: HCRP 20,500 4/6: HCRP anti-insurance mailing 6000 4/7: NEA ltrs to state coordinators 4/12: APA 4/15: NEA	Recess: CA 5.000 4/4: AFSCME 5.000 4/4: HCRP 4.000 4/12: APA phone tree 4/14: APA paid phone bank		Recess: AFL state fed tv/radio appearances: ed bd mtg op ed piece Recess: NHCC meeting 4/15: post office hit on tax day 4/21: FUSA rlse to Johnson/Franks/Rep.
Kleczka (D-WI)	3/29-4/10: HCRP TV "Imagine" 3/28-4/3: AARP	3/29 wk: HCRP 18.000 4/6: AFL generated 23 ltrs to date 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/11 wk: AFSCME 90 handwritten ltrs 4/12: APA 4/15: NEA ltrs 4000	4/4: AFSCME 5.000 4/4: HCRP 4.000 4/4: hcrp/afscme phone banking 4/12: APA phone tree		3/29: Shalala to Community Hlth Ctr 3/29: NCSC mtg 4/6: 3 AFL mtgs: postcards, ltrs, ltrs to ed, signs 4/4: HCRP bus tour w/victims, visit to Kleczka HCRP: Ltr to Ed bds re: HIAA 4/6: Event w/Reich 4/8: Chlge to debate health reform w/ CEO of Time Insurance, HIAA mbr 4/8: POTUS satellite town hall 4/11: HCRP mbrs attend fundraiser 4/15: press event at post office 4/19: POTUS travel 4/21: Bus Tour w/victims -turned down mtgs 4/21: FUSA rls

Kopetski (D-OR)		3/29 wk: HCRP 17,000 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinators 4/12: APA 4/15: NEA ltrs 4000	4/4: AFSCME 5,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree		4/21: PC on FUSA study
McNulty (D-NY)	3/30-4/6: HCRP TV "Imagine"	HCRP 3/29 wk: HCRP 21,000 4/9: APA mailgrams 121 4/9: Albany HCRP 2000 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/8: CSEA 4/12: APA 4/15: NEA	AFSCME HCRP (ongoing) 4/4: hcrp/cfhs phonebanking 4/6: AFSCME, CSEA 4/7: CA 4/8: AARP 4/4: AFSCME 5,000 4/4: HCRP 4,000 4/4: hcrp/cfhs phone bank 4/6: afscme.csea calls 4/8: AARP 4/12: APA phone tree		Recess: NHCC meeting 3/30: LWF-EF PF 3/30: HCRP mtg 3/31: AFSCME mtg 4/9: outreach efforts with urban minority activists 4/9: PC on empl mandate 4/9: APA provider pc 4/4 wk: LTCC walk ins 4/6: McNulty fundraiser 4/6: Vladek spea'ling to labor in Albany 4/6-7: HCRP radio talk show call in 4/7: CA phones Rep's office 4/7: HCRP providers pc HCRP: Ed Bd Ltr Re: HIAA 4/21: FUSA rlse and ltr writing party 4/21: Letter-writing party at AFSCME w/ c/g club 5/16?: AARP FF w/ Cuomo, Monahan, D'Amato

Neal (D-MA)	3/29-4/10: HCRP TV "Imagine"	3/29 wk: HCRP 14,400 Recess: CA 6,000 4/94: APA mailgrams 94 4/5: HCRP 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/11: 116 handwritten ltrs 4/12: APA mail 4/15: NEA ltrs 4000 4/18: HCRP total ltrs 195	Recess: CA 6,000 4/4: HCRP 4,000 4/4: hcrp/cfhs phone banking 4/12: APA phone tree 4/14: APA paid phone bank	canvassing 200 ltrs	Recess: HCRP activities Recess: CA meetings, tracking mbr. leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows 4/94: mtg w/ Chamber during recess (told them favored empl mandate) 4/4 wk: LTCC walk-ins 4/6-7: Radio Talk Show call in 4/7: CA Rally ag insurance (signs and pickets on streetside, ltr writing, leafletting) 4/18: Neal told reporter that he supp univ coverage and empl mandate: HCRP ltr for unions to send to Rep 4/25: Rep attending AFL Springfield dinner
Payne (D-VA)	3/29-4/10: HCRP TV "Small Business" "Imagine" 3/28-4/3: AARP	3/29 wk: HCRP 12,000 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinators 4/12: APA 4/15: NEA ltrs 4000	4/4: HCRP 4,000 4/4: hcrp/afscme phone banking 4/12: APA phone tree		3/19: NHCC teleconf 3/21: AARP mtg HCRP: Ltr to Ed Bds re: HIAA 3/30: HCRP PC on ads 4/94: 2 small business ltrs 4/7: health care town mtg 4/6-7: HCRP Radio Call In Day 4/7: POTUS town hall satellite 4/7: 2 Nurses Assn mtgs; 100 ltrs 4/21: FUSA/HCRP rlses "How People Lose Their Health Care" PC

