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INFO - HEALTH NAMES

PHOTOCOPY
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Info - Health Nomes

April 7, 1999

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California Law To Let Patients Sue H.M.O.'s

By JAMES STERNGOLD

LOS ANGELES, Sept. 27 — Gov. Gray Davis signed a package of bills today that will give patients a variety of new rights in their relationship with health maintenance organizations in California and could well influence managed health care coverage across the country.

Most important, the broad set of bills, hammered out between advocates on both sides over several months, gives patients the right to sue their health insurers for punitive damages and solicit outside reviews of decisions denying them coverage.

The legislation also requires managed care providers to pay for second opinions on some treatments, cover the testing and treatment of breast cancer, pay for contraceptives and expand coverage for serious mental illnesses.

The measure will create a new state Department of Managed Care to regulate the huge industry, which covers about 23 million Californians.

The provision that gives patients the right to seek punitive damages when they have suffered substantial harm was the most contentious. It provides a way around a 25-year-old Federal law that prohibits many such suits, and it has been championed by consumer groups for years.

A battle at least as contentious over the issue is under way in Congress as part of the debate on a patients' bill of rights. Health care insurers have long criticized this provision, saying its potential costs outweigh the benefits.

While there is no guarantee that the changes in California will play out around the country or be a decisive factor in the Congressional debate, California has long been a leader in developing managed care and regulating the industry. In addition, many of the country's largest insurers are based here.

As a result, many other states look to California for guidance on regulatory issues, and it was clear that today's signing was being watched closely. Texas allows patients to seek damages, while Georgia and Louisiana have procedures allowing patients to appeal care that was denied or insufficient.

Both consumer advocates and H.M.O. industry leaders ultimately found something to praise in California's package of 21 bills, the product of a series of compromises that have created what many characterized as landmark legislation in the struggle on the slippery financial and ethical terrain of managed care to make it both profitable to the insurers and responsive to patients' needs.

At one time, Mr. Davis, a centrist Democrat, was perceived by consumer advocates as resistant to giving patients such broad rights to seek damages, but he hailed today's measure as a solid middle ground.

"None too infrequently, Californians fighting for their lives are forced at the same time to fight H.M.O.'s," Mr. Davis said at the signing, at the Family Medical Center in North Hollywood. "It's time to make the health of the patient the bottom line with California H.M.O.'s."

He added, "I want to make sure managed care is more about quality care than it is about managed cost."

Walter Zelman, president of the California Association of Health Plans, a trade group that represents most of the H.M.O.'s in the state, said, "This is going to be a shot in the arm for those advocating reform bills in Congress and in other states." Mr. Zelman said that he felt the cost of lawsuits would drive up premiums for consumers, but that, all in all, "from where we started, this was a good package of bills."

He said the industry particularly supported the bill providing for outside reviews of decisions by H.M.O.'s denying coverage to patients.

Jamie Court, the advocacy director of the Foundation for Taxpayer and Consumer Rights, which sponsored the bill creating the right to punitive damages, said that the threat of lawsuits would help patients, even if they never had to go to court, by pressuring the companies to put medical concerns first.

"The threat of lawsuits and of substantial damages forces H.M.O.'s to give better care," Mr. Court said, "and it shifts the balance of power over medical decisions to the people who really have the medical knowledge."

One did not have to go far to hear some conflicting views from patients. Ira Horn, 69, was at the signing at the medical center and said the law would hurt people like himself who could not afford an H.M.O.

"All it's going to do is raise the rates," complained Mr. Horn, who said he was a diabetic.

Cynthia Toussaint, 38, said she suffered a nerve disorder years ago, when she was a ballerina, and that her H.M.O. doctors took 13 years to properly diagnose the injury, which by then had put her in a wheelchair. Her H.M.O. initially contended that the problems were psychosomatic, she said, and once she received a diagnosis, it refused to cover her care. She said that the new laws did not go far enough.

Many of the measures signed into law today were fought successfully by Mr. Davis's predecessor, Gov. Pete Wilson, a Republican, and that effectively stymied the consumer advocates. But the political ground has shifted in recent years, with more patients and consumer groups criticizing the way financial considerations were being used to limit access to medical care by H.M.O.'s.

In addition, despite the Federal prohibition against certain kinds of suits against H.M.O.'s, some suits have succeeded, putting further pressure on legislatures to put regulations in place. Earlier this year a jury in California gave a record punitive award of $116 million to the widow of a former prosecutor who had died because of what his family said were delays in providing treatment for stomach cancer.

Mr. Court explained that the Federal law prohibited suits in disputes over benefits, but not if the basis of the challenge was the quality of the care provided. That interpretation, he said, had already been tested in Texas, and the courts upheld the state law, giving a green light to California and other states.

The right to sue for punitive damages has been the most prickly provision in the patients' bill of rights that Congress has been working on. The Senate passed its version of the bill, and it has a measure providing for independent, external review of decisions denying medical care, but does not permit the suits for damages. The measure appears to have a better chance of passing the House.

Karen Ignagni, the president of the American Association of Health Plans, the trade group representing the H.M.O. industry, called much of the package a model of good legislation. However, she criticized the provision for lawsuits, saying it would prove expensive and unnecessary.

But the broad impact of the bills is expected to be a more transparent process that offers consumers a quicker resolution to certain disputes over coverage and guarantees that some forms of coverage long denied by managed care providers will now be required. In addition, the bills will protect privacy by restricting the conditions under which insurers can release information.

Mr. Davis received particularly vigorous applause at the signing today before a crowd of about 200 legislators, doctors and patients when he mentioned the provisions mandating coverage of contraceptives under most plans and for coverage of severe mental illnesses. Treatment for illnesses like schizophrenia, major depression, bipolar disorder, autism and anorexia must now be covered for any age patient, and serious emotional disturbances in children must also be covered.

The New York Times
TUESDAY, SEPTEMBER 28, 1999

From Tips to Arrests, the French Pursue a Mass Killing in Kosovo

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By CARLOTTA GALL

MITROVICA, Kosovo, Sept. 27 — The French police serving as peacekeepers in Kosovo today notified the families of 26 men missing from town for five months that the men had been killed by Serbs and dumped in a mass grave, and that four suspects had been arrested.

This is the first time that foreigners have completed a war-crimes investigation in Kosovo, working from the first reports of missing people to finding the graves and making arrests. Their speed demonstrates a greater commitment than was the case in the former Yugoslavia to catch those responsible for war crimes.

The killings occurred on April 14, when, according to the French, the Serbian police forced families out of their apartments on Popovic Street and separated the men from their wives and children. Minutes later, after the others in the families had been ordered to flee, the men were all executed. Their bodies were dumped in a grave 10 miles away, outside the Serbian town of Zvecan. Investigators from the war crimes tribunal in the Hague, who have been digging up the bodies this week, have established that they were the men from Popovic Street.

Today, the relatives reconciled themselves to the news. "They are dead for sure," said Sala Meha, a peasant in a head scarf, whose two brothers and nephew were among those missing. "Seven of them had identification papers on them, including Rexhep," she said, naming one of her brothers.

The news ended to a three-month investigation by the French. "Usually, the bodies are found first," said a spokesman for the French forces here, Lieut. Col. Philippe Tanguy. "This time, it was the other way around. We followed a judicial process, with a judge's issuing warrants, and eventually one of the witnesses brought in for questioning revealed where the bodies were."

Some of the most important witnesses were children of the victims. "The special police came and kicked in the door," said Naila Sejdiu, who was at home at noon on April 14 with her husband and five children, as well as a brother-in-law and a nephew who had been chased from their own apartment days before.

"They ordered us out," Ms. Sejdiu recalled today. "In the street, paramilitaries put all the children to one side. They lay all the men face down on the street. They were shooting in the air. Our men were beaten on the head, because they were looking around."

Gesturing to her son Besnik, 20, Ms. Sejdiu said, "He is the only man of his age who survived, who was not taken."

Crouched down and surrounded by his sisters and younger brothers, Besnik Sejdiu managed to avoid the gaze of the police.

From where he hid against a shop window, Mr. Sejdiu could see his father, uncle and cousin among the men on the ground in an alley. Watching over them with an automatic rifle was a Serbian neighbor, Serzen Aleksic, the Albanians contend. The man was masked. But Mr. Sejdiu said that he knew the man well, because they used to play basketball together, and that he had recognized him instantly, as did his sister Mirvete, 16.

"They were all there," Mr. Sejdiu said of his Serbian neighbors. Some held Kalashnikov rifles, and some held hammers, he said.

All the Serbs were masked, but some Albanians knew them by their physiques, Mr. Sejdiu said. Mr. Aleksic "was a very nervous guy, always moving his arms and his legs," Mr. Sejdiu recounted, adding, "You could recognize him from his movements."

After having been turned out of their houses, the family members fled and began a frantic four-day flight on foot as far as the Albanian border, only to be sent back, they said. For two months they roamed from village to village, trying to escape Serbian forces, all the time wondering what had happened to the men of the family.

When the townspeople returned in June and when NATO forces arrived, they found no trace of the men. Neighbors began to report the missing to the gendarmes. Besieged by crowds of 150 people a day, the gendarmes began an investigation.

It was painstaking work matching the testimonies, but gradually, the gendarmes said, there was enough evidence to pinpoint several Serbs who were living here, having moved to the Serbian district north of the river that divides the town.

The gendarmes have arrested four suspects, according to Colonel Tanguy. Among them were Mr. Aleksic, and his father, Vlasta, a Serbian daily, Blic, has reported.

One man called in for questioning tipped the police to the burial site, investigators said. He had not taken part in the killing, but was ordered to bury the men, and he drew a map for the gendarmes. After a few hours' search they found the graves.

This week, as the bodies were exhumed, the facts emerged about their deaths. This morning the local judge and the gendarmes gathered the families and told them that seven men had been killed by knives or bayonets. It is still unclear how the rest died, but some had bullet wounds, Ms. Sejdiu said.

She has been asked to return on Tuesday to identify the clothes of her husband and relatives, she said, adding: "And we don't know what will happen, when we will get the bodies, and where will we bury them. The cemetery is on the Serbian side, in Zvecan."

Twenty-eight bodies were found, more than had been expected, and the suspects continue to be interrogated. The reported leader remains unidentified, said Colonel Tanguy.

At the time of the assault, Serbs lived in the two blocks of apartments with many of the victims, and the police said they were easily recognized by the Albanian neighbors. Other witnesses recognized a police officer when he briefly removed his mask, said an Albanian journalist, Fadil Mustafa of Kosova Press.

The Sejdiu family never again saw their father, Ismet Sejdiu, 50, a heating engineer and a soccer referee in his free time, or his younger brother Rexhep Sejdiu, 42, or his son Mustafa, 28.

Idriz Peci, 63, shook with suppressed anger today as he said: "They were shooting in the air as we left for the bus station. There was a lot of screaming. That was the last time I saw my son."

He left his son Afrim, 35, and his nephew Enver, 42. Even before the announcement today, Mr. Peci said, he was certain that they were dead.

"They will pay for what they did," he said of the Serbs. "I was a tolerant person, educated. I never thought I would speak like that. But now it is a different story. We will never forget."

