

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Conversations on Health, Table of Contents [partial] (1 page)	3/12/93	b(6)
002. itinerary	Conversations on Health, Hourly Schedule [partial] (2 pages)	3/12/93	b(6)
003. fax	Talking Points Governor Lawton Chiles, Draft [partial] (1 page)	3/11/93	b(6)
004. list	Conversations on Health, Panel I: Controlling Costs [partial] (1 page)	n.d.	b(6)
005. list	Speaker Profiles, Panel I: Controlling Costs [partial] (1 page)	n.d.	b(6)
006. list	Questions: Cost [partial] (1 page)	n.d.	b(6)
007. list	Conversations on Health, Panel II: Peace of Mind [partial] (2 pages)	n.d.	b(6)
008. list	Speaker profiles. Panel II: peace of Mind [partial] (2 pages)	n.d.	b(6)
009. list	Biographies of Tampa Panelists, Panel Two: Peace of Mind [partial] (2 pages)	n.d.	b(6)
010. list	Questions: Peace of Mind [partial] (1 page)	n.d.	b(6)
011. list	Speaker Profiles, Panel III: Older Americans [partial] (1 page)	n.d.	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3981

FOLDER TITLE:

Conversations on Health, Robert Wood Johnson Foundation, Tampa Florida 3/12/93

2014-0483-S

sb441

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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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)]

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RWT

Florida

march '93

CONVERSATIONS ON HEALTH
The Robert Wood Johnson Foundation
Tampa Florida
Friday, March 12, 1993

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CONVERSATIONS ON HEALTH

**The Robert Wood Johnson Foundation
Tampa Florida
Friday, March 12, 1993**

10:00 a.m. Welcome and Opening Remarks: Steven A. Schroeder, M.D.
President, RWJ

10:20 a.m. Opening Remarks: Mrs. Clinton

PART I -- CONTROLLING COSTS

10:30 a.m.

- [REDACTED] (b)(6) 001
- Arturo Perez, M.D., Winter Haven
- Cindy Nagel, Tampa
- Dorindy Rudy, Orlando

10:50 a.m.

DISCUSSION

11:40 a.m.

BREAK

PART II -- PEACE OF MIND

11:50 a.m.

- [REDACTED] (b)(6) 001
- Ann Sculpholme, Miami
- [REDACTED] (b)(6) 001
- Marcos Lorenzo, M.D., Tampa

12:10 p.m.

DISCUSSION

1:05 p.m.

LUNCH

Box lunches can be picked up in hallway outside of room.

PART III -- OLDER AMERICANS

1:55 p.m. *Topic A: PRESCRIPTION DRUGS*

- **Ruby Gatke**, Sarasota
- **Bob Bobo**, Tampa

2:10 p.m. **DISCUSSION**

2:35 p.m. *Topic B: INEFFICIENT SYSTEMS OF CARE*

- **Frances Hightower**, Tallahassee

2:40 p.m. **DISCUSSION**

3:10 p.m. • **Patricia Pier**, Miami

3:15 p.m. **DISCUSSION**

CONCLUSION

3:40 p.m. Closing Remarks by Mrs. Clinton and Dr. Schroeder

3:50 p.m. Adjourn

THE
ROBERT WOOD
JOHNSON
FOUNDATION

**Background on Robert Wood Johnson Foundation Trustees attending
Tampa "Conversations on Health"**

Sidney F. Wentz Chairman of the Board, Robert Wood Johnson
Foundation; Retired Chairman and CEO, Crum
Forster

Edward C. Andrews, MD Retired President of the Maine Medical
Center, Portland, ME

Leonard F. Hill Retired Chairman of the Board of Directors
and CEO, The National Bank of New Jersey

Office of the President

Conversations On Health
Robert Wood Johnson Foundation
Tampa , Florida
Friday, March 12, 1993

Thursday, March 11, 1993

- 8:00 AM Site work begins.
- 9:00 AM Site walk-through at convention center.
- 4:00 PM Site work completed.
- 5:00 PM Technical walk-through for Media
- 6:00 PM Technical walk-through for participants, (Dr. Schroeder).

Friday, March 12, 1993

- 7:30 AM Registration table set up.
Press table set up.
- 8:30 AM Attendee registration begins.
- Give name tags and information packet.
 - Panelists & speakers directed to Room 11 for 9:00 AM briefing.
 - Foundation guests, (30) directed to Room 12. (276-6925/6926)
- 9:00 AM Panelists & speakers briefed in Room 11.
- Briefing consists of review of site diagram, event, format, suggested tips, (be concise, brief, need to here from a lot of people, etc..)
- 9:30 AM HRC, TG & DS Arrive convention center and proceed to green room to meet with U.S. Senator Bob Graham, U.S. Congressman Sam Gibbons, Governor Chiles, and Lt. Governor Buddy McKay and Dr. Schroeder.

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9:45 AM Dr. Schroeder meets with HRC, TG, DS and Nancy Kaufman to review agenda, list of panelists & speakers, logistics, ETC...)

10:00 AM Official call time for Florida forum.

- Panel I proceeds to seats on stage. (see attached list)
- Panel II & III are seated in audience. (see attached list)
- Speakers are seated near speakers platform.

10:05 AM HRC, TG, DS & Dr. Schroeder proceed to stage.

10:10 AM Welcome & Introductions Dr. Schroeder

- Introduces panelists, HRC, TG, DS
- Acknowledges Governor and Congressional delegation
- Outlines day's program
- Ask that all comments be brief in order to hear from as many people as possible, Won't be able to hear from everyone today, but will try to talk with as many people as possible.
- Introduces HRC for opening remarks.

10:15 AM HRC opening remarks.

10:20 AM Dr. Schroeder introduces video or does issue overview.

Part I - CONTROLLING COSTS

10:30 AM Dr. Schroeder introduces 4 speakers.

- speakers will sit at table located near panelists.

10:32 AM ⁰⁸²
(b)(6) employee facing job lock.

10:37 AM Dr. Arturo Perez, physician seeking coverage for low-wage workers.

10:42 AM Cindy Nagle, small business owner.

10:47 AM Rindy Rudy, hospital administrator on paperwork burden and hospital efficiencies they have instituted.

10:52 AM Discussion period begins

- Dr. Schroeder thanks speakers.
- Dr. Schroeder asks first question of panelist regarding some aspect of speakers presentation.
- Dr. Schroeder then proceeds to direct discussion period. Discussion bounces between panelist & audience.
- 3 to 4 people will be in audience with hand held microphones ready to take questions from audience.
- Dr. Schroeder looks for cue from Nancy Kaufman to end discussion period

11:35AM Dr. Schroeder ends discussion and delivers summary

11:40 AM BREAK

- Dr. Schroeder announces 10 minute break
- Panel & speakers rotate (Name plates are changed)(See attached list of panelists)

PART II PEACE OF MIND (Access, choice and quality)

11:50 AM Dr. Schroeder calls session to order. Introduces panelists, Introduces first speaker.

11:52 AM (b)(6) woman with pre-existing condition denied coverage.

11:57 AM Ann Scupholme, nurse on shortage of generalists.

12:02 AM (b)(6) parent of baby who was saved by NICU care.

12:07 AM Dr. Marcos Lorenzo, doctor on lack of coverage for preventative services.

12:12 PM Discussion period begins
-HRC asks first question of panelist.
-Dr. Schroeder leads panel/Audience discussion.

1:00 PM Dr. Schroeder looks for cue from Nancy Kaufman to end discussion and delivers summary.

1:05 PM LUNCH

Dr. Schroeder announces:

- Lunch will be for 40 minutes, Box lunches can be picked up in hallway outside of room.

- Name plates changed for Panel III.

- HRC, TG, DS & Dr. Schroeder proceed to green room for lunch.

1:45 PM Panel III proceeds to stage. Speakers III-A proceed to table (see attached list of panelists)

1:50 PM Dr. Schroeder, HRC, TG, DS proceed to stage.

Part III OLDER AMERICANS

1:55 PM Dr. Schroeder calls session to order, Introduces panelists and outlines session. Older Americans.

- Introduces speaker I

A PRESCRIPTION DRUGS

2:00 PM _____, older couple on cost of prescription drugs.

2:05 PM _____, person who had drugs covered by HMO.

2:10 PM Dr. Schroeder begins discussion period.

2:30 PM Discussion period ends

- Speakers III- B have taken places at table.

2:32 PM Dr. Schroeder introduces speakers for "Inefficient System of Care, section of program"

B. INEFFICIENT SYSTEM OF CARE

2:35 PM Frances Hightower, woman caring for chronically ill parent.

2:40 PM Discussion period begins

3:00 PM Discussion period ends.

C. COORDINATION OF CARE

3:05 PM Dr. Schroeder Introduces speaker.

3:10 PM Lisa Smiler or Patricia Peer, Care manager on fragmentation of services.

3:15 PM Discussion period begins.

3:35 PM Discussion period ends.

3:37 PM Closing remarks by HRC & Dr. Schroeder.

3:50 PM Adjourn

3:55 PM Dr. Schroeder and surrogates proceed to press room for interviews.

4:30 PM Breakdown of room begins
-photos and banner packed and sent to Iowa.

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OPENING REMARKS
Robert Wood Johnson's Conversations on Health
Tampa, Florida; March 12, 1993

- I would like to begin by thanking the Robert Wood Johnson Foundation for inviting me to participate in this forum. For over twenty years, the Robert Wood Johnson Foundation has provided leadership and vision on the crucial issue of health care reform. Today, they have provided a wonderful opportunity for all of us to gather around one table and talk to each other: about our concerns, our fears, our ideas and our hopes for the health care system of the future. With your help and advice, we will work together to provide a solution to the crisis in America's health care system that has been Robert Wood Johnson's goal for the last two decades.
- [It has been suggested that you might want to acknowledge the variety of projects in Arkansas for which Robert Wood Johnson Foundation has provided funding.]
- I am very happy to be in Florida today, listening to your stories. I'm glad to be joined by Governor Chiles, Lieutenant Governor Buddy McKay, Senator Graham, Representative Gibbons, Representative Miller, and Representative Bacchus.
- The American people want fundamental health care reform. The question is not whether we will have health reform this year. We will have health reform this year. The American people demand it and deserve it.

The question is how to change the system so that it works for all Americans. And this is where we need your suggestions, your ideas, and, most importantly, your help.

- Groups that have opposed health care reform for years have finally agreed that our health care system needs fixing now. In the past two weeks, the American Medical Association and the Chamber of Commerce has announced their support for change.
- The time for more talk and more studies is over -- the time for action is now. We must act -- to control soaring health care costs and provide security to every American family.
- Without action now:
 - every Florida family will see their health care costs double -- to over \$8,000 by the year 2000.
 - every small business in Florida -- and almost 95% of Florida's companies are small businesses -- will continue to see their premiums jump 20 and 30 percent each year.
 - every older American in Florida will continue to see their income eaten away by skyrocketing prescription drug costs, while many are forced to choose each month between medicine and food.
- We have been working night and day over the last few months on possible solutions to this national crisis. We have met with over 300 groups -- representing doctors, nurses, social workers and small businesses. We have received and read 30,000 pieces of mail. I have traveled to cities and towns across the country to talk about health care.
- And now I look forward to the opportunity to hear from you -- the American people. You are the reason we are all here. It is you who must guide this process -- because it is your future and the future of your families which is at stake.

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FLORIDA CONGRESSIONAL DELEGATION IN ATTENDANCE

♦ Senator Bob Graham (D-FL)

After seven years service as Florida's Governor, Bob Graham was elected to the Senate in 1986, and re-elected last fall to a second term. An active legislator, the Senator currently serves on the Armed Services Committee, the Environment and Public Works Committee (on which he Chairs the Clean Water, Fisheries and Wildlife Subcommittee), the Veterans' Affairs Committee, the Select Committee on Intelligence, and the Special Committee on Aging.

Senator Graham's primary concern in the health care reform debate is long term care. In this vein, the Senator on March 10 introduced S. 552, a bill designed in moderate ways to improve programs related to home and community based care and community supported living arrangements. The bill would expand several Medicaid programs, and make it more viable for states to access such programs. In the past, the Senator has been a strong advocate of health policy reforms that have been heavy on prevention.

Most recently, the Senator has indicated a strong interest in following demographic trends as a way to determine where and how policy-makers will respond to difficult challenges. As such, since Florida is twenty years ahead of the rest of the nation in terms of the aging population, he is very pleased that you are starting out your regional hearings in Florida.

♦ Rep. Sam Gibbons (D-FL)

Congressman Gibbons serves on the Ways and Means Committee and as Chairman of its Trade Subcommittee. He is the second ranking member on the Committee behind Chairman Rostenkowski. He also sits on the Joint Committee on Taxation. Gibbons has expressed his support for the President's economic plan. He is a strong advocate of free trade and has represented Tampa since 1963. The Tampa Convention Center is in Congressman Gibbons district.

Although the Congressman does not have a national reputation on health care issues, he does strongly support comprehensive reform. He is a single-payer advocate and has, in the past, sponsored legislation to expand Medicare for all. While he probably can be counted on to be open to alternative approaches, it should not be assumed that he will do so without some significant consultation.

♦ Rep. Jim Bacchus (D-FL)

Congressman Bacchus serves on the Banking, Finance and Urban Affairs and the Science, Space and Technology Committees. He entered the House in 1990, waging a grass-roots campaign focussing heavily on community action. He is a strong advocate of the space station and the manned space flight, as Cape Canaveral falls in his district. He is considered conservative, especially on fiscal policy yet has stated that he will support the President's economic plan. Bacchus has not had a great involvement with health reform issues. Most assume that he will be relatively supportive of whatever the President proposes, however.

♦ Rep. Dan Miller (R-FL)

Congressman Miller is a new member of the House, representing the conservative 13th district. His constituents are primarily retirees. As such, he is particularly concerned with health care and its effect on Social Security. During his campaign, Miller was a vocal advocate of utilizing tax incentives to cut the costs of health reform. He has taken seats on the Budget and the Education and Labor Committees.

THE WHITE HOUSE

WASHINGTON

FRIDAY, MARCH 12, 1993

MEMORANDUM TO HILLARY RODHAM CLINTON

FROM: Reta J. Lewis
Special Assistant to the President
Political Affairs

RE: Political Briefing - Tampa, Florida

1992 PRESIDENTIAL ELECTION RESULTS

	<u>Florida</u>
Clinton	39.2%
Bush	40.9
Perot	19.9%

RECENT CABINET VISITS

Florida is known to some as the "White House of the South" given the number of administration officials visiting the City. Most notably, Tampa has welcomed Vice President Al Gore, Secretary Henry Cisneros and Deputy Director Alice Rivlin. Secretary Donna Shalala recently toured the emergency room at Tallahassee Memorial Regional Medical Center and talked with patients, doctors and nurses. Secretary Cisneros and Director Rivlin toured the new Bougainvillea Oaks housing development, lunched with business leaders and met with the Editorial Boards of the St. Petersburg Times and the Tampa Tribune. Vice President Gore toured and met with residents of the Tampa Heights housing projects.

TAMPA

Tampa is a mayor-council form of government. Mayor Sandra Freedman is one of the most powerful elected officials in the state. Tampa has experienced the same economic downturn as the rest of the country. City budgets have been tight, resulting in hiring freezes, the elimination of positions, consolidation of services, privatization and greater use of public-private

partnerships. Mayor Freedman has not had a property tax increase in the last four years primarily by holding the line on expenditures. Mayor Freedman was in Washington and participated with the group of Mayors who endorsed the President's economic plan. **Because of a prior family commitment, Mayor Freedman will be in Atlanta, Georgia on the day of your visit.**

GOVERNOR LAWTON CHILES

Before Governor Lawton Chiles took office, he was required to engineer a 5% cut or fallback in the state budget due to declining state revenues during the recession. After taking office, the economy continued to worsen and tax revenues continued to plummet. Governor Chiles cut \$2 billion from the state budget. Numerous special sessions were held in '92 to deal with reapportionment and budget crisis. Then, South Florida suffered the worst financial disaster in American history when Hurricane Andrew blitzed South Dade County and wreaked over \$30 billion in damage. Supervising clean-up and rebuilding efforts continues to take a great deal of his time. Recently, Governor Chiles wrote to the new cabinet secretaries "pleading with them" to appoint people in their departments to keep track of the "hurricane money" while new subcabinet people were appointed for the Administration.

Last Wednesday, March 3, 1993, was six months to the day since Hurricane Andrew hit South Florida. President Clinton has appointed HUD Secretary Cisneros as Florida's hurricane aid coordinator. Next week President Clinton will unveil a plan for restoring communities in south Florida. (see attachment #1 - dated March 10, 1993, President's announcement -- talking points).

The President's plan calls for a coordinated effort between the Federal Emergency Management Agency (FEMA) and the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS).

The state had very high expectations for the Chiles-MacKay Administration. Currently, their approval rating is in the 30's. However, Chiles' positive/negative rating is still solid and an upturn in approval rating is expected soon.

Gubernatorial Race: Jeb Bush, the 40 year-old son of former President Bush, has entered the race for the governor's seat in 1994. Bush is the first Republican to enter the race. Bush was Florida's Commerce Secretary in 1987 and 1988 under Gov. Bob Martinez. Secretary of State Jim Smith, who lost the Republican nomination for governor in 1986 has indicated he will seek the GOP nomination again. Additionally, Senate President Ander Crenshaw is also expected to enter the race as well as, State Insurance Commissioner Tom Gallagher. Gov. Chiles has not indicated whether he will seek a second term.

