Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. briefing paper	Meeting with Senator Mitchell (5 pages)	9/4/94	P5
002. memo	Ptrick Griffen To Leon Panetta Re: Health Care Strategy Options (4 pages)	7/19/94	P5
003. memo w/attach	Patrick Griffen to POTUS Re: Memorandum from Congressman Dan Rotenkowski (4 pages)	9/16/94	P5
004. memo w/attach	Patrick Griffen to POTUS Re: Short Term Legislative Strategy on Health Care (6 pages)	6/10/94	P5

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

FOLDER TITLE:
September 1994 HSA [2]

gf120

RESTRICTION CODES

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

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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Mark Mazur

Meredith Miller

Nancy-Ann Min

Alicia Munnell

Janet Murguia

Jack Quinn

Joe Stiglitz

Erskine Bowles

Harold Ickes

Please make a copy of each of these CONFIDENTIAL memos for CJ and put back in

POTUS memo file

(towards the back of the file seen as these are old memos)

— Please give the set for chris to review.

I. review lists of participants

Map Group

Flotus

POTUS

Cabinet -
- Rubin
- Reich
- Shalala

"top"

Leon P.
Erskine B. — Ickes
Rivlin
Steph. — Rasco, Tyson
Griffin
Gearan
McCurry
Magaziner
Quinn
Stiglitz

CJ
JK
Mazur — J. Angell
Min — Skila Harris
Feder — Spreing, Galston
Meredith Miller — Jamel Murguia

POTUS Mtgs.
same principal "top" group + VPOTUS

III Waives (plus one) #1

IV car parking (notify that Cabinet attending w/ cars)

V setting table in rank order (cards on bottom left drawer of desk)
(1 Potus/FLotus)
#1 principal @ middle of table

#2 next highest ranking directly accross from principal

#3 next person seated to right of #1 principal

#4 next person seated to right of #2

#5 next person seated to left of #1

- use table cards (small) in map room
- use seat cards (large) when going Cabinet Room. #2

II Prep materials for mtg.

- have all final materials ready 2 hours prior to mtg.

- make all copies for participants

- either put materials in folders w/ names already typed on front

or

- type name labels and place on front of all document packets

- COLLECT PACKETS AT END OF MTG

PCT

E-MAIL

MTM

~~Aubin~~ JENNINGS

(#)

Select doc

A

FIG

DOC

(#)

Withdrawal/Redaction Marker
Clinton Library

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July 8, 1994

MEMORANDUM FOR LEON PANETTA

FROM: Patrick Griffin

SUBJECT: Health Care Legislative/Strategic Options

Following up on yesterday's discussion about legislative strategy options for health care, this memo outlines the pros and the cons related to each of the options which we have been considering.

Option One: Senate moves up to universal coverage bill with a hard trigger mandate.

Arguments in Favor of Option One

(1) Clear definition allows for a relaunch and campaign.

(2) Protects the House and allows the House to move to the strongest possible bill.

(3) Assures that end product will include a manate that will produce universal coverage.

Arguments against Option One

(1) Extremely unlikely to sustain a majority in the Senate.

(2) Starting too high may lead to a free fall to an unacceptable package in the Senate because rejection seriously undermines Mitchell and his proposal's credibility.

(3) Free fall in Senate would undermine the ability of the House to reach even a minimally acceptable universal coverage/mandate bill.

Option Two: Senate finds own level at which a majority can be sustained and that moves at a timetable parallel (or close to parallel) to the House.

Arguments in favor of Option Two

(1) Optimistic path -- a base closure approach to triggers (with a statutory employer/employee fallback) -- would produce a strong enough Senate bill for the House to proceed with its own bill.

(2) If the House is not willing to be at all out of step with the Senate on mandates, the optimistic path may also lead naturally to a "deal" with the House and the White House towards the end of floor consideration.

(3) Although there is a risk of the Senate lowering the bar below universal coverage, this approach has the chance of producing their own universal coverage package.

(3) Keeps options open so that the House/White House can choose to fight, make a deal or switch to a House first strategy as the Senate plays out.

(4) It smokes out Senate's true position and stretches out Senate consideration, allowing time for the House to move on a more concurrent schedule -- hopefully with a stronger position.

