

- You are Dom. Policy

- Every piece of paper (policy/budget/leg. has faces behind it.)

① Eco. pkg. EITC / Food Stamps / Immigrant Child Pres.

- Every child should be empowered to become all that he/she should be.  
Carol:

② Health Care  
③ Campaign fin. / lobby reform

Attached is a draft of suggested remarks for your talk to the APWA. I have divided this into four parts: the process, the overall principles of the plan (geared towards this audience), special issues of concern to this audience, and links to welfare reform.

④ Welf. Reform  
⑤ Nat. Service

**The Process....**

• More than 500 people from all over the country came to Washington to help develop the best approach possible for reforming our health care system.

• In addition to these working groups, White House and HHS representatives consulted with over 600 outside groups, to understand the perspective and concerns of health professionals, large and small business, health care advocates, and state and local officials.

• We felt it very important that we talk to as many people as possible on the front lines-- the nurses and doctors who care for the sick, the consumers served by our health care system, the state officials implementing state and federal health programs at the local level.

What can you do?  
① Budget  
② W. R.  
③ Health  
④ Reg. sessions

**The Principles.....**

The Clinton health reform proposal is designed to achieve two major goals: to get the system under control, and to protect and expand high quality care for American families. Controlling health care costs and guaranteeing all Americans comprehensive health care will not only greatly improve this country's health care system, it will also bolster the welfare reforms so important to the President's agenda for change.

Security

Under the current system, Americans lack security:

- Nearly 60 million people have no coverage at all or have inadequate coverage
- Each month 100,000 people get dropped from the insurance rolls
- One in four Americans will lose their insurance at some point over the next two years.

Under the President's plan, all Americans will be guaranteed health care they can't lose under any circumstance: no matter where they live, where they work, how much money they have, or

whether they've ever been sick.

### Controlling Costs

Under the current system, health care costs are careening out of control, threatening family savings, bankrupting businesses, and busting state and federal budgets.

(You might want to mention that this audience knows better than anyone what escalating medical costs have done to state budgets, and how the problems of the uninsured have increasingly become problems borne by the states and their Medicaid programs, not by the national government. Health reform will make the problems of escalating costs and increasing numbers of uninsured problems the national government takes the lead in solving, and looks to the state to work in partnership to find lasting solutions. )

The Clinton health plan will control costs through several measures:

- Remove the incentives in today's system that encourage providers to do more tests and procedures
- Reduce bureaucracy and administrative load and the costs associated with all of the reimbursement and claims forms
- Implement an enforceable budget to keep costs down over the long term

### Comprehensive Benefits/Emphasis on Primary and Preventive Care

Many of the problems that burden our public welfare system-- pregnant women receiving care too late, babies born too soon, , maternal and child health care and pre-natal care, low birth weight babies, are the costly result of a system that focuses on treating people once they're ill, rather than working to keep them healthy.

The benefits package laid out in the legislation will ~~include a be~~ comprehensive, and will include an unprecedented emphasis on the primary and preventive health care services aimed at keeping people healthy.

Medicaid has traditionally been one of the richer benefits package when it comes to primary and preventive health care, but often times enrollees aren't in the program until they are sick (or pregnant). Under the new system everyone will have coverage up front-- before they show up at the emergency room.

### Improved Quality

In today's system quality is uneven-- in certain hospitals and certain parts of the country it is the best in the world, in other areas quality suffers and underprivileged people have restricted access to quality care.

Under the President's plan, we will institute a new system of quality-- based on results, not just on documentation on thousands of forms. And we will make quality care a condition of doing business-- any health plan in the state wishing to enroll people will need to demonstrate that they meet the standards for quality.

### Greater Consumer Choices

The President's plan will create health alliances, in which consumers and businesses will band together to increase their buying power. Alliances will offer a range of plans, and will publish information-- like consumer "report cards"-- on each plan to help people choose which plan is best for them. All consumers in the alliance, including those on Medicaid, will have a choice of plans.

### Expansions in Long-Term Care

The President's plan will include increased options for home and community-based care services, as well as increased protection for nursing home residents.

- The bill will create a federal home care program, available to disabled Americans with 3 ADLs, regardless of income. This will allow greater options for those with long-term care needs, and will shift the current emphasis on institutionalization to one of a broad spectrum of settings.

