

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo w/attach	Chris Jennings , Steve Ricchetti to Hillary Clinton Re: Proposed Schedule for Congressional Consultative Meetings and Pre-Introduction Briefings for a Scheduled June 23rd Release Date (11 pages)	6/1/93	P5
002. memo w/attach	Chris Jennings to Distribution Re: Proposed Congressional Meeting Schedule (12 pages)	6/1/93	P5
003. memo	Sara Rosenbaum to Hillary Clinton, Carol Rasco, Ira Magaziner, Judy Freder, Shirley Sagwa Re: Legislative Specifications for the President's National Health Reform Plan (7 pages)	6/3/93	P5
004. memo	Chris Jennings to Hillary Clinton Re: Monday Meeting with Congressman Dickey (2 pages)	6/5/93	P5
005. memo	Chris Jennings to Hillary Rodham Clinton Re: General Comments re Reconciliation Cuts (2 pages)	6/7/93	P5
006. memo w/attach	Donna Shalala to President and Mrs. Clinton Re: Public Portrayal of the Medicare Program (6 pages)	6/7/93	P5
007. memo	Chris Jennings to Hillary Clinton Re: Meeting with Senator Exon (2 pages)	6/9/93	P5
008. memo w/attach	Chris Jennings to Hillary Clinton Re: Meeting with Senator Dodd (3 pages)	6/10/93	P5

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Helath Security Act)
OA/Box Number: 23754

FOLDER TITLE:

June 1993 HSA [1]

gf87

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C.
2201(3).

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June

HEALTH CARE UNIVERSITY CONCEPT/IMPLEMENTATION PROPOSAL

Majority Leader Gephardt, Majority Leader Mitchell, and Senator Daschle have repeatedly raised concerns about the limited education level of Members as it relates to health care. Senator Daschle and Congressman Gephardt have promoted the establishment of a kind of "health care university" for Members of Congress. They believe the "classes" should be **open to Members of both parties**. The First Lady believes that the Leadership's suggestion is excellent and should be implemented as soon as practical and advisable.

Mrs. Clinton has asked that the following proposal for a series of health care briefings (she would prefer to use a title other than Health Care University) by Administration health policy and legislative affairs representatives be given to and reviewed by the Congressional Leadership and their staffs. **Before proceeding with the outline, however, we wish to stress that the Administration believes these important presentations should be viewed as a supplement to, and not a substitute for, the consultations that have and will continue to take place with the Congressional Leadership.**

We believe that the establishment of a health care university-like entity (from now on referred to -- at least temporarily -- as **health care briefings**) has great potential. If done well, it the process should:

- (1) Reinvigorate the "need for action" mentality that, until very recently, had been effectively fanning the flames of desire for comprehensive health reform in the Congress;
- (2) Ease Congressional concerns about, and raise Member comfort levels with, the President's proposal to address the problems;
- (3) Better enable prospective Congressional supporters to explain, defend, and sell the President's proposal; and
- (4) Be utilized to help educate surrogates in home Congressional districts.

Achieving success in briefing Administration, Congressional, and other influential individuals will depend on the ability of the health care briefings to: (1) communicate our message in a simple, understandable way; (2) utilize staff resources most effectively; and (3) be responsive to the information needs and time constraints of those we will rely on to support the President's health reform initiative. To develop and implement an effective educational briefing process we will have to successfully:

- **Target the Issues**
- **Target the Best Personnel to Make Presentations**
- **Establish a Staff/Intake and Scheduling Process**
- **Prepare the Briefing Materials and Presentations**
- **Brief and Train the Briefers**
- **Develop a Workable Timetable**

TARGET THE ISSUES

The briefings should convey a simple, concise message and be responsive to what we know to be **the major thematic priorities and interests of the majority of the Congress**. As a first cut, we propose limiting the briefings to no more than 10 broad-based issues:

- (1) **An Overview of the Plan, its Design and its Philosophy;**
- (2) **Consumers in the New System;**
- (3) **Cost Containment and Budgets;**
- (4) **Savings, Costs and Financing;**
- (5) **Small and Large Businesses in the New System;**
- (6) **Health Care Providers in the New System;**
- (7) **Federal/State Roles;**
- (8) **The Elderly in the New System;**
- (9) **Rural Communities and the New System; and**
- (10) **Urban Communities, Underserved, and the New System.**

Issues such as Medicare, Medicaid, Veterans, Federal Employees Health Benefits, medical malpractice, anti-trust, quality, public health, benefits, etc. would be incorporated into the above mentioned categories. Special and more detailed briefings on these and the whole range of other issues would be provided to Administration representatives, Congressional Members and staff on an as-needed and requested basis.

