File
- Health Care

HEALTH CARE BILLS DON'T MEET GOALS, BUDGET AIDES SAY

FEWER CHILDREN BENEFIT

Congressional Office Suggests Only 1.5 Million Uninsured Will Gain Coverage

A1

By ROBERT PEAR

WASHINGTON, July 1 — Estimates by the Congressional Budget Office suggest that health care bills passed last week by the House and the Senate would fall far short of the goal of guaranteeing coverage for half of the nation's 10 million uninsured children.

Lawmakers of both parties said they were surprised and dismayed by the preliminary estimates, which indicated that fewer than 1.5 million uninsured children would gain coverage. The lawmakers insisted that more children would benefit from the legislation.

The House voted to spend $16 billion on a new health program for children in the next five years. The Senate set aside $24 billion, including $8 billion from an increase in tobacco taxes. In talks starting next week, negotiators from the two chambers will try to work out their differences and guarantee coverage for as many children as possible.

The nonpartisan Congressional Budget Office said that large numbers of children expected to receive aid under the two bills — perhaps 40 percent — would already have insurance coverage from other sources, including private employers. So, it said, the net increase in children with insurance would be smaller than the members of Congress had assumed.

The budget office said that the House bill, in particular, would give states so much discretion that they could substitute Federal money for state money already being spent on health programs. Governors insist they will use the money as Congress intended, to insure more children.

Senator Orrin G. Hatch, a Utah Republican who has been leading efforts to expand health insurance for children, said the estimates of additional coverage were "coming in very meager."

Referring to experts at the Congressional Budget Office, Mr. Hatch said, "I am not sure why, but they have been consistently scoring the major children's health proposals as helping very few children."

In their efforts to get more money for children's health care, lawmakers and advocates for children have not always paid close attention to questions about how the new program should be designed.

Thus, the budget office said, some of the new Federal money might be used to provide health insurance for children who would otherwise have received it from private employers or from state-financed health programs. House and Senate leaders said they wanted to avoid such a substitution but neither bill would flatly prohibit it.

The Congressional Budget Office said the House bill would provide Medicaid or other health insurance coverage to 865,000 children a year. But it said, "Forty percent of these children would have had health insurance coverage even without the enactment of a national child health assistance program." So the net increase in the number of insured chil-

Continued on Page A18

Continued From Page A1

dren, it said, would be 520,000.

Governors prefer the House bill, which would give them more discretion than the Senate bill in deciding how to spend Federal money.

Jennifer E. Baxendell, a health policy analyst for the National Governors' Association, said: "We can't understand the reasoning of the Congressional Budget Office. It seems to assume a worst-case scenario, giving the governors no credit for good intentions or for trying to do the right thing with this Federal money."

Ms. Baxendell predicted that millions of children would gain coverage under the House bill. House Republicans share this view, but House Democrats disagree.

Stan Dorn, director of the health division at the Children's Defense Fund, described the choice this way: "Will the money be used for health insurance, or is it a slush fund? The stakes are huge. This could be a tremendous step forward for uninsured children. Or a historic opportunity could be wasted."

Under the House bill, states could use Federal money to expand Medicaid, enroll children in private insurance plans or purchase health care services through direct payments to doctors, hospitals and clinics. States would have the leeway to decide which children were eligible and what benefits they would receive.

Under the Senate bill, the states could not use Federal money to buy health care services directly but would have to use it for health insurance, with a package of benefits specified by the Federal Government. Governors say they should be free to make such decisions to meet local needs.

The budget agreement negotiated in May by President Clinton and Congressional leaders earmarked $16 billion to "be used in the most cost-effective manner possible to expand coverage and services for low-income and uninsured children, with a goal of up to five million currently uninsured children being served."

House Republicans say that some states will want to use their share of the money for services provided by community health centers, rural clinics or children's hospitals.

But the Congressional Budget Office said that some of the Federal money provided under the House bill would probably be used for "existing state activities." In addition, it said, some of the money might be used to offset cuts in Federal Medicaid payments to hospitals serving large numbers of low-income patients.

Representative Lucille Roybal-Allard, Democrat of California, said the $16 billion in the House bill could become a general revenue-sharing program, like the one that existed from 1972 to 1986. "The money does not have to be used to cover uninsured children," she said.

Representative Major R. Owens, Democrat of Brooklyn, said, "While $16 billion is better than nothing, it is estimated that the plan is far short of reaching one-half of the 10 million children who are without health coverage."

Mr. Dorn, of the Children's Defense Fund, described the House bill as "an invitation to states to divert money to purposes unrelated to children's health care."

