Wed. 9/29

PHOTOCOPY
PRESERVATION

FIRST LADY HILLARY RODHAM CLINTON
STATEMENT BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE
SEPTEMBER 29, 1993

INTRODUCTION

Mr. Chairman, Members of the Committee, it is truly a privilege to appear before you today, particularly in such a historic setting. Mr. Chairman, your brother John F. Kennedy came to the Senate Caucus Room on January 2nd, 1960 to announce his campaign for the presidency. Eight years later [March 16, 1968], your brother, Sen. Robert F. Kennedy, announced his own presidential candidacy here.

With your unwavering commitment to health care reform -- a commitment that goes back 25 years -- you too, Mr. Chairman, have added your own piece of history to this room. Indeed, your name has been attached to nearly every piece of health legislation that has passed through Congress. So I'm especially grateful to join you and the Committee here today to talk about the most urgent domestic challenge facing our nation.

Over the years, this committee has shown a welcome and courageous spirit of bipartisanship when addressing difficult social problems. For the good of the nation, you have been willing to put aside partisan gamesmanship and ideological wrangling. That tradition of courage and open-mindedness will be beneficial to all of us as we work toward lasting, substantive health care reform in the months ahead.

Since becoming involved in this effort, I have had a rare opportunity to travel around the country and listen to thousands and thousands of ordinary Americans talk about health care. I have listened to people who live in cities and suburbs and on farms. I have listened to people who are unemployed, self-employed, in blue-collar jobs, in white-collar jobs, and in high-paying corporate positions.

I have read letter after letter from concerned citizens -- and we have received about 700,000 pieces of mail at the White House.

Hearing stories from those who get care and those who give care has convinced me of one thing: Nothing is more important to our nation than ensuring that every American has comprehensive health care benefits that can never be taken away.

When the President laid out his goals for health care reform, he was committed to building on what is right in our current system -- and fixing what is wrong. That principle still guides us today. The President's plan preserves and strengthens the high quality of medical care that is a trademark of our nation -- our unrivaled doctors, nurses, hospitals, and sophisticated technology. His plan also honors every family's desire to choose a doctor and other health care providers.

At the same time, the President is equally intent on fixing what is clearly broken.

Each month, 2 million people lose their health insurance for some period of time. Every day, thousands discover that, despite years of working hard and providing for their families, they are no longer covered. Every hour, hundreds who need care wind up in an emergency room because they have no health insurance.

These are not isolated, individual tragedies. Every person who loses health benefits, every person who is denied heath insurance, is part of a growing national tragedy. A national tragedy that is eating away at our social fabric, reducing our nation's productivity, draining our federal and state budgets, denying hard-working Americans wage increases and threatening our economic and political standing in the world.

Today, almost 40 percent of insurers refuse coverage to people with so-called "pre-existing conditions." Up to 30 percent of employees report that they are afraid to switch jobs for fear they will lose their health insurance.

The harmful effects of rising health care costs on our workforce cannot be overstated.

Imagine what it's like to be told you are the most qualified applicant for a job but you can't be hired because your child has an illness that will drive up the company's health care premiums.

Imagine how frustrating it is to know you can't change jobs or move to a different city because you might lose your health coverage.

Imagine the disillusionment that comes when going on welfare is a better option than staying on the job because it's the only way to get health care for your family.

You on this committee know better than most that our health care system is shortchanging too many American workers.

Today, the average worker pays $7,423 for health care each year. If we don't change our system now, that amount will rise to

$12,386 by the year 2000. And as the average worker's bill for health care goes up, his or her real wages will decrease -- by about $655 a year by the end of the decade. [from CEA]

Today, we are asking American workers to give up the wage increases they deserve -- in return for less health coverage, less health security.

EXAMPLES OF INSURANCE INSECURITY

When I was with you in Massachusetts last spring, Mr. Chairman, we met a man who owns a small, family bowling alley. He had one long-time employee whose son became seriously ill. As a result of the boy's illness, the cost of the business' health insurance premiums went up.

You may remember, Mr. Chairman, how that bowling alley owner -- with tears in his eyes -- described the confounding, inhumane choices he was left with as a small businessman.

He could cut off insurance for his loyal, veteran employee. He could ask the employee to look for another job -- which might not provide coverage anyway given his son's condition. Or he could continue to pay the rising cost of health premiums -- knowing that it might ruin his family' business.

In our current system, nightmares like these have become ordinary, everyday experiences for too many Americans. That's why we must finally ensure that every American citizen has comprehensive health benefits -- benefits that can never be taken away for any reason. Not when you lose a job. Not when you change jobs. Not when you move. Not when someone in your family gets sick.

THE NEED FOR PREVENTIVE AND PRIMARY CARE

Thanks to conversations and meetings I've had with health care professionals, economists and other experts, I have learned a great deal about the technicalities of our health care system in the last eight months. But like most Americans, what I know most about health care I have learned from personal experience.

As a wife and mother, I know we need to change our mindset so that we reward doctors and health care providers for keeping people healthy instead of treating them once they're sick.

We need to do this because it makes sense.

