PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

POLICY	ISSUE	ADMINISTRATION ACTION	LEGISLATIVE STATUS
PATIENTS BILL OF RIGHTS	Tens of millions of Americans in managed care have wholly inadequate patient protections that cannot be addressed at the state level because of limited jurisdiction. These Americans do not have the right to see a specialist, to receive emergency room care when necessary, to appeal the decisions of managed care plans, and to hold health plans accountable for decisions that harm patients.	**1996** President announced intention to establish a Health Care Quality Commission. **1997** President accepted the Quality Commission's recommendations and called on the Congress to pass a Patients Bill of Rights. **1998** President directed Federal health plans, covering 85 million Americans, to implement the patients' bill of rights and called upon Congress to act in the State of the Union. **1999** President reiterated his call for the Congress to act on the Patients Bill of Rights in the State of the Union and endorsed the Norwood-Dingell bill, which provides real, enforceable protections to all Americans in all health plans.	**1997 and 1998** Congress held hearings on managed care reform in both the Senate and the House. The House passed a bill introduced by Representative Gingrich (R-GA) which included inadequate patient protections that passed 216 to 210. The Senate leadership would not allow a vote on the bill. **1999** The Senate Republican leadership passed a partisan and substandard bill that the New York Times derided as "wrongheaded...the Republicans chose to protect insurers, health maintenance organizations, and businesses at the expense of patients." Senator Chafee (R-RI) called the Senate bill deficient and stated that "The American people deserve better." The Norwood-Dingell bill was introduced and endorsed by the AMA, over 200 health care provider organizations, and a bipartisan coalition of House members assuring a majority if brought to a vote. Representative Barr (R-GA) stated that the Norwood-Dingell bill "truly puts the rights of patients first...[and] ensures the bottom line does not receive more attention than the health and welfare of individual patients."

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

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MEDICARE REFORM	Enrollment in Medicare will climb when the baby-boom generation retires, from 39 to 80 million by 2035. The ratio of workers supporting these beneficiaries is expected to decline by over 40 percent by 2030. Because of these demographic changes, the Medicare trust fund will become insolvent in 2015 – just as the baby boom generation starts to retire. Even with reforms that substantially slow cost growth, the revenues coming to the Medicare Trust Fund will not support this larger number of beneficiaries. About 75 percent of Medicare beneficiaries lack decent, dependable, private-sector drug coverage. Over one third of beneficiaries have no drug coverage at all.	**1997** The President enacted the authority for the establishment of the Bipartisan Commission on the Future of Medicare. **1999** The President unveiled his plan to modernize and strengthen the Medicare program to prepare it for the health, demographic, and financing challenges it faces in the 21st century. This initiative would: (1) make Medicare more competitive and efficient; (2) modernize and reform Medicare's benefits, including the provision of a prescription drug benefit and eliminating cost sharing for preventive benefits; and (3) make a long-term financing commitment to the program that would extend the estimated life of the Medicare Trust Fund until at least 2027. The Administration is working to develop bipartisan legislation with the Senate Finance Committee.	**1999** The Medicare Commission did not achieve the consensus needed in order to deliver recommendations to Congress. However, it did develop some good suggestions for reform, which were integrated into the President's proposal. The Finance Committee held a series of hearing in May, June, and July with a commitment to mark up a reform package by early October. Chairman Roth committed to marking up a reform package in the early fall.

