Files of Melanne Verveer,
Assistant to the President and Chief of Staff to the First Lady
Box 20: Files

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Health and Education List
- Health Reform

M.C. Health

Health Plan Press
- Health Reform

Interest Groups

Health Plan Review
- Health Reform

HRC Remarks II

Legislative Drafting

HRC Trip to NH, Boston, GA

Healthcare: MSA
- Health Reform

Healthcare: Broder
- Health Reform

Healy

Higher Education

HIPPY

Hispanic

Holbrooke

Hollywood

Houser

Humanitarian Conf.

HR Day '98
- Civil Society/Democracy Building

Human Rights
- Civil Society/Democracy Building

Swanee Hunt

HRC

HRC Profiles

HRC Boards

HRC Columns

Housing

Human Rights
- Civil Society/Democracy Building

Heritage

Jean Houston

Honduras

THE WHITE HOUSE

WASHINGTON

February 2, 1993

MEMORANDUM FOR MRS. CLINTON

FROM: Mike Lux

SUBJECT: Current Assessments of How Interest Groups Are Positioning Themselves on Health Care

Per your request, I have divided groups (and kinds of groups) into four categories:

I. National Groups Most Supportive. These are our most hardcore allies, although labor could still end up in opposition if we go certain directions (the biggest example being taxing health care benefits.) AFL-CIO as a whole is very supportive, as are many of its affiliates, although some of their internationals still favor single payer. The other organizations are all pretty solid.

AFL-CIO
SEIU
American Nurses Association
Families USA
National Leadership Coalition for Health Care Reform
American College of Physicians
American Academy of Family Physicians
Health Care America
Catholic Health Association

II. The kinds of groups most likely to join our coalition. All of these groups are generally supportive of health care reform, but are waiting on certain key provisions of the package before giving their enthusiastic support.

Disability Community
Child Advocacy Groups
Minority Community
Women's Movement
Senior Citizen Groups
AIDS Community
Large employers in mature industries
National Council of Churches
US Catholic Conference

III. Single payer advocates. This is our left flank. As long as we deal with their concerns in a fair way, I think they will end up helping us.

AFSCME	National Association of Social Workers
UAW	National Council of Senior Citizens
Teamsters	National Farmers Union
CWA	Neighbor to Neighbor
ACTWU	National Hispanic Council on Aging
Machinists	Physicians for a National Health Program
OCAW	Public Citizen
Citizen Action	United Church of Christ
Consumers Union	United Cerebral Palsy

IV. Most likely opposition. All are likely to violently oppose some parts of the plan, and perhaps mildly support other parts. Where our biggest opposition comes from obviously depends on the final draft of the legislation.

- National Federation of Independent Businesses, and other small business groups
- Insurance Industry, especially independent insurance agents and mid-range insurers
- Pharmaceutical companies
- For-profit hospitals
- AMA

THE DIRECTORY OF TRANSITION OUTREACH: GOVERNMENTAL ENTITIES AND INTEREST GROUPS

FEBRUARY 1, 1993

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STATE AND LOCAL INTERESTS

1. Governors

National Governors' Association
**Alicia Pelrine 202-624-5340,
**Carl Volpe 202-624-7729

Governor Carrol Campbell
Nikki McNamee 202-624-7784

Governor Lawton Chiles (Dem. - Florida)
Bob Rogan 904--488-1295

Governor Howard Dean (Dem. - Vermont)
Anya Rader 802-828-3333

Governor Jim Florio (Dem. - New Jersey)
Brenda Bacon 609-777-2207

Governor Roy Roemer (Dem. - Colorado)
Alan Weil 303-866-2155

Governor John Waihee(Dem. - Hawaii)
Peter Sybinsky 808-586-4433

Governor David Walters (Dem. - Oklahoma)
Garth Splinter 405-271-4224

2. Other State and Local Officials

Association of Attorneys General
Barbara Zelner (Medicaid Fraud Counsel) 434-8000 (8020)

American Public Welfare Association
Jane Horvath 202-682-0100

International City Managers Association
William Hansell, Elizabeth Kellar, 289-4262

National Association of Counties
Tom Joseph, Larry Jones, 393-6226

National Association of State Treasurers
Christopher Brown, 624-5460, 624-8595

National Association of Towns and Townships
Tom Halicki, Jeff Schiff, 737-5200

National Black Caucus of State Legislators
Diane Bush, 387-8259

National Conference of State Legislatures
Joy Johnson Wilson 202-624-5400

National League of Cities
Janet Qurst, 626-3000

U.S. Conference of Mayors
Richard L. Johnson, 293-7330

State Senator Robert Connor (Rep. - Delaware)
Joy Johnson Wilson 202-624-5400

State Representative Art Hamilton (Dem. - Arizona)
Joy Johnson Wilson 202-624-5400

State Representative Tom Mason (Dem. - Oregon)
Joy Johnson Wilson 202-624-5400

State Representative Karen McCarthy (Dem. - Missouri)
Joy Johnson Wilson 202-624-5400

State Senator Cindy Resnick (Dem. - Arizona)
Joy Johnson Wilson 202-624-5400

State Representative David Richardson (Dem. - Pennsylvania)
Joy Johnson Wilson 202-624-5400

CONGRESSIONAL OUTREACH:

1. Congressional Leadership

Senate

Senator George Mitchell, Majority Leader
**John Hilley 202-224-5556, **Christine Williams 202-224-5344
**Bob Rosen 202-224-5344
Senator Bob Dole, Minority Leader
Sheila Burke 202-224-5311
Senator Moynihan, Finance Committee Chairman
Faye Drummond, Paul Offner 202-224-4515
Senator Bob Packwood, Finance Ranking Republican Member
Ed Mihalski 202-224-5315
Senator Kennedy, Labor and Human Resources Chairman
**David Nexon 202-224-7675
Nick Littlefield 202-224-5465
Senator Nancy Kassebaum, Labor Ranking Republican
Andy Patzman 202-224-4774
Senator Jay Rockefeller, Finance Medicare Subcommittee Chairman
**Mary Ella Payne 202-224-6472
Senator Dave Durenberger, Finance Medicare Subc. Ranking Republican.
Susan Foote 202-224-3244
Senator John Chafee, Finance Medicare Subc. Ranking Republican
Christine Ferguson 202-224-2921
Senator Tom Harkins
**Peter Reinecke
Senator David Pryor, Aging Comm. Chair, Secretary of the Senate
**Chris Jennings 202-224-5364

House

Speaker Tom Foley
Bonnie Lowrey, 202-225-5604
Congressman Richard Gephardt, Majority Leader
**Andi King 202-225-0100
Congressman Bob Michels, Minority Leader
David Kehl 202-225-0600
Congressman Newt Gingrich, Minority Whip
Ed Cutler 202-225-4501
Congressman Dan Rostenkowski, Ways and Means Chairman
**Brian Biles 202-225-7785
Congressman Bill Archer, Ways and Means Ranking Republican
Chip Kahn 202-225-4021
Congressman John Dingell, Energy and Commerce Chairman
**Donald Shriber 202-225-3147
Congressman Norman Lent, Energy and Commerce Ranking Republican
Howard Cohen 202-226-3718
Congressman Bill Ford, Labor and Education Chair (through staff)
Karen Vagley 202-225-4527
Congressman Pete Stark, Ways and Means Health Subcomm. Chairman
**Brian Biles 202-225-7785

Congressman Henry Waxman, Energy and Commerce Health Subc. Chair
**Karen Nelson 202-225-0130
Congressman Pat Williams, Labor and Education Subcommittee Chair
Phyllis Borzi 202-225-5768

2. Outreach to Rest of the Congress

Senator Max Baucus (Dem. - Montana)
Maureen Testoni, Tom Finigan 202-224-2651
Senator Jeff Bingaman, (Dem. - New Mexico)
Carrie Bille, Bob Frank 202-224-5521
Senator David Boren, (Dem. - Oklahoma)
Eric Liu 202-224-4721
Senator John Breaux (Dem. - Louisiana)
Laird Burnett 202-224-4623
Senator Tom Daschle (Dem. - South Dakota)
**Rima Cohen, Laura Petrou 202-224-2321
Senator Bob Kerrey (Dem. - Nebraska)
Shiela Nix, Shiela Murphy 202-224-6551
Senator Howard Metzenbaum, (Dem.- Ohio)
Michell Barnhagan, 202-224-5546
Senator Donald Reigle (Dem. - Michigan)
Debbie Chang 202-224-4822
Senator Paul Wellstone, (Dem. - Minnesota)
Ellen Shaffer 202-224-5641
Senator Harris Wofford (Dem. - Pennsylvania)
John Gomperts, Kevin Eckert 202-224-6324

Congressman Mike Andrews (Dem. - Texas)
**Dave Kendall 202-225-7508
Congressman Xavier Becera (Dem. - California)
David Kim 202-225-6235
Congresswoman Cardiss Collins (Dem. - Illinois)
John Gray, 202-225-5006
Congressman John Conyers (Dem. - Michigan)
Frank Clemente 202-225-5051
Congressman Jim Cooper (Dem. - Tennessee)
**Caroline Chambers 202-225-6831
Congressman Kika de la Garza (Dem. - Texas)
Anton Papich 202-225-2531
Congressman Harry Johston (Dem. - Florida)
Roger Berry 202-225-3001
Congressman Jim McDermott (Dem. - Washington)
Barbara Smith 202-225-3106
Congressman Robert Menendez (Dem. - New Jersey)
Mike Hutton 202-225-7917
Congressman Solomon Ortiz (Dem. - Texas)
Leti Defena 202-225-7741
Congressman Bill Orton (Dem. - Utah)
John Lewis 202-225-7751
Congressman Bill Richardson (Dem. - New Mexico)
Scott Wiener 202-225-6190
Delegate Carlos Romero-Barcelo (Dem. - Puerto Rico)

Luis Baco 202-225-2615
Congresswoman Lucille Roybal-Allard (Dem. - California)
Henry Conterasa 202-225-1766
Congresswoman Louise Slaughter (Dem. - New York)
Felicia Bloom 202-225-3615
Congressman Charles Stenholm (Dem. - Texas)
Colleen Kepner 202-225-6605
Congressman Louis Stokes (Dem. - Ohio)
**Leslie Atkinson 202-225-7032
Congressman Mike Synar (Dem. - Oklahoma)
**Vivek Varma 202-225-2701
Congresswoman Nydia Velasquez (Dem. - New York)
Ed Cazlell 202-225-2361
Congressman Ron Wyden (Dem. - Oregon)
**David Schulke 202-225-4811

Congressional Black Caucus
Amelia Parker 202-226-7790
Congressional Hispanic Caucus
Rick Lopez 202-226-3430
Senate Rural Health Caucus
Peter Reinecke 202-224-6265

3. Response to Congressional Outreach Survey

Democrat
Health Assistants

Last	First	State	Phone	Fax	Health Care	Assistant
Bacchus	James	FL	202/225-3671	202/225-9039	Stephanie	Nelson
Berman	Howard	CA	202/225-4695	202/225-2790	Bob	Blumenfield
Boucher	Rick	VA	202/225-3861	202/225-0442	Mary	Swetnam
Cardin	Benjamin	MD	202/225-4016	202/225-9219	Sean	Cavanaugh
de Lugo	Ron	VI	202/225-1790	202/225-9392	Jeffrey	Farrow
DeLauro	Rosa	CT	202/225-3661	202/225-1988	Greg	Levine
Dellums	Ronald	CA	202/225-2661	202/225-9817	Deanna Milligan	Kirtman
Durbin	Richard	IL	202/225-5271	202/225-0170	Tom	Faletti
Foglietta	Thomas	PA	202/225-4731	202/225-0088	Barbara	Zylinski
Frost	Martin	TX	202/225-3605	202/225-4951	Ronnie	Carleton
Gibbons	Sam	FL	202/225-3376	202/225-8027	Barbara	Toffling
Glickman	Dan	KS	202/225-6216	202/225-5398	Mary	Frasche
Hall	Tony	OH	202/225-6465	202/225-9272	Gail	Amidzich
Kanjorski	Paul	PA	202/225-6511	202/225-9024	Michael	Burton
Kleczka	Gerald	WI	202/225-4572	202/225-0719	Laura Saul	Edwards
Kopetski	Michael	OR	202/225-5711	202/225-9477	Scott	Barstow
Lancaster	Martin	NC	202/225-3415	202/225-0666	Susan Carr	Gossman
LaRocco	Lawrence	ID	202/225-6611	202/225-1213	Mark	Brownell
Levin	Sander	MI	202/225-4961	202/226-1033	Dr. Michael D.	Miller
Long	Jill	IN	202/225-4436	202/225-8810	Jennifer	Boehm
Manton	Thomas	NY	202/225-3965	202/225-9497	Elaine	Simek
Markey	Edward	MA	202/225-2836	202/225-8689	Joanne	Cunningham
McCloskey	Frank	IN	202/225-4636	202/225-4688	Chet	Speed
McCurdy	Dave	OK	202/225-6165	202/225-9746	Laura	Brodbeck
Mollohan	Alan	WV	202/225-4172	202/225-7564	Elizabeth	Whyte
Murtha	John	PA	202/225-2065	202/225-5709	Ray	Landis
Olver	John	MA	202/225-5335	202/226-1224	Sylvia	Gaudette
Pastor	Ed	AZ	202/225-4065	202/225-1655	Terri	Schroeder
Payne	Lewis	VA	202/225-4711	202/226-1147	Andrea	Price
Pelosi	Nancy	CA	202/225-4965	202/225-8259	Steve	Morin
Peterson	Collin	MN	202/225-2165	202/225-1586	David	Rinebolt
Peterson	Peter	FL	202/225-5235	202/225-1586	Jason	Altmire
Poshard	Glenn	IL	202/225-5201	202/225-1541	Bernadette	Laniak
Rahall, II	Nick Joe	WV	202/225-3452	202/225-9061	Birdie	Kyle
Rangel	Charles	NY	202/225-4365	202/225-0816	Jon	Sheiner
Rose	Charles	NC	202/225-2731	202/225-2470	Bob	Henshaw
Sabo	Martin Olav	MN	202/225-4755	202/225-4886	Ellen	Samuelson
Sarpalius	Bill	TX	202/225-3706	202/225-6142	Elizabeth	Garrett
Schumer	Charles	NY	202/225-6616	202/225-4183	Randolph	Harrison
Slattery	Jim	KS	202/225-6601	202/225-1445	Janet	Murguia
Stenholm	Charles	TX	202/225-6605	202/225-2234	Rebecca	Tice
Stokes	Louis	OH	202/225-7032	202/225-1339	Leslie	Atkinson
Swett	Richard	NH	202/225-5206	202/225-0704	Andrew	Sperling
Wheat	Alan	MO	202/225-4535	202/225-5990	Hector	Delatorre
Williams	Pat	MT	202/225-3211	202/225-1257	Phyllis	Borzi
Wilson	Charles	TX	202/225-2401	202/225-1764	Laura	Miller
Wyden	Ron	OR	202/225-4811	202/225-8941	David	Schulke
Yates	Sidney	IL	202/225-2111	202/225-3493	Edna	Nadlin

Republican
Health Assistants

Last	First	State	Health Care	Assistant	Phone	Fax
Baker	Richard	LA	Jamie	Baskerville		
Boehlert	Sherwood	NY	Victoria	Blatter		
Clinger, Jr.	William	PA	Ed	Amorosi		
Cunningham	Randy	CA	Camille	Conway		
Emerson	Bill	MO	Kelly	Hughes		
Fawell	Harris	IL	Alan	Mertz		
Gekas	George	PA	Charles	Frohman	225-4314	225-8440
Gillmor	Paul	OH	Jennifer	Baxendell		
Goss	Porter	FL	Carolyn	Rey		
Grandy	Fred	IA	Shawn	Coughlin		
Gunderson	Steve	WI	Sherry	Kaiman		
Hunter	Duncan	CA	Mark	Epley		
Johnson	Nancy	CT	Molly	Frantz		
Johnson	Sam	TX	Jim	Glotfelty		
Kyl	Jon	AZ	Cynthia	Berry		
Lewis	Tom	FL	Andrew	Cherry		
Machtley	Ronald	RI	Kristen	Stewart		
McCrery	Jim	LA	Scott V.	Nystrom		
McMillan	J. Alex	NC	JoAnn	Willis		
Myers	John	IN	Susan	Sturman		
Petri	Thomas	WI	Joseph	Flader		
Porter	John	IL	Mike	Myers		
Skeen	Joe	NM	Cherie	Harder		
Sundquist	Don	TN	Kimberley Bes	Lorden		
Taylor	Charles	NC	Caroline	Choi		
Walker	Robert	PA	Gail	Giedzinski		
Walsh	James	NY	Martha	Carmen		
Zeliff, Jr.	William	NH	Taylor	Caswell		

Senators
Health Assistants

First	Last	Party	State	Health Care	Assistant	PHONE	FAX
Bill	Bradley	D	NJ	Kenneth	Apfel	224-3224	
Richard	Bryan	D	NV	Opal	Winebrenner	224-6244	
Dale	Bumpers	D	AR	Elizabeth	Goss	224-4843	
William	Cohen	R	ME	Priscilla/Mary	Hanley/Gerwi	224-2523	
John	Danforth	R	MO	Laura	Steeves	224-6154	
Pete	Domenici	R	AZ	Mike	Knapp	224-6621	
Dave	Durenberger	R	MN	Susan Bartlett	Foote	224-3244	
J.	Exon	D	NE	Mary	Peterson	224-4224	
Bob	Graham	D	FL	Susan	Emmer	224-3041	
James	Jeffords	R	VT	Mark	Powden	224-5141	
J.	Johnston	D	LA	Laura	Hudson	224-5824	
Nancy	Kassebaum	R	KS	Andrew	Patzman	224-4774	
Mitch	McConnell	R	KY	Paul	Grove	224-2541	
Sam	Nunn	D	GA	Brent	Orrell	224-3521	
Charles	Robb	D	VA	Susan	Albert	224-4024	
John	Rockefeller IV	D	WV	MaryElla	Payne	224-6472	
Paul	Sarbanes	D	MD	Julie	Kehrli	224-4524	
Malcolm	Wallop	R	WY	Michael	Hoon	224-6441	

LABOR

AFL-CIO
**Karen Ignagni 202-637-5000

AFSCME
Gerald McEntee, Rob McGarrah 202-429-1000

American Federation of Teachers
John Abraham, Katherine Kany 202-879-4400

Building Trades Department, AFL-CIO
Bob Georgine 202-347-1461

Communications Workers of America
Louise Novotny 202-434-1100

International Ladies Garment Workers Union
Evy Dubrow 202-347-7417

Retail, Wholesale and Department Store Union
Lenore Miller 212-684-5300

Service Employees International Union
**John Sweeney, Gerry Shea 202-898-3380

Teamsters
Angie Hunter 202-624-8741

United Auto Workers
Owen Bieber, Alan Reuther 202-828-8500

United Mine Workers of America
Bill Samuel 202-842-7280

United Steel Workers of America
John Sheehan 202-638-6929

DISABILITY GROUPS

AIDS Action Council
Karen Ringem 202-986-1300
Dan Bross 202-986-1300

American Congress of Rehabilitation Medicine
Peter Thomas 202-659-2900

American Speech-Language-Hearing Association
Steve White, Mary Fox-Grimm 301-897-5700

American Psychological Association
Janet O'Keefe 202-955-7618

The Arc
Kathy McGinley 202-785-3388

Epilepsy Foundation of America
Bill Schmidt 301-459-3700

National Association of Developmental Disabilities Councils
Christine Metzler 202-347-1234