It makes sense to provide a comprehensive benefits package that covers children's vaccinations and well-baby visits -- treatments that keep children healthy -- rather than wait to treat costly illnesses that should have been prevented in the first place.

It makes sense to cover cholesterol screenings for adults -- rather than pay for expensive cardiac surgery after a person develops a heart problem that could have been diagnosed and treated years earlier.

It makes sense to cover prescription drugs for older Americans -- rather than pay for expensive treatments and hospitals stays once an illness develops.

It makes sense to cover regular check-ups for every citizen -- rather than pay for emergency room visits when it's already too late.

WE NEED TO PAY MORE ATTENTION TO WOMEN'S HEALTH

As a woman -- and women make up 51 percent of our population -- I also know we need to find cures and treatments for diseases that primarily afflict women, such as breast cancer, ovarian cancer, osteoporosis, and multiple sclerosis.

For too long, women -- the primary caregivers in our society -- have been relegated to the fringes of medical research and medical care. The leading cause of death among women is coronary disease. But until recently, women were routinely excluded from major coronary clinical trials.

Not only is that unfair to women, it is costly for the nation as a whole.

Osteoporosis alone accounts for as much as $10 billion a year in treatments, hospital care and nursing home stays. Breast cancer has been on the rise steadily for three decades, and we still have found no cure. This year, 46,000 women will die of the disease, and 186,000 will contract it. And that will add up to more than $6 billion a year in medical bills and lost productivity.

And those figures don't begin to count the social and psychological costs when these illnesses interfere with our family lives and our overall happiness and well-being.

CONCLUSION

By ensuring comprehensive benefits to all Americans -- benefits that won't suddenly vanish when a person is laid off, or switches jobs, or comes down with an unexpected illness . . . by emphasizing primary and preventive care that saves money and keeps people healthy . . . and by devoting more attention to the special health problems of women . . . we can control costs and build a healthier, happier nation.

Mr. Chairman, already the President and those of us working on health care reform have benefited enormously from the ideas, suggestions, and expertise of this committee in thinking about health care reform.

I truly hope that in the months ahead we will finally achieve real, lasting health care reform that is long overdue. We look forward to continuing our dialogue and our partnership with you until we reach that goal.

Thank you.

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FIRST LADY HILLARY RODHAM CLINTON
APPEARANCE BEFORE THE HOUSE EDUCATION AND LABOR COMMITTEE
SEPTEMBER 29, 1993

INTRODUCTION

Mr. Chairman, members of the Committee. It's an honor to be here today. In the past few months, this committee has been willing to address some of the nation's most serious social problems. I know the President particularly appreciates your work on the Family and Medical Leave Act and the National Service bill.

In the months ahead, your commitment to confronting the greatest domestic challenge of our day will be critical to our nation's future. After years of stalling and false starts, we now have an historic opportunity to accomplish what our government has never succeeded at before: providing health care for every American citizen -- health care that can never be taken away.

The lack of health security in this country is a story of needless human tragedy. Anxiety and fear about the costs of health care affect millions of Americans -- those with no health insurance, those with inadequate insurance, and those who worry that their benefits will suddenly vanish with the loss of a job, a move to a new city, or a serious illness.

Each month, 2 million people lose their insurance for some period of time. Almost 40 percent of insurers refuse to cover people with so-called pre-existing conditions. Real wages for workers continue to decline as a result of soaring health care costs for businesses.

Over the last eight months, I have had the privilege of traveling around the country listening to Americans talk about our health care system. I've listened to those who get care -- young and old, rich and poor, employed and unemployed. I've listened to those who give care -- doctors, nurses, hospital employes and other health care providers.

What I have heard over and over again -- from Americans from all walks of life, from those who receive care and those who give it -- is that we must do something <u>now</u> about the insurance insecurity that is gripping this country and injecting unnecessary fear into the lives of responsible, productive citizens.

INDIVIDUAL EXAMPLES OF INSURANCE INSECURITY

* Just a few days ago, there was an op-ed piece in The New York Times that spoke volumes about the human and economic costs of our failure to provide comprehensive health benefits to everyone.

The piece was written by a pediatrician [Perri Klass] in Boston who works at a neighborhood health clinic. Recently, a mother had brought in her son with an infected toe. The doctor prescribed antibiotics. But the mother balked. It turned out she had just lost her job -- and with it her health insurance -- and couldn't afford the $23 medication. With shame, she told the doctor she was going on welfare so she would qualify for Medicaid. But she had not yet received her Medicaid card.

The pediatrician wrote in The New York Times:

"It is wrong that I see one child after another without insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. . . . [It is] wrong to have parents weighing the price of the emergency room visit and the chest x-ray their doctor has advised to determine whether their daughter has pneumonia, asking if they can just try the medicine instead and see if she gets better. Wrong that it should always be the honest, conscientious parents who worry most, the ones who want to pay their bills and shoulder their burdens."

In our current system, health care horrors like these are far too common. As the doctor in Boston said, the boy with the infected toe is just one of the "small and constant everyday reminders of the insecurity in which so many people live, raise their children, [and] face the future."

OPTIONS FOR UNIVERSAL COVERAGE AND HEALTH SECURITY FOR ALL

When the President asked me and others to study our health care system, he was committed to a simple principle: that we preserve what is right with our system and fix what is wrong.