TARGET THE BEST PERSONNEL TO MAKE PRESENTATIONS

Briefing Members of Congress always has the potential for great benefits, as well as great risks. The key is for Members to leave the presentations both impressed with the substance of the information given and the competence (and likability) of the presenters.

Included in the definition of a competent Congressional briefer is knowing -- going in -- what are the historic sensitivities of the Members present, in other words, to know what to say and how to say it and to know what not to say. If the personnel chosen meet these criteria, the benefits of these briefings are almost boundless. If, on the other hand, Members leave presentations with a sense that briefers are either incompetent, arrogant, condescending, and/or disrespectful, an effort with the best of intentions could well turn out to be a total disaster. All of this is to say that the personnel chosen for Congressional briefings is critically important.

Policy Expert Resources

Within the White House health care working groups and the Departments (in particular, HHS), the Administration has an impressive array of health care policy experts who could serve in briefing roles extremely well. (In most cases, Ira and Judy -- in particular -- have been, and likely will continue to be, very well received.) Having said this, the other briefers that we will need must be evaluated carefully -- keeping in mind not only how competent they are, but how well they will be received by different collections of Members. (We have prepared a tentative staff resource list linked to the ten topics previously mentioned, but it is undergoing final review by the White House and HHS; in any event, it will be a continually updated list based on the briefers' performance and Congressional reception.)

Legislative/Policy Resources

We strongly advise that those most familiar with the Congress and their predilections -- the Administration's Legislative Affairs staff -- play a major role in briefing the Members and the staff on this issue. The White House and Departmental Legislative Affairs staff (particularly at HHS) have strong and long-standing relationships with the Members and staff that should be utilized to the benefit of the Administration's health reform effort.

At every briefing, there should be one Legislative Affairs Administration representative who has equal status to the policy presenter. This is absolutely necessary to best assure that no situation gets out of hand, that there is a politically sensitive individual always present, that there are careful notes of the meeting, and that responsive follow-up occurs.

ESTABLISH A STAFF AND SCHEDULING PROCESS

The scheduling of the university and other requested briefings should be coordinated out of the War Room. This work should be closely coordinated with the Department of Health and Human Services' Office of the Assistant Secretary for Legislation (ASL and other Departments as necessary). In addition, we should work closely with the House Democratic Caucus and the Senate Democratic Policy Committee to help coordinate topics, schedules, and rooms. The schedule of all briefings should be updated daily, provided to Steve Ricchetti/Chris J./Jerry K./Karen P., and announced at the morning Communications meeting.

To ensure that the briefing operation is a success requires an experienced and politically sensitive staff person who can work closely with the Congressional Leadership and Administration personnel in meeting the scheduling and substantive needs of the Members. We propose that Steve Edelstein take on this role (in addition to his other responsibilities) and work with Lori Davis and other staff at HHS to assist him. Depending on the volume of and desire for briefings, additional staff (perhaps a full-time intern who is mature and responsible) may be required.

PREPARE THE BRIEFING MATERIALS AND PRESENTATIONS

In order to ensure the delivery of a consistent, simple, understandable message, we need to prepare educational materials for the presenters in advance of the briefings that all staff can and should use. Educational materials should include charts, graphs, detailed outlines to guide presentations, questions and answers as appropriate. These materials and presentations should be user friendly and targeted to specific audiences.

Working with the initial approval of Ira and Judy, as well as the Legislative Affairs staff, Steve E. will assign one policy expert to each of the issues chosen for briefings to take the lead in preparing the substance of the briefing materials and their presentation. He will make certain that each presentation is finalized on time and in the best format possible. The Communications staff will review and edit the briefing materials for clarity, directness, and consistency of message.

The presentations will also be screened by Legislative Affairs staff to ensure that they meet the needs of the audience. (They will know who is attending because we propose to limit the size of each briefing to between 25-35 Members and have them signed up in advance of the briefing; we believe that such a small structure will best assure a less lecture-like atmosphere and better encourage a give and take constructive discussion.)

