

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Biographies of Iowa Panelists, Panel III: Rural Americans [partial] (1 page)	n.d.	b(6)
002. list	Brief Background on Participants in Health Care Discussion with Iowa Family Farmers (2 pages)	n.d.	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3979

FOLDER TITLE:

Robert Wood Johnson Foundation, Des Moines Iowa March 1993 [binder] [2]

2014-0483-S

sb454

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]

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

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- * 10.2% of children in Iowa are without health insurance compared to a national average of 9.3%.
- * In 1990, 10% of the population lived in medically underserved areas.
- * 46% of two-year-olds in Iowa were not appropriately immunized last year.
- * 3% of infants were born to women receiving late or no prenatal care.

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

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Divider Title: _____

CONVERSATIONS ON HEALTH

**Des Moines, Iowa
March 14, 1993**

PART III: RURAL HEALTH

SPEAKERS

Glee Christ, R.N.
Holy Family Hospital
Lekota, IA

Mayor Donna Sloan
Ogden, IA

Craig Thompson, D.O.
Strawberry Point Medical Center
Strawberry Point, IA

Edward Maahs
Chief Executive Officer
Stewart Memorial Community Hospital
Lake City, IA

Fritz Wenzel
Marshfield, WI

PANELISTS

Joan Christensen, MSW, ACSU, MHA
Program Director, Adult Psychiatry
Broadlawn Medical Center
Des Moines, IA

Kevin Cunningham, CMO
HMO Iowa

Ted Davis, Ph.D.
Dean
School of Science and Mathematics
Chadron State College
Chadron, NE

James Fitzpatrick
Kossuth County Hospital
Algona, IA

Betty Grandquest
Executive Director
Iowa Department of Elder Affairs
Des Moines, IA

Cheryll Jones, R.N.
The Child Health Specialty Clinic
Ottumwa, IA

Eugene Lutz
Pharmacist
Altuna, IA

David Lyons
Insurance Commissioner
State of Iowa
Des Moines, IA

Dr. Sheila McGuire
Instructor, Faculty of Medicine
Harvard University

Jim Merchant
Director
Institute on Agricultural Medicine
University of Iowa
Iowa City, IA

Larry Millroy
Benefits Director
Rockwell International
Cedar Rapids, IA

Richard Nelson, M.D.
MCH Director
Iowa Department of Health
Iowa City, IA

Ernie Ricehill
Executive Director
Sioux City American Indian Center

Jesse Singerman
Blooming Prairie Warehouse, Inc.
Iowa City, IA

Tom Slater
Executive Director
State Public Policy Group
Des Moines, IA

Deborah Turner
Bettendorf, IA

Paul von Ebers
Senior Vice President
Health Care Management
Blue Cross/Blue Shield
Des Moines, IA

Tom Whyte
Owner
Whyte Tire Center
Boone, IA

Nyla Williams
Bettendorf, IA

Connie Wimer
Publisher
Des Moines Business Record &
City View Newspaper

Frank Zlatnick, M.D.

SPEAKER PROFILES

PANEL III: RURAL HEALTH

Glee Christ, Nurse, Holy Family Hospital

Ms. Christ was forced to travel over 140 miles roundtrip from her home in Lakota to Mason City for routine prenatal care and for the delivery of her baby. Two hospitals are located between Lakota and Mason City. One no longer provides obstetrical care because the surgeon on staff left; the other hospital closed and provides only clinic services. She continues to travel to Mason City for her child's health care as her community has no pediatricians. Ms. Glee is frustrated by the fact that people in rural areas pay the same amount for insurance premiums as people in more populated areas who have better access to health care.

Ms. Christ is a nurse at Holy Family Hospital in Estherville, IA.

Donna Sloan, Mayor, Ogden, Iowa

Over the past year Ogden Mayor Donna Sloan has tried aggressively -- and without success -- to recruit a physician for her town of 2,000 residents. For many years the community had two physicians. One was lost recently to retirement, and the remaining physician is approaching retirement age. Ogden is part of Boone County; local analysts estimate on a per capita basis the County needs at least five additional doctors to assure residents access to minimum levels of needed care.

Mayor Sloane is a native Iowan who serves both as Ogden's Mayor and as a clerk in the Ogden Post Office.

Dr. Craig Thompson, Private Practitioner

Dr. Craig Thompson is in his 14th year of family practice in Strawberry Point, IA. The community has approximately 1,400 residents but the population served is larger. Provider burn-out is a familiar theme; the imbalance of community health needs and limited medical resources requires him to schedule patients as late as 10:00 p.m. Among his many professional and public activities, Dr. Thompson is President of the Clayton County Medical Society and Medical Director for the Northeast Iowa Emergency Medical Services Council.

Speaker Profiles

Edward R. Maahs, CEO, Stewart Memorial Hospital

Edward Maahs is Chief Executive Officer of Stewart Memorial Hospital and Administrator of the adjacent McCrary Rost Clinic. Through what Mr. Maahs terms "managed cooperation," these two institutions have demonstrated how to meet rural health care needs effectively through integration of services. The arrangement results also in considerable cost savings because it eliminates duplication of services. Mr. Maahs is also the Chairman of the Iowa Hospital Association and has served on the Governor's Rural Health Task Force.

Fritz Wenzel, Executive Director, Marshfield Clinic

Fritz Wenzel, Executive Director of the Marshfield Clinic, has overseen the development and growth of one of the largest rural group practice HMO networks in the country. Under Wenzel's direction, the Marshfield clinic, a 400-physician multispecialty group practice with a 60,000 member HMO, serves central and northern Wisconsin through its center in Marshfield. 23 rural primary and primary/secondary care rural health clinics are also served through Marshfield.

Mr. Wenzel has been Marshfield's Executive Director for the past 16 years. He is President of the American College of Medical Group Administrators and Chairman of the Health Care economics Committee of the American Group Practice Association.

BIOGRAPHIES OF IOWA PANELISTS

PANEL III: RURAL AMERICANS

Joan Christensen, Program Director, Broadlawn Medical Center

Ms. Christensen is the Program Director at the Adult Psychiatric Unit, Broadlawn Medical Center. She designs, implements and manages psychiatric treatment programs for mentally ill adults. She has designed chemical dependency treatment programs and pioneered services for AIDS patients, AIDS treatment and HIV family counseling. She has spent most of her social work career in the practice of treatment and is currently a member of the Mayor's Task Force on AIDS in Des Moines. She is also the editor and author of the Iowa Information and Research Manual; AIDS.

Dr. Kevin J. Cunningham, M.D.

Dr. Cunningham is an internist and private practitioner of General Internal Medicine. He mainly treats older patients in need of hospital based care, in many cases assisting other physicians with their older patients. He has experience with insurance issues, serving as the Medical Director of Allied Group, Central Life, Farm Bureau and Xerox Life along with being the Medical Director of HMO Iowa and Healthcare Preferred. As the Chairman of the Credentials Committee at Iowa Methodist he is directly involved with rural credentialing.

Dr. Ted Davis, Dean, School of Science and Mathematics, Chadron State College

Dr. Davis is the current Dean of the School of Science and Mathematics at Chadron State College in Chadron, NE. Dr. Davis heads the Rural Health Opportunities Program at Chadron State. RHOP is a cooperative program with the University of Nebraska designed to return health practitioners to rural areas. The program recruits students from rural areas. The students attend Chadron State for 3 years and the University of Nebraska School of Medicine for another 3 years, specializing in rural health related issues. The goal of the program is to encourage young doctors to return to rural communities. Dr. Davis is widely recognized across the state as an expert in rural health problems, in particular the lack of primary care practitioners in rural areas.

Panel Three Biographies, Page Two

James Fitzpatrick, Administrator and CEO of Kossuth County Hospital

Mr. Fitzpatrick, as Administrator of a rural hospital, has faced the constant struggle of attempting, with increasingly limited resources, to deliver and make accessible quality health care. Mr. Fitzpatrick, having experienced first hand the difficulties of providing adequate care to a population that is largely underinsured, is a strong advocate of health care reform which would relieve providers of the burden of making tough choices themselves about who is "worthy" of care.

Betty L. Grandquist, R.N., M.S.W.

Ms. Grandquist has been the Executive Director of the Iowa Department of Elder Affairs since 1987 and formerly served as Division Administrator for Health Planning and Development of the Iowa Department of Public Health. She is a native Iowan with three children and four grandchildren who has returned to the workforce after a twenty-five year absence and is now a member of the Iowa Health Data Commission and the Long Term Care Coordinating Unit. In 1992, she received the National Governor's Association Award for distinguished public service.

Cheryll A. Jones, R.N., B.S.N., A.R.N.P., C.P.N.P.

