

*file  
Healed*

**MEMORANDUM****To: Alexis Herman****Fr: Mike Lux****Re: Current Assessments of How Interest Groups Are Positioning  
Themselves on Health Care****Date: February 2, 1993**

I have divided groups (and kinds of groups) into four categories:

**I. National Groups Most Supportive.** These are our most hardcore allies, although labor could still end up in opposition if we go certain directions (the biggest example being taxing health care benefits.) AFL-CIO as a whole is very supportive, as are many of its affiliates, although some of their internationals still favor single payer. The other organizations are all pretty solid.

AFL-CIO

SEIU

American Nurses Association

Families USA

National Leadership Coalition for Health Care Reform

American College of Physicians

American Academy of Family Physicians

Health Care America

Catholic Health Association

**II. The kinds of groups most likely to join our coalition.** All of these groups are generally supportive of health care reform, but are waiting on certain key provisions of the package before giving their enthusiastic support.

Disability Community

Child Advocacy Groups

Minority Community

Women's Movement

Senior Citizen Groups

AIDS Community

Large employers in mature industries

National Council of Churches

US Catholic Conference

III. Single payer advocates. This is our left flank. As long as we deal with their concerns in a fair way, I think they will end up helping us.

AFSCME	National Association of Social Workers
UAW	National Council of Senior Citizens
Teamsters	National Farmers Union
CWA	Neighbor to Neighbor
ACTWU	National Hispanic Council on Aging
Machinists	Physicians for a National Health Program
OCAW	Public Citizen
Citizen Action	United Church of Christ
Consumers Union	United Cerebral Palsy

IV. Most likely opposition. All are likely to violently oppose some parts of the plan, and perhaps mildly support other parts. Where our biggest opposition comes from obviously depends on the final draft of the legislation.

- National Federation of Independent Businesses, and other small business groups
- Insurance Industry, especially independent insurance agents and mid-range insurers
- Pharmaceutical companies
- For-profit hospitals
- AMA

CHRISTOPHER S. BOND

MISSOURI

COMMITTEES:

APPROPRIATIONS  
BANKING, HOUSING AND  
URBAN AFFAIRS  
SMALL BUSINESS  
BUDGET

## United States Senate

WASHINGTON, DC 20510-2503

February 3, 1993

Mrs. Hillary Rodham Clinton  
Office of the First Lady  
The White House  
Washington, D.C. 20500

Dear Mrs. Clinton,

The task laid before you to reform our health care system is a formidable and essential task. I commend you for your leadership and hope for your success in bringing this critical issue to a workable solution.

We have an opportunity to reduce the administrative costs of health care by eliminating the barriers to implementing an efficient electronic data interchange network for claims, enrollment, payment and remittance advice, eligibility inquiries and more. In addition, and perhaps more important, we have a landmark opportunity to incorporate into this data system the capability to provide a wealth of data for outcomes research and quality assurance activities that can have a dramatic effect on our health care system.

For more than a year, I have been working on legislation needed to facilitate building this vital information infrastructure which is fundamental to efficient operation of our health care system. This data system is a key component of managed competition as cited by its founders and more recently by the Congressional Budget Office. To put it simply, without this data system, the managers of the health insurance purchasing cooperatives will not be able to know whether they got a good deal or not, because they will not know what they bought.

I am in the process of re-drafting earlier proposals in this area and would welcome the opportunity to work with you and share what we have learned. Last year I worked closely with the Department of Health and Human Services to incorporate provisions based on that department's practical experience and expertise. I would welcome the opportunity to work with you or your designee on this vital piece of health care legislation.

Sincerely,



Christopher S. Bond

THE WHITE HOUSE

February 19, 1993

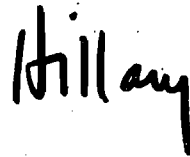
Dear Senator Bond:

I want to thank you for your letter regarding your research on a health care data system. I agree that an information infrastructure is a key component of an efficient health care system.

I would appreciate receiving more information about your proposal, and will ask my staff to review it carefully.

I look forward to working with you on this issue of critical importance to American families.

Sincerely,

A handwritten signature in black ink that reads "Hillary". The signature is written in a cursive, slightly slanted style.

