

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Bob Boorstin; To: Maggie Williams; Re: DNC and Health Care Project Roles (3 pages)	10/8/93	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

Health Care Strategy Briefing Book [binder] [1]

2014-0483-S

sb442

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

HC STRATEGY

HEALTH CARE UNIVERSITY CONCEPT/IMPLEMENTATION PROPOSAL

Majority Leader Gephardt, Majority Leader Mitchell, and Senator Daschle have repeatedly raised concerns about the limited education level of Members as it relates to health care. Senator Daschle and Congressman Gephardt have promoted the establishment of a kind of "health care university" for Members of Congress. They believe the "classes" should be **open to Members of both parties**. The First Lady believes that the Leadership's suggestion is excellent and should be implemented as soon as practical and advisable.

Mrs. Clinton has asked that the following proposal for a series of health care briefings (she would prefer to use a title other than Health Care University) by Administration health policy and legislative affairs representatives be given to and reviewed by the Congressional Leadership and their staffs. **Before proceeding with the outline, however, we wish to stress that the Administration believes these important presentations should be viewed as a supplement to, and not a substitute for, the consultations that have and will continue to take place with the Congressional Leadership.**

We believe that the establishment of a health care university-like entity (from now on referred to -- at least temporarily -- as **health care briefings**) has great potential. If done well, the process should:

- (1) Reinvigorate the "need for action" mentality that, until very recently, had been effectively fanning the flames of desire for comprehensive health reform in the Congress;
- (2) Ease Congressional concerns about, and raise Member comfort levels with, the President's proposal to address the problems;
- (3) Better enable prospective Congressional supporters to explain, defend, and sell the President's proposal; and
- (4) Be utilized to help educate surrogates in home Congressional districts.

Achieving success in briefing Administration, Congressional, and other influential individuals will depend on the ability of the health care briefings to: (1) communicate our message in a simple, understandable way; (2) utilize staff resources most effectively; and (3) be responsive to the information needs and time constraints of those we will rely on to support the President's health reform initiative. To develop and implement an effective educational briefing process we will have to successfully:

- **Target the Issues**
- **Target the Best Personnel to Make Presentations**
- **Establish a Staff/Intake and Scheduling Process**
- **Prepare the Briefing Materials and Presentations**
- **Brief and Train the Briefers**
- **Develop a Workable Timetable**

TARGET THE ISSUES

The briefings should convey a simple, concise message and be responsive to what we know to be **the major thematic priorities and interests of the majority of the Congress**. As a first cut, we propose limiting the briefings to no more than 10 broad-based issues:

- (1) **An Overview of the Plan, its Design and its Philosophy;**
- (2) **Consumers in the New System;**
- (3) **Cost Containment and Budgets;**
- (4) **Savings, Costs and Financing;**
- (5) **Small and Large Businesses in the New System;**
- (6) **Health Care Providers in the New System;**
- (7) **Federal/State Roles;**
- (8) **The Elderly in the New System;**
- (9) **Rural Communities and the New System; and**
- (10) **Urban Communities, Underserved, and the New System.**

Issues such as Medicare, Medicaid, Veterans, Federal Employees Health Benefits, medical malpractice, anti-trust, quality, public health, benefits, etc. would be incorporated into the above mentioned categories. Special and more detailed briefings on these and the whole range of other issues would be provided to Administration representatives, Congressional Members and staff on an as-needed and requested basis.

TARGET THE BEST PERSONNEL TO MAKE PRESENTATIONS

Briefing Members of Congress always has the potential for great benefits, as well as great risks. The key is for Members to leave the presentations both impressed with the substance of the information given and the competence (and likability) of the presenters.

Included in the definition of a competent Congressional briefer is knowing -- going in -- what are the historic sensitivities of the Members present, in other words, to know what to say and how to say it and to know what not to say. If the personnel chosen meet these criteria, the benefits of these briefings are almost boundless. If, on the other hand, Members leave presentations with a sense that briefers are either incompetent, arrogant, condescending, and/or disrespectful, an effort with the best of intentions could well turn out to be a total disaster. All of this is to say that the personnel chosen for Congressional briefings is critically important.

Policy Expert Resources

Within the White House health care working groups and the Departments (in particular, HHS), the Administration has an impressive array of health care policy experts who could serve in briefing roles extremely well. (In most cases, Ira and Judy -- in particular -- have been, and likely will continue to be, very well received.) Having said this, the other briefers that we will need must be evaluated carefully -- keeping in mind not only how competent they are, but how well they will be received by different collections of Members. (We have prepared a tentative staff resource list linked to the ten topics previously mentioned, but it is undergoing final review by the White House and HHS -- Jerry Klepner's shop; in any event, it will be a continually updated list based on the briefers' performance and Congressional reception.)

Legislative/Policy Resources

We strongly advise that those most familiar with the Congress and their predilections -- the Administration's Legislative Affairs staff -- play a major role in briefing the Members and the staff on this issue. The White House and Departmental Legislative Affairs staff (particularly at HHS) have strong and long-standing relationships with the Members and staff that should be utilized to the benefit of the Administration's health reform effort.

At every briefing, there should be one Legislative Affairs Administration representative who has equal status to the policy presenter. This is absolutely necessary to best assure that no situation gets out of hand, that there is a politically sensitive individual always present, that there are careful notes of the meeting, and that responsive follow-up occurs.

ESTABLISH A STAFF AND SCHEDULING PROCESS

The scheduling of the university and other requested briefings should be coordinated out of the War Room. This work should be closely coordinated with the Department of Health and Human Services' Office of the Assistant Secretary for Legislation (and other Department ASLs as necessary). In addition, we should work closely with the House Democratic Caucus and the Senate Democratic Policy Committee to help coordinate topics, schedules, and rooms. The schedule of all briefings should be updated daily, provided to Steve Ricchetti/Melanne V./Chris J./Jerry K./Karen P., and announced at the morning Communications meeting.

To ensure that the briefing operation is a success requires an experienced and politically sensitive staff person who can work closely with the Congressional Leadership and Administration personnel in meeting the scheduling and substantive needs of the Members. We propose that Steve Edelstein take on this role (in addition to his other responsibilities) and work with Lori Davis and other staff at HHS to assist him. Depending on the volume of and desire for briefings, additional staff (perhaps a full-time intern who is mature and responsible) may be required.

PREPARE THE BRIEFING MATERIALS AND PRESENTATIONS

In order to ensure the delivery of a consistent, simple, understandable message, we need to prepare educational materials for the presenters in advance of the briefings that all staff can and should use. Educational materials should include charts, graphs, detailed outlines to guide presentations, questions and answers as appropriate. These materials and presentations should be user friendly and targeted to specific audiences.

Working with the initial approval of Ira and Judy, as well as the Legislative Affairs staff, Steve E. will assign one policy expert to each of the issues chosen for briefings to take the lead in preparing the substance of the briefing materials and their presentation. He will make certain that each presentation is finalized on time and in the best format possible. The Communications staff will review and edit the briefing materials for clarity, directness, and consistency of message.

The presentations will also be screened by Legislative Affairs staff to ensure that they meet the needs of the audience. (They will know who is attending because we propose to limit the size of each briefing to between 25-35 Members and have them signed up in advance of the briefing; we believe that such a small structure will best assure a less lecture-like atmosphere and better encourage a give and take constructive discussion.)

Each "class" will be structured to briefly outline the problem(s) with the current system, how the President's proposal addresses the problem(s) (if relatively non-controversial), and the rationale behind the Administration's proposal. The briefings will be designed to last no longer than 60 minutes: 20-30 minutes (at most) of presentation and 30-40 minutes for questions and answers. On an as needed basis, these classes will be repeated.

Substantive and detailed presentations about the most controversial policy recommendations -- if they are even available -- of the President's proposal should be avoided. There is great concern among the Congressional Leadership that controversial recommendations -- such as financing, exact cost containment mechanisms, etc. -- could lead to public and potentially problematic disclosure. Instead, the Majority Leaders have suggested that we detail the **options** we are considering to address the most challenging issues.

BRIEF AND TRAIN THE BRIEFERS

Communications staff will be needed to provide guidance to all briefers on how to orally deliver their presentations in an easily understandable manner. In addition, before each presentation, the Legislative Affairs staff from either the White House or the appropriate Department (usually Jerry Klepner's shop) will brief the presenters on who will be in the audience, what issues are particularly sensitive, what issues to highlight, and how best to present complex, potentially controversial materials.

DEVELOP A WORKABLE TIMETABLE

We need to make a final decision as to when it would be most appropriate and useful to commence the health care seminars. Senator Daschle originally envisioned the "classes" beginning after the legislation had been introduced. However, he and Majority Leader Gephardt (and we believe Majority Leader Mitchell) think it may well be advisable to begin to brief Members before the release to reinvigorate their desire to be involved in the health reform debate and to create a greater comfort level with what the Administration is doing in this area. We also need to determine when it would be most appropriate to incorporate Republicans into the briefings, i.e., would it be best immediately prior to or immediately after the President's unveiling of the plan?

If the President is going to unveil his package by not later than late September, the implementation of the start-up recommendations for the health care briefings must occur almost immediately. The following outlines a possible workplan timeline to help with tentative scheduling.

WORKPLAN TIMELINE

Activity	<u>7/26</u>	<u>8/2- 8/30</u>	<u>9/6</u>	<u>9/13</u>	<u>9/20</u>	<u>9/27</u>
Target Issues	-----					
Target Personnel	-----					
Finalize Staffing	-----					
Prepare Briefing Materials		-----				
Brief the Briefers (on how best to communicate)		-----				
Hone the Message		-----				
CONGRESSIONAL BRIEFINGS					-----	

August 1993

Consultative Meeting

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
First Cut Policy Decisions/Numbers Runs Finalized						
15	16 House & Senate Leadership Staff Briefing	17	18	19	20	21
Consultations with key Members & Staff, as possible						
22	23	24	25	26	27	28
Consultations with key Members & Staff, as possible						
29	30	31				
		Ldrshp & Chmn of Cmtes of Jurisdiction if avail.				
		House Committees of Jurisdiction Staff				
		Senate Committees of Jurisdiction Staff				

September 1993

Consultative Meeting

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
			Leadership & Chairs of Cmtes of Jurisdiction if avail.			
			House Committees of Jurisdiction Staff			
			Senate Committees of Jurisdiction Staff			
5	6 LABOR DAY	7 Congressional Travel Day Possible Staff Discussions	8 House Leadership & Committees of Jurisdiction Senate Leadership & Committees of Jurisdiction Congressional Republican Leadership	9 Conservative Democratic Forum Senate Finance Committee House Ways and Means Committee Single Payer Leaders	10 House Energy and Commerce Committee Senate Labor and Human Resources Committee House Education and Labor Committee	11 Other meetings with Cmtes/Members, as available House Caucuses, if willing and available Caucus on Women's Issues Congressional Hispanic Caucus Congressional Black Caucus
12 Other meetings with Cmtes/Members, as available	13 National Hearing Day	14 House Republican Health Care Task Force U.S. Senate (Bipartisan) House Democratic Whip Organization	15 House Caucuses, if not held on Sept. 11th	16	17 House Leadership and Cmtes of Jurisdiction Staff Senate Leadership and Cmtes of Jurisdiction Staff when/if appropriate	18 House Leadership & Committees of Jurisdiction Senate Leadership & Committees of Jurisdiction Congressional Message Group
			Rosh Hashana			
			Finalizing product and preparing for briefings			
19	20 Congressional Republican Leadership	21 House Republican Caucus Senate Republican Policy Committee House Democratic Staff Briefing Senate Staff Briefing House Republican Staff Briefing	22 Release of Detailed Specs?	23 Detailed Specs if President's Address is on 22nd	24	25
					Yom Kippur	
Health Care Workshops			President's Address?		Intensive Communication & Cong'l Outreach Campaign	
26	27	28	29	30		
Intensive Communication & Cong'l Outreach Campaign						

SCHEDULE FOR CONGRESSIONAL CONSULTATIVE MEETINGS AND BRIEFINGS

CONSULTATIVE MEETINGS:

August 16th - August 27th:

Assuming policy is complete, we recommend that this block of time be used to consult with House and Senate Leadership, Committee Chairs of Jurisdiction, and their staff, as well as realistic Republican prospects. And if the Members are willing, Ira, Judy and other appropriate Administration representatives would fly to brief them. This will signal seriousness of intent to introduce legislation by September 21st. Meetings to be held, to the extent possible, in order consistent with rank and seniority.

Week of August 16th:

House and Senate Leadership Staff Briefing

IM, JF

(Detailed briefing for staff of Speaker Foley, Majority Leader Gephardt, Majority Leader Mitchell and their Designees)

Monday, August 30th - Thursday, September 2nd:

House Committees of Jurisdiction Staff

IM, JF

(Ongoing detailed staff-level discussions)

Senate Committees of Jurisdiction Staff

IM, JF

(Ongoing detailed staff-level discussions)

Leadership and Chairmen of Committees of Jurisdiction

HRC, IM, JF*

(As available)

Tuesday, September 7th:

House Leadership and Chairmen of Committee of Jurisdiction

BC(?), HRC, IM, JF

Location: White House

(To brief Members and set up consultative process)

Foley

Gephardt

Bonior

Rostenkowski

Stark

Dingell

Waxman

Ford

Williams

Senate Leadership and Chairmen of Committees of Jurisdiction

BC(?), HRC, IM, JF

Location: White House

(To brief Members and set up consultative process)

Mitchell

Ford

Pryor

Daschle

Moynihan

Kennedy

Rockefeller

Riegle

Mikulski

Breaux

Congressional Republican Leadership - BC(?), HRC, IM, JF

Location: White House

Dole, Michel and designees

Wednesday, September 8th:

Single Payer Leaders - HRC, IM, JF

Location: Capitol Hill (Gephardt to Host)

McDermott and his "subcommittee"

Conyers

Wellstone

Conservative Democratic Forum - HRC, IM, JF

Location: Capitol Hill (Gephardt to Host)

Cooper

Andrews

Stenholm

Breaux

Boren

House Ways and Means Committee - HRC, IM, JF

Location: Capitol Hill

(Chairman determines attendees and whether bipartisan)

Senate Finance Committee - HRC, IM, JF

Location: Capitol Hill

(Bipartisan)

Thursday, September 9th:

House Energy and Commerce Committee - HRC, IM, JF

Location: Capitol Hill

(Chairman determines attendees and whether bipartisan)

Senate Labor and Human Resources Committee - HRC, IM, JF

Location: Capitol Hill

(Bipartisan)

House Education and Labor Committee - HRC, IM, JF

Location: Capitol Hill

(Chairman determines attendees and whether bipartisan)

Friday, September 10th:

House Caucuses

Congressional Black Caucus - IM

Congressional Caucus on Women's Issues - JF

Congressional Hispanic Caucus - IM

Tuesday, September 14th:

House Democratic Whip Organization - HRC, IM, JF

Location: Capitol Hill

House Republican Health Care Task Force - HRC, IM, JF

Location: Capitol Hill

U.S. Senate (Bipartisan) - HRC, IM, JF

Location: Capitol Hill

To Be Scheduled:

Other Meetings with Committees as Needed - IM, JF, Other Staff

Location: Capitol Hill

Biden, Judiciary

Rockefeller, Veterans

Nunn, Armed Services

Bumpers, Small Business

Glenn, Governmental Affairs

Inouye, Indian Affairs

Brooks, Judiciary

Montgomery, Veterans

Dellums, Armed Services

LaFalce, Small Business

Clay, Post Office

Miller, Natural Resources

Wednesday, September 15th - Friday, September 17th:

Finalizing product and preparing for pre-unveiling briefings.