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

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MEDICAL RECORDS PRIVACY	Rapid changes in the way that health care is provided, documented, and paid for has raised new issues about the privacy and confidentiality of medical information. There are inadequate protections for the use and disclosure of health information, creating potential breaches of confidentiality. It has been reported that fearing such breaches of confidentiality, 20 percent of patients sometimes withhold critical information from their health care providers because they are worried about the unauthorized use of their private medical records.	**1996** President signed the Health Insurance Portability and Accountability Act into law, establishing a statutory deadline of 8/21/99 for the Congress to pass medical records privacy legislation. **1997** HHS submitted recommendations to Congress for strong medical records privacy legislation that include: preventing the disclosure of personally identifiable health care information for non-health purposes only; prohibiting the use of information without either patient authorization or a clear legal basis; ensuring that individuals how their records are used; and balancing protections with public health, research, and efforts to eliminate health care fraud. **1998** HHS released proposed regulations establishing new standards for the security of electronic medical records. However, further regulation is necessary to protect the privacy of medical records. **1999** President urged the Congress to pass strong medical records privacy protections in the State of the Union. Today, the President announced that HHS will release a proposed regulation on medical privacy in October.	**1997 and 1998** Bills introduced by Jeffords (R-VT), Dodd (D-CT), Kennedy (D-MA), Leahy (D-VT) and Bennett (R-UT). **1999** Hearings held in the Health, Education, Labor, and Pension Committee. Bills from 1998 re-introduced. Representatives Markey (D-MA), Cardin (D-MD), and Thomas (R-CA) have pledged to work together to develop a proposal that can receive bipartisan support. Senator Bennett (R-UT) stated "Clearly, the time has come to enact comprehensive, strong, Federal standards that mandate the protection of individual health information." Senator Jeffords (R-VT) stated that it was critically important to "establish strong and effective mechanisms to protect against the unauthorized and inappropriate use of protected health information." He has indicated his intention to bring legislation to a markup this fall. Representative Roukema (R-NJ) stated "The issue of privacy, more comprehensive [protections], will have to be addressed by this Congress across the board. I want to be part of that project."

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

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THE WORK INCENTIVES IMPROVEMENT ACT **(Jeffords-Kennedy-Roth-Moynihan)**	During the Clinton-Gore Administration, unemployment has dropped to a 29-year low. However, among working-age adults with disabilities, the unemployment rate is nearly 75 percent. People with disabilities can bring tremendous energy and talent to the American workforce; yet outdated, institutional barriers often limit their ability to work. Under current law, people with disabilities often become ineligible for Medicaid or Medicare if they work. This means that many people with disabilities are put in the untenable position of choosing between health care coverage and work.	**1998** President established a National Task Force on Employment of Adults with Disabilities to create a coordinated national policy to increase employment of adults with disabilities. President accepted the Task Force's final report, which included the recommendation that the Administration promote proposals allowing people with disabilities to retain their public health insurance when they return to work. He endorsed the concept of the Work Incentives Improvement Act introduced by Senators Jeffords and Kennedy. **1999** President announced in early January that he included funding for Work Incentives Improvement Act in his FY 2000 budget and urged the Congress to pass it in his 1999 State of the Union address.	**1998** Senator Jeffords (R-VT) and Kennedy (D-MA) introduced the Work Incentives Improvement Act. Hearings were held by the Finance Committee. **1999** Senators Jeffords (R-VT), Kennedy (D-MA), Roth (R-DE), and Moynihan (D-NY) reintroduced the Work Incentives Improvement Act in early January. Senator Jeffords stated "We have a simple goal with this legislation: helping Americans with disabilities go to work." Senator Roth stated that "...this combination of health care and job assistance will help disabled Americans succeed in the workplace. " The Work Incentives Improvement Act was voted out of the Finance Committee by a 16 to 2 vote on 3/4/99 and was voted out of the Senate (99 to 0) on 6/16/99. Representatives Lazio (R-NY), Waxman (D-CA), Bliley (R-VA), and Dingell (D-MA), and 231 cosponsors introduced the companion bill, which passed out of the Commerce Committee by a unanimous voice vote on 5/19/99. Representative Lazio stated "Millions of Americans are waiting eagerly to...pursue the American Dream. The Work Incentives Improvement Act will enable them to do just that."

