Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	From: Megan Moloney, To: Liz, Re: Info on Lincoln Center, Floor Plan (1 page)	2/17/94	b(7)(E)
002. list	Great Plains' Summitt - Citizen Participants [partial] (2 pages)	2/15/94	b(6)
003. list	Profiles of Discussion Participants [partial] (3 pages)	nd	b(6)
004. schedule	Schedule for Hillary Rodham Clinton, Draft #5 [partial] (3 pages)	2/18/94	b(7)(E)
005. schedule	Schedule for Hillary Rodham Clinton, Draft #6 [partial] (4 pages)	2/18/94	b(7)(E)
006. list	Citizen Participants [partial] (2 pages)	2/15/94	b(6)
007. schedule	Schedule for Hillary Rodham Clinton, Draft #2 [partial] (1 page)	2/18/94	b(7)(E)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

2014-0483-S
sb393

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FILE

Memorandum

TO: Chris Jennings

FROM: Mike Brogioli, Senator Daschle's office

RE: **Great Plains Summit on Rural Health Care**

DATE: January 20, 1994

I. Format of the summit

The Great Plains Summit on Rural Health Care is scheduled to be held near Sioux Falls, SD on February 18 at Lennox High School (approximately 30 minutes from the Sioux Falls airport in a rural farming community). As in Boston, citizen participants and members of Congress will be invited to join Mrs. Clinton to engage in dialogue on the need for reform and the various proposed solutions. *The focus in Sioux Falls will be on rural health concerns.* Members of Congress, citizen-participants and audience members will come from South Dakota, North Dakota, Iowa, Nebraska and Minnesota. We anticipate an audience of approximately 1,500.

Suggested format for Great Plains Summit:

- Roundtable discussion structured around rural health care issues--an opportunity to tell Mrs. Clinton about the unique health care problems of rural America (i.e. scarcity of providers, inadequacy of health insurance, problems small businesses face, distances from sources of care, etc.)

- Members of Congress will participate alongside citizen-participants; long-winded speeches will be discouraged.

- Mrs. Clinton will be asked to give *brief* (10 minutes max.) opening remarks and engage in discussion with members and citizens over the course of the two hour summit.

II. Citizen-participants

At a January 10 meeting of the region's congressional health staffers, we agreed that each office would contribute a short list (4-6 names) of citizens who should be considered for inclusion at the summit table. These citizen-participants will come from different walks of life and will play a central role in the discussion on February 18.

The following categories are under consideration:

- Small business people (employers and employees)
- Providers (hospital/clinic administrators, doctors, nurses, physician-assistants etc.)
- Farmers/Ranchers

- Students
- Homemakers
- Senior citizens
- Disabled/chronically ill people
- Native Americans, other minorities
- Small town government leaders (i.e. town councilors, school board members)
- Insurance reps (small company agents/large companies)
- Veterans
- Migrants/cyclically employed

III. Breakout Sessions

As in Boston, we would like to hold several breakout sessions following the roundtable discussion. These sessions will be similar to the workshops conducted during "Health Care University" and will give general audience participants as well as members of Congress and citizen-participants a chance to voice their concerns and learn more about reform.

Ken Rynne at the DPC is coordinating this effort. If you have suggestions for breakout topics, please contact Ken at 224-3232.

IV. Pre or Post Summit Events with Mrs. Clinton

As you can imagine, we are getting plenty of requests from South Dakotans for Mrs. Clinton to visit clinics, hospitals, nursing homes, etc. We would love it if Mrs. Clinton could make at least one site visit with Senator Daschle, perhaps to a health care clinic in Lennox. **Please let me know if this is possible, and if she would like to make a visit either *before* or *after* the summit.**

Another idea that has been raised is to have Mrs. Clinton visit the school's auditorium immediately following the summit to greet students and take a few questions (they would watch the summit on closed-circuit TV).

V. Next Steps

We should meet sometime next week to discuss plans for the summit. Also, as you suggested, we should schedule a meeting with congressional staff representing the five-state region. Please let me know what time/dates look good for these meetings.

I know that it is not possible for the White House to give a 100% firm commitment that Mrs. Clinton will attend on February 18, but unless I hear otherwise, it is my understanding that we can *announce* her plans to attend on the 18th. You indicated that she would probably fly to Sioux Falls that morning to attend an early afternoon event. Is this still the case? We need to firm this up right away in order to print invitations, alert the media, etc. Please let me know as soon as possible. Thanks!

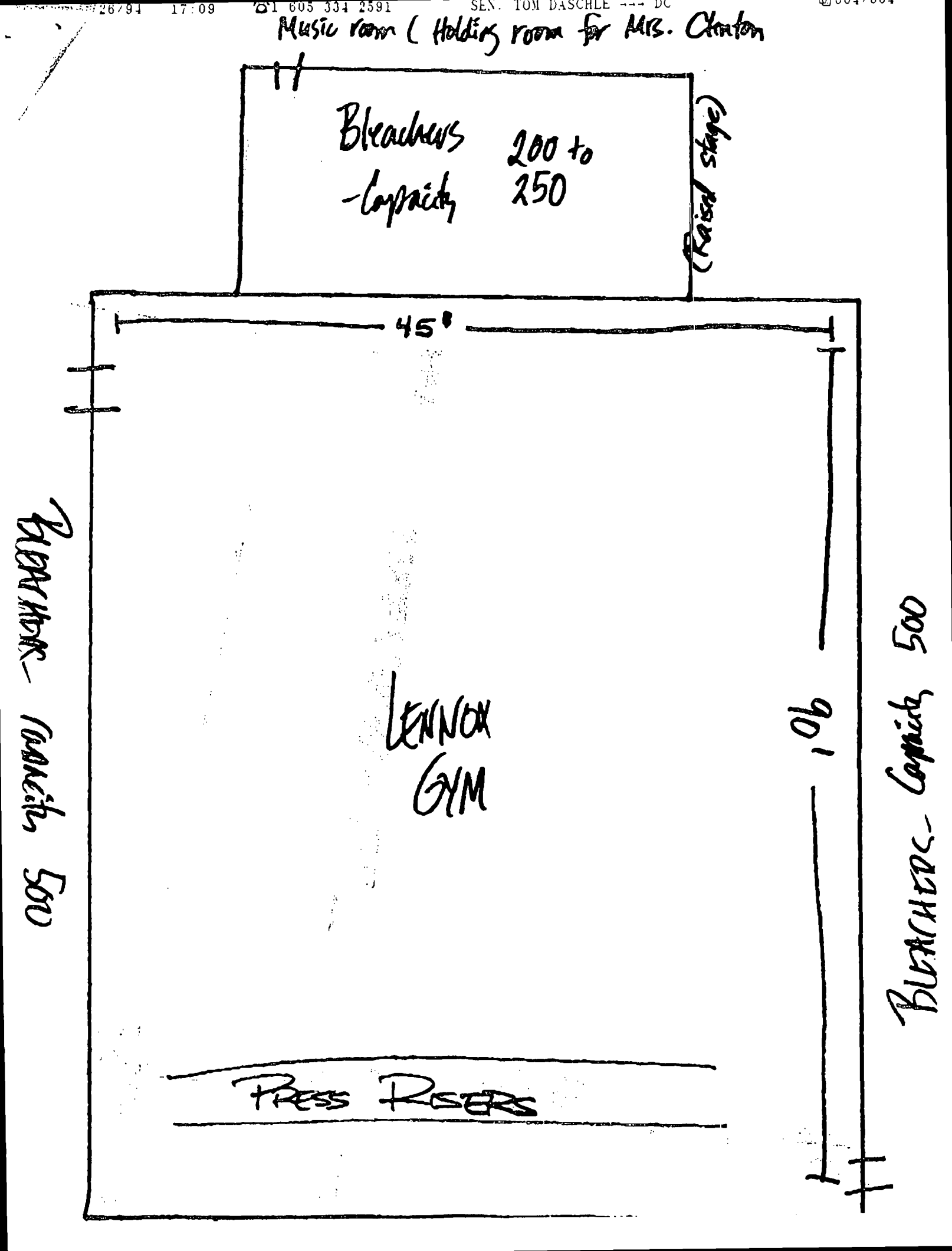
To: Mike B., et al
Fr: Erp
RE: Floor plans

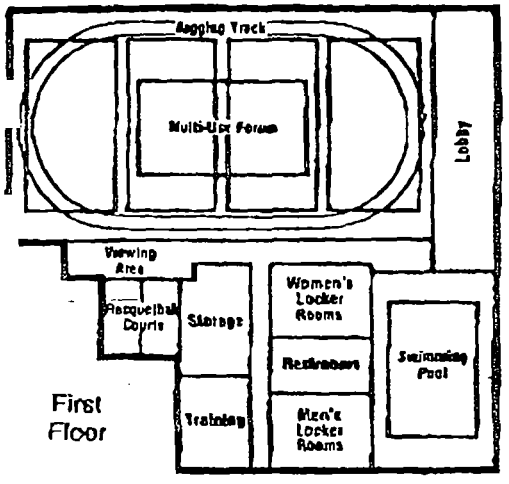
Here are the floor plans for the two different sites: Lennox High gym and Augustana College's Elmen Center.

The Elmen Center has three full-sized basketball courts and bleacher seating for 3,700. The floor plans show two viewing areas and two large classrooms. We would easily be able to accomodate the break-out sessions and a working press area.

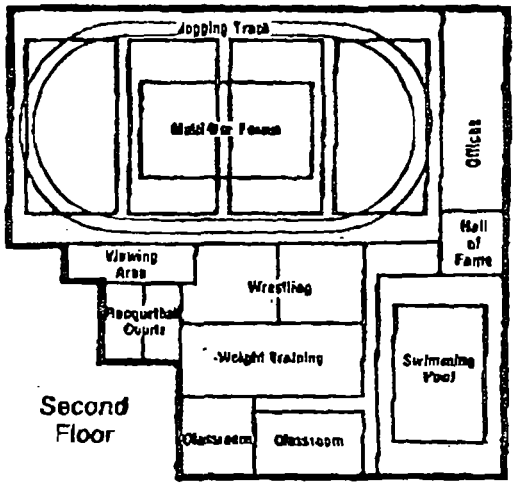
The Lennox gym is roughly one-third the size, with less than one-third of the bleacher seating.

I hope this gives you an idea of the layout and differences between the two sites. Give me a call if you have any questions.


Music room (Holding room for Mrs. Clinton
Bleachers
-Capacity
200 to
250
(Raised stage)
45'
LENNON
GYM
106
BLEACHERS- Capacity 500
BLEACHERS- Capacity 500
PRESS RISERS



A complete HPER facility



› Team advantage when the Elmen Center will provide a mulli-purpose ɔition and recreation. It will include a r of William P. and Irene Hall, with sea-

There will be a running track; swimming pool; a multi-purpose exercise room for wrestling and dance; racquetball courts; practice and competition courts for basketball, volleyball, and tennis; weight room; training room; classrooms; kitchen; conference room; offices and more.

THE WHITE HOUSE

WASHINGTON

MEMORANDUM TO FIRST LADY HILLARY RODHAM CLINTON

FROM: **John Hart**

DATE: **February 18, 1994**

SUBJECT: **South Dakota and the Health Security Act**

I. Summary and Background

South Dakota is behind most states in respect to health reform legislation. With over half of the state rural, South Dakota is one of the least densely populated states in the nation, with 28% of the population underserved. Consequently, South Dakota's reform initiatives have focused on rural health care and financing and delivery reform.

Governor George Michelson, a Republican, was one of the few governors designated by the National Governor's Association to represent the government on the Health Care Task Force. He was a strong advocate for rural health care concerns. He was killed in a plane crash in April 1993. Governor Walter Miller, also a Republican, replaced Governor Michelson.

II. Health Care Reform Efforts

Reforms underway in South Dakota are similar to the goals of the Health Security Act. Increasing access to care in rural areas and improving rural health care infrastructure will be bolstered by increased funding under the Health Security Act. The Health Security Act develops strategies for delivering and financing health care in rural areas that will benefit South Dakota.

The legislature considered a bill to reform how insurance can be sold to individuals and employer groups, but the bill that was passed was a much weaker than the one Governor Walter Miller had proposed, and he vetoed it.

The legislature did approve a resolution to support an existing health care commission, created in 1992, and called on it and other state agencies to study managed competition among other strategies, systematically implement national health reform measures as they are instituted and initiate state-based measures to fill the gaps and impose reforms on areas within its jurisdiction.

Reforms already underway include the formation of integrated rural health care delivery systems, a consumer education program to promote healthy lifestyles and cost conscious health purchases, a centralized data system, and changes in Medicaid and state employee health insurance programs. An interagency workgroup with an advisory commission that includes legislators, consumers, business, providers, and insurers supports these activities.

Regulation of small group insurance includes guaranteed renewal and rating bands that limit the difference between the lowest and the highest premium rates charged to different groups of employers with different risk characteristics.

Rural Health Care Reform, Effective July 1, 1992
During the 1992, $250,000 was provided to improve rural emergency medical services -- ambulances, emergency medical equipment, and emergency communication equipment.

Municipalities and counties are authorized to guarantee bonds issued to private nonprofit hospitals for the purpose of raising money to help finance physical improvements and equipment in facilities. The law is intended to help rural hospitals especially. South Dakota is the first state in the nation to implement this approach.

III. Demographics

703,000 -- Total Population 1991
13.3% -- Population Below Poverty 1990
50.0% -- Rural Population 1990
7.3% -- Native American 1993

Health Insurance Coverage
10.2% -- Covered by Medicaid
16.5% -- Covered by Medicare
78.2% -- Covered by Private Payers
9.9% -- Uninsured

Medicaid
64,000 -- Recipients in 1992
$231,000,000 -- Medicaid Payments 1992
$3,597 -- Medicaid Payments per Recipients 1992
23.6% -- Medicaid Expenditures as a Percent of State Budget
70.27% -- FMAP FY1993

Managed Care
1 -- HMO in 1992
2.9% -- Population enrolled in HMO in 1992
0 -- Operational PPO in 1990

Hospitals, 1991
64 -- Total in the State
6 -- PHS Indian Hospitals
1 -- Psychiatric Hospital
3 -- VA Hospitals
1 -- Hospital at Ellsworth Air Force Base

February 17, 1994

OFFICIAL PHOTOS WITH SUMMIT CO-SPONSORS

DATE: **Friday, February 18**
TIME: **11:45 am**
LOCATION: **Lennox High School**
FROM: **Liz Bowyer, Angela Buchanan**

I PURPOSE

To take official photos with the co-sponsors of the Great Plains Summit on Rural Health Care.

II BACKGROUND

The co-sponors of the Summit are:

The Argus Leader, the Sioux Falls paper and the largest paper in South Dakota
KSFY-TV, an ABC affiliate
Non-profit

III PARTICIPANTS

HRC

IV SEQUENCE OF EVENTS

- HRC arrive in the holding room.
- HRC takes photos with sponsors
- HRC proceeds to Forum with Senator Daschle

V PRESS PLAN

Closed Press

VI REMARKS

Informal

SPECIAL

The Greater Marshfield Community Health Plan—A Community Experiment

RUSSELL F. LEWIS, MD
Marshfield, Wisconsin

ON MARCH 1, 1971, the first group of participants started receiving health care under the Greater Marshfield Community Health Plan (GMCHP), a prepaid medical care program jointly sponsored by the Marshfield Clinic, St. Joseph's Hospital, and Wisconsin Blue Cross and Surgical Care Blue Shield of Milwaukee. Approximately one year of negotiation went into preparation of the plan.

Our initial interest was stimulated by a strong belief that public opinion was forcing the federal government to establish new pathways for accessibility of care and to attempt control of the increasing cost of medical care. We believed that most prepaid programs, health maintenance organizations, and other proposed solutions did not meet what the American public is demanding, namely, total comprehensive health care at reasonable cost to every citizen regardless of income, geographic location, or state of health.

Committee, to do something positive to meet health care problems. Mr. Laird contended that public pressure was so great that Congress would be compelled to enact sweeping health reform measures, probably by 1972 but certainly no later than 1975. He and we were concerned that background information being utilized in Washington had been accumulated primarily from the Kaiser, HIP, and other plans, the only sources of adequate statistical data. However, we felt that these groups were selective and not representative of the population area they served. This and other factors caused us to question whether the statistics were meaningful in our context.

Our interest led to meetings with two Wisconsin companies in our area, Employers Mutual Insurance Company of Wausau and Sentry Insurance Company of Stevens Point, to discuss proposals that would provide the entire population of our area with an acceptable comprehensive plan. Later, Wisconsin Physicians Service (WPS Blue Shield) joined the discussions. Originally we involved the physicians from Marshfield, Wisconsin Rapids, Stevens Point, and Wausau. After a series of meetings and a trip to Washington, the Department of Health, Education, and Welfare suggested a survey in our area, and the Comprehensive Health Planning group was selected. Meanwhile, the Office of Economic Opportunity (OEO) asked to be involved in the survey. This was cleared with Washington and, in the summer of 1968, OEO canvassed households in five

M E M O R A N D U M

TO: LIZ BOYER

FROM: MARSHA BENEDETTO

DATE: 2/17/94

RE: CONGRESSMAN DAVE OBEY'S BETTER WAY CLUB

THE BETTER WAY CLUB WAS ESTABLISHED 20 YEARS AGO BY THE CITIZENS FOR DAVE OBEY COMMITTEE TO BE THE CHIEF FUNDRAISING ARM OF HIS CAMPAIGNS. IT IS THE PRINCIPAL METHOD TO BRING SMALL CONTRIBUTORS INTO THE CAMPAIGN.

THE BETTER WAY CLUB BRINGS SPEAKERS TO THE 7TH CONGRESSIONAL DISTRICT TWICE A YEAR. AFTER SHORT INTRODUCTORY STATEMENTS BY OBEY AND HIS GUEST, THEY ANSWER QUESTIONS FOR AN HOUR. AFTER THE PROGRAM, PEOPLE ARE ABLE TO SHAKE HANDS WITH THE GUEST.

PAST GUESTS HAVE INCLUDED JIMMY CARTER WHEN HE WAS PRESIDENT, HARRY BELEFONTE (THE PERFORMER), CONG. DAVID BONIOR, SEN. GEORGE MITCHELL, CONG. DICK GEBHARDT, FORMER SENATOR GAYLORD NELSON, SECRETARY MADELINE ALBRIGHT, CONG. NANCY PELOSI, AND IN APRIL OF 1993 SECRETARY DONNA SHALALA.

THIS TIME WE ARE HAVING A PRIVATE RECEPTION AT THE WAUSAU CLUB (A PRIVATE CLUB). WE EXPECT 450 PEOPLE TO BE THERE, WE HAVE THE BALLROOM RESERVED WHICH HOLDS 500. THE RECEPTION WILL BE FROM 7:30 PM - 8:15 PM. PEOPLE PAID $100 EACH FOR THE RECEPTION. (THIS IS A HIGH AMOUNT FOR CENTRAL WISCONSIN!!!)

THE MAIN BETTER WAY CLUB EVENT IS AT THE GRAND THEATER, OUR RENOVATED "OPERA HOUSE," ONE BLOCK FROM THE WAUSAU CLUB. IT HOLDS 1200, 800 ON THE MAIN FLOOR. PEOPLE PAID $60 EACH FOR THE GRAND THEATER SEATS.

