

L.C. - V.I.P. Correspondance

CLINICIAN REVIEWS

REPORTING ON THE LATEST ADVANCES IN MEDICINE

TO: Ms. Karen Finney
Press Room
Office of the First Lady

FROM: Mr. Thomas Yackeren, RPA
Clinicians Publishing Group

DATE: March 21, 1994

Dear Karen:

I was happy to hear that you have received our questions and are working on them. All of us are very excited that Mrs. Clinton has agreed to the interview.

As we discussed this morning, I would like to replace question #3 which began, "Current healthcare legislation sets aside \$200 million for graduate nurses..." with what we believe is a clearer, more accurate and better worded question.

New question

The Clinton plan of September 1993 called for a doubling of the supply of physician assistants and nurse practitioners in its workforce plan. Does the Health Security Act insure sufficient funding for educational programs to achieve this goal? Specifically, current healthcare legislation sets aside \$200 million for graduate nurse education. The Clinton proposed budget contains \$400 million to cover a variety of health professions, primary care physicians and PA training in addition to programs for minorities and nurses. With the demands for PAs at an all-time high and PA programs, particularly those just starting up in need of funding, why are PA educational programs not eligible for GME funds?

Karen, I apologize for amending the interview, but this question is important enough for us to feel the need to get the wording right. Hopefully, now that it is a more accurate question, it will be easier to answer.

Once again, thank you for all of your assistance. Our original deadline was April 4th, but if it makes it easier for you (particularly since I'm responsible for slowing you up), April 8th would be acceptable as a new deadline.

If you have any questions, please call me.

Sincerely yours,



Clinicians Publishing Group
4 Brighton Road
Clifton, New Jersey 07012
(201) 916-1000 Fax (201) 916-0921

CLINICIAN REVIEWS

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Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Ave
Washington DC 20500

March 3, 1994

Dear Mrs. Clinton:

Last May you addressed the Mirabella group with a discussion on Health Care reform. You said "In order to have universal health care coverage for all Americans that emphasizes primary and preventive health care, we need more...nurse practitioners and physician assistants who will be on the front lines delivering it."

First, let me thank you for taking on this immense task of making health care affordable and accessible for all Americans. Secondly, thank you for recognizing that nurse practitioners and physician assistants are vital ingredients in American health care delivery.

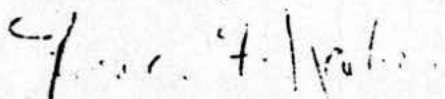
By agreeing to be interviewed by *Clinician Reviews* - the leading nurse practitioner and physician assistant journal (circulation 46,000) - you now have the opportunity to expand on your earlier comments.

We have carefully prepared questions that were developed by PA and NP leaders from around the United States. Your response to them will help to clarify just where we fit, and how we can help you pass this historic legislation.

If possible, we would like your responses by Monday, April 4th; the interview is scheduled to run in our May issue. Please let me know if that is unattainable or if you have any questions.

Thank you again, Mrs. Clinton, for your time, support and service.

Warmest regards,



Thomas F. Yackeren, PA
Vice President

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Clinician Reviews Interview with Mrs. Hillary Rodham Clinton 3/94

1. Mrs. Clinton, thank you for consenting to be interviewed by us and for your interest in nurse practitioners (NPs) and physician assistants (PAs). I'm sure our readers appreciate that you are taking time to speak with us.

What is your view of how physician assistants and nurse practitioners will be used in a reformed health care system? As a follow up, do you consider PAs and NPs as a short term or long term solution? For example, are we being used as a "stop-gap" measure until more primary care physicians can be trained?

2. The Health Security Act does not specifically provide for a federal pre-emption of restrictive state practice acts for NPs and PAs, such as incomplete or total lack of prescription privileges, or inadequate reimbursement. What is being addressed, considered or done to remove these and other obstacles to NP/PA practice? Will these actions, designed to lower practice barriers, affect both PAs and NPs equally? If not, why not?

