Rowland, J.Roy

PHOTOCOPY
PRESERVATION

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THE WHITE HOUSE

WASHINGTON

March 15, 1994

MEMORANDUM FOR PRESIDENT CLINTON
HILLARY RODHAM CLINTON
PAT GRIFFIN
HAROLD ICKES
GEORGE STEPHANOPOULOS

FROM: IRA C. MAGAZINER

SUBJECT: ROWLAND/BILIRAKIS BILL

The following memo describes the recently introduced Rowland/Bilirakis bill.

It is a minimalist bill which actually does less than George Bush's last health care proposal.

- It leaves tens of millions without insurance.
- It allows insurers to "cherry pick" by charging higher prices to people with pre-existing conditions.
- It has no method to control costs -- either competitive or regulatory.
- It has no senior benefits.

Eventually, we will probably wind up with a bill like this as a counter to the one we support.

SUMMARY AND ANALYSIS OF
THE HEALTH REFORM CONSENSUS ACT (H.R. 3955)
Sponsors: Reps. J. Roy Rowland (D-GA) and Michael Bilirakis (R-FL)

SUMMARY

Representatives Rowland and Bilirakis introduced the "Health Reform Consensus Act" on March 3, 1994, along with 28 co-sponsors evenly divided among Democrats and Republicans. The sponsors have billed the proposal as a "cut and paste job", intended to forge consensus around provisions in a number of different proposals. Noteworthy for its creation of state-overseen "Community Health Authorities" for the poor, it does not have universal coverage as a goal nor does it include any cost control provisions. It has the following six main elements:

1) Insurance Reform All employers would be required to offer, but not pay for, one standard plan for their employees. All small businesses more than two years old and with two or more employees would be required to offer the standard and the catastrophic plan to their employees. Benefits would include medically necessary hospital and physician care, some preventive services, diagnostic tests, and some mental health services. However, no specific benefits are guaranteed in either plan; rather actuarial targets would be used to determine the benefits included in standard and catastrophic plans. Under the standard plan, deductibles would be limited to $450 for an individual ($750 for a family) or 1 percent of wages (2 percent for families). Co-payments would be limited at 20 percent and out of pocket costs would be limited to $3400 or 10 percent of wages. The catastrophic plan offered to employees of small business calls for cost sharing, unspecified out of pocket limits, and limits on the variation in premiums. The bill limits exclusion from coverage due to pre-existing conditions to 3 months before and 6 months after the start of coverage. It also provides for portability of insurance coverage for up to 60 days for employer-provided, but not individual, plans and guarantees renewability. The tax deductibility of insurance premiums for the self-employed would be increased from 25 to 100 percent. Small businesses would be encouraged to band together in purchasing groups and insurance commissioners would be required to develop models for risk allocation and reinsurance mechanisms for small business employees, subject to state and Federal approval. HHS would develop an Office of Private Health Care Coverage to oversee and monitor insurance reforms.

2) Fraud and Abuse An "Anti-Fraud and Abuse Trust Fund" is established through the Justice Department to coordinate efforts across Federal, State and local jurisdictions and to provide monetary incentives for watchdogs. HHS would establish a national fraud data collection system. The bill includes fines and penalties for health care fraud offenders very similar to those included in the Health Security Act.

3) Malpractice Reform All malpractice cases would have to go through alternative dispute resolution overseen by an HHS board according to uniform malpractice standards. Plaintiffs in a malpractice case would have to obtain a certificate of merit illustrating legitimacy of their claim before bringing suit. There would be a two year statute of limitations for malpractice suits, and limits on lawyers' fees. Payments for non-economic damages would be capped at $250,000.

4) Administrative Simplification The Secretary of HHS establishes goals, standards, and timelines for plans and providers to electronically share non confidential patient information. The plan calls for one uniform claims form and patient identification numbers. Providers and insurers that don't comply with standards developed by HHS could be subject to a $100 per violation fine.

5) Expanding Access and Improving Primary Care For the poor, employed, uninsured and underinsured, the bill incorporates elements of the "Community Health Improvement Act" that Bilirakis and Rowland introduced last year establishing five year demonstration projects of non-profit, State-overseen "Community Health Authorities" (CHA's). CHA's are quasi public entities that would contract with public and private providers for Medicaid-eligible and, to the extent fiscally possible, uninsured and underinsured populations. Only Medicaid eligible individuals would be guaranteed unspecified services among those included to be in the catastrophic benefits package; other poor and uninsured individuals would receive coverage subject to available funds. CHA's would be governed by a board of local representatives -- at least half of whom must receive care through the CHA's -- and would have limits on administrative expenses. CHA's must make "reasonable efforts" to cut down on waste and inefficiency and must assign every covered individual to a primary care physician. In addition to the creation of CHA's, the bill also reauthorizes certain public health initiatives, including measures to combat tuberculosis, lead poisoning, and breast and cervical cancers.