February 17, 1994

TOUR OF THE LENNOX AREA MEDICAL CENTER

DATE: Friday, February 18
TIME: 10:30 am
LOCATION: Lennox, SD
FROM: Liz Bowyer, Angela Buchanan

I. PURPOSE

To tour the Lennox Medical Center with Senator Daschle, and have a brief discussion on providing rural care with the staff of .

II. BACKGROUND

The Lennox Area Medical Center is a rural, store front clinic that provides basic primary care for the residents of Lennox and the surrounding area. It is typical of the primary health care facilities that serve this area. There is no hospital in this area? closest one is 20 miles away in Sioux Falls.

The Center is staffed by a 2 part-time nurses, a physician's assistant and a one-day-a-week doctor.

The Clinic Director, Dr. Larry Sittner will lead you and Senator Daschle on a tour of the waiting room, patients' rooms, and clinical rooms of the Center. Will she see anything else?

The Center opened in 1977, and until 1982 was owned and operated by the non-profit Lennox Area Development Corporation, entitling it to federal rural health clinic grant funds. Dr. Larry Sittner purchased the Center in 1982 and

Why did Daschle pick this?

Who are the patients? Profile?

The majority of patients they see is , young families

Dr. Sittner may have questions regarding the effect of health care reform on small rural clinics like this one, and on family practice physicians, physicians' assistants and nurse practioners.

tant first step in addressing these problems. Letting children pray will help reduce violence in our society more than any gun control or antipoverty program could ever do.

Mr. President, I ask unanimous consent that I be added as a cosponsor to Senator HELMS' amendment.

The PRESIDING OFFICER. The Senator from Nebraska is recognized.

GOALS 2000

Mr. KERREY. Mr. President, I would like to respond and will respond to the Republican leader and to the distinguished Senator from New Mexico, but before I do, I will just indicate that I do intend, after a considerable amount of deliberation on the subject, to vote for the Goals 2000 proposal of the President. I have some significant reservations but I spoke to a number of the cosponsors of the legislation and I spoke with Secretary Riley.

Mr. President, I ask unanimous consent to print a letter in the RECORD from the Governor of the State of Nebraska in support of Goals 2000.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

STATE OF NEBRASKA,
EXECUTIVE SUITE,
Lincoln, NE, January 8, 1994.

Hon. J. ROBERT KERREY,
U.S. Senate, Hart Office Building, Washington, DC.

DEAR BOB: The reservations you shared with me recently concerning S. 1150, the *Goals 2000/Educate America Act*, prompted me to double-check the substance and trust of this major piece of legislation.

The language clearly states that nothing in the legislation can be interpreted by "any federal official to mandate, direct, or control the curriculum or program of a state, local education agency [school district], or school, or the allocation of State and local resources." It also provides financial support for systemic school reform, a new form of assistance that has been missing from the federal array of narrow and mostly top-down categorical federal education programs. Furthermore, the act provides for waivers from existing federal regulations if such waivers are needed for advancing local reform efforts. Finally, it assigns coordination and oversight responsibilities for national policy to an intergovernmental body dominated by elected state officials (the National Education Goals Panel, which I had the privilege of chairing) and an independent standards certification body (the National Standards and Improvement Council), *not* to the federal executive or legislative bureaucracies.

We Governors are champions of America's unique system of locally-governed public schools. We have worked hard every step of the way to ensure that this legislation provides an energetic and yet appropriate national and federal framework to support state and local education improvement efforts. Given the size and scope of the educational challenge facing the U.S. in this fast-paced and tension-filled global economy, and given the fact that states and schools in Nebraska and across this great nation are already actively engaged in significant reform, it is incumbent on the nation as a whole to join in the process of challenging and assisting all young learners to higher levels of achievement.

In striking new postures for this nation and its federal government, the Educate America act clearly raises questions about the balance between local control and initiative, on the one hand, and federal powers on the other. Governors from both parties have concluded that this legislation, while not perfect, is appropriate and workable. We are committed to overseeing its implementation and will be quick to call for corrective action if such proves necessary. I welcome your support and assistance in establishing this new national thrust and in furthering an effective partnership at all levels to make all young Americans world-class learners.

Sincerely,

E. BENJAMIN NELSON,
Governor.

Mr. KERREY. Mr. President, all the concerns that I had for a heavy-handed approach from the Federal Government have been resolved, I must say. I appreciate very much the Labor Committee's hard work on this, and the administration's hard work on this. I remain concerned about some of the aspects of the legislation but, in general, it seems to me it does provide a very good framework for us to reform education from the ground up.

I make it clear, Mr. President, those who, like myself and others, the distinguished Senator from Massachusetts, have pushed this legislation because it requires we set higher standards, make it clear that we as individuals, as parents in particular, but we as individuals, as citizens, are going to have to work harder. Our standards will not be achieved simply as a consequence of enactment of legislation. After discussing this with the sponsors and with the Secretary and the Governor of the State of Nebraska, I come to the consequence of believing this will indeed give us a framework for doing real grassroots groundwork support and reform of education.

TOP 10 IRRELEVANT ARGUMENTS IN THE HEALTH CARE DEBATE

Mr. KERREY. Mr. President, I would like to respond to some statements made earlier by the distinguished Republican leader and the distinguished senior Senator from New Mexico. They commended the courage of Robert Reischauer, the head of the Congressional Budget Office.

As the health care debate heats up during the next several months, we need to be honest with the American people. I have heard several arguments lately that I believe are misleading and do not contribute to an honest debate on health care. The arguments are irrelevant and do not begin to solve the health care problems facing our country. I have collected these into a top 10 list of irrelevant health care arguments.

1. IS THERE A HEALTH CARE CRISIS?

Whether or not there is a health care crisis is irrelevant. We do not wait until the majority of Americans suffer a crisis to act. If a constituent notifies me of a problem, I act on their behalf. For example, the mayor of hastings informed me of a problem with an overly strict interpretation of an environmental regulation. I did not respond that I could not help him until a majority of cities face the same problem. For the city of Hastings, there is a crisis now. I have heard from many Nebraskans about health care problems. For them, there is a crisis. It does not matter to them whether there is a nationwide crisis. They need help now.

2. I AM FOR/AGAINST MANDATES TO PAY FOR HEALTH CARE

This argument is also irrelevant. We already have mandates in place to pay for health care today. The idea that the American people are reading op-ed pieces either for or against mandates when I have an imposed 3 percent mandate on wages now is an indication of how politicians have been misleading the public. This mandate is called the part A FICA Medicare tax. Individuals and employers each pay 1.45 percent of payroll to finance health care.

3. I AM AGAINST NATIONAL HEALTH INSURANCE

We currently have national health insurance. And there is a payroll tax used to fund it as discussed in No. 2 above. We call it Medicare, but it is national health insurance. You have to be 65 years of age to qualify. Understand, I am not advocating extending Medicare for everyone, but for politicians to stand up and say they are against national health insurance, while supporting Medicare, is a very misleading argument. It makes it difficult for us to reach the correct solution to the health care problem.

4. I AM AGAINST USING BROAD-BASED TAXES FOR HEALTH CARE

Although the authors of virtually all the health reform plans, including President Clinton, have proclaimed their opposition to using broad-based taxes to pay for health care. The fact is we are already using broad-based taxes to pay for health care. We need to tell Americans, fully 30 percent of your income taxes are being used to finance Federal health care spending. Not only are individual income taxes being used, but corporate income tax, payroll taxes, and property taxes finance health care today. By stating that we don't want to use broad-based taxes to pay for health care, we are avoiding a very important question, How are we going to pay the bills?

5. *I DO NOT PAY FOR HEALTH CARE TODAY*

Many individuals and companies believe that they do not pay for health care today simply because they do not purchase insurance. In reality, as I already discussed, because a great amount of tax dollars are used to pay for health care, everyone is paying for health care today. We need to have an honest discussion on how we should be paying for health care so that everyone understands how much and in what manner they are paying.

6. I AM AGAINST A GOVERNMENT TAKEOVER OF HEALTH CARE

As is made clear by argument No. 4, there is already substantial Govern-

ment involvement in health care. The Government pays $450 billion out of the $700 billion of non-out-of-pocket health care expenditures in the United States in 1993. The question we should be debating is, What is the proper role for the Government? That is the question we need to address.

7. UNINSURED AMERICANS ARE CAUSING THE HEALTH CARE PROBLEM

We should not be focusing on the problem of the uninsured—the problem is that health care costs have risen to a point where you have to be insured for routine health services. The best example for me is that in 1974 and in 1976 when my children were born, I paid for the costs out-of-pocket. I did not have to be insured to have a baby. It now costs $6,500 for a 2-day normal delivery of a baby in Nebraska. The median family income in Nebraska is $18,000 per year—therefore it is a financial catastrophe to have a baby in Nebraska without health insurance. The problem is that the cost of health care has grown to a point where people of average means live in constant terror that they will have to encounter the health system. It is not just preexisting conditions, it is not just the lack of portability, it is the overall costs of health care have become extreme.

8. REFORMING THE HEALTH CARE SYSTEM WILL CAUSE RATIONING

There is already rationing in today's health care system. The hardest thing we have to deal with in health care is that at some point we ration care. There are very few Americans that can afford the $175,000 that it costs, on average, to receive a bone marrow transplant for breast cancer. I heard earlier this week from clinical researchers and oncologists that rationing already exists when it comes to patients receiving the newest treatments. Both patients and insurers have to face the reality that certain procedures and treatments are very expensive and cannot be given to everyone. What we need to debate is how to set up a system where the resources are allocated in the fairest, most humane way.

9. I SUPPORT A PURE COMPETITIVE HEALTH CARE MARKET

Many today argue that the country's health care problems can be solved solely through the market. However, there have been so many interventions that there is no longer a competitive health care market. For example, there are licensing restrictions that limit the number and types of providers. Patent laws protect new drugs. The tax system subsidizes the purchase of health insurance and many health care industries are tax exempt. Although using the market can help us solve the current health care problems, we need to look more deeply at current practices that hinder competition.

10. ISSUING A HEALTH CARE CARD WILL GUARANTEE HIGH QUALITY CARE FOR EVERYONE

I support simplified eligibility for health care, however, simply issuing a card will not guarantee high quality care. The ability to receive high quality care is tied to ability to generate wealth, both individually and as a country. We all know that individuals who are wealthy do not worry about high quality care because they have the personal resources to pay for it. What is true for the individual is true for the Nation. Our capacity as a nation to afford high quality care, will in the end, depend on our ability to generate additional wealth. We must continue to focus on education and job creation which improve our country's wealth as we work to reform the health care system.

In conclusion, I believe it is time to tell the truth to all Americans. When everyone is operating in an open and honest environment, we will be able to reform our health care system and begin to create a healthier America.

Mr. President, I essentially identify what I consider to be the top 10 irrelevant arguments on the issue of health care. The fact of the matter is that the American people say there is a crisis in health care.

We recently heard—my latest irrelevant argument—is there not a crisis? There is not a crisis for us who have our health care taken care of, but for an increasing number of Americans, indeed a majority of Americans feel like they are on this thin ice where if almost anything happens in their life, they will find themselves medically indigent.

The most courageous individual in the health care debate right now is the President of the United States who has introduced a very specific piece of legislation and has put himself at risk as a consequence and has indicated to all—there is only one indivisible principle that he has, only one principle he says that if it is not included in the legislation, that he is going to veto it, and that is health care legislation must be 100 percent universal. That is to say every single American has to be covered.

I am here to say that we have a lot of work to do to enact a piece of legislation. I think the CBO report is useful, in fact. It does give us an indication of what can be on- and off-budget. I share those who say Mr. Reischauer was courageous in stating his honest opinion of the impact of the President's legislation. But if we are going to get universal coverage, if we are going to enact a piece of legislation, then we are going to have to stop all the irrelevant arguments that I hear over and over and over.

For example, one of the irrelevant arguments is, should we or should we not have a mandate? Mr. President, we already have a mandate in place. Every employer pays a tax of 1.45 percent of their payroll, every employee pays a tax of 1.45 percent of their wages. It is mandated and in place right now. It goes for part A Medicare, and guess what part A Medicare really is? It is national health insurance. The only catch is, you have to be 65 before you are eligible.

So if you walk down on the floor here and say you are against a mandate, if you walk to the floor and say you are against national health insurance, it must inescapably follow that you are against Medicare. That is not what is going on.

I hear people say, "I'm against a big Government takeover of health care." And $450 billion this year will be collected in taxes and used to pay for health care—Government health care, Mr. President. If you are against a big Government takeover of health care, then for gosh sakes, identify what part of the Government you want to stop; where do you want to get Government out?

I think there is an emerging consensus in this body that begins by saying that there is a crisis; that this system is broken and it needs to be fixed. I believe that there is a bipartisan consensus to do just that. The President of the United States has not polarized the debate by indicating that he is unwilling to compromise. Quite the opposite. He has merely said that he wants to be able to go to bed at night, as I do, secure in the knowledge that every single American is covered. We can do that, Mr. President. I believe by focusing on those things that are indeed broken.

I would like to suggest four things we need to fix in a couple of minutes and then I will let the distinguished Senator from Massachusetts jump in. He is looking at his watch. I will try to give him enough time to talk before the vote.

Mr. President, the four things to me are, number one, the insurance system is broken. Indeed, the President needs to be given a great deal of credit for bringing the insurance companies to the table and saying they are willing to fix preexisting conditions, they are willing to end the problem of portability, they are willing to end the skimming going on today in the system, a system that provides an incentive only to insure those who are healthy. We need to fix what is wrong with the insurance system.

Second, our Medicaid system is broken, and I would identify that as the second most important thing we need to do.

Third, if we really want to move from a Government-controlled system, which we have today, to a more market-oriented system where individuals are more in control of making decisions about price and quality, then there are a number of things that we are going to have to change in our tax system.

Fourth, I believe there are a whole series of things that I identify as coming under the heading of accountability. Our system is unaccountable. We have an unaccountable system when we collect money in Washington; we have an unaccountable system when an individual goes into a hospital; we have an unaccountable system when an individual finds themselves not able to get payment for something troubling

them, we have a very unaccountable and difficult system.

I came here to say that I appreciate that the Republican leader and the distinguished senior Senator from New Mexico recognize the courage of Mr. Reischauer, but I hope they also recognize the courage of the President of the United States for pushing this issue to a point wherein if we do the work and stop the irrelevant arguments, we have the potential of being able to reform and enact legislation this year that will indeed extend coverage to every single American.

I thank the Chair and yield the floor.

Mr. KENNEDY. Mr. President, how much time remains?

The PRESIDING OFFICER. Two minutes eleven seconds.

Lennox prepares to meet first lady

By RANDY HASCALL
Argus Leader Staff

LENNOX — First lady Hillary Rodham Clinton won't be the most famous person to ever set foot in town.

Theodore Roosevelt once stopped here during a campaign trip by train, said Verlyn Hofer, president of the Lennox Commercial Club.

Although Clinton might have to settle for second place, she'll receive a first-rate reception and likely won't encounter any protesters, Hofer said.

"We're a pretty strong Republican community, but we're too polite for that," he said. "We'll try to put our best foot forward, be polite and considerate."

Clinton will be in town Feb. 18 for a forum on rural health care.

Mayor Floyd Beach was busy Tuesday distributing new welcome banners that arrived in the mail. Business owners will hang them in their windows, and the American Legion will display U.S. flags downtown. Then, they'll all hope the entourage arrives or departs over main street.

As Clinton's trip nears, rumors grow.

According to one story, Secret Service agents have been roaming the halls and classrooms at Lennox High School — the site of the forum — checking out the school and students.

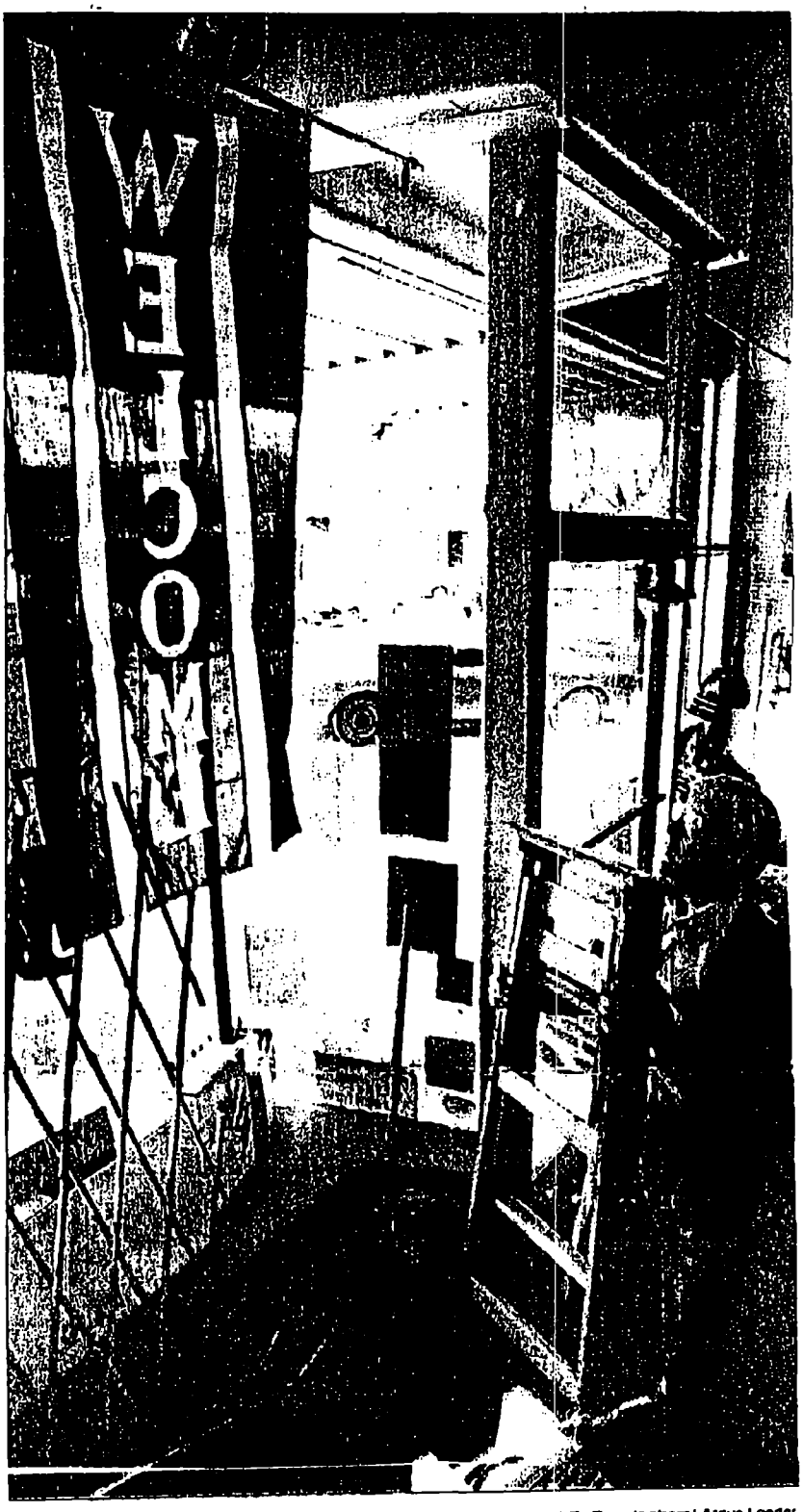
The wildest rumor is that the Secret Service fastened down all manhole covers on main street so no one could pop up with a gun to ambush Clinton's caravan.

