January 3, 1995

MEMORANDUM TO CAROL RASCO AND BOB RUBIN

FROM: Marilyn Yager

CC: Jennifer Klein and Chris Jennings

I am seeking your advice regarding some wrap-up meetings which still need to take place in regard to healthcare reform. Although the bulk of the health care outreach meetings which were requested and were deemed immediately necessary have been completed, there remains several key groups who have requested meetings, i.e., Biomedical Industry Organization (represents companies like Genetech), Consumer Groups (like Citizen Action), rural groups, and women's groups.

Most efforts to schedule these remaining meetings have been grounded for several weeks due to Bob's nomination process (and no announced replacement), and Carol's tight schedule as a result of welfare reform and budget meetings. I anticipate these hurdles will continue throughout January.

Where possible and appropriate, I have scheduled meetings with Jennifer and Chris, and will continue to do so to complete as many requests as possible. However, some meetings must be done at the most senior level (and it is politically important for us to do so). The First Lady has declined doing further meetings, but helped tremendously by meeting with both labor and the supportive hospital groups before the Holidays.

One option would be to shorten these meetings to a half hour so that they are less time consuming.

Please advise.

Call

November 30, 1994

MEMORANDUM TO JENNIFER PALMIERI

FROM: MARILYN YAGER
OFFICE OF PUBLIC LIAISON

CC: Carol Rasco, Jennifer Klein, and Chris Jennings

Per our discussion yesterday regarding the invitation from the California Association of Hospitals and Health Systems for Leon to speak in January, I wanted to give you some additional information. Attached is a copy of the invitation also to Leon to speak the same week to the American Hospital Association (Monday, January 30), of which the California group is a state affiliate.

I strongly recommend that Leon accept the invitation from the American Hospital Assn. Last year, the President spoke to the group, which is always one of the largest health provider lobbying meetings in Washington each year. Although I would not consider the AHA allies on the Health Security Act, they were somewhere in the middle due to their strong support of the employer mandate provisions, and were certainly did not consider them opponents.

Obviously, their number one issue next year will be the budget and Medicare cuts, and regardless of what we end up having in our own budget proposal they view us as moderate and reasonable voices in the "Medicare cuts for deficit reduction" debate.

Under other circumstances, I would recommend he accept the invitaion from the California Hospital Assn. because they were strong supporters of the Health Security Act and were especially active on the employer mandate provision. However, if Leon is only able to accept one of these invitations, then the AHA invitation carries far more weight.

Chris? ←

American Hospital Association

AHA

Richard J. Davidson
President

November 18, 1994

The Honorable Leon E. Panetta
Chief of Staff
Executive Office of the President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. Panetta:

The American Hospital Association's annual meeting draws thousands of community leaders from across America to Washington. Given the dramatic political changes, the January 29 to February 1, 1995 session is expected to exceed last year's record attendance. We cordially invite you to speak at this, our most important membership event.

The Federal Relations Symposium takes place on Monday, January 30. It begins at 8:30 a.m., breaks for lunch and continues into mid-afternoon. At this early planning stage, we could accommodate your schedule.

It would be important for our members to understand not only where health care issues fit into the President's agenda for 1995, but what other priorities the administration intends to tackle. And a sense of the prospects for White House-Congressional cooperation would be very valuable.

Liberty Place
325 Seventh Street, N.W.
Washington, D C 20004-2802
202.638.1100

One North Franklin
Chicago, Illinois 60606
312.422.3000

If your staff has questions, your contact here is Rick Pollack, AHA's executive vice president for Federal Relations.

I hope you can be with us. Last January, President Clinton came at the outset of the health reform debate. He set a tone of cooperation and communication with our members that remain firm today. Your appearance at the Symposium would underscore the strength of that relationship.

Sincerely,

Dick Davidson

CAHHS
CALIFORNIA ASSOCIATION OF
HOSPITALS AND HEALTH SYSTEMS

November 8, 1994

Mr. Leon Panetta
Chief of Staff
The White House
Washington, D.C. 20500

Dear Mr. Panetta:

On behalf of the California Association of Hospitals and Health Systems, it is with great honor that I extend an invitation to you to be the keynote speaker at the California hospitals delegation dinner on January 30, 1995, in the Colonial Room of the Stouffer Mayflower Hotel. The dinner will begin at 7:30 p.m. and we would like you to begin your remarks at approximately 8:00 p.m.

Our delegation will consist of over 150 leaders of the California hospital community who will be in Washington, D.C. in conjunction with the American Hospital Association's Annual Membership Meeting. You may recall that you made a similar presentation to this group in 1991.

Throughout the recent national debate on health reform, California hospitals were a consistent supporter of the President's goals of achieving universal coverage of a standard benefit package. In addition, by word and deed we provided strong support for employer paid benefits as the best foundation to achieve universal coverage.

We are proud of the prominent role you have assumed in the Clinton Administration. As a familiar and respected voice on the issues of importance to California hospitals, we believe your perspective on the future of health reform, the federal budget and other major issues would be the highlight for those who will participate in our annual visit to the nation's capitol.

Thank you for your consideration and response to this invitation. If I can assist you or your staff with logistics surrounding this request, please contact me at 916-552-7545.

Sincerely,

C. Duane Dauner
President

CDD:dmm

TO: Melanne
FROM: Jen
DATE: 12/1/94
RE: Outreach Meetings

Marilyn Yager, Chris and I suggest that HRC meet with the following groups:

Supportive hospital groups
Allied health groups (mental health, social workers and substance abuse groups)
Children's health groups
Consumer groups (Citizen Action, etc.)
Women's groups
Farm groups
Religious groups

We have not included labor because Bob plans to use one of his regularly scheduled meetings with them to discuss health care reform.

Marilyn will work with Patti to begin to set these up. It might be helpful if you could let Patti know that these are a priority.

November 22, 1994

MEMORANDUM TO CAROL RASCO AND BOB RUBIN

FROM: MARILYN YAGER

CC: CHRIS JENNINGS AND JENNIFER KLEIN

Following conversations this afternoon with both Jeremy Ben Ami and Linda McLaughlin, it is clear that both of your schedules through December 22 are now filling up with lengthy internal budget, health, and welfare reform meetings.

This jeopardizes our ability to continue the outreach meetings with our health care allies and other key health care players. I have already cancelled two key meetings this week with allies (supportive hospital groups, and mental health and social workers) due to the addition of these key internal meetings.

My concern is that with this unfolding problem we are likely to make internal decisions regarding health care and how it will be treated in the budget and in turn how we will treat it regarding reform before we have been able to meet with several key allies on health care (and in fact many of these meetings are now going to have be scheduled in January).

It would be a serious political mistake to have made these decisions without having touch all these political bases. Many of these groups (who contribute to our electoral base) are feeling especially isolated in the new political environment because they were so closely identified with the Clinton health proposal, i.e., Catholic Health Assn and the Mental Health community. Others, like the veterans groups, it would clearly be a mistake regardless of their past activities regarding health care reform.