- The Medicaid long-term care program will be expanded in the following ways:

- the asset protection limit will be raised from \$2,000 to \$12,000
- the personal needs allowance will be raised from \$30/mo. to \$100/mo.

### Reduced Paperwork and Bureaucracy

Health reform will include major reductions and streamlining in paperwork, eligibility, and reimbursement requirements, including:

- adoption of a single encounter form for all providers

-simplification of regulations like CLIA that pose an undue burden on the system

- streamlining of reporting and billing requirements, as well as eligibility requirements

Reduced paperwork burdens will not only reduce costs, it will free up providers to do what they were trained to do-- take care of people, not fill out forms.

**Health Reform Issues of Special concern to this audience....**

#### Medicaid Integration

The intention from the very beginning has been to integrate the Medicaid population into the new health care system: to issue them the same health security cards, enroll them through the same health alliances into the same health plans, and guarantee them the same package of benefits.

We are working with the actuaries at HCFA to convince them of what most of you familiar with the Medicaid program know: there is no reason that this policy should dramatically increase current spending on Medicaid recipients.

But if we are unable to come to a workable solution on that policy option, we will adopt a policy in which the Medicaid eligibility remains, and the funding stream for Medicaid patients remains separate, but the care is fully integrated. All plans will be required to accept Medicaid patients, and to bid on providing them services.

In terms of care delivery, Medicaid recipients will be virtually indistinguishable from the providers point of view, ending the discrimination that takes place today and biases providers against treating Medicaid patients.

#### State Flexibility

The President feels strongly that states should be free to tailor the federal program to meet the needs of their particular states, and to experiment with innovative way of organizing and delivering care.

The federal government will set the standards, and, initially, enforce the budget. The states will be responsible for running the program.

#### **Links with Welfare Reform.....**

Many of the problems plaguing our health care system also

threaten our welfare system:

In both the health care and welfare systems, costs are careening out of control.

It is impossible to separate many of the societal problems that burden state and federal public assistance budgets as "welfare problems" and "health problems"-- they are both. Increases in teen pregnancy add cost to the welfare system, and add costs to the health care system. Problems of substance abuse, illiteracy and homelessness add to our welfare rolls, which add to the Medicaid rolls. Reining in health care costs in the system, and in turn providing all Americans with comprehensive coverage, should lessen the cost burden for the public sector programs that today catch- - and pay for-- the shortfalls of our health care system.

Both the health care and welfare systems operate on a set of mixed up incentives.

- For a young mother on welfare, work is often a losing proposition. If a welfare mother goes to work, it may mean she loses her rent subsidy, it may mean she loses her day care, and perhaps most devastating, it often means she loses the health care she and her children are provided. By asking all employers to contribute to the health care of their employees, and by guaranteeing all working Americans comprehensive health care, we will reinforce one of the primary tenets of welfare reform: **making work pay.**

- But in order to do that, and to reverse the mixed up incentives in the welfare system, we need to reverse the mixed up incentives in health care. Right now, the more tests a doctor performs, the more he gets paid. The more procedures he does, the more he gets paid. Right now, a doctor may know just by looking at a patient what ails him, but she'll need to verify her diagnosis with 15 tests just to avoid a lawsuit. It is only by changing these incentives, by bringing cost-consciousness to health care and by eliminating defensive medicine practices, can we expand coverage to all.

Both are burdened with overwhelming bureaucracies, fragmented program requirements, and disjointed eligibility rules.

- The health care system is awash in forms: reimbursement forms, claims forms, attestation sheets, utilization reviews, coding lists...for every rule and requirement in American health care, there is a form to guarantee its enforcement. There are more than 1500 insurers in the

system, each with their own sets of forms. Every government program comes with its own train of paperwork. The result? Instead of a system where the forms enforce the rules, we're stuck in a system ruled by the forms. Not only does it add cost, not only does it take doctors and nurses away from their patients, it also leads to the gaming and fraud that thrives in through the stacks and the loopholes and the fine print.

- Our welfare system suffers from the same paperwork crush. We are encouraged that the steps we'll take in health reform to eliminate the forms, rationalize the rules, and streamline the requirements will lead the way for welfare reform to follow the same path. And when we eliminate the fine print and make the system clear and understandable, we'll close the loopholes and reduce the fraud in the process.