Statewide Officeholders: Lt. Governor Buddy MacKay (D), Attorney General Bob Butterworth (D), Comptroller Gerald Lewis (D), Secretary of Education Betty Castor (D), Insurance Commissioner Tom Gallagher (R), Secretary of State Jim Smith (R), and Secretary of Agriculture Bob Crawford (D) are the state's constitutional officeholders.

Lieutenant Governor Buddy MacKay: MacKay is a spokesman for the Democratic Leadership Council and was an early FOB during the campaign. MacKay is a former U.S. Congressman from Okala, Florida, which is near Orlando. Recently, Tom Herndon, replaced Jim Krog, as the Governor's Chief of Staff. The most recent political rumor is that MacKay and Chiles have an understanding that if MacKay does not get along with Herndon, he would have a voice in whether Herndon remains in his position. Herndon has taken over the responsibility of overseeing all state agencies and presides over all agency head meetings. Currently, there is no tension between Herndon and MacKay. MacKay has expressed an interest in running for the Governor's seat.

THE CONGRESSIONAL DELEGATION:

Florida has one Democratic Senator and one Republican Senator. Additionally, Florida has 23 Members of the House of Representatives -- 13 Republicans and 10 Democrats.

Senator Bob Graham (D)	Senator Connie Mack (R)
Rep. Earl Hutto (D)	Rep. Corrine Brown (D)
Rep. Karen Thurman (D)	Rep. John Mica (R)
Rep. Pete Peterson (D)	Rep. Tillie Fowler (R)
Rep. Clifford Stearns (R)	Rep. Sam Gibbons (D)
Rep. Bill Young (R)	Rep. Tom Lewis (R)
Rep. Charles Canady (R)	Rep. Jim Bacchus (D)
Rep. Bill McCollum (R)	Rep. Illeana Ros-Lehtinen (R)
Rep. Harry Johnston (D)	Rep. Peter Deutsch (D)
Rep. Lincoln Diaz-Balart (R)	Rep. Alcee Hastings (D)
Rep. Michael Bilirakis (R)	Rep. Porter Goss (R)
Rep. E. Clay Shaw (R)	Rep. Carrie Meek (D)
Rep. Dan Miller (R)	

THE STATE LEGISLATURE

As a result of a 20/20 deadlock in the Florida Senate, the Presidency is rotated. Currently, Senator Ander Crenshaw (R-Jacksonville), a potential gubernatorial candidate in 1994, wields the gavel. Senator Crenshaw's reputed aspirations are evident as he seldom strays from the Republican mantra of "No New Taxes". In 1994, Democrat Pat Thomas will hold the title as Speaker. The state house is controlled by Democrats and is led by Speaker Bo Johnson.

THE STATE DEMOCRATIC PARTY

Ms. Terrie Brady, a teacher from Jacksonville, recently replaced Simon Ferro of Miami as Chair. The majority of Florida Democrats will be in Orlando attending a southern regional workshop.

ISSUES OF CONCERN

Doctor Killed at Pensacola Abortion Clinic. On March 10, 1993, Dr. David Gunn was killed at the Pensacola Women's Medical Services clinic where he worked. Michael Frederick Griffin told police that he had shot Dr. Gunn. Griffin was arrested, is charged with murder and is being held in custody. Witnesses at the scene of the shooting told police that Griffin singled out the doctor as his target, chased him and shot him at point-blank range. At the time of the shooting, anti-abortion protesters were demonstrating in front of the clinic. The killing in Pensacola is believed to be the first in the country over abortion.

MacDill Air Force Base: MacDill was realigned during the 1991 Base Realignment and Closure process. MacDill's tactical training wing was transferred to Luke Air Force Base and the runway is slated to be closed in 1994. MacDill is the home of the Special Operations and Central Command. Both Commands have represented to the Joint Chiefs their need to have access to an active runway. National Oceanographic and Atmospheric Administration (NOAA) recently moved its aircraft operations from Miami to MacDill and one of the fighter wings dislocated from Homestead Air Force Bases has also been relocated to MacDill. Currently, the issue of the runway closure is being revisited by the base closure commission.

Homestead Air Force Base. Homestead heavily damaged by Hurricane Andrew last August remains in limbo, awaiting the Base Closure process. Secretary Cisneros, in his memo to the President, recommend that every effort should be made to keep Homestead off the closure list and maintain it as a fully functioning base. However, if that action is not possible, he recommends that tenants units should be assigned to the bases and joint civil aviation use of the base should be considered.

Race Relations: Tampa is maturing from a small town into an urban community. One of the most painful aspects of this maturation is in the area of race relations. Tampa is about 25% African-American and 15% Latino. For years, whites perceived this community as having little racial turmoil, while minorities reported discrimination in a variety of categories. One of the big issues today is that of economic inclusion for minorities. The Chamber of Commerce now has minority representation on its governing board, while the City of Tampa and county both have

working minority business enterprise programs. In 1987, Mayor Freedman instituted a policy that called for the immediate firing of any city employee using racial, ethnic, or religious slurs. All 4,100 city employees have begun mandatory cultural diversity training.

State Legislative Issues: Chiles is involved in four pieces of legislation, which are: health care reform that would make sure no Floridians goes uninsured; workers' compensation reforms aimed at reducing the role of trial lawyers; sentencing reforms meant to relieve crowding and keeping most dangerous offenders behind bars longer; and a tax reform plan that would repeal sales tax exemptions and reduce property taxes. The State House has passed Chiles tax reform bill, but with a Republican as its President, the State Senate is not friendly to many of the Governor's initiatives. The health care reform bill is right in line with the Clinton Administration. Secretary Shalala on her recent visit to Florida praised the Governor's plan.

Drugs: Drugs continue to plague the city of Tampa Mayor Freedman credits the nationally recognized "QUAD" program for substantially reducing street level narcotics sales. The QUAD strategy is a program whereby the active "dope holes" in the City of Tampa were identified. The city was divided into four quadrants. Squads of ten officers and a canine handler was assigned to each quadrant.

Boat Race to Cuba. Many of Florida's top political leaders are asking St. Petersburg yacht officials to reconsider a plan regatta this month from Florida to Cuba. Florida's political leaders have written letters opposing the St. Petersburg to Havana yacht race scheduled for March 23, 1993. Cuban Americans throughout the State believe that the race promotes tourism in the communist country and is insensitive to the many rafters who have died trying to escape from Cuba. **An all day protest of the race is planned for Saturday.** Governor Chiles has also decided to call for the cancellation of the race.

Confidential & Draft

March 10, 1993

**President's Announcement of Federal Response
To Hurricane Andrew in South Dade**

Proposed Talking Points

Last August Hurricane Andrew devastated South Dade County. Approximately 180,000 homes were destroyed. Water, sewer, roads, electricity and communications were wiped out. Countless farms and businesses were lost. Homestead Air Force Base, which pumped \$480 million and 3,000 jobs into the region, was leveled.

Although six months later water, electricity and sewage services have returned and a new season of crops have been planted, redevelopment progress is minimal. Neighborhood after neighborhood remains devastated. Some 5,000 to 7,000 men, women and children are without permanent homes. Social services are either closed or stretched to the limit. Homestead Air Force Base is in ruins. Government leaders and institutions are tired, frustrated, and in need of support and coordination.

Yet, amidst the wreckage, there is hope. Community leaders and residents are unified in their commitment to rebuild. Individuals whose own homes and lives were destroyed in the disaster work tirelessly to restore the larger community. They and I see the hurricane as the turning point that will spark a rebuilt community of quality housing, functioning neighborhoods, thriving tourism, agriculture and jobs.

The Federal government can and must help South Dade recover, as well as the victims of the other recent natural disasters in Louisiana, Hawaii, and Guam.

As a result of a recent visit to South Dade by Secretary Cisneros, my designee to oversee the Federal relief effort, and discussions with the community, I am now prepared to announce a seven-point plan to ensure that the remainder of Federal funds dedicated to the hurricane relief effort -- over \$700 million -- will be used for the long-term rebuilding of South Dade.

1. The Federal Emergency Management Agency will stay on the job in South Florida for as long as it takes to help the residents of South Dade. FEMA will expedite the removal of debris that litters the streets, will keep its trailers in place as long as people need housing, and will continue to promptly reimburse owners and assist renters.

2. The physical and mental health of South Dade residents is a critical concern to me. The people of this community need help to cope with the problems that have loomed large in the last six

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2014-0493-5

months and that are still ahead. To this end, the Department of Health and Human Services will accelerate efforts to inoculate residents against disease. Additionally, HHS will fund crisis and counseling centers for the many children and adults now experiencing severe emotional problems as a result of the traumatic experience.

3. Housing continues to be the single largest need in South Dade today. Thousands are homeless, many more are living in tents, trailers, with friends and relatives, and other temporary quarters. The Department of Housing and Urban Development will put several hundred million dollars in reprogrammed funds in the most flexible programs available, such as HOME and the Community Development Block Grant Program, to rebuild housing in South Dade. Additionally, HUD will open an office in South Dade with community development, public housing and fair housing capabilities to facilitate rebuilding efforts.

4. I have ordered the Department of Defense to release \$76 million to help convert Homestead Air Force Base to joint military/civilian use.

5. Agriculture is a vital economic resource in South Florida. The Department of Agriculture will transfer several hundred million dollars to programs that will assist with emergency conservation, debris removal on farm lands, and housing for migrant farm workers.

6. Recognizing the need to provide assistance to property owners who must comply with the government's rebuilding requirements in flood areas, we have made this one of our highest priorities and are looking for ways to address this issue.

7. Finally, in order to effectively coordinate our efforts we need local leadership.

These actions are only the beginning of our long-term commitment to South Dade. Through the leadership of Secretary Cisneros and Otis Pitts and the coordinated efforts of the community, we will find resources, develop solutions and maintain spirits to ensure the economic, physical and social vitality of this important community.

Political Invitations to the Health Care Forum

The following are names of our Clinton Supporters:

Lawton Chiles	Governor
Buddy MacKay	Lieutenant Governor
Denise Roth	Major Finance Person in Tampa
Simon Ferro	Former State Party Chair, Finance Guy
Steve Powell	Local State Party Chair
Kathy Bartalotte	Early supporter and helped a great deal during the campaign
Kay King	Exec. Director of Hillsboro Teacher Association
Richard Scrushy	CEO of Health of South Rehab DLC Finance Guy
Jim Albright	Bay Front Medical Center
Scott Dudley	Florida Chamber of Commerce (Health Care issues)
Julie Harris	Committeewoman
Ms. Marta Prado	CEO, EMSA limited, emergency Medical Company. Wife of Attorney General Bob Butterworth. Did event for Mrs. Clinton during the campaign. (1-800-443-3672)
Arthenia Joyner	State Co-Chair, early supporter
Mike Means	Guest of Congressman Bacchus
Joe Von Thron	Guest of Congressman Bacchus
Mrs. Martha Gibbons	Wife of Congressman Gibbons
<u>Lisa</u> Garcia	Guest of Congressman Gibbons
Bob Buckhorn	Chief of Staff, Mayor Sandra Freedman
Elaine Shimberg	Guest of Mayor Freedman, City of Tampa
Bob Dressler	Guest of Mayor Freedman, City of Tampa
Ruth Wagner	Guest of Mayor Freedman, City of Tampa

Dr. Susan Schler	Wife of State Representative Ron Glickman
Bob Goldsamt	Chairman and CEO of Clinic Corp.
Bill Gunter	President of Rodger, Atkins, Gunter and Associates
Dr. Michael Nathanson	CEO of South Eastern Clinic Corp.
Hugh Westbrook	Chairman of Vitas Health Care Corp.
Dr. Irving Vinger	Doctor, City of Miami
Lynn Edgar	
Billie Jean Pace, M.D.	Doctor, City of Orlando
Debra Gainer	
Kathy Jurado	Press Secretary for the campaign

March 11, 1993

To: First Lady Hillary Rodham Clinton

CAR RIDE WITH GOVERNOR LAWTON CHILES

DATE OF EVENT: March 12, 1993
LOCATION: Suncoast Aviation
TIME: 9:00 am
FROM: John Hart

I. PURPOSE

An opportunity for a private discussion with Governor Chiles.
(Car ride should last 20-25 minutes.)

II. BACKGROUND

Governor Chiles was elected Florida's 41st governor on November 7, 1990. He was elected largely on his name and reputation as a three-term U.S. Senator, and as an honest, homespun politician. Chiles was also well known for his integrity, his walk across the state in his first bid for the U.S. Senate, and his refusal to accept contributions over \$100 in his gubernatorial campaign.

After an initial flush of support, however, Governor Chiles is now one of the least popular governors in the country, with 71% of registered voters polled in February grading his performance as "poor" or "only fair." His approval rating is lower than that of Bob Martinez (R), the man Chiles easily turned out of office after one term.

Governor Chiles has won approval for some of his program, however, including campaign reform, pilot programs to improve the efficiency of the state bureaucracy, and health care for children. But Florida voters seem confused by his onslaught of programs and exhibited hostility toward state government in general.

As you are aware, Governor Chiles has played an important role in health care reform in his state. On March 24, 1992 he signed into law the Florida Health Care Reform Act, which created an agency for health care administration, set short and medium-term goals and provided a framework for a comprehensive package designed to ensure access to basic health care for all Floridians by December 31, 1994.

Florida's House of Representatives recently passed a comprehensive bill that incorporates the bulk of Chiles's plan. If passed by Florida's Senate, this legislative package would implement community health purchasing alliances in eleven regions throughout the state, look at practice parameters and provide rural health networks and a medicaid buy-in program. On Tuesday, March 16 the House will vote on an insurance bill that supplements this package with provisions to include state employees and Medicaid recipients in the Alliances (part of Chiles's original plan that was not passed by the House). Chiles expects the insurance bill to pass.

The Florida Senate may be a problem for the both the main bill and the smaller insurance bill, however. The Senate has twenty Democrats and twenty Republicans, and its Health Committee is also split 50/50. In addition, the Health Committee chair is a Republican who has a health care bill of his own.

Governor Chiles hopes for a Senate vote on the bill(s) passed by the House before the April 2nd end of Florida's legislative session. Chiles is therefore looking to closely associate his pending health care legislation with your efforts on the Health Care Task Force.

Like President Clinton, Chiles fashions himself a "New Democrat," not a "tax-and-spend Democrat" -- an innovative problem-solver who incorporates ideas from both left and right.

The March 7th Washington Post commented that "[t]he rise and fall and uncertain future of Lawton Chiles is widely seen here as a cautionary tale for the Clinton Administration, which is pushing an agenda very similar to the one Chiles has been offering."

"Clinton can learn a lot from what we were able to do down here, and what we weren't able to do, for better or worse," said Doug Cook, Chiles's former budget director and now head of Florida's new health care agency.

III. TOPICS FOR DISCUSSION

A. HEALTH CARE REFORM

See Main Briefing.

B. SOUTH FLORIDA HURRICANE RELIEF EFFORTS

Last August Hurricane Andrew devastated South Dade County. Approximately 180,000 homes were lost. Water, sewer, roads, electricity and communications were wiped out and countless farms

and businesses were lost. Homestead Air Force Base, which provided 3,000 jobs and pumped \$480 million into the region, was leveled.

Now, six months later, electricity and sewerage have been restored, but redevelopment has been minimal. There are 5,000 - 7,000 people without homes; social services have either been closed or are being stretched to the limit; Homestead AFB is in ruins.

Unfortunately, the relief effort to date has been hampered by a lack of focus. The President therefore asked Secretary Cisneros to coordinate continued relief efforts. Two weeks ago Secretary Cisneros visited South Florida to assess the current needs of hurricane victims and effected communities, and to help move the process along.

On Saturday the President will announce a seven-point plan to help with the rebuilding effort, as summarized below:

1. FEMA will stay on the job for as long as needed to help South Dade residents. FEMA will expedite removal of debris that litters streets, keep trailers in place for continued emergency housing and continue to provide financial assistance to home-owners and renters.
2. HHS will accelerate efforts to inoculate residents against disease. HHS will fund crisis and counseling centers for children and adults who are experiencing severe emotional problems as a result of the Hurricane.
3. HUD will put several hundred million dollars in reprogrammed funds in the most flexible programs available, such as HOME and the Community Development Block Grant Program, to rebuild housing in South Dade. HUD will open an office in South Dade with community development, public housing and fair housing capabilities to facilitate rebuilding efforts.
4. DOD will release \$76 million to help convert Homestead AFB for joint civilian/military use.
5. The Department of Agriculture will transfer several hundred million dollars to programs that will assist in emergency conservation, debris removal on farm lands, and housing for migrant farm workers.
6. The Administration recognizes the need to provide assistance to property owners who must comply with government rebuilding requirements in flood areas, and the Administration has made this its highest priority.

7. The President has selected Otis Pitts, Jr., a highly respected non-profit developer of affordable housing in the Miami area, to coordinate relief efforts in South Dade.

[IMPORTANT: GOVERNOR CHILES DOES NOT KNOW ABOUT THIS HURRICANE RELIEF PLAN YET AND WILL BE BRIEFED BY THE ADMINISTRATION EITHER TONIGHT (THURSDAY) OR TOMORROW, AFTER YOU SEE HIM]

C. HAITIAN REFUGEES

Since the 1991 overthrow of Rev. Jean-Bertrand Aristide, Haiti's first democratically-elected president, more than 40,000 Haitians have attempted to reach the United States by boat. In response to this, President Bush ordered the U.S. Coast Guard to patrol international waters off Haiti to prevent a mass influx of Haitians to the United States.

Many Haitians interpreted President Clinton's victory as an opportunity to reverse the United States' policy of interdiction at sea. During the Presidential Transition period there was extensive media coverage of large numbers of Haitians constructing boats to ferry themselves to the United States.