In reviewing the options of continuing the outreach meetings without the full participation of each of you over the next four weeks (although we would continue your scheduled meetings where possible), I have concluded that Mrs. Clinton would be the most acceptable option.

All of these groups would be happy to meet with Mrs. Clinton and they would obviously be confident that their comments would be shared internally at the most senior levels and their policy suggestions would be understood.

Chris Jennings and Jennifer Klein would continue to staff the meetings as well, allowing us to remain on schedule having covered our political bases regardless of any final decisions about our direction on health care reform.

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

08-Dec-1994 11:35am

TO: Jennifer L. Klein
TO: Linda J. McLaughlin
TO: Julie E. Demeo

FROM: Barbara D. Woolley
Public Liaison

SUBJECT: Health Meeting Response

FYI, I called to regret for both Bob and Carol an invitation to meet with the Business Coalition for Affordable Health Care before the Holidays. This Coalition represents small business groups that opposed items in the Clinton plan. We will probley meet with them after the holidays.

BRAISM

THE WHITE HOUSE

WASHINGTON

November 21, 1994

Jen Klein,
Mike Lux
I just wanted to make sure you had seen.
Emily.

MEMORANDUM

TO: Distribution

FROM: Mike Lux

RE: Health Care

Since I have handed off my role in health care outreach into the extremely capable hands of Marilyn Yager, this could well be the last memo I write on health care policy for a long time. However, I thought I should give you my thoughts before signing off on the issue entirely.

Here are my working assumptions on our health care proposal:

1. That most of what we propose is unlikely to become law, which means our proposal should be a symbolic political document rather than a serious, comprehensive policy proposal.

2. That whatever we propose should try to help repair some of the damage done by the successful misinformation campaign of the previous two years.

3. That whatever we propose should be exceedingly simple, since what we suffered from the most last year was complexity.

4. That what we propose should be an effort to develop some themes we can build on in running for re-election and in trying to pass more serious health care reform in 1997 if we and Democratic Congressional majorities win the '96 elections.

WHAT WE SHOULD DO

Given the above assumption, I think we should propose a short number of symbolic, easy to understand changes in the current system that highlight what's wrong and, in some cases, serve as potential "wedge" edges against the Republicans. Two suggestions I have for these symbolic wedge issues:

1. **Require firms who offer health insurance to offer a fee-for-service plan/require HMOs to have a point of service option.** What people feared most about health reform in 1993-94 was that it would take away their choice of doctor. Let's highlight this issue, and become the biggest champion of guaranteeing choice of doctor. This is a wedge issue, because the Republicans would never pass it due to opposition from business and the managed care industry. Let's make them explain why they don't want to guarantee choice of doctor. I know business and the managed care industry won't like this, but they are going to stay very close to the Republicans this year anyway.

2. **Strengthen consumer protection provisions, especially for managed care.** Again, it's us fighting for the consumer, and again, the GOP would never pass it. In a changing health care environment, people fear being abused by the system.

In addition to those kind of visible issues that highlight looking out for the consumer, I would:

3. **Tax cigarettes to pay for two things: a) subsidies for home/community based care, and b) 100% deduction for the self-employed.** The Cigarette tax is the only popular tax there is, and the two things I mentioned are both extremely popular and important to key constituencies (seniors/disabled and small business). And if the Republicans do anything on health care, it will include the self-employed deduction, so we might as well take credit for it.

4. **Do very modest insurance reform: portability and pre-existing conditions.** Let's keep it very simple, very modest, easy to remember. Republicans will probably propose this too, so again, we might well take credit for it. And it's a symbolic issue that highlights what's wrong with the current system, hopefully helping us set the stage for the future.

I wouldn't do much more than that. I really believe that short and simple is the way to go for this year, although I hope there is some rhetoric in the State of the Union about how these are only first steps toward solving the problem, which can never be solved without universal coverage. This package is a short list of easy to understand, highly symbolic and extremely popular issues that appeal both to swing voters and the Democratic base.

WHAT WE SHOULD AVOID

In general, here are the things I feel we should definitely not do:

1. **Propose some sort of "son of mainstream" proposal.** The mainstream proposal was too complicated, probably has even less support in the new Congress than it did in the old one, and--based on last year's experience--will be violently opposed by both Democratic base groups and most of the business community. The only political plus I see is that a few inside the beltway pundits might praise us for being thoughtful and moderate. My feeling is that we win "moderate points" by proposing something modest, and should try to score politically by proposing some things middle class voters can understand and where they see a benefit to themselves.

2. **Tort reform.** I won't go into detail on some of the obvious reasons not to do this, other than to point out that business is going to be very cozy politically with the new Congressional leadership. Conventional wisdom does not give us very good odds on winning re-election, and we are going to have to rely very heavily on old friends for support in the next two years.

3. **Large-scale Medicare cuts.** Protecting Medicare is one of the few cutting issues we have in the coming legislative/electoral cycle, and I would hate to sacrifice it as an issue. In the last cycle, our deep cuts in Medicare, even though they went to pay for popular new programs, were one of the things most damaging to us. Even with new long-term care and prescription drug programs, we never recovered support among seniors because of the scare we produced with the large Medicare cut numbers. I would be against any Medicare cuts, but if we have to do it, please keep it modest.

Best of luck to all of you working on this issue. I know that you're getting tons of advice, and whatever you do will probably displease most people, so keep your spirits up.

Distribution:

Harold Ickes
Alexis Herman
George Stephanopoulos
Carol Rasco
Bob Rubin
Gene Sperling
Ira Magaziner
Chris Jennings
Melanne Verveer
Marilyn Yager

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

05-Dec-1994 08:35am

TO: Linda J. McLaughlin

FROM: Marilyn Yager
Office of Public Liaison

CC: Jennifer L. Klein

SUBJECT: Response on Meetings

Got your e-mails about:

1). I will respond to the request from the Business Coalition for Affordable health Care (Kevin Kearns) after I have seen the request letter.

2). I arranged for Chris Jennings to do the Bob Fiondella with Phoenix Life Meeting. Bob definitely did not need to do this meeting -- I ran it by you becaus I thought Bob knew him. We are all set.

3). Bob should not meet with the New York Hospital folks (jack Rowe) before Christmas. Those hospitals are represented by the American Hospital Association and the AAMC (represent the academic medical centers), and both of these groups are coming in next week for meetings. We should not be doing individual hospitals or state hospital groups before we get all of the other must do group meetings done. I know Ken Raske with Greater New York Hospital Assn (HANYS) well, as well as the VP for Government Relations at Mt Sinai and would be glad to call them both to indicate that "we would like to do the meeting but due to all the budget meetings, it will be difficult to schedule before the Holidays." Let me know if you want me to handle.

4). The next meeting I have scheduled for Bob is the HIAA meeting on December 16 at 11:00am in Room 472.

5). Did you schedule a meeting for Tony Burns and BRT tomorrow?

