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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

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Folder Title:
[White House Talking Points for HIV/AIDS] [loose]

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BRIEFING MATERIAL

9/17/93

Time: 1:30-2:30pm at OEB Rm. 216

With: Ira Magaziner

WH Talking Points for HIV/AIDS

HEALTH CARE FOR PEOPLE LIVING WITH HIV/AIDS

An estimated 1 million people are infected with the HIV virus in the United States. The epidemic has continued to affect the gay community, and is also increasing disproportionately among heterosexuals, persons of color, women, and adolescents. Providing comprehensive health and prevention services for populations at risk is essential. Providers need training in dealing with HIV infection, and discrimination must be eliminated.

In many ways, AIDS and other serious chronic diseases demonstrate the reformed health care system's flexibility in treatment decisions and ability to adjust premiums paid to insurers - but not those paid by individuals.

The National Health Security program will build on the existing Ryan White programs of support for cities with high HIV prevalence, states, and community-based clinics. Outpatient care, prevention, and treatment of intravenous drug use, and alternative sites and modalities developed by and for the HIV-infected community will be expanded.

- First and foremost, the guarantee of comprehensive health coverage with no lifetime limits will provide Americans with serious, chronic disease the security of knowing that their medical needs will always be met. Of particular importance for AIDS patients, the benefit package includes coverage for prescription drugs and reasonable limits on how much patients can be required to spend out-of-pocket each year.

- The National Health Security Act does not pretend that health reform alone will provide all that AIDS patients require. The proposal includes expanded funding for research and prevention efforts related to the spread of HIV and continued funding for the Ryan White Care Act.

- Providing quality care for AIDS patients requires a complex mix of primary care and specialized services, with the capacity to respond quickly and with flexibility to emerging medical developments.

- AIDS is infectious, and people with HIV infection or AIDS frequently develop other infectious diseases such as tuberculosis. The clinical treatment of AIDS encompasses several important public health objectives, chief among them the need to refer infected individuals and get them into care as early as possible. Public Health Initiatives under Health Care Reform will devote new resources to these purposes.

CARE FOR PEOPLE WITH HIV/AIDS

An estimated 1 million people are infected with the HIV virus in the United States. The epidemic has stabilized in the gay community, but it is increasing disproportionately among heterosexuals, persons of color, women, and adolescents.[63] New and creative ways of reaching populations at risk are essential. Providers need training in dealing with HIV infection, and discrimination must be overcome.

In many ways, AIDS and other serious chronic diseases represent the ultimate test of the reformed health care system's flexibility in treatment decisions and ability to account for the true risks of enrolling certain groups of patients.

The Clinton Health Security program will build on the existing Ryan White programs of support for cities with high HIV prevalence, states, and community-based clinics. Aggressive outpatient care, prevention, and treatment of intravenous drug use, and alternative sites and modalities developed by and for the HIV-infected community will be expanded.

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- The National Health Security Act does not pretend that health reform alone will provide all that AIDS patients require. The proposal includes expanded funding for research and prevention efforts related to the spread of HIV and full funding for the Ryan White Act.

- Those changes represent drastic departures from the situation AIDS patients often confront in the existing system. To insurers, patients with HIV infection represent high costs -- costs that must be taken into special account in a system that uses community rating to determine premiums. Individuals living with HIV infection often require medical and support service not generally covered in benefit packages designed for patients confronting less drastic risks.

- Providing quality care for AIDS patients requires a complex mix of primary care and specialized services, with the capacity to respond quickly and with flexibility to emerging medical developments. In addition, social stigmas attached to AIDS create a range of special problems and needs related to discrimination, including access to the health care system.

- AIDS is infectious and closely related to other infectious diseases such as tuberculosis and sexually transmitted diseases. The clinical treatment of AIDS encompasses several important public health objectives, chief among them the need to identify infected individuals and get them into care as early as possible. Public Health Initiatives under health reform will devote new resources to both purposes.

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The White House

Health Care Reform Today

September 17, 1993

◆ A great start to the dialogue on health care. The President and the First Lady, the Vice-President and Mrs. Gore listened to people put faces to the problems of health care. They heard from 15 of the more than 700,000 who wrote to the White House about the need for health care reform. The President said: "In the weeks and months ahead, health care will often be topic number one at dinner tables, at offices, at medical clinics, and in the halls of Congress. If you read some of these letters as I have, the picture very quickly becomes clear. Even the millions of Americans who enjoy health care coverage are afraid it won't be there for them next month or next year. They want us to take action to give them the security that all Americans deserve."

