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001. list	Letters Index [partial] (1 page)	n.d.	b(6)
002. list	Summaries of Letters [partial] (6 pages)	n.d.	b(6)
003. letters	Health Care Letters (45 pages)	1993	b(6)

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FOLDER TITLE:
[HRC Health Care Testimony 9/24/93 Ways and Means] [binder] [4]

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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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ENERGY AND COMMERCE COMMITTEE

Profiles of Members

9/23/93

CHAIRMAN JOHN DINGELL (D-MI)

Comprehensive health care reform would fufill a dream of Chairman Dingell, which his father championed before him. At some point in the hearing it would be a good idea to reflect on the possibility that his father's dream will become a reality.

In meetings he has expressed his view that the plan should guarantee universal coverage for acute care services with state flexibility to develop their own plans. He thinks the plan should also include cost containment, malpractice reform and coverage for preventive services including family planning.

After the President's speech, Dingell told the Washington Post: "It's the most enormous piece of legislation I've seen in my career."

His primary goal is passage of health care reform in this Congress. He is very attentive to jurisdictional challenges from other Committees and will be attentive to the relative roles of the Departments of HHS and Labor.

Cong. Dingell has not sponsored or cosponsored any health reform legislation in the 103rd Congress.

CONGRESSMAN HENRY WAXMAN (D-CA)

As Health subcommittee chairman since 1979 and the single most significant Congressman on health issues, he has initiated numerous bills to expand Medicaid coverage, and is responsible for virtually all key PHS legislation since 1980. Cong. Waxman is pro choice, strongly supports Public Health Service programs, but opposes block grants to achieve goals.

He is deeply concerned over the low-income subsidies, the choice of plans and providers, and suspicious of managed care for the poor.

Waxman led the fight in the House for the President's immunization initiative even though he was disturbed by financing the vaccine benefits through savings and was displeased, overall, by the final reconciliation measure. His impression of the Administration from reconciliation is that supporters are not treated as well as squeaky wheels. Over the past weeks we have been working closely with Waxman to address his concerns. While several important issues remain open -- particularly his concern that low income people should be enabled to participate in fee for service plans -- he has been increasingly supportive in his recent statements.

Recent Developments: On Sept. 3 Waxman told USA Today he did not feel health care could be enacted by the end of 1993. In identical comments to the Wall Street Journal and the Washington Post on September 8 and 9, he stated : "Some of the savings figures floated around may be unrealistic and politically unacceptable." In a Washington Times article on the First Lady, he said she had single handedly wooed and won the support of several members of his committee. He was also quoted as "concerned and a little skeptical" that Clinton can squeeze $238 billion from projected spending in Medicare and Medicaid.

Following the President's speech, Waxman told USA Today: "Most members are going to see that the framework...really does make a lot of sense." He also told them: "The plan is not perfect...Perhaps it's no one's first choice. But the President has skillfully woven a compromise that provides the blueprint we need to move forward." He also told The L.A. Times, "when all is said and done, some time next year, the alternatives are going to be pretty much the Clinton proposal and the goals it presents, or the status quo. . . . I can't believe those of us who say they'd prefer single payer will say they would rather see no reform" than the Clinton plan. He also said the President's greatest challenge in the days ahead "will be to resist efforts to abandon" the basic principles.

CONGRESSMAN PHIL SHARP (D-IN)

Congressman Sharp is a careful legislator with a doctorate from Georgetown and a moderate to liberal record in the Congress. In addition to the Energy and Commerce Committee, Sharp is a member of the Rural Health Care Coalition and the Mainstream Forum.

While he has not been particularly active on health care in the past, he has expressed an interest in being helpful to the Administration. He expects a tough reelection race next year. Sharp has voted pro-choice.

Recent Developments: Following the President's address, Sharp told the AP the plan "is profoundly important to Hoosiers and represents a most ambitious undertaking in terms of domestic reform." He wants to talk with constituents before his final decision on the package." He also told The Indianapolis Star, "All of us have to have coverage, and all of us have to contribute. In Indiana every month, we have 4,400 people who lose their medical insurance. . . . This debate is central to people's lives."

CONGRESSMAN EDWARD MARKEY (D-MA)

Congressman Markey has matured as a legislator and and is now known as a consensus builder, well-liked for consulting members of both parties on pending legislation.

As Chairman of the Subcommittee on Telecommunications, Markey's interest in health care relates to the role of telecommunications. He outlined that potential contribution in an extensive letter to the First Lady following her meeting with the Committee in March.

Rep. Markey has supported the single-payer approach to health care reform during the 102nd (Russo, H.R. 1300) and the 103rd (McDermott, H.R. 1200) Congresses.

CONGRESSMAN AL SWIFT (D-WA)

Congressman Swift recently announced he would not run for re-election -- a promise made during the term limit campaign in Washington State.

Swift's views on health care are not known, but he has been a supporter of reproductive rights.

CONGRESSWOMAN CARDISS COLLINS (D-IL)

Representative Collins chairs the Subcommittee on Commerce, Consumer Protection and Competitiveness, which will have jurisdiction over the insurance reform provisions of the health care package.

Collins introduced the Women's Basic Health Coverage Act of 1993, the Long-Term Care Insurance Standards and Consumer Protection Act, and the National Institute on Minority Health Act.

Recent Developments: At the July House Focus Group meeting, Collins raised concern about limiting malpractice awards to victims, the impact of the reconciliation bill on our ability to finance reform, specifically the use of Medicare and Medicaid savings for deficit reduction.

Rep. Collins has been a consistent supporter of the single-payor approach to health care reform during the 102nd (Russo, H.R. 1300) and the 103rd (McDermott, H.R. 1200) Congresses.

CONGRESSMAN MIKE SYNAR (D-OK)

Congressman Synar wants reform and to be helpful to the Administration. He is fiercely anti-smoking. He co-founded the Rural Health Care Coalition and co-sponsored bills to improve rural health services as well as access to basic health care services for needy children. He worked with Congressman Wyden to create the Stark-Gephardt compromise on health reform in the last Congress.

Synar wanted the plan to be marketed before release in order to garner public support. He is close to Gephardt, and will be influential in bridging the gap between liberals and the Conservative Democratic Forum.

Recent Developments: Synar told Congressional Quarterly on 9/4: "What this is all about is how we market the future to the American people... every generation has its opportunity to leave a lasting mark. This is it, folks."

In USA Today after the President's address, Synar said: "I think congressmen who don't get ahead of this debate are going to get run over." The Tulsa World said he had already traveled through his district to sell the plan. He said, "I am particularly committed to ensuring the rural needs of my district are served by this reform package."

CONGRESSMAN W.J. "BILLY" TAUZIN (D-LA)

Congressman Tauzin is known as a coalition builder on the Energy and Commerce Committee, most notably forging a compromise that facilitated the passage of the Clean Air Act. On issues not related to gas and oil, he is often a key swing vote, reluctant to take sides early on and eager to negotiate.

On health care issues, the Congressman is very concerned about the cost of prescription drugs for Medicare and Social Security beneficiaries. He notes that estimates indicate 30-35% of Louisianans are uninsured, and is concerned about rationing. Tauzin is protective of small business employees, and will likely oppose an employer mandate. He is anti-choice. He also favors tort reform.

Although known to oppose global budgets, Rep. Tauzin has not sponsored or cosponsored any health reform legislation in the 103rd Congress.