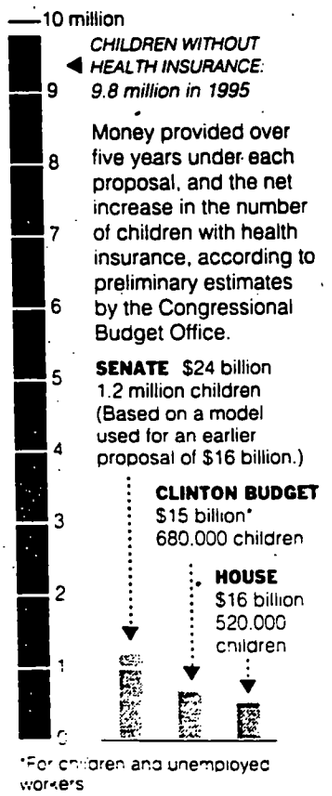
The Senate bill, like the House bill, would initially have set aside $16 billion for a child health program in the next five years. The Congressional Budget Office said that this version of the Senate bill would have provided coverage for 1.3 million children, including 800,000 who were previously uninsured.

The bill was changed on the Senate floor in several ways. Now it would guarantee specific benefits. In addition, the Senate version of the tax bill would provide $8 billion of additional money for children's health insurance initiatives, making a total of $24 billion. So it seems plausible to estimate that the net increase in the number of children with insurance would be about 50 percent higher than the initial estimate — that is, in the range of 1.2 million children. But the budget office is still working on the calculations.

Liberal Democrats said it was essential for Congress to specify the health benefits provided to children under any program subsidized by the Federal Government. The Senate bill stipulates that such benefits must be at least equivalent to those offered to the children of Federal employees and must include hearing and vision services. It would also require coverage for mental illnesses to be comparable to that for physical illnesses, in most cases.

But Ms. Baxendell, the health policy analyst at the National Governors' Association, said: "Hundreds of thousands of additional children could be covered if states were given flexibility in designing the benefits. The more expensive you make the package for one kid, the fewer kids you can cover over all."

The Plans: One View



The New York Times

Topics of The Times

A Bad Bill On Police

Apologists for the New York State Legislature claim its system of having the two party leaders decide everything allows them to take tough positions the rank and file could not support on their own. Unfortunately, there is not much evidence that ever really happens. But now Assembly Speaker Sheldon Silver has a chance to score a minor victory by killing a bill that would eliminate the New York City Police Commissioner's ability to fire corrupt or brutal officers.

The bill, which would leave final decisions on dismissals to outside arbitrators, has long been sought by the powerful Patrolmen's Benevolent Association. Right now, under a system agreed to by the union in labor negotiations, an officer charged with a dismissible offense goes before a city hearing panel, which makes a nonbinding recommendation to the Commissioner. Leaving the final decision to the Commissioner allows the head of the police to make a clear and firm statement about behavior the department will not tolerate in its officers. Arbitrators, on the other hand, tend to split the difference in disputes — the very reason the union prefers to take its disputes to them.

The bill, which would also affect other uniformed services in New York City and other localities, was presumed dead. But the Senate majority leader, Joseph Bruno, surprised the city by passing it suddenly last week, opting once again to dole out favors for special interests rather than work for the state's general good.

History demonstrates that rank-and-file Assembly members will vote in favor of any bill sought by the city police unions, no matter how idiotic. But Speaker Silver can make a tough decision on the city's behalf and keep this one from ever coming to the floor.

An Exception For Battered Women

Violent offenders have not been allowed to participate in New York's prison work-release program since 1995, when Gov. George Pataki decided that too many violent criminals were committing new crimes while on furlough. Mr. Pataki was right to rein in the program, but his decision to exclude all those defined as violent offenders was too broad.

Among those barred from the program were battered women who retaliated against their tormentors. Advocates for these women think they deserve an exemption, and legislation now pending in Albany would give the state's corrections commissioner new powers to review their cases. The idea merits support from Mr. Pataki and the State Legislature.

Work release has been an important bridge between the confined, controlled atmosphere of prison and the resumption of life outside. Typically an inmate who is within a year or two of being considered for parole can participate in a work-release program with the approval of the State Commissioner of Correctional Services. Participants generally live in supervised residential facilities while they work or look for work, often with the assistance of nonprofit groups, church organizations, neighbors or friends.

For years the program was limited mainly to nonviolent offenders, but in the late 1980's officials opened it to violent offenders in an effort to ease overcrowding in state prisons. When several furloughed prisoners committed new crimes, Governor Pataki issued an executive order, later codified by the State Legislature, prohibiting anyone convicted of a violent crime from participating in work release. The new policy led to an impressive 60 percent reduction in the number of arrests of inmates on work release. But the policy also punished some offenders who were highly unlikely to commit further crimes.

