Great Falls Tribune
Friday, April 16, 1993

Howdy, Hillary

Omaha World-Herald
Friday, April 16, 1993

Insurers' Stakes High In Health-Care Move

BY ROBERT DORR
WORLD-HERALD STAFF WRITER

A new national health-care system "will be a hell of a lot more expensive" than the present system and might be much more costly than the Clinton administration realizes, Mutual of Omaha's president says.

Any reform plan giving a list of benefits that Americans can receive simply by walking into a hospital or clinic will send the nation's health-care bill "right through the roof," Jack Weekly said this week.

The health-care task force headed by Hillary Rodham Clinton hasn't disclosed cost projections. The task force's plan would make basic health care available to every American, including 37 million who lack private insurance and don't qualify for the Medicaid program for the poor.

President Clinton will make key financing decisions within the next few weeks, Mrs. Clinton said Wednesday. A national sales tax, sometimes called a value-added tax, is one possibility, Clinton said Thursday.

Weekly and Jane Huerter, who heads the company's national lobbying effort, acknowledged that Mutual has a lot at stake in the efforts to radically reform the nation's health-care structure.

Mutual, the nation's ninth-largest health and accident insurer, employs 6,000 people in Nebraska, most of whom work in Omaha. The 22 other health insurance companies based in Nebraska employ a total of 16,000 people in the state.

■ **Gov. Nelson favors minimal federal involvement in national health-care reform. Page 2.**

Weekly and Ms. Huerter said they don't know how that work force might be altered by health-care reform because the insurance industry has been almost entirely left out of the planning.

"The details of the final plan will mean everything to us," Ms. Huerter said.

It's unlikely that Mrs. Clinton's task force can accurately forecast future costs of a national health-care plan because no insurance industry actuary is a member, Weekly said.

Responding earlier to criticism that few doctors and no insurance company executives were task force members, a spokesman for Mrs. Clinton said the public interest is best served by excluding special interests.

Weekly said he isn't forecasting doom for his company or for the insurance industry. "We'll figure out a way to adapt to any legislation," he said.

Two experts on health insurance said they agree that the insurance industry's outlook isn't necessarily bleak.

"It's popular to say that this will mean the end of insurance as we know it in

Please turn to Page 2, Col. 3

Insurers' Stakes High In Health-Care Move

Continued from Page 1

America," said Barry Schweig, professor of finance at Creighton University. "But it could go either way."

If insurance companies become the arm for administering a national plan, they might have to hire more people, he said.

George Rejda, insurance professor at the University of Nebraska-Lincoln, said the Clinton administration will need the industry's expertise to make a national health-care plan successful.

The insurance companies that survive will be those that become more competitive and find ways to reduce administrative costs, he said. "Some smaller companies could go under," he said.

"The stakes are enormous," Rejda said.

As evidence that Mutual's executives and managers understand the implications of health-care reform, the company points to 850 of its middle and upper managers who have made donations to the company's political action committee this year, up 46 percent from three years ago.

The company's latest figures show that Mutual's managers contributed $168,600 to the company's political war chest during the 1991-92 election cycle, more than double the $76,106 in donations during 1989-90.

Mutual's PAC donated $16,000 to the campaigns of eight members of the Senate Finance Committee and $16,100 to the campaigns of 13 House Ways and Means Committee members during 1991 and 1992. Those are the two primary committees that will consider health-care reform legislation.

Weekly said Mutual supports the idea of making health care available to all Americans. Moreover, he said, the company has insight into problems that might develop under a national health-care plan.

For example, the State of New York legally requires any company that sells health insurance to individuals to charge the same prices regardless of the age or medical condition of the insurance purchaser.

Ms. Huerter

Weekly

"A 79-year-old drug addict is charged the same as a healthy young person," Weekly said.

As a result, premiums for most New York individual policyholders have skyrocketed, he said. Only Mutual of Omaha and Blue Cross-Blue Shield remain as insurers of individuals in New York, he said.

Weekly cited some of the same reasons that Mrs. Clinton has for the rapid increase in health-care costs.

For example, Mrs. Clinton said this week that big malpractice court judgments have driven up medical costs.

Weekly said he agrees but is skeptical that the Clinton administration will seek meaningful reforms. "Trial lawyers were among the biggest contributors to the president's campaign," he said.

The task force will report to the president next month. Once the Clinton administration's plan reaches Congress, the insurance industry will have a better chance to be heard, the Mutual executives said.

For basic health-care reform to work, "we've got to take an evolutionary approach and avoid political revolution," Weekly said.

LEARN MORE: Gov. Nelson hopes to find out more about reform plans today.

Mrs. Clinton's Visit to Lincoln

Hillary Rodham Clinton will speak at a health-care conference today in Lincoln. She leads the national task force on health-care reform.

- **How to get tickets:** The 800 tickets that were available for the general public are all gone. Those who reserved tickets can pick them up between 8 a.m. and noon today at the Lied Center box office.
- **Time, Place:** 12:45 p.m. today, Lied Center for Performing Arts, University of Nebraska-Lincoln.
- **Televised:** NETV and C-Span will carry the speech live, beginning at 12:45 p.m.
- **Radio:** The Nebraska Public Radio Network will carry the speech.

Nelson Wants Major Role For States in Health Care

BY MARY MCGRATH
WORLD-HERALD MEDICAL WRITER

National health-care reform should be crafted to minimize federal involvement and maximize the role of the states, Gov. Nelson said Thursday.

Nelson acknowledged that problems of health-care access and costs are nationwide.

"But we don't need people in Washington to tell us either what we have to do or how we have to do it," he said. "We know both. But we want to work together with other states and with the federal government. We recognize that life does not end at the borders of Nebraska."

Nelson said the need for strong state involvement is one point he will make during a two-day conference on health-care challenges and solutions that will open at 8:30 a.m. today at Kimball Hall in Lincoln. Sen. Bob Kerrey is conference chairman, and Nelson is co-chairman.

Hillary Rodham Clinton, chairman of President Clinton's health-care reform task force, will speak about 12:45 p.m. at the Lied Center for Performing Arts.

All available seating for Mrs. Clinton's talk was taken by 10:30 a.m. Thursday, said Beth Gonzales, a Kerrey press aide.

It was announced Wednesday that 800 public tickets would be available by reservation because Mrs. Clinton's talk had been moved to the Lied Center to accommodate more people.

All 850 places for the entire conference previously had been filled.

NETV and C-Span will carry Mrs. Clinton's talk live, as will Nebraska's public radio network.

Nelson said he hopes to learn more from Mrs. Clinton about the direction of the federal reform proposals.

"In the same vein, I have a number of comments I intend to take up with her that I would hope might have an effect at the federal level," he said.

Nelson said he is concerned that the national reform package will require use of managed competition and purchasing cooperatives, rather than making them an option.

Managed competition calls for formation of groups of insurers and health-care providers who would offer insurance coverage and health-care services. Purchasing cooperatives would be formed to buy the best care at the lowest price for its members.

Nelson said he sees how they might work in Nebraska's urban areas.

"But I don't see how managed competition and purchasing cooperatives fit into rural Nebraska," he said.

Health-care access is much more the issue in rural parts of the state, he said.

Conference participants today will look at health-care reform from the perspectives of both the federal government and the states. Those sessions, except for Mrs. Clinton's speech, will be held at Kimball Hall at UNL.

Saturday's sessions, to be held at the University of Nebraska Student Union on the city campus, will delve more into Nebraska problems and potential solutions.

"It is important to get ideas expressed as clearly and openly as possible," Nelson said. "I hope those ideas will help us in Nebraska define the issues and develop ideas for a responsible Nebraska solution."

The governor said he looks to recommendations made by his Blue Ribbon Coalition and his Interagency Advisory Committee as ideas that can be used or modified to reshape Nebraska's health-care system.

The 33-member coalition includes representatives of business, labor, insurance, health-care professions and health-care consumers. The interagency committee is made up of representatives of state agencies and the Legislature. Both were set up to advise the governor on Nebraska health-care issues.

Headed by Omaha lawyer Frank Barrett, the Blue Ribbon Coalition recommended that the state create a minimum medical insurance package for which all Nebraskans would be eligible.

Called NebrasKare, the plan would not replace private insurance, but employers would be required to offer either NebrasKare or comparable coverage.

Nelson said the speed at which Nebraska could move forward will depend in part on what happens nationally and how much flexibility is left to the states.

"I'd say we would want to move cautiously but with some swiftness," he said.

Nebraska is exploring the possibility of becoming a demonstration state for testing health-care reform, he said.

Nebraska can attend to some things that fall within the scope of reform without waiting for the federal government to set a course, Nelson said. These include continued improvement of health-care access in rural areas and some degree of Medicaid reform within the state.

Great Falls Tribune
Friday, April 16, 1993

Our view

Indian health care must be given long, hard look

The issue: Hillary Rodham Clinton is visiting Montana to explore rural health problems.
Our opinion: She should focus particularly on the most serious rural health-care problems — on Indian reservations.

Hillary Rodham Clinton will undoubtedly get a full briefing on the problems with rural health care when she joins Sen. Max Baucus, D-Mont., in a forum Saturday with the Montana Citizens Health Care Group.

And that will be good. Rural health care is a serious problem for Montanans.

But during her stop in Billings today, she will explore the most serious of Montana's rural health care problems — those on Montana's Indian reservations. And she should listen carefully to the mega-problems there.

The Indian Health Service needs more money, according to tribal leaders. It faces chronic shortages of doctors and nurses, and services are not available in some areas.

IHS operates hospitals of its own and provides money to tribally run facilities and urban Indian clinics. Indians were guaranteed health care in exchange for millions of acres of land they ceded to the government in 19th-century treaties.

But tribes fear their government-funded health system could be jeopardized by a national health-care system they may not want. Tribes don't want to be part of a national health care plan that takes away their control or provides fewer benefits.

Indians, for example, like to use traditional healers in their care, and they fear that might not be paid for under a national health plan.

