Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Washington Mission Participant Roster (partial) (1 page)	04/28/1995	b(6)

COLLECTION:
Clinton Presidential Records
Office of the First Lady
Jennifer Klein
OA/Box Number: 12507

FOLDER TITLE:
Speeches-Carol Meetings

2014-0536-S
kc1339

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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

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

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

• Get F & A info faxed from HHS

TO: Carol Rasco
FROM: Jennifer Klein
DATE: 5/16/95
RE: Jewish Federation of Greater Springfield, Inc.

On Thursday, May 18 at 10:30 in Room 450, we are meeting with a group who are on a trip sponsored by the Health Professional's Division of the Jewish Federation of Greater Springfield, Inc. (see attached list). As you may remember, this meeting was requested by Congresswoman DeLauro's office. Most of the members of the group are health professionals -- including an orthopedic surgeon, a cardiologist, a general practitioner, an internist, an obstetrician-gynecologist, a dentist and a health lawyer. There will also be a stockbroker and some business people.

You have been asked to speak generally about our health care efforts (including both the Republican budget proposals and health care reform). They have also asked about the following issues:

1. The Effects of Potential Medicare and Medicaid Cuts on the Health of Children and People Over 65 Years Old

I would recommend that you focus a good part of this meeting on Medicare and Medicaid. Of the issues they raised, this is the one we want to talk about most.

Please note that I have attached two sets of talking points. The actual Domenici and Kasich proposals were released after we wrote the first set. Domenici would cut $256 billion from Medicare and $175 from Medicaid. Kasich would cut $288 billion from Medicare and $184 billion from Medicaid. Gene Sperling did a second set today that reflects these new numbers. As you can see, the rhetoric is the same in both.

2. Malpractice

We have not changed our policy from last year on medical liability reform. We struck a balance last year -- and felt that our proposal took real steps toward reform (through alternative dispute resolution, the collateral source rule, etc.) while protecting the most injured plaintiffs (by not, for example, proposing caps on damages).

We have, of course, opposed the Republicans' product liability bill -- particularly caps on damages (and we noted that we would oppose caps in malpractice cases as well as product liability actions). Because this group will most likely support caps on damages and other more aggressive liability reforms, I would recommend that you touch only briefly on this issue.

3. Allocation of Resident Training Positions (Specialist v. Generalist)

Under the Health Security Act, the Administration proposed a Council on Graduate Medical Education to allocate residency slots to teaching hospitals by medical specialty. This proposal was very controversial.

Currently, we have no plans to allocate specialties. We remain committed, however, to increasing the number of primary doctors -- particularly in underserved inner cities and rural areas -- and HCFA is working on other ways to encourage primary care in medical education.

4. Stark I and II

HHS is currently finalizing regulations implementing the prohibitions in OBRA '89 on physician ownership of and referral to health care entities that furnish clinical laboratory services (known as Stark I). They are also in the process of drafting regulations implementing Stark II, which extends the review of referrals to other health services (including physical therapy, radiology, home health and prescription drugs).

Because the regulations for Stark I are currently being finalized by the Administration, you are not permitted to discuss the regulations. You can say that the regulations are expected to be published this summer and that they will provide clarity in an area that you know has caused much confusion for the medical community. You should also note that you are happy to hear their views on physician self-referral.

5. Antitrust Implications of Physician Joint Ventures

Physicians want clear antitrust exemptions so that they can better compete in a marketplace increasingly dominated by managed care organizations and other insurance companies. The Justice Department has shortened review times and, with the Federal Trade Commission, has released nine antitrust policy statements to guide physicians and hospitals. Generally, physicians and hospitals see these policy statements as a good first step but believe that we have not gone far enough. Last year, a number of Republicans supported stronger antitrust relief (best known was the Hatch-Archer bill which delineated broad safe harbors for joint ventures and other collaborative arrangements and provided for streamlined antitrust review).

One of the Administration's policy statements sets out safety zones for physician network joint ventures that will not be challenged under the antitrust laws.