Two New York City members of the State Legislature, the Republican Serphin Maltese in the Senate and the Democrat Scott Stringer in the Assembly, are sponsoring bills that would allow the corrections commissioner to grant work release to victims of domestic violence who were convicted of assaulting or even killing their abusers. There are no more than 100 of these women, according to the latest estimates. Not all would qualify for work release. The commissioner would have broad discretion to bar women with a history of violence or women who seem likely to cause more trouble.

While the statutory language is gender-neutral, victims of domestic abuse are overwhelmingly women, many of whom have no prior arrest record. Mr. Pataki and many state legislators have become more sensitive to the peculiar nature of domestic violence in recent years. It is now time to offer a second chance to victims whose only crime was to strike back in self-defense.

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The Washington Post
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Old Problems Undermine Teen Moms' New Chance

Survey Finds Aid Program Improves Few Lives

By Barbara Vobejda
Washington Post Staff Writer

One of the nation's best-funded programs for disadvantaged teenage mothers has failed to improve their chances of becoming self-sufficient, according to a multi-year, rigorous study to be released today.

The study found that teenagers enrolled in the program, called New Chance, were no more likely to find a job, leave welfare or avoid having another child than young mothers who had not received its intensive services.

Three and a half years after they entered the program, about 75 percent of the young women were receiving public assistance, 28 percent were working and three-quarters had become pregnant again.

The findings offer more evidence that improving the lives of the nation's most disadvantaged families is extraordinarily difficult, and even the most intensive programs have little effect in counteracting the powerful forces at work in poor communities.

The research also has important implications for the new welfare system, since half of the 4 million adults on welfare had their first children as teenagers. The new welfare law requires that recipients stay on the rolls no longer than five years in their lifetime, so figuring out how to change behavior is critical to its success.

The study results, released by the Manpower Research and Demonstration Corporation, a New York-based organization that also designed the program, were disappointing because New Chance is

See TEENAGERS, A17, Col. 1

TEENAGERS, From A1

considered among the most elaborate and comprehensive of its kind, operating in 12 U.S. cities. The program spent about $9,000 per mother, showering them with education, training, child care, parenting classes, health care and counseling.

Overall, the program has enrolled roughly 4,500 participants over eight years and spent about $3 million, most of it public funding from state and local governments.

The program did increase the likelihood that the teenagers would receive a high school equivalency degree, but it did not increase their earnings compared to other teenage mothers, nor did the program help their children become any more academically prepared for preschool. "A real question that no program has been able to address successfully is how to help them make substantially more progress," said Janet Quint, the lead author of the report.

Meri Maben, who runs New Chance for the East Side Union High School District in San Jose, said the program had helped many young mothers, but failed to have a wide impact on the lives of teenagers who return to troubled environments. She likened the program to the experience of summer camp in the course of a young person's life.

"They learn new behaviors, they sing the songs of building dreams, but then they go back," she said. The high school equivalency degree they earned, or the new approach to parenting they have been taught, she said, "also causes them to be ostracized. It creates jealousy in boyfriends. Success is not well received back home. And eventually, those short-term behaviors erode."

Some social policy specialists said the study is likely to contribute to increasing support for sanctions in social programs. Providing services is not enough, these policymakers argue, unless the programs also punish participants—by cutting welfare benefits, for example—if teenage mothers do not stay in school, have their children immunized or meet other expectations.

"This will be another nail in the coffin of the nurturing, supportive approach to welfare recipients," said Douglas Besharov, a scholar at the American Enterprise Institute.

Rebecca Maynard, professor of education and policy at the University of Pennsylvania, said that no teenage parent program has had real success. But, she said, "those programs that are most successful ... are those that have clear values imbedded in them, that say 'It is not okay to be a teen mother and draw welfare. You need to take charge of your life.'"

The research on New Chance followed 2,079 teenage mothers who had applied for the program in the late 1980s or early '90s. Two-thirds were actually enrolled in the program and one-third were assigned to a control group, whose members were not given services but in many cases found some help on their own.

The mothers in New Chance were enrolled in education courses, job training programs and given health and family planning assistance, parenting courses and counseling by a case manager. While the services were available for 18 months, the average stay in the program was about six months.

More than three years after they entered the program, the young mothers who were working were earning an average of $5.66 an hour. The mothers reported more stress related to their children compared with the control group and were more likely to report behavior problems among their children.

And in one of the more puzzling findings, the program seemed to increase the likelihood that a teenager would suffer from depression, perhaps because it raised her expectations, researchers said.

Kayci Rush, director of the New Chance program in Minneapolis, said the program offered valuable assistance to teenagers, but failed to help them become part of a community where they would get the support of churches, schools and neighbors.