Despite what people say, no Secret Service agents have been to town as far as high school principal Alan Rops knows. He said the strangers in suits are members of Sen. Tom Daschle's staff who have made three visits.

After classes Feb. 17, Rops will turn the school over to the Secret Service.

Details of Clinton's visit are sketchy, Rops said. She's scheduled to arrive in Lennox between 11 a.m. and noon, conduct a national news conference in the school library and

Lennox /See 2A



Lloyd B. Cunningham/ Argus Leader

Lennox Mayor Floyd Beach inspects his work after hanging a banner in the front window of his hardware store on Main Street on Tuesday. The town's Commercial Club bought 18 welcome banners to display during First Lady Hillary Rodham Clinton's visit next week.

Summit tickets available today

Tickets for the Great Plains Summit on Rural Health Care with First Lady Hillary Rodham Clinton will be available today at the Argus Leader.

Two hundred tickets will be handed out from 7 to 9 a.m. at the Argus, 200 S. Minnesota Ave. The summit will be at noon.

To get a ticket, you must have photo identification and your Social Security number. Use the south entrance. The ticket must be for you, not someone else.

Lennox: Town prepares for first lady

Continued from 1A

then give her presentation to about 1,000 people in the gym.

Ten or 11 classrooms will be open to those without tickets, and they can watch the summit on TVs.

Rops said he expects to get a one-on-one session with Clinton and would like to put her in touch with students. Meeting the first lady could be a highlight for many, particularly teen-age girls who look up to Clinton.

To accommodate the crowd, school and city workers will clear snow to turn the practice football field into a parking lot. Twenty additional phone lines have been installed for the media and White House staff.

Rops said volunteers will direct parking and help with coat checks and other tasks.

The community's response indicates that Rops will have no trouble finding volunteers.

"There's a lot of excitement," Mayor Beach said.

"Something like this doesn't happen often, said Barb Scott of Lennox."

"It's nice she's coming to a small town," said Marilyn Renback, who lives in Harrisburg and works in Lennox.

Jack Jacobson, a 16-year-old sophomore from rural Tea, said he'll be in Sioux Falls before 7 a.m. today to try to get a ticket.

Jacobson said he hopes to learn more about the Clinton administration's health plan so he can answer the questions of his grandparents, who need medical care.

Scott Rogers, a physician's assistant at the Lennox Area Medical Center, said there's talk that Clinton might stop at the clinic.

"No one has officially notified us," he said. "I'm a Republican, but I hope she stops by. How often do you get a first lady in town?"

Hofer said a number of residents are concerned that not many local people will have an opportunity to attend the event.

"I'll go if I can get a ticket," he said. "If not, I'll watch from the outside."

February 17, 1994

GREAT PLAINS SUMMIT ON RURAL HEALTH CARE

DATE: Friday, February 18
TIME: 12:00 pm
LOCATION: Lennox High School Gymnasium
FROM: Liz Bowyer, Angela Buchanan

I. PURPOSE

To discuss rural health care and the Clinton approach in a roundtable discussion with elected officals and citizens from the Great Plains states.

II. BACKGROUND

The Great Plains Summit on Rural Health Care

General Information

Senator Daschle is the official host of the Summit, and the Sioux Falls Argus Leader, KSFY-TV and the Foundation for Hospice and Home Care, a Washington-based foundation and think tank, are the co-sponsors.

The states that will be represented are North Dakota, South Dakota, Minnesota, Nebraska and Iowa, and members of Congress from all of those states except for Iowa will participate. ~~Citizens from Iowa will be in the audience, however.~~

A group of twenty citizens will participate in the discussion (see attached profiles for more information.) The group consists of health care providers and professionals, senior citizens, small business owners, rural workers and a student. Three of the participants are Native Americans. You will be seated between Cecilia Humphrey, a senior citizen, and John Thompson, a young man whose arms were amputated after a farm accident .

The audience of approximately 1500 will represent a broad cross-section of the general public and the health care community in the Great Plains states.

Format

The format of the roundtable discussion will be similar to the New England Health Care Summit in Boston. Seated on stage with you will be elected officials from the Great Plains states, Secretary Espy, twenty citizens, and the moderator, Lois Quam.

Following your remarks, Lois will open up the discussion to the citizen participants, who will briefly share their experiences with the health care system. Each participant will ask a question to be answered by you or one of the elected officials. Members of Congress will be more involved in the actual discussion than they were in Boston, and will not deliver prepared remarks at the end of the roundtable.

[Note: After your depart the Summit, a series of workshops will be held on the following: Questions and Answers on the Clinton Plan, Health Care Providers, State and Local Role in Reform, Small Business and a North Dakota Workshop.]

Discussion

The discussion will be structured around three main areas:

- Small businesses
- Rural providers
- The elderly and long-term care

According to Lois Quam, the greatest concerns in this region are that business (particularly small business) will be harmed by reform, and that the plan represents too much government. Other concerns about health care are those typical of rural areas -- security, access, the inability to receive specialty treatment, and especially, the shortage of doctors and facilities.

Lois has a few suggestions in addressing these concerns :

The most persuasive arguments with Midwesterners concerning health care reform are security and savings. Although rural areas in the Midwest have relatively few uninsured compared to other parts of the country, those that are insured typically have poor coverage, so security defined as bad insurance coverage is persuasive.

Because of the real emphasis on personal self-reliance in the Midwest, you might want to point out the personal responsibility aspect of the plan, emphasizing that the plan is not "free" or "government run".

As this region has a strong populist history, a rural populist theme in your remarks and in the discussion would be warmly received. Taking on the special interests opposing the plan is important. South Dakota in particular has a long history of anti - East Coast fervor, so mentioning that those special interests are not from South Dakota but represent big money elsewhere would be persuasive.

Basic problems with rural health care that will probably be raised:

Uninsured and underinsured population is proportionally higher in rural areas.

-People lack security of coverage and receive poor benefits

-Providers are not always paid for their work.

Small rural business and self-employed workers are adversely affected by the ~~lack of an organized~~ current insurance market.

-The current system allows insurance company abuses & discrimination
-Administrative costs are higher for individuals and small businesses
-Finding coverage ~~and periodically refunding (?) is a hassle~~ can be difficult and insurance company paperwork burdensome

The shortage of primary care providers

-Providing an insurance card is not enough -- the new system must build provider capacity and improve access in rural areas.
-Rural doctors ~~see twenty percent more office visits~~ will be in greater demand
-~~Competition for~~ primary care providers ~~is intense~~ and ~~is going to get worse~~ as managed care grows have higher patient load

The existence of organized systems of care is erratic

-While much is being done in this area voluntarily and under state, federal and private sponsorship, many areas lack ~~significant provider organization. This~~ makes areas vulnerable both now ~~and in the future, and does little to maximize the assurance of high quality care for rural~~ people (?)

The attached materials describe how the Health Security Act addresses these problems.

Info on the National Rural Health Association?

III. PARTICIPANTS

HRC
Secretary Espy
Governor Miller (will make remarks and depart stage before HRC is on the dais. He will remain in the audience)
Senator Thomas Daschle
Senator Presser
Senator Conrad
Senator Kerry
Senator Wellstone
Congressman Pomeroi
Congressman Minge
20 citizen-participants (see attached)
1500 audience attendees

115-543-1030

To: Liz

From: Megan Molony

Phone: 715/842-0711

FAX TO: 202/456-2239

- INFO ON LINCOLN CENTER, GRAND THEATRE, WAUSAU CLUB

715 3461415

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	From: Megan Moloney, To: Liz, Re: Info on Lincoln Center, Floor Plan (1 page)	2/17/94	b(7)(E)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

2014-0483-S
sb393

RESTRICTION CODES

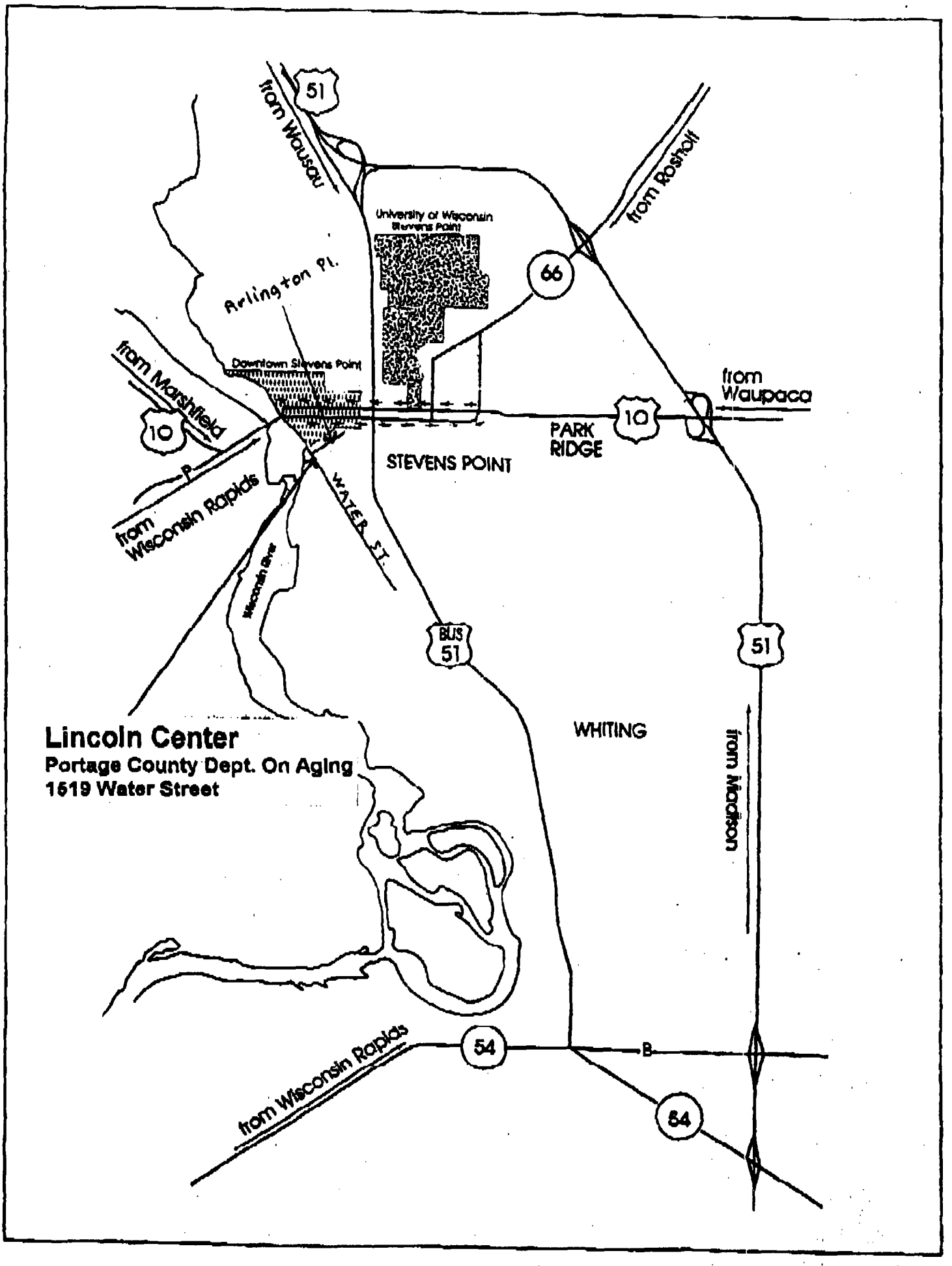
Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]


51
from Wausau
University of Wisconsin Stevens Point
from Rosholt
66
Arlington Pl.
Downtown Stevens Point
from Marshfield
10
from Waupaca
10
PARK RIDGE
STEVENS POINT
WATER ST.
from Wisconsin Rapids
Wisconsin River
BUS 51
51
WHITING
from Madison
Lincoln Center
Portage County Dept. On Aging
1519 Water Street
54
B
from Wisconsin Rapids
54

Why join RSVP?

You've spent a lifetime developing your skills, refining your talents, and building your knowledge and abilities.

You're a rich resource. Retirement offers a valuable opportunity to both you and your community.

You're free to choose now, free to decide how to use your know-how and experience. NOW is the time to try RSVP. Call or mail the form below TODAY. You've learned a lot in your lifetime - don't keep it to yourself!

RSVP is a program of the Department on Aging located at Lincoln Center.

Portage County RSVP
1519 Water Street
Stevens Point, Wisconsin 54481
(715) 346-1401

Yes, I would like more information about RSVP.

Name_____

Street_____

City_____

Zip Code_____

Telephone_____

Volunteer Benefits

Supplemental personal accident, liability, and excess automobile liability insurance while volunteering.

Mileage reimbursement or bus fare to and from volunteer sites.

Best of all, the feeling of personal accomplishment and satisfaction while helping someone else.

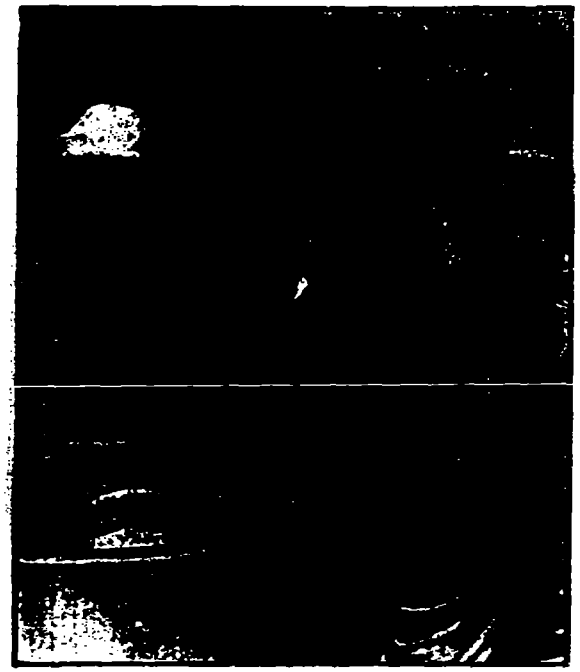
Portage County provides employment and services to any eligible person without regard to age, race, religion, sex, national origin, sexual orientation, handicap, color, marital status, physical condition, developmental disability, or ability to pay.

Retired Senior Volunteer Program

"A life can never be measured in years - only in what we learn and in what we share..."

What is RSVP?

The **RETIRED SENIOR VOLUNTEER PROGRAM** offers people age 60 and over the opportunity to share their skills and talents with people of all ages throughout Portage County. Volunteers can choose from over 100 community services based upon their interests and abilities. Volunteer schedules are flexible and training is provided as needed, allowing volunteers the opportunity to learn new skills. Through RSVP older adults discover outlets for their creativity, energy, and expertise. By sharing what they have spent a lifetime learning, volunteers improve the quality of life for people of all ages in their community.



RSVP

Retired Senior Volunteer Program
1519 Water Street
Stevens Point, Wisconsin 54481
(715) 346-1401

Volunteer Opportunities

It is impossible to list all the needs volunteers meet, but below are examples of some of the non-profit private and public community organizations they serve:

Health and Nutrition
- American Cancer Society
- American Red Cross
- Blood Pressure Screening Clinics
- Child Passenger Safety Association
- Commodities Distribution Program
- Immunization Clinics
- Meals on Wheels Program
- Senior Citizen Meal Sites

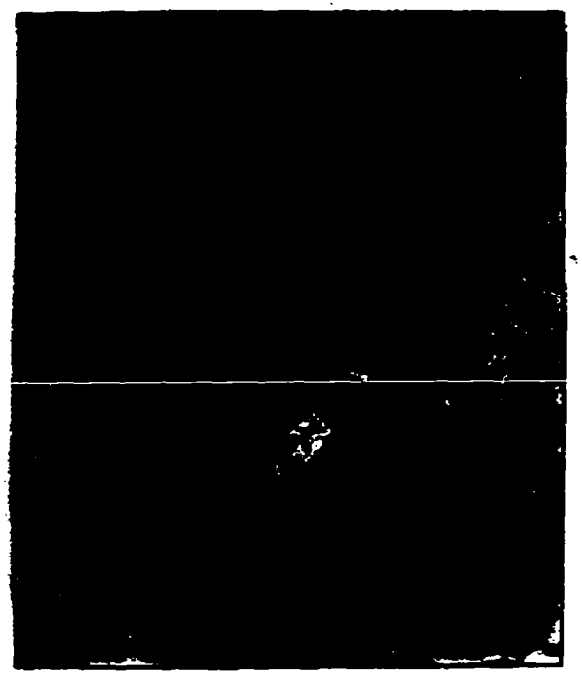
Knowledge and Skills
- Adult Literacy Program
- Folk Art Fairs
- Historical Society
- Lincoln Center Class Instructors
- Portage County Libraries
- School Tutors/Teacher's Assistants
- Special Olympics
- UW-SP Learning Disabled Students Program

Economic Development
- Holly Shoppe
- Merchants' Older Buddies Program
- Operation Bootstrap
- St. Vincent De Paul Thrift Store
- United Way

Housing
- Energy Assistance Program
- Homestead Property Tax Refund Program

Community Service
- Adult Day Care Program
- Driver/Escort Program
- Friendly Visitors/Peer Counselors
- Humane Society
- Loss of Spouse Support Group
- Nursing Homes
- St. Michael's Hospital
- Stevens Point Police Department
- Telecare Program
- Warm Line Program

RSVP volunteer opportunities are as diverse as the volunteers themselves.



Where is More Information Available?

To get more information or to make a referral, call or write to:

Office Address:

Portage County
Human Services
817 Whiting Avenue
Stevens Point, WI 54481

Telephone:

715-346-4311

Regular Working Hours:
8:00 a.m. — 5:00 p.m.
Monday thru Friday

Possible Services May Include:

- Service Coordination
- Supportive Home Care
- Attendent Care
- Respite Care
- Home Modifications
- Nursing Care
- Home-Delivered Meals
- Specialized Transportation

and any other service required by the program participant to remain in his/her own home.

Portage County
Community Human Services
817 Whiting Ave.
Stevens Point, WI

An Alternative To Nursing Home Care...

Community Options Program

Portage County Community Human Services

What is the Community Options Program (COP)?

It is a service designed to assist elderly and chronically disabled people to remain in their own homes rather than entering nursing homes or other institutions.

Who is Eligible?

The population targeted in Portage County includes:

- Developmentally Disabled
- Chronically Mentally Ill
- Physically Disabled
- Chronic Substance Abusers
- Frail Elderly

In addition to having a long term or irreversible illness or disability the potential COP recipient must meet the following requirements:

- Be at risk of entering a nursing home or state center for developmentally disabled or are current residents of such facilities.
- Require on going assistance to remain living at home.

How is Eligibility Determined?

Assessments are provided through the Portage County Human Services Department for those indivicuals residing in the community or who are current residents of a Portage County nursing home or state center for the developmentally disabled.

Patients at St. Michael's hospital in Stevens Point can receive an assessment from hospital social service department prior to discharge.

Personal Interviews will be required by both the potential COP recipient and family members or other interested persons. Necessary information will include:

- Current Medical, Living, and Financial Conditions.
- Current use of Community Services
- Available Natural Supports (family, friends, neighbors)

A review by a social worker and R.N. will determine **program eligibility, need for services,** and **shared costs.**

When are Costs Involved?

Recipient's responsibility to share in the cost will be made at the time of assessment based on the following:

- SSI Eligibility
  No cost to participant
- Current Income and Available Assets

A cost sharing formula will be used to set the amount owed by COP recipient, based on the level of income and assets.

