

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Pat (Senator Inouye), To: Sara Graote, Re: Thursday's meeting [partial] (1 page)	8/4/93	b(6)
002. list	National Park Service, President's Park [partial] (2 pages)	6/25/93	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 5433

FOLDER TITLE:

[HRC Daily File] Thursday August 5 [1993]

2014-0483-S

sb348

RESTRICTION CODES

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

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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.

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THURSDAY AUGUST 5th

PHOTOCOPY
PRESERVATION

7/27

Lisa Poketz

225- 7787

ATHA

Marilyn
yager

- sent Ltr to President - July
crabby // re: Medicare cuts

Address -

Medicare cuts

2. Reflect Budget sensitivity ??

3.

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July 1, 1993, Thursday, Final Edition

HEADLINE: Groups to Promote Clinton's Health Plan

SERIES: Occasional

BYLINE: Dana Priest, Washington Post Staff Writer

BODY:

More than a dozen groups, including the American Association of Retired Persons, the AFL-CIO and the American Hospital Association, agreed yesterday to coordinate a nationwide campaign to promote the outlines of President Clinton's health care reform package.

The Health Project, as the new nonprofit organization will be called, steps into the void created last month when the Democratic National Committee announced it was dropping its plans to create a bipartisan coalition to do the same. The DNC still plans a grass-roots media and educational campaign.

"The White House can't do it for legal reasons, the DNC can't do it for partisan reasons," said John Rother, AARP's legislative director, who was named the Health Project's president for purposes of incorporation. "We needed to create a space for what will obviously be a large number of groups to talk to each other, to get this thing moving."

The Health Project's goal is "to get health reform enacted into law," said Rother. "We are groups that are agreeing to work within the framework of what we agree is the mainstream in Congress and the administration."

Although Clinton's plan is not slated to be unveiled until mid-September, Rother said the groups are certain they can support the broad outlines of the plan, which have been made public. They are free to work individually on parts of the plan they do not support.

The project's initial budget is about \$ 150,000 and its other members include the American Academy of Family Physicians, the American Nurses Association, Families USA, the National Association of Social Workers and two unions. Rother said the Project is also reaching out industry associations and corporations.

The project was nurtured into existence by Sen. John D. "Jay" Rockefeller IV (D-W.Va.), who invited Washington-based health care reform advocates to meet at his home after the DNC operation fell apart. "It was the way to get the herd all together," said Rockefeller, who has no role in the project.

• HEC asked Skila for a memo; ~~IRA gave~~
/ PLAN BK
• MEG - last Thurs

M E M O R A N D U M

TO: HRC

FROM: Skila Harris
Bernie Arons

SUBJECT: Briefing for Meeting with Psychologists and Social Workers

DATE: August 4, 1993

This memorandum is prepared at the request of Kim Tilley for your meeting with psychologists and social workers which was requested by Senator Inouye.

Three issues have been identified as major concerns to these groups:

1. Benefit design, structure of benefits, availability of sufficient outpatient visits, freedom of choice of providers
2. Role of non-physician providers--will there be equality of non-physician providers, must individuals be referred by their family physician or screening health provider
3. Case management--will there be provision for such services; if not, why not

Here are some proposed responses and talking points for each area, followed by some other issues which may occur.

1. Benefit design: The mental health and substance abuse benefit is still under review and may be revised depending on the cost estimates and other input. The mental health groups have met with Ira Magaziner, and subsequently with Ken Thorpe and Judy Feder, to review some of these issues and provide input. At this time, concern about costs and worry about the capacity available to manage the mental health benefit have led to an initial benefit with some strict limits with specific steps leading to a broader benefit. ~~The psychotherapy limit would be 30 visits, with a copayment of 50%.~~ This is clearly not sufficient for those few individuals who need the most intense treatment. It will, however, cover most individuals, who typically need short term treatment. In addition, there is concern that if the benefit is expanded, individuals who are not the most in need (examples given are for marital discord, or mere unhappiness, not serious depression) will use the benefit, driving up costs. Others point out that the eligibility criteria require the likelihood of significant impairment in

These reps believe what they have heard
may be true

work, school, etc., and would limit the service to those who need it. The present approach is to start with a limited benefit, show that it will not be abused, and then expand it quickly in subsequent years.

Freedom of choice of providers: see number 2.