In short, health reform and welfare reform present the same challenge: **everything that is wrong with the system is threatening everything that is right, everything that works.** We must take control systems that no longer make sense and have driven costs out of sight. All Americans will be asked to take responsibility, will be guaranteed the security in return.



AMERICAN PUBLIC WELFARE ASSOCIATION

Kevin W. Concannon, President  
A. Sidney Johnson III, Executive Director

AUG 9 REC'D

August 6, 1993

Ms. Carol Rasco  
Assistant to the President  
for Domestic Policy  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Call Sid, tell  
him I'm very  
flattered, the  
edited remarks  
are A-OK.

Dear Carol:

We would very much like to include an excerpt of your remarks to our July 20 meeting in the summer issue of *APWA News*, our quarterly membership newsletter.

I am writing today to ask your permission, in particular since your remarks included moving personal references related to social worker preparation that would resonate with many of our individual members.

Please let me know if you have any concerns about our using this excerpt. If you would like to make specific edits to the text, please feel free to simply fax the text back or ask staff to call Kathy Patterson or Steve Boehm in APWA's Communications Department. I also enclose a copy of the latest issue of *APWA News*, and the full transcript of your remarks in case it is of use to you.

Thanks again for making time in your very busy schedule to speak to us.

Best regards,

A. Sidney Johnson III  
Executive Director

Thanks for your strong  
leadership on behalf of  
vulnerable families and children.

Enclosures

## **Rasco Excerpt**

*Carol Rasco, assistant to the president for domestic policy, spoke to the opening session of APWA's National Council of State Human Service Administrators (NCSHSA) in Washington, D.C., on July 20. Following is an edited excerpt from her remarks.*

I would like to talk to you a little bit about why I took this job and how we're configuring domestic policy. I say, "how we're configuring" and not "how we have configured" because we are still in the process of putting it together. It has been both a short six months and a long six months.

Domestic policy has been given a charge to have a finger in all five pies that Bill Clinton set as goals for the first year of his administration. Two weeks after the inaugural, he took the cabinet and his senior staff to Camp David and he said, "There are five things that I want presented in the first year." Luckily, he did not say we had to have them all passed.

Number one, the economic package. While the responsibility for that was given primarily to the National Economic Council, domestic policy has worked on key pieces; and on these four pieces in particular—the earned-income tax credit [EITC], the Food Stamp Program, child immunization, and family preservation—you need to make your voice known to those persons who will exert influence over them in the next few weeks.

The second area the president told us that was to be on the platter in the first year was health care reform. We certainly have been immersed in it to a great extent in domestic policy.

Number three, campaign finance and lobbying reform. Each day of my life over the last 10 years, and escalating in the last six months, I see that we need that desperately.

Number four, national service. We are determined that national service be an innovative program that helps us meet the real needs of people. And I want



to encourage each of you to look within your states at places you would like to use this program in an innovative fashion. Over the years that I've worked on these issues, we invariably talk about how we know we will never have the kind of funding needed to have appropriate outreach to the families we serve. National service is a way to obtain that outreach and the other services that we need to make the programs really work for people.

And finally, the president told us that he wanted that to proceed on welfare reform. That leads me to how we're really operating in domestic policy and how I hope we can work together.

As I look at the real reasons I came to Washington to undertake this job, I know that I am today before a group that really *is* domestic policy. I came here because I sincerely believe that the single underlying principle of domestic policy in this country ought to be that every child should be empowered to become all that she or he can be. Behind every piece of paper we produce, be it a budget document, a policy position, a piece of legislation, we must remember the faces of children and their families, empowering them to become all they can become.

I feel very, very strongly about that. Above all—and I use that old word that we've all talked about over and over, but I don't know a better way to say it—I want *collaboration*. I never want another disabled child like mine to be looked at again in 15 different compartments. I never want a field worker who has been on the job one day to arrive at a house, like the person who was sent to my house. She had no idea what she was doing. She had been told to go through a form with me; she had been given a list. Later, when I got into state government, I quizzed her. I said, "Let's sit down and talk about that awful day you came to my house, and we both felt horrible." And she said, "I can't believe I said the things on that piece of paper, but I didn't know anything better to do."

Her first question to me was, "Are you embarrassed to have a disabled child? Could we help you with services on how to help your child?" I was stunned. Her next question was, "Could I see your disabled child?" I said, "That's him, crawling around on the floor."