December 1994

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2 Michigan Healthcare Roundtable	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 1994

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January 1995

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11/17/1994

January 1995

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9 Barbara to do Washington, D.C. Assn Maternal & Child Health State Dir Mtg	10 memo to Carol	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29 Leon to do American Hospital Assn Annual Mtg	30 California Hospital Assn Wash, D.C. Chris J. to do	31				

December 1994

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February 1995

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12/1/1994

February 1995

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 American Hospital Assn Annual Mtg	2	3	4
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26	27 Group Health Assn of America	28				

January

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12/1/1994

March 1995

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8 Employers Council on Flexible Compensation Conf.	9	10 Washington Business Group on Health	11
12	13 American Rehabilitation Assn.	14	15 Assn. of Maternal & Child Health Prog Conf.	16	17	18
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February

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11/17/1994

April 1995

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23	24	25	26 St Anthony Consult Grp/ Healthcare Symp.	27	28	29
30						

March

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May

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28	29	30	31			

11/17/1994

Updated
December 1, 1994

PENDING HEALTH CARE REQUESTS

1. Association of Maternal and Child Health Programs
   Catherine A. Hess, Executive Director (Individual Group Meeting)

To DO w/ Marilyn

2. National Association of Medical Equipment Services
   Walt Patterson (Individual Group Meeting)
   Discuss: Medical equipment supplies provision
   Cost of living adjustments and revenue substitute measures

OFFICE OF PUBLIC LIAISON

THE WHITE HOUSE

ROUTE SLIP

TO: Jennifer

ACTION:

Please Call/Write _____

For Your Information ✓

Go Ahead, Schedule Request _____

We Have Acknowledged _____

We Are Holding For Future Scheduling _____

Your Call (No Recommendation) _____

FROM:
Marilyn Yager
Barbara Woolley
6X2930

DATE:

REMARKS:

GENERAL ACKNOWLEDGEMENT OF HEALTH CARE LETTER

Dear:

Thank you for writing about health care reform. Few issues are of greater importance to the lives and well-being of Americans.

As you know, Congress was unable to pass health care legislation this year. We are pleased, however, that we have come further than ever before in the effort to reform our health care system. We look forward to continuing our efforts to make health security a reality for the American people.

Again, I appreciate hearing from you.

GENERAL ACKNOWLEDGEMENT OF HEALTH CARE LETTER FOR <u>SUPPORTIVE GROUPS</u>

Dear:

Thank you for writing about health care reform. Only with the support and hard work of organizations like (insert organization's name) will we give health security to those millions of Americans who lack health insurance or the millions who risk losing it.

As you know, Congress was unable to pass health care legislation this year. We are pleased, however, that we have come further than ever before in the effort to reform our health care system. We look forward to continuing our efforts to make health security a reality for the American people.

Again, I appreciate hearing from you.

REGRET REQUEST LETTER

Dear:

Thank you for your request to meet with (insert name) to discuss (insert issue). We welcome your interest in the health care reform initiative, however, we regret that (Rasco/Rubin) schedule does not permit her/him to meet with you at this time.

We appreciate your efforts to contribute to the debate on health care reform. Thank you again for your letter.

Revised
11/22

SCHEDULING CALENDAR

DATE/TIME	BOB'S MEETINGS	CAROL'S MEETINGS
November 14 10-11 am		Senior Groups
November 14 3:30 - 4:30pm		Families, USA
November 15 1:00 - 2:00 pm		Nat. Assn. of Home Care
November 15 3:00 - 4:00 pm		Nurses
November 17 4:00 - 5:00 pm Room180	Business Allies (lobbyists)	
November 21 3:30 - 4:30 pm Rm. 476		Consortium of Citizens with Disabilities
November 21 2:15-3:15 pm Rm. 230	Insurance Allies	
November 22 2:00 pm - 3:00 pm Rm 472		NARD/NACDS Chris
November 22 4:00 - 5:00 pm Rm 476	Group Health Assn. of Am Chris	
November 29 1:00 - 2:00pm Rm 472		Physician Groups Jennifer
November 29 2:00 - 3:00pm Rm 476		Allied Health - Mental health, NASW, substance abuse Jennifer
November 30 10:00 - 11:00am Rm 476	Pharmaceutical Manufacturers Assn Chris	

December 2 10:00 - 11:00am Rm 476	Nat. Leadership Coalition on Health Reform (Simmons Group) Gene	
December 2 1:00 - 2:00pm Rm476		General Base Jennifer
December 5 3:00 - 4:00pm		Alliance for Managed Care Jennifer
December 9 3:30pm - 4:30pm, Rm		Small Business Coalition Chris
December 13 11:00- 12:00noon		AHA Chris
December 13 4:00pm-5:00pm		Blue Cross/Blue Shield
December 14 1:00 - 2:00pm		AMA Jennifer
December 15 11:00 - 12:00noon, Rm 180		Veterans Groups Jennifer
December 16 11:00 - 12:00noon Rm 472	HIAA Chris	

Yet to be scheduled:
Hospitals Group Mtg (reschedule)
Labor (reschedule)
NAM (Alexis)
Alexis Chamber of Commerce/NFIB (Alexis and Erskine)
Atkins Group (Caren)
General Small Business (Sm. BUs. United, etc.) (Erskine,Lader)
Alexis African American Groups (Herman)
→ Women's Groups (Rasco)
→ Farm Groups
→ Military Coalition
→ Hispanic
→ Religious
→ Federal Employees

November 18, 1994

MEMORANDUM FOR CAROL RASCO

FROM: Debbie Fine, Office of Public Liaison

SUBJECT: Meeting with Consortium of Citizens with Disabilities

DATE/TIME: Monday, November 21, 1994
3:30PM to 4:30PM

LOCATION: Room 476, OEOB

BACKGROUND: As you know, health care reform is a top legislative priority for people with disabilities. The current health care system provides a strong disincentive for employment for people with disabilities, who are either not hired because of the insurance 'risk' they pose or who may choose not to work because they fear losing the health benefits they now get through Medicaid.

Issues to Highlight
The aspects of comprehensive reform that were most important to the disability community in the recent health care debate were:

- universal coverage with no pre-existing conditions and no life-time limits;
- a defined comprehensive benefits package;
- home and community-based long-term care with personal assistance services; and
- state single payer option.

Health Care Activity
The disability community was very active in the health care debate and was eventually strongly supportive of the administration's approach to reform, although initially much of the community was more sympathetic to the single payer approach. I would note starting in May, following a statement from the President at the White House to representatives of the community, the level of activity markedly increased to the point where the disability community became leaders of the allied coalition's efforts in the debate in many ways.

I would also note here that the coalition that funded and organized most of the activity was called Real Health Care For All. This coalition was predominantly funded by Justin Dart (attending this meeting), and consisted of the CCD grassroots network in addition to local disability rights activists in every state.

Consortium of Citizens with Disabilities (CCD)
CCD is a Washington based coalition of over 100 national consumer, advocacy, provider and professional organizations, which advocates on behalf of people of all ages with physical and mental disabilities and their families. CCD's Health Task Force provided most of the substantive analysis for the disability community during the health care reform debate, and their Ad Hoc Grassroots Committee (eventually merging into the Real Health Care For All Coalition) organized a program to educate and activate the grassroots.

