

# Withdrawal/Redaction Sheet

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Chris Jennings to Hillary Clinton Re: Tomorrow's Finance Committee Meeting (3 pages)	4/19/93	P5
002. briefing paper	Senate Finance Committee (13 pages)	nd	P5

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**COLLECTION:**

Clinton Presidential Records  
 Domestic Policy Council  
 Chris Jennings (Health Security Act)  
 OA/Box Number: 8990

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**FOLDER TITLE:**

[HSA] Senate Finance Committee

gfl37

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### 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]
- 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]

Chris J2 - C703/527-6494 - H  
202 608-2764 - P  
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Nancy Ann  
**DRAFT** 395-5178-0  
303-6928-H  
1

SENATE FINANCE BILL

Finance Committee File

1. Overview:

Features of the Senate Finance bill
No Mandate
Phased-in individual based subsidies
Tax on high cost health plans
Hard cap on Federal spending
Most Medicaid in community rating pool*
Senate Finance bill bottom line
\$25 billion increase in the deficit between 1995-1999
\$90 billion increase in the deficit between 1995-2004
Ballpark estimates of the Chairman's mark, sans employer mandate trigger
\$80 billion decrease in the deficit between 1995-1999
\$275 billion decrease in the deficit between 1995-2004
Salient differences between the Senate Finance bill and the Chairman's mark
HSA-like long term care program added (\$158B 1995-2004)
Corporate assessment dropped (\$150B)
Smaller tobacco tax increase (\$20B)
Early and generous expansion for children and pregnant women (Riegle amendment) added to subsidies (\$22B)

Note: \* highlights differences between Senate Finance Bill and Centrist Proposal.

Pros
Starting small allows time to learn about how to manage subsidies and insurance reforms
Solid fail-safe protection for the Federal budget
Subsidies are targeted very well to low income households
Minimizes job losses
Incentives are improved for insurers and patients

Cons
Will not achieve universal coverage
Very little private sector cost-containment
Premiums in the community rated pool are likely to be high due to adverse selection.

## 2. Coverage/Insurance Reforms:

No mandate, but firms of 100+ must make plans available.

2 kinds of groups: age adjusted community rated (limited to firms of < 100 and individuals) and experience rated (for all other groups).

Voluntary purchasing pools for individuals and small businesses with 100 or fewer employees with community rating.

Individuals and small groups could also join FEHB plans but would pay the community rate.

Groups of firms under 100, (MEWAs), are grandfathered into their right to receive experience rating. They would be treated as Qualified Association Plans, must cover at least 500 participants, and must meet other stringent conditions.

Firms with more than 100 workers will be experience rated or self-insured.

Guaranteed renewability and limits on pre-existing condition exclusions, including no exclusion for pregnancy.

If 95% not covered by 2002, National Health Commission meets to make (nonbinding) recommendations to Congress on achieving universal coverage.

### 3. Subsidies:

Once eligible, those below 100% of poverty receive a voucher equal to the average community-rated premium price in a geographic area, less any contribution offered by an employer.

Once eligible, those between 100-200% receive a sliding percentage of the average premium price.

Subsidy eligibility phased-in -- from 100% of poverty in 1997 to 200% in 2000, IF financing allows.

Special subsidies for uninsured pregnant women. Beginning in 1996, those at or below 185% of poverty receive full subsidies for a single policy, which is required to cover pregnancy services. Those between 185-250% receive a sliding percentage of the average premium price.

Special subsidies for children, modeled after New York's "Child Health Plus" program. Beginning in 1996, those at or below 185% of poverty receive full subsidies for a single policy. Those between 185-250% receive a sliding percentage of the average premium price. Funded by the Children's Health Trust Fund.

Cost-sharing subsidies for those eligible for full subsidy as determined by the National Health Benefits Board. At state option for those between 100-200% of poverty, funded by a \$2 billion capped entitlement fund.

### 4. Fail Safe Mechanism to Protect Deficit

A Current Health Spending Baseline (CHSB) is established. Includes Medicare, Medicaid, and Health Related Tax Expenditures.

A Health Reform Spending Estimate (HRSE) is established. Includes everything in CHSB, as well as individual tax deductions, cigarette tax, vouchers, and high cost plan assessment.

In any year the Director of OMB notifies Congress that HRSE will exceed CHSB, the following occurs, unless Congress acts on alternative recommendations made by the National Health Commission:

- Delay in voucher phase-in
- Slow-down of expanded tax deduction phase-in
- Increase in out-of-pocket limits in the standard and basic packages

**5. Benefit package:**

One standard (equal to FEHB's BCBS standard) and one basic (very high cost-sharing).

No Medicare drug benefit

Delayed HSA-like long term care program

**6. High cost plan assessment:**

Within each group of plans (community rated and experience rated/self-insured) the highest priced 40% are taxed.

Tax rate is 25 percent of difference between the average premium in that group and the plan's premium.

**7. Medicaid:**

AFDC and non-cash are eligible for Federal subsidies and enrollment in certified health plans on the same basis as other low income individuals. State MOE payments required for services covered under the standard benefit package.

State option to enroll SSI/Medicaid recipients in private health plans on a capitated basis. SSI/Medicaid recipients are not included in the community rated market.

Disproportionate share payments are gradually phased down beginning in 1997, but not out. Remaining payments are targeted to compensate hospitals for uncompensated care.

Long term care benefits expanded.

**8. Medicare:**

Program savings much smaller than HSA

No Medicare drug benefit

9. **Other Federal Programs**

FEHB remains as is, but those eligible for community rating pool are allowed to join.

Indian Health Service, Veterans' health care, and DoD apparently unaffected.

PHS programs to promote development of community health networks and to provide capital assistance to physicians, community health networks, and facilities in underserved rural and urban areas. Funded by an "infrastructure development account", which is part of the Health Security Trust Fund.

10. **Tax incentives:**

100% deduction of health insurance premium payments for individuals without employer-subsidized health coverage. Begins January 1, 1996, does not appear to be phased-in.

11. **Financing:**

Fail-safe mechanism protects Federal budget

Medicaid and Medicare savings

Cigarette tax increased \$1 per pack

Assessment on high cost plans

Medicare HI tax levied on State and local workers

Premium assessment dedicated to academic health centers

Many new tax spending features, of which the individual tax deduction is the most significant.

Fiscal Summary  
Changes from Baselines  
(\$ Billions)

	1995-1999	1995-2004
<b>Outlays</b>		
Net Subsidies	223	794
Medicare	(37)	(207)
Medicaid	(121)	(559)
PHS/AHC Spending	40	120
Long Term Care	19	158
<b>Revenues</b>		
Tobacco Tax*	<del>(66)</del> (65) <sup>\$ 21.5</sup>	<del>(127)</del> (131) <sup>\$ 56.1</sup>
Corporate Assessment/High Cost Plan Tax	(5)	(17)
Net Other Revenues	(31)	(65)
<b>Net Deficit Effect</b>		
	22	87

*Delayed  
Means  
Tob. tax*

All Estimates are preliminary and unofficial.

These estimates assume no changes in VA, DOD, FEHB, and other Federal health spending programs.

\*Tobacco revenues are too high, but are adjusted for in the Net Other Revenues line.

Year by Year Analysis of Low Income Voucher Program (\$ Billions)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Baseline</b>										
Medicaid	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6
Medicare	158.1	176.0	194.0	213.1	235.5	260.8	289.1	321.1	357.0	397.9
Tax Expenditures	84.7	92.4	99.5	107.4	117.0	127.3	137.8	149.2	161.5	174.5
<b>Baseline Total</b>	<b>339.2</b>	<b>376.6</b>	<b>415.0</b>	<b>456.8</b>	<b>504.7</b>	<b>558.5</b>	<b>617.7</b>	<b>683.9</b>	<b>757.6</b>	<b>840.0</b>
<b>Reform</b>										
Low Income Voucher Program	0	7	74.5	100.6	110.9	125.0	135.1	145.0	157.2	169.6
Medicaid	96.4	108.2	101.1	90.3	97.3	105.4	113.8	126.8	141.2	157
Medicare	157.7	172.1	187.5	203.7	219.7	238.85	262.1	288.1	317.2	351.3
Tax expenditures										
<b>Reform Total</b>										
<b>New Revenues</b>										
Tobacco	-17.4	-15.2	-14.8	-14.3	-13.5	-13.1	-12.7	-12.3	-12.0	-11.8
High Cost Plans	0	0	- 1.1	- 1.7	- 1.9	- 2.1	- 2.3	- 2.5	- 2.7	- 2.9
<b>Net Expected Surplus (-) or Shortfall (+)</b>										
<b>Percent Insured</b>	<b>85%</b>	<b>86%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>

STAFF ESTIMATES. PRELIMINARY AND UNOFFICIAL.