She said, "What's wrong with him?"

I ached for her. And I ache every day for the people we're sending out to work with the people whose faces we're trying to remember as we write the pieces of paper. We don't have what we need to really prepare them to go out, and yet they're the most important people we have in the work we do because they are there, touching the people who need the help we can give. So I'm a big believer in fighting for the training money we need. I don't want families to be confronted by workers who turn them off. But above all, I want those workers to feel good about what they're doing so that they can help us help people. Those workers are some of the people I'm talking about as well. They need to be empowered to become all that they can become.

Like Gary [Stangler, Missouri social services director], I have lived, breathed, and dreamed about welfare reform for many, many years; and I think we will continue that dream. When it comes to the relationship of health reform to welfare reform, in my mind there is no question of the relationship.

I know that there are still many questions in your mind about health care reform. Let me assure you that there are in our minds also. It will be an iterative process for many years, but we have to begin. We have to put out the blueprint, or this economic plan that we're fighting for right now will mean nothing five years down the road. As we put that plan together, we need to think about how to integrate all of our clients, whatever program we come from, into a centralized system that can help us bring down skyrocketing costs and yet

preserve the best of that system and provide those choices to many clients who do not have them.

It is very important that we hear from you because you have to carry out these programs at the state level. I encourage you to communicate with us. I hope that the APWA leadership and I might talk very soon about a regular process of sitting down with appropriate members of the Domestic Policy Council staff or people within the agencies working on issues with us; now that we've gotten our feet wet here, we can learn how to swim together.

I think we have a great opportunity here. I know that many of you are very tired after the battles of the past several years, where you fought successfully to keep some key programs in the budget. I ask you to form a partnership and move ahead with us and that no one take a vacation from working as hard as you have worked. Let's take full advantage of the opportunity presented to us with a president, a first lady, and a vice president and his wife who support the many issues that mean so much to you and to me. Let's make sure that at the end of what I hope will be eight years with this team we can each look the clients in the face, whatever their age, and say to them, "We did take advantage of the opportunity, we knew it was a golden moment in time, and we did the very best we could."

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# APWA News

## Family Preservation Highlighted at State Council

The National Council of State Human Service Administrators kicked off its spring meeting in Washington, D.C., the week of March 21 with the presentation of awards to four leaders in human services and the fourth meeting of the Task Force on Self-Sufficiency.

The council's opening session recognized recipients of the Leadership in Human Services Award, the highest honor APWA bestows on individuals in national and state policymaking roles for outstanding efforts to assist low-income Americans. Council Chair Larry D. Jackson, commissioner of the Virginia Department of Social Services, presented awards to Office of Management and Budget Director Leon E. Panetta and to Peter Forsythe, former vice president of the Edna McConnell Clark Foundation.

Panetta received his award for "his steadfast support of nutrition programs and other vital assistance efforts for the nation's children and families." He was also acknowledged for the Mickey Leland Childhood Hunger Relief Act (H.R. 529), which he reintroduced just before leaving the House of Representatives earlier this year to accept his appointment to the Clinton Administration.

In accepting the APWA award to a standing ovation, Panetta said one of the reasons he left Congress to join the administration was to have an impact on national policy and that he wanted to be certain that nutrition programs were part of the administration's program and were properly funded. "Because that challenge continues, he said, 'I urge you to continue the same fight. You are the ones in the front lines, and you are the ones we count on. . . . Let's work together for a true and prosperous America for all



Above, State Council Chair Larry Jackson presents the Leadership in Human Services Award to Rep. Leon Panetta (right). Below, Sen. Christopher Bond receives the leadership award from Missouri CEO Gary Stangler (left).



Americans."

Forsythe was honored for "his sustained support of family preservation and his many other achievements on behalf of children and families," including his leadership in the Clark Foundation and its support for family preservation initiatives. "Working with APWA and with NAPCWA [the National Association of Public Child Welfare Administrators] has been a distinct pleasure for me," Forsythe said, describing his own activism in the field as deriving from his role as a parent and a consumer.

Missouri Social Services Director Gary J. Stangler presented a leadership award to U.S. Sen. Christopher S. Bond (R-Mo.). Bond, a former Missouri governor, was recognized for "his outstanding support and leadership on behalf of the nation's children and families." The award acknowledged his efforts on behalf of the Child Welfare and Preventive Services Act and the Family Investment Act and, most recently, his cosponsorship of the Family Preservation and Child Protection Reform Act, which was introduced in the Senate in March.