A major problem is that the unemployment rates are high on the reservations — 40 percent on the Fort Peck Indian Reservation, according to Tribal Chairman Caleb Shields.

Indians are also three times as likely as whites to live in poverty. And half of the impoverished are women and children, according to the

HEALTH CRISIS

American Indian Health Care Association.

Due to poverty and idleness, the health conditions are alarming. Indians in Montana have tuberculosis rates nearly three times the national average, for example.

Of particular concern are accident death rates, which are the leading cause of death for young Indians. Greater distance increases the risk, and a number of Indian households have no access to a car. Further, the association found 59 percent of the tribal and IHS facilities responding to its study did not have emergency ambulance service.

The association also found problems with "incorrect judgments by the non-Indian community about what health services should be offered to American Indians; lack of cultural knowledge by health care workers; lack of American Indian health care workers; lack of adequate health planning data; rural health delivery problems; and a lack of perceived health risk among American Indians."

Maintaining Indian health facilities in rural, isolated areas is essential. And our services, inadequate at present, need to be improved.

Mrs. Clinton could be instrumental in helping. While the First Lady of Health Care is in Montana, it would be good to take a long look at this problem and begin working out ways to improve those services.

Health care efficiency called key

By MICHAEL W. BABCOCK
Tribune Staff Writer

Hillary Rodham Clinton said Thursday a new national health care system must have maximum efficiency from the beginning and must require accountability and retain competition.

The first lady spoke to four Montana journalists in a telephone conference call in preparation for a trip to Billings and Great Falls today.

At both locations she will be dealing with health care issues.

"I'm excited about coming to Montana with Sen. Baucus and Rep. Williams," she said. "It's so important to stress health care issues that are important to citizens in Montana."

President Clinton has made reform of the nation's health care system a priority for his administration and it is the first lady who is heading that reform effort.

■ Editorial / 8A

Some basics of the plan were announced last week by administration officials, but the president won't present his full reform proposal until sometime in May. Originally the announcement was planned for May 4, but administration officials are now hedging on the exact time.

"The president wanted everybody's needs included," Hillary Clinton said. "Since he is from a rural state, he understands how important it is that the system include outreach and support for people in rural areas."

When asked Thursday how a government with a bad track record for efficiency plans to manage health care, the first lady said:

"Nobody has a good track record when it comes to (efficiency in) health care costs whether they're private or public. We must be careful designing the system to maximize efficiency from the beginning and require accountability and retain competition."

The president wants alternatives to government programs, and it is important to control costs in both the private and public sectors, said

See HEALTH, 10A

Great Falls Tribune 9/93

Health: To be in spotlight here

FROM 1A

Hillary Clinton.

"As an example, Medicare has done a pretty good job in some respects controlling costs," she said, "but in rural areas physicians don't want to take Medicare patients because they don't get paid as much."

The first lady said the Clinton health care plan will use incentives to reverse a trend toward specialization that has robbed rural areas like Montana of doctors altogether.

"We have such a mismatch between specialists and primary physicians," Hillary Clinton said. "Seventy percent of doctors in the United States are specialists and 30 percent are primary or general practitioners. That needs to be reversed."

Hillary Clinton said her husband wants to revitalize a health service corps to entice doctors to rural areas.

The first lady was asked how managed competition would work in rural areas where there is little competition.

"No one specific approach will work everywhere," she said. "Where there is no competition, you can't manage it."

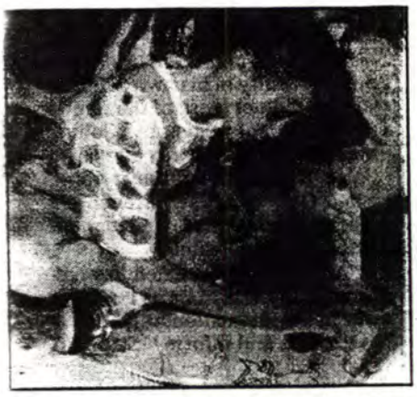
She said the plan will be a mix of public health systems, including public health clinics, and it will use the best of existing organized networks and maintain fee-for-service networks so people will never be forced to use a doctor they don't want to use.

When asked how she views the Indian Health Service, she said the IHS is like many programs the government has run.

"It has done an excellent job in many ways," she said. "It has been able to provide service to underserved populations. Building on that concept ... we will be able ... to provide changes to make services better."

Interviewing Hillary Clinton were Ron Bruschi, KMON radio in Great Falls; Greg McCracken, a reporter with the Billings Gazette; Ken Edwards of KGHL in Billings and the Tribune.

The Great Falls Tribune
Friday April 16, 1993



Tribune Photo by Wayne Arnst

Megan Regimbal, 9, was one of more than 100 third-graders at West Elementary School working Thursday on posters and banners to greet the first lady Saturday.

Appearance limited to health meet

By Tribune Staff

After a stop in Billings this afternoon, Hillary Rodham Clinton will arrive in Great Falls sometime tonight.

The first lady, in her role as President Clinton's chief adviser on health care reform, will participate Saturday morning in a two-hour forum on rural health issues.

But other than that, few details of her visit have been made public.

The forum is being hosted by the Montana Citizens Health Group, which was organized by Sen. Max Baucus, D-Mont., to examine health care needs in Montana.

The cost of the trip has not yet been determined, but a Baucus aide said it will be paid by the health group and the Montana Competitiveness Council. The council was established last year, with the help of Baucus, to improve the competitiveness of Montana companies and workers.

Hillary Clinton

According to information from the White House, Hillary Clinton will arrive in Billings at 4:30 p.m. today and will tour the Indian Health Service medical clinic until 5:45. She will then meet with Montana tribal leaders and medical providers at the Billings YWCA.

Departure for Great Falls is scheduled between 7:30 and 8 p.m. She will fly on a military aircraft and is not expected to be accompanied by a national press corps.

Officials say current plans call for the arrival in Great Falls to be "closed," meaning there will not be opportunities for the public or media to greet or see the first lady. They also say she has made no plans for appearances or activities tonight.

The first lady's only scheduled event Saturday is the health care forum, which begins at 8 a.m. at West Elementary School. Tickets are required for admittance and officials say a limited number are still available through Baucus' offices.

The format for the forum was still being finalized Thursday. There will be some testimony from preselected Montanans on how they are affected by the health-care crisis. But other details were not released.

The Great Falls Tribune
Friday – April 16, 1993

Working visit unique for a first lady

By BARBARA MITTAL
Tribune Staff Writer

Montana has been a vacation spot or campaign stop for several first ladies and former first ladies. But until now Great Falls has never been a destination for a first lady with a purpose.

Hillary Rodham Clinton is scheduled to be in Great Falls Saturday to appear before the Montana Citizens Health Group as part of her work to collect information as she prepares alternatives to deal with national health care.

Possibly the first to stop in Great Falls while her husband was in office was Bess Truman. She and daughter Margaret accompanied President Harry S. Truman on a cross-country whistlestop train tour that included several stops in Montana.

The train stopped in Great Falls for 15 minutes on May 12, 1950. The Trumans and then-Rep. Mike Mansfield greeted an estimated 6,000 people gathered at the Great Northern Railway depot for a glimpse of the first family.

A former first lady and president of the Girl Scouts of America, Lou Hoover, visited Great Falls two years in a row in the late 1930s. The wife of former President Herbert Hoover was principal speaker at the Girl Scouts Fun Festival at North Montana State Fairgrounds here in May 1936 and at the Girl Scouts Rocky Mountain Regional Convention here in June 1937.

Lou Hoover Eleanor Roosevelt Bess Truman Pat Nixon

She advised the girls that there always are frontiers to conquer and that with the Girl Scout program they could learn through the experiences of one another.

An unexpected snowstorm brought former first lady Eleanor Roosevelt to Great Falls Sept. 28, 1954. The widow of President Franklin D. Roosevelt and former United Nations delegate was making speeches in Billings and Helena in support of the United Nations.

Her plane between the two cities was diverted to Great Falls because of weather. Heavy, wet snow fell on central Montana, breaking power lines, interrupting communication and downing trees.

Eleanor Roosevelt met with local Democratic leaders at International Airport for about an hour and expressed interest in Montana's program for caring for the aged, mentally ill and crippled children.

She stopped in Bozeman in May 1958 on another nationwide tour in support of the United Nations.

When she was first lady, Eleanor Roosevelt was greeted by a drum corps in November 1938 at the Billings airport. She was en route to visit her daughter in Seattle. A year earlier, she bought souvenirs with her grandchildren in Yellowstone Park, which the Roosevelt family toured.

A 6-year-old Billings girl, Elizabeth Thompson, greeted first lady Pat Nixon at the Billings airport in September 1972. The wife of President Richard Nison was en route to visit Yellowstone during a Western states campaign swing. As a sign of the Vietnam War times, some people in the crowd shouted "stop the bombing."

Billings Mayor Willard Fraser proclaimed "Pat Nixon Day" and closed all city offices so employees could have a chance to see the president's wife. About 1,000 people turned out despite a 45 mph wind and sprinkling of rain.

Pat Nixon also visited West Yellowstone on that trip.