Governor Chiles has been quite vocal on the Haitian refugee issue. His position is that Florida cannot cope with a large influx of Haitian refugees due, in large part, to the enormous burdens already placed on the state by Hurricane Andrew, the most costly natural disaster in United States history. In addition, Florida is in its migrant-worker season, and thousands of migrant and seasonal workers are already in those areas where Haitian refugees would live.

Governor Chiles has appealed to President Clinton to act cautiously on admitting Haitians. If U.S. policy is reversed and large numbers of Haitians are admitted, he has asked that the Administration develop a contingency plan to disperse Haitian refugees throughout the United States.

D. MILITARY BASE CLOSINGS IN FLORIDA

Jeff Watson (WH Intergovernmental Affs) has been in close contact with Governor Chiles on this topic.

As discussed above, DOD will release \$76 million to help convert Homestead Air Force Base for joint civilian/military use.

There is no further information from DOD on possible base closings, but an announcement is expected on Friday, March 12.

E. HHS REFUGEE REGULATIONS

You should be aware that Governor Chiles is unhappy with new refugee regulations released by the Office of Resettlement Refugees at HHS, and he may want to raise this issue with Secretary Shalala.

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003. fax	Talking Points Governor Lawton Chiles, Draft [partial] (1 page)	3/11/93	b(6)

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Conversations on Health, Robert Wood Johnson Foundation, Tampa Florida 3/12/93

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RESTRICTION CODES

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DRAFT

Talking Points
GOVERNOR LAWTON CHILES
Hillary Clinton Visit
March 12, 1993

DRAFT

- On behalf of the State of Florida, I want to welcome all of you to the Sunshine State.
- We certainly appreciate this Administration's commitment to providing all Americans with access to health care.
- An example of that commitment is the distinguished team members who are joining us here today.
- To the First Lady, let me say that we are so proud to have you visit Florida. And we thank you for your leadership in finding solutions to the health care crisis.
- Tipper (Mrs. Gore), we're proud that you are lending your time and energy to this panel discussion as well.
- To Secretary Shalala (sha-LAY-la), welcome back! Today, you'll get a chance to hear from more Floridians about the challenges we face in providing adequate health care to all of our people.
- We believe that a Florida perspective is extremely important to finding a national solution.
- As you know, Florida is now experiencing the same demographic changes -- a growing population of children and elderly residents -- that will soon impact the rest of the nation.
- It was right here in Tampa a few months ago, that I visited the emergency room of Tampa General Hospital. During my visit, I met (b)(6)
(b)(6) 003
- As a result, they -- like so many Americans -- were forced to visit a hospital emergency room to await care they should have received in a doctor's office.
- (b)(6) are typical of the 2.5 million Floridians who do not have health insurance. 003
- They are the people who desperately need our help. And I'm confident that with your leadership -- and the new spirit of cooperation between the federal and state governments -- we will be able to help them.
- Once again, thank you for your hard work on behalf of all of us.

(PRESENT GLOVES TO MRS. CLINTON)

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Divider Title: _____

HEALTH CARE TALKING POINTS

Summary

- Americans are getting killed by skyrocketing health care costs. What you're charged for health care is rising four times faster than your wages. That doesn't make sense -- and it threatens your family's future and the future of every business, large and small.
- President Clinton is committed to fundamentally reforming our nation's health care system. The Clinton plan will control your health care costs and provide security to every American family. We will preserve what is best in the American system -- the highest quality medical care in the world and the individual's right to choose a doctor.
- Within days of taking office, President Clinton established the Task Force on National Health Care Reform, chaired by First Lady Hillary Rodham Clinton, to develop a comprehensive health care reform proposal. Hundreds of health care experts -- doctors, nurses, professors and businesspeople -- have been brought in from around the country to work with officials from government agencies and White House staff in a series of policy working groups that have been set up to advise the Task Force. In addition, diverse panels of consumers and health care professionals will be brought in regularly to advise the working groups as they develop their recommendations.
- Powerful lobbies and special interests are already lining up to defeat any plan we develop. They oppose change because they profit from the waste and inefficiency of today's system. But we are committed to breaking the gridlock.
- The American people demand and deserve change now. Washington can delay no longer. Interest groups can obstruct us no longer. Without immediate reform, the annual cost of health care for American families will more than double by the end of the decade -- to a whopping \$14,000 per family -- while workers will lose an anticipated \$650 increase in their incomes.
- It won't be easy and it won't happen overnight. But we will stand with you and take on the special interests. No American will feel secure again unless we bring health care costs under control now -- and make it possible for your family to get ahead again.

Goals

The Clinton health reform proposal will:

- Control the rapid spiralling of your health care costs.
- Provide security and peace of mind, so that you don't have to worry about losing your insurance when you change jobs or being denied coverage because you're sick.
- Root out fraud and overcharges.
- Simplify the system and reduce paperwork.
- Maintain the highest quality medical care in the world and preserve your health care choices.

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STATEMENT OF PURPOSE

As the largest philanthropy in the nation devoted exclusively to supporting projects in health care, The Robert Wood Johnson Foundation has been involved over the past 20 years in seeking to improve the health and health care of all Americans, committing more than \$1.3 billion during that period.

We come to these sessions with no preconceived notions on solutions (indeed, it would be premature to focus on solutions today) and with no illusions that the problems are simple ones or will have simple solutions. The Foundation's sole objective in these next few weeks is education: of ourselves, our policymakers at all levels of responsibility, and, most importantly, the American people.

If the experience of the Foundation over the last 20 years has taught us anything, it is that the problems facing the American health care system can best be addressed by a fully informed citizenry determined to work together to see that the wonders of American medicine, the envy of the world, are available to all.

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RR. Document will be reviewed upon request.

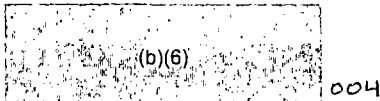
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CONVERSATIONS ON HEALTH

PANEL I: CONTROLLING COSTS

SPEAKERS



Cindy Nagel
Fantastic Sam's
Tampa, Florida

Arturo Perez, M.D.
Winter Haven, Florida

Rindy Rudy
Administrative Director of
Prospective Payment Department
Orlando Regional Medical Center
Orlando, Florida

PANELISTS

Patricia Gray Bean
Deputy County Administrator
Hillsborough County Administrator's Office
Tampa, Florida

Barbara Bernhart
Executive Director
Space Coast Disability Rights Association, Inc.
Center for Independent Living
Cocoa Beach, Florida

James J. Bracher
Florida Healthcare Purchasing Cooperative, Inc.
Tallahassee, Florida

Gladys Branic, M.D., M.P.H.
Public Health Unit Director
Bradenton, Florida

David Bussone
President
Tampa General Hospital
Tampa, Florida

Joe Cuellar
Temple Terrace, Florida

Ellen Daley
WomenCare
Temple Terrace, Florida

Steve Freedman, Ph.D.
Executive Director
Institute for Child Health Policy
Gainesville, Florida

Philip Frost, M.D.
Chairman of Board
IVAX Corporation
Miami, Florida

F. Townsend Hawkes, J.D.
Partner
Carlton, Fields
Tallahassee, Florida

Gary Hickerson
Director, Financial Services
Manatee Memorial Hospital
Bradenton, Florida

Guy Langlais
Business Manager
Local 824, IBEW
Venice, Florida

Peter Levin, Sc.D.
Dean
USF College of Public Health
Tampa, Florida

Scott Mahan, M.D.
Tampa, Florida

Bill Mauk
CEO
Intermediate Group
John Alden Life Insurance
Miami, Florida

Jon Reiker
Director of Employee Benefits
General Mills Restaurants
Orlando, Florida

Carol Roush
Dataland, Inc.
Tarpon Spring, Florida

Aaron Smith, Ph.D.
Department of Social Work
University of South Florida
Tampa, Florida

Sharon Spano
Geneva, Florida

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SPEAKER PROFILES

PANEL I: CONTROLLING COSTS

(b)(6) 005

(b)(6) a
twenty year old quadriplegic with muscular dystrophy and spinal muscle atrophy. 005

Her son's medical condition has had a tremendous impact on both her life and career and those of her husband. Her husband currently has a job which pays significantly less than he has made previously. He stays in the job with the lower salary in order to maintain insurance coverage for (b)(6) has also had employment difficult, including being fired from one job because she visited her son in the hospital when she thought he was dying. She has also had difficulty finding employment because of her son's medical condition. (b)(6) illness has caused the family to reach the limit on five different insurance policies.

(b)(6) 005

Dr. Arturo Perez, Private Practitioner, Winter Haven Hospital

Dr. Arturo Perez has been in private practice of internal medicine, geriatrics, at Winter Haven Hospital since 1972. He is the chairman of the Polk County Blue Ribbon Commission, a body organized under the auspices of the County Commission and the Governor of Florida to study the health care needs of Polk County. As a private practice physician, he has been active in meeting the needs of the underprivileged and elderly.

Cindy Nagel, Owner, Fantastic Sam's

Cindy Nagel, and her husband Fred, own three Fantastic Sam's franchised hair salons in Tampa with over forty employees. She also works parttime for the Florida Perinatal Association. She has been an active spokesperson on behalf of small business owners on the issue of health care. She moved from Texas with her husband and children to Florida nine years ago to become small business owners. She has testified and spoken publicly on the issue in an effort to raise national awareness of the problems facing small businesses.

Speaker Profiles

Rindy Rudy, Director of Prospective Payment, Orlando Regional Healthcare Systems

Rindy Rudy is the director of prospective payment, in which she heads up the cost-savings program at the Orlando Regional Healthcare Systems. They have embarked on an ambitious and creative program of cost cutting through outcome review, and has been a leader in establishing information systems to compare regional, state and national norms on cost-effectiveness and quality. To assure goals are met, ORHS developed a process to analyze the system data, identify trends and make recommendations to improve the cost and quality of care.

BIOGRAPHIES OF TAMPA PANELISTS

PANEL I: CONTROLLING COSTS

Patricia Bean, Deputy County Administrator, Hillsborough County

Patricia Bean, Deputy County Administrator for Hillsborough County, has been actively involved on behalf of the Hillsborough County Commission with the development of the Hillsborough County Health Care Plan. The plan is an innovative managed health care program for care for low income people funded by a local option half-cent sales tax and ad valorem property taxes. The County has implemented a Health Care Plan utilizing networks of providers selected through a competitive process with an emphasis on prevention, early intervention, and primary care.

Barbara Bernhart, Executive Director, Space Coast Disability Rights Association

Barbara Bernhart is the Executive Director of the Space Coast Disability Rights Association, Inc. (SCDRA), Center for Independent Living, a Lobbyist for the Florida Council of Handicapped Organizations, Inc., and serves on numerous committees and organizations dealing with the implementation of the Americans with Disabilities Act. The Space Coast Disability Rights Association, Inc. (SCDRA), is a consumer controlled, non-profit, membership organization. SCDRA provides services to persons with disabilities, their families and the community at large. The services provided by the organization include: Independent Living Skills Training, Peer Counseling, Service Coordination, Support Groups, Equipment Loan, Information & Referral, Accessibility Surveys, Technical Assistance and more.

James J. Bracher, Executive Director, Florida Healthcare Purchasing Cooperative

Jim Bracher is Executive Director of the Florida Healthcare Purchasing Cooperative, a nonprofit organization chartered by the Florida Legislature, created to pool the purchasing of health care services by state and local government. It provides the forum for governments to become a more effective purchaser of health care services for government employees and clients. These government pools become the locus for the inclusion of other small and large employers. He has served as project manager for a number of major health policy studies including physician self-referral, nursing personnel shortage and the impact of Medicare on Florida hospitals.

Panel One Biographies, Page Two

Gladys Branic, M.D., M.P.H., Director, Manatee County Healthcare Unit

Gladys Branic, M.D., M.P.H. is the Director of the Manatee County, Florida Public Health Unit and a health advocate for quality health services. She provides overall administrative direction to programs serving an ethnically diverse population in Manatee County. Program responsibilities include Primary Care, Communicable Disease Control, Child Health, Family Planning, WIC, Pharmacy, Laboratory Services, Vital Statistics and Environmental Health. Through the use of public and private community collaborative efforts, a significant use of volunteers and major downsizing efforts, Dr. Branic has significantly reduced administrative and health care costs while achieving an eight-fold increase in levels of service delivery. These achievements have won Dr. Branic productivity awards and letters of commendations from Governor Lawton Chiles and the state's secretary for health.

David E. Bussone, President/CEO, Tampa General Health Care

David E. Bussone, 45, is president and CEO of Tampa General Health Care, a 1,000-bed public medical center that is the primary teaching hospital for the University of South Florida. Bussone has diverse health care experience, from his first job as a hospital orderly at age 16, as well as an operating room technician and respiratory therapist, to the administrator of one of the nation's most successful public hospitals.

Tampa General is one of the few public hospital nationwide that receives no direct governmental subsidy -- care to eligible individuals is reimbursed on a fee-for-service basis. The hospital's non-reimbursed charity care last year exceeded \$46 million out of total charity charges for nearly \$155 million.

Tampa General has developed a number of programs that serve as healthcare models throughout the state and nation, including Genesis, a primary care facility that provides care for at-risk women and children. The estimated savings to the state Medicaid program is approximately \$1.4 million. Tampa General also was a partner in the formation of a collaborative system of providing care to under-served residents through the expansion of primary care funded through implementation of a county half-cent sales tax.

Joseph Cuellar, Pharmacist

Joseph Cuellar is an independent pharmacist who has owned and operated his pharmacy for 37 years. His work involves considerable interaction with third party payors. He is past president of the Hillsborough County Pharmacists Association and past president of the Florida State Pharmacists Association.

Panel One Biographies, Page Three

Ellen Daley, Director and Co-owner, Women Care

Women Care focuses on saving money through primary and preventive care. Daley is concerned with the present funding system, in which HMOs only reimburse with a doctor's signature (not nurses), which raises rates unnecessarily. In the past, she has served as the director of medical services for Flint, Michigan Planned Parenthood and as the director for the Sexuality Education Center, SUNY, Buffalo.

Steve Freedman, Ph.D., Executive Director, Institute for Child Health Policy

Steve Freedman, Ph.D., is the Founder and Executive Director of the Institute for Child Health Policy of the State University System of Florida. Dr. Freedman has an extensive background in senior positions in state executive branch agencies involved with health care, social services and education. He has also been associate chairman of the University of Florida's Department of Pediatrics.

Among his contributions to child health care systems is the development of the highly successful School Enrollment-based Family Health Insurance program being demonstrated in Volusia County School District, Florida. Within its first year of operation, School Enrollment-based Family Health Insurance program has succeeded in creating a new large grouping mechanism. Six thousand children (market penetration of 50%) are covered by a comprehensive benefit package. The health care is rendered in the private sector, the school systems act as a grouping/marketing entity, financing of premium is on a publicly subsidized sliding scale. Non-public premium payments come from families, employers and other organizations. Based on ten months of experience the premium rate was recently reduced by 25% by the participating HMO.

Phillip Frost, Chairman of the Board, IVAX Corporation

Phillip Frost is a physician who has been Chairman of the Board of Directors and Chief Executive Officer of IVAX Corporation since 1987 and its President since 1991. IVAX Corporation is a holding company with interests in several areas including medical diagnostics and pharmaceuticals. Dr. Frost was Chairman of the Department of Dermatology at Mt. Sinai Medical Center of Greater Miami from 1972 to 1990. In his varied career he has served also as director of an oil and gas exploration and production company, a bank, and a company that trains sonographers for the field of medical diagnostic ultrasound.

Panel One Biographies, Page Four

Frederick Townsend Hawkes, Attorney

Fred Townsend Hawkes is an attorney whose practice addresses issues related to the costs of health care, liability insurance, and caps on ancillary medical service.

Prior to joining the firm of Carlton, Fields, Ward, Emmanuel, Smith and Cutler, Mr. Hawkes served as staff attorney to the Florida House Health Care & Insurance Committee chaired by representative Tom Gustafson, and was responsible for drafting the Comprehensive Medical Malpractice Act of 1985.

Gary Hickerson, Director, Financial Services, Manatee Memorial Hospital

Gary Hickerson is Director of Financial Services at Bradenton's Manatee Memorial Hospital where he is responsible for financial planning, pricing and third party reimbursement at a 512 bed not-for-profit hospital. He came to Manatee Memorial in 1991 after 12 years as Budget Director at Miami Valley Hospital, a large teaching hospital in Dayton, Ohio.

Mr. Hickerson's frustration with Manatee's \$13 million annual bad debt expense, and inability to offer lower prices, drove him to develop a solution -- Access To Healthcare. Access To Healthcare is a health insurance program for uninsured businesses and individuals. Premiums are 40% to 50% below market rates. There are no excluded industries, no deductibles and no coinsurance. Insured persons pay only modest copayments for billed services which include office visits, prescription drugs, outpatient services and hospitalization. Immunizations, physicals, mammograms, well child and other preventive medicine visits are included. Access To Healthcare, insured by American Medical Security, will soon be available in many Florida communities.

Guy Langlais, Vice President, Florida AFL-CIO

Guy Langlais has worked in the telecommunications field for twenty-three years and has been a union member for the same amount of time. Since 1991 he has been Vice President of the State AFL-CIO and serves on the Executive Board of the Florida Electrical Workers Association. As Business Manager of Local Union 824, he represents a bargaining unit of over 6000 and has chaired numerous contract negotiations since 1981. Mr. Langlais' concerns relate to provision of quality health care at a fair and equitable cost, and the risk of reduced benefits faced by retirees.