2. The role of non-physician providers: At this time, it is not anticipated that the legislation proposed will make specific reference to provider criteria. Thus, State laws that presently govern practice guidelines, licensure, certification, etc. will remain in place. It is anticipated that the overall structure of the Administration proposal will have incentives to use the most cost-effective providers. Health plans, however, will have discretion in determining whether screening and referral are required, whether psychologists, social workers, or others will be hired to provide the treatment. There is no legislative requirement anticipated that would give individuals direct access to a mental health provider as a requirement of the health plan. We are open to arguments which, if persuasive, would result in such a requirement.
3. Case management: The need for case management for those individuals using the greatest number and types of services, or for those with a history of hospitalization is well recognized. For those receiving the most intensive, non-residential services, such as day treatment or partial hospitalization, it is anticipated that case management will likely be available as part of the array of services provided. At this time, however, there is no listing of case management as a free standing service required to be provided by the health plans. A limited benefit, as is being proposed, assumes the ongoing availability of a public system of care for those using services beyond the limits. Case management would be considered a service belonging to that public system of care. As we move toward a more comprehensive benefit in coming years, case management would be integrated into the overall benefit.

Other Points:

Even the limited benefit accomplishes a great deal:

- eliminates exclusion for pre-existing conditions
- covers medical management the same as all other medical care
- includes some intensive, non-residential coverage

covers substance abuse outpatient counseling
provides acute inpatient care for most needs
provides a clear direction toward comprehensive, flexible
coverage with no arbitrary limits set at the Federal level
eliminates lifetime limits on coverage

The American Psychological Association is pushing the expansion of the outpatient psychotherapy limits, possibly by including a one or two visit deductible in exchange for more visits. This is a controversial proposal and may be opposed by other mental health groups. The actuaries may not cost this out any differently than the other proposals put forth. They will cite the need for longer therapy for severe personality disorders. At this time, those concerned about individuals with severe mental illness (NAMI, Sen. Domenici, Cong. De Lauro, etc.) have not included those with personality disorders in that group.

cc: Kim Tilley

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SARA GROTE

from: Pat (Senator Inouye) -

re: Thursday meeting

Sorry - thanks for your assistance. The final person is
Robbie Thomas-Knight. SS# [REDACTED] (b)(6) - Psych

001

Evelyn - Maggie

Although I doubt it, does
Hillary need anything for the
media meeting tomorrow?

No - although
Mandy should have
the agenda — 97³
9400

take out of seq.

photo - op w/ Park Rangers
2823 Dawn Frieskin

Shopping Delivery Service of America
Telephone/Facsimile: (302) 429-6985
HQ: Wilmington, Delaware 19807

FAX TRANSMISSION

DATE:

Monday 7/25/93
7/25/93 Wed

TIME: _____

TO: **Hillary Clinton (Healthcare)**COMPANY: **United States of America**SUBJECT: **SDS Employee Benefit Programs/Health Care**FROM: **Marc Falcone, President/CEO**

TOTAL NUMBER OF PAGES INCLUDING COVER: _____

REMARKS:**PLEASE, fax me a note indicating received.**

**On the attached are two programs systems that we have developed
and would like to begin using for government employees, as well
as our healthcare program for the disability units in each state.**

PLEASE CONFIRM RECEIPT OF THE FAX BY: _____PHONE *X* FAX *X* MAIL _____ VOICE MAIL _____ ASAP *X*CONFIDENTIAL: *X* NO. OF TIMES SENT: _____

THE WHITE HOUSE
WASHINGTON

Highlands →
HRC last year
Aug/Sept.

- wants it mentioned
called specifically
tasked for a few
minutes. She's been
told tightly & char.

WHD

THE WHITE HOUSE
WASHINGTON

SKIA

* Bernie available
to attend if she
wants

X 4473 Page R

Jason -

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National Park Service
President's Park
1993

