Jennifer

November 11, 1994

MEMORANDUM TO CAROL RASCO

FROM: Marilyn Yager

MEETING: Families, USA

DATE/TIME: Monday, November 14
3:30pm - 4:30pm

LOCATION: Room 476, OEOB

AGENDA/TALKING POINTS:

- Introductions
- Thank them for coming and for their unbelievable work and support for the Health Security Act.
- Overview Comments

  1. Comment briefly on the broader Administration priorities for next year, i.e., welfare reform, etc.

  2. Comment on the new health care team headed by you and Bob Rubin.

  3. Describe how we plan to proceed on health care, i.e. meetings with allies and key health players before any decisions are made.

  4. Indicate that we are using the next three to four weeks to listen and learn from our allies, hence the purpose of this meeting.

- Open it up for discussion.

  NOTE: When inviting groups to these meetings I have asked them to come prepared to give us their assessment of the new political environment and what it means for health care reform. To tell us what incremental reform would they support (if any) and what incremental reform do they think would hurt the system. And finally, to be prepared to tell us what they learned about their own membership during the past two years on what could be sold at the grassroots level and what could not.

You are likely to be asked whether we are planning to propose health care reform as a part of our FY96 budget and whether we are planning to propose Medicare cuts.

The most important message we can send, is that we consider these folks friends and allies and we are demonstrating that by being as frank as possible regarding what we are thinking.

BACKGROUND: Families, USA, founded in 1982, has served as a convener of consumer groups and allied organizations on health and long term care (formerly the Villiers Foundation). They issue numerous reports on health and long term care issues, and are often asked by Congress to testify and by the media to offer a consumer perspective.

For their size and revenue, their support for the Health Security Act was unmatched. They established 30 state health care coalitions, and in many states hired field staff to build grassroots support for health reform. They also published key reports that we often used to describe the problem and what the Health Security Act do to address the need.

Ron Pollack has been executive director of Families USA since its inception and has been a committed Clinton supporter since the early days of the campaign.

Their issue priorities were long term care and universal coverage. I have attached an example of their early correspondence with us on Long term care to give you a flavor of their detailed knowledge and pragmatic approach to health care reform. I have also attache an example of one of their press releases regarding building support.

ATTENDEES: Ron Pollack, Executive Director, Families, USA
Judith Waxman, Director, Government Affairs
Phyllis Torda, Public Education

Carol Rasco
Chris Jennings
Judy Feder (tentative)
Mike Lux
Marilyn Yager

Families USA

~~CONFIDENTIAL~~

DETERMINED TO BE AN ADMINISTRATIVE MARKING
INITIALS: MA DATE: 4-9-14

TO : Mike Lux

FROM: Ron Pollack Ronny

RE : Seeking a Bottom Line on Long Term Care

DATE: April 29, 1993

You asked me to give you a reading about an approximate bottom line for various senior organizations that you specified concerning long term care in the President's health proposal. In response to your request, I held several off-the-record conversations and -- while none of them were precise about their bottom line -- several key points can be gleaned:

1. Due to the President's and First Lady's comments on the subject, there is a unanimous expectation that prescription drugs will be in the benefit package and in Medicare. While prescription drug coverage is not their top priority -- long term care is -- there would be major disappointment if drugs are not in the package. I am unable to glean a bottom line, however, concerning drug deductibles and co-payments -- but, given previous experience on this issue in the Catastrophic Health Care legislation, it is an aspect of drug coverage that will be looked at carefully.

2. There is unanimous agreement that the first long term care priority is home and community-based care, not institutional care. The senior groups, more than the disability organizations, however, are looking for some recognition about the need for protection against expensive nursing home care. Whether phased-in coverage (over a more protracted period of time) for nursing home care must be in the bill, or whether it suffices to recognize the need with a promise to deal with it sometime in the future, is unclear. For the senior groups, however, it seems clear that they need at least a big enough rhetorical fig leaf on nursing home protection to assuage their memberships. It would be very helpful to enact nursing home coverage, even if the implementation schedule is far in the future.

3. There is every expectation that the new home care coverage will be phased in over a period of time. I have not heard a specific bottom line about the length of the phase-in period, but the typical response assumes a five-year range. (These assumptions, however, are not based on an adequate sophistication about the fiscal difficulties the Administration has in constructing the overall package, or the Administration's possible decision to complete acute care universal coverage in more than five years.) No one expects completion of home care phase-ins prior to acute care coverage.

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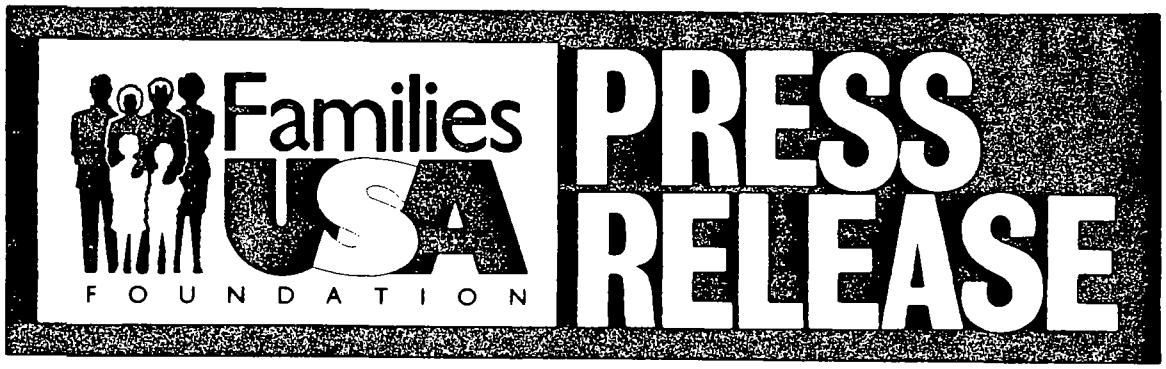
4. There is a willingness to see coverage phased-in on an income needs basis. There is a very strong antipathy, however, to an ultimate design that results in a poor people's program. This should be clear in the legislative proposal. I believe, however, that a progressively graduated set of co-payments and/or deductibles -- perhaps (although I'm not sure) even a fairly steep graduation based on economic circumstances -- might be acceptable.

5. It would be very helpful if there was a modest start on long term care at the earliest stages. I believe that respite care could work as the likely candidate for such a first step.

I have not seen the long term care option paper currently before the Task Force, nor have I seen the cost estimates of the options. From the accounts I have read, however, I believe that the option that gradually phases a home care benefit for all is the right direction to go for securing the organizational support from the groups you identified. (And, if I may editorialize rather than just report: I would add mandatory spend down protection for nursing home care under Medicaid for the 19 states that don't currently provide it together with modestly upgraded spousal protection -- joined with an oral commitment to future nursing home reform.)



Fam USA

FOR IMMEDIATE RELEASE
WEDNESDAY, SEPTEMBER 22, 1993

LEADING HEALTH CONSUMER GROUP
VOICES ENTHUSIASTIC SUPPORT
FOR CLINTON HEALTH REFORM

"It's great for American families! The President's Reform will absolutely guarantee that you'll never lose your health insurance, no matter what," according to consumer advocate Ron Pollack, executive director of Families USA.

The health consumer group came out strongly in support of the President's Health Reform.

"This plan will restore peace of mind to American families who worry they'll be among the two million Americans who lose coverage every month," Pollack said.

"President Clinton's Health Reform will ban the fine print that insurance companies use to dump you or deny you benefits you've paid for. It will crack down on insurance and drug company overcharges. We're very enthusiastic in our support for the reform," Pollack said.

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FOR IMMEDIATE RELEASE
WEDNESDAY, SEPTEMBER 22, 1993

HEALTH CONSUMER GROUP RELEASES ANALYSIS
SHOWING FAMILIES HELPED BY CLINTON HEALTH REFORM

Families USA today released an analysis showing how Americans would be helped by Clinton's Health Reform.

[NOTE TO EDITORS: THE FULL TEN PAGE REPORT TEXT (WITH STORIES OF REAL PEOPLE IN EACH CATEGORY) IS AVAILABLE BY FAX OR MAIL.]

- more -

CONTACT: ARNOLD BENNETT OR AVIVA SHLENSKY (202) 628-3030
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The report looks at the impact of reform on ten groups:

1. Insured Americans at risk of losing their health insurance.
2. Americans with inadequate insurance.
3. Americans with high prescription drug costs.
4. Americans who retire early and lose health benefits.
5. Americans who are job-locked.
6. Americans who own small businesses--and their families.
7. Americans who need long term care at home.
8. Americans whose employers cut back on health benefits.
9. Businesses with skyrocketing premiums.
10. Americans on Medicaid who can't get health care.

INSURED AMERICANS WHO WOULD LOSE THEIR INSURANCE COSTS

For the more than two million insured Americans who lose their health insurance each month, the Clinton Health Reform guarantees that no American can lose health insurance, no matter what. A health security card will guarantee all Americans comprehensive health benefits, even if they lose or change jobs, move out of state, get divorced, start a small business, or someone in the family gets sick. **FAMILIES USA RATING: Best reason to support plan.**

INSURED AMERICANS WITH INADEQUATE INSURANCE

Millions of Americans have inadequate insurance that can leave them with many thousands of dollars in medical bills. About 18 million insured Americans will have to spend at least one-tenth of their incomes on out-of-pocket health costs in 1993.

Clinton's Health Reform guarantees all Americans comprehensive health benefits, with strict limits on out-of-pocket costs. It bans all lifetime limits on benefits such as: hospital care, emergency services, doctor visits, pre-natal care and home health care for the elderly and disabled. **FAMILIES USA RATING: Important new protection for insured Americans; savings for families hit by illness.**

AMERICANS WITH HIGH PRESCRIPTION DRUG COSTS

About 72 million Americans now lack insurance coverage for prescription drugs, and skyrocketing drug prices make it more and more difficult for Americans to afford their medications.