"Teen parents are really invisible, they are so marginalized," she said. "These families are hungry to be connected, and a program doesn't do it."

Schools Are the Public's Business

ONCE AGAIN the D.C. school system's chief executive officer, retired Lt. Gen. Julius Becton, has turned to the defense establishment to fill a key position in the public school system. This time he has tapped a senior civilian with the Defense Department to serve as personnel chief. Drawing on the Pentagon or military acquaintances to fill critical positions in the school system is neither good nor bad in itself, provided there is open and fair competition and the final choice is based on merit. There are reasons for making so obvious a point.

The appointed trustee board, of which Gen. Becton is a member, has demonstrated a penchant for holding meetings behind closed doors and keeping its deliberations out of the public record. In fact, he is reacting to last week's disclosure of his new personnel chief's identity as if a state secret had been betrayed. Accusing the trustees of a "lack of integrity," the general told them, "I do not intend to share with the board any further sensitive information until immediately prior to release to the public."

If the trustees accept that silly declaration, they are weaker than we thought. D.C. Board of Education President Don Reeves, the only elected member who serves on the trustee board, is on the mark in saying that school business *is* the public's business. Residents have a right to be informed about the activities and deliberations of the appointed school trustee board and the chief executive officer.

According to Post reporter Debbi Wilgoren, however, a proposal by Mr. Reeves to record trustee meetings was defeated last week, 6 to 2. That kind of decision in favor of deliberately withholding information does little to build a bond of trust between the appointed board and the public, including where critical appointments are concerned.

The problem of excessive secrecy could spill over into the selection of a permanent chief academic officer. Gen. Becton has refused to disclose the identities of four candidates for the position, presumably on grounds that some of the candidates had not told their employers they were applying for the D.C. job. But the chief academic officer reportedly will be a leading contender for the superintendent's job when Gen. Becton steps down. That makes the post one of the most important staff positions in the system.

The leading candidates shouldn't be hidden from the public. The chief academic officer is someone whom parents, teachers and the elected board will have to live with long after Gen. Becton and the appointed board are off the scene. For the permanent academic officer's sake, trustees should let the public in on the selection process at the front end.

Ms. Aron and Her County Duties

MONTGOMERY COUNTY leaders have a delicate problem before them: One of the five people who make crucial decisions about huge, highly controversial projects in the county is in jail without bond on charges of hiring a hit man to kill her husband and another man. The lawyer for Ruthann Aron reports that she is unwilling to resign—and at this point she is under no obligation to do so. A grand jury has yet to act, though one is scheduled to hear the case against her tomorrow before deciding whether to indict her on two counts of soliciting murder. If an indictment does ensue, the ability of the planning board to act properly could be impaired as well as legally challenged. Hotly contested projects coming before the board include the proposed Inter-County Connector highway between Montgomery and Prince George's counties and plans for a county conference center.

According to her lawyer, Ms. Aron has discussed the possibility of taking a leave of absence from the board. This would preclude her taking part in any board actions but would not involve relinquishing her seat. The board could then proceed, though the possibility of deadlock votes over an indefinite period could generate additional legal challenges.

Barring a resignation, then, a decision to remove Ms. Aron would be up to the county council. Though council members say there seems to be no authority to fill the seat of someone on leave, Maryland law does permit the council to remove any member. The cause of removal must be stated in writing, and a public hearing must be held.

At least until the grand jury has acted, there is no compelling reason to take this step. If there is an indictment, the council might well conclude that absent a conviction, Ms. Aron is entitled to take leave pending a decision. The council might also determine that proceeding with a four-member board, while potentially difficult, is within the law and workable. Ms. Aron might conclude for the greater public good that she should resign and allow her responsibilities to be carried out by a full-fledged, participating member. In any event, a full five-member board would be best, and the council should not hesitate to insist on it.

The Washington Post
WEDNESDAY, JULY 2, 1997

Welfare Services Seem Little Help To Teen Mothers

By JOHN HARWOOD
Staff Reporter of THE WALL STREET JOURNAL

WASHINGTON – Adding a sobering note to recent good news about declining welfare rolls, a national study shows that even extensive, easily accessible services have limited success in enabling teenage mothers to support themselves.

Moreover, the study, to be released today by New York-based **Manpower Demonstration Research** Corp., showed that such services had unexpectedly harmful consequences for the young women's emotional well-being. Tracking the experiences of about 2,300 young mothers, MDRC found that three-fourths remained on public assistance despite three years or more of special help through its New Chance program.