6) Antitrust Reform The Attorney General could allow collaborative health plan activity if benefits of cooperation outweigh a reduction in competition and provide "adequate and efficient provision of health care services to underserved areas and populations."

ANALYSIS

The AP has accurately described this as a "bare bones bill": small market insurance reforms, malpractice reform, anti-fraud provisions, Medicaid access initiatives, and anti-trust reform. While the bill contains some provisions of the Health Security Act, including increased tax deductibility for the self-employed, administrative simplification including a uniform claims form, and tough penalties for insurance fraud, it tinkers at the edges of the current system, leaving in place many of the worst elements of current insurance discrimination and leaving significant populations at risk. Major deficiencies include:

Falls short of real insurance reform

Many of the insurance reform provisions, such as the limitation of pre-existing condition exclusions and the portability requirement, apply only to policies offered through employer sponsored health plans; individual policy holders are not guaranteed similar protections. Individuals with pre-existing conditions could continue to be charged more by insurance companies. Portability provisions are limited, leaving in place problems of job lock and welfare lock. There is no incentive for employers to provide coverage and so the proposal is not likely to reduce the ranks of the uninsured. Without universal coverage, many of the problems associated with the current system, including cost shifting from uncompensated care and significant insurance discrimination, remain. There would likely be huge gaps of coverage for individuals who are poor but do not qualify for Medicaid since they would not be guaranteed coverage through the Community Health Authorities.

Benefits Unspecified

Neither the standard nor the catastrophic benefits packages guarantees any specific medical service; instead, benefits would be subject to funding availability and later determination by panels of experts. The bill does not provide many of the covered benefits under the Health Security Act, including long-term care, prescription drugs, early retiree discounts, substance abuse and some mental health benefits.

Does Not Control Costs

The bill limits the variations among premiums charged to classes of businesses but does nothing to reduce premium growth rates. Health insurance expenditures would continue to consume an ever-increasing percentage of GDP. The plan does not include provisions to provide information to empower consumers to make informed decisions.

Puts Poor and Unemployed Populations At Risk

Medicaid recipients and the uninsured and underinsured would be pushed into state run, non-profit "Community Health Authorities" (CHAs) that would most likely be forced to contract with lower quality providers. The fact that only Medicaid-eligible recipients would be guaranteed coverage through CHAs puts a significant percentage of the population at risk; coverage for those with incomes up to 200 percent of poverty would be subject to available funds.

Limits Choice of Plans and Doctors

Choice of plans and providers would be limited, and even curtailed, for three related reasons:

1) First, employers don't have to pay for any coverage; instead they must only offer one of two plans. Second, employers are only required to offer one or two plans. Most workers would receive only the standard benefit package. Small business employees would be able to choose the even more pared-down catastrophic plan. The bill does not include any language, let alone guarantees, relating to choice of plans or doctors.

2) The poor would be pushed into state-administered "Community Health Agencies" that would most likely contract with an extremely limited array of public and private providers.

3) Nonworkers and non-Medicaid eligible individuals are not only not guaranteed choice of plans they are not guaranteed <u>any</u> coverage.

Small Business Still at a Disadvantage

Although the NFIB released a statement of support for the Rowland-Bilirakis proposal, the bill provides little in the way of concrete assistance for small businesses. The proposal is intended to clear regulatory impediments for small business to form purchasing cooperatives but establishes no concrete mechanism for them to do so. The bill contains only vague language requiring insurance companies to devise plans to spread the cost of high-risk employees of small firms among all insurers and fails to define how this risk sharing would work or how it would be enforced. In addition, despite its rhetorical emphasis on primary care, the bill ironically would discourage small business employees from seeking primary care since they would be offered less-expensive plans covering only catastrophic care.

A list of cosponsors and the Rowland-Bilirakis press release is attached.