The Clinton Health Reform includes an important new drug benefit for Americans. No elderly American will ever again have to pay more than $1,000 a year for drugs, and most will pay far less. After meeting a $250 annual deductible, Americans of any age will have to pay no more than 20 percent of their prescription drug costs. Americans under 65 will have a $1,500 annual limit on what they can be charged, or $3,000 per family. **FAMILIES USA RATING: Important step forward.**

AMERICANS WHO RETIRE EARLY AND LOSE HEALTH BENEFITS

Many companies have cut back or eliminated health coverage for their early retirees, leaving many Americans without health protection. Clinton's Health Reform will guarantee health coverage to early retirees, with the federal government paying 80 percent of premiums for retirees between the ages of 55 and 65. The former employer or the retiree will pay the remaining 20 percent of the health premium. **FAMILIES USA RATING: Protects retirees while taking pressure off businesses.**

AMERICANS WHO ARE "JOB-LOCKED"

One in five workers report they or a family member can't switch jobs because new work offers limited or no health insurance. The Clinton Health Reform will absolutely ban insurance companies from excluding anyone, or any health condition, from coverage under any circumstances by 1997. **FAMILIES USA RATING: Excellent solution to serious problem.**

AMERICANS WHO OWN SMALL BUSINESSES--AND THEIR FAMILIES

Small business owners pay significantly more for health insurance for their families and workers than large businesses pay. Their premiums can skyrocket if an employee or a family member gets sick or injured. Insurance companies often refuse to cover an individual who works for a small business because of a health condition, or refuse coverage of a business because of the nature of the industry.

The Clinton Health Reform will guarantee that small business owners can buy insurance at the same--or lower--price as big business. The Reform will also limit insurance company premium increases, putting an end to health premium increases of 20 percent, 30 percent and more that small businesses have suffered. Also, insurers will no longer be able to reject businesses or individuals for any reason.

In addition, small businesses will be eligible for significant new discounts. **FAMILIES USA RATING: Tough on insurance companies, helps most small businesses greatly.**

AMERICANS NEEDING LONG TERM CARE AT HOME

Almost every American family eventually faces a long term care crisis, and most Americans want their elderly parents to be cared for at home, rather than in a nursing home. But, many American families who need long term care at home receive no professional home care services, often because they can't afford help.

The Clinton Reform will provide home care help to Americans who most need the help. By 1996, Americans who need long term care will begin to be eligible for services that can keep them at home; the program is to be fully phased in by the year 2000. **FAMILIES USA RATING: Valuable first step, an important new benefit for older Americans.**

AMERICANS WHOSE EMPLOYERS CUT BACK ON THEIR HEALTH BENEFITS

About 40 percent of employees and their families are covered by employer health plans that are self-insured. Self-insured companies do not purchase health insurance from a private insurance company, opting instead to pay the cost of their employees' medical care directly.

Self-insured companies are now allowed to limit or eliminate health insurance benefits at any time. Some self-insured employers have limited employees' health coverage after sickness strikes.

The Clinton Reform will absolutely prohibit all employers and insurers from imposing caps or exclusions on coverage for specific medical conditions, and will ban lifetime limits on benefits. Comprehensive coverage will be required. **FAMILIES USA RATING: Excellent new protection.**

BUSINESSES WITH SKYROCKETING PREMIUMS

Health costs are eating away at business profits and employee wages. Today, business spending for health care nearly equals after-tax profits, up from 40 percent in 1980.

The Clinton Health Reform will strictly limit the amount insurance companies can raise premiums. By 1999, premiums will not be allowed to increase faster than inflation. **FAMILIES USA RATING: Tough on insurance companies, good for families and U.S. economy.**

AMERICANS ON MEDICAID WHO CAN'T GET HEALTH CARE

Last year, almost one of five adults on Medicaid were turned away by a hospital or doctor. Another 20 percent had to go to an emergency room for care because they did not have a regular physician.

Under the Clinton Health Reform, Medicaid recipients will be enrolled in the same health plans as other Americans, and get the same high quality care. **FAMILIES USA RATING: Ends the scandal of Medicaid failure.**

Families USA is the health consumer group fighting for health and long term care reform.

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UPDATED 9/24

Subject: Health Care Interest Group Watch

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Alliance for Managed Competition
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physician Assistants
American Association of Physicians and Surgeons
American Association of Retired Persons
American Chiropractic Association
American Council for Health Care Reform
American Dental Association
AFL-CIO
American Federation of State, County, and Municipal Employees
American Health Care Association
American Health Decisions
American Hospital Association
American Medical Association
American Pharmaceutical Association
American Protestant Health Association
American Nurses Association
American Psychiatric Association
American Psychological Association
Association of Health Insurance Agents
Association of Private Pensions and Welfare Plans
Association for Worksite Health Promotion
Bazelon Center for Mental Health Law
Blue Cross and Blue Shield Association
The Building and Construction Trades Department
The Business Roundtable
Campaign for Quality Health Care
Campaign for Women's Health
Catholic Health Association of the United States
Catholics for a Free Choice
Children's Defense Fund
Citizen Action
Citizens Against Rationing Health
Citizens Commission on Human Rights
Citizens for a Sound Economy
The Coalition for Consumer Protection and Quality
Coalition for Equal Access to Medicines

Also found this. Not sure if you need it. Please toss it if you do not. MEVP

The Coalition for Family Privacy
The Coalition for Managed Competition
Coalition for Oral Health
Consortium of Citizens With Disabilities
Consumer's Union
Council of Medical Specialty Society
The Council for Affordable Health Insurance
The Distilled Spirits Council
Families U.S.A.
The Farmers Union
Federation of American Health System
Generic Pharmaceutical Industry Association
Group Health Association of America
Health Care Choice Project
Health Care for All
Health Industry Manufacturers Association
Health Insurance Association of America
Health Care Leadership Council
The Health Project
Independent Insurance Agents of America
Industrial Biotechnology Association
International Brotherhood of Teamsters
Labor Management Discussion Group on Workers' Compensation
Long-Term Care Campaign
Mental Health Liaison Group
Minority Contractors Association
Monmouth County Mental Health Board
National Association for Home Care
National Association for the Support of Long Term Care
National Association of Children's Hospitals & Related Institutions
National Association of Counties
National Association of Manufacturers
National Association of Private Enterprise
National Association of Retail Druggists
National Association of Social Workers
National Business Coalition on Health
National Association of Women Business Owners
National Committee to Preserve Social Security
National Conference of State Legislators
National Congress of American Indians
National Council of Churches of Christ in the U.S.
National Council of La Raza
National Council of Senior Citizens
National Governors Association
National Health Care Coalition

National Hospice Organization
National Institute for Health Care Management
National Medical Association
National Medical Liability Reform Coalition
National Retail Federation
National Restaurant Association
National Small Business United
National Urban League
National Wine Coalition
The National Wellness Network
Pharaceutical Partners for Better Health Care
Pharmaceutical Manufacturers Association
Public Citizen's Congress Watch
Religious Coalition for Abortion Rights
Roman Catholic Archbishops
Rx Partners
San Diego Rehabilitation Institute
Service Employees International Union
Small Business Legislative Council
United Auto Workers
United States Cathlic Conference
U.S. Chamber of Commerce
U.S. Conference of Mayors
Universal Health Care Action Network
Washington Business Group on Health
Wellness Councils of America
Worksite Health Promotion Alliance

Subject: Health Care Interest Group Watch

Alliance for Managed Competition
Represents: Aetna, CIGNA, MetLife, The Prudential, Travelers. (Collectively provide health care coverage to more than 60 million Americans.)
Goal: Managed competition.
Concerns: Wage and price controls.

American Academy of Family Physicians
Represents: National association of family doctors with chapters in all 50 states. (More than 74,000 members.)
Strategy: Do not have a PAC. Building a grassroots network. Sophisticated press office. Good reputation in Congress.
Goal: Universal coverage through employer-based system within a global budget. The Academy is one of the two large medical specialty organizations to come forward with a reform plan that endorses a global budget as part of cost containment. Cost containment through the use of a global budget determined by a national health board. Specific strategies to move toward a generalist-oriented health care system, including reforming medical school admission criteria and curriculum, changing Medicare support of graduate medical education, and reforming physician fee schedules.
Concerns: Worried about mismatch between infrastructure and expanded coverage. Concerned that will be disproportionately affected under a wage freeze because of current disparities between generalists and specialists. Concerned that short term cost containment will diminish immediate investment in primary care training.
Other: The AAFP does not specifically endorse managed competition, but would allow for it and encourage managed care. Working on ideas for "managed cooperation" in rural areas.

American Academy of Pediatrics
Represents: Pediatricians nationwide whose goal is advocacy for children and youth. (45,000 members.)
Strategy: Not strong lobbying force, but because of "white hat"public reputation opinion important. Active coalition participant.
Concern: Nervous about global budgets (concerned that, absent guarantees, children's access will be diminished first).
Goal: In last Congress, endorsed Matsui bill (pay or play for women and kids) that included all-payer rates for pediatric and obstetric services. Their priority is universal access for children; any coverage phase-in should begin with children and pregnant women. Benefits package should be child sensitive, recognizing the particular needs of all children including children with special health care needs. Must be one-tier system--"Medicaid doesn't work". Should address future demand for primary care physicians through: flexible loan policies, expansion of the NHSC; incentives to increase number of minority primary care physicians; and development of pediatric RBRVS to guarantee adequate reimbursement. Cost-containment proposals must include emphasis on preventive care and income-adjusted cost-sharing.