The Honorable Christopher S. Bond  
United States Senate  
Washington, D.C. 20510

HARRY REID  
NEVADA

United States Senate

WASHINGTON, DC 20510-2803

February 4, 1993

Hillary Rodham Clinton  
First Lady  
Chair  
Task Force on National Health Care Reform  
West Wing, Second Floor  
The White House  
Washington, D.C. 20500

Dear Madam Chair:

Thank you very much for taking the time to speak with me today to discuss the important and pressing issue of health care reform. As I mentioned, the President should be commended for appointing you to chair this initiative as I believe you will accomplish the task admirably.

Let me reiterate the major points I raised during our conversation. First of all, it goes without saying that any major health care reform package will have to include a cost containment component. The more than \$800 billion this country spends per year on health care is totally unacceptable and seriously threatens the economy.

We all agree that any true reform proposal will have to promote preventive medical care. It is important that incentives are created to increase the number of primary care physicians, particularly general practitioners and pediatricians. And, a comprehensive reform plan should also focus on the needs of our children.

At a minimum, attention should be directed towards ensuring that pregnant women receive necessary prenatal care. Vaccines are extremely powerful in preventing disease. However, immunization rates for preschool children have remained at very low levels. It is in our best interest to give high priority to the development of a comprehensive, national immunization program. Federal environmental and health agencies have declared childhood lead poisoning "the number one environmental health hazard affecting American children." It is in the national interest to prevent this dread disease.

Chris - P11  
Shurley

Page 2

Finally, I believe states should be given the flexibility to develop and implement comprehensive health care packages. States should provide a basic benefits package that is deemed to be medically necessary and effective. It is often counterproductive -- and expensive -- to mandate unnecessary treatments.

Again, thank you for your courtesy. I look forward to working with you in the future.

With all best wishes,

Sincerely,

A handwritten signature in cursive script, appearing to read "Harry Reid".

HARRY REID  
United States Senator

HMR:smh

THE WHITE HOUSE

February 19, 1993

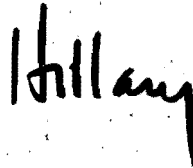
Dear Senator Reid:

I appreciated your letter following up on our discussion of the issue of health reform.

I agree that our package must include a cost containment component and promote preventive medical care. I am sure you are also aware that the President has made a commitment to immunize one million children in the summer of 1993, and strongly supports funding prenatal care for pregnant women.

As you know, the health care task force faces a monumental challenge. I look forward to continuing to work with you as we work toward our shared goals.

Sincerely,



The Honorable Harry Reid  
United States Senate  
Washington, D.C. 20510

DATE: February 5, 1993  
TO: Chris Jennings  
FROM: Andie King  
RE: Members/staff for specific component working groups:

**COMMITTEES**

As we agreed, you will call the committee staff directors and ask for staff. I have listed names you should probably get from them.

*OK*

Ways and Means (full and sub):

You know the drill here. The full committee staff director is Janice Mays (225-3628). You will want staff from both the health subcommittee and Joint Tax. Health subcommittee: Brian Biles, David Abernethy, Jamie Reuter, Tricia Neuman. Joint Tax: Hank Gutman is chief of staff, Ron Jeremias is their chief health analyst -- there might be others

*OK*

Energy and Commerce, full 225-2927

(I don't know who their new staff director is) — *Alan Roth*  
Donald Shriber, Mike Woo

*OK*

Energy and Commerce, Waxman's health sub 225-0130

Karen Nelson, Tim Westmoreland, Andy Schneider, Ruth Katz, Mike Hash. These guys can do just about anything, especially Medicaid, cost containment, benefits package, public/community health, pharmaceuticals.

*OK*

Education and Labor, full

*Call in / text message*

Staff director is Pat Rissler (225-4527). Karen Vagley is their key health person. Mr. Ford has delegated the lead on health to Mr. Williams. Their primary concerns are ERISA, Fair Labor Standards Act, children's health, particularly related to school-based provision.

Energy and Commerce, Williams' Labor-Management Relations sub

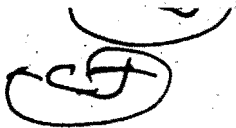
Jon Weintraub is staff director (225-5768). Phyllis Borzi is their key employee benefits/health person.