CONGRESSMAN RON WYDEN (D-OR)

The former executive director of Oregon's Gray Panthers, Congressman Wyden is an ardent advocate for the interests of the elderly. He serves on both Small Business and Energy and Commerce where he is a close ally of Chairman Dingell. A team player, Wyden is also close to Congressman Waxman and may be willing to serve as a broker a between liberals and conservatives.

Congressman Wyden is an enthusiastic supporter of Oregon's health care reform demonstration program. He is a strong proponent of abortion rights Wyden was a major sponsor of legislation to constrain the costs of drugs sold to Medicaid patients, and recently backed a bill to establish a process to provide reasonable prices for drugs, devices and other products receiving NIH funding. In the 103rd Congress, he reintroduced a bill to establish Federal standards for long-term care insurance policies.

Recent Developments: In September Wyden told the New York Times that he welcomed cuts in Medicare and Medicaid but that they should not be used to pay for new programs. Discussing the multiple committees involved, Wyden told USA Today on September 22: "This has got to stop virtually everywhere on the legislative gauntlet."

After the President's speech he said, "There is no question that health care costs are rising too quickly, and too many Americans are uninsured. But I find it very hard to believe that increasing government's role will make health care, or for that matter anything, cheaper and more accessible. Good speechmaking does not make good policy."

Rep. Wyden has not sponsored or cosponsored any health reform legislation in the 103rd Congress. In the last Congress he sponsored a bill to certify fertility clinics (PL# 102-493). He has sponsored a bill to establish a process to provide for reasonable prices for drugs, devices and other tangible products developed with NIH funding. He also reintroduced his bill to establish Federal standards for long-term care insurance policies and cosponsored the President's immunization initiative.

CONGRESSMAN RALPH HALL (D-TX)

Congressman Hall's voting record reflects the rural conservative area he represents. Fiscally conservative, he often votes with the Republicans, as he has done this year in voting against the Administration on all three economic policy votes, particularly on fiscal issues or on controversial matters such as funding for AIDS .

He is a member of the Rural Health Care Coalition and is opposed to employer mandates and cost controls on providers. He is also anti-choice. Hall is sympathetic to physician concerns and supports improvements in organ transplantation. He is close to Chairman Dingell. While it is highly unlikely that Hall will vote for the final package, he might be persuaded to vote for it in committee to get it to the floor.

In the event cost controls are included in health care reform he would urge that other incentives be included to attract providers. While he isn't one of the committee's more active health members, when he decides to weigh in on an issue his political insight and relationship with Chairman John Dingell give him considerable influence.

Rep. Hall has not sponsored or cosponsored health care reform legislation in the 103rd.

CONGRESSMAN BILL RICHARDSON (D-NM)

While considered a liberal Democrat, on the Energy and Commerce Committee Congressman Richardson is seen as a centrist, business-oriented vote. Given his leadership position, Richardson will probably be supportive on health care reform, but he also has a reputation for unpredictability so he will need continuing attention.

Richardson served on the Select Committee on Aging and brings those concerns to the health care debate. He is a strong advocate of Indian, as well as Hispanic, health care interests. Other health related issues with which he is identified are women's health, alternative therapies (which are popular in his district), malpractice reform, and rural access. A Roman Catholic, he has voted pro-choice.

Richardson wanted the plan to be announced after Labor Day and was a supporter of the Health Care University.

Richardson sponsored amendments to the FY94 budget reconciliation bill to expand Medicare payments to occupational and physical therapists, psychologists, rural nurse practitioners and physician assistants.

Recent Developments: Richardson told the AP after the President's speech that he was concerned whether New Mexico's rural areas would be able to operate in a managed competition system. He also said, "The plan has enough incentives to give small business a realistic opportunity to participate, but maybe we can improve on it."

CONGRESSMAN JIM SLATTERY (D-KS)

Congressman Slattery is a moderate to conservative Democrat who has been willing to buck the leadership in order to reduce the budget deficit. In addition to Energy and Commerce, Slattery is a member of the Veterans' Affairs and Banking Committees, the Rural Health Care Coalition and the Mainstream Forum. In the 100th Congress, he was part of the committee's "group of nine" which tried to work with all sides on the Clean Air Act. Moderate conservatives look to him for leadership.

Health care is one issue on which Slattery has indicated a willingness to spend more federal dollars. He has sponsored or cosponsored bills to expand Medicaid coverage to poor children, to improve rural access to health care, and to improve the availability and affordability of health insurance for small businesses.

In the current health care reform debate, Congressman Slattery is concerned about states and state flexibility, especially with respect to cost containment. He is also very concerned about a payroll tax, and wants coverage for pregnant women, children, and rural areas. Slattery has suggested limiting the deduction for tobacco advertising.

While he wants to support the Administration on health care reform, he is strongly anti-choice and might oppose the final package if reproductive rights are included.

Recent Developments: Slattery announced on September 8 that he will not run for re-election. It is rumored that he is considering a race for the governorship.

Slattery told the AP following the President's speech: "I want to give the President a lot of credit for tackling what I consider the most complex domestic problem we have faced in 50 years."

The Wichita Eagle described Slattery's role: "Slattery will wear two big hats during the health-care debate. First, he belongs to two pivotal committees: the House Energy and Commerce health subcommittee, which will write the bulk of the reform package, and the Veterans' Affairs Committee, which oversees veterans' health-care concerns. Second, he is running for governor of Kansas, and health-care reform will put new burdens and responsibilities on the states.

He also told that paper after the speech: "There may be some kind of mandate necessary on small business, but I can't go along with the kind of mandates that are being recommended. . . . That's really excessive for some small businesses."

Slattery has not sponsored or cosponsored health care reform legislation in the 103rd.

CONGRESSMAN JOHN BRYANT (D-TX)

Congressman Bryant is a loyal Democrat and populist who believes strongly in the need for health care reform. While he will be concerned about costs, his number one priority will be access. Bryant is close to Congressmen Dingell and Waxman.

Rep. John Bryant can be considered one of Texas' most loyal Democrats. In fact, only one other member of the State's delegation voted against President Bush more often in 1990. However, he is not a liberal, instead a strong-willed populist with political ambition.

Access is his number one priority in health and although he is concerned about costs, he is more concerned about universal coverage. He has made it known that he is poised to do whatever it takes to assist President Clinton is passing his health reform package.

Bryant sponsored legislation to direct the Secretary of HHS to make grants for the Federal share of the cost of community outreach services and services for children of substance abusers, including comprehensive services for the entire family (H.R. 3796). Rep. Bryant cosponsored the Family Planning Amendments of 1991 (Waxman, H.R. 2343); the Drug Testing Quality Act (Dingell, H.R. 33); the Medicaid Infant Mortality Amendments of 1991 (Collins, H.R. 290).

Rep. Bryant has not sponsored or cosponsored health care reform legislation in the 103rd.

CONGRESSMAN RICK BOUCHER (D-VA)

Congressman Boucher is a lawyer and former McGovern advance man with one of the most liberal voting records in the Virginia delegation. On the Energy and Commerce Committee, Boucher played an important role as a member of the "group of nine" in the 100th Congress -- a caucus of moderate-to-conservative Democrats who tried to end a Clean Air stalemate between pro-industry and environmental factions. Boucher also serves on the Judiciary Committee and is a member of the Rural Health Care Coalition and the Mainstream Forum.

On health care matters, Boucher will be concerned about black lung disease. He will be opposed to a tobacco tax as shown by his co-signing the March 10 letter regarding tobacco excise taxes. He has voted pro-choice. Tobacco politics is likely to determine whether or not Boucher will be a supporter.

Rep. Boucher has not sponsored or cosponsored any principal health reform legislation in the 102nd or 103rd Congresses.