To achieve that goal, we explored a number of different options for providing universal coverage -- some of which are used in foreign countries, some in our own states.

* Single payer:

Strengths: Universal coverage, less administrative bureaucracy, and lower cost -- which are incorporated into the President's plan.

Weaknesses: would raise taxes, which we weren't willing to do.

* Individual mandates:

Strengths: Requires individual responsibility, which we applaud.

Weaknesses: Hard to ensure that everyone gets covered. Hard to prevent businesses from dropping coverage. Hard to control costs.

AFTER LENGTHY REVIEW, WE CONCLUDED THAT THE BEST SYSTEM FOR THIS COUNTRY IS AN EMPLOYER-EMPLOYEE PARTNERSHIP -- A UNIQUELY AMERICAN SOLUTION TO AN AMERICAN PROBLEM

An employer-employee partnership is the least disruptive option because we have used this system for 50 years.

Currently, about 58 percent of all Americans are covered through their workplace. [Of the remaining 42 percent: roughly 14 percent are uninsured, 13 percent are on Medicare, 9.5 percent are on Medicaid, and 5 percent are self-insured.]

* It is truly a partnership and will engender greater responsibility on the part of all Americans: Everyone shares the burden of coverage. No one gets a free ride.

* It will help businesses that already provide coverage because they won't be saddled with higher premiums to cover businesses that don't cover their workers.

* It is politically, and substantively, viable.

* We know it can work: Hawaii's experience.

CONCLUSION

The time has come to take a step forward on health care. Until every American has health security, no American is fully secure, and neither is our nation.

No solution will be perfect. But we must agree on reforms that are fair, compassionate, and workable. The President believes that the employer-employee partnership is our best hope

of providing health security for all Americans. He believes it is the best path to economic security for our nation. With your help, we can and will achieve lasting, meaningful reform -- once and for all.

Thank you.

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TALKING POINTS -- DRAFT

INTRODUCTION

Mr. Chairman, members of the Committee. It's an honor to be here today. This committee has shown a welcome and courageous spirit of bipartisanship on many issues, including the President's National Service bill and the Goals 2000 education legislation.

In the months ahead, your willingness to tackle the greatest domestic challenge of our day will be critical to our nation's future. After years of stalling and false starts, we now have an historic opportunity to accomplish what our government has never succeeded at before: providing health care for every American citizen -- health care that can never be taken away.

The lack of health security in this country is a story of needless human tragedy. Anxiety and fear about the costs of health care affect millions of Americans -- those with no health insurance, those with inadequate insurance, and those who worry that their benefits will suddenly vanish with the loss of a job, a move to a new city, or a serious illness.

Each month, 2 million people lose their insurance for some period of time. Every day, thousands discover that, despite years of working hard and providing for their families, they are no longer covered. Every hour, hundreds who need care wind up in an emergency room because they have no access to health insurance.

These are not isolated, indiviudal tragedies. Each time someone loses health benefits, or is denied health insurance, their experience becomes another chapter in a growing national tragedy. A national tragedy that is eating away at our social fabric, reducing our nation's productivity, denying hard-working Americans wage increases, draining our state and local budgets, and threatening our economic and political standing in the world.

Almost 40 percent of insurers refuse to cover people with so-called pre-existing conditions. Up to 30 percent of employees report that they are afraid to switch jobs for fear they will lose their insurance coverage.

As you on this committee know better than most, rising health care costs are hurting American workers. If we do nothing to change the system, a typical working person will pay $12,386 a

year for health care by the year 2000. That's about 25 percent of their total compensation. [from CEA]

Over the last eight months, I have had the privilege of traveling around the country listening to Americans talk about our health care system. I've listened to people who live in cities and suburbs and on farms. I've listened to people who are unemployed, self-employed, in blue-collar jobs, in white collar jobs, and in high-paying corporate positions.

And I've met with those on the front lines of our health care system -- doctors, nurses, and other health providers.

What I have heard over and over again -- from Americans from all walks of life, from those who receive care and those who give it -- is that we must do something now about the insurance insecurity that is gripping this country and injecting unnecessary fear into the lives of responsible, productive citizens.

INDIVIDUAL EXAMPLES OF INSURANCE INSECURITY

* Just a few days ago, there was an op-ed piece in The New York Times that spoke volumes about the human and economic costs of our failure to provide comprehensive health benefits to everyone.

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"It is wrong that I see one child after another without insurance, most of them children of the working poor, the self-employed, the part-time employees hired by large companies anxious to avoid paying benefits. . . . [It is] wrong to have parents weighing the price of the emergency room visit and the chest x-ray their doctor has advised to determine whether their daughter has pneumonia, asking if they can just try the medicine instead and see if she gets better. Wrong that it should always be the honest, conscientious parents who worry most, the ones who want to pay their bills and shoulder their burdens."

This crisis of insecurity also affects employers who want to help their employees but are being priced out of the insurance market.