Veterans' Affairs Committee: Ralph Ibson. 225-9154

*Cooper Carolyn Chambers - 5-6831  
A. Jensen Dawn Kurland 7508*



TO: Chris Jennings  
FROM: Andie King  
RE: Congressional (House) liaison

*Send to Jerry* 

As you requested, here are my recommendations on establishing an on-going process for consulting with the House during the development of the health care reform package.

\*\* You have already initiated the process of plugging Congressional staff into the task groups. What follows is understood to be in addition to that activity.

I. There should be periodic meetings among the principals: Mrs. Clinton (and whoever else she considers appropriate) and the Leadership and committee/subcommittee chairs.

\*\* Mrs. Clinton should meet with each committee/subcommittee chair individually, in the near future, and again as conditions warrant.

The chairs of the major committees/subcommittees of jurisdiction are:

- Ways and Means full: Dan Rostenkowski
- Ways and Means sub: Pete Stark
- Energy and Commerce full: John Dingell
- Energy and Commerce sub: Henry Waxman
- Education and Labor full: Bill Ford
- Education and Labor sub: Pat Williams

You should decide whether she also should meet with chairs with more limited jurisdiction, such as Post Office and Civil Service, Judiciary, etc.

\*\* In addition to whatever meetings you consider appropriate with Majority Leader Gephardt as House Dem liaison, the Leadership may -- and should -- be met with as a group. It will also be appropriate to meet with the Leadership and the committee/subcommittee chairs as a group. This need not be as time-consuming as it might appear. Such meetings need only occur every few weeks, or when a major decision point is approaching.

The members of the Leadership are:

- Speaker: Tom Foley
- Majority Leader: Dick Gephardt
- Whip: David Bonior

*Werner's copy - 5/10/92*

**Chief Deputy Whips:**

Butler Derrick  
Barbara Kennelly  
John Lewis  
Bill Richardson

Caucus Chair: Steny Hoyer  
Caucus Vice Chair: Vic Fazio

Fully understanding the incredible demands on Mrs. Clinton's time, the benefits of both input and good will should make these meetings a good investment.

II. There should be similar periodic meetings among the staff: Ira/Judy/you/whoever is appropriate with the staff of the Leadership and committee/subcommittee chairs. To a certain extent, the more meaningful staff-level meetings there are, the fewer principal-level meetings there will need to be. These meetings, like the principal meetings, should concern strategy and substance, and process.

I AM REQUESTING THAT YOU ARRANGE THE FIRST STAFF-LEVEL MEETING AS SOON AS POSSIBLE. Give me a day and time, and I'll gather the staff.

III. As a general rule, Majority Leader Gephardt will function as liaison between Mrs. Clinton's task force and the rest of the Membership.

IV. There are, however, two special cases, which will require more direct contact with Task Force principals (Mrs. Clinton, Ira, Judy, etc):

Jim McDermott and the single-payor Members  
Jim Cooper and the CDF members

DRAFT STILL TO BE REVIEWED

February 5, 1993

MEMORANDUM FOR MRS. CLINTON

FROM: Alexis Herman  
Mike Lux

SUBJECT: Office of Public Liaison Plan For Health Care Reform  
Campaign

Per your request, attached is our department's plan for activities around the health care issue. This plan includes sections on:

1. The health reform intake war room.
2. Options on a health care summit or series of public hearings.
3. An overall strategy plan for tracking and relating to targeted interest groups:
  - a. A targeted outreach strategy.
  - b. An interest group data base.
  - c. The role of the DNC, including the formation of an independent coalition staffed by the DNC.
  - d. A plan for surrogates.

### III.

#### A. Targeted Outreach Strategy

In addition to the centralized intake warroom, surrogate speaking, and the public hearings or summit we do, we need to have a very strategic approach to organizational outreach.

We could end up wasting a huge amount of staff time "receiving input" that would not accomplish very much toward actually building the coalition that will help us pass health care reform. With literally hundreds and hundreds of groups wanting to give us input, we could assign ten full-time staff people to do nothing but be in meetings all day everyday for four months, and we would still have groups we didn't have time to meet. And I don't believe that all that input would necessarily bring us much closer to our goal.