The New York Times
TUESDAY, SEPTEMBER 28, 1999

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facsimile transmittal

To:	Ms. Sarah Bianchi	**Fax:**	202 628 3944
From:	Ms. Noelani Kayatani	**Date:**	09/13/99 9/16/99
Re:	Question/Answer	**Pages:**	1 1
CC:			

☐ Urgent ☐ For Review ☐ Please Comment ☑ Please Reply ☐ Please Recycle

Hi Sarah,

Here's another question – thank you so much for your help!

You can give me a call at 263 6147 regarding this question and the other health care questions if you need anything further from my side.

Thank you – Noelani

NEW TOWN HALL QUESTION

Authored by: Representative Darrell Gilbert (dgilbert@geotec.net)

From: Tulsa, OK (74115)

Date Submitted (server time): 8/24/99 10:34:03 PM

Question: I serve as vice-chairman of the Oklahoma House of Representative's Mental Health Committee. We are experiencing an almost complete disappearance of outpatient mental health services for children here in Oklahoma. Part of the reason is poor funding by the legislature and another part is due to moving all medicaid eligible people into an HMO plan. My question is do you plan to see that funding for mental health will be increased or the allocation of funds be more equitable? Part of our funding stems from Federal matches. If those Federal funds are reduced or remain the same I do not see any improvement in the situation as it now exists in Oklahoma.

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Hi Sarah,

Here's another question – thank you so much for your help!

You can give me a call at 263 6147 regarding this question and the other health care questions if you need anything further from my side.

Thank you – Noelani

I am disabled with a spinal injury received in the military, I also have Diabetes and epilepsy. I worked for 12 years full time after my injury but am now on Social Security. I have raised 4 children 2 now in collage and my son now 13 planning to go. I have a problem though, I have prescriptions of almost a third of my SSDI check and Medicare A & B only cover 80% of my specialists bills. Each year I find myself spending nearly my entire SSDI money on medical bills leaving me to friends and family for help with food and shelter costs.

Are you, going to help people like me who can't afford our medication? Our doctor appointments?

Please respond!

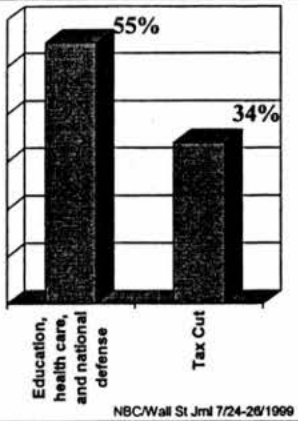
(b)(6)
Axtell, NE

Public Support for Democratic Medicare, Social Security and Budget Priorities

July 1999

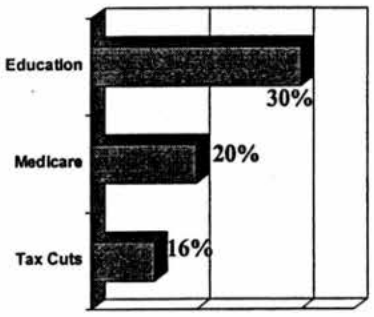
Americans Support Democratic Budget Priorities

The Republicans and Democrats in Congress have agreed to set aside about two-thirds of the money for Social Security and Medicare. Which one of the following statements better describes what you think should be done with the rest of the budget surplus?



NBC/Wall St Jrnl 7/24-26/1999

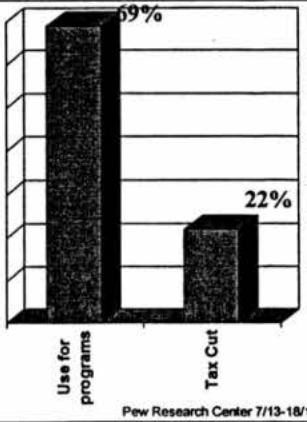
Please tell me which is the most important priority for Congress to pass:



NBC/Wall St Jrnl 7/24-26/1999

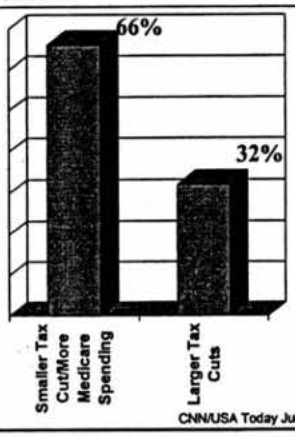
Americans Support Democratic Budget Priorities

Should the surplus be used for a tax cut, OR should it be spent on programs for education, the environment, health care, crime-fighting and military defense?



Pew Research Center 7/13-18/1999

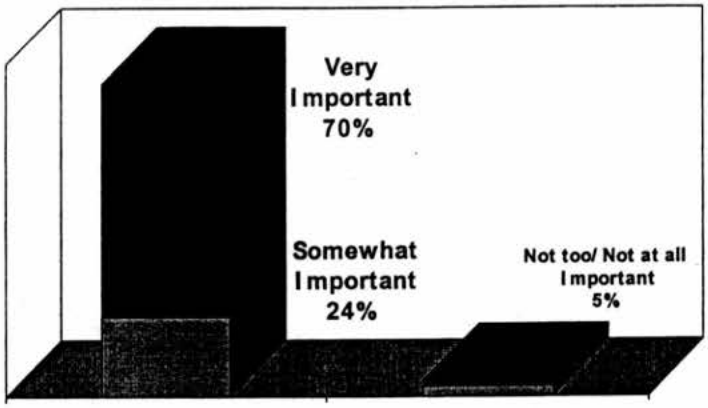
Which combination would you prefer -- (a) a larger tax cut and smaller increases in spending on Medicare, or (b) a smaller tax cut and larger increases in spending on Medicare?



CNN/USA Today July 16-18 '99

Medicare will be a Decisive Issue in 2000

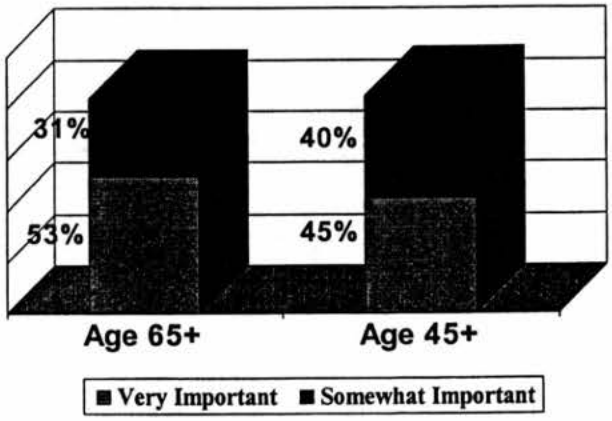
How important will Medicare be to you in deciding how to vote in the year 2000?



ABC News/ Washington Post March 11-14 '99

Medicare is a Decisive Issue Among Both Seniors and "Boomers"

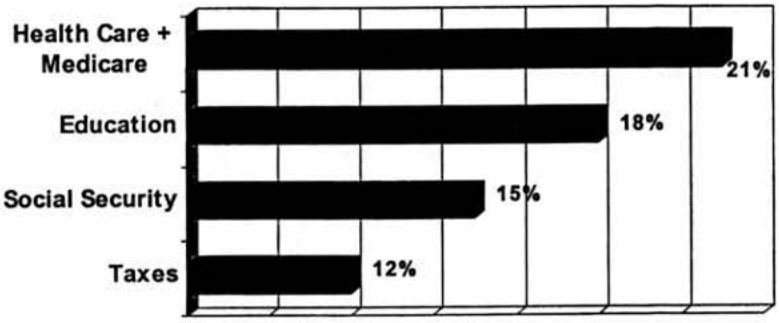
How important is a candidate's position on Medicare in deciding your vote?



American Assoc. of Health Plans 5/16-18/99

Most Important Problems:

What do you think are the two most important issues for the Federal government to address?

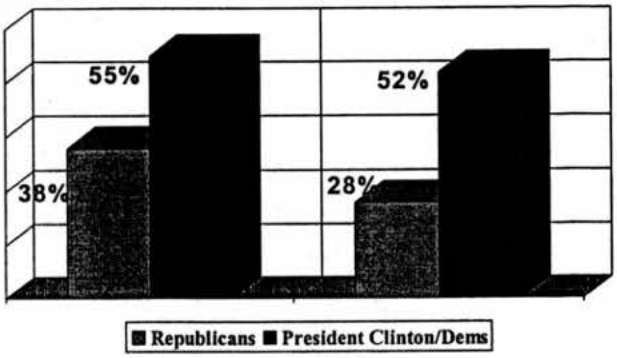


FOX News/Opinion Dynamics 7/99

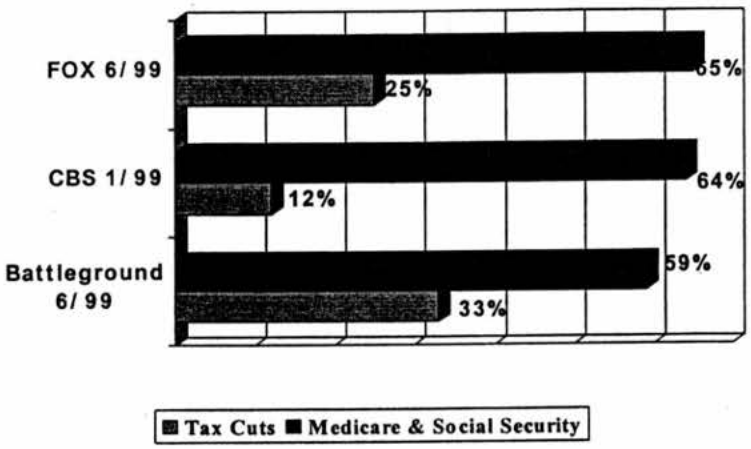
Americans Trust Democrats to do the Right Thing on Medicare

Who do you have more confidence in when it comes to handling Medicare -- President Clinton or the Republicans in Congress?
CNN/Gallup 6/99

Do you have more confidence in the Democrats in Congress, OR the Republicans in Congress -- to deal with Medicare?
Battleground 7/99



Americans Strongly Prefer Using Budget Surpluses for Medicare & Social Security



Tax cuts oppor kewa m

By Owen Ullmann
USA TODAY

WASHINGTON — As House Republican leaders struggle to pass their big tax cut this week, a USA TODAY/CNN/Gallup Poll suggests that the issue isn't making much headway with the public.

Two-thirds of those surveyed say they prefer a smaller tax cut and larger increases for Medicare, as President Clinton proposes, to the Republican plan for much larger tax relief.

The GOP hopes to pass a scaled-down $792 billion tax reduction over 10 years. The House bill, which is $76 billion less than the version unveiled last week, is still three times larger than Clinton's proposal.

With a vote scheduled as early as Wednesday, Republican leaders are scrambling to prevent the defection of a dozen or more moderate Republicans who could line up with Democrats to sink the measure. Without the votes, the Republicans probably would postpone action.

Even some of the Republicans surveyed were unenthusiastic about a broad tax cut. "We need to fix Social Security and Medicare first," said airline pilot Jeff Klopfer, 47, of Hebron, Ky. "We'll need them as my age group gets older."

USA TODAY CNN GALLUP POLL

Clinton and Republicans have agreed to preserve two-thirds of $3 trillion in anticipated federal budget surpluses over the next decade to bolster Social Security. The fight is over the remaining $1 trillion.

The president favors higher spending for Medicare, education and defense as well as a $250 billion tax subsidy for retirement savings.

The House Republican bill includes a 10% cut in income tax rates, a lower capital gains tax rate, elimination of estate taxes and a narrowing of the so-called marriage penalty, which taxes a working couple at a higher rate than if each were single.