United Cerebral Palsy Association
Bob Griss 202-842-1266

HEALTH CARE ADVOCATES

**Families USA
Ron Pollack 202-737-6340

Health Care for America
Harvey Sloane, Phil Johnson 202-546-3507

Healthcare Leadership Council
Jeff Trummell, Pam Bailey 202-333-7400

National Health Law Program
Gregg Haifley 202-887-5310

**National Leadership Coalition for Health Care Reform
Henry Simmons, Peggy Rhodes 202-647-6830

National Senior Citizens Law Center
Patricia Nemore, Burt Fretz 202-887-5280

SINGLE-PAYOR ADVOCATES

American Public Health Association
Katherine McCarter 202-789-5645

Church Women United
Nancy Chupp 202-544-8747

Citizen Action
Bob Brandon, Cathy Hurwit 202-775-1580

Consumers Union
Gail Shearer 202-462-6262

Graphic Artists Union
Tim Williams 202-775-1796

International Brotherhood of Teamsters
Angela Hunter 202-624-6890

National Association of Social Workers
Madeline Golde 202-336-8237

National Council of Senior Citizens
Larry Smedley, Dan Schulder 202-347-8800

National Farmers Union
Nancy Danielson 202-554-1600

National Hispanic Council on Aging
Marta Sotomayor 202-265-1288

Neighbor to Neighbor
Glen Schneider 415-824-3355

NETWORK:A National Catholic Social Justice Lobby
Katherine Pinkerton 202-526-4070

Oil, Chemical, and Atomic Worker Union
Nolan Hancock 703-876-9300

Physicians for a National Health Program
Carolyn Clancy 301-227-8357

Public Citizen
Sara Nichols 202-546-4996

United Cerebral Palsy Associations
Bob Griss 202-842-1266

United Church of Christ, Office of Church in Society
Patrick Conover 202-543-1517

United Electrical Workers
Bob Kingsley 703-684-3123

RELIGIOUS

Church Women United
Nancy Chupp 202-544-8747

Evangelical Lutheran Church in America
Sarah Naylor 202-783-7501

Interreligious Health Care Access Campaign
Donna Mandel 202-543-5878

National Council of Churches
Mary Cooper 202-544-2350

United Church of Christ
Patrick Conover 202-543-1517

United Methodist Church
Jane Hull Harvey 202-488-5600

US Catholic Conference
John Carr, Nancy Wisdo, Patricia King 202-541-3140

CHILDREN'S HEALTH ADVOCATES

The Alan Guttmacher Institute
Rachel Gold 202-296-4012

American Academy of Pediatrics
Jackie Noyes, Graham Newsome 202-662-7460

American Association of University Affiliated Programs
Katie Neas 202-588-8252

American College of Obstetricians and Gynecologists
Susan Lightfoot 202-863-2510

American Nurses Association
Daniel O'Neal 202-544-4444

American Public Health Association
Katherine McCarter, Rich Gilbert 202-789-5650

American Speech-Language-Hearing Association
Steve White, Mary Fox-Grimm 301-897-5700

Association for Retarded Citizens
Kathy McGinley 202-785-3388

Association for Care of Children's Health
William Sciarillo 301-654-6549

Association of Maternal and Child Health Programs
Susan Campbell 202-775-0436

Children's Defense Fund
Carol Regan 202-628-8787

Child Welfare League
David Liederman, Mary Bourdette 202-638-2952

Health and Medicine Council of Washington
Dale Dirks 202-544-7499

March of Dimes Birth Defects Foundation
Kay Johnson 202-659-1800

National Association of Children's Hospitals and Related Institutions
Peter Wilson 703-684-1355

National Association of Community Health Centers
Freda Mitchem 202-659-8008

National Center for Clinical Infant Programs
Beverly Jackson 703-528-4300

National Commission to Prevent Infant Mortality
Mary Capenter 202-205-8364

National Council of Community Hospitals
Marty McGeein 202-728-0830
U. S. Catholic Conference -- Department of Social Development
Patricia King 202-541-3188
Virginia Perinatal Association
Carola Bruflat 703-255-9820
Women's Legal Defense Fund
Joanne Mustead 202-986-2600

MINORITIES
Cherokee Nation
Pamela Iron 918-456-0671, x202
NAACP
Ed Mailes 202-638-2269
Urban League
Robert McAlpine, Lisa Bland Malone 202-898-1604
National Council of La Raza
Christina Lopez 202-289-1380
National Congress of American Indians
Michael Anderson 202-546-9404
National Indian Health Board
Gordon Belcourt, Julia Davis 303-759-3075

RURAL INTERESTS
Communicating for Agriculture
Jeffrey Smedsrud 612-854-9005
National Association of Rural Electric Cooperatives
Bob Bergland, Carolyn Watts 202-857-9559
National Rural Health Association
Bruce Behringer 615-929-6423

MENTAL HEALTH INTERESTS
American Academy of Pediatrics
Jackie Noyes 202-662-7460
American Psychiatric Association
Melvin Sabshin 202-682-6000
American Psychological Association
Bryant Welch, Donna Daley, Daniel Zingale 202-955-7618
Child Welfare League of America
Mary Bourdette 202-638-2952
Mental Health Law Project
Joe Manes 202-467-5730
Mental Health Policy Resource Center
Leslie Scallet 202-775-8826
National Alliance for the Mentally Ill
Laurie Flynn 703-524-7600
National Association of Community Health Centers
Dan Hawkins 202-659-8008
National Association Psychiatric Treatment Centers for Children
Joy Midman 202-638-1604
National Association Social Workers
Sue Hoechstetter 202-408-8600

National Council of Community Mental Health Centers
James Finley 202-624-5835 or 301-984-6200
National Mental Health Association
Chris Koyanagi, John Ambrose 703-838-7502

ALCOHOL AND DRUG ABUSE
American Academy of Family Physicians
Susan Hildebrandt 202-232-9033
Center for Science in the Public Interest
Patricia Taylor 202-332-9110
Coalition for the Prevention of Alcohol Problems
Patricia Taylor 202-332-9110
National Ass. of Alcoholism and Drug Abuse Counselors
Patrice O'Toole 703-920-4644
National Coalition to Prevent Impaired Driving
George Macker 202-639-0054

EMPLOYERS
1. Large
Acme Steel
Richard Stefan 708-841-6010
American Iron and Steel Institute
Peter Hernandez 202-452-7212
Association of Private Pension and Welfare Plans
Ellen Goldstein, John Blount 202-289-4582
Bethleham Steel
Benjamin Boylston 215-694-4044
Erisa Industry Committee
Mark Ugoretz 202-789-1400
General Motors
Freddie Lucas 202-775-5027
IBM
Gerri Colombaro 202-515-5000
Inland Steel
William P. Boehler 219-399-5513
Johnson & Johnson
Ralph Larson, Jack Hall, Shannon Salmon 202-408-9482
LTV
Barbara Kostuk 202-625-3373
National Association of Manufacturers
Sharon Canner 202-637-6000
National Retail Federation (both large & small employers)
Tracy Mullin, Steven Pfister 202-783-7971
National Steel
Richard Coffee 219-273-7857
Pepsico
David Wright 914-243-3600
Washington Business Group on Health
Mary Jane England 202-408-9320
Wheeling-Pittsburg Steel
Dan Keaton 304-234-2474

2. Small

National Association of Life Underwriters (Insurance Agents)
Dave Hebert 202-331-6023
Jeff Trinca 202-638-1950

National Federation of Independent Businesses
John Motley 202-554-9000

National Small Business Legislative Council
John Satagaj 202-639-8888

National Small Business United
Tom Cantor 202-887-5599
John Galles 202-293-8830

U.S. Chamber of Commerce
Kristin Bass 202-463-5514

INSURERS

1. Large Insurers

Aetna
Laurie Sullivan 202-223-2821

Cigna
Michael Shiffer 202-296-7174

Metropolitan Life Insurance Company
Carol Kelly 202-659-3575

Prudential
Tom O'Hara 202-463-0060

Travelers
Roger Levy 202-789-1380

2. Mid Range Insurers

General American Life
Michael Hogan 314-525-3662

Massachusetts Mutual
Barry Gottehrer 202-737-0440

Mutual of Omaha
Cecil Bykerk 402-978-2534

New York Life
Jessie Colgate 202-783-4484

Phoenix Home Life
Donna Davis, Maura Melley 203-275-5025

3. Insurance Interest Groups

American Family Life Assurance Company (AFLAC)--Supplemental Insurers
David Pringle, Joey Laudermilk 202-887-1423

BlueCross BlueShield Association
Barney Tresnowski, Mary Nell Leonard 202-626-4780

Delta Dental Plans (Dental Insurers)
Don Ruscio 202-546-4732

Health Insurance Association of America
Willis Gradison 202-223-7780

Independent Insurance Agents of America
Paul Equale 202-863-7000

Self Insurance Institute
Jim Kinder 202-828-5015

PROVIDERS

1. Physicians

**American Academy of Family Physicians
Charles Huntington 202-232-9033

American Academy of Opthomology
Cynthia Moran 202-737-6662

American Academy of Pediatrics
Jackie Noyes, Graham Newsome 202-662-7460

American College of Obstetricians and Gynecologists
Kathy Bryant 202-863-2511

**American College of Physicians
John Ball, Peter Bouxsein, Elizabeth Prewitt 202-783-9033

American College of Preventive Medicine
Donna Grossman 202-789-0003

American College of Surgeons
Paul Ebert 312-664-4050

**American Medical Association
Jim Todd, John Zapp, Dorothy Moss 202-789-7400

American Psychiatric Association
Jay Cutler, Phylis Greenberger, Mel Subshin 202-682-6000

American Society for Internal Medicine
Alan Nelson, Susan Short 202-289-1700

College of American Pathologists
Jane Hart 202-371-6617

National Medical Association
Rich Butcher 619-263-6101

Physicians Who Care
Ron Bronnow 202-547-7177

Society on General Internal Medicine
Valerie Fedio 202-857-1107

Society of Thoracic Surgeons
Robert Wilbur 202-857-1100

2. Non- MD Professionals

American Academy of Physician Assistants
Nicole Gara 703-836-2272

American Association of Nurse Anethetists
Sue Ellen Hopkinson 202-682-1267

American Association for Marriage and Family Therapy
Kathryn Pontzer 202-452-0109

American Chiropractic Association
Michael Hogan 202-276-8800

American College of Nurse Midwives
Karen Fennell 202-289-0171

American Dental Association
Skip Wheat 202-898-2400

**American Nurses Association
Virginia Betts, Donna Richardson 202-544-4444

American Occupational Therapy Association
Fred Somers 301-948-9626

American Optometric Association
Nancy Garland 301-718-6514

American Podiatric Medical Association
John Carson 301-571-9200

American Physical Therapy Association
Bob Asztalos 703-706-3165
American Psychological Association
Janet O'Keefe 202-336-5934
American Speech-Language-Hearing Association
Steve White 301-897-5700
Employee Assistance Professionals Association
Maureen Kerrigan 703-522-6272

3. Hospitals

American Association of Osteopathic Hospitals
Brian Hypes 202-686-1700
American Healthcare Systems Institute
Jim Scott 202-393-0860
**American Hospital Association
Dick Davidson, Rick Pollack, Jim Bentley 202-638-1100
American Protestant Health Association
Jerry Dykman 202-783-7507
Catholic Health Association
Bill Cox, Jack Bresch 202-296-3993
Columbia Hospital Corporation
Richard Scott 817-870-5900
Federation of American Health Systems (for-profit hospitals)
Michael Bromberg 202-833-3090
InterHealth
Ben Aune 612-646-5574
Lutheran General Health Systems
Leighton Smith, Kevin Wardell, Michael McCarthy 708-823-3548
Methodist Health Systems
Nancy Schlichting 614-566-5099
Miami Baptist Hospital
Brian Keeley 305-596-6503
National Association of Children's Hospitals and Related Institutions
Anne Langley 202-452-8811
Riverside Methodist Hospitals
Nancy Schlichting 614-566-5099
St. Joseph's Hospital (on Ethics)
Joe DeSilva 602-285-3101
Voluntary Hospitals of America
Daniel Bourque 202-822-9750

4. Managed Care Providers

American Association of Preferred Provider Organizations
Tom Gilligan 312-245-1555
American Managed Care and Review Association
Charles Stellar 202-728-0506
FHP, Inc.
Janet Newport 202-223-5718
Foundation Health
Chris Drake 916-631-5281
Group Health Association of American
Jim Dougherty, Erling Hanson, Linda Rose 202-778-3210
Healthcare Compare
Dan Bruener 916-925-7800

Kaiser Permanente
Jim Lane 501-271-6306
Managed Health Care Association
Carol Cronin 202-371-8232
United Healthcare
Ted Mondale 612-936-1620
US Health Care
Jim Stocker 215-628-4800

5. Others Providers
Ad Hoc Hispanic Health Care Providers and Policy Experts
Elena Rios 916-646-3770
COSSMHO-- Coalition of Hispanic Health and Human Services Provider
Jane Delgado 202-387-5000
Wellness Councils of America
Harold S. Kahler 402-572-3590

LONG TERM CARE
1. Consumer Groups
Alzheimer's Association
Steve McConnell 202-393-7737
**American Association of Retired Persons
John Rother 202-343-3700
Consumers Union
Gail Shearer 202-462-6262
Families USA
Ron Pollack 202-737-6340
National Association of Area Agencies on Aging
John Linkous 202-296-8130
National Committee to Preserve Social Security and Medicare
Martha McSteen 202-822-9459
National Council of Senior Citizens
Lawrence Smedley 202-347-8800
National Council on the Aging
Daniel Thurz 202-479-1200
The Leadership Council of Aging Organizations (32 national aging organizations)
Horace Deets, AARP 202-343-2300
The Long Term Care Campaign (representing 137 cooperating Organizations)
Deborah Briceland-Betts 202-393-2092
Save Our Security (representing over 100 organizations)
Arthur Flemming 202-822-7708
Generations United (representing numerous aging and children's advocates)
Tess Scannell 202-638-2952

2. Provider Groups
National Association for Home Care
Dayle Berke 202-547-7424
American Health Care Association (Nursing Homes)
Paul Willging 202-842-4444

American Association of Homes for the Aging
Mike Rodgers 202-782-2242
National Institute on Adult Daycare
Betty Ransom 202-479-6682
Tori Wagman 202-479-6613
American Association for Respiratory Care
Cheryl Brown 703-351-5282
American Federation of Home Health Agencies
Ann Howard 301-588-1454
Health Industry Distributors Association
Craig Jeffries 703-549-4432
The Oley Foundation
Bruce Grefrath 202-546-2545

PHARMACEUTICAL INTERESTS

1. Drug Manufacturers

Merck
Teel Oliver 202-833-8205
Johnson and Johnson
Shannon Salmon 202-408-9482
Pfizer
Ken Bowler 202-783-7070
Schering Plough
Rob Lively 202-463-7372
SmithKlineBeecham
Dave Jenkins 202-452-8490
Syntex
Richard Schwartz 415-855-5601
Eli Lilly
Bill Tureene 202-955-5350
Searle
Kurt Furst 202-842-0706
Marion Merrel Dow
Ronald Docksai 202-429-3423

2. Generics

Generic Pharmaceutical Industry Association
Dee Fensterer, Bill Haddad 212-683-1881
National Association of Pharmaceutical Manufacturers
Robert Milangese, George Barrett 212-838-3720
National Pharmaceutical Alliance
Chris Sizemore, Cerie McDonald 703-836-8816

3. Biotech Interests

Industrial Biotechnology Association
Richard Godown, Lisa Raines 202-857-0244
Roche Pharmaceuticals
Herbert Conrad 201-235-2421
T Cell Sciences, Inc.
James Grant 212-734-7490
Novo Nordisk
Harry Penner 212-867-0123

Genetech, Inc.
Kirk Raab 415-266-1210
Synergen, Inc.
John Saxe 303-938-6200

4. Pharmacists
American Pharmaceutical Association
John Gans, Bill Hermelin 202-628-4410
American Society of Consultant Pharmacists
Timothy Webster 703-920-8492
National Association of Chain Drug Stores
Ronald Ziegler, Dave Lambert 703-549-3001
National Association of Retail Druggists
Charles West, John Rector 703-683-8200

5. Purchasers
Group Health Association of America
Jim Dougherty, Earling Hanson, Linda Rhodes 202-778-3210
American Society of Hospital Pharmacists
Joseph Oddis, Tom Bruderle 301-652-8278

REHABILITATION
National Association of Rehabilitation Facilities
Carolyn Zollar 703-648-9300
National Rehabilitation Coalition
Alan Parver 202-624-7225

LABORATORIES
MetPath
Kim McCarthy 202-347-2270

SUPPLIERS
Health Industry Manufacturers Association
Alan Magazine 202-783-8700
National Association for Infusion Therapy
Alan Parver 202-624-7225
National Association of Medical Equipment Suppliers
Corrine Parver 703-836-6263

RESEARCH/ACADEMIA
(Research meeting coordinated by Terry Lehrman--202-544-1880)
AIDS Action Council
Derek Hodel 202-986-1300
Alliance for Aging
Dan Perry 202-293-2856
American Society of Microbiology
Janet Shumker 202-737-3600
American Society of Tropical Medicine and Hygiene
George Mill 615-327-6212
Arthritis Foundation
Arthur Grayzel 703-276-7555
Association of Independent Research Institutes
April Burke 202-393-5250

Association of American Medical Colleges
Dick Knapp 202-828-0400
American Federation for Clinical Research
Lynn Morrison 202-628-3954
Association of Minority Health Professions Schools
Dale Dirks 202-544-7499
Association of Academic Health Centers
Roger Bulger 202-265-9600
Association of Schools of Allied Health Professions
Jarrett Wise 202-994-3725
Cystic Fibrosis
Bob Dresing 301-951-4422
Federation of American Societies for Experimental Biology
Shu Chien 301-530-7000
Hereditary Disease Foundation
Nancy Wexler 212-960-5650
Howard University
Claude Cowan 202-806-6100
Johns Hopkins University
Bill Richardson 301-516-8068
Merck
Teel Oliver 202-833-8205
National Coalition for Cancer Research
Marguerite Donoghue 202-544-1880

Miscellaneous
American Heart Association
Sarah Kayson 202-822-9380

ADMINISTRATION/ELECTRONIC DATA PROCESSING/FINANCING
American Health Information Management Association
Kathleen Frawley 202-736-2155
GMIS, Inc.
Thomas Owen, Robert Dolan, James Walsh 215-296-3838
Health Care Financial Management Association
Tom Gray 202-296-2920
Joint Commission for the Accreditation of Healthcare Organizations
Dennis O'Leary 708-916-5600

1. **Disability Groups**
Tuesday, March 2nd
2:00 - 3:30pm
Room 180 OEOB

National Association of Protection and Advocacy System
Curtis Decker, Executive Director

Rick Douglas, Director

Disability Rights Education Defense Fund
Patrisha A. Wright, Director

United Cerebral Palsy
Bob Griss, Senior Health Policy Researcher

Allan Bergman, Director of Federal and State Relations

Melinda and Robyn Schuler, Mother and Daughter

The Arc
Martha Ford, Assistant Director

Paul Marchand, Director

Kathleen McGinley, Assistant Director

Epilepsy Foundation of America
Kate Miles, Volunteer

Nancy Santilla, President-Elect

William T. Schmidt, Director of Government Affairs

American Speech-Language-Hearing Association
Steven White, Director

Roger Kingsley, Director, Congressional Relations Division

National Council on Independent Living
Denise Figueroa, Board President

Marca Bristo, Member-at-Large

Anne-Marie Hughey, Executive Director

AIDS Action Council
Jeffry Levi, Director of Public Policy

Danial T. Bross, Executive Director

Laura Fogt, Policy Analysist

Employment of People with Disabilities

The President's Committee on Employment of People with Disabilities
Richard Douglas, Executive Director

Tom Harkin's Office - suggestions
Janet O'keeffe, Director, American Psycholgical Assoc.