JIM COOPER (D-TN)

As you are well aware, Rep. Cooper plans to introduce his own bill next week. This is consistent with his history as a Member who has been instrumental in forging compromises on the Energy and Commerce Committee.

Last term he was chosen to be the lead spokesman for the Conservative Democratic Forum's health care bill which was based Jackson Hole Group model. He advocates reform without significant government intrusion, opposing price controls or the extension of Medicare rates to private insurance. He questions whether Congress has the courage to pass a global budget restricting private sector growth and believes that even if passed, it would not be enforced. He is concerned about employer mandates and prefers a voluntary approach to expanding coverage.

On June 2nd, Congressman Cooper sent a memo to his constituents interested in health care reform. It was notable more for its negative tone than its substance. At meetings he has praised the White House for the attention given to Tennessee and its new health care reform proposal, but expressed his concern that the White House is disavowing managed competition.

He believes that the health care reform package should phase in the parts people agree on but hold off on employer mandates and enforceable budgets. He also does not believe abortion should be in the package.

Recent Developments: On September 3, Cooper told USA Today that months of hearings would be needed on health care reform. Since then, Cooper has been publicly critical of the administration plan, noting in particular his opposition to employer mandates and global budgets. He told the Wall Street Journal on September 12 that the plan "makes both conservatives and liberals unhappy...You can't have a sausage product when it comes to health care."

Cooper told USA Today after the President's address: "The public's going to keep us on a short leash on this one." A September 24 wire service story quotes him as calling the employer mandate a "clumsy and expensive" way to get universal coverage.

Cooper told the AP: "President Clinton took managed competition and went to the left. The Republicans took it and went to the right. We're still squarely in the middle." He said his plan does not include any new taxes and that they aren't necessary. "We don't have to raise new taxes. We can get the money from savings in the current plan." On cigarette taxes he said: "We've got to find a way to deal with the No. 1 cause of preventable death in America. But we couldn't put (a cigarette tax) in our bill and attract regional support...but I think it will be added by others." He also said "I'm against employer

mandates, global budgets, bureaucratic price controls and unfunded new entitlement programs. He applauded Clinton's courage and looks forward to working with the White House "to gain the backing of moderates in both parties."

CONGRESSMAN ROY ROWLAND (D-GA)

Congressman Rowland is a key player on health care reform not only because he is a physician and respected southern Democrat, but because he will be a point person for veterans, rural areas, and small business. He one of only two physicians in the House. Dingell and Waxman rely heavily on Rowland's credibility as a physician and as a go-between for committee moderates and liberals. He is an astute, knowledgeable politician and a key Southern ally for the Democratic leadership. He has served on the National Commission to Prevent Infant Mortality. Rowland is also close to Rep. John Lewis.

Rowland has sponsored three health care related bills this year: (HR 862) the "Long-Term Care Insurance for the Elderly Act" to benefit individuals earning less than $45,000 annually by providing for tax-free withdrawals from IRAs to purchase health insurance; (HR 1770) the "Rural Physicians' Incentives Act" to provide qualified medical education loans to physicians for underserved rural areas and to extend deferments of Federal student loans for rural physicians; and (HR 1771) the "Rural Access to Obstetrical Care Act" to start state demonstration projects to improve access in rural areas. He is a strong supporter of preventive health care for children and high-risk mothers.

Rowland is opposed to mandates. In past legislation, he has authored "anti-hassle" bill to reduce Medicare red tape.

Recent Developments: After the President's speech he told The Atlanta Constitution, "[The President] talked about a lot of things that I agree with. But I'm uneasy about creating another large federal program when we don't have a way to pay for it and it could be worse than what we have now."

Rep. Rowland was a key broker behind the scenes on the Clean Air bill and Chairman Dingell named him to the conference committee on the bill. Most of his legislative interest, however, lies in health care issues. He has a special interest in reducing infant mortality, drug addiction, AIDS, community health centers, and in issues that affect physicians.

Rowland has supported legislation to provide relief to physicians from burdensome Medicare regulations (H.R. 2695). He has also cosponsored the Medicare Physicians Payment Reform Amendments (Stark, H.R. 3070).

Rep. Rowland has not sponsored or cosponsored health care reform legislation in the 103rd.

CONGRESSMAN THOMAS MANTON (D-NY)

Congressman Manton is considered a "leadership loyalist" and obtained his seat on Energy and Commerce by carefully courting Chairman Dingell. Manton served on the Select Committee on Aging. Manton is a lawyer and former policeman. He is Roman Catholic and votes anti-choice.

Rep. Manton has been a consistent supporter of the single-payer approach to health care reform during the 102nd (Russo, H.R. 1300) and the 103rd (McDermott, H.R. 1200) Congresses.
Recent Developments: At an August focus group meeting, Manton voiced his support for a comprehensive benefits package.

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CONGRESSMAN ED TOWNS (D-NY)

Congressman Towns is a liberal who is loyal to the leadership of his committee. In the past, Towns has co-sponsored a number of bills dealing with women's health interests, including research, Medicaid benefits for breast and cervical cancer, and mammography. He is a McDermott co-sponsor in this Congress. He believes in the need for a uniform record-keeping process.

Cong. Towns is the immediate past chairman of the Congressional Black Caucus.

LEGISLATIVE INTERESTS

102nd: Rep. Towns sponsored a bill in the last Congress to expand Medicaid to cover alcoholism and drug dependency residential treatment (H.R. 2489) and one to expand Medicaid coverage for substances abuse treatment for pregnant women and caretaker parents (H.R. 6132). Rep. Towns cosponsored bills to revitalize NIH (Waxman, H.R. 4); the "gag rule" from family planning grantees (Porter, H.R. 392) and the Family Planning Amendments Act (H.R. 2343). Rep. Towns also cosponsored several women's health bills.

103rd: Rep. Towns is a cosponsor of the House "single-payer" bill to provide health care for every American and to control the costs of the health care system (McDermott, H.R. 1200).

Immunization: Rep. Towns cosponsored the Comprehensive Childhood Immunization Now Act of 1993 (Waxman, H.R. 940) but on some issues supported the position of the vaccine manufacturers.

CONGRESSMAN GERRY STUDDS (D-MA)

While Congressman Studds has not been particularly active on health issues, he has cosponsored legislation to revitalize NIH, revise orphan drug provisions, improve Federal funding for women's health research, increase Medicaid coverage for HIV-related services, and improve Medicare's basic health care services for children. Studds is a cosponsor of Congressman McDermott's single-payer bill. While Studds recognizes that compromise will be required to get health care reform passed, his support should not be taken for granted.

LEGISLATIVE INTERESTS

102nd: Rep. Studds cospónsored single-payor reform legislation (Russo, H.R. 1300). He introduced legislation to revise the orphan drug exclusivity provisions of the FD&C Act (H.R. 3930 and H.R. 4959).
Studds also cosponsored bills to revitalize NIH; (Waxman, H.R. 4); to improve Federal funding for women's health research (Schroeder, H.R. 1161); to give States the option of providing coverage for HIV-related services for individuals diagnosed as HIV-positive (Scheuer, H.R. 1394); improve access to basic health care services for needy children (Slattery, H.R. 1392); and to permit separate payments for EKG interpretations (McMillan, T., H.R. 3373).

103rd: Rep. Studds has cosponsored single-payor reform legislation (McDermott, H.R. 1200).

CONGRESSMAN RICHARD LEHMAN (D-CA)

Congressman Lehman will have a very tough fight in 1994. He voted against the Administration on deficit reduction and the budget.

