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HEADLINE: First lady: Health reform could be law by Christmas

BYLINE: Judy Keen; Judi Hasson

BODY: President Clinton hopes to sign health -care reforms into law on Christmas Eve, Hillary Rodham Clinton told labor leaders Thursday.

The first lady, who heads the White House health -care reform task force, said the administration expects to unveil its plan in mid-July, after Congress completes action on the president's economic package.

Despite the latest of many delays, Hillary Clinton painted an upbeat scenario, including:

Sending Congress a comprehensive plan after Labor Day.

Congressional hearings on the plan in the fall.

Passage in December and a dramatic Oval Office signing ceremony on Dec. 24.

"I guess that's the optimistic view," said Vince Sombrotto, president of the National Association of Letter Carriers, who attended the closed-door session with 200 union representatives.

Robert Dreyfuss, spokesman for Physicians for a National Health Program, called the timetable too optimistic: "I would consider that just happy talk. I think it's completely unrealistic."

Hillary Clinton said the administration will embark on a summer-long sales pitch. Next week, White House health advisers meet with members of Congress, consumers and reform advocates to enlist their aid.

The first lady is "shoring up a grass-roots movement" to back the reforms, said Moe Biller, president of the American Postal Workers Union, who also attended the meeting.

Participants said she acknowledged selling the plan will be a chore. "This isn't going to be easy," the first lady said. "We realize that."

She also confirmed the White House still hasn't decided how to pay for guaranteeing permanent coverage for everyone. Among options:

A payroll tax that may be capped at a salary of \$ 50,000 or \$ 60,000, much as Social Security taxes are deducted from workers' pay, replacing current premium deductions.

A tax on benefits that exceed a national standard.

Whether big employers will be permitted to "opt out" of the new health alliances and continue their own health-care plans remains an open question.

"There's so many moving parts," said Sombrotto. "If it works out the way she hopes it's going to work out, it means it'll be a health-care package that's going to have the overwhelming support of the American citizenry."

Also Thursday, the Democratic National Committee reversed plans to create a non-profit foundation to build support for health reforms.

The DNC had loaned \$ 100,000 to the group, the National Health Care Campaign, devised as a non-partisan effort.

Published reports had criticized the foundation's structure, which would enable it to keep donors' identities secret.

DNC chairman David Wilhelm said the "goal was to create a non-partisan or bipartisan umbrella organization," but it "was being construed as a front group. . . . So, since we could not achieve the benefit we hoped from it being independent, it might as well be a part of the DNC."

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Health Line

June 4, 1993

SECTION: POLITICS & POLICY

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HEADLINE: THE WAIT: ALL I WANT FOR XMAS IS A HEALTH SECURITY CARD

BODY: Addressing 200 union representatives in a closed-door session, Hillary Rodham Clinton gave "an upbeat scenario" for passage of reform: unveiling of the admin. plan in mid-July; sending Congress a comprehensive plan after Labor Day; holding congressional hearings in the fall; and "passage in December and a dramatic Oval Office signing ceremony on" Christmas Eve. Physicians for a Nat'l Health Program's Robert Dreyfuss: "I would consider that just happy talk. I think it's completely unrealistic" (Judy Keen/Judi Hasson, USA TODAY, 6/4). Clinton also said the admin. wants to conduct a campaign to educate the public about the plan this summer with the help of consumer groups, unions and others (Hilary Stout, W.S. JOURNAL, 6/4).

CONGRESSIONAL RELATIONS: "With nearly half the year spent, some key lawmakers are saying it wouldn't make political or strategic sense to try to meet Clinton's goal of pushing a health care package through by the close of 1993," writes ST. PETERSBURG TIMES. "Among those counseling caution" are Sen. Pat Moynihan (D-NY) and Rep. Dan Rostenkowski (D-IL). Bill Vaughan, spokesperson for Rep. Pete Stark (D-CA): "This is something that's going to take most of a year. You just don't casually make these changes or you're going to create laws of unintended consequences all over the place" (David Dahl, 6/3).