A large majority of those polled, 64%-28%, favor tax cuts only when the alternative is described as higher spending on "other government programs," without specific mention of Medicare or education.

But when such specific spending options are weighed against tax cuts, a majority, 61%-33%, favor increased spending over tax cuts.

House Democrats are drafting a $250 billion tax cut that would narrow the marriage penalty and provide deductions for health care costs.

The poll of 1,031 adults Friday through Sunday, has a margin of error of +/-3 percentage points.

▶ Survey results, 9A

The issues important to voters

How important is each of these issues to your vote for Congress in November 2000?

Issue	Extremely important	Very important	Somewhat important	Not important
Health care, including HMOs	32%	47%	15%	5%
Tax cuts	22%	38%	30%	9%
Social Security	33%	51%	12%	3%
Medicare	31%	47%	19%	2%
Gun control	29%	32%	20%	18%
Campaign finance reform	15%	25%	36%	20%

The way a question is asked affects responses

When specific programs are mentioned, respondents favor increased spending over tax cuts. But when government programs in general are mentioned, respondents prefer tax cuts.

President Clinton and Republicans in Congress plan to use much of the federal budget surplus for Social Security, but disagree over what to do with the rest. How would you prefer to see it used?

Specific programs mentioned		General programs mentioned	
Increase spending on education, defense, Medicare and other programs	61%	To increase spending on other government programs	28%
Cut taxes	33%	To cut taxes	64%
Neither or other	5%	Neither or other	7%

On the tough choices involved in cutting taxes and maintaining needed federal programs, whose approach do you prefer?

Republicans	President Clinton	Neither	Both
40%	48%	5%	1%

Congress and Clinton are debating the amount for tax cuts and funding of new Medicare programs. If you had to choose, which combination you would prefer?

A larger tax cut and smaller increases in spending on Medicare	32%
A smaller tax cut and larger increases in spending on Medicare	66%

Source: USA TODAY/CNN/Gallup nationwide telephone poll of 1,031 adults Friday-Sunday. Margin of error: +/-3 percentage points. The question comparing specific and general spending has a margin of error of +/-6 percentage points.

Even in GOP, tax cut a tough sell

By Owen Ullmann
USA TODAY

WASHINGTON — Alex Arbona, a 42-year-old building inspector from Tallahassee, Fla., considers himself a conservative Republican. But he parts company with House GOP lawmakers over their plan to return a chunk of the federal budget surplus to the public in the form of a hefty tax cut.

"Medical costs have gone too high because of insurance," he says. "We should put more tax money into Medicare. If I got a tax cut, I'd just spend it."

That attitude helps explain why broad tax relief, the Republican Party's perennial No. 1 pocketbook issue, is proving to be a tough sell with the public this summer.

A new USA TODAY/CNN/Gallup Poll shows that voters by a 2-to-1 margin would forgo a big tax cut if more of the anticipated surplus were used to bolster Medicare.

"Older Americans need help with medical costs more than they need a tax cut," says Larry Dorr, 68, a retired public school administrator and Republican from Massena, N.Y.

Despite such concerns, House Republicans are pushing ahead with plans to pass a 10-year, $792 billion tax cut as early as Wednesday.

By David Karp, AP

Rangel: No more than half-dozen Democrats will support bill.

By Ron Edmonds, AP

Archer: Tax cut trimmed after complaints from Senate GOP.

But the tax package also is proving to be a tough sell with a dozen or more moderate House Republicans who, like Arbona and Dorr, aren't convinced the country needs such big tax breaks.

To prevent the loss of the moderates, whose support is essential to pass the measure, House GOP leaders have been negotiating proposed changes.

Already, the tax cut is $76 billion smaller than the one unveiled just last week by Ways and Means Chairman Bill Archer, R-Texas.

Archer press secretary Trent Duffey said the bill was trimmed to satisfy Senate Republican complaints that anything larger than $792 billion, the price of the Senate GOP tax plan, would bust budget rules.

House Republican leaders also are counting on some votes from Democratic lawmakers who might be afraid to go on record against a tax cut.

The top Democrat on the Ways and Means Committee, however, predicts the Republicans will make few converts. Rep. Charles Rangel, D-N.Y., says that no more than a half-dozen Democrats will support the GOP bill.

To give Democrats an opportunity to vote for tax relief, party leaders in the House are crafting a $250 billion tax cut over 10 years, approximately the same cost as a tax plan backed by President Clinton.

The Democratic version would have no broad tax relief, such as the Archer bill's 10%, across-the-board cut in income tax rates and reduction in the capital gains tax.

Although the Republican tax plan doesn't resonate with voters the way the issue has in past years, Rangel doesn't see the GOP backing off. "Republicans are not inclined to let public opinion drive their policy," he said Monday. "They're letting the conservative wing of the party drive things."

Some of the people polled, of course, would rather get money back than leave most of it in the government's hands. "We sure are paying a lot of taxes," says Daria Mickley , 34, of Booker, Texas. "We could use some help."

Contributing: Kathy Kiely

▶ GOP pushes ahead, 1A

'To injure no man, but to bless all mankind'

THE CHRISTIAN SCIENCE MONITOR

BOSTON • WEDNESDAY
JULY 21, 1999

Risks for GOP in major tax cuts

■ House poised to vote on $800 billion GOP plan, despite public disinterest.

By Ann Scott Tyson
Special correspondent of The Christian Science Monitor

WASHINGTON – Congressional Republicans' multibillion-dollar tax-cut campaign, unveiled with fife-and-drum corps rallies and calls for "financial freedom," has so far elicited a ho-hum response from the public.

Unlike the 1980's tax revolts, in today's robust economy there is no groundswell of Americans clamoring for tax relief from Capitol Hill.

Even more unsettling to the GOP leadership, more than a dozen Republican lawmakers have threatened to bolt over the size and contents of the nearly $800 billion, 10-year package, jeopardizing its chances for passage this week in the narrowly controlled House.

Nevertheless, the party trudges onward in its battle against taxation. Why?

"God put Republicans on earth to cut taxes," says Dan Mitchell of the conservative Heritage Foundation here. "That is the underlying vision that propels this 'cut-taxes-or-die' approach."

A range of powerful forces – ideology, history, and political jousting before the 2000 election – has made tax cuts *the* overriding issue of Republicans leading Congress today.

In fact, analysts say, tax relief is perhaps

See **TAXES** *page 4*

GOP insistence on major tax cuts poses political risks

TAXES *from page 1*

the only major domestic issue that Republicans can convincingly lay claim to at a time when traditionally Democratic causes, such as Social Security and Medicare, are at the forefront. "It's still their strong suit," says Mr. Mitchell. "Even if no one is watching you play cards, you still play your strong suit."

Historically, Republicans have opposed federal income taxes virtually since the system was established in 1913, replacing tariffs on imported goods as the main source of government revenue. The ideological imperatives of countless past debates are echoed in today's calls for limited government and relief for overtaxed Americans – especially for those who pay the most.

"Principally, the debate about taxes is about freedom," says Rep. Steve Chabot (R) of Ohio. "If you let people keep more of their own money, people will have more freedom to live their lives as they see fit, not as the government sees fit."

Moreover, at a time of mounting budget surpluses, many Republicans see a compelling economic rationale for curbing taxes to stimulate growth. The alternative, keeping the extra revenue in Washington, will only guarantee politicians will spend it, they say.

The political strategy behind the GOP's proposed tax reductions – the biggest since the Reagan-era cuts in 1981 – centers on setting Republicans apart from Democrats in the heated 2000 race for control of Congress.

As campaign season gets under way, Republicans anticipate that a strong antitax stance will solidify support from the party's conservative constituents. "They are rallying their base," says Ronald Peters, director of congressional studies at the University of Oklahoma at Norman.

Democratic opposition to the House GOP tax bill represents "a great line of demarcation" between the parties, says House Ways and Means Committee Chairman Bill Archer (R) of Texas, the bill's main promoter.

Indeed, congressional Democrats and the White House have criticized the GOP bill as "risky" and "irresponsible." They estimate its costs could mount to $3 trillion over 20 years, threatening efforts to shore up Social Security and Medicare and eliminate the national debt – all charges Republicans reject.

HOUSE Democrats this week planned to unveil their own, more modest, $250-billion tax-relief plan. It emphasizes targeted relief for married couples, small businesses, and individuals who pay for their own health insurance rather than the across-the-board cuts that constitute the bulk of Representative Archer's bill.

Ultimately, unless Republicans and Democrats can converge on some middle-of-the-road measure – something GOP leaders indicate they're unlikely to do – President Clinton has signalled he will veto the GOP tax bill.

Even before that, however, Republicans face a challenge in uniting members of their own party behind the tax proposals – especially in the House where they hold only a 222-to-211 majority.

Strong concerns among a group of moderate House Republicans over the size of the Archer tax bill led Rep. Michael Castle (R) Delaware this week to propose a scaled back, $500 billion plan. GOP moderates, such as Ray LaHood of Illinois and Fred Upton of Michigan, seek to use the surplus first to eliminate th $5.6 trillion national debt, as wel as for some spending programs

'God put Republicans on earth to cut taxes.... That [vision] propels this "cut-taxes-or-die" approach.'
– Dan Mitchell, Heritage Foundation

House leaders last week al ready trimmed the $864 billion Archer bill to match the size o the $792 billion Senate tax bill both to avoid a technical snag bu also indirectly to address moder ates' concerns. "Hopefully, th leadership won't bring a bill to th floor that won't pass," say Ways and Means Commit tee GOP spokesman Trer Duffy.

Politically, if the tax cut end up being mere tall the GOP could suffe While Americans generall trust Republicans mor than Democrats to hol taxes down, some recer polls have shown the pa ties in a dead heat. Also, the pul lic is skeptical tax cuts would b equitable – if they happen at al

In polls on government prior ties, Democratic issues such a Social Security, Medicare, and ec ucation consistently outrank ta cuts.

Polls on Tax Cuts Find Voters' Messages Mixed

By DAVID E. ROSENBAUM

WASHINGTON, July 18 — Nearly two-thirds of Americans think their taxes are too high. But few of them worry much about it, and most people would rather have the Government spend money on popular programs than cut taxes.

These somewhat contradictory findings from a review of public opinion polls help explain why Republicans and Democrats have such different views on tax cuts. Each side can find something in the polls to justify its position.

Republicans in Congress expect to approve large tax cuts this summer. Among the steps Republicans are considering are reduced income-tax rates, a lower capital gains tax, abolition of the tax on inheritances, new tax breaks for retirement savings and more favorable tax treatment of married couples.

These measures are opposed by most Democrats in Congress, and President Clinton has promised to veto them. The President favors a much smaller tax cut focused largely on retirement savings. The President and the Democratic lawmakers also favor spending more on health and education programs.

In a Gallup poll this spring, 65 percent of those questioned said their taxes were too high. Over the last 30 years, through good economic times and bad, this figure has not changed a great deal.

On the other hand, when CBS News asked people in a poll last week what they thought was "the single most important problem for the Government — the President and Congress — to address in the coming year," only 5 percent named taxes, putting the issue behind health care, Social Security, the national debt, education and Medicare and Medicaid.

In a similar vein, when Gallup asked people in March whether they favored a tax cut or "increased spending on other Government programs," three-quarters opted for the tax cut. But on an alternative question, when people were asked whether they preferred a tax cut or more spending to "fund new retirement savings accounts, as well as increased spending on education, defense, Medicare and other programs," three of every five respondents favored financing of the specified programs.