Ms. Jones has been a nurse since 1959 and a Pediatric Nurse Practitioner in Iowa for 19 years. Aside from working in a rural area, Ms. Jones lives on a small farm, making her interest in rural health care both personal and professional. In this capacity she has taught at the University of Iowa College of Nursing and practiced in both the private and public fields. She currently is the Health Services Coordinator of the District XV Specialized Child Health Center, which provides services for children with existing or suspected health conditions, chronic or congenital disorders, or behavior disorders. She is also involved with the High Risk Infant Follow-up Program which treats infants who have encountered difficulties during or after birth.

Eugene Lutz, Co-Owner/Manager, Lutz Pharmacy

Mr Lutz has been the Co-owner and Manager of Lutz Pharmacy for 19 years. It is a community pharmacy in Altoona, Iowa, employing 12 people. Since 1986, he has also been the Co-owner and Manager of O.P.T.I.O.N. Care, a unit with 3 employees that provides IV services to discharged hospital patients still in need of anti-biotics or hydration. He is a member of the Iowa Pharmacists Association, the American Pharmaceutical Association and the Polk County Pharmacists Association.

Panel Three Biographies, Page Three

David J. Lyons, Iowa Insurance Commissioner

Mr. Lyons was appointed Iowa Insurance Commissioner by Governor Terry Branstad in 1990. Prior to this, he served as Acting Commissioner and First Deputy Commissioner. Before coming to the Insurance Division, Mr. Lyons served as Legal Counsel with the Iowa Legislature. Also, he is the Chair of Iowa Health Care Reform, the state's comprehensive health care reform initiative.

Dr. Sheila M. McGuire, Instructor, Faculty of Medicine, Harvard University

Doctor McGuire is an instructor on the Faculty of Medicine, Harvard University and serves on the faculty of the University of Iowa, College of Dentistry. She is also the president of the Iowa Health Research Institute. She is a trained dentist and Epidemiologist who primarily studies disease trends. Working in an underserved geographical area has focused her views on health care reform; she feels that managed competition will create a growing emphasis on data analysis and outcome research.

Prof. James A. Merchant, M.D., Dr.P.H.

Dr. Merchant is a professor in the Department of Preventive Medicine and Environmental Health and Internal Medicine at the University of Iowa. He directs the Institute of Agricultural Medicine and Occupational Health and leads federally supported centers on injury prevention, agricultural safety and health, and environmental health. While still practicing occupational medicine, he spends most of his time teaching research and out-reach programs in rural health.

Larry Millroy, Benefits Director, Rockwell International

Mr. Millroy, as Benefits Director, was the main architect and is the prime spokesperson for the Community Leadership Council, which has been in operation since 1991. The mission of the Council is to provide leadership in the community for such health care reform measures as provider reimbursement reform and increased consumer education programs. The Council is composed of a coalition of large and small businesses and other special interest groups in Iowa.

Panel Three Biographies, Page Four

Richard P. Nelson, M.D., Director, Iowa Child Health Specialty Clinics

Dr. Nelson is the Director of Iowa Child Health Specialty Clinics, Iowa's Title V program for children with special health care needs. His career has emphasized public policy and health services delivery for children with chronic illness and disability. For the past two years, he chaired the Iowa Council on Early Intervention Services of the Iowa Department of Education. He is currently serving a two-year term as President of the Association of Maternal and Child Health Programs: the national organization which represents state Title V programs. He is an Associate Professor of Pediatrics at the University of Iowa and an Associate Dean of the University's College of Medicine.

Ernie Ricehill, Executive Director, Sioux City American Indian Center

Mr. Ricehill is the Executive Director of the Sioux City American Indian Center. He started at this position in 1991. Currently, he is lobbying the Indian Health Service in the Department of Health and Human Services regarding the imminent closing of the Winnebago Hospital in Nebraska, an event which highlights the health care problems facing underserved rural areas.

Ms. Jesse Singerman, President/GM, Blooming Prairie Warehouse, Inc.

Ms. Singerman joined the Blooming Prairie Warehouse in 1981 and has been the President and General Manager since 1985. Her company is a cooperatively owned natural food distributor employing 110 people, with a warehouse in Iowa and another in Minnesota. In addition, she is currently serving as the Chairman of the National Cooperative Bank Development Corporation, which is active in the field of rural health care, recently undertaking the development of community-based systems of chronic care which integrate health, social services and housing for the elderly.

Tom Slater, Pres., State Public Policy Group.

Mr. Slater is the President of State Public Policy Group, a firm which provides consulting services to Fortune 500 companies, local, state and regional organizations, and government agencies. A former State Senator, Slater has served as the Executive Director of the Iowa/Nebraska Primary Care Association, the Kansas Association for the Medically Underserved and the Heartland Regional Primary Care Association. He has served as a consultant and organized conferences on the issues of primary health care, human growth and development, youth fitness, health care for migrant farm workers and the recruitment of primary health care workers.

Panel Three Biographies, Page Five

Deborah Turner, Co-Medical Director, St. Luke's Cancer Center

Ms. Turner, Co-Medical Director at St. Luke's Cancer Center in Davenport, Iowa, has an extensive academic and medical background. She was the Attending Physician at the Veteran's Administration Hospital in Omaha, Nebraska, and Assistant Professor for the Department of Obstetrics and Gynecology, Division of Gynecological Oncology, at the University of Nebraska Medical Center in 1985. She is an American Cancer Society Clinical Fellow. Having practiced at various medical institutions, she knows many of the problems in our health care system.

Paul von Ebers, Sr. Vice Pres., Health Care Mgmt., Blue Cross and Blue Shield of Iowa

Mr. von Ebers is the Senior Vice President of Health Care Management for Blue Cross and Blue Shield of Iowa. Prior to 1984, he was with the national Blue Cross and Blue Shield Association in Chicago as Executive Director of their business consulting service, which provided corporate planning expertise to Blue Cross and Blue Shield plans around the country. Also, Mr. von Ebers has been the facilitator for the Iowa Leadership Consortium on Health Care, a group of business, labor, provider and community leaders who have drafted a state-level plan for health care reform. According to the Consortium, the plan provides for universal coverage for all Iowans without raising income, property or sales taxes, and uses a global budget and organized delivery systems to save over seven-hundred million dollars in the first five years.

Thomas R. Whyte, Pres., Whyte Tire Centers.

Mr. Whyte has been the President of Whyte Tire Centers since 1970, which is a small business employing between 10 and 15 people in Boone, Iowa. He is most concerned with the increasing difficulties of covering his employees. He has seen a \$100.00 a month increase in premiums per employee per month each year for the past three years. In his search for competitive rates he has encountered more stringent screening processes; in one instance an employee's wife was rejected coverage because of her weight. Deductibles have increased for his employees as has the proportion of the premiums that they must pay.

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Panel Three Biographies, Page Six

Nyla Williams, R.N.

(b)(6)

001

Frank Zlatnik, M.D., Obstetrics/Gynecology, Residency Program Director, College of Medicine, University of Iowa

Dr. Zlatnik, a native of Wisconsin, graduated from Carleton College in 1962. After a rotating internship in Hanover, New Hampshire, he trained in Obstetrics and Gynecology at the New York Hospital-Cornell Medical Center in New York City from 1967-1972. As a professor, one of his research interests is the prevention of premature births. He has been the Obstetric Consultant to the Iowa Statewide Prenatal Care Program for 18 years.

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RURAL HEALTH CARE

Message: **Rural Americans -- a quarter of the nation's population -- are hit hard by our current system of health care. With fewer health care providers, a dearth of preventive care, growing numbers of uninsured, and rapidly rising costs, rural America experiences the worst of the worst flaws in our health care system.**

DOCTOR SHORTAGES

- ◆ **Rural Americans truly know what it is to not be able to choose their own doctor. Many rural areas suffer from too few doctors and some have no doctors at all.**
 - Rural areas have less than half as many doctors as urban areas.
 - Twenty-eight percent of rural residents live in areas which have a shortage of primary care physicians compared to only 9.5% in urban areas. [Office of Rural Health]
- ◆ **Severe doctor and provider shortages mean that residents of some rural areas must travel distances of up to 100 miles to get needed medical care.**
 - In 1988, 68% of rural counties do not have enough doctors. In fact, 111 rural counties had **no physician at all**. [Office of Rural Health]
- ◆ **Distant rural areas are hard pressed to find, attract, and keep good family doctors.**
 - More than half of rural hospital networks report that physician and staff recruitment is one of their **major activities**. [Robert Wood Johnson]
 - In 1989, rural areas had a ratio of 1 patients to 3,442 primary care physicians compared to the preferred ratio of 1 to 1,800. [Office of Rural Health]
- ◆ **Rural doctors and providers are discouraged by high rates of uninsured, the lack of medical support services, and the difficulty involved in operating a practice in a remote area.**
 - **In the summer of 1989, the district hospital in a small Minnesota farming town offered a \$5,000 reward to anyone who could find them a family practitioner. No one could.** [Robert Wood Johnson]
- ◆ **Reimbursement levels are often low and payments delayed. All of these problems lead to a high rate of doctor turnover.**
 - **A study in North Carolina found that almost half of rural physicians left their rural practices within three years of practice.** [Robert Wood Johnson]