PRE-UNVEILING BRIEFINGS:

Friday, September 17th or Wednesday, September 22nd:

House Leadership and Committees of Jurisdiction Staff

IM, JF

(Ongoing detailed discussions and to help staff prepare members for meeting with President and First Lady)

Senate Leadership and Committees of Jurisdiction Staff

IM, JF

(Ongoing detailed discussions and to help staff prepare members for meeting with President and First Lady)

Saturday, September 18th or Thursday, September 23:

House Leadership and Chairmen of Committee of Jurisdiction

HRC, BC(?)

Location: White House

Foley
Gephardt
Bonior
Rostenkowski
Stark
Dingell
Waxman
Ford
Williams

Senate Leadership and Chairmen of Committees of Jurisdiction

HRC, BC(?)

Location: White House

Mitchell
Ford
Pryor
Daschle
Moynihan
Kennedy
Rockefeller
Riegle
Mikulski
Breau

Saturday, September 18th or Friday, September 24th:

Congressional Message Group - Stan, Mandy, Paul, Jeff, IM, JF,
et. al.
Location: Capitol Hill

Sunday, September 19th or Saturday, September 26th:

Health Care Workshops

(Detailed briefings for Members on specific topics on health care reform) -- Due to possible scheduling conflict with the House this may have to be scheduled for the following weekend. This would also delay the unveiling by a week.

Monday, September 20th or Sunday, September 26th:

Health Care Workshops

(Continuation of briefings for Members)

Monday, September 20th or Monday September 27th:

Senate Democratic Policy Committee - BC?, HRC, IM, JF

Location: Capitol Hill

(Perhaps combined with close of Health Care University)

House Democratic Caucus - BC?, HRC, IM, JF

Location: Capitol Hill

(Perhaps combined with close of Health Care University)

Congressional Republican Leadership - HRC, BC (?)

Location: White House

Dole, Michel and designees

Tuesday, September 21st or Tuesday, September 28th:

House Republican Caucus - HRC, IM, JF

Location: Capitol Hill

Senate Republican Policy Committee - HRC, IM, JF

Location: Capitol Hill

House Democratic Staff Briefing - IM, JF or appropriate surrogate

Location: Capitol Hill

House Republican Staff Briefing - IM, JF or appropriate surrogate

Location: Capitol Hill

Senate Staff Briefing - IM, JF or appropriate surrogate

Location: Capitol Hill

Other Meetings with Committees and Members as Needed

* We need to determine how best to use Secretary Shalala, other members of the Cabinet, and other senior administration officials during the course of these briefings.

PRIVILEGED AND ~~CONFIDENTIAL~~ MEMORANDUM

TO: Hillary Rodham Clinton
FR: Chris Jennings, Steve Edelstein
RE: Issues Regarding the Congressional Schedule
cc: Melanne, Steve, Distribution

August 18, 1993

Recent discussions, both internally and externally, have raised questions about certain aspects of our original Congressional Schedule of events. There are two in particular which merit your attention.

♦ **National Congressional District Health Events:** As you know, we have been engaged in ongoing discussions regarding the scheduling for these events. We had settled Sunday and Monday, September 12th and 13th as the best dates. It would allow for a local focus on the problem prior to a national "Faces of Health Care" kickoff event in DC on Wednesday, September 15th. However, it now appears that these dates may conflict with scheduled events for the Vice President's reinventing government initiative.

Alternatively, these events could be scheduled on September 17th and 18th. Under this scenario, there would still be the national kickoff event on September 15th. The drawbacks are that Friday and Saturday are traditionally bad news days and there is a great likelihood that the news on health care on the weekend prior to the President's speech will focus on leaks about the plan rather than the problem.

It certainly would not be fatal to choose the 17th and 18th. The Congressional Leadership has expressed their willingness to work with whichever dates are ultimately decided upon. However, their preference would be for the 12th and 13th if that were at all possible without interfering with the "Reinventing Government" activities. (According to the Vice President's staff, while their schedule has not been finalized, they do plan to have events on these days some of which will have a local focus which may conflict with these health care events. We are still awaiting the final scheduling decisions from the Vice President.)

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: ESB DATE: 4/1/14
2014-0483-5

The second question, raised by David Gergen, is whether we should consider if there can be an invitation to Republicans to hold similar events so this event does not appear overly partisan. We believe this is a good idea and worth pursuing with the Republican leadership. While it is unlikely they will hold many, if any, events, we would at least have the cover of having made this suggestion to them beforehand and avoid their inevitable charges that we are orchestrating purely partisan events. We have discussed this idea with the Congressional leadership staff and they have expressed no objections.

♦ **Bipartisan Health Care Workshops:** During their conversation, David Gergen informed Bob that he was concerned that the Republicans were not scheduled to participate with the Democrats. Although he acknowledged that the Republicans would get the same briefings the following day, he expressed concerns over the appearance that there were separate briefings for each party and that would open the door for partisan Republican attacks that they were being treated like stepchildren. He wondered out loud whether it would be more advisable to hold the workshops jointly on a bipartisan basis.

Logistically, taking such an approach would be much more difficult but not impossible. Senator Daschle and Majority Leader Gephardt have gone back and forth on the advisability of joint workshops. Initially, they envisioned this as a bipartisan event. However, after consideration, they had concerns about the effect of Republican participation and decided it would be best to hold these sessions separately. In the aftermath of the NGA Conference, there has been some sentiment once again to holding these jointly with Republicans and starting off on a bipartisan basis.

However, such an approach is not without complications. First and foremost, these workshops are not only a policy briefing, but a communications and political discussion. Such a briefing may not be able to be most effectively done in an environment where Republicans are present.

Second, Democrats may be afraid to ask the tough questions for fear of giving fodder to Republicans. They also might hesitate to raise questions impact on key Democratic constituencies such as unions and trial attorneys. Without being able to ask these questions, it will be hard to make them comfortable with our plan.

Third, it would be virtually impossible to hold the type of message and communications discussions that we had originally envisioned before a bipartisan collection of members. Republicans would be extremely uncomfortable with presentations and, in fact, offended by any presentations that they viewed as attempting to shape how they portray the Clinton plan. If as a result we could not hold this event, Democrats would be left virtually defenseless in their ability to sell or defend the plan.

We believe the House shares some of these concerns but are willing to follow our lead. We are scheduled to hold a conference call on Thursday with all the staff of the House and Senate Leadership to discuss these and other issues. If you have any preference, we'd appreciate your guidance. If you need to reach me you can contact me at the office at x-2645.

MEMORANDUM

TO: Hillary Rodham Clinton/Patti
FR: Chris Jennings, Steve Edelstein
RE: Call List
cc: Melanne, Steve, Distribution

August 18, 1993

Member:

Puurpose:

Senator Hatch	Per Senator Kennedy. Close working relationship with Kennedy from when he was the ranking minority member on the Labor Committee. Kennedy believes he could be gettable.
Senator Moynihan	Didn't get to meet with him as you did the other Chairmen prior to recess. Whatever the jurisdictional issues, he will be critical.
Senator Jeffords	Ongoing effort to one our most likely Republicans. Notably, did not sign the anti-mandate letter circulated by Pressler. Should offer Ira to fly out to talk with him privately and quietly so as not to alienate Leahy.
Senator Durenberger	Best chance other than Jeffords. Needs stroking. Should also offer Ira to fly out to talk with privately so as not to alienate Wellstone.
Senator Breaux	Critical swing Democrat. After positive comments earlier in the process, quiet as of late. Need to ensure that despite grumbling of some of the CDF crowd, he's still on board.
Senator Domenici	Has CSIS town meeting in New Mexico with Paul Ellwood scheduled for next week. Call to quiet rhetoric.
Senator Cohen	High Republican target. Unresponsive to staff (Chris J.) overtures.
Rep. Rowland	One of few physicians in the Congress. Could be enormously helpful if he is positively inclined both with Southern Dems and outside with physicians. (Energy and Commerce)
Rep. Wyden	Key Dingell ally on committee. Helpful with liberal members. (Energy and Commerce)

Rep. Slattery Influential swing member, especially with moderate to conservative members. Key issue will be abortion coverage which he opposes. (Energy and Commerce)

Rep. Hastert Head of House Republican Health Care Task Force. Small business impact key. (Energy and Commerce)

Rep. Upton Chair of House Tuesday Group, Progressive Republican group. Did not attend meeting that Rep. Machtley convened of Tues. Grp. members. (Energy and Commerce)

Rep. Andrews Ongoing outreach effort to key CDF member on Ways and Means. Small business and employer mandate key issues.

APPENDIX 4

M E M O R A N D U M

TO: Hillary Rodham Clinton March 22, 1993
FR: Chris Jennings
RE: Senate Republicans to Target as Possible Supporters and
Senate Democrats to Attract and Keep on Board
cc: Legislative/Congressional Distribution List

As you know, it is now virtually certain that the President's health care proposal will require at least one 60 Member vote to have a chance of passing the Senate. (If the proposal is merged into reconciliation, 60 votes will be required to waive the Byrd rule; if it is a free standing bill, 60 votes will be required to achieve cloture on debate and to bring an end to a likely Republican filibuster).

With the above in mind, and because we cannot count on all 57 Democrats (possibly 56 by the time of the roll call) to vote with us, we must build on and improve our ongoing efforts to attract a core group of Republicans to vote with the President on his health reform proposal. Similarly, we must attract and retain support from a fairly sizable list of Democrats who, for a variety of reasons, may be nervous about voting with us.

In an effort to pool the information we have on the target Senate Members, we convened a group including Steve Ricchetti and his staff, Melanne, Christine Heenan, HHS's Jerry Klepner, Karen Pollitz and Alan Hoffman, DNC's Celia Fischer, and Steve Edelstein and his War Room staff. (The group now meets every Friday). We found ourselves to be in significant agreement on which Senators we currently believe that the Administration and the DNC should target; I have attached a list and some cross-referencing information about this list for your use. In addition, the information we produced through this discussion will be summarized and distributed in short order.

The 14 Republicans we chose are the ever-shrinking number of Members who -- because they are viewed as moderates, have special populations to worry about, and/or are coming up on an election or retirement -- are the most likely to cross over and support us. (FYI, according to Republican staff, these Members will attempt to stick together in a block so as to strengthen their bargaining leverage IF any such minority block of Republicans forms; in other words, they plan to exert tremendous pressure on one another to block "straggler" Republican support).

The Democrats we chose are those who are historically moderate to conservative Members or who, because of their constituency or Committee assignment, are particularly sensitive to specific special interest concerns. It is important to stress that, as we are targeting these Members, we must not ignore or alienate our relatively solid progressive support base.

REPUBLICANS

<u>Senator</u>	<u>Relevant Committee Assignment</u>
1. Christopher Bond (MO)*	Appropriations Committee
2. Conrad Burns (MT)* XX	Appropriations Committee
3. John Chafee (RI) XX	FINANCE COMMITTEE, Health Care Task Force Chair
4. Bill Cohen (ME) XX	Judiciary Committee
5. Alfonse D'Amato (NY) XX	Appropriations Committee
6. John Danforth (MO)	FINANCE COMMITTEE
7. Dave Durenberger (MN) XX	FINANCE and Labor Committees
8. Mark Hatfield (OR)	Appropriations Committee
9. Jim Jeffords (VT) XX	Labor Committee
10. Nancy Kassebaum (KS)	Labor Committee, Ranking
11. Connie Mack (FL)* XX	Appropriations Committee
12. Bob Packwood (OR)	FINANCE COMMITTEE, Ranking
13. Bill Roth (DE)* XX	FINANCE & Gov. Affairs
14. Arlen Specter (PA)* XX	Appropriations and Judiciary

* Although all will be a great challenge, these 5 Senators will be the most difficult to get on board.

XX Notably, 9 out of the 14 targeted Members have Democratic Senator counterparts. (In fact, 11 of 14 have Democratic Governors). If these Dems are on board, it will make it much more difficult for Republicans to oppose the Clinton plan.

NOTE: Seven out of the 14 are either Finance or Labor Committee Members or both (in the case of Durenberger) -- the two primary Senate health committees. Five of these Members serve on the all-important Finance Committee.

Lastly, although highly doubtful supporters, significant efforts should be made to make the following influential Members uncomfortable about engaging in active opposition: (1) Bob Dole (KS, Minority Leader, & Finance Committee Member), (2) Alan Simpson (WY, Minority Whip, Judiciary Committee), (3) Orin Hatch (UT, Finance and Judiciary Committee, Ranking Member), and (4) Pete Domenici (NM, Budget Committee Ranking Republican and Appropriations Committee).

