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Meetings [Folder 4]

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FOR DISCUSSION PURPOSES ONLY:

Week of 2/13: SENIORS

Sunday 2/13:
Monday 2/14:
Tuesday 2/15: HRC addresses American Legion (POTUS - Ohio (crim))

Wednesday 2/16: POTUS/HRC Seniors Speech, Edison, New Jersey
[Possible drop by of long-term hospital] 2500 - 3000
[Also, letter writers at airport] 1:00 p.m.

Thursday 2/17: POTUS lunch with Senior Validators, White House (15)
POTUS Roundtable interview with Senior press (9-10 pubs)
[Also, release announcement of White House Conference (Josh Silverman) on Aging]

HRC visits NIH - Alzeimers

Friday 2/18: HRC at South Dakota Health Care Forum: Iowa & Nebraska invited

Saturday 2/19: Radio Address--Theme??

HRC health care event in Wisconsin--Seniors (Wausau - Fri) (also Obey F.R) ~~(Klecker)~~ (Feingold, Kohl)

Week of 2/20: SENIORS

Sunday 2/20:
Monday 2/21:

Tuesday 2/22: [Day Trip] POTUS Prescription Drug Event, either VA or CT ~~(Feds Speech)~~
Endorsements by National Association of Retail Druggists and National Association of Chain Drug Stores

Wednesday 2/23: POTUS visit to adult day care, local D.C.

Thursday 2/24: [POTUS in Chicago--Jobs]

[Community Retail Pharmacy Health Care Coalition to release report showing huge Medicare savings due to prescription drug coverage]

Friday 2/25:

Saturday 2/26: Radio Address--Theme?

Week of 2/27: INSURANCE CONTROL

Sunday 2/27:
Monday 2/28:
Tuesday 3/1:

Wednesday 3/2: POTUS and HRC health care event, Kansas
[PTL to film on this date?]

POTUS and HRC RON, Oklahoma

Thursday 3/3: POTUS and HRC health care event, Oklahoma

Friday 3/4:
Saturday 3/5:

Week of 3/6: PREVENTIVE CARE

Sunday 3/6:

Monday 3/7: American Academy of Pediatrics Legislative Conference

Tuesday 3/8: POTUS Travel: NY, PA, or CT (HRC can also travel)
PENNSYLVANIA OPTIONS:
*Bethlehem Steel
*Mezvinsky's district--cost-shifting, preventive care, or women's health event
NEW YORK OPTIONS:
*IBM plant, East Fish Kill, NY (Fish's district) 10,500 employees or Poughkeepsie, NY (Fish's district) 8,800 employees
*Corning, Corning, NY (Houghton's district) 6,000 employees
*Long-term care event, Bronx
(See model discussed in NYT, 2/14, page A1)
*Preventive care event, Manhattan
CONNECTICUT OPTIONS:
*Good seniors outside New Haven
*Preventive care, Bridgeport
*Big companies, Fairfield County
*Well-organized labor
*Insurance--counterscheduling, Hartford

Wednesday 3/9: " "

Thursday 3/10: " "

Friday 3/11:
Saturday 3/12:

WEEK of 3/13:

Sunday 3/13:

Monday 3/14: POTUS at Jobs Summit, Detroit

HRC Western Health Care Forum, Denver

National Association of Children's Hospitals in D.C. (ask them to stay over to the 15th)

Tuesday 3/15: POTUS in New Hampshire, economic event

Wednesday 3/16: POTUS satellite time into targeted districts as mark-up really gets under way

Thursday 3/17:
Friday 3/18:
Saturday 3/19:

Week of 3/20:

Sunday 3/20: POTUS in FL for p.m. FR

Monday 3/21: POTUS health care event, Florida
OPTIONS INCLUDE:

- *University of Florida, Gainesville, 10,000 seats
- *Pepper Institute on Aging, Tallahassee
- *AARP sponsored senior event(Eckard Drugs also)
- *Joe Dimaggio Children's Hospital, Hollywood
- *Fraud event with Reno--discuss recent catching of Delgado in Miami, charged with leading a $14 million Medicare fraud ring

Tuesday 3/22:
Wednesday 3/23:
Thursday 3/24:
Friday 3/25:
Saturday 3/26:

Week of 3/27: MORALITY OF HEALTH CARE/CRISIS (lead-in to Easter)

Sunday 3/27:

Monday 3/28: POTUS Morality of Health Care speech to medical students; Georgetown's Dahlgren Chapel

Coordinate CHA endorsement

Week of 4/3:

Sunday 4/3: Easter Sunday

Non-date specific options in states not listed above:

* CALIFORNIA: Seniors: Leisure World in Walnut Creek, CA
  Miller's district

* NIH event: Varmus not yet sworn-in?

* Independence, Missouri: The AARP is incredibly eager to do an event in the home town of Harry Truman. Their best field operation in the country is in this area. (Wheat's district)

* Another women's health event?

* NEBRASKA: University seats 10,000

Senators and Congressman Who have met with HRC

Members of Congress

Richard Gephardt (D-MO) 2/3, 2/16
Thomas Foley (D-WA) 2/16
Bob Michel (R-IL) 2/16
J. Dennis Hastert (R-IL)-2/16
Newt Gingrich (R-GA) 2/16
Fortney "Pete" Stark (D-CA) 2/23
Henry Waxman (D-CA) 2/23
Pat Williams (D-MT) 2/23
James McDermott (D-WA) 3/9
John Conyers (D-MI) 3/9
John Dingell (D-MI) 3/9
Ron Wyden (D-OR) 3/11
G.V. Montgomery (D-MS) 3/11
J. Roy Rowland (D-GA) 3/11
House Democratic Leadership 2/16
Womens Congressional Caucus 2/23
House Republican Leadership 2/16
Republican Leaders Task Force of Health 2/16
Congressional Black Caucus 3/2
Congressional Hispanic Caucus 3/2

Senators

George Mitchell (D-ME) 2/4
Jay Rockefeller (D-WV) 2/10, 3/11
David Durenberger (D-MN) 2/23
James Sasser (D-TN) 2/25
Don Riegle (D-MI) 2/25
Paul Paul Wellstone (D-MN) 3/2
Daniel Patrick Moynihan (D-NY) 3/11
Republican Senate Health Care Task Force 3/10
Women Senators 3/11

Hec #4

Carl

F.L

M E M O R A N D U M

TO: Hillary Rodham Clinton/Patti
FR: Chris J./Melanne
RE: Congressional Meetings we've discussed
cc: Steve, Jeff Eller, Distribution

June 16, 1993

Meeting	Purpose	Timeframe/Contact
Political Vetting with Steve R., Chris J., Jerry K., Karen P., Stan G., Mandy G., Melanne, Jeff E., Steve E.	To reassess current political environment, timing advisability, legislative strategy, consultation schedule, and political implications of policy.	Sunday June 20th or Monday, 6/21 **CHRIS J./ext 2645**
Senate/House Message Meeting with Mitchell, Gephardt, and 10 other Members	To respond to Daschle's request for HRC to meet with these Members to discuss "selling" health care.	Tuesday afternoon or Wednesday lunch. Contact: Debra Silimeo 224-3232
Senate/House Policy discussion with Mitchell, Gephardt, Bonier, Daschle, Pryor	To get a policy/political reads from our closest Congressional friends from the leadership. (We need to invite Rockefeller for his own briefing b/c HRC promised an individual, substantive meeting and because his presence -- and his staff agrees -- might alienate Chairmen and others. **We should schedule the Rockefeller meeting soon.)**	Thursday June 24 Contact: Chris J
Charlie Rose Meeting	To discuss the tobacco tax and health reform	**As soon as possible.** Contact Robin S. 225-2731
Senate Small Business Committee Meeting.	To respond to Sen. Bumpers request for a bipartisan meeting to discuss small business issues and health reform	Late in week of June 21st or sometime the week of June 28th. Contact: Rosi Smith/224-4843
Bill Clay Meeting	To discuss impact of health reform on Fed. Empl. health benefits	Anytime within next 2-3 weeks. Contact: Gail Weiss/225-4054
Managed Competition meeting	Follow-up to Cooper request	Week of June 28th Caroline Chambers

Office of the Vice President

TIPPER GORE'S OFFICE

Old Executive Office Building
Washington, DC 20501
(202) 456-6640

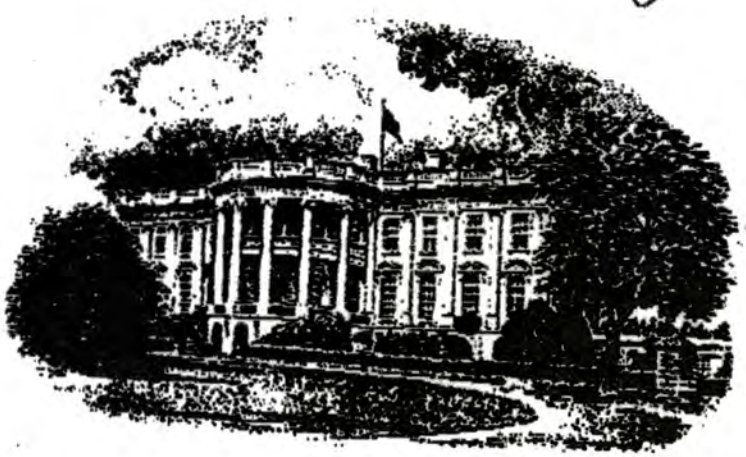
TO: Howard Paster / Steve Richette

FROM: Shila Harris

DATE: 11/16/93

number of pages: ____

COMMENTS: Here is a list of Congressional & Cabinet Spouses attending tomorrows Health Care Briefing by Mrs Clinton & Mrs Gore.



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TX

DORIS MATSUI
CA.

