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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Chris Jennings, Steve Edelstein to Hillary Clinton Re: Issues Regarding the Congressional Schedule (3 pages)	8/18/93	P5
002. memo	Chris Jennings to Hillary Clinton Re: Meeting with Congressman Stark (1 page)	8/31/93	P5

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Domestic Policy Council
Chris Jennings (Health Security Act)
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August 1993 HSA

gf102

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]
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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]

Business File

THE WHITE HOUSE

WASHINGTON

OFFICE OF PUBLIC LIAISON

Health care 93/94
Reconciliation
COB.

MEMORANDUM FOR HAROLD ICKES
ALEXIS HERMAN
IRA MAGAZINER
GREG LAWLER
CHRIS JENNINGS
JACK LEW
MIKE LUX
MARILYN YAGER
MARILYN DIGIACOBBE

FROM: CAREN WILCOX

SUBJECT: THE MITCHELL BILL AND THE BUSINESS COMMUNITY

DATE: AUGUST 17, 1994

BACKGROUND

I am continuing to work with a few elements of the large business community who remain committed to improving the bill sufficiently enough in the Senate that they believe a good bill could emerge from conference. However, even these companies are expressing either discouragement or concern. In addition, the small business coalition remains a constant support, but they have two issues of importance: the definition of the self employed, and the equal pricing issue for drugs sold to pharmacies.

SUPPORTIVE GROUPS - The Ad Hoc Lobbying Group and its core members, from iron and steel, and auto, remain involved, and the "Atkins" group continues to work for employer mandates, await indications of the Senate climate, and appears split between those still seeking amendments on ERISA, and those hardlining that issue. Members of the Small Business Coalition for Health Care Reform remain active supporters of change.

The auto and steel companies have decided, with a little encouragement, that they should do what the entire business community should have done if it had acted responsibly in this debate. They are now acting in a proactive manner to identify and prioritize business problems in the bill and to propose solutions. They are working with Senator Riegle and perhaps some others. They will keep Senator Mitchell's office informed. This action may permit Democratic Senators to get some credit in the business community for moving some amendments that will make the bill more palatable to business. They will identify issues on which they believe there is congruity between business and labor and those on which there may be disagreement.

A conversation with Larry Atkins indicates that his group is remaining in the mix, and they are attempting to evaluate what the Mainstream Group can bring forth. They believe it will be difficult for them to do anything other than to amend the Mitchell bill. They remain hopeful that they will not successfully kill any mandate.

Atkins has amendatory concepts ready, but has not reduced them to language or sought specific sponsors. A copy of their letter to Senator Mitchell describing their issues is attached. Because the Atkins group is divided on ERISA the letter takes the hardest stand on that issue, but members of the group are more moderate in their outlook on the issue.

OPPOSITION - There is now a unified "Key Business Groups" coalition of associations which have agreed to oppose the Mitchell bill in its present form, saying that it would be more harmful than retaining the current system. This group contains the NAM, U.S. Chamber, BRT, as well as the other usual cast of characters such as NFIB and HEAL. The Association of Private Pension and Welfare Plans and ERISA Industry Committee have now joined this group.

Reportedly, within this group the BRT and ERISA Industry Committee (ERIC) are working behind the scenes for amendments, while having a public posture of complete opposition.

ATTACHMENTS - (TAB A) I have attached a number of letters including one each from NYNEX, INTEL, and an IBM E-Mail, and the joint statement of the "key business groups."

In addition, I have forwarded by voice mail the advertisement which I understand may run in 14 media markets early next week about ERISA, scaring employees of multi-state companies into opposing the bill. IBM drafted it. It supposedly will be signed by 57 companies.

AMENDMENT STRATEGY

Obviously most of the business groups have decided to try to help the Republicans take the Mitchell bill down to defeat.

However, there is a core of companies left which hope that with some amendments and a good conference committee, they could support bills and final passage. Some of them are looking for sponsors for amendments, some appear to be working with the Rump Group, and some are trying to work with individual Senators and with Senator Mitchell's office. **These companies are working for the employer mandate in the Senate.**

I have attached an issue description, list of problems or actual language broken out by industry group.

Concerns fall into several categories:

1. OVERALL FINANCING IN THE PACKAGE: Companies which offer insurance now, find it difficult to swallow a complete carve out for businesses with under 25 employees, while being asked to pay a share for the uninsured, on top of premiums already being voluntarily paid. They are concerned that this carve out will also lead to a cost shift in the system which will cause their premiums to go up.

   They envision a continuing cost shift, which will lead them to have high growth in their premiums, while being asked to pay for the uninsured in their communities as a matter of law, not practice.

   There is a strong incentive to drop insurance under these circumstances wherever possible, to avoid the premium and therefore the taxes. They believe small employers will drop as much as possible. The precedent in the business community for this kind of behavior is in the past unemployment compensation behavior of companies which moved from high cost states to low cost states.

   Taxes for social costs such as research facilities seem to be less of a problem (if there is some fair share of the costs) than a tax on a growing premium.

   Some companies may propose substitute taxes and a pay or play concept, or "health care responsibility assessment." This would be especially true if a mandate were to fail.

   One proposal might suggest a one percent payroll tax across the board for all employers plus three percent for non-insurers.

   Financing Amendments by Republicans - In addition, I have a report that businesses expect the Republicans to try to defund the entire Mitchell bill, by running specific amendments striking all the taxes, but one at a time.

2. MULTI-STATE ISSUES - (TAB B) Multi-state companies which cover employees in a standard company grouping with a standard benefits package across the country have been concerned about losing this standard.

   It is important to remember on this issue that the President in his speech to the BRT demonstrated an appreciation for the problems faced by multi-state employers. This was following an explanation to him of

those concerns by Lou Gerstner of IBM. Therefore, the business community, which still supports universal coverage and employer mandate, feels that the administration may be willing to accommodate some adjustment on this issue. They have been told consistently that a state's ability to pass single payer did not appear to be a point of flexibility.

The level of the willingness of companies, still seeking a bill, to compromise seems to depend on their geographic location (Californians seem most concerned because there is a single payer initiative on the ballot in California.)

There appear to be three amendments being discussed in the business community on this.

a. No single payer, and ERISA just as it is today.

b. Carve out for employers with more than 5000 employees in a given state, even if the state goes single payer.

c. Permit a company to operate under ERISA without any interference, **unless and until a state goes single payer, when the company will go single payer in that state.** (Companies supporting this option say they will fight on a state by state basis against single payer.)