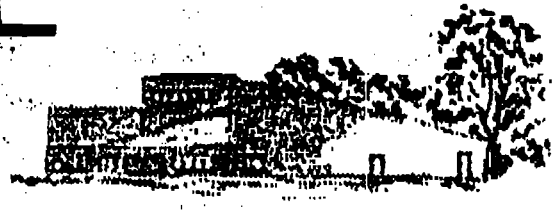
There is no cost for the assessment and development of a case plan.

Why Participate Now?

Participation is voluntary. Persons eligible for nursing home care will not be denied admittance to a home. HOWEVER, if it is anticipated that medical assistance will pay for the cost of a nursing hone, assessment must occur prior to admittance.

PORTAGE COUNTY
DEPARTMENT ON AGING

INFORMATION AND ASSISTANCE



Escort Coordinator at Lincoln Center Monday through Friday from 1:00 to 4:00 P.M.

Current Route Schedule

(As of December, 1993)

Stevens Point
Rides to Lincoln Center for activities or lunch, Monday through Friday.
Grocery shopping rides, Fridays.

Town of Hull
Bus to Stevens Point, Tuesdays and Thursdays.

Plover
Bus to Municipal Center for lunch, Tuesdays and Thursdays.

Rosholt
Bus to lunch at Legion Hall, Mondays and Wednesdays.
Bus to Stevens Point, second and fourth Tuesdays of the month.

Amherst
Bus to Jensen Center for lunch, Mondays, Wednesdays, Fridays.
Bus to Stevens Point, second Thursday of the month.

Junction City
Bus to lunch at the Park Pavilion, Tuesdays and Thursdays.
Bus to Stevens Point, Wednesdays.

For all transportation-related questions call 346-1401 or the number in your area (listed inside).

Portage County Department On Aging
Lincoln Center
1519 Water Street
Stevens Point, Wisconsin 54481
(715) 346-1401

Assuring that Portage County is a good place in which to grow old.

Portage County Department On Aging

Transportation Services

The Department On Aging offers a variety of transportation services throughout Portage County for people age 60 and over.

General Information

For more information or reservations, please call these numbers:

Stevens Point/Plover	346-1401
Rosholt	677-4806
Amherst	824-5202
Almond/Bancroft	335-4613
Junction City	457-2518

All riders are asked to donate toward the cost of transportation services. The amount you donate is confidential.

All rides must be reserved ahead of time: for bus rides, 24 hours in advance; for escort rides, 48 hours in advance.

In addition to the services described here, we provide transporation for special group events, transport RSVP volunteers to work stations, and provide instruction on the use of city buses. We'll work with individuals and families to help solve particular transportation problems.

If you're age 60 or over and live within the Stevens Point School District, you can ride school buses on their regular routes into Stevens Point free-of-charge. After authorization by the Department On Aging you'll be issued with a boarding pass and may ride any time you wish.

Rural Route Buses

If you live in a rural village or in the countryside you can come into Stevens Point weekly, twice monthly or monthly depending on where you live. The bus picks you up around 9:00 A.M. and returns you home around 3:00 P.M. Use this service to shop, see your doctor, visit Lincoln Center or friends. People in Stevens Point can ride the bus to rural areas.

Bus Rides to Nutrition Program Meal Sites

The bus picks you up at your door and returns you home after lunch. Call the number in your area for the schedule or information or to make reservations.

Wheelchair Transportation

Point Transit provides rides for people in wheelchairs in Stevens Point, Whiting and Park Ridge. Call 341-2000 for information or reservations. For other areas of the county, call the Department On Aging at 346-1401.

Lincoln Center Bus Service (Stevens Point)

For those who cannot drive or ride a city bus to Lincoln Center the Department On Aging bus picks up at 11:00 A.M. and returns people home around 1:30 P.M. These times can sometimes be adjusted to fit your schedule of activities or appointments at Lincoln Center.

Grocery Shopping Bus Service (Stevens Point)

Each Friday Department On Aging buses take people grocery shopping. This service is for those who have no other way to obtain groceries and need help carrying their bags.

Volunteer Driver Escort Program

Throughout Portage County volunteers drive people to medical and personal business appointments. In the Stevens Point telephone exchange area rides are requested from the Escort Coordinator Monday through Friday from 1:00 to 4:00 P.M. at 346-1401. In rural areas rides are requested by calling the numbers listed to the left under General Information.

Taxi Escort Service (Stevens Point)

People who have no other transportation are provided rides to medical appointments by the Checker Cab Company. The Department On Aging pays for the cost of the ride not covered by passenger donations. Each ride must be requested from the

Portage County

FOSTER GRANDPARENT PROGRAM

A PART OF ACTION

What is the Foster Grandparent Program?

Foster Grandparents—a remarkable idea. If the world is full of special children, it also has millions of would-be grandmas and grandpas.

Begun in 1965, the Foster Grandparent Program is a program of ACTION, the federal volunteer agency, and of the Portage County Department On Aging. The program is funded by federal and state grants.

Portage County Foster Grandparents assist in the Head Start Program, Madison View Daycare, and in the county's school districts.

The program seeks to match income-eligible older adults with special needs children. The child's needs might be social, educational, emotional and/or physical. The Foster Grandparents serve four hours per day, five days per week, and receive a number of tangible benefits.

The intangible benefits are far greater, however. Foster Grandparents will tell you they receive far more than they give—that's the miracle of love given and love returned.

What are the requirements?

Foster Grandparents must:

- be age 60 or over
- meet income guidelines
- be in good health
- accept supervision as required
- have a desire to assist special needs children

What are the benefits?

STIPEND: Non-taxable, not includable in income calculations relating to receipt of any other benefits.

TRANSPORTATION: Transportation or reimbursement for transportation to and from assignments and other official program activities when needed.

MEALS: A meal, or assistance with the cost of meals taken while on assignment.

MEDICAL BENEFITS: Annual physical examination.

INSURANCE: Accident, personal liability and excess auto coverage (for volunteers driving their own cars).

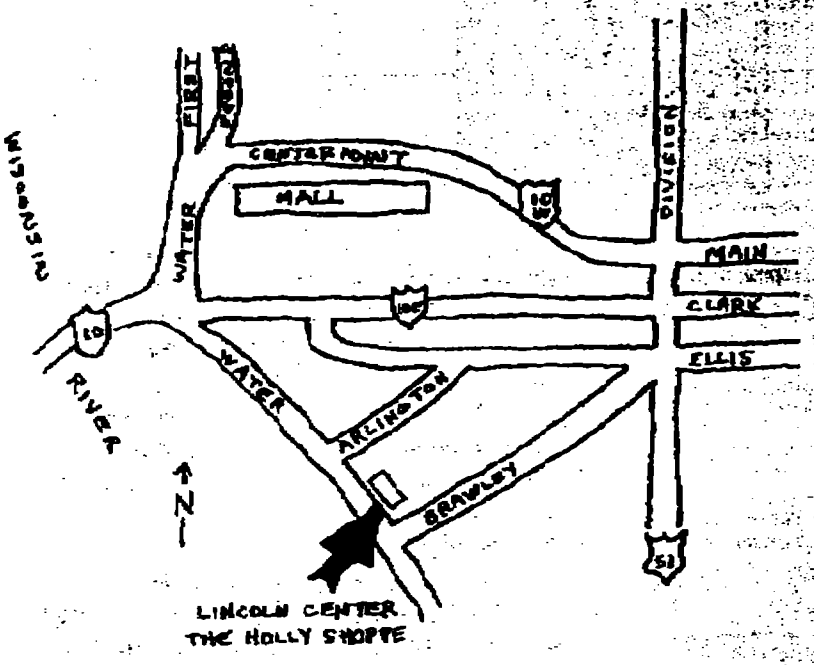
RECOGNITION: Each Foster Grandparent is given recognition of his or her service to the community at least annually at a formal public recognition event.

TRAINING: Before commencing service, each volunteer receives at least 40 hours of training. As well as providing a general introduction to the Foster Grandparent Program and the particular project and project staff, pre-service training prepares new volunteers to function effectively in their specific assignments, understanding the unique needs they are addressing and their special place within the larger team of care providers. Subsequent in-service training sessions (four hours each month) build on and enhance skills and knowledge relative to volunteers' assignments and provide necessary support and advice.

For more information please contact:
Foster Grandparent Program
Portage County Department On Aging
Lincoln Center
Stevens Point, Wisconsin 54481
(715) 346-1401

Under the guidelines of the Americans With Disabilities Act, the Foster Grandparent Program is accessible to people with disabilities.

How to get to The Holly Shoppe



Holly Shoppe

Handcrafted Gifts

Lincoln Center
1519 Water Street
Stevens Point

The Holly Shoppe is open Monday through Friday from 10 a.m. to 4:30 pm, and on Saturday from 11 a.m. to 3 pm. Our hours are extended during the Christmas season.

United Way
It brings out the best in all of us.

Welcome to The Holly Shoppe - unique merchandise and quality craftsmanship are our trademarks.

Located at Lincoln Center, The Holly Shoppe sells handcrafted items made by Portage County residents age 60 and over. All merchandise in The Holly Shoppe is made by hand and each item shows the time, care, and love which went into its creation.

The Holly Shoppe has something for everyone - whether you're buying for yourself or looking for that special gift for someone, you'll find it here.

Just a sampling of our offerings would include:

quilts
ceramics
dollhouses
toys
baby clothes
stuffed animals
silk flowers
plant stands
dolls and doll clothes
afghans
jewelry
furniture
novelties
needlecrafts
knitted caps, mittens, and scarves
wreaths
linens
holiday decorations of all kinds

If you're looking for something and don't see it, ask us - we have a Special Order Service.

Stop in and browse. We're proud of our friendly, relaxed atmosphere. While you're here, tour Lincoln Center, view the works in our art gallery, or take time for refreshments at the Coffee Stop.

The Holly Shoppe is a program of the Portage County Department On Aging and is supported by the United Way. Proceeds from sales are returned to our craftspeople as an income supplement. A percentage is added to an item's purchase price to help defray our operating expenses.

Holly Shoppe clerks, cashiers, and registrars are volunteers.

Any Portage County resident age 60 or over may sell crafts through The Holly Shoppe. New participants are always welcome. Registration of merchandise is held on Fridays at Lincoln Center from 9 a.m. to 2 pm.

Our phone number is 346-1401; ask for The Holly Shoppe Manager.

Great Plains' Summit - Citizen Participants

Roger Andal, Brandon, South Dakota
Disabled Veteran
Age: 45

Mr. Andal has been self-employed, worked for the federal government, and now receives his health care through the V.A. system. He is satisfied with the health care he receives, but wonders what will happen to the V.A. system under health care reform.

He is married and has 4 children.

Native of South Dakota.

Carla Anderson, Center, North Dakota
Administrator, Square Butte Health Center
Age: 34

Center is a town of 1,000 people that had no medical services until 12 years ago. At that time, the community sought and received federal funds to build a clinic. The clinic enjoys wide community support and provides a wide range of health services. The town is now served by a nurse practioner, physicians, a dentist, and opthamologist. Ms. Anderson has been with the clinic from the start and is knowledgeable and articulate on the delivery of health care in small communities.

The Square Butte Health Center merged with Med Center One this past year. They are happy with the managed care system and believe that it is headed in the right direction.

She is married and has two sons, ages15 and 3 .

Native of North Dakota.

John Blackhawk, Winnebago, Nebraska.
Chairman of the Winnebago Tribe and Aberdeen Tribal Chairman's Health Board serving Nebraska, Iowa, South and North Dakota Native Americans.
Age: 40

As chairman of the Health Board, John has followed the issue of health reform with the interests of the Native American community in mind. He will address the health care needs of the population and the problems and advantages of the Indian Health Services that serve his community.

He is married with 2 children.

Native of Nebraska.

Gregg Bourland, Eagle Butte, South Dakota.
Tribal Chair of the Cheyenne-River Sioux and Chair of the Aberdeen Tribal Chairman's Health Care Reform Task Force.
Age: 38

Gregg like, John Blackhawk, has been active in health reform and represents tribes in Nebraska, South and North Dakota, and Iowa. He is familiar with the health reform plans proposed, and will be able to talk about the reform ideas and needs of the Native American population.

He is married with 2 children, a son -12 and a daughter - 6.

Born in Utah.

Dr. Ray Christenson, Mooselake, Minnesota
Rural Family Physician
Age: 50

Mr. Christenson grew up in rural Wisconsin and practices in rural Minnesota. He is active with rural physicians on recruitment and retention issues and with the Minnesota Department of Health on improving access to care in rural Minnesota. His current practice was started in 1972, and currently has with 6 physicians and 2200 charts.

He is married and has 2 daughters.

Native of North Dakota.

John Dean, Willmar, Minnesota
Principal of Affiliated Insurance Service
Age: 51

Mr. Dean is currently associated with National Travelers Life Insuranceand is a principal in Affiliated Insurance Services in Willmar. As an insurance broker, he understands the needs to be a player in the health care reform debate. While he sees many of his colleagues fighting to stall health care reform, John has become a leader in his industry. He believes that there should be universal coverage and reform in pre-existing conditions and portability problems. He does have some questions on the mandatory health alliances. He is also involved in long-term care issues in his community as a volunteer.

He is married and has 4 children, and 3 grandchildren.

Native of Minnesota.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	Great Plains' Summitt - Citizen Participants [partial] (2 pages)	2/15/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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Cecelia Firethunders, Martin, South Dakota
Nurse, South Dakota Department of Health
Age: 48

Cecilia joins her colleagues in discussing the Indian Health Service's ability to provide adequate health care for the Native American community. She is very concerned about the uninsured (b)(6) (b)(6) 002 uninsured). She has a particular interest in wellness and prevention programs, and the urban Indian population.

She is single, has 2 sons ages 27 and 25.

Native of South Dakota.

Beth Furlong, Omaha, Nebraska
Nurse, Coordinator for Community Health Nursing
at Creighton University, School of Nursing
Age: 52

Ms. Furlong has been teaching public health nursing for 22 years and just recently completed her PhD in political science. She has been active in community activities and is a strong believer in universal access and preventative care. She serves on the Board of Directors of the Wellness Council of the Midlands for health promotion.

She is single.

Native of Iowa.

Marilyn Harms, Sioux Falls, South Dakota
Physician Assistant
Age: 54

Ms. Harms has been a physician assistant for 15 years. She is the President-elect of the South Dakota Academy of Physician Assistants and serves on the nominating committee of the American Academy of Physician Assistants. She is concerned by the number of patients she sees that are receiving false information from the insurance companies about the effects of health care reform. She believes everyone must be covered in order to get our health system back on track.

She is divorced, has 3 children.

Native of South Dakota.

Cecilia Humphrey, Sioux Falls, South Dakota
Senior Citizen
Age: 85

Mrs. Humphrey currently lives in the Good Samaritan Village in Sioux Falls. She has been in the long-term care facility for the last 5 years, having decided herself that she needed assistance. She is very active in the Village and is well read on current issues. She participated in a seminar about health care last year. *The points that she wants to make is that reform is good but she is worried that she won't be able to choose the doctor of her choice, which she has gone to be the last 30 years. She also pays over $200 a month for her prescriptions.* She is on Medicare, Social Security, and receives her husband's small veterans pension.

She has been widowed for the last 31 years, and has no children.

Native of South Dakota .

Dr. Clayton Jensen, Grand Forks, North Dakota
Interim Dean of the University of North Dakota School of Medicine and is Professor and Chairman of the Dept. of Family Medicine.
Age: 66

Dr. Jensen has been a family physician and currently teaches and promotes family medicine at the University of North Dakota. He has spent his entire life in North Dakota working in this field. He is articulate and can ask questions and express points of view from the unique perspective of family doctors in rural America.

He is married with 2 sons and 3 grandchildren.

Native of North Dakota.

Larry Juhl, New London, Minnesota
Owner and Administrator of the GlenOaks Long Term Care Campus
Age: 43

Mr. Juhl runs the GlenOaks Adult Day Services, an adult day care center opened in 1991. GlenOaks goal is to keep the seniors in the least restrictive setting as long as possible, avoiding or delaying institutionalization. GlenOaks has received state and national recognition for its comprehensive long term care campus. New London is a town of 1,000 people, and currently there are 4-5 people per a day enrolled in the adult day care program. Larry is also the mayor of New London.

He is married and has 2 children.

Native of Minnesota.

Carol Kobberman, Hancock, Minnesota
Dairy Farmer
Age: 55

Mrs. Kobberman and her husband run a dairy farm of 360 acres, and a herd of 80 cows. She receives her insurance through the group dairy association, and has fairly good coverage. However, she says that the group association had to change insurers this year to keep costs down, and worries about the changing nature of insurance.

She is married with 9 children and 14 grandchildren.

Native of Minnesota.

Joe Lathrop, Valley, Nebraska
Owner and Pharmacist of Valley Pharmacy
Age: 40

Valley, Nebraska is a town of 1,716 people. Mr. Lathrop has run the pharmacy for 12 years and is a graduate of the University of Nebraska Pharmacy School. His pharmacy fills about 150 prescriptions a day, handles prescriptions for the local nursing home, as well as the Medicare population of the area. He will speak to the high cost of drugs for seniors and the hard choices he sees many of his customers making everyday. *He is also a small businessman and can address the issue of providing insurance as a business owner.* He currently provides insurance for his one full time employee, another pharmacist.

He is married with two small children, ages 1 and 3.

Native of Nebraska.

Anne Nation, Friend, Nebraska
Consultant and free lance writer
Member of the Board of Directors, Nebraska of Comprehensive Health Insurance Pool
Age: 42

002

Ms. Nation has experienced the health care system (b)(6) and as a member of the state board that provides insurance for high risk individuals. Anne served on the Governors' Blue Ribbon Coalition to Study Health Care in Nebraska.

(b)(6) (b)(6) 002

Interestingly, Anne and her husband lived in Canada for a year in 1975 and experienced first-hand the Canadian single-payer system. This gives Anne an unique advantage to comment first hand on both systems.

She is married, has no children.
Native of Nebraska.

Kathleen Piper, Yankton, South Dakota
Owner of Pied Piper Flower shop, and County Commissioner
Age: 43

Ms. Piper is the owner-operator of a small business in Yankton. She carried health insurance for her 8 employees until the cost became too high and she had to drop the coverage. She waited *until* all her employees could receive coverage elsewhere before dropping her insurance. She would like to provide coverage *but can't afford it today*. She, herself, receives insurance through her position as county commissioner. She can speak as a small business person and from the perspective of a county commissioner.

She is married with two children.

Native of Iowa.

THE WHITE HOUSE

WASHINGTON

December 2, 1993

VISIT TO THE EL PUEBLO HEALTH SERVICES CLINIC TO DISCUSS RURAL HEALTH CARE ISSUES

DATE: December 3, 1993
LOCATION: El Pueblo Health Services Clinic, Bernalillo, NM
TIME: 3:00 pm MST
FROM: Julia Moffett

I. PURPOSE

This event gives you the opportunity to tour a rural health care facility, to hear from a doctor on the front lines of rural health care, to have a discussion with both patients and providers regarding their problems and concerns and to further educate them about how the Health Security Act of 1993 addresses rural health care problems.

The patients and providers who have come togther for this event are, for the most part, not experts in rural health care. They come to this discussion with their own problems and circumstances--security, access, shortage of doctors and facilities, inability to get specialty treatment--which are representative of many of the typical health care problems experienced in rural areas. The doctors and other rural health care administrators in the audience bring many more personal stories with them in addition to a more macro-understanding of the problems these areas are facing.