- The Department of Justice and the Federal Trade Commission will not challenge an *exclusive* (i.e., an arrangement that significantly restricts the

ability of its members to contract with other groups) physician network joint venture that: (1) includes 20 percent or less of the physicians in each physician specialty in a geographic market; and (2) requires the physicians to share substantial financial risk.

- The agencies will not challenge a *non-exclusive* physician network joint venture that includes 30 percent or less of the physicians in each specialty in the area if the physicians share substantial financial risk.

There are extensive legal tests to determine whether an arrangement is "exclusive" on "non-exclusive" and whether the physicians share "substantial" financial risk. Joint ventures that do not meet these tests do not necessarily raise antitrust concerns. They are simply reviewed under traditional antitrust analysis.

Please feel free to call me at work (6-2599) or at home (265-8398) with any questions.

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[001]

Washington Mission
May 18, 1995
Participant Roster As Of 4/28/95

Name	Address	Home #	Bus. #	DOB
Berman, Geoffrey	135 Pinewood Drive Longmeadow, MA 01106	567-6891	736-3671	(b)(6)
Broder, Martin	468 Inverness Lane Longmeadow, MA 01106	567-1920	784-4318	
Cooper, Scott	107 Whittier Street Northampton, MA 01060		785-1153	
Engelson, Richard	31 Woodside Drive Longmeadow, MA 01106	567-5830		
Engelson, Abraham	31 Woodside Drive Longmeadow, MA 01106	567-5830		
Feinstein, Michele	601 Williams Street Longmeadow, MA 01106	567-0233	781-0472	
Hausman, Howard	96 Pinewood Hills Longmeadow, MA 01106	567-6308	567-1223	
Hellerman, Leonard	1264 Windsor Avenue, Windsor, CT 06095	203-688-1372		
Hellerman, Bette	1264 Windsor Avenue, Windsor, CT 06095	203-688-1372		
Lundy, Laurence	40 Brooks Road Longmeadow, MA 01106	567-3408	784-5457	
Lesser, Martin	51 Greenwich Road Longmeadow, MA 01106	567-5952	536-7040	
Nassau, Merril	40 Glenbrook Road West Hartford, CT 06107			
Shifrin, David	213 Tanglewood Drive Longmeadow, MA 01106	567-8867	784-8470	
Sklar, Joseph	210 Park Drive Longmeadow, MA 01106	567-0474	785-1666	

Staff:

Catherine Schwartz

Judith Novenstein

FACT SHEET ON LIKELY REPUBLICAN MEDICAID CUTS

Wednesday, May 3, 1995

Congressional Republicans are currently considering cuts in federal Medicaid funding of $160 to more than $190 billion between 1996 and 2002. Republicans claim they are not cutting the program, but reducing its rate of growth. Yet, these technical number disputes avoid the real issue: how their proposals will affect real Americans; who will be hurt; who will lose coverage; and who will lose benefits if their cuts are made. It also ignores the fact that 3 to 4% of growth in Medicaid is due not to inflation but to additional children, elderly, disabled and others being insured under the program.

Impact on Working Families. Most people think Medicaid helps only low-income mothers and children. In fact, about two-thirds of Medicaid funds are spent on services for elderly and disabled Americans. Without Medicaid, working families with a parent or spouse who need long-term care would face nursing home bills that average $38,000 a year.

Insufficient Managed Care Savings. Savings from managed care cannot produce the magnitude of cuts Republicans have proposed. Two-thirds of Medicaid funds are spent on the elderly and disabled, and there is little evidence that putting them in managed care can produce savings. Because the baseline projections already assume that a growing number of mothers and children on Medicaid will be in managed care plans, there are little additional savings left in the remaining one-third of the program.

State Finances. Republicans say these cuts merely give states additional flexibility through block grants. Issues of flexibility can't mask the inevitable fact that states are being asked to absorb enormous cuts -- forcing them to choose between cuts in education, law enforcement, health care or other priorities.