I met a man last spring who owns a small family bowling alley with one long-time, loyal employee. The employee's son had a serious illness that drove up the cost of health insurance premiums for the business. That left the owner of the bowling alley with three horrible, confounding choices:

1) Cut off insurance for his veteran employee in a time of desperate need.
2) Suggest the employee look for another job -- which probably wouldn't provide coverage anyway, given his son's condition.
3) Continue to pay the increasing cost of premiums, knowing it might ruin his family's business.

In our current system, health care nightmares like these have become ordinary experiences for too many Americans. As the doctor in Boston said, the boy with the infected toe is just one of the "small and constant everyday reminders of the insecurity in which so many people live, raise their children, [and] face the future."

OPTIONS FOR UNIVERSAL COVERAGE AND HEALTH SECURITY FOR ALL

When the President set up the health care task force last winter, he was committed to a simple principle: that we preserve what is right with our system and fix what is wrong.

To achieve that goal, we explored a number of different options for providing universal coverage -- some of which are used in foreign countries, some in our own states.

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SEPTEMBER 29, 1993

DRAFT

INTRODUCTION

Mr. Chairman, Members of the Committee, it is truly a privilege to appear before you today, particularly in such a historic setting. I know that President Kennedy -- when he was a senator -- came to the Senate Caucus Room on January 2nd, 1960 to announce his campaign for the presidency. Eight years later [March 16, 1968], Sen. Robert F. Kennedy followed suit and announced his own presidential candidacy here.

Mr. Chairman, with your unwavering commitment to health care reform -- a commitment that goes back 25 years -- you too have added your own piece of history to this room. So I'm especially grateful to join you and the Committee here today to talk about the most urgent domestic challenge facing our nation.

In the past eight months, I have served as chair of the President's task force on health care reform and of a working group at the White House that studied our health care system. In that capacity, I have had an extraordinary opportunity to travel around the country and listen to thousands and thousands of ordinary Americans talk about health care. I have read letter after letter from concerned citizens -- and we received 700,000 pieces of mail at the White House.

Hearing stories from those who get care and those who give it has convinced me of one thing: Nothing is more important to our nation than ensuring that every American has comprehensive health care benefits that can never be taken away.

Health security for all Americans is a must. And I hope we can all work together to achieve that goal -- a goal, Mr. Chairman, that you have worked towards for many years.

When the President set up the health care task force last winter, he was committed to a simple principle: To preserve what is right with our current system, and fix what is wrong.

Well, there are things that need to be fixed: the lack of security for too many of hard-working citizens. The paperwork and bureaucracy that drown our health care professionals. The soaring costs of health insurance premiums. The fraud and abuse. The free riders who refuse to take responsibility for their own health care.

Mr. Chairman, you and your committee have shown great interest in health care over the years. Already we have benefited from ideas and comments put forward by members of this committee, and we look forward to continuing our dialogue in the months ahead.

In the past eight months, I have become much better versed about these weaknesses in our system. But I would also like to say that, much of what I know about what needs fixing, I could only have learned from personal experience.

As a wife and mother, I know we need to change our mindset about health care in this country so that we emphasize preventive and primary care that keeps people healthy instead of treating them once they're sick.

It doesn't make sense not to cover children's vaccinations or well-baby visits -- treatments that keep children healthy -- and instead to cover serious and costly illnesses that could have been prevented in the first place.

It doesn't make sense not to cover cholesterol screenings -- but instead to cover expensive cardiac surgery when a person develops a heart problem that could have been diagnosed and treated years earlier.

As a woman -- and women make up 51 percent of our population -- I also know we need to find cures and treatments for diseases that primarily afflict women, such as breast cancer, ovarian cancer, osteoporosis, and multiple sclerosis.

For too long, women -- the primary caregivers in our society -- have been relegated to the fringes of medical research and medical care. The leading cause of death among women is coronary disease. But until recently, women were routinely excluded from clinical trials on treatments of heart problems.

Not only is that unfair to women, it is costly for the nation as a whole.

Osteoporosis alone accounts for about $10 billion a year in treatments, hospital care and nursing home stays. Breast cancer has been on the rise steadily for three decades, and we still have found no cure. This year, 46,000 women will die of the disease, and 2 million others will have it. That amounts to xxxxx [checking dollar figure] in costs to our society.

And those figures don't begin to count the social and psychological toll we pay when these illnesses interfere with our jobs, our family lives, our overall happiness and well-being.

By ensuring comprehensive benefits to all Americans -- benefits that won't suddenly vanish when a person is laid off, or switches jobs, or comes down with an unexpected illness . . . by emphasizing primary and preventive care that saves money and keeps people healthy . . . and by devoting more attention to the special health problems of women . . . we can control costs and build a healthier, happier nation.

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THE GOAL OF HEALTH SECURITY FOR ALL

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INDIVIDUAL EXAMPLES OF INSURANCE INSECURITY

* Our current system is based on backward incentives that too often penalize people who behave responsibly, and reward those who don't.

* A few days ago, there was an op-ed piece in The New York Times that spoke volumes about the insurance insecurity that has gripped this country.

The piece was written by a pediatrician [Perri Klass] in Boston who works at a neighborhood health clinic. Recently, a mother had brought in her son with an infected toe. The doctor prescribed antibiotics. But the mother balked. It turned out she had just lost her job -- and with it her health insurance -- and couldn't afford the $23 medication. With shame, she told the doctor she was going on welfare so she would qualify for Medicaid. But she had not yet received her Medicaid card.