The idea of cutting taxes "has only moderate priority when you test it against spending," said Andrew Kohut, director of the Pew Research Center, a nonpartisan polling operation. "The reason is not that people don't think their taxes are too high, because they do, but they think tax breaks won't benefit them and the country as much as the spending, and they think that when taxes are cut, the rich guys are the ones who are going to make out."

Indeed, a poll by Gallup, CNN and USA Today in April found that 66 percent of the public believes "upper-income people" already pay too little in taxes.

When they debate tax policy, Republicans and Democrats rely on the polling results that bolster their separate doctrines.

Asked in an interview last week why polls showed little clamor for tax cuts among voters, Representative Bill Archer of Texas, the Republican who is chairman of the Ways and Means Committee, replied: "We know from long-term polling data, over a long period of time, that people believe they are overtaxed. People do not say we are taxed too little. They say Government spends too much and that we are taxed too much."

But in the Ways and Means Committee debate on tax legislation last week, Representative Pete Stark, Democrat of California, insisted that people understood the Republican bill would benefit mainly the rich. The Republicans "would rather help multimillionaires and special interests rather than enable seniors to obtain affordable prescription drugs," Mr. Stark declared.

Paradoxically, when the Pew Research Center asked voters last month whether they thought Republicans or Democrats would do "a better job" on taxes, the outcome was a dead heat: 38 percent said Republicans and 38 percent said Democrats.

People worry more about programs than high taxes.

One reason tax cuts are so important to Republicans is that this is a matter on which two main strands of the party, business interests and religious conservatives, agree.

Another reason is that many issues that used to be central to Republican dogma, like anti-communism, are not relevant today. And many others, like welfare, crime and balanced budgets, have been co-opted by President Clinton.

Among voters, tax cuts are a significantly higher priority for Republicans than for Democrats and independents.

In a Gallup poll, 69 percent of Republicans said a candidate's position on the "amount Americans pay in Federal taxes" was an important factor in how they voted, but fewer than half of Democrats and independents gave that response.

And not surprising, the more money people make and thus the more they pay in taxes, the more they favor tax cuts. Gallup found that 62 percent of those with annual incomes above $75,000 regarded taxes as a high or top priority in deciding whom to vote for.

One reason the public may generally be skeptical about tax cuts is that most people pay more in Social Security and Medicare payroll taxes than they pay in income taxes, and no one nowadays is talking about reducing payroll taxes.

In 1997, a couple with $50,000 in income from wages, paid $7,650 in payroll taxes. Their employers paid another $7,650 as their share. But assuming one child and itemized deductions of $10,000, the couple paid $4,800 in income taxes.

The New York Times
MONDAY, JULY 19, 1999

Poll: More Americans support Clinton's plan for surplus

By Keating Holland/CNN

July 19, 1999
Web posted at: 5:00 p.m. EDT (2100 GMT)

WASHINGTON (AllPolitics, July 19)-- When it comes to public opinion, President Bill Clinton appears to have a slight edge over congressional GOP leaders in the upcoming negotiations over tax cuts, Medicare, and the fate of the federal budget surplus, according to the latest CNN/USA Today/Gallup poll.

When asked about the choices involved in cutting taxes and still funding federal programs, Americans prefer Clinton's approach over the GOP's by a 48 percent to 40 percent margin.

And when faced with a trade-off between tax cuts and increased spending for Medicare, two-thirds prefer larger increases in spending on Medicare even if it means smaller tax cuts. Only a third prefer larger tax cuts if the trade-off were smaller increases in Medicare programs.

One reason for that: tax cuts are important to most Americans, but Medicare is an even higher priority for the public. An strong majority -- 78 percent -- say that Medicare is extremely or very important to their vote for Congress next November while 60 percent say the same about tax cuts.

Clinton's advantage over the GOP may also be due to the perception that the Republicans are mostly interested in benefitting the rich with their tax cuts; only a quarter feel that way about the tax cuts proposed by the Democrats.

The survey of 1,031 adult Americans was conducted July 16-18, 1999. Questions have a margin of sampling error of plus or minus three percentage points unless otherwise indicated.

Questions and results

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Clinton pitches economic plan to Iowans (7-16-99)

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Clinton, House GOP tout dueling tax strategies (7-13-99)

Clinton, GOP conclude 'amicable' budget meeting (7-12-99)

HMO reform, tax cuts top agenda as Congress goes back to work (7-11-99)

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VIDEO

Brooks Jackson reports on what the GOP tax plan would mean for most Americans (7-14-99)
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Social Security reform

When it comes to dealing with the tough choices involved both in cutting taxes and still maintaining needed federal programs, whose approach do you prefer -- the Republicans in Congress, or President Clinton's?

Clinton	48%
Republicans	40

As you may know, Congress and Clinton are debating over the amount of money to use for tax cuts and funding to create new Medicare programs. If you had to choose, which combination would you prefer -- (a) a larger tax cut and smaller increases in spending on Medicare, or (b) a smaller tax cut and larger increases in spending on Medicare?

More Medicare spending	66%
Larger tax cuts	32

Sampling error: +/-5% pts

As I read a list of issues being discussed today, please tell me if each of the following issues are important to your vote for Congress in November?

Social Security	84%
Health care	79
Medicare	78
Gun control	61
Tax cuts	60
Campaign finance reform	40

Who do you think the Republicans in Congress are most interested in benefitting with their proposed tax cut -- the rich, the middle class, or both about equally?

The rich	51%
The middle class	13
Both equally	30

Who do you think the Democrats in Congress are most interested in benefitting with their proposed tax cut -- the rich, the middle class, or both about equally?

The rich	26%
The middle class	33
Both equally	32

MORE STORIES:

Thursday, July 15, 1999

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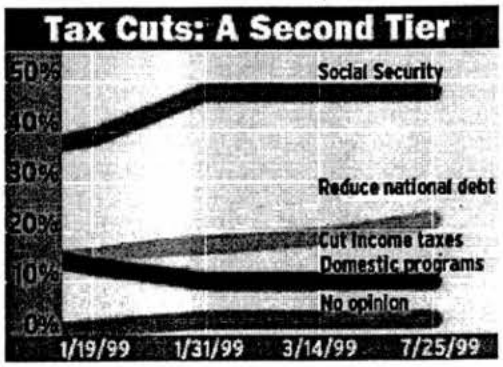
- Clinton discusses gun control with Colorado students
- House panel approves GOP tax cut package
- Prescription sought for perfect health care system
- Congress sends law by e-mail to the White House
- Victoria Buckley, top black female Republican, dies at 51
- House panel blocks part of Energy Department budget
- Clinton wants stem cell research without changing law
- White House hopefuls report new fund-raising numbers
- Folksy Gore leaves vice presidential props at home
- Bush collects money, endorsements on trip to Virginia, Maryland
- House upholds Clinton Administration mining restrictions
- Analysis: Senate's new independent may signal Republican split
- Mrs. Clinton listens but doesn't have all the answers
- Group protests Hadassah award to Hillary Clinton

ARCHIVES

Retirement Trumps Tax Cuts



Poll Gauges Priorities for Surplus Spending

Nearly eight in 10 Americans say they prefer spending the federal surplus on what they consider important issues rather than receive a tax cut. (ABCNEWS.com)

By Gary Langer
ABCNEWS.com

July 28 — The Republicans in Congress may have 792 billion reasons for a tax cut, but their offer hasn't budged public opinion: Nearly eight in 10 Americans still have higher priorities for spending the federal surplus.

Given four options — cut income taxes, reduce the national debt, strengthen Social Security or fund other domestic programs — just 22 percent pick a tax cut, about the same as it was four months ago. More than twice as many give Social Security top priority.

These numbers held steady despite the $792 billion, 10-year tax cut package passed by the House last week over Bill Clinton's threatened veto. The Senate takes it up this week.

Preference for spending the federal surplus:

	Cut income taxes	Reduce national debt	Social Security	Domestic programs
7/25/99	22	19	47	10
3/14/99	20	21	47	10

This doesn't mean people don't want a tax cut; just that most don't give it an especially high priority, given other needs. It's consistent with polling over the years, in which cutting taxes long has taken a back seat to fighting deficits or funding specific, popular programs.

Last spring, for example, cutting taxes finished eighth in a list of 16 issues, behind items such as managing the federal budget, improving education, protecting patients' rights and handling crime. And in 1996, when candidate Bob Dole called for a 15 percent

SUMMARY

You wouldn't know it from watching Congress, but the public would rather fix Social Security than cut taxes.

In This Series

Poll Vault: ABCNEWS Poll Archives

Related Stories

Tax Relief Debate Moves to Senate

Field work for this ABCNEWS.com poll was done by ICR/International Communications Research, Media, Pa.

1996, when candidate Bob Dole called for a 15 percent tax cut, most people said it was more important to balance the budget.

Partisan

Republicans are nearly twice as likely as Democrats or independents to give a tax cut their top priority. But even among Republicans, fewer than a third place cutting taxes first, and more favor strengthening Social Security.

Priority:

	Cut Taxes	Social Security
All	22%	47%
Rep.	31%	41%
Ind.	16%	45%
Dem.	17%	53%

There also are divisions among income and age groups: Better-off people, and those in their prime earning years, are more likely to give their priority to a tax cut (presumably they're also more likely to benefit from one). Less well-off people, and those in their retirement years, are the least likely to favor a tax cut first.

Priority: Cut taxes

	Income			
All	<$25K	$25-75K	<$75K	
22%	17%	23%	30%	
	Age			
All	18-34	35-49	50-64	65+
22%	19%	25%	30%	10%

Sexes

While funding Social Security is the top choice across the board, it's somewhat more popular among women (51 percent) than men (43 percent). Men, meanwhile, are more interested than women in paying down the debt, by 24 percent to 14 percent.

While there's been no movement since spring, there has been a slight increase in interest in a tax cut since January 1998 - from 16 percent then to 22 percent now. In that same time, there's been a 10-point drop in the number who give top priority to debt reduction.

Gary Langer is director of the ABCNEWS Polling Unit.

The University of Texas Medical Branch at Galveston

School of Medicine
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals and Clinics

Robert M.A. Hirschfeld, M.D.
Titus H. Harris Distinguished
Professor and Chair
Department of Psychiatry and
Behavioral Sciences

June 22, 1999

Ms. Tipper Gore
Office of the Vice President
The White House
Washington, DC 20501

Dear Ms. Gore:

From my vantage the White House Conference on Mental Health on Monday, June 7, was a phenomenal success. It was truly an historic moment to have the most senior leadership in the United States Government devoting this much time and attention to the issue of mental illness, particularly to the stigma attached to it. You are to be congratulated for your long-standing interest and steadfast leadership on this great cause – "the last great stigma of the twentieth century" (Tipper Gore, 6/7/99).

I am writing to follow-up on an issue that was discussed in some detail in our break-out group (barriers to effective mental health services). The issue is the **terms** that we use and the connotative baggage that they carry. In particular we refer to **"mental"** disorders and **"physical"** disorders. These terms are rooted in a history that attributes physical or "real", biological, organic causes to certain kinds of illnesses, and mental or "simply in your head", emotional, "unreal", for other illnesses.