DEMOCRATS

<u>Senator</u>	<u>Relevant Committee Assignment</u>
1. Max Baucus (MT)	Finance Committee
2. David Boren (OK) *	Finance Committee
3. Bill Bradley (NJ)	Finance Committee
4. John Breaux (LA)	Finance Committee
5. Richard Bryan (NV)	
6. Dennis DeConcini (AZ) *	Appropriations, Judiciary
7. Chris Dodd (CT)	Labor and Human Resources
8. Jim Exon (NB) *	
9. Wendell Ford (KY)	
10. Bob Graham (FL)	
11. Howell Heflin (AL) *	Judiciary Committee
12. Earnest Hollings (SC)	Appropriations Committee
13. J. Bennett Johnston (LA) *	Appropriations Committee
14. Bob Kerrey (NB)	Appropriations Committee
15. Herb Kohl (WI)	Judiciary Committee
16. Bob Krueger (TX)	
17. Frank Lautenberg (NJ)	Appropriations Committee
18. Joseph Lieberman (CT)	
19. Daniel Patrick Moynihan (NY)	Finance Committee
20. Sam Nunn (GA) *	
21. Harry Reid (NV)	Appropriations Committee
22. Charles Robb (VA)	
23. Richard Shelby (AL) *	

* Indicates the 7 Senators who probably will be the most difficult to get on board.

TOTAL STATES/MEMBERS TARGETED IN THE PRELIMINARY SENATE STRATEGY

<u>State</u>	<u>Senator(s)</u>	<u>Governor</u>
1. Alabama	Heflin and Shelby	Hunt (R)
2. Arizona X	DeConcini	Symington (R)
3. Connecticut	Dodd and Lieberman	Weicker (I)
4. Delaware	Roth	Carper (D)
5. Florida	Graham and Mack	Chiles (D)
6. Georgia X	Nunn	Miller (D)
7. Kansas	Dole and Kassebaum	Finney (D)
8. Kentucky X	Ford	Jones (D)
9. Louisiana	Breaux and Johnston	Edwards (D)
10. Maine X	Cohen	McKernan (R)
11. Minnesota	Durenberger	Carlson (R)
12. Missouri	Bond and Danforth	Carnahan (D)
13. Montana	Baucus and Burns	Racicot (R)
14. Nebraska	Exon and Kerrey	Nelson (D)
15. Nevada	Bryan and Reid	Miller (D)
16. New Jersey	Bradley/Lautenberg	Florio (D)
17. New Mexico X	Domenici	King (D)
18. New York	D'Amato and Moynihan	Cuomo (D)
19. Oklahoma	Boren	Walters (D)
20. Oregon	Hatfield/Packwood	Roberts (D)
21. Pennsylvania X	Specter	Casey (D)
22. Rhode Island	Chafee	Sundlun (D)
23. South Carolina X	Hollings	Campbell (R)
24. Texas X	Krueger	Richards (D)
25. Utah	Hatch	Leavitt (R)
26. Vermont X	Jeffords	Dean (D)
27. Virginia X	Robb	Wilder (D)
28. Wisconsin X	Kohl	Thompson (R)
29. Wyoming X	Simpson	Sullivan (D)
Total Number of Senators:	<u>41*</u>	<u>20 out of 29 are Dem Govs.</u>

* This includes the 4 additional target Republican Senators of Dole, Simpson, Hatch, and Domenici.

NOTE: If the DNC does not have the resources to target all 29 states, they should choose (generally) to eliminate first those states that have only one target Senator and whose Senator does not serve on the Finance Committee. There are 12 such states marked with an X, but my 6 lowest priorities would be Georgia, Kentucky, New Mexico, Texas, Wisconsin, and Wyoming. (I can talk about others if necessary; in addition, exceptions to the Finance and/or 2 Member rule might be Delaware, Utah, and Alabama).

M E M O R A N D U M

Privileged and ~~Confidential~~

TO: Hillary Rodham Clinton
FR: Chris Jennings, Steve Edelstein
RE: House Targeting Strategy
cc: Legislative/Congressional Distribution List

April 20, 1993

As was done with the Senate, a targeting session was held to determine the key congressional districts needed to pass health care reform. To pass this bill a simple majority of 218 votes will be required. While the overall strategy is similar to the Senate, successfully achieving this goal will require a somewhat different approach.

House members, since they face reelection every two years and represent, on the whole, more homogeneous constituencies, tend to be more responsive to public pressure and to particular concerns of their district. As a result, more so than the Senate, the substance of our health care reform package, especially the financing mechanisms, the employer role and the overall cost of the package, will play a much more significant role in how members will vote.

Particular elements of the package have the potential to shift large blocs of votes. For example, decreasing the burden on small employers may increase the package's attractiveness to both Democrats and Republicans. In addition, if the package includes a long-term care benefit that seniors groups are excited about it may increase their ability to attract more conservative members from states with large elderly populations whom we would otherwise have little expectation of attracting.

Consultation with the House Leadership yielded 79 members who they are confident will support the reform bill. To reach our goal of 218 from there, will require the targeting of roughly 250 members. The states targeted for our Senate strategy match well with those targeted for the House, particularly the Republicans. In addition, in nontargeted states existing DNC resources can be coordinated with resources of friendly interest groups and of supportive Congressional, State and Local officials to mobilize on the local level as needs arise.

Here in Washington, we must work with leading House members, through the various caucuses and with the help of influential interest groups to build a coalition of 218 members. From the base of 74 the leadership identified, we added members of the three committees of jurisdiction (Ways and Means, Energy and Commerce and Education and Labor) and members of various caucuses which should contain substantial support if we are to be successful (Congressional Black Caucus, Congressional Hispanic Caucus, Congressional Women's Caucus, Mainstream Forum, and the Rural Health Task Force).

Selected members of the rank and file and the large freshman class were also targeted. Many of these have endorsed Rep. McDermott's single payer bill, the majority of whom we will need with us in the end.

In addition to the Democratic members, a group of moderate Republicans, were also identified. In selecting this group, votes on the Family and Medical Leave Bill and the Minimum Wage increase (for those members who have served more than 2 terms) were analyzed. This group may well provide the margin of victory.

Attached is the House Leadership's list of reliable votes for health care reform as well as a lists of the targeted Democratic and Republican members by state. Pertinent information such as relevant committee assignments, caucus membership, bill sponsorship have been noted. Since support will depend very heavily on the specifics of the package, this list may be modified as decisions are made regarding the proposal itself. Finally, by combining the information from these House lists with the Senate list, including committee assignments and voting records, an overall state target list by rank was created.

HOUSE LEADERSHIP DEMOCRATIC RELIABLES

<u>Member</u>	<u>Background Information</u>
ARIZONA:	
Coppersmith	
English	Education and Labor, Caucus for Women's Issues, Mainstream Forum, Freshman
Pastor	Hispanic Caucus
ARKANSAS:	
Lambert	Energy and Commerce, Caucus for Women's Issues, Rural Health Care Coalition, Freshman
Thornton	Mainstream Forum
CALIFORNIA:	
Fazio	Rural Health Care Coalition
Matsui	Ways and Means
Mineta	
Pelosi	Caucus for Women's Issues, McDermott Cosponsor
Stark	Ways and Means, Subcommittee on Health, Chair; Rural Health Care Coalition; McDermott Cosponsor
Waxman	Energy and Commerce, Subcommittee on Health, Chair
CONNECTICUT:	
DeLauro	Caucus for Women's Issues
Gedjenson	McDermott Cosponsor
Kennelly	Ways and Means, Health Subcommittee; Caucus for Women's Issues

FLORIDA:

Bacchus

Deutsch

Johnston

GEORGIA:

Lewis Ways and Means, Health Subcommittee; Congressional Black Caucus;
McDermott Cosponsor

HAWAII:

Abercrombie McDermott Cosponsor

IDAHO:

LaRocco Rural Health Care Coalition, Mainstream Forum

ILLINOIS:

Collins Energy and Commerce, Caucus for Women's Issues, Congressional Black
Caucus, McDermott Cosponsor

Costello Rural Health Care Coalition, Mainstream Forum

Evans Rural Health Care Coalition, McDermott Cosponsor

Rostenkowski Ways and Means

INDIANA:

Sharp Energy and Commerce

KENTUCKY:

Mazzoli Judiciary

Natcher

MARYLAND:

Cardin Ways and Means, Subcommittee on Health

Hoyer

MASSACHUSETTS:

Frank	Judiciary, McDermott Cosponsor
Kennedy	McDermott Cosponsor
Markey	Energy and Commerce
Olver	McDermott Cosponsor
Studds	Energy and Commerce, Health Subcommittee; Rural Health Care Coalition, McDermott Cosponsor

MICHIGAN:

Bonior	
Carr	Mainstream Forum, McDermott Cosponsor
Dingell	Energy and Commerce
Ford	Education and Labor
Levin	Ways and Means, Subcommittee on Health
Kildee	Education and Labor

MINNESOTA:

Sabo	McDermott Cosponsor
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MISSOURI:

Danner	Caucus for Women's Issues, Rural Health Care Coalition, Freshman
Gephardt	
Wheat	Rules, Congressional Black Caucus

MONTANA:

Williams	Education and Labor, Rural Health Care Coalition
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NEBRASKA:

Hoagland	Ways and Means, Health Subcommittee; Rural Health Care Coalition; Mainstream Forum
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NEW YORK:

Ackerman	McDermott Cosponsor
Engel	Education and Labor, McDermott Cosponsor
Lowey	Caucus for Women's Issues, Mainstream Forum
Manton	Energy and Commerce, McDermott Cosponsor
Schumer	Judiciary, McDermott Cosponsor
Slaughter	Rules, Caucus for Women's Issues, Rural Health Care Coalition, Mainstream Forum

NORTH DAKOTA:

Pomeroy

OHIO:

Brown	Energy and Commerce, Health Subcommittee; Freshman
Sawyer	Education and Labor
Strickland	Education and Labor, Rural Health Care Coalition, Freshman

OKLAHOMA:

Synar	Energy and Commerce, Health Subcommittee; Judiciary, Rural Health Care Coalition
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OREGON:

Kopetski	Ways and Means
Wyden	Energy and Commerce, Health Subcommittee; Rural Health Care Coalition

RHODE ISLAND:

Reed	Education and Labor, Juciciary
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SOUTH CAROLINA:

Clyburn	Congressional Black Caucus, Single Payer, Freshman
Derrick	Rural Health Care Coalition

TEXAS:

Bryant	Energy and Commerce, Health Subcommittee; Judiciary
Frost	Rules
Geren	Mainstream Forum
Lauglin	Rural Health Care Coalition

VIRGINIA:

Byrne	Caucus for Women's Issues, Freshman
Moran	Mainstream Forum
Scott	Education and Labor, Judiciary, Congressional Black Caucus, McDermott Cosponsor, Freshman

WASHINGTON:

Cantwell	Caucus for Women's Issues, Freshman
Kreidler	Energy and Commerce, Health Subcommittee; Freshman
McDermott	Ways and Means, Health Subcommittee; Rural Health Care Coalition; Sponsor of Single Payer Bill
Swift	Energy and Commerce, Rural Health Care Coalition
Unsoeld	Education and Labor, Caucus for Women's Issues, Rural Health Care Coalition

WEST VIRGINIA:

Mollohan	Rural Health Care Coalition
Rahall	Rural Health Care Coalition
Wise	Rural Health Care Coalition

WISCONSIN:

Klecza	Ways and Means, Subcommittee on Health
Obey	Rural Health Care Coalition

HOUSE REPUBLICAN TARGETS BY STATE

CALIFORNIA:

Horn	Freshman
Huffington	Freshman, Banking/Small Business

CONNECTICUT:

N. Johnson	Caucus for Women's Issues, Task Force on Health
Shays	Budget Committee

DELAWARE:

Castle	Freshman, Banking, Finance & Urban Affairs, Task Force on Health
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FLORIDA:

Diaz-Belhart	Freshman, Congressional Hispanic Caucus
Goss	Task Force on Health, Rules
Ros-Lehtinen	Congressional Hispanic Caucus
Young	Appropriations

IOWA:

Grandy*	Ways and Means, Task Force on Health, Rural Health Care Coalition
Leach	Banking, Finance & Urban Affairs, Rural Health Care Coalition

MAINE:

Snowe	Budget, Caucus for Women's Issues, Rural Health Care Coalition
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MARYLAND:

Morella	Caucus for Women's Issues
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MASSACHUSETTS:

Blute	Freshman
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MINNESOTA:

Ramstad	Judiciary, Small Business
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NEW JERSEY:

Franks	Freshman, Budget
Roukema	Education and Labor, Task Force on Health
Saxton	
C. Smith	Veterans Affairs
Zimmer	

NEW YORK:

Boehlert	Rural Health Care Coalition
Fish	Judiciary
Gilman	Rural Health Care Coalition
Houghton*	Ways and Means
Lazio	Freshman, Banking/Finance & Urban Affairs, Budget
McHugh	Freshman
Molinari	Eduaction and Labor, Caucus for Women's Issues
Quinn	Freshman, Veterans Affairs
Walsh	Appropriations, Rural Health Care Coalition

OHIO:

Hoke	Freshman, Task Force on Health, Budget
Regula	Appropriations

PENNSYLVANIA:

McDade	Appropriations
Weldon	

RHODE ISLAND:

Matchley	Small Business
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WISCONSIN:

Klug **Energy and Commerce**

Petri **Education and Labor, Rural Health Care Coalition**

*** Only members of Republican Target list to vote against Family and Medical Leave**

HOUSE DEMOCRATIC TARGETS BY STATE

MEMBER

REASON TARGETED

ALABAMA:

Hilliard Congressional Black Caucus, Single, Freshman

CALIFORNIA:

Becerra Education and Labor, Judiciary, Hispanic Caucus, McDermott Cosponsor, Freshman

Beilenson Rules, McDermott Cosponsor

Berman Judiciary, McDermott Cosponsor

Condit Rural Health Care Coalition, Mainstream Forum

Dellums Congressional Black Caucus, McDermott Cosponsor

Dixon Congressional Black Caucus

Dooley Rural Health Care Coalition

Edwards Judiciary, McDermott Cosponsor

Eshoo Caucus for Women's Issues, Freshman

Hamburg McDermott Cosponsor, Freshman

Harman Caucus for Women's Issues, Freshman

Lantos McDermott Cosponsor

Lehman Energy and Commerce, Rural Health Care Coalition

Martinez Education and Labor, McDermott Cosponsor

Miller Education and Labor, McDermott Cosponsor

Roybal-Allard Caucus for Women's Issues, Hispanic Caucus, McDermott Cosponsor, Freshman