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1) Cut off insurance for his veteran employee in a time of desperate need.
2) Suggest the employee look for another job -- which probably wouldn't provide coverage anyway, given his son's condition.
3) Continue to pay the increasing cost of premiums, knowing it might ruin his family's business.

* Insurance insecurity even hits middle class families whose jobs don't provide health insurance.

Story of the mother of six who supported her family on a $50,000-a-year salary. But when her son got ill, she was forced to quit her job and go on welfare because Medicaid was the only coverage she could get for her son's illness.

* In our current system, health care nightmares like these have become ordinary experiences for too many Americans. As the doctor in Boston said, the boy with the infected toe is just one of the "small and constant everyday reminders of the insecurity in which so many people live, raise their children, [and] face the future."

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* The time has come to take a step forward on health care. Until every American has health security, no American is fully secure, and neither is our nation.

* No solution will be perfect. But we must agree on reforms that are fair, compassionate, and workable. The President believes that the employer-employee partnership is our best hope of providing health security for all Americans.

Thank you.

Chris Jennings,

As you requested:

President Kennedy and Robert Kennedy each announced his candidacy for President in the Senate Caucus Room.

J.F.K. -- January 2, 1960

R.F.K. -- March 16, 1968

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 1
To KIM TILLEY	From MARYLOU
Co.	Co. Sen. Kennedy
Dept.	Phone # 224 6065
Fax # 456-2539	Fax # 224-3533

Copy for Steve Ame

TO: Chris Jennings

FROM: David Nexon

DATE: 9/27/93

SUBJECT: SENATE LABOR AND HUMAN RESOURCES COMMITTEE HEARING WITH THE FIRST LADY

Format

As you know, the hearing will be held in the historic Senate Caucus Room, Russell 325, starting at 10:00A.M., and finishing at approximately 12:30 on Wednesday, September 29, 1993.

Senator Kennedy and Senator Kassebaum will both make short opening statements--no more than two to three minutes apiece. Mrs. Clinton will then make her statement.

Beginning with Senator Kennedy and Senator Kassebaum, and alternating between the Democrats and Republicans in order of seniority, each member will have five minutes to ask questions or make a statement. The order is as follows:

Kennedy
Kassebaum (R)
Pell
Jeffords (R)
Metzenbaum
Coats (R)
Dodd
Gregg (R)
Simon
Thurmond (R)
Harkin
Hatch (R)
Bingaman
Durenberger (R)
Wellstone
Wofford

Depending on how the time goes, there may be a second, shorter round of questioning.

SPECIAL REPUBLICAN CONCERNS

Two issues are of particular concern to Republicans on the Committee, and it might make sense for Mrs. Clinton to address them in her opening statement. Senator Kassebaum is very concerned that the alliances will be too big, regulatory, and bureaucratic--more like government agencies than purchasing cooperatives.

In response, the First Lady might focus on a couple of points:

--The alliances will represent the purchasers of health care in an area; **it is the purchasers who will control the alliance, not the Federal government.**

--The alliances resemble the benefits departments of large corporations much more than they do governmental entities. Their job is to negotiate the best deal possible with health plans on behalf of the members of the alliance, to provide information to consumers, to handle enrollment, and to adjudicate complaints.

--Alliances do not regulate health plans. That responsibility is left to state governments, where it is today.

--In fact, alliances are **required** to offer any health plan that is certified by the State government, is willing to fulfill the same contractual obligations as any other insurer offered by the alliance, and will offer a premium consistent with the budget.

--The whole point of the managed competition system is to **put the individual consumer in the driver's seat, not the government and not the health plans.**

The Republicans have a general concern about the impact of the program on small business, as do many of the Democratic members. The general approach of shared responsibility that the President and First Lady have been advocating is a persuasive one. A strong pitch, with

specific examples, of the assistance this plan will provide to small businesses would be very effective.

An additional issue that is of concern to Senator Durenberger--and to some of the Democratic members--is the question of whether a uniform national rate of increase will penalize areas that already have competitive, efficient health systems--like Minnesota. (Other members, like Senator Kennedy, would object to a program not based on historical spending).

Senator Durenberger feels the Medicare program already penalizes such areas in two ways. First, the Medicare payment to HMOs that enroll seniors is unfairly low in such areas. As you know, Medicare pays 95 per cent of the average community rate; since the community rate in Minnesota already factors in savings from managed care, Durenberger feels HMOs are victimized by below-cost reimbursement. Second, Durenberger feels that the national financing of Medicare shifts money from low-cost states to high cost states. Like others, Durenberger has not fully grasped the distinction between a program financed nationally by taxes and a program financed locally by premium-payers.

This issue is sufficiently complicated that I would not address it in an opening statement. If Durenberger raises it, the response might emphasize the following points:

--I want to work with you on the issue of Medicare reimbursement to HMOs;

--the budget is a ceiling, not a floor, and businesses and individuals in the high cost areas will have a strong incentive to hold cost increases below the cap.