This logic is clearly fallacious. "Physical" diseases such as hypertension, diabetes, and arthritis have many psychological and environmental components. "Mental" diseases such as schizophrenia and bipolar illness have well demonstrated genetic, structural, and other biological components.

It is time that we develop and employ new terms for these conditions. "Mental" disorders might be referred to as "psychiatric illness", "brain illness", or another term. "Physical" disorders could be "general medical illness", "somatic illness", or other.

I write to you about this because I believe that changing these terms would greatly foster destigmatization. Your personal leadership and the prestige of your position could accomplish this.

I would be happy to assist in any way that I can.

Sincerely,

Robert M.A. Hirschfeld, M.D.
Titus Harris Distinguished
Professor and Chair

RH:cn
cc: Morley Winograd

The University of Texas Medical Branch at Galveston

School of Medicine
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals and Clinics

Robert M.A. Hirschfeld, M.D.
Titus H. Harris Distinguished
Professor and Chair
Department of Psychiatry and
Behavioral Sciences

July 23, 1999

Morley Winograd
Senior Policy Advisor
Office of the Vice President
The White House
Washington, DC 20501

Dear Morley:

I just received a standard response from Ms. Gore to the letter we spoke of a month ago regarding the terminology issue. Do you have any suggestions about the next step?

Sincerely,

Robert M.A. Hirschfeld, M.D.
Titus Harris Distinguished
Professor and Chair

RH:cn
enclosures

OFFICE OF THE VICE PRESIDENT
WASHINGTON

July 7, 1999

JUL 22 1999

Dr. Robert Hirchfield
301 University Blvd.
Galveston, TX 77555-0188

Dear Dr. Hirchfield:

Thank you for your interest in the White House Conference on Mental Health. The conference was a great success because of the enormous energy and hard work of all 500 participants here in Washington, DC and those who participated in one of the 6,000 downlink sites set up throughout the country

I truly appreciate everything you have shared with me regarding the current terms used for mental and physical illnesses. Your information will be extremely useful to me as I continue in my campaign for mental health.

I encourage your support of mental health issues. For updated information about announcements made at the conference and new federal initiatives, I recommend you review the following websites: www.nimh.nih.gov. (The National Institute of Mental Health) , and www.mentalhealth.org. (Federal Center for Mental Health Services).

Thank you again for your continued interest, and keep up the good work so that we can end the last great stigma of the 20th century.

Sincerely,

Tipper Gore

Tipper Gore

NSCA

National Subacute Care Association

August 20, 1999

Vice President Al Gore
Attn: Sarah Bianchi
Health Care Advisor to the Vice President
Room 217, OEOB
Washington, DC 20502

RE: MEETING WITH HEALTH CARE EXECUTIVES

Dear Vice President Gore:

On behalf of the 1500 health care companies and executives of the National Subacute Care Association (NSCA) we respectfully request the opportunity to personally share with you the concerns and opportunities of our industry.

Your leadership can be most valuable to healthcare policies that affect millions of post-acute patients across the nation, and we wish to briefly explore with you some of the more pressing, specific issues affecting patients, payors, and providers alike.

Please find enclosed a listing of our Board of Directors. Also enclosed is a summary of the scientific research we have recently completed documenting the need to address the present Medicare reimbursement regulations. We would welcome a few minutes to detail those findings with you and your staff, and to respond to any questions you may have.

The week of September 7 would be an ideal time to meet for a select number of our Board members to meet with you when they travel to Washington. We will work closely with Ms. Bianchi and your staff on a convenient time, and limit our visit to the time and number of attendees you suggest.

Thank you very much for your attention and response.

Sincerely,

Sanford J. Hill

Sanford J. Hill
Executive Director

Enclosures

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8/19/99

boardlst.wpd

NSCA
NATIONAL SUBACUTE CARE ASSOCIATION

Executive Policy Summary
A Prospective Study of New Case Mix Indices for Medically Complex Patients In Subacute Care

Presented by:

The National Subacute Care Association

June 1999

7315 WISCONSIN AVENUE, SUITE 424 EAST, BETHESDA, MARYLAND 20814 TELEPHONE (301) 961-8680 FACSIMILE (301) 961-8681

PROJECT SUMMARY

The present study was conducted by the National Subacute Care Association (NSCA) in conjunction with the American Health Care Association (AHCA). The goal of the study was to scientifically examine the validity of the current reimbursement system used by the Health Care Financing Administration (HCFA) for Skilled Nursing Facilities (SNFs). The current Prospective Payment System (PPS) mandated by the Balanced Budget Act of 1997 (BBA) classifies patients into one of the 44 Resource Utilization Groups (RUGS) for payment on a prospective basis. The current system became effective on July 1, 1998 in accordance with the BBA. The Final Report and Technical Report of the present study provides scientific bases for making immediate refinements to the current reimbursement methodology.

METHODOLOGY

The present report details results of a survey of exactly 1000 Medicare SNF patient records, from 49 SNF facilities in 14 states. Over 300 variables were measured on each subject (patient) from medical records, patient interviews, and extensive staff data recording. The study was conducted on the data set accompanying this report, which contains over 2.5 million data points. The survey instruments used by SNF staff who participated in the study are similar to data collection instruments used by HCFA in past research projects. Further, HCFA staff reviewed the survey instruments prior to and during the study. Extensive training sessions were conducted to assure the field-based SNF staffs were competent in their use. The reliability of the study data was verified, and these complete reliability data are available for detailed examination.

FINDINGS

The results of the present study show that the current RUGS-based reimbursement system fails to reflect the actual resources being used to treat patients with medically complex and intensive rehabilitation needs. In fact the data show that all 22 RUGS categories fail to adequately explain variations in treatment resource use in the study patient sample. The greatest deviation between actual resource consumption and reimbursement assigned by the current RUGS system was found among RUGS categories for medically complex patients. The following conclusions are supported by the present study and are consistent with other past and current research findings known to HCFA:

- The current RUGS system fails to validly classify patients for reimbursement according to nursing resource consumption
- The current RUGS system fails to validly classify patients for reimbursement according to respiratory resource consumption
- The current RUGS system fails to validly classify patients for reimbursement according to total staff resource consumption
- The current RUGS system fails to validly classify patients for reimbursement according to non-therapy ancillary resource consumption

- The validity of current RUGS system for reimbursement can be improved significantly by the inclusion of indicators that are more sensitive to nursing, respiratory, non-therapy ancillary, and total staff resource consumption

RECOMMENDATIONS

The present study suggests an immediate course of action by federal reimbursement policy makers:

- Adjust the current RUGS-based system to accurately reflect the need for nursing and other medical care among SNF patients with medically complex and intensive rehabilitation needs. The present study contains specific recommendations for these adjustments, based on empirical analyses of the data.
  The RUGS categories shown to present the most severe shortfall between current reimbursement and actual patient need for care are as follows:
  - RUC
  - RUB
  - RHC
  - RVC
  - SE2

- The reimbursement methodology should include extant and readily available indicators of the need for nursing, functional therapy (PT, OT, ST), and respiratory therapy resources currently excluded from the RUGS-based system.

- The reimbursement methodology should utilize the indicators referred to above in creating separate groups for predicting therapy, respiratory therapy and nursing resources to be combined into a total reimbursement rate.

- RUGS-based payment rates (effective July 1, 1998) should be adjusted retroactive to 7/1/98 to account for the inadequacies outlined in the present study, as well as in HCFA's own research data (annotated in the attached report).

American Medical Association

Physicians dedicated to the health of America

E. Ratcliffe Anderson, Jr., MD
Executive Vice President, CEO

515 North State Street
Chicago, Illinois 60610

312 464-5000
312 464-4184 Fax

August 11, 1999

The Honorable Albert Gore, Jr.
Vice President of the United States
Old Executive Office Building
Washington, DC 20501

Dear Mr. Vice President:

On behalf of the American Medical Association, it is my privilege to invite you to speak at the 1999 AMA Grassroots Conference on Thursday, September 23, 1999, at 9:30 a.m. Our conference will be held at the Mayflower Hotel, located at 1127 Connecticut Ave., NW, in Washington, DC.

The AMA Grassroots Conference focuses on legislative and political issues critical to the state of health care in America. We anticipate over 300 medical community leaders from every state to join us for this two-day conference, which is an integral part of our political and legislative grassroots advocacy program. Our program includes legislative briefings and an opportunity for our medical community activists to meet with members of Congress during scheduled visits to Capitol Hill offices and at the Congressional Reception.

Your remarks to this group would be extremely timely in light of the current debate on the Patients' Bill of Rights legislation.

A member of the AMA staff will follow up with your office in the next few days and we will provide any additional information. I hope your schedule will allow you to join us.

Respectfully,

E. Ratcliffe Anderson, Jr., MD

cc: Chris Jennings

VP PRIORITIES FOR APPROPRIATIONS

Suggested Priority	Program	Status
Highest	**Empowerment Zones**	Mandatory spending (within jurisdiction of tax committee) is not likely. Thus, one year funding through appropriation is the only viable option. This requires $5 million from Ag and $150 from VA/HUD (fully off set). The Ag conference is closed with no Empowerment Zone money, HUD possibilities remain unclear. Cuomo has offsets, but no Congressional buy-in.
ACTION:	Call Mollahan and urge inclusion of $. Call Mikulski and urge the same.	
HIGHEST	**COPS II**	Dramatically underfunded in both House and Senate. Comm./St./Just. bill is now in conference
ACTION:	None at this time	
HIGHEST	**Drug Intervention**	Dramatically underfunded in both House and Senate. Comm./St./Just. is now in conference.
ACTION:	Staff Contact with McCaffrey to offer help.	
HIGHEST	**Climate Change**	GEF dramatically reduced below 1999 level; Conference report on Foreign Ops done, but bill will be vetoed. Might be able to address later. Modest start provided for Clean Air Partnership Fund; HUD-VA bill in conf.

Clean Energy roughly same as 1999 level. Energy and Water Conference Report done and bill will be signed. Difficult, but not impossible to add money later.

CAFE rider in House Transportation bill, but not in Senate. Bill is in conference. CAFE rider will stay in, and bill will be signed.

ACTION: None at this time.

HIGHEST **Salmon**

House bill zeroes Salmon Recovery Fund Senate provides full funding of $100m. Both Chambers provide no money for managing Pacific Salmon Treaty with Canada, but this is lower priority than Recovery Fund. Bill is in conference. Army Corps Piece cut below 1999, but is lower priority also.

ACTION: None at this time.

HIGHEST **Livability**

Mass trans. and congestion/air quality are big pieces: House and Senate gave us prior year progam levels, but none of the big increases we asked for. Transportation bill is in conference. Didn't get abandoned buildings piece in HUD. HUD-VA bill is in conference.
Note: We did get Crime and transportation enhancement pieces. We also got $10 million in Labor/HHS on schools as community builders. Got last year's level for regional planning pilots in House but not Senate. No tax piece (Better America Bonds). Interior bill does not include major funding for livable communities because little additional money has been added to the land and conservation fund.

ACTION: Authorize staff to push for veto of Interior appropriations on this issue as well as bad riders.

HIGHEST **FAA**

Both operations, and facilities and equipment Have funding problems. Transportation Bill is in conference, but will be signed. The bill offers only current services level of funding. Airline delays in 2000 will be likely.

ACTION Authorize staff for a better FAA public strategy.