AMENDMENTS TO THE MITCHELL BILL ON THIS SUBJECT **OPPOSED BY THE BUSINESS COMMUNITY:** In addition, there is real concern about several amendments which appear to be contemplated **to expand further the flexibility of states to enact health reform without safeguards for ERISA companies.** These might be offered by Senator Graham, and/or Senators Breaux and Lieberman.

3. COST CONTAINMENT/MANAGED CARE - There is great concern that cost containment seems to be lost in the debate, and that the business community will be left to pay an ever expanding cost if the bill is passed without containment. The business community believes that managed care and certain rates and targets will enhance cost containment.

There are various recommendations for national expenditure targets and all-payer rates. (See auto/steel language.)

Business will oppose the amendment of "any willing provider" language into the Senate bill.

4. CAFETERIA PLANS TAX - Many large corporations, as well as state, county and municipal government employees now have so-called cafeteria or flex benefits plans. In these plans employees choose certain benefits options, including health insurance, disability, child care, prescriptions and other benefits and fit them into a pre-determined premium amount and add pre-tax dollars to cover the difference. These were cost containment devices, because health care savings were allowed to be applied to other benefits as an incentive to have "flex dollars."

Both the Mitchell and Gephardt bills eliminate tax benefits derived from IRS code section 125. A substantial number of companies, such as TRW, Caterpillar and others regard this as an important issue. Pepsico is a member of the primary group which is opposing the change in section 125.

We have been told that the rumor that the RNC was prepared to make this an election issue may not be true.

Nevertheless it is an issue on which there could be substantial emotional opposition built up among middle class employees by those who really oppose the bills for other reasons.

5. INDEPENDENT CONTRACTOR/SELF EMPLOYED ISSUE - (TAB C) This community has essentially sat on the sidelines, or in a few cases, such as the independent truckers, has supported the President.

The definition of employee, to include the self-employed, in the Mitchell bill, is raising great alarm among millions of small business people, including the Realtors, the Direct Sellers and the Small Business Legislative Council. They have not triggered their grassroots programs as of yet.

Language was reviewed by Treasury, and supposedly will be offered by Senator Pryor. Their latest language drafted by Hogan and Hartson is attached. They would accept prior cleared language, or the Gephardt version, which is no definition at all.

These people know how to trigger mail and telegrams. They once did 600,000 letters to the Hill in ten days. They need reassurance from Senator Mitchell's office that this "drafting problem" will be taken care of.

6. LOCAL PHARMACY ISSUE - (TAB D) The small local pharmacies which have been such an important part of the small business support for the bills, are very concerned that they obtain equal treatment for wholesale pricing from drug makers, as is given to HMOs or mail order competitors. While they do not have language in the Senate bill, and do not expect to have it offered, they are very concerned that the drug makers not obtain adverse amendments in the Senate against the pharmacies. Such an amendment was successfully run against them in a House Committee, but did not impact their positioning in the whole bill.

7. TECHNICAL AMENDMENTS - (TAB E) There are numerous proposed technical amendments which would clarify the bill. Most are in the area of paperwork and simplification in the bill. Some of the issues are risk adjustment, clarification of supplemental benefits requirements etc.

   Many technical amendment issues are outlined in the letters from the auto and steel companies. A prioritized list is being prepared by them.

   The Atkins and Chambers groups of manufacturers will try to work together to draw up technical amendments which would make administration of the new system more appropriate from their point of view.

RECOMMENDATIONS

Business is looking for signals on financing, some kind of ERISA relief, cost containment measures and managed care.

Financing - The unions are apparently also upset about the financing. The issue is finding a satisfactory substitute. It may be that we have to wait for sequencing on this issue to determine if there is any strength to offer alternative financing.

ERISA - It is important to decide whether to recommend that there be a signal sent to the business community promptly regarding the multi-state and ERISA issue. The business community generally believes that the President's credibility is on the line here since he indicated his understanding of this issue.

Such a signal from Senator Mitchell could block the triggering by these companies of serious employee opposition to the bills.

Cost Containment and Managed Care - Since the AMA has decided to oppose the bills and it is my understanding that it is they who wanted any willing provider language, it would appear that the fears of the business community on this issue might be allayed.

We recommend that we continue to work with individuals representing companies close to us, and with others who still seek reform.

Attachments:

TAB A: OPPOSITION

TAB B: MULTI-STATE ISSUES

TAB C: INDEPENDENT CONTRACTOR/SELF EMPLOYED ISSUE

TAB D: LOCAL PHARMACY ISSUE

TAB E: TECHNICAL AMENDMENTS

TAB A

Intel Corporation
2200 Mission College Blvd.
P.O. Box 58119
Santa Clara, CA 95052-8119
(408) 765-8080

intel

18 July 1994

The Honorable William J. Clinton
The White House
Washington, D.C. 20500

Re: Health Care Legislation

Dear Mr. President:

Intel Corporation is rapidly moving towards active opposition to passage of health care legislation this year. From the beginning of this debate, we have supported your health care reform goals of cost containment and universal coverage. However, the current legislation does not address our concerns.

We have three main objectives:

1) ERISA Pre-emption. We have supported national reform in order to preserve federal governance of our multistate plans, which now occurs under ERISA. National reform that grants new state authority is far worse for us than no reform.

2) Anti-Managed Care. The anti-managed care provisions that have been adopted by some committees directly undermines our ability to manage our programs and will raise our costs and increase national health expenditures.

3) Financing. It is unreasonable to impose new taxes or assessments on those who already provide health care benefits to their employees and their families and pay for millions of uninsured Americans through cost shifting. Additional society wide financing for "social responsibility" is acceptable only in the context of universal coverage.

Intel provides our 23,000 U.S. employees and their families with comprehensive, cost-effective health plans. We can not support health care reform that puts our employees' health care benefits at risk, undermines our cost-control strategies, does not address the problem of cost-shifting and increases our costs.

As health care reform legislation moves forward, we urge you to ensure that our mutual goals are not undercut by the final bills presented to the full House and Senate.

Sincerely,

Gordon E. Moore
Chairman

William C Ferguson
Chairman and Chief Executive Officer

August 12, 1994

NYNEX

The Honorable George J. Mitchell
S-221 The Capitol
Washington, D.C. 20510

Dear Senator Mitchell:

NYNEX believes that fundamental health care reform is vitally important, and that meaningful reform means achieving universal service. For this reason, we have supported using an employer mandate as a means to achieve universal health care coverage. By using an employment-based system, in which there is both employer and employee financial participation, we believe that coverage can be extended most rapidly and cost-shifting can be reduced.

Your plan takes a different approach. Your plan accommodates small business, the uninsured, the underinsured and the businesses that do not provide insurance. Companies such as NYNEX that provide generous health benefits to employees, retirees and dependents of both, receive no relief and, indeed, are required to contribute more to help pay for uninsured and underinsured Americans. NYNEX cannot support such an approach.