I think of a two-prong strategy. First is the very traditional public liaison strategy of setting up consultation meetings for small groups of organizational representatives that come from the same sector. These kinds of meetings should be done for:

- the major insurance companies
- small and medium sized insurance companies
- insurance agents
- the AMA
- other groups of doctors
- for-profit hospitals
- non-profit and church-run organizations
- health care workers
- labor unions in general
- small business owners
- CEOs of big businesses
- single payer advocates
- groups concerned with rural health care
- women's health advocates
- children's health advocates
- low income health advocates
- minority groups

*pharmaceutical interests:  
manufacturers of non-Insul  
Generals  
Bristol  
pharmacy - many  
consumers*

Although the transition met with all of these kinds of groups, it is different being invited to a White House briefing, and we should take advantage of that aura to build on the transition work.

Secondly, I think we should put together interdepartmental teams with assignments to focus on five key sectors in the health debate. Each team will have a different primary goal, depending on the nature of the sector they deal with:

1. A team of people assigned to work with the major industry players on health care - AMA, Hospital Association, Insurance Association and the biggest insurance companies. Their goals

would be to gather intelligence on what these groups would be most upset about, and try to keep at least some of them from being opposed to the final package.

2. A team assigned to working with small business: they could end up being our toughest opponents. Again, intelligence gathering on their attitudes is a central goal, as well as trying to figure out a package that will be creative about meeting some of their needs.

3. A team assigned to working with big business and the major business associations. Big business could end up being an ally, so we need to pay their key ideas a lot of attention.

4. A team assigned to working with the single payer advocates, both the organizations and Congressional supporters. This team's top goal should be finding the one or two key concessions that we can live with that would bring them completely into the fold.

5. A political research team assigned to finding out what are the seemingly smaller groups or issues that could end up causing us a big problem. For example, maybe there is a small industry group that has no clout with anyone except John Dingell: we need to know about things like that, or we will find ourselves blindsided.

If we have these five projects well-coordinated, we will go into this fight well prepared to take on the interest groups we need to take on, and it will be very tough to stop us.

## **B. The Data Base**

Building on the work of the transition health team, we are developing a data base which will include the following:

1. Name of organization
2. Membership information:
  - numbers of members
  - regional or Congressional district strength
  - demographic characteristics
3. Summary of positions in each major issue area:
  - whether they have their own plan
  - how strongly they feel about different positions
4. History of our relationship with them:
  - did they endorse campaign plan?
  - did we meet with them in campaign?
  - did we meet with them in transition?
  - have they been included in a WH briefing?
  - did they support us in the election?
5. Information about leadership:
  - home and business phone numbers, fax numbers, and addresses
  - biographies
  - analysis of credibility in the media
  - known relationships with Congresspeople

**C. The DNC Role**

The DNC clearly has a critically important role to play in the campaign. I would suggest the following roles:

1. The DNC should formally launch a pro-Clinton health reform initiative so that our base of organizations and grassroots supporters have a place to channel their activity. This coalition should have at least two distinct functions:

a. Enlisting the formal support of national, regional, state, and local organizations in the Clinton health care reform proposal.

b. Providing an organized structure, state by state and in targeted Congressional districts, for grassroots activist to help us generate local support: phone calls, letters, faxes, and mailgrams to Congress people; supportive letters-to-the-editor and talk show chatter; local speakers bureau; attendance at Congressional town hall meetings.

2. A closely related role for the DNC is that they need to be very active in general to help keep the Democratic base groups pumped up and excited. It's easy in this town for the nay-sayers to get to people, and we need to counter that cynicism.

3. The DNC can be instrumental for us in intelligence gathering and opposition research. Their staff will hear talk about things that may never reach us inside these walls.

4. David Wilhelm, as I mentioned before, should be a very active surrogate on the health care issue. He can help us whip up enthusiasm at J.J. dinners, party meetings, and union conventions all over this country.

#### D. Surrogates

In addition to the public appearances by Mrs. Clinton, Mrs. Gore, the President, and the Vice-President, we need to have a large and diverse group of "inside" and "outside" surrogates to help us get our message out. The entire surrogate scheduling operation should be centrally coordinated out of the health reform war room.