ELIZABETH PERKINS

ACCEPTANCES - HEALTH CARE BRIEFING - 11-17-93

CABINET SPOUSES

1. Brown, Alma
2. Cisneros, ~~Sunky~~ Mary Alice
3. McLarty, Donna
4. Riley, Anne - plus guest, Anne Riley Smith
5. Tarloff, Erik
6. Schulman, Heidi

Hattie Babbitt
Ellen Hart Pena
BA Benson

SENATE SPOUSES

Bennett, Joyce (Robert) UT-R
Bond, Carolyn (Christopher) MD-R
Breaux, Lois (John) LA-D
Brown, Nan (Hank) CO-R
Bryan, Bonnie (Richard) NV-D
Burns, Phyllis (Conrad) MT-R
Calautti(Conrad),Lucy (Kent) ND-D
Daschle, Linda (Thomas) SD-D
Domenici, Nancy (Pete) NM-R
Dorgan, Kimberly (Bryon) ND-D
Glenn, Annie (John) OH-D
Gregg, Kathy (Judd) NH-R
Hollings, Peatsy (Ernest) SC-D (Coming late)
Kempthorne, Patricia (Dirk) ID-R
Kennedy, Vicki (Edward) MA-D
Leahy, Marcelle (Patrick) VT-D
Levin, Barbara (Carl) MI-D
Leiberman, Hadassah (Joe) CT-D + guest
Lott, Tricia (Trent) MS-R
McConnell, Elaine Chao (Mitch) KY-R
Murkowski, Nancy AK-R
Pell, Nuala (Claiborne) RI-D
Pryor, Barbara (David) AR-D
Reid, Landra (Harry) NV-D
Reigle, Lori (Donald) MI-D
Rockefeller, Sharon (John) WV-D
Sasser, Mary (Jim) TN-D
Simon, Jeanne (Paul) IL-D
Simpson, Ann (Alan) WY-R
Smith, Mary Jo (Robert) NH-R
Wellstone, Sheila (Paul) MN-D
Wofford, Clare (Harris) PA-D

HOUSE SPOUSES

Andrews, Debra (Thomas) ME-D
Applegate, Betty (Doug) OH-D
Barlow, Shirley (Thomas) KY-D
Bevill, Lou (Tom) AL-D
Bilbray, Michaelene (James) NV-D
Blackwell, Jannie L. (Lucien) PA-D
Brewster, Suzie (Bill) OK-D
Brooks, Charlotte (Jack) TX-D
Browder, Sarah (Glen) AL-D
Bryant, Jan (John) TX-D
Bryne, Larry (Leslie) VA-D
Chapman, Betty (Jim) TX-D
Coleman, Amy (Ronald) TX-D
Costello, Georgia (Jerry) IL-D
deLugo, Sheila (Ron) VI
Deutsch, Lori (Peter) FL-D
Dicks, Suzanne (Norman) WA-D
Dingell, Debby (John) MI-D
Dooley, Linda (Calvin) CA-D
Edwards, LeaAnn (Chet) TX-D
Filner, Jean Merrill (Bob) CA-D
Foley, Heather (Thomas) WA-D
Ford, Dorothy (Harold) TN-D
Hamilton, Nancy (Lee) IN-D
Hayes, Leslie (James) LA-D
Inslee, Trudi Ann (Jay) WA-D

Johnson, Suzanne (Don) GA-D
Kildee, Gayle (Dale) MI-D
Lantos, Annette (Tom) CA-D
Lipinski, Rose Marie (William) IL-D
Taliafero, Betsy (David Mann) OH-D
Blumenthal, Susan (Edward Markey) MA-D
McHale, Kathy (Paul) PA-D
Mineta, Danealia (Norman) CA-D
Neal, Landis (Stephen) NC-D
Obey, Joan (David) WI-D
Kirby, Laurie (Earl Pomeroy) ND-D
Rose, Joan (Charles) NC-D
Rowland, Luella (Roy) GA-D
Sangmeister, Doris (George) IL-D
Smith, Beatrix (Neal) IA-D
Spratt, Jane (John) SC-D
Waxman, Janet (Henry) CA-D
Williams, Carol (Pat) MT-D

Allard, Joan (Wayne) CO-R
Bateman, Laura (Herbert) VA-R

Barrett, Elsie (William) NE-R
Castle, Mrs. Michael (Michael) DE-R
Charas-Gekas, Vangie (George Gekas) PA-R
Gilchrest. Barbara (Wayne) MD-R
Goss, Mariel (Porter) FL-R
Houghton, Priscilla (Amory) NY-R
Lewis, Marian (Tom) FL-R
Michel, Corinne (Robert) IL-R
Sanders, Jane (Bernard) VT-I
Thomas, Sharon (William) CA-R
Thomas, Susan (Craig) WY-R
Upton, Amey (Frederick) MI-R
Strickland, Frances (Ted) OH-D
Wyden, Laurie (Ron) OR-D
Levy, Tracy (David) NY-R plus guest, Pat
Tanner, Betty Ann (John) TN-D
Valentine, Barbara (Tim) NC-D
Pallone, Sarah (Frank) NJ-D
Hamburg, Carrie (Don) CA-D
Hughes, Nancy (William) NJ-D
Wise, Sandy (Robert) WV-D

Mollohan, Barbara (Alan) WV-D
Hefner, Nancy (Bill) NC-D
Thompson, London (Bennie) MS-D
McCurdy, Pamela (Dave) OK-D
Tucker, Robin (Walter) CA-D
Hall, Janet (Tony) OH-D
Santorum, Karen (Rick) PA-R
Glickman, Rhoda (Dan) KS-D
Roemer, Sally (Tim) IN-D
Horn, Nini (Stephen) CA-R
Knollenbery, Sandie (Joe) MI-R
Unerwood. Lorraine (Robert) GU-D

Sherwood, Lorraine (Robert) GC-D
Huffington, Arianna (Michael) CA-R
Collins, Julie (Michael "Mac") GA-R
Walker, Desmar (Craig Washington) TX-D
Clement, Mary (Bob) TN-D
English, Jan (Glenn) OK-D
Rush, Carolyn (Bobby) IL-D
Shaw, Emilie (Clay) FL-R
Baker, Joanne (William) CA-R
Klein, Jacquline (Herb) NJ-D
Edwards, Edie (Don) CA-D
Fazio, Judy (Vic) CA-D
Johnson, Barbara (Tim) SD-D
Johnston, Mary (Harry) FL-D
Levin, Vicki (Sander) MI-D
Sabo, Sylvia (Martin) MN-D
Richardson, Barbara (William) NM-D
Minge, Karen (David) NM-D
MCMillan, Caroline (Alex) NC-R
Miller, Glenda (Don) Fl-R
HOBSON, CAROLYN ( ) (OH-R)

Watt, Eulada (Melvin) NC-D
Romero-Barcelo, Kate PR-D

Panetta, Sylvia OMB

Associates

Coughlin, Susan
DeWine, Frances (R)
Murphy, Kathleen

MEMORANDUM

CHCs - community based orgs
- Health-focus

TO: Hillary Rodham Clinton March 10, 1993
FR: Chris Jennings
RE: Rockefeller, Montgomery, Rowland Veterans Meeting
cc: Melanne, Steve R., Lorraine M., Kim Tilley

After your meeting with the Women Senators, you are scheduled to meet with the Senate and House Chairmen of the Veterans' Affairs Committees, Senator Jay Rockefeller and Congressman Sonny Montgomery. Also in attendance at the request of Congressman Montgomery will be Congressman J. Roy Rowland, who is on the House VA Committee and is a physician.

Attending this meeting with you will be Vick Raymond, Secretary Brown's right-hand policy guy. Vick is Secretary's staff designate to the Health Task Force and is participating in the Work Groups.

BACKGROUND

One extraordinarily important political goal of any health reform proposal is to design it in such a way that a vote against the Clinton health reform initiative is a vote against veterans. The veterans represent one of the strongest lobbying forces in Washington and we need them on our side.

In the past, having the veterans on your side in health reform meant that they had to be treated separate and apart from the rest of the system. Now, there is growing recognition within the VA advocates community that the very survival of special services for veterans depends on the ability of the VA system to play an important role within the context of entire system.

Having said the above, there is great nervousness that this means that the VA and its providers will have to be totally "integrated" into the system and that veterans may not receive the type of special care to which they have become accustomed. Moreover, there are still many interest groups within the veterans community who are viscerally opposed to any significant changes from the days of old.

Senator Rockefeller shares your belief that we must the veterans' groups forward on this issue. However, since he just became Chairman this year, he wants to make certain he has the time to build enough credibility with the groups BEFORE he pushes too hard publicly. He is working on building those relationships now. One that he apparently has been very successful with is the friendship he now has with Chairman Montgomery. They are very close.

Senator Rockefeller's staff has expressed some frustration that he has not been informed of the policy pronouncements that Secretary Brown has been making before he has made them. Although this is not a major problem and can likely be solved with a meeting between the new Chairman and the new Secretary (which is now being scheduled), it is somthing the Secretary may be well advised to be more sensitive to.

Vick Raymond reports that he thinks that the Secretary is open to even more innovative approaches to health reform than he has been discussing with the press. Like Senator Rockefeller in many ways, Vick believes that upside of the Secretary's statements is that they serve the useful purpose of building up credibility with these sometimes difficult groups. As Vick said, Richard Nixon could go to China; perhaps Secretary Brown will be able to later raise some difficult issues.

Vick prepared a short one page background on the Secretary's position on reform, as well as a three page summary of the Department. This information is attached for your review.

Chairman Montgomery, I believe, will be somewhat deferential to Senator Rockefeller. He will want to hear how important you feel that the VA and their advocates are part of the process. Since Vick used to work for the Chairman, he is very comfortable with who is at the table. As one of the few physicians in the Congress, Congressman Rowland probably can be counted on to raise the importance of having doctors in the process. Although you addressed this at your meeting with him at Energy and Commerce, he may well raise it again.

This meeting is very important, but I would guess that it will not be difficult at all. Senator Rockefeller will make sure it goes very smoothly.

M E M O R A N D U M

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Meeting with Chairman Brooks
cc: Melanne, Lorraine, Steve, Kim Tilley

March 16, 1993

Tomorrow you are scheduled to meet with Congressman Jack Brooks, Chairman of the Judiciary Committee. As you know, this legislative body may be one of the "sleeper" Committees during the health care reform debate. In attendance at this meeting will be the Chairman's General Counsel, Jon Yarowsky.

BACKGROUND

The importance of doing something on malpractice and anti-trust reform as a part of the reform initiative becomes more and more self-evident as we continue our meetings on Capitol Hill. Physicians and other health care providers will trade a great deal for malpractice reform. Even more importantly, as you have seen in your own meetings, this issue is of great importance to almost every Republican and many conservative to moderate Democrats. More recently, anti-trust roadblocks to health care facilities' efforts to coordinate purchasing and utilization of expensive medical equipment has been raised.

Of the two big issues that have Judiciary Committee jurisdiction, the anti-trust reform issue appears to be, far and away, the one of greatest interest and concern to the Chairman. For years now, Congressman Brooks has been attempting to limit the one industry (other than baseball) that has an exemption from anti-trust laws -- the insurance industry. (As you know, the McCarren Fergeson law provides this exemption; it has been cited by the Chairman and others as an example of the unanticipated problems that can emerge from poorly thought out anti-trust exemption laws).

At this point, the Chairman believes he is very close to passing his McCarren Fergeson limiting legislation. He is, therefore, very sensitive to talk about any legislation that goes in the exact opposite direction and could, in his opinion, undermine his efforts to limit abuses by the insurance industry. What he wants to hear is that you are aware of his legislation and that you and the President would like nothing less than to undercut his efforts in any way. In addition, he does not want you to broadly say that it is important to exempt hospitals and other purchasers from anti-trust laws.

The Chairman would accept, and be very open to, however, hearing that narrowly drafted anti-trust exemptions are necessary and important, as long as it is clear what any reform allows and, more importantly, what it does not allow. Legislation that follows that formula in another area and has been endorsed by the President (the Production Joint Venture initiative) was introduced last week by Congressman Brooks. He would love to hear you make an analogy between that bill and any anti-trust provisions that we would consider that would provide some room for legitimate coordination agreements with facilities.