--this is an issue the national board will be looking at. We do not have enough data today to separate out higher costs that are due to population characteristics from those that are due to wasteful practice patterns.

LIKELY QUESTION TOPICS AND ISSUES

We will hopefully have a list of the topics that will be covered by at

least the Democratic Senators by tomorrow. At this point, topics that seem likely to come up include:

1. Budget targets/financing. We thought that Senator Kennedy's first question might focus on the Medicare/Medicaid cuts and the realism of the financing, so that Mrs. Clinton has the opportunity to respond right up front.

2. Abortion--likely from Coats or Mikulski.

3. Tax cap--a Durenberger favorite. The response that the equal employer contribution serves the same purpose would be effective.

4. Long term care--Mikulski

5. Primary care emphasis--Wofford

6. Senator Pell--longevity, prevention.

7. Biomedical research--Harkin

8. Jeffords--State flexibility

9. Wellstone--Co-payments, deductibles, lack of subsidy beyond the average premium; also mental health.

10. Bingaman--rural health, small business, health education, enforceable budget cap.

11. Dodd--insurance and pharmaceutical industry concerns

12. Metzenbaum--Consumer protection

13. Coats--Medical savings accounts

14. Hatch--dietary supplements, enterprise liability, budgets are tantamount to price controls and rationing

THE WHITE HOUSE

WASHINGTON

Amy

- Overall briefing for TUESDAY

AMANDA / ?

- Reformat Cong. Profiles

WED

1. ED & LABOR Member
   Profee
   • Jack

2. L & HR
   • Chris / Steve E.

3. Opening Statements
   • LBDA

4. Sequence / History
   • KT Ha Letter Summaries

5. Donors. Reception Amanda
   Laura King

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POSSIBLE INSERT FOR OPENING REMARKS RE ORGANIZATIONAL SUPPORT

In just one week, we have already seen an extraordinarily encouraging response to the President's health care plan. Last week, at the White House, we had a large support rally including representatives of 275 consumers, large and small business, labor, health care providers, and deans of medical colleges. Today we have more than 330 organizations and prominent individuals who have expressed their support for the President's six principles and the overall direction of the health plan.

Mr. Chairman, I would like to ask your permission to place a list of these organizations in the hearing record.

(OPTIONAL -- Organizations Mike Lux has highlighted the following organizations to be mentioned if you desire to give a range of familiar names to the Committee):

AFL-CIO
National Education Assocition
AARP
National Council of Senior Citizens
National Council on Aging
Citizen Action
Consumers Union
Consumer Federation of America
Six leading veterans organizations

GROUPS, BUSINESSES AND PROMINENT INDIVIDUALS THAT ARE SUPPORTING THE ADMINISTRATION'S OVERALL DIRECTION AND SIX PRINCIPLES FOR HEALTH REFORM

The ADS Group; Alan Solomont, President
AFL-CIO
Aging 2000
AIDS Action Council
Airline Suppliers Association
Alliance for Health Reform
Alzheimer's Association
Amalgamated Clothing and Textile Workers Union
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physicians Assistants
American Association of Children's Residential Centers
American Association of Homes for the Aging
American Association for Marriage and Family Therapy
American Association for Partial Hospitalization
American Association for Retired Persons
American Association of Nurse Anesthetists
American Association of Pastoral Counselors
American Association of Physicians from India
American Association of Preferred Provider Organizations
American Association of University Women
American Cancer Association
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American Council of the Blind
American Counseling Association
American Dental Association
American Ex-POWs
American Federation of Government Employees
American Federation of State, County and Municipal Employees
American Federation of Teachers
American Federation of the Blind
American Forest and Paper Association
American Gold Star Mothers
American Group Practice Association
American Health Care Association
American Heart Association
American Hospital Association
American Iron and Steel Institute

American Jewish Committee
American Jewish Congress
American Legion
American Lung Association
American Managed Care Review Association
American Medical Association
American Nurses Association
American Occupational Therapy Association
American Physical Therapy Association
American Postal Workers Union
American Psychiatric Association
American Public Health Association
American Society of Internal Medicine
American Speech-Language-Hearing Association
Amtrak; W. Graham Claytor, Jr., President and Chairman of the Board
AMVETS
Anti-Defamation League
Anxiety Disorders Association of America
The ARC
Asian American Health Forum
ASPIRA Association
Association of Academic Health Centers
Association of American Medical Colleges
Association of Schools of Public Health
Autumn Harp; Kevin Harper, CEO
B'nai B'rith International
Bakery, Confectionery & Tobacco Workers International Union
Baltimore Minority Business Development Center
Bario & Associates
Baumgarten's Print Shop, Washington D.C.
Bazelon Center for Mental Health Law
Ben & Jerry's - Old Town/Adam's Morgan
Beth Israel Hospital; Mitchell Rabkin, MD, President
Bethlehem Steele Corporation; Curtis "Hank" Barnette, Chairman and CEO
Black Women's Agenda
Blinded Veterans Association
Blue Cross Blue Shield Association
Blue Cross Blue Shield of Iowa
Blue Cross Blue Shield of Western Pennsylvania
Boston University Medical Hospital
Brandeis University; Dr. Samuel Thier, President
Thomas Berry Brazelton, MD; Professor of Pediatrics Emeritus at Harvard Medical School and Children's Hospital
Brigham and Women's Hospital
Building and Construction Trades Department
Business and Professional Women