NYNEX is financially responsible for the health benefits of nearly 300,000 Americans. Your plan would increase NYNEX's costs, both directly and indirectly, without addressing cost shifting. In addition, your plan would be particularly inequitable to our unionized workforce, who have placed health benefits at the top of their list of priorities during collective bargaining sessions.

NYNEX understands that employers will continue to participate in the financing of health care reform. That financing should be equitable, broad-based and within the context of comprehensive reform. Under your plan, the burden of financing health reform is placed solely on employers that have been voluntarily providing health benefits. Your plan effectively penalizes the good corporate citizens.

Specifically, the 1.75 percent premium assessment is inequitable. The premium tax goes into effect in 1996, but the employer mandate, if triggered at all, would not go into effect until 2002. As a result, this tax will only be imposed on employers that voluntarily provide health coverage. Employers who choose not to provide coverage for their employees avoid this tax.

Similarly, the tax on "high cost" plans can only be imposed on employers voluntarily providing benefits. While NYNEX understands the goal of the high cost tax is to control health care costs, this mechanism is unfair because the tax essentially "punishes" employers that have been generous to their employees and their families. It places an additional burden on union workers who have placed health care benefits above higher wages during their bargaining sessions. In addition, the Medicare and Medicaid savings your plan proposes would result in additional cost-shifting to employers and others purchasing private insurance.

If your plan imposed its financing mechanisms in the context of a strong employer mandate, the taxes would be less onerous. Instead, the costs of health care reform will be borne inequitably, as health care costs are borne within the employer community today.

NYNEX would be pleased to work with you and your staff to develop more equitable financing provisions. At present, however, NYNEX is forced to oppose your health care reform legislation because it will impose inequitable financial burdens on NYNEX without addressing cost-shifting to employers that voluntarily provide coverage today.

Sincerely,

Bill Ferguson

cc: Mr. Robert Rozen, Legislative Counsel

From: CEQ2 --[illegible] Date and time 08/13/94 17:13:06
To: U.S. Employees

From: P. J. Rizzo
33-01 / [illegible]
[illegible]/[illegible], T/L 851-5700
Subject: Health Care Reform Action Needed
Dear U.S. Employee,

Two weeks ago, we provided you with an update of our company's position on health care reform over IBMVS. We did so because we believe you should know how this legislation could affect you, your family and IBM. Since that time, we have grown increasingly concerned with developments in the Congress.

Over the last few years, with challenging business conditions, we've tried to strike a balance regarding the health benefits the company provides you and your family: a balance between offering comprehensive, high-quality benefits and effectively managing the costs of these benefits for you and IBM. We support the passage of a health care reform bill. However, right now as proposed, the Mitchell and Gephardt bills tip the scales against our ability to achieve this balance.

Let me explain IBM's three principal reasons for our concern:

* The benefits you have shown could be splintered by different state health care systems, including the possibility of a state actually terminating the IBM benefits you receive and requiring you to get benefits from a state government-run system.

* Employers, like IBM, who are already providing coverage to their employees, will have their costs significantly raised through the disproportionate taxation of the health benefits they provide to their employees. That could impact the quality and cost of your coverage, and

* There will be a loss of control in managing the quality and cost to both you and IBM of our health plans as a result of being forced to accept "any willing provider."

ERISA

Neither the Gephardt bill in the House nor the Mitchell bill in the Senate retains the current set of national rules, called ERISA (Employee Retirement Income Security Act), that allows you, as an IBM employee, to have consistent health care benefits regardless of the state you live in. These bills allow states to establish their own rules and health care systems, such as government-run single payer plans. This presents a serious problem since it could result in significant cost increases and eliminate our ability to offer you health benefits at all.

Both bills also add to our company's costs. In addition, the Mitchell bill in the Senate subjects IBM's health benefits plan to several new taxes disproportionately and does not deliver universal coverage. It proposes taxing only those companies providing health benefits currently and does not ask all employers to pitch in and make some kind of contribution for their employees' health care. Consequently, the cost shifting in

the current system is continued. The bill includes an administratively burdensome 25% tax on certain health plans and a provision that allows states to require corporate plans to subsidize state-run programs.

The Gephardt bill in the House includes "any willing provider" provisions that will make it difficult to manage the quality and costs of our HMO and other managed care plans. Under these provisions, these plans would be limited in their ability to select the highest quality doctors and other health care providers.

It is now clear, based upon these legislative developments, that we need your help. I am asking you to do something new for you and IBM: Contact your two U.S. Senators (202/224-3121) and your Congressional Representative (202/225-3121) in Washington, or at their offices locally, over the next few days, with the following message:

> While I support health care reform, the Mitchell bill in the Senate and the Gephardt Bill in the House, as currently written, impede my company's ability to continue providing me with the health benefits I now receive. As an IBM employee, I want to be able to continue to receive these benefits. They are comprehensive and reasonably priced. The Mitchell and Gephardt bills pose a serious threat to my company's ability to manage and control the cost and quality of these benefits. States should not be given the authority to terminate my IBM benefits and force me into a government-run system. A set of national rules should govern the health benefits of multi-state companies like mine.

I urge you to oppose these bills until these issues are resolved.

A PROFS ID, HHQV314(HCREFORM), has been set up to respond to any questions you may have about this matter. If you need to know who your congressional representative is, include the zip code of your residence.

Thank you for your support on this very important issue.

Paul J. Risso

KEY BUSINESS GROUPS AGREE TO OPPOSE MITCHELL BILL

Washington, DC - August 11, 1994 - Key business groups, representing large and small employers nationwide, today voiced their united opposition to Senator Mitchell's health care bill, saying the bill, in its present form, would be more harmful than retaining the current system.

The Mitchell bill would hurt American workers and businesses. It would undermine the success of the present system by devastating high quality employer-provided health care plans enjoyed by the vast majority of Americans. Workers and businesses would pay more and get less.

The bottom line is that a bad bill is far worse than no bill at all.

The groups represent more than a million employers ranging from Fortune 500 corporations to very small companies. While they have varying positions on how to achieve reform, they are united in believing that the Mitchell bill is not reform. Any bill that increases costs, greatly expands the role of government and could actually reduce health coverage is not reform.