II. BACKGROUND

Message

This event is essentially a regional event due to its time and subject matter. However, no regional health care event which will resonate more than one which focuses on rural health care issues. The Health Security Act of 1993 does a lot to address the needs of rural communities: By providing universal coverage, the plan creates affordable insurance even if you farm, own a small business or work in a small business; the plan encourages more doctors and nurses to serve rural America; the plan guarantees access to the services rural Americans need with funding for additional transportation services as an example; the single-claim form will dramatically reduce red tape, both for doctors and consumers; choice will be improved; and networks of rural doctors and leading medical centers will improve the quality of rural medical care.

The El Pueblo Health Services Clinic, Bernalillo and the state of rural health care services

The El Pueblo Health Services Clinic has been in operation for 17 years. The staff includes Dr. Alan Firestone and Dr. Carmen Rodriguez, 1 full-time medical assistant, 1 office manager, 1 full-time billing clerk, and 1 full-time insurance billing person. This staff has grown from 1 front desk receptionist when the clinic opened. Additionally, the administrative space at the clinic has grown by 500%. The clinic sees 35-45 patients per day. Approximately 15-20% of the patients are Medicaid recipients, 30-35% are uninsured. Atypical for rural areas, this clinic serves a small Native American and Migrant population.

Bernalillo is in Sandoval County, one of 30 of the 33 New Mexico counties considered underserved by federal standards. Although it is a low to middle-income, rural area, agriculture is not as predominant as it is in many other counties. It is, however, plagued with many of the problems indicative to New Mexico as a whole: more than 25% of the New Mexico population is uninsured, more than one-third of the uninsured are children, nearly 40% of them are under 100% of the federal poverty level, one-third of them are employees of businesses with under 25 employees, and nearly two-thirds are not working. New Mexico ranks 47th in the country for lack of access to primary care--21% of the New Mexico population does not have access to primary care.

Dr. Alan Firestone

Born in Youngstown, Ohio, Dr. Firestone came to Bernalillo as a National Health Service Corps member after earning his medical degree from UCLA. After spending 11 years in the Corps, the federal government attempted to reduce the size of the Corps and Dr. Firestone was told to shut down his clinic. Instead, Dr. Firestone chose to leave the Corps but to keep the El Pueblo Health Services Clinic open.

III. PARTICIPANTS

Tour
The President
Dr. Alan Firestone, Director, El Pueblo Health Services Clinic

Discussion
There are twelve people whom you will have the primary discussion with. In addition to Dr. Firestone, they are patients from the area as well as other rural health care providers. Their biographies are attached.

The larger audience of 50 people is comprised of additional patients and providers ranging from Bernalillo to Albuquerque to other surrounding rural towns and counties. You may wish to include these people if you choose to expand the discussion as they are all involved with rural health care in some fashion. A list of these people is attached.

VIPs
The VIPS attending the event will be seated in a special section of the audience and are not

expecting to participate in the primary conversation. You may choose to ask them to say a few words if you open the discussion up to the larger group. They are:

Mayor Ernie Aguilar and Mrs. Mary Kay Aguilar
Senator Jeff Bingaman and Mrs. Anne Bingaman
Senator Pete Domenici
Governor Bruce King and Mrs. Alice King
Congressman Bill Richardson and Mrs. Barbara Richardson
Congressman Steven Schiff
Congressman Joe Skeen

*Chris and Donna Key and Jimmy Kidd have been invited.

IV. PRESS PLAN

The press will be prepositioned during the clinic tour both inside and outside. The discussion outside is open press. Several local television stations may go live during the outside discussion.

V. SEQUENCE OF EVENTS

* You will arrive at the El Pueblo Health Services Clinic and will be met by Dr. Alan Firestone.

* You and Dr. Firestone will proceed into the clinic for a brief tour of the facility. (The elected officials traveling with you will proceed directly to the tent.)

* You will first walk through the waiting room to greet patients on your way to Examination Room #1.

* In Examination Room #1, you will meet Dr. Carmen Rodriguez and the patient she is examining.

* You will then proceed to the Children's Examination Room as well as Examination Room #2. You may have an opportunity to greet patients in both areas.

* You then proceed to Dr. Firestone's office to hold while the press positions for the discussion outside.

* Once the press is positioned, you and Dr. Firestone proceed to the tent area. You will be greeted by Mayor Ernie Aguilar and his wife, Mary Kay.

* Once in the tent, you may greet the 12 participants in the discussion.

* Dr. Firestone will then introduce you.

* You will then make brief opening remarks.

* Dr. Firestone will then briefly introduce each of the twelve participants and they will tell you a little about their history and experiences with rural health care.

* You may follow up with the participants with individual questions or further information about the plan.

* You may also choose to open the discussion up to the wider audience or to initiate a Q & A period.

* When the conversation is through, you should make brief closing remarks.

* Dr. Firestone will then thank everyone for joining you today.

* You may meet and greet with the audience upon departure.

VI. REMARKS

Cards are enclosed which include brief opening and closing remarks as well as an outline to use when leading the discussion on rural health care and how the Health Security Act of 1993 addresses rural health care issues.

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. list	Profiles of Discussion Participants [partial] (3 pages)	nd	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

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P1 National Security Classified Information [(a)(1) of the PRA]
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RR. Document will be reviewed upon request.

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PROFILES OF DISCUSSION PARTICIPANTS

Harriett Pacheco Brandstetter

Ms. Brandstetter is the Executive Director of La Clinica de Familia, a privately and federally funded community/migrant health center. She has 27 years of community health experience. Her clinic is part of a 17 year old clinic system which includes four medical clinics and one dental clinic. Her patients primarily consist of the underserved populations of New Mexicans and Central American border residents. Her clinics are operating at full capacity with long, active waiting lists.

Christina Campos

Ms. Campos is a trained community encourager for Guadalupe County. Her role is to activate the community to design a healthcare system which is affordable and acceptable to the citizens of this county. The community is a single-provider town of 2,100 residents. There are other part-time providers in the County of 4,200 citizens, but not enough to meet the healthcare needs of the County. Ms. Campos also serves as the financial officer of a small hospital in Santa Rosa, and is able to articulate the problems of this ranching community from many different perspectives.

Blanche Ekdahl

Ms. Ekdahl is 86 years old and lives in a trailer park in Abiquiu. She has severe arthritis and walks with a cane. Her doctor has told her she must have surgery to replace her knee and he has scheduled it to occur in the next few months. Since Abiquiu is a tiny, remote village far from nursing care, Ms. Ekdahl will be forced to move to either Los Alamos or Sante Fe where she will have access to consistent care.

Dr. Alan Mark Firestone

003

(b)(6) Dr. Firestone came to Bernalillo as a National Health Service Corps member after receiving his medical degree from UCLA. After spending 11 years in the Corps, measures were taken to decrease the Corps numbers and he was told to close down his clinic. Instead, Dr. Firestone chose to leave the Corps but to keep the El Pueblo Health Services Clinic open. It is currently in its 17th year of operation.

Celestin "Cel" Gachupin

Cel Gachupin, the former Governor of the Zia Pueblo (40 miles north of Albuquerque), had a

(b)(6)

003

(b)(6) 003

(b)(6) 003

(b)(6) is a patient of the El Pueblo Health Services Clinic. Though currently uninsured, she was insured until her premiums doubled following surgery six years ago. She, like so many rural residents, has to drive a long distance for care. Additionally, her grown children face many health care problems, with her son and daughter-in-law most recently being told to quit one of their jobs in order for the couple to qualify for children's health care assistance for their young child.

(b)(6) 003

(b)(6) has had diabetes for 40 years and has high-blood pressure. He was born in Estancia 75 years ago. He is a success story in that his care is currently very good (his doctor, Linda Stogner is in the audience) but, without it, his situation would be disastrous. He lives 54 miles from Albuquerque. In the past, (b)(6) has had a gall-bladder attack and had to travel to Albuquerque for treatment.

(b)(6) 003

(b)(6) is a patient at the El Pueblo Health Services Clinic. She is an uninsured, single mother with three grown children. Her employment history has consisted of many short-lived rural jobs which typically have no infrastructure, no insurance and no security. Following an accident at the stable where she was working, (b)(6) has incurred tremendous bills which remain unpaid and has been unable to hold a permanent job. She currently finds herself bartering jewelry for the therapy care her injury requires. Due to her limited budget, she can only afford to pay each of her doctors $5 per month.

(b)(6) 003

(b)(6) is a patient at the El Pueblo Health Services Clinic. He has been uninsured, but has recently obtained a job at a paint and body shop which may offer insurance at some point. Previously, he has been out of work with an infection he contracted from working with cattle. He has two children and piles of unpaid medical bills.

(b)(6) 003

(b)(6) live 2 miles west of the doctor. Her mother was living with them for 12 years. She had Parkinsons disease and was totally blind. The closest home care that they knew about was in Albuquerque. In order to get someone to their home, they would have to pay their transportation plus $7 an hour--which has taken a toll on their limited budget. Once their mother became bed-ridden, Dr. Firestone would make housecalls, but when he could not or when they felt as if they were burdening him by calling, their mother went without care.

(b)(6) 003

(b)(6) will talk about the story of her mother who died of a brain tumor at 62 years old. At 62, she was ineligible for Medicare. (b)(6) mother's case was one of many in which people have little documentable income from their various rural jobs and, therefore, do not qualify for Medicaid. (b)(6) belives her mother's condition could have been exacerbated by her lack of access to doctors and her mother's difficulty in understanding the complexity of the system.

Jack Vick, M.D.

Dr. Vick is a resident physician at the Department of Family and Community Medicine at the University of New Mexico University Hospital. He intends to pursue a rural health care practice upon completion of his residency. In the past, he served as the sole provider for a small rural hospital and clinic when the only physician abondoned the center.

AUDIENCE MEMBERS

(This list includes audience members with direct relationships to rural health care issues only)

Francisco Crespin, Jr., M.D., New Mexico Department of Health District Health Officer

(b)(6) 003

Pamela Galbraith, Administrator, Medical Services, University Hospital, UNM

George Stephen Goldstein, Director, New Mexico Health Care Initiative

(b)(6) 003

Kay Elene Handleigh, nurse who witnesses lack of quality rural health care services

(b)(6) 003

Arthur Kaufman, M.D., Chairman, Department of Family and Community Medicine, UNM

James Kolb, Administrator, Catron County Medical Clinic

(b)(6) 003

Eugenio Lujan, County Extension Agent, Guadalupe County, organized county to provide care

(b)(6) 003

Linda Stogner, M.D., Director of Hope Medical Center; former National Health Service Corps

(b)(6) 003

Chris Urbina, M.D., Department of Family and Community Medicine, UNM

CASEY LUNA FORD • MERCURY

September 10, 1993

President Bill Clinton
The White House
1600 Pennsylvania Avenue, North West
Washington, DC 20550

Dear Mr. President:

I want to offer to you my comments on your health care proposal from my perspective as the owner of a small business. Though I owe several different companies the core of those enterprises is an automobile dealership which employees some seventy workers.

The early press reports on the program were of some concern to me. It certainly pounded like small companies would be effected very much by the changes. The more I looked into the matter I found that the affects were not nearly as extreme as I originally anticipated. When I looked carefully at your proposal and I then looked back over my company's experience under the current arrangements I came to the conclusion that changing the crazy quilt way we do things was absolutely critical. An initial increase in costs is worthwhile to get spiraling costs under control.

My company has always sought to provide the best possible health coverage. To keep that coverage at a reasonably steady our expenses have skyrocketed, threatening our ability offer other benefits and even pay raises. Each year coverage was erded a little to keep those costs from growing too precipitously. This is a situation that cannot continue. Those small annual changes in coverage now represent a significant cut in the quality and scope of coverage.

Your bold action was absolutely critical. Yes, it will cost more, but I truly believe that you can bring some sanity to this system, and, therefore, in the long run my company, my employees, and their families will be better served and have access to better health care.

I praise you for your effort and would like to help in anyway I can to insure that this package is enacted by Congress in essentially the form that you outlined.

Sincerely,

CASEY E. LUNA
President and CEO

Albuquerque (Direct Line) 505/865-9626 • Belen Office 505/864-4414 • Los Lunas Office 505/865-4333
Highway 85 North of Belen • P.O. Drawer 1279 • Belen, NM 87002-1279

OUTLINE FOR DISCUSSION

Acknowledgments:

Before we begin, I would like to acknowledge some people who are here. First, Mayor Aguilar and his wife, Mary Kay, were nice enough to be with us today. I am also delighted to recognize Governor King and his wife, Alice, Senator Bingaman and his wife, Anne, Senator Domenici, Congressman Bill Richardson and his wife, Barbara, and Congressmen Schiff and Skeen.

Introduction:

- I'm happy to be here today to talk with you about the challenges rural areas face in trying to access high quality, affordable health care. Having been born and raised in a rural state, I've experienced first hand the problems of communities with too few doctors, and no hospital for miles.

- I've visited communities filled with self-employed farmers who struggle to scrape together enough to buy health insurance in a market stacked against the little guy.

- And I've talked to doctors and nurses (like yourselves) who feel that making a commitment to rural practice is an impossible proposition -- lower reimbursement, little or no peer support, and a high number of patients with no insurance and no ability to pay doctor's bills.

The promise of health care security for all Americans must mean access to high quality care for all America-- our cities and suburbs, but also our rural towns and farm communities.

Rural Communities and Universal Coverage

The biggest problem rural areas face is insecurity-- there are too many people with out coverage. And too many that are with coverage find that insurance means little because there are no doctors or hospitals available.

- Twenty-one million rural residents are without access to consistent primary care providers, and new, younger physicians setting up rural practices have not kept pace with those who retire-- leaving many communities with no doctor at all. Rural communities worry that the current shortage of physicians will continue, and limit their access to care even further.

- Americans living in rural areas also have a harder time getting to the services they need. More than half of the rural poor do not own a car, and nearly 60 percent of the older Americans in rural areas have no driver's license.

The Health Security Act:

- The Health Security Act guarantees you comprehensive health benefits, no matter you live. Since rural areas have more than their share of uninsured, underinsured and Medicaid recipients, providing universal coverage will channel new resources into rural health care systems.

- 14 million Americans in rural areas will receive improved health care services, since the Health Security plan targets rural areas in which more than half of all residents earning low incomes.

- As we phase-in health reform, current grants will continue to pay for clinical services for the uninsured, as well as to supplement services for low-income individuals.

- After universal coverage is achieved, money that in the past was used for health services to the uninsured will be redirected and combined with new grants to pay for support services that improve access to care. These services include outreach, follow-up, home visits, transportation, and child care during office visits.

Rural Health Care and Access to Providers

I also know the promise of security presents different challenges in rural areas-- a health security card means little to the person with no doctor that can see him, no hospital for a hundred miles. Right now, two-thirds of rural counties do not have enough doctors.

Rural doctors provide more charity care than any doctors in the country, and when doctors and hospitals do get paid, they often get paid late. In the most extreme cases, rural doctors are so strapped, there is one doctor trying to fulfill the needs of 2,000 people.

The Health Security Act:

- We have new ways to increase doctors and nurses in rural areas: tax incentives, increased reimbursement, retraining, scholarships, and loan forgiveness programs.

- The Health Security Act expands the National Health Service Corps, placing more than 3,000 primary care providers in rural areas by the year

2004.

- Under the Health Security Act, technical and financial assistance will be provided to help rural communities establish links with larger referral centers and academic health centers.

- The Health Security plan includes grants to support the development of telecommunications links between rural providers and other providers, health care centers, and institutions. This will help facilitate "group practices without walls," allowing easier consultation and coordination among rural providers and with urban providers.

- Rural health care centers will receive special protection. These "essential providers" will be offered contracts with plans, or receive reimbursement on a fee-for-service basis to ensure access to care and continuity of care for rural residents.

The Health Security Plan

RURAL COMMUNITIES

America's rural communities pose special challenges in health care-- both for those who need services and those who provide them. A total of 34 million people--half of them with incomes under 200 percent of poverty--live in rural areas with inadequate health care.

The fragile economies of rural areas often mean that many residents have little or no insurance, making it difficult for rural communities to attract and keep doctors and maintain local hospitals. Twenty-one million rural residents are without consistent access to primary care providers, and the population of younger rural physicians has not expanded to replace those who retire. Rural communities worry that the current shortage of physicians will continue, and limit their access to care even further.

Americans living in rural areas also have a harder time getting to the services they need. More than half of the rural poor do not own a car, and nearly 60 percent of the rural elderly are not licensed to drive.

The Health Security plan will create a system that meets the unique needs of rural communities. The plan will develop strategies for delivering and financing health care in rural areas, making care more easily available, and attracting doctors and nurses to and keeping them in rural areas.

Guarantees Universal Coverage

- The Health Security plan will guarantee comprehensive health benefits for all Americans, no matter who they are or where they live. Since rural areas have a disproportionate number of uninsured, underinsured and Medicaid recipients, providing universal coverage will help channel significant new resources into rural health care systems.

- The plan will encourage cooperative relationships among rural and urban providers such as developing information sharing capabilities and referral mechanisms to link academic health centers and rural health providers.

- Under the plan, regional alliances may provide incentives to urban health plans to serve rural areas in their region. They may also be required to serve underserved rural areas as a condition of participation.

Increases Access to Providers

- The Health Security plan will develop an infrastructure and provide support for primary care capacity to help serve rural citizens and providers. An additional 14 million Americans will receive improved health care services as the Health Security plan targets rural areas in which more than half of all residents earn incomes 200 percent or less of the poverty level.

- New workforce initiatives, including tax incentives, increased reimbursement, retraining, scholarships, and loan forgiveness programs, will encourage health care providers to practice in rural underserved areas.

- The Health Security plan will expand the National Health Service Corps, placing at least 3,000 primary care practitioners in rural areas by the year 2000.

Encourages Health Networks

- Under the Health Security plan, technical and financial assistance will be provided to develop networks. This will help the rural communities that need outside expertise to establish links with larger referral centers and academic health centers.

- The Health Security plan includes grants to support the development of telecommunications links between underserved providers and other providers, health care centers, and institutions. This will help facilitate "group practices without walls," allowing easier consultation and coordination among rural providers and with urban providers.

- New grants will be provided to academic health centers to help build information and referral infrastructure needed to support rural health networks.

- Investment in currently successful programs, such as community and migrant health centers, will be increased to help them establish and enhance contacts with other providers.

Assures Participation of Essential Community Providers

- For the first five years after implementation, the Health Security plan will designate as "essential providers" qualified practitioners and facilities in underserved areas.

- These providers will either be offered contracts with plans, or receive reimbursement on a fee-for-service basis to ensure access to care and continuity of care for rural and other vulnerable populations.

- Federal grants and loans will help essential providers establish links with local practitioners, community hospitals, and academic centers, and form integrated practice networks or community-based plans.

Coordination of Programs

- During the phase-in of health reform, current block grants will continue to pay for clinical services for the uninsured as well as supplemental services for all low-income individuals.

- After universal coverage is achieved, funds which had been used to provide health services to the uninsured will be redirected and combined with new grants to pay for support services to ensure access to care. These services include outreach, follow-up, home visits, transportation, and child care during office visits.