Vacations that have been kept largely secret have brought other former first ladies to the state. Rosalyn and Jimmy Carter were in the Livingston area last summer for some fly fishing. They visited in the West Yellowstone area a few years earlier.

irst lady's Great Falls visit

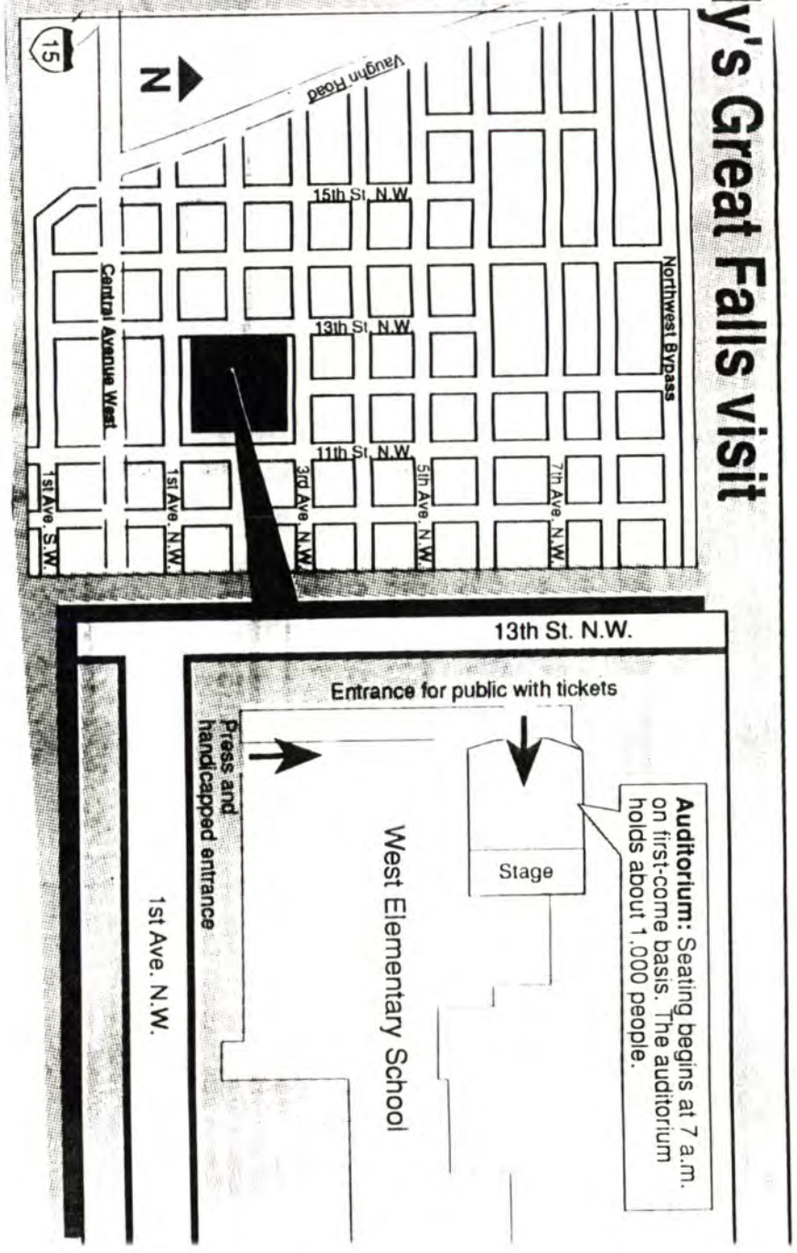
WHAT: Public um on rural alth care issues he only portunity to see t lady Hillary dham Clinton.

WHEN: From 8 10 a.m., turday.

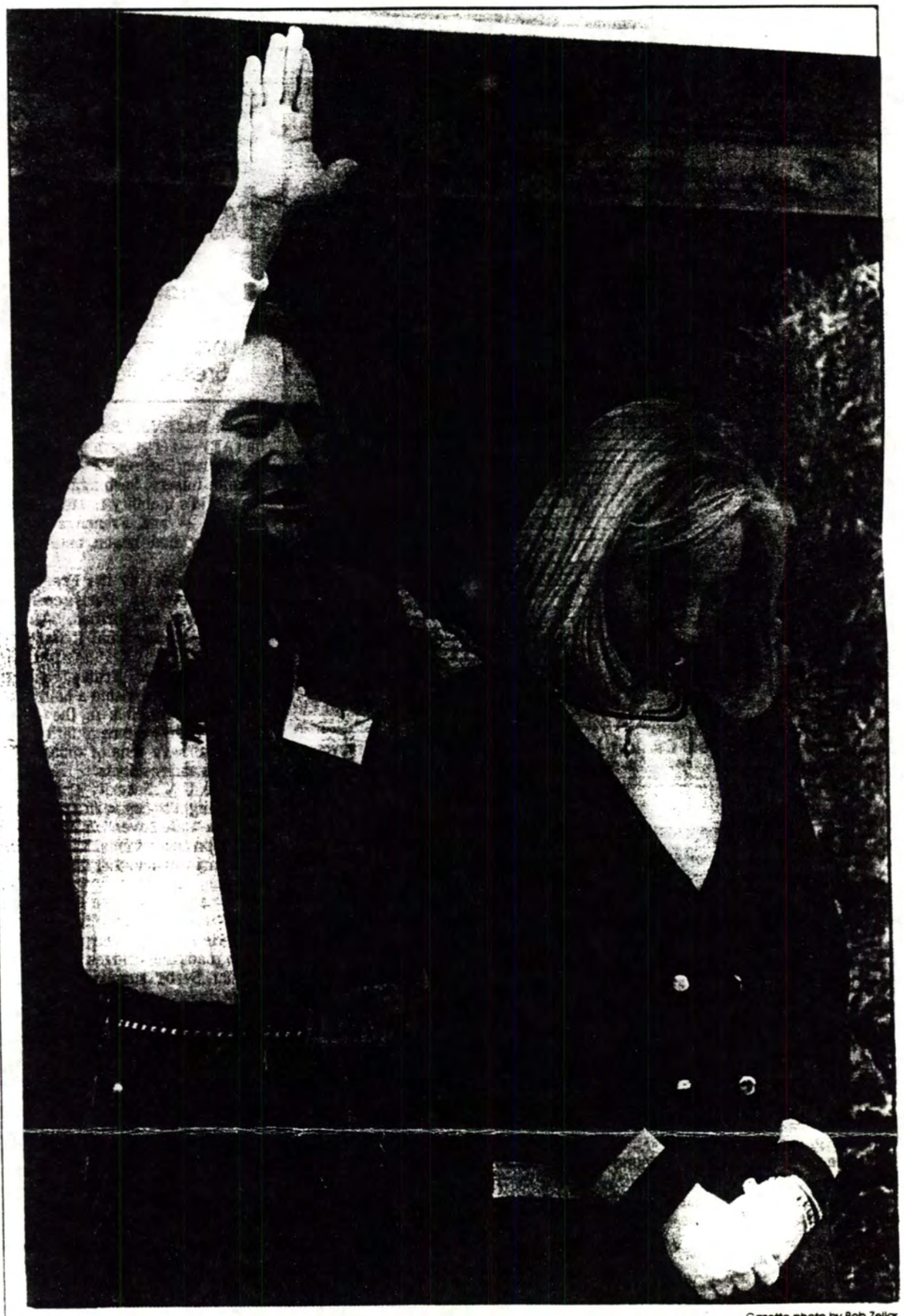
TICKETS: Still ailable. Call 300-332-6106.

WHERE: st Elementary hool, 1250 1st e. N.W.

PARKING: blic will only be owed to park on idential streets st of 13th St. W. and north of t Ave. N.W.



Billings Gazette
April 17, 1993



Gazette photo by Bob Zellar

Burton Pretty On Top blesses Hillary Clinton on the steps of the Billings YWCA Friday. Pretty On Top, who lives in Lodge Grass, is a spiritual leader of the Crow Tribe.

Billings Gazette
April 7, 1993

HILLARY'S MISSION

Indian, rural leaders appeal for adequate care

By GREG McCRACKEN
Of the Gazette Staff

Montana tribal leaders told first lady Hillary Rodham Clinton on Friday that the federal government must continue with its promise to provide health care to Indians, but it should allow tribes more control over the services.

"The provision of health care to Indian people should not be determined by matters of race or economics," Crow Chairman Clara Nomee said. "It is a legal and historical obligation based on treaty, law and trust responsibility which the federal government forcibly assumed over Indian nations."

Clinton, head of the president's task force on health care reform, came to Billings to learn more about Native American concerns regarding health care.

Before listening to leaders from the Crow, Northern Cheyenne, Rocky Boy, Fort Peck and Fort Belknap reservations, Crow spiritual leader Burton Pretty On Top blessed Clinton outside the YWCA, where the forums were held. After arriving in Billings around 4 p.m., Clinton toured the Indian Health Board clinic before crossing Wyoming Avenue to the YWCA.

She was accompanied by Democrat Congressmen Rep. Pat Williams and Sen. Max Baucus and Republican Sen. Conrad Burns.

Tribal leaders said they wanted more control over funds so they could contract for health services with agencies other than the government.

Caleb Shields, chairman of the Fort Peck Reservation, said lack of funding is a fundamental problem for national health care reform, and it is the primary concern for Indian health reform.

"We have right now people sitting on the sidelines — about 115 people who are not getting preventive health care or elective surgeries because there's no money," he said.

Fort Peck does not have a hospital, so it must contract for airplane service to transport people to Billings for surgery, he said. Because the tribe's health care program has a deficit of about $250,000, tribal members who require surgery must wait to fly to Billings until they qualify at Level 12 on a scale that measures the severity of an illness.

"A lot of people get sicker and sicker until they meet that Level 12 and then they get taken care of," he said.

On the Northern Cheyenne Reservation, where 40 percent of the people suffer from diabetes, the clinic does not have a dialysis machine. Many patients in need of treatment must make a 250-mile round trip to Billings several times a week, Tribal President Llevando "Cowboy" Fisher said.

"One of the problems is that the Indian Health Service is not legally authorized to provide dialysis treatment," he said. "We recommend that the law be changed to allow IHS and VA to provide dialysis treatment in their facilities."

In a typewritten sheet of recommendations to Clinton, Fisher suggested the government allow Indian veterans to use IHS health care facilities, which would allow treatment closer to home. Currently, Indian veterans are required to use Veterans Administration as a first provider, he said.

The problem might be resolved in the national health care plan, which would open IHS facilities to the public. Clinton, however, does not suggest the same use for VA

(More on Hillary, Page 14A)

The Billings Gazette
Sunday 8/7/1993

Hillary

From Page One

and other federal programs, as was earlier reported.

William Maine, chair of the Fort Belknap Reservation, said that contract services could do some jobs better than the IHS, but he added that the IHS program still has not outlived its usefulness.

"Rather than eliminating the Indian Health Service, we should look at the positive things they have done and stop focusing on the negative," he said.