Peter Thomas, Attorney at White, Verville, Fulton & Staner

Becky Ogle, Consultant at Disability Rights Education Fund

Bob Kafka, Community Organizer, ADAPT of Texas

Bobby Silverstein, Senate Disability Policy Subcommittee

OPL
Mike Lux

Working Group
Robyn Stone
Susan Daniels
Carolyn Gatz

2. **Drug Manufacturers**
Tuesday March 2nd
3:30 - 5:00pm
Room 180 OEOB

Pharmaceutical Manufacturers Association
Gerald Mossinghoff, President

Robert F. Allnutt, Executive Vice President

Generic Pharmaceutical Industry Association
William F. Haddad, Chairman

Judith W. Fensterer, President

National Association of Pharmaceutical Manufacturers
Michael K. Reicher, President, UDL Laboratories, Inc.

George Barrett, President, Subsidiary if A.L. Labs. Inc.

National Pharmaceutical Alliance
Christina F. Sizemore, Executive Director

Cerie B. McDonald, Executive Vice President

Pfizer
M. Kenneth Bowler, Vice President

Merck
R. Teel Oliver, Vice President

Johnson and Johnson
Shannon Salmon, Director

Lilly
Alecia A. DeCoudreaux, Director

SmithKline Beecham
Burt Rosen, Vice President

Syntex
Richard T. Farrell, Vice President

Searle
Kurt A. Furst, Director

Marion Merrell Dow, Inc.
Dr. Ronald F. Docksai, Vice President

Bristol- Myer Squibb
Michael Carozza, Director

Schering-Plough
Robert Lively, Director

Sqib

Upjohn

Glaxo

Warner-Lambert
Vince LoVoi, Vice President

American Home Products
Barbara A. Rudolph, Director

OPL
Mike Lux

Working Groups
Ira Magaziner
David Cutler
Kim O'Neill
Kristina Emanuel

3. **Nurses**
Wednesday, March 3rd
2:00 - 3:30pm
Indian Treaty Room

HRC will attend

American Nurses Association
SEIU
AFSCME
AFT

4. **Other Single Payer Advocates**
Thursday, March 4
2:00 - 3:30pm
Room 180 OEOB

One representative from each of the following:

AFSCME
Teamsters
International Association of Machinists
Communication Workers of America
ACTWU
Church Women United
American Public Health Association
Physicians for National Health Program
National Association of Social Workers

National Council of Senior Citizens
Graphic Artists Union
National Farmers Union
National Hispanic Council on Aging
Neighbor to Neighbor
Network
Oil, Chemcal and Atomic Workers
United Electrical Workers
United Church of Christ
Public Citizen
Older Women's League

OPL
Mike Lux

Working Group
Larry Levitt

5. **Hospitals**
Friday, March 5th
2:00 - 3:30 pm
Room 476 OEOB

Three representatives from each of the following:

American Hospital Association
Catholic Hospital Association
Protestant Hospitals
Jewish Hospitals
University/Research Hospitals
Association of Children's Hospitals
Osteopathic Hospitals
Premier Hospital Allience, Inc. - 1 rep.
National Association of Psychiatric Hospital Systems-1 rep.
Federation of American Hospital Systems 1- rep
The Mount Sinai Medical Center
Beth Israel Hospital

Jim Roosevelt

6. **Pharmacists**
Friday, March 5th
4:00 - 5:30pm
Room 476 OEOB

Three representatives from each of the following:

American Pharmaceutical Association
American Society of Consultant Pharmacists
American Society of Hospital Pharmacists
National Association of Chain Drug Stores
National Association of Retail Druggists
People's Drug
Walgren's
Medco Containment Services, Inc. -1 rep.

MEMORANDUM

To: Julia Moffett

Fr: Mike Lux

Re: D.C. Event

Date: March 9, 1993

As I said in our meeting, there are three broad categories that should be represented in that event: health industry, business, and consumer interests. The most important groups in each of those categories:

Health Industry

AMA
American Nurses Association
American College of Physicians
American Hospital Association
Health Insurance Association of America
American Academy of Pediatrics
Pharmaceutical Manufacturers Association

Business

National Association of Manufacturers
Business Roundtable
Chamber of Commerce
National Federation of Independent Businesses

Consumer

AFL-CIO
AARP
Citizen Action
CDF
National Council of Senior Citizens

The most absolutely crucial groups to include are the AMA, ANA, AHA, HIAA, PMA, AFL-CIO, AARP, and Citizen Action. Business should be included mostly through individual CEOs or small business owners, as opposed to associations. As always, there should be a mix of group spokespeople and "real people".

Obviously, there are many other groups and businesses that would like to be involved. Feel free to refer to past memorandum or call me with questions.

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Citizen Action
CDF
National Council of Senior Citizens

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~~CONFIDENTIAL~~ MEMORANDUM

TO: Mrs. Clinton

CC: Melanne Verveer, Bob Boorstin

FROM: Karen Pollitz
Deputy Assistant Secretary for Legislation, HHS

RE: Background on AMA health reform summit

DATE: March 19, 1993

In preparation for your speech to the AMA, Bob Boorstin asked me to give you some background on the organization and its upcoming health care summit. This memorandum includes my own insights, as well as those of Robert Graham, M.D., Executive Vice President of the American Academy of Family Physicians and my former boss.

Background on AMA

The American Medical Association is the largest medical organization in the United States with over 300,000 members, including physicians, residents, and medical students. Only 40 percent of licensed physicians are AMA members, however, and the proportion is dropping in spite of strong AMA efforts to increase membership. Many physicians are finding their interests better represented through their medical specialty societies and/or state medical associations.

The AMA has come through (and may still be in) a period of financial stress, due to its declining membership, growing expenses, and embezzlement by its recently ousted staff leadership. Nevertheless, AMA has one of the country's largest and most powerful PACS and an extensive, sophisticated, and extremely effective grassroots network. It is a political force to be reckoned with.

The current executive vice president, James Todd, M.D. (a New Jersey surgeon) faces difficulties of his own. Todd and some others among the senior AMA leadership with extensive national political experience recognize the importance of being flexible on health care reform in order to secure the AMA's place at the bargaining table. However the AMA's House of Delegates */ is comprised largely of physicians with state level experience and

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*/ AMA policy is made in its House of Delegates, with representatives from state medical societies and all medical specialty societies, which meets semi-annually. Between meetings, policy is made and implemented by its Board of Directors. All Board decisions are subject to review by the House of Delegates.

with political outlooks more conservative than those of the average physician. In their political realm (I presume) they believe they can come to the health care reform table at the eleventh hour, face down the President with their sheer power, and cut a favorable deal.

Todd is trying to influence his Board of Directors to adopt a more flexible negotiating stance on health care reform. He has some support to do this, but in the end may not have the votes. Though I have no reason to expect it to happen, it would not surprise me if, by this time next year, Todd has been fired. He incurred the wrath of his Board during the campaign when he told the press he thought Bill Clinton was more serious about health care reform than George Bush. More recently, his efforts to position the AMA more positively on cost containment (through his offer of "negotiated budget predictability") apparently haven't taken on the spin he intended. Though Todd likely hoped to get credit for his cost containment message from the White House and in the press, the stories have focused on the AMA's exclusion from the process and your resolution not to be influenced by special interests.

AMA Health Reform Summit

Next week's meeting is special and, I believe, unprecedented in the AMA. A large number of AMA Delegates will be in attendance, and state and specialty societies have been actively encouraged to participate in large numbers.

The impetus for this meeting is not entirely clear. Bob Graham's conjecture is that Ray Scalletar, M.D. (Chairman and one of the most conservative Board members) is convening the summit to show strength. The meeting is being very tightly scripted by the AMA Board and the agenda may not be released to physicians before they arrive on site. The Board's internal purpose in convening this summit may well be to exert contol over its members and leadership by locking them in a room for 36 hours to drive home the urgent need for unity among physicians. The public message intended for this meeting is more clear: to demonstrate the raw political power of the AMA. Following the summit Thursday morning, hundreds of physicians will be turned loose on Capitol Hill.

Anything could happen, however. Even though no votes will occur, a floor revolt is possible. The press will be there in force and anyone unhappy with Todd's efforts to open the door to cost containment negotiations could say so very publicly. Anticipating this possibility, the Academy of Family Physicians is running an ad in Wednesday's Washington Post calling for immediate action on health reform, including strong cost

containment. (Ira knows of this ad, too. A copy of it will be faxed to us on Monday.) The American College of Physicians (the other pro-reform physician group) will not attend the summit and their absence will be conspicuous.

If trouble does arise from the floor, the split within the physician community will be underscored for the press and all other observers. Division within the House of Medicine frightens the AMA more than anything else. Depending on where your speech is scheduled on the agenda, you may want to monitor events and leave yourself the flexibility of revising your text in response to developments.

In any case, your message overall should be one of strength and determination. There is a growing respect among the physician community for this Administration and the way it wields power. The President's strong position on health reform and his recent victory on the economic plan in Congress and in public opinion polls have been impressive. The medical groups also have been impressed by your own leadership, drive, and process. For all your "secrecy" headaches, the AMA is truly frustrated by the lack of substantive leaks and the discipline imposed on the working group process. It is beginning to dawn on them that the President may well develop his plan, take it on the Hill and on the road, and drive it right over the AMA. For all their strength, the AMA is not sure they have the votes to turn you back.

Your message also needs to be inviting and inclusive. In a 60 vote Senate strategy, you are much better positioned if the AMA is lobbying <u>with</u> you. Todd and his allies on the Board need shoring up and will be helped by your message of sympathy for the overburdened physician and genuine desire to work with the AMA to make the health care system work better for physicians and their patients.

MEMORANDUM

To: Maggie Williams
Melanne Verveer
Julia Moffett
Steve Edelstein

Fr: Mike Lux

Re: Suggested Changes in March 29 Panels

Date: March 20, 1993

Below are my recommendations for changes in the tentative agenda given us at the 3:30 meeting yesterday. For the sake of brevity, I will not list my reason for each addition or deletion. If anyone has any questions about any of the groups added, deleted, or originally listed, or any new suggestions, please call me. Here's my list:

1. I would switch the two consumer panels and the two business panels, so that we start with the senior citizen oriented consumer panel and follow that with the small business oriented panel. Seniors and small business have always been identified as our top two targets, so let's lead with them.

2. I would also suggest moving the labor panel into the 5:45 slot, and switching the second business panel to 7:55. If we do two business panels ahead of the one labor panel, it will be perceived as an insult to labor.

3. Under what is now the second consumer panel, delete National Alliance for Mentally Ill and substitute Mental Health Liaison Group.

4. Under what is now the second business panel, add two groups: Washington Business Group on Health and American Public Pension and Welfare Plans.

5. Change the titles on the two "other providers" panels to "General Health Care Providers."

6. Add American Psychological Association to first providers panel.

7. Delete Health Industry Distributors Association from second providers panel.

8. The big five insurance companies have banded together to form and organization called "Alliance for Managed Competition," so add that group to the insurance panel.

9. Under what is now the first business panel, delete National Association of the Self-Employed.

10. Under what is now the second consumer panel, add the National Health Care Council (I think that's the right name for one of the three plaintiffs groups - is it?)

Attached is the agenda with my suggested changes.

cc: Alexis Herman
Steve Hilton
Bob Boorstin
Chris Jennings
Celia Fisher

Tentative Schedule

8:00 - 9:00 Consumer

National Council of Senior Citizens
Families USA
National Committee to Preserve Social Security/Medicare
Consortium of Citizens with Disabilities
AARP

9:05 - 10:05 Business

National Federation of Independent Businesses
Small Business Legislative Council
National Small Business United
National Association of Women Business Owners
Minority Contractors Association
National Restaurant Association

10:10 - 11:10 Underserved

National Association of County Organizations
Urban League
National Farmers Union
United Farm Workers
National Council of La Raza
National Congress of American Indians

11:15 - 12:15 General Health Care Providers

American Nurses Association
American Dental Association
American Academy of Physicians Assistants
American Chiropractic Association
National Association of Social Workers
American Psychological Association

12:20 - 1:20 Physicians

AMA
American Association of Physicians and Surgeons
National Medical Association
American Academy of Family Physicians
American Academy of Pediatrics
American Psychiatric Association

1:25 - 2:25 Pharmaceutical

Pharmaceutical Manufacturers Association
Generic Pharmaceutical Industry Association
National Association of Retail Druggists or American Pharmacists Association
Industrial Biotechnology Association

2:30 - 3:30 Hospitals

American Hospital Association
Federation of American Health Systems
American Protestant Health Association
Catholic Health Association
National Association of Children's Hospitals

3:35 - 4:35 General Health Care Providers

National Association for Home Care
American Health Care Association (Nursing Homes)
National Hospice Organization
Health Industry Manufacturers Association
Group Health Association of America

4:40 - 5:40 Insurance

Health Insurance Association of America
Insurance Industry Association (agents)
Blue Cross Blue Shield Association
Alliance for Managed Competition

5:45 - 6:45 Labor

AFL-CIO
SEIU
AFSCME
Teamsters
Building Trades Council
UAW

6:50 - 7:50 Consumer

Citizen Action
Children's Defense Fund
National Council of Churches
Mental Health Liaison Group
Campaign for Women's Health
National Health Care Council

7:55 - 8:55 Business

National Association of Manufacturers
Business Roundtable
Chamber of Commerce
National Retail Federation
Washington Business Group on Health
American Public Pension and Welfare Plan

AMA Talking Points:

o Mention personal physician role model: a relative, friend, or a family doctor. (Acknowledges own experience and personal contact with medical profession)

o Draw contrast between that experience or role model and what so many other Americans do not have today.

o Many Americans don't have a usual source of medical care. Winding up in emergency rooms. Preventable diseases become deadly.

o very mobile, transient population -- (we need to begin to subtly dispel the myth that everyone in America has a lifelong family doctor. Lifelong family physicians have gone the way of the extended family. We need to respond to new social needs.)

o Anecdotes: What people are telling HRC they want from their health care system. Anecdotes, not just from citizens, but from doctors that she has personally talked to across the country.

o Polling data: What people expect. 74% of Americans said that in order to contain rising costs and expand coverage, they favored a complete overhaul of the system. 78% believe that our current system falls short of meeting the needs of most Americans. 88% believe Bill Clinton can lower our country's health care costs.

o Job description. What President Clinton has asked her to do and what he expects. Seek out the best advice, hear from all sides; consider all options; and outreach, outreach, outreach. [over 50 practicing doctors are on the task force]. No process is perfect, this certainly isn't either, but the task is huge, the time is short. It is the best we can do -- and we are dead serious about making it work and meeting the President's deadline.

o Outline what doctors need out of health reform. Get rid of the hassle factor (paperwork); autonomy (there should not be an accountant between you and your patients), malpractice reform.

(Should be as forthcoming as you think you can be on malpractice -- it would be extremely welcome and positive to give a signal that the White House Task Force is moving beyond malpractice demos and ADR; it would send a strong signal that the Clinton Administration recognizes and appreciates the AMA's new position on spending controls. There is general unease by the medical profession and GOPs that malpractice may not be seriously considered.)

o Applaud their revolution in policy (use their exact words so that they are written in permanent ink). "Negotiated budget predictability, spending goals." Acknowledge the seriousness of their position, their good faith, know it wasn't easy. It doesn't go quite far enough, but it is extremely welcome and a good starting point.

o Shared sacrifice. Everyone must do their part. Doctors will not be asked to do more OR less than others. "Praise" Dr. Todd's remarks on "Brinkley" last Sunday: "... doctors should pay their fair share. They are more than willing to pay their fair share as long as it is a fair share and that other segments of society share their pain." There will be sharing, there will be sacrifice -- and it will be fair.

o The medical profession really has the most to gain. The status quo is unbearable. They are the ones that see the faces of mothers who are scared to death because they delayed seeking care when their child had a fever. They are the ones on the phones to the insurance companies asking for permission to admit their patients or prescribe a certain treatment. They are the ones who are forced to balance their books by trying to figure out how to cover the care of those who walk through your doors without insurance -- people they can't turn away because they are their neighbors, your friends, your community.

o Health care reform should not be a partisan issue. In fact, success depends on bipartisanship.

o This is <u>the</u> year -- HRC hopes that is the message they carry to Capitol Hill. There seem to be 2 types of people. Those who are trying to figure out how to do it and those who keep saying it can't be done and want to undo it. Please be in the camp that says it can be done, that it must get done.

o Hope that they push hard, cajole, pressure, (get on their knees and beg) their Congressional delegations for action <u>this year</u>. That is the message HRC hopes they take to the Hill in their visits. This is the year that we can tie it all together. The American people expect no less. The issues won't get any easier (unfortunately) -- and in fact, major overhaul will take a few years to implement. So we need to get started right now on building a stable, affordable, secure health care system.

VF
SD

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
701 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

One Financial Center
Boston, Massachusetts 02111
Telephone: 617/542-6000
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Telex: 753689

Charles A. Samuels

Direct Dial Number
202/434-7311

March 19, 1993

93 MAR 19 P3:31

VIA HAND DELIVERY

Mr. Ira Magaziner
Senior Advisor for Policy Development
The White House
Room 216-Old Executive Office Building
Washington, D.C.

Dear Mr. Magaziner:

I represent Thomas Pyle. As you know, Mr. Pyle has been the subject of inaccurate media stories today regarding his status, which have embarrassed him and possibly damaged his reputation. Despite this extremely unfortunate situation, Mr. Pyle would be willing to continue to provide assistance to your critical effort if his status can be resolved within the next three working days. However, Mr. Pyle needs you to focus carefully on his situation and to obtain definite clarifications of his arrangements with your office. The White House should then take appropriate action to clarify the public record when occasions arise.

As you know, since you asked Mr. Pyle to move to Washington to assist you, he has repeatedly requested clarification of his employment status and resolution of any ethical issues. You advised him that he would be a federal employee or a special employee and that you did not foresee that there would be substantial conflict of interest issues. Mr. Pyle has repeatedly asked you and others since he joined you on February 2 to resolve these issues, and only after a month of such urgings and efforts by Mr. Pyle was it determined that it was infeasible for him to become a federal employee. During this period of time, he has retained counsel, has expended significant expense and effort, and has been totally uncompensated by the federal government.

Most recently, Mr. Pyle was advised that a consultant status would be appropriate, but despite his numerous requests that appropriate documentation be prepared for his review and execution, no information or documentation, such as a consulting contract, has been provided. Mr. Pyle was then advised by staff to your Task Force that no ethical restrictions would apply to him in his capacity as a consultant, which advice did not make

sense to him or us and, of course, he has continued to carry out his duties with utmost circumspection regarding potential ethical or conflict issues. In contradiction, I understand that staff has now requested Mr. Pyle sign a document in which he would acknowledge that he attended an ethics briefing and that he had reviewed and would abide with certain ethical restrictions. Since Mr. Pyle did not attend the briefing and since the ethical restrictions which are being proposed are apparently applicable to federal employees and not consultants, we have advised him not to execute this document.

If you wish Mr. Pyle to continue in a consulting arrangement, he is agreeable if it can be shown that he will be able to contribute substantially to your effort and if an appropriate contract or other documentation is provided for his review immediately. Our advice to Mr. Pyle is that if such assurances and documentation are not provided by Tuesday, March 23, he should terminate his involvement in your activities because of the untenable lack of clarification about his duties and requirements.

I would be happy to speak with you or anyone on the White House Staff, including White House Counsel who have refused to return my calls. It is extremely regrettable that a person of such high integrity, ability and willingness to serve should be treated in a manner that embarrasses both him and the President.

Sincerely,

Charles A. Samuels

Charles A. Samuels

cc: Bernard Nussbaum, Esq.

D14966.1

Memorandum

TO: Celia Fisher

FROM: Mike Lux

RE: The grass roots campaign for health care reform

DATE: March 22, 1993

When we launch our health care bill in May, we need to be ready to unleash the biggest grass roots campaign in which any of us have ever been involved. I know you and the DNC are working hard to lay effective foundation for doing just that. This memo is my initial cut at helping you.

By early May, I hope we will:

- have local health providers and other experts ready in every media market who will talk up our plan in those markets and be available for speeches to local groups.