In February, Lehman wrote to the First Lady explaining the health care problems of the rural areas of his district, specifically underserved farmworkers. Other issues included: malpractice reform; fair reimbursement for urban and rural areas; health care as an undue burden on small business; duplication of services; local health networks providing preventive and primary care; and concern that managed competition would not work in rural areas.

Recent Developments: After the President's speech he told The Fresno Bee, "It's better than a good start -- an awful lot of thought has gone into it (but) it's going to be substantially changed just by the way we do business here."

Congressman Lehman has not sponsored or cosponsored any significant health reform legislation in the 102nd or 103rd Congresses.

CONGRESSMAN FRANK PALLONE, JR. (D-NJ)

Representing a Republican district Congressman Pallone is generally a fiscal conservative and a supporter of the Conservative Coalition in Congress. A recent Energy and Commerce appointee, Pallone has not developed much of a record on health care issues. Pallone voted against the Deficit Reduction Bill.

While Pallone was a single payer co-sponsor in the past, he has not done so this year. Pallone wants prescription drugs covered by reform, and believes that cost containment is essential. He did, however, cosponsor Porter's Title X Pregnancy Counseling Act, and Regula's Comprehensive Preventive Health Program for Medicare Beneficiaries. A longtime opponent of abortion, he changed his stance in the wake of Webster.

Rep. Pallone was one of those who felt strongly about having a health care university.

CONGRESSMAN CRAIG WASHINGTON (D-TX)

A new member of the Energy and Commerce Subcommittee on Health, Congressman Washington is an outspoken liberal who can be unpredictable, as when he voted against the compromise civil rights bill in the last Congress.

While his general health care views are not known, as a state senator he was responsible for passage of the first legislation in Texas to provide funding for the education and treatment of AIDS. He will probably center his concerns on children, minority and urban health matters. Washington attended the First Lady's March meeting with the CBC. His significant other is a general practitioner.

Recent Developments: On Sept. 6, Washington told the Washington Times that he felt the plan was flawed because: "He is talking more to doctors, hospitals, and insurance companies. That's where the problem is."

Rep. Washington has cosponsored the single-payor approach to health care reform (McDermott, H.R. 1200) and the Comprehensive Child Immunization Act of 1993 (H.R. 1640).

CONGRESSWOMAN LYNN SCHENK (D-CA)

Freshman Congresswoman Schenk campaigned hard to win with 51% in a Republican leaning district.

Schenk's health care concerns include: women and children; mental health coverage; and protecting choice of provider. Her district includes a number of biotech industries and she wants to see them protected. A strong pro-choice supporter, Schenk signed the May 13 letter regarding the importance of including abortion coverage in the health care package.

Rep. Schenk has not sponsored or cosponsored any health reform legislation in the 103rd Congress.
103rd Congress.

CONGRESSMAN SHERROD BROWN (D-OH)

Freshman Congressman Brown lobbied hard for a seat on Energy and Commerce in order to pursue his interest in health care reform. He has pledged to pay for his own health care, rather than use the Congressional coverage, until a national health care program is in place. He has indicated his desire to be helpful to the Administration on health care reform.

As a follow-up to a March meeting with the First Lady, Brown wrote to her about his concern that the health reform proposal "emphasize preventive and cost-effective health services," investing in immunization, pre-natal and well-baby programs in particular. Brown campaigned for abortion rights. He is a supporter of home-based long-term care services as a cost-effective alternative to institutionalization.

As a freshman member Brown has not sponsored health care reform legislation in the 103rd.

He cosponsored the Comprehensive Child Immunization Act of 1993 (Waxman, H.R. 1640)

Recent Developments: In a Sept. 1 AP Wire story, Brown praised the President for tackling the health care issue but stated he felt "the task force is headed in the wrong direction... regulating the economy and eliminating people's freedom to choose is not an effective way to tackle the health care crisis."

CONGRESSMAN MIKE KREIDLER (D-WA)

Freshman Congressman Kreidler comes to Congress with a strong background in health care both in the state legislature and as a practicing optometrist who worked for 20 years in a managed care system. Kreidler holds a Masters Degree in Public Health. He would like to see a bold system which moves toward a single-payer approach.

In March, he wrote to the First Lady recommending that the Task Force include universal coverage, expenditure limits, and state flexibility. He also stated his desire to be helpful in whatever way appropriate. Kreidler serves on the Veterans' Affairs Committee and was in the Army Reserve for 20 years.

He has not cosponsored any health reform legislation but he did cosponsor the Comprehensive Childhood Immunization Act of 1993 (H.R. 1640).

Recent Developments: On August 4, Kreidler commented to the AP on health care reform "it is time for the Federal government to lead or get out of the way."

CONGRESSWOMAN MARJORIE MARGOLIES-MEZVINSKY (D-PA)

Congresswoman Margolies-Mezvinsky is finding that her courageous vote on final passage of the budget has brought her more respect and less criticism than anticipated in her district.

On health care, the Congresswoman's particular concerns are children and child welfare, education, and issues related to families. She was the first unmarried American to adopt a foreign child and at one time or another she has had 11 children growing up in her household. She has said she wants to be involved with the Administration on health care, but given her budget vote, we may not be able to push her very hard.

Rep. Margolies-Mezvinsky has not sponsored or cosponsored any health reform legislation in the 103rd Congress.

Recent Developments: In her reaction to AP following the President's address. Margolies-Mezvinsky said that improvements were needed in women's health services, such as the availability of mammograms and that small employers could be "socked in a way they wouldn't be able to handle."

CONGRESSWOMAN BLANCHE LAMBERT (D-AR)

Congresswoman Lambert advocates greater access to affordable health care, especially in rural areas. In meetings with the First Lady and Ira, Lambert has voiced concern about waste in the system, the chronically ill, reducing overall health costs, and educating the public about those costs.

Congresswoman Lambert has not sponsored or cosponsored any health reform legislation in the 103rd Congress.

Recent Developments: Lambert told the AP after the President's address that "everyone realizes there has got to be health-care reform in the nation...(lawmakers) want to work hard to craft a package that's affordable and allows people a choice for health care...They (the Administration) were blatantly honest that this was not the end-all and be-all. This was the beginning." She said she would push a way "to give doctors incentive to come into rural settings. We have to look at ways to put incentives into preventive care. It's cheaper."

CONGRESSMAN CARLOS MOORHEAD (R-CA)

Moorhead is the ranking Republican on the Committee and is one of the most conservative members of the House. Despite that, he does cooperate with Democrats, most notably on energy policy. He also serves on the Judiciary Committee.

Moorhead is a member of the Republican Task Force on Health. In a February meeting with the First Lady he discussed the need to cover part-time and temporary workers. He did not believe employers should be taxed on health care benefits. Moorhead has a pro-business philosophy and votes against reproductive rights. His low key style may mean he will not play a major role in opposing the Administration on health care.

Congressman Moorhead is a cosponsor of the Republican leadership health care reform bill (Michel, H.R. 3080).

CONGRESSMAN THOMAS BLILEY JR. (R-VA)

A soft-spoken former mortician, Congressman Bliley serves on the Republican Task Force on Health and is the most active Republican on Energy and Commerce health issues. He is the ranking Republican on the Health Subcommittee where he and Rep. Waxman have clashed often on tobacco-related legislation. Bliley is known as the tobacco industry's "sentry" on the subcommittee.

As a senior member of the Committee, he will likely be the first member to raise the issue of the tobacco tax.