"They are still a long way from self-sufficiency," said Robert Granger, who directed the study by the nonprofit MDRC, which studies and designs welfare programs. The message for policymakers, Dr. Granger added, is the need to increase emphasis on deterring young women from becoming pregnant and dropping out of school, since helping them afterward has proven so difficult.

Among welfare recipients, teen mothers are among the most likely to remain dependent on assistance for an extended period. In 1996, more than half the national caseload consisted of mothers who first gave birth as teenagers. As a result, determining how to move young mothers toward self-sufficiency will be a critical factor in the long-term success of the national welfare reform effort.

At 16 sites in 10 states from 1989 to 1995, New Chance offered child care, instruction in basic academic skills, job training and placement assistance, health and family-planning classes, and "life skills" guidance in areas such as parenting, communications and decision-making. The services cost about $9,000 per mother. Though the program helped participants attain high-school-equivalency certificates at higher rates than a control group whose members didn't receive New Chance services, it didn't help them hold jobs longer, increase their incomes or deter subsequent births.

In addition, the young mothers receiving New Chance services reported higher levels of parenting-related stress as well as behavior problems among their children than the nonparticipating mothers. Dr. Granger ascribed those findings in part to disappointment among mothers whose high hopes for the program weren't fulfilled, as well as to the increased amount of time that participants' children spent in child-care settings while their mothers were receiving services.

BUSINESS BRIEFS

Boeing, McDonnell Douglas Dea Gains U.S. Antitrust Clearance

By JOHN R. WILKE
And JEFF COLE
Staff Reporters of THE WALL STREET JOURNAL

WASHINGTON—Federal antitrust regulators cleared **Boeing** Co.'s planned $14 billion acquisition of **McDonnell Douglas** Corp., but warned the aerospace giant against signing any more contracts with major airlines to be their exclusive supplier of commercial jets.

The FTC action was expected but the big takeover plan announced in December still faces a tough antitrust review in Europe, where regulators could thwart the deal by imposing stiff penalties or conditions. Boeing's exclusive contracts with major carriers, three of which have been announced, are opposed by the Europeans because they exclude Boeing's only major competitor, **Airbus Industrie**, from future sales to those airlines.

In Seattle, Boeing said it expected the European Commission to complete its antitrust review by the end of the month. Boeing also said both companies would seek shareholder approval for the deal in separate meetings on July 25 and, pending approval, close the transaction by Aug. 1.

In its approval of the merger, the Federal Trade Commission said it would monitor the effect of the exclusive contracts, which now total $16.9 billion or an estimated 11% of the market for new aircraft. But a senior FTC official went much further, saying that because Boeing already controls two-thirds of the world commercial jet market, "any significant increase" in such contracts could trigger enforcement action.

Boeing continues to talk with European regulators about a possible settlement and, as reported in The Wall Street Journal, is considering lifting the exclusivity clause in its existing contracts with AMR Corp.'s American Airlines, **Delta Air Lines** and **Continental Airlines**. These 20-year sole-source contracts, under which Boeing has so far won orders for 244 wide-body jets and 1,300 purchase options, have been cited by European officials as evidence that Boeing, which already holds 60% of the world market for aircraft carrying 100 or more passengers, would abuse its dominant market position. Aside from promising the Europeans that it won't sign any more exclusive contracts, Boeing might agree to boost the share of aircraft components it buys from European companies.

On Monday, Boeing filed proposals with EU regulators for dealing with Europ concerns, but the company didn't disc details of the document. Last week Boe met with European regulators and further talks yesterday in which Europ officials took a hard line, people clos the discussions said. The regulators expected to make a recommendation the merger to a special panel of antit officials of the 15 European Union mem states by Friday.

The EU's lead antitrust regula Karel Van Miert, has publicly war about the combination's likely effect Europe's Airbus, a four-nation consorti of private and government-backed c cerns. Other European officials have s the U.S. is bending its antitrust rules Boeing to strengthen it as a global comp tor.

FTC Chairman Robert Pitofsky, i statement yesterday with three other c missioners on the five-member panel, butted that assertion, saying the FT decision had nothing to do with an effor create a "national champion" to comp more effectively with Airbus.

"On its face, the proposed transact appears to raise serious antitrust c cerns," Mr. Pitofsky's statement said. after an exhaustive investigation, the F found that McDonnell Douglas "no lon constitutes a meaningful competitive fo in the aircraft market" and that there is strategy the company could pursue eit as a stand-alone concern or as part another company "that could change t grim prospect."

European regulators disagree shar with the FTC's analysis. In a May do ment, European officials said that " competitive influence of [McDon Douglas] is greater than reflected by market share" and that 13 of 20 airli they contacted "stated that competit from [McDonnell Douglas] had an in ence" in jet-sales negotiations "in term a better price or better purchasing eo tions."