#### Inside Surrogates

For the purposes of this memo, by inside surrogates I mean every speaker directly affiliated to this administration. I would include in this list:

1. Every cabinet member who is a health care task force member, and their deputies. The heaviest load will clearly need to be carried by Secretary Shalala and her deputy. Other assistant secretaries at HHS should also be part of the list.
2. White House staff including Ira Magaziner, Carol Rasco, Maggie Williams, Melanne Verveer, Regina Montoya, John Hart, Alexis Herman, and Mike Lux.
3. David Wilhelm and Celia Fisher should be available for speeches to Democratic activists on health reform, and should include a paragraph on health reform in every speech where it is appropriate.

#### Outside Surrogates

We should also aggressively encourage our friends outside the administration to speak for our health reform. This includes the friendly Governors and other state and local officials; friendly providers and other health experts; and leaders of supportive organizations. Although we won't have as much control over the message with these allies, we should do everything we can to educate them on our message, and encourage them to adhere to it.

Realistically, we won't be able to coordinate the schedules of most outside surrogates. But we can certainly be very active in asking for help and training people how to be most helpful.

#### Overall Surrogate Scheduling Considerations

We need to be cognizant of the following things as we are putting together our surrogate schedule:

1. No one organizational sector (consumers, business, health industry, etc.) should get too much attention: everyone else would notice and get nervous.



2. We should make sure that we're getting all of the country's top tier media markets covered on a regular basis, but not do top tier markets exclusively.

3. Most of our speaking opportunities that we schedule, if not all, should have a format that allows for questions and comments. We need to be seen as listening.

4. Surrogate scheduling, like much of what we do, should be driven in great part by Congressional considerations.

## II. Options on Health Care Hearings/Summit

There are two viable options for doing mass public education on health care via public participation events. Those options, which will be described in more detail below, are to do one major health reform "summit" or to do a series of regional hearings. Though there are advantages and disadvantages to both ideas, because of our tight overall timeline, we are recommending the summit option.

### OPTION A: Health Reform Summit

For this option to work best, we would recommend the following:

1. The summit would be a two day event structured similarly to the economic summit except with Mrs. Clinton running it. The President should come by to open or close the event, but should not be there most of the time.
2. It should be held outside of Washington, D.C.
3. This should be an event where the average people dealing with the health crisis get their chance to speak up. Although individual health care providers should be invited to speak, no one who is head of or lobbyist for a trade association or other interest group should be asked to speak.
4. There should be at least two or three people with specific horror stories, but there should also be several middle class people with decent benefits who are feeling squeezed and worried.
5. Small business people should be prominently featured. There should also be at least one Fortune 500 CEO.
6. Senior citizens should be there, and should be encouraged to talk openly about their insecurities about potential changes in medicare and their choice of doctors. If these fears are expressed, and we deal with them head on, we will gain immeasurably.

III.

**A. Targeted Outreach Strategy**

In addition to the centralized intake warroom, surrogate speaking, and the public hearings or summit we do, we need to have a very strategic approach to organizational outreach.

We could end up wasting a huge amount of staff time "receiving input" that would not accomplish very much toward actually building the coalition that will help us pass health care reform. With literally hundreds and hundreds of groups wanting to give us input, we could assign ten full-time staff people to do nothing but be in meetings all day everyday for four months, and we would still have groups we didn't have time to meet. And I don't believe that all that input would necessarily bring us much closer to our goal.

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- labor unions in general
- small business owners
- CEOs of big businesses
- single payer advocates
- groups concerned with rural health care
- women's health advocates
- children's health advocates
- low income health advocates
- minority groups

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If we have these five projects well-coordinated, we will go into this fight well prepared to take on the interest groups we need to take on, and it will be very tough to stop us.

OPTION B: Regional Hearings

This option would involve several regional hearings. The advantage of this option is that regional hearings help us build more of a grassroots organization and give us great regional coverage. (The disadvantage is there is no nationwide focus, as there would be with one summit.)

Most of the points raised in Option A also apply to Option B. One additional suggestion for Option B is that if we do these hearings, Mrs. Clinton should be scheduled in that media market for a full day so that she can do additional things: one-on-one local media interviews, a reception following the hearing, other important meetings or appearances during the day.