## ISSUES AND POSSIBLE SOLUTIONS

### 1. Coverage:

Issues	Possible Solutions
Many remain without coverage, perpetuating uncompensated care and cost-shifting to the privately insured.	Add triggered mandates, maybe 50% employer obligation with proportionately lower individual wage based subsidies (e.g., 8%).
Premiums will be high in the community rating pool due to adverse selection.	Enlarge the community rating pool to include firms with less than or equal to 1000 or even 500 workers. Can still preserve voluntary nature of purchasing cooperatives.
Some moderate-sized firms will be vulnerable to bad experience rating.	Enlarge the community rating pool to include firms with less than or equal to 1000 or even 500 workers.

### 2. Subsidies:

Issues	Possible Solutions
Subsidy schedule produces very high marginal tax rates (phases out between 100% and 200% of poverty, as did Cooper/Breaux).	Smooth it out by having the poor pay something.

### 3. Benefit Package:

Issues	Possible Solutions
Offering both a basic and a standard package will lead to adverse selection and uncompensated care.	Limit access to basic plan to those above specified income levels (e.g., 250% of poverty. The Centrists recommended 200% in their draft mark).

#### 4. High Cost Plan Assessment

Issues	Possible Solutions
Assessment is likely to fall on plans with a sicker than average enrollment.	Enlarge the community rating pool to include firms with less than or equal to 1000 or 500 workers.
Little revenue will be raised from the assessment.	Enlarge the community rating pool to include firms with less than or equal to 1000 workers. Also, have assessment rate apply to a larger base, for example, to the difference between the premium and a target, where the target is set below the market average by a certain percentage.
Assessment design has been sketchy. As currently written, it is unlikely to lead to significant cost containment in the private sector.	Have assessment rate apply to a larger base, for example, to the difference between the premium and a target, where the target is set below the market average. Maximum cost containment effect requires taxing excessive levels of premiums as well as growth rates.

#### 5. Medicaid:

Issues	Possible Solutions
Abolishing Medicaid in a voluntary universe may lead to some reduction in services for those who will not qualify for 100% subsidies.	Reigel amendment (special subsidies for pregnant women and kids) solves the most pressing of these problems, but it may be vulnerable to cost cutting pressures.

**6. Medicare:**

Issues	Possible Solutions
Proposal includes Medicare program reductions, but no fee-for-service benefit expansions. Some benefit expansions are available through managed care option.	Phase-in Medicare drug benefit as savings allow.

**7. Financing:**

Issues	Possible Solutions
Financing will be insufficient to fully fund subsidies on a year by year basis, limiting the expansion of subsidies to more income groups.	Broaden the measure of full financing from a year by year metric to a multi-year (3, for example) metric. Alternatively, other sources of increased revenue could be introduced, or the long term care benefit dropped.

7/12/94--10:00 a.m.

## SENATE FINANCE BILL

### 1. Overview:

<b>Features of the Senate Finance bill</b>
No Mandate Phased-in individual based subsidies Tax on high cost health plans Hard cap on Federal spending Most Medicaid in community rating pool
<b>Senate Finance bill bottom line</b>
\$30 billion increase in the deficit between 1995-1999 \$45 billion increase in the deficit between 1995-2004
<b>Ballpark estimates of the Chairman's mark, sans employer mandate trigger</b>
\$80 billion decrease in the deficit between 1995-1999 \$275 billion decrease in the deficit between 1995-2004
<b>Salient differences between the Senate Finance bill and the Chairman's mark</b>
HSA-like long term care program added (\$48B 1995-2004) Corporate assessment dropped (\$150B) Smaller tobacco tax increase (\$26B) Early and generous expansion for children and pregnant women (Riegle amendment) added to subsidies (\$22B)

\* Note: highlights differences between Senate Finance bill and Centrist proposal.

Pros
Starting small allows time to learn how to manage subsidies and insurance reforms
Solid fail-safe protection for the Federal budget
Subsidies are targeted very well to low income households
Minimizes job losses
Incentives are improved for insurers and patients

Cons
Will not achieve universal coverage
Very little private sector cost-containment
Premiums in the community rated pool are likely to be high due to adverse selection.

**2. Coverage/Insurance Reforms:**

No mandate, but firms of 100+ must make plans available.

2 kinds of groups: age adjusted community rated (limited to firms of < 100 and individuals) and experience rated (for all other groups).

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Guaranteed renewability and limits on pre-existing condition exclusions, including no exclusion for pregnancy.

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In any year the Director of OMB notifies Congress that HRSE will exceed CHSB, the following occurs, unless Congress acts on alternative recommendations made by the President or the National Health Commission:

- Delay in voucher phase-in or reduction in subsidies
- Delay in effective date or reduction in self-employed tax deduction
- Increase in out-of-pocket limits in the standard and basic packages

5. **Benefit package:**

One standard (equal to FEHB's BCBS standard) and one basic (very high cost-sharing)

No Medicare drug benefit

Delayed and scaled back long term care program

6. **High cost plan assessment:**

Within each group of plans (community rated and experience rated/self-insured) the highest priced 40% are taxed.

Tax rate is 25 percent of difference between the average premium in that group and the plan's premium.

7. **Medicaid:**

AFDC and non-cash are eligible for Federal subsidies and enrollment in certified health plans on the same basis as other low income individuals. State MOE payments required for services covered under the standard benefit package.

State option to enroll SSI/Medicaid recipients in private health plans on a capitated basis. SSI/Medicaid recipients are not included in the community rated market.

Disproportionate share payments are gradually phased down beginning in 1997, but not out. Remaining payments are targeted to compensate hospitals for uncompensated care.

Long term care benefits expanded.

Note that Medicaid savings are higher in the Finance bill (\$529 billion over 10 years) than in the HSA (\$475 billion), because Finance eliminates more acute care Medicaid spending for more people (AFDC and non-cash recipients). Under the HSA, acute care Medicaid spending is eliminated only for the non-cash population. Medicaid makes capitated payments for cash recipients. Under the Finance bill, subsidies increase to cover the AFDC population. Note, however, that the Finance bill's total savings relative to HSA are reduced somewhat because of the bill's slower and only partial phase-out of DSH payments.

8. Medicare:

Program savings much smaller than HSA

No Medicare drug benefit

9. Other Federal Programs

FEHB remains as is, but those eligible for community rating pool are allowed to join.

Indian Health Service, Veterans' health care, and DoD apparently unaffected.

PHS programs to promote development of community health networks and to provide capital assistance to physicians, community health networks, and facilities in underserved rural and urban areas. Funded by an "infrastructure development account", which is part of the Health Security Trust Fund.

10. Tax incentives:

100% deduction of health insurance premium payments for self-employed individuals without employer-subsidized health coverage. Begins January 1, 1996, does not appear to be phased-in.

11. Financing:

Fail-safe mechanism protects Federal budget

Medicaid and Medicare savings

Cigarette tax increased \$1 per pack

Assessment on high cost plans

Medicare HI tax levied on State and local workers

Premium assessment dedicated to academic health centers

Many new tax spending features, of which the self-employed tax deduction is the most significant.



## Fiscal Analysis of Final Finance Mark

07/11/94

04:04 PM

	1995-1999	1995-2004
<b>Net Subsidies</b>	231	818
<b>Medicare Savings</b>	(38)	(208)
<b>Medicaid Savings</b>	(114)	(529)
<b>PHS/AHC/GME</b>	34	96
<b>Long Term Care</b>	5	48
<b>Tobacco Tax</b>	(65)	(131)
<b>High Cost Plan Tax</b>	(7)	(20)
<b>Net Other Revenues</b>	(19)	(33)
<b>Net Deficit Effect</b>	28	44

All estimates preliminary and unofficial.

These estimates assume no changes in VA, DOD, FEHB, and other Federal health spending programs.