Stangler also cited Bond's efforts as governor of Missouri, including the Parents as Teacher program and convening the 1981 governors' conference on children and youth: "That was the first move toward home-based services and permanency planning—followed by one of the first children's trust funds to prevent child abuse and neglect."

In accepting the award, Bond praised Stangler and the Missouri Department of Social Services. "I've found the best ideas still come from back home. . . . You are the source of the ideas and

*(continued on page 3)*

## Representative Clayton Addresses Local Council

The National Council of Local Public Welfare Administrators met Tuesday, March 23, during a week of APWA meetings in Washington, D.C., to hear a luncheon keynote address from Rep. Eva Clayton (D-N.C.). As president of Democratic freshmen members of Congress, Clayton has been active in discussions with her colleagues in both the House of Representatives and the Clinton Administration regarding the development of President Clinton's budget; and she began her comments with an overview of that process. Commenting on the dynamics that affect the nation's budget, Clayton noted that health care reform, welfare reform, and an economic stimulus package were key issues for the administration's first proposed budget.

Clayton, who represents a rural district in North Carolina, focused the remainder of her address on the issues of rural poverty and the unique problems they present in relation to the nation's economy generally and the elements of economic

stimulus specifically. While applauding the reauthorization of and the necessity for programs like the Job Opportunities and Basic Skills Training Program, she noted that, for rural communities, federal assistance programs in and of themselves are not enough. In rural communities, the effectiveness of many programs is limited by lack of transportation and training sites, lack of child day care, and lack of adequate health care. The migratory nature of many rural populations also must be considered when developing welfare reform policy and designing measures of success.

Clayton also applauded the efforts and hard work of local administrators, thanking them for their dedication and noting that they are ultimately responsible for seeing that the policies, programs, and initiatives legislated in Washington are carried out and delivered to the citizens they were designed to serve.

The local council will meet again in Washington, D.C., on July 20.



Local Council Chair Henry Hayes (left); Rep. Eva Clayton; and Steven J. Murphy, social services director for Hillsdale and Branch counties, Michigan, meet prior to Clayton's address.

AMERICAN PUBLIC WELFARE ASSOCIATION

Opening Session: National Council of  
State Human Service Administrators

"Welfare Reform and Health Care Reform"

David Ellwood, Assistant Secretary for Planning  
and Evaluation, HHS

Carol Rasco, Assistant to the President  
for Domestic Policy

July 20, 1993

PRO-TYPISTS, INC.

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Carol Rasco

MS. RASCO: Good morning. I'm going to turn this into a much more informal session than we had perhaps originally planned and, true to my nature the last several months, I'm probably going to change a little bit from what Sid thinks I came here to talk to you about.

(Laughter.)

However, I guess that in the flurry of moving up here and making plans, perhaps not even I, who have worked with the now president for ten years plus, have the confidence that I should have had and I never dreamed when I both scheduled this appearance this morning, nor my son's surgery that is this Thursday, and I will be leaving town tomorrow, that we would be right in the middle of the heart of a reconciliation piece on the budget, and so I do have to cut short my time here with you today and get back. But I know that because of a number of the projects that we're fighting for in reconciliation that you would rather have me over there fighting for a few things than jabbering to you.

I say perhaps we didn't have the confidence. I think that despite all the media reports of various kinds,

that we must all keep in mind that this budget package, this economic plan, that this president has put forward is a very bold one that is going to help us in many, many areas, and we are much further along in the process than we have been in this country over the past decade or more in getting a piece passed, and it is our goal to have that done and have them out of here for a recess and long-deserved vacations on the part of many. That's as diplomatic as I know how to put it.

(Laughter.)

What I would like to do, for the first few minutes, is talk to you a little bit about why I took this job and how we're configuring domestic policy, and I say "how we're configuring" and not "how we have configured" because we are still in the process of putting it together. It has both been a short six months and a long six months.

Domestic policy has been given a charge to have a finger in all five pies that Bill Clinton set as goals for the first year of his administration. Two weeks after the inaugural, he took the Cabinet and his senior staff to Camp David and he said, "There are five things that I want



presented in the first year." Luckily, he did not say we had to have them all passed.