From a political perspective I would note that there is not one existing organization that is recognized as representing all people with disabilities and there is not a clear hierarchy as in many other constituency groups. CCD, as an umbrella coalition, comes the closest to playing that role.

Additional Political Background
Leaders in the disability community are currently assessing strategies to pursue in light of both the present political climate and of their increasing strength as a political force. Although the community has traditionally had good relationships with both Democratic and Republican Members of Congress, they are worried about attacks on existing programs and legislation affecting people with disabilities (particularly the ADA), in addition to the future of health care reform. As a result of the elections last week, they now need to step back and educate the new Members on a more basic level about disability issues.

PARTICIPANTS: Consortium of Citizens with Disabilities (CCD)

Allan Bergman, Co-Chair Long Term Services Task Force and Director of State-Federal Relations for the United Cerebral Palsey Association

Justin Dart, former Chair of the President's Committee on Employment of People with Disabilities; Co-Chair of Real Health Care for All Coalition

Martha Ford, Co-Chair of the CCD Long Term Services Task Force and Assistant Director of the Arc

Joseph Manes, Co-Chair of CCD Long Terms Services and Director for Government Relations for Bazelon Center for Mental

Health
Paul Marchand, Chair of CCD and Director of Government Affairs at the Arc
Kathleen McGinley, Co-Chair of CCD Health Task Force and Assistant Director of the Arc
Christina Metzler, Co-Chair of CCD Long Term Services Task Force and Senior Legislative Representative at American Occupational Therapy Association
Rebecca (Becky) Ogle, Co-Chair of CCD Rights Task Force; Co-Chair of Real Health Care for All Coalition and Director of Project Accessability at NAMES
Janet O'Keeffe, Co-Chair of CCD Health Task Force; Acting Director of Public Policy Office and Assistant Director for Public Interest Policy at American Psychological Association
Peter Thomas, Co-Chair of CCD Health Care Task Force
Tony Young, Co-Chair of CCD Long Term Services Task Force and Director of Residential Services for the American Rehabilitation Association

Staff
Carol Rasco
Jennifer Klein
Marilyn Yager
Debbie Fine
Bob Sevigny, Deputy Director of Public Liaison at DNC

AGENDA/TALKING POINTS:

- Introductions

- Thank them for coming and for their tremendous work and active support for the Health Security Act.

- Overview Comments

  1. Briefly comment on the administration's legislative/policy priorities for the coming year.

  2. Describe/comment on the new health care team structure.

  3. Describe the process you anticipate for outreach, in addition to the time-frame for decision-making, to the extent you are comfortable.

  4. Open it up for discussion, reiterating that the purpose of this meeting is to listen and learn from them.

(NOTE: As indicated on previous memoranda, CCD is prepared to (1) give their assessment of the new political environment and its impact on reform; (2) describe what, if any, incremental reform they would support and which incremental reforms they feel would be detrimental; (3) debrief on what they have learned about the capabilities of their own membership from the last two years, in addition to which reforms would find support on the grassroots level and which would not.)

Can't be small market reform (100 or less). Need insurance reform.

Need public education
- be clear about who you are helping
- be clear about what you are doing and not doing

Carol -- look at this as consumer education

Managed care protection

Std benefit package — use FEHBP with some modifications e.g. durable medical equipment

Congenital conditions - problem w/ FEHBP

not nec. mandated, but expected to offer → what does this mean?

Medicaid waiver program → should address needs of vulnerable populations e.g. disabled children, should address specialized care) gatekeepers

§1915 b protections don't necessarily apply to 1115 waivers

Support tax credits for working people who cover own expenses
Oppose tax credits for LTC insurance -- they exclude certain groups, bad products

WHITE HOUSE OFFICE OF PUBLIC LIAISON

BRIEFING MEMORANDUM

TO: Bob Rubin

FROM: Caren Wilcox

DATE: November 17, 1994

BRIEFING: Business Allies for Health Care

DATE/TIME: Thursday, November 17, 1994
4:00 pm - 5:00 pm

LOCATION: Room 476, OEOB

AGENDA:

* Introductions

* Thank them for coming and for their work and support for the President's health reform principles.

* Overview Comments:

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

2. Comment on the new health care team headed by you and Carol Rasco.

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

NOTE: You are likely to be asked whether we are planning to propose health care reform as part of our FY96 budget.

The most important message we can send, is that we wish to have frank discussions with friends and allies about our current thinking and hear their views from their companies' perspective,

and their opinions about political realities of health care reform.

BACKGROUND:

The groups and companies represented here all supported the five principles of the president's health care plan. Many of them still want universal coverage and employer responsibility because they offer coverage now for employees, and know they are at a competitive disadvantage against companies which do not cover employees. Most are unionized companies.

They were unhappy with funding mechanisms in the Mitchell bill which would have placed taxes on their premiums or on them while not mandating that competitors or other employers pay premiums for employee insurance. They viewed this as an incentive to drop coverage whenever possible. You may wish to discuss cost containment with them as well.

Some of these companies signed on initially because of provisions related to early retirement. I believe they realize that benefit is unlikely to reoccur in this Congress. ERISA is also important to many of these companies.

The list indicates the company or lobbying firm these people represent.

PARTICIPANTS: Approximately 15 Representatives from Associations and Corporations who are part of our base group of business health care supporters. See attached list.

ATTACHMENT: List of attendees.

cc: Alexis Herman
Steve Hilton
Marilyn Yager
Chris Jennings
Gene Sperling

Letitia Chambers
Chambers Associates
Formed a coalition in support of the President's Principles.

Bill Sweeney
EDS

Dr. Henry Simmons
National Leadership Coalition
A combined group of business and labor who advocate health care reform.

Peter Hernandez
American Iron and Steel Institute

Benjamin Boylston - former Human Resources V.P.
Bethlehem Steel Corp.

Larry Levinson - V.P.
Viacom

George Peapples
General Motors

William Wickert, Jr. - V.P.
Bethlehem Steel Corp.

Walter Maher - Health Care expert for Chrysler
Chrysler

Thomas Dennis - V.P.
Southern California Edison Company

Terry Straub - V.P.
USX Corp.

Anne Wexler
The Wexler Group
Put together a letter from numerous businesses in support of employer responsibility.

Phil Schneider
NACDS
Helped form the Small Business Coalition. His large chain drugstores benefitted from pharmaceutical buying formulas in our former bill.

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

14-Nov-1994 06:22pm

TO: Rosalyn A. Miller

FROM: Marilyn Yager
Office of Public Liaison

CC: Jennifer L. Klein

SUBJECT: Thank you notes

The following are the names and addresses for the "thank you for coming" notes Carol wishes to send to the individuals we met with today:

Monday, November 14, 10:00am Seniors Meeting

1). John Rother, Director, Legislation and Public Policy
American Association of Retired Persons
601 E. Street, NW, A6-300
Washington, DC 20049
(also attending from AARP were Tricia Smith and Marty Corry)

2). Larry Smedley, Executive Director
National Council of Senior Citizens
1331 F. Street, NW
Washington, DC 20004-1171
(also attending from NCSC were Dan Schulder and Jon Lawniczak)

3). Steve McConnell, Senior Vice President, Public Policy
Alzheimer's Assn.
1319 F. Street, NW, Suite 710
Washington, DC 20004
(also attending from the Alzheimer's Assn. were Judy Riggs and Mike Splaine).