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# Year by Year Analysis of Fail-Safe Mechanism

## Final Senate Finance Mark

07/11/94  
04:04 PM

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Baseline</b>										
Medicaid	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6
Medicare	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9
Tax Expenditures	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5
<b>Current Health Spending Baseline</b>	<b>339.2</b>	<b>376.6</b>	<b>415</b>	<b>456.8</b>	<b>504.7</b>	<b>558.5</b>	<b>617.7</b>	<b>683.9</b>	<b>757.6</b>	<b>840</b>
<b>Reform</b>										
Low Income Vouchers (Net)	0	7.0	58.4	77.6	87.9	98.9	108.0	116.0	126.1	137.6
Medicaid	96.4	108.2	101.5	92.3	102.2	105.4	115.8	130.6	147.1	167.6
Medicare	156.9	172.0	187.5	203.6	219.6	238.7	262.0	288.0	317.2	351.3
Tax expenditures	85.3	92.5	100.5	110.2	121.7	134.4	145.1	156.6	170.1	183.8
<b>Reform Spending Total</b>	<b>338.6</b>	<b>379.7</b>	<b>447.9</b>	<b>483.7</b>	<b>531.4</b>	<b>577.5</b>	<b>631.0</b>	<b>691.2</b>	<b>760.5</b>	<b>840.3</b>
<b>Reform Revenues</b>										
Tobacco Tax	10.8	13.7	13.6	13.5	13.4	13.3	13.3	13.2	13	12.9
High Cost Plan Assessment	0	1.1	1.7	1.8	2	2.2	2.4	2.6	2.8	3
<b>Reform Revenues</b>	<b>10.8</b>	<b>14.8</b>	<b>15.3</b>	<b>15.3</b>	<b>15.4</b>	<b>15.5</b>	<b>15.7</b>	<b>15.8</b>	<b>15.8</b>	<b>15.9</b>
<b>Health Reform Spending Estimate</b>	<b>327.8</b>	<b>364.9</b>	<b>432.6</b>	<b>468.4</b>	<b>516.0</b>	<b>563.0</b>	<b>616.3</b>	<b>676.1</b>	<b>744.7</b>	<b>824.4</b>
<b>Net Expected Surplus (+) or Shortfall (-)</b>	<b>11.4</b>	<b>11.7</b>	<b>17.6</b>	<b>17.6</b>	<b>11.9</b>	<b>9.5</b>	<b>2.4</b>	<b>8.5</b>	<b>12.9</b>	<b>15.6</b>
<b>Net Total Deficit Effect</b>	<b>-11.4</b>	<b>-10.3</b>	<b>17.4</b>	<b>15.7</b>	<b>16.5</b>	<b>9.7</b>	<b>4.7</b>	<b>1.8</b>	<b>-0.4</b>	<b>0.0</b>
<b>Estimate of Percent Insured</b>	<b>85%</b>	<b>86%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>

**Staff Estimates. All estimates preliminary and unofficial.**

*Medicaid CBS #s 10% higher*

**DRAFT**

## Fiscal Analysis of Final Finance Mark

07/17/94

09:43 AM

	1995-1999	1995-2004
<b>Net Subsidies</b>	225	807
<b>Medicare Savings</b>	(38)	(208)
<b>Medicaid Savings</b>	(114)	(529)
<b>PHS/AHC/GME</b>	34	96
<b>Long Term Care</b>	5	48
<b>Tobacco Tax</b>	(65)	(131)
<b>High Cost Plan Tax</b>	(7)	(20)
<b>Net Other Revenues</b>	(19)	(33)
<b>Net Deficit Effect</b>	22	33

All estimates preliminary and unofficial.

These estimates assume no changes in VA, DOD, FEHB, and other Federal health spending programs.

# Year by Year Analysis of Fail-Safe Mechanism

*Handwritten in  
Pomeroy's office  
developed the baseline  
subject issue.*

## Final Senate Finance Mark

07/17/94  
09:43 AM

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Baseline</b>										
Medicaid	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6
Medicare	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9
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<b>Current Health Spending Baseline</b>	<b>339.2</b>	<b>376.6</b>	<b>415</b>	<b>456.8</b>	<b>504.7</b>	<b>558.5</b>	<b>617.7</b>	<b>683.9</b>	<b>757.6</b>	<b>840</b>
<b>Reform</b>										
Low Income Vouchers (Net)	0	7.0	52.9	77.2	87.4	98.3	107.3	115.3	125.2	136.6
Medicaid	96.4	108.2	101.5	92.3	102.2	105.4	115.8	130.6	147.1	167.6
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Tax expenditures	85.3	92.5	100.5	110.2	121.7	134.4	145.1	156.6	170.1	183.8
<b>Reform Spending Total</b>	<b>338.6</b>	<b>379.7</b>	<b>442.4</b>	<b>483.3</b>	<b>530.9</b>	<b>576.8</b>	<b>630.3</b>	<b>690.5</b>	<b>759.6</b>	<b>839.3</b>
Tobacco Tax	10.8	13.7	13.6	13.5	13.4	13.3	13.3	13.2	13	12.9
High Cost Plan Assessment	0	1.1	1.7	1.8	2	2.2	2.4	2.6	2.8	3
<b>Reform Revenues</b>	<b>10.8</b>	<b>14.8</b>	<b>15.3</b>	<b>15.3</b>	<b>15.4</b>	<b>15.5</b>	<b>15.7</b>	<b>15.8</b>	<b>15.8</b>	<b>15.9</b>
<b>Health Reform Spending Estimate</b>	<b>327.8</b>	<b>364.9</b>	<b>427.1</b>	<b>468.0</b>	<b>515.5</b>	<b>561.3</b>	<b>614.6</b>	<b>674.7</b>	<b>743.8</b>	<b>823.4</b>
<b>Net Expected Surplus (-) or Shortfall(+)</b>	<b>-11.4</b>	<b>-11.7</b>	<b>12.1</b>	<b>11.2</b>	<b>10.8</b>	<b>2.8</b>	<b>-3.1</b>	<b>-9.2</b>	<b>-13.8</b>	<b>-16.6</b>
<b>Net Total Deficit Effect</b>	<b>-11.4</b>	<b>-10.3</b>	<b>11.9</b>	<b>15.3</b>	<b>16.1</b>	<b>9.1</b>	<b>4.0</b>	<b>1.0</b>	<b>-1.3</b>	<b>-0.9</b>
<b>Estimate of Percent Insured</b>	<b>85%</b>	<b>86%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>

*of state MOE  
should count*

**Staff Estimates. All estimates preliminary and unofficial.**

*Question of academic health centers*

	Fiscal Years										1995-1999	1995-200
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004		
<b>Outlays</b>												
Subsidies (CY, '94 \$)	0	0	-59.6	66.9	73.5	79.2	81.9	84.9	88.6	92.1	200	626.7
Subsidies (CY, nominal \$)	0	0.00	65.13	75.30	85.21	94.57	100.73	107.55	115.60	123.77	225.6297	767.85
Subsidies (FY)	0	0	48.84	72.75	82.73	92.23	99.19	105.84	113.59	121.73	204.3281	736.91
Less State MOE			18	25	27	28	29	31	33	34	70	225.00
Plus MCD cash subs			16.46453	23.12767	24.95157	27.33907	30.06387	33.00225	36.44689	40.21531	64.54377	231.61
Plus Riegle Amendment		7	1.9	1.8	1.8	1.5	1.6	1.7	2.2	2.4	12.5	21.90
Subs adj. for pool+Riegle spill to prem.			50.55447	75.30043	85.62464	95.45636	102.6588	109.5478	117.565	125.9924	211.4795	762.70
OOP subsidy for 100-200%			2	2	2	2	2	2	2	2	6	16.00
<b>Total Net Subsidies</b>	0	7	52.919	77.22809	87.37621	98.29543	107.3227	115.25	125.2119	136.6077	224.5233	807.21
<b>Medicaid</b>												
Baseline	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6	614.6	1696.10
Acute											0	0
DSH											0	0
Proposed Savings	0	0	20	44	50	65	75	83	92	100	114	529.00
Acute	0	0	18	40	46	52	58	64	71	76	104	427.00
DSH	0	0	2	4	4	13	17	19	21	22	10	102.00
Net Proposed	96.4	108.2	101.5	92.3	102.2	105.4	115.8	130.6	147.1	167.6	500.6	1167.10
Acute											0	0
DSH											0	0
<b>Medicare</b>												
Baseline	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9	976.7	2602.60
Part A											0	0
Part B											0	0
Premiums											0	0
Proposed Savings	1.168	4.045	6.574	9.647	16.099	22.324	27.363	33.448	40.252	47.2	37.533	208.12
Part A											0	0
Part B											0	0
Premiums											0	0
Net Proposed	156.932	171.955	187.516	203.613	219.601	238.726	262.0495	288.0426	317.2363	351.3104	939.617	2396.98
Part A	0	0	0	0	0	0	0	0	0	0	0	0.00
Part B	0	0	0	0	0	0	0	0	0	0	0	0.00
Premiums	0	0	0	0	0	0	0	0	0	0	0	0.00
NPs, PAs, etc.			0.09	0.16	0.2	0.25	0.3125	0.390625	0.488281	0.610352	0.45	2.50
<b>Other Federal Programs</b>												
Baseline	0	0	0	0	0	0	0	0	0	0	0	0.00
PHS											0	0
FEHB,DOD,VA											0	0
AHC											0	0
Net New Proposed	0	5.722857	7.028571	10.03429	10.98057	11.95817	12.17322	12.5326	12.76709	12.95044	33.76629	96.15
PHS											0	0.00
FEHB,DOD,VA											0	0.00
AHC		6.28	7.25	8.22	9.4	10.64	11.172	11.7306	12.31713	12.93299	31.15	89.94
target growth (cum. n		1.07	1.13955	1.207923	1.274359	1.338077	1.404981	1.47523	1.548991	1.626441	4.691832	12.09
less ime		4.1	4.5	4.8	5.3	5.9	6.5	7.1	7.8	8.6	18.7	54.60
GME+		3.6	4.05	6.4	6.752	7.0896	7.44408	7.816284	8.207098	8.617453	20.802	59.98
less dme		2	2.2	2.3	2.5	2.6	2.8	2.9	3.1	3.3	9	23.70
HS Infrastructure		1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	5.2	11.70
Biomed (1/7 of 1.75		0.64	1.13	1.21	1.33	1.43	1.56	1.69	1.84	2.00	4.314286	12.83
<b>New Programs</b>												
LTC	0	0	0	1.8	2.9	3.6	5	8.3	11.4	15.4	4.7	48.40
Medicare Drug	0	0	0	1.8	2.9	3.6	5	8.3	11.4	15.4	4.7	48.40
	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Net Outlay Deficit Effect</b>	-1.17	8.68	33.46	35.58	35.36	26.78	22.45	20.03	17.62	18.37	111.9066	217.14
<b>REVENUES</b>												
Tobacco	10.8	13.7	13.6	13.5	13.4	13.3	13.3	13.2	13	12.9	65	130.70
Corporate Assessment											0	0.00
High Cost Plans		1.1	1.7	1.8	2	2.2	2.4	2.6	2.8	3	6.6	19.60
1.75% for AHC/GME		4.5	7.9	8.5	9.3	10	10.9	11.8	12.9	14	30.2	89.80
Net Change in Tax Expend.	-0.6	-0.1	-1	-2.8	-4.7	-7.1	-7.3	-7.4	-8.6	-9.3	-9.2	-48.90
MISC JCT (incl. in new line 74)											0	0.00
MISC OTA	0	-0.2	-0.6	-0.7	-0.7	-0.7	-0.9	-1.2	-1.2	-1.3	-2.2	-7.50
Indirect Tax Effects (incl. in line 72)											0	0.00
<b>Net Revenue Deficit Effe</b>	-10.2	-19	-21.6	-20.3	-19.3	-17.7	-18.4	-19	-18.9	-19.3	-90.4	-183.70
Net other revenue (net net - tob. - hc	-0.6	4.2	6.3	5	3.9	2.2	2.7	3.2	3.1	3.4	18.8	33.40
NON-ADD: Tax Expenditures											0	0.00
baseline	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5	501	1251.30
proposed	85.3	92.5	100.5	110.2	121.7	134.4	145.1	156.6	170.1	183.8	510.2	1300.20
<b>Net Overall Deficit Ef</b>	-11.368	-10.3221	11.86357	15.27538	16.05778	9.079604	4.045384	1.025238	-1.28474	-0.93154	21.50659	33.44