In the much larger defense side of merger, the FTC and Pentagon conclu that the two companies weren't head head competitors and their mer wouldn't create antitrust problems.

In New York Stock Exchange compo trading yesterday, Boeing gained $1 $54.0625, while McDonnell Douglas r $1.1875 to $69.6875.

Clinton health plan lives again, one bill at a time

By Jill Lawrence and Susan Page
USA TODAY

A1

WASHINGTON — Did it set the stage for big changes or gum up the works for years?

However you look at President Clinton's doomed 1993 health-care reform plan, Congress and the White House are inching toward some of its goals.

There's no master plan, no fancy title or catchy slogan. There are no battling ads on TV. But a new approach to health care is evolving in a comparatively slow and relatively quiet "stealth health" process.

First there was the 1996 Kassebaum-Kennedy law to help people get and keep insurance. Now national leaders are beginning to tackle Medicare costs and promising billions to expand health coverage for low-income children.

The operative cliche here may be better late than never.

"It did delay us," Sen. John Breaux, D-La., says of the Clinton plan. "But at least it exposed people to ideas."

Congress waited nearly a year — until late October 1993 — for the "Health Security Act" Clinton had promised would be the centerpiece of his first term. It was massive, bewildering and,

Please see COVER STORY next page ▶

Continued from 1A

says Breaux, "almost dead on arrival." And it was such an easy target that it helped Republicans win control of Congress in 1994.

Then the situation reversed itself. Republican attempts to curb Medicare growth proved an irresistible target to Democrats. It was not until late 1996 that the two parties took up where they had left off in 1992 — discussing practical and fairly modest reforms, led by Senate moderates of both parties.

Now, for the first time in years, both sides are eager, or at least feeling politically pressured, to get things done. It's a case study of Clinton's on-the-job training and of GOP efforts to soften a callous public image. Developments so far:

▶ Congress passed and Clinton signed the Kassebaum-Kennedy law saying people with medical problems can't be denied coverage, simplifying insurance forms and raising the tax deduction for insurance purchased by self-employed people.

▶ Clinton and Congress have agreed this year to subsidize health insurance for more children. Plans on the table range from $16 billion to $24 billion and would cover 300,000 to 5 million of the country's 10 million uninsured children.

▶ Congress is forging ahead on Medicare changes meant to stabilize the system's finances and encourage Medicare patients to join managed-care plans, which monitor treatment to control costs. Proposals include offering seniors more choices, such as health maintenance organizations; raising Medicare eligibility to age 67 by 2027 from 65 now; and requiring well-off retirees to pay higher premiums.

Hype & Glory
by Walter Shapiro
will appear
Thursday

▶ Clinton and others are suggesting ways to encourage small businesses to band together to bargain for cheaper insurance.

▶ The government has become a watchdog over the managed-care industry. A first step: guaranteeing at least a 48-hour hospital stay after a woman has a baby.

Some White House officials say the Clinton plan was a catalyst for what's happened since. "Clinton gets credit for putting health care on the agenda," says Gene Sperling, director of the White House National Economic Council. "He gets credit for doing a lot to focus the country on cost consciousness, from the average consumer to the business executive."

But it's hard to find enthusiastic defenders of his 1,342-page bill. At a New Year's gathering, Clinton called it the worst mistake of his presidency. After it failed, he told a California audience last week, "We decided to try to go at this step by step."

The consensus among many Republicans, Democrats and academics is that these steps might have occurred sooner if Clinton hadn't interrupted the normal flow of business. Before his election, Capitol Hill was buzzing with proposals to cover uninsured children, require employers to offer insurance and let people take their policies with them from job to job.

"He could have had coverage of kids in four hours in his first term if he wanted," says Robert Blendon, a Harvard expert on public attitudes about health care.

Some at the White House counter that congressional Democrats at that point weren't willing to accept small reforms. Neither was Clinton. In a signature threat, he warned Congress he would veto any bill that did not guarantee universal insurance coverage. At the time, 36 million people were uninsured.

Now there are an estimated 40 million uninsured, but universal coverage isn't mentioned anymore. Instead, the federal government is gradually moving to extend insurance to one group at a time — workers between jobs, people with health problems, some poor kids.

Many analysts say the key to universal coverage is requiring employers to offer insurance to workers. But that idea — a pillar of the Clinton approach — is dead for now. Even at the White House there's acknowledgment that its association with the Clinton plan makes the idea politically untouchable.

Universal coverage may be increasingly elusive, but market forces are well on the way to achieving another aim of the Clinton plan: widespread use of managed care. Tens of millions of people have been pushed by their employers into managed-care programs. The double aim is care that's both cheaper and better. There have been cost savings and some relief from soaring medical inflation. But along with that has come a new government role: making sure people get proper care in private health plans.