4). Debra Shollenberger
National Council on the Aging, Inc.
409 Third Street, SW
Washington, DC 20024
(Note: Debra was attending on behalf of Dan Thursz, and for that reason she did not speak. She plans to share with Dan and others at NCOA what was discussed, so that we may continue the dialogue with them).

Monday, November 14, 3:30 pm meeting with Families, USA

1). Ron Pollack, Executive Director
1334 G. Street, NW
Washington, DC 20005
(also attending for Families, USA were Judith Waxman and Phyllis Torda).

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

15-Nov-1994 05:08pm

TO: Rosalyn A. Miller

FROM: Marilyn Yager
Office of Public Liaison

CC: Jennifer L. Klein

SUBJECT: Thank You notes From Meetings

As my note to you yesterday indicated, following each meeting Carol does I will forward the names and addresses for "thank you for coming" notes. The names below cover the two meetings today:

1). Tuesday, November 15, 1:00pm
Val Halamandaris
President
National Association for Home Care
519 C. Street, NE
Stanton Park
Washington, DC 20002-5809
(too many other Homecare staffers joined him to mention by name)

2). Tuesday, November 15, 3:00pm
Virginia (Ginnie) Trotter Betts, JD, MSN, RN
President
American Nurses Assn.
600 Maryland Avenue, SW
Suite 100W
Washington, DC 20024-2571
(joining Ginnie were Geri Marullo, Chris DeVries, & Cheryl Peterson)

3). Tuesday, November 15, 3:00pm
Glenda LeMaitre
Vice President, Greater Washington BNA
National Black Nurses' Association, Inc.
1511 K. Street, NW
Suite 415
Washington, DC 20005

4). Patricia Tompkins
Immediate Past Vice President
National Black Nurses Association, Inc.
1511 K. Street, NW
Suite 415

Washington, DC 20005

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

16-Nov-1994 08:56am

TO: Rosalyn A. Miller

FROM: Marilyn Yager
Office of Public Liaison

CC: Jennifer L. Klein

SUBJECT: Update on Health Meetings

I could not find Julie's name in the E-Mail system, so I am sending this to you with the hope that she will see it. I wanted to provide a quick update of what is scheduled for Carol:

Monday, November 21 3:30-4:30pm Room 476
Consortium of Citizens with Disabilities

Tuesday, November 22 1:00-2:00pm Room 476
Hospital Groups

Tuesday, November 22 2:00pm-3:00pm Room 472 (note room change)
Small Business Coalition

Tuesday, November 29 1:00pm-2:00pm Room 476
Physician Groups

As I discussed with Julie on Monday, I would appreciate having another group of time slots for the first two weeks of December.

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

16-Nov-1994 08:48am

TO: Linda J. McLaughlin

FROM: Marilyn Yager
Office of Public Liaison

CC: Jennifer L. Klein

SUBJECT: Business Health Meetings

1). I will have the briefling paper and list of participants to you by 5:00pm today for tomorrow's meeting at 4:00pm in Room 476 OEOB -- this is the the meeting with business health allies, it will be a group of about ten lobbyists.

2). I will not be using the time slot at 2:00pm on Friday, November 18.

3). The Insurance health allies meeting is now in place for Monday, November 21 at 4:30pm. This will be a group of 10 insurance executives, including four insurance company CEOs. I am prepared to move this meeting foward to 2:30pm, should we need to per our earlier conversation.

4). Group Health Association of America is tentatively scheduled for Tuesday, November 22 at 4:00pm -- I shall firm that up today.

5). When you have a chance, I would appreciate three to four more appointment time slots to be used between November 29 and December 16. I know the Summit of the Americas falls in there, but if we could do one more meeting before the summit and the rest after that would be helpful. I am specifically looking for a time on December 15, 16, or 21 for a meeting with HIAA -- they have asked for one of those dates.

THE WHITE HOUSE

WASHINGTON

Marilyn following up

November 4, 1994

MEMORANDUM FOR JENNIFER KLEIN
MARILYN YAGER

FROM: Rosalyn Miller

SUBJECT: Health Care Meetings

Carol has received requests to meet separately with two Arkansans who have been long-time personal and professional friends both at the state and federal levels. I list their names and ask for guidance on the appropriate time for her to meet with them:

Walt Patterson (requested December 6 or 7)
(501)374-4151

Sarah Shuptrine & Associates (requested December 5, 6, or 7)
2725 Devine Street
P.O. Box 5345
Columbia, SC 29250
(803)779-2607

My response to each of them was that Rasco and Rubin are not yet ready to set up meetings on health care and when appropriate, the health care scheduling staff would be in touch with them. I await your responses.

Thanks.

November 3, 1994

MEMORANDUM TO CAROL RASCO, BOB RUBIN, AND ALEXIS HERMAN

FROM: MARILYN YAGER

cc: Chris Jennings, Jennifer Klein, Debbie Fine, Steve Hilton, Ben Johnson, Mike Lux, Ira Magaziner, Janet Murguia, Doris Matsui, Melissa Murray, Caren Wilcox, Barbara Woolley

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DISCUSSION OUTLINE FOR INTERIM ON HEALTH ACTIVITIES

I. CLOSEOUT ACTIVITIES FROM LAST CONGRESS

A. Thank you letter from the President to groups and individuals (OPL - Barbara Woolley).

B. Health Care additions to White House Holiday Card List (OPL - Flo McAfee).

C. Thank you Reception with the President and First Lady.

A reception has been scheduled for November 10 at 4:00pm in the State Dining Room. OPL health staff has submitted a list to the Social Secretary's office for invitations (OPL - Mike Lux).

II. 104TH CONGRESS PLANNING

A. OPL health care staff liaisons are informally calling contacts on health care to learn what they are hearing from both their membership and around town.

B. Tentative list for meetings has been compiled (attached). This list of 22 meetings includes 'must see' health care supporters, as well as key players in the health care debate and groups who have requested meetings. This is by no means to be viewed as an all-inclusive list. As other requests come in they will be handled accordingly.

C. Schedule meetings (tentative schedule attached).

1. I have contacted each OPL Health staffer with their potential time slots and they will be making the meeting arrangements and providing background information prior to the meeting.

2. Either Chris Jennings or Jennifer Klein will staff the meetings from a policy perspective and as appropriate, include other staff.

3. We have tried to schedule key allies earlier in the process than others. Although some meetings will need to be individual group meetings, where possible meetings will comprise several like-minded associations.

D. Meetings Agenda

1. To listen to their thoughts prior to the beginning of Administration policy and strategy development.

2. More specifically to learn what forms of incremental reform they would support, and what incremental provisions would they oppose.

