

THE WHITE HOUSE

WASHINGTON

September 7, 1999

HEALTHCARE EVENT

DATE: September 8, 1999
LOCATION: East Room
BRIEFING TIME: 2:00pm – 2:30pm
EVENT TIME: 2:45pm – 3:15pm
FROM: Bruce Reed, Mary Beth Cahill, Chris Jennings

I. PURPOSE

To urge the Congress to pass the health care quality and coverage initiatives that have long been on the nation's agenda.

II. BACKGROUND

Today, at a White House event with a practicing family physician from Georgia, you will urge the Congress to make this fall a time of constructive achievement, not destructive politics. You will unveil a "health care checklist" detailing the work that still needs to be done, including passing: (1) a strong, enforceable, Patients' Bill of Rights; (2) Medicare reforms that strengthen and modernize the program; (3) long overdue medical records privacy protections; (4) health care options that empower Americans with disabilities to work free from concern over being uninsured; (5) legislation to increase the price of cigarettes and decrease the number of children who smoke; (6) increased funds for children's health insurance outreach; (7) critical provisions that provide Americans in need of long term care services or their caregivers financial assistance and support services; and (8) additional funds for essential public health priorities, such as biomedical research, mental health services, and Indian Health Services.

As you call on the Congress to move ahead, you will announce that you will take every administrative action possible in order to promote this important health care agenda. Today, you will announce that this fall, the Administration will release a proposed regulation to protect medical records privacy. You will also announce that with today's approval of the Children's Health Insurance Programs (CHIP) in Washington and Wyoming, all 50 states are expanding coverage to uninsured children through CHIP.

Urged the Congress to make the fall a season of health care legislative achievements.

Underscoring the fact that there are numerous health care initiatives that have been considered for extensive periods of time and now have broad-based bipartisan support, you will challenge the Congress to pass:

- ✓ **The bipartisan Norwood-Dingell Patients' Bill of Rights, without weakening or harmful amendments.** Noting that the Norwood-Dingell Patients' Bill of Rights already has a bipartisan majority in the House, you will urge Speaker Hastert to schedule a vote on this broadly supported legislation. You will note that over 200 health care and consumer organizations, including the AMA, have already endorsed this legislation and outline your opposition to provisions that threaten the bipartisan support it has already achieved.
- ✓ **Medicare reforms which strengthen and modernize the program.** You will praise Finance Committee Chairman Roth (R-DE) and ranking member Moynihan (D-NY) for committing to mark-up a Medicare reform package early this fall. You will urge Chairman Roth to maintain this timetable and pass a strong, bipartisan initiative that will make the program more competitive, provide adequate financing to extend the life of the trust fund, and modernize the benefit package, including the provision of a long overdue and optional prescription drug benefit.
- ✓ **Legislation protecting the privacy of medical records.** You will note that the statutory deadline for Congress to pass legislation in this area expired in August. You will state that you will uphold your commitment, made in the State of the Union Address, to release statutorily authorized regulations in the absence of Congressional action by no later than this fall. Although disappointed with the lack of action by the Congress, you will continue to encourage Congress to pass bipartisan legislation in this area in order to provide broader authority in this area.
- ✓ **The Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act.** This legislation, which would enable individuals with disabilities to go to work without losing their eligibility for Medicare and Medicaid, passed the Senate by a unanimous vote. The legislation already has bipartisan support and has been cosponsored by over 230 members of the House. You will also urge Speaker Hastert to immediately schedule a vote on this historic legislation.
- ✓ **Legislation to increase funding for children's health insurance outreach and provide critical health insurance coverage to eligible legal immigrants.** You will urge the Congress to pass your proposal to increase funding for outreach activities by extending the life and uses of the \$500 million fund for TANF-Medicaid outreach and will call on Congress to restore Medicaid eligibility to legal immigrant children, pregnant women, and SSI recipients. As you urge Congress to act to improve our success in covering children, you will announce the approval of the CHIP programs in Washington and Wyoming. With this announcement, all 50 states and every territory are participating in this new program, which provides affordable health insurance to children in families with incomes too high to qualify for Medicaid.

