Chicago Tribune
January 31, 1996

MARK BARNES

A Lesson in 'Pure' State Control

The most intractable philosophical issue separating President Clinton and Congress in their budget negotiations appears to be the question of whether control over Medicaid should be ceded to the states in the form of largely unregulated block grants.

The issue has taken on added significance for AIDS advocates given the results of "pure" state control over Medicaid and AIDS-specific programs in Missouri, New Jersey, Ohio, Texas, and elsewhere.

President Clinton has pledged full support for Medicaid's entitlement status and for continued federal cost sharing of a program that finances basic health care and prescription drugs for this country's most vulnerable citizens, including half of all people living with AIDS and 90 percent of women and children with AIDS.

Meanwhile, congressional Republicans, responding largely to demands from Republican governors, seem equally committed to ending Medicaid's tap into the federal treasury. Under the GOP's "Medigrant" alternative, each state would receive one check each year as the entire federal Medicaid contribution, a contribution that would be reduced by more than $117 billion cumulatively between fiscal years 1996 through 2002.

Just as troubling is the proposal under the Medigrant plan that would repeal all minimum federal standards relating to coverage, benefits, quality of care and consumer protections. In effect, this would leave the states with total freedom to define their own assistance programs.

That willingness to trust entirely in the kindness and wisdom of the states puts at risk many vulnerable Americans. Why can't we trust the states to do what's right? Numerous examples around the country show just why this block-granting-without-strings would be disastrous.

The most common state government response to AIDS has been disappointing at best, and often negligent in the extreme. A few states, New York among them, devote substantial amounts of state tax dollars to AIDS care and treatment. In many other states, however, where state legislators are allowed the "flexibility" to act alone, as in defining optional Medicaid benefits for people living with AIDS, the results on occasion have been catastrophic.

In Missouri, for example, only a lawsuit brought by AIDS advocates in the late 1980s forced the state Medicaid program to pay for the anti-AIDS drug AZT commonly prescribed for use by people with AIDS.

More recently, under the flexibility of existing federal standards that leave many Medicaid coverage choices entirely up to the states, the Medicaid programs in South Carolina and Texas pay for a patient to be on only three prescriptions at any given time, even though advanced AIDS or terminally ill elderly patients often require 10 or more prescription drugs to keep them alive.

Even worse, another 14 states do not provide any prescription drugs under their Medicaid programs. In the absence of federal minimum requirements, states can choose, and they have done so.

The troubles in "pure" state control are not confined to state Medicaid programs. Note the troubles that many localities, including Washington, D.C., have had in implementing the Ryan White AIDS emergency relief program. Federal authorities overseeing the District of Columbia's program have been so distraught over its failure to spend federal money quickly on AIDS services that they have threatened to bypass the local government entirely and place the program into trusteeship.

These are serious problems generated by the failure of local and state governments across the country to do what is right, problems that can only be corrected by meaningful federal standards and tough federal oversight of how federal money is spent.

From its inception, the federal government has been charged with assuring the common, national good. In an epidemic that knows no state boundaries, that affects all of our communities, the way to approach Medicaid and other vital prevention and care programs is not just to punt the issue to the states and hope for the best. The goal, instead, should be to use federal funding as a means to replicate good programs, such as those instituted in New York and elsewhere, and discourage less effective ones.

Simple block-granting without tough federal oversight and high standards, of Medicaid or anything else, does not serve the common good. In AIDS, and in all areas of disease control, the costs of block-granting without accountability are measured in lives needlessly shortened and lost.

Mark Barnes is executive director of the AIDS Action Council, the only national organization devoted solely to shaping federal AIDS policy.

Date: 12/06/95 Time: 19:29
MClinton Administration Says His Medicare Reform Plan is Better

WASHINGTON (AP) The White House contended Wednesday it can postpone the bankruptcy of Medicare's hospital fund for nearly a decade with less than half the savings the Republicans are looking for.

Contrary to GOP claims that there was only a few dollars' difference between their Medicare premiums and President Clinton's, the administration argued the GOP plan would force the elderly to pay $8 to almost $12 a month in higher premiums every month for the next seven years.

Clinton is standing pat on the offer he made in June to save $124 billion from Medicare and $54 billion from Medicaid over the next seven years. The Republicans want to save $270 billion from Medicare and $163 billion from Medicaid.

The administration fleshed out the proposal as part of Clinton's counteroffer on how to balance the budget by 2002.

Like the Republicans, the president would derive a chunk of his savings by encouraging the 37 million elderly or disabled Medicare beneficiaries to switch from traditional, fee-for-service coverage into managed care.

The White House says it would give beneficiaries new choices including preferred provider networks, health maintenance organizations with a point-of-service option allowing patients to see outside specialists by paying more, and new managed care plans created by hospitals and doctors themselves instead of insurers.

Clinton would get most of his $124 billion in savings by squeezing fee increases paid doctors, hospitals, home health agencies and nursing homes.

In many cases, they are the same type cuts the Republicans want.

Rep. Bill Archer, R-Texas, the chairman of Ways and Means, said he was troubled by the outline of the White House approach. He complained that it made no mention of medical savings accounts, ''limits people's choices to managed care arrangements'' and failed to trim premium subsidies for wealthy retirees.

Archer said Clinton was still relying ''on misleadingly optimistic assumptions'' from his budget office.

Clinton would raise just $8.8 billion in extra Medicare premiums compared with $57 billion under the GOP plan.

The Clinton proposal would let the monthly premium, now $46.10, drop to $42.50 in January 1996 then climb to $77 by January 2002. The GOP plan would hike the premiums to $53.70 in January 1996 and to $88.90 by January 2002.

The Republicans want Medicare beneficiaries to keep paying 31.5 percent of the costs of Part B coverage for doctor bills, lab tests and out-of-hospital expenses. That's what they are paying this year; taxpayers subsidize the rest. The GOP would also eliminate the subsidy entirely for wealthy retirees.

Current law allows the beneficiaries' share to revert to 25 percent on Jan. 1, 1996 and to dip below that level after 1998. Clinton would make them pay 25 percent permanently.

The White House contends its package would delay the bankruptcy of the Medicare hospital fund from 2002 until 2011 the year the

first baby boomers turn 65.

Meanwhile, a coalition of business, labor and consumer groups warned that the Medicare and Medicaid plans could add 7.8 million Americans to the ranks of the uninsured by 2002.

The National Leadership Coalition on Health Care study estimated the GOP changes would shift at least $85 billion in costs to the private sector.