Association of Private Pension and Welfare Plans
ERISA Industry Committee
Healthcare Equity Action League
National Association of Wholesaler-Distributors
National Association of Manufacturers
National Business Coalition on Health
National Federation of Independent Business
National Retail Federation
National Restaurant Association
National Small Business United
Self-Insurance Institute of America
The Business Roundtable
U.S. Chamber of Commerce

For more information, contact:

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ERIC, Mark Ugoritz 202-789-1400
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NAWD, Alan Kranowitz 202-872-0885
NAM, Sharon Canner 202-637-3124
NAM, Monica Gliva 202-637-3093
NBCH, Sean Sullivan 202-775-9300
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NRF, Steve Pfister 202-223-8250
NRA, Jeff Prince 202-331-5944
NSBU, Todd McCracken 202-293-8830
SIIA, George Pantos 202-828-5026
BRT, Johanna Scneider 202-872-1260
Chamber, Jeff Joseph 202-463-5493

CORPORATE HEALTH CARE COALITION

1133 Connecticut Ave., N.W., Suite 1200, Washington, DC 20036
(202) 775-9834 Phone (202) 833-8491 Fax

August 16, 1994

The Honorable George J. Mitchell
Majority Leader
United States Senate
Leader's Capitol Office
Washington, DC 20510-1902

Dear Senator Mitchell:

We appreciate your meeting with us last Friday to discuss our concerns about the health care reform proposals before the Senate. As we mentioned, we have a number of significant problems with the bill as drafted. Among these are three provisions that would cause us to oppose health care reform if they are in the final legislation considered by the Senate. We will continue to seek improvements in these three areas in the next few weeks.

National uniformity and the federal preemption of relevant state laws is a particularly significant issue for us. Our willingness to support national health care reform has been based largely on our commitment to preserving a national framework. Federal legislation that grants new and duplicate authority to the states would be worse for us than current law with its prospect of state-by-state efforts at reform.

While we would prefer complete federal preemption of state law, we have been willing to work with Members and state leaders on reasonable state flexibility to avoid a floor fight on this issue. For this reason, we supported the Senate Finance Committee provisions allowing states to establish single-payer systems as long as employers with 5,000 or more employees (including the federal government) were exempted from these systems. We also have been willing to grandfather existing state waivers and to work with state leaders on a way to provide for limited early implementation of federal reform.

Unfortunately, the bill that will be brought to the floor transfers too much authority to the states. It eliminates the large employer exemption

from state single payer systems. To make matters worse, it would subject us to sub-state single payer systems. It also creates new waivers for Hawaii, New York, and Maryland, which we fear will attract amendments to waive other states. We are concerned that if this is the starting point, the Senate and the conference committee will grant additional state powers. We are particularly concerned that erosion in the employer mandate or a reduction of tax revenues may encourage the Senate to grant states even more authority over health plans.

Given the inability in the House to resolve multistate employer issues, our only hope is in the Senate. We urge you to send a clear signal to multistate employers that these issues of national uniformity will be resolved in the Senate.

Another major concern of ours is the distribution of financing burden achieved through taxes and employer mandates. Were everyone in the system covered through mandates, equitable taxes could be levied on health premiums. With a delayed mandate or no mandate, assessments on health premiums, excess plan costs, and experience-rated plans all have the effect of loading additional costs on the employers who now provide plans to their employees. The resulting penalties on those who offer health benefits create a disincentive for firms to adopt health plans voluntarily.

As we noted in the meeting, we can accept the 2 percent premium tax adopted in the House package in the context of an employer mandate in which all people have health plans. We cannot accept the risk adjustment mechanism in the Senate bill as it applies to experience-rated plans. This assessment would be open-ended, set by the states, and based on methodologies yet to be developed. Companies would have no way of estimating its impact on their experience-rated plans. We are also concerned that this mechanism could transfer funds from low-risk large firms to high-risk large firms to offset differences in the age and health status of their workforces.

In the context of an employer mandate, we continue to prefer an overt, equitable tax on all health plans to finance "social responsibility" costs. Any financing for "social responsibility" either before, or in the absence of an employer mandate, should involve contributions from those without health insurance who continue to use the health care system. We believe a tax can be devised that would operate in lieu of premium taxes to enable all individuals, with and without insurance, to participate in health

care financing. At any rate, we urge you to avoid excessive surcharges on health plans in the absence of universal coverage.

Our third concern is that employers continue to be able to use managed care to control health care costs, particularly if employers will be subject to penalties for failure to control costs. We are encouraged that the Senate bill preempts state "any willing provider" laws and other laws that interfere with managed care arrangements. The Senate bill also specifically avoids the creation of a federal "any willing provider" law. The freedom to selectively contract with specific providers enables managed care plans to negotiate better quality care at lower costs. We urge you to continue your support for managed care and help defeat anti-managed care amendments on the floor and in conference.

In addition to these three principle concerns, there are a number of other important issues for us in this bill which we hope could be resolved before the final bill is enacted. These include problems with the remedies and enforcement provisions of the bill (§ 5501), which we feel would create significant new liabilities for employers, and problems with antidiscrimination provisions (§ 1602). As we agreed with Bob Rosen, we will provide him with a list of these issues and some suggestions for how they could be resolved.

Again, we appreciate the opportunity to discuss our concerns with you.

Sincerely,

Michael W. Naylor

Michael W. Naylor
Chairman

DIRECT SELLING ASSOCIATION
1666 K Street, NW, Suite 1010, Washington, DC 20006-2808
202/293 5760 • Fax 202/463 4569

August 17, 1994

TO: Bobby Rozen
Christine Williams

CC: Will Sollee
Mike Thompson

INFO COPY: Caren Wilcox
Steve Glaze
Alex Dean
Peter Reinecke
Mike Wessel
Andrea King

FROM: Neil Offen
President

RE: Sec.1012(2) (C) (i) of S. 2351
Self-Employed Individuals as Employees

From various reports, we are pleased that apparently all key parties are amenable to amending the above referenced section to eliminate the unintended consequences that enactment of the section would bring about. The following revised suggestion for amendatory language is a reformatting to clarify the language we sent to you several days ago. It does not cause any substantive change. We believe it is clearer and preferable to our first suggestion. (The first version would still take care of our concerns, but not as precisely) Our overall preference is, of course, to eliminate the entire provision and follow the approach and language taken in this area in the Gephardt bill on the House side.

Thanks for your understanding, cooperation and assistance. Please verify our understanding that our concerns will be taken care of and advise us ASAP as to what you plan to do. We would hope a floor manager amendment would be the vehicle to remedy the situation. Let us know how we can help.

ltm
Enclosure

j:nhorozen

DIRECT SELLING ASSOCIATION
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202/293-5760 • Fax 202/463-4569

Proposed Amendment to S. 2351 (Sen. Mitchell Substitute) Regarding
Treatment of Self-Employed Individuals as "Employee"

Amend paragraph (2) (C) (i) of section 1012 (Definitions

Relating to Employment and Income) of S. 2351 (Sen. Mitchell substitute) to read as follows:

"(C) EMPLOYEES. --

"(i) TREATMENT OF SELF-EMPLOYED. --

"(I) IN GENERAL. --The term 'employee' includes a self-employed individual.