- ✓ **Legislation to increase the price of cigarettes and decrease the number of children who smoke.** You will reiterate the unacceptable fact that more than 400,000 Americans die each year from smoking related diseases and that almost 90 percent of them started smoking as teenagers. You will point out that increasing the cost of cigarettes is not only one of the most effective ways to prevent kids from starting to smoke, it is good fiscal policy. This is because revenue raised by this increase will help save the Social Security Trust Fund and maintain our commitment to the nation's parents and children.
- ✓ **Critically important long-term care initiative.** You will urge the Congress to pass a long-term care initiative to provide financial assistance, social support services, and new long-term care options to millions of Americans. Over five million Americans have significant limitations due to illness or disability and thus require long-term care. You will challenge the Congress to include these provisions in any tax bill they pass.
- ✓ **Additional funds for critical public health priorities.** You will urge the Congress to fund critical public health priorities, including new investments in biomedical and practice based research, mental health services, and the Indian Health Service. You will point out that these programs have traditionally received broad based, bipartisan support and emphasize that this year should be no different.

III. PARTICIPANTS

Briefing Participants:

Secretary Donna Shalala
Bruce Reed
Loretta Ucelli
Mary Beth Cahill
Chris Jennings
Lowell Weiss

Meet & Greet Participants:

Secretary Donna Shalala
Director Janice LaChance
Surgeon General David Satcher
Dr. Lanny Copeland (Albany, GA), Practicing Family Physician and President, American Academy of Family Physicians Congress of Delegates
Mica Copeland, spouse of Dr. Lanny Copeland

Program Participants:

YOU

Secretary Donna Shalala
Dr. Lanny Copeland

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- **YOU** will proceed to the Blue Room for a meet & greet.
- **YOU** will be announced, accompanied by Secretary Donna Shalala and Dr. Lanny Copeland, into the East Room.
- Secretary Shalala will make brief remarks and introduce Dr. Lanny Copeland.
- Dr. Lanny Copeland will make brief remarks and introduce **YOU**.
- **YOU** will make remarks, work a ropeline, and depart.

VI. REMARKS

To be provided by speechwriting.

VI. ATTACHMENT

- Health Care Checklist

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."

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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.	<u>1997</u> The President enacted the authority for the establishment of the Bipartisan Commission on the Future of Medicare. <u>1999</u> 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.	<u>1999</u> 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.

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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 this fall.	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."

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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."

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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.	<u>1997</u> The President announced a comprehensive plan to reduce teen smoking, including increasing the price of cigarettes by up to \$1.50 a pack. <u>1998</u> 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. <u>1999</u> 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.	<u>1997</u> 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. <u>1998</u> 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. <u>1999</u> 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.

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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 recipients were 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 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."

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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."

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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.	<u>1998</u> 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. <u>1999</u> The President's budget invests \$320 million above last year's funding levels in National Institutes of Health research funds.	<u>1999</u> 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.	<u>1999</u> 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.	<u>1999</u> 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.	<u>1999</u> 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.	<u>1999</u> 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.

PRESIDENT CLINTON CHALLENGES THE CONGRESS TO PASS A BIPARTISAN HEALTH CARE AGENDA THIS FALL

September 8, 1999

Today, at a White House event with Secretary Shalala and a practicing family physician from Georgia, the President urged the Congress to make this fall a time of constructive achievement, not destructive politics, and to pass the health care quality and coverage initiatives that have long been on the nation's agenda. The President unveiled a "health care checklist" detailing the work that still needs to be done, including passing: (1) a strong, enforceable, Patients' Bill of Rights; (2) Medicare reforms that strengthen and modernize the program; (3) long-overdue medical records privacy protections; (4) health care options that empower Americans with disabilities to work free from concern over being uninsured; (5) legislation to increase the price of cigarettes and decrease the number of children who smoke; (6) increased funds for children's health insurance outreach; (7) critical provisions that provide Americans in need of long-term care services or their caregivers financial assistance and support services and coverage of legal immigrant; and (8) additional funds for essential public health priorities, such as biomedical research, mental health services, and Indian Health Services.