American Academy of Physician Assistants

Represents: 22,000 practicing physician assistants and 3600 students enrolled in the country's 55 accredited physician assistants programs. Academy chapters located in all 50 states. Members provide medical treatment for 150 million patient visits per year.

Strategy: Sway in rural settings where Physician Assistants are more often utilized.

Goal: Increased utilization of physicians assistants and other non-physicians. Want health care reform to provide incentives for increased use of physicians assistants (PAs): recognize PAs and other non-physicians as authorized providers under new system, encouraging states to enact more flexible laws and regulations for PAs, transfer Medicare GME dollars from resident training to support the training of non-physicians, provide appropriate reimbursement for PAs in all settings. Also support basic benefit package, universal access, cost controls should focus on prevention of inappropriate cost shifting, elimination of excess bureaucracy, malpractice reform.

Concerns: Licensure, empowerment, reimbursement issues

American Association of Physicians and Surgeons

Represents: The Association is a national, not-for-profit physician and osteopath membership corporation. (Represents 35,000 members)

Goal: Preserve private medicine. Medical savings accounts. Proposals include establishing medical savings accounts, insurance reforms, reducing regulations and mandated benefits, and development of private alternatives to Medicare. Believe health care cost escalation due to: tax-subsidized prepaid insurance; regulations; and legal overhead.

Concern: Managing system will lead to rationing.

Other: Group has little influence.

American Association of Retired Persons

Represents: 34 million Americans over age 50. Has chapters in all 50 states.

Strategy: Has financial strength, huge membership base, influential in media and on hill (although damaged somewhat by their strong backing of catastrophic). Lack of unifying principles of membership undermines their effectiveness.

Goal: Blended approach of single payer, employer based and tax incentives. Remain open. Four goals for reform: universal access to affordable quality health care and long-term care, system-wide cost containment, prescription drugs, and fair and affordable financing. Benefits package should include preventive, primary, acute, transitional and long term care. Cost containment through global budget.

Other: Open to Administration plan, as long as comprehensive.

Concerns: Long term care and prescription drugs, seniors bearing financial burden without added benefits.

American Chiropractic Association

Represents: 22,000 chiropractors and students at the accredited chiropractic colleges. The Nation's 45,000 chiropractors serve over 19 million patients annually and are licensed as primary care in fifty states.

Goal: The purpose of the ACA is to seek to advance and protect the patient's access to chiropractic services and promote the drug-free, non-surgical care doctors of chiropractic provide a healing art.

Strategy: Fairly effective grassroots network. Important in certain states (e.g. Iowa, New Hampshire)
Goal: Chiropractic services included in the basic core benefits package. Encourage use of chiropractors as primary care providers, and gatekeepers under managed care plans.

American Council for Health Care Reform
Represents: Drawn from the general public--consumers. A grass roots consumer association to protect and inform consumers.
Strategy: Grass roots at the Federal level
Goal: The council supports eliminating administrative red tape, changing insurance reform, reforming malpractice issues, and providing quality of care to all Americans.

American Dental Association
Represents: The American Dental Association (ADA) represents a total of 139,620 dentists, with 73% of U.S. dentists members of the ADA.
Strategy: Grass roots, active, strong advocacy.
Goal: The primary criteria for the ADA is universal access and inclusion of dental benefits in the core package. Their financial package is employer based, provides coverage for indigents, small employer relief through HIPCS and risk reinsurance pools, and co-payments. The ADA is for the protection of all working people from financial ruin as a result of illness, education services and access to preventive dental services for children. The ADA believes dental services are not a cost problem. If there is not a problem, don't change us.
Concern: Inclusion of dental services in the benefits package

AFL-CIO
Represents: 88 unions, 14 million members. Unions representing individuals employed in manufacturing, the public sector, service and building and construction.
Strategy: Strong effective grassroots network; influential with Congress; large campaign contributors.
Goal: Support establishment of purchasing cooperatives. Support universal access through regional purchasing and delivery system with enforceable budget. Community rating for all. Consumer choice among plans. Quality assurance system including development of practice guidelines, health outcomes, research and technology assessment. Finance retiree health care by unified purchasing and delivery system. Medicare eligibility to 60. Finance system through broad and equitable mechanisms.
Concerns: No employers can opt out of HIPCs; no taxation of employer-provided benefits.

American Federation of State, County, and Municipal Employees
Represents: More than 1.3 million public employees and health care workers throughout the U.S. Employees of state, county, and municipal governments, school districts, public and private hospitals, universities and non-profit agencies who work in a cross section of jobs ranging from blue collar to clerical, professional and paraprofessional. White collar employees account for one-third of the membership. The largest and most influential AFL-CIO union
Goal: Single payer but are willing to work with us and AFL-CIO. Very concerned that public sector not be used to create "critical mass" for HIPCs.

American Health Care Association
Represents: 51 affiliated associations and 11,000 non-proprietary and proprietary long term care providers that care for one million nursing facility and long term care residents nationwide. Primarily proprietary nursing homes.
Strategy: Powerful lobby at federal and state level, particularly in certain states.
Goal: AHCA has developed "Quality Care for Life", a long term care financing reform plan which includes nursing home care, consumer choice, quality incentives,
and cost containment through public and private resources. Long term care needs also include respite care, adult day care, home and community-based care.
Concerns: Concerned about their members ability to provide care in the new system. Long term care in benefit package.

American Health Decisions
Represents: 16 affiliate state citizen organizations organized to solve current health care issues/concerns through grassroot community meetings and issue groups.
Concerns: To make sure the American public, on a citizens level, is involved in the health reform process.

American Hospital Association
Represents: (5,300 hospitals) Umbrella organization for hospitals of all sizes and ownership types nationwide. It is the largest hospital trade association in the country.
Strategy: Individual hospitals are major employers and therefore have substantial influence in districts.
Goal: Coverage through a core benefit package in a pay-or-play system. Delivery reform through community care networks similar to managed care. Concerned that managed competition will drive hospitals to be the lowest price vendor and threaten their mission orientation. Do not support a global budget but might support a "bottom up" budget through capitation of payments. Advocate antitrust reforms to permit easier coordination/collaboration between hospitals.
Concerns: Universal access. Cost controls which shift costs
Other: As of 7/1 have made not commitment to The Health Project and will not unless it is clearly a bipartisan initiative and with support from all sectors, particularly substantial business community backing.

American Medical Association
Represents: Approximately 300,000 physician members. Federation of 50 state medical associations and the District of Columbia, county, metropolitan societies and over 80 national medical specialty societies
Strategy: Influential with Congress; large campaign contributors; able to generate significant press coverage; major grassroots network.
Goal: Universal access to care through an employer mandate and Medicaid reform, insurance market reforms, particularly community rating, and elimination of preexisting condition restrictions. Want the right for organized medicine to negotiate with federal agencies and regulatory programs and at the local level with managed competition entities. Want professional

liability reform; freedom of patients to choose their physician and system of health care delivery; quality assurance through practice parameters and outcomes research; administrative cost reduction; establishment at the federal level of a minimum benefits package (with repeal of state mandates); and decreased regulation.
Concerns: Cost and Price controls, Restricted physician choice, Loss of professional autonomy

American Pharmaceutical Association
Represents: APhA represents more than 195,000 pharmacy practitioners, scientists, and pharmacy students. The interests of professional pharmacists in academic settings, in pharmacies, and in institutional settings such as hospitals and nursing homes.
Strategy: The third of the three most influential pharmacy groups on Capitol Hill -- (the National Association of Retail Druggists and the National Association of Chain Drug Stores are the other two).
Goal: Strong supporter that prescription drug coverage be included in the basic health care package. Similarly supportive of a Medicare Rx drug benefit. Wants Rx drug coverage to pay for the professional patient counseling done by pharmacists. Believe that such utilization review services are extremely cost effective.

American Protestant Health Association
Represents: 200 Protestant church-related health care institutions.
Strategy: Community hospitals can be influential in local district.
Goal: Seek fundamental reform of health care system making universal coverage at reasonable coat a reality. Develop incentives, built upon capitated payments for population groups, to change corporate and individual behavior. Move from disease treatment to health improvement. Community based servant leadership is key to universal and affordable coverage.

American Nurses Association
Represents: 2.1 million registered nurses through its 53 constituent state and territorial associations and its more than 200,000 members.
Strategy: Effective lobbyist on nursing issues, strong grass roots efforts at both the Federal and state levels, and ability to mobilize quickly, forefront on political and legislative issues.
Goal: The ANA supports health care system that assures access, quality and services at affordable cost. The financing mechanisms must be employer based with minimal co-payments. The benefit package must provide prevention, health screening, extended and long term care, and mental health benefits. Nurses want to be "empowered." Believe they need to be protected in managed competition system.

American Psychiatric Association
Represents: (38,000 members) National medical specialty society specializing in the diagnosis and treatment of mental illness (including substance abuse). Comprise over 70 percent of the nation's psychiatrists.
Strategy: Active PAC. Focused on mental health issues.
Goal: Support nondiscrimination between mental health and other health benefits for patients. Focused on eliminating what they feel are artificial limits (e.g. 20 visits, etc.) on services. Guaranteed benefits package must include appropriate mental health benefits (inpatient care,

outpatient treatment, and partial hospitalization and ambulatory care). Also support coverage of psychopharmacological treatments under drug benefit. Want to ensure that innovative state efforts to expand mental health coverage can continue.
Concerns: Concerned about consumer protections, reimbursement of providers, and oppressive utilization review. Nervous about state and federal efforts to reimburse non-physician mental health providers.

American Psychological Association
Represents: APA represents more than 74,000 members nationally and around the world; 40,000 students, foreign, and high school teacher affiliates; divisions in nearly 50 areas of psychology; and affiliations with state and Canadian psychological associations.
Strategy: Grassroots network.
Goals: The priorities of the APA include mental health benefits, universal coverage, cost containment, rehabilitation services. Quality assurance provisions necessary for persons with disabilities. Want to be treated as functional equivalents to psychiatrists.