Cuts in Eligibility, Benefits and Provider Payments. What do these cuts really mean? Even accounting for some managed care savings, they mean deep cuts in eligibility, benefits and payments to doctors, hospitals, nursing homes and other health care providers. If the Republicans cut $160 to $190 billion between 1996 and 2002 and those cuts were divided evenly between eliminating eligibility for elderly and disabled beneficiaries, eliminating eligibility for children, cutting services, and cutting provider payments, that would mean -- in the year 2002 alone -- that:

- 5 to 7 million children would lose coverage; and
- 800,000 to 1 million elderly and disabled beneficiaries would lose coverage; and
- Tens of millions of Americans would lose benefits, because all preventive and diagnostic screening services for children, home health care and hospice services would be eliminated -- as well as dental care if the cuts reach $190 billion; and
- Already low payments to health care providers would be reduced by $10.7 to $12.8 billion.

FACT SHEET ON LIKELY REPUBLICAN MEDICARE CUTS

Wednesday, May 3, 1995

Congressional Republicans are considering proposals that would cut Medicare funding by between $250 billion and $305 billion between now and 2002. Medicare cuts at this level translate into 20% to 25% cuts in 2002 alone for this program serving our most vulnerable Americans -- the elderly and disabled.

Choice or Coercion? Republicans claim their proposals would increase choice by giving vouchers to Medicare beneficiaries to buy insurance in the private market. In reality, the only way that this approach can achieve the magnitude of savings being contemplated is to significantly raise costs for traditional fee-for-service coverage, effectively forcing many beneficiaries to use vouchers to buy managed care. That would put Medicare's 37 million beneficiaries, many of whom have pre-existing conditions, into the private insurance market to shop for what they can get. That is simply a form of financial coercion.

Current Health Care Spending by Older Americans. Today, despite Medicare benefits, health care consumes major amounts of older Americans' income. According to the Urban Institute, typical Medicare beneficiaries already dedicate a staggering 21% (or $2,500) of their incomes to pay for out-of-pocket health care expenditures.

More Out-of-Pocket Payments: If these cuts are distributed evenly between providers and beneficiaries, Medicare beneficiaries would pay:

- o $815 to $980 more in out-of-pocket expenses in 2002.
- o Between $3,100 to $3,700 more in out-of-pocket over the 7 year period.

Social Security COLAs: The Republicans claim they aren't cutting Social Security, but these Medicare cuts would effectively do that. By 2002, the typical Medicare beneficiary would see 40 to 50% of his or her cost-of-living adjustment eaten up by the increases in Medicare cost sharing and premiums. In fact, about 2 million Medicare beneficiaries would have 100% or more of their COLAs consumed by the cost increases.

Rural and Inner City Hospitals. Cuts of this magnitude, combined with the growing uncompensated care burden (exacerbated by Medicaid cuts and increases in the number of uninsured), would place rural and inner-city providers in jeopardy because they have limited or no ability to shift costs to other payers. These cuts would threaten both the quality and access to needed health care in rural America.

THE PRESIDENT'S REASONABLE APPROACH TO THE BUDGET

BUDGETS ARE ABOUT RAISING STANDARDS OF LIVING FOR WORKING AMERICANS--AND THE PRESIDENT'S BUDGETS HAVE MOVED TOWARD THAT GOAL. The test for a budget is whether it contains the balance of policies to enable more families to realize the American Dream. The budget is now beginning to approach balance only because President Clinton signed a plan--over strong Republican opposition--that is **reducing the deficit by over $1 trillion over 7 years**. (If not for the deficits accumulated during the Reagan/Bush years, the budget would already be in surplus.) Yet at the same time as he has reduced the deficit, the President has taken other steps that are essential to raise standards of living--dramatically expanding educational opportunity; providing a tax break to 15 million working families by expanding the Earned Income Tax Credit; and seeking to address the nation's health care challenges.