As he called on the Congress to act on these important issues, the President announced that he would take every administrative action possible in order to promote this important health care agenda. Today, the President announced that this fall, the Administration will release a proposed regulation to protect medical records privacy. He also announced that with today's approval of the Children's Health Insurance Programs (CHIP) in Washington and Wyoming, all 50 states are expanding coverage to uninsured children through CHIP.

URGED THE CONGRESS TO MAKE THE FALL A SEASON OF HEALTH CARE LEGISLATIVE ACHIEVEMENTS. Underscoring the fact that there are numerous health care initiatives that have been considered for extensive periods of time and now have broad-based bipartisan support, the President challenged the Congress to pass:

- ✓ **The bipartisan Norwood-Dingell Patients' Bill of Rights, without weakening or harmful amendments.** Noting that the Norwood-Dingell Patients' Bill of Rights already has a bipartisan majority in the House, the President urged Speaker Hastert to schedule a vote on this broadly supported legislation. He noted that over 200 health care and consumer organizations, including the AMA, have already endorsed this legislation and outlined his opposition to provisions that water down or threaten the bipartisan support it has already achieved.
- ✓ **Medicare reforms which strengthen and modernize the program.** The President praised Finance Committee Chairman Roth (R-DE) and Senator Moynihan (D-NY) for committing to mark-up a Medicare reform package early this fall. He urged Chairman Roth to maintain this timetable and pass a strong, bipartisan initiative that will make the program more competitive, provide adequate financing to extend the life of the trust fund, and modernize the benefit package, including the provision of a long-overdue, optional prescription drug benefit.

- ✓ **Legislation protecting the privacy of medical records.** The President noted that the statutory deadline for Congress to pass legislation in this area expired in August. He stated that he would uphold his commitment, made in the State of the Union Address, to release proposed regulations in the absence of Congressional action this fall, as authorized by statute. Although disappointed with the lack of action by the Congress, the President did continue to encourage Congress to pass bipartisan legislation in this area in order to provide broader authority in this area.
- ✓ **The Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act.** This legislation, which would enable individuals with disabilities to go to work without losing their eligibility for Medicare and Medicaid, passed the Senate by a unanimous vote. The legislation already has bipartisan support and has been cosponsored by over 230 members of the House. The President also urged Speaker Hastert to immediately schedule a vote on this historic legislation.
- ✓ **Legislation to increase funding for children's health insurance outreach and provide critical health insurance coverage to eligible legal immigrants.** The President urged the Congress to pass his proposal to increase funding for outreach activities by extending the availability and uses of the \$500 million fund for TANF-Medicaid outreach. He also called on Congress to give States the option to extend Medicaid eligibility to legal immigrant children, pregnant women, and SSI recipients. As he urged Congress to act to improve our success in covering children, the President announced the approval of the CHIP programs in Washington and Wyoming. With this announcement, all 50 states and every territory are participating in this new program, which provides affordable health insurance to children in families with incomes too high to qualify for Medicaid.
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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; protecting patients from misuse or inadvertent disclosure of sensitive information; ensuring that individuals know 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 certain electronic medical information. However, further regulation is necessary to protect the privacy of medical records. 1999 President urged Congress to pass medical privacy protections in the State of the Union. Today, the President announced that HHS will release a proposed regulation on medical privacy this fall.	1997-1999 Bills introduced by Senators Jeffords (R-VT), Dodd (D-CT), Kennedy (D-MA), Leahy (D-VT) and Bennett (R-UT). Bill introduced by Waxman (D-CA), Condit (D-CA), Markey (D-MA), Dingell (D-MI). 1999 Hearings held in the Health, Education, Labor, and Pension Committee. Bills from 1998 re-introduced. Members in both houses have pledged to work on a bipartisan basis develop a proposal that can receive broad-based 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