HIGHEST **EITC**

At Mr. Armey's direction, there will be Attempt to add EITC amendment as an $9 Billion offset in Appropriations full Committee on Thursday. Amendment would spread out each lump-sum payment into twelve monthly installments.

ACTION: Recommend that you strongly oppose this proposal in public, and continue to do so if proposal is added in full Committee.

HIGHEST **Triana**

House bill has language that kills the program. Senate is OK. HUD-VA. bill is in conference. Mikulski will fight to protect the project.

ACTION: None at this time.

HIGHEST **Globe**

NOAA portion: This portion is critical. House zeroed, Senate Provided $2.5m of $5m request.
Comm./St./Just. bill is in conference
NASA portion: House zeroed, Senate at full Amount of request. HUD-VA bill is in conf.
EPA portion: It is only $1 million and it is unlikely to be enacted.

ACTION: Authorize staff to push hard for money in Commerce/State/Justice.

HIGHEST: **Spallation NS**

Conference is complete, bill will be signed. Of $234m request, $118m is provided: $100m for construction and for R&D. Delay of construction completion by one year.

ACTION: Staff will work with DOE to mitigate.

HIGHEST **ATP**

House zeroed. Senate provided almost full request (adjusted for unused balances). Comm./State/Just. Bill is in conference.

ACTION: None at this time.

HIGHEST **Next Gen. Internet**

House zeroed $15m piece for DOE, but conf. Report is done and bill will be signed. Might get add-on later on but could be difficult. Defense piece may be short $10m in Senate.
Not sure about HHS piece.

ACTION: None at this time.

HIGHEST **Education Techn.**

House is well below 1999 level and request. Senate is well below request. Labor, HHS, Educ. bill is in committee in House, on floor in Senate.

ACTION: Administration has threatened to veto Senate bill over this and class size issue.

HIGHEST **Hispanic Education**

House provides only $53 m of the $444m add over '99 in the request.Senate eliminated GEAR UP program, but appears to reduce Administration request on Hispanic Edication from $400 million to

$174 million. Labor,HHS, Educ bill is in committee
In House and on Senate floor.

ACTION: None at this time.

HIGHEST **Family Caregiver**

House zeroed, Senate zeroed. Labor, HHS, Educ. Bill is in Committee in House and on Floor in Senate.

ACTION: None at this time.

HIGHEST **Mental Health**

House cut $69m from President's request. Senate reduces the Administration request by $49 million. Labor, HHS, Educ.Bill is In Committee in House and on floor in Senate

ACTION: None at this time. Administration SAP objects to funding reduction.

HIGHEST **Substance Abuse**

House cut $77m from 1999 level and $139m from request. Labor, HHS, Educ. Bill is in committee in House and on floor in Senate.

ACTION: None at this time.

New York University
Child Study Center
550 First Avenue New York, NY 10016
Telephone: (212) 263-6622 • Facsimile: (212) 263-0484

FAX COVER SHEET

called 9-5-99 EB

To: Sarah Bianchi
Fax: 202-456-5557

From: Gloria Williams
Fax: 212-263-0484 **Phone:** 212-263-8861

Date: 8/24/99

Number of Pages (Including Cover) 3

Please call _____ **at** _____ **If you have any problems receiving this fax.**

Remarks:
Per my conversation with Elizabeth, here is a copy of the letter Dr. Lipsitz sent to the President.

Eliz pls. let her know that we are looking into this & will get back to you asap.

SCHOOL OF MEDICINE

NEW YORK UNIVERSITY

550 First Avenue, New York, NY 10016
(212) 263-6205 Fax: (212) 263-0484
Email: harold.koplewicz@oomail.med.nyu.edu

Harold S. Koplewicz, M.D.
Professor of Clinical Psychiatry and Pediatrics
Vice Chairman, Department of Psychiatry
Director, Child Study Center

June 29, 1999

William Jefferson Clinton
President of the United States of America
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton:

It was a wonderful seeing you last night at La Grenouille. We at the NYU Child Study Center have taken on the initiative of creating a Child Mental Health Month in November 1999 as a follow-up to the White House Conference on Mental Health.

What began as a small art show, has become an extraordinary book called *Childhood Revealed: Art Expressing Pain, Discovery and Hope* published by the NYU Child Study Center and Harry Abrams, Inc. and an awareness campaign to bring badly needed attention to child mental health issues in this country. An art exhibit of this work will open at the Whitney Museum of American Art and then travel to at least six cities across America. An educational guide has been prepared for school visits. Our website for parents, educators and children will be on line October 1999. Bringing awareness to these issues has been my life long passion and now because of the tragedy in Littleton, we hope it can now be addressed by the nation. We cannot squander this opportunity to bring child mental health issues to the forefront of our national dialogue.

So far we have enlisted the help of some amazing people and organizations that can help make Child Mental Health Month a reality. First, we have assembled the preeminent national mental health organizations to form the National Child Mental Health Initiative. We met with the executive directors of these organizations on May 5th and they were highly enthusiastic about Child Mental Health Month and *Childhood Revealed* as tool for awareness. Second, we brought together, with Katie Couric, who wrote the foreword to *Childhood Revealed*, the editors-in-chief of the major women's and family magazines to get them involved in our plan. They, too, could not have been more enthusiastic and all have agreed to feature child mental health issues prominently in their November 1999 issues. I have enclosed lists of both groups for your information. With these two groups behind us we are prepared to reach millions of people but frankly, we need to reach more. And you can help us do that.

I am asking that you officially recognize November 1999 as Child Mental Health Month. This is an opportunity for the American government to stand up and say that they believe in the psychiatric well being of our nation's children and that violence in our children's schools is totally unacceptable and must be prevented through the comprehensive treatment and understanding of child mental illness.

Please help us make sure that what occurred in Littleton is the very last time something like that will happen and please have November 1999 officially deemed Child Mental Health Month.

A million thanks for your time and please call me if you have any questions.

Sincerely,

Harold

Harold S. Koplewicz, M.D.

HSK:da

Eliz- I will do this. pls confirm also can we get any background on issues they are focused on - from them. would be helpful Thks.

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

Fax: 202-456-5557 4 pages

August 24, 1999

TO: Sarah Bianchi, Senior Health Advisor to the Vice President
FROM: Helen Zidowecki, Director, Maien Office of Rural Health
RE: Invitation to Participate in the National Organization of State Offices Conference

I just received your voice mail response, via Elizabeth Behr. Following is a copy of the e-mail message that I sent to you after leaving my first voice message. Actually, I believe that the invitation came from Alison Hughes, Arizona State Office of Rural Health. She e-mailed me on July 16, confirming that you would be able to participate. My communications today are the first that I have made, and I apologize for the delay. I am writing to you in the capacity of Chair of the Conference Committee. I am also attaching the file that is mentioned in the e-mail. I look forward to communicating with you further and meeting you in a month.

E-mail:
From: Zidowecki, Helen M.
To: 'Sarah Bianchi, OVP'
Subject: National Office of State Offices of Rural Health Conference
Date: Tuesday, August 24, 1999 2:32PM

I am following-up on a communication from Alison Hughes that you are able to participate in the NOSORH Annual Conference. I apologize for being so late in contacting you with more details.

You are welcome to participate in any part of the conference that you may wish to attend. Specifically, we would like you to meet with us on Wednesday, September 15, at 1 PM-2 PM at the Holiday Inn on the Hill, as follows:

1 PM KEYNOTE ADDRESSES
SENATOR BAUCUS, MT Coordinator: Brad Gibbens, ND [Invited, waiting for a response]
SARAH BIANCHI, Senior Health Advisor to the Vice President

I can communicate with you closer to the time regarding the exact format. At present, we envision about 20 minutes for your remarks, followed by 10 minutes for questions. If the plan occurs as above, you would be starting your remarks at 1:30 PM.

We are interested in the Vice President's view of Rural Health issues. What does he see as important? What comments might he have regarding the topics that are being discussed, and on the proposed legislation?

Attached is the present schedule for the conference, from the working notes of the COnference Committee. I look forward to communicating with you. Please let me know if you have questions or what further information you might want.
<<File Attachment: NOSORHCO.DOC>>

NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH
CONFERENCE PLANNING COMMITTEE FOR SEPTEMBER 15-18, 1999 08/24/99 1/3

TUESDAY SEPTEMBER 14

	2 PM RURAL HEALTH WORKS *Gerald Doeksen* and *JoAnn Myers.* 6-8 PM Social Hour: 8/9/99 Social Hour
7:30 PM Conference Committee Meeting	

WEDNESDAY, SEPTEMBER 15

The plans for this day divide activities between those of the Board and those of membership.

7:30 AM CONTINENTAL BREAKFAST--EVERYONE

BOARD	MEMBERSHIP OPTION:
AM MEET WITH HOUSE RURAL COALITION AND SENATE CAUCUS Coordinator: *Serge Dihoff* with Darin Johnson and Charles McGrew to schedule the Rural Health Caucus and Coalition meetings.	RURAL HEALTH WORKS, CONTINUED, 9 AM-Noon

LUNCH On Your Own

1 PM KEYNOTES

SENATOR BAUCUS, MT Coordinator: *Brad Gibbens*, ND [Introduction by MT SORH]

SARAH BIANCHI, Senior Health Advisor to the Vice President [Introduction by Charles McGrew, SORH, Arkansas, President, NOSORH

BOARD	MEMBERSHIP: CONCURRENT SESSIONS--
2-4(?) PM BOARD MEETS WITH REPRESENTATIVES FROM "PARTNER GROUPS" Issues Briefs regarding: To be emailed to Charles by 8/17, ready to mail to Board for reference during discussions. [I suggest that membership be given a copy at the conference.] • Access to Primary Care--*Brad Gibbens* • Critical Access Hospital--*Caroline Ford* • Reimbursement • Community/Economic issues--**Val Schott?** • S-CHIP--*Jody Ross* **Conference call: Helen, Charles, Buddy, Serge** AHA, *Herb Kuhn, John Supplitt* American Public Health Association Association State/Territorial Health Officers, *Brent Ewing* National Assn. of Rural Health Centers, *Bill Finerfrock* National Association of State Emergency Medical Services Directors, *Barak Wolff* National Governors' Association, *Tracy Orloff* National Rural Development Partner Group Rural Health Roundtable, *Mary Wakefield* Center on Budget and Policy Priorities National Partners for Reinventing Government National Association of City and County Health Officers • How do they see a relationship with NOSORH? • How would they like to have NOSORH work with them? • Coordinator: Serge Dihoff	Need registration of at least 10 to hold session. Registrations due 8/25. Linda to let Helen know numbers. We agreed that at least 10 are needed to hold a session. I. 2-3 PM WORKING WITH LEGISLATORS. Facilitator, John (Buddy) Watkins • The importance of connecting with legislators on various levels • Working with legislators "back home" • Input to legislators through other groups II. 2-5PM) MODELS FOR TRAINING GRANT WRITERS AND OTHERS Facilitator/Presenter: *Caroline Ford* NV Coordinator: *Justine Cesanero* NJ III. 2-5PM RURAL HOSPITAL FLEXIBILITY PROGRAM Facilitator: *Richard Morrissey*, KS Status of the Grants • Evaluation of the Flex Program -- George Wright • The Resource Center: What do states need? • AHA Rural Hospital Affinity Group--*Tom Sipe, KansasHospital Association* Coordinator: *Karen Whitaker*

NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH
CONFERENCE PLANNING COMMITTEE FOR SEPTEMBER 15-18, 1999 08/24/99 2/3

Groups considered, not included in discussion at this time.