Arguments against Option Two

(1) Pessimistic scenario risks losing the mandate and universal coverage, which may well result in a loss of control. This could easily undermine subsequent efforts to reach a deal at the end.

(2) Pessimistic path also leaves House defending a mandate when the Senate is not, which may be untenable.

(3) Lowers the Senate mark right from the start.

(4) Delay in reaching a consensus on a single approach to universal coverage makes the relaunch around two different bills more difficult.

Option Three: **Try to make a deal between the House, Senate and White House as a starting point for both House and Senate floor action.**

Arguments for Option Three

(1) If the President and the leadership engage now they may be able to agree on a base closing or other approach that can be defended as universal coverage, avoiding the risk of the Senate collapsing and taking the House with it.

Arguments against Option Three

(1) Does not leave room for improvement in conference.

(2) Selling a bill which the left perceives as a weaker compromise,without a fight, will require an effort to hold on to both the right and the left, particularly in the House.

(3) It is difficult to see a front end compromise between the two Houses being acceptable as a starting point either in the House or the White House.

Option Four: Reverse Order and let the House go first.

Arguments for Option Four

(1) If the House is able to move ahead of the Senate, which is not at all certain, a higher mark can be set. At a minimum this preserves a stronger option in conference and may pressure the Senate to reach higher.

Arguments Against Option Four

(1) House is likely to oppose any effort which raises Member fears of being "BTUed"

(2) Any procedural shortcuts are likely to make an already difficult vote on the Rule even more difficult, particularly for members who are marginal to begin with.

(3) As a practical matter, House Rules action and Senate floor action commencing at the same time will result in House completing action prior to the Senate anyway.