John Sunchild, head of the Rocky Boy Reservation, added, "We have sometimes painted horror stories about the Indian Health Service, but when we as a tribe are seeking a government-to-government relationship, it is with the Indian Health Service that we can do that."

Clinton asked the tribal leaders if they would be willing to take responsibility for controlling funds if the authority were given to them to contract for health services. They all said yes.

Nomee suggested that an Indian Health Task Force be created to present a "comprehensive Indian health care reform plan" no later than April 16, 1994.

Williams, who arranged Clinton's visit to Billings, closed the meeting by welcoming Clinton to "the last, best place."

"With the first people," Clinton concluded. "I think that's about the best way to end."

Gazette photo by J. Mark Kegans

Rep. Pat Williams, Hillary Clinton and Sen. Max Baucus listen to a question during the discussion of rural health care in the YWCA gym Friday night.

Clinton promises flexibile reform plan

By PAT BELLINGHAUSEN
Of the Gazette Staff

Hillary Rodham Clinton promised a group of health care providers on Friday that the president's plan for health care reform will deliver what they asked for: an emphasis on primary care and latitude for states to find their own solutions.

Clinton met with about 50 health care professionals for an hour Friday evening in the YWCA gym during her four-hour stop in Billings.

At the YWCA on Wyoming Avenue, Clinton and Montana's entire congressional delegation — Max Baucus, Conrad Burns and Pat Williams — perched on stools under stage lights with a sound system installed for national press coverage of the event. With unflagging attention to citizen comments, Clinton showed the stamina that has carried her on the marathon campaign to formulate and rally support for national health care reform.

St. Vincent Hospital President Jim Paquette was invited to speak first. "I'm really speaking for both hospitals," Paquette said with a nod to Deaconess Medical Center President Lane Basso, who sat beside him. Speaking from comments the two hospital presidents wrote together, Paquette told Clinton that Billings is a medical center for a 300-mile radius that stretches into Wyoming and the Dakotas.

"It's not uncommon for a woman to travel 100, 120 miles to have a baby. ... People travel 120 miles three times a week for dialysis," Paquette said. "We have to look at managed cooperation. In a state like this, a frontier state, it's important that we be given a large range of latitude to create our own unique solutions."

Billings neurologist Patrick Cahill talked about the economic and lifestyle problems of keeping health care providers in distant rural communities. "We need managed collaboration" to provide relief for rural practitioners, he said.

Physician Assistant Randy Spear, the sole practitioner in Worden, asked Clinton to improve government reimbursement for the services of PAs and nurse practitioners.

Dr. Frank Michels, leader of an effort to start a rural family practice residency in Montana, echoed Spear's call for an emphasis on primary care. And he asked Clinton to help change federal rules that may impede funding of a doctor training program.

When Clinton asked for questions, Claudia Stephens of the Montana Migrant Health Clinic stepped to a microphone to urge keeping the preventive programs offered to migrant workers. "Farm workers are such a neglected part of the population," she said.

Responding to psychiatrist Joe Rich's question about promoting community mental health services, Clinton said: "Mental illness and substance abuse are primary drivers of other illnesses. We are arguing very strongly to include mental health care in our basic benefit package." She added, "We're going to try to include substance abuse."

The "system choked" Glasgow's residential chemical dependency treatment operated by Frances Mahon Deaconess Hospital, Administrator Kyle Hopstad told Clinton. He asked her to "look at the blizzard of paperwork" generated by government health programs.

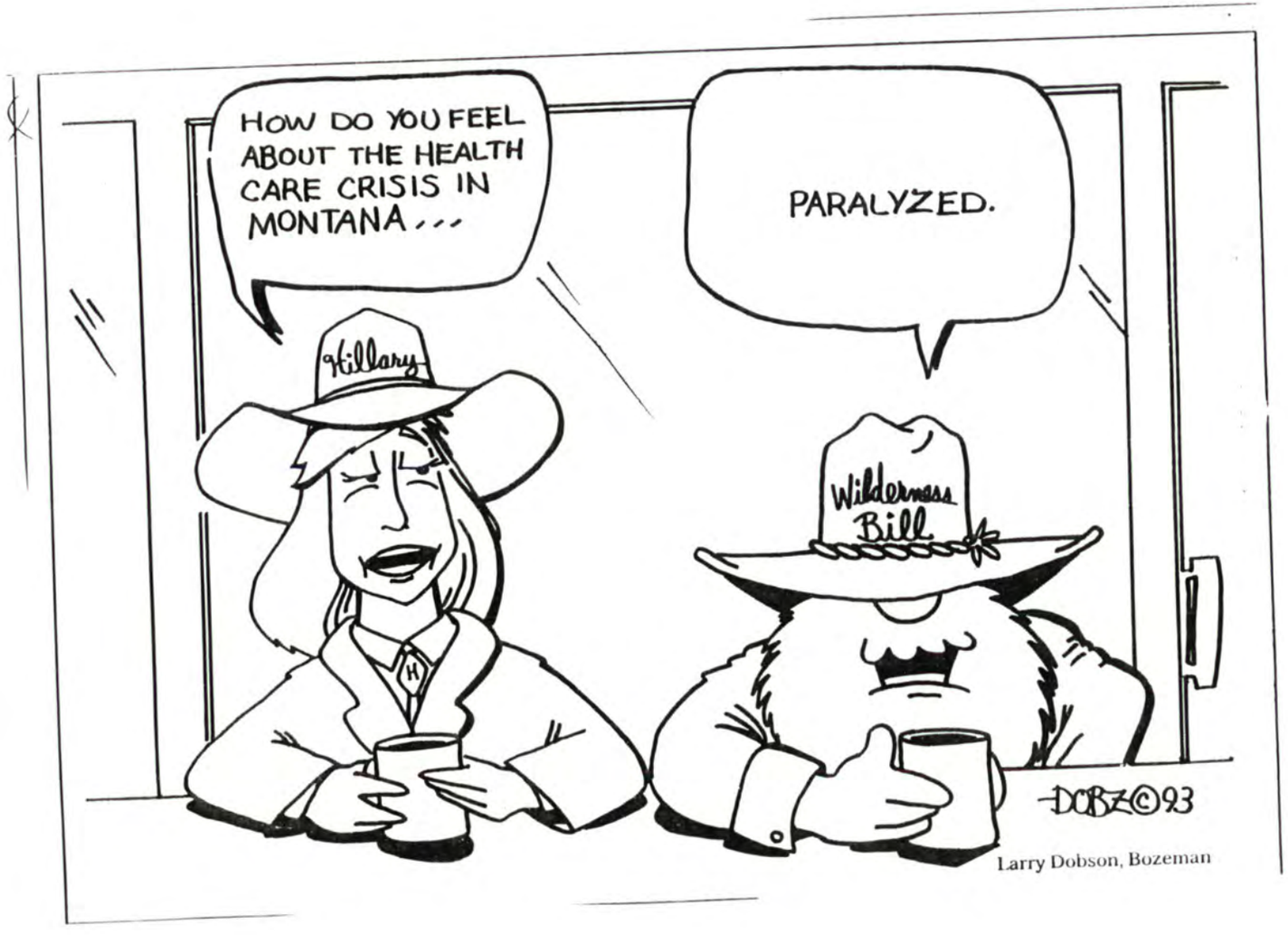
Clinton said the comments she heard in Billings are "in line with what I have heard all over the country."

Clinton said health care reform is "a huge undertaking, but the status quo is not acceptable. ... Will we make mistakes? I guarantee we will. Will there be unintended consequences? I can guarantee there will."

But Clinton said states would have the authority to make changes. "The choices should be made on the local level by people like you, not by a bureaucrat in Washington."

Dan Richmond, a member of a Blaine County group that has been trying to build a medical clinic for four years, liked what he heard from Clinton. "That was the assurance I was looking for — that rural America, and rural, rural Americans will be considered," he told the first lady.

Great Falls Tribune
April 14, 1993



Our view

A message to Hillary on rural health care

The issue: It's hard to comprehend the size of Montana and its rural health care problems.
Our opinion: We need the freedom to create — and implement — our own solutions.

Welcome to Great Falls, Hillary, and thanks for your willingness to come a long way to listen to our problems with rural health care.

Montana is a unique place, but it illustrates a common problem.

Take Ashland, for instance, a tiny town on the Northern Cheyenne Indian Reservation where the locals joke that they live a full three miles beyond the end of the world.

The only health care professional is the school nurse, but she can't prescribe penicillin. So when the cheerleading coach came down with pneumonia recently, she ended up calling a friendly dentist at home on the weekend and driving 80 miles to Forsyth for a shot.

Sometimes the folks in Ashland yearn for a federal grant that would allow them to improve health care services. but the town has no grant writer. And as an unincorporated town, it isn't big enough to be eligible for many federal grants.

There's a certain irony about being too rural for rural health care.

Yet this irony also illustrates the common problem: Regulations imposed by Washington are too rigid to deal with the broad scope of problems we face in this incredibly diverse heartland.

Hillary Clinton

So one of the pleas from rural Montana is to give us the flexibility and freedom to devise and implement the solutions to our own, unique problems.

Along with that, we need the funding that will give us a little freedom to experiment. Is it possible to create some kind of medical revenue-sharing that would give different regions the ability to try new things?

For example, it's hard to

HEALTH CRISIS

populate the medical outposts of Montana with doctors.

- We need to train more general practitioners, rather than specialists.
- We need to give them an incentive to locate in rural areas.
- And we need to find a way for them to grow professionally in isolated outposts, so they don't feel their careers are languishing in Montana rather than flourishing in Florida.

To fund these regional experiments, you need to create a series of cost-containment incentives that will limit demand for medical services and save us all some money.

For one thing, a co-payment system for Medicaid, as well as Medicare patients, should be implemented to increase personal responsibility.

And how about a medical savings account that would reward someone for not using a service that wasn't absolutely needed?

As a nation, we'll go broke trying to treat every sniffle. So we need to limit the demand for medical services. And it makes more sense to encourage individual self-restraint than to resort to medical rationing, in which others make the decisions for each of us.