LACK OF AVAILABILITY

- ◆ **The shortage of health care professionals and lack of access to pre- and post-natal care can lead to serious problems for pregnant women and their children.**
 - For example, only one clinic in all of Eastern Tennessee accepts Medicaid payments for obstetrical-gynecological care.
 - Poor rural counties have only one-quarter the ob-gyns as urban areas. [Robert Wood Johnson Foundation]
 - 46% of two-year-olds in Iowa were not appropriately immunized last year. [Robert Wood Johnson Foundation]
 - Poor rural counties have 80% less pediatricians than urban areas. [Robert Wood Johnson Foundation]
- ◆ **For people with serious health conditions, choosing to live in a rural area may represent a "death defying" act, given the scarcity of health care services.**
 - 41 of 99 Iowa counties have no 911 emergency service. [Robert Wood Johnson Foundation]

GREATER NUMBERS OF UNINSURED

- ◆ **More rural Americans lack health insurance than the country as a whole. Without coverage, many can't pay for care even if they have a doctor close by.**
 - 32% of rural Americans did not have health care for at least one month over a two year period ending in 1987. [Office of Rural Health]
 - About 40% of all agricultural workers and their families have no health insurance at all.

RESPONDING TO RURAL NEEDS

- ◆ We are committed to addressing the health care problems particular to remote areas.
- ◆ Any health care plan must:
 - Encourage more doctors to locate practices in rural areas.
 - Provide real access not just a promise and a piece of paper.
 - Set up computer links between rural areas and big city hospitals to increase access to the latest and best information.
 - Better coordinate services and information between rural health care providers, hospitals, and home care services.
 - Increase pre- and post-natal care and reduce the rate of high risk deliveries.
 - Support the activities of the National Health Services Corps.

THE NATIONAL HEALTH SERVICE CORPS

- ◆ Begun more than 20 years ago, the National Health Service Corps (NHSC) is a national service program which encourages doctors and nurses to serve in areas that have shortages of health providers in exchange for medical scholarships and loan repayment.
- ◆ The Corps, made popular by the television show "Northern Exposure," is one way we increase the number of health providers in rural communities.
 - **In 1986, 70% of the 3,127 health professionals serving under the NHSC program served in rural areas. [Department of Health and Human Services]**
 - State officials in 35 states rated the National Health Service Corps as effective in improving the availability of health services in rural areas. [Robert Wood Johnson Foundation]

Note: After 1986, NHSC field strength dipped sharply due to Reagan era budget cuts, but has rebounded since. Many rural Americans hope that this program will be reinvigorated to increase the numbers of health providers serving in rural areas.

PANEL III: RURAL HEALTH

DONNA SLOAN, MAYOR, OGDEN, IOWA

Q: Why is it so hard to recruit physicians?

Q: Have you ever worked with the National Health Service Corps to identify a physician for your area?

EDWARD R. MAAHS, CEO, STEWART MEMORIAL HOSPITAL

Q: Can this model be replicated elsewhere? What are the obstacles to this kind of cooperation?

FRITZ WENZEL, EXECUTIVE DIRECTOR, MARSHFIELD CLINIC

Q: What was the status of health care in rural Wisconsin prior to the formation of this rural group practice?

Q: Will this approach work in other rural areas?

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Theme 1:

Strategies for addressing rural health care issues must be flexible enough to respond to the diversity of rural communities.

Such strategies also need to recognize weaknesses in the rural economy that impinge on health care access.

With the exception of children under 17 years, rural Americans of all ages are less likely than urban residents to have private health insurance coverage.

Rural workers are more likely to be employed in small firms, family run enterprises or industries characterized by self-employment -- each which have significantly lower levels of private health insurance coverage.

Many elderly rural residents who retire from rural-based industries lack retiree health benefits that are provided for workers in larger firms.

Rural elderly residents are less likely than their urban counterparts to hold private supplemental insurance policies and are more likely to rely on Medicaid to supplement their Medicare coverage.

27% of Americans live in rural areas.

Theme 2:***Rural areas face key issues:******> attracting -- and keeping -- physicians and mid-level providers***

More than half of rural hospital networks in the U.S. report physician and staff recruitment as one of their major activities.

In the summer of 1989, the district hospital in a small Minnesota farming town offered a \$5,000 "reward" to anyone who could find them a family practitioner. No one did.

A study in North Carolina found almost half of rural primary care physicians left their rural practices within three years of practice.

Medicaid officials in nearly half of the states report problems recruiting doctors in rural areas (23 states).

> creating back-up systems for these professionals

Rural primary care physicians have 20-30% more patient visits yet earn 10-20% less than their urban counterparts.

> transportation

- > *quality of services*
- > *providing a range of service intensities (e.g., home care for the elderly)*

64.2% of the 2,361 rural counties in the U.S. had no HMOs providing services to county residents in 1991.

- > *emergency services*

Theme 3:

Staff model HMOs do not work well in many rural areas due to low population density.

However, some benefits of managed competition may be achieved by supporting consortia of providers or shared special services.

Almost two-thirds of the nation's 2,361 rural counties had no HMOs providing services to county residents in 1991.

Theme 4:

To date, incentives for providers to locate in rural areas appear to be having little impact in addressing rural health care service shortages, but things are probably better than they would be without these programs.

Nationally, nine million people live in rural communities that are medically underserved (by measures of health status and physicians shortage).

State officials in 35 states rated the National Health Service Corps as effective in improving the availability of health services to non-metropolitan underserved areas.

Theme 5:

State-supported health professions training programs could take more responsibility for recruiting and training students who will work in these areas.

Theme 6:

The quality of life in areas without a health care provider is gravely threatened; conversely, the vitality of these areas -- attracting and keeping businesses and families -- depends on an adequate health care "presence."

If you are pregnant and living in a rural county, you will have only one-third as many ob/gyns and pediatricians to choose from, than if you were living in an urban area. If you live in a poor rural county, there will be only one-quarter as many ob/gyns, and one-fifth as many pediatricians.

Theme 7:

For people with chronic health conditions and disabilities, choosing to live in a rural area may represent a "death-defying" act, given the scarcity of health care services available to address acute problems.

The rural population is disproportionately poor (16% versus 14% in metropolitan areas), experiences significantly higher rates of chronic illness and disability (17% versus 14% of non-elderly have major limitations), and is older than the nation as a whole (25% of the rural population is elderly).

56.9% of Iowans live in a nonmetropolitan area, fourth only to Alaska, Arkansas and Idaho. 39% live in rural areas.

In Iowa, 12% live below the poverty line; 15% are elderly.

Only 22% of Des Moines residents feel that a person with no health insurance coverage who cannot afford to pay for medical bills can usually get the care they need.

In Iowa, 51 of 99 counties are health professional shortage areas, with no more than one physician for every 2,500 people.

Iowa Medical Society surveys have found shortages of doctors practicing ob/gyn, internal medicine, family medicine, and to a limited extent, pediatrics.

In 39 Iowa counties, between 40 and 60% of practicing physicians are over age 55.

41 of 99 Iowa counties have no 911 emergency service.

4% of Iowa residents (107,000 people) are HMO participants (3.8%).

3% of infants were born to women who received late or no prenatal care in 1989.

46% of two-year-olds in Iowa were not appropriately immunized last year.

10% of Iowans were medically underserved in 1990.

Can improvements be made in rural health care absent improvements in the overall rural economy?

What are the environmental health-related impacts of modern agricultural practices, dependent on chemical pesticides, fertilizers and (in the meat animal industries) growth hormones and antibiotics? Do these require new surveillance mechanisms and preventive efforts?

What types of incentives would be most effective in promoting rural practice selection by health care professionals?

How might available electronic communications technology (e.g., telemetry) be used more effectively to give rural care providers access to the diagnostic and therapeutic support services of urban health science centers to monitor quality of care.

How might we make better use of non-physician primary care providers (e.g., nurse practitioners, physician assistants) in addressing the health care needs of rural residents?

Should the Indian Health Service be part of health care reform?

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14

Divider Title: _____

3/5/93

THE DES MOINES REGISTER
Edition: 3 STAR
Section: METRO/IOWA
Page: 4

Whether Iowa acquires its own brand of health-care reform may depend on the success of Daniel Pitts Winegarden.

A 34-year-old lawyer and first deputy state insurance commissioner, Winegarden was appointed last fall by Gov. Terry Branstad to direct use of a two-year, \$685,000 grant from the Robert Wood Johnson Foundation to get a consensus on health-care reform in Iowa.

If that goal is reached, Winegarden said he believes, its framework will be the plan released last spring by the Iowa Leadership Consortium on Health Care -- the coalition of business, government and health-care leaders that for a year and a half studied possible solutions to the problems of burgeoning costs and limited access to health care.