On health care, Bliley is interested in preventive medicine and maternal and child health care. He supports cost controls on hospitals and procedures. He occasionally votes with the Democrats to increase health services for African Americans, especially maternal and child health care. He has not sponsored or cosponsored any health care reform legislation in this Congress. Bliley attended the February Republican meeting with the First Lady and has attended Ira's breakfast meetings.

Rep. Bliley cosponsored bills on FDA debarment (Dingell, H.R. 2454); drug testing (Dingell, H.R. 33); to require physicians to disclose their HIV status to their patients (Dannemeyer, H.R. 2788); family planning parental notification (Dannemeyer, H.R. 1397).

Rep. Bliley is a cosponsor of the Republican leadership health care reform legislation (Michel, H.R. 3080).

Recent Developments: Bliley reacted to the AP after the President's speech as follows: "Clearly reforms are necessary, but I am unsure if his plan provides all the answers or if it will work. How does the President pay for his plan? How will government mandates on employee coverage affect workers and their jobs in a weak economy...President Clinton's cost estimates for his plans are questionable at best."

CONGRESSMAN JACK FIELDS (R-TX)

Congressman Fields is an activist conservative who has concentrated his efforts on Energy and Commerce in the areas of oil and natural gas.

Fields supports protections for physicians and hospitals, funding for teaching hospitals and medical school research. In addition, he has a record of voting against reproductive rights.

Congressman Fields is a cosponsor of the Republican leadership, health care reform bill (Michel, H.R. 3080).

CONGRESSMAN MIKE OXLEY (R-OH)

Congressman Oxley is a conservative and regular opponent of regulation and control on the Energy and Commerce Committee.

He has voted against reproductive rights.

Rep. Oxley is a cosponsor of the Republican leadership health care reform bill (Michel, H.R. 3080).

CONGRESSMAN MICHAEL BILIRAKIS (R-FL)

Congressman Bilirakis has had some tough re-election fights and has said he will retire in 1994 if he has no major legislation pending. He serves on both Energy and Commerce and the Veterans' Affairs Committees as well as the Republican Task Force on Health.

He has cast key votes on health in the past -- against catastrophic in 1988, for increased federal elderly home care funds, and for drug discounts for the VA and other federal purchasers. He is opposed to abortion.

Bilirakis was a registered Democrat until 1970. He was active in local campaigns but did not run for public office until 1982. He generally votes along party lines but places his highest priority on constituents' needs. He is particularly concerned about elderly issues. More than a third of the people in his district are over 65.

Rep. Bilirakis introduced a health care reform bill which included tax credits, risk pools for the uninsured, administrative reforms, and malpractice reforms (H.R. 3951). He cosponsored bills to: provide special payments to hospitals with large Medicare caseloads (Shaw, H.R. 827); relieve physicians of Medicare's paperwork burdens (Rowland, H.R. 2695); and to regulate mammography screening facilities (Dingell, H.R. 5938). Rep. Bilirakis has cosponsored both versions of the Republican leadership health care reform bill (Michel, H.R. 101, H.R. 3080).

Rep. Bilirakis has cosponsored both versions of the Republican leadership health care reform bill (Michel, H.R. 101, H.R. 3080).

CONGRESSMAN DAN SCHAEFER (R-CO)

Congressman Schaefer is a former state legislator who reflects the conservatism of his suburban Denver district.

Rep. Schaefer is a cosponsor of the Republican leadership health care reform bill (Michel, H.R. 3080). He has voted against abortion rights.

Recent Developments: On August 30, Schaefer stated publicly that he wanted to be heavily involved in health care reform and did not want to reduce the overall quality of the present system.

CONGRESSMAN JOE BARTON (R-TX)

A conservative with a heavily Republican Ft. Worth and Dallas suburban district, Congressman Barton's major goal is continuation of the Supercollider. He serves on both Energy and Commerce and the Science Committees.

Cong. Barton is a cosponsor of the Republican leadership, health care reform bill (Michel, H.R. 3080). He has voted against abortion.

CONGRESSMAN ALEX McMILLAN (R-NC)

Conservative but pragmatic, Congressman McMillan has become a key ally of the House Republican leadership.

McMillan has been a leader on the House Republican Task Force on Health studying health care reform. He co-sponsored the House Republican health care reform bill, which has been reintroduced in the 103rd. He led the subgroup examining administrative reforms in health care and cosponsored a separate health care administrative reform bill. He also has introduced malpractice reform legislation. There are a substantial number of insurance companies headquartered in his district. A former businessman, he consistently opposes Federal mandates on business.

He voted against an increase in the minimum wage and against the family leave bill. McMillan has a 90-95 percent voting record in support of the Conservative Coalition in the Congress.

In the last Congress, Rep. McMillan cosponsored the House Republican health care reform bill, (Michel, H.R. 5323). He has also introduced malpractice reform legislation (H.R. 3857).

Rep. McMillan is concerned that the the Administration health reform plan approach will lead to monopoly plans and providers. He has cosponsored both versions of the Republican leadership health reform legislation (Michel, H.R. 101; H.R. 3080).

CONGRESSMAN J. DENNIS HASTERT (R-IL)

Congressman Hastert was selected by House Minority Leader Michel to be his point person on health care reform. Hastert's appointment was a surprise, considering that he is only in his fourth term in the House and his second term on the Energy and Commerce Committee.

While Hastert, an evangelical Christian, is a staunch conservative, he is willing to offer proposals and be a part of the process. Since his election in 1986, Hastert has easily won reelection each time.

Congressman Hastert has sponsored his own "Health Care Choice and Access Improvement Act" (HR 150), which would reform the small group insurance market, increase the tax deductibility for the self-employed, and allow employers to establish tax-free Medi-Save accounts. He is also a cosponsor of the Republican leadership, health care reform bill (Michel, H.R. 3080)

Congressman Hastert has been pleased and appreciative of the weekly briefings by Ira and other members of the working groups to Republican members. He has spoken about the need to hold costs down and to open up access. He has indicated a desire to be helpful.

CONGRESSMAN FRED UPTON (R-MI)

Serving his fourth term in the House, Congressman Upton is a protege of former Budget Director Stockman. Upton is a member of the Energy and Commerce Committee and the Wednesday Group. He is known to listen closely to local groups.

Congressman Bonior considers him a priority target. Upton supported the Administration's national service bill. Upton supports abortion to save the life of the mother and in cases of rape or incest.

Upton is a conservative and an independent thinker who, at times, has broken ranks with his party. The most notable instance of this is when he stood fast in his opposition to the 1990 bipartisan budget agreement.

Upton supported a bill in the last Congress to ease Medicare's paper-work burden on physicians (Rowland, H.R. 2695). He also supported a bill to have Medicaid cover certain medically underserved populations (Machtley, H.R. 1002).

Rep. Upton is a cosponsor of the Republican leadership, health care reform bill (Michel, H.R. 3080). He also has cosponsored the bill to revitalize NIH (Waxman, H.R. 4), and a bill that would establish provisions regarding the composition and labeling of dietary supplements (Gaggely, H.R. 509).

CONGRESSMAN CLIFF STEARNS (R-FL)

Congressman Stearns is a conservative representing a strong Republican central Florida district. Stearns grew up in Washington and serves on both Energy and Commerce and Veterans' Affairs.

Rep. Stearns has not sponsored or cosponsored any significant health reform legislation in the 103rd Congress. He has been against abortion rights.

CONGRESSMAN BILL PAXON (R-NY)

The Chairman of the National Republican Congressional Committee, Congressman Paxon was a volunteer in Jack Kemp's first campaign for the House and now holds that seat. Paxon recently became engaged to Rep. Molinari.