- have our key institutional allies to launch their own campaigns in support, including trained and enthusiastic local leaders, direct mail, and phone banks.

- have key business leaders, including Fortune 500 CEO's, prominent small business owners, and business association leaders , ready to enthusiastically endorse our plan and work for it.

- have DNC staff, mail, phone banks already up and running in targeted states, as well as top local Democrats ready to endorse.

- have developed a special cadre of senior citizen surrogates - not only interest group leaders but other celebrities with a high trust quotient - who will do media interviews and speaking engagements for us.

- combining all of the above, have in place a well organized speaker's bureau in every important state in the country.

- have produced and printed literally millions of "Putting People First" style booklets explaining our health plan in some detail, and have a distribution plan in place to get them out.

If we can get all of those things done at the grass roots level, it will be very tough to beat us. In the rest of this memo, I'll go into a little more detail in each of those areas.

A. Providers/experts

We have two sources that I know of in terms of providers:

1. The Gleason list. This list of doctors who are interested in reform and/or supported Bill Clinton, has been built by Gleason and others over a period of years. There's one list I've heard about of around 12,000 doctors who have given money to the Democratic party over the last 6 to 7 years. There's another list of around 4,000 doctors who supported Clinton last year. Even if the 12,000 turn out to be an old or not as valid list, either way we have a strong place to start.

2. Provider organizations that might support our health plan. At this point, I would include the following as possible or likely:

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Big 5 Insurance Companies
National Hospice Organization
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National Association of Retail Druggists

It obviously depends a great deal on our proposal as to which of these groups endorses it. And the reality is that a lot of groups will support some parts of the legislation while apposing other parts of it, so we won't be able to count on all of them for enthusiastic grass roots support. With those caveats, though, I still will be able to draw on some of those institutions for true grass roots organizational help.

B. Key institutionalized allies

Again, it depends a great deal on the specific elements of the package, but my hope is that in the end, the following groups will be strong, enthusiastic allies of the complete package:

1. Providers. Among that long list of provider groups mentioned in the previous section, I would predict that we'll have enthusiastic, no-holds-barred support from (a) American Nurses and Black nurses associations, (b) National Association of Social Workers, (c) hospice and home care provider groups, and (d) the mental health provider groups.

2. The aging community. In the end, I would predict we'll have major support from all the big senior groups - AARP, NCSC, and the National Committee to Preserve Social Security/Medicare.

3. Labor. The AFL-CIO, the NEA, and virtually all affiliate unions are likely to swing behind this campaign full out unless we end up too far from the key policy decisions the single payer groups (including unions) are asking that we make in the package. As you probably know, the AFL-CIO has set aside several million dollars to help in this campaign, and I have no doubt that the big affiliates will put in big resources as well. Especially active will be AFSCME, SEIU, UAW, CWA, and AFT.

4. Consumer Groups. Again, as with single payer unions, the key is 3 or 4 important policy concessions in the plan, and I think we'll have their enthusiastic support. Citizen Action, Consumers Union, and Consumers Federation of America are all probably getable and will help a lot. (One set of groups it would be nice to have is the Nader network of groups, but they are unlikely to be helpful because they are the most purist of the groups.)

5. Children's groups. Our plan, like the economic plan, is likely to be great for children, so we should have big time support from CDF and other key children's groups.

6. Inner city and minority groups. Again , unless this plan is perceived to be a two tiered health plan, we are probably in good shape for picking up support from the Urban League, Rainbow Coalition, NAACP, National Council on La Raza, and other important groups.

There are two sets of groups that I hope will be part of the base, but I'm not at all sure we can count on them. One is women/choice groups, because of the abortion issue, the politics of which has many mine fields. The other constituency we have lots of problems satisfying is the

disability community: what they want in the package is very extensive and they don't strike me as being willing to compromise.

C. Business

The politics again are very tricky, and there will be plenty of splits within business organizations. Some businesses are going to benefit a lot, some will be hurt.

Rather than counting on any national business groups to deliver for us, I think we need to use the model of business outreach on the economic package and rebuild on it. A team of people should be reaching out to individual CEO's and friendly small business people to build as much support as we can muster early. Alexis Herman and Amy Zisook from the Office of public liaison, Matt Gorman from the Commerce Department, Caren Wilcox from the DNC, Nancy Rubin, Anne Wexler, Vernon Jordon, and other long time Clinton loyalists with ties to the business world should all be part of the team. This may be the most important thing we do.

I don't have a lot of extra comments about the other key goals I mentioned in the beginning of the memo. I would talk with Page Gerdner about Audrey Shepherd's great program in campaign of scheduling senior citizen surrogates (too bad Claude Pepper's not alive). I would recommend Mr. and Mrs. Gore, Sr. and Jim and Anne Roosevelt highly for the senior surrogate program.

Please keep me informed about all you're doing.

cc: Paul Begala
Bob Boorstin
Mandy Grunwald
Ira Magaziner
Melanne Verveer
David Wilhelm

MEMORANDUM

To: Ira Magaziner

Fr: Mike Lux

Re: Memo We Discussed This Morning

Date: March 31, 1993

Attached is a draft of the overview memo on interest group positioning. I didn't know what format you wanted, so have your staff make whatever changes/ add whatever policy details you want in terms of the final overview memorandum for the President. Currently, the format is as if written to him from me. If you want to change that so that it's from me to you, or if you want to make it from both of us, either option is fine with me. I would appreciate a chance to review the final memo before it goes to him, if possible.

Since it is my job to head up the interest group outreach efforts, I would very much appreciate being a part of any meetings with the President on the topic of interest groups.

I have always thought of our interest group strategy in three essential components:

(1) Keep the health industry divided, both in terms of whether they support or oppose us, and in terms of keeping them from ganging up on any single part of the overall package.

(2) Win significant enough business support, from both large and small business, to reassure conservative Democrats and moderate Republicans, and to overcome the almost certain opposition from NFIB, National Restaurant Association, and other conservative business groups.

(3) Bring into the fold and energize the groups that should be our natural base groups: labor, consumer groups, aging groups, and the overall network of liberal Democratic interest groups.

I will briefly address where we are at with each of these strategy components.

1. Health Industry

Ira has done by far the most intensive work with the key health industry sectors, and knows the overall lay of the land better than I. I would, however, make the following observations:

a. The one policy option that we are considering that would firmly unite health industry groups in opposition to us is short term price controls. There are some exceptions to this statement, as there are to everything in the health care debate, but the strong overall trend would be hardline opposition.

b. The following provider groups are groups I consider part of our natural base:

American Nurses Association
American Psychiatric Association
American Psychological Association
National Association of Social Workers
National Hospice Organization
National Association for Home Care

Obviously the specific details on mental health and long term care for the relevant organizations will be important, but our overall direction makes their support likely. National Association of Social Workers is a pretty strong single payer group, so they are not automatically with us. More on single payer groups later.

c. Except for some of the short term cost control options, the big five insurers and their new lobbying group (Alliance for Managed Competition) appear to be falling in line for most of our program. They will want to negotiate the details of community rating, but overall, they will be a key supporter in all likelihood. I also thought it significant that in their testimony on Monday, they strongly supported the idea of not allowing HIPC opt outs.

Blue Cross/Blue Shield has also moved dramatically toward our position, including on both pre-existing conditions and community rating.

Our strongest insurance industry opposition will probably come from HIAA and the Independent Insurance Agents. The agents will fight us tooth and nail.

d. As you know, physician groups continue to be divided and very uncertain over how to handle the shifting terrain. Ira has done yeoman's work with the AMA, and they have shifted their tone from outright hostility to moderate suspicion. In the end, I think they'll help us on several parts of the plan, but still go all out against us on at least some of the cost control components. Family physicians, pediatricians, and the College of Medicine continue to work very constructively with us, and will likely be with us in the end. National Medical Association (black doctors) is a single payer group, but will probably be with us.

e. Hospitals have been among the most consistently constructive of the health industry interest groups. The only group that continues to be somewhat negative and cynical is the Federation of Health Systems (for profit hospitals). They are clearly not excited about most of key cost control initiatives. However the Protestant, Catholic, and the overall AHA have been easy to work with and very supportive of the overall direction. Their biggest long term worry seems to be that HIPCs become too large and powerful and would be able to dictate terms to hospitals, instead of genuinely negotiating with them.

f. The pharmaceutical industry is possibly the most divided of all health care sectors (and that's saying something.) The National Association of Retail Druggists and the generic manufacturers love our beating up brand name pharmaceutical manufacturers. The PMA has split into two wings, with the moderates like Johnson & Johnson and Merck wanting to talk seriously with us on the details of pricing options, and the hardliners ready to go to war. Pharmacists are also badly divided, with NARD being supportive of us and the American Pharmacists Association focusing on issues like the "empowerment" of pharmacists.

g. Our toughest opposition among health industry groups will likely come from:

- Independent Insurance Agents
- HIAA
- PMA (the hardliners)
- physician specialty groups and the AMA on certain key issues.

2. Business.

I continue to be optimistic overall about our ability to attract business support for the health care package, because in the end many business people are going to look at the bottom-line and see how much this benefits them. This is especially true of big business. For example, all of the business groups in our final panel endorsed the concept of managed competition and were broadly supportive of our major policy directions.

This having been said, however, we are running into some roadblocks. None of them are insurmountable, but they will take an increased measure of attention over the next few weeks. I would highlight the following as key areas of concern:

a. No matter what the economics of the particular issue, the inherent ideological conservatism of the small business constituency is going to keep small business associations opposed to mandates for at least the time being. We scored a major coup with the Chamber of Commerce acceptance of mandates, but NFIB and the Restaurant Association hardline position on this issue will keep more moderate groups looking over their shoulder.

b. No business group will sign on to anything, or even move much closer to us, without knowing the financing part of the package. That will be the central factor in determining many groups' support. Several key business groups - most importantly, NAM and Retail Federation - are very excited about a VAT, and it's hard to imagine any business group that would ultimately oppose it once they look at the numbers.

c. After rolling over on the economic plan in spite of higher corporate and high income individual taxes, business groups are under a lot of pressure internally and from Republican leaders like Dole to be tougher on us on health care. We're going to have to kick our courting into high gear to overcome this problem.

The following options we are considering would be on the plus side with business:

a. Twenty-four hour coverage should be a very big hit because of the big workers comp cost reductions. This will help us at least as much with small business as with big business.

b. Med mal tort reform would mean very little in dollars and cents to business, but would be a welcome signal to business that we're taking their concerns into account.

c. The end of cost shifting from the public to the private sector will be the most welcome component to the plan.

The most divisive issue among different elements of the business community will be the opt out issue for self insured companies. Industries with more mature, blue-collar workforces will likely oppose opt outs; those with younger, better educated workforces will naturally tend to support the ability to opt out. Many business associations will stay neutral because of the internal divisiveness of the issue.

3. Base Groups

The hot button issues that will determine how unified our base will be relate to single payer groups and the abortion issue. There are also a couple of critical labor-specific issues that will impact on their support, and their ability to deliver their rank and file to help lobby for the plan:

a. Single payer issues. Single payer groups include:

- about half the major labor unions (including NEA, AFSCME, UAW, Teamsters, Machinists, CWA, ILGWU, ACTWU).

- most of the big consumer groups (Citizen Action, Public Citizen, Consumers Union, Consumer Federation of America),

- some of the key aging groups (National Council of Senior Citizens, Gray Panthers, Older Women's League, almost all of the big union retiree organizations),

- a garden variety of other traditional liberal interest groups (including National Association of Social Workers, Rainbow Coalition, National Medical Association, Physicians for National Health Care, National Council of Churches, and National Farmers Union.)

Collectively, single payer groups are by far the best organized grassroots network for health care reform.

I have been concerned from the beginning that we not take these groups for granted, and I remain worried about keeping them on

board. Their leaders are tenacious on key details of the plan, and will not roll over automatically. I am convinced that without their enthusiastic support, we won't have the grassroots support to put us over the top.

The single payer groups bottom line policy concerns are:

- That no opt outs be allowed from the HIPCs. (Otherwise, they argue all the companies with healthy workforces will leave, and the rest of the population will have higher cost, second class care.)

- That HIPCs be allowed to compete on quality and outcomes, but not on price.

- That states be given the flexibility to adapt a single payer system if they choose.

b. Abortion. The politics of this one are obvious. Either abortion itself, or more general "reproductive health" language that a national health board would use to include abortion later, must be in the comprehensive benefits package, or women's groups will oppose the bill.

c. Labor. Labor believes in what we're doing and very much wants and plans to support the package. They do have certain very important issues, though, that are their "bottom lines":

- no opt outs from the HIPC.

- a relatively generous benefits package.

- no benefit taxation unless the benefits package is very generous.

d. Seniors. The bottom line, absolute highest priority for all the seniors groups, is that we do something real about long term health care, even if we phase it in over several years. Assuming that, we should have their strong support.

SUMMARY

Because the health industry is so divided, I believe our toughest organizational opposition is going to come from small business groups, particularly NFIB and the National Restaurant Association. We will need to have an aggressive grassroots effort at organizing individual small businesses who are for this plan.

The health industry itself is so fragmented that we'll get some of the insurance industry with and some against us, some doctors with and some against, some pharmaceutical interests with and some against, some hospitals with and some against. Of all the industry groups against us, I think our toughest opponent is the independent insurance agents - they are effective, they're everywhere, they have relationships with other small business people, and our plan will really harm their livelihood.

In the end, I believe our base will come together, and our plan will get its strongest support from the aging groups, labor, and consumer groups. These groups will end up carrying the load in terms of organizing grassroots pressure on behalf of the package. I also believe we will get a great deal of support from big business, which will be crucial in lobbying this package through the Congress.

Memorandum

TO: Celia Fisher

FROM: Mike Lux

RE: The grass roots campaign for health care reform

DATE: March 22, 1993

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disability community: what they want in the package is very extensive and they don't strike me as being willing to compromise.

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Please keep me informed about all you're doing.

cc: Paul Begala
Bob Boorstin
Mandy Grunwald
Ira Magaziner
Melanne Verveer
David Wilhelm

April 21, 1993

MEMORANDUM

To: Ira Magaziner
Mike Lux

From: Barbara Woolley, Steve Edelstein, Susan Ofrin and Simone Rueschemeyer

Re: **List of Interest Groups/Consumers Meetings**

****

We have put together a running list of interest group/consumers met with by the following individuals and/or offices.

Bill Clinton
Hillary Clinton
Albert Gore
Tipper Gore
Carol Rasco
Ira Magaziner
Donna Shalala
Office of Public Liaison Outreach
Intergovernmental Outreach
Health Care Task Force Members
Congressional Outreach
Physicians Advisory Group
Consumer Panels

The material is divided into four parts.

* Consultative Health Care meetings (BC, HRC, AG, TG, CR, IM, DS, OPL, Intergov., TF)
* Congressional meetings (HRC, IM, JF)
* Physicians Advisory Group meetings
* Task Force members/consumer panels meetings with consumers

A breakdown of the meetings is as follows.

		Single Visits		Multiple Visits
*	Consultative Meetings	572		572
*	Congressional	221		693
	House	(156 visits)	(446 visits)	
	Senate	(65 visits)	(247 visits)	
*	Physicians Advisory	95		95
*	Consumers	147		147
TOTAL		**1035**		**1507**

as of 4/21/93

CONSULTATIVE HEALTH CARE MEETINGS
(Organizations)

AARP
Abbotsford Clinic Community Health Centers
Abbott Laboratories
ACLI
ACTWU
Actuaries Association
ADATT
ADAPT
ADAPT of Texas
Aetna Life and Casualty Group
AFL-CIO
American Federation of State, County and Municipal Employees
AHCPR
AIDS Action Council
AIDS Action Foundation
Alan Guttmachar Institute
Alliance for Aging Research
Alliance for Continuing Medical Education
Alliance of American Insurers
Alzheimer Association
American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Respiratory Care
American Association of College of Osteopathic Medicine
American Association of College of Podiatric Medicine
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American Association of Critical Care Nurses
American Association of Homes for Aging
American Association for Medical Colleges
American Association of Nurse Anesthetists
American Association of Preferred Providers Organizations
American Association of Partial Medicine
American Association of University Women
American Business Conference
American Cancer Society
American Coalition for Citizens with Disabilities
American College of Emergency Physicians
American College of Preventive Medicine
American College of Cardiology
American College of OBGYN
American College of Physicians
American College of Surgeons
American Counseling Association
American Express

American Family Life Assurance Company, Inc.
American Federation of Home Health Agency's
American Federation for Clinical Research
American Foundation for AIDS Research
American Group Practice Association
American Health Care Association
American Health Care System
American Health Insurance Agents
American Health Policy Association
American Heart Association
American Home Products
American Hospital Association
American Insurance Association
American Lung Association
American Managed Care & Review Association
American Medical Association
American Medical Student Association
American Medical Women's Association
American Nurses Association
American Occupational Therapy Association
American Osteopathic Hospital Association
American Pharmaceutical Association
American Protestant Health Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Public Welfare Association
American Society for Healthcare Education & Training
American Society for Internal Medicine
American Society of Consultant Pharmacists
American Society of Hospital Pharmacists
American Speech-Language-Hearing Association
AMI
APGA
ARCO
Arkansas Able
Arthur G. James Cancer Hospital & Research Institute
Arthritis Foundation
Association for Care of Children's Health
Association for Hospital Medical Education
Association for Practitioners in Infection Control
Association of Academic Health Centers
Association of Academic Surgeons
Association of American Medical Colleges
Association of American Universities
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairmen
Association of Minority Health Profession Schools
Association of Operating Room Nurses
Association of Private Pensions & Welfare Plans
Association of Professors of Medicine
Association of State & Territory Health Officials
ASTHO
AT&T
AZ Physician IPA
Ball State University, School of Nursing
Bankers Life
Bass & Howes
Bazelon Center for Mental Health Law
Black Psychiatric Association

Emergency Room Nurses Association
Emory University, Neil H. Woodruff School of Nursing
Epilepsy Foundation of America
ERISA Industry Committee
Families USA
Family Services America
Family Voices
Federation of American Health System
Federation of Nurses & Health Prof. (AFT)
Federal Legislative Associates
Federation of American Health Systems
Feldesman, Tucker, Leifer, Fidell, Bank
Fenwick Center (Immunization)
First Hospital Corp.
Florida Legal Services
Ford
Ford Foundation
Fox Chase Cancer Center
Fred Hutchinson Cancer Research Center
General American Life Insurance
General Electric
General Motors
Generations United
Generic Pharmaceutical Industry Association
German Delegation
George Washington University
Georgia Legal Services
Georgia Southern University, Department of Nursing
Glaxo
GMHC
Grady Memorial Hospital
Grambling State University, School of Nursing
Grant Memorial Hospital
Graphic Artists Guild
Group Health Association of America
Group Health Cooperative of Puget Sound
Group Health Northwest
Group of Pharmaceutical Companies
Hartford Foundation
Harvard Medical School
Harvard University
Hawaii Child and Adolescent Mental Health Division of the Department of Health
Health Care Delivery Advisory Group
Health Care Financial Management Association
Health Care Financing Association
Health Care Management Alternatives
Health Care Purchasers Association
Health Industry Manufacturers Association
Health Insurance Association of America
Health Plus, Inc.
Health Policy & Strategy Association
Healthcare Fin. Management Association
HealthCare Compare Corporation
Henry Ford Hospital
Hispanic Health Care Leaders
HOSPICE Association of America
Hospital Corporation of America
Howard University
Human Rights Campaign Fund
Humana, Inc.