Schenk Energy and Commerce, Caucus for Women's Issues, Freshman

Torres Hispanic Caucus, McDermott Cosponsor

Tucker	Congressional Black Caucus, McDermott Cosponsor
Waters	Congressional Black Caucus, Caucus for Women's Issues, McDermott Cosponsor
Woolsey	Education and Labor, Caucus for Women's Issues, McDermott Cosponsor, Freshman

COLORADO:

Skaggs	Mainstream Forum
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FLORIDA:

Brown	Caucus for Women's Issues, Congressional Black Caucus, Freshman
Gibbons	Ways and Means
Hastings	Congressional Black Caucus, Freshman
Meek	Caucus for Women's Issues, Congressional Black Caucus, Freshman
Peterson	Rural Health Care Coalition
Thurman	Caucus for Women's Issues, Freshman

GEORGIA:

Bishop	Congressional Black Caucus, Freshman
Darden	Mainstream Forum
Johnson	Mainstream Forum, Freshman
McKinney	Caucus for Women's Issues, Congressional Black Caucus, McDermott Cosponsor, Freshman
Rowland	Energy and Commerce, Rural Health Care Coalition

HAWAII:

Mink	Education and Labor, Caucus for Women's Issues, Rural Health Care Coalition, McDermott Cosponsor
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ILLINOIS:

Gutierrez	Hispanic Caucus, Freshman
Lipinski	Mainstream Forum
Poshard	Rural Health Care Coalition, Mainstream Forum
Reynolds	Ways and Means, Congressional Black Caucus, McDermott Cosponsor, Freshman
Rush	Congressional Black Caucus, Freshman
Sangmeister	Judiciary
Yates	McDermott Cosponsor

INDIANA:

Long	Caucus for Women's Issues, Rural Health Care Coalition
McCloskey	Rural Health Care Coalition, Single Payer
Roemer	Education and Labor, Mainstream Forum
Visclosky	

KANSAS:

Glickman	Judiciary
Slattery	Energy and Commerce, Rural Health Care Coalition, Mainstream Forum

KENTUCKY:

Baesler	Education and Labor, Rural Health Care Coalition, Freshman
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LOUISIANA:

Fields	Congressional Black Caucus, Freshman
Hayes	Mainstream Forum
Jefferson	Ways and Means, Congressional Black Caucus, Mainstream Forum

MAINE:

Andrews McDermott Cosponsor

MARYLAND:

Mfume Congressional Black Caucus, McDermott Cosponsor

Wynn Congressional Black Caucus, Freshman

MASSACHUSETTS:

Meehan Freshman

Moakley Rules, McDermott Cosponsor

Neal Ways and Means

MICHIGAN:

Barcia Freshman

Carr Mainstream Forum

Collins Caucus for Women's Issues, Congressional Black Caucus, McDermott Cosponsor

Conyers Judiciary, Congressional Black Caucus, McDermott Cosponsor

Stupak Rural Health Care Coalition, Freshman

MINNESOTA:

Minge Rural Health Care Coalition, Freshman

Oberstar Rural Health Care Coalition, McDermott Cosponsor

Peterson Rural Health Care Forum

Vento McDermott Cosponsor

MISSISSIPPI:

Montgomery Rural Health Care Coalition

MISSOURI:

Clay Education and Labor, Congressional Black Caucus, McDermott
Cosponsor

Skelton Rural Health Care Coalition, Mainstream Forum

Volkmer

NEW HAMPSHIRE:

Swett Rural Health Care Coalition, Mainstream Forum

NEW JERSEY:

Andrews Education and Labor

Hughes Rural Health Care Coalition

Klein Freshman

Menendez Hispanic Caucus, Freshman

Pallone Energy and Commerce, Mainstream Forum

Payne Education and Labor, Congressional Black Caucus, McDermott
Cosponsor

Torricelli

NEW MEXICO:

Richardson Energy and Commerce

NEW YORK:

Flake Congressional Black Caucus, McDermott Cosponsor

Hinchey McDermott Cosponsor, Freshman

Hochbrueckner McDermott Cosponsor

LaFalce Rural Health Care Coalition, McDermott Cosponsor

Maloney Caucus for Women's Issues, McDermott Cosponsor, Freshman

McNulty Ways and Means

Nadler	Judiciary, McDermott Cosponsor, Freshman
Owens	Education and Labor, Congressional Black Caucus, McDermott Cosponsor
Rangel	Ways and Means, Congressional Black Caucus, McDermott Cosponsor
Serrano	Hispanic Caucus
Towns	Energy and Commerce, Congressional Black Caucus, Rural Health Care Coalition, McDermott Cosponsor
Velazquez	Caucus for Women's Issues, Hispanic Caucus, McDermott Cosponsor, Freshman

NORTH CAROLINA:

Clayton	Congressional Black Caucus, McDermott Cosponsor, Freshman
Hefner	Rural Health care Coalition, Mainstream Forum
Lancaster	Rural Health Care Coalition, Mainstream Forum
Neal	Rural Health Care Coalition, Mainstream Forum
Rose	Rural Health Care Coalition
Price	Mainstream Forum
Watt	Judiciary, Congressional Black Caucus, Freshman

OHIO:

Applegate	Rural Health Care Forum, Mainstream Forum
Fingerhut	Freshman
Kaptur	Caucus for Women's Issues, Rural Health Care Coalition
Stokes	Congressional Black Caucus, Health Brain Trust, Chair

OKLAHOMA:

Brewster	Ways and Means, Rural Health Care Coalition, Mainstream Forum
English	Rural Health Care Coalition, Mainstream Forum
McCurdy	Rural Health Care Coalition, Mainstream Forum

OREGON:

De Fazio	Rural Health Care Coalition
Furse	Caucus for Women's Issues, Rural Health Care Coalition, McDermott Cosponsor, Freshman

PENNSYLVANIA:

Blackwell	Congressional Black Caucus
Borski	McDermott Cosponsor
Coyne	Ways and Means
Foglietta	
Kanjorski	Rural Health Care Coalition
Klink	Education and Labor, Freshman
Margolies-Mezvinsky	Energy and Commerce, Caucus for Women's Issues, Freshman
McHale	Freshman
Murtha	Mainstream Forum

SOUTH CAROLINA:

Spratt	Rural Health Care Coalition, Mainstream Forum
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SOUTH DAKOTA:

Johnson	Rural Health Care Coalition, Mainstream Forum
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TENNESEE:

Clement	Rural Health Care Coalition, Mainstream Forum
Cooper	Energy and Commerce, Rural Health Care Coalition, Mainstream Forum
Ford	Ways and Means, Congressional Black Caucus
Gordon	Rules, Rural Health Care Coalition, Mainstream Forum
Lloyd	Caucus for Women's Issues, Rural Health Care Coalition
Tanner	Rural Health Care Coalition, Mainstream Forum

TEXAS:

Andrews	Ways and Means
Brooks	Judiciary
Chapman	Rural Health Care Coalition, Mainstream Forum
Coleman	
de la Garza	Hispanic Caucus
Edwards	Rural Health Care Coalition, Mainstream Forum
Gonzalez	
Green	Education and Labor, Freshman
Johnson	Caucus for Women's Issues, Congressional Black Caucus, Freshman
Ortiz	Hispanic Caucus, Rural Health Care Coalition
Pickle	Ways and Means
Sarpalius	Rural Health Care Coalition, Mainstream Forum
Tejeda	Hispanic Caucus, Freshman
Washington	Energy and Commerce, Judiciary, Congressional Black Caucus
Wilson	Rural Health Care Coalition, Mainstream Forum

UTAH:

Shepherd	Caucus for Women's Issues, Freshman
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VIRGINIA:

Boucher	Energy and Commerce, Judiciary, Rural Health Care Coalition, Mainstream Forum
Payne	Ways and Means, Rural Health Care Coalition, Mainstream Forum

WASHINGTON:

Dicks

Inslee

***** PRIVILEGED AND ~~CONFIDENTIAL~~ *****

TARGET STATES BY RANK¹

1. NEW YORK
2. NEW JERSEY
3. CALIFORNIA
4. FLORIDA
5. PENNSYLVANIA
6. MISSOURI
7. KANSAS
8. OREGON
9. LOUISIANA
10. CONNECTICUT
11. MINNESOTA
12. MONTANA
13. TEXAS
14. NEVADA
15. NEBRASKA
16. OKLAHOMA
17. ALABAMA
18. RHODE ISLAND
19. MAINE
20. DELAWARE
21. GEORGIA
22. VIRGINIA
23. ILLINOIS
24. VERMONT
25. UTAH
26. ARIZONA
27. NEW MEXICO
28. KENTUCKY
29. SOUTH CAROLINA
30. NORTH CAROLINA
31. TENNESSEE
32. NORTH DAKOTA
33. INDIANA
34. MICHIGAN
35. WYOMING

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: ANB DATE: 4/1/14

2014-0483-5

¹ Ranking based on combination of Senate and House targeting priorities

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Bob Boorstin; To: Maggie Williams; Re: DNC and Health Care Project Roles (3 pages)	10/8/93	Personal Misfile

COLLECTION:

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

FOLDER TITLE:

Health Care Strategy Briefing Book [binder] [1]

2014-0483-S

sb442

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

threat.

Although some conservative members of Congress will certainly raise objections to the federal aid being "off budget," Administration officials are hopeful that the package can be approved on an accelerated legislative schedule. Panetta, who said the \$6.6 billion supplemental appropriation request will be introduced today, hopes to have the legislation on President Bill Clinton's desk in a little over two weeks.

"We would ask that Congress and the American people approach this with the same sense of compassion" that had been shown in other disasters, "and that the Congress act expeditiously," Panetta said.

Many California Republicans could find themselves in the position of voting for the California aid package, despite voting against similar "off-budget" emergency aid for the Midwest flooding.

Asked about the predicament, Lewis elicited a chuckle when responded: "Consistency is not required in this process. A crisis becomes ever more real as it comes to your back door."

Yet some members of the California delegation will undoubtedly be troubled by the plan. Fourteen Republicans failed to sign a delegation letter sent last week urging Clinton to seek emergency aid.

Rep. Dana Rohrabacher (R-Huntington Beach) said, "I don't think every time you have an emergency you have to reduce other spending, but there should be some offsets. It shouldn't be be totally deficit-enlarging. I'd be more comfortable [with the package] if a respectable portion is not passed on to a future generation."

Rohrabacher, who is pushing for an amendment to the supplemental aid bill prohibiting disaster aid to illegal immigrants, said that if he is barred by the Democratic majority

from bringing his amendment to a vote, he may withhold his vote for the aid request.

"I don't know, I'm in an unsure position."

Wilson's reluctance to say how much aid the state will provide for disaster relief was criticized Tuesday by some Democrats.

Wilson spokeswoman Leslie Goodman said the governor still believes it is too early to decide whether California should raise money through taxes or bond issues to contribute to the recovery effort.

Assembly Speaker Willie Brown (D-San Francisco) described Clinton's proposal as "fabulous" and faulted Wilson for his cautious reaction.

Brown noted that California will have to pick up at least 10% of the costs and said the state inevitably will need more money, either from a sales tax or gasoline tax.

Brown said Wilson's approach could be "counterproductive" because the governor is giving the impression that Californians don't want to contribute to their own recovery. That could cause a backlash in Congress, Brown said.

"I think California's standing with the rest of the nation is one of a kind of selfishness," Brown said. "For us to be seeking assistance without first making a sacrifice is not terribly persuasive."

State Sen. Tom Hayden (D-Santa Monica), whose district includes many of the hardest hit areas, said he still believes a temporary sales tax may be needed.

"If \$7 billion covered it, I'd be delighted," Hayden said. "But something tells me we ought to keep the sales tax issue alive a whole longer, until we see what the total costs are."

Contributing to this story were staff writers Glenn F. Bunting in Washington, Daniel M. Weintraub in Sacramento, and Mark Lacey and Stephanie Chavez in Los Angeles.

California members said that the powerful appropriations chairmen in both houses of Congress were backing the aid request.

Sens. Dianne Feinstein and Barbara Boxer said they each contacted Senate Appropriations Committee Chairman Robert C. Byrd (D-W. Va.) shortly after the quake to solicit his support for emergency funding. Both said they received assurances from Byrd that he would back whatever the Administration requested from Congress.

"I called Bob Byrd as soon as I saw what was happening. He committed his 100% support," said Feinstein. "I have assurances that the supplemental will be added to both from the Administration and a willingness from Sen. [Robert J.] Dole, so I think we've got enough flexibility there."

Senate Minority Leader Dole over the weekend had advocated that the quake aid be balanced by other budget cuts. Yet in remarks on the Senate floor Tuesday, Dole passed up a chance to repeat the

Federal Aid

Clinton Administration officials Tuesday recommended \$6.6 billion in new funding for earthquake recovery. Combined with \$900 million already released to deal with the emergency, the total comes to \$7.5 billion. Federal officials gave the following breakdown of the proposed spending:

- **\$3.4 billion** to FEMA to rebuild public schools, roads and utilities and to provide temporary aid to individual quake victims.
- **\$1.3 billion** to repair bridges, freeways and other portions of the transportation infrastructure.
- **\$757 million** to the Small Business Administration for low-interest loans to homeowners and businesses.
- **\$500 million** for housing assistance under HUD.
- **\$400 million** for a presidential contingency fund and a variety of programs administered by other federal agencies.
- **\$245 million** for education system operating costs. In addition, \$700 million of the \$3.9 billion in FEMA aid would go toward school rebuilding and for the purchase of modular classrooms.
- **\$21 million** for VA hospital repairs.

*A Winning Strategy
for
Health Care Reform*

A
Presentation
To

The
First Lady of the
United States

Hillary Rodham Clinton

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"This issue affects the American people so deeply . . . The impetus behind doing something will be very great. Whenever the debate really begins . . . you will see the prospects of passage intensify, not diminish . . ."