3. Since many of these groups are allies it would probably be helpful if the meetings were begun by outlining the new health care structure at the White House, and touching briefly on the other key Presidential initiatives for the next Congress, i.e., welfare reform, deficit reduction, etc.

E. Followup to Consultative Meetings

1. OPL health staff will summarize concerns expressed at each meeting to circulate among appropriate White House staff.

2. OPL health staff will send thank you letters (depending on who led the meeting) to each group, thanking them for their input.

3. OPL health staff will also follow-up with phone call to each group indicating how helpful the meeting was for the White House team.

These mtgs are not firm. Use for internal planning purposes only!

1/3/94

SCHEDULING CALENDAR

DATE/TIME	BOB'S MEETINGS	CAROL'S MEETINGS
November 2 8:00am	BRT Breakfast Meeting	
~~November 9~~ To be changed. ~~1:30~~ pm	AFL-CIO	
November 14 10-11 am		Senior Groups
November 14 3:30 - 4:30pm		Families, USA
November 15 1:00 - 2:00 pm		Nat. Assn. of Home Care
November 15 3:00 - 4:00 pm		Nurses
November 17 4:00 - 5:00 pm	Business Allies (lobbyists)	
November 18 2:00 - 3:00 pm	Insurance Allies	
November 21 3:30 - 4:30 pm		Hospital Groups
November 21 4:30-5:30 pm	Group Health Assn. of Am	
November 22 1:00 - 2:00 pm		Consortium on Disabilities
November 22 2:00 pm - 3:00 pm		Small Business Coalition

November 22 4:00 - 5:00 pm	ECFC, ERIC, APPWP	
November 29 1:00 - 2:00pm		Physician Groups
November 29 2:00 - 3:00pm		Allied Health - Mental health, NASW, substance abuse

Yet to be scheduled:
Pharmaceutical Man. of Am (Rubin)
HIAA (Rubin)
Alliance for Managed Care (Rasco or Rubin)
Simmons Group (Alexis)(gene)
NAM (Alexis)
Chamber of Commerce/NFIB (Alexis and Erskine)
Atkins Group (Caren)
General Small Business (Sm. BUs. United, etc.) (Erskine,Lader)

General Base (Rasco)
Women's Groups (Rasco)
AHA (Rasco)
AMA (Rasco)

THE WHITE HOUSE

WASHINGTON

October 25, 1994

MEMORANDUM TO CAROL RASCO, BOB RUBIN, AND ALEXIS HERMAN

FROM: MARILYN YAGER

cc: Chris Jennings, Jennifer Klein

DISCUSSION OUTLINE FOR INTERIM OUTREACH ON HEALTH

I. CLOSEOUT ACTIVITIES FROM LAST CONGRESS

A. Thank you letter from the President to supportive groups and individuals (OPL).

B. Health Care additions to White House Holiday Card List (OPL).

C. Thank you Reception with the President and First Lady.

A reception has been scheduled for November 10 at 4:00pm in the State Dining Room. OPL health staff will submit a list to the Social Secretary's office by October 28 for invitations.

II. 104TH CONGRESS PLANNING

A. OPL health care staff liaisons are informally calling contacts on health care to learn what they are hearing from both their membership and around town.

B. Tentative consultative list has been compiled (attached). This list of 22 meetings includes 'must see' health care supporters, as well as key players in the health care debate. The breakdown for Carol and Bob is seven meetings and six meetings respectively. The rest are to be handled by the OPL health staff lead.

C. Schedule consultative meetings (tentative schedule attached).

1. We suggest beginning these meetings late next week and spreading them over five weeks (A potential schedule has been attached).

2. Either Chris Jennings or Jennifer Klein will staff the consultative meetings from a policy perspective and, where they deem it appropriate, they will include other policy staff.

3. We have tried to schedule key allies earlier in the process than others. Although some meetings will need to be individual group meetings, where possible meetings will comprise several like-minded associations.

D. Consultative Meetings Agenda

1. To listen to their thoughts and recommendations prior to the beginning of Administration policy and strategy development.

2. More specifically to learn what forms of incremental reform they would support, and what incremental provisions would they oppose.

3. Since most of these groups are allies it would probably be helpful if the meetings were begun by outlining the new health care structure at the White House, and touching briefly on the other key Presidential initiatives for the next Congress, i.e., welfare reform, deficit reduction, etc.

E. Followup to Consultative Meetings

1. OPL health staff will draft summary of recommendations made at each meeting to circulate among appropriate staff.

2. OPL health staff will send thank you letters (depending on who led the meeting) to each group, thanking them for their input.

3. OPL health staff will also follow-up with phone call to each group indicating how helpful the meeting was for the White House team.

F. Requests for meetings with Bob or Carol from groups <u>not</u> listed on the attached 'schedule.' We suggest forwarding these to OPL Health staff for quick recommendations: to either immediately schedule with Bob or Carol, or schedule with Chris, Jennifer, Gene, or Bill, or hold for later scheduling, or refer to OPL staff to handle, or finally regret.

CONSULTATIVE MEETINGS

Summary of Suggested Leads - For the 22 meetings outlined below the breakdown of meetings for Bob and Carol over the next five weeks is: Bob - 7 mtgs; Carol - 7 mtgs.

Business:

Individual Business Allies (Lobbyists)	Bob Rubin
BRT	Bob Rubin or Alexis
HIAA	Bob Rubin
Grp. Health Assn. of AM.	Bob Rubin
Other Bus. (1 mtg)	Bob Rubin
ECFC, APPWP, ERISA	Industry Comm.
Pharmaceutical Man.	Bob Rubin
Small Business Coalition	Alexis Herman
Simmons Business Group	Alexis Herman
NAM	Alexis Herman
Chamber of Commerce/NFIB	Alexis Herman
Atkins Group	Caren Wilcox
Gen. Sm. Bus. (1 mtg)	Phil Lader
Sm. Bus. United, Sm. Bus. Legislative Council, etc.	

Labor (One Meeting): Bob Rubin
AFL-CIO, AFSCME, SEIU, CWA, UAW, Building Trades Council

Seniors (One Meeting): Carol Rasco
AARP, NCSC, NCOA, Alzheimers

Providers:

Hospital Groups (1 mtg)	Carol Rasco
CHA, NAPH, NACHRI, AAMC, Protestant	
Physician Groups (1 mtg)	Carol Rasco
ACP, AAP, AAFP, ACOG, NMA, AMWA, NHPC, Redlener	
Nat. Assn. of Homecare	Carol Rasco
AHA	Marilyn Yager
AMA	Marilyn Yager
ANA & Black Nurses Assn.	Marilyn Yager
Allied Health (1 mtg)	Skila Harris
NASW, Mental Health, Substance Abuse	

Carol to do

Base/Consumer Groups:

Families, USA	Carol Rasco
Consortium of Citizens with Disabilities	Carol Rasco
Gen. Base (1 mtg) Children's Defense Fund, AIDS Action Council, Citizen Action NFU, Nat. Council of Churches, Religious Action	Carol Rasco
Women's Groups (1 mtg) AAUW, NARAL, League of Women Voters, Women's Legal Defense Fund	Melanne Verveer