# Fiscal Analysis of 7.7.94 Plan

07/17/94

10:02 AM

CR pool 500, Exemption 25, Hard Trigger in 2000

	1995-1999	1995-2004
Subsidies	336	1,300
Medicare Savings	(54)	(249)
Medicaid Savings	(126)	(544)
State Medicaid MOE	(78)	(272)
PHS/AHC/GME	33	95
Long Term Care	5	48
Medicare Drug	18	92
Subsidy Administration	11	37
Tobacco Tax	(57)	(110)
High Cost Plan Tax	(2)	(46)
Net Other Revenues	(31)	(167)
<b>Net Deficit Effect</b>	<b>55</b>	<b>183</b>

Cost aside up from ~~the~~ Peter H. & accompanying #8

47 Ann DSH  
275  
Cash

75/25  
Larone  
compliance  
15

All estimates preliminary and unofficial.

These estimates assume no changes in VA, DOD, FEHB, and other Federal health spending programs.

Get his offer on his liability

Do not count as revenue in assessment

69  
23  
200

## Year by Year Analysis of Fail-Safe Mechanism

### CR pool 500, Exemption 25, Hard Trigger in 2000

07/17/04

10:21 AM

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Baseline</b>										
Medicaid	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	238.1	267.6
Medicare	158.1	176	184	213.1	235.5	260.8	289.1	321.1	357	397.8
Tax Expenditures	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5
<b>Current Health Spending Baseline</b>	<b>339.2</b>	<b>376.6</b>	<b>415</b>	<b>456.8</b>	<b>504.7</b>	<b>558.5</b>	<b>617.7</b>	<b>683.9</b>	<b>757.6</b>	<b>840</b>
<b>Reform</b>										
Low Income Vouchers (Net)	0	0.0	66.3	92.0	99.4	123.4	139.3	153.0	169.1	185.7
Medicaid	96.4	108.2	98.1	88	98	104.7	115.4	129.9	146.7	166.3
Medicare	156.9	169.0	183.8	204.3	226.6	247.5	271.3	297.6	327.1	361.2
Tax expenditures	85.3	93.1	100.7	108.7	118.4	128.8	139.1	150.6	163	176.1
<b>Reform Spending Total</b>	<b>338.6</b>	<b>370.3</b>	<b>448.9</b>	<b>493.0</b>	<b>542.4</b>	<b>604.4</b>	<b>665.1</b>	<b>731.1</b>	<b>805.8</b>	<b>888.3</b>
Tobacco Tax	12	11.3	11.2	11.1	11	10.9	10.8	10.7	10.6	10.5
High Cost Plan Assessment	0	0	0.1	0.4	1	3.3	5.9	8.2	11.6	15.8
<b>Reform Revenues</b>	<b>12</b>	<b>11.3</b>	<b>11.3</b>	<b>11.5</b>	<b>12</b>	<b>14.2</b>	<b>16.7</b>	<b>18.9</b>	<b>22.2</b>	<b>26.3</b>
<b>Health Reform Spending Estimate</b>	<b>326.6</b>	<b>359.0</b>	<b>437.6</b>	<b>481.5</b>	<b>530.4</b>	<b>590.2</b>	<b>648.4</b>	<b>712.2</b>	<b>783.6</b>	<b>863.0</b>
<b>Net Expected Surplus (-) or Shortfall(+)</b>	<b>-12.6</b>	<b>-17.6</b>	<b>22.6</b>	<b>24.7</b>	<b>25.7</b>	<b>31.7</b>	<b>30.7</b>	<b>28.3</b>	<b>26.0</b>	<b>23.0</b>
<b>Net Total Deficit Effect</b>	<b>-11.6</b>	<b>-11.5</b>	<b>22.3</b>	<b>27.4</b>	<b>28.0</b>	<b>29.6</b>	<b>27.2</b>	<b>25.3</b>	<b>24.0</b>	<b>22.3</b>

### Estimate of Percent Insured

Staff Estimates. All estimates preliminary and unofficial.