Each "class" will be structured to briefly outline the problem(s) with the current system, how the President's proposal addresses the problem(s) (if relatively non-controversial), and the rationale behind the Administration's proposal. The briefings will be designed to last no longer than 60 minutes: 20-30 minutes (at most) of presentation and 30-40 minutes for questions and answers. On an as needed basis, these classes will be repeated.

Substantive and detailed presentations about the most controversial policy recommendations -- if they are even available -- of the President's proposal should be avoided. There is great concern among the Congressional Leadership that controversial recommendations -- such as financing, exact cost containment mechanisms, etc. -- could lead to public and potentially problematic disclosure. Instead, the Majority Leaders have suggested that we detail the **options** we are considering to address the most challenging issues.

BRIEF AND TRAIN THE BRIEFERS

Communications staff will be needed to provide guidance to all briefers on how to orally deliver their presentations in an easily understandable manner. In addition, before each presentation, the Legislative Affairs staff from either the White House or the appropriate Department (usually Jerry Klepner's shop) will brief the presenters on who will be in the audience, what issues are particularly sensitive, what issues to highlight, and how best to present complex, potentially controversial materials.

DEVELOP A WORKABLE TIMETABLE

We need to make a final decision as to when it would be most appropriate and useful to commence the health care seminars. Senator Daschle originally envisioned the "classes" beginning after the legislation had been introduced. Majority Leader Gephardt believes it is advisable to hold a series of briefings in one or two days of presentations in an attempt to hold a dry run -- presenting options not final decisions -- in an effort to begin to work out the kinks and determine what briefing format will work the best in September. We need to discuss the best start-up time with the Leadership.

Lastly, Congressman Gephardt has initiated an invitation for the First Lady to speak before the House Democratic Caucus soon after she returns from her July trip (roughly the 21st). The goal for this presentation is for Mrs. Clinton to reinvigorate the Members into feeling that health care reform is a political and economic imperative.

If the President is going to unveil his package by not later than late September, the implementation of the start-up recommendations for the health care briefings must occur almost immediately. The following outlines a possible workplan timeline to help with tentative scheduling.

WORKPLAN TIMELINE

Activity	6/27	7/5	7/12	7/19	7/26	8/2- 8/30	9/6	9/13	9/20	9/27
Target Issues	-----									
Target Personnel	-----									
Finalize Staffing	-----									
Prepare Briefing Materials		-----								
Brief the Briefers			----- (on how best to communicate/ legislative prep)					----- (communication and leg. prep continues)		
Hone the Message						-----				
HRC CAUCUS PRESENTATION					-----					
CONGRESSIONAL BRIEFINGS						--- Dry run 1st briefing before recess		----- RETURN TO briefings and continue them even after introduction on a bipartisan basis.		

Melrose

225-0282

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June 7, 1993

TO: Members, White House Health Care Campaign
FROM: Jeff Eller *JE*
RE: Preparation

It is clear that there are several logistical pieces to the Heath Care Campaign that need to be planned and and put to paper. The following is a draft list with assignments and deadlines. All of this works on the assumption that we'll be using the date talked about last Friday.

Please review these and give me suggestions on what you would change or add to the list of projects.

I'd like your recommendations by Noon on Wednesday.

Thanks

- Remember Walker - Kevin Bone meeting
- Call for Dr. Jankov meeting

9:00
1 h. 4:25
10:00
9:00 Possible
10:00 ~~Meeting~~
10:00 Ford -
 Dutton - Race health
 Bensen - Small Business
 B. Man - Summary