President Bill Clinton, June 15, 1993

Since January 25, the Task Force on National Health Care Reform has been working around-the-clock to produce the health care reform proposal the President requested. More than 500 people -- including over 100 health professionals; federal, state and Congressional employees; business people; officials from relevant agencies; White House staff; and outside experts -- advised the Task Force as they examined the current health care situation and explored alternative solutions. A detailed policy proposal, and a draft of the legislation, have been completed. Financial projections and analysis have been produced. Outside auditors -- including a Health Professionals Review Group, Deans from Academic Health Centers throughout the country, panels of consumers, an Administrative Simplification Review Group, financial auditors, legal auditors, and a group of "Contrarians" -- have been brought in to discuss the proposal and their suggestions have been incorporated. Final decision memos have been prepared on the few remaining issues.

A strong foundation in consultation and outreach has been laid -- with almost 1,000 interest groups, over 300 members of Congress, state and local officials around the country, and the "health-beat" press. Our communications strategy has been developed and refined; message pieces have been produced. A complete grassroots field campaign has been established, funded, and staffed, and is presently setting up field/media offices in targeted states. All of the pieces necessary for a winning health care strategy are in place.

INTEREST GROUPS (Tab 2)

The most energizing issue for the entire Democratic base is health care reform. Many of our strongest allies -- labor, seniors, consumer groups, public interest groups -- were drawn to Bill Clinton last year because of this issue and are willing to dedicate their resources and membership base to the health care cause. If we announce our health reform package on schedule, we will have a strong coalition that will be able to lobby the package through Congress. This coalition will include: labor; seniors; a strong cross-section of supportive health care provider groups; a solid group of business CEOs from many industries; some small business groups; consumer groups; and the traditional liberal coalition -- women's groups, children's groups, minority groups, etc.

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INTEREST GROUPS (Continued)

Our strategy is three-fold:

- Labor, the liberal groups, and consumer groups will help us solidify the Democratic base in Congress and keep them with us during the duration of the battle;
- The endorsing business and provider groups will provide the cover and credibility necessary for more moderate/conservative Democrats, as well as moderate Republicans, to support the bill;
- Seniors, labor and single payer groups will provide the energetic grassroots troops needed to produce a groundswell of support for the plan.

This kind of coalition has the right combination of media credibility, power on the Hill, and ability to generate massive grassroots support that we need to beat our opponents -- whose most powerful members include most of the insurance industry, the major small business groups and the for-profit hospitals. Our opponents, while powerful, will not have a cohesive message, and our coalition has shown a willingness to work together.

To solidify this coalition, they need an opportunity to become invested in our package. Administration officials have had over 1,500 meetings with 958 groups since January and have worked closely with many of these groups as the plan was developed. Additional meetings will, however, need to be held after final decisions are made to discuss the final package in light of the groups' membership and specific interests.

CONGRESS (Tab 3)

There is a remarkably large reservoir of good will and receptivity towards a health reform initiative in the Congress. The vast majority of the Members want to pass a significant reform package in this Congress -- either because they believe that this moment in time represents a rare, historical opportunity to do something meaningful or because they fear the consequences if they don't. Furthermore, our intensive consultation process with the Congress -- including 207 meetings, 99 of them with the first Lady -- has resulted in a significant amount of trust and confidence by the Members in the First Lady's ability to produce a viable health reform legislative product with the President.

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CONGRESS (Continued)

To maintain this good will, influential Members of Congress must have adequate time to buy into our proposal before it is unveiled. Much of the necessary Congressional groundwork is underway for an intensive outreach effort that effectively addresses their policy and political concerns. We are preparing materials for the August recess -- as we have for all other recesses since January. Recognizing the need of Members to modify -- and contribute to -- the final decisions, we have planned a two-track consultative process (see detailed calendar in Tab 3). The first set of meetings will be set up to receive and incorporate their suggestions, with a second set of meetings to brief them on the final package.

STATE AND LOCAL GOVERNMENTS (Tab 4)

Many state and local leaders felt that, when campaigning last year, Bill Clinton listened to their concerns about the health care crisis they face and have strongly supported him since. These groups are a natural constituency as they see the need for health reform on every day -- on both a budgetary and a human level.

A few states across the nation are well on their way to comprehensive health care reform while others are enacting smaller-scale reforms to address their citizens' health concerns. The Administration has worked closely with state legislatures to ensure that these state reform efforts are designed within the context of the national structure and federal guidelines that our reform will establish. A majority of states, however, are waiting for the President to provide leadership on this issue and will go no further in the absence of a national plan.

We have consulted closely with state officials in developing the state "flexibility provisions" in our plan and many of these officials feel they have a vested interest in this plan. They are ready to work in conjunction with us to implement the reforms as soon as the bill is passed.

COMMUNICATIONS (Tab 5)

We are ready to go with a coherent message and media strategy for presenting health care reform to the public. Research shows that our message of *"health care that's always there"* and *"taking control of the system to preserve what's best about American health care"* will resonate with the public and provide Congress with the necessary comfort level and support to pass a plan. We have been holding weekly "message meetings" with a dozen key Senators and about 25 House members. They are committed to a coordinated message campaign and ready to move forward.

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COMMUNICATIONS (Continued)

- **The Message**

"Health care that's always there." "Getting control of a health care system that's out of control." Those are the core elements of our message -- which is based on extensive public hearings attended by Mrs. Clinton around the country, close consultations with industry experts, consumer surveys, and Stan Greenberg's focus groups. Underneath these themes lie solutions to the problems that affect every American family. These solutions allow us to construct a roll-out calendar to publicly build our case. The themes are based on the following goals: providing security, controlling costs, restoring simplicity, emphasizing prevention, and preserving high quality care and the patient's right to choose.

- **The Roll-Out Calendar**

We have developed short- and long-term calendars to unveil and promote the President's health care plan. The strategy calls for us to define the problem just prior to introduction, present the solution in a dramatic way, and then prove our case. The four principals -- the President, the First Lady, the Vice President and Mrs. Gore -- and appropriate Cabinet members and Senior White House officials would be involved.

- The current calendar calls for the President to pivot from the economic plan to health care at his August 16 National Governors Association address.[Please see Tab 5 for a detailed calendar of events]
- Following Labor Day, we would move into a 7-10 day "ramp up" program to introduce pieces of the plan and disarm our opponents. Events include "letters to the President" read at the White House by people who wrote to the Task Force and a malpractice reform address.
- The President would unveil the plan to a Joint Session of Congress in a prime-time address. Following blanket coverage and network appearances by the principals, they and members of the Cabinet would fan out across the country to key states and Congressional districts. Other events would include one or more network town hall meetings; a bus trip designed to build public support momentum; and a series of public endorsement events when the President returns to Washington. The DNC's health care campaign and the so-called "Rockefeller group" of interest groups would echo our themes and events across the country.

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COMMUNICATIONS (Continued)

- During October, the legislation would become fully grounded in committee and the President and other principals would continue meetings with members, interest groups and the like. From then on, we would undertake a massive media affairs campaign in key states and districts, pegged to members' concerns. Every week, the President would visit a different region to campaign for the plan, laying out its advantages through events and then holding televised town meetings to answer questions.
- **Materials for Release**
We are drafting materials to help explain the plan, including a 100-page *"Report to America"* for Congress among others, an illustrated pamphlet defining the problems and solutions (for mass distribution), an extensive questions-and-answers document, and the legislation itself. We now issue talking points twice a week and have already prepared an entire battery of points addressed to specific constituencies and issue areas that are now available for members of Congress and Administration representatives. The DNC and the Rockefeller group plan to develop similar materials, including educational videos.
- **Rapid Response**
We have set up a ready-to-go "war room" facility in room 160 of the OEOP -- complete with all necessary computers and technology. A full staff is in place to move in once our Reconciliation process has been successfully completed.
- **Surrogates**
In addition to the principals and Cabinet secretaries, we have available an army of doctors, nurses and health care experts who have helped draft pieces of the plan. The DNC and Rockefeller group have pledged to form "media teams" in key markets -- which would consist of a doctor, nurse, consumer, hospital administrator/medical school dean, and small business owner.

PUBLIC (Tab 6)

The American public wants health care reform. Health care was one of the primary issues on which Americans voted in November. The President's statements on health care in the Joint Address to Congress "registered" higher than any other subject. Stan Greenberg's polls have shown that the majority of Americans are willing to support the President's health care plan -- sight unseen. 7.

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PUBLIC (Continued)

The National Health Care Campaign -- coordinated out of the DNC -- has developed a proposal to mount and operate an effective and efficient grass-roots public education and lobbying effort to mobilize this public energy. This organization will function just as a political campaign does -- bringing the message of health care reform to the American people, investing the American people in the President's health care reform plan, and channeling the voice of the public toward their representatives in Washington.

The National Health Care Campaign is now fully staffed, fully functional, and is organized into five departments:

- Field: They are recruiting individual community activists to act as surrogates and present a unified message that will help Members of Congress hear, see, and feel the grass-roots support for the President's reforms. They have developed a detailed calendar of field events (attached) -- including phone banks, house parties for the announcement speech, a national petition drive, large public rallies, press conferences, etc. They have targeted events for visibility and literature distribution -- from the Montana State Fair in July to the AFL-CIO convention in October.
- Media/Communications: They have identified local doctors, nurses, business people, consumers, union members and seniors to humanize health care reform -- putting a face on the plan for the American people in their communities. They have produced a NHCC brochure -- which has been mailed to 5,000 media outlets -- and have a detailed timetable for satellite tours, radio talk shows, media training for surrogates, a national teleconference for the announcement, etc. They have produced an organizational packet -- and a 15-minute organizational video -- for state press secretaries which contain instructions on how to utilize free media and local press, how to hold a town meeting, etc.
- Political: They have been communicating with Governors, Mayors, state elected officials, insurance commissioners, county executives, Democratic National Committee members, Democratic Leadership Council members, etc. They organize weekly planning meetings with local unions, including over 24 briefings to date for international unions and their directors.

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PUBLIC (Continued)

- Congressional: Has been working closely with Congressional leadership to establish and maintain relations with selected members of Congress and work closely with them as the proposal moves through the legislative process.
- Research: They have produced research dossiers on approximately 170 institutional players -- with details on their membership, influence, historical information, campaign contributions, previous tactics, etc. They are also setting up a system to monitor interest group activity on the Hill and track all local and national -- print and TV -- advertisements related to health reform.

INTERNAL

The final piece remains to be put into place. To succeed, we will need a sustained effort from the President and Senior White House Officials to make the final hard decisions on policy, to help organize for the communications and legislative efforts required, and to help mobilize the entire Administration in support of the effort. The President makes a point of signaling his unequivocal support of health care reform at every opportunity; his representatives will serve him well by following suit.

Once the plan has been introduced, a unified, resolute, focused and energized Administration is essential to selling the plan to the Congress, the interest groups, and the public. To illustrate that there is broad-based, internal support for the President's plan, Cabinet Secretaries and Senior White House officials should participate in Congressional meetings and hearings in addition to speaking to groups in support of the plan. The Communications team has developed a detailed media strategy for each of these Administration representatives.

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HOW WE COULD LOSE HEALTH CARE

When it comes to passing health care reform, timing is everything. The primary reason health reform is now within reach is timing: Bill Clinton was elected in part because he said health reform would be part of his first year agenda. People took him seriously, and have come together to get it done. But just as timing has contributed to our momentum, timing can kill it. If we delay introduction of health reform legislation beyond September, we risk each of these factions now working together breaking apart, and the force and momentum behind health reform dissipating. Groups will unleash the criticisms they have held back on other issues. They will perceive a delay as a weakened commitment to health reform. They will resume their old slogans--single payer, pay or play-- and push the Congress for they plan they want, not the compromise they had been willing to accept in the name of Presidential action.

Members, too, eyeing the 94 election, will sponsor or sign on to Hill-sponsored bills. While the President can still count on support from Democratic members for the bill he eventually sponsors, the administrations negotiating position on health care will be significantly weakened; the attitude will be: "you had your chance." The public, already growing wary due to delay, will have their fears-- pay more get less-- fueled by the special interests and Republicans opposed to major reform. The media will serve as the vehicle for their attacks.

The health care fight will be tough. We will need to enter it strong, with momentum, and with powerful friends. We can guarantee that force in September, and we have a plan for getting it done. But this coalition is fragile, and it will only be strengthened by moving forward together now, not by sitting idle.

Interest Groups

Public Liaison believes that delay would not only seriously undermine the chances of passing reform during this Presidency, it would also badly damage our relationships with constituencies very important to the administration.

We'll anger our friends

Groups critical to passing health care-- labor, seniors, consumer and public interest groups-- are rapidly losing faith in the administration due to the repeated delays and to compromises made during reconciliation. This is particularly true of Democratic base groups. They have held off criticizing us on other major issues because they've wanted to work with and support us on health reform. For example

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senior groups, hospital groups, and other providers have held their fire on our Medicare cuts because they were promised health reform was coming. They would feel burned by delay, and would be less likely to cooperate on any future legislative battles, including health care.

Many of these groups have geared up to concentrate their energy-- legislative, grassroots, financial support-- on selling health care. If they aren't enlisted now in fighting for health care, they will devote thier energy to other initiatives, including those they oppose. As Lane Kirkland said "We've raised \$5 million-- we can either spend it selling health care, or spend it killing NAFTA." Not only do we need these groups on health care, we can't afford to have them focused elsewhere.

We'll strengthen our opponents

Our opponents will be tough to beat as it is: once they smell blood, they will go for the jugular. Delay will give them more time to build their infrastructure and attack our plan. They will use the delay to define our plans in their terms-- terms that will play on the fears of the general public.

They will also add to their ranks. There are a large number of "on the fence" groups that will base their decision-making rationale on a political call: how strong we are when we introduce the bill. A win on reconciliation puts us in a position of increased strength. Further delay will send the message of weakened commitment to health care and fear of taking on this fight, sending many of these groups into our opponent's camp.

We'll erode business support

Those business groups that are with us-- many in the health industry but non-health businesses as well-- have held off making business decisions until the specifics of health reform are clear. Since February they've repeatedly said: "Whatever you do, do it quickly so that we can move forward with our plans for our business." Further delay will make them more angry, and add to their sense that we don't listen to the concerns of business.

The Congress

A number of factors have made the Congress increasingly nervous about the prospects of health reform. The initial difficulties faced by other Administration-sponsored initiatives, the inability to incorporate the health reform legislation into the reconciliation package, the delay in introducing the legislation beyond July, and

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a continuing series of damaging leaks have heightened the anxiety level of the Congress.