THE PRESIDENT WANTS TO MOVE TOWARD A BALANCED BUDGET--WITHIN A BALANCED APPROACH TO THE BUDGET. The status quo is not acceptable. The President is committed to achieving further deficit reduction in the context of serious, step-by-step health care reform. Yet as we reduce the deficit, the President believes we must also expand educational opportunity, preserve tax fairness for working families, and fulfill obligations to senior citizens.

THERE IS A RIGHT WAY AND A WRONG WAY TO REDUCE THE DEFICIT--AND REPUBLICANS WOULD DO IT THE WRONG WAY. WE ARE INSISTING ON THREE REASONABLE CONDITIONS FOR GOING FORWARD. President Clinton has proven that the deficit can be cut the right way. Republicans are proposing to cut Medicare and education in order to pay for tax breaks for the wealthiest. That is the wrong way. **The right way to reduce the deficit means three things:**

1. **NO TAX CUTS TARGETED AT THE WELL-OFF.** The Contract with America provides a $345 billion tax break targeted at the wealthiest--a $20,000 tax break for the top 1%. The President will not cut Medicare and student loans to pay for such a massive tax break for those earning over $230,000.

2. **ADDRESS MEDICARE AND LONG-TERM CARE IN THE CONTEXT OF HEALTH CARE REFORM.** We need to reduce health care costs in a way that treats seniors fairly and doesn't shift costs to the private sector--that is, with sensible but serious health care reform. By hitting Medicare and Medicaid in isolation--and with the deepest cuts in history--Republicans would transform Medicare into a second-class health care system, driving up out-of-pocket costs by $2000 per elderly couple in 2002 in order to pay for their tax cuts for the wealthy.

3. **CUT THE EDUCATION DEFICIT, NOT EDUCATION.** While we need a disciplined deficit reduction path, we must be equally disciplined about reducing the education deficit. Nothing is more important than investing in education if we care about raising our standards of living rather than fulfilling campaign promises. The GOP budgets assault education-- eliminating Goals 2000, national service, and interest subsidies for college loans, while gutting or sharply cutting School-to-Work Opportunities, Head Start, Pell Grants, Safe- and Drug-Free Schools, Chapter One, and Job Training.

REPUBLICAN MEDICARE CUTS

REPUBLICANS PROPOSE THREE TIMES THE LARGEST CUTS IN MEDICARE IN HISTORY TO PAY FOR THEIR TAX CUTS. The Republican Medicare cuts--$256 billion in the Senate, $288 billion in the House--are three times larger than the largest previous Medicare cut in history. Yet this **entire** cut would be unnecessary if Republicans did not need to pay for their tax cuts. The Medicare cut makes room for most--but not all--of the $345 billion Contract tax cut, which provides a $20,000 break to the wealthiest 1%.

REPUBLICANS WOULD RAISE HEALTH CARE COSTS TO ELDERLY COUPLES BY OVER $2,000 IN 2002--ACCORDING TO THEIR OWN DOCUMENTS. On May 8, the *New York Times* reported on Newt Gingrich promising a "huge but painless" cut in Medicare. On May 16, the *Times* reported a very different story --noting that Republican cuts "almost certainly would mean charging beneficiaries more while squeezing payments to hospitals and other health care providers." Official documents circulated by a leading architect of Republican Medicare cuts show that Republicans would increase premiums, copayments, and deductibles. These changes would raise Medicare costs by over $2,000 per couple in 2002 alone. The cuts would include:

- **Doubling deductibles** from their current level.
- **Increasing premiums for 7 straight years.**
- **Dramatically increasing co-payments** (i.e., beneficiary payments for services) **for home health care and other services.**

REPUBLICANS WOULD MAKE MEDICARE A SECOND-CLASS SYSTEM FOR 37 MILLION SENIOR CITIZENS, CUTTING GROWTH PER PERSON FAR BELOW GROWTH IN PRIVATE HEALTH CARE. Republicans claim that they are just slowing the "exploding" rate of growth in Medicare. In fact, over the next 7 years, the cost *per person* in Medicare is projected to be about the same as that of private insurance. Ignoring the problem of health care costs generally, the Republicans would simply cut the average growth rate for a Medicare recipient far below the level for other Americans. This means reducing quality and **turning Medicare into a second-class health care system.**