"(II) EXCLUSION WHERE NO OTHER EMPLOYEES. -- Clause (I) shall not apply in the case of a self-employed individual who does not employ other persons as employees (within the meaning of paragraph (1) (B))."

"(III) EMPLOYER--In the case of a self-employed individual to whom clause (I) applies, such person shall be considered to be an employer of himself or herself."

[New language underscored]

08/17/94

DIRECT SELLING ASSOCIATION
1666 K Street, NW, Suite 1010, Washington, DC 20006-2808
202/293-5760 • Fax 202/463-4569

Explanation of Proposed Amendment to S. 2351
(Sen. Mitchell Substitute) Regarding
Treatment of Self-Employed Individual as "Employee"

The proposed amendment makes two changes to section 1012 (2) (C) (i) of S. 2351 (Sen. Mitchell's substitute). Under section 1012(2) (C) (i) as introduced, for purposes of the Act (unless otherwise specified), "The term 'employee' includes a self-employed individual."

The first change under the proposed amendment would exclude form the proposed rule treating self-employed individuals as employees a self-employed individual who has no other employees. It is understood that the purpose of section 1012(2) (C) (i) as introduced is to address the situation where a self-employed person operates a business that has other employees and that the provision is intended to operate in a manner similar to I.R.C. § 401(c) in the pension area which treats the self-employed owner-proprietor as an employee for purposes of eligibility under the employee benefit plan and various statutory requirements of comparable treatment of employees.

Since this purpose at which section 1012(2) (C) (I) is understood to be directed in treating a self-employed individual as an employee would be inapplicable in the situation where the self-employed individual has no other employees, the proposed amendment excludes such self-employed individual from the "employee" characterization provision in S. 2351.

The second change under the proposed amendment would clarify that a self-employed individual who is being treated as an "employee" by reasons of section 1012(2)(c)(i) of the proposed Act would be considered to be an employee of his or her own trade or business (rather than being deemed an employee of some other trade or business such as that of a person for whom the self-employed individual performs services as an independent contractor). This proposed clarification reflects what is understood to be the original intent of the provision.

08/17/94

The Washington Post, August 16, 1994

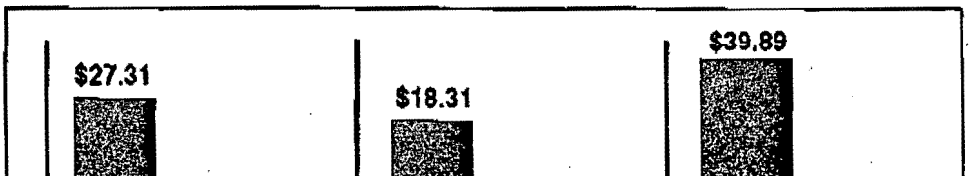
The Prescription for Lower Rx Prices

America's neighborhood drug stores support those in Congress working to guarantee universal health care for all.

We applaud the efforts of Rep. Gephardt and Sen. Mitchell, who recognize that health care costs can be reduced by bringing everyone into the system. They understand that universal coverage is a necessary element in any effort to straighten out our health care system. They also understand the need to bring fairness to the prescription drug marketplace.

Year after year, consumers continue to pay higher prices for prescription drugs because drug makers, who comprise one of the most profitable industries in this country, limit true competition in the marketplace.

America's 60,000 neighborhood drug stores dispense 9 out of every 10 outpatient prescriptions, yet drug makers continue to deny them access to the significant discounts they offer hospitals, HMOs, and mail order vendors. In fact, drug makers typically charge neighborhood drug stores 5, 10, or 15 times what they charge a hospital or HMO for the very same drug.



The result is higher prescription drug prices for the 10 million consumers who each day pay for their medicines out of pocket. Those hurt the most are the elderly, the poor, and those without health insurance.

Drug makers set their own prices. They claim that equal access will "force" them to raise their prices to their present discounted customers. If this were true, why would drug makers oppose it, since it would mean increased revenue and profit?

The reality is that drug makers don't want all buyers to have equal access to their discounts ... because it will end their ability to block competition and manipulate the free marketplace.

Congress must restore fairness to the marketplace, and lower prices to consumers, by giving neighborhood drug stores equal access to manufacturer discounts.

COMMUNITY RETAIL PHARMACY

Health Care Reform Coalition

The Coalition Representing Retail Community Pharmacy in America.

National Association of Retail Druggists — National Association of Chain Drug Stores

CHRYSLER CORPORATION

Walter S Maher
Director
Federal Relations

August 15, 1994

Mr. Robert M. Rozen
Legislative Counsel
Office of Senate Majority Leader
The Capitol
Washington, D.C. 20510

Dear Bob:

Thank you for taking the time to discuss our concerns with S.2357, both during the meeting with Senator Mitchell and following the meeting.

As you requested, I am enclosing a brief list of the more "technical" provision of the bill which cause us real concern. In each case the paper summarizes the problem and notes a suggested solution.

In the section noted "Plan Requirements", our concerns are based on our interpretation of the sections noted. If those interpretations are in error, please let us know.

Since this paper is intended to highlight the more technical provisions we believe may impact our industry more than the average business, we did not go into any detail concerning the many other technical issues which will negatively impact businesses in general, including the auto companies. I refer mainly to uniformity, remedies, administrative complexity, and other such issues. I am confident you are hearing from virtually all business trade associations about these issues.

Finally, Bob, we did not repeat all the points we made during the meeting with Senator Mitchell about our major concern that S. 2357 will exacerbate today's already inequitable financing system.

I have reviewed all of this with representatives of Ford and General Motors and you can be assured this letter and the attachment reflects the views of all of our companies.

Thanks again for the time you have given us, and we continue to support a health reform bill that includes universal coverage, cost containment and equitable broad based financing.

Very truly yours,

Attachment

Chrysler Corporation
1100 Connecticut Avenue NW
Washington DC 20036
202 862 5431

AAMA
American Automobile Manufacturers Association

1401 H Street, N.W., Suite 900 • Washington, D.C. 20005
Tel. No. 202-326-5500 • Fax No. 202-326-5567

Issues of Particular Concern to Auto Companies
Health Security Act (S2357)

1. Benefit Flexibility

Our health benefit plans have an actuarial value greater than the standard benefit plan called for by the bill. However, some benefits included in the proposed bill's standard benefit plan are not included in our plans (e.g. office visits, some preventive services, etc.) The bill, as drafted, would require us to offer these additional benefits. Employees would then be required, as a condition of getting their current benefits, to pay for these additional benefits (since employers are only required to offer not pay for the specified benefit package). Companies with collectively bargained agreements will have special problems bringing these plans in compliance with these standards. We believe these requirements could substantially increase the auto companies' health care costs and cause additional collective bargaining stress.