3. Current healthcare legislation sets aside \$200 million for graduate nurse education, and \$400 million to cover primary care physician and PA training, in addition to programs for minorities and nurses. With the demand for PAs at an all time high and PA programs, particularly those just starting up, in need of funding, shouldn't PA education also be eligible for GME funds at a level significantly greater than the currently authorized \$9 million? What can PAs do to make this a reality?

4. To many practicing NPs and PAs, tort reform has not been adequately addressed in the Health Security Act. Defensive medicine causes many clinicians to over-order diagnostic tests and x-rays etc, that needlessly drive up health costs. How will the legal system, as it pertains to our day-to-day practice be reformed?

5. Many clinicians also worry that strict price controls on pharmaceuticals will significantly decrease money that drug companies spend on the research and development of new products thereby damaging not only our preeminent leadership status as the world leader in pharmaceutical research, but also more importantly, patient care. Should we be worried?

6. PAs and NPs are concerned that health care reform can backfire on them. For instance, a local medical society bands together to form a regional purchasing alliance representing all local doctors in the area, and tells their members doctors that services by PAs and NPs will no longer be reimbursed. Is this a possible scenario, and if so, how can it be prevented?

7. In view of the opposition we have occasionally seen from special interest groups, how can NPs and PAs position themselves to be an integral part of health care reform? And, along those lines, how can PAs/NPs help the administration bring about health care reform?

8. Mrs. Clinton, once again we are very appreciative of your time and interest. Are there any other comments or thoughts that you would like to share with America's physician assistants and nurse practitioners?

Thank you very much.

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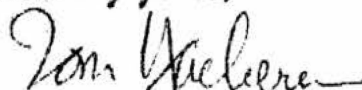
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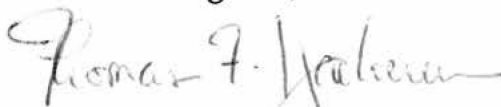
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"Clinician Reviews" Interview with Hillary Rodham Clinton

#1:

I'm thankful for this opportunity to share some thoughts with you -- our nation's nurse practitioners and physicians assistants. First, let me say how grateful our nation is to all of you for the critical role you play each day in providing health care to our fellow citizens.

Today, we stand at a unique moment in history. In the coming months, we have an opportunity to accomplish what our nation has never done before -- provide health security to every American.

To successfully reform our nation's health care system, we must look to those who are on the front lines of health care delivery. Physician assistants and nurse practitioners are important contributors to affordable, quality health care in this country. The services that PAs and NPs provide represent long term solutions for a health care system that must be reformed if high quality, affordable health care is to be available to each and every American.

Because the services that PAs and NPs provide are so important, the President is committed, through his approach to health care reform, to ensuring that all health care providers may work to the full extent of their professional training.

#2:

The President's proposal, the Health Security Act, does override restrictive state laws for NPs and PAs. The Act provides that "[n]o state may, through licensure or otherwise, restrict the practice of any class of health professionals beyond what is justified by the skills and training of such professionals." Health care providers -- like PAs and NPs -- deserve the right to use their training fully, and we as a nation cannot afford, in both human and economic terms, to forego the quality, affordable primary care that you deliver.

We firmly believe that to achieve successful health care reform, we must empower our NPs and PAs; we must remove inappropriate barriers to practice and allow you to work to the full capacity of your professional training.

#3:

The President's proposal reflects his commitment to training our nation's physician assistants and nurse practitioners. The Act allocates \$400 million annually to support programs to train additional numbers of primary care physicians, physician assistants and nurses. Also from this funding source, money will be available for other important programs: developing model professional practice statutes for NPs and PAs, supporting

efforts to remove inappropriate barriers to practice, and promoting the full utilization of the professional education and clinical skills of NPs and PAs.

Additionally, under the President's proposal, \$200 million is authorized annually to both train health care workers for more advanced positions -- such as technicians, nurses and physician assistants -- and to support quality and workforce improvement.