The analysis prepared by the firm of Lewin-VHI, Inc., cautioned that the cost shift could be ''substantially different'' depending on how effective managed care is and how providers respond.

Currently, about 40 million Americans are uninsured. Under current conditions and policies, that number would grow to nearly 46 million by 2002, but with the GOP changes it could swell to almost 54 million, the study estimated.

Mike Collins, spokesman for the House Commerce Committee, which crafted the GOP plan to convert Medicaid into block grants to the states, disputed the study. He said Tennessee expanded its Medicaid rolls when given flexibility to manage its own programs.

''We always see these gloom-and-doom predictions whenever there is a serious proposal for change. The American people know better,'' he said.

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American Enterprise Institute for Public Policy Research

AEI

On the Issues

November 1995

Follow These Seven Easy Steps to a Budget Deal

By Norman J. Ornstein

Amidst the talk of bitter confrontation over this year's budget between the Democratic White House and the Republican Congress, both sets of leaders realize the political advantages of passing a plan which has their name on it. A reasonable compromise is there to be had. The trick now is to shift their energies successfully toward persuading their rank and file to go along with a deal they devise.

The town is still filled with talk of "train wrecks" and gridlock between the Democratic White House and the Republican Congress. But the smart money is on a budget deal—and although it may not emerge until Christmas, it may turn out to be easier than most parties imagined a month ago.

Why a deal? First, the main actors in the political process all realize that a protracted and tortuous process of bitter confrontation, including periodic shutdowns of portions of the government and disruption of services, would be a disaster for everybody. The drive for some compromise that would enable the key players each to declare victory is powerful, and will be more so as November turns into December and, Newt's bravado notwithstanding, as skittish markets contemplate extended uncertainty over the debt limit.

What are the grounds for such a compromise? What are the sticking points? And what are the roadblocks in its way?

There is a simple way to begin determining the elements of a budget deal between President Clinton and Congress. The Republican budget plan brings balance by taking roughly $1 trillion out of the projected federal spending stream over the next seven years. Just over 45 percent of that total, or $452 billion, is to come from Medicare and Medicaid.

Realistically, as the debate over specific Medicare and Medicaid proposals crystallizes, we will see a bit more than half that amount—say, $250 billion—show up in a final budget plan. Left $200 billion short, where can policymakers make up the shortfall, while satisfying the political objectives of both sides? Answer that question, and you have the makings of a budget deal.

Here are the basic building blocks:

1. Economic Assumptions. The GOP budget plans are built on economic projections, including forecasts of inflation and growth, from the Congressional Budget Office. The White House budget is based on slightly more bullish economic projections developed by the Office of Management and Budget.

The differences seem trivial on the surface, but over seven or ten years, grow into real money—i.e., into hundreds of billions in projected revenues and spending. When the

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White House released its figures, they were instantly ridiculed by Congressional Republicans; the CBO estimated that, rather than balancing the budget in ten years, as the White House plan promised, it would still leave a sizable deficit into the future.

But in August, a prestigious, independent group of economic forecasters said that OMB's projections were likely closer to the mark than CBO's. In particular, the forecasters said that the CBO projection of 2.3 percent growth in the economy, on average, was too low; the OMB projection of about 2.5 percent was more realistic, given historical experience and other economic realities.

That finding provides a clear opening for compromise (which could also include adopting the Administration's assumptions on medical inflation.) Compromise on these numbers, and you can quickly get better than halfway to the necessary deal.

2. The Consumer Price Index. Earlier in the summer, Federal Reserve Chairman Alan Greenspan commented on the likelihood that the government's official index of inflation, the Consumer Price Index, or CPI, has been overstating inflation for years. Ever since, a debate has raged about the implications of his assertion (a fact known to and debated by economists for many months before Greenspan made it a public issue).

Greenspan suggested that the overstatement was in the range of 0.5 percent to 2 percent; some officials at the Bureau of Labor Statistics suggested it might be more like two- or three-tenths of one percent, but that it would take years of study, analysis, and debate to resolve the issue.

Lawmakers understandably bristled at the prospect of years of inaction, since every small increment of overstatement means tens of billions of dollars of overpayments from the federal government for programs whose outlays are based on inflation, like Social Security and pensions for federal retirees, and tens of billions in underpayments of taxes which have rates indexed to the CPI.

Now a group of independent and prestigious academic economists appointed by the Senate has said that one percent is a reasonable estimate of the understatement. If budget deal-makers were to take the one percent number and make a technical adjustment in the CPI accordingly or even to pick a slightly smaller figure, say seven-tenths of one percent, to be readjusted upward or downward when BLS issues its final analysis (or to phase in the change over the next two or three years), it would mean anywhere from $70 billion to $125 billion less in federal outlays and more in revenues over the next seven years. It would take us most of the rest of the way to a deal and is probably the linchpin.

3. The Timetable. The Republican budget brings a balance in seven years, by 2002. The President's budget started with a ten-year glidepath to balance, since reduced to nine years by positive economic news. One side says seven, the other says nine; it doesn't take a Nobel Prize in mathematics to see a likely point of compromise.

Moving to eight years would provide a nice additional cushion—maybe $50 billion—to satisfy other objectives. But House Republicans have said the seven-year timetable is a nonnegotiable foundation of their plan. Keeping the time frame at seven years may be one "concession" the White House can make in return for some other goals, and may be achievable by massaging the numbers above or working with the tax cuts.

And if there is a balanced budget plan in the seven years, it would be hard for freshman Republicans to reject it. But if other compromises can't be made, eight years might sound more palatable to nervous lawmakers.

4. Spending Priorities. No budget deal will work without reconciling the very different spending priorities of the two parties—although the spending priorities tend to be handled separately from the other budget items, in the 13 appropriations bills rather than the omnibus reconciliation bill. In budget terms, if not ideologically, most of these priorities are easy to resolve, since they amount to little more than loose change in a $1.6 trillion budget.

The entire budgets of the National Endowments for the Humanities and the Arts, the Corporation for Public Broadcasting, the Legal Services Corporation, and AmeriCorps add little more than one-twentieth of one percent of the budget! A little give here by Republicans, preserving some

small agencies and programs while trimming some funding and perhaps reforming their operations, will not damage the goal of budget balancing but will make a compromise much more workable.

A presidential promise to move more aggressively on the reinventing government route, including developing a plan for serious restructuring of the executive branch, could help. And this kind of compromise could be done in an omnibus continuing resolution, done concurrently with a budget reconciliation.