Hunter College of CUNY, Hunter-Bellevue School of Nursing
IBM Corporation
Illinois Wesleyan University, School of Nursing
Independent Insurance Agents of America
Indiana University
International Chiropractic Association
Inova Health System
Institute for Medical Information & Technology
Institute for Quality Improvement
Intermountain Health Care
Intermountain Systems
International Communications Industries Association
ISystems, Inc.
ITT Hartford
IVAX
Jackson Hole Group
Jewish Hospital Representatives
John Hancock
Johns Hopkins Oncology Center
Johns Hopkins University
Johnson & Johnson
Julia Norrell & Associates
Kaiser Foundation
Kaiser Permanente
Kalamazoo Center for Medical Studies
Keck, Mahin, & Cate
Kemper National Insurance Company
Kennesaw State College, Department of Nursing
Kids Count-Cent for Study of Social Policy
Konrad Adenauer Group
Laurel Health System
Legal Action Center
Legal Aid Society of San Diego
Legal Services Homelessness Task Force
Legal Services of Greater Miami
Lifeplans
Loma Linda University, California, School of Nursing
Long Term Care Home Health Care Coalition
Los Angeles County
Lutheran Medical Center
Managed Care Association of Pennsylvania
Managed Health Care Association
Managed Health Care Inc.
Managed Health Care System
March of Dimes Birth Defects Foundation
Marion Merrell Dow, Inc.
Mariposa Community Health Center
Massachusetts League of Community Health Centers
Massachusetts Mutual Life Insurance Co.
Mayo Clinic
Medco Containment Services
Medicare Advocacy Project
Medical College of Ohio, School of Nursing
Meharry Medical College
Memorial Sloan-Kettering Cancer Center
Mental Health Law Project
Mental Health Liaison Group (representing more than 30 mental health organizations)
Mental Health Research Group
Merck & Co., Inc
Mercy Clinic System

Metroplex Health Care Systems, Inc. (subsidiary of Ramsey Corporation)
Metropolitan Life
MGH Institute of Health Professions, Nursing Program
Michigan Medicaid
Migrant Legal Action Program
Montefiore Medical Center
Morehouse School of Medicine
Mutual of Omaha Companies
NAPNAP
NARAL
National Rural Health Association
National Academy of Social Insurance
National Alliance for the Mentally Ill
National Alliance of State AIDS Directors
National Association for Home Care
National Association for the Mentally Retarded
National Association of Addiction Treatment Providers
National Association of Chain Drug Stores
National Association of Child Advocates
National Association of Child Care Research & Referral Agencies
National Association of Children's Hospitals & Related
National Association of Community Health Centers
National Association of Counties
National Association of County Health Officials
National Association of County Officials
National Association of Developmental Disabilities Councils
National Association of Future Consumers
National Association of Health Career Schools
National Association of Health Service Executives
National Association of Health Underwriters
National Association of Insurance Commissioners
National Association of People with AIDS
National Association of Pharmaceutical Manufacturers
National Association of Private Psychiatric Children's Treatment Centers
National Association of Private Psychiatric Hospitals
National Association of Professional Insurance Agents
National Association of Protection & Advocacy System
National Association of Psychiatric Hospitals Systems
National Association of Public Hospitals
National Association of Rehabilitation Facilities
National Association of Retail Druggists
National Association of Small Business Investment Company
National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Association of State Mental Directors
National Association for State Health Policy
National Association of Women Business Owners
National Black Caucus of Health Workers
National Black Child Development Institute
National Black Dental Association
National Black Women's Health Project
National Catholic Charities
National Center for Youth Law
National Child Abuse Coalition
National Coalition of Cancer Research
National Coalition of Hispanic Health & Human Services Organizations (COSSMHO)
National Commission on Children Summit
National Commission to Prevent Infant Mortality
National Committee on Quality Assurance
National Conference of State Legislators

National Consumers League
National Council of Churches
National Council of Community Hospitals
National Council of Senior Citizens
National Council of State Legislatures
National Council on Addiction
National Council on Aging
National Council on Alcoholism and Drug Dependence
National Council on Compensation Insurance
National Council on Independent Living
National Committee to Preserve Social Security & Medicine
National Depressive/Manic Depressive Association
National Easter Seal Society
National Farmers Union
National Federation for Specialty Nursing Organizations
National Federation of Independent Business
National Federation of Societies for Clinical Social Work
National Governors' Association
National Head Injury Foundation
National Head Start Association
National Health Law Project
National Health Policy Council
National Hemophilia Foundation
National Hispanic Council on Aging
National Immigration Law Center
National Institute on Adult Day Care
National Insurance Consumer Organization (NICO)
National Leadership Coalition for Health Care Reform
National Leadership Coalition on AIDS
National League of Cities
National Medical Association
National Mental Health Association
National Minority AIDS Council
National Minority Health Association
National Moving and Storage Association
National Nurse Practitioner Coalition
National Pharmaceutical Alliance
National Pharmaceutical Association
National Prevention Coalition
National PTA
National Public Health and Hospitals Institute
National Retail Federation
National Small Business Legislative Council
National Small Business United
National Task Force on AIDS Prevention
National Women's Health Network
National Women's Law Center
National Commission on AIDS
NCLR
NEIC
Nelson A. Rockefeller Institute of Government, SUNY Albany
New York City
New York Department of Finance
New York Department of Taxes
New York University
New York Lawyers for the Public Interest
New York Life Insurance Company
NFPRHA
North Carolina A&T State University, School of Nursing
Northwestern University School of Management

Office of Minority Health, HRSA
Office of Women's Health, U.S. Public Health Service
Ohio Psychiatric Association
Ohio State University, School of Nursing
Oil, Chem. & Atomic Workers Int. Union
Older Women's League
Oregon Health Plan
Oregon Health Science University, School of Nursing
Pan American Health Organization
PAR Pharmaceutical
Partnership for Prevention
PCS
Penn State, Milton S. Hershey Med. Center
PEPCO
Pfizer Inc.
Pharmaceutical Manufacturers Ass.
Phoenix Home Life Mutual Insurance Company
PHS, Office of Population Affairs
Physician for a National Health Program
Physicians Who Care
Planned Parenthood Federation of America
PPOs
Preferred Health Care
Premier Hospitals Alliance, Inc.
President's Committee on Employment of People w/ Disabilities
Price Waterhouse
Princeton University
Prudential Life Insurance
Public Citizen
Public Health Service
Rainbow Babies Children's Hospital, OH
Rainbow Coalition
Regional Insurers
Regional Medical Center, Memphis
Rockefeller Foundation
Roswell Park Cancer Institute
Rutgers, College of Nursing
Saint Louis University, School of Nursing
Save the Children
Schering-Plough
Screen Actors Guild/AFTRA
Searle
SEIU
Select Narcotics Subcommittee
Self Help for the Hard of Hearing
Self Insurance Institute of America
Seminar Group of Experts
Shering Plough
Shriners
Siegel Company
SmithKline Beecham
SMS
Society of Thoracic Surgeons
Society on Gen. Internal Medicine
South Carolina Department of Mental Health
South Main Center Association, Houston
Southern California Healthcare Network
St. Agnes Community Medical Center
State Farm Insurance
Stanford University

SUNY Health Science Center, Brooklyn College of Nursing
Sutter Health
SYNTEX
TAG
TASH
Taylor Manor Hospital
Temple University, Health Sciences Center
Tennessee Medicaid and Director of Finance and Administration
Tennessee Voices for Children
Texas Rural Legal Aid
The Alpha Center
The Arc
The Candlelighters Childhood Cancer Foundation
The Catholic Health Association
The Children's Health Fund
The Coalition for American Trauma Care
The Iameter Corporation
The Institute for Clinical Systems Integration
The National Association for Uniformed Services
The National Military Family Association
The New York Hospital = Cornell
The Picker Corporation
The Principal Financial Group
The Retired Enlisted Association
The Retired Officers Association
The Univ.of Texas-M.D. Anderson Cancer Center
Towers, Perrin
Traveler's Insurance
Trial Lawyers Association of America
Trustees of Non-Profit Hospitals
U.S. Chamber of Commerce
U.S. Conference of Mayors
U.S. Department of Agriculture/Food and Nutrition Service
U.S. Healthcare
UCLA School of Medicine
USF86
United Auto Workers
United Cerebral Palsy
United Church of Christ
United Electric, Radio & Machine Workers of America
United Health Care
United Health Plan
United Seniors Health Cooperative
University of Alaska, School of Nursing
University of Arkansas
University of California San Francisco
University of California, Los Angeles, School of Nursing
University of Chicago, Pritzker School of Medicine
University of Cincinnati Medical Center
University of Colorado Health Science Center, School of Nursing
University of Florida, College of Nursing
University of Hawaii at Manoa, School of Nursing
University of Illinois at Chicago, College of Nursing
University of Kansas
University of Kentucky, College of Nursing
University of Louisville, School of Nursing
University of Medicine & Dentistry, New Jersey
University of Maryland-Baltimore, School of Nursing
University of Michigan
University of Minnesota, School of Nursing

University of Nebraska, College of Nursing
University of Pennsylvania, School of Nursing
University of Pittsburgh, School of Nursing
University of Rochester, School of Nursing
University of Southern California
University of Tennessee, Memphis
University of Texas, Health Science Center
University of Texas, San Antonio
University of Texas, Pan American
University of Washington
University of Western Illinois
University of Wisconsin, Madison, School of Nursing
United Cerebral Palsey Association
UNC Chapel Hill
UNUM
Upjohn Company
USC
USC-Kenneth Norris Jr., Cancer Hospital
Valley View Regional Hospital, Ada, OK
Vanderbilt University
Veterans Affair
Virginia Perinatal Association
VITAS Healthcare Corporation
W.F. Ryan CHC
Warner-Lambert Company
Washington Business Group on Health
Washington Psychiatric Society
Watts Health Foundation
Western Center on Law and Poverty
West Virginia University, School of Nursing
Women's Legal Defense Fund
Workers Compensation Monitor
Workers Compensation Research Institute
World Federation of Mental Health
Xerox Corporation
Yale University, School of Nursing
Zero to Three/National Center for Clinical Infant Program

4/19/93

CONGRESSIONAL MEETINGS

SENATE:

Sen. Daniel Akaka (D-HI)	IM (2), JF (2)
Sen. Max Baucus (D-MT)	HRC, IM (3), JF (3)
Sen. Jeff Bingaman (D-NM)	HRC, IM (3), JF (3)
Sen. Christopher Bond (R-MO)	HRC
Sen. Barabara Boxer (D-CA)	HRC (2), IM (3), JF (3)
Sen. John Breaux (D-LA)	HRC (2), IM, JF
Sen. Richard Bryan (D-NV)	IM (2), JF (2)
Sen. Dale Bumpers (D-AR)	IM, JF
Sen. Conrad Burns (R-MT)	HRC
Sen. Ben Nighthorse Campbell (D-CO)	IM, JF
Sen. John Chafee (D-RI)	HRC (2), IM, JF
Sen. William Cohen (R-ME)	HRC
Sen. Kent Conrad (D-ND)	HRC, IM (3), JF (3)
Sen. Larry Craig (R-ID)	HRC
Sen. John Danforth (R-MO)	HRC
Sen. Tom Daschle (D-SD)	HRC, IM (3), JF (3)
Sen. Dennis DeConcini (D-AZ)	IM, JF
Sen. Christopher Dodd (D-CT)	HRC, IM (2), JF (2)
Sen. Robert Dole (R-KS)	HRC (2), IM, JF
Sen. David Durenberger (R-MN)	HRC
Sen. James Exon (D-NE)	IM, JF
Sen. Russ Feingold (D-WI)	HRC, IM (3), JF (3)
Sen. Diane Feinstein (D-CA)	HRC, IM (2), JF
Sen. John Glenn (D-OH)	IM, JF
Sen. Bob Graham (D-FL)	HRC (2), IM (3), JF (3)
Sen. Charles Grassley (R-IA)	HRC
Sen. Judd Gregg (R-NH)	HRC
Sen. Tom Harkin (D-IA)	HRC (2), IM, JF
Sen. Ernest Hollings (D-SC)	IM (2), JF (2)
Sen. Jim Jeffords (R-VT)	IM
Sen. Bennett Johnston (D-LA)	HRC, IM, JF
Sen. Nancy Landon Kassebaum (R-KS)	HRC (2)
Sen. Edward Kennedy (D-MA)	HRC, IM (4), JF (3)
Sen. Robert Kerrey (D-NE)	HRC (2), IM (2), JF (2)
Sen. John Kerry (D-MA)	IM (2), JF (2)
Sen. Frank Lautenberg (D-NJ)	IM, JF
Sen. Patrick Leahy (D-VT)	HRC, IM (3), JF (3)
Sen. Carl Levin (D-MI)	IM (2), JF (2)
Sen. Joseph Lieberman (D-CT)	HRC, IM (2), JF (2)
Sen. Connie Mack (R-FL)	HRC
Sen. Harlan Mathews (D-TN)	IM (2), JF (2)
Sen. Howard Metzenbaum (D-OH)	HRC, IM (2), JF (2)
Sen. Barbara Mikulski (D-MD)	HRC (2), IM (2), JF (2)
Sen. George Mitchell (D-ME)	HRC (2), IM (5), JF (5)
Sen. Carol Moseley-Braun (D-IL)	HRC (3), IM (2), JF (2)
Sen. Daniel Patrick Moynihan (D-NY)	HRC (2), IM (2), JF (2)
Sen. Frank Murkowski (R-AK)	HRC
Sen. Patty Murray (D-WA)	HRC
Sen. Don Nickles (R-OK)	HRC
Sen. Bob Packwood (R-OR)	HRC
Sen. Claiborne Pell (D-RI)	HRC, IM (2), JF (2)
Sen. David Pryor (D-AR)	HRC, IM (2), JF (2)
Sen. Harry Reid (D-NV)	IM (2), JF (2)

Sen. Donald Riegle (D-MI)	HRC (2), IM (2), JF (2)
Sen. Charles Robb (D-VA)	HRC, IM, JF
Sen. John D. Rockefeller IV (D-WV)	HRC (3), IM (2), JF (2)
Sen. Bill Roth (R-DE)	HRC
Sen. Paul Sarbanes (D-MD)	IM, JF
Sen. Jim Sasser (D-TN)	HRC, IM, JF
Sen. Alan Simpson (R-WY)	HRC
Sen. Paul Simon (D-IL)	IM, JF
Sen. Ted Stevens (R-AK)	HRC
Sen. Strom Thurmond (R-SC)	HRC
Sen. Paul Wellstone (D-MN)	HRC (2), IM (3), JF (3)
Sen. Harris Wofford (D-PA)	HRC (2), IM (3), JF (3)

HOUSE OF REPRESENTATIVES:

Rep. Mike Andrews (D-TX)	HRC (3), IM (3), JF (2)
Rep. Robert Andrews (D-NJ)	HRC, IM, JF
Rep. Jim Bacchus (D-FL)	IM
Rep. Tom Barlow (D-KY)	IM, JF
Rep. Xavier Becerra (D-CA)	HRC
Rep. Michael Bilirakis (R-FL)	HRC, IM, JF
Rep. Tom Bliley (R-VA)	HRC, IM (3), JF
Rep. Henry Bonilla (R-TX)	HRC
Rep. David Bonior (D-MI)	HRC, IM, JF
Rep. Jack Brooks (D-TX)	HRC
Rep. Glen Browder (D-AL)	IM
Rep. Sherrod Brown (D-OH)	HRC
Rep. Ben Cardin (D-MD)	HRC (2), IM (3), JF (2)
Rep. Bob Carr (D-MI)	IM
Rep. Eva Clayton (D-NC)	HRC
Rep. Cardiss Collins (D-IL)	HRC (2), IM, JF
Rep. John Conyers (D-MI)	HRC (3), IM, JF
Rep. Jim Cooper (D-TN)	HRC (2), IM (4), JF (2)
Rep. Pat Danner (D-MO)	IM
Rep. Kika de la Graza (D-TX)	HRC (2), IM, JF
Rep. Rosa DeLauro (D-CT)	IM, JF
Rep. Ron de Lugo (D-VI)	HRC
Rep. Butler Derrick (D-SC)	HRC, IM (2), JF (2)
Rep. Lincoln Diaz-Balart (R-FL)	HRC
Rep. John Dingell (D-MI)	HRC (3), IM (3). JF (3)
Rep. Richard Durbin (D-IL)	IM (2), JF
Rep. Elliot Engel (D-NY)	IM
Rep. Vic Fazio (D-CA)	HRC, IM, JF
Rep. Bob Filner (D-CA)	IM (2), JF
Rep. Floyd Flake (D-NY)	HRC
Rep. Tom Foley (D-WA)	HRC, IM, JF
Rep. Bill Ford (D-MI)	HRC (3), IM (3), JF (3)
Rep. Gary Franks (R-CT)	HRC
Rep. Elizabeth Furse (D-OR)	HRC
Rep. Dick Gephardt (D-MO)	HRC (2), IM (5), JF (4)
Rep. Pete Geren (D-TX)	IM (2), JF
Rep. Sam Gibbons	HRC (3)
Rep. Newt Gingrich (R-GA)	HRC, IM (2), JF
Rep. Dan Glickman (D-KS)	IM
Rep. Bill Goodling (R-PA)	HRC, IM, JF
Rep. Bart Gordon (D-TN)	IM, JF
Rep. Porter Goss (R-FL)	HRC, IM (4), JF
Rep. Fred Grandy (R-IA)	HRC, IM (3), JF
Rep. Gene Green (D-TX)	IM
Rep. Steve Gunderson (R-WI)	
Rep. Luis Guttierrez (D-IL	HRC
Rep. Tony Hall (D-OH)	HRC
Rep. Lee Hamilton (D-IN)	IM, JF
Rep. Dennis Hastert (R-OH)	HRC, IM (4), JF
Rep. Peter Hoagland (D-NE)	HRC
Rep. George Hochbrueckner (D-NY)	IM, JF
Rep. Tom Hoke (R-OH)	HRC, IM, JF
Rep. Steny Hoyer (D-MD)	HRC, IM (2), JF (2)
Rep. William Hughes (D-NJ)	IM, JF
Rep. Jay Inslee (D-WA)	IM, JF
Rep. William Jefferson	HRC (2)
Rep. Don Johnson (D-GA)	IM, JF

Rep. E.B. Johnson (D-TX)	HRC, IM (2), JF (2)
Rep. Harry Johnston (D-FL)	HRC, IM, JF
Rep. Nancy Johnson (R-OH)	HRC, IM (4), JF
Rep. Marcie Kaptur (D-OH)	HRC, IM, JF
Rep. John Kasich (R-OH)	HRC, IM, JF
Rep. Barbara Kennelly (D-CT)	HRC, IM, JF
Rep. Gerald Klezcka (D-WI)	IM, JF
Rep. Ron Klink (D-PA)	
Rep. Mike Kopetski (D-OR)	HRC
Rep. Ron Kreidler (D-WA)	HRC
Rep. Blanche Lambert (D-AR)	HRC (2), IM
Rep. Martin Lancaster (D-NC)	IM, JF
Rep. Richard Lehman (D-CA)	HRC
Rep. Sander Levin (D-MI)	HRC (2), IM (3), JF (3)
Rep. John Lewis (D-GA)	HRC (3), IM (3), JF (3)
Rep. Marilyn Lloyd (D-TN)	IM, JF
Rep. Nita Lowey (D-NY)	HRC, IM, JF
Rep. Carolyn Maloney (D-NY)	HRC
Rep. Marjorie Margolies-Mevzinsky (D-PA)	HRC
Rep. Edward Markey (D-MA)	HRC
Rep. Bob Matsui (D-CA)	HRC (2), IM, JF
Rep. Jim McCrery (R-LA)	HRC, IM, JF
Rep. Dave McCurdy (D-OK)	IM
Rep. Jim McDermott (D-WA)	HRC (3), IM (3), JF (2)
Rep. Cynthia McKinney (D-GA)	HRC
Rep. Alex McMillan (R-NC)	HRC, IM (3), JF
Rep. Michael McNulty (D-NY)	HRC
Rep. Carrie Meek (D-FL)	HRC (2), IM, JF
Rep. Robert Menendez (D-NJ)	HRC
Rep. Kweisi Mfume (D-MD)	HRC
Rep. Bob Michel (R-OH)	HRC, IM, JF
Rep. Patsy Mink (D-HI)	HRC
Rep. Sonny Montgomery (D-MI)	HRC
Rep. Jim Moran (D-VA)	IM
Rep. Carlos Moorhead (R-CA)	
Rep. Connie Morella (D-MD)	HRC
Rep. Richard Neal (D-MA)	HRC
Rep. Elanor Holmes Norton (D-DC)	HRC
Rep. David Obey (D-WI)	HRC, IM, JF
Rep. John Olver (D-MA)	IM, JF
Rep. Solomon Ortiz (D-TX)	HRC
Rep. Bill Orton (D-UT)	IM
Rep. Frank Pallone (D-NJ)	HRC
Rep. Edward Pastor (D-AZ)	HRC
Rep. Lewis F. Payne (D-VA)	HRC (2), IM
Rep. Tim Penny (D-MN)	IM
Rep. Pete Peterson (D-FL)	IM
Rep. Jake Pickle (D-TX)	
Rep. Earl Pomeroy (D-ND)	IM, JF
Rep. David Price (D-NC)	IM
Rep. Charlie Rangel (D-NY)	HRC
Rep. Mel Reynolds (D-IL)	HRC (2)
Rep. Bill Richardson (D-NM)	HRC (4), IM (3), JF (3)
Rep. Pat Roberts (R-KS)	HRC, IM, JF
Rep. Carlos Romero-Barcelo (D-PR)	HRC, IM, JF
Rep. Ileana Ros-Lehtinen (R-FL)	HRC
Rep. Charlie Rose (D-NC)	HRC, IM, JF
Rep. Dan Rostenkowski (D-IL)	HRC (4), IM (3), JF (3)
Rep. Marge Roukema (R-NJ)	HRC, IM, JF
Rep. Roy Rowland (D-GA)	HRC, IM