Pickle (D-TX)		CA: 350 handwritten targeting Af-Am/Latino cmtty 3/29 wk: HCRP 14,100 4/1: Local 1624: 1000 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailings to state coordinators 4/11 wk: AFSCME 500 handwritten ltrs 4/12: APA 4/15: NEA 4000 4/94: Total HCRP April Mailings 20,099	4/4: AFSCME 5,000 4/4 HCRP 4,000 4/4: hcrp afscme phone bank 4/12: APA phone tree	CA: Af-Am/Hispanic communities	3/30: Sec. J. Brown: Pickle Tour Clinic Remarks 3/30: HCRP ed bd mtg 3/31: AFSCME mtg Recess: NHCC mtg 4/4: No More Band-Aids for Austin PC (20ft styrofoam bandaid at public hospital) 4/5: 2 Town Hall Mtgs (NCOD is one) 4/6: Altman w/Pickle 4/6-7: Talk Show Blitz 4/7: CA mtg w/ 6 mos of petitions, ask commit to CHS pledge 4/7: POTUS town hall satellite 4/21: FUSA HCRP rls "How People Lose Their Health Care"
Santorum (R-PA)	3/24: CHS "Give Us What We've Given You"	3/29 wk: HCRP 10,600	4/4: AFSCME 5,000	targeted homes of mbrs. staff. donors CA	3/24: CHS PC for ads Recess: NHCC meeting 3/28 wk: talk shows 4/1: NHCC April Fools PC (re: Santorum plan) 4/4: CA hit week on pledge and campaign contributions 4/6-7: Talk Show Blitz 4/8: SEIU, CA, CHS "Give Us What You've Got" Action at cd office Recess: CA meetings, tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows Recess: FUSA debates -AFL-CIO COPE snrs planning on following him around

Finance

DISTRICT	PAID MEDIA	MAIL	PAID PHONES	CANVAS	PLANNED UPCOMING ACTIVITIES
Boren (D-OK)	3/29-4/10: HCRP TV "Rain": "Imagine"	3/24: HCRP 15,000 3/29 wk: HCRP 15,000 4/1: Alzheimer's 4500 4/6: 6000 AARP HCRP anti-insurance snr ltrs 4/7: NEA state coordinators mailing 4/15: NEA 4000 4/94 Total HCRP April mailings 20,916	4/4: HCRP 4,000		Recess: NHCC visit 3/30: Columbia Institute Forum chaired by Boren (Magaziner, Chafee, Nickles, Brewster, McCurdy) 4/4: FUSA blitz wk 4/4: HCRP/FUSA leafletting on OU campus 4/4: Shalala at U Tulsa 4/6: HCRP Rally for Reform, Oklahoma City (labor, fusa, aarp, alzheimers) 4/7: HCRP Victims PC (AARP, LTCC, FUSA) 4/8: HRC Visit: Muskagee Farm 4/8: HRC mtg w/ OK providers 4/21: FUSA HCRP rls "How People Lose Their Health Care" 4/22: LWV Ed Fund mtg 5/14: AARP PF

Breaux (D-LA)		3/22: NEA 2000 3/22: AAFP nationwide mailing 3/23: 29 APA mailgrams 3/24: HCRP/CHS mail drop 21,300 3/29: AAFP E&C mailing 3/29 wk: HCRP 21,300 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA state coordinators mailing 4/15: NEA 4000 4/94: Total April HCRP mailings 4000	4/4: HCRP 4,000		3/15: Columbia Institute Forum 3/17: CA pc on LTC 3/25: Columbia Institute Forum 3/28: NHCC allies mtg 4/5: NHCC allies mtg 4/5: Shalala/Jefferson bfast.tour hospital,lunch 4/5: Shalala/Fields town hall 4/6-7: Talk Show Blitz Recess: NHCC visit on-going ltr to ed and radio call-ins 4/21: FUSA/HCRP rls "How People Lose Their Insurance"
---------------	--	---	--------------------	--	---

Chafee (R-RI)	CHS	HCRP Postcard Campaign (ongoing) 3/21: HCRP/CFHS mailings 23,000 3/22: AAFP nationwide mailing 3/22: NEA 3/29 wk: HCRP 22,600 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA 4/12: APA 4/15: NEA 4000 4/27: Alzheimers 1 day postcard campaign 5/5: retirees postcard camp 5/10: NEA postcard camp	4/4: HCRP 4,000 4/12: APA phone tree 4/14: APA paid phone bank 4/25-5/2: phone banks (SEIU, CDF, AFSCME)	3/22: radio interviews by Jeff Kirsch w/ FUSA 3/24: ltr to editor, <u>Providence Journal</u>, on HIAA 3/26: 2 town halls mtgs 3/28: labor retirees mtg; postcards distr 3/29: CLUW letter-writing campaign at mtg Recess: NHCC meeting HCRP sm business recruitment- national pro-reform letter 4/5: Chafee agrees to mtg with HCRP 4/6-7: HCRP radio talk show call in 4/21: HCRP pc rls FUSA rpt on uninsured HCRP: Ed Bd Ltr re: HIAA 4/25: HCRP blitz wk (house parties, etc.) 4/29: FUSA blitz wk 5/2: HCRP mtg 5/15: Lt Gov convene sm bus council; sending spkr
---------------	-----	---	--	--