The consortium plan is merely intended to generate discussion, Winegarden said, and part of his job is to see that people don't "dig trenches around the proposal."

Lays out Problems

The plan's best feature, he said, is the way it lays out the problems. They include:

At the present rate of increase, the average per-person cost for health care in Iowa will be a staggering \$5,565 by the end of the decade.

An estimated 250,000 Iowans -- a third of whom are children -- lack health insurance, and the number will grow if more factories and shops close or fewer employers choose to provide coverage.

Businesses pay increases in health-care insurance premiums for their employees that average 20 percent per year, with some seeing premiums more than double from one year to the next.

The state budget is being crippled by increases in the cost of Medicaid, the state-federal insurance program for the poor. Spending on Medicaid in Iowa this fiscal year will total just under \$1 billion, 16 percent more than last year.

"Health-care costs are eating our ability to stay alive," said Winegarden.

New Regulating Body

At least two of the consortium's principal recommendations have kept it from gaining wide acceptance: the need for a new state regulating body, called the Iowa Health Commission, and "play or pay."

"Play or pay," in which businesses would have to provide health coverage for their employees or help pay for a public plan to cover the uninsured, is not a popular idea among many employers, especially owners of small businesses.

Critics also have said creation of a state health commission would be a needless expansion of the state bureaucracy in which politics could determine the scope of benefits and stifle flexibility.

Winegarden said that debate over forming such a commission

and its role embodied the whole health-care reform debate. "At its core," he said, "it's 'What is the appropriate role of government?'"

Legal Counsel

A Waterloo native, Winegarden was for four years legal counsel for the commerce committees of the Legislature.

He said he had made strides in reconciling differences between the consortium leaders and their critics, who have included executives of Pioneer Hi-bred International Inc., the head of the Iowa Medical Society and a representative of small businesses. All those groups were represented on the consortium, but participated to varying degrees.

The soft-spoken Winegarden is of the "catch-more-flies-with-honey" school of leadership, and a lot may depend on his persuasiveness. He said he wanted to bring as many people as possible into the process of creating a health-care plan for Iowa.

His boss, Iowa Insurance Commissioner David Lyons, said Winegarden was the right person for the job.

"He has the kind of personality that doesn't take 'no' for an answer," said Lyons. "He'll keep at it until he finds an answer."

Chief Value

Paul von Ebers, senior vice president at Blue Cross and Blue Shield of Iowa and the consortium's facilitator, said Winegarden's chief value to the group was his background in government.

"The (consortium) is primarily a private-sector effort," he said. "As a member of the Branstad administration and with his experience with the Legislature, he'll bring (the consortium) into the government context."

That means that if and when a consensus is reached, Winegarden can advise the consortium on getting the Legislature to act. Some features of the reform could be passed during this legislative session, Winegarden said, but sweeping reform probably will not come before 1994.

BOB MODERSOHN/T R Daniel Pitts Winegarden, with Gov. Terry Branstad at the Statehouse, is seen as a "catch-more-flies-with-honey" leader.

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STATE SUMMARY: IOWA

Population, 1991 (est.)	2,795,000
Personal income per capita, 1990 (in current dollars)	\$17,301
Age distribution, 1990	
under 5 years	7.0%
5 to 17 years	18.9%
65 and over	15.3%
Race, 1990	
White	97%
Black	2%
American Indian	< 1%
Asian	< 1%
All Other	1%
Persons of Hispanic origin	1%
Births, 1989	
total	37,241
with low birth weight	5.4%
People per physician, 1990	649
Dentists, 1990	
rate (per 1,000 persons)	0.58
Hospitals, 1990	
number	134
occupancy rate	65.5%
personnel (x 1,000)	49,400
Social Security beneficiaries, 1990	
total	524,000
Medicare, 1990	
enrollment	457,000
payments (\$ mil)	1,183
Medicaid, 1990	
recipients	240,000
payments (\$ mil)	620

State & local government expenditures, 1989-90 (\$ per capita)	
total	\$3,499.05
health & hospitals	343.58
Federal aid grants to state & local government, 1991	
per capita total	\$527.82
Medicaid	185.17
Unemployment rate, 1991	4.6%
Civilian labor force, 1991	
manufacturing	249,000
Union membership in manufacturing, 1989	\$43,500
Median household income, 1991	\$28,553
Persons below poverty level, 1991	271,000
Percent below poverty level, 1991	9.7%
Payroll, by major industry group, 1990	
total (\$1,000)	\$18,631,850
manufacturing	6,034,633
retail trade	2,345,914
service industries	4,206,000
Defense department	
civilian employees	1,500
military personnel	400
Manufacturing establishments, 1987	
total	3,566
employees, 1990	230,000
Retail trade, 1987	
paid employees	203,517
Service industries, 1987	
paid employees (non-exempt firms)	\$131,000

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Divider Title: _____

CONVERSATIONS ON HEALTH

DES MOINES, IOWA

All Confirmed and Potential Audience List as of COB 3/12/93

Count: 279

[Note: Does not reflect anticipated changes in roles]

Sallie Abelson

Ann Abramson
Spectrum Unit
Iowa Methodist Medical Center
Des Moines, IA

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President
National Alliance for the Mentally Ill
Des Moines, IA

Warren Anderson
Personnel Director
Waterloo Industries
Waterloo, IA

Greg Anliker
Northwest Aging Association
Spencer, IA

Sharon Baker
Cross Ministries
Cottage Grove Presbyterian Church
Des Moines, IA

Janusz Bardach

Lawrence E. Barker
Director
Scott County Health Department
Davenport, IA

Jerilyn Bartmess
Lisbon, IA

Glen Baughm
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Des Moines Child and Adolescent Guidance Center
Des Moines, IA

C.J. Beard
Des Moines, IA

George Bedell

Gary Begauski
Administrator
McCook Hospital

Nancy Berggren
Chief, Compensation & Benefits
State of Iowa
Department of Personnel
Des Moines, IA

Dave Betke
Chairman's Assistant

Joyce Birks
Owner
Gibson Specialty
Waterloo, IA

Vince Bjorling, M.D.
Scotisblure, NE

James L. Blessman, M.D.
Free Medical Clinic for Rural Areas
Polk City, IA

Donald Brandt
President
Claim Technologies
Des Moines, IA

Steve Brenton
President
Iowa Hospital Association
Des Moines, IA

Joe Brick
Des Moines, IA

Maxine Brinkman
Women's Health Center
Mason City, Iowa

David Brothersen, R.Ph.
Davenport, IA

Johnny Brown
CEO Bethany Hospital

Cheryl Bruder
Ankeny, IA

Victoria Bruner, M.S.W., R.N.

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Tom Carlisle
Atalissa, IA

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Poplar Bluff, MO

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Director
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Iowa City, IA

Charlotte Christie
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Paula Chuchvara
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Webster City, IA

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Decatur County Public Health Nursing Service
Leon, IA

Jerry Crawford

Michael Crawford
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Pat Evans

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Beulla Eyanson
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Burns Mossman
American Diabetes Association

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Iowa Substance Abuse Directors Association
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Education and Policy Coordinator
Mercy West Health Center
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Des Moines, IA

Cecilia Silva
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Rick Stewart
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Frontier Cooperative Herbs
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Marguerite Stockstad
Older Iowans' Legislature
Dunlap, IA

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Connie Summers, R.N.
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Becky Swartz

Kenneth Sweedler
Williams, IA

Cathy Szary
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Des Moines, IA

Ray Townsend
President
Townsend Engineering

Bruce Trimble, MD
President
Iowa Medical Society
West Des Moines,

Judy Ulin
North English, IA

Dick Vanderlaans
Pella, IA

Michael Vasquez
President
Health Care Expert Systems
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Judi Ver Hoef
Des Moines Chapter Alzheimer's Association
Des Moines, IA

John Watson
International Representative
Textile Process Service Trades/Health Care
Professional and Technical Information
International Union
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Chair of Ethics Committee
Minnesota Emergency Nurses Association
Cottage Grove, MN

Cynthia Weitz
Officer
Pioneer Hi-Brid

Mary Wherry
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Iowa Nurses Association
West Des Moines, IA

Richard White
General Manager
John Deere Des Moines Works
Ankeny, IA

Frank Wiewel
People Against Cancer
Otho, IA

Samuel Williams
Bettendorf, IA

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University of Missouri-Columbia
Department of Family Medicine
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Executive Director
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Mound City, MO

Connie Wimer
Publisher
Des Moines Business Record &
City View Newspaper
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Judy Winkelpleck
Pioneer Hybrid
Johnston, IA

Nancy L. Witt
Reinbeck, IA

Mary Pat Wohlford-Wessels
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Dorothy Woods
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Ron Woods
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Iowa City, IA

Greg Yeakel
Pharmacist

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Ken Zimmerman
Director Mental Health Center
Mason City, IA

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17

Divider Title: _____

March 14, 1993

EVELYN AND PHIL LEHMAN FARM

DATE: March 15, 1993
LOCATION: Slater, IA
TIME: 8:45 a.m.
FROM: Kim Tilley

I. PURPOSE

To discuss rural health care problems with Iowa farm families.