Association for Health Insurance Agents
Represents:(8000 members) Individuals engaged in sales or field management positions for health insurance.
Goals: To look out for insurance agents - more info is on file.
Executive Director: E.Dawn Lindsey - (202) 331 -2160

Association of Private Pensions and Welfare Plans
Represents: Companies and individuals concerned about federal legislation and regulations affecting all aspects of private sector employee benefits. APPWP members include employers of all sizes--principally Fortune 500 major companies--as well as insurance carriers and employee benefits consulting firms.
Goal: In December, the APPWP adopted a new stance, becoming the first employer organization to support an employer mandate and a limitation of the employee tax exclusion for employer-paid health coverage. Employer mandate coupled with tax credits and subsidies for low-income individuals and employers with large numbers of low-income workers; also individual mandate to accept or acquire health care coverage. Limitation of employee tax exclusion for employer-paid health coverage to the cost of the basic benefits package. Integration of managed care systems in all health care systems, both public and private, to curtail the practice of cost-shifting. Support health care expenditure targets for all health system payers.

Association for Worksite Health Promotion
Represents: Employers/Employees who provid, manage and participate in Health Promotion programs.(Tenneco, Coors, Johnson&Johnson, Du Pont, The Travelers) - also see the Worksite Health Promotion Alliance.
President: Janet Edmunson

Bazelon Center for Mental Health Law
Represents: Various Psychiatric hospitals/professionals.
Concerns: To enclude a comprehensive Mental Health benifits package in the Health Reform.

Blue Cross and Blue Shield Association
Represents: 71 Independent Blue Cross and Blue Shield Plans. Coordinating organization for BC/BS Plans throughout the nation. Collectively, the Plans provide health benefits protection for nearly 70 million people, and serve an additional 34 million people through the Medicare program where Plans administer 70 percent of all the program's claims.
Strategy: Viewed as moderate voice among insurers; widely consulted.
Goal: Do not believe HIPCs are necessary, just larger pools. Because of their history, they believe they will be at a competitive disadvantage in a managed competition system and will be looking for some assurance of risk adjustments and standardized benefits. Support insurance reform (rating/pre-existing condition bans), increased managed care, and administrative simplification. Would move the market to community care networks with obligations that the percentage of people in AHPs increase each year. Would require employers to continually increase percentage of employees in AHP each year in order to keep their deduction.

The Building and Construction Trades Department
Represents: (5 million members) 15 affiliated international unions in the construction industry.
Goal: Same position as AFL-CIO generally. Believe Taft-Hartley plans should continue to perform administrative functions.

The Business Roundtable
Represents: (200 Chief Executive Officers) Association of business executives of Fortune 500 companies in all fields
Goal: Pure managed competition. Creation of group purchasing arrangements for small groups and individuals. Large employer opt-out. Standard benefit package, income-based subsidies for individuals, limits on tax free portion of health benefits for employees, outcomes research and medical malpractice reform. Pre-emption of state laws that mandate specific benefits and restrict managed care.
Other: Scope of influence is significant, but frequently overestimated.

Campaign for Quality Health Care
Coalition: (nationwide) consumer groups and malpractice victims.
Goal: Oppose anti-consumer restrictions on the rights of malpractice victims. Say, "The problem is not that there are too many malpractice lawsuits. The problem is too much malpractice." Say, "An alarm bell went off when Hillary Clinton made a promise to the AMA to 'solve your malpractice problems' in return for doctors support for national health care.
Strategy: Organizing consumer, labor, senior citizen and other groups in more than 20 states to stop the administration from "treating our legal rights like bargaining chips in a high-stakes political poker game."

Campaign for Women's Health
Represents: 8 million members nationwide representing women's groups, unions, and health care organizations and including Older Women's League, Planned Parenthood Federation of America, YMCA of the USA, NARAL, and Black Women's Agenda.
Strategy: Active grass roots, hot issue in Congress, and political clout.

Goal: Universal access and a comprehensive benefits package that meets the needs of women, including maintenance and promotion including primary and preventive services and primary and preventive reproductive health care; long term care--respite, spend down, effective immediately, home care; health care delivery in a variety of settings; health care delivered by a variety of providers; community based programs; financing and accountability.

Catholic Health Association of the United States
Represents: (1200 health care facilities) Nation's largest organization representing not-for-profit, single-sponsor, health care institutions.
Strategy: Community hospitals can be influential in local district.
Goal: Unified and comprehensive health care system. Through "Integrated Delivery Networks, all persons are provided a comprehensive benefits package. Networks are owned and operated by a variety of entities including former insurance companies, hospitals, and physicians. Networks compete for customers on basis of quality and service and receive risk-adjusted capitated payments from independent "State Health Organization." National Health Board sets overall budget. Employer-based financing supplemented by public funds.

Catholics for a Free Choice
Concern: Say bishops were attempting to unfairly influence the decision of individual women on the basis of economics.
Other: Claim most American Catholics support government funding of abortion services. (Cite a '92 CBS/N.Y. TIMES poll showing that 62% of Catholics support federal funding of abortions for poor women.)

Children's Defense Fund
Represents: Organization's interested in Children's issues. Fund research for children. (50 states)
Strategy: Respected in media, effective lobbying group on children's issues, strong grass roots
Goal: The priorities of the CDF are as follows. Child health benefits, including mental health universal access; access to medical care; comprehensive coverage-primary and preventive services; phase in first, pregnant women and children; affordable premium based of family income with no cost sharing; continuity of coverage-portable; ensure availability of services, invest in public health; Medicaid, poor peoples program; transition into a new system takes a number of years to put in place, put children first.
Concerns: Children benefits, primary and preventive services.

Citizen Action
Represents: 5 million consumers. In 32 states, membership comprised of working class, middle class, employed in white collar and service industries, activists, cross generation lines and half are below the age of 45.
Strategy: Some strong state affiliates, broad based canvassing efforts, ability to mobilize, although not as powerful or influential nationally as numbers might indicate.
Goal: Supports single-payer approach because of its ability to meet principles of affordability, universality, comprehensiveness, choice and public accountability.
Concerns: Views managed competition as approach which will shift costs to their own families while limiting their choice of providers. Fear of being forced into a substandard plan. Middle

class families think they will have fewer choices than low income persons.

Citizens Against Rationing Health
Coalition: Five conservative and GOP groups (American Conservative Union, Citizens for a Sound Economy, American Legislative Exchange Council, The United Seniors Council, and Citizens United). Headed by Don Devine, former OPM director under Reagan and currently an American Conservative Union board member, and former Representative Beau Boulter (R-TX), Vice President of the United Seniors Association.
Strategy: Will release a detailed health care reform package and launch an intensive lobbying and grassroots effort, as well as plan a national media advertising campaign. Says they will generate 15 million pieces of mail from citizens to the White House, buy TV and radio spots, hold rallies and recruit thousands of citizen lobbyists.
Finances: Will carry a $10 million campaign against Clinton's plan.
Goal: Will try to build support for an alternative: medical savings accounts. Wants to change the tax code to allow individual deductions of up to $4,800 for health insurance premiums; add new deductions for the uninsured -- including refundable tax credits for the poor and for those with pre-existing conditions;" and create medical IRAs. Medicare/Medicaid recipients would have the option of converting their coverage into a medical savings account or private insurance plan.

Citizens Commission on Human Rights
Represents: Established by the Church of Scientology (69') - contact: June Parks
Goal:(Recently)Urged congress to Not push for mandate mental health coverage as part of the "standard" comprehensive health benefits package - Also pressed to spearhead psychiatric insurance fraud reform.

Citizens for a Sound Economy
Coalition: 250,000-members who promote market-based solutions to policy problems.

Coalition for Consumer Protection and Quality
Represents: Health care consumer organizations including: American Association of Retired Persons, California Advocates of Nursing Care Reform, Center For Medicare Advocacy, Coalition for the Rights of Infirm Elderly, Families USA, the Gerentological Society of America, Medicare Advocate Project, National Committe to Preseerv Social Security and Medicare, National Council on the Aging, National Citizens Coalition for Nursing Home Reform, National Indian Council on Aging, National Seniors Citizens Law Center, Older Women's League.
(See filed pamphlet for list of Endorcing and Colaborating organizations)
Goal: Protecting the quality of American Heealthcare throughout the reform.

Coalition for Equal Access to Medicines
Coalition: NY Times call an "unusual union" of poor people, minority groups and public health advocates. Organizing members of the coalition include officers from the following groups, all of which are members: National Rainbow Coalition, American Legislative Exchange Council, National Depressive and Manic Depressive Association, National Medical Association, National Black Caucus of State Legislators, Institute for the Puerto Rican/Hispanic Elderly, National Multiple Sclerosis Society, National Black Nurses Association, People's Medical Society, Lupus

Foundation of America, California Hispanic-American Medical Association, National Urban League, Allergy and Asthma Network, National Kidney Cancer Association and the National Council on the Aging.
Strategy: The coalition will lobby against Medicaid formularies which have already been approved by both the House and Senate and are likely to be included in the deficit-reduction bill that emerges from conference committee.
Finances: Created and financed by the prescription drug industry.
Goal: Wants to ensure that Medicaid formularies do not deny access to medicine "crucial" to the health of their members.
Other: The coalition has "enlisted" black clergy in its campaign. The drug industry fiercely opposes formularies: They say state officials will select drugs on the basis of cost, not quality and fear that Medicaid formularies will set a precedent for similar restrictions under any national health insurance plan that Congress might enact.