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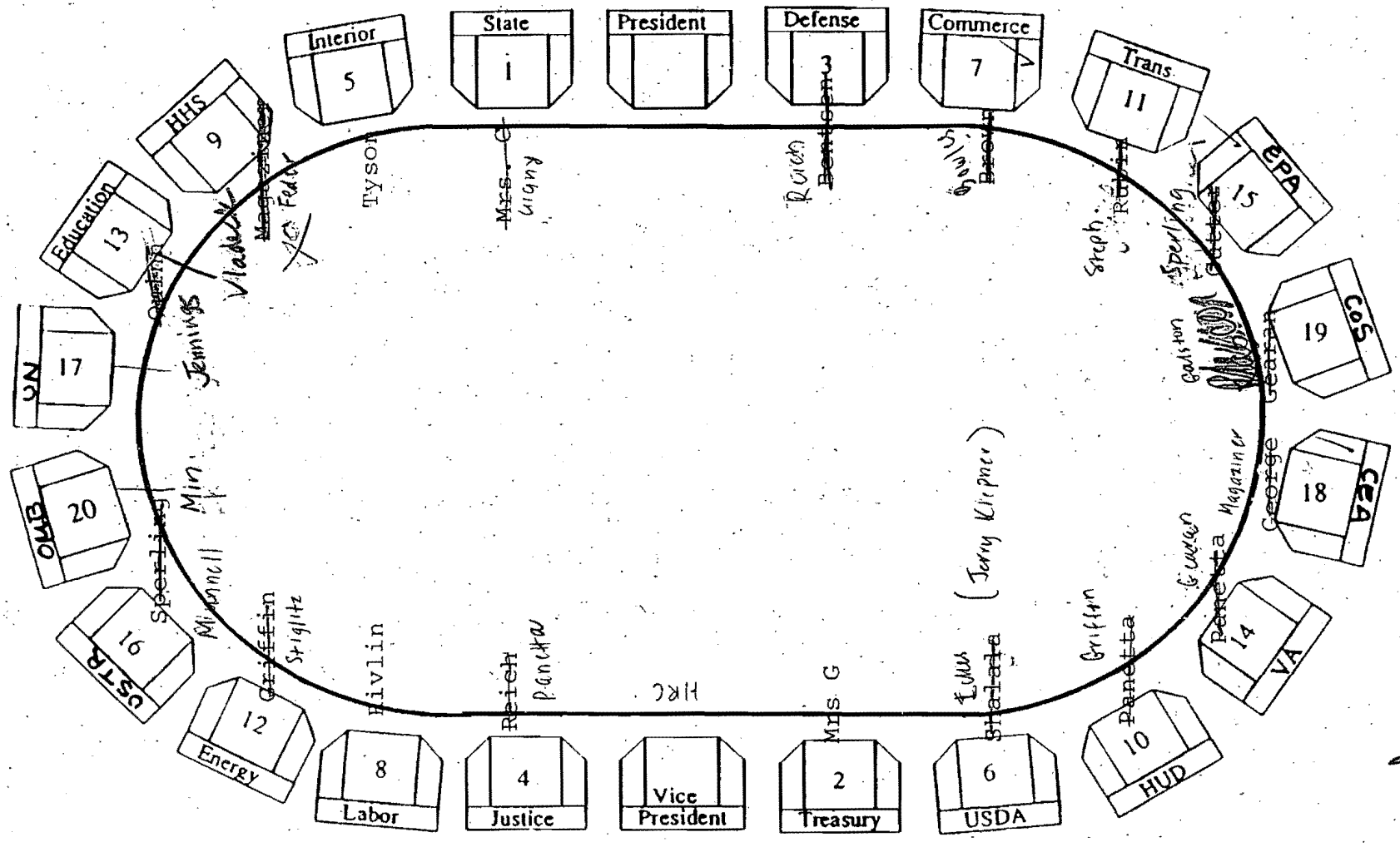