Businesses for Social Responsibility
Robert Butler, MD; Chairman of Gerontology at Mt. Sinai Hospital Medical School
Bynex Corporation, Pennsylvania
California Health Care Institute
Campaign for Women's Health
Catholic Charities USA
Catholic Health Association
Catholic War Veterans
Center on Policy Alternatives
Charles R Drew University of Medicine and Science; Reed Tuckson, MD, President
Children's Defense Fund
Children's Health Fund
Columbia School of Public Health; Allan Rosenfield, Dean
Chrysler Corporation; Robert Eaton, Chairman and CEO
Church Women United
Circuit City Stores Inc.; Alan Wurtzel, Chairman of the Board
Citizen Action
Coalition for Consumer Protection and Quality in Health Care Reform
Communications Workers of America
Community Retail Pharmacy Coalition
Consortium for Citizens with Disabilities
Consultech Communications, Inc.
Consumer Federation of America
Consumer Power Corporation
Consumers Union
Continental Health Affiliates
Louis Cooper, MD; Director of Pediatrics at St. Luke's Roosevelt Hospital Center
Council of Jewish Federations
Dartmouth Medical Center; Jack Wennberg, M.D., Director of Center for the Evaluative Clinical Sciences
John Delfs, MD; Director of Geriatric Medicine and ElderCare Program at New England Deconess Hospital
Diario Los Americas
Disabled American Veterans
Diversified Management, California
The Drummond Company; Gary Drummond, Chairman and CEO
Duke University School of Medicine; Dr. Ralph Snyderman, Chancellor for Health Affairs
EER Systems Corp., Virginia
Earl Graves Publishing; Earl Graves, CEO
Ecoprint
Ecumenical Ministries of Oregon
Electronic Data Systems; Alice Lusk, Corporate Vice President
Enron Corp; Terry Thorn, Senior Vice President
Epilepsy Foundation of America
Exclusive Temporaries of Virginia, Incorporated
Families USA

Family Services America, Inc.
Federation of Families for Children's Mental Health
Federation of Professional Athletes
Fidelity Investments; Peter Lynch, Vice Chairman
Fleet Reserve Association
Food 4 Less Supermarkets; Ronald Burkle, Chairman and CEO
Ford Motor Company; Harold Poling, Chairman and CEO
Fourth Presbyterian Church
Frieda's Inc., California
Gaylord's Originals
The Gerontological Society of America
GI Forum
Giant Food, Incorporated; Peter Manos, CEO
Glass, Pottery, Plastics & Allied Workers International Union
Gold Star Wives
Graphic Communications International Union
Grayboyes Commercial Window, Pennsylvania
Greenbrier Development Corporation
Grimes Oil
Group Health Cooperative of Puget Sound; Phil Nudelman, President and CEO
Gulf Atlantic Life, New York
Harvard School of Medicine; Daniel Tosteson, MD; Dean
Harvard School of Public Health; Harvey V. Fineberg, MD, Dean
Harvard Community Health of Rhode Island
Health Care Reform Project
Health Insurance Plan of Greater New York HMO
Hechinger Company; John Hechinger, Sr., Chairman of the Board
Hispanic Association of Colleges and Universities
Hispanic Council on Aging
Homeland Ministries
Hotel and Restaurant Employees International Union
Hubbard & Revo-Cohen, Inc., Virginia
Human Rights Campaign Fund
I Care of Arkansas Medical Center
Institute for Health Policy Solutions
Institute of Medicine
Interfaith IMPACT
International Association of Machinists and Aerospace Workers
International Association of Psychosocial Rehabilitation Services
International Brotherhood of Electrical Workers
International Brotherhood of Teamsters
International Lady Garment Workers Union
Interreligious Health Care Access Campaign
International Union of Bricklayers and Allied Craftsmen
International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers
International Union of Operating Engineers

Invacare; Mal Mixon, Chairman of the Board, President and CEO
JMH Realty Concepts, Inc., Pennsylvania
James River Corporation; Robert Williams, Chairman and CEO
Jewish War Veterans
John A. Clark Company
John Alden Insurance Company; Bill Mauk, CEO
Johns Hopkins Health System, Johns Hopkins University; James Block, MD, President and CEO
Johns Hopkins University School of Medicine; Michael M.E. Johns,MD; Vice President for Medicine and Dean of the Medical Faculty
Joint Center on Political and Economic Studies
Julander Energy Co.; Fred Julander, President
Kell Enterprises, Inc., New York
Kemrodco Development & Construction Co., Inc., Pennsylvania
Keystone Outdoor Advertising Co., Pennsylvania
Kirson Medical Equipment
Kohn, Wast, Graf, P.C., Pennsylvania
C. Everett Koop, MD; Former Surgeon General
Laborers International Union of North America
Leadership Conference on Civil Rights
League of Women Voters
Legion of Valor
Lisboa Associates; Elizabeth Lisboa-Farrow, CEO
Long Term Care Campaign
Louisiana State University Medical Center; Perry G. Rigby, MD, Chancellor
Malibu Family Medical Center
Marine Corps League
Massachusetts Federation of Nursing Homes
Massachusetts General Hospital
Massachusetts Assistive Technology Partnership Center
Meharry College School of Medicine; Henry W. Foster, MD, Dean of the School of Medicine and President of Health Services
Memorial Sloan-Kettering Cancer Center; Paul Marks, MD, President and CEO
Mental Health Policy Resource Center
MEVATEC Corporation, Alabama
Mexican American Legal Defense and Education Fund
Mexican American Women's National Association
Midwest/Northeast Voter Registration Project
Military Order of the Purple Heart
National Abortion Rights Action League
National Association of Chain Drug Stores
National Association of Children's Hospitals and Related Institutions
National Association of the Deaf
National Association of Hispanic Publications
National Association for Home Care
National Association of Letter Carriers