That's why the global budgeting solutions don't make much sense to us. They tend to impose universal solutions on vastly dissimilar problems.

Our recommendation is to return decision-making to local government — and to the local people who will be affected by those decisions.

Thanks for listening. And enjoy your stay.

Great Falls Tribune
April 7, 1993

Great Falls Tribune
April 4, 1993

The Clintons create a miracle cure for a non-problem

TONY SNOW
National columnist

The age of high-tech snake oil has arrived. The Clinton administration has begun peddling its newfangled national-health plan the old-fashioned way — by scaring people out of their wits and proposing a miracle cure.

Officials at the White House Task Force on Health Reform rest much of their case on the shocking fact that 37 million Americans begin each day without the succor of health insurance. The figure drips with insinuation, as if each and every one of the poor souls were just a bad day or cold night away from a morgue slab.

But despite its enormity, the 37 million figure doesn't mean much — and it certainly doesn't mean that 13 percent of the nation's population has been doomed to a Dickensian existence of sickness and want. Government figures tell just who these uninsured are:

The Young: Many uninsured Americans have no health insurance because they have their health. They don't feel a need for insurance. Young people under the age of 30 account for nearly three-fifths of the 37 million. As a group, these Americans see doctors less often than the rest of the nation and use a smaller portion of our health-care resources than any other adult group.

The Defiant: Census figures show that 46 percent of the uninsureds have annual incomes in excess of $20,000 a year, and 17 percent take home more than $40,000. In other words, they're not poor. A 1988 study by Alan Monheit and Claudia Schur estimated that 37 percent of the uninsured have incomes exceeding 250 percent of the poverty level. These people have made a deliberate choice not to get insurance.

Many young couples pay for medical expenses out of pocket rather than paying expensive premiums for health coverage. This makes economic sense for those lucky enough to face no major medical expenses.

The Workers: Nearly half the uninsured population will get insurance again soon — usually after switching jobs or making the transition from welfare to self-sufficiency. The majority of these people lack coverage for five months or less; only 4 percent go 28 months without insurance.

The uninsured are not hopeless or helpless. Most of them work: 85 percent live in households headed by workers; 60 percent in households where the worker has a full-time job; 50 percent in homes where the breadwinner is self-employed or toils in a small businesses (25 or fewer employees).

The Poor: A core of 6 million Americans can't afford insurance. Contrary to popular opinion, however, virtually all of these people get decent health care.

A 1988 study by the Pioneer Institute for Public Policy Reserch indicated that uninsured Americans use the medical system as frequently as insured Americans. Public hospitals around the country routinely provide care for the uncovered poor. Our least affluent citizens receive free health care, prescriptions and dental care. If you don't believe it, visit the nearest public-hospital emergency room.

Health Affairs magazine reported in 1991 that uninsured Americans receive, on the average, two-thirds of the dollar value of treatment as insured Americans. Providers last year spent 10 billion on "uncompensated" health claims.

The Sick: In the end, only a tiny band of people get no help from the system. Merril Matthews of the Dallas-based National Center for Policy Analysis estimates that 0.7 percent of the nation's population, or about 1.8 million, simply cannot get insurance. Their medical conditions — ranging from diabetes to AIDS — render them uninsurable.

This roster tells a great deal about who has no insurance — and why. Some people don't want it; others don't need it, and small businesses can't afford it. The government has buffetted small entrepreneurs with new regulations and mandates, while lavishing generous health-care subsidies on big businesses.

The "problem" of the uninsured therefore does not justify global budgeting, price controls, managed competition, a value-added tax or any of the other ideas bruited about by the Clinton team. At most, it can support more modest efforts.

If the Clinton administration wants to ensure universal access, for instance, it can set up a fund for "uninsurables" and fill it with money now earmarked for the president's stimulus package. If it wants insurance for all, it can toss in a few billion dollars more and lift the federal jackboot from the neck of small businesses.

The U.S. health care system suffers from a vast assortment of distortions and inefficiencies, and we all would be better off if the government combed them away. But the Clinton administration has weakened its pitch for health care by building its case on a "crisis" that crumbles upon the slightest probing.

Benjamin Disraeli reportedly quipped that there are "lies, damned lies and statistics." The administration's "37 million" figure fits all three descriptions. It doesn't provide the foundation for a sensible discussion of health care, let alone a revolution in health-care policy.

Great Falls Tribune
April 7, 1993

Gary Andregg, Browning

We all know that attorneys and lawsuits are contributing to the rising health care costs. What is the number of attorneys and what is the number of physicians on your committee? What, if any, tort reform do you plan?

Tracy P. Bailey, Great Falls

How is this health care reform going to affect my physically handicapped 6-year-old daughter? She needs physical and occupational therapy three times a week. This is very costly and my Air Force insurance does not cover everything. It covers $1,000 a month, therefore, Medicaid and SSI are needed.

Madelyn Cameron, Great Falls

A group of senior citizens met with a panel of doctors, nurses, and hospital administrators in Lethbridge, Canada. I believe we should follow their plan, change it in some areas if need be.

Virginia Lee-MacDonald, Missoula

What will health care reform be able to provide for urban Indians who have no health coverage for services such as hospital or emergency care? Most urban Indians do not have any type of health care coverage.

Nathan McManus, Great Falls

Could you tell me why Attorney General Janet Reno wants to allow Haitians with AIDS into our country for treatment when we already have so many people here that need help and we are trying to reduce health costs?

Gene Kurtz, Havre

Why did you come to Great Falls to hold a forum on the health care concenrs of rural residents? The Great Falls area has one of the best health care programs in the world. Why not go to Jordan? They don't even have a doctor.

R. Overlie, Chester

I believe that health care reform is an important issue in this day and age. So important that it should be left to the experts, not a lawyer whose husband appointed her to head this commission. I would like to see you step down so real progress can be made on this issue.

Raymond Pedersen, Great Falls

You have been handed a very tough job, but if anyone can do it, you can! I have the utmost confidence in your ability and am with you 100 percent. My only suggestion is to ignore the crass, rabble rousing, and ill-mannered media.

Joe Orendack, Malta

In August of 1992 I had triple bypass surgery and could not get medical help so had to claim bankruptcy and have another operation in January 1993 that was covered by workers' comp. This month I should be going back to work, but I just had another sickness which put me in the emergency room at a cost of over $980. I only work as a cook and get $7.25 per hour. How am I to pay these bills?

Please help.

Carol Marten, Great Falls

I'm a registered nurse in a nursing home and with all the state and federal regulations we are spending more and more time doing paper work and less time doing resident care. I find this to be a shame. When are we going to get back to what's important — the care — not what looks good on paper.

Cheryl M. Reichert, M.D., Ph.D.

As a doctor, I am deeply concerned that proposals for health care reform will create a system where costs (not quality) are controlled by bureaucrats and business managers. Patients will lose choice, doctors will be hassled, the bureaucracy will consume precious dollars, and the highest quality health care system in the world will be dismantled. As an alternative, I would urge your Task Force to evaluate the MEDISAVE PLAN, whereby patients regain direct control over health care through tax-exempt individual health accounts.

Great Falls Tribune
April 17, 1993

Rita M. Brewer, Great Falls

My main concern is complete medical care for low-income people including prescription drugs. Some folks can manage to see a doctor and then find they can't afford to pay for the prescription. This is a sad situation. The knowledge is there, but not the ability to pay their way back to good health again.

Sheryl McGinnis, Fort Benton

I believe a 100 percent health insurance premium tax deduction would not only make health insurance more affordable, but also be an incentive to be covered for many Americans, especially in rural areas such as Montana where many people are self-employed or not insured by their employer.

This plan would not only allow more individuals to afford coverage, it would also not be costly to the government.

Norma T. Munro, Libby

Please insist insurance has to cover pre-existing conditions. These are the illnesses where coverage is most vital, not the common cold or flu. If you can find an insurance company that will insure pre-existing conditions the cost is so astronomical you can't afford it. Also, when can we expect some relief from this health crisis? This year, or four years down the road, or never?

Harold Fransen, Cascade

Larger communities having several health facilites could pool their diagnostic equipment in a central location. This would help reduce the cost of equipment, maintenance and staff for the communities.

Elmer B. Fauth, Great Falls

We need to curb wishy washy talk and get down to action. The G.A.O. made a study of the Canadian health plan in June of 1991. The taxpayers paid for this. Let's implement the G.A.O.'s advice and improve the plan's weak spots. Let's also insist on small businesses such as brick factories, slaughterhouses, meat packing plants, fertilizer plants to locate in rural areas. Cities only breed greediness and crime by growing bigger. Our healthiest people live in and come from rural areas.

Don Donnelly, Sun River

If Social Security and Medicare programs, according to the Clinton administration, are running the deficit up, why are you spending tax dollars to create another social program? What did this trip cost us?

Jim Bruggeman, Bozeman

Managed competition will not work where no competition exists. We favor a Canadian-style single-payer system, financed by a truly progressive income tax and undergirded by regulation of hospital, drug, and doctor fees.

Dorothy Curry, Valier

Leave health care reform and education reform to state governments. The federal government is not efficient.

Kay Albright, Great Falls

Hillary is so nice to appear in our city of Great Falls in the forum on rural health care, and as our community lives with the challenges of rural health care needs.

Donalie Smith, Great Falls

My concern is the cost of medical care, like every one else. Recently my mother was hospitalized two times and the cost of supplies do not seem right, for example: the cost of a small foam mattress, called an egg crate, is $30. Any department store sells these on sale for $10 for a king size. Four pills were $8.72. A full prescription for 30 days on Medicaid is $1, a small jar of vaseline is $2.85, she only needed enough to moisten her lips. Keri lotion, $5.78; Alpha Ker 8-oz. bath oil, $9.22. My mother has only her Social Security as income. She is on Medicare and Medicaid.

My question is, the cost the hospitals charge Medicare and Medicaid, when I can get a prescription for 30 pills filled for $1 and the hospital charges $8.72 for four pills. Are the hospitals in business with companys such as Westwood and Ponds? I feel a full investigation of doctors, hospitals, and pharmacys is in order. People are unable to pay their bills at these terrible prices.