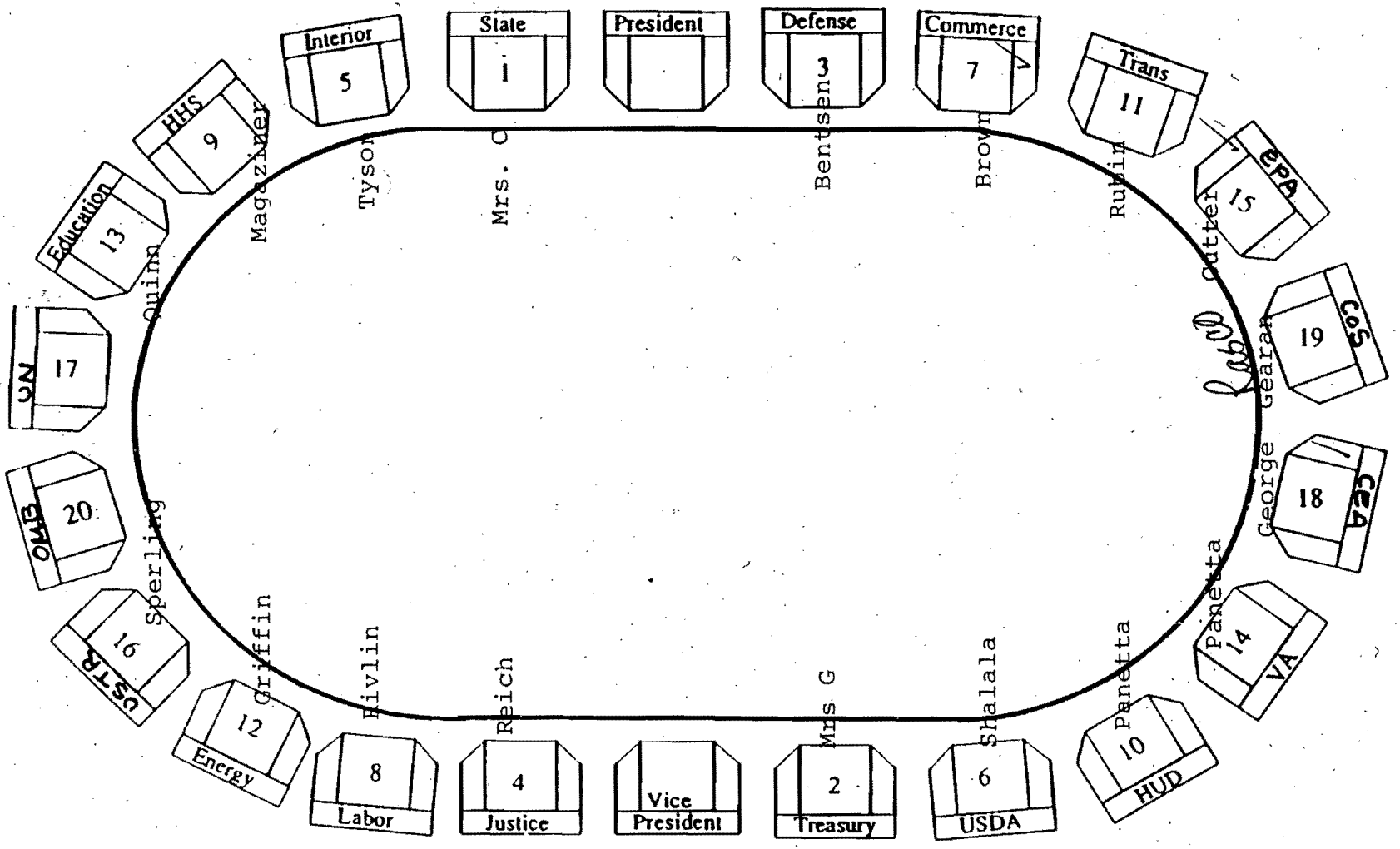
Cabinet Room