On the medical malpractice front, he and his staff believes that there is very little empirical data to confirm that this issue is the problem that the health care industry and its advocates say it is. Having said this, they appear willing to work with you on this legislation (understanding that perception is reality and that so many Members are supportive of tort reform) as long as it is not overly broad. He will want you acknowledge that empirical limitations on this issue, but you should be honest about the political problem and about the need to have something that is perceived as "real." He will appreciate such candor.

Lastly, Chairman Brooks may raise the issue of the pharmaceutical industry's request to have a Justice Department ruling that grants them a private letter of approval to negotiate with the Administration on their voluntary price constraint proposal. On this issue, my advice is to just listen and ask him what he thinks about the need for such intervention by the Department. In addition, you may want to discuss what, if any other, anti-trust issues are relevant to cost containment initiatives.

CONCLUSION

The above mentioned issues are complex and controversial. To assist us in the front end (as well as hopefully after the bill is introduced), we have invited Congressman Brooks' staff to participate in the working groups. They have participated a great deal already on the medical malpractice reform working group and, starting later this week, they will be sending someone else to our discussions about anti-trust issues. You may wish to thank him for the use of his staff.

Lastly, attached for your information is some background information on the anti-trust and medical malpractice issues that were prepared by working group staff. The information is summarized, but we hope you will find it useful.

M E M O R A N D U M

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Thursday Meeting with Ron Wyden
cc: Melanne, Lorraine, Kim Tilley

March 10, 1993

In response to his invitation, you are scheduled to meet with Ron Wyden (D-Oregon). Staffing him for this meeting will be David Schulke, a well respected and former David Pryor Senate Aging Committee staffer.

BACKGROUND

Congressman Wyden is well known in health reform circles. He is very adept at picking hot topic health issues, moving quickly to address them -- particularly through the press, and introducing relevant legislation. In recent years, he has been at the forefront of such issues as prescription drug cost containment, long-term care private insurance standards, and state flexibility. (All three of these issues have also been strongly advocated by Senator Pryor).

During last year's effort by the House to achieve a Democratic consensus on health reform, Congressman Wyden and Congressman Synar attempted to play the mediator role between the Gephardt/Stark government regulation approach and the Cooper/Andrews/Stenholm managed competition approach. He believes there is some middle ground and he wants to be one of the Members who helps you find it. Although he will work closely with Chairmen Dingell and Waxman, he views himself as a major player as well and hopes you will treat him as one. Apparently, FYI, he was very happy that you mentioned his name in yesterday's meeting with the Energy and Commerce Committee.

LIKELY DISCUSSION

A number of issues may come during your discussion with Congressman Wyden, including: (1) How best to talk about revenues and recapture provisions, (2) How best to target wavering Members and what Wyden's role can be in this regard; and (3) the provision of state flexibility and, somewhat related, the status of the Oregon waiver request. This visit is very important to Congressman Wyden. If it turns out like I believe it will, you will have another strong and helpful ally in the House.

M E M O R A N D U M

TO: Hillary Rodham Clinton March 16, 1993
FR: Chris Jennings
RE: Meetings with Conservative/Moderate Democrats
cc: Melanne, Lorraine, Steve

Last year, the House did not have anywhere close to a sufficient amount of Democratic support to even consider a vote on last year's Gephardt health care reform plan. One of the major problems was that the moderate/conservative Democrats did not feel it necessary or in their interest to sign on.

With the election of a new Democratic President, the dynamics most definitely have changed. Having said this, as evidenced by the conservative Democrats position on the President's economic package, it cannot be assumed that these Members will jump on board the President's health care reform plan. If these Members can use the excuse that they have not been consulted with or taken seriously, many may well not hesitate to oppose the health reform proposal and offer an alternative that a number of Republicans might find attractive.

With the above in mind, and even though I know how hectic your schedule is, I believe it is in your and the President's best interest for you to meet with the three conservative Democratic membership organizations that have formed in the House. Because of his experience with these Members, Dick Gephardt strongly endorses this idea. The three groups are:

(1) the Budget Study Group -- (fiscal but generally not social conservatives), Chaired by Congressman David Price from North Carolina;

(2) the Mainstream Forum -- (perceive themselves to be generally moderate, but frequently vote conservative), Chaired by Congressman Dave McCurdy from Oklahoma; and

(3) the Conservative Democratic Forum -- (the most conservative organized group in the House), Chaired by Congressman Charles Stenholm from Texas.

Although there is some membership overlap on these groups, particularly from the larger Budget Study Group, Melanne, Andie King (from Gephardt's staff) and I believe that (unfortunately) separate meetings are advisable. May we proceed and ask Patti to start the process of scheduling these meetings?

M E M O R A N D U M

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Thursday Meeting with Ron Wyden
cc: Melanne, Lorraine, Kim Tilley

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M E M O R A N D U M

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Visit With Senator Moynihan
cc: Melanne, Steve R., Kim

March 10, 1993

Tomorrow at 4:45, you are scheduled to meet with Finance Chairman Daniel Patrick Moynihan. Likely attendees at the meeting will be Lawrence O'Donnell (Staff Director), Faye Drummond (long-time health policy assistant), and Paul Offner (Faye's staff counterpart and former Ohio Medicaid Director).

BACKGROUND

The Chairman has been one of our best friends on Capitol Hill on a wide range of issues. He has basically stated that he will support virtually any health care proposal the President proposes. At the same time, he has expressed some reservations that the issue is so complicated that it may take more time than the President may think for the Administration to develop and the Congress to digest a comprehensive health reform proposal.

Despite his reservations, the Finance Committee Chairman has supported the Majority Leader's contention that health care reform has its best chance for passage if it can be incorporated into the reconciliation bill. Irregardless of what happens in the budget process, Senator Moynihan -- if treated with the respect that he deserves -- can be counted on to be helpful to "set the stage" in terms of desirable hearings and statements.

On health care, Senator Moynihan is not a detail person. He generally asks broad questions with broad implications, rather than focusing on the many complexities of the health care issue. The primary health oriented issues that he has previously indicated some interest in include: (1) the inadequacy of mental health and substance abuse coverage benefits, and its impact on the homeless population, (2) state-based reform and need for flexibility (he was the lead sponsor of a state-based managed care initiative that was adamantly opposed by Henry Waxman), and (3) the impact of any reform effort on New York's powerful, influential and vulnerable hospital providers.

LIKELY DISCUSSION

The Chairman had to miss the last scheduled meeting with you because he was sick. You may want to acknowledge this and ask him how he is feeling. With Senator Moynihan, even more than most Members, one cannot predict the topic of conversation. He probably will want to make sure you are still on track with your bill and to get a sense as to what direction you are headed. More than anything, I believe, he will be more process oriented and "big picture" oriented than most of your recent meetings.

M E M O R A N D U M

TO: Hillary Rodham Clinton March 10, 1993
FR: Chris Jennings
RE: Rockefeller, Montgomery, Rowland Veterans Meeting
cc: Melanne, Steve R., Lorraine M., Kim Tilley

After your meeting with the Women Senators, you are scheduled to meet with the Senate and House Chairmen of the Veterans' Affairs Committees, Senator Jay Rockefeller and Congressman Sonny Montgomery. Also in attendance at the request of Congressman Montgomery will be Congressman J. Roy Rowland, who is on the House VA Committee and is a physician.

Attending this meeting with you will be Vick Raymond, Secretary Brown's right-hand policy guy. Vick is Secretary's staff designate to the Health Task Force and is participating in the Work Groups.

BACKGROUND

One extraordinarily important political goal of any health reform proposal is to design it in such a way that a vote against the Clinton health reform initiative is a vote against veterans. The veterans represent one of the strongest lobbying forces in Washington and we need them on our side.

In the past, having the veterans on your side in health reform meant that they had to be treated separate and apart from the rest of the system. Now, there is growing recognition within the VA advocates community that the very survival of special services for veterans depends on the ability of the VA system to play an important role within the context of entire system.

Having said the above, there is great nervousness that this means that the VA and its providers will have to be totally "integrated" into the system and that veterans may not receive the type of special care to which they have become accustomed. Moreover, there are still many interest groups within the veterans community who are viscerally opposed to any significant changes from the days of old.

Senator Rockefeller shares your belief that we must the veterans' groups forward on this issue. However, since he just became Chairman this year, he wants to make certain he has the time to build enough credibility with the groups BEFORE he pushes too hard publicly. He is working on building those relationships now. One that he apparently has been very successful with is the friendship he now has with Chairman Montgomery. They are very close.

Senator Rockefeller's staff has expressed some frustration that he has not been informed of the policy pronouncements that Secretary Brown has been making before he has made them. Although this is not a major problem and can likely be solved with a meeting between the new Chairman and the new Secretary (which is now being scheduled), it is somthing the Secretary may be well advised to be more sensitive to.

Vick Raymond reports that he thinks that the Secretary is open to even more innovative approaches to health reform than he has been discussing with the press. Like Senator Rockefeller in many ways, Vick believes that upside of the Secretary's statements is that they serve the useful purpose of building up credibility with these sometimes difficult groups. As Vick said, Richard Nixon could go to China; perhaps Secretary Brown will be able to later raise some difficult issues.

Vick prepared a short one page background on the Secretary's position on reform, as well as a three page summary of the Department. This information is attached for your review.

Chairman Montgomery, I believe, will be somewhat deferential to Senator Rockefeller. He will want to hear how important you feel that the VA and their advocates are part of the process. Since Vick used to work for the Chairman, he is very comfortable with who is at the table. As one of the few physicians in the Congress, Congressman Rowland probably can be counted on to raise the importance of having doctors in the process. Although you addressed this at your meeting with him at Energy and Commerce, he may well raise it again.

This meeting is very important, but I would guess that it will not be difficult at all. Senator Rockefeller will make sure it goes very smoothly.

M E M O R A N D U M

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Meeting with Chairman Brooks
cc: Melanne, Lorraine, Steve, Kim Tilley

March 16, 1993

Tomorrow you are scheduled to meet with Congressman Jack Brooks, Chairman of the Judiciary Committee. As you know, this legislative body may be one of the "sleeper" Committees during the health care reform debate. In attendance at this meeting will be the Chairman's General Counsel, Jon Yarowsky.

BACKGROUND

The importance of doing something on malpractice and anti-trust reform as a part of the reform initiative becomes more and more self-evident as we continue our meetings on Capitol Hill. Physicians and other health care providers will trade a great deal for malpractice reform. Even more importantly, as you have seen in your own meetings, this issue is of great importance to almost every Republican and many conservative to moderate Democrats. More recently, anti-trust roadblocks to health care facilities' efforts to coordinate purchasing and utilization of expensive medical equipment has been raised.

Of the two big issues that have Judiciary Committee jurisdiction, the anti-trust reform issue appears to be, far and away, the one of greatest interest and concern to the Chairman. For years now, Congressman Brooks has been attempting to limit the one industry (other than baseball) that has an exemption from anti-trust laws -- the insurance industry. (As you know, the McCarren Fergeson law provides this exemption; it has been cited by the Chairman and others as an example of the unanticipated problems that can emerge from poorly thought out anti-trust exemption laws).