Rep. Lucille Roybal-Allard (D-CA)	HRC
Rep. Tom Sawyer (D-OH)	IM, JF
Rep. Lynn Schenk (D-CA)	HRC
Rep. Pat Schroeder (D-CO)	HRC
Rep. Jose Serrano (D-NY)	HRC
Rep. Karen Shephard (D-UT)	IM, JF
Rep. Norman Sisisky (D-VA)	IM, JF
Rep. David Skaggs (D-CO)	IM, JF
Rep. Jim Slattery (D-KS)	HRC (2), IM (2), JF
Rep. Louise Slaughter (D-NY)	HRC (2), IM, JF
Rep. Neil Smith (D-IA)	HRC, IM, JF
Rep. Olympia Snowe (R-ME)	HRC
Rep. John Spratt (D-SC)	IM
Rep. Pete Stark (D-CA)	HRC (3), IM (5), JF (4)
Rep. Charles Stenholm (D-TX)	HRC (2), IM, JF
Rep. Louis Stokes (D-OH)	HRC
Rep. Ted Strickland (D-OH)	HRC, IM, JF
Rep. Gerry Studds (D-MA)	HRC
Rep. Bart Stupak (D-MI)	IM, JF
Rep. Mike Synar (D-OK)	HRC, IM (2), JF (3)
Rep. John Tanner (D-TN)	IM
Rep. Billy Tauzin (D-LA)	HRC
Rep. Frank Tejeda (D-TX)	HRC
Rep. Bill Thomas (R-CA)	HRC, IM (4), JF
Rep. Karen Thurman (D-FL)	IM, JF
Rep. Ed Towns (D-NY)	HRC
Rep. Esteban Edward Torres (D-CA)	HRC
Rep. Robert Underwood (D-GU)	HRC
Rep. Nydia Velazquez (D-NY)	HRC, IM, JF
Rep. Harold Volkmer (D-MO)	IM, JF
Rep. Bob Walker (R-PA)	HRC, IM, JF
Rep. Maxine Waters (D-CA)	HRC (2)
Rep. Mel Watt (D-NC)	HRC
Rep. Henry Waxman (D-CA)	HRC (4), IM (3), JF (3)
Rep. Pat Williams (D-MT)	HRC (3), IM (3), JF (3)
Rep. Robert Wise (D-WV)	IM, JF
Rep. Lynn Woolsey (D-CA)	IM (2), JF
Rep. Ron Wyden (D-OR)	HRC (2), IM, JF

<u>OTHER:</u>

Bob Reischauer, Director CBO	IM

PHYSICIANS ADVISORY GROUP AND WORKING GROUP MEMBERS MET WITH THESE PEOPLE

ACEVEDO, JAMES
ALCORN, MERRIT, MD
ALUM, JEROME, MD
BENDIXEN, HENDRICK, MD
BENNET, ALAN
BENSON, JOHN, MD
BLIM, DONALD, MD
BOSNAK, ROSEMARIE
BOWEN, JOHN, MD
BOXER, RICHARD, MD
BRISTOW, LONNIE, MD
BURCIAGA, RAUL,
BUTLER, ROBERT, MD
CAREY, WILLIAM, MD
CARPENTER, CHARLES, MD
CASSEL, CHRISTINE, MD
CHUCKER, FRANK, MD
CLAGHORN, DEAN, EDD
COHN, DEBRA, ESQ.
CONNERTON, PEGGY
COPELAND, ROBERT, MD
CORLIN, RICHARD, MD
COYLE, JOSEPH, MD
DE LA TORRE, ADELA, MD
DELGADO, JANE
DIAZ, JOE, MD
DICKEY, NANCY, MD
DOZORETZ, RONALD, MD
ECKSTAT, STEVE R., DO
EDWARDS, ADRIAN, MD
EHRAT, KAREN S., PH.D
EISENBERG, JOHN, MD
ELLIOT, LARRY P., MD
FALCON, ANTONIO, MD
FASTWOLF, STEPHEN, RPT
FREEDMAN, PAUL
GAFFNEY, TERRY, RN
GALLIN, PAM, MD
GREELY, HENRY, MD
GRIEF, PAUL, MD
GUICE, KAREN, MD
GUTIERREZ, NILSA, MD
HACHTEN, RICHARD, MHA
HANSON, JIM, MD
HARTMANN, MARLENE
HEGARTY, STEVE, MD
HENION, JULIA
HEYSSEL, ROBERT, MD
HILL, LAWRENCE, DDS
HILL, HUGH F., MD, JD
HOCKSTETTER, SUSAN
HOPKINS, SUE
HOUPT, JEFFREY, MD
HOWLEY, JOHN
KLIMBERG, V. SUZANNE
KOHRMAN, ARTHUR
KYLE, REGINA, MD

LANSTEIN, JOEL
LEVIN, MICHAEL S.
LEVINE, HOWARD, JD
LEVY, RICHARD, JD
LIERMAN, TERRY
LOH, IRV, MD
LOPEZ, OSVALDO
MARGOLAS, ROBERT, MD
MAYNARD, DOUGLAS, MD
MCDONALD, JOHN
MCKANE, STEVE URANGA, DDS
MORALES, SUSAN, MD
NETTLESHIP, MAE, MD
NORTON, MEG, RN
ODEN, CLYDE, DO
OFFIT, KENNETH, MD
PAROLY, WARREN, MD
PIERCE, PHILLIP, PHD
REYNA, ROBERT, MD
SAVINO, PETER, MD
SCHETTMAN, MARY ELLEN, MD
SCHEUR, BARRY, JD
SCHLACKERMAN, NEIL, MD
SCHNEIDER, DON
SLAVEN, JOHN, MD
SOLOMONT, ALAN, MD
SPAETH, GEORGE L., MD
STRINGER, MIKE
TAKEY, CHRIST, MD
TANGALOS, ERIC
VOLLA, STEVE
WARD, JANET, RN
WATERS, ROBERT
WESTBROOK, KENT
WESTBROOK, KENT, MD

4/19/93

WORKING GROUP MEMBERS MET WITH THESE CONSUMERS

ALLEN, ELIZABETH	CITIZEN ACTION
ALLEN, KARIN	CITIZEN ACTION
ALLEN, JOHN	'ON OUR OWN'
APPLETON, MILES	INTAKE
APPLETON, MRS.	INTAKE
ARIO, JOEL	CONSUMER FEDERATION
ARNOLD, JENNIFER	INTAKE
BAKR, SADDIQ	CCNV
BENN, RICHARD	INTAKE
BENN, MINDY	INTAKE
BIDDLE, CORNELIA	INTAKE
BIDDLE, MR.	INTAKE
BLACKFORD, ALLEN	INTAKE
BLAISDELL, CARMI T.	INTAKE
BOBO, YANCEY	CCNV
BORELLI, MARYANNE	HOMELESS NURSE
BRADEN, RON	INTAKE
BREWER, TOM	INTAKE
BROOKTER, MARIE	INTAKE
BROWN, MARRISA	-
BRUBAKER, RACHEL	INTAKE
BURKHOLDER, DIANE	INTAKE
BUTTERWORTH, MEG	-
BYRNE, ROBERT	AARP
CAIN, ELIZABETH	WHITE HOUSE VOLUNTEER
CALDAGHAN, LAURIE	R.I. SCHOOL NURSE
CAPLINS, KATHY	INTAKE
CAVANAUGH, CAROL	INTAKE
CHRISTCH, KAREN	CALLED AFTER HCTF HEARING
CICLER, BONNIE	FAMILIES USA
CLEGHORN, STEVEN	JOBS FOR HOMELESS PEOPLE INC.
COXON, EUNICE	INTAKE
CROSS, EASON	INTAKE
CULBERTSON, CHARLES	INTAKE
CURRIE, JIM	INTAKE
DE'ALLESANDRO, OLYANDA	INTAKE
DERATTO, PATRICIA, A.	INTAKE
DEWIND, ELLEN	CONSUMER FEDERATION
DOBBUNS, JUDITH	COALITION FOR THE HOMELESS
DORSEY, CAROL	INTAKE
ECONOMOU, KATINA	CITIZEN ACTION
ELKIND, EDWARD	HOMELESS LEGAL FUND
ESBHEACH, SHERYL	FAMILIES USA
EWELL, STACY	INTAKE
FALL, PENNY	INTAKE
FINNELY, CAROL	CCNV
FISHER, DANIEL	PSYCHIATRIST
FLANAGAN MONTGOMERY, DIANE	PRIVATE INDUSTRY COUNCIL
FRANCO, CAROL	INTAKE

GALLO, TONY	FAMILIES USA
GARZA, ANDY	CCNV / NEW WAY RECOVERY, INC.
GEARHART, CHARLIE	CITIZEN ACTION
GENRICH, CHUCK	INTAKE
GEUARTER, MARY L.	INTAKE
GLENDENING, ANNE	-
GOTCHUS, JANELLE	DC HEALTH CARE FOR THE HOMELESS
GURLIK, CHERYL	CONSUMER FEDERATION
HALFILL, MARY	INTAKE
HARLAN, JOHN	FAMILIES USA
HAWKINS, EDITH	GREEN DOOR
HOLBROOK, TERI	BALTIMORE COUNTY SCHOOL NURSE
HUDSON, WINSON	HEAD START - MISSISSIPPI
HUFF, BARBARA	-
JACKSON, SYLVIA	INTAKE
JAEGER, SUSAN	INTAKE
JEHLE, CARLYN	R.I. SCHOOL NURSE
JOHNSON, EARLANE	INTAKE
JOHNSON, CONCHA	NATIONAL COUNCIL OF SENIOR CITIZENS
JONES, RICHARD	INTAKE
KACHANIS, ANNE MARIE	R.I. SCHOOL NURSE
KRANZ, SHIRLEY	NATIONAL COUNCIL OF SENIOR CITIZENS
KRANZ, HARRY	NATIONAL COUNCIL OF SENIOR CITIZENS
LACEY, DR. BERNADINE	CCNV
LAWHICZAK, JOHN	NATIONAL COUNCIL OF SENIOR CITIZENS
LEECH, IRENE	CONSUMER FEDERATION
LIGHT, JANIS	INTAKE
LONGA, BARBARA	R.I. SCHOOL NURSE
LUCKHARD, BILL	AARP
MARLAN, HOPE	-
MAST, DAVID	FAMILIES USA
MAST, SUZANNE	FAMILIES USA
MATEER, SUSAN	INTAKE
MATEER, RON	INTAKE
MAWER, MARTHA	INTAKE
MAYS, KATHY & FRIEND	INTAKE
MCCALL, ELLA	SOCIAL WORKER
MCELDOWNEY, KEN	CONSUMER FEDERATION
MCKENNA, THERESA	NATIONAL COUNCIL OF SENIOR CITIZENS
MCLEOD, ANNE	NATIONAL COUNCIL OF SENIOR CITIZENS
MCNABB, WANN	INTAKE
MEILI, STEVE	CONSUMER FEDERATION
MILLER, LINDA	INTAKE
MITCHELL, KEITH	CCNV
MITCHELL, LOIS	CCNV
MITCHELL, REGENE L.	CONSUMER FEDERATION
MOEHRLE, GEORGE	CITIZEN ACTION
MONTGOMERY, DOROTHY	INTAKE
MOORE, TERRY	INTAKE
MUNDELL, MR.	INTAKE
MUNDELL, PAMELA	INTAKE
NAULT, LORRAINE	R.I. SCHOOL NURSE
NELSON, DAVID	INTAKE
NEWELL, BETTY	FAMILIES USA
NEWELL, KATHLEEN	FAMILIES USA
OBRACHTA, CAROL	-
OLINICK, JULIAN	INTAKE
OLINICK, MR.	INTAKE
ONWUCHUKEWA, DIANE	INTAKE
PACHECO, GUADELUPE	PAUL JACKSON

PARKE, ANNE	NATIONAL COUNCIL OF SENIOR CITIZENS
POWERS, SHERYLE	-
QUINLIN, MARY JO	-
REES, BEVERLEY	INTAKE
RESSALLOT, JUDY	R.I. SCHOOL NURSE
ROADS, DAVID	INTAKE
ROBERTS, MR.	INTAKE
ROBERTS, LOIS	INTAKE
ROBINSON, VIRGINIA	INTAKE
ROBINSON, BRENDA	INTAKE
ROGAN, SUSAN	INTAKE
ROURKE, JOSEPH	INTAKE
RUSSO, TONY	CONSERVE
SCHULER, MELINDA	INTAKE
SEARLE-WHITE, LISBET	INTAKE
SEGU, MARY & DAUGHTER	SEGU
SIMONTON, THOMAS	AARP
SMITH, SHIRLEY	INTAKE
STAFFORD, THOMAS	-
STARKWEATHER, LYNNE	INTAKE
STARKWEATHER, MR.	INTAKE
STEWART, SARAH JANE	FAMILIES USA
SUMMERS, ROBERT	-
TAYLOR, SISTER CAROL	CENTER FOR CLINICAL BIO-ETHICS
THOMAS, JACKIE	AARP
THURMAN, RANDY	INTAKE
VEIDT, CYNTHIA	HARTFORD SCHOOL NURSE
WALKER, JANICE	-
WALLACH, FRANKLIN	NATIONAL COUNCIL OF SENIOR CITIZENS
WAYMAN, ROSA LEE	-
WEDGE, SYLVESTER	CCNV
WEINSTEIN, CAROLE	INTAKE
WHEYNNERY, MARIE	CCNV
WILLIAMS, FRANCENE	GREEN DOOR
WINANS, JEFFREY	INTAKE
WOODY, WILLIAM	NATIONAL COUNCIL OF SENIOR CITIZENS
WRIGHT, OLGA	WILLIAM RAMSEY SCHOOL NURSE
WYATT, HUGH	PAUL JACKSON

corporates assign somebody

ENTERTAINMENT INDUSTRY MEETING ATTENDEES

* GARY BEER, PRESIDENT OF THE SUNDANCE GROUP
* TIM BOGGS, SENIOR VICE PRESIDENT OF PUBLIC POLICY, WARNER BROS.
* BOB BURKETT, PRESIDENT OF THE DAVID GEFFEN FOUNDATION
* LEN FINK, EXECUTIVE CREATIVE DIRECTOR, CREATIVE ARTISTS AGENCY
* JOHN GARAMENDI, CALIFORNIA INSURANCE COMMISSIONER
* KATHY GARMEZY, HOLLYWOOD POLICY CENTER
* GARY DAVID GOLDBERG, CHAIRMAN OF UBU PRODUCTIONS
* SHELLY HOCHRON, EXECUTIVE CREATIVE DIRECTOR, CREATIVE ARTISTS AGENCY
* DEAN KAMEN, PRESIDENT OF DEKA RESEARCH AND DEVELOPMENT
* ALAN LANDSBURG, EXECUTIVE PRODUCER / CEO THE LANDSBURG COMPANY
* LINDA OTTO LANDSBURG, PRODUCER / DIRECTOR THE LANDSBURG COMPANY
* MIKE MEDAVOY , CHAIRMAN OF TRISTAR PICTURES
* PATRICIA MEDAVOY
* DIANA MEEHAN, PARTNER, VU PRODUCTIONS – facilitate
* CORY O'CONNOR, VICE PRESIDENT OF MEDIA RELATIONS, THE DISNEY CHANNEL
* LORRAINE SHEINBERG
* SID SHEINBERG , PRESIDENT AND CHIEF OPERATING OFFICER OF MCA STUDIOS
* BARBRA STREISAND, THE STREISAND FOUNDATION
* MARGE TABANKIN, HOLLYWOOD WOMEN'S POLITICAL COMMITTEE
* LOUISE VELAZQUEZ, PRESIDENT OF QUINCY JONES ENTERTAINMENT

WHITE HOUSE ATTENDEES

* BOB BOORSTIN, DIRECTOR OF WHITE HOUSE HEALTH CARE COMMUNICATIONS TEAM
* JAMES CARVILLE, COMMUNICATIONS CONSULTANT
* TOM EPSTEIN, WHITE HOUSE POLITICAL AFFAIRS STAFF
* CELIA FISCHER, CONSULTANT
* STAN GREENBERG, SURVEY RESEARCH CONSULTANT
* MANDY GRUNWALD, MEDIA CONSULTANT
* CHARLOTTE HAYES, DOMESTIC POLICY ASSISTANT TO THE VICE PRESIDENT
* ANNETTE LARKIN, CONSULTANT
* ANNE LEWIS, SENIOR HEALTH CARE COMMUNICATIONS ADVISOR TO SECRETARY SHALALA
* MIKE LUX, WHITE HOUSE PUBLIC LIAISON STAFF
* IRA MAGAZINER, STAFF DIRECTOR OF WHITE HOUSE HEALTH CARE TASK FORCE
* SIMON ROSENBERG, DNC POLICY DIRECTOR
* GEORGE STEPHANOPOULOS, WHITE HOUSE COMMUNICATIONS DIRECTOR
* MELANNE VERVEER, POLICY ADVISER TO 1ST LADY

THE WHITE HOUSE

WASHINGTON

AGENDA

ENTERTAINMENT INDUSTRY HEALTH CARE COMMUNICATIONS MEETING

ROOSEVELT ROOM

MARCH 27, 1993

I. PURPOSE, STRUCTURE, & INTRODUCTIONS (Tom Epstein) 11:00-11:20

II. SUMMARY OF HEALTH POLICY & PROCESS (Ira Magaziner) 11:20-11:55

III. CALIFORNIA'S ROLE (John Garamendi) 11:55-12:00

IV. RESEARCH (Stan Greenberg) 12:00-12:15

V. COMMUNICATIONS OPTIONS (Mandy Grunwald) 12:15-12:30

VI. LUNCH IN WHITE HOUSE MESS 12:30-1:00

VII. DISCUSSION OF OPTIONS (James Carville) 1:00-2:15

VIII. NEXT STEPS (Bob Boorstin) 2:15-2:30

THE WHITE HOUSE

WASHINGTON

~~CONFIDENTIAL~~

March 24, 1993

MEMORANDUM FOR HILLARY RODHAM CLINTON

SUBJECT: Health Care Policy and Politics

FROM: Mike Lux

Per our conversation a few days ago, I wanted to do a broad summary memo on the politics of our health care policy decisions. There are some very clear political/policy trend lines that I'm picking up from the hundreds of meetings and phone conversations I've been engaged in the last few weeks, and I thought it important to share those with you.

cc: Ira Magaziner
Bob Boorstin
Chris Jennings
Alexis Herman
Steve Hilton
Melanne Verveer ✓

A. VAT

I know there has been a serious shift in thinking about whether to go with a VAT in recent days. I, too, assumed it was impossible until recently, but have begun to be convinced as time goes on. Stan Greenberg and the other polling/message gurus are better qualified than I to determine the critical question of whether the public can stomach another major tax increase. But I would argue that is both possible and desirable for the following reasons:

1. There are two major policy choices that drive up the costs of this package significantly that I believe are absolutely vital to its political viability. One of those is a decent long-term care plan, without which we won't get senior citizen support. The other is a relatively rich benefits package, without which we lose the middle class. Even with extreme cost controls, I don't see how we get those two things without a major new revenue source.