He is considered a conservative and serves as one of Whip Newt Gingrich's assistant deputy whips.

Paxon has voted against abortion. In the last Congress Paxon cosponsored the Republican leadership health care reform bill (Michel, H.R. 5325). He has cosponsored legislation to: require State Medicaid plans to include mammography screening (Vucanovich, H.R. 1311); to expand Medicare to include annual mammograms for women 65 and older (Vucanovich, H.R. 1312); and to have prevent Federal assistance for research on the drug RU-486 and regulated the interstate transportation of human fetal tissue.

Paxon is a cosponsor of the Republican leadership health care reform bill (Michel, H.R. 3080).

CONGRESSMAN PAUL GILLMOR (R-OH)

Congressman Paul Gillmor is a conservative member but does not favor the confrontational style of others in his party. As a the former leader of the Ohio State Senate, Gillmor was the State's highest ranking Republican and sacrificed some political power to come to Congress. Rep. Gillmor was unopposed in 1992.
His health care views are unknown but he has voted against abortion funding.

Rep. Gillmor is a cosponsor of the Republican leadership, health care reform bill (Michel, H.R. 3080)

CONGRESSMAN SCOTT KLUG (R-WI)

Congressman Klug is a new member of the Energy and Commerce Committee, part of the Wednesday Group, and previously served on the Select Committee on Children and Education and Labor. He is both a White House and a Bonior target.

While Klug's health care views are not known, he has called for early intervention programs for at-risk children.

Rep. Scott Klug won an upset victory over Democratic incumbent Rep. Bob Kastenmeier by stressing his vote against Desert Storm and by painting him as a career politician. Klug, a former TV reporter, did not even join the GOP until a few days before announcing his candidacy. He is a leading spokesman in Congress in promoting congressional term limits of 12 years. A fiscal conservative, he favors both a balanced budget amendment and the line-item veto.

In the last Congress, Klug was the only Republican member of the Energy and Commerce Committee to cosponsor the managed competition approach to health care reform (Cooper, H.R. 5936). He has not taken a position on health care reform during the 103rd.

Recent Developments: In comments to AP after the President's speech Klug had two concerns: small business and the National Health Board.

CONGRESSMAN GARY FRANKS (R-CT)

The first Republican to join the Congressional Black Caucus, Congressman Franks is a self-made millionaire who opposes most of the CBC's bills.

Franks is pro-choice. He is a co-sponsor of the Republican leadership's health care reform bill. His mother was a dietary aide in a city hospital. He is one of Bonior's Republican targets.

In the last Congress, Franks cosponsored a bill to lift the "gag rule" in family planning clinics (Porter, H.R. 392); "Family Unity and Parental Notification Act" (C. Smith, H.R. 1490); a major physician payment reform bill (Stark, H.R. 3070).

Rep. Franks is a cosponsor of both versions of the Republican leadership health care reform bill (Michel, H.R. 101, H.R. 3080).

CONGRESSMAN JIM GREENWOOD (R-PA)

Greenwood is a former social worker who dealt with children. He is a freshman who campaigned for creating a health care system and has been considered a possible target.

Greenwood defeated 16-year incumbent Peter Kostmayer (D). He served six years in the state House and six in the Senate.

Mr. Greenwood is a fiscal conservative who supports a constitutional balanced budget amendment, (Pennsylvania is required to have a balanced budget); but he is pro-choice.

Rep. Greenwood is a cosponsor of the Republican leadership health care reform bill (Michel, H.R. 3080).

CONGRESSMAN MICHAEL CRAPO (R-ID)

(pronounced CRAY-poe) Freshman Congressman Crapo quickly aligned himself this year with the freshman reformers and now sits on the Energy and Commerce Committee. He is a fiscal conservative.

While Crapo's health care views are not known, he will be sensitive to the needs of his district's farmers.

Rep. Crapo has not sponsored or cosponsored any significant health reform legislation in the 103rd Congress.

Energy and Commerce Committee
Responses to Written Comments

The Energy and Commerce Committee written comments were prepared by Henry Waxman's staff. These issues raised in these comments have all been discussed at meetings with Waxman and/or his staff. The discussion below indicates how we have responded to these issues in the course of these meetings.

Medicare

Rather than respond to inquiries regarding individual Medicare cuts, we would recommend using the more general talking points on Medicare savings.

How is it possible to accomplish $124 billion in Medicare savings without reducing the benefits of Medicare beneficiaries?

Medicare savings must be viewed in the context of overall health reform.

Without overall health policy reform we would oppose savings of this magnitude, because there would be no way to protect Medicare beneficiaries from serious risks of benefit reductions.

During the budget debate the Administration opposed an "entitlement cap" for this very reason. The cap would have forced reductions in the Medicare program -- whether or not we accomplish overall health care reform controlling private sector health care costs -- and whether or not beneficiaries could be protected.

In the context of health reform Medicare beneficiaries can be protected.

Health care reform will protect against two factors which now make it difficult to contain Medicare costs without hurting beneficiaries: cost shifting that results from uncompensated care and price pressures arising from the difference between private and public reimbursement rates.

Universal coverage will make it unnecessary for providers to look for ways to shift costs for uncompensated care to paying customers -- which includes Medicare as well as private insurance.

Controlling private sector health costs will bring public and private reimbursement rates closer together. By restraining the growth in spending on the private side, it is possible to restrain the growth on the public side while at the same time reducing the risk that providers will elect not to treat Medicare patients in favor of patients with private insurance.

The health plan will not reduce Medicare spending. It will only slow the rate of growth from three times inflation to twice inflation. In the context of universal coverage and corresponding private sector cost restraint, there is no reason why this reduction in the rate of growth should harm beneficiaries.

In contrast to other proposals, the Administration only supports Medicare savings of this magnitude in the context of health reform.

43 Senators voted for the entitlement cap without a corresponding cap in private health care costs, and without any assurances about the impact on Medicare beneficiaries.

Other health care proposals call for Medicare savings comparable to or greater than ours, but fail to meet the critical test of protecting beneficiaries because they fail to provide universal coverage (and therefore put an end to uncompensated care) or to control private health care spending (and therefore reduce the differential between private and public reimbursement).

The Clinton Administration only supports Medicare savings of this magnitude in the context of health reform that removes these risks that beneficiaries will be hurt.

Reform and Competition will reduce Medicare costs.

Competitive forces will reduce the cost of health care for people over 65 as well as for people under 65. With cost differentials of 300 percent between Miami and Wisconsin, there is much room for savings from competition.

Streamlined administrative procedures will reduce the costs to providers of caring for Medicare patients.

Health reform plan will specify detailed policies to achieve Medicare savings.

Unlike proposed "entitlement caps" which leave the difficult task of finding specific savings to be determined in the future, the health reform plan will propose specific policies to achieve $124 billion in savings over five years.

If Congress believes that other specific measures are more appropriate, we will work with Congress on designing alternative savings measures.

The Administration is firm on the amount of Medicare savings that are necessary. If the specific measures that are enacted fail to meet the projected spending levels, we are prepared to work with Congress on streamlined procedures to ensure that policies are put in place to achieve the spending targets.

The Chafee/Dole plan, in contrast, would result in comparable Medicare savings [$111 billion]. However, the Chafee/Dole plan would not guarantee cost controls in the private health care system and it would not guarantee universal coverage or expanded Medicare benefits.

Medicare savings will be used to provide new Medicare benefits.

Savings from Medicare will be used to finance prescription drug benefits and long-term care benefits for Medicare recipients.

