THE WHITE HOUSE

May 12, 1994

Ms. Betty Young
Route 1, Box 134A
Fleming, Ohio 45729

Dear Ms. Young:

Thank you for your letter supporting the President's proposal for national health reform. Your letter highlights the inequities in today's health care system.

As you noted, the current Medicaid program forces individuals to "spend down" to qualify for medical assistance and often serves as a disincentive to joining the workforce. Under the President's plan, Medicaid recipients will no longer choose between work and health care. They will carry the same Health Security Card as all other Americans -- guaranteeing coverage for a comprehensive package of benefits and choice among all health plans offered in an area. Medicaid-eligible individuals may pay a portion of their health insurance premium, like all other Americans, but will be eligible for substantial discounts based on income.

By restructuring the Medicaid system, the President's plan offers the opportunity and incentive to join the workforce, while guaranteeing the security of health care insurance that can never be taken away. Thank you again for writing.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

cc: The Honorable Ted Strickland

TED STRICKLAND
6TH DISTRICT, OHIO
COMMITTEE ON EDUCATION AND LABOR
COMMITTEE ON SMALL BUSINESS
HOUSE RURAL HEALTH CARE COALITION
CONGRESSIONAL TRAVEL AND TOURISM CAUCUS
CONGRESSIONAL COALITION ON ADOPTION

Congress of the United States
House of Representatives
Washington, DC 20515-3506

1429 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5705

CENTRAL OFFICE
1236 GALLIA STREET
PORTSMOUTH, OH 45662
(614) 353-5171
TOLL FREE IN SOUTHERN OHIO:
(800) 777-1833

SOUTHEAST OFFICE
706 PIKE STREET
MARIETTA, OH 45750
(614) 373-5427

SOUTHWEST OFFICE
301 NORTH HIGH STREET
ROOM 102
HILLSBORO, OH 45133
(513) 393-4223

February 18, 1994

Mrs. Hillary Rodham Clinton
Health Care Reform Task Force
Old Executive Office Building
Washington, D.C. 20500

PAM MAR 1 1994

Dear Mrs. Clinton:

I have enclosed research and an accompanying letter from Ms. Betty Young for your consideration in the debate on health care reform.

Ms. Young has done indepth research on attitudes and actions on the topic of proposed health care reform. I hope this information will help in further framing the debate on health care reform.

Ms. Young also poses a specific question on the cost of health care coverage for her employees. Your response to her question would be most appreciated.

Sincerely,

Ted Strickland

Ted Strickland
Member of Congress

TS/saz

Betty Young
Rt. 1 Box 134A
Fleming, Ohio 45729
November 12, 1993

Hillary Rodham Clinton:

A study measuring students attitude toward a "petition" directed toward the United States Congress to speed up passage of bipartisan legislation to establish a national health insurance program was conducted in 1982. Some 353 undergrad students at Kent State, Kent, Ohio were surveyed to determine the relationship between verbal attitude and supposedly related overt behavior. The study may appear to be just another attitude study based on Deutsch's persuasive communication model, however, the subject the students were confronted with, National Health Insurance Program, makes this research relevant to you. Study attached.

What is being sought here today is a paradigm shift in health care. The attitudes, values, beliefs of all people are being asked to shift. Many are threatened and scared, others simply resist change. This research supports the importance of giving relevant information, from a credible source, explain the consequences both for individuals and collectively and value/cost; these are the things that have an effect on the motivational component of attitude.

I am a professor at Washington State Community College, Marietta, Ohio and also a female business owner. I employ twelve people and do not provide health insurance to my employees. I have attempted to provide an 80/20 major medical plan, however, I find many employees would rather work a very limited number of hours and qualify for the "medical card" which pays 100% of everything. As an employer it is difficult for me because I would prefer to have people working full-time. How will the Presidents' health plan effect the "medical card" recipient?

Sincerely,

Betty Young

Betty Young

P.S. If I could be of assistance please ask. I would be honored to be a part of the Clinton team. I believe in the direction the President is leading the country. Good Luck.

Phone Numbers:
614-374-5888 (business)
614-374-8716 (college)
614-749-3538 (home)

THE WHITE HOUSE

WASHINGTON

January 11, 1994

The Honorable Ted Strickland
House of Representatives
Washington, DC 20515-3506

Dear Congressman Strickland:

Thank you for your letter dated October 29, 1993. I apologize for the delay in responding. We share your belief that the substitution approach provides less restrictive, less costly options for mental illness and substance abuse treatment.