5. Tax Cuts. The original package of tax cuts recommended by the Republican House amounts to $245 billion over the seven-year period, with projected revenue losses accelerating in the out years. Some of the proposed cuts could simply be abandoned, but not without risking fury from freshmen and other ardent tax cutters.

There are two clear top priorities for Republicans: a meaningful capital gains cut and the $500 child credit. Do both of those, and it will be enough of a lure to make other compromises possible. Add in some of the education and investment credits favored by the president, and you are on the way to a deal.

There is one other tax avenue dealmakers may pursue:

6. Corporate Welfare. Embraced by House Budget Chairman John Kasich (R-Ohio), underscored by an unusual alliance between the Cato Institute and the Progressive Policy Institute, even raised by House Ways and Means Chairman Bill Archer (R-Texas), the question of closing some industry- and company-specific tax breaks for corporations as part of a broader budget deal has been bubbling for a while.

Cato supplied a laundry list of 129 items totalling $87 billion a year, including export promotion funds for large food processing companies and recreation programs for workers in defense industries. Sure, $89 billion is a stretch, but $50 billion over seven years from the corporate tax side is not, and is enough money to pay for all the necessary compromises on the spending side.

7. "User" Fees. Even as Congress dickers over the budget, it is considering sweeping telecommunications reform, including the advent of the digital spectrum. Senate Commerce Committee Chairman Larry Pressler (R-South Dakota) proposed an auction of the new digital channels, which the FCC estimates would rise from $11 to $70 billion. Thirty billion is a prudent estimate, including some "public interest" requirements from broadcasters. Here is a market-oriented source of funds, ready-made to grease a budget deal—the extra cash to smooth over remaining differences.

Think of these seven elements as a menu in a Chinese restaurant: Mix and match them in different ways, and it is easy to find paths to a balanced budget plan acceptable to the goals both of the Democratic White House and the House and Senate Republican leaders. The tricky part may come not with the leaders but their so-called "followers."

A hundred or more populist House Republicans have said "no compromise" and meant it as more than a negotiating tactic. They ran on a pledge of no more politics as usual and are nearly as suspicious of their own leaders as they are of the opposition's. At the same time, Congressional Democrats, especially House Democrats, have no interest in a compromise that makes the Republican Congress look good, especially if it takes their prize issue, Medicare, off the campaign table.

The greatest danger to a budget deal, then, may not be the prospect of a train wreck but the difficulty of White House and congressional leaders persuading their rank and file to go along with a deal they devise. If they can overcome the obstacles and reach an agreement, one last question remains: Would it be a good thing?

Compromising on economic assumptions is perfectly fine, but a compromise that leaned too heavily on adjustments in economic projections would not be good; anything can happen in the economy, and no budget goal should be predicated too heavily on positive economic performance.

But if the compromise also included a cutback in the inflation index, tough number crunching on the projected savings from Medicare and Medicaid changes, and some restraint on tax cuts, it would be a major advance.

Just a modicum of political savvy on both sides in the next 30 days, and they'll get from here to there.

M E M O R A N D U M

TO: Distribution October 26, 1995

FR: Chris Jennings

RE: Today's Boston Globe Op-Ed

Attached is today's Boston Globe editorial on Senator Frist's ads. I thought you might be interested. Kennedy's staff forwarded it over just now.

The GOP's heal[illegible] ca[illegible]e poster boy

GOP19
10.26

ROBERT HEALY

The friendly doctor you see on television waving the flag for the Republican plan for Medicare and Medicaid is not your family physician. He is Republican Sen. Bill Frist of Tennessee, a corporate owner of the biggest health care system in America, Columbia-HCA Healthcare Corp. of America.

Frist, a surgeon, didn't put it all together. He fell into it. His father, also a doctor, owned the Park View Hospital in Nashville about a quarter of a century ago, and when times got tough he tried to sell it to the country. The country wasn't interested, but one of Tennessee's and the nation's buccaneers, John Jay Hooker, a franchiser of chicken and hot dog stands, had the idea that he could franchise hospitals and hospital care. Park View Hospital was the franchise and they took it public to form Hospital Corp. of America.

The rest is history: Frist's brother, Tom, a flight surgeon in the Air Force, took over the business from his father, made it a multimillion-dollar organization and about a year ago merged Hospital Corp. with a Texas-based health care corporation called Columbia, to make it a billion-dollar operation, the largest for-profit health care operation in the nation.

This week Columbia-HCA closed on a new high on the New York Stock Exchange.

Standard & Poor's reports that the corporation operates 320 hospitals and more than 100 outpatient surgery centers in 36 states, England and Switzerland. The report said, "It is the largest provider of health care services." It estimates revenues this year should approach $17 billion. Locally, Columbia/HCA is buying MetroWest, a nonprofit medical center in Natick and Framingham.

Business Week reported that Tom Frist, the chief executive officer of the corporation, made $127 million in 1992 in salary and stock options. The senator also has a huge financial position in the corporation; to finance his campaign for the Senate he put up 212,000 of his shares, at a current value of about $12 million, to get a $4 million loan.

So what has this to do with Medicare and Medicaid, other than the fact that the Frists have made a lot of money doing business with the government? Everything.

In the 20 hours of debate in the Senate this week Sen. Frist will be the point man for the Republicans. It is not a new chore for him.

When the Seniors Coalition, a Republican lobbying group, announced that it was putting on a million-dollar TV ad campaign, Frist was chosen as the spokesman. "As a surgeon and a senator, we feel Sen. Frist brings the unique perspective to the Medicare debate. As a surgeon, he brings a depth of knowledge from a care giver's perspective, and his legislative experience gives him the breadth of understanding to address the details and address how it will positively impact beneficiaries."

The ads position Frist in a hospital with a nurses' station in the background. He introduces himself by saying he was a heart and lung transplant surgeon before being elected to the Senate. He sounds the Republican battle cry that the Republicans are trying to save Medicare from bankruptcy, that there will be no cuts in benefits and increases of nearly $2,000 per senior, "but there are cuts in waste and fraud." There is no mention of the family corporation. Nor is there mention that the Internal Revenue Service is claiming back taxes of $1.5 billion (at 1994 year end) and that although the company was contesting the claims, an advance payment of $75 million was made to the IRS in March 1994, according to a business report.

The ads are largely sponsored by the same group that killed the omnibus health care bill put up by President Clinton – the insurance companies, which have a huge stake in the managed-care systems.

There are, of course, many bones in the Republican proposals for the for-profit health care systems. The 1988 law setting strict standards for clinical laboratories would be rewritten and relaxed; doctors could refer their patients to suppliers of medical goods and services in which they have a financial interest.