REPUBLICAN PROPOSALS ARE ABOUT COERCION, NOT CHOICE. Republicans have produced no evidence that their plans can achieve significant savings through managed care among the populations that Medicare and Medicaid overwhelmingly serve--the elderly and disabled. Some of their proposals would provide a capped voucher to Medicare recipients that likely would not be enough for older and less healthy seniors to afford the coverage they need. Other proposals would raise the costs for seniors to continue seeing the doctors of their choice--forcing them to pay money they may not have or give up the doctors they trust. Rather than expanding choice, such proposals place a coercive "sick tax" on the Americans who need Medicare most.

REPUBLICAN MEDICARE CUTS WOULD ELIMINATE UP TO 55% OF THE SOCIAL SECURITY COST-OF-LIVING ALLOWANCE. Their increases in Medicare costs will be taken directly from the Social Security checks of typical Medicare beneficiaries. By 2002, these increases would eliminate up to 55% of the Social Security COLA.

HOSPITALS WOULD BE ESPECIALLY HARD HIT BY GOP MEDICARE CUTS. According to the American Hospital Association, costly but crucial services like trauma care, burn units, and intensive care units would have to be closed in many hospitals. Teaching hospitals would receive less money per case in 2002 than in 1996 under the House proposal.

Jan Klein

FACSIMILE COVER SHEET

Congresswoman Rosa L. DeLauro
436 Cannon House Office Building
Washington, DC 20515

202/225-3661
Fax: 202/225-4890

DELIVER TO: Pat Romani 456-2878

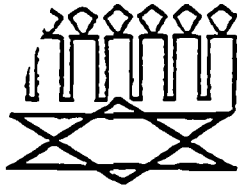
FROM: Amy Schmit

DATE: 5/15

PAGES: 2

COMMENTS

Pat - I am forwarding to you a list of topics that the group ~~from~~ representing the Jewish Federation of Greater Springfield would like addressed at their meeting with Ms. Rasco on Thursday. Also included are their professional affiliations. Please call if you have any questions. Thank you



Jewish Federation of
Greater Springfield, Inc.
1160 Dickinson Street
Springfield, MA 01108

Telephone (413) 737-4313
FAX (413) 737-4348

May 15, 1995
DATE:

MS. Amy Schmidt
TO:

COMPANY:

202-225-4890
FAX NUMBER:

Margie Karlin
FROM:

1
NUMBER OF PAGES: (INCLUDING THIS COVER SHEET)

RE: Thursday, May 18th meeting with Carol Rasco
NOTES:

Amy,

Since our trip is sponsored by the Health Professional's Division of the Jewish Federation of Greater Springfield, most members of our group are in the health field. Included are an orthopedic surgeon, a cardiologist, a general practitioner, an internist, an ob-gyn, and a dentist. Also joining us are an attorney specializing in health care law, a stockbroker and a couple of business people.

Some of the issues that our group would like to have Carol address are:

1. The administration's position on tort reform as related to medical malpractice;

2. The effects of potential medicare and medicaid cuts on the health of children and people over 65 years old;

3. The administration's position on allocation of resident in training positions (specialist vs. generalist) and the effect on career choice. (Essentially free market versus government regulations);

4. Fraud and abuse issues around Stark I and II; and

5. Anti-trust implications of physician joint ventures.

I hope this is helpful.

Do we have a specific room in the Old Executive Building?

Looking forward to hearing from you.

FAX TRANSMISSION

Allocation of Medical Specialities -- Specialists vs. Primary Care

- Under Health Care Reform the Administration had a proposal that created a national Council on Graduate Medical Education to advise the Secretary of HHS and to allocate residency slot to teaching hospitals by medical speciality. (Note: this proposal was very controverisal.)