December 2, 1993

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE PRESIDENT

FROM: **John Hart, Deputy Assistant to the President for Intergovernmental Affairs.**

DATE: **December 3, 1993**

SUBJECT: **New Mexico and the Health Security Act**

I. Summary and Background

New Mexico is a largely rural state with a significant uninsured population. New Mexico has the highest percent of uninsured population in the country -- over 25%. The combination of a large number of small businesses, low wages, the lack of affordable coverage for the unemployed and self-employed, and the lack of insurance in the hispanic community has contributed to the high rate of uninsured. The state's ability to address its health care needs has been crippled by lack of funds. Consequently, New Mexico commits less money to the low-income population than all other states except three.

Access in rural New Mexico is a major problem. A third of the population lives in Albuquerque, a third along the Rio Grande corridor, and the remaining third spread out in an area twice the size of New York state. All or a portion of 30 of the 33 counties are medically underserved.

Although New Mexico faces considerable barriers, the state has been creative in delivering its limited resources to its residents. New Mexico was the first state to have a statewide Medicaid Primary Care Network, as well as peer review of physicians. The three large cities have strong HMO penetration. Large purchasing groups exist for public employees and public school employees.

II. Health Care Reform in New Mexico

A. Current Health Reform Climate

While there are many legislative proposals that have been reviewed by the Health Care Task Force, it is unlikely that any comprehensive reform package will

pass the legislature before national reform has been solidified.

In the 50 mile radius around Albuquerque, HMO penetration is quite high: 75% in the area are handled by an HMO or other kind of managed care system. HMOs have helped doctors to practice more cost-effective medicine. However, premiums have still increased faster than medical costs, and some believe that successful HMOs have learned to disenroll groups that are too costly.

In the last legislative session, the Governor, did not appropriate the full amount of money to the Rural Primary Health Care Act, which has upset many concerned with rural health.

B. Key Figures in Reform

The major impetus for reform in New Mexico is the New Mexico Health Care Initiative, a body formed by the Governor's Health Policy Commission, and directed by Dr. Charles Goldstein. Although the Governor has not been a major player in health care reform, it is highly likely that he will be behind the legislation proposed by the New Mexico Health Care Initiative. The Democratic leadership has been an active participant in reform, as well, including House Speaker Raymond Sanchez, Rep. Manuel Olguin, Rep. Max Coll, Rep. Lucky Varella, Sen. Manny Aragon, and Sen. Paster.

In attendance at the arrival will be the Mayor of Albuquerque, Mayor Chavez; ten Pueblo Governors have been invited.

Lieutenant Governor Casey Luna will be flying on Air Force One to Albuquerque. The Lieutenant Governor is the owner of a small business (a car dealership). In September, he wrote a letter to President expressing his enthusiastic support for the Health Security Act -- as a small business owner and a government official.

C. Native American Health Care

1. Background

In New Mexico, Indian Health Services (IHS) provide care to about 148,000 Native Americans. Utilization of the Indian Health Services system has been steadily decreasing because of the distance of many of the clinics that participate, and the fact that many Native Americans are eligible for Medicaid, and utilize alternative services.

Most Native Americans live in rural communities and receive their care through primary care clinics. Any form of specialized care must be attained by contracting with outside providers, which drains IHS's limited resources. Consequently, transportation is a major impediment in the availability of comprehensive care.

Native Americans have different health problems than other populations. Native Americans are four times more likely than other populations to have fatal injuries. Most are the result of motor vehicle deaths, many of which are associated with alcohol abuse. Illness, hospitalization, and death from diabetes is also more prevalent among Native Americans.

2. Native American Health Care Concerns

Health care delivery for Native Americans in New Mexico is a complex issue, because 1) the Indian Health Services system cannot sufficiently respond to the community's needs, and 2) there is considerable Native American skepticism on state and federal partnerships.

Today, funds for Indian Health Services in New Mexico are capped at about $40 million. Under the Reagan years, health care funding was changed to the block grant system, and only states were eligible for the grants. Consequently, Native Americans were forced to negotiate with the state for funds, which goes against their strong desire to uphold the trust responsibility of the federal government.

The Health Security Act allows for Native Americans to participate in the new system like all other citizens. However, Native Americans have the option of receiving a comprehensive benefits package through either IHS or a private health plan. The Act requires IHS to provide the same level of benefits as other health programs by 1998. Supplemental funding to bring IHS up to this level will be made available. Indian Health Services have not been able to become full providers in the past 30 years, and the requirement that they do so under the Health Security Act appears unattainable to Native American groups.

This fiscal year, the IHS budget will be reduced 3%, another 3% next year, and 5% the following year. If IHS does not receive the supplemental funds before these cuts, parts of the community will be at risk.

Under the Health Security Act, if Native Americans are attracted to the regional alliances, the IHS system will see a decline. From the Native American perspective, the fall of IHS will threaten the concept

of Tribal sovereignty and the Government to Government relationship that currently exists. Native Americans would like to see a levelled playing field among providers.

D. Migrant and Undocumented Workers

A Farm Worker Health Coalition of members of various state agencies has been formed to coordinate outreach to migrant workers. Migrants have greater health problems, with chronic diseases, lack of child immunization, exposure to pesticides, and lack of dental care. The problem is most acute in the southern region of the state, where there is only one public rural health clinic to serve the area with the most need. Limited resources have forced clinics to form waiting lists for care.

Another issue is the fact that field and farm labor are not covered under workers compensation. There is a law suit that is currently seeking to remove this exemption.

III. Key Elements of Reform

A. Health Policy Commission

The New Mexico Health Policy Commission was created by the 1991 New Mexico Legislature to develop a feasible universal access health care plan. In March, the Commission proposed the Cooperative Health Care plan, a multi-payer system, which has been folded into the Health Care Authority Proposal (see Section C). The Commission created the New Mexico Health Care Initiative to complete this project.

B. New Mexico Health Care Initiative, NMHCI

NMHCI, a special state agency that reports to the NM Health Policy Commission, was funded by a grant of almost $1 million from the Robert Wood Johnson Foundation. NMHCI evaluates the feasibility of different health-care reform proposals, including a primary-payer model. The director of NMHCI, Dr. Charles Goldstein, is also a member of the Legislative Task Force.

The Initiative has recommended for 1994:

- Expanding capacity of primary care clinics
- Insurance reform: modified community ratings, guaranteed renewability, and portability
- Creating a pilot study for voluntary insurance pools

- Funding for needs analysis of health information system architecture
- Medicaid expansion
- Set-asides for academic, chronic and long-term levels of health care

The Initiative has recommended for 1995:
- Creation of New Mexico Health Care Authority
- Set up regional councils
- Pass fiscal incentives for investing in existing and current resources (tax incentives)
- Pass malpractice reform
- Mandate business contributions

C. Proposed Health Care Authority

The New Mexico Health Authority, proposed by NMHCI, is a public not-for-profit corporation with a board of seven paid members appointed by the governor with the consent of the Senate that handles all regulatory tasks and ensures that all rules and regulations are equitable.

The Health Authority responsibilities include:
- Ensuring access to all residents
- Set maximum premium caps
- Establish a statewide minimum benefits package for all health plans
- Review and approve cost-sharing levels
- Set quality standards
- Certify plans
- Publish report cards of services
- Oversee centralized claim system
- Make policy for health care delivery and assist with budget and resources

The Authority establishes five Regional Health Councils with locally elected members around the state. Each council selects the Health Plans to be offered in its region. The Council's role is to advocate and negotiate for its members. This proposal has been written in light of the Health Security Act, however it has not been submitted to the legislature.

D. New Mexicare

The most ambitious proposal, New Mexicare, was introduced and tabled within the 1993 legislative session. The plan would have prohibited all private health insurance for services covered under New Mexicare. Private insurance would offer coverage for services not in the state plan. The plan was funded by a 8% income tax surcharge and a 3 1/2% payroll tax. Premiums were set on a sliding scale, between $1,000

and $5,000 a year for all above the poverty line. It is likely that a more detailed version of the bill will be reintroduced in the next legislative session, although support is still lacking.

E. Joint Health Care Task Force

Over the summer, the legislature set up a task force to review health reform after the single-payer bill was tabled. The Task Force includes 12 legislators, four members of the public, and four representatives from executive agencies. The Task Force is investigating at least two health care delivery and payment proposals -- single and multi payer plans.

Reforms being considered include:

- standardization of forms
- increased use of computers for claims
- restricting malpractice awards
- providing coverage to residents who leave the state
- increasing funds for training medical practitioners
- ensuring all residents are covered and costs are equitable

NMHCI has been working with the Task Force -- supplying data and analysis of different types of reforms.

F. 1991 Small Group Insurance Reform

Reform for small group insurance includes guaranteed renewal and rating bands. Once a company is covered, an insurer may not cancel coverage because of insurance claims or changes in health status. The difference between the lowest and highest premium rates charged to different groups of employers with different <u>risk</u> characteristics such as medical conditions, claims experience, and duration of coverage are limited. Insurers are still free to set different rates for different "<u>case</u> characteristics", such as age, gender, industry, and location.

Under the Health Security Act, there will be no rate difference for "case characteristics" such as age, gender, or industry. Community rating ensures that risk will be spread across the entire population. Premiums for the comprehensive benefits package will be adjusted <u>only</u> for geographic location and family status.

G. Minimal Coverage Plans

Basic plans are available to small business. These basic, no-frills policies are more affordable because they are stripped of some or all of the more costly state benefit and provider mandates.

H. Uninsurable Population Program

A comprehensive insurance policy is available for those who are unable to obtain health insurance at a standard rate due to pre-existing or chronic medical conditions.

I. Rural Health Care Reform

1. Rural Primary Health Care Act

The Rural Primary Health Care Act has expanded from about $300,000 in 1988 to $1.2 million in 1993. [As mentioned above, the Governor line-item vetoed $800,000 for the program.] This program will completely fund three clinics and help fund another 24. These subsidies will maintain a minimum level of primary care services in underserved areas by supplementing the salary of practitioners.

2. Rural Health Care for Women

La Clinica de Familia in southern New Mexico has started one of the first mobile health education services for rural women in the country. With a grant from the State Maternal Child and Health Bureau, members of the community, picked by the clinic, fan out to help their fellow community members. By teaching preventive medicine, health officials believe the program will cut Medicaid and indigent care costs.

3. Addressing the Shortage of Providers

The roles of physician assistants and nurse practitioners been expanded to allow independent practice. As well, the curriculum at the University of New Mexico Medical school has been changed to reflect the need for more rural general practitioners. Residency is now spent two years in rural underserved areas and one year in a hospital. This program also helps to temporarily alleviate the shortage of rural doctors.

J. Medicaid Reform

The 1992 and 1993 legislation redirected funds raised by county gross receipts taxes to new rural health centers in underserved areas and to expand Medicaid eligibility.

Access for Medicaid recipients has been a problem -- from primary care providers and dentists, especially in the northwest, southwest and southeast corners of the state.

IV. Waivers

A. 0161.90

On November 20, 1992, New Mexico has asked for a renewal to provide case management, homemaker/personal care and private duty nursing to patients with AIDS or ARC. The state stopped the 90 day clock on January 21, 1993 to resubmit information.

B. 0173.90.02

On September 30, 1993, New Mexico submitted a request for waiver modification to provide services to individuals who would otherwise require ICF/MR level of care. The waiver is pending in HCFA and the 90th day is December 29, 1993.

C. 01.R01

On August 2, 1993, New Mexico asked for a renewal waiver to provide a primary care case management system. The waiver was approved October 27, 1993.

V. Relevant Health Care Statistics

Rank of New Mexico

1st -- Percent of state uninsured -- 25.6%
5th -- Percent of population covered by Medicaid -- 13.7%
6th -- Percent of population underserved -- 32.7%
10th -- Percent of health payments in average family income -- 15.2%
16th -- Percent of population enrolled in HMOs -- 15.7%
32nd -- Infant mortality rate per 1000 live births -- 8.1
35th -- Medicaid expenditures as a percent of total state expenditures -- 11.6%
38th -- Per capita health expenditures -- $3,425
45th -- Medicaid payments per recipient -- $2,259
46th -- Per capita income
46th -- Population above the poverty limit

Demographics

1,548,000 -- Total population (1991)
20.9% -- Population below poverty (1990)
27.0% -- Rural population (1990)
40.0% -- Hispanic (1993)
11.0% -- Native American
9,255 -- Migrant and seasonal farm workers (1991)

Total Health Payments per Family
1980 -- $1,989
1993 -- $7,274
2000 -- $13,774
266% -- Increase in costs from 1980 to 1993
592% -- Increase in costs from 1980 to 2000

Health Insurance Coverage, 1991
13.7% -- Covered by Medicaid
11.4% -- Covered by Medicare
60.4% -- Covered by private payers
21.5% -- Uninsured, 1991
25.6% -- Uninsured, 1993

Nonelderly Population with Selected Sources of Health Insurance
52.9% -- With employer coverage
8.2% -- With other private insurance
60.9% -- Total with private insurance

Public Health System
$108,800,000 -- PHS public health expenditures (FY1992)
$49,034,000 -- State public health expenditures (FY1989)
$1,150,000 -- Local public expenditures (FY1989)
8 -- Community and migrant health centers
32.7% -- Population underserved
21.0% -- Lack access to Primary Care

Health Indicators
8.1 -- Infant mortality rate per 1000 live births (1991)
65.4% -- Two year olds appropriately immunized (1989)
45% -- Pregnant women who receive prenatal care (1993)

Medicaid
212,000 -- Medicaid recipients (1992)
$478,000,000 -- Medicaid payments (1992)
$2,259 -- Medicaid payments per recipients (1992)
11.6% -- Medicaid expenditures as a percent of state expenditures (1992)
73.85 -- FMAP (FY 1993)

Managed Care
5 -- HMOs (1992)
15.7% -- Percent of population enrolled in HMOs (1992)
75.0% -- Percent of population around Albuquerque in HMOs (1993)
5 -- Operational PPOs (1990)

VI. Sources

ASPE, HHS, New Mexico Overview, 11/93.

"Congressmen Look at N.M.'s Managed Care", AP, September 27, 1993.

Families USA Foundation, Skyrocketing Health Inflation, November 1993.

Governor King's Office

Lt. Governor Casey Luna, Letter to President Clinton, September 10, 1993.

New Mexico Department of Insurance

Joy Waldron, David Ricks, and Barbara Russell, State of New Mexico, Health Care Initiative Office

Larry Salazar, Migrant Farm Workers Coalition Office

Sam Cata, Office of Indian Affairs

National Association of Communal Health Centers, "Medicaid and Migrant Farmworkers Families", August 1991.

Health Care Task Force, "Bill Drafts, Proposals, and Issues", November 18-19, 1993.

Julia Watson, "Rural Health Program Breaks New Ground", Sun-News.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. schedule	Schedule for Hillary Rodham Clinton, Draft #5 [partial] (3 pages)	2/18/94	b(7)(E)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

2014-0483-S
sb393

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Sioux Falls
5:30 6:00

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: FRIDAY, FEBRUARY 18, 1994
DRAFT: #5

WASHINGTON, DC/SIOUX FALLS, SD/WAUSUA, WI/MILWAUKEE, WI

Traveling Party:	**HRC**		
	Craighead	**1-800SKYPAGE**	**#207-4653**
		202-365-7717	**CELLULAR**
	Caputo	**1-800SKYPAGE**	**#883-5733**
	Verveer		
	Alswang		
	Sec. Mike Espy		
	Steve Kinsella, Espy staffer		
	(b)(7)e 004		

Congressional Delegation:

Lead Advance:		
Sioux Falls, SD	**Pat Halley**	
	Holiday Inn	
	100 W. 8th Street	
	605-339-2000	**RM 536**
	605-339-3724	**fax**
	1-800SKYPAGE	**#537-3335**

Lead Advance:		
Waussau, WI	**Steve Graham**	
	Waussau Inn & Conference Center	
	2001 N. Mountain Road	
	715-842-0711	**RM 226**
	715-842-1838	**fax**
	1-800SKYPAGE	**# ?**

Scheduling Desk:	**Sara Grote**	
	202-456-2922	**office**
	202-456-2317	**fax**
	202-483-7312	**home**
	1-800-528-7528	**WHCA #4363**

PREV RON The White House

**************************NEW HAMPSHIRE DAY!**************************

7:30 am **DEPART** White House
EN ROUTE Andrews Air Force Base
Traveling w/ HRC:
-Craighead
-Caputo
-Verveer
-Alswang
-Sec. Mike Espy
-Steve Kinsella, Espy staffer

7:55 am **ARRIVE** Andrews Air Force Base

8:00 am **WHEELS UP** Andrews Air Force Base

Flight Time: 2 HRS. 45 MIN. [+1]
Manifest: HRC, CRAIGHEAD, CAPUTO, VERVEER, ALSWANG, ESPY, KINSELLA, (b)(7)e 004
Food: BREAKFAST

9:45 am **WHEELS DOWN** Sioux Falls
FBO: Air National Guard Terminal
Phone: 605-333-5754
Fax: 605-333-5897
CLOSED PRESS ARRIVAL

Contact: John Carlson
605-333-5754

Greeter: Sen. Thomas Daschle [D]

9:55 am **DEPART** Airport
EN ROUTE Lennox Area Medical Center
[drive time: 30 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, ESPY, SEN. THOMAS DASCHLE, ROGERS
Staff Van: CRAIDHEAD, CAPUTO, ALSWANG, KINSELLA

10:25 am **ARRIVE** Lennox Area Medical Center
OPEN PRESS ARRIVAL

Greeter: Dr. Larry Sittner, Clinic Director

10:30 am-
11:00 am **TOUR OF** Lennox Area Medical Center [w/ Sen. Thomas Daschle]
Waiting Room, Patients Rooms, Clinical Rooms
Lennox Area Medical Center
108 South Main Street
Phone: 605-647-2841
TIGHT POOL PRESS

Format: Dr. Sittner to conduct tour. HRC & Sen. Thomas Daschle to tour medical center and visit with patients.

Participants: Approx. 12 people to attend. [see briefing for more info.]

Contact: Mike Brogioli, Sen. Daschle's Office
202-224-2321
605-334-9596 [o]
605-361-2345 [hotel]
Scott Rogers, Physician's Assistant

11:00 am **DEPART** Lennox Area Medical Center
EN ROUTE Lennox High School
[drive time: 05 min.]

11:05 am **ARRIVE** Lennox High School

Greeters: Alan Rops, Lennox High School Principal
Dr. Robert Mayer, School superintendent

11:10 am-
11:35 am **ADDRESS TO** Students and Faculty
Study Hall
Lennox High School
CLOSED PRESS

Format: Sen. Thomas Daschle to speak and intro. HRC. HRC to deliver brief remarks. Work ropeline with Sen. Thoms Daschle.

Participants: Approx. 120 people to attend.

Contact: Mike Brogioli, Sen. Daschle's Office
202-224-2321
605-334-9596 [o]
605-361-2345 [hotel]

11:35 am-
11:55 am **HOLD/LUNCH**
Holding Room: Staff Work Room
Phone: 605-647-2030
Fax: 605-647-2031
Staff Hold: Room 101
CLOSED PRESS

11:58 am **PROCEED TO** Forum W/Sen. Thomas Daschle

12:00 pm-
2:00 pm **NORTHERN GREAT PLAINS SUMMIT ON RURAL HEALTH CARE**
Gymnasium
Lennox High School
208 West 5th Avenue

OPEN PRESS

Seated at table with HRC:
-Sen. Thomas Daschle [D-SD]
-Sen. Larry Pressler [R-SD]
-Sen. Kent Conrad [D-ND]
-Sen. Robert Kerrey [D-NE]
-Sen. Paul Wellstone [D-MN]
-Cong. Earl Pomeroy [D-ND]
-Cong. David Minge [D-MN]
-Sec. Mike Espy
-20 citizens

Program:
-Sen. Thomas Daschle to delvier welcoming remarks & intro. HRC
-HRC to deliver remarks-20 min.
-Lois Quan to act as moderator and open up roundtable discussion on health care
-HRC to take questions and listen to statements made by citizen participants

Participants: Approx. 1500 people to attend. [See briefing for more info.]