HEALTH CARE PROJECT LIST

6/7/93

Project Name	Dept. Responsible	Person Responsible	Est. Start	Est. Finish
Targeting List	Policy	Chris Jennings	6-7-93	6-9-93
Materials List	Research	Meeghan Prunty	6-7-93	6-10-93
Ira Magaziner Press Packet	Policy	Carolyn Gatz	6-7-93	6-11-93
Talking Points List	Public Liaison	Mike Lux & Chris	6-7-93	6-11-93
Communications Strategy	Research	Meeghan Prunty	6-7-93	6-11-93
Surrogate Strategy	Scheduling	Alan Hoffman	6-7-93	6-14-93
Network Television Strategy	Communications	Bob Boorstin	6-7-93	6-14-93
Daytime Television Strategy	First Lady	Lisa Caputo	6-7-93	6-14-93
Morning Show Strategy	Communications	Bob Boorstin	6-7-93	6-14-93
Local Television Strategy	Media Affairs	David Anderson	6-7-93	6-14-93
Radio Talk Show Strategy	Media Affairs	Richard Strauss	6-7-93	6-14-93
Madison Avenue Ad Group	Communications	Mandy Grundwald	6-7-93	6-14-93
Health Care Dictionary	Communications	Bob Boorstin	6-7-93	6-14-93
Health Care University	Policy	Chris Jennings	6-7-93	6-14-93
Supporters List	Public Liaison	Mike Lux	6-7-93	6-14-93
Health Care Press Packet	Communications	Bob Boorstin	6-7-93	6-15-93
Graphics Package	Research	Meeghan Prunty	6-7-93	6-15-93

Targeting List

Information Sheet
White House Health Care Campaign

Targeting List

Project Name

6-7-93

Est. Start Date

Schedule Status

6-9-93

Est. Finish Date

Responsibility

Policy

Dept. Responsible

Chris Jennings

Person Responsible

Description

Prepare the best guess list of swing states and congressional districts needed for passage of health care.

Future Requirements

List

Materials List

Information Sheet
White House Health Care Campaign

Materials List

Project Name

6-7-93

Est. Start Date

Schedule Status

6-10-93

Est. Finish Date

Responsibility

Research

Dept. Responsible

Meeghan Prunty

Person Responsible

Description

Prepare list of materials needed for Health Care Campaign

Future Requirements

List

Projected Costs

Ira Magaziner Press Packet

Information Sheet
White House Health Care Campaign

Ira Magaziner Press Packet

Project Name

6-7-93

Est. Start Date

Schedule Status

6-11-93

Est. Finish Date

Responsibility

Policy

Dept. Responsible

Carolyn Gatz

Person Responsible

Description

Prepare press packet on Ira Magaziner. Should include B&W photo, bio, comments from the President.

Future Requirements

Get Photo Taken and Reproduced
Printing

Talking Points List

Information Sheet
White House Health Care Campaign

Talking Points List

Project Name

6-7-93

Est. Start Date

Schedule Status

6-11-93

Est. Finish Date

Responsibility

Public Liaison

Dept. Responsible

Mike Lux & Chris Jennings

Person Responsible

Description

Prepare a list of fax numbers of people and organizations that would need to get a daily set of health care talking points

Future Requirements

Fax List

Communications Strategy Memo

*Information Sheet
White House Health Care Campaign*

Communications Strategy Memo

Project Name

6-7-93

Est. Start Date

Schedule Status

6-11-93

Est. Finish Date

Responsibility

Research

Dept. Responsible

Meeghan Prunty

Person Responsible

Description

Best of Rockefeller plus the best of our meetings

Future Requirements

Written Plan

Surrogate Strategy

Information Sheet
White House Health Care Campaign

Surrogate Strategy

Project Name

6-7-93

Est. Start Date

Ahead

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Scheduling

Dept. Responsible

Alan Hoffman

Person Responsible

Description

Conceive and write a strategy for placing health care surrogates in targeted media markets beginning 10-days prior to the announcement and continuing 2-weeks after.

Future Requirements

Written Plan

Calendar

Network Television Strategy

Information Sheet
White House Health Care Campaign

Network Television Strategy

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Communications

Dept. Responsible

Bob Boorstin

Person Responsible

Description

Conceive and write a strategy for selling health care on network television starting 10-days prior to the announcement and continuing for 2-weeks following the announcement.

Future Requirements

Written Plan

Calendar

Daytime Television Strategy

Information Sheet
White House Health Care Campaign

Daytime Television Strategy

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

First Lady

Dept. Responsible

Lisa Caputo

Person Responsible

Description

Concieve and write a strategy for dealing with daytime television, re: Donahue, Ophra, beginning 10-days prior to the announcement and continuing 2-weeks after.

Future Requirements

Written Plan

Calendar

Morning Show Strategy

Information Sheet
White House Health Care Campaign

Morning Show Strategy

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Communications

Dept. Responsible

Bob Boorstin

Person Responsible

Description

Concieve and write a strategy for having a presence on the network morning shows beginning 10-days prior to the announcement and continuing 2-weeks after.