- We believe that all employers currently offering benefits that are at least equal to the actuarial value of the benefit package provided by the Blue Cross/Blue Shield Standard Option package offered under the Federal Employees Health Benefit Plan as in effect in 1994, and are contributing at least 50% towards the cost of the premium, should be exempt from the provisions of the bill concerning what benefits should be offered to qualify as a certified plan.

- Any collectively bargained or self insured plan that equals or exceeds the actuarial value of the standard benefit plan shall also be deemed to qualify as a certified plan.

2. Maintenance of Efforts for Drugs

A new Medicare drug benefit would become effective on January 1, 1999. However, the bill provides that employers presently providing drug coverage for Medicare retirees must continue to provide such coverage until January 1, 2002.

- There is no basis for this discrimination and this maintenance of effort provision should be deleted.

3. Plan Requirements

A review of the provisions of the bill appears to require:

Purchasing cost sharing supplemental policies from the same carrier as the standard benefit package – §1141(c)(1)(A).

- Under current practices, employers frequently share the cost of family coverage for dual-wage-earners (i.e., known as coordination of benefits). This provision could require an employed spouse, currently getting benefits from one employer, to enroll in the other spouses standard plan to obtain supplemental benefits available under that spouses plan – this clearly leads to additional cost shifting and should be changed.

- This could also prevent a retiree from enrolling in a FEHBP if the retiree wished to avail himself of a supplemental plan offered by the former employer. The retiree should not be so prohibited.

Providing the same cost sharing across all items and services in the plan – §1141(c)(3).

- Is it really the intent of the bill to prevent, for example, dental plans from having different copayments for different services and from having different cost sharing provisions than other medical plan services? There appears to be no basis for common cost sharing for all services and this provision should be deleted.

Paying the same contribution for an HMO, Fee for service and POS – §7211, adding §4522(b).

- Is it the intent of the bill to require the same premium contribution for HMO, POS and fee-for-service plans even though they have actuarially different values? There appears to be no basis for such a requirement and it should be deleted.

Every health plan to include in its payments to providers such "additional reimbursements" as may be necessary to reflect cost-sharing reductions provided to certain low income individuals – §1128 (b).

- The reimbursement rates that employer health plans currently pay already subsidize services by providers to individuals lacking health coverage. Additional reimbursement would give providers a "windfall" and is not justified. It appears this provision should be modified to provide for reductions in provider fees – not increases.

4. **Financing Inequities/Other Major Concerns**

Our major concern with S2357 is that existing health system financing inequities are worsened. Cost shifting from employers not sharing in the cost of care will continue and likely increase. Cost shifting from Medicare will increase. Additional subsidies will be required to cover the uninsured. In all cases, companies currently providing coverage will see their costs increase; companies paying nothing are spared.

We also share the concern, raised by a wide spectrum of businesses, regarding national uniformity, new Civil Rights remedies and other incentives for litigation, etc.

BETHLEHEM STEEL CORPORATION

FEDERAL GOVERNMENT AFFAIRS
1667 K Street, N.W. - Suite #600
Washington, D.C. 20006

202/775-6200
BETHCOM NET: 8-351-6200
FAX: 202/775-6221

NUMBER OF PAGES TO FOLLOW: 3

TO: Caren Wilcox

FROM: Bill Wickert

TELEPHONE #:

TRANSMITTED:

DATE: 8/16/94

TIME:

MESSAGE: This was sent to Senator Mitchell as a result of our Friday meeting.

American Iron and Steel Institute

1101 17TH STREET, N.W., SUITE 1300 WASHINGTON, D.C. 20036-4700

Peter A. Hemmendez
Vice President
Employee Relations
Phone: 202-452-7138
Fax: 202-463-6573

August 15, 1994

BY HAND
The Honorable George Mitchell
United States Senate
Washington, D.C. 20510

Re: Concerns and Suggestions for Amendments to S. 2357

Dear Senator Mitchell:

Thank you for meeting with us last Friday; we appreciate your interest in our concerns with S. 2357. As we discussed, the American Iron and Steel Institute has been a strong advocate for comprehensive health care reform that would effectively -- provide universal coverage by using tax incentives or penalties to encourage employers to share the responsibility of providing basic health benefits to employees, control future costs and eliminate cost shifting, establish medical practice protocols and quality measurement systems, initiate malpractice reform, and retain Medicare as primary payer for the elderly. Financing of health care reform should be done equitably, in a manner that spreads the costs broadly across society. Financing mechanisms should not increase costs to responsible employers who are already providing health care coverage to their employees.

The domestic steel industry will spend over 1.5 billion dollars this year to provide health care benefits to over 500,000 employees, retirees, and dependents. This valuable benefit constitutes 17% of our total employment cost and approximately 5% of the average cost of each ton of steel sold in the U.S. Health care reform is a vital international competitiveness issue for our industry because domestic steel companies pay an average of $10,300 per active employee to provide health care benefits to employees, retirees, and their dependents. In Canada, steel companies have a steelworker and retiree population with similar demographics but pay an average of $4,300 for essentially the same benefits. Health costs are even lower for European and Japanese steel companies.

Steel company health care costs continue to spiral higher, despite aggressive cost-containment efforts that include increased employee cost-sharing and aggressive managed care programs. Health care costs are at crushing levels and it is becoming increasingly more difficult to squeeze the cost for this benefit out of the modest revenue that our basic product commands.

We remain hopeful that Congress will enact legislation that controls costs and provides all working Americans with affordable, quality health care through their employment. We commend you for your strong leadership in this effort. As requested, we have attached for your consideration a brief summary of our major concerns with S.2357 and suggested solutions.

Once again, thank you for your interest and for the opportunity to share our concerns with you.