Contact: Mike Brogioli, Sen. Daschle's Office
202-224-2321
605-334-9596 [o]
605-361-2345 [hotel]
Rick Weiland
605-334-9596

2:05 pm-
2:10 pm **OFFICIAL PHOTOS W/**20 Citizen Program Participants
Band Room
CLOSED PRESS

2:10 pm-
2:20 pm **INTERVIEW W/_____** of Argus Leader
Holding Room

2:20 pm-
2:40 pm **TV INTERVIEWS**

2:45 pm-
3:05 pm **MEET AND GREET/OFFICIAL PHOTO**
Study Hall
Lennox High School

CLOSED PRESS

Format: Informal meet and greet/photo line.

Participants: Approx. 75 people to attend. [See briefing for more info.]

Contact: Joe Trayhern
456-6257

3:10 pm **DEPART** Lennox High School
EN ROUTE Airport
[drive time: 30 min.]

3:40 pm **ARRIVE** Airport

3:45 pm **WHEELS UP** Sioux Falls

Flight Time: 1 HR. 05 MIN.
Manifest:
Food:

4:50 pm **WHEELS DOWN** Wausau, WI
Wisconsin Central
FBO:
Phone:
Fax:
CLOSED PRESS ARRIVAL

Greeters:

4:55 pm **DEPART** Airport
EN ROUTE Lincoln Center at Stevens Point
[drive time: 20 min]

5:15 pm **ARRIVE** Lincoln Center at Stevens Point

Greeters:

5:20 pm-
5:50 pm **DISCUSSION W/Seniors** [w/Sen. Russell Feingold, Sen. Herb Kohl & Cong. David Obey
Room:
Lincoln Center at Stevens Point
OPEN PRESS

Format:

Participants:

Contact: Joe Crappa, Cong. Obey's Office
225-3365
Jerry Madison, district rep.
715-842-5606
Ruth Laroque, Sen. Feingold's Office
224-5323
Moira Harrington, district office
608-828-1200

6:10 pm-
6:35 pm **PRIVATE MEETING W/Hospital Administrators**
Room: TBA
Lincoln Center at Stevens Point
CLOSED PRESS

Format: Informal meeting

Participants: Approx. 12 people to attend.
[See briefing for more info.]

Contact:

6:40 pm **DEPART** Lincoln Center at Stevens Point
EN ROUTE Grand Theater
[drive time: 40 min.]

7:20 pm **ARRIVE** Wausau Supper Club

7:25 pm-
7:45 pm **HOLD**

Greeters:

7:45 pm-
8:20 pm **VIP RECEPTION**
Ballroom
Wausau Supper Club
CLOSED PRESS

Format: Cong. David Obey to intro. HRC. HRC to deliver very brief remarks. Work ropeline.

Participants: Approx. 350 people to attend.
[See briefing for more info.]

Contact: Joe Crappa, Cong. Obey's Office
225-3365
Jerry Madison, district rep.
715-842-5606

8:20 pm **DEPART** Wausau Supper Club
EN ROUTE Grand Theater
[drive time: 5 min.]

8:25 pm **ARRIVE** Grand Theater

Greeters:

8:30 pm-
10:00 pm **FUNDRAISER FOR CONG. DAVID OBEY**
Grand Theater
Holding Room
Phone:
Fax:
OPEN PRESS

OBEY

ON STAGE:
-HRC
-Cong. David Obey
-Sen. Russell Feingold
-Sen. Herbert Kohl

Program:
-Cong. David Obey to act as MC, & intro. Sen. Feingold
-Sen. Russell Feingold to deliver brief remarks
-Cong. David Obey to intro. Sen. Herbert Kohl
-Sen. Herbert Kohl to deliver brief remarks
-Cong. David Obey to intro. HRC
-HRC to deliver 10 min. remarks
-HRC to take Q&A [40 min.]
-Cong. David Obey to act as moderator

Participants: Approx. 1000 people to attend.
Better Way Club-providing funding to Obey

Contact: Joe Crappa, Cong. Obey's Office
202-225-3365
Jerry Madison, district rep.
715-842-5606
Nelda Madison, funding
715-842-5606

10:05 pm **DEPART** Grand Theater

	EN ROUTE Airport [drive time: 20 min.]
10:25 pm	**ARRIVE** Airport
10:30 pm	**WHEELS UP** Wausau, WI

Flight Time: 45 MIN.
Manifest: HRC, CRAIGHEAD, CAPUTO, VERVEER, MICHAEL VERVEER, ALSWANG, SEN. RUSSELL FEINGOLD, (b)(7)e 004
Food:

11:15 pm	**WHEELS DOWN** Milwaukee, WI
RON	Hyatt Hotel Milwaukee, WI Phone: Fax:

Notes for the First Lady's Rural Health talk in South Dakota

Background: The National Rural Health Association is a diverse, multi-disciplinary organization. Members include rural providers, Community and Migrant Health Centers, hospitals, state offices of rural health, university types, etc. I was executive director for 9 years. Denise Denton, from Colorado, is the President, and she worked with the task forces on health care reform this summer.

Tom Dean, M.D., an NRHA former president, is an avid supporter of the President and the Health Security Act. Tom is a family doctor in a small Community Health Center in Wessington Springs, SD. He is very tight with Sen. Daschle, so there is a good chance you will meet him. He is a model physician and great guy. His wife Kathy is a Certified Nurse Midwife.

Intro:
It may be useful to set the stage by acknowledging how different rural South Dakota is from rural Arkansas. South Dakota is a "frontier" state (less than 6 people per square mile).

There is no specific rural section of the Act, but taken all together, all the rural pieces in the Act provide a comprehensive package of improvements to address rural health problems.

What are the problems?

1. Uninsured and underinsured population proportionally higher in rural
   - people lack security of coverage and poor benefits
   - providers don't get paid for their work

2. Small rural business and self-employed people adversely affected by the lack of an organized insurance market
   - allows insurance company abuses
   - administrative costs higher for individuals and small business
   - finding coverage and periodically refinding is a hassle

3. Shortage of primary care providers - docs, PAs and NPs
   - providing an insurance card is not enough - must build provider capacity
   - rural docs see 20 percent more office visits
   - competition for primary care providers is intense and going to get worse as managed care grows

4. Existence of organized systems of care is spotty
   - while a lot is being done in this area voluntarily and under state, federal and private sponsorship, lots of areas lack much significant provider organization
   - this makes areas vulnerable both now and in the future, and does little to maximize the assurance of high quality care for rural folks

The attached materials are cleared briefing slides that describe the benefits available to rural and frontier area residents in the Health Security Act.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY

PHONE: (202) 690-6870 FAX: (202) 401-7321

7866

Date:

From: BOB VAN HOOK To: LIZ BOYER

Phone: (202) 690- 7866
(202) 690-6870
FAX: (202) 401-7321

Phone: 456-2239
Fax:

Number of Pages (Including Cover): 14 ?

Comments: LIZ - HOW 'BOUT INDIAN HEALTH? NEED ANYTHING?

To: Liz Boyer

From: Lois Quam

Re: First Lady's Midwestern trip

The most persuasive arguments with Midwesterners are the fundamental ones of security and savings. Rural areas in the Midwest have relatively few uninsured compared to other parts of the country. However, the insured people typically have poor coverage: high deductibles, limited benefits including exclusions for preventive care, pre-existing condition limitations,and lifetime limits. Security defined as bad insurance coverage is persuasive.

The greatest concern about the plan focuses on two points. First, there is concern that business, particularly small business will be harmed. Second, there is concern that the program represents too much government.

On the small business argument, I have found that the most persuasive approach is to present the health care problems we face as the problems of small business. For example, I talk about the fact that rural areas are hurt by the very structure of the health care system because more rural Americans own their own business, farm, or work for a small company. I close with the argument that we need a country where Americans can start their own business and not have to put their families health security at risk.

An emphasis on the personal responsibility in the plan helps address the second concern. There is a real emphasis on personal self-reliance in the Midwest. It is important to express that the plan is not "free", or "government run".

This region has a strong populist history - particularly the Dakotas. South Dakota has a long history of local pride and anti-East Coast fervor.

Talking about the special interests opposing the plan is important. Mentioning that those interests are not from South Dakota but represent big money elsewhere would be very persuasive. Perhaps, the First Lady could reference that coming from Arkansas she understands how rural states often get taken for granted by the monied folks who want to run the country. A rural populist theme would be warmly received.

The most prevalent rural issue is whether the plan will help get and keep doctors in rural areas. This is one of the major thrusts of the plan. It is also a difficult task because the average age of rural physicians is climbing. I answer that the plan does four things. First, the plan trains more primary care physicians and nurse practitioners to go to rural areas. Second, the plan provides rural training sites to provide medical residents and nursing students a chance to appreciate rural practice. Third, the plan provides incentives through loan forgiveness and tax deductions to get practitioners to go to rural areas. Finally, the plan addresses the problems that cause doctors and nurse practitioners to leave rural areas by making sure they get paid for their work through universal coverage and initiatives to

break the isolation. These initiatives also provide loans and grants to help improve and convert rural clinics and hospitals.

The other materials provide a wide range of questions and answers.

Below are my updates on members.

Wellstone - I saw him Sunday night. He was supportive of the President and First Lady. He called for support but said that it was important that the single payer groups made it clear that they would not support compromises that lengthened the transition, cut benefits, or made the coverage unaffordable. He is urging grassroots organizing in support of universal coverage (as opposed to Cooper). He is derisive about Cooper.

Minge - I talked to him last week. He still sees himself as learning about health care. I have offered to spend time with him. I am also organizing him a fundraiser this spring. He is undecided but says he intends to support a bill like the President's.

Pomeroy - I was a co-sponsor of a Minnesota fundraiser for him recently but could not attend. He has been particularly interested given his background in the insurance and workers compensation sections.

Gunderson - He and I talked frequently in D.C. He was impressed with the plan and in particular with the rural provisions. He was very supportive of Shalala when she was a the University of Wisconsin and still feels an attachment to her. He will feel pressure from Tommy Thompson and may feel squeezed between Thompson and the President.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. schedule	Schedule for Hillary Rodham Clinton, Draft #6 [partial] (4 pages)	2/18/94	b(7)(E)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

2014-0483-S
sb393

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: FRIDAY, FEBRUARY 18, 1994
DRAFT: #6

WASHINGTON, DC/SIOUX FALLS, SD/WAUSUA, WI/MILWAUKEE, WI

Traveling Party:	**HRC**		
	Craighead	**1-800SKYPAGE**	**#207-4653**
		202-365-7717	**CELLULAR**
	Caputo	**1-800SKYPAGE**	**#883-5733**
	Verveer		
	Alswang		
	Sec. Mike Espy		
	Steve Kinsella, Espy staffer		
	(b)(7)e 005		
Lead Advance:			
Sioux Falls, SD	**Pat Halley**		
	Holiday Inn		
	100 W. 8th Street		
	605-339-2000	**RM 536**	
	605-339-3724	**fax**	
	1-800SKYPAGE	**#537-3335**	
Lead Advance:			
Wausau, WI	**Steve Graham**		
	Waussau Inn & Conference Center		
	2001 N. Mountain Road		
	715-842-0711	**RM 226**	
	715-842-1838	**fax**	
	715-573-1030	**cellular**	
Scheduling Desk:	**Sara Grote**		
	202-456-2922	**office**	
	202-456-2317	**fax**	
	202-483-7312	**home**	
	1-800-528-7528	**WHCA #4363**	

PREV RON The White House

**************************NEW HAMPSHIRE DAY!**************************

7:30 am **DEPART** White House
EN ROUTE Andrews Air Force Base
Traveling w/ HRC:
-Craighead
-Caputo
-Verveer
-Alswang
-Sec. Mike Espy
-Steve Kinsella, Espy staffer

7:55 am **ARRIVE** Andrews Air Force Base

8:00 am **WHEELS UP** Andrews Air Force Base

Flight Time: 2 HRS. 45 MIN. [+1]
Manifest: HRC, CRAIGHEAD, CAPUTO, VERVEER, ALSWANG, ESPY, KINSELLA, (b)(7)e 005
Food: BREAKFAST

9:45 am **WHEELS DOWN** Sioux Falls
FBO: SD National Guard Terminal
Phone: 605-333-5754
Fax: 605-333-5897
CLOSED PRESS ARRIVAL

Contact: John Carlson
605-333-5754

NOTE: Pat Halley will meet HRC at the airport.

Greeter: Sen. Thomas Daschle [D]
Gov. Walter Dean Miller [R]
Pat Miller [Gov. Miller's wife]

9:55 am **DEPART** Airport
EN ROUTE Lennox Area Medical Center
[drive time: 30 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, ESPY, SEN. THOMAS DASCHLE, ROGERS
Staff Van: CRAIGHEAD, CAPUTO, ALSWANG, KINSELLA, BROGIOLI, WEILAND

10:25 am **ARRIVE** Lennox Area Medical Center
OPEN PRESS ARRIVAL

Greeter: Dr. Larry Sittner, Clinic Director

10:30 am-
11:00 am **TOUR OF** Lennox Area Medical Center [w/ Sen. Thomas Daschle]
Waiting Room, Patients Rooms, Clinical Rooms
Lennox Area Medical Center
108 South Main Street
Phone: 605-647-2841
Fax:
TIGHT POOL PRESS

Format: Dr. Sittner to conduct tour. HRC & Sen. Thomas Daschle to tour medical center

and visit with patients. **NOTE:** Sec. Mike Espy will participate on tour.

Participants: Approx. 12 people to attend. [see briefing for more info.]

Contact: Scott Rogers, Physician's Assistant
605-647-2841

11:00 am **DEPART** Lennox Area Medical Center
EN ROUTE Lennox High School
[drive time: 05 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, ESPY, SEN. THOMAS DASCHLE, GOV. WALTER DEAN MILLER ?, ROGERS
Staff Van: CRAIGHEAD, CAPUTO, ALSWANG, KINSELLA, BROGIOLI, WEILAND

11:05 am **ARRIVE** Lennox High School

Greeters: Alan Rops, Lennox High School Principal
Dr. Robert Mayer, School Superintendent
Mayor____?

11:10 am-
11:35 am **ADDRESS TO** Students and Faculty
Study Hall
Lennox High School
CLOSED PRESS

Format: Sen. Thomas Daschle to speak and intro. HRC. HRC to deliver brief remarks. Work ropeline with Sen. Thomas Daschle.

Participants: Approx. 120 people to attend.

Contact: Mike Brogioli, Sen. Daschle's Office
202-224-2321
605-334-9596 [o]
605-361-2345 [hotel]

11:35 am-
11:55 am **HOLD/LUNCH**
Holding Room: Staff Work Room
Phone: 605-647-2030
Fax: 605-647-2031
Staff Hold: Room 101
CLOSED PRESS

11:58 am **PROCEED TO** Forum W/Sen. Thomas Daschle

12:00 pm-
2:00 pm **NORTHERN GREAT PLAINS SUMMIT ON RURAL HEALTH CARE**
Gymnasium
Lennox High School
208 West 5th Avenue
OPEN PRESS

Seated at table with HRC:
-Sen. Thomas Daschle [D-SD]
-Sen. Larry Pressler [R-SD]
-Sen. Kent Conrad [D-ND]
-Sen. Robert Kerrey [D-NE]
-Sen. Paul Wellstone [D-MN]
-Cong. Earl Pomeroy [D-ND]
-Cong. David Minge [D-MN]
-Cong. Rod Grams [R-MN]
-Sec. Mike Espy
-20 citizens

Program:
-Gov. Walter Dean Miller to deliver welcoming remarks
-Sen. Thomas Daschle & HRC to proceed to seat at table
-Sen. Thomas Daschle to deliver welcoming remarks & intro. HRC
-HRC to deliver remarks-20 min.
-Lois Quan to act as moderator and open up roundtable discussion on health care
-HRC & members of Congress to take questions and listen to statements made by citizen participants

Participants: Approx. 1500 people to attend. [See briefing for more info.]

Contact: Mike Brogioli, Sen. Daschle's Office
202-224-2321
605-334-9596 [o]
605-361-2345 [hotel]
Rick Weiland
605-334-9596

2:05 pm-
2:10 pm **OFFICIAL PHOTOS W/**20 Citizen Program Participants

Band Room
CLOSED PRESS

2:10 pm-
2:20 pm **INTERVIEW W/_____** of Argus Leader
Holding Room

2:20 pm-
2:40 pm **TV INTERVIEWS**

2:45 pm-
3:05 pm **MEET AND GREET/OFFICIAL PHOTO**
Study Hall
Lennox High School
CLOSED PRESS

Format: Informal meet and greet/photo line.

Participants: Approx. 75 people to attend.
[See briefing for more info.]

Contact: Joe Trayhern
456-6257

3:10 pm **DEPART** Lennox High School
EN ROUTE Airport
[drive time: 30 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, ROGERS, CRAIGHEAD, CAPUTO, ALSWANG

3:40 pm **ARRIVE** Airport

3:45 pm **WHEELS UP** Sioux Falls
FBO: SD National Guard Terminal
Phone: 605-333-5754
Fax: 605-333-5897
CLOSED PRESS DEPARTURE

Contact: John Carlson
605-333-5754

Flight Time: 1 HR. 05 MIN.
Manifest: HRC, CRAIGHEAD, CAPUTO, VERVEER, ALSWANG, (b)(7)e
Food: LUNCH

005

4:50 pm **WHEELS DOWN** Wausau, WI [Mosinee, WI]
Central Wisconsin Airport
FBO: Central Wisconsin Aviation
Phone: 715-693-6111

Fax: 715-693-4888
CLOSED PRESS ARRIVAL

NOTE: Steve Graham will meet HRC at the airport.

Greeters: Cong. David Obey
Sen. Russell Feingold
Mary Feingold [Sen. Russell Feingold's wife]
Sen. Herbert Kohl
Gov. ?
Mayor?

4:55 pm **DEPART** Airport
EN ROUTE Lincoln Center at Stevens Point
[drive time: 20 min]

HRC's Van: **HRC, VERVEER, CONG. DAVID OBEY, SEN. RUSSELL FEINGOLD, MARY FEINGOLD, SEN. HERBERT KOHL?, ROGERS**
Staff Van: CRAIGHEAD, CAPUTO, ALSWANG, MICHAEL VERVEER?

5:15 pm **ARRIVE** Lincoln Center at Stevens Point
Phone: 715-346-1405
Fax: 715-346-1486

Greeters: Mayor Scott Schultz

5:20 pm-
5:35 pm **TOUR OF** Lincoln Center at Stevens Point
Day-care Room
Crafts Room
POOL PRESS

Format: HRC to meet and greet with seniors and observe activities.

Participants: Approx. ____ people to attend. [See briefing for more info.]

Contact: Joe Crappa, Cong. Obey's Office
202-225-3365
Jerry Madison, district rep.
715-842-5606
Ruth Laroque, Sen. Feingold's Office
202-224-5323
Moira Harrington, district office
608-828-1200

5:35 pm-
5:55 pm **DISCUSSION W/**Seniors [w/Sen. Russell Feingold, Sen. Herb Kohl & Cong. David Obey
Room:
Lincoln Center at Stevens Point
OPEN PRESS

Format: ___ to open up discussion. HRC to participate in open discussion with seniors.