The best chance for getting a favorable start on health reform is releasing the plan quickly after reconciliation. Reconciliation will be an important victory for the President, and our focused, coordinated effort in winning that victory will renew faith in the President's team. Everyone-- but especially Members of Congress-- will watch closely to see where the President chooses to spend that built up capital. If we do not move into a substantive and intensive consultation process right after reconciliation, we will:

- 1) Further erode our credibility with the health care champions on the Hill who we're counting on as major spokespeople in this fight;
- 2) Feed Members' nervousness on this issue, and allow other legislative initiatives to capture their attention;
- 3) Allow continued leaks to disquiet Members and force them to defend an unreleased plan to their constituents;
- 4) Further delay the legislative process for consideration of major health reform legislation, which could cause a vote on health care to back up dangerously close to the 94 elections cycle. This would change the dynamic of the debate and Members' willingness to take any semi-controversial votes.
- 5) Increase the risk of unforeseen political events-- foreign or domestic-- crowding out health care as the issue of the day. This would compromise the public and Congressional attention so important to the initial and sustainable momentum necessary for passing health care.

The cost of not passing health care in the Congress could endanger the seats of key democratic Members important for all the President's initiatives.

State and Local Governments

The most important issue to states is health care reform. In a recent NGA survey, the nation's governors were asked to list the three most important federal-state issue in order of priority. The result: Health care reform, Health care reform, Health care reform. Continued delay in the introduction of a national health care reform package will cause the Administration to lose credibility with state and local officials on the most critical issue to states and erode the support and momentum built up with state and local officials over the last year for a national health care

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reform proposal. It will also revive the historic tensions between the state and federal government on health care issues, diminishing the chance of a federal-state partnership so important to a flexible national program.

In the absence of a national health care reform package, it will be very difficult for governors to oppose a Republican proposal grounded in state flexibility.

As of next month, the new Chairman of the NGA will be Gov. Carrol Campbell (R-S.C.). The longer that we delay, the more time is provided to the new N.G.A. Republican leadership to promote the Republican proposal.

The Media

The media is increasingly skeptical of the Administration's commitment to health care reform and ripe for manipulation by our opponents. Waiting past September to introduce a full-scale initiative would be fatal: not only to health reform, but also to the President's image as a leader who keep his promises.

A combination of factors has led to an increasingly skeptical and cynical media atmosphere surrounding health reform. The early reports of secrecy, the FACA lawsuit and -- most importantly -- delays introducing the plan have conspired to create a precarious situation.

Health reporters have waited for a dozen years for this story and, with each delay, they have grown more ornery. The feeling that they have been "robbed" of their story -- true or not -- has made them increasingly unreceptive to our overtures. Recent reports on NBC News, in the Boston Globe, and elsewhere indicate a growing sense that the process is off track and that the President is ready to abandon health reform.

Delaying past September will create three major problems in terms of the media/message.

First, reporters will immediately proclaim health reform dead (at least until after the 1994 election). They are waiting to write and broadcast this story, and it will become a self-fulfilling prophecy. They will say that a historic opportunity has been squandered and will remind Americans that the President, in fact, promised to introduce health reform in his first 100 days.

Second, we will lose the ability to define the health care reform debate on our own terms. Already, our ability to define the message has been compromised by delay.

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Our opponents have largely succeeded in defining health reform as a matter of more taxes and government control. Delaying introduction of a full plan will solidify their message; vague answers and assurance that "no decisions have been reached" are already overripe, if not rotten.

Given the forces arrayed against us, we can only win if the debate is the Clinton plan versus the status quo. If we wait, we will create a media vacuum -- and into the vacuum will come the alternative plans. Health care coverage will immediately shift to analyzing the "real" alternatives and any possibility of presenting a unified message with Congress will evaporate. As Bob Blendon, the country's leading student of health and public opinion, told the Washington Post on July 7: "[Clinton] has lost control of the national agenda on health care. By waiting, it will no longer be his plan versus the status quo, which everyone agrees is terrible. It's his plan versus the single-payer plan, versus the tax-credit plan, and it will be harder to get a consensus when there are these other plans on the table."

Delay also hurts the President's image. Health care reform was one of the two pillars on which the President was elected. To delay the announcement any longer is to send a simple message to tens of millions of core Democrats and Independents: on the things you care about most, you can't trust Bill Clinton. That message could be fatal to the President's political health.

The Public

Judging by the Presidential election, and by every major poll, an overwhelming majority of Americans think health reform will be a good thing. The longer we delay, the less they're sure.

The Washington Post and ABC released a poll two weeks ago which quantified the effects of delay on the general public: increased fear and skepticism. It found that Americans are growing impatient, and that more than half feel the President is moving too slowly on health care, and that view was more widely held by those who disapprove of the President's performance on health care.

Bob Lietman, a senior vice president at Louis Harris and associates, interprets the poll this way: "What's being lost now is the intensity of the feeling about the need to solve the health care problem." He said that the momentum for reform is slowing with the delay of the plan.

Further delay will further stall that momentum, and allow further room for our opponents to fashion our plan as the public's worst nightmare, an overblown

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overpriced government-run program that will diminish quality, restrict price, ration care, and cost a bundle.

Internal

Delay is the major issue that could kill health care, but it is not the only issue. An administration divided-- even an administration unfocused-- could fail to muster the attention and strength needed to fight for and pass such a major and controversial initiative.

The decision to go forward with health care must be a decision the President makes and the entire administration stands behind. It cannot be revisited, challenged, or undermined. Each department involved will need to focus serious attention-- substantive and political-- to producing the best bill possible and standing behind it.

The President's economic package will pass in part because his entire team--staff and Cabinet-- accepted it was the priority. It was the most important vote yet, and we all needed to work together to make it happen. If health care is next, it will require the same level of commitment and focus.

THE WHITE HOUSE

WASHINGTON

~~CONFIDENTIAL~~

July 20, 1993

DETERMINED TO BE AN
ADMINISTRATIVE MARKING

INITIALS: ALB DATE: 4/1/94
2014-0483-5

MEMORANDUM FOR IRA MAGAZINER

FROM: Mike Lux

SUBJECT: Do We Have a Winning Coalition for Health Care Reform?

I believe that if we go ahead and announce our health reform package soon (by mid-September), we will have a strong coalition that will be able to lobby that package through Congress. That coalition will include:

1. Labor. Despite some reservations they currently have, I think it's very likely that we'll get the support of the AFL-CIO, most or all of its affiliates, and the NEA.
2. Seniors. Unlike with the economic plan, I think most seniors groups - including AARP, the NCSC, and the Roosevelt Group (the big three) - will not only endorse, but be enthusiastic.
3. Providers. Although we probably won't get the AMA's support on our entire package, I think we will have a strong cross-section of supportive provider groups, including:
 - the ANA and other nurse's groups;
 - the AHA, CHA, and Protestant hospitals;
 - several physicians groups including Family Physicians, College of Physicians, Pediatricians, and Emergency Physicians;
 - mental health providers;
 - long term care providers (both home and institutional);
 - the National Association of Social Workers.
4. Business. Although we will have far from universal business support, I do think we'll have a very solid cross-section of CEOs from a variety of industries. The auto industry, the steel industry, the airline industry, and the food processing industry are all likely to be largely supportive. We also have a good chance at getting some small business groups, including Small Business United, Small Business Legislative Council, and National Association of Women Business Owners.
5. Consumers/Single Payer Groups. (There's a lot of overlap.) In spite of our tensions back and forth, I still believe that we

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will probably get the bulk of these groups; we just agree on too much to stay apart.

6. Traditional Liberal Coalition. This includes women's groups, children's advocate groups, minority groups, and others in the liberal Democratic establishment. This is an issue that should energize the base, assuming the package is fairly progressive.

Here's why I think this kind of coalition will help us win:

1. Labor, the liberals, and consumer groups will help us solidify the Democratic base in Congress, and keep them tied down over the duration of the battle.
2. The endorsing businesses and provider groups will provide the cover and credibility necessary for more moderate/conservative Democrats, as well as moderate Republicans, to vote for this bill.
3. Seniors, labor, and single payer groups will provide the energetic grassroots troops needed to produce a groundswell of support for the plan.
4. This kind of coalition has the right combination of media credibility, power on the hill, and ability to generate massive grassroots support that we need to beat our opponents, whose most powerful members include most of the insurance industry, the major small business groups, and the for-profit hospitals. Our opponents, while powerful, will not have a cohesive message, and our coalition has shown a willingness to work together.

I want to once again emphasize that we are capable of putting together this kind of coalition only with a fairly progressive plan that we introduce soon. With more delay, it becomes impossible to hold this coalition together.

THE WHITE HOUSE
WASHINGTON

~~CONFIDENTIAL~~

July 20, 1993

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: AD3 DATE: 4/1/14
2014-0483-5

MEMORANDUM FOR IRA MAGAZINER

FROM: Mike Lux

SUBJECT: The Case Against Delay

As I have indicated in previous memoranda, I believe delay would very seriously undermine the chances of ever passing health care, and would also badly damage our relationships with a large number of groups very important to this administration. The reasons this is true are as follows:

1. Groups are rapidly losing faith in us as an administration, in part because of the repeated delays in our health reform package announcement, and in part because of some of the compromises we made in reconciliation. This is especially true of Democratic base groups.
2. Groups have held off criticism of us on other major issues because they wanted to work with us and support us on health care reform. For example, seniors groups, hospitals, and other providers have held back on opposing our medicare cuts because they thought health care reform was coming. They would be outraged by delay, and will be unlikely to cooperate in any future legislative fights, including health care.
3. The leadership of groups such as labor, who are trying to help us, are battling growing grassroots rank and file anger over the delay. Because the President was elected on the health care issue, and has talked about it a lot, people had high hopes which are fading away.
4. Labor is undergoing a huge internal battle over whether to devote \$5,000,000 to helping us pass health care, or trying to beat us on NAFTA. I believe the decision will be based on which we push first and hardest.
5. Those groups which are more neutral right now supporting some things and opposing others, are basing a lot of their decision-making rationale on the political judgment of how strong we are when we introduce the bill. If we delay again, the widespread

perception will be that we are delaying out of weakness and fear, which makes it far more likely that these kind of groups will align themselves with our opponents. Those I'm talking about here include big insurance companies, the AMA, and many moderately pro-health reform businesses.

6. Delay will embolden our opponents, and give them even more time to build their infrastructure and attack our general plan.

7. Those business groups that are with us - especially in the health industry, but among non-health industry businesses as well - are very frustrated because they are waiting to make decisions based on what is going to happen in health reform. The strong message coming from these folks has been consistent since February: "Whatever you do, do it quickly so that we can move forward with our plans for our business."

I believe delay hurts us badly in our drive to win health care reform. It enrages our allies, confuses and discourages those in the middle, and emboldens our enemies. It causes those we need the most to lose faith in us, and creates long term damage in our base that will be difficult to erase for the entire rest of the term.

HEALTH CARE REFORM AND THE CONGRESS

The complexity, controversy and the potential for political gains/risks attached to health care reform understandably both intimidate and entice Members of Congress. Few know better than the Members that there has not been a better opportunity to take on this challenge in decades.

Congressional Environment

There is no question that the Congress is increasingly nervous about the prospects of health reform. The initial difficulties faced by other Administration-sponsored initiatives, the inability to incorporate the health reform legislation into the reconciliation package, the delay in introducing the legislation, and a continuing series of damaging leaks have heightened the anxiety level of the Congress.

Despite the Members' uneasiness, there remains a remarkably large reservoir of good will and receptivity towards a health reform initiative in the Congress. There are two primary reasons for this generally positive environment:

- 1) The vast majority of the Members want to pass a significant reform initiative in this Congress either because they believe that this moment in time represents a rare, historical opportunity to do something meaningful or because they are scared of the consequences if they don't; and
- 2) The First Lady's months of meetings with the Congress has produced a significant amount of trust and confidence by the Members in her ability to help produce a viable health reform legislative product with the President.

Having said the above, the Members' desire for health care reform will fade over time. It is becoming more clear that, like the public, delay in the release of the plan has undermined the confidence the Members have in the proposal and its authors.

The best chance for getting a favorable start on health reform is releasing the plan in as quick a time frame as practical. Being practical means, that: 1) **a final and sound policy must be developed in short order;** 2) the entire Administration must be behind it; and 3) influential Members of Congress must have adequate time to buy into it **BEFORE** the proposal is unveiled. The following is a brief strategy designed to achieve these goals.

Strategy for Creating Positive Reception for Health Reform

Gaining the necessary confidence and support of the Congress for the President's health reform initiative will require an intensive outreach effort to the Members (and the interest groups that influence them), that effectively addresses their policy and political concerns. Much of the necessary Congressional groundwork is underway. If the following suggestions are implemented properly, we should be able to count on a positive reception by the Congress:

- (1) **Proceed with Members/Staff Meetings that do not Threaten the Reconciliation Process and Help Gain Confidence.** There are several critical Congressional events --such as, message meetings, focus group interactions, and other Member-level discussions-- that must occur before the August break. After checking with the Legislative Affairs folks to assure that they do not pose any threat to the outcome of reconciliation, we will begin to schedule these meetings. The information gleaned from the meetings is invaluable for our growing database, and any necessary follow-up will be done as soon as possible.
- (2) **Prepare and Circulate Information for August Recess.** Members going to their home districts for the August break are petrified about having difficult health care reform issues/questions thrown at them. Materials to help the Members make the case for the need for reform and to answer tough questions are being prepared. (We are working with the Senate and House Leadership on this right now).
- (3) **Finalize Policy!** First-cut final decisions by the President must be made by no later than mid-August. If they are not, there will be insufficient time to prepare documents, brief Administration representatives, develop a viable legislative/political/communications strategy around the policy, and to assure adequate time for Congressional consultations. In the absence of this occurring, it is virtually impossible to conceive that the Members will come even close to being comfortable with the idea of a September introduction.
- (4) **Assure that Congressional Budget Office Numbers Are In Line.** Immediately after the President has made final, pre-Congressional consultations, it is imperative that the Administration meet with the CBO to assure that all numbers are as much in synch as possible. The Congress is petrified that their support for any policy will be totally

undermined by one CBO estimate that paints a less rosy outlook.