Education and Labor

DISTRICT	PAID MEDIA	MAIL	PAID PHONES	CANVAS	PLANNED UPCOMING ACTIVITIES
Roukema (R-NJ)	3/24 start: CHS TV and Radio. "Give Us What You've Got" 4/94: CHS advertising	3/29 wk: HCRP 18,200 4/4: HCRP 30 handwritten 4/6: HCRP anti-insurance ltrs 6000 4/7: NEA mailing to state coordinators 4/12: APA 4/15: NEA ltrs 4000	4/4: AFSCME 5,000 4/4: HCRP 4,000 4/4: hcrp/cfhs phone banking 4/12: APA phone tree	CA	Ongoing: CHS Pledge Campaign 3/24: CHS PC 3/26: Community Roundtables 3/26: Town mtgs Recess: CA meetings, tracking mbr, leafletting, public meetings, ltrs to ed, ed bd mtgs, talk shows 4/4 wk: LTCC walk ins 4/7: Rutger's forum 4/11: leaflet caravan CA rls Unhealthy Dollars w/ picket at ofc next wk 4/17: PC in lobby of Rep's office

(Big Business letter)

Dear Congressman Slattery:

The undersigned businesses, with over XXX,XXX employees in Kansas, urge you to support the inclusion of an employer mandate in any health care reform legislation. We believe that an employment-based system, in which there is both employer and employee financial participation, is the most practical, fair and efficient method to finance health care reform that has universal coverage as one of its primary goals.

An employer mandate has many advantages:

- It builds on the current system. Today 90% of Americans with private insurance receive their coverage through work.
- It provides for shared responsibility in which employers and employees contribute to the cost of insurance.
- It extends coverage to over 80% of the uninsured that live in families with someone who works, and would guarantee that all working Americans are always covered.
- It ends the cost shifting today that makes employers and employees who have insurance pay for those who don't.
- It levels the playing field so that employers who provide insurance no longer have to compete against others that don't.

None of the other financing proposals, including an individual mandate and taxation of health care benefits, offers these advantages. Similarly, an employer mandate that places too great a burden on individuals may leave many employees without coverage. Indeed, many of the alternative financing mechanisms would perpetuate the problems with the current system and potentially impose new costs on employees and employers who already have health insurance.

There is no way to reform America's health care system without requiring some change on the part of virtually every sector of society. But we believe that an employment-based system is the most efficient and least disruptive mechanism possible for financing true health care reform. For that reason, we urge you to support inclusion of such a provision in the Energy and Commerce legislation.

Sincerely,

(Letter to target members to frame "the choice" on financing)

Dear Congressman

We write to express our support for one of the most essential elements of health care reform: an employer financing system where every employer contributes to the cost of health insurance. All of our organizations support the approach included in the President's plan: providing health care at work to all working Americans, whether full or part time.

In our collective view, there can be no real health care reform unless Congress adopts a financing mechanism that is workable and fair. Today 90% of Americans with private insurance today get it through their employers. Yet over 80% of those without insurance today are individuals who work or families where someone is employed. Thus, a financing mechanism that requires all employers to contribute to insurance costs, with discounts to help small businesses, builds on the current workplace-based system and would continue the American health care tradition of shared responsibility.

We are troubled by your reluctance to embrace the employer financing mechanism and believe that you have not been forthright with your constituents about the costs and impacts of the alternative financing mechanisms. It is easy to express reservations about the employer mandate as you have done. But it is simply not responsible to do so unless you level with constituents about who will pay the burden of health insurance costs under alternative financing mechanisms. Moreover, as a Member of Congress you have the opportunity to be covered under precisely the kind of employer-based health system the President has proposed. Given that your constituents pay so that you can get health coverage at work, it is inconceivable to us that you would deny working Americans in your district the same opportunity.

Without an employer mandate, Congress will have to rely on financing that taxes health benefits, as Congressman Cooper has proposed. Or Congress may shift responsibility from employers to individuals and families through some form of an individual mandate. In either case, the bottom line will be higher health insurance costs for millions of hard working Americans who are already paying too much for health care.

We believe the choice is clear: continue the present system where employers contribute and responsibility is shared, or make individuals and families pay more. Thus, if you cannot support an employer contribution along the lines of what the President has proposed, then we challenge you to respond with a fair and workable alternative and spell out precisely who will pay.



As the Energy and Commerce Committee prepares to mark up health care reform legislation, we believe that the time for has come for specific answers to the financing question. Unless you can spell out specifically who will pay for reform, you can't expect the American people to believe that your serious about reform.

We look forward to your response.