Model 7.7.94

CR pool 500, Exemption 25, Hard Trigger in 2000

07/17/94

10:02 AM

Fiscal Years

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	1995-1999	1995-2004
<b>Outlays</b>												
Mandate Subsidies (CY, '94 \$)	0.00	0.00	0.00	0.00	0.00	135.34	143.55	152.26	161.50	171.29	0	763.94
Mandate Subsidies (CY, nominal \$)	0.00	0.00	0.00	0.00	0.00	161.60	176.55	182.88	210.72	230.20	0	971.95
Mandate Subsidies (FY)	0.00	0.00	0.00	0.00	0.00	121.20	172.81	188.80	206.26	225.33	0	914.40
Pre-Mandate Low income vouchers	0	0	52.47075	73.79125	79.45925	20.23075	0	0	0	0	205.7213	225.95
Pre-Mandate Outreach for Low income	0	0	3.4305	4.82825	5.2055	1.32575	0	0	0	0	13.46425	14.79
Pre-Mandate MCD Transition +	0	0	3.24225	4.56375	4.92075	1.25325	0	0	0	0	12.72675	13.98
Pre-Mandate Job-Loss Cobra +	0	0	2.25375	3.17225	3.42075	0.87125	0	0	0	0	8.84675	9.72
Pre-Mandate PW+K	0	0	3.81975	5.38175	5.8125	1.481	0	0	0	0	15.014	16.50
Pre-M Emp. who don't offer	0	0	0.885	1.243	1.339	0.341	0	0	0	0	3.467	3.81
Pre-M Emp. who don't cover all	0	0	1.4865	2.0885	2.25	0.573	0	0	0	0	5.825	6.40
Pre-M Medicaid Cash Subsidies	0	0	16.46453	23.12767	24.95157	6.834768					64.54377	71.38
OOP subsidy	0	0	2	2	2	3	3	3	4	4	6	23.00
Total Net Subsidies	0	0	86.05303	120.1964	129.3593	157.113	175.8127	191.7956	210.2567	229.3327	335.6088	1299.92
<b>Medicaid</b>												
Baseline	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6	614.6	1696.10
Acute												
DSH												
Proposed Savings	0	0	23.4	48.3	54.2	65.7	75.4	83.7	92.4	101.3	125.9	544.40
Acute	0	0	17.9	40.4	45.6	51.5	57.8	64.4	71.3	78.4	103.9	427.30
DSH	0	0	5.5	7.9	8.6	14.2	17.6	19.3	21.1	22.9	22	117.10
MOE	0	0	19.8	28.2	30	33.7	36.5	38.8	41.2	43.6	78	271.80
State Acute MOE	0	0	17.6	25	26.5	27.9	29.4	31	32.7	34.5	69.1	224.60
State DSH MOE	0	0	2.2	3.2	3.5	5.8	7.1	7.8	8.5	9.1	8.9	47.20
Net Proposed	96.4	108.2	98.1	88	98	104.7	115.4	129.9	146.7	166.3	488.7	1151.70
Acute												
DSH												
<b>Medicare</b>												
Baseline	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9	976.7	2602.60
Part A												
Part B												
Premiums												
Proposed Savings	1,249	7,006	10,159	14,865	21,198	26,166	31,569	38,201	45,646	53,419	54,477	249.48
Part A												
Part B												
Premiums												
Net Proposed	156.851	168.994	183.841	198.235	214.302	234.634	257.531	282.899	311.354	344.481	922.223	2353.12
Part A	0	0	0	0	0	0	0	0	0	0	0	0.00
Part B	0	0	0	0	0	0	0	0	0	0	0	0.00
Premiums	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Other Federal Programs</b>												
Baseline	0	0	0	0	0	0	0	0	0	0	0	0.00
PHS												
FEHB,DOD,VA												
AHC												
Net New Proposed	0	5.08	6.657143	9.962857	10.92343	11.98674	12.23037	12.57546	12.78137	12.95044	32.62343	95.15
PHS												0.00
FEHB,DOD,VA												0.00
AHC		6.28	7.25	8.22	9.4	10.64	11.172	11.7306	12.31713	12.93299	31.15	89.94
target growth (cum. nom.)		1.07	1.13955	1.207923	1.274359	1.338077	1.404981	1.47523	1.548991	1.626441	4.691832	12.09
less ime		4.1	4.5	4.8	5.3	5.9	6.5	7.1	7.8	8.6	18.7	54.60
GME+		3.6	4.05	6.4	6.752	7.0896	7.44408	7.816284	8.207098	8.617453	20.802	59.98
less dme		2	2.2	2.3	2.5	2.6	2.8	2.9	3.1	3.3	9	23.70
HS Infrastructure		1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	5.2	11.70
Biomed (1/7 of 1.75%)		0.00	0.76	1.14	1.27	1.46	1.61	1.73	1.86	2.00	3.171429	11.83
<b>New Programs</b>												
LTC	0	0	0	1.8	2.9	3.6	5	8.3	11.4	15.4	4.7	48.40
Medicare Drug	0	0	0	6.1	12.3	12.9	13.8	14.7	15.7	16.7	18.4	92.20
Subsidy Administration	1.05	0.825	1.05	3.9	3.825	4.125	5.325	5.025	5.475	6.15	10.65	36.75
	0.75	1.4	1.1	1.4	5.2	5.1	5.5	7.1	6.7	7.3	8.2	49.00
Net Outlay Deficit Effect	-0.20	-1.10	40.40	50.59	53.91	64.16	68.70	71.70	76.37	82.21	143.6052	506.74
<b>REVENUES</b>												
Tobacco	12	11.3	11.2	11.1	11	10.9	10.8	10.7	10.6	10.5	56.6	110.10
Experience Rated Plan Assessment*			2.8	4.1	4.5	4.7	5	5.3	5.8	6.2	11.4	38.40
High Cost Plan Assessment		0	0.1	0.4	1	3.3	5.9	8.2	11.6	15.8	1.5	46.30
1.75% for AHC/GME		0	5.3	8	8.9	10.2	11.3	12.1	13	14	22.2	82.80
Cafeteria Plan Restrictions			3.5	5.5	6.7	10.3	12.3	13.2	13.8	14.6	15.7	79.90
MISC JCT												
MISC OTA		-0.2	-0.6	-0.7	-0.7	-0.7	-0.9	-1.2	-1.2	-1.3	-2.2	-7.50
Net Change in Tax Expenditures (s.e.)	-0.6	-0.7	-1.2	-1.3	-1.4	-1.5	-1.3	-1.4	-1.5	-1.6	-5.2	-12.50
Indirect Tax Effects			-0.2	0.2	0.4	2.1	3.4	4.8	6.1	7.9	0.4	24.70
Medicare Pt. B Recapture* (incl. HI)		1.9	3.1	2.8	2.9	2.7	2.7	2.7	2.8	3	10.7	24.60
Medicare HI tax on S&L employees											0	0.00
Net Revenue Deficit Effect	-11.4	-10.4	-18.1	-23.2	-25.9	-34.6	-41.5	-46.4	-52.4	-59.9	-89	-323.80
Net other revenue (net net - tob. - hcp)	0.6	0.9	-6.8	-11.7	-13.9	-20.4	-24.8	-27.5	-30.2	-33.6	-30.9	-167.40
NON-ADD: Tax Expenditures											0	
baseline	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5	501	1251.30
proposed	85.3	93.1	100.7	108.7	118.4	128.8	139.1	150.6	163	176.1	506.2	1263.80
Net Overall Deficit Effect	-11.599	-11.501	22.30117	27.39427	28.00975	29.55879	27.19902	25.29501	23.96703	22.31413	54.6052	182.94

*over \$5 billion in savings*

*-1.5% in revenue*



## Fiscal Analysis of 7.7.94 Plan

07/17/94

10:02 AM

### CR pool 100, Exemption 25, Hard Trigger in 2000

	1995-1999	1995-2004
Subsidies	336	1,307
Medicare Savings	(54)	(249)
Medicaid Savings	(126)	(544)
State Medicaid MOE	(78)	(272)
PHS/AHC/GME	33	95
Long Term Care	5	48
Medicare Drug	18	92
Subsidy Administration	11	37
Tobacco Tax	(57)	(110)
High Cost Plan Tax	(1)	(41)
Net Other Revenues	<u>(30)</u>	<u>(163)</u>
Net Deficit Effect	56	200

All estimates preliminary and unofficial.

These estimates assume no changes in VA, DOD, FEHB, and other Federal health spending programs.

## Year by Year Analysis of Fail-Safe Mechanism

CR pool 100, Exemption 25, Hard Trigger In 2000

07/17/04  
10:26 AM

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Baseline</b>										
Medicaid	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6
Medicare	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9
Tax Expenditures	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5
<b>Current Health Spending Baseline</b>	<b>339.2</b>	<b>376.6</b>	<b>415</b>	<b>456.8</b>	<b>504.7</b>	<b>558.5</b>	<b>617.7</b>	<b>683.9</b>	<b>757.6</b>	<b>840</b>
<b>Reform</b>										
Low Income Vouchers (Net)	0	0.0	66.3	92.0	99.4	124.0	140.3	154.3	170.7	187.8
Medicaid	96.4	108.2	98.1	88	98	104.7	115.4	129.9	146.7	166.3
Medicare	156.9	169.0	183.8	204.3	226.6	247.5	271.3	297.6	327.1	361.2
Tax expenditures	85.3	93.1	100.7	108.7	118.4	128.8	139.1	150.6	163	176
<b>Reform Spending Total</b>	<b>338.6</b>	<b>370.3</b>	<b>448.9</b>	<b>493.0</b>	<b>542.4</b>	<b>605.1</b>	<b>666.2</b>	<b>732.4</b>	<b>807.5</b>	<b>891.3</b>
Tobacco Tax	12	11.3	11.2	11.1	11	10.9	10.8	10.7	10.6	10.5
High Cost Plan Assessment	0	0	0.1	0.3	0.7	2.9	5.2	7.2	10.2	14.1
<b>Reform Revenues</b>	<b>12</b>	<b>11.3</b>	<b>11.3</b>	<b>11.4</b>	<b>11.7</b>	<b>13.8</b>	<b>16</b>	<b>17.9</b>	<b>20.8</b>	<b>24.6</b>
<b>Health Reform Spending Estimate</b>	<b>326.6</b>	<b>359.0</b>	<b>437.6</b>	<b>481.6</b>	<b>530.7</b>	<b>591.3</b>	<b>650.2</b>	<b>714.5</b>	<b>786.7</b>	<b>866.7</b>
<b>Net Expected Surplus (-) or Shortfall(+)</b>	<b>-12.6</b>	<b>-17.6</b>	<b>22.6</b>	<b>24.8</b>	<b>26.0</b>	<b>32.8</b>	<b>32.5</b>	<b>30.6</b>	<b>29.1</b>	<b>26.7</b>
<b>Net Total Deficit Effect</b>	<b>-11.6</b>	<b>-11.5</b>	<b>22.4</b>	<b>27.7</b>	<b>28.6</b>	<b>30.9</b>	<b>29.6</b>	<b>28.4</b>	<b>28.0</b>	<b>27.2</b>

Estimate of Percent Insured

Staff Estimates. All estimates preliminary and unofficial.