POLICY	ISSUE	ADMINISTRATION ACTION	LEGISLATIVE STATUS
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.	<u>1998</u> 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. <u>1999</u> 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.	<u>1998</u> Senator Jeffords (R-VT) and Kennedy (D-MA) introduced the Work Incentives Improvement Act. Hearings were held by the Finance Committee. <u>1999</u> 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.	<u>1997</u> The President announced a comprehensive plan to reduce teen smoking, including increasing the price of cigarettes by up to \$1.50 a pack. <u>1998</u> The President included in his FY 1999 budget the proposal to raise the price of cigarettes \$1.10 a pack in real terms over 5 years. The President supported tobacco legislation introduced by Senator John McCain (R-AZ) which raised the price of cigarettes by \$1.10 in real terms, cutting youth smoking in half over five years. <u>1999</u> The President's FY 2000 budget proposes a 55 cent tobacco excise tax increase which, when added to the increases agreed to in November 1998 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.	<u>1997</u> 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. <u>1998</u> 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. <u>1999</u> Senators Snowe (R-ME) and Wyden (D-OR) introduce legislation are proposing 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

POLICY	ISSUE	ADMINISTRATION ACTION	LEGISLATIVE STATUS
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 the \$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 recipients were 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, the President encouraged the NGA to accelerate the use of the \$500 million fund before it expires. 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 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 these proposals in the reintroduction of Congresswoman Degette's larger children's health bill. Senator Chafee and Senator Moynihan introduced legislation to restore Medicaid eligibility to legal immigrant children and pregnant women. 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 included the following proposals are in the FY 2000 budget and urged the Congress to pass them in the State of the Union: TAX CREDIT FOR CAREGIVERS. Invests \$5.5 billion over 5 years to provide a \$1000 tax credit to over 2 million 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. OTHER INITIATIVES, including: Nursing home quality improvements, a new Medicaid eligibility option for community-based long-term care, new efforts to link assisted living facilities to health care services, and a new Medicare beneficiary education campaign.	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

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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.	<u>1998</u> 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 fiscal year. <u>1999</u> The President's budget invests \$320 million above last year's funding levels in NIH research funds.	<u>1999</u> 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.	<u>1999</u> 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.	<u>1999</u> 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 1.3 million American Indians and Alaska Natives who belong to more than 557 Federally recognized tribes in 34 states.	<u>1999</u> 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.	<u>1999</u> 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.

Americans Deserve a Real Patients' Bill of Rights

Patient
Protection

Republican
Leadership Bill
Passed by Senate

Bi Partisan
Norwood-Dingell
Proposal

Covering
All
Health Plans

NO

YES

Assuring HMO
Accountants Don't
Make Arbitrary
Medical Decisions

NO

YES

Guaranteeing Access
to Specialists

NO

YES

Providing Real
Emergency Room
Protections

NO

YES

Keeping Your Doctor
Through Critical
Treatments

NO

YES

Holding Health Plans
Accountable for
Harming Patients

NO

YES

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September 8, 1999

Clinton Prodding Congress on Health

[A.P. INDEXES: TOP STORIES](#) | [NEWS](#) | [SPORTS](#) | [BUSINESS](#) | [TECHNOLOGY](#) | [ENTERTAINMENT](#)**Filed at 5:51 a.m. EDT****By The Associated Press**

WASHINGTON (AP) -- With lawmakers back in town, President Clinton will urge Congress to press ahead with new HMO rules, Medicare reform and a host of other health items still lingering on the agenda.

The president will frame the discussion in terms of cooperation, rather than confrontation, a departure from a series of speeches where he slammed the Republican tax cut plan as too expensive.

"He's urging Congress to pass a bipartisan health care agenda this fall," said a White House official who requested anonymity. "He'll say we should make this a fall of constructive achievement, not destructive politics."

Still, many of the health issues are politically charged, including Medicare and HMO rights, which Democrats hope will help them capture Congress next year.

In an afternoon speech in East Room of the White House, Clinton

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will unveil a "health care checklist," which shows that none of his initiatives have yet become law. That includes giving patients new rights in dealing with managed health care, revamping and expanding Medicare, guaranteeing the privacy of medical records, providing new tax credits to help pay for long-term care and allowing people with disabilities to keep their health coverage when they return to the work force.