But the main prize in the Republican bill is to get senior citizens off Medicare and into private insurance. Said Sen. Edward Kennedy, "If all senior citizens leave conventional Medicare to buy private insurance policies, insurance company premium revenue would increase by $1.25 trillion over the next seven years – a 66 percent increase."

That will provide increased dividends for all for-profit health care systems, including the Frists' family business. That makes him a good spokesman for the Republican plan.

Robert Healy is the former executive editor and Washington bureau chief of the Globe.

Media Market		
Buffalo		Masiello
** State NY =	16.6%	
** State PA =	0.5%	
Washington, DC		Barry
** State DC =	100.0%	
** State MD =	31.8%	
** State PA =	0.7%	
** State WV =	8.8%	
Toledo		Finkbeiner
** State MI =	1.1%	
** State OH =	10.7%	
Portland-Auburn		Katz
** State ME =	64.7%	
** State VT =	0.0%	
Orlando-Daytona Beach-Melbourn		Glenda Hood (R)
** State FL =	20.1%	
Minneapol_s-St. Paul		✓ Sales - Belton
** State MN =	78.2%	Coleman
** State WI =	4.4%	
Kansas City		Cleaver
** State MO =	23.1%	
Green Bay-Appleton		flagstaff AZ
** State MI =	0.8%	
** State WI =	21.8%	
Des Moines-Ames		Davis
** State IA =	36.8%	
** State MO =	0.0%	
Boston		✓ Menino
** State MA =	80.1%	
** State VT =	6.6%	
Sioux Falls-Mitchell		
** State IA =	0.5%	
** State MN =	1.1%	
** State SD =	70.4%	
Louisville		Abramson
** State KY =	28.1%	
Lexington		
** State KY =	27.2%	

Media Market
Stephen Reed Jamie Stork
Harrisburg-Lancaster-Lebanon-Y
** State PA = 10.2%

Grand Rapids-Kalamazoo-Battle
** State MI = 16.5%

Dayton
** State OH = 10.5%

Burlington-Plattsburgh
** State NY = 1.4%
** State VT = 89.5%

Steve Clark
Miami-Ft. Lauderdale
** State FL = 15.8%

Fresno-Visalia
** State CA = 3.7%

Flint-Saginaw-Bay City
** State MI = 15.7%

Cedar Rapids-Waterloo-Dubuque
** State IA = 28.4%
** State WI = 0.2%

Paducah-Cape Girardeau-Harrisb
** State IL = 3.3%
** State KY = 7.0%
** State MO = 4.6%
** State TN = 1.3%

Madison Seglin
** State WI = 16.2%

Champaign-Springfield-Decatur
** State IL = 8.8%

Syracuse
** State NY = 10.2%

Springfield, MO
** State AR = 5.8%
** State MO = 12.7%

Little Rock-Pine Bluff
** State AR = 53.8%

Davenport-Rock Island-Moline
** State IL = 4.2%
** State IA = 9.7%

Media Market

Tom Edward Mettingh

Baton Rouge
** State LA = 18.8%

Albany-Schenectady-Troy
** State MA = 1.9%
** State NY = 8.9%
** State VT = 3.7%

Youngstown
** State OH = 5.6%
** State PA = 1.0%

West Palm Beach-Ft. Pierce
** State FL = 11.0%

Spokane Jack Geraghty
** State MT = 3.3%
** State OR = 0.2%
** Stat WA = 12.2%

Rochester, NY
** State NY = 8.1%

Johnstown-Altoona Raphael Voltz
** State PA = 5.9%

Charleston-Huntington
** State KY = 7.6%
** State OH = 2.2%
** State WV = 35.3%

Shreveport
** State AR = 5.9%
** State LA = 11.6%

Harriet Miller ?

Santa Barbara-Santa Maria-San
** State CA = 2.2%

Providence-New Bedford
** State MA = 8.2%
** State RI = 100.0%

Peoria-Bloomington
** State IL = 5.2%

Nashville Phil Bredesen
** State KY = 3.4%
** State TN = 38.4%

Las Vegas Jan Laverty Jones

Media Market

** State NV = 60.3%

Albuquerque-Santa Fe
** State CO = 1.7%
** State NM = 88.1%

Wausau-Rhinelander
** State WI = 9.7%

Traverse City-Cadillac
** State MI = 7.0%

Raleigh-Durham
** State NC = 28.3%

Monterey-Salinas
** State CA = 2.0%

Lansing
** State MI = 7.1%

Lafayette, LA
** State LA = 12.6%

Jacksonville-Brunswick
** State FL = 7.2%
** State GA = 2.0%

Honolulu
** State HI = 100.0%

Eugene
** State OR = 18.7%

Erie
** State PA = 4.0%

Chico-Redding
** State CA = 1.8%

Bangor
** State ME = 27.7%

Yakima-Pasco-Richland-Kennewic
** State OR = 1.8%
** State WA = 7.4%

Salisbury
** State DE = 21.5%
** State MD = 4.2%

Media Market

Rockford Charles Box
** State IL = 3.6%

Reno
** State CA = 0.1%
** State NV = 37.2%

Rapid City
** State MT = 0.2%
** State SD = 25.2%

Monroe-El Dorado
** State AR = 3.1%
** State LA = 7.6%

Memphis William Heventon
** State AR = 6.8%
** State MO = 0.2%
** State TN = 18.7%