Daniel B. Levine, Great Falls

Is it fair for some to have high coverage health insurance as a tax-free benefit while others must purchase high-cost inferior coverage with after-tax dollars? What will you do about this? Is there any reason why a solution to this unfair situation must wait for comprehensive health care reform?

Pete Pederson, Great Falls

I'm real supportive of you and the president. Why don't we do it right? Go with the Canadian single-payer system as the Consumer's Report for July-August-September '92 says is the best. Have some Canadians come on over and get us started. We don't need insurance salesmen driving our system — it's immoral.

Tootsie & Gary Marks, Lewistown

We own a small family business in Lewistown. Our group insurance, which has three members, has been rising about $100 per month per year. We can not afford to hire help because of health insurance costs.

Margaret Berlien, Great Falls

Learn from history, stay away from socialized medicine as known in Great Britain and Canada.

Carolyn Harsh, Choteau

This is not an entirely physical world, it is a spiritual world. To attempt to heal sick bodies cannot but ruin our nation. We must heal the soul, then the bodies heal themselves. At 73, I am an example of that remarkable healing.

Pete Palacios, Great Falls

The president promised health care reforms during his campaign, when can we expect these reforms? Please do not give a stock answer like "it depends on Congress" or "it depends on when a congressional hearing will be held." I just want to know when!

April 17, 1993

Maud Morrison, Great Falls

I am 75 years old and scrimp to pay my AARP supplementary insurance and a cancer policy. As a result I cannot afford to go to a doctor for checkups or problems because I have no money to pay the deductible. I feel locked in an exercise in futility.

Brian D. Whitehorn, Great Falls

Private insurers penalize, through higher premiums, those individuals that choose to smoke tobacco. What method, if any, would the federal government use to reward individuals without this risk factor?

Carlene Salois, East Glacier Park

Please do not turn to a totally free medical care system. People do not appreciate or value things that are given free. Charge at least a small fee for people to feel ownership. There will be more respect for medical care if there is some charge. I am a middle-class teacher from northwestern Montana.

Sandra Staudinger, Havre

I hope that your health care package will also include coverage for dental and optical exams. I am a teacher and I am always concerned about children who tell me they have to "wait" to go to the dentist or get glasses fixed.

Cody Houston, Great Falls

I am concerned about the tremendous numbers of criminals being released from our prisons due to overcrowding. We need more prisons. I, for one, am willing to pay additional taxes to get this done.

Landis Meeks, Cut Bank

Why would you let your husband support such an immoral act as the freedom of choice act? Every religion is against abortion on demand. The president must veto this act if it gets to his desk.

Emma Lou Lucero, Augusta

Please keep our senior programs going. Our senior dinner clubs provide good hot meals and companionship to many who would not eat right and would just sit home. Also shut-ins are taken care of. The Senior Companionship Program is great, especially in rural communities where we are away from big towns where more programs are available.

Ira Talks Different, Harlem

Why are they letting it be done? The Flathead Indian Reservation has to fight for jurisdiction of misdemeanor crimes by its own people. The other six reservations didn't have to. Are they different?

Mike Lowry, Great Falls

If you are an appointed government official holding a "public" forum, why must I write for special tickets and why is attendance limited to a small elementary school? Also, are you not proud of solely bearing the last name of our president and why wasn't your maiden name used during last year's campaign?

Shirley E. Smiley, East Glacier

Please relay this message to the President: (1) Balance the federal budget and get rid of the deficit by at least 10 percent a year. (2) NO new taxes! Cut spending first. Lower congressional salaries and benefits. (3) Keep our defenses strong. (4) Revamp the welfare system by creating public jobs and making people work for their money instead of handing out welfare. (5) Put in a line item veto for the President's signature. This is the only way we will have a strong and prosperous country.

L. Brownlee, Great Falls

Mr. Clinton raised a lot of hopes for fired Air Traffic Controllers, who may be allowed to return to work. Now we have heard nothing for months. What's going on? If he's not going to or ready to act on this, he should not have said anything.

Joe Gutzwiler, Belt

Using high school students for day-care centers and making it a mandatory class, would provide a steady supply of daycare workers and show young people what it takes to care for children.

Kathleen Dion, Lewistown

Please! Do not have a BTU tax. Retain the law which permits businesses to hire replacement workers during strikes. Do not restrict airlines from announcing fare changes in advance. Decrease government interference.

Ted Pinsonneault, Great Falls

My grandchildren are hard-working, positive contributors in our society. Yet I sometimes fear for their futures, i.e., saddling them with the deficit, bankruptcy of the Social Security System, etc. Please give me your thoughts on what lies ahead. P.S. I am 83 years young this week.

Roddy Goulet, Great Falls

The primary reason that we have an epidemic of AIDs and various veneral diseases is the breaking down of morals, as well as the acceptance of illicit sex practices as alternative lifestyles. Marketing condoms and promoting "safe sex" will never solve the issue. Why isn't the truth being revealed that there is only one safe way to prevent the spread of AIDS?

J.C. Printy, Cut Bank

If you have any influence with your environmentalists, which I very much doubt, tell them to turn the oil business free from a number of items holding drilling and production up. Then, an estimated 450,000 will have jobs at no cost to the government. Also, aliens must be stopped.

Mr. & Mrs. Gary Hancock East Helena

Keep up the good work. You are the most respected and loved first lady since Eleanor Roosevelt. Keep going to the people. They love you and your husband. Let's rebuild America. Hang in there!

Sara Brantley, Havre

Remind your husband that 57 percent of the voters did not vote for him. There is no mandate for his tax and spend program. Cut spending, cut the deficit and don't raise taxes. Get the government off our backs!

Dear Hillary: Montanans speak out

When the Tribune invited readers to send

along questions and concerns to first lady Hillary Rodham Clinton, they responded enthusiastically.

On this page is a sampling of the more than 300 letters we received. All of the messages were delivered to the first lady last night in Great Falls.

ON HEALTH CARE:

ON OTHER ISSUES:

Sheila Giesler, Great Falls

I am aware that American tobacco companies are ever more aggressively marketing cigarettes abroad, even to young children, as a result of dwindling sales in the U.S. Knowing that it's wrong for America to promote the sale abroad of a health hazard that we discourage at home, will President Clinton order the U.S. Trade Representative to stop tobacco companies from opening cigarette markets overseas? Will he support curbs on tobacco advertising like those in force here?

Martha Young, Great Falls

I am 78 years old. I have always respected the Office of United States President until the last 12 years. You and your husband, the president of the United States, have brought the respect back. The two of you are the new hope for our country. It will be a hard, long fight. I feel confident you will do it. Your experience and determination will do it.

Mary Ryan, Deer Lodge

I live in a small town of about 4,000. We need housing for seniors and the handicapped. Our young people are leaving because of lack of jobs and the seniors are leaving because we do not have suitable housing. I am an 80-year-old worker who is still able to live alone — but for how long?

Paul English, Havre

Not since the team of Kennedy and Mansfield have Montana's Native Americans had any appreciable improvement in lifestyle. Hopefully with the partnership of President Clinton and First Lady Hillary Rodham Clinton will a new hope now be seen on the horizon of Big Sky Country for these our native citizens.

Jim Trott, Fort Benton

On the economy: Please, please, don't confuse the discredited practice of bleeding the patient with giving a transfusion. Each new expenditure, each increase in our deficit, adds to the hemorrhage of our national debt.

Patsy Laubach, Great Falls

I am concerned about the single mothers trying to work that have lost their daycare help for their children. Day care eats up all their pay checks, and also the lack of jobs and low paying jobs.

Terence C. Steele, Great Falls

Please open your heart, your reasoning, your Constitutional interpretation and your profession of your Christian faith to include the protection of the unborn child. Please look inward to your leadership quality and not outward to those who would have you follow.

Dr. D. Dean Anderson, Lewistown

Public education has been in decline for three decades! We've had "new math", studies, strategies (ad nauseum), "integrated math," "A Nation at Risk," "America 2000," and now, to camouflage past failures, "Outcome Base Education."

Globally, we test at the bottom levels in virtually all disciplines! How will "Goals 2000" reverse the downward trend?

Lillian Borge, Great Falls

Just a thank-you note for your involvement and caring. I admire you tremendously and pray for your success. Fortunately, I'm a healthy 70-year-old.

Rachel Delphy, 7, Great Falls

I hope you are having fun being the president's wife.

Alta J. Cole, Kalispell

Why can't you just be addressed as Hillary Clinton, like common people do. They use their given name and husband's. We are very upset that you took an office that needs a man's, not a woman's, foresight. I do not approve of what you have set yourself up to do.

Great Falls Tribune
April 17, 1993

Nurse offers several ways for system to improve

By MICHAEL W. BABCOCK
Tribune Staff Writer

For the first nine years of her career as a registered nurse, Kathy Palm Jorgensen lived and worked in the rural county seat of Malta — population 2,300.

Jorgensen, who now works in Great Falls, listed several suggestions, including "freeing medical care from the undue influence" of the American Medical Association, in a letter to Hilary Rodham Clinton.

"Pharmacists, nurses, physical therapists and other allied professionals can virtually not move (and certainly not be reimbursed) without a physician's order," Jorgensen wrote. "This adds another layer to unnecessary medical costs."

Jorgensen also urged the new health care plan encourage, reimburse and utilize such mid-level practitioners as nurse practitioners and physicians' assistants.

> "My daughter, at 12, knows that she wants to be a surgeon because they make more money. Financial incentives for rural health care must be ongoing, not just a limited reward."
> — **Kathy Palm Jorgenson, Great Falls nurse**

"Allowing them to practice without an overseeing physician will be more cost effective and will help with the dearth of health care in rural areas," Jorgensen wrote.