Clinton and Congress have stepped in to prevent cost-driven medical decisions that already have prompted legislation in 35 states, among them so-called "drive-through deliveries" and "gag rules" that restrict what doctors can tell patients about treatments they might pursue. Clinton has appointed a commission to report back on the government's role in assuring quality care.

Some analysts say the managed-care industry was into a major growth spurt well before the administration weighed in. But others say Clinton helped accelerate the trend. "The managed-care revolution was moved along by the threat of the Clinton health plan," says Blendon. Employers, insurers and doctors "thought it was going to be the law of the land."

Trends in health plans

The number of uninsured Americans has risen from 36 million in 1994 to 40.3 million people today. What has happened to insurance coverage for the non-elderly:

Covered by job-based health insurance	
1987	68.2%
1995	63.8%
Covered by insurance where they work	
1987	33.8%
1995	32.7%
Covered by a family member's insurance at work	
1987	35.4%
1995	31.1%
Covered by no health insurance	
1987	14.8%
1995	17.4%

Source: Employee Benefit Research Institute

USA TODAY
WEDNESDAY, JULY 2, 1997

1/2

If there's one overriding legacy of the Clinton health debacle, in both parties, it's caution.

"It was such a political failure that everybody learned a lesson — that you really couldn't go in there and offer a national solution, that you had to go back to a piecemeal thing and worry about one problem at a time," says Robert Helms, director of health policy studies at the American Enterprise Institute. "Maybe that was reality all along."

Clinton is supporting a tobacco-tax increase to subsidize children's insurance, but he initially opposed it on the grounds that it might jeopardize a historic agreement to balance the federal budget. He is still fighting controversial Senate moves to raise the Medicare eligibility age and charge affluent seniors higher premiums, saying they are not part of that agreement.

The Clinton reform episode made it "twice as tough" to win support for any type of health-care expansion, says Sen. Orrin Hatch, R-Utah, chief GOP sponsor of the tobacco-tax plan: "Automatically the antennae go up: 'Is this another Clinton big-government, big-spending, socialized medicine program?' You have to go through all those arguments every time."

A diehard opponent of the Clinton plan, Sen. Phil Gramm, R-Texas, doesn't regret the debate. "At least it convinced people of what we did not want to do. It was sort of like having a near heart attack to make you more diligent on your diet."

Liberals say Congress is dealing with high-profile but marginal matters instead of big issues such as universal coverage.

"At some point the focus is going to get back to the fact that there are so many millions without insurance coverage. People are going to ask why," says Rep. Henry Waxman, D-Calif. "The American people are going to raise the issue and wonder which party is going to do something about it."

Contributing: Steven Findlay

Evolution of health care coverage

The Clinton administration's sweeping plan to overhaul the nation's health care system, the Health Security Act, was unveiled in 1993 and soundly repudiated by Congress in 1994. Since then, the White House and Congress have tried to advance some but not all of the plan's goals. Here's a look at what Clinton proposed compared with some developments that have occurred since then:

WHO GETS HEALTH COVERAGE?

WHAT WAS PROPOSED: All U.S. citizens and legal immigrants entitled to health care coverage regardless of job or health status. Employers required to pay at least 80% of premiums.
WHAT HAS HAPPENED: Law guarantees that job-changers and people with health problems can buy insurance. Self-employed people get bigger tax breaks on insurance. Budget plan pending in Congress would cover some of the nation's 10 million uninsured children.

MANAGED COMPETITION VS. MANAGED CARE

WHAT WAS PROPOSED: National Health Board oversees and regulates a managed-competition system of insurers and other health plans competing for customers.
WHAT HAS HAPPENED: Most workers are in managed-care health plans, which control and coordinate medical services used by their members, trying to contain costs.

WHAT BENEFITS?

WHAT WAS PROPOSED: Guaranteed benefits include hospital care, hospice care for the dying, emergency services, pregnancy-related care, home care, prescription drugs and limited mental health and substance abuse treatment.
WHAT HAS HAPPENED: No blanket requirements. Congress has required all insurers and managed-care plans to allow at least a two-day hospital stay for mothers after childbirth. All large group plans that offer mental health benefits must set the same coverage limits for mental illness as for physical illness.

HEALTH NETWORKS

WHAT WAS PROPOSED: Health plans required to form networks of doctors, hospitals and others offering complete care at a fixed price per enrollee.
WHAT HAS HAPPENED: The health industry is creating extensive networks on its own. Many offer complete coverage at fixed prices.