La Crosse-Eau Claire
** State MN = 1.3%
** State WI = 7.8%

Ft. Myers-Naples
** State FL = 5.9%

Evansville
** State IL = 0.7%
** State KY = 8.2%

Columbia-Jefferson City
** State MO = 8.3%

Charlotte
** State NC = 25.3%

Wheeling-Steubenville
** State OH = 1.9%
** State WV = 10.7%

Tallahassee-Thomasville
** State FL = 3.4%
** State GA = 2.6%

Sioux City
** State IA = 8.9%
** State SD = 2.8%

Rochester-Mason City-Austin
** State IA = 6.0%

Media Market

** State MN = 4.9%

Quincy-Hannibal-Keokuk
** State IL = 1.7%
** State IA = 1.0%
** State MO = 2.0%

Medford-Klamath Falls
** State CA = 0.2%
** State OR = 10.1%

Knoxville
** State KY = 1.6%
** State TN = 20.6%

Greensboro-High Point-Winston
** State NC = 19.9%

Ft. Smith
** State AR = 18.1%

Chattanooga
** State GA = 4.1%
** State NC = 0.2%
** State TN = 9.9%

Binghamton
** State NY = 3.5%

Watertown
** State NY = 2.3%

St. Joseph
** State MO = 2.9%

Savannah
** State GA = 7.7%

Omaha
** State IA = 5.8%
** State MO = 0.1%

Mobile-Pensacola
** State FL = 4.0%

Missoula
** State MT = 21.2%

Minot-Bismarck-Dickinson
** State MT = 4.3%
** State ND = 51.0%

Media Market

** State SD = 1.5%

Macon Jim Marshall-elect
** State GA = 7.3%

Lake Charles
** State LA = 4.5%

Greenville-Spartanburg-Ashevil
** State GA = 1.2%
** State NC = 7.4%

Great Falls
** State MT = 22.2%

Fargo-Valley City
** State MN = 4.6%
** State ND = 48.9%

Eureka
** State CA = 0.6%

Elmira
** State NY = 1.6%
** State PA = 0.3%

Duluth-Superior
** State MI = 0.2%
** State MN = 7.0%
** State WI = 1.6%

Colorado Springs-Pueblo
** State CO = 11.0%

Billings
** State MT = 22.4%

Alexandria, LA
** State LA = 4.3%

Albany, GA
** State GA = 5.2%

anesville
** State OH = 0.6%

Wilmington
** State NC = 7.2%

tica
** State NY = 1.1%

Tri-Cities, TN-VA
** State KY = 0.8%
** State TN = 7.9%

Terre Haute
** State IL = 1.2%

Springfield-Holyoke
** State MA = 9.7%

South Bend-Elkhart
** State MI = 1.4%

Presque Isle
** State ME = 7.4%

Parkersburg
** State OH = 0.4%
** State WV = 6.6%

Panama City
** State FL = 2.3%

Ottumwa-Kirksville
** State IA = 2.1%
** State MO = 0.7%

Marquette
** State MI = 2.1%
** State WI = 0.1%

Joplin-Pittsburg
** State MO = 2.5%

Jonesboro
** State AR = 5.7%
** State MO = 0.1%

Greenville-New Bern-Washington
** State NC = 8.7%

Grand Junction-Montrose
** State CO = 3.9%

Gainesville
** State FL = 1.9%

Columbus, GA
** State GA = 4.1%

Media Market

Clarksburg-Weston
** State WV = 16.9%

Butte-Bozeman
** State MT = 17.1%

Bowling Green
** State KY = 3.8%

Bluefield-Beckley-Oak Hill
** State WV = 13.7%

Bend, OR
** State OR = 3.2%

Augusta
** State GA = 4.7%

Medicaid changes will hit poor, elderly — and you

OUR VIEW **Deregulated state-run programs mean cuts in budgets and in rolls. Guess who'll pick up the tab.**

Would-be Medicaid reformers tell you not to worry. They say their plan to turn Medicaid over to the states is sound and safe and sensible.

Don't believe them, though. It endangers the health security of millions of older Americans and the financial solvency of millions of wage earners who rely on Medicaid to help defray the ruinous cost of caring for disabled and aging relatives.

The idea is to cut $182 billion over seven years by capping spending increases. To do this, reformers would give the states a single, low-ball payment every year and the authority to economize as they see fit. States also would be freed from more than 1,100 pages of federal regulations.

Some states may indeed find real savings. But even if they can contain spending below the nation's projected 7% rate, they can't escape the growth of Medicaid populations. The program already serves 35 million, and the total rises by 1 million every year as more people lose insurance, jobs or their health. Eventually, every state will be pressed to cut benefits and eligibility.

And herein lies the danger. The elderly and disabled account for more than half of all Medicaid spending. Who do you think will feel the knife first and most?

Let's say that Medicaid provides home health care for your ailing mother. This service, which allows her to sleep in her own bed each night, costs Medicaid on average about $7,000 per year per patient. Now ask yourself: If taxpayers won't pay for that valuable care, who will?

Who receives Medicaid

	Recipients	% of funds
Elderly	3.7 million	28
Blind/disabled	4.9 million	31
Families[1]	23.5 million	27

[1]Includes 16.1 million children. Remaining 14% of funds is paid to hospitals.
Source: Kaiser Commission on the Future of Medicaid

You will. And if not you, then maybe your mother won't sleep in her own bed after all. Maybe she'll have to go into a nursing home that has been deregulated by the same legislation. Remember what unregulated nursing homes were like? There but for the grace of Medicaid goes Mom.

Still, block grant proponents tell you there's plenty of money, that they increase Medicaid spending 40%.

But between inflation and increased demand, the Congressional Budget Office says Medicaid spending will grow 10% a year. That's nearly a 100% increase over seven years. There's room to cut costs, but a difference of that magnitude won't be made up simply by eliminating waste.

Further, the block grant program limits annual per capita Medicaid spending increases to 1.4%. That's a quarter of the current rate of medical inflation for a population that is by definition most expensive.

How do you suppose the states will balance these books? On your head, that's how. One of this nation's greatest promises — health care for the poor — will be undone. Likely, your bankbook, too.

States can do better job

OPPOSING VIEW **State-designed programs, run by local people, can hold down costs.**

By Robert B. Helms

There are enough horror stories and doomsday forecasts floating around about the probable effects of Medicaid block grants to give any rational person pause.

But block grants have the potential to help solve a major flaw in our budgetary process as well as to improve the health and well-being of the poor and disabled Medicaid was intended to help.

Medicaid has financing peculiarities that make it a special challenge to the budgetary

But Medicaid is more than just a budget issue. To put it mildly, the states view Medicaid as the mother of all regulatory monsters. This road may have been paved with good intentions, but the result puts each state into an absurd budgetary, welfare and health policy position. The states are now anxious to design their own programs to solve their own problems.

The states can be expected to adopt a variety of approaches under block grants.

Some may expand the use of managed care, some may try vouchers or increased cost sharing, or some may go toward the British model by establishing state-run clinics and nursing homes.

With a fixed federal payment, the states will have to fund program additions with

USA TODAY • TUESDAY, SEPTEMBER 26, 1995

TO: Gene
Chris
FROM: Jen
DATE: 9/27/95
RE: Press Calls

Here is the list of suggested press calls. I have attached some points that we may want to make on the calls.