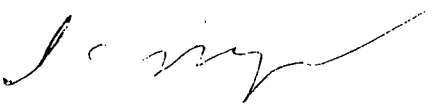
As you noted, the introduced Health Security Act gives some discretion to health plans in providing intensive nonresidential treatment and outpatient substance abuse counseling and relapse prevention. This provision allows health plans to provide care that is both appropriate for an individual's needs and cost effective in an environment where treatment options will be expanded and individuals previously unable to seek help will gain access to needed services.

The Act emphasizes a wide range of innovative treatment options, including case management, partial hospitalization, day treatment programs, and home-based and behavioral aide services. Health plans are encouraged to utilize the wide array of treatment options to provide individuals with a continuum of care through substitution of inpatient and residential days for treatment in other settings.

Through universal coverage, larger numbers of individuals with severe disorders will obtain access to services. While there is promising experience in the private sector with a flexible, managed mental illness and substance abuse benefit, there is less experience and data on the use of this approach for individuals with severe mental illness or chronic drug and alcohol addiction. Given this uncertainty and consistent with our conservative approach in all of our estimates, we have included protections -- like discretion over certain treatment options -- in order to remain conservative in estimating the cost of the benefit. Within this framework, we have developed a benefit structure that encourages flexibility and management so that by January 1, 2001 all day and visit limits can be eliminated.

Thank you again for sharing your concern. I look forward to working with you on these issues in the coming months.

Regards,



Ira C. Magaziner
Senior Advisor to the President
for Policy Development

ICM:jk

Sent 1/11/94

Dear Congressman Strickland:

Thank you for your letter dated October 29, 1993. I apologize for the delay in responding. We share your belief that the substitution approach provides less restrictive, less costly options for mental illness and substance abuse treatment.

As you noted, the introduced Health Security Act gives some discretion to health plans in providing intensive nonresidential treatment and outpatient subtance abuse counseling and relapse prevention. This provision allows health plans to provide care that is both appropriate for an individual's needs and cost effective in an environment where treatment options will be expanded and individuals previously unable to seek help will gain access to needed services.

The Act emphasizes a wide range of innovative treatment options, including case management, partial hospitalization, day treatment programs, and home-based and behavioral aide services. Health plans are encouraged to utilize the wide array of treatment options to provide individuals with a continuum of care through substitution of inpatient and residential days for treatment in other settings.

Through universal coverage, larger numbers of individuals with severe disorders will obtain access to servcies. While there is promising experience in the private sector with a flexible, managed mental illness and substance abuse benefit, there is less experience and data on the use of this approach for individuals with severe mental illness or chronic drug and alcohol addiction. Given this uncertainty and consistent with our conservative approach in all of our estimates, we have included protections -- like discretion over certain treatment options -- in order to remain conservative in estimating the cost of the benefit. Within this framework, we have developed a benefit structure that encourages flexibility and management so that by January 1, 2001 all day and visit limits can be eliminated.

Thank you again for sharing your concern. I look forward to working with you on these issues in the coming months.

TED STRICKLAND
6TH DISTRICT, OHIO

COMMITTEE ON EDUCATION AND LABOR

COMMITTEE ON SMALL BUSINESS

HOUSE RURAL HEALTH CARE COALITION

CONGRESSIONAL TRAVEL AND TOURISM CAUCUS

CONGRESSIONAL COALITION ON ADOPTION

cc Christine

Congress of the United States
House of Representatives
Washington, DC 20515-3506

1428 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5705

CENTRAL OFFICE
1236 GALLIA STREET
PORTSMOUTH, OH 45662
(614) 353-6171
TOLL FREE IN SOUTHERN OHIO:
(800) 777-1833

SOUTHEAST OFFICE
706 PIKE STREET
MARIETTA, OH 45750
(614) 373-5427

SOUTHWEST OFFICE
301 NORTH HIGH STREET
ROOM 102
HILLSBORO, OH 45133
(513) 393-4223

October 29, 1993

Mr. Ira Magaziner
Senior Adviser for
Policy Development
The White House
1600 Pennsylvania Avenue, NW
Washington, D. C. 20500

Dear Mr. Magaziner:

Thank you for all your hard work on the Health Security Act. I am writing with an inquiry concerning the mental health benefit portion of the legislation.

Having a strong interest in access to mental health for all Americans, I was encouraged by the substitution model approach used in the mental health benefit. I believe it represents a major step forward for less-restrictive, less-costly patient options.

However, of concern to me is this: the partial hospitalization and outpatient benefit provisions are at the **option** of the individual health plans. Would you provide me with the rationale behind making these benefit provisions optional for the health plans, rather than requiring the substitution approach?

I would very much appreciate your thoughts on this matter.

Thank you.

Sincerely,

Ted Strickland

Ted Strickland
Member of Congress

TS/ah
cc:Congressman Kopetski
Ms. Judith Feder