February 5, 1993

MEMORANDUM FOR MRS. CLINTON

TO: Ira Magaziner  
FR: Chris Jennings  
RE: Congressional Strategy for Health Reform  
cc: Howard Pastor, Steve Ricchetti

Following up on your request is an outline of a proposed strategy for garnishing sufficient support in the Congress for the Clinton health reform initiative.

**GOAL: A WORKABLE PROPOSAL THAT CAN PASS BOTH HOUSES OF CONGRESS**

**PROCESS: INCORPORATE AND INVEST MEMBERS OF CONGRESS AND THEIR CONSTITUENTS INTO THE DEVELOPMENT OF THE CLINTON HEALTH INITIATIVE. This can be achieved by:**

**I. Identifying Members/Staffs.**

In the recent history of the U.S. Congress, it has been virtually impossible to pass any large and potentially controversial initiative without identifying, getting to know, educating, stroking, and responding to an ideologically diverse and ego sensitive Congress that, individually and collectively, has become more and more independent. This is a time consuming, redundant process that can seem to be (and frequently is) frustrating. But it is essential to increase the likelihood of a positive reception to the eventual Clinton health reform proposal.

To best understand and keep on top of the Congress, it is essential to keep an updated and accessible Members/staff list that can be cross-referenced. A great deal of the necessary information has already been collected and assembled by the Transition. These documents are attached for the immediate use of the First Lady and you. A final and comprehensive document is in the process of being prepared. It will include all of the following information:

- \* Brief Members' Bios/Backgrounds: Including Party Affiliation and Any Committee with Relevant Health Jurisdiction
- \* Geographical Location (rural vs. urban constituency, Northwest, Northeast, Southwest, Southeast)
- \* Health Care Reform Ideology/Policy Position (single-payer, employer-based, market-based, or no current position)
- \* Major Health Bills/Amendments in Last (102nd) Congress
- \* Member and/or Staff Expertise in Specific Areas
- \* Interactions with Clinton Health Team. (This document should be updated weekly with assistance of Chris J.)

- \* Address (for meetings and follow-up notes)
- \* Phone and Fax Numbers of Members and Key Staff (this document will include Administrative Assistants, Legislative Directors, Staff Directors of Committees, and primary health and tax contacts; it would also include a home number of the primary health staff contact IF they authorize)

**RESOURCES NEEDED TO ACHIEVE GOAL:** Tapping into the staff, resources and data capabilities of the Department of Health and Human Services is advisable. Jerry Klepner, the HHS Assistant Secretary for Legislation, has indicated that he would like to provide whatever assistance he can to you in this effort. All information collected would be placed on a disc that will be compatible with whatever computer system our Congressional and Health War Room will be using.

**II. IDENTIFY AND BE PREPARED TO EFFECTIVELY ADDRESS THE HIGHEST PRIORITY PROBLEM ISSUES FOR MEMBERS OF CONGRESS.**

In meetings between Members of Congress, individually and in groups, and the First Lady, Ira, Judy, the White House Legislative Affairs, and Chris, we must continually target and update what appear the hottest concerns with our potential swing Congressional voters. We must then share these concerns with the Task Force and the Working Groups on a regular basis. At the time of this writing, for example, there are a number of themes that get raised the most:

1. Rural Communities and their Incongruence with Managed Competition principles. In addition, a fear that there is an inadequate concern about the need for special programs to assure access to rural areas.
2. Small Business and their Inability to Survive in a Mandated Health Care Environment. Along these lines, a concern about the underestimating of the economic impact of a mandate burden on small businesses.
3. States and their Need for Administrative, Financial, and Statutory Flexibility. Although comforted by the fact that the President is a great advocate, a sense of nervousness about actual implementation of such provisions is apparent.
4. The desire for direction on how cost containment savings will be allocated to expanding access or for other purposes. And whether private as well as public savings will be used for these intended purposes.



5. The desire for direction from the Administration on what legislative and budgetary strategy (i.e., should health care be incorporated into the reconciliation process?) the Congress should take.