"He'll challenge them to pass a number of bills that have a real opportunity to pass Congress this fall," the White House official said.

The speech comes a day after Vice President Al Gore laid out his health agenda going into the 2000 presidential election. Many of the issues were ones Clinton has pushed this year.

Some of them enjoy substantial bipartisan support and are not far from reaching the president's desk. There's broad support for the disability-to-work legislation, for instance, which has already passed the Senate. And the Senate also came close to acting on medical privacy, but the measure got snagged on peripheral issues.

Other health issues are more complex.

The hottest political topic may be patient rights for Americans frustrated with restrictions and cost-cutting in health maintenance organizations.

The Senate has passed a modest bill that the White House rejects as too limited. In the House, there appears to be enough bipartisan support for a bill backed by Democratic leaders that would do almost everything Clinton has asked for. The White House has already endorsed that bill, cosponsored by Reps. John Dingell, D-Mich., and Charles Norwood, R-Ga.

But GOP leaders have not said whether they will allow that legislation to reach the House floor, or to what bill they would lend their support. Lobbyists and congressional aides say they have not been told what House Speaker Dennis Hastert's next move will be, leaving uncertainty in the House as Congress resumes work today after the August recess.

In his speech, Clinton will urge Congress to leave off controversial GOP initiatives intended to expand access to health insurance for those without coverage. But those same measures may be needed to attract GOP support, complicating things for Hastert.

On Medicare, the action is in the Senate, where Finance Committee Chairman William Roth, R-Del., is expected to unveil his plan soon. Although he has not yet seen the bill, Clinton plans to praise Roth's promise to move ahead on restructuring the program that provides health coverage to the nation's elderly and disabled.

Clinton will also announce the approval of children's health insurance plans for Washington and Wyoming, meaning all 50 states now have approved plans.

The health insurance program for children, approved in 1997, is one of Clinton's strongest achievements in health. It provides \$24 billion over five years and is expected to help insure about 2.5 million of the nation's 11 million uninsured kids once it is fully implemented.

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PRESIDENT CLINTON CHALLENGES THE CONGRESS TO PASS A BIPARTISAN HEALTH CARE AGENDA THIS FALL

September 8, 1999

Today, at a White House event with Secretary Shalala and a practicing family physician from Georgia, the President urged the Congress to make this fall a time of constructive achievement, not destructive politics, and to pass the health care quality and coverage initiatives that have long been on the nation's agenda. The President unveiled a "health care checklist" detailing the work that still needs to be done, including passing: (1) a strong, enforceable, Patients' Bill of Rights; (2) Medicare reforms that strengthen and modernize the program; (3) long-overdue medical records privacy protections; (4) health care options that empower Americans with disabilities to work free from concern over being uninsured; (5) legislation to increase the price of cigarettes and decrease the number of children who smoke; (6) increased funds for children's health insurance outreach; (7) critical provisions that provide Americans in need of long-term care services or their caregivers financial assistance and support services and coverage of legal immigrant; and (8) additional funds for essential public health priorities, such as biomedical research, mental health services, and Indian Health Services.

As he called on the Congress to act on these important issues, the President announced that he would take every administrative action possible in order to promote this important health care agenda. Today, the President announced that this fall, the Administration will release a proposed regulation to protect medical records privacy. He also announced that with today's approval of the Children's Health Insurance Programs (CHIP) in Washington and Wyoming, all 50 states are expanding coverage to uninsured children through CHIP.

URGED THE CONGRESS TO MAKE THE FALL A SEASON OF HEALTH CARE LEGISLATIVE ACHIEVEMENTS. Underscoring the fact that there are numerous health care initiatives that have been considered for extensive periods of time and now have broad-based bipartisan support, the President challenged the Congress to pass:

- ✓ **The bipartisan Norwood-Dingell Patients' Bill of Rights, without weakening or harmful amendments.** Noting that the Norwood-Dingell Patients' Bill of Rights already has a bipartisan majority in the House, the President urged Speaker Hastert to schedule a vote on this broadly supported legislation. He noted that over 200 health care and consumer organizations, including the AMA, have already endorsed this legislation and outlined his opposition to provisions that water down or threaten the bipartisan support it has already achieved.
- ✓ **Medicare reforms which strengthen and modernize the program.** The President praised Finance Committee Chairman Roth (R-DE) and Senator Moynihan (D-NY) for committing to mark-up a Medicare reform package early this fall. He urged Chairman Roth to maintain this timetable and pass a strong, bipartisan initiative that will make the program more competitive, provide adequate financing to extend the life of the trust fund, and modernize the benefit package, including the provision of a long-overdue, optional prescription drug benefit.