The Coalition for Family Privacy
Concern: Claim registries would pose a "major threat to family privacy." Charge that the bill would impose a federal vaccination mandate that would supplant parents rights to make vaccine decisions for their children.

The Coalition for Managed Competition
Coalition: Consists of the big five insurers (Prudential, Cigna, Aetna, Metropolitan Life, and Travelers).
Concern: Say that many traditional indemnity insurers have looked to insure only the healthiest customers.
Strategy: Massive ad campaign.

Coalition for Oral Health
Goal: Wants basic dental care in the reform plan.

Consortium of Citizens With Disabilities
Represents: Coalition comprised of over 75 consumer, service provider, and professional organizations which advocate on behalf of persons with disabilities and their families. Over 42 national organizations are members of CCD's Health Task Force including many disease organizations. The Consortium represents more than 43 million Americans with disabilities include individuals with physical and mental impairments, conditions, or disorders, severe acute or chronic illness which limit or impede their ability to function.
Strategy: Significant grassroots potential
Goal: Acute care benefit should be comprehensive and include long-term care services. Significant concerns regarding the responsiveness of managed care to people with disabilities. Reform must ensure non-discrimination and fully participation by people with disabilities, appropriateness of available services (particularly for younger disabled individuals) and equal access to health services.
Concerns: Non-discrimination of benefits, Special needs of population.

Consumer's Union

Represents: 5 million members. Membership includes magazine subscribers in all 50 states. Advocacy offices in Washington D.C., Austin, TX and San Francisco, CA.
Strategy: Readership among middle and upper middle class. Viewed as authority on value for the dollar. No real grassroots operation or cohesive grassroots constituency.
Goal: To meet needs of consumers, reform plan must provide universal quality health care regardless of age, income, employment or health status; contain costs with a national budget and administrative simplification; fair financing; public accountability and maintain consumer choice.
Concerns: Concerned that managed competition will not work to control costs and could lead to a multi-tier health system with restricted consumer choice and large out-of-pocket expenses. Reform plan should allow states sufficient flexibility to experiment with single-payer approach if they so desire.

Council of Medical Specialty Society
Represents: Jerome H. Shapiro, American Acadamy of Allergie and Immunology, American Acadamy of Dermatology, American Acad...(List of others filed)
Concerns: Thank you. Also sent an article talking about the SOCIAL nature of medicine relating to health care and Economic reform.

The Council for Affordable Health Insurance
Coalition: A group of 30 small indemnity insurers. Includes: American Chambers Life, American Republic Insurance Co., Central States Health and Life of Omaha, Design Benefit Plans, Equitable Life and Casualty, Florida Employers Life, Golden Rule Insurance Co., Garentee Trust Life Insurance Co., Inverstors Insurance Corp., Mega Life Insurance Co., National Health Insurance Co., National Travelers Life, PFL Life Insurance Co., Transport Life, United American, Universe Life Insurance Co., Western Fidelity Insurance Co., World Insurance Co. - (Associate Members: American Travelers, Chubb Life, First National Life, Health Starr, J.B Johnson Intermediary, Lautzenheiser & Associates, Life of America insurance Co., Mark Litow - Millman & Robertson, National Foundation Life, W.H. Odell Associates
Position: Paints a bleak picture of the future if most consumers have to buy their insurance through health alliances. "All other plans flawed"- Their plan is based on market principles - they don't believe business should be required to pay for insurance - Individual shop for your self, market competion for doctors services - tax deductions for the middle class - poor get Gov. vouchers or "pooled" money.

Distilled Spirits Council
Represents:"the Nations Distillers" - President: F.A Meister - Contact: Eron Shosteck
Concern: That an increase in excise tax not be encluded in the President's reform package.

Families U.S.A.
Represents: American families--Families USA is a liberal health care consumer group working for affordable, high-quality health care and long term care.
Strategy: Combines sophisticated grassroots activism with media savvy. Reports well reported in Media and on Capitol Hill (effectively promotes agenda while maintaining non-partisan, quasi-academic stance). Active coalition builder.

Goals: universal coverage; basic benefits comparable to those of most Americans; quality standards; cost-containment; long term care.

The Farmers Union
Represents: (250,000 farm families) Rural farmers in 26 states, a general purpose national farm organization.
Strategy: Grass roots at Federal, state and local level, mobilizes quickly, and influential in key agriculture states
Goals: The Farmers Union supports state flexibility so the states can adopt a single payor system. Supports universal coverage. They support a plan that meets the needs of rural America--access, choice and quality. The group recognizes that they share the President's objectives and will set aside their ideology to support the President so long as their objectives are not abandoned.

Federation of American Health System
Represents: 1400 Investor owned hospitals and several managed care companies
Strategy: Major campaign contributors. Very effective lobbying organization.
Goals: Managed competition. Proposal would provide universal access to coverage through income-related subsidies; cap tax-free portion of employers and employees health premiums; create Accountable Health Plans which cannot exclude based on pre-existing condition and must community rate; and establish National Health Board to set standard benefits package and facilitate health outcomes data.
Concerns: Very wary of cost and budget controls.

Generic Pharmaceutical Industry Association
Represents: Composed of the leading U.S. manufacturers of generic prescription drugs, was established in 1981 to foster knowledge of the safety, efficacy, equivalency and quality of generic drugs and to promote their increased acceptance and use.
Strategy: Influence at both the national and state levels, but do not come close to matching that of the name brand manufacturers.
Goals: The Association supports the following principles for health care reform, universal access and expansion of Medicare to include outpatient drug benefits. To control costs, true competition should be returned to the pharmaceutical marketplace through the establishment of a single reimbursement price for multi-source drugs and establishment of a national open formulary for multi-source products. They argue that they are not contributing to drug price inflation. The generic industry is already cost-competitive and should not be burdened with rebates similar to those imposed on the high priced innovator products. Their primary request is to insure that they be treated differently than the name brand manufacturers. Theoretically, they should support price controls, because they would not lose as substantially as the commercial manufacturers, but they have yet to take this position. Reform Medicaid law to eliminate mandatory rebate provision, which they argue unfairly hits them because they do not have profit margins.

Group Health Association of America
Represents: 323 member HMOs, enrolling more than 27 million people. Largest trade

association for organized prepaid health care systems.

Strategy: Legislative representation at the federal and state level, legal counsel, education programs, and research, and wide distribution of publications.

Goals: Managed competition. Basic benefits package must be comprehensive, with reasonable cost sharing. "Managed care" should be defined in statute and should include an HMO component, selective contracting with providers, quality assurance and utilization review programs, and financial incentives for enrollees to use the plan's providers and procedures. Exclusive HIPCs for small employers. Tie tax deductibility of health benefits to lowest priced plan. Risk adjustment for premiums. Concerned about capacity of plans to absorb large new populations.

Concerns: Long term care, prescription drug benefit

Health Care Choice Project

Goal: Advocates market-based health care reform.

Health Care for All

Coalition: 87 civil rights, unions and abortion rights supporters.

Goal: Push for inclusion of abortion services as part of the basic benefit package.

Health Industry Manufacturers Association

Represents: 300 Associations. Manufacturers of medical devices, diagnostics, and health care information systems.

Strategy: Influential. Major industry group employing a significant number of individuals.

Goals: Market-based approach. Believe malpractice/ tort reform should apply to them through policies restricting product liability. They generally feel wary of budgeting mechanisms and resource evaluation/planning, fearful that diagnostic services and medical equipment and devices may be restricted. They were very concerned with Oregon's waiver plan.

Concerns: Budget, caps, technology assessment activities

Health Insurance Association of America

Represents: (270 Members) Trade association for nation's commercial health insurance companies.

Strategy: Gradison is well respected on the Hill, but has lost the 5 big insurers recently.

Goals: Support general managed competition framework. After regularly opposing any kind of comprehensive reform, now in a negotiating position. On access, would require employers to offer, but not pay for, a plan, and offer a payroll deduction so that employees can purchase the coverage. On cost containment, would require uniform rate setting for providers, but managed care should be primary vehicle for achieving sustained systemwide cost savings. Insurance reform, including no pre-existing condition limits. On HIPCs, HIAA likes existing association type schemes. Believes HIPCs should be tried but should compete against other pooling arrangements. Want federal preemption of state anti-managed care laws. Support a tax cap.

Opposed to global budgets. No monopoly power for HIPCs--allow employer opt-out; Extent of community rating mandated; caps on premiums; allow supplemental insurance. Pushing choice, not just in doctors and hospitals, but in insurance plans as well.
Concern: Argue that the number of competing health plans would dwindle after the first year or two of Clinton-style managed competition because no new organizations could afford the costs of entering the market."
Other: Industry's reform plan would limit government's role to requiring an end to discrimination in coverage; mandate employers to provide minimum benefits, and subsidize coverage costs for small employers and the unemployed.
Strategy: Has a month long, $4 million ad campaign underway with TV ads on CNN and print ads in 10 newspapers. Ads package highlights maintaining the private insurance market and promoting a wide choice of insurance plans and doctors. Running a half-hour infomercial. The ad ran 5/16 in New York City, Los Angeles, New Orleans, Indianapolis and Wichita (5/13). Emphasize support for doctor choice. More than 40,000 people have called their hotline. Use 800 calls to demonstrate grass root support. Spending $1.5M to organize a grassroots campaign to include nationwide meetings and distribution of a film about health reform.

Health Care Leadership Council
Coalition: Paul Tsongas will be spokesperson. Is a Washington group composed of 50 of the largest insurance companies, pharmaceutical manufacturers, medical clinics and hospitals.
Goal: Against price controls in the Clinton health plan. Favors managed competition.
Strategy: Tsongas will meet with editorial boards nationwide to make the HLC case. Efforts include proselytizing among employees, and having industry executives visit local editorial boards and Rotary Clubs.
Other: Aides say Tsongas will receive a "moderate to large" retainer.