II. BACKGROUND

See attached.

III. PARTICIPANTS

Senator Harkin
Congressman Neal Smith
Secretary Donna Shalala
Alice Rivlin
Phil and Evelyn Lehman, Hosts
Ruth and Craig Bolinger, Creston, IA (and their child, Jesse [9 y.o.])
Bobette and Brad Rogers, Milo, IA (and their children, Wade [12 y.o.] and
Weston [10 y.o.])
George And Pat Kadrmas, Traer, IA
Jim and Carol Kaplan, Chelsea, IA
Kaplan

IV. PRESS PLAN

Arrival/Departure - Open
Event - Pool press only

V. SEQUENCE OF EVENTS

- o Senator Harkin introduces Congressman Smith (brief remarks);
- o Senator Harkin introduces HRC;
- o HRC brief remarks;
- o General discussion (Senator Harkin acts as moderator).

VI. REMARKS

General discussion.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	Brief Background on Participants in Health Care Discussion with Iowa Family Farmers (2 pages)	n.d.	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Liz Bowyer
OA/Box Number: 3979

FOLDER TITLE:

Robert Wood Johnson Foundation, Des Moines Iowa March 1993 [binder] [2]

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MEET AND GREET WITH IOWA DIGNITARIES

Governor Terry Branstad (R-IA)

Governor Branstad was born in Iowa in 1946. A former lawyer, Branstad was elected lieutenant governor in 1978, governor in 1982, and reelected governor in 1990. His term expires in January 1995.

In 1991 and 1992, Iowa enacted two laws related to the affordability and accessibility of employer-sponsored insurance, especially within the small employer market.

The 1991 law was enacted to improve access to affordable health insurance for Iowa's small businesses and their employees. It limited the allowable variations in experience ratings among small businesses and limited the percentage increase in premium rates. The legislation authorized the issuance of a basic benefit coverage policy for those who were without health insurance for twelve months, listed minimum benefits covered and provided tax incentives to employers and insurers.

The 1992 law addressed the continuing problem of insurers avoiding high-risk groups. It prohibited insurers from refusing coverage to any small employer or employee and prohibited new waiting periods or pre-existing condition exclusions or limitations when employees change employers or employers change insurers.

Senator Tom Harkin (D-IA)

Senator Tom Harkin's greatest achievement in the Senate is the Americans with Disabilities Act (ADA). Having grown up with a brother who became deaf as a child, Senator Harkin is an advocate for disabled citizens' rights. He is a single payer advocate, but may be amenable to alternatives for guaranteed universal coverage, as long as the proposal reaches a cost consensus and as long as rural health care concerns are confronted. He is also considered to be a leading expert on delivery and financing issues related to health care in rural communities. He chairs the Labor, Health and Human Services, Education, and Related Agencies subcommittee of the Senate Appropriations Committee, which appropriates funds for health care activities.

In addition to the Senate Appropriations Committee, the junior senator currently sits on the Senate Committee on Agriculture, Nutrition, and Forestry; the Senate Committee on Labor and Human Resources, and chairs that Committee's Disability Policy Subcommittee; and the Senate Committee on Small Business. Also, he was recently named co-chair (with Senator Dole of Kansas) of the Senate Rural Health Caucus.

Senator Charles Grassley (R-IA)

Senator Charles Grassley sits on the Senate Committee on Finance, and serves on that committee's Medicare and Long Term Care Subcommittee. He is one of the 15 Republican Senators whose support you hope to garner on health care reform, though he tends to be otherwise persuaded by Minority Leader Bob Dole. His primary concern is the impact that health care reform will have on small businesses. In the past, he has sponsored legislation to ensure access to health care for rural communities.

In addition to serving on the Senate Finance Committee, Senator Grassley also serves on the Senate Committee on Agriculture, Nutrition, and Forestry; the Senate Committee on the Budget; the Senate Committee on the Judiciary; and the Senate Special Committee on Aging.

Rep. Neal Smith (D-IA)

Congressman Smith has not had any significant involvement in the health care legislative process. He is considered a conservative Democrat and it is expected that he will need to be convinced to support the Administration's health reform proposal. A former farmer with newly adopted rural areas following redistricting, he is expected to have concerns on rural health care. Smith has not been especially vocal about the President's economic plan, yet we anticipate that he will vote with the party. He serves on the House Appropriations Committee and its Labor, Health and Human Services, Education and Related Agencies Subcommittee. He also sits on the House Committee on Small Business. He has represented Des Moines since 1959. The Des Moines Area Community College is located in his district.

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18

Divider Title: _____

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: Linda Moore, Political Affairs

SUBJECT: Iowa Politics

DATE: March 13, 1993

1992 ELECTION RESULTS

	Iowa	Des Moines media market
Clinton	43%	45%
Bush	37%	38%
Perot	19%	17%

The Democrats maintained control of the State Senate but lost control of the State House in '92. Due to reapportionment, two incumbent congressmen, Dave Nagle (D) and Jim Nussle (R) faced off. Nagle was defeated by a 51%-49% margin. Nussle embarrassed many Iowans last year when he received a great deal of media attention for putting a bag over his head and saying that he was ashamed to be a member of the Congress on the House floor while the body was in session.

Secretary of State Elaine Baxter (D), a pro-choice liberal, narrowly lost to incumbent Republican Congressman Jim Lightfoot, a conservative anti-choice advocate. She is considering a re-match in '94.

In the past, districts had been drawn to favor Democrats. The '90 census reapportionment was very neutral. These new districts, combined with the appearance of an equal rights amendment on the ballot which drove up right-wing voter turn-out, contributed to Democratic defeats.

CONGRESSIONAL DELEGATION

The delegation is made up of one Democratic Representative of a total of five and one Democratic Senator. The entire delegation is listed below.

Senator Tom Harkin (D)	Senator Charles Grassley (R)
Rep. Jim Nussle (R)	Rep. Jim Leach (R)
Rep. Jim Ross Lightfoot (R)	Rep. Neal Smith (D)
Rep. Fred Grandy (R)	

Senator Harkin will be with you the entire day. All were invited to the hearing. You will see Senator Grassley and Rep. Smith there.

STATEWIDE ELECTED OFFICIALS

The Governor and Lt. Governor run on a ticket in Iowa. Statewide officials are listed below.

Governor Terry Branstad (R)
Attorney General Bonnie Campbell (D)
Sec. of Agriculture Dale Cochran (D)

Lt. Governor Joy Corning (R)
Sec. of State Elaine Baxter (D)
Treasurer Mike Fitzgerald (D)

You will see Governor Branstad at the hearing. All of the Democrats have been invited to a "meet and greet" just prior to your departure Monday afternoon.

DEMOCRATIC PARTY

The new party chairman, Eric Tabor, defeated incumbent chair John Roehrick. Tabor is a three-time congressional candidate who is committed to rebuilding the financial base of the party. It is approximately \$160,000 in debt. John Chrystal, a Des Moines banker and community leader, has agreed to lead the fundraising effort to pay off the debts.

We have a great opportunity to bring Republicans into our fold over the next few years. Their party is being overtaken by the religious right.

Note: An article appeared in Saturday's (March 13) Des Moines Register with quotes from Iowa Democratic Party spokesperson Joe Shannahan complaining that Democrats have been left "out of the loop" on your visit. (Article attached.) Attorney General Bonnie Campbell plans to speak with Register reporter David Yepsen today to tell him that the story is baseless and that she and other Iowa Democrats are very much looking forward to seeing you on Monday. Also, Senator Harkin's press secretary is meeting with reporters this weekend to promote your visit. Both of these efforts should produce positive stories in the Sunday and Monday papers.

Twenty key Clinton and Democratic Party supporters have been invited as special guests to the hearing and you will see a larger group, including Shannahan, at the "meet and greet" just prior to departure.

'94 GUBERNATORIAL RACE

Governor Branstad was first elected in 1986. Iowa does not have term limits for statewide office holders. He is likely to run for re-election but not certain. His favorability rating was about 40% two months ago but it now estimated at 50%.

Attorney General Bonnie Campbell is the most likely challenger to Governor Branstad in '94. One potential problem has arisen -- she has admitted to not paying social security taxes on the money paid to the woman who cleaned her house for years.

Former congressman and party chairman Dave Nagle is considering his options and may enter this race as well. He was quoted in the newspaper as saying that he doesn't believe think that a woman could win the gubernatorial race.

STATE LEGISLATURE

While the Democrats lost control of the House (49 Democrats/51 Republicans) we maintained control of the Senate (27 Democrats/23 Republicans).