At this point, the Chairman believes he is very close to passing his McCarren Fergeson limiting legislation. He is, therefore, very sensitive to talk about any legislation that goes in the exact opposite direction and could, in his opinion, undermine his efforts to limit abuses by the insurance industry. What he wants to hear is that you are aware of his legislation and that you and the President would like nothing less than to undercut his efforts in any way. In addition, he does not want you to broadly say that it is important to exempt hospitals and other purchasers from anti-trust laws.

The Chairman would accept, and be very open to, however, hearing that narrowly drafted anti-trust exemptions are necessary and important, as long as it is clear what any reform allows and, more importantly, what it does not allow. Legislation that follows that formula in another area and has been endorsed by the President (the Production Joint Venture initiative) was introduced last week by Congressman Brooks. He would love to hear you make an analogy between that bill and any anti-trust provisions that we would consider that would provide some room for legitimate coordination agreements with facilities.

On the medical malpractice front, he and his staff believes that there is very little empirical data to confirm that this issue is the problem that the health care industry and its advocates say it is. Having said this, they appear willing to work with you on this legislation (understanding that perception is reality and that so many Members are supportive of tort reform) as long as it is not overly broad. He will want you acknowledge that empirical limitations on this issue, but you should be honest about the political problem and about the need to have something that is perceived as "real." He will appreciate such candor.

Lastly, Chairman Brooks may raise the issue of the pharmaceutical industry's request to have a Justice Department ruling that grants them a private letter of approval to negotiate with the Administration on their voluntary price constraint proposal. On this issue, my advice is to just listen and ask him what he thinks about the need for such intervention by the Department. In addition, you may want to discuss what, if any other, anti-trust issues are relevant to cost containment initiatives.

CONCLUSION

The above mentioned issues are complex and controversial. To assist us in the front end (as well as hopefully after the bill is introduced), we have invited Congressman Brooks' staff to participate in the working groups. They have participated a great deal already on the medical malpractice reform working group and, starting later this week, they will be sending someone else to our discussions about anti-trust issues. You may wish to thank him for the use of his staff.

Lastly, attached for your information is some background information on the anti-trust and medical malpractice issues that were prepared by working group staff. The information is summarized, but we hope you will find it useful.

M E M O R A N D U M

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Meetings with Conservative/Moderate Democrats
cc: Melanne, Lorraine, Steve

March 16, 1993

Last year, the House did not have anywhere close to a sufficient amount of Democratic support to even consider a vote on last year's Gephardt health care reform plan. One of the major problems was that the moderate/conservative Democrats did not feel it necessary or in their interest to sign on.

With the election of a new Democratic President, the dynamics most definitely have changed. Having said this, as evidenced by the conservative Democrats position on the President's economic package, it cannot be assumed that these Members will jump on board the President's health care reform plan. If these Members can use the excuse that they have not been consulted with or taken seriously, many may well not hesitate to oppose the health reform proposal and offer an alternative that a number of Republicans might find attractive.

With the above in mind, and even though I know how hectic your schedule is, I believe it is in your and the President's best interest for you to meet with the three conservative Democratic membership organizations that have formed in the House. Because of his experience with these Members, Dick Gephardt strongly endorses this idea. The three groups are:

(1) the Budget Study Group -- (fiscal but generally not social conservatives), Chaired by Congressman David Price from North Carolina;

(2) the Mainstream Forum -- (perceive themselves to be generally moderate, but frequently vote conservative), Chaired by Congressman Dave McCurdy from Oklahoma; and

(3) the Conservative Democratic Forum -- (the most conservative organized group in the House), Chaired by Congressman Charles Stenholm from Texas.

Although there is some membership overlap on these groups, particularly from the larger Budget Study Group, Melanne, Andie King (from Gephardt's staff) and I believe that (unfortunately) separate meetings are advisable. May we proceed and ask Patti to start the process of scheduling these meetings?

M E M O R A N D U M

TO: Hillary Rodham Clinton March 24, 1993
FR: Chris Jennings
RE: Possible Meetings for Week of March 28th
cc: Melanne, Patti, Marge, Howard, Susan, Steve, Lorraine

Although this is probably one of the last things you should have to think about, there is a great demand and need for meetings with some key Members of Congress BEFORE the recess begins at the end of next week. Although I could come up with a much longer "wish list," I have tried to prioritize and narrow the following meeting request list as much as possible:

	Meeting and Purpose	Likely Time
1.	House Leadership Meeting w/ Foley, Gephardt, Bonier, Rostenkowski, Dingell, Ford (To give final Leadership briefing BEFORE recess and set up a process for continuing consultation in April).	Friday, April 2 9:00 am or some other early start Contact: Andrea King 225-0100, Chief of Staff.
2.	Senate Leadership Meeting w/ Mitchell, Ford, Pryor, Daschle, Kennedy, Moynihan, Rockefeller & Riegle. (Same purpose as House meeting).	Wednesday, March 31 or Thursday, April 1 at HRC convenience. Contact: John Hilley 224-5556, Chief of Staff.
3.	Senate Finance Committee w/ Members and Staff. This meeting will have both Democrats and Republicans). The purpose of this meeting is to have direct interaction with the primary Senate Committee of jurisdiction BEFORE recess -- much like we have already done for the House Ways and Means and Energy and Commerce Committee.	The morning of Wednesday, March 31st. (Should be BEFORE the Senate leadership meeting) Contact: Lawrence O'Donnell, 224-4515, Staff Director.
4.	House Education and Labor Committee with Democratic Members. (This is the only one of the three primary House Committees that did not get an individual meeting with you). Having said this, Pat Rissler just told me it does not have to be next week, but it needs to be scheduled right away.	Tuesday, Wednesday, or Thursday Contact: Pat Rissler 225-4527, Staff Director

Meeting and Purpose	Time
5. Ways and Means Subcommittee on Health. (Ira, Judy and Chris went to the Thursday meeting, but House votes precluded holding the meeting). They urged us to reschedule. IF you have no time, perhaps we could send the Ira/Judy team?	Tuesday morning? Contact: David Abernathy, Staff Director, 225-7787.
6. Veterans Event. This has been on hold pending a meeting between Sec Brown and you and/or Ira. Since Ira just held meeting, we advise going ahead and doing the event; Rockefeller's staff advises as soon as possible, so that it is held early enough to make groups feel invested. This could wait until recess, however, unless you want Congressional Members there.	Sometime in very near future. Contact: Vic Raymond 523-1802
7. The House Mainstream Forum. Although you met with Cooper and his gang, the Mainstream forum represents 50 plus moderate to conservative Democrats who will be critical to passing the President's proposal this year. (It would be good to meet BEFORE these guys return home for recess to say they have NOT been consulted). This meeting may be able to be combined with the Budget Study Group, another moderate/conservative House group with membership overlap with the Forum.	TUESDAY AFTERNOON: 5:30 pm. Contact: Jenny Estes, 225-6165 (Cong. Dave McCurdy, Chair).
8. Congressional Republicans. They are still complaining about how they are not being treated fairly. Not that this proposed meeting will change this much, but it will give us an answer to their criticism. Suggested attendees: Dole, Michel and anyone else we can get them to invite.	Whenever, but before the recess. Contact: Shiela Burke at 224-2105 and David Kehl at 225-0600.
9. Kassebaum, Danforth, Burns, McCurdy and Glickman on their BIPARTISAN health reform bill with premium caps. These three Senate Republicans are on our target list and we are finding it hard to meet outside the cover of Dole. A meeting hosted by McCurdy gives us this cover.	Would be nice to hold this meeting before recess OR at least schedule it so they know it is coming. Contact: Jenny Estes, 225-6165.

	Meeting and Purpose	Time
10.	House Leadership Invitational to Democratic Members on Key Committees in the House. This is to attempt to keep the Rank and File of the Committees Informed. (Ira and Judy did one of these today). You don't have to do this unless you wish, but I wanted you to know it is occurring.	To be determined and and arranged by Majority Leader Gephardt. Contact: Andie King 225-0100
11.	Weekly Senate Democratic Policy Meeting with Members. Ira and Judy have been going for weeks now and the meetings have been very successful. You need not attend this one.	Thursday, at 1:00? Contact: Greg Billings, 224-3232
12.	Entire Congressional Caucus. Dick Gephardt's office just called to request a meeting with the entire Democratic Caucus BECAUSE he felt today's meeting with the Members of the 3 primary Committees went so well.	Wednesday, from 8:00 to 9:00 am Contact: Andie King, 225-0100
13.	Meeting with Congressional Staff in prepartation for House and Senate Leadership meeting late in week.	Wednesday evening as late as necessary. Perhaps from 8:00 to 10:00.

Date: 3/29/93

Time: 10 : 45

THE WHITE HOUSE

FAX COVER SHEET

TO: LORRAINE MILLER x 2604
HOWARD PASTER x 6220
STEVE RICCHETTI x 2604

Phone: (___)_____

FAX: (___)_____

FROM: CHRIS JENNINGS

Phone: (202) 456-2645

Pages following cover sheet = 6

The asterisks (*) mark meetings that don't have to take place.

MEMORANDUM

If HRC cannot do meetings, [redacted]
I think we should go ahead anyway.

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Possible Meetings for Week of March 28th
cc: Melanne, Patti, Marge, Howard, Susan, Steve, Lorraine

March 24, 1993

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M E M O R A N D U M

TO: Howard Paster, Steve R., Lorraine M. March 29, 1993
FR: Chris Jennings
RE: Health Care Meetings with Hill During Recess
cc: Melanne

On Friday and again today, Andie King made a strong push for inviting House Committee Chairmen for meetings on the health care reform proposal during recess. **Howard, a heads up: She feels so strongly about this that I believe that she may have Majority Leader Gephardt call you up.**

Andie has grave reservations about having the recess period go by with no Member-level face-to-face discussions and then having them confronted with a very brief two to three week substantive consultation period BEFORE the health care proposal is sent to Congress. She fears that if we do not have such discussions, the Chairmen, Subcommittee Chairmen, and significant others (e.g., McDermott) may come back with an impossible to privately contain belief (more than they do already) that this complex and controversial initiative has no chance of getting done in the timeframe we have been discussing. Added to their disbelief may well be a perception that we were never really that serious about consulting with them and that all we are going to do is attempt to force down our legislation on them.

I believe that we have two options to address Andie's concerns:

1. Advise Leadership and Chairmen that we are going to significantly narrow options that are being prepared for the President and invite them to participate during the recess.

<u>Pros</u>

* Gives Members a sense of importance and priority of the legislation and gets them invested.

* Gets work done outside the confines of voting and in session scheduling conflicts.

* Gets a sense of influential Members' concerns and desires early enough in process to be more easily responsive.

* Keeps a few key Members busy, addresses their perception that they are not being adequately consulted, and (hopefully) keeps them from talking about their reservations about this reform ever getting done to the press.

Cons

* Most Members have already completely scheduled their recess and, if they are to come back, there is a risk that their time spent with us may not be viewed as substantive enough to have justified a late change in their plans.

* If all the Chairmen do not come, there is a risk that those not participating feel either left out or insulted that such meetings are taking place without them.