NAME	SSN	DOB	PLACE OF BIRTH	SEX	RACE	POSITION	OFFICE/PARK
BONIFAS, Brian A.				M	White	Park Ranger	President's Park
BUCK, Tabitha M.				F	Black	Park Ranger	President's Park
CLARK, Isabel C.				F	White	Park Ranger	President's Park
COFIELL, Katherine Lee				F	White	Park Ranger	President's Park
CRICKMER, Stacy L.				F	White	Park Ranger	President's Park
FEENEY, Jennifer Anne				F	White	Park Ranger	President's Park
FINNEGAN, Patricia M.				F	White	Park Ranger	President's Park
GIBSON, Nedra L.				F	White	Park Ranger	President's Park
GREBE, Celeste M.		(b)(6)		F	White	Lead Park Ranger	President's Park
GREGORY, Curtis E.				M	Black	Park Ranger	President's Park
HALL, Edward Lee				M	Black	Park Ranger	President's Park
HANZE, Stephen W.				M	White	Park Ranger	President's Park
KANE, Christine C.				F	White	Park Ranger	President's Park
LANGLEY, Kathleen Ann				F	White	Supervisory Park Ranger	President's Park
MITCHELL, Cindi M.				F	Black	Park Ranger	President's Park
MORRIS, Delia V.				F	White	Park Ranger	President's Park
NOVAK, Laura A.				F	White	Park Ranger	President's Park

POOLE, James M.

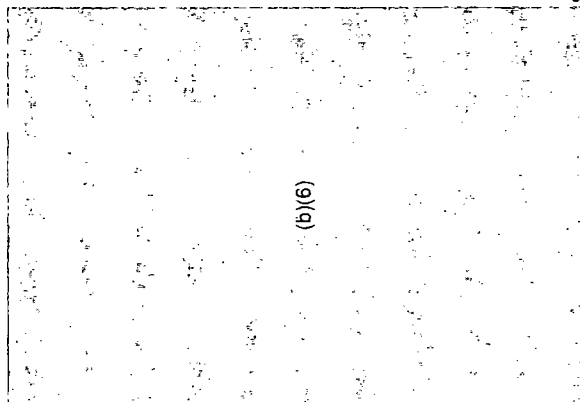
ROLLINS, Robin C.

ROPER, D'Arcy W.

SHERWOOD, Bryan C.

WALSH, Philip John

WHITE, Janice Y.



M	White	Park Manager	President's Park
F	Black	Park Ranger	President's Park
M	White	Park Ranger	President's Park
M	White	Park Ranger	President's Park
M	White	Supervisory Park Ranger	President's Park
F	Black	Park Ranger	President's Park

Sen. Inouye

THE WHITE HOUSE

WASHINGTON

THURSDAY

7/29

1. Amer. Psych Assoc ^{was} Chancellor at VW - ^{MADISON}
- Farley plus a few
Russ Naumann
336-5886

Natl Assoc.
2. Social Workers ^{not prev. well done}
Sue ~~Hochstetler~~ ^{chief lobbyist} plus a few
336-8235

- proponent - Fed emp. want ^{access to}
NON phy h.c. - providers
e.g. // make pitch for inclusion
under h.c. Ref. // F

complete integration

treating licensed h.c. prov
same Dr/physicians.

Tw - long list of changing fees statutes
to allow ~~reim~~ psych, optom,

8/4 = spelling of name - participants - Pat DeLeon/Aring

very informal

most of our documents have referred to physicians / Drs - not non-phy providers // make sure accessed

1. parity; not so much on mental health psych is much more than ment. health
ie pain crisis, prenat preg prev.

Robbie Thomas Knight - HRC -

What resp do we have to this?

2. HRC - Nurses loved her in HI

8/4 Russ Newman 336-5886

- APA -

- conc re: structure of benefits
- imp of out patient benefit. make it feasible sufficient. out patient visits
- "Freedom of choice" issue

8/4 Sue Hochstetler 336-8235

- role of non-phys prov in m+pl nt. just phys.

- mental health benefits overall

what is the truth

- case mgmt - conc what they're trying -

1. focus on phys - don't like it
2. case mgmt - may not be in there

what is our response to concerns

• need men

• Bernie Andrews

• Charmine Swens

Judy Feder

690-7858

x6640 / did he speak w/ HRC / req info?

case mgmt - conc co-OR - continuation of care // not cost effective if nt

prov.
phys. if at all,
conc at: as CASE M'

Skila / Ira

- problem -

Ira & MEG have met w/ them
as a group; tried to coordinate
info

- Only way we ~~th~~ have & we will
make progress is to work together
(consistent w/ MEG / Ira)

APA

NASW

- statistic check
- more M.H.

/ how conf w/ HAT
w/ them --- they
she needs more
info?
scope of practice