Panel One Biographies, Page Five

Dr. Peter Levin, Dean, Health Policy and Management, University of South Florida

Dr. Peter Levin is Dean and Professor of Health Policy and Management at the University of South Florida's College of Public Health. From 1990 to 1992 he served as Chair of the Hillsborough County Health Care Advisory Board, formed to recommend changes in public health services to the County Commission. He has served also as Chair of both the State of Florida Hospital Cost Containment Board and of the Inter-Agency Task Force to Study HMO Quality of Care and Regulation, which reported to the State's Insurance Department.

Scott Mahan, Senior Medical Student

Scott Mahan is a senior medical student at the University of South Florida College of Medicine. Upon graduation, he plans to pursue a career in Internal Medicine. As a student, he has participated in providing medical care in emergency, clinic, and tertiary care settings, where, he reports, he has been exposed to many examples of wasteful and unnecessary medical spending. Scott believes physicians are not entirely responsible for these excesses, as they are often forced to practice defensive medicine due to the litigious nature of today's society. Both members of the medical profession and the community at large need to take an active role in containing medical costs, he suggests.

Bill Mauk, CEO, Intermediate Group, John Alden Life Insurance

Bill mauk's company insures 150,000 businesses nationwide, averaging three employees each. Mr. Mauk has served on several health reform task forces, including the Dade County Indigent Care Task Force, the Florida Task Force on Private Sector Health Care Responsibility, and the Health Council of South Florida, which he presently chairs.

Panel One Biographies, Page Six

Jon R. Reiker, Director of Benefits, General Mills Restaurant, Inc.

Mr. Reiker is the Director for Benefits for General Mills Restaurant, Inc. (GMRI) and is responsible for the design, funding, administration and communication of employee benefit plans for 95,000 employees. He has developed an aggressive health care plan management that has resulted in a current annual expense per employee which is now 27% lower than in the fiscal year of 1986.

Mr. Reiker is serving his fourth term as President for the Central Florida Health Care Coalition. This association consists of 58 local companies committed to health care quality and cost containment and has sponsored a Continuous Quality Improvement Project with local providers. The initial results of this project show a cost savings of 15%-20% while reducing mortality and complication rates. Together with other Coalitions throughout the state, they have formed the Employers Purchasing Alliance, representing over two million employees and dependents in the purchase of quality health care. The Central Florida Health Coalition has been nominated for the National Coalition of the Year, 1992.

Carol Roush, Owner, Dataland, Inc.

Carol Roush has experienced the health care system from many perspectives, including that of a small business owner. She and her husband are now owners of a small communications firm. From 1983 through 1990 she owned and operated a restaurant business and dealt with workman's compensation and group health plans. The firm had a great deal of difficulty because one of the employees had cancer, was cured for over 5 years and was still blacklisted by insurance companies.

Aaron Smith, Associate Professor, Department of Social Work, University of South Florida

Dr. Aaron Smith is a clinical social worker whose work has included providing services, psychosocial assessments and counseling to seriously ill patients and families of premature infants. In addition, he has provided regular in-service programs for medical/nursing staffs on subjects ranging from socio-cultural issues to financial/social insurance issues.

Dr. Smith is Associate Professor at the University of South Florida College of Arts and Science School of Social Work. He received a Ph.D. from the University of California, San Francisco, and an MPH from the University of California, Berkeley.

Panel One Biographies, Page Seven

Sharon Spano, Advocate

Sharon Spano is the mother of an eleven year old son born with a rare metabolic disorder; when he was born in 1981 Ms. Spano was told he would live for two years. She is grateful that prognosis was inaccurate but she worries about what her son faces in the future if he should outlive his parents.

Ms. Spano is an advocate and educator with experience and expertise in family centered care. She is a past president of Family Network on Disabilities, and has trained and consulted with the Florida State Departments of Education and Human Resources. She adamantly believes that pre-existing conditions should not inhibit an individual from qualifying for health insurance.

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7

Divider Title: _____

HEALTH CARE COSTS

Message: Urgency. It is important to stress what these costs mean for American families and business; the consequences of inaction; and why we must act now.

COSTS TO FAMILIES

- ◆ **American families** are getting killed by skyrocketing health care costs.
 - Health care spending per capita has skyrocketed from \$1,063 in 1980 to \$3,160 in 1992 -- a 197% increase. [CRS based on HCFA and Bureau of Economic Analysis]
 - During the last decade, a typical Florida family's health payments rose 225% faster than average wages. [DPC Special Report -- Health Across America (State-by-State Data)]
 - Florida families spent an average of \$3,392 for health care in 1991, an amount equal to 11.9% of family income. [Florida Department of Labor]

COST TO BUSINESS

- ◆ **Small businesses** are hit proportionally harder by these rising costs than are large businesses. **Small business** premiums are high to begin with and drastically increase if one employee falls ill.
 - Small businesses have experienced annual health benefit cost increases of 20 to 50% recently. In 1991, one-third of small business owners experienced health care cost increases of more than 25%. [Washington Post, 1/26/93, Arthur Andersen, 7/92]
 - In Florida, where 95% of all businesses employ 25 or less employees, many small business owners have been faced with curtailing health care benefits or laying off workers. Premiums for small businesses have increased an 15 - 20% each year. [Florida Department of Health]
- ◆ **Large businesses**, and American competitiveness, suffer too under added costs to their products.
 - American Telephone and Telegraph spends \$3 million a day on employee health benefits. [Christian Science Monitor, 11/21/91]
 - For the first time in American history, health care costs exceed business after-tax profits. [Health Care Finance Review, Winter 1991]

- Health benefits consume 8% of payroll today. Left unchecked, they will consume as much as 17% by the end of the decade. [Karen Davis, Johns Hopkins University, 1992]

THE CONSEQUENCES OF INACTION/WHY WE MUST ACT NOW

- ◆ **Families:** Rising at four times the rate of wages, health care costs threaten to bankrupt the families of this Nation. **We must act now** to free American families from the burden of health care costs.
 - Without reform, experts estimate that the annual cost of health care for an American family will more than double by the end of the decade -- to a whopping 14,000 per family -- while workers lose an annual \$655 in income. [Families USA and OMB]
 - Without reform, a Florida family's health care costs will more than double by the year 2000. [Florida Department of Health]
- ◆ **Jobs:** These costs are passed on to consumers stagnating the economy, slowing job growth and hurting our competitiveness abroad.
 - Failure to adopt a cost-control strategy could result in the loss of 1.5 million jobs over the next five years. [Ken Thorpe, University of North Carolina, 8/92]
- ◆ **Workers:** If health care costs and wages continue to increase at their current rates, a worker's salary will soon seem like a fringe benefit to his/her main source of compensation -- health care insurance.
 - Some estimate that, by the year 2000, the average employer could be paying \$20,000 a year for each employee's health benefits. [A. Foster Higgins cited in Christian Science Monitor]
 - Workers have lost 58 percent of wage increases since 1980, and will lose 100 percent in coming years, because of rising health benefit costs for employers. [Henry Aaron, Brookings Institution, 1992; President's Advisory Council on Social Security, 12/91]
 - In 1980, Florida businesses spent \$2.2 billion on health care. By 1991, this figure had increased by more than 330 percent to \$9.5 billion and unchecked is expected to reach \$23.7 billion by the year 2000 -- a 900% increase in spending since 1980. [DPC Special Report -- Health Across America (State-by-State Data)]

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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]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

QUESTIONS: COST

1. (b)(6) 006

- Tell me a little more about your experience with the insurance companies.
- Are you telling me the insurance companies wouldn't cover your son because he is sick?

2. Cindy Nagle

- How much are your premiums going up per year?
- How does that affect your business?

[You might point out the high cost of underwriting for small business]

3. Rindy Rudy

- How much time do you think the average health care professional spends on paperwork a day?
- How much has your hospital saved by cutting paperwork?
- How much of the paperwork really improves quality?

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Divider Title: _____

WHY THE NATION IS CONCERNED**Theme 1:**

The continued rise in U.S. health care costs is the biggest factor motivating health care reform. High health care costs threaten everyone, including:

a. Workers who must pay more out-of-pocket or who have lost family coverage

If health cost inflation is not brought under control, Americans will be devoting more than \$1 of every \$6 they earn to health care by the year 2000.

Working families could have increased their personal savings by nearly \$12,000 from 1980 to 1992, if health care cost inflation had been held to the economy-wide level.

More and more employers have dropped coverage for dependents in an effort to reduce their costs. From 1982 to 1988 the proportion of medium- and large-sized employers paying the full costs of dependent coverage fell 25%.

b. Workers afraid to change jobs and lose coverage and

***Entrepreneurs afraid to strike out on their own,
unable to obtain coverage***

One in five Americans say they or a family member are locked in their jobs because new work offers limited or no health insurance.

c. Retirees seeing their health benefits cut back or eliminated

If current trends continue, the Medicare trust fund is projected to be exhausted in the year 2002.

At least two dozen U.S. companies have abandoned health benefits for at least some of their retirees.

Two-thirds of employers have made changes to their retiree medical plan in the last two years or intend to make changes by 1993. The most common changes are raising retiree contributions (47% of employers making or intending to make change), increasing cost sharing (40%), and tightening eligibility requirements (21%).

d. People with serious diseases like AIDS who see their health benefits disappear

e. The elderly who are today paying as much -- or more -- for health care out-of-pocket than before Medicare

f. Businesses who see profits and U.S. competitiveness threatened

g. Labor unions who see potential wage increases eaten up by rising health benefits costs

From 1986 to 1992, total real compensation (wages and fringes) of American workers was constant. Actually, wages and salaries fell, but the rising cost of fringe benefits made up the difference.

h. And the traditionally vulnerable groups, the poor and uninsured

The number of uninsured Americans increased by 50 percent between 1980 and 1991 (from 24 million to 35 million people).

In 1991, 85% of the uninsured were employed or dependents of workers; only 15% were unemployed or not in the labor force.

More than half (53%) of all people in poverty are not covered by Medicaid.

Theme 2:

***Health care costs government a lot, too.
-- federal, state, and local***

Without significant health care reform, U.S. health expenditures are expected to top one trillion dollars by 1995 -- over \$4,000 for every American.

In 1990, the United States spent \$2,566 per capita on health care, compared to \$1,770 spent by Canada, \$1,486 spent by Germany, and \$972 spent by the U.K. Health outcomes in the U.S. were at best comparable to those in other countries.

States spent an average of 13.6% of their total budgets on Medicaid in 1991.

Of 1991's health care expenditures, 38% went to hospitals; 19% to doctors; and 8% to drugs.

Between 1982 to 1989, physician income, adjusted for inflation, rose by 23%, compared to a 9% increase for all full-time male workers. Average physician income in 1990 was \$164,000. Average income of surgeons was \$236,000, compared to \$103,000 for general practitioners.

Theme 3:

Rising health care costs impose tradeoffs on society.

- > ***more money spent on health care means less for education, new jobs creation, the environment, or higher salaries***

If health care reform had been enacted in 1980, and cost containment achieved, the dollars we would have saved in 1992 could have:

Hired over 7 million public school teachers

-or-

Almost totally eliminated the amount added to the federal debt in 1992.

In the last decade, state spending fell for elementary, secondary, and higher education, welfare, and highways -- while rising 40% for health care.

Theme 4:

The "costs" problem depends on your perspective

- > ***to policymakers it's the nation's nearly one trillion dollar annual health care bill***
- > ***to the poor elderly, it's having to choose between buying medications and food***
- > ***to physicians and hospitals, it has become a paperwork nightmare.***

When asked to list the top two problems in their respective countries' health care systems, more than half of the U.S. doctors (55%) mentioned access to care. In Germany and Canada, few did (5% and 1%).

More than 5 million Americans 55 and older say that they have to choose between buying food and paying for medication.

Almost half (44%) of physicians would be willing to forego 15% of their fees if delays or disputes in processing insurance forms were significantly reduced.

Theme 5:

The health care system itself poses implicit and explicit tradeoffs

- > more high-tech care versus improvements in basic care or prevention***
- > more affluent, better insured groups now receive more care than the poor and uninsured***

HIGH TECH

In 1991, the U.S. had four times as many magnetic resonance imaging (MRI) machines per million people than in the former West Germany, and seven times as many as in Canada.

PREVENTION

Only about half of all employer-based health insurance plans cover childhood immunizations.

Every dollar spent on measles immunization saves \$11.90 in later medical costs.

Every dollar spent on prenatal care saves three dollars in health care costs.

Every dollar spent on smoking cessation saves \$15.26 dollars over a working lifetime.

Theme 6:

The conclusion is that the problems are so widespread that fundamental reforms are needed to control costs.

Only 6% of the general public, 23% of physicians and 9% of corporate executives believe that only minor changes are needed to improve the U.S. health care system. An overwhelming majority believe that fundamental changes are needed.

Theme 7:

While we may need an overall management framework to control health costs, micromanagement approaches -- like multiple levels of claims review and excessive paper work -- may actually increase costs.

In many states, it costs physicians more to bill Medicaid than they receive back in payment for their services.

In 1987, insurers' administrative costs were twice as high in the U.S. as in Canada or the U.K. (5% of U.S. health spending, vs. 2.5% elsewhere).

Theme 8:

Costs-access-quality are intertwined.

INTERNAL MOMENTUM

Theme 9:

Our current health care system has its own momentum: training physician specialists or building and equipping huge medical centers virtually guarantees these capacities will be used.

In 1990, over 900 hospitals offered open heart surgery. One fourth of those hospitals do less than 50 elderly cases per year; 200 cases is considered a minimum in insuring quality.

35 cities had more than 5 hospitals performing open heart surgery.

Only 15% of senior medical students indicate a preference for a generalist specialty (1992).

70% of U.S. physicians are specialists.

Theme 10:

Recent studies indicate that American health care costs more than care delivered in European countries not only because we provide more services, but also because our "inputs," wages and prices, are higher.

Theme 11:

One central element of efforts to reduce costs is a commitment to rethink the types of physicians being trained. Over two-thirds of new physicians are specialists even though all evidence suggests we currently have too many specialists. Experience also shows that specialists charge more and prescribe more tests and procedures.

For every 100,000 Americans, we may spend at least \$810,000 in unnecessary coronary artery surgery annually.

For every unnecessary bypass surgery -- at about \$30,000 each -- we could pay instead for two full-time home health aides for a year.

EFFECTS ON HEALTH CARE DELIVERY**Theme 12:**

Cost control will require changes in health care delivery not just the payment system, like

- > fewer questionable surgical procedures***
- > fewer complex diagnostic procedures***
- > more generic drugs***

Nearly three-fourths of prescription drug expenditures (73%) are paid out-of-pocket.

In fact, reducing unnecessary care is the least "painful" path to cost reductions.

One commonly-cited source of unnecessary care is "defensive medicine" -- excessive ordering of tests and procedures by physicians in an effort to fend off malpractice suits. In fact,

- > physicians' perceptions of the risk of being sued are about 30 times higher than the actual risk***
- > still, in response to this exaggerated perception, in the last 10 years, 90% of physicians have increased their time doing paperwork, and over 80% have increased the number of tests and procedures ordered***

Theme 13:

Health care providers should have incentives to organize medical care in efficient delivery systems. The burden of inefficiency, fraud, and abuse should not be borne by taxpayers.

Physicians affiliated with managed care (employed by an HMO or employed by a physician group or other organization that contracts with an HMO, IPA, PPO) are more likely to report feeling that they could hospitalize patients, keep patients in the hospital, and order tests and procedures than physicians working in other settings.

Overall, affiliation with managed care has not caused many physicians to be unhappy with medicine as a career or to feel that they cannot practice quality medicine.

HMO physicians are least likely (71%) to believe they have the freedom to care for patients unable to afford fees, and physicians in managed care settings somewhat less likely than physicians not in managed care to believe they had this freedom.

Theme 14:

Fraud, waste, and abuse should be discouraged, but rooting them out won't generate enough money to fund a national health plan.

- * In 1991, the average Florida family spent \$3,392 on health care, some 12% of the family's income. By the year 2000, health spending is projected to more than double to an average of \$8,235 per family.

- * A 29-year-old St. Petersburg woman had to file for bankruptcy when her insurance company refused to pay her \$15,000 medical bill and she was unable to work out a payment plan with the hospital.

- * Twenty-three percent of non-elderly Floridians are uninsured, compared to a national average of 17%.

- * In 1990, Medicaid accounted for 10% of Florida's total state expenditures.

- * A child in Miami, who had recently contracted bacterial meningitis, incurred over \$46,000 dollars in medical bills. The disease could have been prevented with a \$21 inoculation.

BROAD QUESTIONS

- * What proportion of our national economy do we want to spend on health care?

- * How much health care is "too much"? Is "too much" a function of the dollars spent or the kinds of services they are spent on?

- * If we're spending too much, what are we willing to give up?

- * What would providers be willing to trade off, in order to be relieved of some of their paperwork burden? (The "Hassle Factor")

- * As the U.S. economy shifts away from heavy industry to smaller, information-age employers, does employment-based insurance still make sense? Is it the most affordable and efficient way to provide coverage?

- * Does the amount of effort required to review all health service charges and eligibility and covered services save enough to warrant the resources needed to do it? Would a more selective approach that required review only for "high ticket" items (ie. surgery, long-term care) result in overall savings?

NARROW QUESTIONS

- * Should we revitalize the public health infrastructure as part of health care reform?

- * How much professional staff time is devoted to documentation, rather than patient care? In the nursing home? In the hospital? In the doctor's office?

- * Are teaching hospitals' higher costs -- attributed to the expense of training residents, etc. -- justified, when we may have too many specialists already?