22 Chair Arrangement



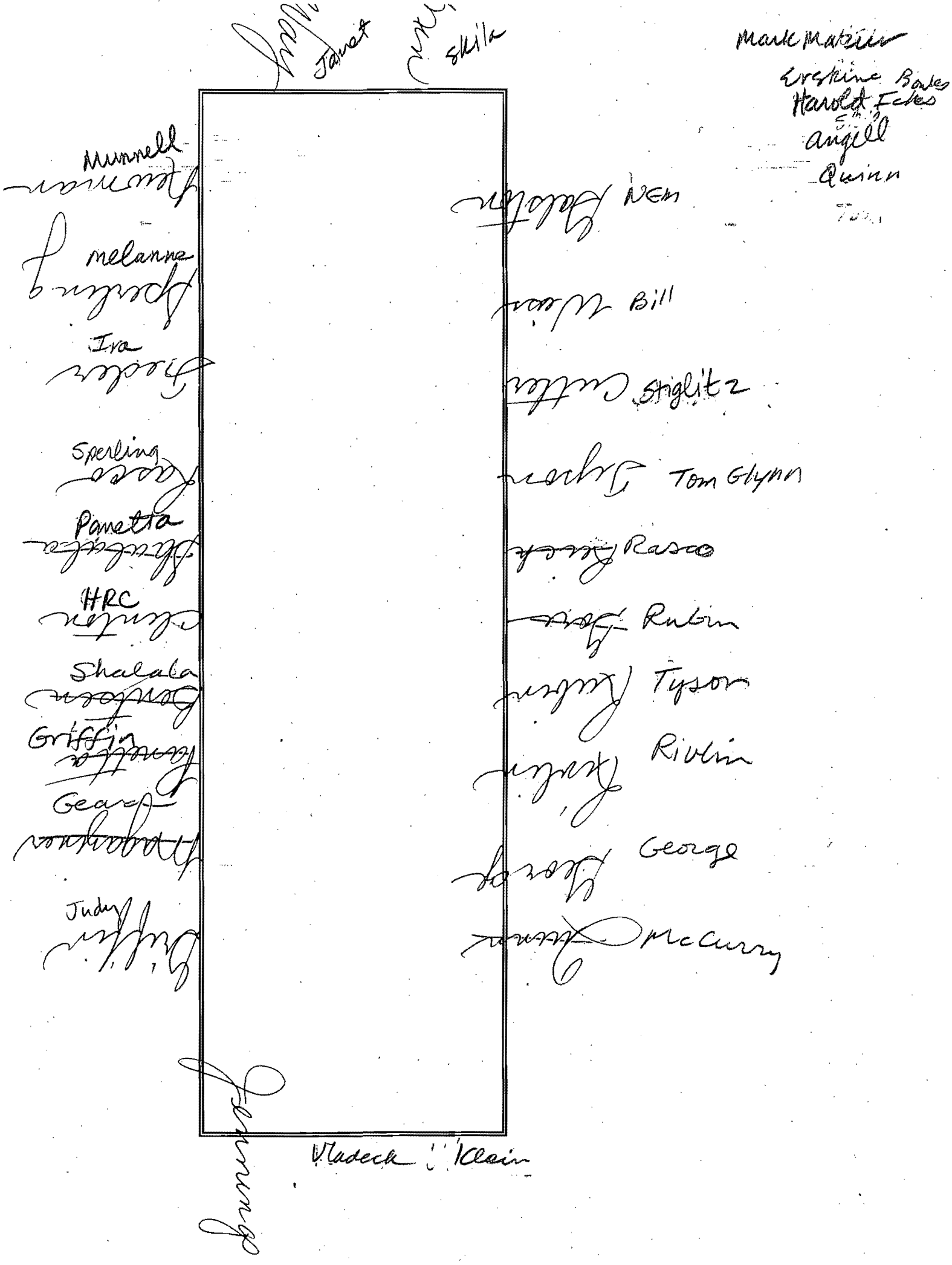
Cabinet Room

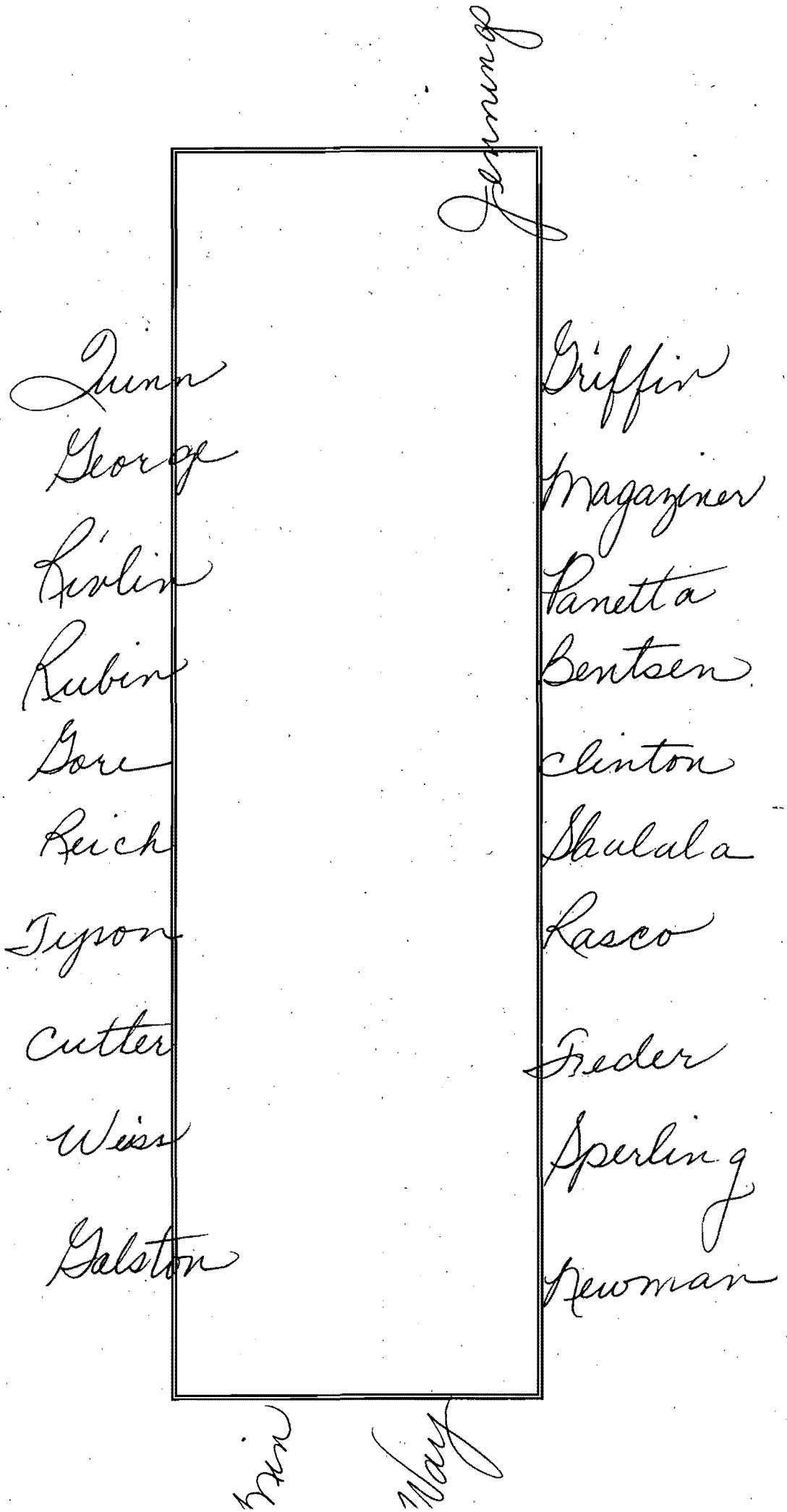
22 Chair Arrangement



12/20 4:45-6:00

Rose


Janet
Mark Mazzie
Erskine Bowles
Harold Ickes
Angell
Quinn
Munnell
Melanne
Ira
Sperling
Panetta
HRC
Shalala
Griffin
Geary
Judy
Vladeck / Klein
Bill
Stiglitz
Tom Glynn
Rasco
Rubin
Tyson
Rivlin
George
McCurry


Jennings
Quinn
George
Levin
Rubin
Gore
Reich
Tyson
Cutter
Weiss
Galston
Griffin
Magaziner
Panetta
Bentsen
Clinton
Skulda
Kasco
Feder
Sperling
Newman
Max
Mary

Pat P6/b(6)

Leon } top end
Pat
Jack
- Gene } fill in
BO
Bill
NEM

Laura
~~Carol~~
HRC
Shalala

Reich
Rubin
~~Robert~~
Carol

• Feder
• Krueger
• Weiss

Chris

Mark Gearan

Mike McCurry

Alice Rivlin

Ira Magaziner

Jack Quinn

Melanne Verveer

Skila Harris

Alicia Munnell

Judy Feder

John Angell

Bill Galston

Gene Sperling

Janet Murguia

Nancy-Ann Min

Mrs. Clinton

Mrs. Gore

Thomas Glynn

Secretary Shalala

Joe Stiglitz

Mark Mazur

Bruce Vladeck

Chris Jennings

Jennifer Klein

Frank Newman

Secretary Rubin

Leon Panetta

Erskine Bowles