* Rank and file Democrats and Republicans who hear or read about any such meetings may well make us conclude that meetings for a few, albeit important, Members was not worth the alienation of so many others.

2. Arrange for multiple meetings with appropriate staff of Leadership and Committees, give a set schedule for meetings with Members as soon as they return from recess, and hold recess meetings with Members only in response to their request.

Pros

* By providing a pre-arranged plan for significant consultation immediately after recess, this option addresses most of the Members' concerns that they will be adequately consulted.

* Significant staff consultation will better prep us and the Members for more constructive Committee Member-level discussions post recess.

* This approach does not require last minute rescheduling of Members that has potential to alienate Members.

* We can respond to those Members who desperately want to be briefed on a REQUEST BY THEM basis, without risk of alienating others who are not briefed.

Cons

* If the Majority Leader does make the request for Member-level meetings, it is not fully responsive.

* A long recess without direct meetings with Members may well not appease some influential Members of Congress.

* Staff meetings have the potential to force issues to be addressed that may be more staff-driven than Member-driven. As a result, more time may be required (and we don't have extra time) to address issues that are not even important to those who will be voting on the President's proposal.

RECOMMENDATION

Consistent with your conversation with Jerry Klepner, and keeping in mind all the risks of changing Members' schedules so late in the game, it seems advisable to give serious consideration to option 2. Steve R. agrees with this approach as well. If you approve, we will proceed with locking in timetables for Committee/Members' meetings to occur as soon as they return from recess. We will also set up meetings with staff during recess, (although some will be traveling with Members).

Lastly, attached for your review, is a tentative schedule of meetings we are trying to schedule for this week. None are yet completely finalized because we thought Mrs. Clinton might be able to attend many of them. Obviously, as time goes by, this looks more and more dubious. The meetings are important, however, and we are going to try to schedule Ira and you (and Steve) to most of them.

Hope this heads up list is somewhat useful. I know this week is a terrible time for both you and Steve, but everyone on the Hill and here (including me) think most of these are essential to take place before recess. Thanks.

PRIVILEGED AND ~~CONFIDENTIAL~~

M E M O R A N D U M

TO: Steve R. April 9, 1993
FR: Chris J.
RE: Republican Members and Staff Meetings/Contacts

Steve, as you will be able to tell by the attached list, I have been busy scheduling and holding meetings with Republican Members and staff from both Houses during the last two months. I believe the list will give Howard and you more than ample room to say that any future meetings with Republicans are simply a continuation of our past practice of consultation -- (even though the Republicans, particularly the Senate Members, have been complaining about their adequacy).

A couple last notes. I have been trying for weeks to find a way to extract Chafee and his moderates from the rest of the Republicans. The First Lady has desired to have a meeting with Senator Chafee, but has hesitated from calling to initiate one. (She does not want to appear to be going around the Minority Leader). Ira has tried too, but Chafee has repeatedly indicated he does not wish to meet with him at this time.

In addition, Senator Chafee's office (Christy Fergeson on a very confidential basis) has called to indicate that she believes their could be a constructive working relationship with at least a group of Members from the Republican Health Care Task Force. Most recently, though, she and her boss -- probably because they too fear alienating Senator Dole -- have taken the position that we should wait to have active Member-level discussions on the Senate side AFTER we have a better sense about what direction we want to go. (The reason why they are taking this position, no doubt, is that they do not have any desire to appear to be "bought off" so early in the process). Also, they still feel that having a larger number of Republicans to negotiate, at this point, places them in a much more powerful negotiating position.

Based on my numerous "off-the-record" conversations with senior staff of Chafee's office (Christy Fergeson), Danforth's office (Peter Leibold), Kassebaum's office (Andrew Patzman), and Senator Jeffords's office, their is a great desire to work with us, but their is also a great fear about how it will be perceived by the rest of the Republicans. At a recent Members meeting, a comment about how "Republicans would get more than a good night's sleep if we go to bed with the Administration on health care" was made and well received by most of the Members present.

Obviously, if we have any chance of passing health care reform this year, we will have to have Republicans on board. Based on our record of meetings to date, I think we should have no problem defending a closer working relationship.

Lastly, I want to point out that, although Senate Republican Members have not been coming to meetings recently, it is not because we did not want them there. I have consistently pointed out to Shiela that our Democratic Senators are being briefed by Ira and are being done so in large numbers. Shiela always says, though, that if it is just Ira or other work group members, it will be just staff.

Hope this information is helpful. Call me up with any questions.

DATE	MEMBER(S)	MET WITH	SUBJECT
2/4	DOLE/CHAFEE	HRC/ICM/JF	process, general discussion
2/23	DURENBERGER	HRC/ICM	
3/10	Senate Republican Members Bond Burns **Chafee** Cohen Craig Danforth **Dole** Durenberger Gregg Kassebaum Mack Murkowski Nichols Packwood Roth Simpson Stevens Thurmond (others were present as well)	HRC	general discussions about process and about directions for/components of reform
3/10	JEFFORDS	ICM	
3/11	House Republican Members/Staff	ICM	
3/12	Senate Republican Staff	ICM	
3/18	House Republican Members Hastert Goss Johnson Thomas Blily McMillin	ICM	MALPRACTICE

DATE	MEMBER(S)	MET WITH	SUBJECT
3/23	Senate Republican Staff	Walter Zellman Rick Kronick Lois Quam	New System Development Governance
3/25	House Republicans Members Hastert Goss Johnson Thomas Grandy Blily McMillin	ICM	GLOBAL BUDGETS
4/1	House Republicans Members Hastert Goss Johnson Thomas Grandy Blily McMillin Roberts Gunderson	Lois Quam	RURAL HEALTH CARE
4/1	Senate Republican Staff Sheila Burke Christy Ferguson Ed Mihulski	ICM	short-term controls

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Obviously, if we have any chance of passing health care reform this year, we will have to have Republicans on board. Based on our record of meetings to date, I think we should have no problem defending a closer working relationship.

Lastly, I want to point out that, although Senate Republican Members have not been coming to meetings recently, it is not because we did not want them there. I have consistently pointed out to Shiela that our Democratic Senators are being briefed by Ira and are being done so in large numbers. Shiela always says, though, that if it is just Ira or other work group members, it will be just staff.

Hope this information is helpful. Call me up with any questions.

10:00 → Wednesday
Roosevelt Room

MEMORANDUM

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Ways and Means Subcommittee Meeting
cc: Melanne, Ira, Judy, ~~Steve~~, Lorraine

April 13, 1993

Because of its jurisdiction, Members, staff resources and expertise, the House Ways and Means Committee and its Subcommittee will probably be the most influential body in the Congress as it relates to health care. As challenging as it may be, we must have and continue to build a close and productive working relationship with the Committee.

With this in mind, you, Ira and Judy are scheduled to meet with the Ways and Means Subcommittee on Health in the Roosevelt Room tomorrow morning. This meeting was originally requested by the Subcommittee following the last Subcommittee Members' meeting with Ira and Judy on March 31st.

To focus discussion, the Subcommittee Members requested that the meeting review two major issues: (1) System Organization: Federal and State Roles and (2) Cost Containment: Short-Term and Long-Term (but will focus primarily on short-term). In terms of meeting format, the Subcommittee has suggested that you or Ira, for each issue, give a brief 15 minute presentation, followed by a 45 minute Q&A session. Attached for your use is a summary of the direction and options Ira and his work groups have been discussing for all of these issues.

In preparation for this meeting, Pete Stark suggested that all the Subcommittee Members submit questions that they may pose during your meeting. The questions will be focused on the two issues outlined above. As of 6:30 tonight the questions had yet to arrive, but we will send them over as soon as they arrive.

Lastly, as you will recall, the last time you met with the Committee, we had a press leak problem. At some point during the meeting, without being overly confrontational, you may want to discuss the importance of keeping these meetings quiet, so that we can have as constructive and productive a working relationship as possible. This, in my mind, is entirely appropriate and should be well received by most.

MEMORANDUM

TO: Distribution

FROM: Steve Ricchetti
Chris Jennings

DATE: April 13, 1993

There has been a great deal of discussion and reporting about the need for bi-partisan consultation on health care, springing in part from our current difficulty in moving the stimulus package in the Senate. I want to emphasize to everyone that the Administration's Health Care Task Force began an on-going dialogue with House and Senate Republicans many weeks ago.

It would be both erroneous and potentially damaging for a perception to develop that our work with Congressional Republicans only began after they employed delaying tactics in the debate on the stimulus. We have actively solicited their advice and ideas on health reform since our first week. We fully expect, however, that for partisan political purposes some Republicans will attempt to promote this notion and I want to urge everyone involved in our health reform effort to watch for this characterization and be aware that it is factually incorrect.

You should know that the President asked the bi-partisan leadership for designees to consult with the Health Care Task Force as early as January 26. Senator Dole appointed himself and Rep. Michel appointed Rep. Dennis Hastert (R-IL). Mrs. Clinton met with Senators Dole and Chafee on February 4 and with members of the Senate Republican Caucus on March 5. We have also been holding weekly meetings with Republican Members on the House Health Task Force and staff and the staff of the Senate Health Task Force since February, typically with Ira Magaziner leading the presentation and dialogue.

The staff of the Senate Republican Health Task Force has suggested that more active member-level discussions be delayed until we have a better sense internally about what our proposal will contain. As decisions about our plan are being made, we will reach out to this group again. It is important to note, however, that we have always encouraged and been open to meeting with Republican Senators.

It is clear that on each of our major initiatives during the next two years we will need and will be soliciting bi-partisan support for our proposals. I want everyone to be aware of the on-going efforts to consult with Republicans on health reform and to try to win their support for our program.

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Attachment.

DATE	MEMBER(S)	MET WITH	SUBJECT
2/4	DOLE/CHAFEE	HRC/ICM/JF	process, general discussion
2/23	DURENBERGER	HRC/ICM	
3/10	Senate Republican Members Bond Burns **Chafee** Cohen Craig Danforth **Dole** Durenberger Gregg Kassebaum Mack Murkowski Nichols Packwood Roth Simpson Stevens Thurmond (others were present as well)	HRC	general discussions about process and about directions for/components of reform
3/10	JEFFORDS	ICM	
3/11	House Republican Members/Staff	ICM	
3/12	Senate Republican Staff	ICM	
3/18	House Republican Members Hastert Goss Johnson Thomas Blily McMillin	ICM	MALPRACTICE

DATE	MEMBER(S)	MET WITH	SUBJECT
3/23	Senate Republican Staff	Walter Zellman Rick Kronick Lois Quam	New System Development Governance
3/25	House Republicans Members Hastert Goss Johnson Thomas Grandy Blily McMillin	ICM	GLOBAL BUDGETS
4/1	House Republicans Members Hastert Goss Johnson Thomas Grandy Blily McMillin Roberts Gunderson	Lois Quam	RURAL HEALTH CARE
4/1	Senate Republican Staff Sheila Burke Christy Ferguson Ed Mihulski	ICM	short-term controls

PRIVILEGED AND ~~CONFIDENTIAL~~ MEMORANDUM

TO: Hillary Rodham Clinton
FR: Chris Jennings
RE: Tomorrow's Finance Committee Meeting
cc: Steve, Melanne, Howard, Ira, Judy

April 19, 1993

All 20 Members of the Senate Finance Committee (11 Dems: Moynihan, Baucus, Boren, Bradley, Mitchell, Pryor, Riegle, Rockefeller, Daschle, Breaux and Conrad and 9 Republicans: Packwood, Dole, Roth, Danforth, Chafee, Durenberger, Grassley, Hatch and Wallop) have been invited to tomorrow's meeting. Because this Committee has traditionally worked on a generally bipartisan basis and because so many of the Committee's Republicans are on our target list, we and Chairman Moynihan felt it was critical that this important meeting be bipartisan.