Robert Pear - New York Times: Chris
David Rosenbaum - New York Times: Melissa Skofield
Eric Pianin/Spencer Rich -Washington Post: Chris
Judy Haveman - Washington Post: Melissa
Laurie McGuinty - Wall Street Journal: Chris
Chris Georges -Wall Street Journal: Chris
Peter (we can't remember his last name but Chris has it on his rolodex) - Boston Globe: Chris
Bill Welch - USA Today: Melissa
Ed Chen - LA Times: Chris
Rosenblatt - LA Times: Melissa
Chris Connell - AP: Melissa
Joanne Kenan - Reuters: Chris
Lisa Myers - NBC: Gene
John Chochran - ABC: Gene
Bob Scieffer - CBS: Gene
Jill Dougherty - CNN: Chris
Tom Oliphant - Globe: Gene
Mary McGrory - Post: Gene
Jack Germond - Sun: Gene
David Broder - Post: Chris
Eleanor Clift - Newsweek: Gene
Bill Neikirk - Chicago Tribune: Gene
Tim Russert - NBC: Gene
Mara Liaisson - NPR: Chris
Mark Shields: Gene
Gloria Borger - USNWR: Gene
Susan Page - USA Today: Gene

While the press is most interested today in the CPI issue, here are two issues that they should keep in mind as they look at Republican Medicare and Medicaid proposals.

- The Senate Republicans have not released a Medicaid formula. Republicans are asking Members of Congress to vote on a proposal without giving them the time or information necessary to understand the impact of the $182 billion cuts in Medicaid on their states.

- Republicans claim to be getting almost $50 billion from managed care savings. However, the savings do not come from the efficiency of managed care. Instead, they come from a cap on the amount Medicare will pay managed care plans. The equation is simple: as the cap tightens, beneficiaries will either pay more or get less.

- We can also remind them of the issues included in our most recent talking points on the elimination of nursing home quality standards and spousal impoverishment protection.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

28-Aug-1995 04:50pm

TO: Jason S. Goldberg

FROM: Christopher C. Jennings
Domestic Policy Council

SUBJECT: Medicaid NY TIMES ARTICLE update for POTUS

After briefings from Administration sources, the NY TIMES ran a Sunday front page story on the impact of Medicaid cuts. In summary, the story -- by citing outside private sources -- confirmed Administration charges that the Republican cuts will lead to rapid rise in the number of the uninsured.

Highlights from yesterday's Times story include:

* "A number of outside groups and analysts agree that Medicaid's soaring growth in recent years has acted as a brake on the rising number of the uninusred."

* According to the "nonprofit, nonpartisan" Employee Benefit Research Institute, "the number of uninsured probably rose to slightly more than 42 million last year and to as much as 43.4 million this year, or 18.7 percent of those under 65."

* Studies by EBRI and the Urban Institute have concluded, that "the rise in the number of people wihtout health insurance has come mainly among the working poor."

* Former CBO Director Reischauer says, "You're talking about a situation that is likely to deteriorate even if the Medicaid program is not cut... With cuts, the ranks of the uninsured will swell much faster."

* "Private studies suggest that considerably less than half of those denied Medicaid coverage would be able to find health insurance elsewhere,..."

It is becoming increasingly clear that, unlike the Medicare program, the elite media is generally quite sympathetic to concerns raised about deep Medicaid cuts. We hope that the information we plan to release in the next several weeks will better educate the media and the general public about what $182 billion in cuts means not to just the growing ranks of the

uninsured (and the uncompensated care burdens that ensue), but the middle class that rely on this program.

CJ

Question: Do you believe that the Democrats on the hill have abdicated their responsibility on health care and the budget and are just trying to score political points?

Answer: No. Many Democrats on the hill disagreed with the President's decision to come forward with a balanced budget proposal when he did, but that was an issue of timing and strategy. The Democrats are committed to reducing the deficit and making sure that the Medicare program is financially sound in the future. We are all willing to work toward a responsible budget that is consistent with certain basic priorities -- like investing in education and training and protecting health care for older Americans.

Question: Does the President have specific proposals behind his Medicare and Medicaid proposals? If so, why hasn't he made them public?

Answer: The President's proposal is based on policy options that he considered very carefully before he released his balanced budget proposal. It is clear to him that we can achieve the necessary savings without imposing new burdens on beneficiaries. The President has laid out specific proposals in the past, when he achieved savings in the 1993 deficit reduction plan and when he proposed savings as part of his comprehensive health care reform plan. And he is prepared to do so in the future. If he did so now, however, the Republicans would use the savings he identified to pay for tax cuts for the wealthy, and that is something the President does not support.

Question: I'd like to run through some specific Medicare proposals to see if you don't agree that they are reasonable policies.

- Continuation of premium covering 31% of costs
- Means-testing for affluent elderly (NOTE: This was in the Health Security Act.)
- Requiring at least some home care copayment to reduce unnecessary utilization (NOTE: This was in the Health Security Act.)

Answer: While some of these proposals may not be unreasonable in the context of broader health care reform, they should not be used simply to reach an arbitrary deficit reduction target or to pay for an excessive and unnecessary tax cut. What the majority in Congress is really doing here is looking for huge

cuts in Medicare to pay for other priorities. What we need to do instead is look at Medicare and think about what changes make sense for the future of the program and the older and disabled Americans it serves.

Question: Congressman Thomas suggests that he is going to deal with both the long-term and short-term problems of the Medicare Trust Fund. He also suggests that he doesn't have to get excessive savings from beneficiaries and, in fact, may limit the beneficiary cuts to the three proposals I've just mentioned. Thomas also suggests that he can get most of his savings through the use of managed care. In your opinion, can he achieve the target the Republicans are looking at?

Answer: We believe in restructuring the Medicare program by giving beneficiaries more choices, by making the program more efficient, and by cracking down on fraud and abuse. There is no evidence that managed care can save anywhere near the amount he suggests, especially in a program serving the elderly and disabled. Therefore, when the Republicans propose to constrain Medicare spending growth to 4.9% -- far below the 7.1% growth rate in the private sector -- it means very simply that people on Medicare will either get considerably less than they do today or pay much more to keep what they are getting now.

Question: I'm wondering if the Administration and the Congressional majority are really so far apart on Medicare and Medicaid. How close are you to a compromise?

Answer: The President laid out his priorities in his balanced budget proposal. It showed that we can eliminate the deficit while preserving our investments in health care and education and while giving a tax cut to middle-class families who need it the most. If the Congressional majority insists on taking $450 billion out of Medicare and Medicaid to pay for a huge tax cut and to reach balance in what we think is too short a time, we have a ways to go to reach agreement.