Harold Ickes

Carol Rasco

Laura Tyson

Pat Griffin

George Stephanopoulos

MEMORANDUM

To: Kathryn Waters

From: Stacey Rubin

Date: March 3, 1995

Re: **Table and Tent Card Request for Health Care Meeting**

Attached is a list of Map Room participants. Can you please complete the table and cards for the Map Room meeting by **Wednesday, March 8 COB.**

Thanks for your help. Please call me at **6-5585** with any questions.

6-2984
6-6322
6-2028

1) Mrs. Clinton
2) Mrs. Gore
3) Secretary Reich
4) Secretary Rubin
5) Secretary Shalala
6) Leon Panetta
7) Erskine Bowles
8) Harold Ickes
9) Carol Rasco
10) Laura Tyson
11) Pat Griffin
12) George Stephanopoulos
13) Mark Gearan
14) Mike McCurry
15) Alice Rivlin
16) Ira Magaziner
17) Jack Quinn
18) Chris Jennings
19) Judy Feder
20) Nancy-Ann Min
21) Bo Cutter
22) Gene Sperling
23) Bill Galston
24) Alan Krueger
25) James Ukockis
26) Bruce Vladeck
27) Jerry Klepner
28) Jennifer Klein
29) Melanne Verveer
30) Skila Harris
31) Meredith Miller
32) Alicia Munnell
33) Marcia Hale
34) Janet Murguia
35) Mr. Leslie Samuels
36) Glenn Rosselli