March 11, 1994

THE HEALTH REFORM CONSENSUS ACT

Sponsors

Representatives J. Roy Rowland (D-GA) and Michael Bilirakis (R-FL)

List of Original Co-sponsors

Barton (R-TX)
Bliley (R-FL)
Browder (D-AL)
Castle (R-DE)
Crapo (R-ID)
Geren (D-TX)
Goodlatte (R-VA)
Goss (R-FL)
Hastert (R-IL)
Hayes (D-LA)
Lancaster (D-NC)
Laughlin (D-TX)
Linder (R-GA)
Lloyd (D-TN)
Montgomery (D-MS)
Moorhead (D-MS)
Orton (D-UT)
Parker (D-MS)
Prickett (D-VA)
Sisisky (D-VA)
Spratt (D-SC)
Tanner (D-TN)
Tauzin (D-LA)
Upton (R-MI)
Vucanovich (R-NV)
Young (R-FL)
Zeliff (R-NH)

Congress of the United States

House of Representatives

Washington, DC 20515

PRESS RELEASE -- PRESS RELEASE -- PRESS RELEASE

March 3, 1994

Contact: **Todd Tuten (Rep. Bilirakis) at 202-225-5755**
Selby McCash (Rep. Rowland) at 202-225-6531

With Congress still divided over a variety of competing health care reform plans, Congressmen J. Roy Rowland (D-GA) and Michael Bilirakis (R-FL) introduced the "HEALTH REFORM CONSENSUS ACT," legislation designed to target areas of health care reform on which widespread agreement already exists.

Congress can virtually guarantee substantial progress in addressing the country's health care delivery problems this year by adopting these reforms, the lawmakers asserted.

The selected reforms in the bill are derived from other plans pending in Congress, including those sponsored by both Democrats and Republicans. Included are health insurance portability; prohibiting exclusions for pre-existing conditions; anti-fraud provisions; malpractice liability reform; increased preventive care; administrative streamlining; and antitrust reform.

The bill also establishes a new community-governed health care system to extend coverage to the uninsured and medically underserved. "This proposal is structured around community health care centers, which have a proven record of cost-effectiveness," Rep. Rowland stated. "It is based more on community initiative than federal bureaucratic control."

Reps. Bilirakis and Rowland said they introduced this legislation in response to the strong bipartisan support for a "consensus" approach to health care reform. "Our bill is designed to re-establish the health reform debate on a foundation of agreement, rather than one of divisiveness," Rep. Bilirakis stated.

A bipartisan coalition of 30 House members support the bill, including members of the key House Energy and Commerce Committee, which has jurisdiction over a majority of the health care proposals introduced in the House of Representatives.

"We want to achieve as much needed reform this year as possible," Rep. Rowland emphasized. "But we also want to avoid the disastrous mistakes that have been made in the past. The proposals in our consensus plan are among those that have been thoroughly examined and just about everyone agrees should be enacted."

The Congressmen expressed their concern that unless altered considerably, none of the high-profile plans are likely to pass. "We believe that responsible progress on health care reform can be virtually guaranteed, however, by focusing on 'consensus' solutions and by conducting the debate in an environment of cooperation, rather than in the midst of a political and philosophical free-for-all," Bilirakis said.

* * *

J. ROY ROWLAND
8TH DISTRICT, GEORGIA

COMMITTEES:
ENERGY AND COMMERCE
VETERANS' AFFAIRS
SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES
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55/SA

March 10, 1993

Picture only

Mrs. Hillary Rodham Clinton
Chairwoman
White House Health Care Task Force
Old Executive Office Building
17th Street and Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

This letter is in reference to the ongoing efforts to overhaul our national health care delivery system.

As you may know, prior to coming to Congress, I practiced medicine for over 28 years in the central Georgia area. During those years, I became very familiar with Federal programs that were put in place to assist our senior citizens and less fortunate citizens with health care. Further, I encountered the many problems that our health care industry is facing today when dealing with these programs, and since my tenure in Congress, I have made many efforts to correct those problems.

Recently, I received information on one aspect of this issue from Mr. Armon B. Neel, Jr. of Institutional Pharmacy Consultants, which is based in Griffin, Georgia. Within the information that he provided, he noted that language within OBRA 87 made positive efforts to address nursing assistant training program standards. However, he also has stated that he feels that there needs to be some sort of continuing education guidelines instituted, to ensure that the assistants are continually improving their skills. I have enclosed for your information, a copy of a letter from Armon in which he better outlines his views on this issue.