#4:

Defensive medicine does both drive up health care costs and reduce the quality of care. The President's approach to health care reform addresses the need for medical malpractice reform in a number of ways.

The Health Security Act establishes an alternative dispute resolution process to resolve malpractice claims in a fair, efficient, timely and affordable way. An individual may bring a case to court only after participating in this process. Also under the Act, attorneys' contingency fees are limited to one-third of an award, and states may further limit these fees. The President's proposal also prevents claimants from recovering damage awards more than once for the same injury. Finally, the Act permits damages to be paid over a period of time. These and other proposals in the President's approach address the important need for malpractice reform.

#5:

Our challenge in health care reform is to preserve innovative research and high quality patient care while controlling escalating costs. We chose not to include price controls on pharmaceuticals in the Health Security Act for many of the reasons that you mention. The President is committed to preserving and strengthening the high caliber of medical research we enjoy in our nation. Through the President's approach to health care reform, support for research will be expanded, emphasizing preventive research.

The Health Security Act establishes an Advisory Council on Breakthrough Drugs. This Council will advise the Secretary of Health and Human Services on the reasonableness of launch prices for new drugs. The determination is based on a wide range of factors, including prices of other drugs in the same therapeutic class, cost information supplied by the manufacturer, manufacturing requirements and research costs, and improvements in quality of life offered by the new product. The Council does not have the authority to mandate a reduction in the price of a new drug. We believe, however, that the Council will play a critical informational and advisory role. The Secretary of Health and Human Services has limited authority to exclude a newly marketed drug from Medicare coverage, if negotiations to determine a rebate fail.

#6:

I'm happy to clarify this -- the scenario you depict simply is not possible under the President's approach to health care reform. In the President's proposal, regional alliances act as purchasing cooperatives through which people will choose a quality health plan from a range of choices. The purpose of alliances is very simple -- to give bargaining power to small businesses and individuals. Today, the deck is stacked against small businesses and individuals. Small businesses are paying 35% more than big businesses for the same insurance, and individuals pay even more. These consumer-controlled alliances give people and small businesses more consumer clout.

As state agencies or non-profit agencies, alliances will each have a board -- that resembles a corporate board of directors -- made up of representatives of consumers and employers. Alliances may not be formed by "all local doctors in the area," as you suggest.

A group of doctors may well band together to form a qualifying health plan, but the regional alliance would offer consumers in the area many plans from which to choose. All plans offered by the alliance must meet state certification standards and must offer all of the benefits specified in the comprehensive benefits package outlined in the Health Security Act. It is very important that the benefits package specifies services to be provided, rather than categories of providers. Since health plans compete for consumers by offering high quality care at a reasonable price, they will have strong incentives to contract with nurse practitioners and physician assistants to provide some of the services in the benefits package. I believe that NPs and PAs will play a critical role in health care delivery of the future.

#7:

As NPs and PAs, you know better than most what works in our current health care system, as well as what is badly broken. Every day, you see the tireless dedication and talent of our workforce and you witness miraculous technology literally saving lives. At the same time, you see a health care system that is available to too few of our citizens -- you see the millions upon millions of Americans who are uninsured or underinsured, who do not get the health care they need, or who receive care only when they develop serious, often costly, illnesses. The President is committed to changing this -- to preserving and strengthening what is right with our system, and correcting what is wrong. We are committed to achieving real health security -- guaranteeing private health insurance coverage for all Americans. The support of PAs and NPs is important if we are to achieve this critical goal.

#8:

I'd like to underscore what is at stake with health care reform. We all have so much to gain, because until every American has real health security, none of us truly has it. Through health care reform, the President is committed to achieving guaranteed private insurance for every American, to expanding our choice of doctors, to outlawing unfair insurance practices, to preserving and strengthening our Medicare system, and to ensuring that all Americans have a comprehensive package of health benefits guaranteed to them at work. With the help of our nation's PAs and NPs, I believe that we can and will make this a reality.