2. Doing a VAT would allow us to make the overall transition to the new system faster, lessening the need for short term price controls, medicare extenders, premium caps, or any of the other unpleasant options in front of us. This takes away the biggest excuse that health industry groups would have to oppose our plan, and would genuinely make a serious health industry split possible. The American Hospital Association, the big five insurance companies, and several different physician groups are all possible supporters of our plan without the short term cost controls; with them, their support is unlikely.

3. Doing the VAT would also make easier extending universal coverage more quickly. This is not only a humanitarian and economically sensible goal we all share, but also makes it easier to bring consumer groups and our left flank into the fold.

4. Having worked for Citizen Action, Citizens for Tax Justice, and the AFL-CIO, I've been working most of my adult life against sales taxes because of their regressive nature. But from that work, I know that sales taxes are far easier to win support for than any other kind of broad based tax increase, even from working class people hurt by the regressivity. People like its simplicity, and think it is fair because everyone pays it.

5. The groups mentioned above usually form the basis for organizational pressure against a VAT, but they want universal health care so badly they are willing to give up

their past opposition - especially if we use tax credits or exemptions to structure it more progressively.

6. Overall, both business and labor seem to be moving in the direction of a VAT, and I can think of no serious institutional pressure against it.

B. Long Term Care

As Chris Jennings, our pollsters, and I have argued from the beginning, we can only win this battle with the enthusiastic support of senior citizens and the big groups that represent them. I am convinced that given their fear of losing the choice of their doctor, the one component that assures their support of this plan is a relatively strong long-term care package. Prescription drug prices are important as well, but long-term care is clearly the top priority for most groups.

Depending on how we structure the long-term care program, we'll pick up different organizational support. A strong emphasis on home care and personal assistance services will help us with the disabilities community as well as hospice and home health care interests, and will also be popular with the aging community.

C. Tort Reform

This is one I stay awake nights worrying about, because I think we need a carefully balanced approach here.

On the one hand, for this proposal to be credible, we need to do something real on tort reform. We can't credibly put many insurance companies and insurance agents out of business and ask for real financial sacrifice from physicians and hospitals without asking lawyers for some sacrifice as well: it's too great an excuse to oppose this package and it hurts us badly in the media. Having some tort reform in the package also helps us win business support.

On the other hand, I don't believe there is any legitimate public policy need to do too much in this area: the evidence is not compelling that tough tort reform measures actually bring down medical costs. And trial lawyers have been loyal friends to this Administration and Democrats in general. Certainly their ability to survive twelve years of White House opponents and the business/insurance/medical establishment coalition against them speaks to their great political clout.

Having had indepth conversations with ATLA's leadership, I believe they are willing to compromise on some matters, and that if we don't go too far, they will not only not oppose us but will help us get the whole plan passed.

This is clearly a matter for continued careful negotiation with ATLA.

D. Rural Health Care

Another essential part of passing our health plan, especially in the Senate, is what we do with rural health care. Most rural interests are convinced that managed competition does nothing to improve rural health care. Our legislation must reflect a strong commitment to quality and access for rural America.

There are three observations I have here:

1. Short term cost controls, like price freezes, are probably most damaging to rural hospitals and small town general practitioners because so many of them are living close to the edge financially right now. If we go that route, we need to figure out how to compensate for that impact.

2. Rural states are probably where state flexibility to design their own wrinkles to the basic system is most important.

3. The best argument for paying physicians and hospitals with an all-payer system instead of the Jackson Hole system is that it allows for tighter control over total health expenditures in rural areas where managed care may not be feasible, while still preserving a steady reimbursement system.

E. Workers Compensation

I think the advantages of twenty-four hour coverage in terms of administrative simplicity and cost savings strongly outweigh the disadvantages, but there is one major disadvantage for which we need to compensate. The key advantage of the current system is that the costs of workers compensation are a big financial incentive for companies to make their workplaces more safe. That is one thing there is universal agreement on from labor, insurers, and even business (begrudgingly).

I don't have any easy answers, but I would urge that our working groups take a close look at ways to compensate for that problem.

F. HIPC Structure

The most important thing in structuring HIPCs is to not create a two tier health system that makes health care plans better and cheaper for healthier and wealthier people. Constructing such a system would badly damage our ability to draw support form senior citizens, labor, consumer, and single-payer groups. Even more

importantly in the long run, it threatens the system's ability to deliver high quality health care for the broad middle class.

There are two key issues to decide on here:

1. Opt outs. I would argue strongly that we not allow any businesses to opt out. If firms want to remain self-insured, they should still be forced to pick a HIPC and pay through the HIPC. And if we do decide to allow complete opt outs, there must be significant rate adjustments so that firms with younger, healthier work forces don't drive up everyone else's costs.

It will cost us a modest amount of business support to not allow opt outs, but allowing them hurts us far more among our potential base groups, as well as with businesses. And in terms of the broader public policy goal of not allowing there to be a two tier system, not allowing opt outs is a much simpler option than any of the alternatives.

2. Competing on quality instead of cost. Central to the idea of not allowing a two tier system is that we structure HIPCs so they compete on quality and outcomes instead of cost. This goal is central to getting the support of many key organizations.

I think one policy idea that works in this regard is Rick Brown's formulation of having the HIPC pay each plan a risk adjusted capitation payment for each enrollee. Like Medicare, this would require the HIPC to pay the same set amount to all plans for caring for someone in each defined risk group. Except for limited patient co-pays or deductibles, the HIPC's payment to a health plan should be accepted as payment-in-full, and plans could not charge enrollees more for the comprehensive benefits package than the plan receives from the HIPC.

Again, the idea of this kind of approach is to keep low and middle income consumers from being consigned worse health care. I think this approach would win us considerable support from big business, many of whom understand the importance of paying for long run quality instead of the shortest term, cheapest plan. It is obviously very important to unions and consumer groups as well.

Lobbyists, Interest Groups Join Health

■ Legislation: The price tag for influencing Congress may top $100 million, the most expensive contest in history.

By DOUGLAS FRANTZ
TIMES STAFF WRITER

WASHINGTON—Over the upcoming Memorial Day weekend, 20 or 30 congressional staff members and their spouses will be entertained at Connecticut's quaint Mystic Seaport as guests of Pfizer Inc., a major pharmaceutical company.

The free getaway offers meetings with scientists and tours of Pfizer's nearby research center, according to the invitation. But it won't be all work. There will be a lobster dinner, food and drinks in a hospitality suite at the Mystic Hilton Hotel and side trips to the harbor and aquarium. Of course, there will be informal chats with company officials too.

"This is not lobbying," insisted Ken Bowler, one of two Pfizer lobbyists organizing the event. "My spin on this is that it is very informative. People can see what we are doing. There's time to actually talk to scientists."

Even though it is indeed deemed educational and violates no ethics rules, the junket could not come at a more opportune moment for the company.

As an internal memo from an industry coalition noted, President Clinton has identified pharmaceutical manufacturers as "public enemy No. 1" in his fight for health care reform. Some form of restraint on drug prices may be part of Clinton's plan.

Price controls, like the rest of Clinton's package, will require congressional approval. As a result, congressional staff members are expected to play an important role in influencing their bosses on the complex legislation.

Even in a city where lobbying is pervasive, the battle over health care reform is shaping up as the most bruising and expensive contest in history. As the Administration's plan moves toward completion, interest groups of all types are moving into the fray, and the price tag is expected to top $100 million.

In the end, the outcome will determine whether the President can transform one of his major campaign promises into reality when pitted against Washington's entrenched army of lobbyists.

"I don't know what has come along that touches such a big piece of the economy and so directly affects so many individuals," said Jody Powell, the former Jimmy Carter Administration press secretary whose Washington firm is running a $2-million public relations campaign for six large pharmaceutical companies.

Drug companies already are mobilizing to fight price controls. Other potential losers, such as health insurance companies and insurance agents, are also developing strategies to counter proposals that could cost them business and jobs.

With opinion polls showing heavy public support for reform, lobbyists are sensitive to the risks they may run in challenging Clinton on the issue.

None talk publicly about derailing health care reform. So far, they prefer to discuss ways they can work with the Administration in hopes of crafting modifications to the anticipated proposal. Yet privately, some describe strategies for blocking the President's plan in Congress.

Few industries have more at stake in the outcome of this battle than drug companies, and the massive scale of their lobbying effort matches the stakes.

So far, the industry's response has been divided. Some companies, such as Merck & Co., hope to head off mandatory price controls by promising voluntary restraints. Others oppose any attempt to control prices.

Pfizer's upcoming trip for congressional staffers is intended partly to convey the message that drug prices seem high only because they must finance the expensive development of new medicines.

"The focus is on the research itself," said Bowler, the Pfizer lobbyist and himself a former Democratic staff member of the House Ways and Means Committee.

Consumer organizations complain that they lack the resources to pay for a resort weekend to get their message across to congressional staffers.

"It's clearly something that those of us who are on the public-interest side can't compete with," said Cathy Hurwit, chief lobbyist for Citizen Action, a consumer organization that favors comprehensive national health insurance.

Overall, the drug industry's lobbying is coordinated by its Washington-based trade group, the Pharmaceutical Manufacturers Assn. But insiders say some companies feel that the PMA has been too slow to respond.

G.D. Searle and five other manufacturers have combined efforts in a $2-million national campaign to counter the black eye given to them by the Administration. They named themselves Rx Partners and hired Powell's public relations firm, Powell Tate.

Insights into their strategy are contained in a paper prepared by Powell Tate. Rx Partners plans a grass-roots campaign of letters and phone calls to the White House and key members of Congress, as well as approaches to journalists and local news outlets.

The theme will be that controls on drug prices threaten vital research and development. But the underlying goals are to persuade legislators that the public interest is represented by the drug companies, not the Administration, and to poke holes in the Clinton plan.

The health insurance industry appears willing to make some concessions in hopes of avoiding bigger losses. After years of being accused of refusing to insure people with a history of medical problems, the industry now supports universal, cradle-to-grave coverage with no exclusions—one of the Administration's concepts.

Central to the Clinton plan is likely to be a series of government-mandated health insurance purchasing cooperatives. The organizations will buy health insurance and manage programs for large groups of employers and individuals.

Major insurance companies would probably manage some of the cooperatives, and universal coverage would create new customers who are likely to be snapped up by the big companies. But the scenario leaves smaller and medium-sized companies scrambling for business.

Last month, the insurers opened a $4-million ad campaign designed to highlight the risks to personal choices posed by some likely aspects of the Clinton plan. It is a potent argument with large numbers of Americans afraid of what they might lose in a restructured health system, according to polls.

"Our sense is that the public cares a great deal not only about a choice of doctors or hospitals, but about health insurance," said Bill Gradison, a Republican who resigned from Congress last year and became president of the industry trade organization, the Health Insurance Assn. of America.

'Are you prepared to lose your job?'

Letter to 12,000 insurance agents from their Washington trade group

The prospect of purchasing cooperatives is even more ominous to the people who sell health insurance for a living and who could effectively be replaced by them.

"Are you prepared to lose your job?" begins a letter sent to 12,000 insurance agents by their Washington trade group, the National Assn. of Health Underwriters.

The letter describes the fight against the Administration as a "life-or-death battle" and appeals for $1.2 million in contributions to an emergency "war chest."

For the first time, the organization has hired outside lobbyists—the law firm of Patton, Boggs & Blow and the former top aides to Sens. Orrin G. Hatch (R-Utah) and Mitch McConnell (R-Ky.).

"We're not looking for magic bullets," said E. Neil Trautwein, director of government affairs for the insurance group. "What we are looking for is accurate

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Partial List of Attendees for May 25th Forum

Alliance of Cnotic Support Groups

Alzheimer's Association

American Academy of Child and Adolescent Psychiatry

American Academy of Pediatrics

American Association for the Advancement of Science Project on Science, Technology & Disability

American Association of Retired Persons

American Association of Children's Residential Centers

American Association of Pastoral Counselors

American Association of Dental Schools

American Association of Homes for the Aging

American Baptist Churches

American Bar Association

American Civil Liberties Union

American College of Physicians

American Council of the Blind

American Counseling Association

American Diabetes Association

American Federation of Government Employees

American Federation of State, County, and Municipal Employees

American Heart Association

American Jewish Congress

American Physical Therapy Association

American Psychiatric Association

American Psychological Association

American Society of Hospital Pharmacists

American Speech-Language-Hearing Association

American Veterans Committee

Americans for Democratic Action

Arthritis Foundation

Association for Gerontology in Higher Education

Association of Flight Attendants

Association of Gerontology in Higher Education

Association of Maternal & Child Health Programs

Association of Minority Health Professions Schools

Baptist Joint Committee on Public Affairs

Bass & Howes

Bazelon Center for Mental Health Law

Bread for the World

Catholic Charities USA

Center for Community Change

Center for Law and Social Policy

Center for Maternal Health Services Research

Center for Mental Health Services

Center for Policy Alternatives

Center for Population Options

Center for Science in the Public Interest

Child Welfare League of America

Children's Defense Fund

Church of the Brethren Washington Office

Coalition on Consumer Protection and Quality in Health Care Reform

Consortium of Social Service Association

Consumers Union

DC Gray Panthers

Delta Sigma Theta Sorority, Inc.

Epilepsy Foundation of America

Episcopal Church: Washington Office

Family Service America

Farmworker Justice Fund

Federally Employed Women

Friends Committee on National Legislation

Goodwill Industries of America

Group Health Association of America

HADASSAH

Health Care for the Homeless Project, Inc.

Human Rights Campaign Fund

Institute for Women's Policy Research

International Association of Psychosocial Rehabilitation Services

Japanese American Citizens League

Leadership Conference on Civil Rights/Leadership Conference Education Fund

League for Industrial Democracy

Legal Action Center

Long Term Care Campaign

Lupus Foundation of America

Lymphoma Foundation of America

March of Dimes

Migrant Legal Action Program

NA-AMAT USA

National Abortion Federation

National Alliance for the Mentally Ill

National Alliance of Oral Health

National Alliance to End Homelessness

National Association for Equal Opportunity in Higher Education

National Association of Alcoholism and Drug Abuse Counselors

National Association of Community Action Agencies

National Association of Children's Hospitals

National Association of Counties

National Association of Retired Federal Employees

National Association of Psychiatric Survivors

National Association of Rehabilitation Facilities

National Association of Child Advocates

National Association Public Hospitals

National Committee to Preserve Social Security and Medicare

National Community Action Foundation

National Consumers League

National Council of Community Mental Health Centers

National Council of Jewish Women

National Council of La Raza

National Council of Senior Citizens

National Council on Senior Citizens-Nursing Home Information Service

National Council on the Aging

National Displaced Homemakers Network

National Family Planning and Reproductive Health Association

National Farmers Union

National Health Council

National Health Law Program

National Mental Health Association

National Organization for Women

National Organization for Women Legal Defense Fund

National Organization of Psychiatric Treatment Center for Children

National Organization of Rare Disorders

National Organization of State Associations for Children

National Parent Network on Disabilities

National Rural Electric Cooperative Association

National Senior Citizens Law Center

National State Units on Aging

National Urban League

National Women's Health Resource Center

National Women's Law Center

Network: A National Catholic Social Justice Lobby

Older Women's League

Paralyzed Veterans of America

Parent Action

Policy Resource Center

Poverty and Race Research Action Council

Presbyterian Church (USA)

Public Welfare Foundation

RESOLVE

The ADS Group

The American Fertility Society

The Arc

The Association of Junior Leagues International

The Children's Foundation

The National Caucus and Center on Black Aged, Inc.

The National Federation of Business and Professional Women

The Society for the Advancement of Women's Health Research

Tourette Syndrome Association

Unitarian Universalist Association of Congregations

United Food and Commercial Workers Union

United Seniors Health Cooperative

United Steelworkers

Women's International League for Peace and Freedom

Women's International Public Health Network

Women's Legal Defense Fund

Women's Research and Education Institute

Zero to Three

(THIS letter WAS organized by FAMILIES USA. Signitories include both providers + consumer groups.)

March 21, 1993

The President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President Clinton:

We applaud your commitment to complete a health care reform proposal within one hundred days. We believe that Mrs. Clinton's appointment to chair the Task Force acknowledged the urgency of the need for solutions to the growing health crisis.

The undersigned groups have long been concerned about the growing lack of coverage and health care services. We know you appreciate the magnitude of the problem, so we do not need to recite the statistics about the growing number of uninsured and underinsured people. But we do want to forcefully convey our shared conviction that the crucial element of health care reform is guaranteeing health coverage with comprehensive benefits for all Americans.

The health care crisis has many facets, which touch on cost, quality and access issues. We believe that many of the intricacies can and will be resolved through hard work and compromise. Each of the groups signing this letter will be expressing its particular concerns individually.

Our united message, however, is that each and every American must be assured that he or she can count on having comprehensive health care coverage. Otherwise the reforms will be deemed a failure. The American people need to know that they will be covered when they need it, and they are not willing to wait to see this promise become a reality.

We know that reaching the goal will mean making some hard decisions. Nevertheless, we believe that comprehensive coverage for all is achievable in the near future. We, the undersigned groups -- along with the American public -- will work with you and Mrs. Clinton to achieve that objective.

The Accreditation Council on Services for People with Disabilities

ACORN

Aetna Life & Casualty

AIDS Action Council

Alliance of Genetic Support Groups

Alzheimer's Assn.

Amalgamated Clothing & Textile Organization of Retirees

American Academy of Child & Adolescent Psychiatry

American Academy of Family Physicians

American Academy of Pediatrics

American Academy of Physical Medicine & Rehabilitation

American Assn. for Marriage & Family Therapy

American Assn. of Dental schools

American Assn. of Public Health Dentistry

American Assn. on Mental Retardation

American College of Health Care Administrators

American College of Nurse-Midwives

The American College of Obstetrician and Gynecologist

American College of Physicians

American Congress for Rehabilitation Medecine

American Diabetes Assn.

American Ethical Union

American Federation of Government Employees, AFL-CIO

American Geriatrics Society

American Health Planning Assn.

American Jewish Committe

American Jewish Congress

American Lung Assn.

American Medical Assn.

American Medical Student Associatio

American Medical Women's Assn.

American Nurses Assn.

American Psychological Assn.

American Public Health Assn.

American Speech-Language-Hearing Assn.

American Thoracic Society

The ARC

Arizona Health Care Campaign

Arthritis Foundation

Assn. for Education & Rehabilitatio of the Blind & Visually Impaired

Assn. for Gerontology & Human Development In Historically Black Colleges & Universities

Assn. for Gerontology in Higher Education

The Assn. for Persons with Severe Handicaps

Assn. of Community Organizations fo Reform Now (ACORN)

Assn. of Maternal and Child Health Services

Assn. of Rehabilitation Nurses

Assn. of Schools of Public Health

Assn. of State and Territorial Heal Officials

B'NAI B'RITH Women

Blue Cross & Blue Shield Assn.