Future Requirements

Written Plan

Calendar

Local Television Strategy

Information Sheet
White House Health Care Campaign

Local Television Strategy

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Media Affairs

Dept. Responsible

David Anderson

Person Responsible

Description

Conceive and write a strategy for placing health care surrogates in targeted media markets on local television beginning 10-days prior to the announcement and continuing 2-weeks after. The focus should be on health care reporters as well as on local television talk/variety shows.

Future Requirements

Written Plan

Calendar

Radio Talk Show Strategy

Information Sheet
White House Health Care Campaign

Radio Talk Show Strategy

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Media Affairs

Dept. Responsible

Richard Strauss

Person Responsible

Description

Conceive and write a strategy for dealing with Talk Radio and for placing surrogates on these shows beginning 10-days prior to the announcement and continuing 2-weeks after.

Future Requirements

Written Plan

Calendar

Madison Avenue Ad Group

*Information Sheet
White House Health Care Campaign*

Madison Avenue Ad Group

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Communications

Dept. Responsible

Mandy Grundwald

Person Responsible

Description

Pull together the campaign group of ad executives on how to talk about health care

Future Requirements

Meeting Schedule

Health Care Dictionary

Information Sheet
White House Health Care Campaign

Health Care Dictionary

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Communications

Dept. Responsible

Bob Boorstin

Person Responsible

Description

Prepare a dictionary of terms to be used to explain health care plan.

Future Requirements

Glossary of Terms

Printing Cost

Health Care University

Information Sheet
White House Health Care Campaign

Health Care University

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Policy

Dept. Responsible

Chris Jennings

Person Responsible

Description

Prepare curriculum and schedule for education House, Senate and White House staff on the health care plan. Work with Rockefeller and Daschle staff on logistics

Future Requirements

Written Plan

Calendar

Supporters List

Information Sheet
White House Health Care Campaign

Supporters List

Project Name

6-7-93

Est. Start Date

Schedule Status

6-14-93

Est. Finish Date

Responsibility

Public Liaison

Dept. Responsible

Mike Lux

Person Responsible

Description

Prepare early list of groups that will support the health care plan. Indicate degree of support

Future Requirements

List

Health Care Press Packet

Information Sheet
White House Health Care Campaign

Health Care Press Packet

Project Name

6-7-93

Est. Start Date

Schedule Status

6-15-93

Est. Finish Date

Responsibility

Communications

Dept. Responsible

Bob Boorstin

Person Responsible

Description

Prepare a generic press packet that can be sent out upon demand by the WH Press Office and Media Affairs

Future Requirements

Prepare Packet
Printing

Graphics Package

Information Sheet
White House Health Care Campaign

Graphics Package

Project Name

6-7-93

Est. Start Date

Schedule Status

6-15-93

Est. Finish Date

Responsibility

Research

Dept. Responsible

Meeghan Prunty

Person Responsible

Description

Per Boorstin, work up a graphics package for both print and television.

Future Requirements

Plan

Materials and resources needed

\$ 48,350

OBRA-93 MEDICARE RECONCILIATION COMBINED PROVISIONS:
COMMITTEES ON WAYS & MEANS AND ENERGY & COMMERCE
 Estimate assumes greatest savings and/or less cost options.
 Outlays by fiscal year, in millions of dollars.