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	Fiscal Years										1995-1999	1995-2000
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004		
<b>Outlays</b>												
Mandate Subsidies (CY, '94 \$)	0.00	0.00	0.00	0.00	0.00	136.03	144.44	153.37	162.86	172.93	0	769.63
Mandate Subsidies (CY, nominal \$)	0.00	0.00	0.00	0.00	0.00	162.43	177.65	194.29	212.49	232.40	0	879.25
Mandate Subsidies (FY)	0.00	0.00	0.00	0.00	0.00	121.82	173.84	190.13	207.94	227.42	0	921.15
Pre-Mandate Low income vouchers	0	0	52.47075	73.79125	79.45925	20.23075	0	0	0	0	205.7213	225.95
Pre-Mandate Outreach for Low incom	0	0	3.4305	4.82825	5.2055	1.32575	0	0	0	0	13.46425	14.79
Pre-Mandate MCD Transition +	0	0	3.24225	4.56375	4.92075	1.25325	0	0	0	0	12.72675	13.98
Pre-Mandate Job-Loss Cobra +	0	0	2.25375	3.17225	3.42075	0.87125	0	0	0	0	8.84675	9.72
Pre-Mandate PW+K	0	0	3.81975	5.38175	5.8125	1.481	0	0	0	0	15.014	16.50
Pre-M Emp. who don't offer	0	0	0.885	1.243	1.339	0.341	0	0	0	0	3.467	3.81
Pre-M Emp. who don't cover all	0	0	1.4865	2.0885	2.25	0.573	0	0	0	0	5.825	6.40
Pre-M Medicaid Cash Subsidies	0	0	16.46453	23.12767	24.95157	6.834768					64.54377	71.38
ODP subsidy	0	0	2	2	2	3	3	3	4	4	4	23.00
Total Net Subsidies	0	0	86.05303	120.1964	129.3593	157.7319	176.8413	193.1282	211.9409	231.4225	335.6088	1306.67
<b>Medicaid</b>												
Baseline	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6	614.6	1696.10
Acute												0
DSH												0
Proposed Savings	0	0	23.4	48.3	54.2	65.7	75.4	83.7	92.4	101.3	125.9	544.40
Acute	0	0	17.9	40.4	45.6	51.5	57.8	64.4	71.3	78.4	103.9	427.30
DSH	0	0	5.5	7.9	8.6	14.2	17.6	19.3	21.1	22.9	22	117.10
MOE	0	0	19.8	28.2	30	33.7	36.5	38.8	41.2	43.6	78	271.80
State Acute MOE	0	0	17.6	25	26.5	27.9	29.4	31	32.7	34.5	69.1	224.60
State DSH MOE	0	0	2.2	3.2	3.5	5.8	7.1	7.8	8.5	9.1	8.9	47.20
Net Proposed	96.4	108.2	98.1	88	98	104.7	115.4	129.9	146.7	166.3	488.7	1151.70
Acute												0
DSH												0
<b>Medicare</b>												
Baseline	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9	976.7	2602.60
Part A												0
Part B												0
Premiums												0
Proposed Savings	1.249	7.006	10.159	14.865	21.198	26.166	31.569	38.201	45.646	53.419	54.477	249.48
Part A												0
Part B												0
Premiums												0
Net Proposed	156.851	168.994	183.841	198.235	214.302	234.634	257.531	282.899	311.354	344.481	922.223	2353.12
Part A	0	0	0	0	0	0	0	0	0	0	0	0.00
Part B	0	0	0	0	0	0	0	0	0	0	0	0.00
Premiums	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Other Federal Programs</b>												
Baseline	0	0	0	0	0	0	0	0	0	0	0	0.00
PHS												0
FEHB,DOD,VA												0
AHC												0
Net New Proposed	0	5.08	6.642857	9.948571	10.89486	11.95817	12.18751	12.5326	12.72423	12.87901	32.56629	94.85
PHS												0
FEHB,DOD,VA												0
AHC		6.28	7.25	8.22	9.4	10.64	11.172	11.7306	12.31713	12.93299	31.15	89.94
target growth (cum. nom.)		1.07	1.13955	1.207923	1.274359	1.338077	1.404981	1.47523	1.548991	1.626441	4.691832	12.09
less ime		4.1	4.5	4.8	5.3	5.9	6.5	7.1	7.8	8.6	18.7	54.60
GME+		3.6	4.05	4.4	4.752	5.0896	5.44408	5.816284	6.207098	6.617453	20.802	59.98
less dme		2	2.2	2.3	2.5	2.6	2.8	2.9	3.1	3.3	9	23.70
HS Infrastructure		1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	5.2	11.70
Biomed (1/7 of 1.75%)		0.00	0.74	1.13	1.24	1.43	1.57	1.69	1.80	1.93	3.114286	11.53
<b>New Programs</b>												
LTC	1.05	0.825	1.05	11.8	19.025	20.625	24.125	28.025	32.575	38.25	33.75	177.35
Medicare Drug	0	0	0	1.8	2.9	3.6	5	8.3	11.4	15.4	4.7	48.40
Subsidy Administration	0	0	0	6.1	12.3	12.9	13.8	14.7	15.7	16.7	18.4	92.20
	1.05	0.825	1.05	3.9	3.825	4.125	5.325	5.025	5.475	6.15	10.65	36.75
	0.75	1.4	1.1	1.4	5.2	5.1	5.5	7.1	6.7	7.3	8.2	49.00
Net Outlay Deficit Effect	-0.20	-1.10	40.39	50.58	53.88	64.75	69.68	72.98	77.99	84.23	143.5481	513.19
<b>REVENUES</b>												
Tobacco	12	11.3	11.2	11.1	11	10.9	10.8	10.7	10.6	10.5	56.6	110.10
Experience Rated Plan Assessment*			6.7	10.1	10.9	11.4	12.1	13	13.9	15	27.7	93.10
High Cost Plan Assessment		0	0.1	0.3	0.7	2.9	5.2	7.2	10.2	14.1	1.1	40.70
1.75% for AHC/GME		0	5.2	7.9	8.7	10	11	11.8	12.6	13.5	21.8	80.70
Cafeteria Plan Restrictions			3.5	5.4	6.6	10.1	12	12.8	13.4	14.1	15.5	77.90
MISC JCT												0
MISC OTA		-0.2	-0.6	-0.7	-0.7	-0.7	-0.9	-1.2	-1.2	-1.3	-2.2	-7.50
Net Change in Tax Expenditures (s.e.)	-0.6	-0.7	-1.2	-1.3	-1.4	-1.5	-1.3	-1.4	-1.5	-1.5	-5.2	-12.40
Indirect Tax Effects			-0.2	0.2	0.4	2.1	3.3	4.7	5.9	7.6	0.4	24.00
Medicare Pt. B Recapture* (incl. HI)		1.9	3.1	2.8	2.9	2.7	2.7	2.7	2.8	3	10.7	24.60
Medicare HI tax on S&L employees											0	0.00
Net Revenue Deficit Effect	-11.4	-10.4	-18	-22.9	-25.3	-33.8	-40.1	-44.6	-50	-57	-88	-313.50
Net other revenue (net net - tob. - hcp)	0.6	0.9	-6.7	-11.5	-13.6	-20	-24.1	-26.7	-29.2	-32.4	-30.3	-162.70
NON-ADD: Tax Expenditures												0
baseline	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5	501	1251.30
proposed	85.3	93.1	100.7	108.7	118.4	128.8	139.1	150.6	163	176	506.2	1263.70
Net Overall Deficit Effect	-11.599	-11.501	22.36889	27.67999	28.58118	30.94904	29.58481	28.38475	27.99411	27.23246	55.54805	199.69

# Fiscal Analysis of 7.7.94 Plan

07/17/94

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CR pool 500, NO MANDATE EVER

	1995-1999	1995-2004
Subsidies	336	1,147
Medicare Savings	(54)	(249)
Medicaid Savings	(120)	(529)
State Medicaid MOE	(76)	(265)
PHS/AHC/GME	33	95
Long Term Care	5	48
Medicare Drug	18	92
Subsidy Administration	11	37
Tobacco Tax	(57)	(110)
High Cost Plan Tax	(2)	(46)
Net Other Revenues	<u>(31)</u>	<u>(167)</u>
<b>Net Deficit Effect</b>	<b>62</b>	<b>53</b>

All estimates preliminary and unofficial.