Mrs. Clinton, I feel very strongly that if there is not a well balanced consultation of health care providers, health care administrators and health care support service specialists, we will not be able to adequately address this problem. I ask that the enclosed information from Armon, be carefully reviewed and any resulting thoughts or information be forwarded to my office. If you have any questions on this matter, please feel free to contact me or Van Alford of my staff at (202)225-6531. Your attention and dedication to this cause is greatly appreciated.

Sincerely,

J. ROY ROWLAND

Enclosure

Institutional Pharmacy Consultants

December 7, 1992

Congressman Richard Ray
House of Representatives
255 Cannon House Office Building
Washington, D.C. 20515

Dear Mr. Ray,

I want you to know how much I have enjoyed working with you and your staff. Your compassion and commitment to cost effective government has impressed me profoundly. The third district will miss your leadership.

As we have discussed in the past, I want you to assist us in developing a training program for Nursing Assistants in the Long Term Care setting. Congress, with the passing of OBRA 1987, recognized the need to improve education of caregivers to the nation's elderly.

The development of Certified Nursing Assistant regulations including with the requirement of eighty-five hours of training was a step in the right direction. This nation's elderly population is so rapidly expanding that government and health care providers must begin to develop cost effective systems which can manage it well. One obvious requirement is a supply of well-trained people.

I believe our firm is fully capable of training many of these caregivers. IPC is willing to develop such a program along with a monitoring system for a period of 5 years. This process can provide data from which related programs can be evaluated. IPC's resources, a staff of multi-discipline health professionals, computer networks, twenty-four years experience, national creditability as experts in Long Term Care, and our large client base place us in a unique position that should be extremely useful to government in analyzing and developing of such programs.

Our company provides for the testing of students who trained in various nursing facilities. We are continually dismayed at the inconsist quality of that training. Although there are specific guidelines established, follow-through is seldom maintained. Another problem is that training is often unavailable to people who seriously need employment or who might become useful members of our work force, thereby reducing dependence on welfare roles. I feel that with some special planing structured method of recruitment and intensive training, these students could enter the work force at wages above the guaranteed minimum. I want to ask you to assist us in obtaining a federal grant to meet this goal.

816 Everee Inn Road • Griffin, Georgia 30223 • (800) 253-6962

Fellows, American Society of Consultant Pharmacists
Fellows, American College of Apothecaries
American Boards of Diplomates in Pharmacy
Doctors of Pharmacy

Our program would establish specific qualifications which would evaluate a person's aptitude to perform these care giving duties. After the person has qualified as a candidate to participate in the training, IPC would conduct a one hundred and twenty hour program encompassing all areas of health care consistent with the position. Special emphasis would be placed on the humanistic approach to care, detailed documentation training, work ethics, legal aspects, infection control, respect for authority, and enthusiasm for continuous quality improvement. Areas such as communication skills, conflict resolution, how to interview for a job, lifestyle changes, goal setting, exploring learning styles, how to be a valuable employee and personal time management would be added to the program to enable the graduate to move into the work force and stay there. The development of trainees would help reduce reliance on public assistance and improve the cost effectiveness of the Long Term Care provider through reduced staff turnover and improved efficiency.

As you know, IPC's experience in this area is excellent and the programs we have developed for LTC have been successful. In our role as temporary managers for Georgia Department of Medical Assistance, we have dramatically improved the proficiency of care services in a number of nursing facilities.

IPC will place the graduates in nursing facilities and monitor their performance in the following; job performance job turnover, effectiveness of training, wage potentials, work satisfaction, and increase in productivity.

The training of one hundred and twenty students a year for five year period should generate valuable information while actually placing into the work force six hundred trained individuals. Enormous savings can be realized by relieving welfare roles while meeting the needs of tomorrow's enormous senior citizen populations.

One out of four Americans will be 65+ years old within several years. Now is the time to start preparing for this population shift. I believe the answer to meeting this need cost effectively is through a well trained sub-health professional work force.

IPC wants to be part of developing this process. I would like to meet with you or have you assist me in setting up a meeting with the proper people to discuss the details. I feel I can benefit our law makers with my overall knowledge of this segment of health care, and can assist them in making appropriate decisions for our nations future needs.

I look forward to hearing from you.

Sincerely,

Armon B. Neel, Jr., P.D.
President
ABNjr/tw
enclosures;

March 26, 1993

Dear Representative Rowland:

Thank you for sharing Mr. Armon B. Neel, Jr.'s letter on the training of nursing assistants. I agree that all health care personnel must be well-trained in order to ensure that we are able to provide the highest quality health care at the most affordable price. I have shared the material with the Health Care Task Force and asked them to review it carefully.