- (5) **Finalize a Legislative and Jurisdiction Strategy.** Discussions with the Congressional Leadership will occur as soon after initial policy decisions are made as possible. Speaker Foley, Majority Leader Gephardt, and Majority Leader Mitchell will be scheduled to meet together with the Administration to discuss and finalize jurisdiction and referral strategy. It is imperative that we defer to the Leadership's judgement on this extremely controversial issue. In addition, it is important to discuss with the Leaders how best to move the proposal through the Congress (e.g., will we need to pursue a Senate-first strategy to assure House support of controversial issues?)
- (6) **Implement a Two-Track, Substantive Consultations Process.** The Leadership, Chairs and other notable Congressional health care experts will be offended and may well reject a consultation process that is nothing more than a briefing on what the President has decided. They need to feel like they have had the chance to modify -- and to contribute to -- the final decisions.

As a result, a two-track consultative process, albeit an extremely streamlined process, will be implemented. (Attached is a first-cut preliminary schedule for such meetings.) The first set of meetings will be set up to receive and incorporate Members' suggestions, guidance, demands, etc., and the second set of meetings would be set up to brief them on the final decisions. If we do not invest the Members in our policy, the Congress will almost invariably wilt in the face of the inevitable concerns that will be raised.

- (7) **Pay Special Attention to the Name Health Care Players and their Staffs.** The Congressional Leadership, the Chairs, and the few Members that have made a name for themselves in health care require special attention. Their opinions will influence their colleagues and the press. It is particularly important to note that most of these "name players" are names because they have significant or influential staff. The meetings with the Members, to the extent possible, should be preceded by staff discussions. Otherwise, the meetings won't be as constructive, and the miffed staff may counsel initial opposition.
- (8) **Attempt to Attract Republican Support for Proposal.** Republican cosponsors of the Clinton health reform would significantly add to the comfort level of many in both the Congress and the general public.

There are some moderate Republicans who are sending encouraging signals about at least the possibility of supporting the proposal; we must continue to actively (but quietly) work to sign up these Members. (Most of these Members fear how their Leadership would react to such discussions.)

- (9) **Develop and Implement a Communications/Message Strategy that the Members are Invested In.** The rank and file Members are more concerned about how they can sell/defend the plan than the policy details. If they are uncomfortable with how we explain the policy and/or they are not impressed with our communications strategy and capability, they will be very uneasy about visibly supporting the President's plan. (They want to know how to talk about small business impact, financing, cost containment, benefits packages, etc.) They also want to see an organized communications strategy emerging out of the White House that they can arrange their schedules around. The communications team's efforts to date are making significant inroads in this arena, but will probably be called on to expand their efforts.
- (10) **Tap into Interest Groups and Governors (and other notables) Who Will Influence Members.** Many Members will want to see broad-based support from respected groups and individuals, as well as from influential Governors and other local officials. As a result, there will be close coordination between the Office of Public Liaison, the Office of Intergovernmental Affairs, and the Legislative Affairs folks so that we can help Members understand who is strongly on board, who is being notably quiet, and who we have to watch out for.
- (11) **Assure that Entire Administration is Strongly On Board.** A health care initiative cannot be sold to the Congress unless virtually everyone within the Administration has signed off on it. After the decisions are made by the President, Cabinet Secretaries from all pertinent Departments should be utilized at Congressional meetings, hearings, and in the media to illustrate that there is broad-based, internal support for the policy.
- (12) **Organize Hearings To Set Stage for Introduction.** We should coordinate with the Hill on appropriate hearings in order to help set the stage for the unveiling. There is already a good chance that the Joint Economic Committee may hold a hearing on the costs of doing nothing immediately after the Members return from the recess. In addition, David Wilhelm has suggested that the DNC help coordinate a nationwide

day of public events in Congressional Districts on September 13th.

- (13) **Establish Health Care University-Like Briefing Mechanism.** Following up on the suggestion by Senator Daschle and Congressman Gephardt, the health care briefings for the rank and file Members should begin as soon as possible. Although the structure and topics are now in place, the presenters and their materials still need to be selected and produced. This briefing process could begin soon after the Members return from recess as long as they do not take up too much time of HRC, Secretary Shalala, Ira, and Judy.
- (14) **Prepare Members for Unveiling to be able to Respond to Any Immediate Criticisms.** When the President unveils his proposal, the Members should not only know what is in it, but how best to talk about it. Message meetings/briefings should be held and suggested language should be offered.
- (15) **Prepare for Inevitable Hearings After the Introduction of Proposal.** We must be prepared to send witnesses up to testify before the Congress. There will be numerous requests, and we must make certain our message and policy is consistent and sound. There is great potential for disaster at these hearings, and we cannot be too careful in our preparation.
- (16) **Prioritize Numerous Home District Invite Requests and Coordinate them through Legislative Affairs.** There will be an influx of Congressional requests for HRC and BC, and other Administration reps to go to home districts. We need to carefully coordinate and prioritize these meetings based on our target list of Members.
- (17) **Remember that the Process Only Begins AFTER Introduction, but also Remember it is Not Advisable to Micromanage Process.** The Congress has been waiting for a long time for the legislation, and Members will be anxious to make their own imprints on the bill. This process will be long and tedious. The Administration should avoid quick reactions to legislative changes. There will be numerous modifications and it is not in our interest to get overly involved until the later stages of the legislative process. The exception to this rule is to provide technical assistance and broad parameters of principles that the President may wish the Congress to follow.

MASTER LIST OF CONGRESSIONAL MEETINGS

HRC MEETINGS: 99 of 7/23/93

TOTAL MEETINGS: 207 as of 7/23/93

DATE	MEMBER	MET WITH	SUBJECT
2/3	Gephardt	HRC	
2/4	Stark	IM/HP	
2/4	MITCHELL	HRC/IM/JF	GENERAL
2/4	SENATE DEMOCRATS MITCHELL BAUCUS BINGAMEN BOXER BREAUX CONRAD DASCHLE FEINGOLD BUMPERS HARKIN KENNEDY KERREY LEAHY LIEBERMAN METZENBAUM MIKULSKI MOSELEY-BRAUN MOYNIHAN PELL PRYOR RIEGLE ROCKEFELLER ROBB WELLSTONE WOFFORD	HRC/IM/JF	GENERAL
2/4	DOLE/CHAFEE	HRC, ICM, JF	process, general discussion
2/10	ROCKEFELLER	HRC	GENERAL
2/11	HEALTH REFORM CONFERENCE WOFFORD	HRC	Event in Pennsylvania

2/11	MITCHELL's Office	IM	GENERAL
2/15	McDermott	IM	
2/16	House Democratic Leadership Foley Gephardt	HRC/IM/JF	
2/16	House Democrats Andrews Bonior Cardin C. Collins Cooper Conyers de la Graza Derrick Fazio Ford Hoyer E.B. Johnson Johnston Levin Lewis Matsui McDermott Meek Obey Richardson Rose Rostenkowski Slattery Slaughter Stark Stenholm Strickland Synar Waxman Williams Wyden	HRC/IM/JF	
2/16	House Republican Leadership Michel Gingrich Hastert	HRC/IM/JF	GENERAL

2/16	House Republicans Bilirakis Bliley Goodling Goss Grandy Gunderson Hoke N. Johnson Kasich McCrery Moorhead McMillan Roberts Roukema Thomas Walker	HRC/IM/JF	GENERAL
2/18	Rostenkowski	HRC	
2/18	Ford	HRC	
2/18	Dingell	HRC	
2/23	Congressional Women's Caucus <u>DEMOCRATS</u> Schroeder Furse Kaptur Lambert Lowey Maloney Mink Slaughter Waters <u>REPUBLICANS</u> Snowe Morella	HRC	
2/23	Stark	HRC	
2/23	Waxman	HRC	
2/23	Williams	HRC	
2/23	DURENBERGER	HRC. ICM	

2/24	House Democratic Leadership and Committee Chairs Gephardt Lewis Richardson Rostenkowski Stark Dingell Waxman Ford Williams	HRC/IM/JF	
2/24	WELLSTONE	LQ	
2/25	REIGLE (and Mrs. Reigle)	HRC	Pregnant women and children -UAW retirees
2/25	SASSER	HRC	
3/2	WELLSTONE	HRC	Affordable Health Care
3/2	Congressional Black Caucus <u>DEMOCRATS</u> MOSELEY-BRAUN Clayton Collins Conyers Flake McKinney Meek Mfume Norton Rangel Stokes Waters Watt <u>REPUBLICANS</u> Franks	HRC	

3/2	Congressional Hispanic Caucus <u>DEMOCRATS</u> Serrano Roybal-Allard Pastor de la Garza de Lugo Ortiz Richardson Torres Becerra Gutierrez Mendez Romero-Barcelo Tejeda Velazquez Underwood <u>REPUBLICANS</u> Ros-Lehtinen Bonilla Diaz-Balart	HRC	
3/4	BREAUX and JOHNSTON Jefferson	HRC	LOUISIANA TRIP

3/4	DEMOCRATIC POLICY COMMITTEE MITCHELL DASCHLE AKAKA BAUCUS BINGAMAN BOXER BRYAN CAMPBELL CONRAD DODD EXON FEINGOLD FEINSTEIN GRAHAM HOLLINGS KENNEDY KERREY KERRY LAUTENBERG LEAHY LIEBERMAN LEVIN MATTHEWS METZENBAUM MIKULSKI MOYNIHAN PELL PRYOR REIGLE ROCKEFELLER SARBANES SASSER SIMON WELLSTONE WOFFORD	IM/JF	
3/6	FEINSTEIN	IM	
3/9	Conyers McDermott	HRC	

3/9	Energy and Commerce Committee Dingell, Chairman S. Brown Hall Kreidler Lambert Lehman Margolies-Mevzinski Markey Pallone Richardson Schenk Slattery Studds Tauzin Towns Waxman	HRC	
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3/10	SENATE REPUBLICAN MEMBERS DOLE CHAFEE BENNETT BOND BURNS COATS COCHRAN COHEN COVERDELL CRAIG DANFORTH DOMENICI DURENBERGER FAIRCLOTH GREGG HATCH HELMS JEFFORDS KASSEBAUM KEMPTHORNE LUGAR MACK MCCAIN MCCONNELL MURKOWSKI NICKLES PACKWOOD ROTH SIMPSON SPECTER STEVENS	HRC	general discussions about process and about directions for/components of reform
3/10	JEFFORDS	ICM	
3/11	Wyden	HRC	
3/11	KENNEDY	IM	

3/11	SENATE WOMEN'S CAUCUS <u>DEMOCRATS</u> BOXER FEINSTEIN MIKULSKI MOSELEY-BRAUN MURRAY <u>REPUBLICANS</u> KASSEBAUM	HRC	Women's Health Issues Overall Reform
3/11	ROCKEFELLER Montgomery Rowland	HRC	Veteran's Issues
3/11	Gephardt Rostenkowski Stark Dingell Waxman Ford Williams	IM/JF	
3/11	MOYNIHAN	HRC	
3/11	House Republicans Bliley Gingrich Goss Hastert Johnson Thomas	IM	GENERAL
3/12	RWJ Forum GRAHAM Gibbons	HRC	
3/12	SENATE REPUBLICAN STAFF	ICM	
3/15	RWJ Forum HARKIN Neal Smith	HRC	

3/15	FINANCE COMMITTEE STAFF Staff Director - Lawrence O'Donnell	CJ/KP/SR	
3/17	Democratic Ways and Means Committee Members Rostenkowski Andrews Cardin Gibbons Hoagland Jefferson Kennelly Kopetski Levin Lewis Matsui McDermott McNulty Neal Payne Reynolds	HRC	
3/17	Brooks	HRC	
3/17	Indian Health Meeting INOUE	HRC	
3/18	House Republicans Bliley Goss Grandy Hastert N. Johnson McMillan Thomas	IM	MALPRACTICE
3/18	Andrews Cooper Stenholm L. Payne	HRC	
3/18	KERREY	HRC	
3/18	Reynolds	HRC	

3/22	RWJ Forum RIEGLE (and Mrs. Riegle) LEVIN Dingell (and Mrs. Dingell) Conyers	MEG/CR/DS	Michigan Health Event
3/23	DPC Staff	Begala/BB/CJ	Communications Strategy
3/23	SENATE REPUBLICAN STAFF	Walter Zellman Rick Kronick Lois Quam	New System Development Governance
3/24	DEMOCRATIC POLICY COMMITTEE MITCHELL AKAKA BAUCUS BINGAMAN BOXER BRYAN CONRAD DASCHLE DECONCINI DODD FEINGOLD GLENN GRAHAM HOLLINGS JOHNSTON KENNEDY KERRY LEAHY LEVIN MATTHEWS MOSELEY-BRAUN REID WELLSTONE WOFFORD	IM/JF	

3/25	House Republicans Bliley Goss Grandy Hastert N. Johnson McMillan Thomas	IM	GLOBAL BUDGETS
3/25	Democratic Committee Members of: Education and Labor Ways and Means Energy and Commerce Andrews Cooper Engel Cardin Lambert Levin McDermott Synar Tauzin Pallone Woolsey Slattery Rostenkowski Dingell Waxman Richardson Markey Hall Studds Margolies-Mezvinski Kennelly Hoyer Fazio Kreidler Bryant Klink Sawyer	IM	
3/29	WELLSTONE	LO	

3/30	Mainstream Forum McCurdy Bacchus Browder Carr Danner Glickman Geren Green Moran Payne Penny Peterson Price Orton Rowland Slattery Spratt Tanner	IM	
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3/31	House Democratic Caucus Barlow Cooper DeLauro Derrick Dingell Durbin Filner Gephardt Geren Gordon Hamilton Hochbrueckner Hoyer Hughes Inslee D. Johnson E.B. Johnson Kaptur Kennelly Lancaster Levin Lewis Lloyd Lowey McDermott Moran Obey Olver Pomeroy Richardson Romero-Barcelo Sawyer Shepard Sisisky Skaggs Smith Stark Stupak Synar Thurman Velazquez Volkmer Wise Woolsey	IM/JF	
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3/31	Ways and Means Subcommittee on Health Stark Levin Cardin McDermott Andrews Klezka	IM/JF	
4/1	House Republicans Bliley Goss Grandy Gunderson Hastert N. Johnson McMillan Roberts Thomas	LQ	RURAL HEALTH CARE
4/1	SENATE REPUBLICAN STAFF Sheila Burke Christy Ferguson Ed Mihulski	ICM	short-term controls
4/8	House Leadership	IM	
4/13	S. Levin	LQ	Michigan Hearing
4/14	Ways and Means Subcommittee on Health Stark Cardin Levin Andrews McDermott	HRC/IM	
4/14	Oberstar	LQ	
4/15	VA Meeting ROCKEFELLER Montgomery	HRC/ SECRETARY JESSE BROWN	