- ✓ **Legislation protecting the privacy of medical records.** The President noted that the statutory deadline for Congress to pass legislation in this area expired in August. He stated that he would uphold his commitment, made in the State of the Union Address, to release proposed regulations in the absence of Congressional action this fall, as authorized by statute. Although disappointed with the lack of action by the Congress, the President did continue to encourage Congress to pass bipartisan legislation in this area in order to provide broader authority in this area.
- ✓ **The Jeffords-Kennedy-Roth-Moynihan Work Incentives Improvement Act.** This legislation, which would enable individuals with disabilities to go to work without losing their eligibility for Medicare and Medicaid, passed the Senate by a unanimous vote. The legislation already has bipartisan support and has been cosponsored by over 230 members of the House. The President also urged Speaker Hastert to immediately schedule a vote on this historic legislation.
- ✓ **Legislation to increase funding for children's health insurance outreach and provide critical health insurance coverage to eligible legal immigrants.** The President urged the Congress to pass his proposal to increase funding for outreach activities by extending the availability and uses of the \$500 million fund for TANF-Medicaid outreach. He also called on Congress to give States the option to extend Medicaid eligibility to legal immigrant children, pregnant women, and SSI recipients. As he urged Congress to act to improve our success in covering children, the President announced the approval of the CHIP programs in Washington and Wyoming. With this announcement, all 50 states and every territory are participating in this new program, which provides affordable health insurance to children in families with incomes too high to qualify for Medicaid.
- ✓ **Legislation to increase the price of cigarettes and decrease the number of children who smoke.** The President reiterated the unacceptable fact that more than 400,000 Americans die each year from smoking related diseases and that almost 90 percent of them started smoking as teenagers. He pointed out that increasing the cost of cigarettes is not only one of the most effective ways to prevent kids from starting to smoke, it is good fiscal policy. This is because revenue raised by this increase will help save the Social Security Trust Fund and maintain our commitment to the nation's children and seniors.
- ✓ **Critically important long-term care initiative.** The President urged the Congress to pass a long-term care initiative to provide financial assistance, including a \$1000 tax credit, social support services, and new long-term care options to millions of Americans. Over five million Americans have significant limitations due to illness or disability and thus require long-term care. The President challenged the Congress to include these provisions in any tax bill it passes.
- ✓ **Additional funds for critical public health priorities.** The President urged the Congress to fund critical public health priorities, including new investments in biomedical and practice based research, mental health services, and the Indian Health Service. He pointed out that these programs have traditionally received broad based, bipartisan support and emphasized that this year should be no different.

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September 8, 1999

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September 8, 1999

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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.	<u>1996</u> President announced intention to establish a Health Care Quality Commission. <u>1997</u> President accepted the Quality Commission's recommendations and called on the Congress to pass a Patients Bill of Rights. <u>1998</u> 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. <u>1999</u> 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.	<u>1997 and 1998</u> 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. <u>1999</u> 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 consumers advocates and 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

POLICY	ISSUE	ADMINISTRATION ACTION	LEGISLATIVE STATUS
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.	<u>1997</u> The President enacted the authority for the establishment of the Bipartisan Commission on the Future of Medicare.	<u>1999</u> 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.
	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.	<u>1999</u> 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 contribute to extending the estimated life of the Medicare Trust Fund for the next 25 years. The Administration will work to develop legislation consistent with the Administration's goals.	