I am enclosing a copy of a photo taken at our last meeting. I appreciate your willingness to assist us, and look forward to our continued work together on health care, and other issues.

Sincerely,

The Honorable J. Roy Rowland
U.S. House of Representatives
Washington, D.C. 20515

J. ROY ROWLAND
8TH DISTRICT, GEORGIA

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Congress of the United States
House of Representatives
Washington, DC 20515-1008

January 27, 1993

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

I am pleased that President Clinton has established a national health care reform task force and that you will chair this panel. I feel that basic changes need to made in our health care delivery system, and the role of this task force will be crucial as health care reform legislation is developed.

As the plan is developed, many difficult decisions will have to be made in order to solve our health care problems. I am pleased to hear that you plan to meet with many different interest groups and experts to receive their perspective on this issue.

In this regard, I offer my assistance. Having been a family physician for 28 years in rural Middle Georgia, as well as a State Representative for three terms, prior to my service as a Member of Congress, I feel that I hold a dual perspective about health care policy that may be helpful in providing useful information to this process.

For ten years, I have been working on health policy at the Federal level. At the beginning of the 103rd Congress, I was elected Chairman of the House Veterans' Affairs Hospitals and Health Care Subcommittee, which provides care for 2.6 million veterans annually. I also serve as a Member of the House Energy and Commerce Health Subcommittee, which deals with all issues related to health care, except Part A of Medicare.

Mrs. Clinton, I want you to know of my willingness to assist in developing a solution for our nation's health problems that we as a people can afford. I wish you and the Task Force much success.

Sincerely,

J. ROY ROWLAND

THE WHITE HOUSE

February 19, 1993

Dear Representative Rowland:

Thank you for your thoughtful letter regarding the health care reform task force.

As both a policymaker and family physician, you are well aware of the enormous challenges we face. I am grateful for your offer of assistance and hope that you will share with us your views on how we may achieve our goal of providing affordable health care to every American.

I look forward to working with you.

Sincerely,

Hillary

The Honorable J. Roy Rowland
United States House of Representatives
Washington, D.C. 20515

J. ROY ROWLAND
8TH DISTRICT, GEORGIA

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June 10, 1993

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C.

Dear Mrs. Clinton:

I have enclosed a letter from Ms. Diddy Harvey, a constituent of mine from Albany, Georgia. Ms. Harvey is very interested in becoming involved with the health care reform proposal in some capacity.

I would appreciate your taking the time to review her letter to see the qualifications and background that she possesses. Please let me know if you need anything further from me or from Ms. Harvey.

Again, thank you for your consideration of Ms. Harvey's request to become involved with the health care reform efforts. Do not hesitate to contact me if I can be of assistance to you.

Sincerely,

J. ROY ROWLAND

Enclosure

rowland.he

915 Peacock
Albany, Ga. 31701
ph. 912-888-9176
May 15, 1993

Dear Cathy,

I am writing to introduce myself, as a follow up to the phone conversation you had with my husband last week. Recently I expressed an interest, to him, in the proposed changes the government is hoping to make in health care, which resulted in his call to you.

I have a particular interest in the mental health programs for two reasons. The first reason is because I am a registered nurse working in the field of psychiatry. I work closely with our mental health patients and am well acquainted with the problems with which they and their families are faced. In addition, I work with case management in which we try to get the best treatment for our patients in the least restrictive environment and for the best cost available.

I have worked for Emory University Hospital in Atlanta, Georgia, in obtaining private, state, and federal funding for hospital patients. I have also worked on the other side of the desk, with the Medicare program through the Blue Cross and Blue Shield intermediary, to monitor the spending of federal funds to ensure that they were not spent on unnecessary hospitalizations and procedures.

Currently I am employed at Phoebe Putney Memorial Hospital's Recovery Centers for behavioral medicine and addictive disease. We are presently instituting a new quality assurance program in which I assist the doctors in providing the best possible treatment for their patients by coordinating the care needed with the appropriate programs available.

As a volunteer Rape Crisis counselor, I see women who can't, or won't, obtain treatment after their trauma because of lack of funds. I also work with women , whose trauma occurred as long as 20 years before, who have been experiencing problems throughout their lives and through therapy are just beginning to understand the impact the rape has had on their lives. All of this could have been prevented with early intervention.