Sincerely,

Peter Hernandez

Peter A. Hernandez
Vice President
Employee Relations and
Administrative Services

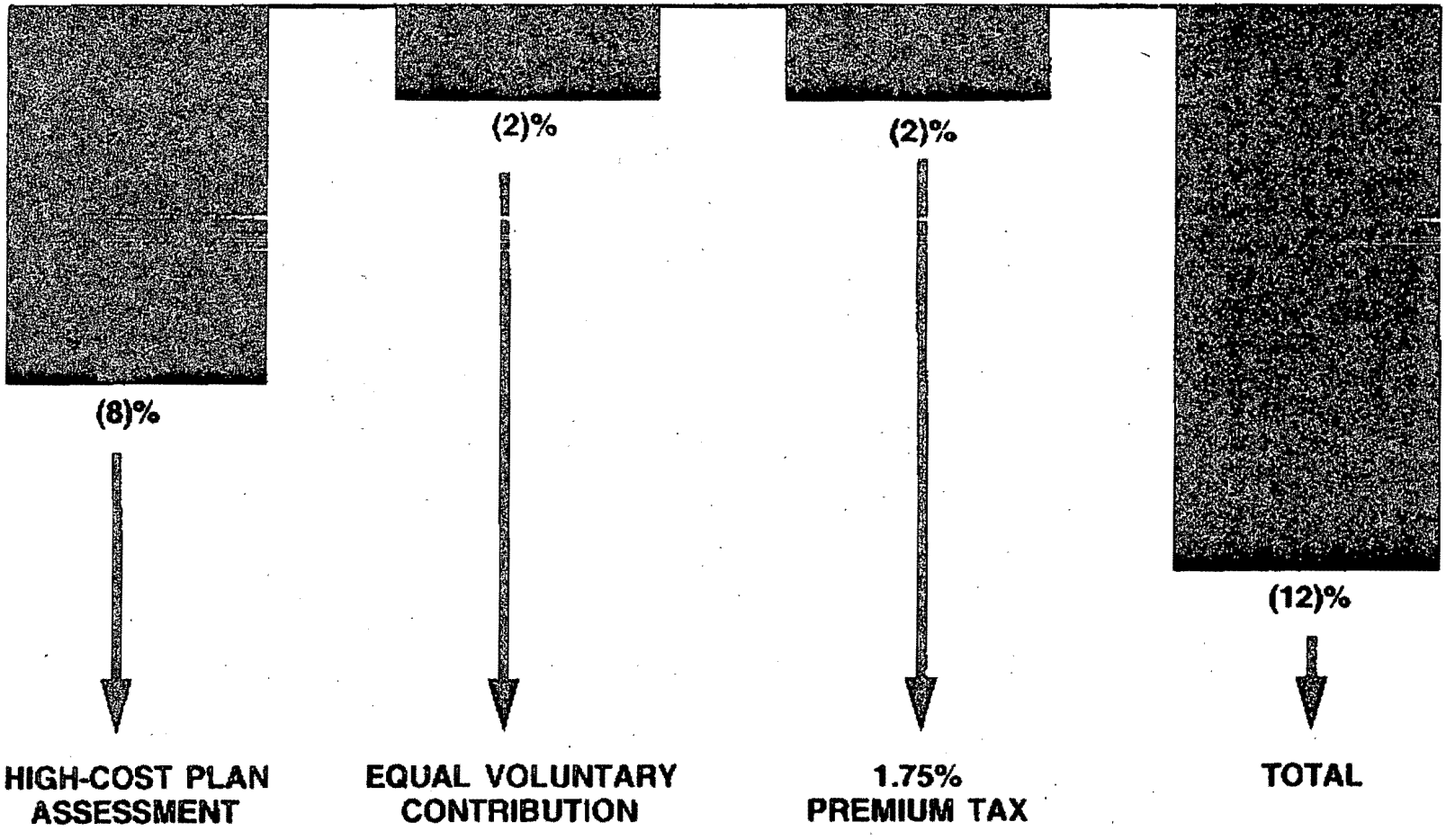
cc: William E. Wickert Jr.

S. 2357
Major Concerns and Suggested Solutions

Concern	Solution
1. The long phase-in of the employer mandate will worsen cost shifting for nine more years as more employers drop employee health care coverage. A soft trigger would gut any possible benefit.	Maintain the hard trigger and reduce the phase-in period.
2. The bill lacks meaningful cost containment mechanisms to reduce the rate of medical cost escalation.	Incorporate national expenditure targets and all-payer rates.
3. The premium assessment and the high-cost plan premium tax would unfairly shift more costs to responsible employers that have, for decades, borne the cost of this valuable benefit for millions of Americans.	Eliminate the high cost premium tax and raise necessary revenues through broad based assessments similar to Medicare.
4. An "any willing provider provision" would undercut one of the most effective market-based tools that employers and health plans have to control costs yet maintain the quality of health care to employees.	Do not permit such a provision.
5. A study commission on workers compensation would lead to the federalization of the existing state-based system.	Eliminate this provision in its entirety.
6. Delaying the maintenance of effort requirement for prescription drugs until the year 2002 would unfairly discriminate against responsible employers and encourage other employers not to offer the drug benefit, thereby increasing the cost shift.	All Medicare-eligible persons should be entitled to prescription drug benefits at the same time.
7. The civil rights provision intended to prevent insurance plans from discriminating against applicants will create a litigation nightmare for self-insured plans.	Exempt self-insured plans from this provision.
8. S. 2357 would gave states the authority to regulate multi-state employer health plans.	Maintain the ERISA preemption.

THE FINANCE COMMITTEE REFORM PLAN WILL INCREASE FORD'S COSTS SUBSTANTIALLY

YEAR 2000 COST INCREASES AS A PERCENTAGE OF BASE COSTS



POSSIBLE DISCUSSION

I would suggest prefacing any of your remarks with a direct request that everything you say in this meeting is off the record. Although it may be difficult to initiate the conversation in this way, it is important to do so and it could be used as a segue into a discussion as to why you are very concerned about his public remarks about the President's plan and the people who are working on it.

I would try to elicit his views on health care policy. His big criticism has been that he believes that he has been lectured at rather than listened to in our meetings with him. I would ask him about his political and policy assessment of what direction we should go with regard to health care policy.

Following this discussion you might want to consider sharing with him your own political assessment of what is possible/passable in the Congress. This discussion would touch on the political impossibility of passing a single payer or Medicare-for-all legislation, just as it would mention the unacceptability of supporting a pure managed competition approach to reform.

Interestingly and ironically, although he has complained to others about a lack of consultation he has also suggested to you that he would prefer that we complete our first cut decisions as quickly as possible so we can start up substantive and direct consultations with Congressional leadership. You may want to give him an update on the status of policy decisions and suggest that you expect that detailed staff briefings can begin on Thursday or Friday of this week and that committee chair and subcommittee chair consultations should commence shortly thereafter.