ISSUES

Death penalty and abortion. The State Senate has recently blocked bills promoting the death penalty and parental notification. Both bills never made it out of committee. Democrats think both bills would pass if brought to the floor.

Economic plan. Iowans are generally supportive of the President's economic plan though they feel that agriculture is bearing a disproportionate share of the burden. Many people feel that ethanol should be exempted from the energy tax. Farmers are hopeful that ethanol, which is derived from corn, can lift the Iowa agricultural industry out of the slump that began in the early 80s.

MTBE. There is a controversy over the use of MTBE (methyl tertiary butyl ether, a fuel additive similar to ethanol) which is oxygenated fuel used to lower the carbon monoxide level of gas. It has been test-marketed in Alaska but has since been taken off the market because of health side effects (upset stomach, headaches, eye irritation and other problems). Senator Harkin's Labor-HHS Subcommittee held hearings last Monday asking for further investigation into the safety of MTBE.

Girls' basketball. Girls' basketball has been the sweetheart sport of Iowa since the early 1920s and the game is about to change. The girls' championship basketball tournament to be held tonight in Des Moines will be the last time the game is played using the traditional 6 on 6 format. The game will turn to the 5 on 5 format used by all boy's and most girls' basketball programs in the 1993-94 season.

The 6 on 6 format consists of 3 offensive and 3 defensive players on the court at the same time. Each participant plays their respective position on their half of the court and cannot cross the center line. Critics of the format say it does not develop well-rounded players and proves to be a disadvantage to women trying to compete at the collegiate level. As in past years, a lawsuit has been filed to stop this. This is a very sensitive issue and Iowans are split 50-50 on it. There have been many articles about this published in Iowa papers and it was the topic of a USA Today Sports Section cover story on Wednesday, March 10.

Note: Students at Des Moines Area Community College have asked that classes be cancelled on Monday. The students cited lack of sufficient seating for students to view the hearing and the closing of the student union and two parking lots as reasons for cancelling classes. (Newspaper article attached.)

Police: Elderly man filked of \$24,000

THE REGISTER'S IOWA NEWS SERVICE

Iowa City, Ia. — Police here say an elderly, disabled veteran was lured by a man who convinced him to paying almost \$24,000 for cutting down five trees.

Police said the 76-year-old man, whose name they would not identify, paid for the removal of five trees in his yard. He was charged with first-degree burglary and is accused of charging the man with cutting down five trees and doing some painting.

The man, 32, who also lives in Iowa, was charged with first-degree burglary. He is accused of charging the man with cutting down five trees and doing some painting. The man was jailed on \$11,000 bond.

Democrats left 'out of the loop' for Hillary Clinton's Iowa visit

**Branstad is scheduled to
participate in the forum,
but not Bonnie Campbell.**

By DAVID YEPSEN
and TOM CARNEY
REGISTER STAFF WRITERS

Iowa Democrats are miffed at the way they are being treated by Hillary Rodham Clinton during her visit to Iowa Monday.

The problem they're having with their treatment is, well, they basically aren't being treated.

"The political types are out of the loop," said party press secretary Joe Shannahan. "In fact, we're not even invited in most cases."

To make matters worse, Gov. Terry Branstad, a Republican, is likely to share some of the limelight.

The president's wife is scheduled to come to Ankeny to collect testimony about health-care problems and to visit a group of farm families. The trip is being organized by the Robert Wood Johnson Foundation.

Shannahan said it's fine to emphasize health care, but it's wrong to overlook politics.

"She won't do a fund-raiser for

us," Shannahan said. "I don't understand why we are being kept out of the loop."

Attendance at Clinton's health-care forum is by invitation only, and all the invitations have been issued, an organizer said.

"We tried to reach into the community to give her an accurate, balanced picture," said Marc Kaplan of the Robert Wood Johnson Foundation.

The foundation, which finances health-care projects around the country, is based in Princeton, N.J.

Shannahan said he thought her visit would be a good opportunity for the White House to cement relations with Iowa Democrats, who are used to being courted by presidential Democrats. Many don't know the Clintons because Iowa was bypassed in the 1992 campaign cycle.

Democrats in Iowa think it would do President Clinton well to pay attention to the state. The last Democratic president, Jimmy Carter, used Iowa as a firewall to protect himself from a challenge from Sen. Edward Kennedy in 1980.

"We're glad she's here," Shannahan said. "I just wish we'd see more of her." He said there are a lot of new political operatives in the White

House and they are still learning their jobs.

Shannahan pointed out that Branstad will get more attention than Attorney General Bonnie Campbell, a Democrat who is planning to challenge Branstad.

Branstad plans to attend a panel discussion on health care and a reception afterward. Shannahan said Campbell "better get the same" treatment. "It would be a huge blunder if she didn't."

The Ankeny session is one of a series of four forums that Hillary Clinton — who is heading the administration's health-care reform effort — is holding around the country. Kaplan said the forum will be one of her few opportunities since the election to hear from ordinary people and the only one in a rural state.

Until now, he said, she has heard mostly from health-care experts and people within the industry.

Although invitations have already been issued, and no one will be admitted without one, Kaplan said the foundation is placing names of people wishing to attend on a "waiting list." People who want on the list or further information can call Hillary Clinton's press office in Washington, (202) 456-2960.

PHOTOCOPY
PRESERVATION

er Se THEATER CLOCK

DES MOINES AREA

(G): SouthRidge, Valley — 1, 3, 5, 7, 15.
— 1, 3, 5, 7.
Andrew (PG-13): Forum, Westwood — 7:20, 9:30.
The Best 2 (R): Fleur, Westwood — 1, 45, 9:30.
Baker's Dracula (PG): Value Cinema — 15, 7, 9:30.
Forum, Westwood — 1, 3, 5, 7, 20.
Big Game (R): Varsity — 7:30, 9:25, 5:45, 4:30, 7:10, 9:45.
Men (R): River Hills — 1:30, 4:15, 7.
Place (PG): SouthRidge, Valley — 5, 7, 9:30, Merle Hay Mall Cinema — 30, 5, 7, 15, 9:30.
Men (R): Riviera — 1:30, 4:15, 7.
Sky (PG-13): Sierra, Century — 5, 7:15, 9:45.
Day (PG): Fleur, Century, West — 45, 4:15, 7, 9:30.
In New York (PG): Value

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Health-care forum details still unclear

By JAY WAGNER
and TOM CARNEY

REGISTER STAFF WRITERS

About 200 tickets for public admission to Hillary Rodham Clinton's health-care forum in Ankeny Monday will be available through a lottery, organizers said Thursday.

But Beverly Davis and Deputy Iowa Insurance Commissioner Daniel Winegarden, who are running an Iowa health-care reform project financed by the Robert Wood Johnson Foundation, say it hasn't been decided how the lottery will be conducted.

"We haven't a clue," said Davis.

The foundation, based in Washington, D.C., finances health-care projects around the country, including a health-care reform project in Iowa.

Winegarden said the purpose of Clinton's visit is to show the need and opportunities for health-care reform as well as to educate the public. Iowa was chosen as one of four Clinton stops around the country partly because of the reform efforts already under way in the state.

The forum, to be held from 10 a.m. to 3 p.m. at Des Moines Area Community College, will be divided into three general subjects, said Winegarden: health-care costs, rural health care and the "security" of health-care coverage — the extent to which people feel secure about maintaining health-care insurance, for instance.

People "from five or six upper Midwest states" have been invited to present their problems in these areas, said Davis. Experts and specialists in these areas will then respond. No solutions from Clinton, or from members of the health-care task force she heads, will be presented.

Davis said plans for the forum have been "tightly controlled," and few details are available.

In addition to the Ankeny forum, Clinton is expected to visit a handful of farms in the Des Moines area Monday, including the Phillip Lehman farm 1 1/4 miles west of Alleman.

Lehman, a farmer and longtime officer with the Iowa Farmers Union, said an advance team will visit his farm today to talk about a visit.

"I'm not at liberty to say much about it," he said. "They may still decide not to stop here."

Lehman, 71, farms 700 acres near Alleman. He served for 12 years as vice president of the Iowa Farmers Union and remains on the board of directors.



Hillary Rodham Clinton
Will visit Ankeny Monday

Clinton's visit creates hassles at DMACC

By MARK SIEBERT

REGISTER STAFF WRITER

Des Moines Area Community College students, saying they are being excluded from the biggest event in school history, want classes canceled when first lady Hillary Rodham Clinton visits Monday.

"We do not have a problem with Hillary visiting here," said Sally Sparks, a freshman from Winterset. "It's the treatment we're receiving because of her visit."

Sparks presented a petition with 900 signatures to college administrators Thursday afternoon.

School spokesman Dan Ivis said all classes would continue as scheduled.

"I think that students are looking for a way to get out of class," he said.

The first lady will be at DMACC's Ankeny campus Monday to moderate a regional forum on health care.