JAMES A. BARNES

WHAT'S REALLY GOING ON IN ROOM 180

As the Clinton Administration engages the Republican-controlled Congress in the battle of the budget, the White House is taking steps to respond better and faster to the GOP's maneuvers on Capitol Hill, and to position the President for the bigger fight that looms—his reelection effort.

No longer able to count on Democratic majorities in the Senate and House to help him out, Clinton can avoid losing the budget battle only if he's able to persuade the public that Republicans in Congress are going too far with some of the spending and regulatory initiatives in their budget.

Even if he is successful in making this argument, Clinton still may have to swallow hard and compromise with the Republicans on some spending proposals to get a budget passed and avoid the appearance of ineffectiveness. But because the budget debate is going be a big part of the backdrop for the 1996 presidential campaign, Clinton can't afford to waste the opportunity to begin painting the Republicans in power as extremists while he searches for "common ground" on legislation to move the country forward. *(For more on Clinton's latest rhetorical thrust, see NJ, 8/5/95, p. 2018.)*

For a White House that at times is long on ideas but short on execution, the daily 9 A.M. meeting of Clinton aides in Room 180 of the Old Executive Office Building represents an attempt to remedy that situation. Chaired by White House deputy chief of staff Erskine B. Bowles, these sessions—which primarily include two dozen or so mid-level operatives from the White House and other executive branch offices—aren't intended to develop the President's communications strategy on the budget, but rather to follow through on it.

"In a White House that has been criticized for its lack of focus and inability to coordinate, a process like this is really invaluable," said a participant in the meetings who spoke on the condition that he not be identified.

The meetings, which have been going on for about a month now, are a way to keep everyone abreast of the latest budget-related developments in Congress and to look for tactical openings to exploit perceived Republican missteps. Some chores are unremarkable, like generating county-by-county data on the impact of the GOP's proposed cuts in medicare spending. But that information was useful, for example, when the White House recently deployed Administration officials and Democratic governors and mayors for regional press interviews on the likely consequences of such cuts on individual states and localities.

And sometimes, just the habit of working together can prepare the White House team to jump into action, as was the case on the evening of July 31, when the House Republican leadership managed to reverse an earlier floor vote on an appropriations bill and place new restrictions on the regulatory authority of the Environmental Protection Agency (EPA).

That night, Susan Brophy, Clinton's deputy assistant for legislative affairs, who attends the 9 A.M. meetings, called Michael Waldman, a domestic policy aide, and Gene B. Sperling, Clinton's deputy assistant for economic policy—both 9 A.M. regulars—to alert them to the developments on Capitol Hill. Then calls went out to Bowles; George R. Stephanopoulos, the White House's senior adviser for policy and strategy; and other White House aides. Loretta Ucelli, EPA's director of public affairs, who also frequently participates in the 9 A.M. meetings, was also brought into the discussions of how best to respond to what the Republicans had done.

By 7:30 the next morning, in consultation with other pertinent Administration officials, a course of action had been designed and presented to Leon E. Panetta, the White House chief of staff. A few hours later, Clinton was in the White House pressroom attacking the Republican move to weaken EPA's regulatory powers and branding it yet another example of the GOP Congress pursuing an "extreme" policy on behalf of "the special interests."

"That made the difference on how the national news was that evening," another regular participant in the meetings said. "Instead of a day that was doomed to be Whitewater, Waco and the Bosnia vote, we are on all three networks with a strong message and we are fighting back. That was a good day for us."

A lot of guidance for the 9 A.M. gang comes from a meeting of more-senior White House aides at 2 o'clock on Tuesday, Wednesday and Thursday in the same room. That conclave, sometimes referred to within the White House as "the council of elders," typically includes Panetta; Bowles; Harold M. Ickes, the other deputy chief of staff; John M. (Jack) Quinn, Vice President Albert Gore Jr.'s chief of staff; Stephanopoulos; communications director Mark D. Gearan, whose nomination to be director of the Peace Corps is before the Senate, and his soon-to-be-successor, Donald Baer, who's now Clinton's chief speechwriter; Michael D. McCurry, the White House press secretary; Patrick J. Griffin, the chief congressional liaison; Douglas Sosnik, the White House's political director; William Curry, counselor to the President; Melanne S. Verveer, Hillary Rodham Clinton's deputy chief of staff; and presidential reelection strategists Dick Morris and Ann F. Lewis, the campaign's new director of communications.

According to McCurry, the afternoon meetings are designed to coordinate Clinton's "strategic message plan with scheduling [and] integrate some of the political people" into the development of that communications strategy.

While the President's job approval rating has been drifting upward in recent polls, he isn't going to rally public opinion behind him on the basis of his personal popularity. He needs to build a persuasive case, brickbat by brickbat, that the Republicans now running Congress are reckless. The structure in the White House for doing that seems, at last, to be falling into place. ■

Jason --

An updated briefing list.

- April

Briefing #1 10am-11am

Eleanor Clift, Newsweek
Tom Oliphant, Boston Globe
Robyn Toner, The New York Times
Allison Mitchell, The New York Times
Lisa Greene, USA Today (Money Section)
Josh Moss, The Washington Times
Jay Carney, Time Magazine
David Broder, Washington Post
TBA, LA Times
Hilary Stout, Wall Street Journal
Martin Kasindorf, Newsday
George Rodrique, Dallas Morning News
Matt Cooper, New Republic (tbd)
Ken Walsh, U.S. News and World Report (tbd)
Bob Cohn, Newsweek (tbd)

Total: 13-15

Briefing #2 3:00pm-4:00pm

Jerry King, ABC News
Catherine Berger, ABC News
Bill Plante or Mark Knoller, CBS News
Jim Miklaszewski or Antoine San Fuentes, NBC
Jeff Levine, CNN
Craig Broffman, CNN
Mike McKee, CONUS
Dina Temple-Raston, Bloomberg Business Wire
Paul Heldman, Bloomberg Business Wire
Nancy Benac or Ron Fournier, AP
Steve Holland or Larry McQuillen, Reuters
Ken Bazinet, UPI

Total: 12

THE WHITE HOUSE

WASHINGTON

August 1, 1995

MEMORANDUM FOR ERSKINE BOWLES, GENE SPERLING AND MICHAEL WALDMAN

FROM : LORRIE McHUGH

SUBJECT : RADIO AND SPECIALTY PRESS OUTREACH

The following is a media outreach plan for the next two weeks focussing on radio and specialty press. While dailies outside of D.C. are being contacted, we feel that there is a need to do further outreach to publications and electronic media that specifically reach minority communities. We also believe that Medicare will continue to be a hot topic on radio and we need to continue beating the drum on the nation's airwaves.