Medicaid and Low-income Issues

1. **Premium and cost sharing subsidies**

We understand the Committee's concern that low income participants should have as much choice as possible, and that they should be assured of access to a plan that will meet their needs.

The plan is designed to *improve* the quality of care available to low income participants. Medicaid patients today have limited choices -- their choices are limited to providers who agree to accept Medicaid reimbursement. I think we would agree that in many cases, the choices today are not what we would like them to be.

Under the health plan, all Medicaid participants will be guaranteed comprehensive coverage through plans in their regional alliance. However, low income participants will no longer bear the stigma of being in a separate health care system. Simply integrating low income people into the broader health care system will provide many with better choices than they have today.

We are exploring the suggestion that broader premium subsidies and cost sharing subsidies be provided. We are concerned about the cost of expanding these subsidies, but will continue to work with the Committee to explore options.

If the concern is that low income participants should not face "redlining" which would force them into plans that cover only low income people, we are prepared to explore either strengthening provisions which assure that boundaries not be drawn in a discriminatory manner and that plans be open to a broad range of participants.

2. **Entitlement nature of subsidies**

We agree that discounts which are provided must be a matter of right. The plan calls for reserve funds to be established to help finance extra costs at times when more individuals and families are eligible for discounts than expected. In general, the funding of these reserves would be through the alliances. In the event that the alliances are unable to finance these discounts at a given time, there must a fallback of federal funding to ensure that individuals eligible for discounts can receive their discounts. We will work with the Committee to design an appropriate mechanism.

3. **Bona Fide DSH**

During the transition period when the new plan is being phased in, it will be necessary to continue to provide assistance to hospitals that are disproportionately serving the poor.

A portion of the Medicare DSH payments will continue, but they will be targeted to institutions that truly merit these extra payments. In the past, DSH has been taken advantage of and that practice must not be permitted to occur again.

We will work with the Committee on a transitional provision that addresses this concern.

4. **Medicaid Long Term Care**

We agree that existing long term care community service benefits which are individual entitlements under current law should remain so.

5. **Supplemental Services**

The plan proposes to continue to provide supplemental services to cash beneficiaries as under current law. Supplemental services for non-AFDC and SSI medicaid recipients could be converted into a block grant through the states. We are considering extending the current law treatment to the non-cash population (which includes many pregnant women who are not yet eligible for AFDC). [The states reacted very negatively when they heard that we were discussing this change with Waxman.]

6. **Illegal Aliens**

The plan would target federal assistance to providers who serve illegal aliens. We are exploring mechanisms to guarantee funding to providers in areas where service is provided to illegal aliens.

Public Health Initiatives and Savings

1. Public Health Offsets/Savings

Savings in this area will develop as presently uninsured patients become covered. We are exploring ways to reinvest these savings, as well as additional new dollars to support this system.

2. Formula Grants for Access

We have agreed that these funds will continue to flow through existing programs rather than a block grant.

3. Core Public Health Functions

We have agreed that a new infrastructure grant program should be proposed instead of a formula grant program.

4. Priority Health Problems Initiative

We have agreed that increased funding should flow through existing programs, rather than through a consolidated program, with administrative simplification and expanded demonstration authority.

5. Essential community providers

We understand the Committee's concern with the five year limit on the essential provider provisions and we are reviewing the recommendation that the period be extended beyond five years. The essential provider provisions are intended to ease the transition for these providers to be integrated into plans or to form new community based plans. We will work with the Committee to make certain that essential services are available in traditionally underserved areas.

6. Amount of Public Health Investment

The plan was designed to provide a significant increase in funding for traditional public health programs -- such as TB control. We believe that the proposed funding levels are adequate, but will continue to discuss concerned raised by the Committee and review the policy in this area.

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SUMMARIES OF LETTERS

CALIFORNIA (Reps. Stark, Moorhead, Waxman, Lehman)

* Prescription drugs; pre-existing condition (Santa Rosa)

002 (b)(6) has diabetes, high blood pressure, and asthma, and is currently on SSI and PERS disability after working for 30 years. She buys COBRA insurance, which does not cover prescription drugs. She has stopped taking her medications because she cannot afford the $150/mo. Two insurance companies told her that she could qualify for their plans if she went on county aid (which still would not pay for the medications). (NOTE: Consent has not yet been obtained for public use of her letter.)

* Long term care insurance premiums (Salinas)

002 (b)(6) and wife are in their 80s and in good health. They pay long term care insurance premiuns ($7,026/yr.), uninsured dental care costs, and supplemental insurance ($1,476/yr.) for a total of $9,938 in out-of-pocket insurance and health costs in 1992.

* Pre-existing condition; loss of coverage (Livermore)

002 (b)(6) 24 year-old son, (b)(6) -- born with cystic fibrosis -- is hospitalized once a year for about $50,000/yr, and requires approx. $1,300 in prescription drugs each month. The family is covered by the father's insurance, which has covered 80% of these expenses until now. As (b)(6) recently graduated from college, he is only covered on his parents' insurance if he remains a dependent. He is otherwise uninsurable. The husband is 66 years old, has worked for over 40 years, and cannot retire for fear that his family will lose health coverage.

CONNECTICUT (Rep. Johnson)

* Pre-existing condition (Milford)

002 (b)(6) 36, had an ileostomy (most of her intestines removed) at age 12. Her supplies are termed "maintenance" and coverage for them may be dropped under her insurance plan. If so, she will be forced to quit her job and go on public aid.

* Self-employed; pre-existing condition (Danbury)

002 (b)(6) and husband were laid off from good jobs, but paid own COBRA insurance of $400/mo. Daughter required surgery to repair ear drums (which cost $12,000 for a 24-hour hospital stay). After this, (b)(6) took a job paying just over 1/3 her former salary, and her husband opened a small business. The best policy they can get is a $400/mo. premium with a $3,000/yr. deductible, but this will exclude her husband's pre-existing heart condition (he had a heart attack five years ago) and her daughter's ear problems. The only way they can get care is to sell everything and go on welfare.

GEORGIA (Rep. Rowland)

* Self-employed, excessive medical costs (Cedartown)

002 (b)(6) insurance cost $80/mo. for a $500 deductible in 1983 and now costs $403/mo. for a $1,000 deductible. Her husband's medical bills last year were $2,960, and their insurance premiums were $5,650 ($8,610 total), on an income of $26,100. They are in their 50s and don't know how to continue paying these expenses. Quote on phone: "I work to pay insurance. It's about all we can do to hang on."

* Lost job; pre-existing condition (Roswell)

002 (b)(6) husband lost his job in 1991 when the company reorganized. Months later, her 17 year-old daughter had kidney failure, went on dialysis and received a kidney transplant (father donated kidney). The family bought COBRA insurance, which ran out after 18 months, leaving the daughter on Medicare, which cut off all coverage in Dec. 1992. Medicare covered (b)(6) (who had cancer) and her daughter (except for her $550/mo. of prescription drugs) for one year before ceasing. Mr.
002 (b)(6) is uninsurable in his new job because he had donated the kidney.

* Overcharged medical costs (Newnan)

002 (b)(6) went to the emergency room with a dislocated shoulder, and was charged $686, including erroneous fees ($183) for four x-rays when only three were taken. His bill was corrected upon his complaint, though he is unsure if Medicare will receive the corrected bill. Quote: "If every hospital patient is over-charged $183 it is no wonder the U.S. is going broke paying medical expenses."