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

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TOBACCO	Every day 3,000 children become regular smokers, and 1,000 have their lives shortened because of it. Almost 90 percent of adult smokers began smoking by age 18. Public health experts agree that raising the price of cigarettes is one of the most effective ways to reduce youth smoking.	**1997** The President announced a comprehensive plan to reduce teen smoking, including increasing the price of cigarettes by up to $1.50 a pack. **1998** The President included in his budget the proposal to raise the price of cigarettes $1.10 a pack over 5 years. The President supported tobacco legislation introduced by Senator John McCain (R-AZ) which raised the price of cigarettes by $1.10, cutting youth smoking in half over five years. **1999** The President proposes a 55 cent tobacco excise tax increase which, when added to the increases agreed to in November 1997 by the tobacco companies and the States, would cut youth smoking in half within five years, saving a million lives, with a legislated increase of half the $1.10 per pack amount.	**1997** A bill introduced by Senators Hatch (R-UT), Smith (R-OR), and Jeffords (R-VT), proposed to raise the price per pack by 62 cents, the same amount as the state settlement proposed in June 1997. **1998** A bipartisan bill introduced by Senator Harkin (D-IA) and Chafee (R-RI) proposed to raise the price by $1.50 per pack, as would a bill introduced by Representatives Hansen (R-UT) and Meehan (D-MA). A bill proposed by Senator McCain (R-AZ) was supported by 57 members of the Senate, including 14 Republicans, but blocked by a minority which sided with the tobacco industry to block a final vote on the bill. The Senate Finance Committee voted out a version of the McCain bill, 13-6, with a $1.50 per pack price increase. **1999** Senators Snowe (R-ME) and Wyden (D-OR) introduce legislation proposed a 55 cent cigarette tax increase to offset costs of a prescription drug benefit for Medicare beneficiaries.

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

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CHILDREN'S HEALTH INSURANCE OUTREACH	Studies show that children without health insurance are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment when they are injured. Even with the new, bipartisan Children's Health Insurance Program (CHIP), ensuring that all eligible children get enrolled in health insurance programs is a formidable challenge. Barriers like complicated applications prevent uninsured children from getting the coverage that they need. However, the Republican tax cut threatens funding for children's health programs. Combined with their commitment to military readiness, their budget would require discretionary cuts of up to 50 percent. Since the surplus would be dissipated the only place to turn for funding to avoid devastating discretionary cuts would be mandatory state grant programs like CHIP.	**1998** Proposal to extend and expand the uses of $500 million fund and restore eligibility for legal immigrant children were included in FY1999 budget. **1999** Proposal to extend and expand the uses of $500 million fund and restore eligibility for legal immigrant children, pregnant women and SSI recipientswere included in FY2000 budget. Launched the Insure Kids Now Campaign to engage a broad-based, bipartisan, public-private coalition to educate and assist families in insuring their children, including: unveiling a toll free number for children's health insurance outreach, running public service announcements on television and radio, and printing the toll free number on commonly used products. In August of 1999, he encouraged the NGA to accelerate the use of these funds before they expired. He also directed HHS to release new guidance providing over 20 states with an additional quarter to spend their funds. And, he stated that he will veto the Republican tax bill because the lack of resources make it impossible to adequately fund critical Federal-state programs like CHIP.	**1999** On 3/11/99, Senator Bond and Representative Emerson introduced this this proposal as part of a larger package. "The care and well-being of our children is a national priority that we can all agree on," stated Representative Emerson. Representatives Morella and Degette, with 104 cosponsors, included this proposal in the reintroduction of Congresswoman Degette's larger children's health bill. Senator Chafee introduced legislation to restore Medicaid eligibility to legal immigrant children and pregnant women only. Congresswoman Morella remarked, "Our nation should not accept the fact that millions of eligible children are uninsured." At the annual NGA conference, Governors Leavitt (R-UT) and Glendening (D-MD) released a joint statement "urging Congress to maintain current levels of funding for successful state-federal partnership programs such as Medicaid, the Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF)...[because of] concerns about the potential impact...on states' ability to provide key human services."