- Currently, there is no plan to allocate specialties. HCFA is working on other alternatives to encourage primary care in medical education.

Physician Self Referral (Stark I)

- The anti-kickback statute and the physician self-referral prohibitions address similar social issues: the overutilization of Medicare services when physicians have a financial relationship with the entity providing the services.

- The safe harbor provisions set forth those payment practices and business arrangements that will be protected from criminal prosecution and civil sanctions under the anti-kickback provisions of the statute. The safe harbors exists to provide absolute immunity to those arrangements which are free of abuse.

- The physician self-referral provisions prohibit a physician from making Medicare referrals for designated health services to entities with which the physician (or a family member) has a financial relationship unless the relationship fits into one of the exceptions. The physician self-referral provisions has no issue of intent.

Physician Self-Referrals

Physician Ownership of, and referrals to, health care entities that furnish clinical laboratory services (that is the official title of Stark I), should be published sometime this summer.

The good news about it is that while the Stark II rules on other health services covered under the law is separate, the Stark I (clin lab) rule will affect how we review referrals involving any of the "designated health services" -- those health services covered under Stark II.

DHS includes:

Clinical laboratory services
Physicial therapy services
occupational therapy services
radiology services (including MRI, CAT scans, and ultrasound services)
radiation therapy services and supplies
durable medical equipment and supplies
parenteral and enteral nutrients, equipment, and supplies
prosthetics, orthotics, and prosthetic devices and supplies
home health services
outpatient prescription drugs
inpatient and outpatient services

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: Jennifer K. _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: as soon as possible

For your information: _____

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : ☐ Accept ☐ Pending ☐ Regret

Designee to attend: _____

Remarks: _____

Carolyn

JAN - 4 1995

800 Marshall Street, Little Rock, Arkansas 72202-3591, (501) 320-1100 or TDD (501) 320-1184

PEDIATRIC ADMINISTRATION

Terry Yamauchi, M.D.
Professor and Interim Chairman
(501) 320-1417
320-3418 (Fax)
Thomas C. East
Administrator
(501) 320-1442

December 29, 1994

Carol Rasco
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Carol:

Happy New Year!

A couple questions you might help me with - the doctors are asking about:

1. Tort Reform and
2. Universal Insurance/Health Forms

anything I can say about either issue?

I will be speaking during January in the following cities:

Greenville, SC	1-5/6
Bellflower, CA	1-8/9
Baton Rouge, LA	1-11
Cedar Rapids, IA	1-18
Orlando, FL	1-19/21
Minneapolis, MN	1-31/2-1

Please let me know if I can be of any help to you.

Sincerely,

Terry

Terry Yamauchi, M.D.
Professor and Acting Chairman
Department of Pediatrics

TY:mc

Faxed

Jennifer K.:

This woman is the wife of a person who has been very special in my son's life...her husband Rusty is the director of a weekend respite program that Hamp attended once a twice a month for about six or seven years during his school years.

I believe she and her husband will be in DC in the near future (Roz has dates or either Julie does- I think we've been working with them on tour time and I will probably try to have lunch with them) and I think it would be a good gesture (since I hear she is very good on this topic) if you could offer to meet with her for thirty minutes....I'm not sure there is a way to utilize her services at this point but she might have some things to offer in the way of reg reform, program barriers, etc.

3/20-3/22: maybe

I assume she can be reached at her business site for which directory assistance could provide a number since she does not list one.

(501)
Work #: 664-9383

Thanks,

Carol

cc: Roz
Julie

February 20, 1995

Carol Rascoe
The White House
West Wing, Second Floor
Washington, DC 20500

Dear Carol,

I am very pleased to hear of your increased responsibility for health care reform. Rusty Wright suggested that I write and offer my assistance to you. I am certain that my knowledge and experience as a provider of home infusion services will be helpful. I would like to offer my services to you in anyway that would benefit you and your efforts.