Suggested Five Week Timeframe

GROUP	**BOB RUBIN, CAROL RASCO, OR OTHER**	**POLICY STAFF** Usually Chris Jennings or Jennifer Klein will staff - they will invite other appropriate staff	**OPL STAFF** Although not always noted Marilyn Yager will staff as well, with some exceptions.
November 3 - November 4			
Families, USA	Carol Rasco		Mike Lux
Small Business Coalition (retail pharm.)	Alexis Herman (Carol)		Caren Wilcox
Individual Business Allies	Bob Rubin		Alexis Herman/ Caren Wilcox
BRT	Bob Rubin or Alexis Herman		Alexis Herman/ Caren Wilcox
November 10 & 11			
Labor - AFL-CIO, AFSCME, SEIU, CWA, UAW, Building Trades Council	Bob Rubin		Mike Lux
Nat. Assn. of Homecare	Carol Rasco		Debbie Fine
November 14 - November 18			
Senior Groups - AARP, NCOA, NCSC, Alzheimers	Carol Rasco		Mike Lux
Simmons Business Group	Alexis Herman		Caren Wilcox
Atkins Group	Caren Wilcox		Caren Wilcox
Hospital Groups - CHA, NAPH, NACHRI, AAMC, Protestant	Carol Rasco		Marilyn Yager

Physician Groups - ACP, AAFP, AAP, ACOG, NMA, AMWA, NHPC, Redlener	Carol Rasco		Marilyn Yager
AHA	Marilyn Yager		Marilyn Yager
AMA	Marilyn Yager		Marilyn Yager
ANA, Black Nurses	Marilyn Yager		Debbie Fine
Allied Health - NASW, Mental Health, Sustance Abuse	Skila Harris Carol		Debbie Fine
Consortium of Citizens with Disabilities	Carol Rasco		Debbie Fine
Women's Groups - AAUW, NARAL, League of Women Voters, Women's Legal Defense Fund	Melanne Verveer		Marilyn Yager
November 21 & 22			
General Base Groups - Children's Defense Fund, AIDS Action Council, Citizen Action, NFU, Nat. Council of Churches, Religious Action	Carol Rasco		Marilyn Yager
Other Business - ECFC, ERISA Industry Committee, APPWP	Bob Rubin		Caren Wilcox
November 28 - December 2			
NAM	Alexis Herman		Caren Wilcox
Chamber of Commerce/NFIB	Alexis Herman		Caren Wilcox

African-American Groups - Black Leadership Forum	Alexis Herman		Ben Johnson
HIAA	Bob Rubin		Caren Wilcox
Group Health Assn. of America	Bob Rubin		Caren Wilcox
General Small Business - Small Business United, Sm. Bus. Legislative Council, Assn. for Self-Employed	Phil Lader		Caren Wilcox
Pharmaceutical Research and Man. of Am. (formerly PMA)	Bob Rubin		Marilyn Yager

Jennifer
OCT 20 1994

OFFICE OF PUBLIC LIAISON

MEMORANDUM FOR ALEXIS HERMAN

From: Caren Wilcox

Subject: Options for Business Outreach for Health Care Reform

Date: October 18, 1994

BACKGROUND

You have requested a suggested process for business outreach for health care over the next several months. In light of the fact that the Business Roundtable is meeting on December 6 we should be clear on our activities before then. (See their letter attached.)

As we knew in the campaign and over this past year, many businesses have been in this battle for reform for many years. Mobilizing them to support reform, and getting their buy-in to the process is the challenge.

100 of the Fortune 500

Businesses, both formerly supportive and opposed, would like to be consulted before a package is fully developed. As with most other issues involving public policy and the private sector, they want to feel that they have had real input to policy development, before being presented with hard drafts of legislation which cannot be changed significantly. Sophisticated business players in this legislative game realize that they will not have all their ideas accepted in the drafting game, but they expect a certain number of them to be acknowledged, massaged and developed.

There is certainly an opportunity for more of a buy-in from certain companies and perhaps a few trade associations, if we take into account this desire for participation and consultation.

Generally the business community, whether friendly or hostile, appears to be expecting a fairly major initiative from the White House on health care in the coming year. Several have called for advice, or to seek input into what is being done here.

CURRENT POSITIONING OF PAST ALLIES

We have spoken to several organizations and individuals about this interim period and next year.

Small Business Coalition for Health Care Reform - This group has remained relatively intact, and is hoping for continued effort to gain health care coverage for small businesses. They are seeking

opportunities to help us on other issues, such as urging members to go to the White House Conference on Small Business in their states etc. We must remember that the staffing for this group comes from the drug stores, and that they were very interested in our proposals on this subject.

National Leadership Coalition for Health Care Reform - This group, most commonly identified with Dr. Henry Simmons, contains many of our most hard core manufacturing supporters. They have opinions of what they believe went wrong in the process, learned a few lessons themselves, and have received a grant to conduct grassroots meetings across the country with business people to describe the need for universal coverage. Their focus is cost containment and universal coverage.

Atkins Group - This group is in the process of determining whether it should continue as a coalition. They are planning a retreat in January to discuss strategy for next year. Their issues are multi-state operations problems and ERISA pre-emption. IBM which is a member of this group, is worried about its reputation with the administration, and how much damage they sustained in the end of the battle.

Various Companies - Several companies, such as American Airlines are very anxious to continue the battle for universal coverage. Others such as TRW want some dialogue, having opted out of an effective process during the debate. Some large companies are clearly warning of their need to drop coverage or are fearful that others, including competitors will do so, placing them at a competitive disadvantage.

PAST ADVERSARIES

Business Roundtable - The attached letter signed by Bob Winters of Prudential is indicative of where some of the insurers and some of the large businesses remain - hostile and fearful. However, in the opinion of some representing BRT companies, there is room for movement among the more progressive companies.

12/6 Meeting in Wash - Health Policy Group

Prudential's representative in Washington, actually suggested a meeting to discuss the future, but I did not express strong interest in that. I understand that Mr. Winters may not continue as chair of the BRT Health, Welfare and Retirement Income Task Force, and may not continue as CEO of Prudential, given their problems.

We have been urged to hold a meeting with some companies from the BRT, so that the December meeting cannot take place with the statement being made that the White House did not meet and seek opinions.

ERIC AND APPWP - The Erisa Industry Committee and the Association of Private Pension and Welfare Plans each had problems with the

Clinton bill, but were initially supportive of concepts. Their current status is unclear, but will be explored.

ECPC - This group was opposed to the Clinton plan due to its taxation of cafeteria plans, and was fearful of other aspects of the organizational part of the bill. It is primarily made up of benefits managers of large manufacturers, with a few other companies such as Pepsico which clearly lead the way toward opposition.

They have called, and asked what we would think of a meeting of various business groups to determine what they can live with in the future. I indicated that they should not look to us for permission to meet, but had a long hard talk with them regarding financing solutions, because that is the nub of business problems of insuring the uninsured now.