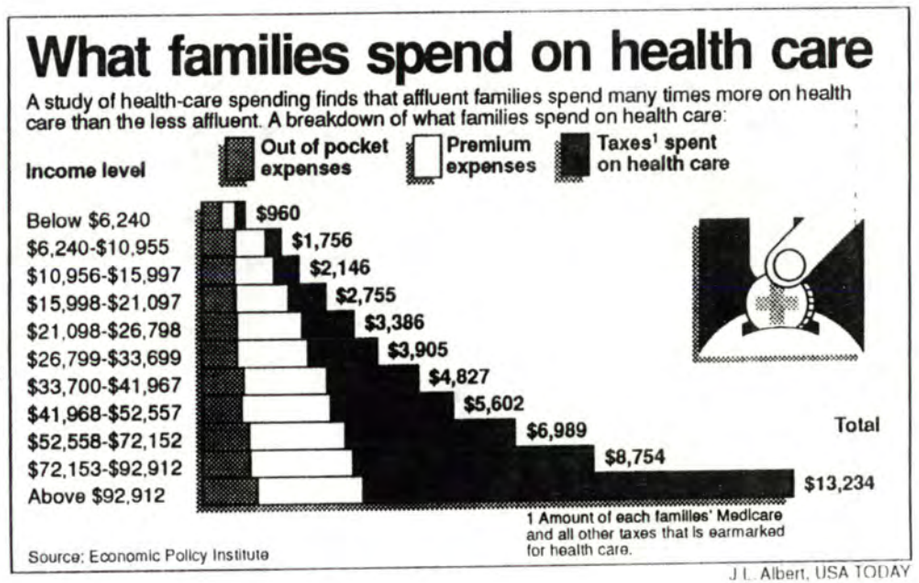
She also suggested providing a 15 to 20 percent stipend on base fees for rural practitioners.

"My daughter, at 12, knows that she wants to be a surgeon because they make more money," Jorgensen says. "Financial incentives for rural health care must be ongoing, not just a limited reward."

Jorgensen suggests rewarding wellness through subsidizing prevention like health club memberships, nutritional counseling, immunizations, vaccinations and stop-smoking campaigns.

She says reducing the liability of providing medical care by decreasing or eliminating lawsuits and she asks what constructive purpose do punitive damages serve.

"Finally, whatever health plan is espoused, it must not be free," Jorgensen wrote. "We have problems with the national debt now, but we have only seen the beginning when we provide free health care of any kind."



Great Falls Tribune
April 17, 1993

Baucus committee may have some homegrown solutions

By MIKE DENNISON
Tribune Capitol Bureau

HELENA — When U.S. Sen. Max Baucus asked Martin Burke to chair the senator's health-care committee last year, the University of Montana law school dean thought he had been handed an "impossible task."


Burke

The 18-member committee was supposed to hammer out a health-care reform plan that would provide universal coverage for all Montana citizens.

"I really thought when I saw the size of the committee, 'Max, you have given me an impossible task,'" he said.

A year later, the Montana Citizens Health Care Group has helped develop the major health-care reform bill that's on the verge of approval by the Montana Legislature.

And today, group members will meet in Great Falls with Hillary Clinton and tell her how they accomplished what they did.

Burke said the group is a "cross-section of the people of Montana" and, throughout its lengthy schedule of meetings, never turned away anyone who wanted to speak.

Great Falls Democratic Sen. Eve Franklin, a group member and sponsor of the health-care reform bill before the Legislature, said the "listening process" was needed to address the diverse elements of health-care reform. "What I hope we can convey to (Mrs. Clinton) is the kind of process we had to go through to get where we are," Franklin said.

Franklin's Senate Bill 285, which has been approved by both houses of the Legislature, moved just a step away from passage Friday as a conference committee ironed out some minor amendments. The measure is based on the Baucus committee's recommended plan for universal health care in Montana.

It would create a five-member authority whose members are appointed by the governor. Over the next 18 months, the authority will study health care in Montana and develop two plans for universal coverage: A "single-payer" plan, using one entity to collect insurance payments and reimburse doctors and other health-care providers, and a "multipayer" plan using several entities to do the same task.

The two plans would be submitted to the 1995 Legislature, which can adopt one or reject them both. The bill also mandates that each plan come up with ways to control health-care costs.

Burke said he expects committee members will continue to be involved as the authority carries out its job.

Franklin and Burke also said committee members want to impress on Mrs. Clinton the importance of involving states in health-care reform, and how people on the state level can come up with good ideas.

Every state has its own unique health-care needs, Burke said. Montana, for example, is a large state with diverse, sparsely populated areas, many of which have a shortage of medical care.

To address those needs, the Baucus committee suggested establishing regional boards that will help develop the statewide health-care plan. It also wants the health care authority to find ways to identify people from rural areas who might receive health-care training and then return to practice on those same areas.

Montana Citizens Health Group

Tribune Capitol Bureau

HELENA — Martin Burke, University of Montana law school dean and chairman of Sen. Max Baucus' Montana Citizens Health Group, described its membership as a "cross-section of the people of Montana." Here is a list of the other 17 members:

- David Forbes, Missoula, dean of UM's School of Pharmacy and Allied Health Sciences.
- Kathleen Long, Bozeman, dean of the Montana State University College of Nursing.
- John Bartos, Hamilton, hospital administrator.
- Doug Campbell, Missoula, president of the Montana Senior Citizens Association.
- Greg Dumontier, Polson, member of the Confederated Salish-Kootenai tribes.
- Ken Eden, Helena, doctor.
- Margaret Fleming, Butte, senior activist.
- Eve Franklin, Great Falls, state senator and nurse.
- Darrell Holzer, Helena, Montana AFL-CIO.
- John Johnson, Glendive, state representative and retired teacher.
- Maxine Johnson, Bigfork, retired director of the UM Bureau of Business and Economic Research.
- Leesa Klesh, Great Falls, health coordinator for Montana Farmers Union.
- Gloria Paladichuk, Sidney, Richland County commissioner.
- Dale Pfau, Lewistown, businessman.
- Bill Reynolds, Missoula, doctor.
- Joyce Spicher, Hingham, president of Women Involved in Farm Economics.
- Donna Schramm, Billings, nurse.

Rural health care: Access is the issue

Urban rulemakers are 'out of touch'

By MICHAEL W. BABCOCK
Tribune Staff Writer

The very thing that makes Montana so attractive to Montanans — its wide open spaces — also creates unique problems when it comes to health care.

Access to quality health care is a key issue in a state that ranks just above Wyoming and Alaska in population density.

"When you design a health care delivery system, the real issue is access," says Dr. Frank Newman of Bozeman.

As director of the Montana Area Health Education Center and director of the Montana Office of Rural Health, Newman heads a kind of clearinghouse for placing physicians and other health providers throughout Montana.

"The facts are that the health care delivery system in the 46 frontier counties is largely built around small, rural hospitals," Newman said.

In Montana

- **Fact:** 46 of 56 Montana counties are frontier counties. Frontier counties have a population density of less than 6 people per square mile.
- **Fact:** Montana overall has a population density of 5.5 per square mile.
- **Fact:** Nationwide 24 percent of all U.S. citizens live in rural areas.
- **Fact:** In Montana roughly 75 percent of all people live in rural areas.

"The problems are that rural hospitals are constantly in financial crisis because of the limited number of patients that are admitted to those hospitals," Newman said. "They can't maintain a strong bottom line and they can't build up the kinds of financial reserves to run a business like it should be run."

But they are the source of access to quality health care for the people in those counties, Newman said, and recruiting and keeping an adequate number of physicians, nurse practitioners, physician assistants and nurses, in those communities is a problem.

"Many physicians, after completing medical education and residency training, have had no experiences in rural communities," Newman said. "Therefore they don't have a strong perspective on the quality of life in a rural community, the needs for them in rural communities and the fact that they can practice quality medicine in virtually all rural communities who have a hospital."

Dr. Randy Webb, a physician who practices at the Indian Health Service in Browning, is from Arkansas. A national Health Service Scholarship recipient, Webb chose Montana as a place to repay his education loan.

His viewpoints are from the perspectives of a physician in a rural area and a physician on an Indian reservation.

"The problems we have (on the reservation) are similar to the problems in the inner cities. We have all of the economic problems that affect health," Webb said.

"The health care issues we see are lifestyle issues," Webb said. "Alcohol disease related, a higher number of diabetes and blood pressure cases, which may be genetic ... no one really knows.

"The biggest problem is the severe economic problems that in their minds overshadow health care," Webb said. "If you're worried about rent and groceries, health care gets put on the back burner."

"We also have the problem of recruiting health care professionals to serve," Webb said. "Browning being close to Glacier Park is a little different than some of the reservations farther east where they have a terrible time recruiting."

A general problem in rural health care, Webb says, is the people making rules and regulations that affect health care are all in urban areas.

"They're out of touch with rural health care. They don't know what it's like to practice where the nearest hospital may be 110 miles away."

Newman says part of the recruitment problem is that people who run rural hospitals and clinics have to convince physicians that it is a good place to live and practice and that they can make an adequate living in those rural communities.

Daniel Muniak, a physician assistant, directs the Garfield County Health Center in Jordan. Although Jordan is a town with a population of 600, Garfield County is geographically larger than the state of Connecticut.

The facility includes a health clinic, a dental clinic, a nursing home and a medical assistance facility or MAF. In the MAF, people can be hospitalized for up to four days.

"You wear a lot of hats," Muniak says. "I take the X-ray and also set the fracture. I am sole medical provider, X-ray tech, lab tech, county health officer and I provide all the medical care.

"People in small communities always want a medical care facility in case there is an emergency," Muniak says. "A free-standing emergency clinic is doomed to failure. What you need is general medical care facility and your emergency provider will come with it."

Muniak is frustrated by the lack of recognition health care providers receive in rural communities and he says he's "been on the edge of burnout since Day One."

Webb says most people have unrealistic expectations about what a health care system is and they don't take the responsibility for their own health and well-being.

"They've rationalized that medical care has all the answers," Webb said. "They have unrealistic expectations about what medical care can cure and what it can't.

"That contributes to the fiscal crisis," Webb said. "We're spending a lot of money treating expensive, incurable diseases."