I have been a provider of home infusion therapy for over 10 years. I have always believed in home care as a cost effective, quality alternative to hospitalization. I also believe it maintains and often times restores the dignity that every human deserves, but often loses when they are hospitalized or placed in a nursing home.

In the early 80's, when I was educating physicians on home care, I would remind them, "What is the first thing the patient ask when you walk in the room?" It is not "How did the biopsy look? What are my labs like today?" What they ask is "When am I going home?"

My first home patient was a 24 year old mother of two children. She lived at the end of a dirt road in a house that you could see the ground through the cracks in the floor. She was able to provide the majority of her care and receive TPN, a complex IV solution at home for over 8 years. I do not mean, she wasted in bed as an invalid. Her main complaint was that she was not allowed to work. She did participate at her children's school and provided a home to them in a small trailer near her mother.

The dollars which were saved by providing her care at home were great. The fact that she was able to care for her children for 8 more years prevented additional expenses to the state, and just as importantly, the children were raised with the values of a devout Christian country woman.

As you will note from my resume, I have worked with industry leaders in the development of alternate site care. They have also been leaders in profits and circumventing regulations developed to provide cost effective, quality care.

I am fortunate now to have the opportunity to work with quality home care providers across the nation. These providers make me proud of health care professionals. They have each tackled the same issues such as reductions in profit margins with increased requirements by regulatory and accreditation organizations, and met these challenges with different methods while still maintaining quality patient care. These experiences I will proudly share.

I have never been politically active. I have one motive: To improve healthcare in the United States; to make a difference to the people who receive home care and the health care professionals who provide the care.

If you find that I can assist you in your efforts, I would be very honored.

Thank you for your consideration.

Sincerely,

Brenda Wright

Brenda T. Wright

Brenda Tadlock Wright
44 Coachlight Drive
Little Rock, Arkansas 72227

EDUCATION:

University of Arkansas for Medical Sciences *B.S. Pharmacy*	*1980*
University of Arkansas for Medical Sciences *Pharmacy Residency in Nutritional Support*	*1982*
University of Arkansas for Medical Sciences *M.S. Pharmacy*	*1989*

EXPERIENCE:

Specialized Clinical Services
1501 N. University, Suite 762
Little Rock, AR 72207

General Manager, Eastern Zone	*December 1992 to Present*

I CARE of Arkansas
5810 West 10th, Suite 100
Little Rock, AR 72204

Vice President of Operations	*September 1991 to December 1992*
Director of Marketing	*August 1990 to September 1991*
Director of Special Projects	*December 1989 to August 1990*

Caremark
2200 Brookwood Drive, Suite 118
Little Rock, AR 72202

General Manager AHR *(Caremark Partnership)*	*March 1989 to December 1989*
Manager of Pharmacy Services	*November 1982 to December 1989*

Central Arkansas Critical Care Course
Doctors Hospital
Little Rock, AR 72205

Critical Care Instructor *G.I.*	*February 1983 to November 1991*

University of Arkansas for Medical Sciences
4301 West Markham
Little Rock, AR 72202

Clinical Instructor — *February 1983 to December 1989*

Petty's Drugs
500 South University
Little Rock, AR 72205

Pharmacist — *November 1980 to May 1982*

CERTIFICATIONS AND LICENSURE:

Arkansas Pharmacy License - 6910
Zenger Miller QUEST facilitator

PROFESSIONAL AND HONORARY ORGANIZATIONS:

American Society of Hospital Pharmacist
Arkansas Pharmacist Association
Arkansas Association of Hospital Pharmacist
American Association for Continuity of Care
Arkansas Association for Continuity of Care - Past President
Phi Delta Chi Professional Fraternity
Rho Chi Pharmaceutical Honor Society

HONORS AND AWARDS:

Clinical Pharmacy Award - 1980
Smith Kline French - Arkansas

Cornerstone Award - 1985
Home Health Care of America - Southwest Region

Award of Excellence - 1986
Pharmacy Reporting
Caremark - Home Health Care of America