The Health Project
Coalition: Includes more than a dozen organizations, including health associations, advocacy groups and unions. Senator Rockefeller urged the creation. Members include: AARP, AFL-CIO, AHA, AAFP, ANA, Families USA, the National Association of Social Workers and two unions.
Goal: Will coordinate a nationwide campaign to promote the outlines of President Clinton's health care reform package.
Finances: It has an initial budget of $150,000.

Independent Insurance Agents of America
Represents: 280,00 insurance agents and their employees. Largest national trade association of independent insurance agents, who are located in virtually every town and city in the country.
Strategy: Large PAC campaign contributions, very influential at the state legislative level. Visible in local communities.
Goals: Support cost containment measures including administrative simplification, managed care and utilization review. Tax incentives for self-employed individuals and small businesses to provide health care coverage. Insurance reform including elimination of risk exclusions, and guaranteed portability. Reinsurance mechanisms for insurers. Pre-emption of state mandated

health benefits. Medical malpractice reform.

Industrial Biotechnology Association
Represents: More than 150 companies (small and entrepreneurial firms) that are responsible for more than 85 percent of the sales, revenues and research and development expenditures in the biotechnology industry. Three out of four biotech companies have fewer than 50 employees, and 990 out of 100 have fewer than 300 employees. Most firms are less than ten years old.
Strategy: The 1 of 2 associations for the biotech community. Their influence is growing, but still young. Plans are to merge with the Association for Biotechnology Companies this summer will add even more. Not much on advocacy, but could rally with the right issue.
Goals: The primary criteria for the IBA is strong drug benefit package (including medication, prevention, immunization), outpatient drugs, cost containment for overall health care costs, and HIPCS. IBA says regulating drug prices won't be enough. Any regulation will not only constrict but may eliminate biotech industry. Under a managed competition system could succeed at keeping the price of drugs fairly low, except for new drugs or current drugs for which there is no therapeutic alternatives, and then the IBA would be hurt in this effort. Willing to negotiate plan, to limit future price increases in exchange for the right to continue to set introductory prices.
Concerns: Price controls on new drugs, expansion of the current medicaid rebate program, therapeutic substitution, and global budgeting.

International Brotherhood of Teamsters
Represents: 1.4 million workers and 400,000 retired workers. Very diverse union representing people in private industry and state and local government including trucking, brewery, food processing, clerical work and health care.
Strategy: Large union with significant political clout, increased since Ron Carey became President.
Goals: Single payer supporters who have seen major labor-management disputes arise due to rising health care costs. They are supportive of systemic reform and will likely accept an employer-mandate construct, but could be concerned about any tax-cap provision that limits their ability to negotiate for a rich benefits package, or that results in reduced benefits for their members.

Labor Management Discussion Group on Workers' Compensation
Coalition: The group is co-chaired by James Ellenberger of the AFL-CIO and Alan Strohmaier of General Motors who represents the National Association of Manufacturers.
Represents: includes representatives of business, labor, the insurance industry and the medical profession.

Long-Term Care Campaign
Represents: 138 national organizations representing 60 million people. Large coalition representing a diverse range of interests including religious denominations, business, labor unions, racial and ethnic groups, youth, people with disabilities, elderly, veterans, nurses and consumer groups.
Strategy: Huge grass roots network. Ability to pull large crowds. Media savvy.
Goals: Non-ideological on approach as long as long-term care is included as benefit. Dedicated

to enacting comprehensive long-term care benefit which provides full range of services but particularly home and community-based care. Eligibility based on determination of disability rather than age or ability to pay.

Mental Health Liaison Group
Represents: Coalition of more than 33 national organizations across the United States that share concern for mental health issues including National Mental Health Association, National Alliance for the Mentally Ill, American Psychiatric Association. Grassroots, Consumers, Family Advocacy, and Providers Organizations in 50 states.
Strategy: Coordinated message provides relative influence.
Goals: The Mental Health Liaison Group seeks to promote a plan that supports mental health services, including both acute and rehabilitative services, in a system which provides access for all Americans.
Concerns: Discrimination in benefit package against mental illness

Minority Contractors Association
Represents: Construction builders with small contracting businesses across the United States.
Strategy: Much influence in black community.
Goals: Play or pay. Contain a high percentage of very small and financially vulnerable businesses. Organization opposes employer mandates and feel that those businesses who do not pay for insurance don't pay for it because they can't afford it. Stand to benefit from insurance reforms such as community rating, insurance pools, as well as cost controls. Employer mandates especially if imposed without subsidies for at risk enterprises.

Monmouth County Mental Health Board
Represents: New Jersey Mental Health groups
Concerns: The possible elimination psychiatric rehabilitation from the health benifits package.

National Association for Home Care
Represents: The purpose of NAHC is committed to assuring the availability of humane, cost-effective, high-quality home care services to all individuals who require them.
Goals: Supportive of change in system, advocate of a national plan. Home care is the best way to reduce costs and increase health care. Home care and hospice services in both acute and long-term care settings. Acute care basic benefit package--home care and hospice services. Access based on need and not age. Provider participation. Safeguards for quality assurance and cost containment. Financing must be progressive and broadly based. Benefits.

National Association for the Support of Long Term Care
Coalition: a broad based coalition of providers and suppliers of products and services to Medicare beneficiaries who reside in nursing facilities or are homebound.
Goals: Oppose efforts to reduce the Medicare reimbursement for clinical laboratory services.

National Association of Children's Hospitals & Related Institutions
Represents: 131 member hospitals. Represents free-standing, acute care children's hospitals,

pediatric departments of major medical centers, and specialty children's hospitals devoted to rehabilitative and chronic care for children. Children's hospitals represent 1% of the nation's hospitals, and care for more than 12% of all hospitalized children and 24% of hospitalized children with chronic and congenital conditions.
Strategy: Influential in children's health community
Goals: Managed competition. A national health care plan needs to meet the needs of children through the following principles. Health care reform is accountable for children's health care needs. Employer-financed health care insurance. Minimum benefits package for children. Availability of pediatric trained care. Cost containment. Recognition of the special funding requirements for providers who serve a disproportionate share of low- income children. Administrative simplification.
Concerns: Benefit plan and cost containment strategy without tailoring to children's special needs.

National Association of Counties
Represents: Over two-thirds of the 3044 county governments in the United States belong to NACo, ranging in size from Los Angeles County (pop. 8 million) to Loving County, Texas (pop. 100). The county governments themselves are the actual members, and county membership allows its elected and appointed officials to participate in NACo. 13,000 elected county officials; 2 million county employees
Strategy: NACo is the only national representative of counties in the U.S. and its member counties will be critical to the implementation and success of a health care reform package.
Goals: NACo supports the general managed competition framework of managed care systems, with an emphasis on preventive and primary care; federal government should work with states and counties to develop purchasing cooperatives; federal government should develop rates and benefit package that includes coverage for mental health, substance abuse and long term care; financing should come from a national tax; federal government should reduce administration. costs through simplification. NACo opposes capping federal health care entitlement programs.

National Association of Manufacturers
Represents: More than 12,000 member companies and subsidiaries. Industries of all sizes located in every state. Many mature industries with older workers. NAM member companies employ 85 percent of all workers in manufacturing and produce more than 80 percent of the nation's manufactured goods.
Strategy: Influential with both Congress and the media.
Goals: Managed competition. Conducted survey of members in 1992 which found that NAM members are more receptive to reform approaches they previously opposed, provided these approaches are part of a comprehensive health care reform package. Reform must include: universal coverage, medical liability tort reform, administrative and quality initiatives, mechanisms to measure and disseminate health care outcomes, cost containment measures to address corporate cost increases and cost-shifting, integration of Medicare, maintain self-insurance option, and broad-based financing mechanisms.
Concerns: Concerned about further tax on top of energy tax in economic package.

National Association of Private Enterprise

Represents: NAPE has over 50,000 members nationwide. NAPE's members are primarily unincorporated mom-and-pop businesses with fewer than 10 employees.
Strategy: NAPE has attempted to take a more low key approach to legislative issues, than its larger rivals like the NFIB. It has recently raised its profile in Washington and around the country by holding "speak out" town meetings with local and congressional politicians on various small business issues. NAPE has avoided taking any public position on health reform until they know more details.
Goals: NAPE supports strong cost containment measures, including global budgeting and malpractice reform. They support the 100 percent deduction and any additional tax incentives for small businesses. Generally, they do not support mandates, but they are taking a wait and see attitude to see what financial support might be provided. NAPE would like to continue to provide health insurance benefits for its membership. Since most of their members have insurance coverage, they are concerned that market reform might actually raise the cost of health insurance coverage for its members.
Concerns: NAPE's hot buttons are cost containment and maintaining their ability to provide health insurance to its members.

National Association of Retail Druggists
Represents: 40,000 independent retail pharmacies, including more than 60,000 pharmacies and employing more than 112,000 community pharmacists who dispense over two billion prescriptions annually. Represent the economic interests of drug store owners (either individual owners or corporate).
Strategy: Strong grassroots, generally effective lobbying.
Goals: Concepts fundamental to any reform of health care. Pharmacy Services and prescription drugs must be cost-effective methods of providing quality health care and serves as a cost containment tool for reducing overall health care expenditures; outpatient pharmacy services benefit; streamline administration in third-party prescription drug programs; free access and choice in pharmacy services; eliminate pharmaceutical manufacturers' discriminatory pricing practices; pharmaceutical products included in core benefit package; cost containment; pharmacy services benefits; health education benefits
Concerns: Discriminatory pricing, Drug manufacturers practices.