Because of limited seating, only a small percentage of the school's 7,500 students will have the opportunity to attend. They will be chosen by lottery.

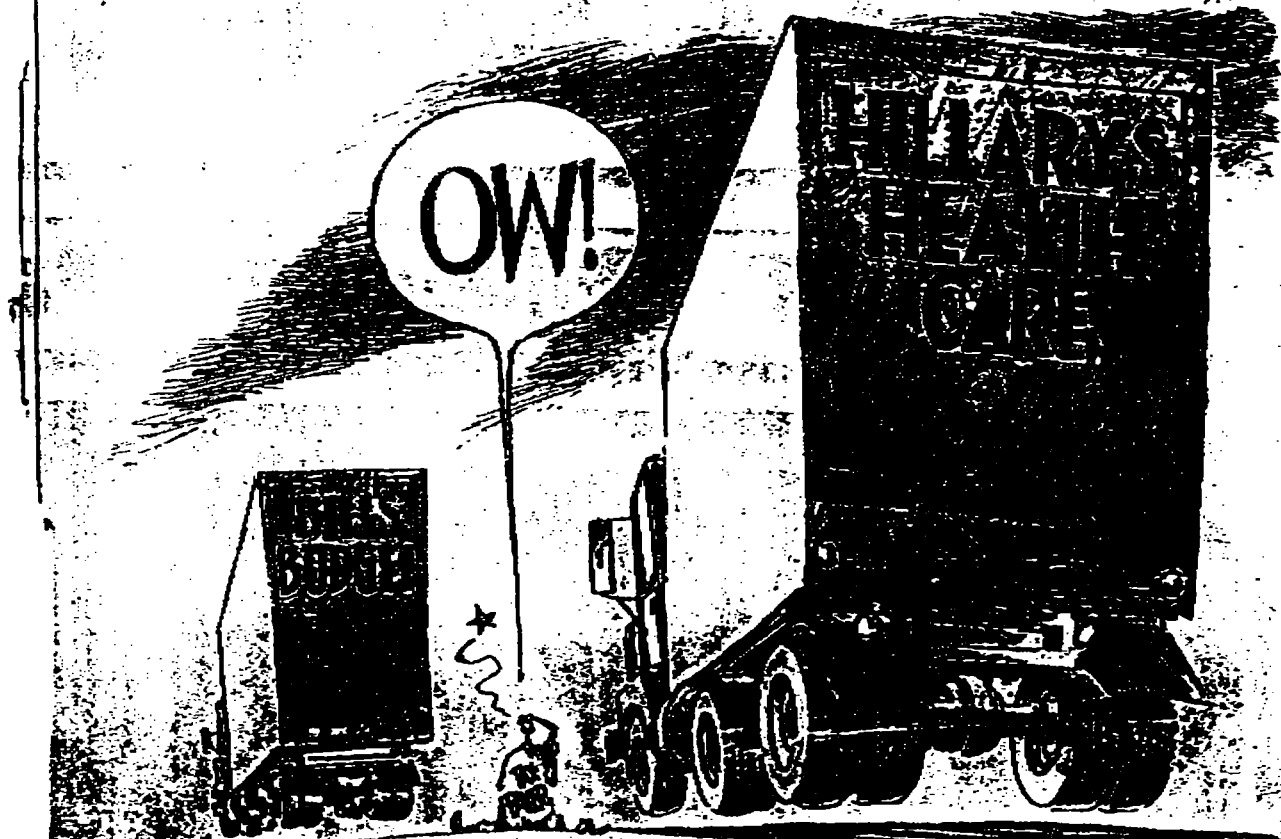
To add inconvenience to injury, the school's student center will be shut down. So will two parking lots and part of another.

"While we were circulating petitions, we heard several people say they're not coming to classes Monday," Sparks said. "It's just too much of a pain in the neck."

Ivis said school officials were trying to get as many students into the forum as possible. Those who aren't selected will have a chance to watch the forum live in a 325-seat campus auditorium.

PHOTOCOPY
PRESERVATION

LETTERS



DON WRIGHT/PALM BEACH POST

Compare Medicare

Why do rates differ between states?

Hillary Rodham Clinton is scheduled to visit the Des Moines area Monday, coinciding with the in-meeting of the Health Care Reform Project. To

If we the calculations for the eight pop-
ulous: regarding Medicare enrollees, the total Medi-
care expenditure over the Iowa's \$2,700-per-enrollee

PHOTOCOPY
PRESERVATION

Compare Medicare

Why do rates differ between states?

Hillary Rodham Clinton is scheduled to visit the Des Moines area Monday, coinciding with the initial meeting of the Health Care Reform Project. To the extent that any health-care reform needs to deal with Medicare expenditures, it is extremely important to consider Iowa's Medicare reimbursement rate.

The data from the Health Care Financing Administration for fiscal year 1991 indicate that, in Iowa, \$2,700 was spent on each Medicare beneficiary or enrollee. A very interesting thing about that report is the higher cost per enrollee in states with higher Medicare populations.

For instance, California has 3.2 million Medicare enrollees, which cost \$3,406 per enrollee during 1991, or \$706 per Medicare enrollee more than the Iowa "efficient cost rate." In New York, each of the 2.4 million Medicare enrollees cost \$3,932. That difference of \$1,232 per Medicare enrollee comes out to a greater cost to the system of \$2.96 billion than if those enrollees had been cared for at the Iowa rate.

The calculation for California comes out to \$2.25 billion so that we have more than \$5 billion in excess expenditure compared to the Iowa rate by looking at just two states.

If we use the same calculations for the two most populous states regarding Medicare enrollees, the total Medicare expenditure over the Iowa's \$2,700 per enrollee rate comes out to \$13.69 billion.

To the extent that any meaningful health-care reform intends to modify or control Medicare expenditures, Iowans need to demand that they be treated fairly, and that Ms. Clinton and other planners address the areas where high expenditures are a problem and leave the low-cost states alone.

The so-called "fairness policy" of cutting expenditures by a percentage across the board does not treat states fairly. Any meaningful reform should address in a focused fashion the areas where Medicare expenditures are grossly excessive, and these tend to be the most populous states.

These hard times and health-care costs must be shared by all, but there is more room for sacrifice in the states where the expenditure rates are the greatest.

Paul E. Smith, M.D.
Urological Associates, P.C.
3319 Spring Street, Suite 202, Des Moines, Iowa 50319

Clinton: Iowa should pursue health reform

Federal plan still in works, first lady says

By TOM CARNEY
REGISTER STAFF WRITER

Iowa health-care reformers can be assured their efforts won't be wasted because of pending federal reform, Hillary Rodham Clinton said Saturday.

In a telephone interview from the White House, Clinton — who heads a task force charged with bringing major reform to the nation's health-care system — said state reform efforts such as those in Iowa should proceed.

"The president hopes to provide opportunities to determine a lot of the specifics of the (federal) program," she said.

Clinton said she is well aware of the reform efforts that have been under way in Iowa for more than 10 years and are now coming to a head through the Iowa Health Care Reform Project. The project is being financed by the Robert Wood Johnson Foundation, which is sponsoring Clinton's visit to Iowa Monday.

Remembers Iowa Meeting

"On the very first trip after announcing his candidacy, the president went to a health-care meeting in Des Moines, and I went with him," she said. "We talked with people working on reform."

In fact, she said, the plan on which her task force is working, which the president wants ready by May, is "being built on" the Iowa efforts.

"There are people from Iowa on the task force," she said. "We're getting good ideas from Iowa."

Efforts in Early '80s

In the early 1980s, former Gov. Robert Ray formed an Iowa group to study the runaway costs of health care. It was one of the first such



“There are people from Iowa on the task force. We're getting good ideas from Iowa.”

— Hillary Rodham Clinton

The group's efforts led to formation of what is now called the Health Policy Corporation of Iowa. Early in its life it was a coalition of business, labor, government and health-care leaders whose goal was to achieve quality, low-cost health care. More recently, its leadership has had less representation from health-care leaders and has concentrated on helping businesses buy quality, low-cost health insurance for employees.

The initial group has spawned many other health-care initiatives. Ray, now president of Blue Cross of Iowa, and Bill Shields of Iowa Health

tium on Health Care.

It began its work, documenting the problems of high cost and limited access to health care in the state, only two years ago and recently issued its final report.

Received Grant

Meanwhile, the Robert Wood Johnson Foundation offered Iowa a \$688,000 grant to proceed with its reform efforts, and Gov. Terry Branstad appointed First Deputy Insurance Commissioner Daniel Winegarden to direct the effort.

Building on the findings of the leadership consortium, Winegarden said the project will spend the spring and summer gathering information and opinions and setting priorities for reform — activities that will include about 50 public meetings around the state — and by Dec. 1 will have a reform proposal to present to the Iowa Legislature.

Winegarden says he expects the federal reform to set objectives for states to meet, not to impose an overall health-care plan that all states must follow. And, in any case, the Iowa project leaders should know by May what the Clinton administration has in mind.