American Academy of Family Practice, *Michele Johnson*
American Assn. of Council of Medicine, *Michael Dyer*
American Psychological Assn., *Gill Hill*
Bureau of Primary Health Care, *Jim Macrae*
Center for Public Service Communications, *Neal Neuberger*
National Assn. of Community Health Centers, *Christine Pellerin*
National Council of State Legislators, *Tim Henderson*
National Rural Mental Health Assn.
National Rural Health Resource Center, *Terry Hill*
Rural Policy Research Institute (RUPRI), *Chuck Fluharty*

THURSDAY, SEPTEMBER 16

7:30 AM Breakfast, "Making Hill Visits," Facilitator: **Al Grant [Helen pursue with Al and Buddy]**
8:15-10AM Facilitator: *Buddy Watkins*
8:15 AM *Darin Johnson*, NRHA, Legislative Liaison, Washington Office
9:15 AM LEGISLATIVE AND POLICY DIRECTION OF NOSORH -- Legislative Committee
State Responses -- Open Mike [Officially ends at 10 AM if people have to leave for Hill Visits, but may continue as needed.]

10 AM, PM HILL VISITS
WHEN YOU ARE NOT ON HILL VISITS, YOU ARE WELCOME TO REMAIN IN THE ROOM FOR INFORMAL DISCUSSIONS.
LUNCH ON YOUR OWN

5:30-7:30 PM RECEPTION, GOLD ROOM, RAYBURN BUILDING.

FRIDAY, SEPTEMBER 17

7:30 AM Continental Breakfast "Staying Connected" Facilitator: *Caroline Ford* (NV),
What is the technology available to and needed by SORH in order to communicate effectively among our offices? *Jody Ross* (MI)
Results of the Survey of SORH

8:30 AM PARTNER SESSIONS --FEDERAL PANEL Facilitator: *Jerry Coopey* **[Helen to reconfirm with Jerry and Wayne]**
KEYNOTE: *Wayne Myers*, Director, FORHP

9:00-11:30 AM Office of Rural Health Policy

NOON LUNCH NOSORH ANNUAL BUSINESS MEETING *Charles McGrew*
COMMITTEE REPORTS-Included in the Notebook by Linda if she receives a report by August 16. Otherwise, bring 3 hole punched copies to distribute.
Regional Discussions

2:30 PM PM TOPICAL ROUNDTABLE DISCUSSIONS Invite Partners to join in the Round Table Discussions.?

A. Outreach and Network Grants: Preparing for the Bulge Year! Facilitator: *Alison Hughes* AZ; *Jake Culp*, FORHP; *Liz Rainwater* AR Recorder: Justine Cesanero NJ	B. Rural Hospital Flexibility Program: Recorder: Grad Gibbens ND
C. S-CHIP (From NOSORH Board 8/3) Recorder: Mary Ring IL	TBA Recorder: Helen Zidowecki ME

4 PM "Performance Measurements: Challenges and Tips" Facilitator: *Roberto Anson:* Panel of 2-3 States

NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH
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SATURDAY, SEPTEMBER 18

7:30 AM Continental Breakfast	
8:30 AM Opening—*Charles McGrew*	
9:00AM TOPICAL SESSIONS, EMERGING ISSUES, TECHNICAL ASSISTANCE sessions Topics and Recorders will be verified at the conference.	
I. Telecommunications. Coordinator: *Jody Ross* Recorder:	II. "Partnerships with Foundations" Facilitator, *Alison Hughes* *Susan Jenkins,* WK Kellogg Foundation Recorder: *? Brad Gibbens* ND
*III. Workforce Issues. Coordinator: Presenter: Recorder: *Helen Zidowecki ME*	IV. "Hot" issues/Other
11:00 AM Adjourn	

Cheryl Parrino and Mel Blackwell (USAC) are holding the Friday morning session (of the NOSORH meeting--I think it was discussions with partners) open and are willing to be part of that conversation. Since they were NOSORH's first contract, and may be a source of other work/funds, it would be good to include them.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. fax	Fax Cover sheet in preparation for 10/7 meeting (1 page)	06/10/99	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Sarah Bianchi
OA/Box Number: 15609

FOLDER TITLE:
Information - Health Names

2013-0512-S
sb5

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[redacted]

NRPA Division of Public Policy
1901 Pennsylvania Ave., NW, Suite 900
Washington, DC 20006
(202) 887-0290
(202) 887-5484 (FAX)

Date: 10/6 Pages to follow: 9

To: Elizabeth / Sarah Bianchi 202/456-5557

From: Heather Sidwell

Comments: Background information in Preparation for 10/7 meeting. Also, Here is ~~so~~ the personal information you need for authorizing our entrance. Call if you need anything else! —Heather

Heather Sidwell - [redacted]
Rikki Epstein - [redacted]

(b)(6)

If you do not receive all of these pages, please call (202) 887-0290

National Recreation and Park Association

Division of Public Policy • 1901 Pennsylvania Ave., NW • Suite 900 • Washington, DC 20006
(202) 887-0290 • Facsimile (202) 887-5484 • e-mail: nrpapolicy@aol.com

October 5, 1999

Sarah Bianchi
Domestic Policy Council
Old Executive Office Building
17th Street and Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Sarah:

Thanks so much for agreeing to meet with me on Thursday, October 7. I look forward to talking with you about the importance of promoting preventive health strategies, and particularly about the role of local public park and recreation agencies in supporting healthy lifestyles for all Americans regardless of age, economic status or physical abilities. I have also asked my colleague Rikki Epstein to join us to provide you with information specifically about recreation opportunities for persons with disabilities.

The National Recreation and Park Association (NRPA) is a national, non-profit organization of some 25,000 park and recreation agencies, professionals and concerned citizens. Each of the 50 states and the District of Columbia, as well as 3,000 communities, are represented in our membership. The organization also has a number of branches and sections specific to individual interests and expertise. One of these branches, the National Therapeutic Recreation Society, serves to ensure adequate and accessible recreation and leisure opportunities for persons with disabilities and other special populations.

Enclosed, please find information that will give you more insight to NRPA and its objectives. Again, thank you for agreeing to meet with us. We look forward to talking to you!

Sincerely,

Heather L. Sidwell

Heather L. Sidwell
Public Policy Associate

Enclosures

National Recreation and Park Association

22377 Belmont Ridge Road, Ashburn, Virginia 20148-4501
(703) 858-0784 • Fax (703) 858-0794 • http://www.nrpa.org

The National Recreation and Park Association is a national, non-profit organization that advocates parks and recreation experiences of the highest quality for all people. NRPA works closely with national, state and local recreation and park agencies, corporations, citizen's groups and allies to attain these objectives.

GOALS

NRPA's commitments today are broad and bold. To effectively achieve the goals inherent in these commitments, they must have the support of both professionals working in and for park and recreation agencies at all levels, and a broad base of lay citizen and philanthropic support.

NRPA is committed to improving public understanding of leisure's significance in a full and meaningful life. Its long-range plan embraces the following goals:

- To promote public awareness and support for recreation, park and leisure services, the constructive use of leisure, the social stability of a community, and the physical and mental health of the individual. NRPA also strives to promote public awareness of the environmental and natural resource management aspects of recreation and leisure services.
- To facilitate adoption of socially progressive and environmentally appropriate public policy for recreation, parks and leisure.
- To strengthen professional and citizen skills and effectiveness, thus enhancing service to the public.
- Through research and study, to promote the development and dissemination of a "body of knowledge" in order to improve the delivery of service and increase understanding of leisure behavior.

PUBLIC SERVICE CAMPAIGNS

National Programs

In the interest of reaching our goals, NRPA has developed partnerships with many leading organizations to promote recreational opportunities and their benefits to people of all ages. NRPA has and will continue to work with organizations such as the National Football League, the United States Tennis Association, the Hershey Foods Corporation, *Ladies' Home Journal*, the Centers for Disease Control and Prevention, and the National Heart, Lung, and Blood Institute to meet these interests.

"Parks and Recreation: The Benefits are Endless..."

NRPA's newest training program is designed to change the way in which park and recreation professionals and advocates view themselves and their organizations, and to change the way in which the public perceives the value and benefit of recreation and parks.

Active Living\ Healthy Lifestyles

The Active Living\Healthy Lifestyles project showcases the role of parks and recreation in health promotion, serves as a catalyst for community corroboration, creates opportunities for people to become more active through parks and recreation, and reinforces the need for Americans to enrich their lifestyles.

NRPA Congress & Exposition

NRPA's Annual Congress & Exposition attracts more than 7,000 park and recreation professionals and industry representatives. The Congress provides more than 300 educational sessions, on-site visits to unique park and recreation settings, and networking opportunities, and hosts the largest exposition of park and recreation products and services anywhere in the United States. Delegates participate in special events, special focus seminars, pre- and post-Congress institutes, and tours.

The Association's outreach is found in five regional offices:
The Southeast, in Conyers, Georgia;
The Great Lakes, in Hoffman Estates, Illinois;
The Western, in Colorado Springs, Colorado;
The Pacific, in Federal Way, Washington;
The Northeast, in Ashburn, Virginia.

ORIGINS AND HISTORY

For more than a century, NRPA has been a national advocate for expansion of public recreation access and more and better parks. At the turn of the century the nation had no positive philosophy on the social values of play and recreation; little attention was given to the importance of open space for recreation, especially in harsh urban environments.

NRPA's heritage and philosophy are an outgrowth of pioneering work by its predecessors–the American Institute of Park Executives (1898), the National Recreation Association (1906), the National Conference on State Parks (1921), and the American Recreation Society (1937). The history of NRPA is a history of parks and scenic open spaces; it is the story of children and people of all ages seeking self-expression and fulfillment in an urbanized and industrial society. It is the story of visionary men and women who believed in the importance of recreation to the growth and development of the individual.

NRPA stresses the value of recreation, active and passive, for individual growth and social well being. It advocates a strong leadership role for local government in the provision of recreation and park services for all citizens. It has played an instrumental role in the expansion of the state and local park movement in the United States.

From its inception, NRPA has represented a unique combination of citizen and professional leaders dedicated to the common cause of assuring that every person, young and old have the opportunity to find the best and most satisfying use of their leisure time.

NRPA BOARD OF TRUSTEES

The Association is governed by a 69-member Board of Trustees representing various disciplines and geographical regions, as well as professionals and citizens involved in the work of the Association. The bylaws of the organization call for a majority of citizen trustees to ensure objectivity and the support necessary to the success of the local, state, and national efforts.

NRPA ONLINE

NRPAnet is a worldwide information network linking park and recreation communities through the World Wide Web. NRPAnet subscribers can network with other subscribers and access the National Job Bulletin, legislative updates, abstracts from NRPA journals, and other valuable information and resource materials.

NRPA BRANCHES, SECTIONS & AFFILIATES

Much of the Association's broad mission is achieved through clusters of interest and expertise found in branches, sections, and affiliates.