It is essential to recognize the necessity of early intervention and the value, both in human terms and cost effectiveness, of aggressive treatment in these and other cases. A travesty exists when lives are ruined by lack of help and we see the problems perpetuated throughout families and even spread from generation to generation.

Nursing service at Phoebe Putney is run by a five council structure. I was recently elected chairperson of the Council on Practice by the membership consisting primarily of divisional vice presidents.

After my election, I pointed out that most of the council seats were

filled by vice presidents who were not actively engaged in nursing practice. I recommended that more of the council membership be made up of those nurses currently engaged in nursing practice. The proposal was heartily endorsed by the vice presidents and many of their seats were vacated in order that those nurses currently engaged in the practice of nursing might offer more insight into the problems occurring for our patients. Consequently we are finding that the nurses are taking more responsibility and identifying minor concerns before they become major concerns.

For this reason, I advocate that persons with experience on the patient care level and insight into the funding process, be actively enlisted in the newly proposed programs, so that issues at the patient care level might be identified. If a program is based on theory without the input of those who must institute it, the program is often doomed to failure.

I know that the proposed programs are intended to help those in need, and I would welcome the opportunity to assist in seeing them succeed.

Sincerely,

Diddy Harvey

Diddy Harvey

THE WHITE HOUSE

July 1, 1993

Honorable J. Roy Rowland
U.S. House of Representatives
Washington, D.C. 20510

Dear Rep. Rowland:

Thank you for your letter in support of the invitation extended by the Tift General Hospital. Unfortunately, my schedule does not permit me to accept every request that I would like to honor. If I am able to participate in this worthwhile event, I will contact the hospital directly.

Again, thank you for writing.

Sincerely,

Hillary

Hillary Rodham Clinton

J. ROY ROWLAND
8TH DISTRICT, GEORGIA

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June 10, 1993

Mrs. Hillary Rodham Clinton
Office of the First Lady
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mrs. Clinton:

I have recently learned of the invitation to you from the Tift General Hospital in Tifton, Georgia to address their fall "Medical Potpourri".

As the White House Health Care Task Force moves forward on the national health care reform proposal, our nations health care workers are becoming very anxious to know how they will be effected by this reform. Because I practiced medicine for over 28 years I can truly identify with the industry on this most important issue. I think that this invitation will give you or a member of your Task Force staff a real opportunity to present the plan and discuss the real concerns of our health professionals in a very positive arena. I understand that the Hospital has not yet set a date for the event in order that your schedule can be accommodated. However, I have been told that they would like the meeting to take place in either October or November.

Mrs. Clinton, I am in full support of this invitation and must reiterate that acceptance will create a unique opportunity for the Administrations efforts in the health reform arena. I urge you to give this invitation every possible favorable consideration for acceptance, and that you or a member of your staff come to Georgia to spend some time with our fine health care professionals. Your attention and consideration in this matter is greatly appreciated.

Sincerely,

J. ROY ROWLAND

March 26, 1993

Dear Representative Rowland:

Thank you for sharing Mr. Armon B. Neel, Jr.'s letter on the training of nursing assistants. I agree that all health care personnel must be well-trained in order to ensure that we are able to provide the highest quality health care at the most affordable price. I have shared the material with the Health Care Task Force and asked them to review it carefully.

I am enclosing a copy of a photo taken at our last meeting. I appreciate your willingness to assist us, and look forward to our continued work together on health care, and other issues.

Sincerely,

The Honorable J. Roy Rowland
U.S. House of Representatives
Washington, D.C. 20515

THE WHITE HOUSE

May 19, 1993

Honorable Roy Rowland
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Rowland:

I appreciate your sharing the findings from your hearing last month on the role of the Veterans Administration under national health care reform. I think you will find that we will be able to adopt many of these recommendations in our final proposal.

Because of your unique expertise, your willingness to assist us in developing the health care plan is greatly appreciated. I hope that we may continue to call on you for advice as we move through the process of enacting this critical legislation.

I look forward to seeing you again soon.

Sincerely,

Hillary

THE WHITE HOUSE

April 8, 1993

Dear Representative Rowland:

Thank you for sharing Mr. Armon B. Neel, Jr.'s letter on the training of nursing assistants. I agree that all health care personnel must be well-trained in order to ensure that we are able to provide the highest quality health care at the most affordable price. I have shared the material with the Health Care Task Force and asked them to review it carefully.