RADIO

We have attached radio shows in targeted markets that we would like to book in the next fourteen days. The topic will be Medicare and Medicaid - we will start pitching education as a topic towards the end of August when the media is focused on students going back to school. Media Affairs will also have a separate specialty press plan on education with specific emphasis on reaching the more than 1600 colleges and universities on our database.

We can easily book radio shows, but we need a COMMITMENT from people to participate. All too often principals either do not give us time or they cancel. We need time from 7 a.m. to 11:30 a.m. and 4 p.m. to 8:30 p.m. These periods are morning and evening drive times working from east to west coast.
We have identified approximately twenty people who can be pitched to radio. We need them to give us two forty five minute blocks each week during the morning and evening drive times previously noted.

SPECIALTY PRESS

Media Affairs has been sending material on a regular basis to African-American, Hispanic, business, labor and older American media outlets. We would like to take this a step further and do some personal outreach to key publications and radio stations.

Conference Calls - We want to set up conference calls this week and next with African-American and Hispanic publications, including minority business publications. For the larger outlets, we would like to get some members of the Cabinet to participate - i.e. Ron Brown, Jesse Brown, Cisneros. We can use political appointees for the smaller publications. Media Affairs

and Cabinet Affairs are working with various agencies to see if we can get information that will be useful to minority publications - i.e. How many Medicare beneficiaries are Hispanic.

Tongs - There are already four tongs scheduled for this week centering on the budget. Two of the tongs are with business/economic reporters. We have put in a request to do three additional tongs with Tyson and Shalala reaching on Thursday and Friday. These tongs are with newspaper chains and will reach approximately 50 regional outlets.

Mailings - We have found that publications ~~reaching~~ older Americans are very interested in receiving written material. We would like to send a revised package that will go to the Hill on Medicare and Medicaid to senior writers. We will then follow-up to see if they are interested in conference calls.

Op-eds - We would like to suggest the possibility of having two camera-ready columns written - one on the budget and minorities and one on the budget and women - to go to specialty publications under the President's signature.

Women's outreach - We are going to meet with Betsy Myers to discuss specific outreach targeted at women. There is ample opportunity here to use our political appointees with not only specialty press, but regional and national media as well.

Please let me know if there are any items that you feel that Media Affairs should not pursue. If not, we will start working on the above immediately.

cc: Chris Jennings
Jen Klein

LIST OF PARTICIPANTS:

White House

1. Alice Rivlin
2. Dr. Laura Tyson
3. Gene Sperling
4. Chris Jennings
5. Jennifer Klein
6. Larry Haas
7. Nancy-Ann Min

HHS

1. Secretary Shalala
2. Judy Feder
3. Bruce Vladeck
2. Jerry Klepner
3. Karen Pollitz
4. Fernando Torres-Gil
7. Victor Zonana

Others

1.	Monica Healy-	Labor
2.	Glen Moselli-	Treasury
3.	Alan Cohen-	Treasury
4.	Portia Mittleman-	Administration on Aging
5.	Bill Benson-	Administration on Aging

LIST OF SHOWS

Nationally Syndicated Shows

1.	Mario Cuomo Show	25 Stations
2.	Alan Dershowitz Show	20 Stations
3.	Jim Bohannon Show	400 Stations
4.	The Washington Reality Check	160 Stations
5.	Mornings With Marino	65 Stations
6.	Morning Edition	475 NPR Stations
7.	Judy Jarvis Show	75 Stations
8.	Talk of the Nation	200 NPR Stations
9.	Aaron Harber Show	75 Stations
10.	Alan Colmes Show	117 Stations
11.	David Brenner Show	110 Stations
12.	Jay Severin Show	120 Stations

13.	T.J. Walker Show	65 Stations
14.	All Things Considered	400 NPR Stations
15.	Gill Gross Show	145 Stations
16.	Beyond the Beltway with Bruce DuMont	45 Stations
17.	The Jim Hightower Show	200 Stations
18.	The Tom Leykis Show	115 Stations
19.	The Michael Reagan Show	85 Stations

Local Shows

1.	Rambling With Gambling	WOR	New York
2.	Joan Hamburg Show	WOR	New York
3.	Lynn Samuels Show	WABC	New York
4.	Michael Jackson Show	KABC	Los Angeles
5.	Ken and Barkely Show	KABC	Los Angeles
6.	The Gloria Allred Show	KABC	Los Angeles
7.	Bill Press Show	KFI	Los Angeles
8.	The Spike O'Dell Show	WGN	Chicago
9.	Bob Collins Show	WGN	Chicago
10.	Ron Owens Show	KGO	San Francisco
11.	Paul W. Smith Show	WWDB	Philadelphia
12.	J.P. McCarthy Show	WJR	Detroit
13.	Alf Nucifora Show	WSB	Atlanta
14.	Sixty at Six with Dennis O'Hare	WGST	Atlanta
15.	The Good Morning Show	WCCO	Minneapolis
16.	Charles Jaco Show	KMOX	St. Louis
17.	John Cigna Morning Show	KDKA	Pittsburgh
18.	Lynn Cullen Show	WTAE	Pittsburgh
19.	Ann Devlin Show	WTAE	Pittsburgh
20.	Midday with Dave Ross	KIRO	Seattle
21.	Stacey Taylor Show	KSDO	San Diego
22.	Pat McMahon Show	KTAR	Phoenix
23.	Erin Hart Show	KTLK	Denver
24.	Bill Gallagher Show	KXL	Portland, OR
25.	Rick Roberts Show	KCMO	Kansas City
26.	John Watson Show	WILM	Wilmington
27.	Morning Show	WDBO	Orlando

Additional Stations (We would do the morning drive shows at each of the following):

1.	KKOB	Albuquerque
2.	KFBK	Sacramento
3.	KSTE	Sacramento
4.	KASI	Ames, IA
5.	WOI	Ames, IA
6.	WINK	Fort Meyers
7.	WJNO	West Palm Beach
8.	KBTM	Jonesboro, AR
9.	WQSA	Sarasota
10.	KVSF	Santa Fe, NM
11.	WTAD	Quincy, IL
12.	WGEM	Quincy, IL
13.	WIBX	Utica, NY
14.	KSOO	Sioux Falls, SD
15.	KVIZ	Ottumwa, IA
16.	KIRX	Kirksville, MO
17.	WARM	Wilkes-Barre, PA
18.	WATZ	Alpena, MI
19.	KKSC	Sioux City, IA
20.	KSCJ	Sioux City, IA