CONTROLLING COSTS

WHAT WAS PROPOSED: National health budget enforced by regulators. Prices for certain medical procedures established. Annual premium increase capped.
WHAT HAS HAPPENED: Health care costs overall were up 4% last year, a more moderate increase than before, but still higher than the general level of inflation.

MEDICARE

WHAT WAS PROPOSED: Elderly could enroll in Medicare or stay in managed-care system. Higher Medicare premiums for more affluent seniors. Prescription drugs and long-term care covered. Spending curbed by $124 billion over seven years.
WHAT HAS HAPPENED: Budget bill pending in Congress would let seniors choose from Medicare, health maintenance organizations (HMOs) and other managed-care plans. Congress debating whether to increase premiums for wealthier seniors and gradually raise eligibility age to 67 by 2027 from 65 now. Final budget expected to shave $115 billion from projected Medicare spending over five years.

MEDICAID

WHAT WAS PROPOSED: Medicaid program for poor eliminated. Government pays for poor in managed care. Spending caps imposed for savings of $114 billion over seven years.
WHAT HAS HAPPENED: States shifting non-elderly Medicaid beneficiaries into HMOs and other managed care. Congressional and White House budget negotiators have agreed to cut spending $14 billion over five years.

By Susan Page, Jill Lawrence and Steven Findlay, USA TODAY

2/2

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Secret Service is 'all for more women'

By Mimi Hall
USA TODAY

WASHINGTON — In the movie *Murder at 1600*, a sharpshooting female Secret Service agent battles corruption at the White House to save the presidency.

And in the thriller *In the Line of Fire*, a female agent helps Clint Eastwood's character take down a would-be assassin.

But when real-life Special Agent Anthony Triplett goes recruiting for the United States Secret Service at campuses and job fairs, he finds that many young women still don't realize they can join the elite corps that protects the president.

"A lot of women . . . initially are not sure it's something they want to do or something they can do," he says. "I've had people ask me, 'Do you have female Secret Service agents?'"

Of course, he tells them.

"'Well, you don't let them protect the president, do you?'" he's asked. Of course.

But it's no wonder they ask.

Twenty-seven years after President Nixon approved the hiring of the first female Secret Service officers — an event that prompted reporters to ask if their uniform hemlines would fall at the "midi" length — only 10% of the Secret Service's 2,070 agents and 1,164 uniformed officers are women.

White House photo

Inauguration Day: Special Agent Kathleen Hickman, on a running board of a presidential limousine, in Washington on Jan. 20, 1997.

That's not far out of line with the military, where women make up 13% of the armed forces. In local police forces nationwide, just 9% of sworn officers are women.

"We're all for more women, if they're qualified," says agent Lisa Risley, 38.

To qualify, women are required to go through the same 16 weeks of training as men.

They must pass the same physical fitness tests, drug tests, polygraphs and background checks.

And like male agents, they must spent at least eight years at some of the agency's 140 field offices investigating counterfeiting and other financial crimes.

That's the work the Secret Service was established to do in 1865. And agents must have that experience before being assigned to the details responsible for protecting the president, the vice president, their families, former presidents, major political candidates and visiting foreign dignitaries.

"There's still a misconception that (female agents) are there to look after the spouse or the kids" of the president and vice president, Risley says.

They're not.

As agents and uniformed officers, the women conceal the same firearms, handcuffs and batons under their clothes.

They work the same long hours and have the same hectic schedules. They drive the president's limousine; they keep over-eager crowds at bay.

The job may seem glamorous, but "if there are women out there looking to join, don't think you're going to get an easy ride," Risley says.

Although it can mean standing around while the president gives a speech, the job also requires intense concentration.

"I don't think the stress comes from knowing you're going to take a bullet," says Paula Reid, 31, an investigator in the Washington office.

Kathleen Hickman, 39, a senior special agent on President Clinton's protective detail, calls travel a major perk of the job: she's just about seen the world as an agent. But it also is a major source of stress.

"You've got to be flexible," she says.

Chuck Vance, an agent from 1964-79, says that may be why relatively few women join.

"It's a very difficult job for a family man," he says, "and even more difficult for a family woman."

Vance says many male agents were skeptical when women joined the service.

"You're on your feet a tremendous amount of time, you're traveling from city to city and state to state and time zone to time zone," he says. "And when your body gets tired, your mind gets tired, and if you're not on top of your game with that job, you've only got one chance."

The women proved themselves fast, Vance says.

But female agents say they still feel the sting of sexism, whether it's intentional or not.

Hickman remembers being annoyed by repeated references to "all the Secret Service men" along Clinton's inaugural parade route in January.

And Reid says that when she works with male agents, officials they're dealing with tend to ignore her. Until the perception of agents as big, burly men changes, "you just have to