fax 6-2028

40) Frank Newman

37) Jack Lew
38) Joe Stiglitz
39) Mark Mazur

Sally KATZEN 5-4852
fax 5-3047

REGULATORY REVIEW
HEALTH CARE WORKING GROUP

Name		Agency		Phone	Fax		D.O.B.
Jennifer Klein		DPC		456-2599	456-2878		
Chris Jennings		DPC		456-5560	456-7431		
~~Kim O'Neill~~		NEC/DPC		456-5587	456-7431		[redacted] P6/b(6)
Judith Riggins		Agriculture		720-4150	690-4437		
Mike Taylor		Agriculture		720-7025	690-4437		
Jon Baker		CEA		395-~~1410~~ 5614	395-6853		
Eric Wolff		CEA		395-1410	395-6853	Bill Hubbard 443-5004 301-	
Chris Cerf		WH Counsel		456-6229	456-2146		
Douglas Letter		WH Counsel		456-7901	456-1647		
Bill Schultz		FDA		301-443-2854	301-443-5530		[redacted] P6/b(6)
Tom Ault		HHS		410-966-5635	401-966-0594		
Chris Bladen		HHS		690-6870	401-7321		
Anna Boyd		HHS		690-6111	690-7203		
Claudia Cooley	LC	HHS/Office of the Secretary		690-5627	690-7203		
Judy Feder		HHS/ASPE		690-7858	690-7383		
Harriet Rabb		HHS/OGC		690-7741	690-7998		
Jacquelyn White		HHS		690-5627	690-7203		
Jerry Stern	(Debra Cohn 514-3052)	DOJ		514-6753	307-0097		
Jean Logan		NPR		632-0334	632-0390		
Shannah Koss		OMB		395-7318	395-5167		
Laurel Illston		OMB		395-7809			
~~Nelson Reyneri~~		~~OSHA~~		~~219-9196~~	~~219-6064~~		
~~Mary Lou Keener~~		~~VA~~		~~273-6660~~	~~273-6671~~		
Bob Knisely		OVP/NPR	(3, 1, 2)	366-~~3282~~	366-3640		
Kate Sullivan				690-5627	366-9777		
Kenneth Kizer							
~~Gerold Mande~~							
Dan Maguire							
~~Sam Dubbin~~							

Abbey Block 606-0191 [redacted] P6/b(6)

Smith [redacted] P6/b(6)

Helen ~~Smith~~

√ Kate Sullivan

Debra Cohn [redacted] P6/b(6)

* Jerry (Gerold) Mande [redacted] P6/b(6)

* William Hubbard [redacted] P6/b(6)

THE WHITE HOUSE

WASHINGTON

FEHBP FILE

September 8, 1994

MEMORANDUM FOR IRA MAGAZINER

FROM: HAROLD ICKES

SUBJECT: Health care reform legislation

Ira, attached is a copy of Alexis Herman's 25 August 1994 letter to the President regarding the possibility of streamlining health care reform legislation by defining employer responsibility as a requirement to provide coverage that is the actuarial equivalent of coverage offered under the FEHBA.

cc: Chris Jennings
Jack Lew

THE WHITE HOUSE

WASHINGTON

August 25, 1994

94 AUG 25 P6:54

MEMORANDUM FOR THE ~~PRESIDENT~~

FROM: Alexis Herman

RE: Health Care Reform Legislation

Per your request, on Monday, August 22, when you met with the CEOs who support universal coverage (the Letitia Chambers Group), you asked for a memo from Letitia reviewing the issue of streamlining health care that is the actuarial equivalent under the Federal Employees Health Benefit Act.

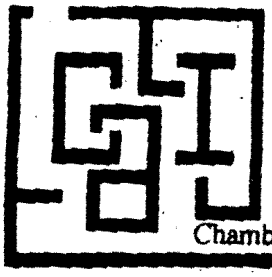
Please see the attached.

Ickes/Ira
Interesting letter & need to do in regs —
B

cc: Hon. Leon Panetta
cc: Hon. Harold Ickes

Attachment

AMH:RGM



Chambers Associates Incorporated • Public Policy Consultants

1625 K Street, N.W.
Suite 200
Washington, D.C. 20006
(202) 857-0670
Fax (202) 857-0688

August 25, 1994

President William J. Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

I enjoyed meeting with you this week along with several CEOs who support universal coverage. Jim Moody and I have been happy to help advance comprehensive health care reform legislation as we did earlier for passage of the economic plan.

I am writing, as you requested, to elaborate on the possibility of streamlining health care reform legislation by defining employer responsibility as a requirement to provide coverage that is the actuarial equivalent of coverage offered federal workers under the Federal Employees Health Benefit Act.

Discussion

Requiring all employer-provided health plans to offer a legislatively defined benefit package, which specifies the scope of services and level of cost sharing, would disrupt existing plan designs for virtually all who now have coverage. There is great diversity in the current marketplace among plan designs. Employers have chosen plans, or tailored them in the case of the self-insured, to meet the needs and desires of their specific work forces.