- * Would it make sense to put Medicaid on a sliding income-based scale -- rather than all-or-nothing -- in order to try to reverse incentives not to work?

- * People with disability insurance can lose benefits if they return to work. Can we change these "perverse incentives" under health care reform?

- * Should health care reform include incentives for healthy lifestyles -- not smoking, wearing seatbelts, obtaining preventive services?

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. list	Conversations on Health, Panel II: Peace of Mind [partial] (2 pages)	n.d.	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3981

FOLDER TITLE:

Conversations on Health, Robert Wood Johnson Foundation, Tampa Florida 3/12/93

2014-0483-S

sb441

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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RR. Document will be reviewed upon request.

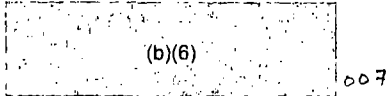
Freedom of Information Act - [5 U.S.C. 552(b)]

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CONVERSATIONS ON HEALTH

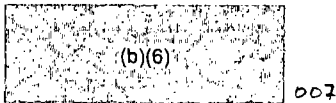
PANEL II: PEACE OF MIND (Access, choice, and quality)

SPEAKERS



Marcos Lorenzo, M.D.
Medical Director
Family Care Medical Center
Tampa, Florida

Anne Scupholme, C.N.M., M.P.H.
Jackson Memorial Hospital
Miami, Florida



PANELISTS

Chris Adams
Executive Director
The Prudential Health Care System
Tampa, Florida

Jim Albright, M.H.A.
Bayfront Medical Center
St. Petersburg, Florida

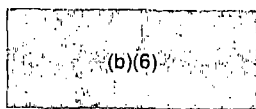
Linda Ash-Jackson, M.D.
Vice President and Medical Director
Cigna Healthplan of Florida
Tampa, Florida

Marilyn Bell
Executive Director
Central Florida Health Care Coalition
Employers Purchasing Alliance
Orlando, Florida

Henry Carley
Hillsboro Community College
Tampa, Florida

Kathy Carter
Director of AIDS Nursery
West Palm Beach, Florida

Barbara Donaho
CEO and President
St. Anthony's Health Care Center, Inc.
St. Petersburg, Florida



Cecil S. (Stan) Harrell
Chairman and CEO
Pharmacy Management Services, Inc.
Tampa, Florida

Donna Humphreys
OB/GYN Nurse Practitioner
Hardee County Public Health
Bowling Green, Florida

Ms. Silvia S. Ibanez
Attorney
Winter Haven, Florida

Ken Kiehl, M.D.
Sarasota, Florida

Luis Miranda, M.D.
Deputy District Administrator
for Health
HRS District VI
Tampa, Florida

Ree Sailors
CEO and President
Florida Health Access Corp.
Tallahassee, Florida

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SPEAKER PROFILES

PANEL II: PEACE OF MIND

(b)(6) 008

(b)(6) was diagnosed with bladder cancer two years ago. At that time, she had private health insurance. When the insurance company moved their charter from Florida, she was offered a COBRA policy, with an \$800/month premium and a \$2000 deductible, which she could not afford. She finally found 3 insurance policies which together cost her about \$500 per month, none of which cover her cancer, which needs to be treated twice a year. Her doctor removes cysts in his office pro bono, knowing that she can't afford the regular cost. She will probably have to have chemotherapy at some point, which she will not be able to afford.

(b)(6) 008

Dr. Marcos Lorenzo, Medical Director, Family Care Medical Center

Dr. Marcos Lorenzo is Medical Director of the Family Care Medical Center at Tampa General Hospital has experienced and witnessed the extreme lengths physicians must go to in order to justify preventive procedures in a manner insurance companies will approve for coverage. Among such preventive medical procedures are immunizations and mammograms.

Dr. Lorenzo is the Medical Director of the Family Care Medical Center at Tampa General. This is the ambulatory care/primary care clinic at the local public hospital in Tampa. He is a strong advocate of universal coverage and preventive medicine. His clinic is one of those funded under the Hillsborough County half-cent sales tax initiative to provide coverage to uninsured county residents.

Speaker Profiles

Anne Scupholme, Chief Nurse Midwife, Jackson Memorial Hospital

Anne Scupholme is the chief nurse midwife in the obstetric unit at Jackson Memorial Hospital in Miami, the second largest public hospital in the country. The hospital's obstetric unit serves twelve hundred women each month. All are poor, some are medicaid eligible, others have no health coverage. Most patients have no easy access to routine primary care.

Ms. Scupholme believes health care consumers should have guaranteed government access to a system that provides primary care at insurance or government cost, provides for identification of a primary care provider and system quality assurance measures. Until basic system issues are addressed, these problems will continue.

Anne Scupholme, CNM, MPH is the Chief Nurse-Midwife at Jackson Memorial Hospital, in Miami and an adjunct Associate Professor, University of Miami, School of Medicine. After obtaining her basic training, she has worked in hospitals, homes, and birth centers in England, Jamaica, and the United States. She is currently a board member of the Division of Research, American College of Nurse-Midwives and project manager for a research project, entitled Nurse-Midwifery Care to Vulnerable Populations, which is funded by the Robert Wood Johnson Foundation.

(b)(6)

008

(b)(6)

was born in 1990, ten weeks prematurely. Her daughter had multiple physical problems and required surgery for a colostomy at three days. Following two months of hospitalization, additional surgery, and prolonged home health care, (b)(6) is doing well. (b)(6) believes her daughter's life was saved by the advanced technology made available to her. The family's expenses for initial hospitalization totaled more than \$125,000 and were fully covered by an HMO.

BIOGRAPHIES OF TAMPA PANELISTS

PANEL TWO: PEACE OF MIND

Chris Adams, Executive Director, Tampa Bay Group Office, Prudential Insurance

Mr. Adams' division of Prudential is responsible for the marketing and administration of the company's group products and services in the Southeast. These products and services include PruCare HMO and PruCare Plus. PruCare Plus is a federally qualified HMO that has more than 150 primary care physicians, 600 specialists, and several hospitals in the Tampa area.

Jim Albright, M.H.A., CEO/President, Bayfront Medical Center

Since Mr. Albright joined Bayfront, a 518-bed, private, not-for-profit hospital, Bayfront has achieved a positive bottom line while remaining socially responsible for more than \$115 million in uncompensated care in 1992. In the community, Mr. Albright's leadership allows the medical center to play a pivotal role for social change. His guidance has led Bayfront to have a key role in Florida Gov. Lawton Chiles' Healthy Start Initiative to provide prenatal care at satellite centers in small communities throughout the area.

Linda Ash-Jackson, M.D., VP/Medical Director, CIGNA Healthplan of Florida, Inc.

Linda Ash-Jackson, M.D., is in her fourth year with CIGNA Healthplan of Florida, Inc., a managed care network of 150,000 members. She played a major role in the health plans growth from 38,000 members in 1989 to its present number. She has served as a physician advisor for the Florida PRO and on the Board of Directors. Under her leadership, CIGNA-Tampa received the number one rating by "The HMO Buyers Guide". Under her leadership, she has effectively introduced to the provider community physician profiling to enhance cost-effectiveness and quality of provider services, and helped institute a high risk pregnancy assessment case program.

Marilyn H. Bell, Executive Director, Central Florida Health Care Coalition

Marilyn H. Bell has instituted cost containment through group purchasing of quality health care. The Central Florida Health Care Coalition she runs is a non-profit consortium of public and private employers of all sizes. Under her leadership, employers have experienced 20-40% savings on a wide variety of health care services. They focus on patient outcomes and appropriateness of care for effective results.

Panel Two Biographies, Page Two

Henry Carley, Coordinator, Minority Student Recruitment, Hillsborough Community College

Mr. Carley has dedicated twenty years to service in higher education, and has always focused his efforts on affirmative action, minorities, and the disabled. He currently coordinates the recruitment and retention programs targeting minority students at the local Community College. He also serves as chair of the Florida Bay Chapter of the March of Dimes. In this latter capacity he targets pre-natal health care services as services that need to reach the economically disadvantaged.

Kathy Carter, Executive Director, Council on Child Abuse and Neglect of Palm Beach County, Inc.

Kathy Carter came to the Council on Child Abuse and Neglect with an extensive background in children's services acquired through working for the Department of H.R.S. Under her direction, The Children's Place/Connor's Nursery, Inc. has grown from a 12-bed crisis shelter to four residential shelters that provide care to children who are abused, abandoned, substance exposed or living with AIDS.

Barbara Donaho, CEO, St. Anthony's Health Care Center, Inc.

Barbara Donaho has been involved in health care for 36 years, during which period of time she has served on a metropolitan health board in Minnesota, been responsible for insurance and risk and quality management for a large multi-hospital system, and has served as a Commissioner on the Joint Commission on Accreditation of Healthcare Organizations for nine years. Under her direction, she has helped the hospital institute community outreach programs to deal with prevention, wellness and alternative care givers. The hospital operates an 80,000+ visit Homecare Services Program. Mrs. Donaho also serves on the boards of two specialty hospitals in the north.

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Panel Two Biographies, Page Three

(b)(6)

009

(b)(6)

009

Cecil (Stan) Harrell, Pharmacist, President, Chair and CEO, PMSI

Cecil Harrell is currently on the Board of Directors for the American Managed Care Pharmacy Association and a member of the Board of Fellows for the University of Tampa. He founded Pharmacy Management Services, Inc. in 1972, and is its present Chairman, President, and CEO. PMSI provides medical cost containment services and products nationally to workers' compensation payors and claimants.

Donna Humphreys, N.P.

Donna Humphreys, a health care professional for twenty years, has served the last three in the capacity of an OB/GYN nurse practitioner. She has worked for seven years in the public health sector, and currently manages a pre-natal clinic which targets the migrant farm labor population. She is also active in encouraging and administering STD screening, and serves as a family planning provider.

Silvia Ibanez, P.A. and Financial Counselor

Ms. Ibanez is a practicing attorney in Winter Haven, Florida. She is an advocate for children's rights and is a member of the Healthy Start Coalition of Hardee, Highlands and Polk County, as well as a member of the Florida Bar PILS/Legal Needs of Children Committee.

Panel Two Biographies, Page Four

Kenneth C. Kiehl, M.D., Sarasota Memorial Hospital

Dr. Kiehl has been a practicing physician in Sarasota for the past thirty years. He is a solo provider to patients with Medicare along with his private practice patients. His emphasis as a private practitioner is in pediatrics. He is a legislative chair for state health care issues and frequently helped former Senator Robert Johnson on Florida health care issues.

Luis Miranda, Deputy District Administrator for Health, HRS District VI

Mr. Miranda oversees the operations of the five County Public Health Units of District 6. He directs the Health Units to administer personal health care services, and is responsible for communicable disease control, environmental health surveillance, and health awareness and promotion.

Ree Sailors, President/CEO, Florida HealthAccess Corporation

Ree Sailors is presently responsible for the overall direction, administration, and expansion of the program put forth by the Florida HealthAccess corporation throughout the state of Florida. She is involved in funding efforts and in the provider negotiations aspect of the program. Since 1982, she has worked extensively on issues related to health care, including cost containment, indigent care, and medical malpractice. She was a contributor to the creation of the state's new interim health plan.

Sister Paula Schwendinger, Pastoral Associate, PBVM

Sister Schwendinger was an elementary school teacher for fifteen years prior to her work with the Guadalupe Catholic Mission. She is currently active as a liaison and advocate for the health care needs of the 700+ migrant farm families that fill the area during harvesting season. She facilitates interactions between the farmers, their families, and the local health care professionals and institutions. She translates and provides information to the workers on TB testing centers and transportation to health care facilities.

Panel Two Biographies, Page Five

Terrence Shirley, Executive Director, Tampa Community Health Center

Mr. Shirley has been active as a health care professional since 1980. He currently serves as the Executive Director for the Tampa Community Health Center, a grass roots facility targeting the health care needs of the local indigent population. Revenues from a recent increase in tax should help the center, as well as overall coverage for indigent health care. Under his leadership, the center plans to open a school-based health care program to compliment existing services designed for local homeless and low-income peoples. Mr. Shirley is a member of the Health Care Advisory Board.

(b)(6) Small Business Owner

(b)(6) operates a small, family-owned air conditioning business with her husband. They have been struggling for years to obtain the most basic health insurance at an affordable rate. Though the family has received some Medicaid, health care expenses have strained the business and family's financial resources. She was unable to adequately insure herself during her most recent pregnancy. She is the mother of three.

J. Gary Strack, President/CEO, Orlando Regional Healthcare System

Orlando Regional Healthcare System, a non-profit 1,325-bed healthcare system with over 5,000 employees, is one of Florida's most comprehensive voluntary health care systems. The ORHS network includes Orlando Regional Medical Center, Sand Lake Hospital, and the Arnold Palmer Hospital for Women and Children. Mr. Strack has helped develop and implement Health Choice, a preferred provider organization, a home health company, and the Orlando Cancer Center. Through Mr. Strack's leadership, ORHS has become an emerging model for delivering high quality health care in a cost-effective manner.

Connie Wells, Statewide Parent Consultant, Children's Medical Service

Connie Wells, a statewide parent consultant for the Children's Medical Service, is responsible for staff training and evaluating how offices under her supervision provide family centered services. She spends a good deal of her time dealing with individual

(b)(6)

Panel Two Biographies, Page Six

Hugh A. Westbrook, Chairman/CEO, Vitas Healthcare Corporation

In 1979, Mr. Westbrook authored and helped gain passage of the statutory licensing of hospices in Florida. In doing so, he established the first -- and still used -- standards of quality for the care of the terminally ill. He chaired the National Hospice Education Project, the efforts of which led to passage by Congress in 1981 of Medicare reimbursement for hospice services. Mr. Westbrook and his colleagues define qualitative standards of hospice care that were eventually incorporated into federal law.

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10

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PEACE OF MIND

Message: The Clinton Administration's reform proposal will provide security and peace of mind, so that you don't have to worry about losing your insurance when you change jobs or being denied coverage because you're sick. We must **act now** to provide the peace of mind to all Americans who live in fear of losing their coverage. No American will feel secure again unless we bring costs under control -- and make it possible for families to get ahead again.

THE GROWING RANKS OF THE MIDDLE-CLASS UNINSURED

- ◆ As costs continue to skyrocket, today's uninsured are increasingly working, middle-class families.
 - Over one million (1.067) of those who lost health insurance in 1991 were Americans earning between \$25,000 and \$49,000. [Himmelstein and Woolhandler, *The Growing Epidemic of Uninsurance*, 12/92]
 - Seventy percent of the uninsured are above the poverty level. [OMB Director Darman, testimony to House Committee on Ways and Means, 10/91]
 - Among Florida businesses which employ less than 5 people, 83% are uninsured. Among Florida businesses which employ fewer than 5 employees, 60% are uninsured. [Florida Department of Health]
- ◆ Hundreds of thousands of Americans are losing their health care coverage each year.
 - 100,000 Americans move into the ranks of the uninsured each month. [Washington Post, 1/26/93]
 - Twenty-three percent [2.4 million] of (non-elderly) Floridians were without health insurance in 1991 -- compared to 17% in the U.S. This was the third highest rate in the country. [DPC Special Report -- *Health Across America* (State-by-State Data)]
- ◆ Those who still have insurance have seen their benefits cut.

MIDDLE CLASS FEAR LOSING INSURANCE:

- ◆ Millions more live in fear that tomorrow they will be uninsured or, worse yet, uninsurable.
 - 61 percent of Americans worry a great deal that health insurance will become too expensive for them to afford. 48 percent of Americans worry that benefits under their current health care plan will be cut back substantially. [Kaiser/Commonwealth/Harris, 4/92]

- ◆ And millions more Americans are afraid to change jobs for fear of losing coverage.
- Thirty six percent of Americans earning between \$30,000 and \$50,000 reported that they or someone in their household stayed in jobs they wanted to leave because they were afraid of losing their health care coverage. ["Health Benefits Found to Deter Job Switching," New York Times, 9/26/91]

PRE-EXISTING CONDITION EXCLUSIONS

- ◆ One of the most distressing flaws in our current system of health care is that **those in greatest need of care are least able to obtain it. Nowadays, insurance companies only provide insurance once they've made sure you don't need it.** We must demand that insurance companies change the underwriting practices which serve to avoid risk instead of provide insurance.
- One in twenty Americans has been denied coverage for a pre-existing medical condition. [Kaiser/Commonwealth Harris, 4/92]

EMERGENCY ROOM CARE

- ◆ In many cases, the emergency room, the most expensive care in the world, delivers the treatment of last resort for the uninsured. Here people do not receive primary care or preventive care. They become sicker and require even more expensive care in the future.
- Forty-three percent of the 99 million patients seen in emergency rooms in 1990 had minor ailments that could have been treated elsewhere. [Robert Wood Johnson Foundation]
- ◆ Uncompensated care increases costs to an already overburdened system. The cost of uncompensated care is shifted to those who do have health insurance causing them to pay more.
- In 1989, 40% of the uncompensated care charges in Florida was attributed to workers and dependents whose employer did not provide insurance coverage. [Florida Department of Health]

CHILDREN: IMMUNIZATION

- ◆ **Nationwide access to health care and immunization for infants and toddlers is a key goal of health reform.**
 - **A child in Miami, who had contracted bacterial meningitis, incurred over \$46,000 dollars in medical bills. The disease could have been prevented with a \$21 inoculation. [Robert Wood Johnson Foundation]**
 - **Preschoolers are less likely to be immunized for DPT and polio today than they were 20 years ago. [Robert Wood Johnson Foundation]**
 - **Over 50 percent of two-year olds in Florida are not appropriately immunized. [Robert Wood Johnson Foundation]**
 - **One in four children in Florida do not have health insurance. Nationally the average is about one in seven. [Robert Wood Johnson Foundation]**

CHILDREN: PREVENTIVE CARE

- ◆ **Lack of insurance and access to primary care -- especially pre- and post-natal care -**
 - **leads to higher infant mortality and morbidity rates as well as high costs for preventable illnesses. We have to begin to refocus our health care system on preventing illness and injury rather than just on treating them.**
 - **Eight percent of babies born in Florida in 1989 did not receive prenatal care or the care was very late in the pregnancy. [Robert Wood Johnson Foundation]**
 - **One of every thirteen babies born in Florida is underweight and at high risk of health problems; close to 2,000 of these new infants never reach their first birthday. [Robert Wood Johnson Foundation]**

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QUESTIONS: PEACE OF MIND

1. (b)(6) DID

- Are you telling me you have three insurance policies and none of them cover your cancer?
- What would you do if your doctor didn't treat you for free?