National Association of Social Workers
Represents: 145,000 professional social workers. 55 chapters in the U.S. 80,000 clinical social workers provide over half of the mental health counseling in the U.S.
Strategy: Strong grassroots, mobilize quickly, protect consumers, in all states.
Goals: Strong single payer to middle range (anything else will lead to two tier system and poor people will lose out). Provide flexibility to states. Health care financed through dedicated federal tax on personal income and an employer-paid payroll tax. Single comprehensive set of health care benefits. Mental health benefits must be included in plan.
Concerns: Comprehensive parity for mental health benefits with physical health issues. Don't believe co-pay should be different for mental health.

National Association of Women Business Owners
Represents: NAWBO is the only national organization representing the interests of all women

entrepreneurs in all types of businesses. NAWBO's first chapters were formed in 1978; today the organization has 50 chapters and is affiliated with the World Association of Women Business Owners in 23 countries.

National Business Coalition on Health

Represents: A set of "non-profit" Cooporatives owned and operated by businesses from around the country.

Position: Most likely against the Presidents plan. Sean Sullivan the organizations Pres. has gone out of his way to bash the administration on health care. - BELIEVE IN PURE MANAGED COMPETITION with minimal 3rd party intervention.

President: Sean Sullivan 202-775-1569

National Committee to Preserve Social Security

Represents: Six million members and supporters. Grassroots senior citizens' advocacy and education association. It is the nation's second-largest senior lobbying group and is dedicated to protecting the entitlements which older Americans rely on.

Strategy: Working to overcome poor image created by tactics used to encourage membership and financial contributions by vulnerable seniors. While not particularly respected on the Hill, they are feared for their PR apparatus and their ability to generate tremendous volumes of mail.

Goals: Flexible. The National Committee supports the goals of the health care reform to cover all Americans for acute and long-term care. Their main priorities are the inclusion of long-term care and prescription drugs in the benefits package. Other issues of interest include coordination with Medicare, cost containment, broad based financing, maintaining quality care and preventive services.

Concerns: Being asked to help finance health reform without expanding their benefits.

National Conference of State Legislators

Represents: Legislatures of 50 states, territories & possessions. 7400 individual state legislators and staff.

Strategy: NCSL has a well organized bipartisan membership; it is very influential in state legislation and reform policy; its lobbying arm represents interests of state legislatures before Congress and Administration.

Goals: Managed competition/HIPC model. Supports universal coverage; encouragement of purchasing cooperatives; establishment of minimum benefit package with emphasis on preventive and primary care; national health care budget; state regulation of allocation of technology; administrative simplification; malpractice reform

Other: Very supportive of plan with two exceptions:

(1) NCSL stopped short of endorsing "managed care" because of concerns by rural legislators and inner city legislators about the possibility (impossibility?) of managed care working in undeserved areas; and

(2) NCSL feels that the federal government should develop an expedited waiver process by which states can receive waivers (for 3 - 4 years) of requirements under Medicaid, Medicare, ERISA and other federal laws to implement state enacted programs that

expand access to health care.

National Congress of American Indians
Represents: 144 member American Indian tribes and Alaska Native governments. Nation's largest and oldest national inter-tribal organization representing tribes in 33 states.
Goals: Improve access to health care for Native Americans (over 50% not serviced by the three Indian health care service systems) while maintaining consumer choice. Possible limitations of managed care to service very poor and rural areas necessitates the coordination between Indian Health Service and local health networks. Subsidies for small employers. Improve availability of primary care providers. Benefits should include long-term care and health promotion and disease prevention.
Concerns: Preserving tribal government/local community health care provision options included in 638 programs (want less IHS domination) (culturally sensitive and relevant health care).

National Council of Churches of Christ in the U.S.
Represents: 45 million Christians in the US. 32 member church bodies, including Protestant, Orthodox and Anglican churches. Of the 141,000 congregations across the country, the membership includes 6 historic black churches, Quaker meeting houses, Korean-Americans, and Orthodox churches. Member of the Interreligious Health Care Access Campaign.
Strategy: Found in practically every community, strong grassroots network, they link in the nation's ecumenical network--working relationships with Roman Catholic Church, Evangelical, Pentecostal communities, Jewish and Muslim groups, foundations and other nonprofit groups.
Goals: Single payer, shifted positions to look at a variety of approaches. Criteria for support on any health care program includes universal access and a comprehensive package of benefits. Publicly-financed through income and corporate taxes; quality of care; comprehensive benefits package including preventive care, health promotion, education; primary and acute care; extended care and rehabilitative services at home and in institutions; mental health; cost savings; simple financing; patient choice; state flexibility.

National Council of La Raza
Represents: Umbrella organization for 150 affiliated Hispanic Community-based organizations. Largest constituency-based national Hispanic organization which improves life opportunities for Hispanic Americans through applied research, policy analysis and advocacy, capacity building assistance for community organizations, public information and special projects. Their programs reach over 2 million Hispanics annually.
Strategy: Strongest in CA, AZ, TX, IL, respected on data collected
Goals: Favored single payer. Health care reform must address demographic and socioeconomic conditions of Hispanic Americans. Should reduce structural elements and policies that create barriers to access to both the private and public insurance systems for Hispanic Americans. Universal access is key but special outreach efforts are necessary to ensure real access for this population which often shies away from contact with official offices.
Concerns: One size fits all plan insensitive cultural and socioeconomic differences. Concerned about lack of research into Hispanic health issues.

National Council of Senior Citizens

Represents: Over 5 million Older Americans. 5,000 affiliated clubs and State Councils nationwide. Mostly retired union members.
Strategy: Very organized grass roots organization, influence and ability to mobilize quickly.
Goals: Single payer, but flexible. The NCSC supports the following items for health care reform; prescription drug benefit; long term care benefit; retiree benefit; cost sharing; quality assurance; cost containment; health planning; patients rights; program Administration; payment mechanism; no opt out of HIPCS; system leading to 2 Tier system.

National Governors Association
Represents: Governors of the 50 states, American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.
Strategy: NGA represents the Nation's Governors collectively and in a bipartisan manner before Congress and the Administration.
Goals: managed competition/HIPC model. NGA supports state-organized purchasing cooperatives; core benefits package; federal minimum tort reform standards; limitations on tax-deductibility of health insurance; single claim form/electronic billing; established goals for growth of national health care expenditures; annual report to the states by the federal government.

National Health Care Coalition
Coalition: A San Fernando Valley-based group of senior citizens comprised of 800-900 people. The coalition was developed two years ago.
Goal: Supports a single-payer system.
Other: Expect a single-payer system would cost more money, but it's a price group is willing to pay to see that everyone in the country can get health care.

National Hospice Organization
Represents: 1400 provider members, 2,000 professional members with the mission to advocate for the needs of the terminally ill and promote the philosophy of hospice care.
Goals: Home care benefits. Benefits package. Incentives for provider networks to contract with existing community-based health care providers.
National Institute for Health Care Management
Represents: The CEO'S of nine major health insurers: (Leonard Schaeffer Chairman of NIHCM and CEO of Blue Cross Ca. -other companies include Arkansas Blue Cross and Blue Shield, The Associated Group, Community Mutual Insurance...)
Goal:To conduct research into health care management issues. They contracted the services of Louis Harris and Associates to survay Health Care Policymakers, and find out exactly "how informed policymakers are" on key issues central to the health care reform proposals.
- MORE INFO AVAILIBLE

National Medical Association
Represents: More than 16,000 physicians. Physicians in all 50 states, Puerto Rico and Virgin Islands, most of whom are minority and of those most are African American.
Strategy: May be influential with Congressional Black Congress.
Goals: Single payer but flexible. Universal access, including subsidization of coverage for the

low-income. Comprehensive package with emphasis on prevention; freedom of choice between provider and patient; government assurance of quality medical care with representative minority participation; and compliance with Title VI of Civil Rights Act. Address shortage of minority physicians. Build incentives for minorities to enter medical profession.

National Medical Liability Reform Coalition
Coalition: 60 Organizations (includes AMA)
Other: Met with the malpractice subgroup of the task force.

National Retail Federation
Represents: 1.3 million retail establishments. The nation's largest trade group encompassing the entire spectrum of retailing including department, chain, discount, specialty at independent stores and associations. Their membership employs nearly 20 million people and had registered sales in excess of $1.8 trillion in 1990. The large retailers (Sears, Penny's) drive the organization.
Goals: Support managed competition. Oppose: 1) mandated coverage of part-time and seasonal employees; 2) restricted employee freedom to select where they purchase health care coverage (i.e. through employer, spouse's employer, or private insurance); 3) required stated percentage contribution from employers (prefer to allow the free market to set employer contribution levels.

National Restaurant Association
Represents: 710,000 foodservice operations. Nine million foodservice employees with a large number of entry-level and part-time employees. Founding member of the Health Care Equity Action League (HEAL), designed to find market-based solution to healthcare crisis.
Strategy: Large organization. Influential and conservative.
Goals: Managed competition. HIPCs no larger than necessary to spread risk equitably. Continuation of self-insurance for large employers. Insurance reforms including community rating with risk adjustment factors, elimination of pre-existing condition clauses once coverage initially established. Standard benefit package. Limits on employees tax exclusion for health benefits. Federal clearinghouse on technology assessments. No global budgets. No employer mandates - very concerned about part-time workers.
Concerns: Employer mandate, particularly coverage of part-time employers

National Small Business United
Represents: 65,000 small business owners. NSBU represents small business owners in many service and industrial sectors. NSBU places a major emphasis on small business advocacy, taking a bi-partisan approach to working with Congress and other elected officials.
Strategy: Limited influence on Congress. Good with media.
Goals: Individual mandates; individual responsibility as the cornerstone of any health care reform effort. In the past, they have been the more liberal, progressive group (more open to discussing employer mandates as long as cost containment and individual responsibility are addressed). Within the last year, however, they have become more adamantly opposed to an employer mandate. NSBU's membership includes several models for small employer purchasing cooperatives. They support the right for small business to organize their own HIPCs and to manage their own health care activities. Streamlining of delivery system necessary, not just

refinancing and containing costs. Contain costs with emphasis on universal coverage and through provider/payor interactions at community level not federally imposed restrictions. Including workers' compensation with health care reform could be valuable to small business owners and employees, but there are concerns about how it will be implemented. Oppose payroll taxes financing prefer broad-based taxes, including consumption. They have expressed support for an increased income tax to help finance coverage.