These estimates assume no changes in VA, DOD, FEHB, and other Federal health spending programs.

$\frac{5}{23}$        $\frac{47}{120}$   
 $\frac{62}{23}$

## Year by Year Analysis of Fail-Safe Mechanism

### CR pool 500, NO MANDATE EVER

07/17/94

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	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Baseline</b>										
Medicaid	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6
Medicare	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9
Tax Expenditures	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5
<b>Current Health Spending Baseline</b>	<b>339.2</b>	<b>376.6</b>	<b>415</b>	<b>456.8</b>	<b>504.7</b>	<b>558.5</b>	<b>617.7</b>	<b>683.9</b>	<b>757.6</b>	<b>840</b>
<b>Reform</b>										
Low Income Vouchers (Net)	0	0.0	67.3	93.0	99.7	107.8	114.9	122.4	133.1	143.8
Medicaid	96.4	108.2	100.6	90.4	98.6	108	118.8	131.4	147.7	167.3
Medicare	156.9	169.0	183.8	204.3	226.6	247.5	271.3	297.6	327.1	361.2
Tax expenditures	85.3	93.1	100.7	108.7	118.4	128.8	139.1	150.6	163	176.1
<b>Reform Spending Total</b>	<b>338.6</b>	<b>370.3</b>	<b>452.4</b>	<b>496.4</b>	<b>543.3</b>	<b>592.1</b>	<b>644.2</b>	<b>702.0</b>	<b>770.9</b>	<b>848.4</b>
Tobacco Tax	12	11.3	11.2	11.1	11	10.9	10.8	10.7	10.6	10.5
High Cost Plan Assessment	0	0	0.1	0.4	1	3.3	5.9	8.2	11.6	15.8
<b>Reform Revenues</b>	<b>12</b>	<b>11.3</b>	<b>11.3</b>	<b>11.5</b>	<b>12</b>	<b>14.2</b>	<b>16.7</b>	<b>18.9</b>	<b>22.2</b>	<b>26.3</b>
<b>Health Reform Spending Estimate</b>	<b>326.6</b>	<b>359.0</b>	<b>441.1</b>	<b>484.9</b>	<b>531.3</b>	<b>577.9</b>	<b>627.5</b>	<b>683.1</b>	<b>748.7</b>	<b>822.1</b>
<b>Net Expected Surplus (-) or Shortfall(+)</b>	<b>-12.6</b>	<b>-17.6</b>	<b>26.1</b>	<b>28.1</b>	<b>26.6</b>	<b>19.4</b>	<b>9.8</b>	<b>-0.8</b>	<b>-8.9</b>	<b>-17.9</b>
<b>Net Total Deficit Effect</b>	<b>-11.6</b>	<b>-11.5</b>	<b>25.8</b>	<b>30.8</b>	<b>28.9</b>	<b>17.2</b>	<b>6.2</b>	<b>-3.8</b>	<b>-11.0</b>	<b>-18.6</b>

### Estimate of Percent Insured

Staff Estimates. All estimates preliminary and unofficial.

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	Fiscal Years										1995-1999	1995-2004
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004		
<b>Outlays</b>												
Mandate Subsidies (CY, '94 \$)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
Mandate Subsidies (CY, nominal \$)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
Mandate Subsidies (FY)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
Pre-Mandate Low income vouchers	0	52.47075	73.79125	79.45925	85.09545	90.74672	96.63652	103.518	110.8576	205.7213		692.58
Pre-Mandate Outreach for Low incom	0	0	3.4305	4.82825	5.2055	5.576426	5.946762	6.33273	6.78368	7.264658	13.46425	45.37
Pre-Mandate MCD Transition +	0	0	3.24225	4.56375	4.92075	5.271474	5.621557	5.986418	6.412708	6.867383	12.72675	42.89
Pre-Mandate Job-Loss Cobra +	0	0	2.25375	3.17225	3.42075	3.664689	3.908065	4.161713	4.458066	4.774153	8.84675	29.81
Pre-Mandate PW+K	0	0	3.81975	5.38175	5.8125	6.229446	6.643149	7.074314	7.578073	8.115376	15.014	50.65
Pre-M Emp. who don't offer	0	0	0.885	1.243	1.339	1.434329	1.529584	1.62886	1.74485	1.868564	3.467	11.67
Pre-M Emp. who don't cover all	0	0	1.4865	2.0885	2.25	2.410177	2.570239	2.737058	2.931962	3.139845	5.825	19.61
Pre-M Medicaid AFDC subs (Fin. bill)	0	0	16.46453	23.12767	24.95157	27.33907	30.06387	33.00225	36.44689	40.21531	64.54377	231.61
OOP subsidy	0	0	2	2	2	3	3	3	4	4	6	23.00
<b>Total Net Subsidies</b>	<b>0</b>	<b>0</b>	<b>86.05303</b>	<b>120.1964</b>	<b>129.3593</b>	<b>140.0211</b>	<b>150.0299</b>	<b>160.5599</b>	<b>173.8742</b>	<b>187.1029</b>	<b>335.6088</b>	<b>1147.20</b>
<b>Medicaid</b>												
Baseline	96.4	108.2	121.5	136.3	152.2	170.4	190.8	213.6	239.1	267.6	614.6	1696.10
Acute												0
DSH												0
Proposed Savings	0	0	20.9	45.9	53.6	62.4	72	82.2	91.4	100.3	120.4	528.70
Acute	0	0	17.9	40.4	45.6	51.5	57.8	64.4	71.3	78.4	103.9	427.30
DSH (Finance Bill, net of VPA)	0	0	3	5.5	8	10.9	14.2	17.8	20.1	21.9	16.5	101.40
MOE	0	0	18.8	27.2	29.7	32.26	35.08	38.12	40.74	43.26	75.7	265.16
State Acute MOE	0	0	17.6	25	26.5	27.9	29.4	31	32.7	34.5	69.1	224.60
State DSH MOE (app. for Fin. bill)	0	0	1.2	2.2	3.2	4.36	5.68	7.12	8.04	8.76	6.6	40.56
<b>Net Proposed</b>	<b>96.4</b>	<b>108.2</b>	<b>100.6</b>	<b>90.4</b>	<b>98.6</b>	<b>108</b>	<b>118.8</b>	<b>131.4</b>	<b>147.7</b>	<b>167.3</b>	<b>494.2</b>	<b>1167.40</b>
Acute												0
DSH												0
<b>Medicare</b>												
Baseline	158.1	176	194	213.1	235.5	260.8	289.1	321.1	357	397.9	976.7	2602.60
Part A												0
Part B												0
Premiums												0
Proposed Savings	1.249	7.006	10.159	14.865	21.198	26.166	31.569	38.201	45.646	53.419	54.477	249.48
Part A												0
Part B												0
Premiums												0
<b>Net Proposed</b>	<b>156.851</b>	<b>168.994</b>	<b>183.841</b>	<b>198.235</b>	<b>214.302</b>	<b>234.634</b>	<b>257.531</b>	<b>282.899</b>	<b>311.354</b>	<b>344.481</b>	<b>922.223</b>	<b>2353.12</b>
Part A	0	0	0	0	0	0	0	0	0	0	0	0.00
Part B	0	0	0	0	0	0	0	0	0	0	0	0.00
Premiums	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Other Federal Programs</b>												
Baseline	0	0	0	0	0	0	0	0	0	0	0	0.00
PHS												0
FEHB,DOD,VA												0
AHC												0
<b>Net New Proposed</b>	<b>0</b>	<b>5.08</b>	<b>6.657143</b>	<b>9.962857</b>	<b>10.92343</b>	<b>11.98674</b>	<b>12.23037</b>	<b>12.57546</b>	<b>12.78137</b>	<b>12.95044</b>	<b>32.62343</b>	<b>95.15</b>
PHS												0
FEHB,DOD,VA												0
AHC		6.28	7.25	8.22	9.4	10.64	11.172	11.7306	12.31713	12.93299	31.15	89.94
target growth (cum. nom.)		1.07	1.13955	1.207923	1.274359	1.338077	1.404981	1.47523	1.548991	1.626441	4.691832	12.09
less ime		4.1	4.5	4.8	5.3	5.9	6.5	7.1	7.8	8.6	18.7	54.60
GME+		3.6	4.05	4.4	4.752	5.0896	5.44408	5.816284	6.207098	6.617453	20.802	59.98
less drme		2	2.2	2.3	2.5	2.6	2.8	2.9	3.1	3.3	9	23.70
HS infrastructure		1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	5.2	11.70
Biomed (1/7 of 1.75%)		0.00	0.76	1.14	1.27	1.46	1.61	1.73	1.86	2.00	3.171429	11.83
<b>New Programs</b>												
LTC	1.05	0.825	1.05	11.8	19.025	20.625	24.125	28.025	32.575	38.25	33.75	177.35
Medicare Drug	0	0	0	1.8	2.9	3.6	5	8.3	11.4	15.4	4.7	48.40
Subsidy Administration	0	0	0	6.1	12.3	12.9	13.8	14.7	15.7	16.7	18.4	92.20
	0.75	1.4	1.1	1.4	5.2	5.1	5.5	7.1	6.7	7.3	8.2	49.00
<b>Net Outlay Deficit Effect</b>	<b>-0.20</b>	<b>-1.10</b>	<b>43.90</b>	<b>53.99</b>	<b>54.81</b>	<b>51.81</b>	<b>47.74</b>	<b>42.64</b>	<b>41.44</b>	<b>41.32</b>	<b>151.4052</b>	<b>376.36</b>
<b>REVENUES</b>												
Tobacco	12	11.3	11.2	11.1	11	10.9	10.8	10.7	10.6	10.5	56.6	110.10
Experience Rated Plan Assessment*			2.8	4.1	4.5	4.7	5	5.3	5.8	6.2	11.4	38.40
High Cost Plan Assessment		0	0.1	0.4	1	3.3	5.9	8.2	11.6	15.8	1.5	46.30
1.75% for AHC/GME		0	5.3	8	8.9	10.2	11.3	12.1	13	14	22.2	82.80
Cafeteria Plan Restrictions			3.5	5.5	6.7	10.3	12.3	13.2	13.8	14.6		
MISC JCT												0
MISC OTA		-0.2	-0.6	-0.7	-0.7	-0.7	-0.9	-1.2	-1.2	-1.3		0
Net Change in Tax Expenditures	-0.6	-0.7	-1.2	-1.3	-1.4	-1.5	-1.3	-1.4	-1.5	-1.6	-5.2	-12.50
Indirect Tax Effects			-0.2	0.2	0.4	2.1	3.4	4.8	6.1	7.9	0.4	24.70
Medicare Pt. B Recapture (incl. HI)*		1.9	3.1	2.8	2.9	2.7	2.7	2.7	2.8	3	10.7	24.60
Medicare HI tax on S&L employees												0
<b>Net Revenue Deficit Effect</b>	<b>-11.4</b>	<b>-10.4</b>	<b>-18.1</b>	<b>-23.2</b>	<b>-25.9</b>	<b>-34.6</b>	<b>-41.5</b>	<b>-46.4</b>	<b>-52.4</b>	<b>-59.9</b>	<b>-89</b>	<b>-323.80</b>
Net other revenue (net net - tob. - hcp)	0.6	0.9	-6.8	-11.7	-13.9	-20.4	-24.8	-27.5	-30.2	-33.6	-30.9	-167.40
NON-ADD: Tax Expenditures												0
baseline	84.7	92.4	99.5	107.4	117	127.3	137.8	149.2	161.5	174.5	501	1251.30
proposed	85.3	93.1	100.7	108.7	118.4	128.8	139.1	150.6	163	176.1	506.2	1263.80
<b>Net Overall Deficit Effect</b>	<b>-11.599</b>	<b>-11.501</b>	<b>25.80117</b>	<b>30.79427</b>	<b>28.90975</b>	<b>17.2068</b>	<b>6.236308</b>	<b>-3.76068</b>	<b>-10.9554</b>	<b>-18.5757</b>	<b>62.4052</b>	<b>52.56</b>