BUILDING SUPPORT: H.R. Clinton said 6/3 she expects to attend a Capitol Hill meeting next week to develop a broader bipartisan coalition of support for reform. WASH. POST: "The trick, said health care reform advocates on all sides of the issue, is to educate the public on elements of reform and on what the president is proposing without letting partisan politics control or frame the debate." Citizen Action's Cathy Hurwit: "If his plan makes sense to people, his ability to sell it will be very good" (Ann Devroy/Dana Priest, 6/4). W.S. JOURNAL reports admin. officials and lawmakers foresee a "university on health care" where members of Congress could study and debate the admin.'s reform plan before it is officially presented (see AHL, 6/2) (Ronald Shafer,

6/4). Sen. Paul Wellstone (D-MN) organized a forum in Minneapolis 6/1 featuring three Minnesotans who advised the WH health task force. United HealthCare's Lois Quam, Univ. of MN Center for Biomedical Ethics' Arthur Caplan and Daniel McLaughlin "present(ed) outlines of the Clinton plan and solicit(ed) public comment." Wellstone said the public needs to apply pressure to counteract opposition from special interests: "I'm predicting health care will be one of the biggest political wars ever fought in the United States" (Donna Halvorsen,

Minneapolis STAR TRIBUNE, 6/2). H.R. Clinton and Sen. Jay Rockefeller (D-WV) will address the Catholic Health Assn. via satellite 6/9 where she "is expected to provide an update on the work of the" WH health task force (CHA release, 6/3).

COMMENTARY: BOSTON GLOBE's editorial page editor Loretta McLaughlin writes, "Much more of the resistance to the national health plan that will be proposed next month by President Clinton will be along political party lines than has been realized so far. ... The Republican salvos are being prepared. To be sent into the fray are party-line bearers Dr. Gail Wilensky and Deborah Steelman, who guided President Bush's health policy. Their overt message will be: Beware of government mandates on job benefits and price controls on medical care. Their subliminal message will be: 'Stop socialized medicine'" (5/30). N.Y. TIMES' William Safire asks, "Does the Old Clinton dare to tell the Other Clinton that price-rigged, low-deductible, demand- generating, taxpayer-subsidized health insurance does not fit into the mainstream he again professes to represent?" (5/31). ST. LOUIS POST-DISPATCH editorial: "Mrs. Clinton and the administration shouldn't blow this opportunity. They shouldn't waste precious time with populist attacks on health care price gougers. They should use this time to build the obvious case for a single-payer, universal health insurance system, rather than one that's employment-based" (6/3).

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HEADLINE: Covering everyone is goal of Clinton health program

BYLINE: CAROL GENTRY

Last year, Ann Quick of Clearwater was taking \$ 350 worth of medicine a month to prevent another heart attack. But when her insurance premiums soared to \$ 800 a month and she had to drop coverage, she lost her heart pills as well.

She went from three pills a day to two a day, then to one a day. Finally, she stopped altogether.

Her husband, her son and her grandson are all uninsured too. "We hope and pray none of us has to go into a hospital," she said.

For the Quicks, there may be a lot of good news in the Clinton administration's health reform plan, as it was outlined Thursday by Clinton administration health adviser Judith Feder.

Under the plan, Feder said, everyone will be covered, "whether they're working or not working, old or young, black or white, male or female. Everybody's always covered. . . . It is a bedrock of our program."

Ann Quick would likely get her heart pills back under the plan. Prescription drug benefits are expected to be provided to all ages, said Feder, one of the top staffers in the task force led by Hillary Rodham Clinton. Feder spoke to a medical conference in Tampa by satellite from the White House Thursday morning.

In a cheery talk that pooh-poohed the dark prophecies flowing out of Washington about delays in health reform, Feder said Clinton intends to introduce the plan in May. He wants it passed by Congress for his signing by Christmas, she said.

"We are on track, despite any rumors or comments to the contrary," Feder declared.

Clinton knows that he can't get the federal budget under control without a reform plan in place, she said. Businesses and families face the same trouble.

"Health care has become a security issue for a majority of the American people," Feder said.