American Park and Recreation Society
Armed Forces Recreation Society
Citizen Board Members
Commercial Recreation and Tourism Section
Ethnic and Minority Society
Friends of Parks and Recreation
Leisure and Aging Section
National Aquatic Section
National Society for Park Resources
National Student Branch
National Therapeutic Recreation Society
Park Law Enforcement Association
Society of Park and Recreation Educators

NRPA PUBLICATIONS

Parks & Recreation Magazine
A full-color, monthly feature magazine showcasing the latest issues facing the park and recreation field, including "hands-on" articles for the practitioner

Dateline
A monthly news publication that focuses on the latest in legislative and policy action

Journal of Leisure Research
A quarterly giving in-depth attention to studies, surveys, and experimentation in the field of recreation and parks

Therapeutic Recreation Journal
A quarterly journal that covers developments in therapeutic recreation services for individuals with mental and physical disabilities

Job Bulletin
Current position vacancies in recreation and parks throughout the United States and Canada

Recreation & Parks Law Reporter
A quarterly series devoted to a review of recent court decisions on personal injury liability affecting parks and recreation services, and facility based management

Park Practice
A series of publications that deal with park management and provide new concepts, plans, designs, programs, and operational methods designs to have special value to park systems

Programmers Information Network
A quarterly publication focusing on innovations in recreation services and activities.

National Playground Safety Institute Networks
A newsletter for Certified Playground Safety Inspectors and others interested in developing and maintaining challenging yet safe play environments

Lifestyles
A semi-annual consumer-based newsletter focusing on the benefits of parks and recreation

National Recreation and Park Association
2775 South Quincy Street • Suite 300 • Arlington, Virginia 22206-2204 • (703) 820-4940 • Fax: (703) 671-6772

RECREATION AND HEALTH

Introduction

We believe that active recreation for all people is vital to the promotion and maintenance of good health and to containing health care costs. Public policies and actions increasingly reflect recreation-health relationships. Governments and private entities also recognize the contributions of therapeutic recreation to the rehabilitation process for persons with disabilities and limitations. Enlightened businesses incorporate recreation as an element of health care strategies and workforce objectives. To an aging population, recreation and quality of life issues assume increased significance. Absent an aggressive, comprehensive strategy incorporating health maintenance and disease prevention directed towards personal lifestyle, school curricula, community and business settings, health care costs will continue to increase beyond present levels.

The relationship between recreation, disease prevention and health promotion is substantiated by findings which recognize that light to moderate activity, typical of many recreation activities, can help prevent and manage coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity and depression. The importance of active recreation and accessible programs and facilities has been documented by the U.S. Department of Health and Human Services in its national health strategy report Healthy People 2000: National Health Promotion and Disease Prevention Objectives released in 1991. Despite this knowledge, few Americans engage in adequate, regular physical activity.

Statement of Policy

Fostering a practical relationship between recreation, health and wellness is an integral part of the National Recreation and Park Association's agenda. Thus, it is the policy of the Association to:

1. Encourage public park and recreation and military recreation authorities to plan and actively promote the health and wellness aspects of recreation services and facilities, independently and in collaboration with others.

2. Encourage the Congress, state legislatures and local authorities to include specific references to the value of recreation and therapeutic recreation in appropriate public laws and regulations on health and wellness, and to adequately invest in high quality, accessible recreation programs and services.

3. Seek optimum mental health and positive attitudes by promoting the inclusion of all individuals in recreation programs, based upon interests and assessed needs.

4. Encourage professional managed health organizations and other private providers to form partnerships with public recreation and park entities to include utilization of public programs and facilities.

5. Form partnerships and networks with institutions of higher learning, governments, private foundations, businesses and health care organizations to exchange information on education, training, research and management.

6. Encourage NRPA state affiliates and other recreation-related organizations to continue and/or initiate recreation programs and functions with health and wellness objectives.

7. Selectively sponsor or cooperate with other groups to plan and implement special events which demonstrate or reinforce recreation, health and wellness relationships.

8. Provide the media with information and promotional materials which (1) address and highlight the importance of recreation-health relationships; (2) increase public knowledge about recreation opportunities; and (3) support and identify exemplary recreation programs that contribute to health and wellness. Annually focus at least one issue of *Parks & Recreation* on recreation, health and wellness.

9. Encourage providers to maintain a safe environment when conducting active recreation pro grams, including the use of persons certified to direct and provide such services, as described by the American College of Sports Medicine and others.

10. Encourage and support research to discover new perspectives on recreation, health and wellness relationships, including the impact of behavior, innovation in public policy and practices, education and training, and institutional reform and collaboration.

Action

Adopted:
Board of Trustees
October 24, 1993

THERAPEUTIC RECREATION—THE BENEFITS ARE ENDLESS...™

National Therapeutic Recreation Society
a branch of the
National Recreation and Park Association
22377 Belmont Ridge Road • Ashburn, Virginia 20148-4501
(703) 858-2151 (Voice) • (703) 858-0794 (Fax)
WWW: http://www.nrpa.org/
E-Mail: NTRSNRPA@aol.com

NATIONAL THERAPEUTIC RECREATION SOCIETY

DEFINITION OF THERAPEUTIC RECREATION

Practiced in clinical, residential, and community settings, the profession of therapeutic recreation uses treatment, education, and recreation services to help people with illnesses, disabilities, and other conditions to develop and use their leisure in ways that enhance their health, independence, and well-being.

Approved by the NTRS Board of Directors
February 4, 1994

NTRS VISION STATEMENT

The National Therapeutic Recreation Society, a branch of the National Recreation and Park Association, is a membership organization with the belief that leisure and recreation should be available to all people, especially those with disabilities or limiting conditions. Leisure and recreation are human rights and are critical to human health and well-being. People with disabilities or limitations may require assistance in using their leisure to enhance their physical, social, emotional, intellectual and spiritual abilities. This principle applies equally to people who live in communities and to those who require short- or long-term clinical or residential care. Services are delivered through a continuum of care—therapy, leisure education and recreation participation—in order to enable and empower people to develop and maintain health, well-being, and appropriate leisure lifestyles. Through these services, advocacy, leadership, knowledge and commitment, we are prepared to pursue our unique and progressive vision for the benefit of society today and into the future.

Approved by the NTRS Board of Directors
February 5, 1993

NATIONAL THERAPEUTIC RECREATION SOCIETY PHILOSOPHICAL POSITION STATEMENT

(Approved by the NTRS Board of Directors, October 23, 1996)

Preface

In this document, terminology is used that eludes concrete and unequivocal definition. Terms such as "leisure," "recreation," and "play" are used explicitly or implicitly throughout. The meanings of these terms vary with societal norms, customs, values, and differential socialization experiences that shape individual perception. Likewise, "health," "therapeutic," and "therapy" are unstable in meaning and variably defined between peoples, lay and professional alike. This document includes elusive terminology essential to this position statement. Hence, careful use of terms was made in an effort to maximize clarity and minimize confusion on the part of the reader.

Purpose of the Document

The purpose of the National Therapeutic Recreation Society's (NTRS) Philosophical Position Statement is to articulate the values of therapeutic recreation for persons with disabilities and other special populations. Professional responsibilities, skills, techniques, and service delivery models have been intentionally omitted. The purpose of this document is not to suggest how to practice therapeutic recreation, but rather to articulate a value structure for a variety of practice models to operate within.

Accordingly, the NTRS Philosophical Position Statement encompasses three broad values.

1. *Right to leisure*—this value includes related concepts, such as leisure as part of a healthy lifestyle, the importance of leisure for everyone, and other dialogues that articulate and explain the role of leisure as part of a healthy and productive life. The right to leisure is grounded in the notion that the individual is entitled to the opportunity to express unique interests and pursue, develop, and improve talents and abilities because of his/her potential. The right to leisure is a condition necessary for human dignity and well-being.

2. *Self-determination*—this value holds that leisure is an arena of action wherein the individual can express unique abilities, predilections, and preferences that are encompassed within leisure experiences. "Action" includes cognitive, communicative, psychological activities, and behaviors that facilitate a quality recreation experience for the person with a disability or other special condition. This meaning of action clearly steps beyond the limitations imposed if action is taken to mean only observable behavior. Self-determination embodies two sub-concepts.

   a. The first relates to freedom as a matter of self-determination. The value of self-determination represents a bias toward choice, self-regulation, and individual preference on the part of the participant ("freedom to" choose and act) and away from unnecessary impediments ("freedom from" constraints and barriers).

   b. The second meaning of freedom entails living a life according to higher ideals. The "freeing" qualities are acquired through learning and development of a better person. This type of self-determination is commonly referred to as wisdom or virtue.

3. *Quality of life* –the leisure of persons with disabilities and other special populations contributes to quality of life. Leisure should be "fun," enjoyable, or satisfying, regardless of the participant's abilities.

   In addition, quality of life extends beyond the idea of fun. Leisure activities may help prevent illness and secondary disabilities. However, the circumstances under which leisure may prove to prevent further deterioration of the individual or promote the health of the participant occur within a context which is unmistakably leisure in its orientation. Quality of life also includes prevention of illness (e.g., chronic conditions, mental illness, etc.) within the context of pre-existing impairments and promotion of health and functional abilities through leisure.

National Therapeutic Recreation Society, 22377 Belmont Ridge Road, Ashburn, VA 20148-4001 • Telephone (703) 858-2161 • Fax (703) 858-0794 • E-Mail: NTRSNRPA@aol.com • WWW: http://www.nrpa.org/

Health Promotion

Research shows that leisure and exercise have a positive effect on physical and emotional health, yet most people do not get enough exercise in their ordinary routines. Beneficial effects of physical activity may be noted at the level of the individual, industry and the government. Gains can be seen in lifestyle (reduction of appraised age, mood, improved health), in the workplace (greater productivity and reduced absenteeism, turnover and injuries) and in the national healthcare system (fewer physician visits, hospital care and geriatric care).

- The United States currently spends proportionally more for health care—an estimated 15 percent of the GDP—than any other nation, in part because it is a nation of sedentary people. The nation would save billions of dollars if regular low- to moderate-exercise were adopted by the majority of its citizens.

- A recent CDC report found that nearly 30 percent of adults aged 18 and older are physically inactive.

- Fewer than 1 in 4 children get 20 minutes of vigorous activity every day (U.S. Department of Health and Human Services).

- The percentage of young people who are overweight has more than doubled in the 30 years preceding 1999 (U.S. Department of Health and Human Services).

- Inactivity is one of the major underlying causes of premature death in the United States, accounting for as many as 23 percent of all deaths from major chronic diseases—the nation's leading killers. Research suggests, however, that engaging in moderate physical activity five or more days a week can significantly reduce the risk of many chronic diseases, such as heart disease, diabetes, high blood pressure, osteoporosis and colon cancer as well as obesity and depression.

- According to the "Healthy People 2000" report:
  - Those who exercise regularly live longer than those who do not.
  - Physically inactive people are more than twice as likely to develop coronary disease as those who exercise regularly.
  - Regular exercise will not only enhance the quality of life as we age but help maintain our functional independence also.
  - Schoolchildren who exercise regularly enjoy better health and better grades.

- While there may be the perception that parks are for younger people, recent nationwide studies show that the majority of those over the age of 50 use local parks. Among the American public ages 56-75, over six out of 10 people use local

parks and, even among the over 75 group, over four out of 10 people use local parks (National Recreation and Park Association).

- Individuals with disabilities, for the most part, can gain very similar benefits from physical activity and the accrued physical fitness as people without disabilities. They can enhance the functioning and health of their heart, lungs, muscles and bones in most cases through regular physical activity, and flexibility, mobility and coordination can be improved, lessening the negative effects of some conditions or slowing the progression of others (President's Council on Physical Fitness and Sports).