CBS  
|||

(1) 50

(2)

- Lyman F. ...

- PBS - ...

- ...

- ... vs. ...

idea

CALL DANCE NEW

(1) Kids →  
→

(2) 50/50 full-time

(3) - Work - ... → ...

UI - ...

# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Chris Jennings to Hillary Clinton Re: Tomorrow's Finance Committee Meeting (3 pages)	4/19/93	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.**

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**COLLECTION:**

Clinton Presidential Records  
Domestic Policy Council  
Chris Jennings (Health Security Act)  
OA/Box Number: 8990

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**FOLDER TITLE:**

[HSA] Senate Finance Committee

gf137

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**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]
- 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]



SPECIFIC POINTS TO HIT IN DISCUSSIONS WITH THE FINANCE MEMBERS

- \* State Importance of Finance Committee. The Finance Committee feels that it is the most important Committee in the Senate, particularly as it relates to health care reform. It is, therefore, advisable to acknowledge the Committee's role and history, as well as the many Members who have been active in health reform. (See attached summaries).
  
- \* Discuss Importance of Bipartisan Effort. It is important to stress how determined the President and you are to making the work on this legislation a bipartisan effort. Acknowledge the longstanding tradition of bipartisanship on the Finance Committee. (If the Republicans complain about how they have been treated inequitably, you may want to acknowledge that they have been treated on a somewhat separate basis, but also on an equal basis. You could cite the numerous meetings -- see attached list of meetings -- that we have held with Members and/or staff).
  
- \* Provide Update on Timing of President's Decisions. Acknowledge the two week delay in forwarding the final working document to the President, but ONLY two weeks. Stress that you anticipate that the bill will be unveiled and introduced soon thereafter.
  
- \* Illustrate Commitment to Pass Health Care This Year. Because of the doubts surrounding health care, it is advisable to emphasize that the President is strongly committed to passing health reform this year.
  
- \* Illustrate Understanding of Timing and Process Constraints. Acknowledge that the Finance Committee will be kept very busy if it is to mark-up both the Reconciliation bill and then the health reform initiative. Reiterate that it is the President's desire to do just that, though, and how confident the President and you are that this will be achieved with the bipartisan cooperation and guidance of this Committee. (If any question is raised about the Committee jurisdiction issue, you should probably state that the President and you will be working closely with the Congressional Leadership on the matter, but that you could not imagine that the Finance Committee would not have *significant* jurisdiction over the bill).

- \* **Give Commitment to Consultation.** Indicate how determined the President and you are to building on the consultation that has already taken place. Discuss how committed the President and you are to consulting with Senator Mitchell, Senator Dole, Chairman Moynihan, Senator Packwood (the Ranking Republican of the Finance Committee) and the rest of the Committee over the next few weeks.
  
- \* **Acknowledge Perception Problem that Decisions are Made.** Acknowledge how anyone reading the papers might conclude that decisions about cost control and financing have been made. Explain how this is not the case, and that the President does not desire to make final decisions in this regard until after he has had direct conversations with the Senate and House Leadership (including committees) from both sides of the aisle.
  
- \* **Provide General Outline of Direction the President May Be Headed.** Although some Members have heard Ira give a general outline of the likely direction health reform is going, many (and all Republicans) have not. This should not be a long or detailed discussion, but it would be good to illustrate your command of the complexities of health reform. Although they (will then) know no decisions have been made on cost containment and financing, they will want to hear you at least acknowledge the issues. Since virtually every one of these Members are from predominantly rural states, some likely to be well received issues you or Ira may want to touch on are rural and state flexibility issues.
  
- \* **Request Suggestions, Guidance, and Questions.** As is the case with all Members, they will want to give their own views. So you do not have to do a monologue, and go into all the difficult issues on your own. Throw back some of the questions to them. They will be appreciative of the opportunity to speak and be heard.
  
- \* **Consider Concluding with a Suggestion for Another Finance Committee Meeting.** Because this Committee is so critical, just as you are doing with the Ways and Means Subcommittee, you or Ira and Judy should seriously consider suggesting holding substantive meetings with this Committee during the next few weeks.

# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. briefing paper	Senate Finance Committee (13 pages)	nd	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: 8990

### FOLDER TITLE:

[HSA] Senate Finance Committee

gfl37

### RESTRICTION CODES

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DATE	MEMBER(S)	MET WITH	SUBJECT
2/4	DOLE/CHAFEE	HRC/ICM/JF	process, general discussion
* 2/23	DURENBERGER	HRC/ICM	
3/10	Senate Republican Members  Bond Burns Chafee Cohen Craig Danforth Dole Durenberger Gregg Kassebaum Mack Murkowski Nichols Packwood Roth Simpson Stevens Thurmond (others were present as well)	HRC	general discussions about process and about directions for/components of reform
* 3/10	JEFFORDS	ICM	
3/12	Senate Republican Staff	ICM	
3/23	Senate Republican Staff	Walter Zellman Rick Kronick Lois Quam	New System Development Governance
4/1	Senate Republican Staff  Sheila Burke Christy Ferguson Ed Mihulski	ICM	short-term controls
4/19	Senate Republican staff	Gary Claxton	Insurance Reform

\* Individual Meetings.