2. Dr. Marcos Lorenzo

- Do the insurance companies actually question you on immunizations and mammograms?
- Is this a widespread practice? Are there other ways to get these services?

3. Nurse Anne Sculpholme

- Has it been your experience that inadequate prenatal care leads to greater health costs in the long-run?

[You might point out that we are looking at ways to give physicians greater incentives to become generalists as opposed to specialists.]

4. (b)(6) DID

[You might emphasize that she got the kind of quality care that we will maintain in the system.]

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Theme 1:

We need to make the U.S. health care system more responsive to the needs and preferences of the people it serves.

An estimated 43 million Americans, living in inner city and rural communities, remain seriously medically underserved because of special needs or circumstances.

- > They are overwhelmingly poor or low income, and many are children or women of childbearing age.
- > Many are uninsured, but 60% already have some form of insurance (principally Medicaid).
- > Many live and work in areas with too few providers of care.
- > Others face serious non-financial barriers to care (such as language, homelessness, or physical disabilities), or have complex health problems, or are undocumented immigrants.
- > They frequently depend on hospitals and emergency rooms for even basic care, because of severe shortages of appropriate primary health care services in their communities.

Theme 2:

Basic health services are the right of every American. At present, this means everyone must have some kind of insurance coverage; instead, even people with coverage feel threatened by the potential loss of their health insurance.

Two out of every three workers indicate they would choose health benefits if they could choose only one employee benefit. Pension benefits came in a distant second place.

61% of Americans are concerned that health insurance will become so expensive that they won't be able to afford it.

Half of insured Americans are worried that benefits under their current health plan will be cut back substantially.

Nearly 22 million Americans said that they themselves, someone else in their family, or both, had been refused health care during the last year because they didn't have insurance or couldn't pay.

22% of the uninsured who said their health was fair or poor did not contact a physician in 1989.

Theme 3:

Higher taxes, higher insurance premiums, and higher medical bills are the price all of us pay because 35 million Americans don't have health insurance. The uninsured are everyone's problem.

In 1991, hospitals spent 6% of their gross revenue -- \$13.5 billion -- on care that was not paid for (uncompensated care).

People who live in the nation's 2,147 "medically underserved" counties have higher mortality and morbidity than do the residents of better-served counties. For example, had the rates for various conditions been the same in underserved counties as in non-underserved counties, each year:

- > 39,000 fewer infants would be born at low birthweight and
- > 4,601 fewer infants would die. Also, we'd have:
 - 46,309 fewer cases of immunizable diseases -
- a 96% drop nationally
 - 38,687 fewer cases of hepatitis -- a 40% drop
 - 46,817 fewer cases of tuberculosis -- a 56% drop

PRIMARY CARE

Theme 4:

Insurance systems should assure access to primary care as well as hospital care. Access to primary and preventive care can both improve health status and reduce total health costs.

Poor preschool children are five times more likely to be hospitalized with asthma and four times more likely to be hospitalized with a severe ear, nose, throat infection than non-poor children. Most of these hospitalizations could have been avoided if appropriate ambulatory care were available.

Theme 5:

The nation needs reorientation toward the prevention of disease, injury, disability, away from high-tech "fixes."

Preschoolers are less likely to be immunized for DPT and polio today than they were 20 years ago.

Some 500,000 premature deaths a year and \$22 billion are directly attributable to cigarette smoking and other uses of tobacco.

In 1988, 100,000 deaths and \$85.8 billion in health care costs were linked to abuse of alcohol.

Estimates are that 25 to 40% of patients in general hospital beds are being treated for complications of alcoholism.

Drug abuse cost the system \$58.3 billion in 1988 for care, treatment, and rehabilitation, as well as for lost productivity and crime enforcement.

Street and domestic violence add \$5.3 billion to U.S. health expenditures.

About 400,000 people die each year by not using life-saving technology such as seat belts and smoke detectors

Theme 6:

Universal access to immunizations for infants and toddlers is a key goal of health care reform. Immunization is crucial to maintaining children's health. And, universal access to immunization is a possible strategy for better linking very young children to the primary care system.

Theme 7:

Our health care system needs to assure that more primary care providers practice medicine in rural and low-income areas, to prevent reliance on hospital emergency rooms for routine care.

43% of the 99 million patients seen in emergency rooms in 1990 had minor ailments that could have been treated elsewhere.

CHRONIC**Theme 8:**

Individuals of all ages with chronic health care problems should not have to bear the total costs of their health care. Insurance systems should not be designed to deny or discourage coverage for the chronically ill.

Nearly half of the chronically ill say that the expenses from their health problems pose a financial hardship on their family.

Theme 9:

Access to home care support services for the chronically ill is a growing problem. Social choices are necessary to decide how much the chronically ill must rely on informal care from friends and family and how much we are willing to spend to provide formal home care services.

Currently, access to formal services is very uneven across the country. Extending access to home care for all individuals with chronic illnesses would be very expensive.

More than a third of the chronically ill say that it is more effort to use services than they are worth.

Nearly one-quarter of the population is very involved with the care of a relative or close friend who is limited in major activity because of a chronic condition

Two-thirds of people who needed assistance in all activities of daily living received no paid assistance in 1989.

Aetna Life & Casualty has reported a \$78,000 per case savings from its Individual Care Management Program by using home care for victims of catastrophic accidents.

Theme 10:

Many important aspects of "health" and "healing" relate to a person's environment and the supports found there, like housing, transportation, or social services. The medical care/health insurance system cannot provide all of these. Yet, the health care system must work effectively across social domains to improve health for all.

SATISFACTION AND AUTONOMY**Theme 11:**

People often feel cut off from the decisions made about their care. Better quality health care -- and fewer malpractice suits -- depends in part on better communication between doctors and patients.

A survey of people residing in 10 countries found that Americans are the least satisfied with their health care system.

A third of Americans are "very satisfied" with the "quality of their own medical care" in 1990, down from half in 1973.

Only a quarter of Americans are "very satisfied" with their arrangement for paying for medical care, compared with 40% 20 years ago.

Theme 12:

People need skills to help them take more responsibility for their own health care, including self-care, to use the health care system appropriately, and to know what question to ask regarding plans for their own (or a family member's) care.

Theme 13:

Critically ill people sometimes get more care than they really want. We need to apply the full court press of medical technology much more sparingly -- only to people who want and can benefit from it.

28% of all Medicare expenditures are used in the last six months of life.

PATIENT CHOICE**Theme 14:**

Many Americans may prefer expensive fee-for-service arrangements for medical care. The extra costs of fee-for-service medicine should be borne by the individuals who choose it.

Over 90% of surveyed HMO members were satisfied with their primary care physician, but they prefer to receive their care in a physician's private office than in a health center.

Theme 15:

People who join HMOs and other systems of managed care should have the right to change systems when dissatisfied. The ability to "vote with your feet" is crucial to maintaining quality and responsiveness.

Physicians affiliated with managed care systems are more likely to feel that they have the resources to treat patients than physicians working in other settings, but they are less likely to feel that they have control over their work schedule.

- * 26.8% of children in Florida are without health insurance, compared to a national average of 15%.
- * Florida has the third highest non-elderly uninsured rate in the nation -- 23% compared to a national average of 17%.
- * Over half of Florida firms with 5-9 employees do not offer health insurance. 83% of Florida firms with fewer than 5 employees do not offer health insurance.
- * One of every 13 babies born in Florida is underweight and at high risk of health problems; close to 2,000 of these infants never reach their first birthday.
- * Approximately 10,000 Florida babies -- representing one in 20 births -- test positive for cocaine or other drugs.
- * Florida ranks second in the nation in pediatric AIDS cases.
- * In 1990, AIDS was the leading cause of death among Floridians ages 35 to 44.
- * 8% of infants were born to women receiving late or no prenatal care in 1989.
- * Over 50% of two-year-olds are not appropriately immunized (1992).
- * In 1990, 19% of the population lived in medically underserved areas.
- * 14% of Floridians (1.8 million people) are HMO participants.

- * What do Americans want from health care reform?
- * Are Americans satisfied with their interactions with the health care system?
- * Do hospital patients and their families believe anyone cares about or listens to their wishes?
- * How do we get -- and keep -- Americans involved in health care reform, a domain so coveted by high-stakes special interest players?
- * Who do we want to entrust our personal health care to? "Choice" is not just an economic issue.
- * Should "advance directives" be required in every state at the time of hospital admission, if not before, so that critically and terminally ill people do not receive more care than they and their families want?

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12

Divider Title: _____

CONVERSATIONS ON HEALTH

PANEL III: OLDER AMERICANS

SPEAKERS

Ruby Gatke
Counselor III
Aging and Adult Services
Sarasota, Florida

Bob Bobo
Owner
Davis Island Pharmacy
Tampa, Florida

Frances Hightower
Tallahassee, Florida

Patricia Pier
University of Miami
Jackson Medical School
Miami, Florida

PANELISTS

Bea Braun, M.D.
Area Agency on Aging
Spring Hill, Florida

Tess Canja
Port Charlotte, Florida

Dan Casady
Community Outreach Coordinator for
the Center for Independent Living
Tampa, Florida

Margaret Lynn Duggar
Tallahassee, Florida

Juliet Duhan
Administrator
Jewish Center Towers
Tampa, Florida

Guerry Fritch
Owner
Medical Supply Station
Tampa, Florida

Mary Haskins
Palm Harbor, Florida

Joshua High
Vice President
Ryder Systems
Miami, Florida

Rhoda Jennings
Senior Advocate
West Central Area Agency on Aging
Tampa, Florida

Charles Mahan, M.D.
State Health Officer
State of Florida Dept. of
Health and Rehab. Services
Tallahassee, Florida

Ana Miyares
Executive Director
Time Dollar Network
Miami Beach, Florida

Ed Peddie
President and CEO
Health Care, Inc.
Gainesville, Florida

Ramona Shedroff
Legislative Director
Florida State Council of
Senior Citizens
Tallahassee, Florida

Arlene Swartzman
Bookswap
Tampa, Florida

Cecil Wilson, M.D.
Winter Park, Florida

Susan Wilson
Executive Secretary/Treasurer
AFL-CIO
Tallahassee, Florida

William Zubkoff
South Shore Hospital
Miami Beach, Florida

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. list	Speaker Profiles, Panel III: Older Americans [partial] (1 page)	n.d	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3981

FOLDER TITLE:

Conversations on Health, Robert Wood Johnson Foundation, Tampa Florida 3/12/93

2014-0483-S

sb441

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.

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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]

SPEAKER PROFILES

PANEL III: OLDER AMERICANS

Speaker 1

We are still searching for an elderly couple whose drug costs are uncovered.

Bob Bobo, Owner, Davis Island Pharmacy

Mr. Bobo has owned the Davis Island Pharmacy since 1984. Prior to that, he worked as a pharmacist for Walgreen's. The Davis Island Pharmacy is community based, and, as the owner, Mr. Bobo has become increasingly concerned with the rising costs pharmaceuticals incurred by the current system. In particular, he notes that for insurance purposes some of his elderly customers are directed to pharmacies that are too far away, or they are forced to use mail order supply houses to get their medications. Mr. Bobo is also a member of the Hillsborough County Pharmaceutical Association, the National Association of Retail Druggists, and the American and Florida Pharmaceutical Associations.

Frances Hightower

Frances Hightower is a Tallahassee resident who has been frustrated in her efforts to find and afford care for her ill, elderly parents. Her 85 year old mother is disabled by Alzheimer's Disease; her 86 year old father is unable to care for himself or to help care for Ms. Hightower's mother

(b)(6)

(b)(6)

011

Neither Medicaid nor Medicare is available to cover the care Ms. Hightower's mother requires. In fact, because of \$1396 monthly income from State retirement and social security, Medicaid benefits were denied.

The Alzheimer's program of Eldercare pays a caregiver 8 hours a week. Ms. Hightower's mother requires 24-hour care, 7 days a week. Last year, over \$20,000 was paid to caregivers.

She has been forced to mortgage her family's home her home and her brother's home. Most of that money has been spent and, at the current rate, the balance will be gone within the next 3-6 months. Her family has no other resources and cannot afford the \$2,000 monthly fee for nursing home care her mother requires.

Speaker Profiles

Patricia Pier, Continuing Case Management Nurse, University of Miami/Jackson Medical Center, Family Practice Services, Foresee Programs

Patricia Pier's background as a public health nurse, a continuing care specialist, a clinical nurse and as a utilization review specialist brought her to the Foresee Program a year and a half ago. On a daily basis, Pier deals with patients who have had such fragmented care that they have seen no result despite thousands of dollars worth of medical treatment.

BIOGRAPHIES OF TAMPA PANELISTS

PANEL 3: OLDER AMERICANS

Beatrice S. Braun, M.D., F.A.P.A.

Doctor Bea Braun is a 72 year old retired physician. She spent twenty years in family practice as a medical missionary in South Korea and then twenty years as a psychiatrist treating the mentally ill in New York. Currently the volunteer State Coordinator of AARP's Health Advocacy Services in Florida, she supervises a statewide network of volunteers who promote healthy lifestyles and deal with long term health care problems. She is a member of the Florida Department of Elder Affairs Advisory Council and serves on the Board of Directors of her own 116 county Area Agency on Aging. Locally she is a member of the Hernando County Health Care Advisory Board. She says these volunteer positions serve as regular reminders of the need for reform of the present health care system. Dr. Braun believes the solution must be to control costs, provide access for everyone, emphasize prevention, cover both acute and long term care, and provide an equitable method of financing.

Tess Canja, Chair, Advisory Council, Florida Department of Elder Affairs

Ms. Canja is the Chair of the Advisory Council of the Florida Department of Elder Affairs and formerly served as the Executive Director of the Area Agency on Aging Association of Michigan. She is a new board member of the American Association of Retired Persons, and has long been involved in senior issues. Along with her professional involvement, Ms. Canja brings the added experience of being a care giver for her elderly mother.

Dan Casady, Community Outreach Coordinator, Center for Independent Living

As Community Outreach Coordinator, Mr. Casady is responsible for informing the general public about health care issues and services available to senior citizens. He also writes grants and is in charge of advocacy issues for the Center for Independent Living. His work focuses on home personal assistance programs designed to increase the independence of elderly and disabled citizens by treating them at home rather than at institutions. He believes home personal assistance programs are cost effective. Mr. Casady is a member of the Mayor's Alliance for Person's with Disabilities.

Panel Three Biographies, Page Two

Maragaret Lynn Duggar, President, Margaret Lynn Duggar and Associates

Ms. Duggar entered the field of aging in 1973, as Executive Director of the Senior Society Planning Council, a direct service United Way Agency. In 1978, she founded the Area Agency on Aging for North Florida. In her most recent creation, Margaret Lynn Duggar and Associates, she assists businesses and organizations in creating products and services for the elderly. MLDA also consults with several statewide associations on strategic planning and leadership.

Juliet Duhan, Administrator, Tampa Jewish Federation

Ms. Duhan is an administrator for the Tampa Jewish Federation, a non-profit sponsor of housing for low income elderly which runs the Jewish Center Towers and the Mary Walker Senior Towers. Her twenty years of experience with the day to day problems of the elderly have focused her advocacy for supportive community based services, especially for low income elderly. She is also affiliated with the American Association for Homes for the Aging.

Gary Fritch, Owner, Curtis Discount Drug, Medical Supply Station

Mr. Fritch opened the Curtis Discount Drugstore in June 1983 as a community pharmacy which provides medications to many elderly citizens. His Medical Supply Station, open for seven years, is a store which sells directly to home bound patients. As the owner of two mid size businesses, Mr. Fritch is concerned with the current business environment for independent mid-size companies; he believes larger companies that are more concerned with market share than quality are taking over the smaller, independent companies.

Ruby Gatke, Human Services Counselor, Department of Health and Rehabilitative Services

Ruby Gatke is a case manager serving home bound elderly clients in Sarasota County's Home Care for the Elderly program. The program is designed to provide services and financial supplements to make it possible for people to remain at home who might otherwise have to be placed in a nursing home. Ms. Gatke has been in this position for eight years and was previously a social worker at G. Pierce Wood Memorial Hospital. She received her degree in social work from the University of South Florida.

Panel Three Biographies, Page Three

Sister Mary Haskins, Director, Alzheimer's Unit, Manor Care

Sister Haskins is the Director of an Alzheimer's Unit Manor Care Facility, and a member of the Alzheimer's Association, Tampa Bay Chapter. She directs a specialized and secure unit for early stage Alzheimers patients, works with the families of those afflicted with Alzheimers, and runs a support group for Alzheimers care givers. On a daily basis, she faces the challenges of caring for an elderly loved one, her 92 year old father. He is home bound and in need of constant care.