She spoke to members of the National Association of Managed Care Physicians, the doctors who work in and supervise prepaid health plans such as HMOs and PPOs. Already more than half of America's insured population belongs to such plans, and they are expected to continue their rapid growth whether the Clinton health program is approved or not.

Feder called the managed-care groups "a model of what we're trying to do" by emphasizing preventive care and removing the incentive to perform unnecessary services.

"You can tell the American public, 'This is a system that can work,' " Feder told the doctors, adding "we need your help" in selling the plan.

While some decisions have yet to be made, she said, the general outlines of the reform plan are in place. Without getting into specifics, she highlighted them:

Universal coverage: All Americans will have a "comprehensive package of benefits." Elderly and disabled people will remain on Medicare, but it will be beefed up to match the benefits of the other plans.

The package will include hospital care, doctor's office visits, prescription drugs and preventive services such as immunizations and mammograms, Feder said. It is also likely to include mental health benefits and dental care, especially for children.

While companies will help pay for their employees' insurance benefits, workers no longer will lose their coverage if they lose their job or move to another company.

Feder did not mention long-term care. Some have speculated long-term care won't be covered for at least several years after implementation because it would make the plan too expensive to get through Congress.

In all references to the coverage, Feder called it "comprehensive." Until recently the Clinton team was calling it a "basic package of benefits," or a "minimum package of benefits." Those terms have been axed because they sound too bare bones. When one of the questioners Thursday called it by the latter term, Feder corrected him, saying, "We don't call it minimum, because we believe it's comprehensive."

Giving power to the people: The plan will group businesses and individuals into large buying clubs called "health alliances," which will negotiate for the best plans at the best prices and make information available on quality of care.

"Our goal is to put consumers in the driver's seat," Feder said.

Guaranteed choice: Those opposed to massive change in the health care system have been making hay lately by planting the idea that Clinton is going to take people's choice of doctor away. Apparently this is a reference to the heavy emphasis the plan will place on managed care, in which the customers may go only to the physicians on their plan's list and must have the permission of their primary care doctor in order to see a specialist.

Feder said the Clinton plan will offer people a range of choices. Workers no longer will be confined to the one or two plans selected by their employer.

"Security should not mean a lack of choice," she said.

Dumping discrimination: Health insurance companies won't be able to ignore people like the Quicks any more. "They'll have to take all comers and charge everybody the same rate," Feder said.

Companies will have to earn a living by providing good quality service rather than by trying to eliminate risk as they do now, she said.

Cost containment: The health plans will be given a certain amount of money to cover the care for their patients, and will be responsible for keeping costs under control. But just in case that doesn't work, there will be a national health care budget setting a maximum rate increase for premiums.

If the marketplace works the way the Clinton team envisions, the budget ceilings never will have to be invoked, Feder said. But they'll be there, just in case.

"Our ultimate objective is to bring health care cost increases in line with the increases in people's incomes," she said. "We are dramatically far from that now."

Feder tried to dampen fears that extending health insurance to 37-million uninsured Americans will bear a huge price tag and require major tax increases. Those people are already running up bills in emergency rooms, she said.

"They are getting care and we are paying for it," she said. "By bringing them into the system, we can provide that care more efficiently."

Malpractice reform: One idea that has gained acceptance is the development of practice guidelines, in which doctors will compare methods of treating disease and identify those that work best. Doctors who practice according to the guidelines may gain freedom from accusations of malpractice.

In addition, Feder said, the health reform group is moving toward the idea that when malpractice occurs, the plan the doctor works for would be liable rather than the individual doctor. That would give plans extra incentive to watch their doctors' quality of care.

Reducing paperwork: The Clinton health care team has devoted considerable energy to the frustrating complexity and mountain of forms generated by the administrative side of health care.

Ira Magaziner, top adviser to the Clintons on health care, keeps flogging the work groups to simplify, simplify. "Ira is a Johnny-One-Note on this issue," Feder said.

The aim is to have only one billing form to be used by all health care providers and one payment form to be used by all insurers, she said. Rather than see doctors waste time filling out forms, she said, "we want you to direct your efforts to delivering and managing care."

GRAPHIC: BLACK AND WHITE PHOTO; Judith Feder

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