BACKGROUND

No health reform bill has a chance of passing the full Senate if it does not first gain the approval of the Senate Finance Committee. Conversely, if a reform bill does get favorably reported out of the Committee (with some Republican support), it has a good chance of attracting 60 votes.

The Finance Committee comes as close to representing the philosophical center of the Congress as any one Committee. As such, getting a favorable response to the President's health reform initiative from this body is both a great challenge and a great opportunity. It is therefore necessary that a constructive and bipartisan working relationship be formed and cemented during the next several weeks.

Currently, the Finance Committee is viewed by many insiders as in disarray. The transition (like most changes of the guard) from Chairman Bentsen to Chairman Moynihan has not been very smooth. The staff, with perhaps the exception of the Staff Director -- Lawrence O'Donnell, does not appear to have much influence with, or much authority from, the Chairman. As a result, decisions and actions have been slow to occur and a sense of what direction the new Chairman wants to take the Committee has been slow to emerge.

In recent weeks, Chairman Moynihan and his Staff Director have been relatively pessimistic about the chances of passing health reform this year. There are a number of reasons for this, but there is no doubt that one of them is that Moynihan and O'Donnell are not overly familiar with the issue. What they do know is that health care reform will be complex, controversial, and potentially expensive, and they are extremely nervous about taking on this issue as their first big initiative.

As a result of the current Committee situation, the other Democratic Members will be even more critical than usual to assuring that health care is favorably received and acted upon by the Committee. The most important Members in this regard are Senators' Mitchell and Rockefeller. These two have the potential to actually (although not visibly) run the Committee on this issue.

The other Democratic Members who will play particularly critical and influential roles are Senators Pryor, Daschle, and Breaux. If we cannot get all three of these Members to both support and strongly lobby for the President's bill, we will be in very deep trouble.

Cultivating a close working relationship with the Republicans on this Committee is absolutely critical. Four out of eight of our "best-chance" Republicans -- Senators Packwood, Danforth, Chafee, and Durenberger -- serve on the Finance Committee. They have invested years of work on this issue and, from all indications, have a great interest in being "players." Although there have been numerous meetings and phone calls with all of these Members on a staff level, they (with the exception of Senator Durenberger -- the least influential of the four) have hesitated to break from Dole's Republican unity tent. The stimulus package debate only helped Dole in this regard.

If we could attract the Finance Republicans, we would have a good chance of signing up a core group of Republicans to work with us. For example, the above mentioned Members' involvement with us would virtually guarantee the participation of Senators Cohen, Kassebaum, Hatfield and Jeffords. If we could sign up 8 Republicans, we could very well get our needed 60 votes.

GENERAL ISSUES TO ADDRESS AND TO AVOID IN MEETING

The Finance Committee Republicans may be a bit more feisty and aggressive than they would be under normal circumstances. This is because they now feel so unified behind their position on the stimulus package and because they believe that they have not been fairly and equitably consulted on health care (e.g., unlike the Democrats, their staffs have not been invited to be on the working groups). Senators Mitchell, Pryor, Rockefeller, Riegle, Daschle, and hopefully Moynihan will be on guard and, no doubt, quick to defend should any discussion get out of control.

All of the Members are likely to want to discuss process, timing, and how they will be consulted. (These issues should be addressed). They will probably then want to jump to how you envision controlling costs, what will be the program's price tag, and how will it be paid for. (Although it is advisable to illustrate your working knowledge about these difficult issues and options, as well as to acknowledge their understandable interest in them, you should probably tell them up-front that no decisions have been made on these difficult fronts).

In addition, you should know that many of the Members believe that numerous decisions about the health care package have already been made. (The newspaper articles give them the sense that many major issues have been dealt with). It might be advisable to acknowledge the perception problem. Then, you should consider following this up with a statement along the lines that the President has been very clear that he does not want to make such critical and final decisions before having a clear and direct sense of what the Members' priorities are.

As in the House, the many of the Finance Committee Members remain cynical about the prospects for passage of health care in the near term. A reiteration of the President's desire to have this introduced, passed and signed into law by the end of the first session of the Congress is, therefore, highly advisable.

STATUS OF RECONCILIATION

As you know, many people inside and outside the White House believe that it is imperative that the President wait to introduce the health care legislation AFTER the Senate has passed the Reconciliation bill, or at least until after it has been marked-up by the Finance Committee. Unfortunately, the Budget Resolution provided for a mid-June mark-up of the Reconciliation bill. As a result, the full Senate might not get to the Reconciliation bill until well into July or perhaps even later.

As Howard, Secretary Bentsen, and others have pointed out, it would be optimal for the Finance Committee work timeframe to be moved up. This action would better keep alive the chances for a health bill to be introduced without the constraints of reconciliation baggage. Some key health staff on the Finance Committee seem open to this, but it remains unclear whether Chairman Moynihan or his Staff Director is. We may want to consider having the President, you, or Howard talk with the Chairman to see if he would be open to pushing up his timeframe.

CONCLUSION

One last point: Secretary Bentsen still holds a great deal of influence over the Members of the Finance Committee, particularly moderate/conservative Democrats and moderate Republicans. At some appropriate point, and done in careful consultation with Senator Moynihan, it might be useful to consider using him to help lobby this Committee. If he appears to be on board, it will heighten the seriousness with which Members treat health care reform.

SPECIFIC POINTS TO HIT IN DISCUSSIONS WITH THE FINANCE MEMBERS

* **State Importance of Finance Committee.** The Finance Committee feels that it is the most important Committee in the Senate, particularly as it relates to health care reform. It is, therefore, advisable to acknowledge the Committee's role and history, as well as the many Members who have been active in health reform. (See attached summaries).

* **Discuss Importance of Bipartisan Effort.** It is important to stress how determined the President and you are to making the work on this legislation a bipartisan effort. Acknowledge the longstanding tradition of bipartisanship on the Finance Committee. (If the Republicans complain about how they have been treated inequitably, you may want to acknowledge that they have been treated on a somewhat separate basis, but also on an equal basis. You could cite the numerous meetings -- see attached list of meetings -- that we have held with Members and/or staff).

* **Provide Update on Timing of President's Decisions.** Acknowledge the two week delay in forwarding the final working document to the President, but ONLY two weeks. Stress that you anticipate that the bill will be unveiled and introduced soon thereafter.

* **Illustrate Commitment to Pass Health Care This Year.** Because of the doubts surrounding health care, it is advisable to emphasize that the President is strongly committed to passing health reform this year.

* **Illustrate Understanding of Timing and Process Constraints.** Acknowledge that the Finance Committee will kept very busy if it is to mark-up both the Reconciliation bill and then the health reform initiative. Reiterate that it is the President's desire to do just that, though, and how confident the President and you are that this will be achieved with the bipartisan cooperation and guidance of this Committee. (If any question is raised about the Committee jurisdiction issue, you should probably state that the President and you will be working closely with the Congressional Leadership on the matter, but that you could not imagine that the Finance Committee would not have primary jurisdiction over the bill).

* Give Commitment to Consultation. Indicate how determined the President and you are to building on the consultation that has already taken place. Discuss how committed the President and you are to consulting with Senator Mitchell, Senator Dole, Chairman Moynihan, Senator Packwood (the Ranking Republican of the Finance Committee) and the rest of the Committee over the next few weeks.

* Acknowledge Perception Problem that Decisions are Made. Acknowledge how anyone reading the papers might conclude that decisions about cost control and financing have been made. Explain how this is not the case, and that the President does not desire to make final decisions in this regard until after he has had direct conversations with the Senate and House Leadership (including committees) from both sides of the aisle.

* Provide General Outline of Direction the President May Be Headed. Although some Members have heard Ira give a general outline of the likely direction health reform is going, many (and all Republicans) have not. This should not be a long or detailed discussion, but it would be good to illustrate your command of the complexities of health reform. Although they (will then) know no decisions have been made on cost containment and financing, they will want to hear you at least acknowledge the issues. Since virtually every one of these Members are from predominantly rural states, some likely to be well received issues you or Ira may want to touch on are rural and state flexibility issues.

* Request Suggestions, Guidance, and Questions. As is the case with all Members, they will want to give their own views. So you do not have to do a monologue, and go into all the difficult issues on your own. Throw back some of the questions to them. They will be appreciative of the opportunity to speak and be heard.

* Consider Concluding with a Suggestion for Another Finance Committee Meeting. Because this Committee is so critical, just as you are doing with the Ways and Means Subcommittee, you or Ira and Judy should seriously consider suggesting holding substantive meetings with this Committee during the next few weeks.

SENATE FINANCE COMMITTEE

DEMOCRATS

DANIEL PATRICK MOYNIHAN (D-New York) (Finance Committee Chairman)

As you know, the new Chairman has yet to take a position on national health reform. His interests lie primarily in the areas of Social Security and welfare reform. He is not a detail person when it comes to the health care debate. Although a number of people have discussed health care with him, it is notable that the one who seemed to catch his fancy the most was Alan Enthoven.

The only health care-specific issues that the Senator is particularly known for are: (1) his advocacy and support of New York hospitals, (2) his concern about the mentally ill and the homeless, (3) his support for chemical and substance abuse in a benefit package, and, most recently, (4) his support of innovation at the state level. On the latter point, he introduced a liberalized Medicaid managed care measure that the NGA strongly supported. (This legislation was opposed by the Children's Defense Fund because they felt that savings through this cost containment approach would be at the expense of the Medicaid population).

Most recently, the Chairman and his staff have been rather pessimistic about the chances for health reform this year. The compexity, controversy, and potential expense of it frighten them. The Chairman, in comments that have been somewhat retracted by staff, has indicated his concern about any large new taxes to fund the program and any use of price controls to contain costs. Although he has stated to you his willingness to raise whatever tax is necessary for the elimination and integration of Medicaid into the new system, as well as a one card for all system, his nervous statements should not be totally written off.

Senator Moynihan's most recent communication was in a letter to the President, in which he reiterated his strong support for a health security card and in which he proposes the idea of merging the health card and Social Security card into one. In the letter, he also expressed his strong concerns that the Social Security Commissioner has not yet been appointed.