Tribune Photo by Stuart S. White

First lady Hillary Clinton is greeted at the Heritage Inn by owners Bonnie and Al Donohue and Heritage general manager Bob Dompier and his wife Janice (behind Clinton).

First lady arrives in Great Falls for health forum

By Tribune Staff
and The Associated Press

■ Editorial / 8A

Hillary Rodham Clinton quietly arrived in Great Falls shortly after 9 p.m. Friday, after a long day of meetings and speeches in Billings and Nebraska.

The first lady, escorted by all three members of the Montana congressional delegation, went directly to the Heritage Inn, where she was spending the night. She was briefly greeted by the owners of the motel, Al and Bonnie Donohue, while a group of young ice skaters staying at the inn shouted "Hillary, Hillary" from down the hall.

Clinton will participate this morning in a rural health forum at West Elementary School, beginning at 8 a.m. It is expected to last about two hours and is her only scheduled activity in Great Falls before she departs for Washington.

The forum, organized in part by Sen. Max Baucus, D-Mont., is open to the public, but only to those who previously requested tickets. Originally, there were to be about 1,000 tickets distributed. But due to heavy demand, a second set of tickets was printed, according to Baucus aide Tim Warner.

"Essentially, we didn't want to limit attendance," Warner said.

Holders of white tickets will be seated in the main auditorium, where the forum will be held. Those holding purple tickets will be seated in the gymnasium, where giant screens have been set up to broadcast the event.

"Everyone who has a ticket will get a chance to see her; she won't just be in the one room," Warner said of the first lady.

He advised ticket holders to arrive early to get good seats. Doors at the school open at 7 a.m. Up to 1,700 people are expected to attend.

In Billings Friday, tribal leaders told Clinton that any national health care reform package must not deprive American Indians of their treaty-guaranteed rights.

"Any discussion on Indian health care must be done on a government-to-government basis," said Crow Tribal Chairwoman Clara Nomee. "The Clinton administration must not lose sight of what the unique federal-Indian relationship is founded on — the treaties."

Clinton heads the task force on national health care reform formed by her husband, President Clinton.

"We understand the treaty arrangements," she said after the meeting. "Under the plan, the health care will not be diminished, but enhanced."

Before meeting Nomee and seven other tribal representatives, Hillary

See FORUM, 10A

Forum: In town

FROM 1A

Clinton toured the clinic run by the Indian Health Board of Billings.

Clinic director Marjorie Bear Don't Walk urged Clinton to include educational programs emphasizing Indian health needs and ethics committees to smooth conflicts between Indian spiritual beliefs and modern technology.

"Local hospitals refuse to deal with our spiritual needs," said Bear Don't Walk, a member of the Confederated Salish and Kootenai tribes of northwestern Montana.

While Bear Don't Walk and others criticized the U.S. Indian Health Service for failing to provide certain care, they also urged Clinton to streamline the agency — and funnel more money directly to clinics.

"We want to compare (new plans) with what we already have," said Caleb Shields, chairman of the Fort Peck Reservation Tribal Council. "We certainly don't want to give up our basic plan.

"But we need adequate funding. Presently, we only receive 50 percent of what we need (in funding) for health care and it's like that around the country."

Clinton asked the leaders how much responsibility the tribes were willing to shoulder.

"Would you be willing to be given a budget, and if it ran out, it just ran out?" she asked.

"So far as I know, yes," answered William Maine, chairman of the Fort Belknap Tribal Council.

Nomee called on the first lady to establish an Indian health care task force to come up with an Indian plan within one year. White House officials said later that the current task force already has Indian representation.

"I think this meeting is an excellent example of the outreach that Mrs. Clinton has done," said press aide Lisa Caputo.

At a second meeting, rural health care providers told Clinton that a health care proposal under consideration by the task force — that of managed competition — may not work in rural areas.

"It's important to consider cooperation, instead of setting up a competitor," said James Paquette, president of Saint Vincent Hospital in Billings.

Managed competition would allow groups of health care providers to compete for customers by offering a standardized benefits package. The plan has been touted as a way to lower health care costs, assuming consumers choose the plan with the lowest price.

"While I think managed competition might be a good idea nationally, it must be applied differently in different places," added Lane Basso, president of the Billings Deaconess Medical Center. "In frontier states like Montana and Wyoming, managed competition as it's now being discussed doesn't make a lot of sense."

Earlier in the day, Clinton visited Nebraska, where she cited a state program that helps ensure access to Medicaid as an example of the partnerships needed nationwide.

Great Falls Tribune April 17, 1993

Great Falls Tribune
April 7, 1993

Dear Hillary: Montanans speak out on health care

Montanans have plenty of questions — and advice — for Hillary Rodham Clinton. More than 300 readers responded this week when we offered to pass on messages to the first lady.

A number sent cards expressing condolences on the recent death of her father. The others ranged from school children concerned about their future to senior citizens worried about high-priced health care.

A sampling of the letters appears on page 4A.

Connie Buechler, Shelby

Because the quality of child care depends on licensed facilities and the skills and personalities of the care givers, I would like for you to initiate legislation for mandatory training of employed child care givers, (be they nannies or day care operators) at state-licensed training centers.

Robert Archer, Great Falls

I feel that pharmaceutical and medical equipment companies should be held partially responsible for the rising cost of medical treatment. Unfortunately hospitals and physicians do not have the money to hire the number of lobbyists these large special interest groups hire.

Cortni M. Jones, Conrad

Some day you could be a good President. I always wanted to be the first girl President but I think you might be. From Cortni Meagan Jones, age seven years, second grade, Meadowlark School, Conrad. Tell Bill, Chelsea and Socks HI!!

S. M. Foster, Great Falls

I am a 75-year-old retired widow. I'm on Medicare but also pay over 10 percent of my income for health insurance. Often both of these do not cover the entire bill nor do they cover any care of my eyes or teeth. How do you feel about this?

Lincoln Journal April 15, 1993

Tell us, Hillary: How do you juggle working-mom's life?

Hillary Rodham Clinton comes to Lincoln

- **Travel plans:** She'll arrive in Lincoln late Friday morning and leave Friday afternoon.
- **The speech:** Will be at 12:45 p.m. at Lied Center for Performing Arts, 12th and R streets.
- **Tickets for the speech:** About 800 tickets had been available on a first-come, first-served basis, but they were all gone by late this morning.
- **Parking:** Will be available at State Fair Park, north of Military Road on 14th Street, and a shuttle bus will be available.
- **Watching on TV:** The speech will be shown live on Nebraska Educational Television Network (Channel 12, or 13 on Lincoln cable) and C-Span.
- **The Health Conference:** All other Health Conference events Friday will be at Kimball Recital Hall, 11th and R streets. Saturday events are at the Nebraska Union.

BY DAVID SWARTZLANDER
Lincoln Journal


Tamara Wellman


David Potter


Terri Huettner


David Huettner


Laura Leckenby


Kathryn Haugstatter


Terri Rotolo Hatch

Lincolnites want Hillary Rodham Clinton to tell them about health care reform and women's roles — but not necessarily in that order.

The Lincoln Journal, on the eve of the first lady's visit to Lincoln to speak at the "Health Care in the 21st Century: National Challenges, Nebraska Solutions," asked Lincoln area residents if they could spend five minutes alone with Clinton, what would they talk about?

"I would want to ask her how she managed to be a working mom," said Kathryn Haugstatter, a Lincoln lawyer and mother. "I want to know if her family helped. Did she put Chelsea in a day care home or a center? Or did she have someone come into her house? Did she have someone to clean the house? I want to know because there doesn't seem to be enough hours in the day."

Others also were more interested in her personal life than her professional endeavors as the chairwoman of the task force that is developing President Clinton's health care reform package.

"I'd want to see how her life has changed from a governor's wife to a president's wife — the people she meets, the crowd she hangs out with, the power she has," said David Huettner, a 25-year-old University of Nebraska-Lincoln history student. "I'd want to see how she handles it — how she runs her family now."

"Of course, we'd talk about women," said Terri Rotolo Hatch, 42, 1411 Washington St., who calls herself a "full-time mom."

"I'd want to know how we can get respect for the woman who stays at home," she said. "Everybody always says Hillary does an outstanding job because she is a good mom and a good worker, a professional. Why is it we always say you have to do both? I think we can be just as super being home. I'd like for women not to feel so us vs. them — working mom vs. home mom. I wish we could be united in the fact we're all doing as much as we can for our children."

She also said she would want to talk to Clinton about education.

"Being a parent of two young boys, I'm curious about how I will afford their education," she said. "I've been scared into thinking it will be unaffordable."

Laura Leckenby, 30, who works in the Lincoln Police Department's crime analysis division, said she first would compliment Clinton for being a role model for women.

Please see HILLARY on page 4

■ See the editorial page for the Journal's five-minute message to Hillary Clinton. **Page 14.**

Continued from page 1

But she also would want to know about health care.

"I'd express my concerns about small businesses," she said. "What would it do to them? What would it cost? What would be the benefits? The drawbacks? It would probably take more than five minutes."

Tamara Wellman, 39, 3215 Sheridan Blvd., had similar concerns.

"My husband is a small-business owner," she said. "I realize the importance of good health care for everyone. But if it's having to provide a high-based level of care and pay 80 percent, what kind of impact is that going to have? Is that going to force him to let people go?"

Wellman also said she would offer her sympathies to Clinton on the recent death of her father.

David Potter, 38, of Greenwood said he would tell Clinton to stick to the basics on health care.

"I'm concerned that the price is going to be a bit more," he said. "I'm a believer in the basics. If somebody wants a nose job, I don't want to pay for that out of federal funds."

He said he would ask her to research the state of Washington's health care plan, which he said offered basic health care for everyone. Residents pay for more extensive care through insurance or out of their pockets, he said.

Terri Huettner, 27, a UNL planning student, wasn't concerned about women's roles or health care. She wanted to know about the environment.

"I want to know how to get forces to agree for the better of the entire world to work together instead of pulling apart — with the environment especially," she said.