Joshua High, VP, Ryder Systems

As well as being a Vice President of Ryder Systems, Mr. High presently serves as chairman of the Health Care Board of the State of Florida and is Vice Chairman of the Board of Trustees for the Public Health Trust of Dade County, Florida. The Health Care Board is the cost containment area for the Florida Agency for Health Care Administration.

Rhoda Jennings, Senior Advocate

Ms. Jennings has been a retired social worker since 1979. As an advocate for senior citizens, her primary concerns are focused on the excessive spending and spiraling costs of health care faced by the elderly. She began her career in social work during the Roosevelt administration, working on WPA projects and CCC camps, and is now a member of the West Central Florida Area Agency on Aging. She has been both a private and public social worker.

Charles Mahan, M.D., Deputy Secretary for Health and State Health Officer for Florida; Director, RWJ Healthy Futures Program

Dr. Mahan has also served the needs of healthcare as the Director for Ambulatory Services for Women at the University of Florida, and as Director of the North Central Florida Maternal and Infant Care, Family Planning, WIC, and Teenage Pregnancy Team Programs. Dr. Mahan is Chairman of the American College of Obstetrics and Gynecology, and Chairman of ACOG's National Committees on Infant Mortality Review and Health Care for Underserved Women.

Panel Three Biographies, Page Four

Ana Miyares, Executive Director, Time Dollar Network

Ms. Miyares is the Executive Director of the Time Dollar Network, which is volunteer recruiting, non-profit organization in Florida. It deals with a wide range of volunteers and services, and networks these with institutions and individuals. Her organization deals extensively with, disabled, mentally-ill, homeless, people with HIV, elderly and other populations with special needs to attempt to ensure that they get the services they need.

Edward C. Peddie, President and CEO, AvMed/Santa Fe

AvMed/Santa Fe is a not-for-profit integrated health improvement company that offers federally qualified Medicare HMO services, home health, hospice and ACLF services to elders in Florida. As President/CEO of AvMed/Santa Fe, Mr. Peddie believes that health care reform must be a mechanism for changes that will meet the needs of those elderly individuals with long term disabling conditions. He thinks this should be accomplished through home-based health care and consolidation of federal agencies.

Ramona D. Shedroff, Legislative Director, Florida State Council of Senior Citizens

Ms. Shedroff is the Legislative Director of the Florida State Council of Senior Citizens. In this capacity, she lobbies the State Legislature on health care issues relevant to senior citizens. She has recently been working on the Governor's health care bill.

Arlene Swartzman, Owner, Book Swap

Ms. Swartzman is the owner of Book Swap, a small business selling new and used books in Tampa which employs five people. While able to insure herself, she is unable to provide health coverage for her employees. In this regard, she is most concerned with the prohibitive cost of insurance for small business owners.

Cecil Wilson, MD, Private Practice, Internal Medicine

Dr. Wilson is a private practitioner of internal medicine who deals primarily with Medicare recipients and elderly patients. His practice is involved on a daily basis with the non-surgical healthcare needs of senior citizens. He was appointed to the Governor's Task Force on Elderly Access to Health Care and served from 1988 to 1989. He is currently the Speaker of the House of Delegates for the Florida Medical Association.

Panel Three Biographies, Page Five

Susan Wilson, Executive State Treasurer, Florida AFL-CIO

Ms. Wilson is the Executive State Treasurer for the Florida AFL-CIO and former business manager of IBEW Local 2156, where she represented 1,100 General Electric employees. She is a former member of the Private Sector Health Care Task Force and works on bills dealing with health care issues. She recently advocated a bill in Florida on physician self-referral, which prohibits physicians from referring patients to facilities which they own. The bill passed, but exempts group practices and hospitals. Ms. Wilson favors a single payer system and is less inclined towards incremental health care reform.

Bill Zubkoff, CEO, South Shore Hospital and Medical Center

As an administrator of the South Shore Hospital, an institution with a long history of geriatric care, Mr. Zubkoff has extensive experience to bring to bear on the specific health care needs of an aging community. Aside from his public health background, he has worked on national initiative, such as the RWJ Foundation's Committee on Hospital initiatives and Long Term Care. He is also a professor at the University of Miami School of Medicine, Department of Family Medicine and Community Health.

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OLDER AMERICANS

Message: We must lower the costs of prescription drugs and increase the use of sensible cost-effective methods of care -- such as home care and better coordinated care -- to provide America's senior citizens the health care they deserve at a price they can afford.

PRESCRIPTION DRUGS

Skyrocketing Prices:

- ◆ The most immediate and largest out-of-pocket health care cost for most elderly Americans are prescription drugs.
 - Prescription drugs are the largest cost of daily living for 45% of all people over 65. [USA Today, 1991]
- ◆ Drug costs are growing 10 to 15 percent faster than the breakneck pace of health care costs as a whole. [USA Today, 1991]
- ◆ More than 60% of those older than 65 have no insurance for drug costs. [USA Today, 1991] And, because the elderly are frequently subject to chronic conditions requiring maintenance medication, they are more susceptible to these costs.
- ◆ **In fact, persons over 65 now spend more of their income on health care than they did before Medicare was begun in 1966.** [Robert Wood Johnson Foundation/Alliance for Health Reform]
- ◆ More than 5 million Americans 55 and older say they have to choose between buying food and paying for medication. [Robert Wood Johnson Foundation]

Drug Industry Profits:

- ◆ Drug makers claim that these costs are necessary in order for research and development to continue. And yet, they manage to sell the same drugs to other countries for a third less and still remain the country's most profitable industry.
 - Drug industry profits generate triple the return rate for the average Fortune 500 company. [USA Today]
 - Over one third of price of the average prescription -- about 35% -- goes to pay for marketing, advertising, and drug manufacturer profits. Only 16% goes to R&D.

- Rita and Turner Ashby of Emmett, Idaho, travel to Mexico to purchase their prescription drugs because the cost in the U.S. is prohibitive. Mrs. Ashby, who needs a bronchial inhaler called Intal 5 buys the drug in Mexico for **less than one fifth of the price of the drug in the U.S.** In Mexico, the drug is \$10.15, in the U.S. it is \$53.00. (NBC News)
- A recent GAO report found that drug companies charge an estimated 32% more for the same drugs here as they do in Canada. [GAO Report, "Companies Typically Charge More in the United States Than in Canada," 2/22/93]

LONG-TERM CARE/HOME CARE

- ◆ We must reform the way government reimburses for care. If one method of care, such as home care, is preferred and more cost-effective than full nursing home care, it is in the best interests of the government and the patient to reimburse for this care.
 - Aetna Life and Casualty reported a **\$78,000 per case** savings from its Individual Care Management Program from using home care for accident victims. [Robert Wood Johnson Foundation]
- ◆ Nearly seven million elderly Americans need help to perform daily tasks of living -- eating, bathing, getting dressed -- because of a chronic condition.
- ◆ Families are the primary source of care-giving for people at home. Paying for nursing home care costs more than \$30,000 per year -- about an average family's income.
 - Annual nursing home expenses on average are expected to explode from about \$36,000 to \$46,000 by 2000 based on a conservative 5.5% annual growth rate. [Robert Woods Johnson Foundation]
 - In Florida, Medicaid spent \$1 billion of its total budget (\$767 million) on nursing home care in FY 1991. [Robert Wood Johnson Foundation]
- ◆ It is not surprising that the long-term care of a family member can devastate a family's finances and place great strain on its members.

PRIMARY CARE SHORTAGE

- ◆ A shortage of primary care physicians and failure to coordinate care adds to the cost and inefficiency of service delivery. This trend shows no sign of changing.
 - Despite the lack of family practitioners and primary care doctors, **80% percent of new physicians are specialists.**
- ◆ Evidence shows that specialists charge more and tend to prescribe more tests and procedures but don't improve the quality of care.
 - A study in the March 1992 issue of *The Journal of the American Medical Association (JAMA)* found family practitioners substantially less likely to hospitalize patients than specialists treating the same level of illness.

COORDINATED CARE

- ◆ Older Americans are shuttled from specialist to specialist for more and more tests to obtain care they should have received all in one place. Frequently they receive duplicative care. The lack of coordination can be dangerous, and even fatal, to the older Americans.
 - In 1985, prescription drugs were prescribed in 68 percent of office visits for patients age 65 and over. [Robert Wood Johnson Foundation]
- ◆ All of these things add both to the anxiety of senior citizens and to the instability and inefficiency of our current health care delivery system.
- ◆ More effort should be made to make the health care system more "user friendly" for senior citizens to increase quality of care, promote compliance, and reduce overtreatment.

QUESTIONS: OLDER AMERICANS

1. Frances Hightower:

- Does your mother have any problem paying for prescription drugs?

2. Patricia Peer

- How much duplication of paperwork and services is there in the current system?

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Divider Title: _____

STATE SUMMARY - FLORIDA

Population, 1991 (est.)	13,277,000
Median household income, 1991	\$27,252
Persons below poverty level, 1991	2,069,000
percent below poverty level, 1991	16%
Age distribution, 1990	
under 5 years	6.6%
5 to 17 years	15.5%
65 and over	18.3%
Race, 1990	
White	83%
Black	14%
American Indian	< 1%
Asian	1%
All Other	2%
Persons of Hispanic origin, 1990	12%
Physicians, 1990, per person	373
Hospitals, 1990	
number	288
occupancy rate	63.7%
personnel (x 1,000)	201,500
Medicare, 1990	
enrollment	2,339,000
payments (\$mil)	7,677
Medicaid, 1990	
recipients	1,038,000
payments (\$mil)	2,361
State & local government expenditures, 1989-90 (\$ per capita)	
total	\$3,599.59
health & hospitals	302.60
Civilian labor force, 1991	
manufacturing	648,000

Union membership in manufacturing, 1989	48,900
Payroll, by major industry group, 1990	
total (\$1,000)	\$89,563,372
manufacturing	12,730,722
retail trade	13,932,402
service industries	30,964,113
Number of farms, 1991	40,000
Defense department	
civilian employees	32,400
military personnel	75,000
Manufacturing establishments, 1987	
total	15,596
employees, 1990	
total	498,000
Retail trade, 1987	
paid employees	1,022,862
Service industries, 1987	
paid employees (non-exempt firms)	975,000
Social Security beneficiaries, 1990	
total	2,653,000

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Divider Title: _____

FLORIDA HEALTH CARE REFORM

BACKGROUND: Florida -- a state which was among the first to embrace managed care arrangements -- has been very active in developing approaches to health care financing and comprehensive health care reform. Signed into law in March 1992, the Florida Health Care Reform Act of 1992 consists of both health insurance reforms targeted at the small employer market and The Florida Health Plan -- a comprehensive health care proposal designed to provide universal access to basic health care benefits by December 31, 1994. The legislation also created the Florida Agency for Health Care Administration to coordinate governmental health care functions such as financing, licensure, certification, and cost containment, and to formulate a strategy for achieving the goals of the Reform Act.

NEW REFORM PROPOSAL: Additional legislation, introduced on January 4, 1993 by Governor Chiles, is currently moving through the State Legislature. Chile's proposal incorporate the recommendations developed by the Florida Agency for Health Care Administration -- which aims to achieve the dual goals of universal access and cost containment through a managed competition system which builds on the private employer-sponsored system. The plan contains no employer mandates or global budgets.

The plan would:

- Create 10 to 15 community health purchasing alliances -- CHPAs or "chippas" (similar to HIPC's: health insurance purchasing cooperatives) -- throughout the state, with one CHPA in each region.
- Institute accountable health partnerships consisting of insurers, health maintenance organizations and providers, combining service delivery and insurance to offer an established set of benefits.
- Establish a Medicaid buy-in program for individuals up to 250 percent of the Federal Poverty Level
- Seeks matching federal funds to cover working people with income too high for current Medicaid eligibility, but too low to purchase private insurance without government assistance. [This combination of employer-provided insurance, an expanded Medicaid buy-in program, and an additional pool of funds to cover the Gap Group is modeled after Hawaii's very successful health insurance program which covers an estimated 98% of its population).
- Enact insurance reforms aimed at small business such as modified community rating.

MEDICAID WAIVERS:

It is important to note that, despite reports to the contrary, HCFA has not received a request from Florida for the waivers which would be necessary to implement the proposed health reform plan.

ROBERT WOOD JOHNSON ROLE:

In August 1992, the State of Florida received a Robert Wood Johnson grant to explore decreasing subsidies for small employers while increasing enrollment, designing the benefit package and marketing plans for the Medicaid product, and developing data collection and analysis systems.

FLORIDA

Interim Florida Health Plan and RWJF *State Initiatives* Project

Florida Governor Lawton Chiles signed into law last March the Health Care Reform Act of 1992 calling for universal access to health care by December 1994 and promoting voluntary approaches to expand insurance coverage. If the goal is not achieved by that deadline, the newly created Agency for Health Care Administration would be required to submit a backup plan such as a play-or-pay employer mandate to the legislature. Florida's ambitious goal puts health reform on the fast track. In November 1992, AHCA organized a state "Health Care Summit" and in December issued the governor's interim Florida Health Plan in a document titled "A Blueprint for Health Security". Under its *State Initiatives* grant from The Robert Wood Johnson Foundation, Florida is working on five critical components of the Governor's broader reform package.

Interim Florida Health Plan

The Interim Florida Health Plan incorporates some of the basic concepts of managed competition along with several other strategies to expand access, control costs and assure quality (see attached list of plan elements). Central to AHCA's plan are the creation of Community Health Purchasing Alliances (CHPAs) that would reorganize local health care markets. CHPAs would be similar to the health alliances described in the Jackson Hole Plan, the American Hospital Association Plan, and other managed competition plans. CHPAs would pool employers together to purchase health plans based on value. The state would charter CHPAs as nonprofit organizations with an exclusive geographic territory. The CHPA would offer enrollees their choice of certified "accountable health partnerships" (AHPs). The CHPA would collect employee and employer premiums and distribute them to the AHPs on a risk-adjusted basis. Coverages for all individuals in the alliance would be portable. The introduction of CHPAs would require the formation of AHPs, which would offer an established set of benefits, enroll individuals without regard to risk, and could not use preexisting condition exclusions.

RWJF State Initiatives Grant Project

One major focus of Florida's State Initiatives grant project is to assess the feasibility of creating a Medicaid Buy-In Plan (MBI), which would extend coverage to low-income, unemployed individuals and families who are not eligible for Medicaid. The state would like to cover individuals up to 250 percent of the federal poverty level, an expansion that would require a waiver from federal Medicaid rules. By taking advantage of Medicaid's low-cost administration, long experience in dealing with high-cost cases using utilization review and case management, and the program's managed care options, project supporters believe an MBI product could be an affordable health insurance option for this target population. According to Robert Sharpe, director of health planning for the Agency for Health Care Administration, if the state is successful in delinking medical assistance eligibility from public welfare eligibility and in getting additional federal support for medical assistance

without additional support for welfare, "Florida will help lead the way for other states to uncouple these traditional program ties. We want to do for everyone what we are now allowed to do for pregnant women and mothers with children," he said.

The project will also support the expansion of coverage for small employers through the Florida Health Access Corporation (FHAC), a public-private partnership already covering about 13,000 enrollees from 3,000 previously uninsured, small businesses. By expanding FHAC, which was started under a previous grant from The Robert Wood Johnson Foundation, the state can offer insurance coverage to a portion of the small employer health insurance market that other insurers have traditionally refused to insure. Under this new grant, Florida can explore methods for increasing enrollment while decreasing employer dependence on state subsidies.

According to Thomas Wallace, assistant director of the Agency for Health Care Administration, "We learned from FHAC that the larger the group, the more leverage the group has in controlling costs." The state will use this lesson in planning the second component of its reform initiative: extending the Florida Healthcare Purchasing Cooperative (FHPC) into the private sector. The FHPC pools state and local government purchasing power to achieve economies of scale by negotiating volume discounts and lowering administrative costs per enrollee. By expanding the cooperative to state government contractors and other private sector employers, the state hopes to offer these groups lower-cost health insurance coverage.

Reforming private health insurance markets is the fourth component of the project. The Department of Insurance will assist in developing reforms, such as reducing administrative overhead and instituting uniform billing practices. Project organizers will also examine the potential use of community rating and its impact on health care costs.

The fifth part of the project is the development of the Florida Specific Health Insurance Data Base. Florida does not currently have a data base that will support much of the needed health care reform analyses. Under the project, the Agency for Health Care Administration is designing a statewide health data system and will begin collecting data about health insurance coverage, costs, and plan design from multiple sources, including a new employer survey and household surveys that will be conducted by a Foundation consultant. The Agency plans to use these data to set health care coverage and cost containment targets and to monitor progress in expanding health insurance coverage.

According to Wallace, all the principal interest groups have been involved in the state's reform process and agree on the basic goals of insurance reform, cost control, and increased access for health care, but they have not yet reached consensus on how to achieve them. "It's great just to have business and unions sitting down at the same table and agreeing on issues and goals," he said. The reform initiatives staked out by Governor Chiles and supported under the Foundation's grant should provide more experience and information for these diverse groups to consider as the health reform debate moves forward in Florida.

The Plan

The plan described in the following section is based on the following areas of general consensus at the November, 1992 Florida Health Summit. The Community Health Purchasing Alliance, discussed on the following pages, is AHCA's proposal to organize local health care markets to accomplish the reforms suggested by summit participants.