Boston Women's Health Book Collecti

Catholic Health Assn. of the United States

Center for Health Care Law

Center for Law & Social Policy

Center for Women Policy Studies

Center of Concern

Child Welfare League of America

Children's Defense Fund

The Children's Foundation

The Coalition for American Trauma Care

Coalition on Human Needs

Columban Fathers Justice & Peace Office

The Congress of Natl. Black Churches, Inc.

Consumer Federation of America

Consumers Union

Cooper Green Hospital

Council of Jewish Federations

Council of State Administrators of Vocational Rehabilitation

Eldercare America, Inc.

Epilepsy Foundation of America

Episcopal Church-Washington Office

Families USA

Family Service America, Inc.

Family Survival Project

Family Voices

Federally Employed Women

Federation of Families for Children's Mental Health

Food Research Action Center

Friends Committee on National Legislation

General Federation of Women's Clubs

Green Thumb, Inc.

Group Health Assn. of America

Health Care for the Homeless Project Inc.

Health Insurance Assn. of America

Home Care Aide Association of Americ

Hospice Association of America

Huntington's Disease Society of America

International Assn. of Psychosocial Rehabilitation Services

International Ladies' Garment Workers' Union

Jesuit Social Ministries, National Office

The Joseph P. Kennedy, Jr. Foundatio

The Learning Disabilities Assn. (LDA

Legal Action Center

Lymphoma Foundation of America

March & Dimes Birth Defects Foundation

Mass Home care Assn./Area Agencies o Aging

Mental Health Law Project

Mental Health Policy Resource Center

Native American Women's Health Education Resource Center

Natl. Abortion Rights Action League

The Natl. Action Forum for Midlife and Older Women

Natl. Asian Pacific Center on Aging

Natl. Assn. of Addiction Treatment Providers

Natl. Assn. of Child Advocates

Natl. Assn. of Children's Hospitals Retlated Institutions, Inc.

Agencies

Natl. Assn. of Community Health Centers

Natl. Assn. of Counties

Natl. Assn. of Developmental Disabilities Councils

Natl. Assn. of Orthopaedic Nurses

Natl. Assn. of Professional Geriatric Care Managers

Natl. Assn. of Public Hospitals

Natl. Assn. of Rehabilitation Facilities

Natl. Assn. of Social Workers

Natl. Assn. of State Alcohol & Drug Abuse Directors

Natl. Assn. of State Mental Health Program Directors

Natl. Association for Home Care

Natl. Association for Physicians in Home Care

Natl. Association of Neonatal Nurses

Natl. Black Child Development Institute

Natl. Citizens Coal for Nursing Home Reform

Natl. Coalition for Cancer Survivorship

Natl. Coalition for the Homeless

Natl. Coalition of State Alcohol and Drug Treatment and Prevention Assns.

Natl. Committee to Preserve Social Security and Medicare

Natl. Consumers League

Natl. Council of Catholic Women

Natl. Council of Community Mental Health Centers

Natl. Council of Jewish Women

Natl. Council on Alcoholism & Drug Dependence, Inc.

The Natl. Council on the Aging

Natl. Easter Seal Society

Natl. Education Assn.

Natl. Family Planning & Reproductive Health Assn.

Natl. Gay and Lesbian Task Force

Natl. Head Injury Foundation

Natl. Health Care for the Homeless Council

Natl. Hispanic Council on Aging

Natl. Insurance Consumer Organizatic

Natl. Jobs with Peace Campaign

Natl. League for Nursing

Natl. Marfan Foundation

Natl. Mental Health Association

Natl. Multiple Sclerosis Society

Natl. Organization for Rare Disorder (NORDS)

Natl. Parent Network on Disabilities

Natl. PTA

Natl. Recreation and Park Associatic

Natl. Urban Coalition

Natl. Urban League, Inc.

Natl. Women's Health Network

Natl. Women's Law Center

NETWORK, A Natl. Catholic Social Justice Lobby

New Ways to Work

Older Women's League

Paralyzed Veterans of America

Gays

Pharmaceutical Manufacturer Assn.

Planned Parenthood Federation of America

Project Vote

RESOLVE

Rural Advancement Fund

Rural Coalition

Save our Security Coalition

Self Help for Hard of Hearing People, Inc.

Service Employees International Union

Society of Otorhinolaryngology and Head-Neck Nurses

Southern Christian Leadership Conference

Spina Bifida Assn. of America

Therapeutic Communities of America

Unitarian Universalist Service Committee

United Cerebral Palsy Assn., Inc.

United Methodist Women's Division

United Seniors Health Cooperative

United Steelworkers of America

Women's League for Conservative Judaism

Women's Legal Defense Fund

Women's National Democratic Club

The Women's Research & Education Institute

The Workmen's Circle

YWCA of the U.S.A.

Groups we invite

AFL-CIO
AFSCME
SEIU
UAW
NEA
AARP
NCPSS
NCSC
~~NLCHR~~
Families USA
ANA
ACP
AAFP
AAP
NASW

Citizen Action
~~CFA~~
Consumers Union
BSR
NCC
NFU
CDF
NMA
Cosmo
Blacknurses
NAACP
Urban League
SOS
Long Term Care Campaign
Campaign for Women's Health

Ramona Sawyer-Heller

~~CONFIDENTIAL~~

Here are three models for a centralized coalition that does not require a multi-million dollar budget. I did not list models that have been discussed by some people at either extreme: the $37 million, fifty staff person, Presidential campaign style coalition originally suggested by the DNC, or the completely decentralized "get one of us to just call weekly meetings" model suggested by some of the groups (although model 2 is closest to that approach.) Based on our conversation I have also not listed the model where we pick one group that is our designee to lead the charge and ask all other groups to take direction from them.

I have tried to base the models on discussions over the last three days about coalitions that have worked in the past, such as the Bork battle and the 1986 tax reform battle (model 3 is most similar to how they structured the tax reform coalition.)

I wanted to show these models to you before I sent them to Tamara. We probably all have our preferences (mine is model 1), but the key thing we need to decide is whether any of the three is acceptable to us if it is adapted, since we won't be there for the discussion.

MODELS

1. Co-Conveners

A. To be a convener, you must contribute resources to the common effort. You must contribute at least three of the following five things:

- $10, 000
- Full-time D.C. staff (lobbying, communications, field direction, administrative)
- Part-time consulting (legal, polling, communications)
- Field staff (outside of D.C.) devoted exclusively to health reform
- Office resources (space, equipment, phones, faxes, postage, computer hardware or software)

B. Organization would have as staff:

- Executive Director
- Legislative Director
- Communications Director
- Field Director
- 3 to 5 administrative assistants

c. Decisions on raising money for media buys or other major commitments of resources would be made later.

2. Secretariat

A. One senior level person, along with support staff, would be hired to call and staff the following sets of meetings, and provide necessary follow-up and accountability:

1. Steering committee, which would meet weekly to provide overall strategy.

2. Communications committee, which would meet weekly.

3. Field committee, which would meet weekly.

4. House lobbying committee and Senate lobbying committee, which would have weekly meetings during the summer, but probably move to daily meetings in the fall.

B. Organizations with the resources to do it would be asked to buy newspaper, radio or tv advertising in strategic markets at strategic times.

3. Lobbying/consulting Firm Hired to Coordinate

A major D.C. lobbying/consulting firm would be hired to coordinate activities and staff the necessary weekly meetings.

Each big group supporting health reform would be asked to pay a portion of the costs necessary to retain the firm. The same committees listed in model 2 would be formed and would meet regularly. Decisions on media buys would be made in the fall.

Is the Clinton proposal for health reform good for you and your family? You need to think about these 10 questions.

1. Will I still be able to see my own doctor? Will I have to pay extra? And will my doctor and I be free to decide how to treat my illness?

2. I have a group insurance policy through my employer. Will that change? Will my premiums, deductibles and co-payments go up?

3. Will I be able to choose my own type of health insurance? And can I buy extra insurance if I want it?

4. Will anything be done to reduce and simplify all the insurance forms I have to fill out?

5. What happens if I change jobs, get sick or am injured? Will I risk losing health insurance coverage?

6. What if someone in my family has a preexisting health condition. Will they be covered?

7. Will the quality of care my family receives be maintained under a new system?

8. I'm retired and on a fixed income. Will my Medicare coverage be affected?

9. Will costs be controlled in a way that doesn't interfere with my medical care?

10. Will everybody in America have health insurance? And if so, how will we pay for this?

If you would like some information about these and other questions being raised about proposed changes to our health system, call the American Medical Association, Dept. 60 at 800 348-3047

American Medical Association

Physicians dedicated to the health of America

American Medical Association
Physicians dedicated to the health of America

AMA Answers 20 Questions On Reform

This document has been prepared to help medical association spokespersons in responding to health system reform questions prior to the release of President Clinton's health system reform proposal. Some questions are phrased in an adversarial tone to prepare physicians and medical society staff for an antagonistic presentation of health reform questions. Once the specifics of the Clinton Plan are known, this document should be considered dated. New information will be provided to you at that time. If you need detailed information about AMA health system reform policies, please contact the AMA Division of Policy Communication.

— Prior to access/entry

1. **Will the AMA go to "war" over the Clinton proposal?**

We don't think anything would be accomplished by "going to war." This is a critical time for American health care. The decisions made in Washington in the months ahead will affect patients and physicians far into the next century. If the plan adequately serves our patients interests, we'll be supportive. But if the plan falls short of what is needed to guarantee patients quality care, we'll assume the role of the loyal opposition, and work hard to change elements in the plan that don't benefit our patients. We'll be at the hearings in Congress. We'll tell our elected officials how those of us most familiar with the current system feel about these proposed changes. The healthy discussions in Congress will lead to a new, uniquely American health care system.

2. **How does the AMA feel about being shunned by the White House? Do you think that the way the White House Task Force came up with this plan was the right approach?**

Actually we have had access to the top levels of the Clinton Administration on health system reform. We made our case to Mrs. Clinton's Task Force, meeting with the working groups several times and with Ira Magaziner, Chief Advisor to the Task Force eight times. We made our message direct: We support reform that puts our patients first and doesn't jeopardize the legitimate interests of the medical profession. We think the Task Force took an essential first step on health system reform. It got us out of the starting gate. Now we can have a broader debate on reform.

3. **Why is the AMA opposed to global budgets and spending caps?**

Because they're the wrong approach to costs. We believe that spending must be brought under control, but these kinds of controls are bad for patients. Global budgets and spending caps don't address the root causes of increased spending. Because these spending pressures still exist, *appropriate* medical care and infrastructure upkeep end up being cut to stay within the limits. Global budgets and caps sacrifice good patient care just to stay within an arbitrarily set number.

4. **How does the AMA plan to contain costs? Short-term/long-term. What are physicians willing to give up to make the system work?**

We have to change the incentives in the health care system. All Americans must be able to choose from a variety of insurance plans. They must be able to purchase a standard benefits package. Physicians should be able to group together to negotiate rates - something that current antitrust laws prohibit. This all will make the insurance market and health care providers competitive on price and on quality.

We also believe that while strict budget limits are not acceptable, it would be appropriate and beneficial for all the parties in the health care sector to come together to negotiate predictable spending. The emphasis here would be on looking at all the things that affect health care spending and the resources that are available. If the predicted budget is exceeded, then everyone would take a look at why, and actions could target unwarranted or unreasonable expenditures. Patients would not do without appropriate care under this approach.

5. **Isn't physician income the engine that drives the cost problem? Haven't physicians been gouging the system for a long time? What would the AMA do to get a handle on physician fees?**

Physicians' incomes are not what is driving up health care spending in this country. About 19% of the money spent in this country on health care pays for physician services. But this money doesn't just go in the physician's pocket as income. It pays for the physician's overhead expenses, including the salaries of everyone who works in the doctor's office, rent, liability insurance, office supplies, and equipment. If you cut every doctor's net income by 50%, you would only reduce health spending by about 6%.

Physicians undergo the most extensive and rigorous training of any profession: four years of college, four years of medical school, three to seven years of residency. 80% go in debt for their training, with the average debt being over $50,000. Professionals are generally well-compensated in this country. To encourage highly qualified young people to choose a career in medicine, it is necessary to offer a competitive income.

Some physicians might be involved in cheating the payment system but we have no interest in defending their practices.

6. **What concessions are physicians willing to make? On Costs? Third-party oversight?**

Physicians are willing to be a part of the cost containment process. But we must be put on equal footing with the large insurers, health systems, and government payers. Physicians are willing to police the profession if the government would only give us the authority to conduct those types of activities. Physicians are willing to limit balance billing for those in economic need. Physicians are willing to practice in keeping with the best medical standards established through practice parameters.

7. **Why does the AMA oppose a Canadian System/single-payer system?**

Canada has taken the approach of using government controls but not addressing the underlying problems in the system. This approach has not proved to be very effective. Throughout the '80s their health care spending increased at a rate similar to ours. In addition, the Canadian system has fundamental patient care problems. Patients in Canada wait for treatments when the budgets run low. They wait for care because of shortages in medical technology. Despite this, the Canadian system hasn't contained spending growth. We believe that a single-payer system has costs as its central concern, not the quality of patient care. Any savings are at the expense of patients.

8. **How do we get more physicians into primary care? Hasn't the AMA encouraged specialization?**

The AMA represents all physicians and does not favor one area of medical practice over another. Medical students choose their areas of medical practice based on a number of factors, such as the student's personal preference and perceived area of

natural competence, the prestige of a specialty, the type of lifestyle or hours that a certain type of medical practice demands, and the amount of income that the medical practice will provide. For students with high educational debts, the amount of potential income may be a deciding factor.

Work has already begun to increase student interest in primary care specialties. Awareness programs have been initiated at some medical schools; others are requiring internships in primary care. We believe, however, that it would be damaging to patient care if individuals with natural skills - in say surgery - were prevented from using those skills because of an arbitrary government quota on medical specialties.

9. **What's going to stop physicians from raising prices over the next couple of years in an effort to get what they can out of the system before full reform is implemented?**

Government figures show that market pressures are having some success at controlling price increases. In the past three years, spending growth in the private sector has been reduced almost 4%. Insurers limit what they pay for medical services and patients are very alert to the portion of payments that come out of their pockets. We strongly support telling patients how much their care will cost prior to treatment. And insurance companies telling patients how much they will pay for that care ahead of time. This strengthens the market forces that keep prices down and prevents exorbitant price increases.

10. **Why shouldn't managed care be the model for health care and cost containment? Why does the AMA oppose managed care?**

The AMA doesn't oppose managed care, we just believe that there should be a level playing field so patients have an actual choice about the type of health care system they use when they're sick and physicians have a choice about the environment where they practice medicine. Managed care certainly has a place in the range of options. But there should be viable alternatives for patients who value choice of physician and the freedom to seek out certain health care providers and medical treatments. We don't think the federal government should assume that it can make that decision for each person or each family.

11. **How can competition save money? How can people know that certain medical services are really needed, that the price is right, and that the quality is good?**

Competition creates a strong incentive for reducing prices and moderating price increases. Have you ever been at an intersection where competing gas stations are involved in a price war? Competition also has other benefits for the public. It is an incentive to improve services and to be innovative in giving consumers what they want. Almost everything that people spend their money on in this country is based on this principle: housing, cars, airplane tickets, food, clothes. We've seen what

happens in systems where there is little or no competition and the government intervenes in the decisions about what should be available and at what price: products and services decline in quality or aren't what the average person wants; anything of value, consumers have to queue up for or buy on the black market.

In order for competition to work in bringing down health spending we first need to make people aware of what their medical care costs and how it is tied to their insurance costs. As that awareness has declined, the demand for medical services has exploded. That's why even in some HMOs you're beginning to see a copayment requirement. Once people take a personal interest in how much things cost, providers and insurers will have to compete based on the cost as well as the quality of their services and products. In order to help competition in health care, we believe that physicians should let patients know upfront what their medical care is going to cost. And insurers should have to tell patients how much they're going to pay for the treatment. That way patients assess for themselves the value of the recommended care.

12. Should anyone be allowed to profit off the health care industry?

Almost the entire economy in America is based on the idea that the best quality service and products are produced when people are trying to make a profit from their activities. The Post Office provides a valuable service to all Americans without an underlying profit goal, but it has been unable to meet the public's demand for better service and more types of service. As a result, private profit-based interests have stepped in: private mailing services, UPS, Federal Express, and even FAX are responses to public demand - demand that tax dollars could not begin to meet. Public dollars cannot possibly underwrite everything. If Americans are going to continue to have a choice of a variety of quality medical services we think we have to leave profit in the system.

13. How do you think health reform should be paid for?

Health system reform should be funded through a combination of contributions from employers, employees and individuals, and the government. The government should help subsidize coverage for lower income people. And it should help out small businesses, either through tax policies or through subsidies. With the federal deficit, the federal government is not really in a position to pay for insurance coverage for everyone.

14. What does the AMA think of managed competition?

Managed competition incorporates some of the elements that we think are crucial in health care reform: a continued role for the private sector in health care, consumer choice, broadened access, an employer mandate, and economic competition. We can't support, however, government incentives under managed competition that steer patients and physicians toward managed care systems. We believe that free-market competition means that all competitors are on a level playing field. The people in the market decide what's best, not the government.

15. How will rural areas be affected?

Meeting the medical needs of rural areas continues to be a problem. State governments should be allowed to try innovative plans to improve access to care to their rural residents. While competitive networks may work in urban areas, rural areas will continue to need special treatment in order to address their needs.

16. Why are the costs of care in the U.S. growing faster than in other countries?

In other countries, where the government foots the bill, they have restricted access to medical care and technologies. This keeps down the amount of money they spend each year. But actually they haven't been very successful in keeping down how much spending grows each year. Throughout the '80s, France's health spending grew faster than the U.S.'s, and Canada's grew at about the same rate as ours. Britain was only one percent behind us in its annual rate of growth.

Our spending comes from many interrelated factors: inflation in the economy, our growing and aging population, our high rates of violence, AIDS, and teen births, our liability costs. As a nation, we love technology and expect and demand it almost without reserve, even in tragic cases where there is no hope. And compared to other countries, we're a "high income" country, which means that we typically spend more on health care because we have the extra money to do so.

17. Will the new system reduce administrative costs?

No one knows the answer to that. It depends on whether the administrative costs within our current system are eliminated or simply replaced by another set of complex administrative requirements that require a lot of staff time and paperwork. It also depends on whether we're just replacing private administrative costs with the administrative costs of running a new government bureaucracy.

18. Why does the AMA oppose enterprise liability?

Enterprise liability doesn't solve the problem, it merely hides the costs - and maybe increases them. The costs of the lawsuits aren't reduced using enterprise liability. Enterprise liability just shifts the upfront costs to a corporate entity. Corporations pass on costs, so the costs are still in the health system. And enterprise liability does nothing to weed out the frivolous claims or to bring into the system the claims that have merit but aren't now being compensated. There also is some evidence that people are more likely to sue large faceless entities, so enterprise liability may actually increase the number of lawsuits.

19. Why hasn't the profession done a better job of policing itself? The old-boy network is still in place protecting colleagues, no?

We do not tolerate unethical professionals in medicine. We make every effort to inform physicians of their obligations, both legal and ethical, to report improper conduct by a physician. The entire medical profession is damaged by physicians who violate our high standards of conduct. The vast majority of physicians are highly ethical professionals. To date, we've had to defer to the states to take action

against the bad apples. Federal antitrust laws have prevented us from getting involved. That's why we've been petitioning the Justice Department to give us the leeway to attack this problem and weed out the bad apples.

20. **Won't reform be overly burdensome to small businesses?**

We all realize that small businesses are the largest source of new jobs in this country and that we must be careful not to upset the economic survival of these employers. But we also have to keep in mind that the people who work for these companies should have health insurance coverage. They should be able to take their kids to the doctor when they're sick. It will take a careful balancing but we think we can keep the businesses going and still let these people have insurance. A phase-in of coverage, favorable government policies on taxes, subsidies, and insurance pools will help make this possible.