Some employers offer health benefit plans which have an actuarial value greater than the "standard benefit plan" called for by various reform bills, but most of these plans do not offer every single provision in the reform bills, notwithstanding their greater value. If legislation requires these firms to offer a specific mix of benefits, the employer will confront an unhappy choice between three possibilities: (1) offer such benefits in addition to the benefits previously offered and pay for them, which would raise the employer's cost; (2) offer the mandated mix of benefits but delete others to achieve cost neutrality, which could irritate employees (in some cases the employer may be prevented from doing this by the provisions of a collective bargaining agreement); or (3) offer such benefits in addition to the benefits previously offered and require employees to pay for the new benefits. (This would anger employees since they would have to pay for the added benefits as a condition of getting their previous benefit package).

These problems will be exacerbated by the provision in some of the bills which requires identical co-payments for all services offered. For covered individuals, this again will result in changes in their out-of-pocket costs, which will go up for some services and down for others. For the employer, it will limit flexibility of plan design and take away a valuable tool used to contain costs.

Solution

There is a simple solution: legislate the value of the package, not the mix of benefits.

All employers providing health plans that are at least equal to the actuarial value of the benefits package provided by the Blue Cross/Blue Shield Standard Option package, as offered under the Federal Employees Health Benefit Plan in effect in 1994, could be deemed to be "certified plans". Employers providing such plans should then not be subjected to extensive new obligations such as specifically required benefits, uniform contribution and aggregation rules, which providers they must contract with, and other similar restrictions. Comparison between plans to determine actuarial equivalency is a commonly used methodology, so extensive new regulations would not be needed to implement this standard.

Moving to this actuarial equivalent standard will provide flexibility and more choice of coverage for employers and employees, cause less disruption of existing plan design, and facilitate acceptance by the vast majority who are satisfied with their existing benefit plans. Plan participants will be assured of high value health care coverage with flexibility to tailor benefits to needs, and employers will not be burdened by excessive regulations and requirements.

This approach will also eliminate the potential for a serious unintended consequence if, as some fear, the broad definitions of required services in the bill are interpreted so as to require significant expansions of benefits and cost for those now covered. In the absence of a mandate for all employers this would create a disincentive to purchase coverage.

The actuarial equivalence standard also offers a politically attractive compromise. Variations on actuarial equivalence have been proposed by politicans as diverse as Senator Kennedy in his "Minimum Health Benefits for All Workers Act of 1987" (S.1265), House Minority Leader Michel in the bill he introduced last year, and others, most notably the recent proposal by the Mainstream Coalition.

Other Business Concerns

Employers who currently offer coverage to their work force, and therefore pay for most health coverage in this country, were very favorable to comprehensive reform in the beginning. The reasons so many have pulled back is that in the current context they see requirements that they:

- expand the benefits they offer (while many employers are not required to offer anything);
- pay new taxes that are not broad based but targeted only to them (premium taxes, taxes on high cost or high growth plans, limiting deductibility);
- lose multi-state employer protection under ERISA, subjecting such employers to extensive regulation by 50 states;
- face excessive new regulations affecting plan design, reporting, and administrative requirements which are unnecessary and in many cases will make cost containment more difficult.

At the same time, the provisions they most want to see in the bills are under attack and may not survive. These include:

1) an employer mandate;

2) broad-based financing (as opposed to new taxes that apply only to those who provide coverage);

3) early retiree provisions and prescription drugs for Medicare beneficiaries (which are important to unions, and aging and consumer groups as well as to large employers.)

The net impact of the Mitchell bill would increase costs by 10 to 15 percent for many large employers.

A new streamlined bill in the Senate could bring large employers back to the fold if it provides an employer mandate, ties benefits to the actuarial value of FEHB, allows multi-state plans to continue to operate under ERISA, and eliminates unnecessary regulations, and if it finances prescription benefits and low income subsides with cigarette taxes, no greater Medicare cuts than the Clinton bill, and a modest broad-based tax.

Again, I appreciate the opportunity to meet with you and will be happy to be helpful in any way possible.

Sincerely,

Letitia Chambers

LC:jvs