ACCESS

- Establish a basic benefit package
- Expand preventive and primary care
- Expand community and home-based care
- Expand Medicaid or other public coverages
- Implement community rating

COST CONTAINMENT

- Control utilization through practice guidelines
- Increase public awareness through consumer education
- Publicize provider prices
- Regionalize care and institute other capacity controls
- Establish financial incentives (e.g., reimbursements, taxes) for health promotion

QUALITY

- Implement practice guidelines
- Implement tort reform
- Limit physician self-referrals
- Implement outcome measures
- Identify centers of excellence
- Expand the State Center for Health Statistics, health data collection, and dissemination

FLORIDA

Florida Health Access Corporation RWJF Health Care for the Uninsured Program

Florida Health Access, a state-subsidized insurance program for small business employees and their families, is currently operating in five service delivery areas, encompassing 15 counties. Marketing of the program began in May 1989 in the Tampa area, later expanding to Gainesville, St. Petersburg/Clearwater, Tallahassee, and Orlando. The project hopes to continue expanding to other areas, with the ultimate goal of providing coverage throughout the state. As of March 1993, nearly 3,000 formerly uninsured firms have enrolled covering about 13,000 employees and their dependents.

The program was developed by the Florida Health Access Corporation (FHAC), formerly known as the Florida Small Business Health Access Corporation, with funds from the state, Hillsborough County (Tampa), and The Robert Wood Johnson Foundation. The aim of the demonstration is to pool small employers into a single organized buying group and to show how state funds can be used to lower the cost of insurance through reinsurance arrangements and other indirect premium subsidies.

Rather than subsidizing premium payments directly, FHAC negotiated reductions in the market price of premiums by assuming the insurers' marketing and administration functions and sharing in their risks. In addition, state funds are used to subsidize the cost of coverage for employees' dependents. As a result of these indirect and direct subsidies, premiums are 25 to 40 percent lower than the insurer's normal rates.

Av-Med Health Plans, Inc., a Florida-based nonprofit HMO, is the underwriter for Florida Health Access at all but the Tallahassee site; FHAC negotiated a contract with Capital Health Plan at that location. Plan benefits, similar at the five sites, include basic inpatient, outpatient, maternity and emergency services; limited home and convalescent care; and limited mental health and alcohol abuse services. At three sites - Tampa, St. Petersburg/Clearwater and Orlando - employers have a choice between a standard and a high-option plan. Under the high-option plan, enrollees pay higher premiums but lower copayments than for the standard plan. The program requires employers to contribute at least 50 percent of the single rate for each employee.

HEALTH CARE for the UNINSURED

PROGRAM UPDATE

NUMBER 11

APRIL 1991

Florida HealthAccess Expands to 5th Site: Credibility is Key to Success

Currently Florida HealthAccess, a state-subsidized, managed health care program for small businesses, is operating in four service delivery areas, comprising a total of 13 counties. Over 1,000 small firms are enrolled in the program, providing coverage to approximately 5,000 employees and their dependents. In April, when the project opens enrollment in a fifth site, the three-county area surrounding Orlando, it will be well on its way to achieving its goal of having 8,000 members by July and its long-range goal of making Florida HealthAccess available throughout the state within the next few years.

The program was developed by the Florida Health Access Corporation (FHAC), with funds from the state, Hillsborough County and The Robert Wood Johnson Foundation. Enrollment opened in May 1989 in the Tampa area (Hillsborough County). Within a year over 400 small businesses and about 2,000 employees and their dependents had joined the plan. In September 1990 the program moved into seven rural counties in the Gaines-

ville area, a month later to St. Petersburg/Clearwater (Pinellas County), and by December to four rural counties in the Tallahassee area; it opens in Orlando in April. The project hopes to expand to an additional urban site in the next fiscal year, depending on the legislature's approval of FHAC's FY 1992 budget request.

While many states, including Florida, have been faced with severe budget constraints, how has FHAC been able to convince the state government to not only continue to support Florida HealthAccess but to keep expanding it? While many other Health Care for the Uninsured Program projects have found it difficult to attract risk-sharing partners, why are insurers in Florida knocking on FHAC's door, anxious for the chance to participate? Why are over 1,000 small businesses, many of which have never provided any type of employee benefits, now interested in purchasing health care coverage for their employees through Florida HealthAccess? How has FHAC succeeded in bringing together these disparate parties—state government, insurers and small businesses—into a public-private partnership and in marshalling public and private resources to create a new program to address the problem of the working uninsured?

EDITORS' NOTE

Given the lack of consensus on national solutions, states will continue to be the laboratories for new initiatives to address the growing problem of the uninsured. Many states, however, are faced with serious budget crises that prevent them from instituting broad public programs to increase access to health care for their uninsured populations. Instead, we anticipate that state policy makers will continue to pursue limited, public-private strategies for expanding coverage incrementally. The demonstration projects supported by The Robert Wood Johnson Foundation's Health Care for the Uninsured Program remain prominent examples of how the public and private sectors can collaborate in developing and implementing innovative financing and service delivery mechanisms to improve access for the uninsured.

This issue features a behind-the-scenes report on how one project, the Florida Health Access Corporation, has been able to secure support to sustain and expand its state-subsidized insurance program for small businesses in Florida. It also includes updated descriptions of the 11 RWJF projects that reached the operational stage. These summaries are accompanied

three tables showing enrollment and firm size data, premium prices, and the amount by which these prices fall below market rates. ■

The indirect subsidies used to assume the HMO's administrative and marketing tasks had "gained in value at the negotiating table," because of the program's successful experience in Tampa.

Credibility, in a word, appears to be the key to Florida HealthAccess' success. According to FHAC Executive Director Ree Sailors, the program has delivered what it has promised. Sailors identified the needs of all parties, convinced them that those needs would be met with only limited risk from each party, and then worked long and hard to make sure the promises were kept. After almost two years of operation in the Tampa area, Florida HealthAccess has "a proven track record," she said.¹

To insurers, FHAC's experience in Tampa has proven that with state indirect subsidies, the program can reduce insurers' overhead expenses and thus the cost of premiums for small businesses, resulting in an attractive new market. To small employers, the program offers a low-cost benefit plan to their workers and their families, for whom coverage has often been unaffordable or unavailable. And to the legislature, FHAC can demonstrate that the program has been successful in providing

affordable coverage to many of the uninsured in the demonstration sites and that with additional state funds, the program can be replicated statewide.

Negotiating with Insurers

Before even approaching prospective underwriters with a proposed plan, Sailors and her staff spent over a year mapping out their goals and strategy. At the start they went into negotiations with insurers having the leverage of state dollars for premium subsidies, having a belief in their organization and their objectives, and having the knowledge of what they can and cannot do and what they had to have and what they could give up. As Sailors said last May at Alpha Center's conference, "you have to know what you are willing to accept and what you cannot accept, will not accept, and will walk away from even though you are desperate for a deal." FHAC has broken off negotiations with companies because they were unwilling to give something the corporation staff thought was essential. "It takes guts to walk away," Sailors said.

FHAC has turned the small business market, usually viewed by insurers as a 90-pound weakling, into an "800-pound gorilla."

It also takes business acumen to strike a deal, to establish a partnership—a skill not often found in people with a public policy or social service background. FHAC benefited from the advice of its board of directors and from business consultants, Sailors said. The staff learned to view the proposed program from the insurers' perspective and to understand the profit motive. In negotiations with a potential risk-sharing partner, FHAC had to demonstrate that its proposal was a worthwhile business opportunity. "But you have to be honest with them," Sailors said. "You have to tell them they won't make a lot of money, but they won't lose their shirt either."

From an insurer's point of view, small businesses do not represent a very desirable market. The high administrative and marketing costs and the fear of adverse risk selection associated with small groups have kept most insurers from actively pursuing this market. FHAC was prepared to meet these concerns by using state funds to take over the insurer's front-end administrative and marketing functions and to assume part of the insurer's risk. Furthermore, FHAC's proposal came along at a time when the legislature was considering increased insurance regulation to solve the problem of the uninsured. "Our program was an attractive alternative to regulation," Sailors said.

After protracted negotiations at the first site, Tampa, FHAC eventually reached an agreement with Av-Med Health Plans, Inc., a nonprofit, Florida-based HMO.

Through a combination of direct and indirect premium subsidies from the state, the corporation negotiated a 25 to 30 percent reduction in Av-Med's community rate. In

turn, FHAC agreed to pay a portion of the premium used to protect the HMO from excessive claims and to assume the company's burdensome and costly operating and administrative tasks, including market research, eligibility screening, marketing and advertising, and monthly premium billing and collection.

When Florida HealthAccess later expanded to Gainesville, then Tallahassee, then St. Petersburg/Clearwater and finally Orlando. FHAC was welcomed at the bargaining table. "We did not have to come in on one bended knee," Sailors said. At the Gainesville and the St. Petersburg/Clearwater sites, FHAC contracted with Av-Med to provide services to enrollees. The corporation was able to achieve discounts on premiums similar to those achieved in Tampa by assuming the HMO's administrative and marketing functions and sharing its risk. In Tallahassee, FHAC worked out a comparable deal with another HMO, Capital Health Plan, (Av-Med does not serve this area).

Competition for the contract intensified when the project moved into the Orlando area. FHAC entered negotiations with several HMOs before narrowing the list of potential partners down to two. In the end Av-Med once again won the contract to underwrite Florida HealthAccess.

This time FHAC was in a better bargaining position. The indirect subsidies used to assume the HMO's administrative and marketing tasks had "gained in value at the negotiating table," Sailors said, because of the program's successful experience in Tampa. "After Tampa, we proved we could do it; we delivered what we promised. We have shown that we can take over the insurer's administrative functions, screen applicants, collect bills, and conduct effective marketing campaigns," she said. With higher credit for these jobs, FHAC was able to reduce the direct subsidy used to pay part of Av-Med's reinsurance costs.

FHAC's experience in Tampa and the other sites has enhanced its credibility with the insurance industry elsewhere in the state. Now insurers in other areas are contacting FHAC, hoping that when the program expands, they will have a chance to compete for the contract. The corporation has proven that it "is a good and viable partner," Sailors concluded.

In addition, increasing enrollment at the Tampa site, now almost over 4,000 individuals, is proof of the program's potential for growth. FHAC has turned the small business market, usually viewed by insurers as a 90-pound weakling, into "an 800-pound gorilla," having considerable leverage in the negotiation process, Sailors said. "We have succeeded in converting an undesirable

PROGRAM UPDATE

This publication is prepared by the Alpha Center under a grant from The Robert Wood Johnson Foundation to provide periodic reports on this national demonstration program.

As a nonprofit health policy and planning center, Alpha specializes in the dissemination of health research and demonstration findings to national, state and local policymakers.

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market into a very attractive account," she said. Insurers in Florida now see the small employer market "as a business worth courting," she concluded.

Meeting Needs of Small Businesses

Small businesses in Florida also see the Florida HealthAccess program as a good value. So far about 1,000 of them have decided to purchase the plan because it meets the insurance needs of employers as well as their employees. FHAC designed an insurance product with the benefits employees want, at a price they can afford.

From surveys of small businesses and low-income, uninsured workers in Hillsborough County, FHAC estimated that 30 percent or more of small firms don't offer group health insurance to their employees. For about 60 percent of uninsured businesses in the survey, the number one reason for not offering coverage was that it was too expensive. But the majority of employers, many of whom don't provide even such basic employee benefits as paid holidays or sick leave, were willing to make group insurance available if the price were right. The right price, according to 35 percent of the surveyed firms, was a weekly contribution of \$10 per employee. Based on these findings, the market survey report concluded that employers' "monetary support is critical to success. A plan which is simply administered by employers with no monetary support is not perceived as desirable by employees." Without an employer contribution, most low-wage workers would not be able to afford coverage. Therefore FHAC decided to require employers to pay at least 50 percent of the single rate for each employee.

As discussed above, FHAC used indirect subsidies from the state to negotiate 25 to 30 percent reductions in the insurer's premium rates. In Tampa, for example, the monthly premium for a 35-year-old employee enrolled in the standard plan is about \$86 for single coverage, with the employer contributing half, or about \$43 per month, very close to the \$10 per week the surveyed firms said they were willing to pay for each employee. The corporation was also able to lower the cost of family coverage by an additional 15 percent by targeting part of the state subsidy funds to the family rating tiers. A 35-year-old employee in the Tampa area would pay about \$235 per month for dependent coverage under the standard option. Because of the state's indirect and direct subsidies, FHAC developed and made available an insurance product that both employers and their workers could afford.

FHAC also learned from its market surveys that employees want an insurance plan with comprehensive benefits; about half of those surveyed preferred an HMO while about a one-fourth preferred an indemnity plan. To meet these needs, the corporation designed an HMO product covering a broad array of benefits, including basic inpatient, outpatient, maternity and emergency services; limited home health and convalescent care; and limited mental health and alcohol abuse services. Modest copayments are required for all services. At the Tampa, St. Petersburg/Clearwater and Orlando sites employers may choose between the standard and a high-option plan; benefits are the same but enrollees pay higher premiums and lower copayments for the high-option plan.

Perhaps the biggest challenge for FHAC in getting small employers to participate has been in tracking them

down. "Their offices are in their trucks, their records are in their shoe boxes, their checkbooks are in the truck and at home, they're on their car phones, in phone booths, and they're using the customer's phone when they are roofing the house," Sailors said at the Alpha Center Conference. The project is constantly seeking new ways to get its message to this elusive market. Reaching small businesses has required aggressive and creative marketing techniques. For example, FHAC has found that radio advertising during morning and evening "drive times" has been a better medium for reaching the target audience. A substantial amount of the project's marketing resources have been devoted to publicity or "free media." A national cable television feature on the project in January 1988 resulted in further free coverage through television and local newspaper news accounts.

In marketing to small businesses, FHAC has stressed the program's low monthly premiums and cost savings and its ease of administration. But there are other advantages to employers that the project has used as selling points: the role of a group health insurance plan in recruiting and retaining employees and a decrease in the number of days off or sick time used as a result of a serious illness.

... the issue is "not whether we'll continue to exist, but how much we can expand . . . Our worst enemy is the state's billion-dollar shortfall."

An important part of FHAC's strategy has been to pool small employers into one unified purchasing group, "the 800-pound gorilla" idea. Together many small businesses can get what they want at an affordable price. Without the purchasing power of a large group, most small firms and their workers cannot afford the cost of insurance, even if it is available to them at all.

Building Political Support

FHAC's strategy for reducing the cost of insurance for small businesses was and continues to be dependent on state direct and indirect premium subsidies. To sustain that support has been an unending effort to build credibility within the legislature. As it has done with insurers and small businesses, FHAC has had to persuade the legislators that the program would be a sound investment. Florida HealthAccess would allow the state to have a major impact on Florida's working uninsured problem with only minimal public expenditures and without a new entitlement program or broad reform of the insurance industry—"a mighty big bang for the buck," Sailors said.

In urging the legislature to invest in the program, Sailors stresses that the state's investment is as good a deal as Medicaid, or better. With Medicaid, federal funds are matched with state funds—all public money—but the Florida HealthAccess program combines state funds with private sector funds. The project uses state subsidies as leverage for reducing insurance premium rates for small employers, who in turn are willing to split the cost of premiums with employees. All parties in the partnership are sharing the costs and the risks, but all have something to gain as well.

Continued on page 4

● Florida HealthAccess

Continued from page 3

Long before Florida HealthAccess became a reality, Sailors was lobbying the state legislature for funds to help create the Florida Small Business Health Access Corporation (FHAC's original name). The state funds would be combined with grant funds from The Robert Wood Johnson Foundation, she told them. The corporation was established by law in 1987. "We came to the legislature at a time when the problem of the uninsured was becoming more visible," she said. She continued to press for support during the next two years as the staff analyzed the problem and developed the program strategy. She asked the legislators to "dream along with me" as she described what the proposed program could accomplish, given enough time and money. It's very difficult "to sustain that dream world in a political environment" over such a long period, she told participants at Alpha Center's seminar last year. The corporation was able to keep the legislature's interest alive by providing data on the extent of the state's uninsured problem and by explaining how the still-evolving program would address the problem.

Once the final product emerged from the negotiations and enrollment began in Tampa, Sailors and her staff had to convince the key legislative leaders that their long-term commitment would be essential to the program's success. They also had to persuade the lawmakers to support the expansion of the program to other sites, to see if it would work elsewhere, including rural communities such as the Gainesville area. In order to sustain the state subsidy,

they have had to market the program to the legislature continually, making sure that the members understand it.

These educational efforts so far have paid off in terms of the state's support. A growing number of officials recognize that Florida HealthAccess is a timely and effective state initiative. "This is one publicly-supported program that drew a target and hit a bull's eye," Sailors said. She pointed to a recent study showing that almost one-third of the workers enrolled in Florida HealthAccess have never had insurance at all; the remainder had been uninsured on average for the previous 18 months. The average employee in the plan is 29 years of age, making \$17,000 per year, she said. Clearly the program is having an impact on the state's uninsured population.

With the 1991 legislative session opening in March, the issue now is "not whether we'll continue to exist, but how much we can expand," she said. "Our worst enemy is the state's billion-dollar shortfall. All growth is being stymied," she explained.

In the beginning the state provided \$1.5 million for the direct and indirect premium subsidies. For the coming year FHAC is seeking a total of \$9 million—\$6 million to continue at the five existing sites and \$3 million to increase enrollment there and to expand to one additional urban site. In the future the corporation's task will be to show the legislature that Florida HealthAccess has the potential to be implemented statewide. ■

¹Most of the comments by Ree Sailors in this article were made during telephone interviews on February 22 and March 7, 1991. Some, however, had been made previously on other occasions, particular at Alpha Center's conference, "Health Insurance for the Uninsured: Strategies and Policy Options for a Public/Private Partnership," held May 31-June 1, 1990, in Washington, D.C.

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Tampa, Florida

March 12, 1993

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