May 17, 1993
 06:24 PM

	1994	1995	1996	1997	1998	Total
PROVISIONS RELATING TO PART A						
Eliminate Update for Hospital Svcs & Hospice Care	-2,002	-5,217	-8,484	-7,046	-7,935	-28,389
Wage Index Provisions	20	0	0	0	0	20
Regional Referral Center Extension	41	2	0	0	0	43
Medicare-Dependent, Small Rural Hospital Extension	130	6	0	0	0	136
Extension of Regional Floor	120	144	166	20	0	440
Hemophilia Pass-Through Extension	6	4	1	0	0	10
Med Ed Pmts In Hospital-Owned Comm Health Ctrs	"	"	"	"	"	"
Credit for Part A Coverage for Ctrs Pd Into Social Security	2	2	2	2	11	36
SUBTOTAL PART A	-1,684	-5,065	-8,319	-7,016	-7,924	-27,698
PROVISIONS RELATING TO PART B						
Elimination of Inflation Updates for Part B Services	-475	-1,353	-1,935	-2,059	-2,314	-8,040
Reduction in Performance Std; Increase in Floor	0	0	-257	-807	-1,504	-2,568
Reduction in Practice Expense RVUs for Certain Svcs	-117	-341	-606	-753	-932	-2,849
Limit on Pmt for the Anesthesia Care Team	-27	-55	-55	-113	-146	-429
Separate Payment for Interpretation of EKGs	-7	-12	-7	-5	-6	-37
Pmts for New Physicians and Practitioners	-5	-10	-10	-15	-16	-55
Extra Billing Limits	-2	-12	-11	-10	-9	-50
10% Reduction in Pmts for OPD Capital	0	0	-126	-150	-174	-452
Extension of Current OPD Payment Reductions	0	0	-437	-511	-693	-1,541
Eye or Eye and Ear Hospitals	"	"	0	0	0	"
Revisions to Payment Rules for DME (Including Ostomy)	-61	-105	-119	-136	-165	-576
Treatment of Nebulzers and Aspirators	-12	-19	-21	-24	-28	-104
Payment for Surgical Dressings	"	"	"	"	"	"
Payment for TENS Devices	-2	-3	-3	-4	-4	-16
76% Median Cap on Clinical Labs	-263	-459	-543	-639	-751	-2,655
Nurse Anesthetists (CRNAs) Payments	-5	-10	-14	-16	-18	-63

OBRA-89 MEDICARE RECONCILIATION COMBINED PROVISIONS:

May 17, 1993

COMMITTEES ON WAYS & MEANS AND ENERGY & COMMERCE

05:24 PM

Estimate assumes greatest savings and/or least cost options.

Outlays by fiscal year, in millions of dollars.

	1994	1995	1996	1997	1998	Total
Extension of Alzheimer's Disease Demo	12	2	0	0	0	14
Part B Premiums for Late Enrollment	22	25	29	33	37	146
Extension of Municipal Health Demo Projects	12	19	20	22	8	81
Treatment of Certain IHS Programs as FQHCs	4	7	8	8	9	36
Coverage of Certified Nurse-Midwife Svcs	•	•	•	•	•	2
Annual Cap for Physical/Occupational Therapy	4	6	7	9	11	37
SUBTOTAL PART B	-926	-2,323	-4,012	-5,174	-6,484	-18,920
PROVISIONS RELATING TO PARTS A & B						
Elimination of Add-on of Hosp-Based H-As	-170	-210	-230	-250	-280	-1,150
Eliminate Updates for Direct Med Ed & Home Health	-121	-480	-699	-439	-255	-1,974
Extension of MSP Data Match Program	0	0	-45	-120	-306	-370
MSP Permanent Application to Disabled Individ.	0	0	-876	-1,265	-1,414	-3,575
MSP for EBRD to 18 Months	0	0	-84	-119	-127	-330
MSP Reforms	-145	-199	-263	-305	-336	-1,248
MSP for Religious Orders	1	0	0	0	0	1
Extension of Limit on Certain Phys Referrals	0	-50	-100	-100	-100	-350
Graduate Medical Education	21	11	12	13	14	71
Immunosuppressive Drug Therapy	14	33	57	73	85	262
Reduction in Payment for Erythropoietin	-28	-47	-51	-56	-61	-243
Social HMOs	2	6	7	8	9	25
SUBTOTAL PARTS A & B	-426	-917	-2,272	-2,890	-2,876	-8,981
PART B PREMIUM						
Extend 25% Premium in 1996 and 1997 a/	0	0	-712	-2,332	-2,867	-5,901
TOTAL MEDICARE	-3,058	-8,235	-13,315	-17,119	-19,641	-61,400

a/ Less than \$500,000.

a/ Monthly Premiums

\$41.0	\$46.13	\$49.70	\$55.50	\$57.10
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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. memo	Chris Jennings to Hillary Clinton Re: Meeting with Senator Exon (2 pages)	6/9/93	P5

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Helath Security Act)
OA/Box Number: 23754

FOLDER TITLE:

June 1993 HSA [1]

gf87

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 advise 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]
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- 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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. memo w/attach	Chris Jennings to Hillary Clinton Re: Meeting with Senator Dodd (3 pages)	6/10/93	P5

**This marker identifies the original location of the withdrawn item listed above.
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