MAX BAUCUS (D-Montana)

In health circles, Senator Baucus is best known for his early 1980s work to reform the private Medicare supplemental "Medigap" insurance market. The provisions came to be known as the "Baucus" Amendments, for which he is very proud. In addition, Senator Baucus was a member of the Pepper Commission. Most notably, however, he voted against the final access recommendations (they won by just an 8-7 vote), primarily because of his concern about the proposal's impact on small business. Baucus is concerned about any proposal that utilizes any employer requirement to help finance health care. As a result of this concern, and because the Canadian system is quite popular in Montana, he is a single-payer advocate.

He is a member of a 5-Member working group (Daschle, Kerrey, Bingaman, and Wofford) that is looking at alternatives to employer-based models. This group wrote to you on February 3rd on principles which should be incorporated into a managed competition framework including universal participation (no opt-outs), state or regional administration, and phase-in of coverage for long-term care. More recently, on March 30th, he sent a letter with 8 Democratic Senators from rural states expressing their belief that the allocation of health budgets among states should not be based on historical costs but on the true cost of providing appropriate level of care to a state's residents.

Senator Baucus believes health reform must include real cost containment, sensitivity to legitimate small business concerns, and the advisability of a special consideration for rural concerns. We have been advised by staff that he is very committed to the concept of every citizen being in the health allisance (or HPIC). In addition, he apparently would be supportive of a VAT tax for health care.

DAVID BOREN (D-Oklahoma)

Although not generally associated as a health care reform leader, Senator David Boren is the lead sponsor of the Senate companion (S. 3299) to the House Conservative Democratic Forum's managed competition bill. In recent months, however, he has become more sensitive to the inability of the Conservative Democratic Forum's approach to adequately address the access or cost containment challenge. Like virtually every member of the Committee, he considers himself to be a strong supporter of rural health and small business issues. Like Senator Bradley, though, he has been traditionally more focused on tax policy than health care.

There have been some exceptions to the rule of Senator Boren's non-interest/association with heath care. In addition to the CDF bill, he is now supporting the concept of significant state flexibility within the context of any health reform proposal (OK Governor Walters is pushing a major initiative now and wants some significant assistance/relief from the Federal Government). In addition, he sponsored legislation last year to provide for an extension on higher payments to rural hospitals that disproportionately serve Medicare patients. (This legislation passed the Congress, but was vetoed when then President Bush vetoed the tax bill).

BILL BRADLEY (D-New Jersey)

Senator Bradley is known more for his work on tax policy than for his work on health care financing. He has indicated an interest in introducing health care reform legislation similar to managed competition model that he believes the President has been advocating. The one exception to his general support of the Clinton health care approach may well be with regard to prescription drugs. As a Senator representing the state which is the capital of the pharmaceutical industry, Bradley is a fierce advocate for the industry and their concerns. With Senator Hatch, he led the fight against Senator Pryor's effort to influence the industry to contain price increases to inflation by linking their pricing behavior to eligibility for tax credits. (The Pryor proposal was endorsed by President Clinton in the campaign).

As a member of the Infant Mortality Commission, Senator Bradley is proud of his work to ensure that the Medicaid program was expanded to eventually cover pregnant women and kids. He also is a strong advocate for preventative care services. He has sponsored several bills on tobacco, including revised warning labels and tobacco as a drug to be included in the Drug Free Schools program. Lastly, although he incurred the wrath of some aging groups with his opposition to prescription drug price constraint, he has been a long-time supporter of home and community-based long term care services, particularly with regard to respite care services.

GEORGE MITCHELL (D-Maine) (Senate Majority Leader)

Few Majority Leaders in the Senate's history have been as interested and as committed to passing comprehensive health care reforms. Mitchell is the sponsor of two Senate Democratic leadership comprehensive reform bills dealing, respectively, with access (S. 1227, Health America) and long-term care (S. 2571, the Long Term Care Family Security Act).

Senator Mitchell is leading an effort by the Democratic Policy Committee (within the Senate) to attempt to develop consensus on the health care issue within the Democratic party. For weeks now, Ira and Judy have been holding very successfuly briefings with, on average, 30 plus Senate Democrats a meeting.

Senator Mitchell believes that the single payer approach is not politically feasible. However, at this point, his primary concern and commitment is to push through anything, which can be defined as truly comprehensive, that will pass the Congress. He has repeatedly indicated his intention to work closely with the President to help assure that a bill can make it to the White House before the end of the 103rd Congress.

As you know, however, he was a strong advocate of incorporating the health care legislation into the budget reconcilation bill. Having failed that, he and his lead staff are now relatively pessimistic about attracting enough Republicans to support a health reform initiative without having to make major, and perhaps unacceptable, concessions. Just yesterday, (Sunday, April 18th), he indicated his opposition to price controls, his uneasiness with but possible openess to a VAT tax for health, and his desire to wean out all the fraud, abuse and waste BEFORE contemplating large tax hikes.

DAVID PRYOR (D-Arkansas) (Aging Committee Chairman and Secretary of the Senate)

Senator David Pryor is part of the Senate leadership (Secretary of the Democratic Conference). As the Chairman of the Senate Special Committee on Aging, he is well liked and respected by the powerful aging advocacy community. In addition, he is one of the few Democrats that the small business community genuinely trusts. Further, his status as a former Governor and his advocacy of state-based approaches to comprehensive reforms has gained him a great deal of good will with the Governors. Although an unassuming Member and one who does not get overly involved in detailed policy discussions, he has also emerged as one of the most influential and best liked Members of the Senate. All of these roles ensure that he will be a particularly key player on the health care front.

In terms of health care priorities, drug cost containment is the first, second, and third highest priority for Senator Pryor. The concept of linking drug cost containment to tax credits (embodied in Pryor's Prescription Drug Cost Containment Act -- S. 2000) was endorsed by President Clinton.

In addition to his drug cost containment interests, he also has a notable legislative achievement record in rural health (relief for hospitals and incentives for primary care doctors in medically underserved areas), state-based reform (his NGA and Clinton candidate-endorsed Leahy/Pryor bill), and long-term care (his proposal for Federal standards for private long-term care insurance policies).

DONALD REIGLE (D-Michigan) (Finance Medicaid Subc. Chairman)

Senator Riegle considers himself to be a major player in the health care debate. He is Chairman of the Finance Subcommittee on Medicaid and was a lead sponsor of the Mitchell, Rockefeller, Kennedy "play or pay" health care reform proposal. He has always felt he did not get adequate credit for his work on the bill. Although he sponsored this bill, he appears to be extremely willing to sign on to virtually any approach that achieves universal coverage and cost containment.

Senator Riegle is very interested in many health issues, including: child immunization programs, rural health care, Medicare prescription drug coverage, retiree health liability concerns, long-term care, and a host of others. Senator Riegle strongly believes that cost containment savings should be used to help reform the health care system -- NOT for deficit reduction.

Most recently, Senator Riegle has pushed his outreach efforts with the Medicare Qualified Medicare Beneficiary (QMB) program. The QMB program pays for the deductibles, premiums and copays of low-income Medicare beneficiaries. Unfortunately, only about 50 percent of the eligible population receive the benefit. This program, because it is partially underwritten by the states, is one of the most unpopular benefits that the states support. (Most of the states believe there are higher priorities). At any rate, Senator Riegle has introduced legislation to expand outreach efforts at SSA offices and other areas. (The Administration has not yet taken a formal position yet).

JAY ROCKEFELLER (D-West Virginia) (Finance Medicare Subcommittee Chairman)

Senator Rockefeller views himself as being (and is) Bill Clinton's number one health care advocate. He was a tireless campaigner and defender of the Clinton health care plan and was a National Co-Chair of the Clinton campaign. Rockefeller is the current Chairman of the Finance Subcommittee on Medicare and Long Term Care. He also has chaired the Pepper Commission and the National Commission on Children.

In addition, Senator Rockefeller is the founder and Chairman of the Alliance for Health Reform, a nonpartisan organization dedicated to advance health care reform through education of public opinion leaders. Lastly, as you well know, his is now serving as the new Chairman of the Senate Veterans Committee.

Senator Rockefeller's health care priority is very simple: He desperately wants to see a comprehensive reform package enacted during the Clinton Presidency. Although he thinks the long-term outcome of such an achievement is politically attractive, he is primarily pushing this reform because he is sincerely committed to the need for reform. In this vein, he is not overly committed to any one particular approach although he has advocated an employer-based approach. He, therefore, can be counted on to support virtually anything the President ends up proposing, as long as it achieves universal access and cost containment.

Senator Rockefeller was very pleased with the Veterans' meeting last Thursday. He was concerned about the the AP story the day after, but from the beginning did not believe it was true.

As you know, he has requested a meeting with you to discuss substance and strategy. He very much wants this to occur this week. He feels he needs a substantive background briefing to be at his best in his role as cheerleader in the Congress and with the press. At that meeting, it is my understanding through Steve Ricchetti and his staff that he may extend an invitation to you and the President to go out to his house for dinner. If you wish to come, he will suggest you using his house and the event for whatever purpose you want: to have a quiet dinner out or to use it for a backdrop for a social occasion for appropriate guests interested in health reform.

TOM DASCHLE (D-South Dakota)

Senator Daschle is the Co-Chair of the Democratic Policy Committee (with Majority Leader Mitchell) and he is one of the more well informed Democratic Members on health care issues. In his brief tenure, he has already become very well known in this arena, particularly through his work on rural health and Medigap insurance reform issues.

Senator Daschle and his staff are participating in (and helping run) Senator Mitchell's DPC working group, but he has also been a leader of a separate working group (Kerrey, Bingaman, Wofford, and Baucus) that was developing alternative approaches to health reform. This group has been relatively quiet lately, seeming to be comfortable with working with and through the DPC health policy group.

Personally, Daschle is much more comfortable with a single-payer type approach to health care, primarily because he believes it is a much easier political sell to his small business folks and the rest of his constituents. He joined Senator Harris Wofford in introducing legislation (S.2513) to achieve this end. Daschle is a team player, however. As part of the Senate leadership, he can be counted on to push his agenda as far as it can go, but he will also do everything he can to assure that we pass comprehensive reform and the President's plan.

In addition, Senator Daschle is one of the signatories of a March 30th letter opposing the allocation of the global budget among states based on historic costs. He is very concerned that rural states would be discriminated against using such a formula.

Senator Daschle also worries that people don't understand the real costs of the current health system and how they are paying too much in direct and indirect spending. He feels that education regarding these costs are critical so that people don't feel the new system will cost them too much money. Lastly, Senator Daschle also supports restructuring graduate medical education to emphasize primary care.

Most recently, Senator Daschle has requested that you join him in South Dakota at some health care event at some point in the future. We are trying to be responsive to a request by him to get someone from with working groups to go to an early May event that he is holding. (We may also ask you to do a satelite feed for this event).

JOHN BREAUX (D-Louisiana)

Senator Breaux is the second most junior Member of the Finance Committee. He is one of those "up and coming" New Democrats for whom many see a bright future. His politics are moderate to conservative but he is known more as a pragmatist than a idealogue. In the area of health care, Breaux is yet another of the Committee members who care deeply about small businesses and rural health care.