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; protecting patients from misuse or inadvertent disclosure of sensitive information; ensuring that individuals know 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 certain electronic medical information. However, further regulation is necessary to protect the privacy of medical records. 1999 President urged Congress to pass medical privacy protections in the State of the Union. Today, the President announced that HHS will release a proposed regulation on medical privacy this fall.	1997-1999 Bills introduced by Senators Jeffords (R-VT), Dodd (D-CT), Kennedy (D-MA), Leahy (D-VT) and Bennett (R-UT). Bill introduced by Waxman (D-CA), Condit (D-CA), Markey (D-MA), Dingell (D-MI). 1999 Hearings held in the Health, Education, Labor, and Pension Committee. Bills from 1998 re-introduced. Members in both houses have pledged to work on a bipartisan basis develop a proposal that can receive broad-based 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."

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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."

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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.	<u>1997</u> The President announced a comprehensive plan to reduce teen smoking, including increasing the price of cigarettes by up to \$1.50 a pack. <u>1998</u> The President included in his FY 1999 budget the proposal to raise the price of cigarettes \$1.10 a pack in real terms over 5 years. The President supported tobacco legislation introduced by Senator John McCain (R-AZ) which raised the price of cigarettes by \$1.10 in real terms, cutting youth smoking in half over five years. <u>1999</u> The President's FY 2000 budget proposes a 55 cent tobacco excise tax increase which, when added to the increases agreed to in November 1998 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.	<u>1997</u> 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. <u>1998</u> 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. <u>1999</u> Senators Snowe (R-ME) and Wyden (D-OR) introduce legislation are proposing a 55 cent cigarette tax increase to offset costs of a prescription drug benefit for Medicare beneficiaries.

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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 the \$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 recipients were 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, the President encouraged the NGA to accelerate the use of the \$500 million fund before it expires. 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 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 these proposals in the reintroduction of Congresswoman Degette's larger children's health bill. Senator Chafee and Senator Moynihan introduced legislation to restore Medicaid eligibility to legal immigrant children and pregnant women. 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."

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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 included the following proposals are in the FY 2000 budget and urged the Congress to pass them in the State of the Union: TAX CREDIT FOR CAREGIVERS. Invests \$5.5 billion over 5 years to provide a \$1000 tax credit to over 2 million 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. OTHER INITIATIVES, including: Nursing home quality improvements, a new Medicaid eligibility option for community-based long-term care, new efforts to link assisted living facilities to health care services, and a new Medicare beneficiary education campaign.	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."

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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 fiscal year. 1999 The President's budget invests \$320 million above last year's funding levels in NIH 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 1.3 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.

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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 consumers advocates and 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."

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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.	<u>1997</u> The President enacted the authority for the establishment of the Bipartisan Commission on the Future of Medicare. <u>1999</u> 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 contribute to extending the estimated life of the Medicare Trust Fund for the next 25 years. The Administration will work to develop legislation consistent with the Administration's goals.	<u>1999</u> 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.

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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.	<u>1998</u> 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 fiscal year. <u>1999</u> The President's budget invests \$320 million above last year's funding levels in NIH research funds.	<u>1999</u> 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.	<u>1999</u> 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.	<u>1999</u> 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 1.3 million American Indians and Alaska Natives who belong to more than 557 Federally recognized tribes in 34 states.	<u>1999</u> 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.	<u>1999</u> 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.

Americans Deserve a Real Patients' Bill of Rights

Patient
Protection

Republican
Leadership Bill
Passed by Senate

Bi Partisan
Norwood-Dingell
Proposal

Covering
All
Health Plans

NO

YES

Assuring HMO
Accountants Don't
Make Arbitrary
Medical Decisions

NO

YES

Guaranteeing Access
to Specialists

NO

YES

Providing Real
Emergency Room
Protections

NO

YES

Keeping Your Doctor
Through Critical
Treatments

NO

YES

Holding Health Plans
Accountable for
Harming Patients

NO

YES

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to Specialists

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Emergency Room
Protections

NO

YES

Keeping Your Doctor
Through Critical
Treatments

NO

YES

Holding Health Plans
Accountable for
Harming Patients

NO

YES