**III. ACTIVELY CONSULT AND BE RESPONSIVE TO MEMBERS AND STAFF  
(SHORT-TERM)**

Members and staff should be thought of and used as a great resource. They know and have thought through many of the policy and political pitfalls that many of us have not yet even imagined. Their information and experience, therefore, can be absolutely invaluable. More importantly, however, if Congress and their staffs feel adequately consulted (easier to say than to define "adequate"), they are much more likely to be supportive from the start (bill introduction) to the finish (final vote).

A number of important Congressional outreach initiatives have already been implemented, including:

- \* The foundation laid by the Transition Team (see attached final report memo) is solid.
- \* The President's designation of the Senate and House Majority and Minority Leaders (Mitchell, Dole, Gephardt, and Michels) as the formal health care reform representatives of the Congress to the Administration's reform work.
- \* An extremely productive relationship has already been forged by Mrs. Clinton with the two Democratic Majority Leaders. This relationship is continually strengthened by constant communication between the staff of the Administration and the Majority Leaders' Offices.
- \* A February 4th meeting with 27 Democratic Members of the Senate and Mrs. Clinton was a great success. It is being followed up with personal notes from Mrs. Clinton and staff conversations with Chris Jennings.
- \* This week's decision to incorporate Democratic Members' staff with expertise on particular issues into the Work Group process.

The Following Initiatives Are Also Desirable and Recommended:

- \* Immediately follow-up and hold a similar meeting/briefing with the House leadership that we held with the Senate leadership yesterday. (The staff of the House Majority Leader is taking care of this).
- \* Immediately attempt to schedule Mrs. Clinton to meet with all the Minority Congressional Caucuses: Women's, Black, and Hispanic. (Charlotte Hayes of the Vice President's office has already initiated discussions).
- \* Establish a time sensitive Mrs. Clinton thank you note system following important (does not have to be all) meetings with Members. These type of communications from Mrs. Clinton are extremely powerful and helpful to building strong relationships.
- \* Finalize a process to streamline and coordinate all invitations to the First Lady, Ira and Judy for congressional meetings. (We must design this with guidance of Melanne, Steve R. and others). The Legislative Affairs staff, through Chris Jennings, must be apprised of all such meetings.
- \* Implement a process to quickly respond in writing, where appropriate and advisable, to letters and requests from Members of Congress and their spouses.
- \* Through the Department, provide wider circulation of the list of scheduled health hearings that is produced by the Assistant Secretary of Legislation's office.
- \* Consider encouraging particular Committees to hold substantive hearings focusing on the negative traits of interest groups who will be opposed to health reform. Coordinate this effort with Public Affairs.
- \* Develop an updated list of House and Senate Hearings on Health Care Issues to be distributed to Public Affairs
- \* Finalize how Democratic Congressional Staff will be incorporated into the working groups and when. Chris Jennings then needs to immediately follow-up with the Majority Leaders' staff to enable them to coordinate and assign appropriate staff.

- \* Establish a process to assist Work Group leaders and members access to materials or even Congressional staff for their informational needs, but with clear direction that all Hill contacts are coordinated and approved by Chris. (We cannot have Congressional staff called by 28 different working group chiefs!!)
- \* Initiate a process to monitor relevant Congressional hearings, floor statements, and bill introductions and incorporate new information into data base described previously.
- \* Establish a system for exchange of information with the Office of Public Liaison, the Office of Intergovernmental Affairs and the Office of Public Affairs. For example, information received by Congressional Relations from Members of Congress on groups and organizations that need to be brought into discussions can be fed to the Office of Public Liaison and information received from groups on conversations with members can be fed to Congressional Relations for appropriate follow-up.

**RESOURCES NEEDED TO ACHIEVE GOAL:** Chris needs to be constantly accessible and will have to be mobile to and for Mrs. Clinton, Melanne, Steve R., the HHS Department, Ira, Judy, and the numerous Members of Congress and their staffs who will be calling. These people can't and won't wait for Chris to wait outside the door for a pass.

To be successful in this regard, Chris will therefore need a staff pass for around-the-clock access into the OEOB and the White House, a parking pass for the OEOB and the Congress, a beeper and perhaps a mobile phone, a C-Span Cable compatible TV to monitor Congressional developments, and access to support staff. Because of the need to have more opportunities for timely interaction with Howard Pastor's shop, it may be advisable for Chris Jennings to work off a desk out of Legislative Affairs. (Steve R. and Howard are discussing this now).