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

POLICY	ISSUE	ADMINISTRATION ACTION	LEGISLATIVE STATUS
LONG-TERM CARE	Over five million Americans have significant limitations due to illness or disability and thus require long-term care. However, the cost of long term care is often untenable for some families. Recent studies have found that services like respite care can relieve caregiver stress and delay nursing home entry, and that support for families of Alzheimer's disease patients can delay institutionalization for as long as a year. The aging of Americans will only increase the need for quality long-term care options. The number of people 85 years or older, nearly half of whom need assistance with everyday activities, will grow from 4.0 to 8.4 million by 2030. The number of Americans age 65 years or older will double in that time period, from 34.3 to 69.4 million.	1999 President announced in early January that the following proposals will be in the FY 2000 budget: TAX CREDIT FOR CAREGIVERS. Invests $5.5 billion over 5 years to provide a $1000 tax credit to over 2 million of Americans with long-term care needs or the family members who care for them. NATIONAL FAMILY CAREGIVER PROGRAM. Invests $625 million over 5 years in programs that support families who care for elderly relatives with chronic illnesses or disabilities. PRIVATE INSURANCE FOR FEDERAL EMPLOYEES. Allows OPM to offer non-subsidized, quality private long-term care insurance to all federal employees, retirees, and their families at group rates for an investment of $15 million over 5 years. He also challenged Congress to pass these proposals in the State of the Union.	1999 Representative English (R-PA) introduced a long-term care tax credit. Representative Johnson did the same as part of a larger bill on long-term care. Senator Roth (R-DE) stated that "The Administration's long-term care tax credit proposal is a good first step in helping families... care for elderly or disabled parents." Senator Grassley (R-IA) introduced the National Family Caregiver Program. Grassley stated that "The vast majority of family caregivers...pay a toll with their financial resources, at work, physically, and emotionally. The program...gives family caregivers some well-deserved help." Versions of the President's proposal to provide long-term care insurance to Federal employees were introduced by Representatives Cummings (D-MD), Scarborough (R-FL), and Morella (R-MD), and Senators Mikulski (D-MD) and Warner (R-VA) throughout the year. Congresswoman Morella said "The profound need for long-term care insurance is clear."

PRESIDENT CLINTON'S HEALTH CARE CHECKLIST
September 8, 1999

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IMPROVING THE PUBLIC HEALTH	NIH research acquires new knowledge to help prevent, detect, diagnose, and treat disease and disability, from the rarest genetic disorder to the common cold. NIH grantees are located in every State in the country.	**1998** President committed to increasing the NIH budget by 50 percent by 2003 and signed into law a $2 billion down payment towards meeting that goal for the 1999 budget. **1999** The President's budget invests $320 million above last year's funding levels in National Institutes of Health research funds.	**1999** Although the Labor-HHS Appropriations bills are currently stalled in Congress, there is bipartisan recognition of the importance of biomedical research. Representative Porter (R-IL) stated that "biomedical research must be one of Congress's highest priorities in allocating scarce federal funding."
	More than 22 percent of adults experience a mental disorder. Among them, 5.5 million Americans experience severe mental illnesses, such as schizophrenia, bipolar disorder, and severe depression, which can be as debilitating as chronic heart disease or diabetes.	**1999** The President's budget invests an additional $70 million, for a total of $359 million, in the Mental Health Block Grant program in order to increase access to prevention and treatment services. This represents the single largest increase in the history of the program.	**1999** Although the Labor-HHS Appropriations bills are currently stalled in Congress, there is bipartisan recognition of the importance of expanding mental health services. Senator Frist (R-TN) stated "By improving mental health and drug abuse services for children and families and helping our communities respond to emergencies, we can better treat, and hopefully prevent, addiction, mental illness and violence before these problems result in tragedy."
	The IHS currently provides health services to approximately 1.5 million American Indians and Alaska Natives who belong to more than 557 Federally recognized tribes in 34 states.	**1999** The President's budget increases the current funding level by $170 million to: expand health care to 1.4 million people; construct additional health facilities; and finance an additional 100 public health nurses for outreach.	**1999** The House passed an appropriations bill that is $14 million lower than the President's budget. The Senate is currently debating an appropriations bill with $8 million less than the President's budget.