National Urban League
Represents: Constituent organization with 113 affiliates. Grassroots affiliates in urban areas as a civil rights and advocacy basis mainly focused on African-Americans.
Strategy: Solid, credible organization annually produces report on the State of Black America.
Goals: The Urban League supports the goals of health care reform to provide universal coverage. Their priorities are ensuring that the most vulnerable, minorities and the poor,are not further disadvantaged by a new system.
Concerns: Medicaid benefits tax, which has disproportionate impact on poor; increasing age for Medicare eligibility, which causes African-American (who die younger) to contribute to a system they are less likely to collect from; and new system which may hurt health care providers who are from and care about their community or will put health care workers, who are not culturally sensitive into communities.

The National Wellness Network
Represents: Companies such as:Aveda, Patagonia, Esprit, Reekok, the Timberland Company
Goals: Committed to transforming health priorities of the country from treatment to prevention in the workplace - Associated with the Worksite Health Promotion Alliance.

National Wine Coalition
Represents: the Wine industry
Concerns: "Sin Tax"

Pharmaceutical Manufacturers Association
Represents: More than 100 firms that produce drugs in the U.S., including Mercke, Searle, Bristol-Myers Squibb, Pfizer, Inc. Is a nonprofit scientific and professional organization.
Strategy: Ability to mobilize quickly, powerful lobbyist, advocates for the drug manufacturing industry, effective grass roots, significant financial resources and substantial clout in Congress.
Goals: Noncommittal, but anti- government involvement. The PMA Board supports a managed competition approach to comprehensive healthcare reform including the following: inclusion of prescription drugs; prescription drug benefit to Medicare beneficiaries; Medicare prescription drug coverage to at least 100% of poverty level. In principle, managed competition is bad for them because of the formulas, but they could get drug benefits. The industry has come around towards our plan. Supports global budgeting, fee for service option, and antitrust relief. Opposes everything in cost control package both in the short and long term. Wants voluntary price controls.

Pharmaceutical Partners for Better Healthcare

Represents: 40 nation and internationally based research based pharmaceutical companies companies include: Merck, SmithKline Beechham, Allergan, American Home Products, Johnson and Johnson, Lilly, Marion Merrell Dow, Pfizer, Proctor and Gamble, Schering-Plough, Searle, Stearling Winthrop, Syntex, Warner-Lambert, UpJohn
Goal: Are striving for a health care reform separate from the President's proposal. Their main points are 1) competative insurance markets - 2) Individuals pay a two part premium, one based on income and the other RISK based. - 3) Self inforced universal coverage
Contact: Henry Wendt, chairman - 215 - 751 - 4211

Public Citizen's Congress Watch
Goal: Back the California standard.
Other: The '75 California law caps pain and suffering awards at $250,000, imposes a two-year statute of limitation for bringing a suit, prohibits "lump-sum" payments for damages over $100,000 and sets a sliding scale for atty. fees.

Religious Coalition for Abortion Rights
Goal: Support government funding of abortions.

Roman Catholic Archbishops
Other: The bishops are torn between mounting a blanket opposition to such a proposal, bargaining for a version that at least minimizes their moral concerns or withdrawing from the public debate. Concerned with whether or not catholic hospitals (approximately 10 percent of all hospitals) would be forced to offer abortions.

Rx Partners
Coalition: drug companies (organized by G.D. Searle & Co., includes Searle and Upjohn Co., Bristol-Myers Squibb Co., Hoffman-La Roche Inc., Eli Lilly and Co., Warner-Labert Co., and Glaxo Holdings PLC).
Strategy: Hired Washington, DC, public relations firm Powell Tate. The group will reportedly launch a grass-roots campaign through editorial page articles, direct approaches to select journalists, and efforts to get drug company executives on non-traditional forums such as talk radio and television shows. Concern: "Drugs provide relief, not just profit." Argue drug prices "are quite reasonable," noting: while the cost of a coronary bypass operation averages $40,000, drug therapy treatment for the same problem costs $1,000; only 3 out of 10 new drugs pay for their R&D costs; and average drug spending is $210/American compared with $225/person in other industrialized countries.
Other: Some of the industry's most prestigious and powerful members such as Merck, Pfizer, American Home Products and Johnson & Johnson have declined to join the group, partly reflecting conflicts among drug makers over initiatives put forth by the Clinton administration. In the past, the industry has relied on PMA to argue its case to government officials and the press. However, many of the PMA's members have been upset of late that the PMA has been unable to keep the industry image from being tarnished. PMA downplayed the coalition's independent campaign.

San Diego Rehabilitation Institute
Represents: Local doctors/health care organizations
Message: Thank you for speaking, accept gift?

Service Employees International Union
Represents: More than one million members in U.S., Canada, and Puerto Rico. Public employees make up one-half of membership. With more than 400,000 members working in hospitals, nursing homes, and HMOs, largest union of health care workers.
Strategy: Large, fairly influential. Largest union is in California.
Goals: Same as AFL-CIO (Support universal access through regional purchasing and delivery system with enforceable budget. Community rating for all. Consumer choice among plans. Quality assurance system including development of practice guidelines, health outcomes research and technology assessment)

Small Business Legislative Council
Represents: Coalition of 100 small business trade associations. Council organizations represent at least 1.6 million small businesses in diverse economic sectors (manufacturing, retailing, distributing, professional and technical services,construction, transportation and agriculture).
Strategy: Newsletter widely distributed. Well liked by key congressional members.
Goals: Their health care reform proposal does not include an employer mandate, but have signaled their willingness to discuss if the cost issue is adequately addressed and small businesses are not unduly burdened. They developed a reform proposal about two years ago. Establishment of global spending goals and rate structures that reflect local circumstances. Recently released statement supportive of price controls. Encourage creation of voluntary small business "buying groups." Limits on employee tax exclusion for employer-paid health coverage. Reform of small group case market should recognize importance of association insurance plans (including MEWA's) as a means of providing coverage and relevance of workers compensation as a large component of the health care debate.
Concerns: Cost control, employer mandate.

United Auto Workers
Represents: 1.4 million. Active and retired workers throughout the U.S. Automobile, Aerospace & Agricultural implement and parts industry.
Strategy: One of the largest and most powerful unions. Particularly influential in industrial midwest.
Goals: Single payer union, but willing to work with us. Very concerned about retirees health care coverage.

U.S. Chamber of Commerce
Represents: 215,000 businesses and organizations. The U.S. Chamber of Commerce is the largest organization of businesses. Over 90 percent of Chamber members have less than 100 employees.
Strategy: Strong Grassroots network, influential with Congress
Goals: Managed Competition. The Chamber's "Guidelines for Health Care Reform" support: employer "contributions" only if there is an appropriate subsidy for low-wage workers and their

employers; comprehensive managed competition strategies, covering both private and public programs; national core benefits package, stressing individual cost sharing; regional purchasing groups for small businesses and individuals, with flexibility to allow business coalitions to serve this function and insurance market reform; and cost containment to limit cost increases to the growth of GNP. Limit tax deductibility of premiums for employees (but not for employers). HIPC participation limited to firms of no more than 100 employees. Mandate without subsidy; Undercutting self-insurance option; Destructive regulation of premiums; Scale, timing, and tax--look at in context of whole economic package.

United States Cathic Conference
Represents: Nations Roman Catholic bishops
Request: To enclude Drug and Alcohol treatments in the Health Reform.

U.S. Conference of Mayors
Represents: Mayors of cities with a population of 30,000 or more. There are over 1,000 of such cities in the country.
Strategy: USCM is a nonpartisan organization that calls national attention to the problems and potentials of urban America. USCM represents the nation's cities before Congress and the Administration.
Goals: USCM supports designing a basic benefits package that includes preventive services; developing an information base that will allow consumers to choose among plans; reforming the tort system for malpractice suits; developing standardized claims forms and electronic billing systems; and the training and placement of culturally competent health professionals in areas of local need. Health services now rendered at local health departments must continue with a new system.

Universal Health Care Action Network
Goal: Will advance the single-payer cause once the Clinton plan is introduced.

Washington Business Group on Health
Represents: 180 Fortune 500 members
Strategy: Influential on health policy matters in Congress. Well known to trade press as well as Washington-based media.
Goals: Managed competition. Very comprehensive benefit package. Allow HIPC opt out for the self-insured. Believe managed care and managed competition have great potential to manage costs. Unlike many business groups, very supportive of mental health benefits (President Mary Jane England, not surprisingly, is a psychiatrist). Considered one of more progressive large business groups.

Wellness Councils of America
President: Harold Kahler
Goals: An association dedicated to promoting healthy lifestyles for all Americans especially those on worksite health promotion. - Also associated with the Worksite Health Promotion Alliance.

Worksite Health Promotion Alliance

Alliance Coordinator: R.William Witmer

Represents: Washington Business Group on Health (Rep.by- Mary Jane England), Wellness Councils of America(Rep.by-Harold Kahler), Association For Worksite Health Promotion(Rep.by-Janet Edmunson), The National Wellness Network(Rep.by Jeremy Rifkin).

Goals: To ensure company provided health promotion programs remain in existance by striving to retain "corporate incentives" in Health Care Reform- Believes in "experience-rated" insurance.

MORE INFO IS AVAILIBLE