#### IV. CONGRESSIONAL STRATEGY (Mid and Long-Term)

Congress, particularly the Democrats, should be generally pleased with the arrangement of their participation on the working groups. However, they will quickly want to sit on meetings that integrate all workgroup efforts into the common package. It is imperative that they are involved in a significant way in this process. Best way to proceed:

- \* At appropriate but early time, Ira and Judy should initiate staff discussions about the overall package. This should be coordinated through the House and Senate leadership to determine who is best suited for various meetings. It is imperative, however, that the House, in particular, have an avenue for some of the non-Committee Member big-wigs to contribute to process.
- \* Time consuming, but separate meetings with the Republicans are also advisable, particularly with those Members who we have any chance of getting on board, e.g. Danforth, Kassebaum.
- \* Establish a group of surrogate speakers from the ranks of Congress and elsewhere to talk about the process and the plan. We can start with those who performed similar functions during the campaign and incorporate others who wish to be supportive.
- \* Continue to build on current and future relations through constant attention to Members and their staffs and an ongoing effort to address their concerns.

#### V. CONCLUSION

Congress is a fluid place where positions and attitudes change rapidly. Despite ongoing efforts fires will inevitably arise that need to be put out. The congressional relations strategy will need to be flexible and responsive to this ever changing environment while keeping the overall strategy of enacting a workable health care reform measure.

One last, but important point that comes under the heading use the resources the Administration already has to their fullest. Both Steve Ricchetti (insurance and health care providers in general) and Chris Jennings (small business, pharmaceutical, state flexibility issues) have substantive health policy and political backgrounds that should be tapped at appropriate and helpful times within the policy development process.

ROBERT H. MICHEL  
18TH DISTRICT, ILLINOIS

H-232, THE CAPITOL  
WASHINGTON, DC 20515-6537  
225-0600

**Office of the Republican Leader**  
**United States House of Representatives**  
**Washington, DC 20515-6537**

**MEMO**

**TO: Chris Jennings**

**FROM: Karen Haas**

**DATE: February 9, 1993**

The schedule we discussed on Monday seems to work out fine.

Mrs. Clinton would meet with Mr. Michel on Tuesday, February 16th at 4:15 p.m. in H-232 of the Capitol for approximately 15 minutes. (I assume Cong. Hastert will also attend this meeting.)

Mr. Michel will then introduce Mrs. Clinton to the House Republican Health Task Force. They will be meeting in H-227 of the Capitol from 4:30 p.m. until 5:15 p.m. The list of members is attached.

I will be in touch about further details and if there are any changes or corrections please let me know.

Lorraine - Here you go. Carl talking to  
you.

Phu

**MEMBERS OF THE  
REPUBLICAN LEADER'S TASK FORCE ON HEALTH  
103RD CONGRESS**

**Bob Michel - Chairman  
Newt Gingrich - Co-Chairman**

- Bill Archer (TX)**
- Michael Billirakis (FL)**
- Thomas J. Bliley, Jr. (VA)**
- Michael N. Castle (DE)**
- William F. Goodling (PA)**
- Porter J. Goss (FL)**
- Fred Grandy (LA)**
- Steve Gunderson (WI)**
- \* J. Dennis Hastert (IL) → minority Leader's Health Task Force Designee**
- David L. Hobson (OH)**
- Martin R. Hoke (OH)**
- Nancy L. Johnson (CT)**
- John R. Kasich (OH)**
- Jim McCrery (LA)**
- Howard "Buck" McKeon (CA)**
- J. Alex McMillan (NC)**
- Dan Miller (FL)**
- Carlos J. Moorhead (CA)**
- Pat Roberts (KS)**
- Marge Roukema (NJ)**
- William M. Thomas (CA)**
- Robert S. Walker (PA)**

Talk PTO

Tell

① → Square at course tables  
write fraud, etc., before taking other  
additional names

② → Permission to talk about course before plan is done  
Bodie

225-7276

— See —

① ACL

② Monday meeting