Lastly, I have little doubt that he will raise his concerns about major Medicare and Medicaid cuts to underwrite the costs of the reform package. Although his packages have assumed significant Medicare rate of growth reductions, he is concerned that the level of cuts that we are considering may be too deep. Conversations similar to the one you had today in the President's meeting may be most appropriate to respond to this issue.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Chris Jennings, Steve Edelstein to Hillary Clinton Re: Issues Regarding the Congressional Schedule (3 pages)	8/18/93	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 (Health Security Act)
OA/Box Number: 23754

FOLDER TITLE:
August 1993 HSA

gf102

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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

August 20, 1993

TO: Bob Boorstin
Jeff Eller
Jerry Klepner
Mike Lux
Ira Magaziner
Julia Moffett
Karen Pollitz
Steve Ricchetti
Patty Solis
Melanne Verveer

FROM: Chris Jennings
Steve Edelstein

SUBJECT: Schedule for Congressional Consultative Meetings and Briefings

Attached is a tentative list of meetings and likely possible dates for consultative meetings with members of Congress. Of course, this schedule is subject to change, but it should be helpful for preliminary planning.

SCHEDULE FOR CONGRESSIONAL CONSULTATIVE MEETINGS AND BRIEFINGS

CONSULTATIVE MEETINGS:

MONDAY, AUGUST 30TH - THURSDAY, SEPTEMBER 2ND:

House Committees of Jurisdiction Staff
IM, JF
(Detailed staff-level discussions)

Senate Committees of Jurisdiction Staff
IM, JF
(Detailed staff-level discussions)

Senior Congressional Leaders - (As Available)
HRC, IM, JF*

WEDNESDAY, SEPTEMBER 8TH:

Bipartisan Congressional Leadership
BC, HRC, IM, JF
Location: White House
(To brief Members and set up consultative process)
Foley
Gephardt
Michel
Mitchell
Dole

House Leadership and Chairmen of Committee of Jurisdiction
BC(?), HRC, IM, JF
Location: White House
(To brief Members and set up consultative process)
Foley
Gephardt
Bonior
Rostenkowski
Stark
Dingell
Waxman
Ford
Williams

Senate Leadership and Chairmen of Committees of Jurisdiction
BC(?), HRC, IM, JF
Location: White House
(To brief Members and set up consultative process)
Mitchell
Ford
Pryor
Daschle
Moynihan
Kennedy
Rockefeller
Riegle
Mikulski
Breaux

Congressional Republican Leadership - BC(?), HRC, IM, JF
Location: White House

Dole, Michel and designees

THURSDAY, SEPTEMBER 9TH:

Single Payer Leaders - HRC, IM, JF
Location: Capitol Hill (Gephardt to Host)
McDermott and his "subcommittee"
Conyers
Wellstone

Conservative Democratic Forum - HRC, IM, JF
Location: Capitol Hill (Gephardt to Host)
Cooper
Andrews
Stenholm
Breaux
Boren

House Ways and Means Committee - HRC, IM, JF
Location: Capitol Hill
(Chairman determines attendees and whether bipartisan)

Senate Finance Committee - HRC, IM, JF
Location: Capitol Hill
(Bipartisan)

FRIDAY, SEPTEMBER 10TH:

House Energy and Commerce Committee - HRC, IM, JF
Location: Capitol Hill
(Chairman determines attendees and whether bipartisan)

Senate Labor and Human Resources Committee - HRC, IM, JF
Location: Capitol Hill
(Bipartisan)

House Education and Labor Committee - HRC, IM, JF
Location: Capitol Hill
(Chairman determines attendees and whether bipartisan)

SATURDAY, SEPTEMBER 11TH:

House Caucuses

Congressional Black Caucus - IM

Congressional Caucus on Women's Issues - JF

Congressional Hispanic Caucus - IM

SUNDAY, SEPTEMBER 12TH:

Local Health Events

MONDAY, SEPTEMBER 13TH:

Local Health Events

House Caucuses (If not held September 11)

TUESDAY, SEPTEMBER 14TH:

House Democratic Whip Organization - HRC, IM, JF
Location: Capitol Hill

House Republican Health Care Task Force - HRC, IM, JF
Location: Capitol Hill

U.S. Senate (Bipartisan) - HRC, IM, JF
Location: Capitol Hill

WEDNESDAY, SEPTEMBER 15:

House Caucuses (If not held September 11)

TO BE SCHEDULED:

Other Meetings with Committees as Needed - IM, JF, Other Staff
Location: Capitol Hill

Biden, Judiciary	Brooks, Judiciary
Rockefeller, Veterans	Montgomery, Veterans
Nunn, Armed Services	Dellums, Armed Services
Bumpers, Small Business	LaFalce, Small Business
Glenn, Governmental Affairs	Clay, Post Office
Inouye, Indian Affairs	Miller, Natural Resources

WEDNESDAY, SEPTEMBER 15TH - FRIDAY, SEPTEMBER 17TH:

Finalizing product and preparing for pre-unveiling briefings.

PRE-UNVEILING BRIEFINGS:

FRIDAY, SEPTEMBER 17TH:

House Leadership and Committees of Jurisdiction Staff
IM, JF
(Ongoing detailed discussions and to help staff prepare members for meeting with President and First Lady)

Senate Leadership and Committees of Jurisdiction Staff
IM, JF
(Ongoing detailed discussions and to help staff prepare members for meeting with President and First Lady)

SUNDAY, SEPTEMBER 19TH:

House Leadership and Chairmen of Committee of Jurisdiction
HRC, BC(?)
Location: White House
Foley
Gephardt
Bonior
Rostenkowski
Stark
Dingell
Waxman
Ford
Williams

Senate Leadership and Chairmen of Committees of Jurisdiction
HRC, BC(?)
Location: White House
Mitchell
Ford
Pryor
Daschle
Moynihan
Kennedy
Rockefeller
Riegle
Mikulski
Breaux

Congressional Republican Leadership:
HRC, BC(?)
Location: White House
Dole, Michel and Designees

SUNDAY, SEPTEMBER 19TH:

Health Care Workshops
(Detailed briefings for Members on specific topics on health care reform) -- Due to possible scheduling conflict with the House this may have to be scheduled for the following weekend. This would also delay the unveiling by a week.

MONDAY, SEPTEMBER 20TH:

Health Care Workshops
(Continuation of briefings for Members)

TUESDAY, SEPTEMBER 21ST:

Health Care Workshops
(Continuation of briefings for Members)

Staff Briefings - IM, JF or appropriate surrogate
Location: Capitol Hill

Other Meetings with Committees and Members as Needed

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* We need to determine how best to use Secretary Shalala, other members of the Cabinet, and other senior administration officials during the course of these briefings.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. memo	Chris Jennings to Hillary Clinton Re: Meeting with Congressman Stark (1 page)	8/31/93	P5

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OA/Box Number: 23754

FOLDER TITLE:
August 1993 HSA

gf102

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