Meanwhile, says Winegarden, "the status quo is bad enough that no one should be satisfied with waiting."

In regard to rural health care, Hillary Clinton said a federal plan that makes sure everybody has health-care coverage will go a long way toward solving the problems of rural doctors and hospitals suffering from insufficient Medicare compensation for treating the elderly.

The Clinton administration will also attempt to eliminate much of the costs and time rural doctors

Front Page

Des Moines Register

First lady's skill has public tryout in health forums

Search for answers brings her to 'star-studded' event in Iowa

By JANE NORMAN

Of The Register's Washington Bureau

Washington, D.C. — She's stepping out of the limousine.

With those words, a horde of reporters and photographers lounging in the lobby of a U.S. House office building shouldered their cameras and readied their pens. The outside doors swung open, and in stepped Hillary Rodham Clinton.

THE CLINTON PRESIDENCY



The First 100 Days

"Hi everybody," she said, smiling and waving as she glided by, before disappearing behind the heavy, wooden — and closed — doors of a hearing room filled with House Democrats.

Such have been the secretive Washington workings of the health-care task force headed by the nation's first lady. But she's now taking it on the road and giving the effort a much more public face with

THE IOWA PLAN

Whatever Iowa does to reform the state's health-care system likely will fit into the national health-care plan being developed by the Clinton administration, Hillary Rodham Clinton told The Register's Tom Carney in an interview Saturday.
Story: Page 8A

four forums, including one Monday at Des Moines Area Community College in Ankeny.

Access to health care in rural areas is expected to be a main theme at the Iowa event. In addition, Clinton, Sen. Tom Harkin, D-Ia., and Rep. Neal Smith, D-Ia., will meet with a group of farm families before the 10 a.m. forum, sponsored by the Robert Wood Johnson Foundation.

In what seems to some to be a sort of Oprah Winfrey-style talk-show format, Iowans will relate their stories of health-care problems, community leaders and health-care experts will respond with their opinions and the first

First lady's skills get tryout

100 DAYS

Continued from Page 1A

lady will be in the middle of it all, in her first trip to Iowa since the election.

"It is going to be great for Iowa," said Dr. Steve Gleason, a Des Moines physician and adviser to the White House on health policy. "I would say this will be the highest-profile, most star-studded forum on rural health I've ever seen."

Clinton will be "very open" to any new ideas Iowans may have, Gleason said. "This is a time when Iowa participants must tell it like it is. They want to hear what the real issues are."

She has the unenviable task of coming up with a politically viable proposal by May 3 to cure the ills of the nation's troubled, expensive and inefficient health-care system, and to extend health coverage to all Americans.

Without change, national health expenditures would rise from 13.2 percent of the gross domestic product in 1991 to 18.1 percent by the year 2000, with per-capita spending of more than \$6,000 for every American, the U.S. Department of Health and Human Services says.

Health-care reform is one of the most contentious and complicated issues in American politics today.

The issue offers a very public tryout for a new role for a president's wife, although Clinton — a lawyer and activist in her previous life — so far has handled herself without missteps, in the face of intense press coverage. "Hillary's Role: How Much Clout?" Newsweek asked in a cover story shortly after she was named to head the health-care reform effort.

Attacks Continue

Attacks on Hillary Clinton that dominated last year's Republican convention also have continued in some quarters. Conservative radio commentator Rush Limbaugh refers to her as the "co-president," calls her task force a "recipe for disaster" and satirized her recent visit to New York to pay tribute to Eleanor Roosevelt.

But those familiar with her and with President Clinton say it is understandable the president would turn to his wife to shape what may turn out to be the most enduring legacy of his presidency.

"She's a source of extraordinarily good advice to the president," Vice President Al Gore — who might have been expected to take on this task — told reporters recently. "She's a force for good."

Mr. Magazine, the Rhode Island consultant in charge of the 300 to 400 "working group" experts forming the details of the health plan, said he had worked with many corporate executives during his 20 years in business and "I can tell you, if Hillary decided to go in that direction, she'd be the best the country has."

Rush Limbaugh, however, married to a politician, first met Clinton at a Jefferson-Jackson Day dinner in Iowa in 1991. When asked to know her better during last

ings with different groups of lawmakers, Rep. Fred Grandy, R-Ia., a member of the House Ways and Means Committee who is a player in the health-care debate, was invited to one with about 20 other members of the GOP.

The discussion was genteel, and the event part stance and part photo opportunity. "This was kind of an exchange of diplomatic credentials," said Grandy. "She was totally noncommittal in terms of what policy they might come up with in their task force. All we really have to operate on are rumors and various stories that might waft out of the White House."

That secrecy has spurred a lawsuit filed by several groups that want the task force deliberations opened to public view, under a federal advisory committee law. A judge ruled last week that the task force must hold any fact-finding meetings in public, although its several dozen working groups can continue to meet in private.

No Problem

In a brief meeting with reporters after she met with women senators Thursday, Clinton said she had no problem with that decision.

Earlier, in an interview with The Associated Press, Clinton had said the decision to keep task force meetings private also kept them protected from the influence of special interests.

But Sen. Charles Grassley, R-Ia., who will attend two hours of Monday's forum, said in a statement on the floor of the Senate Thursday that he had found it "very disappointing" that the task force has not met in public. And he said it is within the working groups that the real work of devising a national health-care system will be accomplished.

"Who are these people?" Grassley asked. "What interest groups do they represent? What interests are gaining access to the making of very important public policy unbeknownst to the public?"

One of them is Jane Schadle of Des Moines, a registered nurse and expert on rural health care who works as a state health planner. Schadle, 48, commutes to Washington every other week — using vacation time — to spend 14- to 16-hour days hammering out issues on committees.

Some members of the working groups are highly credentialed academics, but not everyone, Schadle said. "We're just common people sometimes," she said. "It's not that we're very sophisticated folks, or well educated. Sometimes we're just people who are committed to helping make a change."

But if people like Schadle are on the inside, people such as former Iowa Gov. Robert Ray now find themselves on the outside. Ray, the head of Blue Cross-Blue Shield of Iowa, is also the chairman of the National Leadership Coalition on Health Care Reform, and has been watching the progress of the task force closely.

Ray said he had mixed emotions about the president putting his wife in charge of health care reform. "I don't think it's a bright idea," he said. "I think it's a

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PRESERVATION

...course of extraordinarily good advice to the president," Vice President Al Gore — who might have been expected to take on this task — told reporters recently. "She's a force for good."

Ira Magaziner, the Rhode Island consultant in charge of the 300 to 400 "working group" experts forming the details of the health plan, said he had worked with many corporate executives during his 20 years in business and "I can assure you, if Hillary decided to go in that direction, she'd be one of the best the country has."

Ruth Harkin, another lawyer married to a politician, first met Clinton at a Jefferson-Jackson Day dinner in Iowa in 1991, then grew to know her better during last year's campaign, when they traveled together in Iowa and around the country.

"She is a very good listener, which is really essential to try to develop a program, or develop consensus," Ruth Harkin said. "She is also very, very serious and goal-oriented."

All those qualities were in evidence even when Clinton was a student at Yale Law School, according to "Hillary Clinton: The Inside Story," a biography by journalist Judith Warner published in January. In the spring of 1970, for example, she led a mass meeting of law students upset about a number of issues during a time of widespread campus unrest.

"The image of Hillary sitting cross-legged in blue jeans on a huge lecture hall stage, keeping order as students raged at one another, has stayed fresh in her classmates' minds," Warner wrote.

"Filled With Friends"

"After the meeting, Hillary's reputation as a skillful conciliator stuck with her. ... Her cafeteria table was always filled with friends and followers who passionately fished away at the issues of the day, while she sat at the center and mediated," Warner wrote.

After the president assigned her to the health-care effort, the first lady began a series of closed-door meet-

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Ray said he had "mixed emotions" when the president put his wife in charge of health-care reform. "I thought, No. 1, she's bright, she's interested, she's done a lot of homework on it and he certainly will have confidence in her," Ray said.

"The Downside"

"The downside is, right now she's making friends by saying, 'Give us your ideas.' But when it comes to the final package that gets presented and everyone starts to look at what they don't like, then there's a downside. You can't solve the problem without offending some people and doing some things groups of people don't like."

Ray said he appreciates the Clintons' courage, and if the package is accepted, they will have done the country a favor.

"But if they fail," he said, "it doesn't make any difference who you are, the wife of the president or the president. You've got a problem."

Veterans of Washington's political wars share his combination of hope and skepticism.

"She's got a very, very high-risk responsibility. If anybody can put something together by May or June or July that a majority in Congress can vote for, I'm just amazed," said Representative Smith, who has been in the House since 1959.

"But she's trying to do it. And I think to do it you've got to get out like she is, and get out to the communities and get support from the grassroots up."