* Lost job; pre-existing condition (Atlanta)

002 (b)(6) 36, lost his job and health coverage because of ongoing health problems (multiple knee and ankle operations). When COBRA runs out, he worries that he'll have no insurance; currently, most of his money goes to medical bills. Quote: "It's not my fault that I have these problems. I would certainly prefer to be healthy."

ILLINOIS (Reps. Rostenkowski, Hastert)

* Pre-existing condition (Arlington Heights)

002 (b)(6) 24, was a juvenile diabetic, and is now being denied coverage for a pre-existing condition despite the fact that she has been in good health for 12 years and had only one 2-week stay in the hospital when she was an adolescent. She currently carries COBRA insurance that will expire on October 8, 1994, and feels that she will have trouble getting coverage after this time.

* Excessive costs (East Peoria)

002 55, is a quadraplegic after a car accident that was not her fault. She cannot change her insurance, which costs her a $4,000 premium with a $2,500 deductible; she did not work enough to get Social Security disability since she was

raising her family; and is not eligible for SSI or Medicaid. Her husband takes care of her, and as a result, can no longer attend to his business.

* Simplicity - excessive paperwork (Mascoutah)

002 (b)(6) needs to file over 51 claim forms to be reimbursed for his prescription medications (five times as many as he had to file for the same prescriptions in 1992.) He is in Blue Cross/Blue Shield under the Service Benefits Plan of the Federal Employee Program.

* Excessive medical costs (Glenview)

002 (b)(6) husband underwent a 20 minute outpatient cataract operation (they were at the hospital for three hours), and received a bill for about $3,000. The doctor's bill will be about $1,500. The charges are partly covered by Medicare, but 002 (b)(6) wonders why the charges are not more in line with what Medicare pays.

KENTUCKY (Rep. Bunning)

* High premiums (Brandenburg)

002 (b)(6) eight year old daughter has tonsilitis, but the 002 (b)(6) cannot afford health insurace as they are self-employed. In the meantime, she takes her daughter for weekly shots to combat the infections that would likely end with tonsil surgery.

* Pre-existing condition (Hopkinsville)

002 (b)(6) her husband, and their four children were denied medical assistance (Medicaid) because the husband earned $300-$400/mo. doing odd jobs. He was turned away from the hospital with pneumonia (feverish and hallucinating). The 002 (b)(6) borrowed money from their parents to buy his medication. He was recently hired at a local factory which offers health insurance. The (b)(6) will pay, but (b)(6) 002 worries about being refused because she has been treated for depression in the past.

LOUISIANA (Rep. Tauzin)

* Excessive costs (Ville Platte)

002 (b)(6) was charged over $11,000 for a seven-day hospitalization with pneumonia. He feels overcharged for services and medications (i.e. $3.50 per Advil).

* Job lock (New Iberia)

002 (b)(6) 58, has worked as a legal secretary for 40 years with good health insurance. Her husband, 61, is insured under her plan and recently had a heart attack. She cannot retire because her husband is uninsurable and will not be covered by Medicare until age 65.

* High costs (Kenner)

002 (b)(6) does not work outside the home so she can raise her children (ages 4 and 9 mos.); her husband's work does not provide insurance. They pay $261.50 per

month for insurance with a $500 deductable, receive no maternity coverage, no well baby care, etc. on an income of $30,000.

* Social Security technicality; high costs (Madisonville)

002 (b)(6) has a chronic heart ailment, but was denied Social Security Disability on a technicality (denial may have been related to wife's income - $20,000). His medical costs are $300/mo., insurance; $378/mo., medications; $1,000/mo., payments on deductables. His heart condition precludes his returning to work. He feels that he is an economic burden on his wife (whose premiums, incidentally, are rising 40% this year).

MICHIGAN (Rep. Dingell)

* Excessive costs, prescription drugs (Livonia)

002 (b)(6) paid 270% more for his wife's medication in February 1993 than in October 1992 ($19 to $53). His wife will require the medication for the rest of her life; further increases will drain their resources.

* Medicaid (Pontiac)

002 (b)(6) 65, is angry because an OB/GYN refused to treat her pregnant daugther because of fears she wasn't covered by Medicaid (card takes 45 days to process). Her daughter and son-in-law have no insurance, and their first child was premature after receiving no pre-natal care. She pays for the children's shots. She feels that "little babies suffer because of a group of greedy doctors."

* Prescription drug prices vary (Southgate)

002 (b)(6) 76, notes that drug prices vary from pharmacy to pharmacy, and feels that she cannot drive miles in Michigan winters at her age to pay less for her medications.

PENNSYLVANIA (Rep. Santorum)

* Small business (Sellersville)

002 (b)(6) recently joined the Chamber of Commerce to obtain group medical insurance for himself and his four employees. They were denied coverage from the HMO they chose because one employee had a heart attack five years ago as a result of smoking (after the surgery, he stopped smoking, takes no medications, and has no heart troubles). The letter from the HMO cited their business as one with fewer than 25 employees, yet they joined the Chamber of Commerce specifically to be considered as part of a 2,500 person group.

TENNESSEE (Reps. Sundquist, Cooper)

* Prescription drugs, home health care (Tullahoma)

002 (b)(6) is a home health nurse; one couple among her clients must pay $475/mo. for medications on a fixed income of $675/mo. "They must a decision on whether to eat, buy clothes, or buy medicines."

TEXAS (Rep. Archer)

* Small business, fraud and abuse (Richardson)

002 (b)(6) owns a small business with three employees. Their group health insurance premiums have increased 1100% since 1981 after one employee developed a heart condition. The person would be uninsurable if (b)(6) dropped his company's policy. "This burden is bankrupting our little firm." 002

* Elderly, high premiums (Kingwood)

002 (b)(6) [NOTE: Consent to use story, but not name], 59, had polio 40 years ago, and uses a leg brace and canes. She falls frequently and has sufficient pain that she cannot work. She does not qualify for any benefits, and has no insurance. She has decided not to seek medical care should she need it so that she will not lose her house in attempting to pay for her treatment.

* Prescription drugs (Winnie)

002 (b)(6) receives Social Security disability benefits after his leg became paralyzed in 1988. Several months ago, he had a severe heart attack which almost killed him. Medicare paid for the surgery, but does not pay for his medication. "What good is it for Medicare to spend a huge sum of money for the surgery to keep a person alive if the person cannot buy the medicine he needs to maintain that life."

VIRGINIA (Reps. Payne, Bliley, Boucher)

* Job lock, no preventive care (Virginia Beach)

002 (b)(6) mother of three, received notice of second increase/year in premium. She will have to drop coverage soon because of the cost. Her high premium discourages her from getting preventive care for her children. She is not on the family plan because of a mild heart condition, so she keeps jobs she would rather quit to keep insurance. Quote: "I am holding my two year old while I am writing this letter. He is running a fever and sounds congested. Now, do I take him to a doctor or wait and see how bad he gets?"

* Home health care, Medicaid (Norfolk)

002 (b)(6) 69 year-old mother receives $715/mo. in Social Security benefits, but her home care costs over $1,200/mo. She does not qualify for Medicaid unless she gives up and goes into a nursing home, which would cost about 2/3 more than her current home care. She is spending down her savings.

WASHINGTON (Rep. McDermott)

* Price gouging (Seattle)

002 (b)(6) visited doctor for an AIDS test, was told $126 as a fixed price, and found AIDS tests for $35 and $25 at local clinics. She was "livid" and wrote him an angry letter, which she "cc'd" to you.
(NOTE: Consent has not yet been obtained for public use of her letter.)

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003. letters	Health Care Letters (45 pages)	1993	b(6)

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FOLDER TITLE:
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