Participants: 8 seniors to attend. [See briefing for more info.]

Contact: Joe Crappa, Cong. Obey's Office
202-225-3365
Jerry Madison, district rep.
715-842-5606
Ruth Laroque, Sen. Feingold's Office
202-224-5323
Moira Harrington, district office
608-828-1200

6:00 pm **DEPART** Lincoln Center at Stevens Point
EN ROUTE Grand Theater
[drive time: 40 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, CONG. DAVID OBEY, SEN. RUSSELL FEINGOLD, MARY FEINGOLD, SEN. HERBERT KOHL?, ROGERS
Staff Van: CRAIGHEAD, CAPUTO, ALSWANG, MICHAEL VERVEER?

6:40 pm **ARRIVE** Wausau Supper Club

6:45 pm-
7:45 pm **HOLD**
Holding Room:
Phone:
Fax:
CLOSED PRESS

Greeters:

7:45 pm-
8:20 pm **VIP RECEPTION**
Ballroom
Wausau Supper Club
CLOSED PRESS

Format: Cong. David Obey to intro. HRC. HRC to deliver very brief remarks. Work ropeline.

Participants: Approx. 350 people to attend. [See briefing for more info.]

Contact: Joe Crappa, Cong. Obey's Office
202-225-3365
Jerry Madison, district rep.
715-842-5606

8:20 pm **DEPART** Wausau Supper Club
EN ROUTE Grand Theater
[drive time: 5 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, CONG. DAVID OBEY, SEN. RUSSELL FEINGOLD, MARY FEINGOLD, SEN. HERBERT KOHL?, ROGERS
Staff Van: CRAIGHEAD, CAPUTO, ALSWANG, MICHAEL VERVEER?

8:25 pm **ARRIVE** Grand Theater

Greeters:

8:30 pm-
10:00 pm **FUNDRAISER FOR CONG. DAVID OBEY**
Grand Theater
415 4th Street
Holding Room
Phone: 715-842-0988
Fax:
Attire: Business
OPEN PRESS

ON STAGE:
-HRC
-Cong. David Obey
-Sen. Russell Feingold
-Sen. Herbert Kohl

Program:
-Cong. David Obey to act as MC, & intro. Sen. Feingold
-Sen. Russell Feingold to deliver brief remarks
-Cong. David Obey to intro. Sen. Herbert Kohl
-Sen. Herbert Kohl to deliver brief remarks
-Cong. David Obey to intro. HRC

-HRC to deliver 10 min. remarks
-HRC to take Q&A [40 min.]
-Cong. David Obey to act as moderator

Participants: Approx. 1000 people to attend.
Better Way Club-providing funding to Obey

Contact: Joe Crappa, Cong. Obey's Office
202-225-3365
Jerry Madison, district rep.
715-842-5606
Nelda Madison, funding
715-842-5606

10:05 pm **DEPART** Grand Theater
EN ROUTE Airport
[drive time: 20 min.]

MOTORCADE MANIFEST:
HRC's Van: HRC, VERVEER, SEN. RUSSELL FEINGOLD, MARY FEINGOLD, ROGERS
Staff Van: CRAIGHEAD, CAPUTO, ALSWANG, MICHAEL VERVEER?

10:25 pm **ARRIVE** Airport

10:30 pm **WHEELS UP** Wausau, WI [Mosinee, WI]
Central Wisconsin Airport
FBO: Central Wisconsin Aviation
Phone: 715-693-6111
Fax: 715-693-4888
CLOSED PRESS DEPARTURE

Flight Time: 45 MIN.
Manifest: HRC, CRAIGHEAD, CAPUTO, VERVEER, MICHAEL VERVEER, ALSWANG, SEN. RUSSELL FEINGOLD, MARY FEINGOLD, (b)(7)e 005
Food:

11:15 pm **WHEELS DOWN** Milwaukee, WI
General Mitchell International Airport
FBO: AF Reserve Ramp
Phone: 414-747-5325
Fax: 414-747-4956
CLOSED PRESS ARRIVAL

NOTE: Roshane Paris will meet HRC at the airport.

RON Hyatt Hotel

Milwaukee, WI

FORECAST FOR SIOUX FALLS, SD:
-47. Chance of showers

FORECAST FOR WAUSAU, WI:
-

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. list	Citizen Participants [partial] (2 pages)	2/15/94	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

2014-0483-S
sb393

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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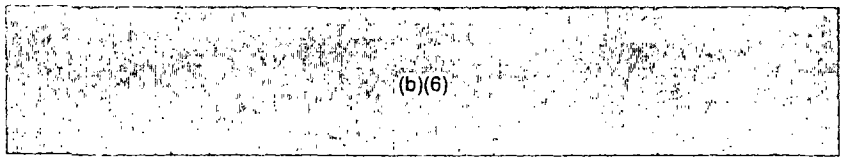
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



006

(b)(6) is known throughout the Great Plains area as a farm hero, having survived a farm accident in January of 1992. Both of (b)(6) arms were amputated in a ghastly accident (he was caught in a farm machinery shaft.) He was alone on the farm when the accident happened, struggled to get to the house to use a pencil to dial the phone, and then waited for help in the bathtub to avoid bleeding on the carpet.

He continues to have physical therapy and will need future surgery. But, the operation to save his arms has been deemed a success.

006
(b)(6) is articulate about the problems that farmers face in emergency care needs and the problems of receiving physical therapy.

Single.

Native of North Dakota.

Dr. Allen Van Beek, Edina, Minnesota
Surgeon, North Memorial Medical Center
Age: 51

Dr. Van Boek is the surgeon who provided the emergency care for (b)(6) 006 (b)(6) He is active in educating farm families on the need for emergency care and will comment on how important the need for quick service is in cases like (b)(6) 006

Marvin Wangen, Albert Lea, Minnesota
Mayor of Albert Lea, and small businessman
Age: 63

Mayor Wangen has viewed the health care crisis both as a patient and as an employer trying to provide health insurance for his employees. As a small businessman, Marvin has experienced incredible premium increases in his 4-person group policy (b)(6) He has had a similar experience with the city's insurance plan when 2 or the 150 employees had to undergo heart transplants.

Married with 4 children.

Native of Minnesota.

Dan Wogsland, Hannaford, North Dakota
Family farmer
Age: 38

Mr. Wogsland has run his family farm full time since 1977. He also is serving his third term as state senator and majority leader for the North Dakota State Legislature. Mr. Wogsland farms small grains and row crops, no livestock. While he is able to get his insurance through the state, he has witnessed many of his neighbors' troubles in obtaining insurance or being priced out of the market.

Married with 3 children.

Native of North Dakota.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY

PHONE: (202) 690-6870 FAX: (202) 401-7321

Date:

From: BOB VAN HOOK **To:** LIZ BOYER

Phone: (202) 690- 7866
(202) 690-6870
FAX: (202) 401-7321

Phone: 456-2239
Fax:

Number of Pages (Including Cover): 14 ?

Comments: THE FIRST PAGE IS A HEADS-UP!
LIZ - ~~HOW ABOUT INDIAN HEALTH?~~ ?

THOMAS DASCHLE
SOUTH DAKOTA

COMMITTEES
AGRICULTURE
ETHICS
FINANCE
INDIAN AFFAIRS
VETERANS' AFFAIRS

(202) 224-2321
TOLL FREE 1-800-424-9094

United States Senate

WASHINGTON, DC 20510-4103

615 SOUTH MAIN STREET
P.O. BOX 1536
ABERDEEN, SD 57401
(605) 225-8823

818 6TH STREET
P.O. BOX 8168
RAPID CITY, SD 57709
(605) 348-7551

810 SOUTH MINNESOTA AVENUE
P.O. BOX 1274
SIOUX FALLS, SD 57101
(605) 334-9596
TDD (605) 334-4632

TELECOPY COVER SHEET

DATE: 2/17

TO: Liz Bowyer

FAX NO.: (202) 456-2234

FROM: [signature]

Office of Senator Thomas A. Daschle
810 South Minnesota Avenue
Sioux Falls, SD 57104
Telephone: (605) 334-9596
FAX Number: (605) 334-2591

MESSAGE:

No. of Pages (Including Cover Sheet): 5

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. schedule	Schedule for Hillary Rodham Clinton, Draft #2 [partial] (1 page)	2/18/94	b(7)(E)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3983

FOLDER TITLE:
[HRC Background File] Friday, February 18 [1994] [1]

2014-0483-S
sb393

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

SCHEDULE FOR HILLARY RODHAM CLINTON
DATE: FRIDAY, FEBRUARY 18, 1994
DRAFT: #2

WASHINGTON, DC/SIOUX FALLS, SD/WAUSUA, WI/MILWAUKEE, WI

Traveling Party:	**HRC**		
	Craighead	**1-800SKYPAGE**	**#207-4653**
		202-365-7717	**CELLULAR**
	Caputo	**1-800SKYPAGE**	**#883-5733**
	Verveer		
	WH Photographer		
	(b)(7)e 007		

6321016

Congressional Delegation:

Lead Advance:		
Sioux Falls, SD	**Pat Halley**	
	Holiday Inn	
	100 W. 8th Street	
Lead Advance:		
Waussau, WI	**Steve Graham**	
	Waussau Inn & Conference Center	
	2001 N. Mountain Road	
	715-842-0711	**RM**
	715-842-1838	**fax**
Scheduling Desk:	**Sara Grote**	
	202-456-2922	**office**
	202-456-2317	**fax**
	202-483-7312	**home**
	1-800-528-7528	**WHCA #4363**

PREV RON The White House

*************************NEW HAMPSHIRE DAY!**************************

7:25 am **DEPART** White House
EN ROUTE Andrews Air Force Base

7:50 am **ARRIVE** Andrews Air Force Base

8:00 am **WHEELS UP** Andrews Air Force Base

Flight Time: 2 HRS. 45 MIN. [+1]
Manifest: HRC, CRAIGHEAD, CAPUTO, VERVEER, WH PHOTOG, ____
MEMBERS OF CONGRESS, (b)(7)e 007
Food: BREAKFAST

9:45 am **WHEELS DOWN** Sioux Falls
FBO:
Phone:

Fax:
CLOSED PRESS ARRIVAL

Contact: Mike Marmach
605-336-0762

Greeters:

9:55 am — **DEPART** Airport
EN ROUTE Site: TBA

xxx — **ARRIVE** Site: TBA

Greeters:

10:30 am-
11:00 am — **TOUR OF HC CLINIC** [w/ Cong. Thomas Daschle]
Site: TBA
PRESS?

Format:

Participants:

Contact: Mike Brogioli ?

11:00 am — **DEPART** Site: TBA
EN ROUTE Lennox High School

11:10 am — **ARRIVE** Lennox High School

Greeters:

11:15 am-
11:40 am — **ADDRESS TO Students and Faculty**
Study Hall?
Lennox High School
PRESS ?

Format: Sen. Thomas Daschle to speak and intro. HRC. HRC to deliver brief remarks.

Participants: Approx. 100 people to attend.

Contact: Mike Brogioli, Sen. Daschle's Office
224-2321
605-334-9596 [o]
605-361-2345 [hotel]

Host: Daschle

SF

① Argus Leader, Sioux Falls paper
1 & imp in state

② - ABC affil. in SF

③ Fund. for Hospice & Home Care - DC based foundation & think tank

① Sponsors
1 hr. live
on KSFY TV

invited

- each Cong. office in region given 30 tickets
- good crosssection of states
- SDs publicly in S. Dakota
- VIPs

mostly SD,

point groups, imp constituents

structure the discussion: ① SS ② rural elderly / long term care ③ concern of providers

SCHEDULE FOR HILLARY RODHAM CLINTON
FRIDAY, FEBRUARY 18, 1994
PAGE 3

11:45 am-
11:55 am **OFFICIAL PHOTOS W/**Summit Co-sponsors
Rooms: TBA
CLOSED PRESS Rema - briefing for Lois guest;

11:58 am **PROCEED TO** Forum

12:00 pm-
2:00 pm re GP Summit on Rural HC — Lois Quam
RURAL HEALTH CARE FORUM
Lennox High School
208 West 5th Avenue
Holding Room
Phone:
Fax:
OPEN PRESS

like Boston No Q&A

- Concerns/Questions
- Invitation
- Audience
- Lenox High School

Seated at table with HRC:
-Sen. Daschle
-Sen. Pressler
-Sen. Conrad
-Sen. Kerry
-Sen. Wellstone
-Cong. Pomeroi
-Cong. Minge
-20 citizens

States represented: Format
N & S Dakota
Neb
Minn
→ Iowa * No mem of Congress or citizens IAs in audience

- lois will ask opening question:
- bios of citizens

Format:

Participants: Approx. 1500 people to attend.
[See briefing for more info.] gen

Contact: Mike Brogioli, Sen. Daschle's Office
224-2321
605-334-9596 [o]
605-361-2345 [hotel]

- all were invited & got tit
- all govs invited
- Millers into → Rendell / O'Brien / BRU

2:00 pm **PRESS INTERVIEWS**

SD VIP section - reception
- Schaefer
- LT Gov xxx in will lead
- xxx

xxx **DEPART** Lennox High School
EN ROUTE Airport

ARRIVE Airport

3:00 pm **WHEELS UP** Sioux Falls

breakout sessions
- N Dakota Town mtg.

Format
- D into HRC 10 min.
- D into LQuam
- f from rural hc center

Flight Time: 1 HR. 05 MIN.
Manifest:
Food:

ARC rem
- Sec'y
- Insurance reform
- small bus.
- get & keep

Rep. of hc prov, small empl consumers

- short closing remarks

4:05 pm — **WHEELS DOWN** Waussau, WI

xxx — **DEPART** Airport
EN ROUTE Grand Theater

xxx — **ARRIVE** Grand Theater

Greeters:

5:00 pm — **HC EVENT W/**Sen. Russell Feingold, Sen. Herb Kohl & Cong. David Obey
Room:
Marshfield Family Health Center
PRESS?

Format:

Participants: Cathy Sykes - Task force health - one person

Contact: Joe Crappa, Cong. Obey's Office
225-3365
Ruth Laroque, Sen. Feingold's Office
224-5323

→ New Chair of Appropriations

7:30 pm — **OBEY FUNDRAISER**
Grand Theater
Holding Room
Phone:
Fax:
CLOSED PRESS

high donor ←
and
low donor ←

stage - 2 chairs or mikes

- Obey introduces HRC
- HRC
- Questions

Format:

Participants: Crappa

Contact: Joe Crappa, Cong. Obey's Office
225-3365
Jerry Madison, district rep.
715-842-5606

10:00 pm — **WHEELS UP** Waussau, WI

Flight Time: 45 MIN.
Manifest:
Food:

10:45 pm **WHEELS DOWN** Milwaukee, WI

RON Milwaukee, WI

- State Party Fundraiser
- Sr. w/ Klecza
- Town Mtg. w/ Barca

Obey considered top contender to lead vital House committee

Appropriations chairman's health could open position

By PATRICK JASPERSE
Journal Washington Bureau

Washington, D.C. — Sources say that Rep. Dave Obey (D-Wis.) is on the verge of becoming chairman of the House Appropriations Committee, one of the most powerful positions in Congress.

Obey isn't talking about it, but another House Democrat, speaking on condition of anonymity, said: "If the vote were held today, Dave would win it. It's looking good."

If Obey ascends to the chairmanship, it would be a boost for Wisconsin, which in recent years has lost several of its most experienced legislators to retirement, cabinet appointment or election defeat. Five of the state's 11 federal lawmakers have been in Congress for less than six years.

During his career, Obey has earned a reputation as a hard-working, plainspoken defender of the underdog. Unlike some other Appropriations members, Obey has not been accused of using his committee assignment to bring pork barrel projects to his home district.

Obey represents the 7th Congressional District, which covers one-third of Wisconsin, stretching from Stevens Point and Wausau up to Rhinelander and Superior.

The current chairman of the committee, Rep. William Natcher (D-Ky.), is in Bethesda Naval Hospital with what is reportedly a serious heart condition.

DAVE OBEY

The battle to replace Natcher began earlier this month, although no one is campaigning openly out of respect for Natcher, 84, who has served in the

Please see **Obey** *page* **4**

HEAR FIRST LADY HILLARY RODHAM CLINTON

First Lady Hillary Rodham Clinton will speak at Congressman Dave Obey's Better Way Club and will answer questions from the audience.

Friday, February 18
8:30 p.m.
Grand Theater
415 S. Fourth St.
Wausau

Those who want to attend can do so by joining the Better Way Club for $60. Better Way membership includes a reserved ticket to this Friday's event and another program later this year. Tickets are going fast and can still be purchased at the Performing Arts Foundation box office, 407 Scott Street from 10 a.m. to 2 p.m., Wednesday, Thursday and Friday.

Any questions can be directed to (715) 845-4595.

Please make checks payable to Citizens for Dave Obey. Paid for by Citizens for Dave Obey, John Spencer, Treasurer. Contributions are not tax deductible.

M E M O R A N D U M

TO: LIZ BOYER

FROM: MARSHA BENEDETTO

DATE: 2/17/94

RE: CONGRESSMAN DAVE OBEY'S BETTER WAY CLUB

THE BETTER WAY CLUB WAS ESTABLISHED 20 YEARS AGO BY THE CITIZENS FOR DAVE OBEY COMMITTEE TO BE THE CHIEF FUNDRAISING ARM OF HIS CAMPAIGNS. IT IS THE PRINCIPAL METHOD TO BRING SMALL CONTRIBUTORS INTO THE CAMPAIGN.

THE BETTER WAY CLUB BRINGS SPEAKERS TO THE 7TH CONGRESSIONAL DISTRICT TWICE A YEAR. AFTER SHORT INTRODUCTORY STATEMENTS BY OBEY AND HIS GUEST, THEY ANSWER QUESTIONS FOR AN HOUR. AFTER THE PROGRAM, PEOPLE ARE ABLE TO SHAKE HANDS WITH THE GUEST.

PAST GUESTS HAVE INCLUDED JIMMY CARTER WHEN HE WAS PRESIDENT, HARRY BELEFONTE (THE PERFORMER), CONG. DAVID BONIOR, SEN. GEORGE MITCHELL, CONG. DICK GEBHARDT, FORMER SENATOR GAYLORD NELSON, SECRETARY MADELINE ALBRIGHT, CONG. NANCY PELOSI, AND IN APRIL OF 1993 SECRETARY DONNA SHALALA.

THIS TIME WE ARE HAVING A PRIVATE RECEPTION AT THE WAUSAU CLUB (A PRIVATE CLUB). WE EXPECT 450 PEOPLE TO BE THERE, WE HAVE THE BALLROOM RESERVED WHICH HOLDS 500. THE RECEPTION WILL BE FROM 7:30 PM - 8:15 PM. PEOPLE PAID $100 EACH FOR THE RECEPTION. (THIS IS A HIGH AMOUNT FOR CENTRAL WISCONSIN!!!)

THE MAIN BETTER WAY CLUB EVENT IS AT THE GRAND THEATER, OUR RENOVATED "OPERA HOUSE," ONE BLOCK FROM THE WAUSAU CLUB. IT HOLDS 1200, 800 ON THE MAIN FLOOR. PEOPLE PAID $60 EACH FOR THE GRAND THEATER SEATS.