I am enclosing a copy of a photo taken at our last meeting. I appreciate your willingness to assist us, and look forward to our continued work together on health care, and other issues.

Sincerely,

Hillary

The Honorable J. Roy Rowland
U.S. House of Representatives
Washington, D.C. 20515

cc. MELANNE SHIRLEY

ONE HUNDRED THIRD CONGRESS

G.V. (SONNY) MONTGOMERY
CHAIRMAN

U.S. House of Representatives
COMMITTEE ON VETERANS' AFFAIRS
335 CANNON HOUSE OFFICE BUILDING
Washington, DC 20515

April 29, 1993

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D. C. 20500

Dear Mrs. Clinton:

You were kind enough to meet recently with Senator Rockefeller, Sonny Montgomery, and me to discuss the role of the Department of Veterans Affairs health care system within national health care reform. That meeting, and your subsequent meeting with leaders of the major national veterans service organizations, were important milestones in bridging concerns about the future of an independent VA health care system.

To further the goals we share, of helping shape changes in law to realize the President's goals for both national reform and improvements in the VA health care system, our Committee yesterday held a hearing on the role of the VA under national health care reform. During this hearing, we received testimony from Senator Rockefeller, representatives of seven veterans organizations, a panel of distinguished physicians and physician-educators, and a panel of VA facility managers. Knowing that the President will not want to send legislation affecting veterans' health care to the Congress without knowing that it would win support, we aimed through this hearing to identify a set of principles which should guide policymakers in framing and evaluating any proposal on a VA role. Those findings are embodied in the enclosed paper.

I am confident, based on our recent conversation and your keen understanding of the issues affecting the VA system, that these principles will closely mirror those you may have formulated yourself. I certainly hope they prove helpful as we move forward in this process.

Sincerely,

J. Roy Rowland, Chairman
Subcommittee on Hospitals
and Health Care

Enclosure

cc: Honorable G. V. (Sonny) Montgomery
Honorable John D. Rockefeller, IV

JRR:bpd

ONE HUNDRED THIRD CONGRESS

G.V. (SONNY) MONTGOMERY
CHAIRMAN

U.S. House of Representatives
COMMITTEE ON VETERANS' AFFAIRS
335 CANNON HOUSE OFFICE BUILDING
Washington, DC 20515

Principles that should govern the development of VA's role under national health care reform:

1. Preserve the independence and viability of the VA health care system as a resource to serve the particular needs of veterans;

2. Maintain the VA health care system as a provider that offers a full range of services (rather than narrowing VA's role to providing simply long-term and specialized care, for example);

3. Recognize the strengths of the VA health care system and its ability to compete as an enrollment option for veterans;

4. Enable VA to assure core-eligible veterans (primarily service-connected and lower income veterans) a continuum of services based on a reform of eligibility;

5. Preserve the principle that those with the highest priority to VA care would continue to receive essentially cost-free care as under existing law;

6. Provide for assured, adequate financing for VA health care (to include an "investment" of monies for needed construction, modernization, and replacement equipment) that does not place VA at a disadvantage relative to entities with which it may be competing;

7. Give higher-income veterans the opportunity to choose VA as a care-provider and have their care financed through insurance and other reimbursements;

8. Assure and foster continuation of VA's education, research, and backup-to-DoD missions; and

9. Encourage needed system reforms, and commit to expanded funding support for needed improvements (such as construction to facilitate a shift in emphasis from inpatient to outpatient care, modernization of plant and equipment, and expanded information systems).

THE WHITE HOUSE

September 1, 1993

Honorable J. Roy Rowland
United States House of Representatives
Washington, D.C. 20515

Dear Representative Rowland:

Thank you for forwarding me information about your constituent, Ms. Diddy Harvey.

As you may know, the Health Care Task Force and the health care reform working groups terminated at the end of May. The Task Force benefitted from the expertise of hundreds of individuals -- including many doctors, nurses, hospital administrators and other health care providers -- who served on our working groups.

As you know, the President will soon submit a proposal to Congress. However, this is just the first step toward the creation of a new health care system in which every American has the security of quality, affordable health care.

I appreciate Ms. Harvey's willingness to be involved in the successful implementation of the proposal, and encourage her to address her efforts toward the local level where she has already contributed so much and where so much important work will be done under the new system.

Again, thank you for contacting me.

Sincerely,

Hillary

Hillary Rodham Clinton