U.S. Chamber/NFIB - These two groups are so closely allied with the Republican Party, that they will probably follow whatever path the Republicans choose to pursue.

National Association of Manufacturers - They have expressed an interest in incremental reform including something for children, insurance portability, "a start toward universal coverage" and scaled back insurance reform.

However, their track record with the administration is such that we need to remain cautious about their continuous use of many of our legislative initiatives to develop new membership based on critiques followed by promises to members to "save them from the Clinton administration."

We understand that a few manufacturers did resign from NAM during the health care debate, and I have been forthright with other manufacturers about their being the losers to the retailers, insurers and some of their other suppliers of services, instead of more effectively influencing the debate in their favor.

Specialized Trade Associations - Dependent on the financing formulas, and any adverse impact on certain industries of any reform package, we may be able to attract quite a number of these associations to a modified package.

HIAA - The Principal Financial Group and two or three other companies in HIAA realize how counter productive their efforts were. It may be possible to have a dialogue with some of them.

National Restaurant and Retailers - There are members in these organizations with whom there could be dialogue, but the associations themselves should not be expected to support much.

OPTIONAL RECOMMENDATIONS FOR IMMEDIATE OUTREACH

The structure for the outreach would include continuing business constituency political outreach from OPL and, cooperatively with appropriate business liaisons in various departments. OPL would facilitate meetings and policy exploration discussions with outside groups in coordination with individuals from the NEC and DPC.

There are options as to the level and timing of outreach to the business community, and the identity of those included in the outreach. Possibilities include:

1. Convene a meeting of **Washington representatives** from **previous hardcore supportive companies.** Ask their advice, what they are hearing from staff on the Hill and from other businesses. What kind of a new package would they like to see?

Bob
Figure out what wash reps we need to meet with

2. Meet with **helpful contract lobbyists** on the past bill. Ask their advice, what they are hearing from clients, Hill and colleagues. What kind of a package do they think is realistic? Wexler, Berman

Alexis
1. Luncheon - use 12/6 - Gen'l Bus. Supporters Luncheon in N.Y. - include health care
2. Listening sessions - suggestions for groupings Health
3. 11/2 Policy Group appt'd by BRT - follow up.
4. Marilyn will have generic schedule by Monday start week after election.

3. Ask a few **CEOs** who were most visibly and continuously supportive of the administration to meet with senior White House staff, and possibly the First Lady, after temperature taking meetings with their Washington Representatives. Individuals such as Bob Crandall, Hank Barnette, David Hoag, Chuck Corry, Chuck Johnson, and Bob Eaton, and Paul Allaire come to mind.

4. Early Meet with leaders of the **Small Business Coalition for Health Care Reform** to determine their aspirations for a new effort.

5. Next week - Caren mtg Meet with **National Leadership Coalition for Health Care Reform** and discuss what they are hearing in the field at their meetings and what they would like to see in a package.

6. Wait Consider a meeting with the so-called **Atkins Group**, a key swing group in the business community, with very influential members in the BRT. What elements of reform would they like to see in a package? A number of their CEOs should be consulted after we determine where this group is going.

But if OK w/ Harold, get in before election

7. Guidance from 11/2 policy Mtg Following these meetings with many BRT companies, identify **next tier of BRT companies** for meetings.

8. Hold Consider small meetings with some **friendly companies in unfriendly associations or industries.**

Ask Harold / Joan if it's a problem to do this before the election

→ Work w/ Marilyn on list of peoples to meet w/ groups.

Charlie West mtg in Carribean

9. Evaluate, dependent on package being developed, whether meetings can be held with **pharmaceutical companies, some large insurers** etc. Roy Vagelos

10. Continue private dialogue with **ECFC** to determine the results of their consultations, with other associations.

I believe the immediate next steps should include a meeting to review these options, timing, calendar and structure for coordination.

This meeting has been arranged for Friday, October 21 at 5 p.m. in your office, following Mr. Panetta's meeting, and attendees at this time include: Robert Rubin, Carol Rasco, Erskine Bowles, Marilyn Yager, Sylvia Matthews and myself.

cc: Robert Rubin
Carol Rasco
Erskine Bowles
Marilyn Yager
Sylvia Matthews

attachment

The Business Roundtable

John D. Ong
Chairman

Charles A. Corry
Cochairman

Richard J. Mahoney
Cochairman

Robert C. Winters
Cochairman

Edgar S. Woolard, Jr.
Cochairman

1615 L Street, N.W.
Suite 1100
Washington, D.C. 20036-5610
(202) 872-1260 FAX (202) 466-3509

Samuel L. Maury
Executive Director

October 6, 1994

TO: Members of the Business Roundtable Health, Welfare and Retirement Income Task Force

RE: Strategy

As the 103rd Congress winds down, we can claim a victory of sorts. We weren't hit with the kind of bureaucratic restructuring of health care most of us oppose. Of course, we also didn't achieve the kind of health care reform most of us support.

The BRT is still committed to responsible health care reform -- reform that provides access to high quality, affordable health care to all Americans. The administration's proposal went far beyond that, however. To the extent that the Roundtable contributed to the defeat of the administration's proposal -- and it is easy to overstate how much impact we had -- there were two reasons. First, we had prepared ourselves. The task force, and particularly our staffs, put in a lot of time and effort. We thought through the alternatives and conditioned the Policy Committee. Second, when the time came we acted decisively. I do not believe the second would have been possible without the first.

Now is the time to start preparing for the future which lies beyond the failure of this Congress to enact health care legislation. This future has two important dimensions: federal and state.

At the state level, we face a lot of activity. One influence will be the California ballot initiative for a single payer plan. If that passes, or even fails narrowly, it will energize the forces supporting a Canadian-style plan. Current indications are that we will come out better than that, but the election is still five weeks away.

Historically, the BRT has had difficulty marshalling efforts at the state level, with some notable exceptions. We need to consider how much effort we should put into state initiatives ourselves, versus looking to the staff-based organizations like the Chamber and NAM.

At the federal level, special interests will receive a lot of blame for the gridlock, with the Clintons leading the charge. I believe that the reality is somewhat different. My version is that the mood of the country turned against big government solutions and the politicians in Congress sensed it. I have enclosed two items supporting that version: a Wall Street Journal column and notes from a recent talk by CNN political analyst Bill Schneider.

Now is the time for us to start preparing for next year's battle in Congress. We have about four months before things heat up again, and we should use that time well. In 1994 we fought a defensive campaign against the administration's proposal. We need to consider whether 1995 calls for offense, for working with some kind of coalition to develop a position we can support.

We face important decisions at both the federal and state levels. I have asked the staff to develop the information we need to make these decisions. However, until we know the outcome in California and the makeup of the House and Senate, we are not in a position to make definitive decisions. Thus, I am cancelling the November 2 Task Force meeting, and have asked the staff committee to schedule a meeting soon after the elections. In the meantime, I would be interested in any thoughts you may have on how we should move forward.

Our next BRT Task Force meeting is scheduled for Tuesday, December 6

Chairman, Health, Welfare and
Retirement Income Task Force

RCW/jt

Copies to:
Planning Committee