4/15	House Leadership Staff Meeting	IM/Roz Lasker/Ken Thorpe	
4/16	CBO Meeting House and Senate Leadership Staff Energy and Commerce Staff Finance Staff Labor and Human Resources Staff	IM/Ken Thorpe/Rick Kronick	
4/16	KERREY Hoagland	HRC	NEBRASKA EVENT
4/17	BAUCUS Williams BURNS	HRC	MONTANA EVENT
4/19	SENATE REPUBLICAN STAFF	Gary Claxton	Insurance Reform

4/20	SENATE FINANCE COMMITTEE (Bipartisan) DEMOCRATS BAUCUS BOREN BRADLEY MITCHELL PRYOR RIEGLE ROCKEFELLER DASCHLE BREAUX CONRAD REPUBLICANS CHAFEE PACKWOOD DANFORTH ROTH GRASSLEY HATCH WALLOP	HRC	GENERAL
4/20	DURENBERGER	ICM	Overall Reform
4/20	Moakley	HRC	
4/20	Valentine	CJ	
4/20	L. Payne	LQ	
4/21	ROCKEFELLER	HRC	GENERAL
4/21	House Republicans	IM/JF/Röbyn Stone	OVERALL REFORM LONG TERM CARE
5/22	DURENBERGER	LQ	
/22	PRYOR	CJ	GENERAL

4/23	SENATE CONFERENCE JAMESTOWN AKAKA BAUCUS BINGAMAN BOXER BRADLEY BREAUX BUMPERS CONRAD DASCHLE DECONCINI DODD DORGAN EXON FEINGOLD FORD GLENN GRAHAM HARKIN HEFLIN HOLLINGS JOHNSTON KENNEDY KERREY KERRY LAUTENBERG LEAHY LEVIN LIEBERMAN MATHEWS METZENBAUM MIKULSKI MITCHELL MOSELEY-BRAUN MOYNIHAN MURRAY NUNN PELL PRYOR REID RIEGLE ROBB ROCKEFELLER SARBANES SIMON WELLSTONE WOFFORD	HRC/IM/JF	GENERAL
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4/26	Congressional Democratic Leadership MITCHELL Foley Gephardt	HRC/BC	
4/27	SENATE STAFF	IM/JF	GENERAL
4/27	Dingell	HRC	
4/27	Bonior	HRC	
4/27	House Democratic Leadership Foley Gephardt Rostenkowski Stark Dingell Waxman Ford Williams Bonior Kennelly	HRC/BC	
4/27	Congressional Hispanic Caucus (Bipartisan) <u>DEMOCRATS</u> Serrano Roybal-Allard Pastor de la Garza de Lugo Ortiz Richardson Becerra Gutierrez Menendez Romero-Barcelo Tejeda Velazquez <u>REPUBLICANS</u> Ros-Lehtinen	IM	

4/28	Congressional Border Caucus <u>DEMOCRATS</u> Coleman <u>REPUBLICANS</u> Kolbe	JF/Richard Veloz	
4/28	WELLSTONE	LQ	
4/29	Town Meeting Valentine	HRC	Health Care Reform Teleconference
4/29	McDermott	HRC	Single Payer Concerns
4/29	SENATE REPUBLICAN STAFF	LQ	Rural Health Care
4/29	House Republicans	IM	OVERALL REFORM FINACING

4/30	SENATE (Bipartisan meeting) <u>DEMOCRATS</u> AKAKA BAUCUS BINGAMAN BRYAN CONRAD DASCHLE DORGAN FEINGOLD FEINSTEIN GRAHAM (FL) HEFLIN KENNEDY KERREY KERRY LEAHY LEVIN LIEBERMAN METZENBAUM MITCHELL NUNN PELL PRYOR RIEGLE ROBB ROCKEFELLER SIMON WELLSTONE WOFFORD <u>REPUBLICANS</u> BENNETT BOND BURNS CHAFEE COATS COCHRAN COHEN COVERDELL DANFORTH DOLE DOMENICI DURENBERGER GORTON	HRC/IM/JF	GENERAL
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4/30	SENATE (Bipartisan Meeting) <u>REPUBLICANS (Cont.)</u> GRAMM GRASSLEY GREGG HATCH HATFIELD JEFFORDS KEMPTHORNE MURKOWSKI PRESSLER SIMPSON SMITH SPECTER STEVENS THURMOND	HRC/IM/JF	GENERAL
4/30	Mental Health Briefing <u>DEMOCRATS</u> WELLSTONE Lowey Kopetski Markey Mazzoli Romero-Barcelo Strickland Wise <u>REPUBLICANS</u> DOMENICI	MEG	

5/4	SENATE LABOR AND HUMAN RESOURCES COMMITTEE (Bipartisan Meeting) <u>DEMOCRATS</u> KENNEDY METZENBAUM DODD SIMON HARKIN MIKULSKI BINGAMAN WELLSTONE WOFFORD <u>REPUBLICANS</u> KASSEBAUM THURMOND GREGG DURENBERGER JEFFORDS COATS HATCH	HRC	
5/4	CHAFEE	IM	
5/4	House Rural Health Care Caucus	DS/LQ	
5/5	SENATE DEMOCRATIC LEADERSHIP MITCHELL FORD PRYOR DASCHLE MOYNIHAN KENNEDY ROCKEFELLER RIEGLE BREAU MIKULSKI	HRC/BC	Status of reform -- Consultation
5/5	House Democratic Caucus	Ken Thorpe	Current Status of Employer/ Employee Health Insurance

5/5	KENNEDY	EG	Combined Jewish Philanthropies of Massachusetts
5/6	SINGLE PAYER ADVOCATES WELLSTONE INOUE SIMON	HRC	Single Payer Concerns
5/6	SENATE AGING COMMITTEE <u>DEMOCRATS</u> PRYOR GLENN BREAUX REID GRAHAM FEINGOLD KRUEGER KOHL <u>REPUBLICANS</u> COHEN PRESSLER SIMPSON DURENBERGER CRAIG BURNS GRASSLEY	HRC	Individual Responsibility and Prevention Issues
5/6	McCurdy	HRC, IM	Basic Care provisions

5/6	CONGRESSIONAL REPUBLICAN LEADERSHIP SENATE DOLE CHAFEE KASSEBAUM DURENBERGER DANFORTH PACKWOOD JEFFORDS COHEN HATCH HOUSE Michel Gingrich N. Johnson B. Thomas Bliley Moorhead Roukema	HRC, BC	Status of Reform -- Consultation
5/6	House Republicans	Gary Claxton	Insurance Reform
5/6	WOFFORD	LQ	
5/6	Lambert	LQ	
5/11	Grandy Hastert	LQ	Conference Steak Dinner
5/11	WEST VIRGINIA TOWN MEETING ROCKEFELLER	HRC	
5/11	KENNEDY	EG	Congressional Senior Citizen Intern Program
5/12	House Democratic Caucus	Gary Claxton. CJ	Insurance Reform
5/12	Dickey	CJ	
5/12	BIDEN	JF, CJ	
5/13	JEFFORDS	Ken Thorpe	
5/13	Derrick	CJ	

5/13	House Republicans	Gary Claxton, CJ	
5/14	Fingerhut		Public Official's Spouses
5/16	Waxman	IM, CJ	
5/17	Maloney	JL	Health Care Town Hall Meeting
5/18	AKAKA Matusi Mink Mineta Faleomavaega Underwood	HRC	Issues related to Asian and Pacific Islands
5/19	Asian Pacific American	HRC/MV	
5/19	KASSEBAUM BURNS DANFORTH Glickman McCurdy	HRC	re: Basicare co-sponsors
5/20	GRASSLEY	LQ	Cable TV Show
5/20	Hilliard, Bacchus	SE	
5/20	Andrews	CJ	
5/21	Lewis	JH	Georgia Roundtable
5/22	Mfume MIKULSKI	HRC	Baltimore Health Care Event
5/22	Hamburg	JS	Health Care Town Hall Meeting
5/21	House Small Business Staff (Bipartisan)	KT, CJ, SE	Small Business Concerns
5/24	Maloney	JL	Health Care Town Hall Meeting
5/25	BIDEN	CJ, Berenson	Malpractice

5/27	Lafalce	DM	
5/27	KOHL	JF	
5/28	KERREY	HRC	
5/28	FORD	HRC	
6/1	BURN	DD	Health Care Town Hall Meeting
6/1	Kennedy	JW	Health Care Town Hall Meeting
6/1	WELLSTONE	LQ	Health Care Town Hall Meeting
6/3	Rep. Kreidler	SR	Health Care Town Hall Meeting
6/3	BINGAMAN	BS, CM	Health Care Town Hall Meeting
6/3	COHEN	LQ	Health Care Town Hall Meeting
6/4	ROCKEFELLER, DASCHLE	HRC	Message
6/4	Ways and Means Majority Staff (Mays, Abernethy)	CJ, KP	
6/4	Radio Broadcast in Detroit Dingell and Mrs. Dingell	HRC	
6/4	DOMENICI	BS, CM	Health Care Town Hall Meeting
6/7	Dickey (and physicians)	HRC	
6/8	House Leadership Staff	CJ	
6/8	Reception for Congress	HRC, MV, CJ, SR	

6/9	SENATE DEMOCRATIC FOCUS GROUP BOXER BINGAMAN FIENGOLD WELLSTONE	IM, JF, CJ	
6/9	Tribute to Senator MOSELEY-BRAUN	HRC	
6/10	House Republicans	IM	
6/10	EXON	HRC	Health Reform, Abortion
6/10	Energy and Commerce Majority Staff (Woo, Schriber)	CJ, KP	
6/11	DODD	HRC	
6/13	Reynolds Rush Sangmeister	HRC/CJ/SR	Return flight from Chicago
6/14	Kasich Dinner Kasich Allard Hastert Hobson Johnson Kolbe McMillan Miller Pryce Shays Snowe	HRC/CJ/MV	
6/14	Meehan	MD	Health care Town Hall Meeting
6/15	Cooper	CJ/MV	
6/15	PRYOR LEAHY	HRC/CJ/MV	
6/17	Carville Roast HARKIN	HRC	

6/17	KENNEDY PRYOR REID DASCHLE MITCHELL WOFFORD ROCKEFELLER BOXER RIEGLE KERRY	HRC/MV	
6/17	Senate Focus Group BOXER DASCHLE METZENBAUM REID RC3B DORGAN	IM/JF/CJ/KP /MV	
6/18	Woodstock Event in VT LEAHY JEFFORDS	HRC	
6/22	Andrews (TX)	HRC/IM/CJ/ MV	
6/22	DODD HARKIN KENNEDY METZENBAUM ROCKEFELLER WELLSTONE WOFFORD	HRC/CJ/SR/ MV	
6/22	Congressional Message Meeting MITCHELL DASCHLE Gephardt Bonior	HRC/IM/CJ/ JE	
6/23	McDermott Co-Sponsors	HRC/MV	
6/23	CSIS Health Care Event NUNN DOMENICI	HRC/CJ/MV	

6/23	Blackwell	KM	Health Care Town Hall Meeting
6/24	Rose	HRC/CJ/MV /Miles Goggan	
6/24	DASCHLE KERREY CONRAD LEIBERMAN DODD SARBANES	IM/JF/CJ/KP /MV	
6/29	JEFFORDS	HRC/CJ/MV	
6/29	LaFalce	HRC/CJ/MV	
6/30	Ways and Means Democrats Stark Levin Cardin Andrews McDermott Kleczka	HRC/IM/JF/ CJ/JK/SR/ MV	
6/30	Gephardt BONIOR BOXER KENNEDY KERREY ROCKEFELLER Richardson Lewis	HRC/IM/JF/ Shalala/CJ/ JK	
6/30	DASCHLE COMMUNICATION MEETING DASCHLE MITCHELL KENNEDY RIEGLE PRYOR REID ROCKEFELLER	HRC/JF/MV/ JE/BB/JK	

6/30	Gephardt MITCHELL	HRC/IM/JF/ CJ/MV/ POLLITZ SHALALA RICHETTI	
7/1	Cooper Stenholm Andrews. Mike Glickman McCurdy	IM/PE/CJ/ RS/LM	
7/1	CHAFFEE	HRC/IM/MV/ CJ/RICHETTI	
7/1	BUMPERS	HRC/IM/MV/ CJ/RICHETTI	
7/1	KASICH	HRC/MV	
7/1	BOXER DASCHLE METZENBAUM REID ROBB DORGAN	IM/JF/ POLLITZ	
7/8	Upton	GC	Health Care Town Hall Meeting
7/9	Fazio	LP	Health Care Town Hall Meeting
7/13	Pomeroy	Robin Stone/ CJ	LTC
7/14	Congressional Message Meeting	Mandy Grunwald/ Stan Greenberg/ Paul Begala/ Arnold Bennett/ IM / JF	
7/15	PRYOR COHEN	MEG	Aging and Mental Health

7/15	House Message Group Bonior Derrick DeLauro Levin Obey Hoagland Pomeroy Hoyer Cardin Johnston Wyden Strickland Matsui Shepherd	Stan Greenberg/ CJ	
7/15	Health Care Focus Group Brown Coleman DeFazio Deutsch Hamberg Hinchey Margolies-Mezvinsky Menendez Obey Pelosi Slaughter de la Garza McKinney	JF/CJ/SE	
7/15	DURENBURGER	IM/JF	
7/19	LIEBERMAN	PL	Health Care Town Hall Meeting
7/20	Cooper Andrews Slattery Glickman Stenholm	IM/CJ/Lynn Margarian	
7/21	Congressional Message Group	David Wilhelm	
7/21	House Focus Group	IM/JF	

7/22	House Focus Meeting	IM/JF/CJ	
7/22	House Message Meeting	BB/ JF/ CJ/ JE	
7/23	House Focus Group	JF	