◆ Former Secretary of Health, Education and Welfare in the Eisenhower Administration, Dr. Arthur Flemming has expressed his strong support for President Clinton's health care reform proposal. He said: "The President has presented us with a historic opportunity, and we must seize the moment. Let us get a plan on the books and begin to learn from experience, instead of engaging in endless rhetoric. As a former U.S. Commissioner of Aging, I am particularly enthusiastic about the plan: because this proposal will mean a straightened Medicare program -- providing greater security and expanded benefits for older Americans. Under the President's proposal, older Americans will receive all the benefits they do today. In addition, Medicare will be expanded to cover prescription drug benefits, and there will be a new long-term care program to cover home- and community-based care. Nearly all Americans will still have to pay only 25% of the total cost of the Part B benefits they receive -- including the new drug benefit. Any increase in the premium will be consistent with the increase in benefits. Only the wealthiest Americans -- those people earning $100,000 or more -- will pay the full actuarial value of the benefits they receive. Finally, Medicare funds now being wasted to cover fraud and overcharges will be used to pay for these new benefits."

MEMORANDUM

hold for Mtg w/ Ira Magaziner -

To: Kristine Gebbie
Buck Buckingham
Ben Merrill

From: Lance Alworth, Jr. LANCE

Re: Clinton Health Plan

Subject: Questions posed by CBOs to Ira Magaziner

Date: 13 September 1993

On Saturday, I attended a meeting hosted by the AIDS Action Council for Community Based Organizations ("CBOs") at which Ira Magaziner explained the administration's health plan and answered questions.

Magaziner's remarks:

Magaziner said that the administration understood there would be revisions in the Plan, even before September 22, when it will be presented to congress. He explained that there were eight guiding principles on which there would be no compromise: universal coverage; community rate; cost control; quality control; consumer choice; bureaucracy under control; improvement in quality to underserved areas; and, provision of preventive services.

Magaziner made the point several times that this would be a tough fight. He also said that while there would be many things the CBOs might object to in the Plan, it should be passed now and problem areas could be changed in the future. He said the Plan would have to be passed before the Spring. Magaziner said he wanted CBOs to be "part of the family" and that there must be an "uprising" from the public to pass this Plan.

CBO Questions:

* There was a considerable amount of concern expressed about prescription drugs. In particular, co-payments, deductibles and off-label uses. Magaziner said that off-label uses as well as experimental drugs should be covered when they are in use to combat a "life-threatening illness."

* Concern was expressed about the level of hospice care, which Magaziner indicated would be triggered by disability level.

* The CBOs asked who was covered. Magaziner said anyone in America with "legal residency." Undocumented people could still be treated as they presently are in emergency rooms, etc.

* The CBOs asked about full funding for Ryan White and CDC prevention, Magaziner hedged but did say that the Plan should not affect this funding.

* On medicare, medicaid; Most patients will ultimately be rolled into the general Plan. Wrap-around services will continue. There was a lot of concern expressed on this issue.

* State flexibility was described as subject to the federal mandates of the Plan.

* Magaziner went into great detail about "risk adjustment" provisions of the Plan, which apparently will compensate insurance companies more for people with AIDS and other long-term or expensive illnesses.

On the whole the CBOs were pleased with Magaziner's responses. Whether this will continue to be the case once more detail is available is anyone's guess.

One area of particular interest to this office should be language in the bill that affects PWAs. Magaziner told the CBOs to look over language on prescriptions, hospice care, etc. and advise the administration if there were problems or concerns from their perspective. This would appear to be a perfect way for ONAPC to cooperate with CBOs. I suggest this office contact the AIDS Action Council and/or other CBOs and work with them to examine the Plans impact on PWAs. ONAPC could then present any proposed changes to the administration. Involvement in "grass roots" advocacy would build bridges to and create confidence among the HIV/AIDS community.

[19] From: George Walter 9/16/93 8:37AM (1309 bytes: 20 ln)
To: Kristine Gebbie
Subject: Re[2]: Meeting with Ira Magaziner
---------- Message Contents ----------

The plan in its broadest interpretation appears to cover many HIV concerns; however, when one looks at the subtleties such as access to HIV specialist, what defines a specialist, out-of-area coverage (portability), controls on confidentiality, as well as definitions which determine benefits i.e "severe disability"...it is easy to see possibilities for concern.

I believe that Mrs. Clinton's work group developed this plan with a very strong interest in providing universal coverage and access. HOWEVER, if it passes the Congress with the States implementing the plan and assuming the financial risk, they (the States) will be primarily concerned with controlling cost and limiting risk. The same assumption of limiting risk will be the operating principal of the alliances, and health plans.

I would think that our biggest concerns are related to the development of definitions and process in the fifty States and the several hundred alliances.