Previous to this year, Senator Breaux was not overly active in health care issues. That changed when he introduced the Conservative Democratic Forum's managed competition bill with Senator Boren in 1992. He is very concerned, however, about the bill's limitations with regard to assuring adequate access to health care in rural areas. He is also concerned about whether this approach will actually achieve broad-based costs savings. Despite this, he remains uncomfortable with alternative approaches and he will want to make sure that the Conservative Democratic Forum's model is used as much as possible during the upcoming debate. He opposes price caps and freezes to control costs.

KENT CONRAD (D-North Dakota)

Kent Conrad is the newest member of the Senate Finance Committee. Senator Conrad is known as a "budget hawk." Strong cost controls will be critical for his support. He will look closely at the financing package and how the reform plan impacts the federal deficit. He opposes large new taxes to support reform.

Senator Conrad's foremost health concern is rural health care. He is concerned both with how rural health care will be addressed in the context of managed competition as well as current access and delivery issues. He is aware of successful models from his state -- one a network of clinics, the other an HMO -- which have been able to increase access to primary and preventive care. He signed the March 30th letter opposing the allocation of the global budget among states based on histoci costs. He is also an advocate for the need to improve and increase funding for the Indian Health Services. Insufficient funding has led to rationing of services. He also feels the IHS has not been sufficiently responsive to Congress or tribal leadership.

Most recently, I (Chris J.) and Christine gave him a general health care background briefing. (He had missed one given by Ira and wanted a private meeting). He was very appreciative and appeared to feel much better about the direction the President andyou are heading by the conclusion of the discussion.

REPUBLICANS

BOB PACKWOOD (R-Oregon) (Finance Ranking Republican Member)

Senator Packwood is an advocate of an employer-based universal coverage plan. He is the only Republican on the Finance Committee that has publicly supported an employer mandate and as a result, putting him in a somewhat uncomfortable position with many in the Senate leadership--who vehemently oppose an employer mandate.

Packwood attacked his opponent's (AuCoin) single-payer approach last year as a multi-billion dollar tax increase that would result in a government run system. The primary criticism of Packwood's plan was that it didn't go far enough on the cost containment side. Some of the aging advocacy groups also criticized it for its lack of comprehensive long-term care coverage. In Oregon, at least, Packwood won the debate.

Beyond the above-mentioned work, Senator Packwood has had a notable health care career. He has sponsored quite a bit of legislation dealing with rural health and long-term care (LTC). Specifically, he introduced a relatively extensive public/private LTC bill in the 101st Congress. However, because it costed-out as a rather expensive initiative and because the aging advocates were not enthralled with it, he decided to stick to Federal standards and tax clarifications for private LTC insurance policies. In addition, working with Pryor, he introduced legislation that could provide tax credits for primary care personnel to serve medically underserved rural areas.

ROBERT DOLE (R-Kansas) (Senate Minority Leader)

The Minority Leader is, without question, the most influential Senator among Republicans. As an ally, he can be absolutely invaluable. As an enemy, he can be vicious and effective. Currently, it appears he is trying to decide whether health care reform should be a partisan or a bipartisan issue. Dole and his staff will probably opt to appear to be willing to work with the Democrats, but will eventually choose to turn on the new Administration on the reform issue.

Senator Dole has a strong interest in rural health and is currently Co-Chair of the Senate Rural Health Caucus. Legislatively he has supported initiatives to protect the viability of small rural hospitals as well as to expand civil rights protections and services for the handicapped.

Yesterday (Sunday, April 18th, on Meet the Press), he indicated his opposition to price controls, his concern about large taxes without delivering on cost containment first, and his hesitancy about a VAT tax unless it is used to replace or offset other taxes. Although it may well be an impossible task, we must continue to work to at least try to get him on board with us. If we do not succeed, we might have some success in attracting other moderate Republicans for making the effort to obtain Dole's support.

WILLIAM (BILL) ROTH (R-Delaware)

Until the last couple of Congresses, Senator Roth was not known for his involvement in health care. As Ranking Member of the Government Affairs Committee, he has had extensive involvement and interest in the Committee's Permanent Subcommittee on Investigation's inquiry into the multi-billion dollar issue of health care fraud and abuse.

More recently, Roth has actively advocated that the Federal Employee Health Benefit Program, which the Government Affairs Committee oversees, be extended to the working uninsured and small businesses. (This is similar to, and builds on, a proposal that has been championed by the Heritage Foundation.) Under this proposal, the self-employed and working uninsured would have access to the FEHB plans that were utilizing managed competition as a cost containment/quality assurance mechanism. In so doing, these individuals would have access to the same rates that the insurers charge the federal government and their employees for the benefits.

JOHN DANFORTH (R-Missouri)

Senator Danforth is to cost containment what Bob Packwood is to mandates. He is the most likely to state that strong federal/state caps on spending must be imposed to effectively contain health care costs. He states his strong views on this issue repeatedly, despite admonitions from his staff and other Republicans that such statements are not consistent with the Republican Party line.

Although willing to support the need for strong government cost regulation, he also believes that to do so would require explicit rationing. (He is a big fan of the Oregon waiver). What is more, unlike most Democrats, he desires to publicly proclaim that rationing is necessary and something we must own up to.

JOHN CHAFEE (R-Rhode Island) (Finance Medicaid Subc. Ranking Republican)

Senator Chafee is the Chair of the Republican Task Force on Health Care. He likes to point out that the bill they introduced in the last Congress had the most cosponsors of any major comprehensive health reform bill. He was not pleased with last year's health care debate with the Democrats. He believes that, if not for Presidential and partisan politics, there was enough consensus between his and many Democrats' bills to move forward on many high priority health reform proposals such as: self-employed tax deduction increase to 100 percent, insurance market reform, expansion of community health centers and other health care delivery systems, and state experimentation.

On the Committee, Senator Chafee is primarily known for his long-standing interest in providing alternative care settings -- through the Medicaid program -- to persons who are disabled. He and his staff are literally heroes with many in this field, particularly those who advocate non-institutional care approaches. He is also well known for his strong advocacy of, and relationship with, community health care centers. In addition, he -- like a number of the Finance Committee membership -- are growing weary of funding programs for the elderly when there are so many needs in the non-elderly population.

As you know, we have been trying for weeks to invite Senator Chafee to talk with Ira. We sense that he and his staff want desperately to come in, but are afraid to alienate Dole. On Friday (April 16th), though, I (Chris J.) received a call indicating that he might come for a meeting. We will have to wait until Monday or Tuesday to get a confirmation. We will keep you informed.

DAVE DURENBERGER (R-Minnesota) (Finance Medicare Subc. Ranking Republican)

Senator Durenberger is one of the Committee's most well versed Members on health care reform. He also is one of the few Members who has served concurrently on the Labor and Human Resources Committee (the other major health care committee) and the Finance Committee. He is a moderate who is viewed by the Republican leadership as somewhat of a loose cannon. Because of this and his long-standing interest in health care reform, Durenberger, too, is a candidate to be a possible and important ally.

In the last Congress, he joined Senator Bentsen as the lead Republican on the Texas' Senator's incremental (insurance market reform, etc.) health reform initiative. He has been a key health care player for years, however. He now is the Ranking Republican on Jay Rockefeller's Subcommittee on Medicare and Long Term Care, and he has served as either a Chairman or Ranking Member of this Committee for years. In addition, he served (as a Vice-Chair) on the Pepper Commission. While he joined all the other Republicans in voting against the access recommendations of this Commission, (he did vote for the long-term care recommendations) it is important to note that it was unclear that Durenberger was going to vote against the Pepper Commission recommendations until very late in the process. An important offshoot of this experience, though, was that he and Jay Rockefeller forged a close working relationship.

Most recently, Durenberger has focused on state-based comprehensive care initiatives. This is because he does not believe that a consensus yet exists for national reform and because his own state is tired of waiting. Minnesota has a long tradition of moving ahead on health care reforms and is THE nation's capital of managed care/HMO delivery systems. It is one of the 5 or 6 states that has gone ahead and passed legislation to implement its own reform proposal. Since Minnesota has historically been more efficient in terms of the delivery of health care, Senator Durenberger will be very concerned about the allocation of the global budget, particularly that it does not reward the inefficient at the expense of the efficient.

Last week, Senator Durenberger called me (Chris) to talk a little strategy and health policy substance. He indicated his nervousness with any price controls. He said he thought we could get some savings for speeding up implementation of the new physician payment system. He also urged us to find a way to fold in Medicare into whatever we do. Lastly, he again asked for a meeting with Ira. It has been arranged for Wednesday, April 21st, at 11:00.

CHARLES GRASSLEY (R-Iowa)

Senator Grassley is one of those Senators who can give the impression (because he is far from a detail-oriented person) that he is less than sharp and is not a significant player. This is not the case. Although he may not be extremely quick, he has a very sensitive and accurate gut for politics and policy and, with a very capable staff, he has managed to become quite an effective Member of the Committee.

Grassley's primary health care interest has been related to rural health care. He, again like most other Members of the Committee, has been greatly concerned about perceived inequities in reimbursement to rural providers.

ORRIN HATCH (R-Utah)

Senator Hatch is relatively new to the Committee having joined during the last Congress. He is one of the brightest individuals in the Senate, but has yet to really get a comfortable grasp of the Finance Committee. Although he is well known for his very conservative philosophy, he has in recent years appeared to become more open to more traditionally moderate approaches. For example, although he is close with the drug industry, he has been willing to push them to be more responsive on pricing issues.

Up until 1993, he served as either the Chairman or the Ranking Republican of the much more conflict-oriented Labor and Human Resources Committee. In this capacity, he became extremely well informed about PHS, NIH, and FDA issues. On health reform issues, he can be expected to be very supportive of market-oriented reforms to the health care system. In that vein, he will be extremely uncomfortable with employer mandates and discussions of global budgeting and enforcement. He has introduced legislation to reform the medical malpractice system and sees this as an important means for reducing health care costs.

MALCOLM WALLOP (R-Wyoming)

Senator Wallop was just renamed to the Finance Committee this term. In his previous tenure (1979-1988) he demonstrated an interest in rural health concerns but focused primarily on tax matters. He is known for his very strong conservative views. In the last Congress, he cosponsored the Republican reform bill and Senator Hatch's bill to improve the medical liability system. If there is one Member of the Committee we can almost certainly write off as a possible supporter, it is Senator Wallop.

DATE	MEMBER(S)	MET WITH	SUBJECT
2/4	DOLE/CHAFEE	HRC/ICM/JF	process, general discussion
* 2/23	DURENBERGER	HRC/ICM	
3/10	Senate Republican Members Bond Burns **Chafee** Cohen Craig Danforth **Dole** Durenberger Gregg Kassebaum Mack Murkowski Nichols Packwood Roth Simpson Stevens Thurmond (others were present as well)	HRC	general discussions about process and about directions for/components of reform
* 3/10	JEFFORDS	ICM	
3/12	Senate Republican Staff	ICM	
3/23	Senate Republican Staff	Walter Zellman Rick Kronick Lois Quam	New System Development Governance
4/1	Senate Republican Staff Sheila Burke Christy Ferguson Ed Mihulski	ICM	short-term controls
4/19	Senate Republican staff	Gary Claxton	Insurance Reform

* Individual Meetings.