National Association of People With AIDS
National Association of Public Hospitals
National Association of Retail Druggists
National Association of Social Workers
National Association of State Directors of Developmental Disabilities Services
National Association of State Mental Health Program Directors
National Association of State Units on Aging
National Black Nurses Association
National Black Women's Health Project
National Caucus and Center on the Black Aged
National Council of Community Mental Healthcare Centers
National Conference on Soviet Jewry
National Consumers League
National Council of Negro Women, Inc.
National Council of Senior Citizens
National Council of the Churches of Christ in the USA
National Council on Independent Living
National Council of Jewish Women
National Council on the Aging
National Easter Seal Society
National Education Association
National Farmers Union
National Federation of Black Women Business Owners
National Gay and Lesbian Task Force
National Health Policy Council
National Hispanic Council on Aging
National Hospice Organization
National Jewish Community Relations Advisory Council
National Jewish Democratic Council
National Leadership Coalition for Health Care Reform
National Medical Association
National Minority AIDS Council
National Organization for Rare Diseases
National Organization on Disability
National Medical Association
National Mental Health Consumer Self Help Clearing House
National Puerto Rican Coalition
National Urban League
National Women's Health Network
National Women's Law Center
Neighbor-Care Pharmacies, Maryland
The New Hampshire Health Care Coalition
Northwestern Memorial Hospital
Older Women's League
Omni Cable, Pennsylvania
Palarco Inc., Pennsylvania

Paralyzed Veterans of America
Parkland Memorial Hospital; Ron Anderson, MD, President and CEO
Perman Asset Mangement, Illinois
Planned Parenthood Federation of America
Polish Legion of American Veterans USA
President's Committee on Employment of People with Disabilities
Prospect Associates, Maryland
Purdue University; Steven Beering, MD, President
Ralph's Grocery Store; George Allumbaugh, Chairman and CEO
Religious Action Center
Research Management Consultants, Inc., Virginia
Retail, Wholesale and Department Store Workers
Retired Enlisted Association
Rhodes Enterprise, Louisiana
Rite Aid; Alex Grass, Chairman and CEO
Rittenhouse Management, Pennsylvania
Santa Fe Cafe, Virginia
Save Our Security
Scripps Clinic & Research Foundation; Dr. Charles Edwards, President
Seafarers International Union of North America
Service Employees International Union
Soapbox Trading Company and the Mills Group; Helen Mills, CEO
Soft-Sheen Products; Edward Gardner, Chairman of the Board and CEO
Spanish Broadcasting System, New York
Stanford University Medical Center; David Korn, MD, Vice President and Dean
State University of New York at Stoneybrook School of Medicine; Jordan Cohen, MD, Dean
Struever Associates, Maryland
S.W. Morris & Company
Louis Sullivan, MD; Former Secretary of Health and Human Services
Systems, Maintenance and Technology, Maryland
Tangent Corporation
TEI Industries
United Association of Plumbing & Pipe Fitting Industry
United Automobile, Aerospace & Agricultural Implement Workers of America International Union
United Brotherhood of Carpenters and Joiners of America
United Church of Christ
United Food & Commercial Workers International Union
United Mine Workers of America
United Paperworkers International Union
United Seniors Health Cooperative
United States Students Association
United Steelworkers of America
The University Hospital
The University of California; Cornelius Hopper, MD, Vice President of Health Services
The University of Chicago Hospitals

University of Florida J. Hillis Miller Health Center; David R. Challoner, MD, Vice President for Health Affairs
University of Kansas; David K. Clawson, MD, Executive Vice Chancellor
University of Medicine and Dentistry of New Jersey; Stanley Bergen, MD, President
University of Missouri - Kansas School of Medicine; James Mongan, MD, Dean
University of Notre Dame, Reverend Theodore Hesbergh, C.S.C., President Emeritus
University of Pennsylvania School of Medicine; William Kelley, MD, Dean
University of Tennessee Medical Center at Knoxville
University of Washington School of Medicine; Philip Fialkow, Vice President for Medical Affairs and Dean
U.S. Assist
Vermont Teddy Bear Company
Veterans of Foreign Wars of the United States
Vietnam Veterans of America
VITAS Healthcare Corporation
Watts Health Foundation
White Dog Cafe
Women's Health Research
Women's Legal Defense Fund