Number one, the economic package. Now, while primarily the responsibility for that was given to the National Economic Council, certainly there are key pieces in there that domestic policy has worked on and will work on. There are four pieces right now that while I cannot stand here legally and ask you to do certain things, I simply will ask you to remember to exercise your constitutional right to make your voice heard and on these four pieces in particular you need to be making your voice known to those persons who exert influence over this in the next few weeks. I hope only next few days, to tell you the truth.

The earned-income tax credit, the food stamp program, immunization and child preservation. I am extremely concerned the number of people on the Hill that look at me and say, "But I'm not hearing anything from my people on family preservation." And when I say to them, "Well, perhaps we have been too philosophical in wanting to talk about a concept of keeping families together and maybe if we very bluntly labeled that Save Children From Dying

Program or something like that, it would catch your attention better." But I encourage you to make your voices known. They seem to understand EITC, they seem to understand what we're wanting to do on food stamps, they all know what the word "immunizations" mean, but we are not getting through on family preservation. And for any of you who followed the fifteen months of a long national campaign and what was happening in one of the candidate's states, we were dealing with the issue of family preservation and I can quote you chapter and verse what happens when you're in a lawsuit trying to settle it and call a special session one week after the New Hampshire primary. We need your help, folks.

The second area he told us that was to be on the platter in the first year was health care reform. You're spending a lot of time today on that. You're going to hear a great deal. We certainly have been immersed in it to a great extent in domestic policy.

Number three, campaign finance and lobbying reform, and with each day of my life over the last ten years and escalated in the last six months, we need that desperately.

Number four, national service. And while in that particular area of domestic policy does not have the lead responsibility, we have had staff working on it. Let me take a moment there to encourage your help on that, not so much in exercising your right to make your voice known -- that is probably going to go through easier than any of the five issues, and we expect it to go through in the coming days. However, we are determined that national service be an innovative program that helps us meet the real needs of people. And I want to encourage each of you to be looking within your state at places you would like to use this program in an innovative fashion. It seems to me over the past ten-plus years that I've worked on these issues we invariably sit in a group and talk about that we know we will never have the kind of funding needed to have appropriate outreach to the families we serve. National service is a way to obtain that outreach and other services we need to make the packages really hold together to programs to really work for people.

And so I encourage you to watch the final form of this bill, to be there and make your voice heard when you state sets up its mechanism to design the program and

approve programs within your state, and I encourage you, above all, to look at programs and how you can use the people who are trying to earn or work off credits toward higher education.

And finally he told us welfare reform, that he wanted that to proceed and march ahead from the days that we were here in those times in the '80s moving that along.

I have to tell you, it was with a lot of nostalgia as I was getting dressed this morning and looked in the closet and it was just too heavy to try to wear it, but I really did start to. I saw the jacket that I wore to the Rose Garden the day that bill was signed, and I remembered clearly that the first time I ever wore that jacket was a meal at the Monacle (phonetic) that perhaps Sid remembers and Gary, and we called it the Rehearsal Dinner for the Marriage of APWA and NGA working together on welfare reform. Well, it's been a long time since the rehearsal dinner and I think we finally felt like we had the real wedding and that we've produced a result, and we're now into further parenting classes or maybe this is --

(Laughter.)

-- maybe we're now getting ready to birth grandchildren.

I'm not sure.

(Laughter.)

However, that leads me to how we're really operating in domestic policy and how I hope we can all work together.

As I look at the real reasons I came up here to try to undertake this job, I know that I'm today before a group that really is domestic policy. I came here because I sincerely believe that the single underlying principle of domestic policy in this country ought to be that every child should be empowered to become all that she or he can be. And that every piece of paper we produce, be it a budget document, a policy position, a piece of legislation, whatever that paper is, behind it we must remember the faces of children and their families, and empowering them to become all they can become.

The only department that I work with that I was a bit hesitant about making that statement was when I went for my first visit with Secretary Babbitt in Interior, and I said, "Now, I want to tell you what I'm telling everyone and I'm not hesitant, I'm not backing off, but you and I may have to reach some kind of agreement on this." And he

stood up, and if you've ever been around him much, you know, I just -- he kind of stood up, and it takes him a little while to stand up because there's a lot to unfold, and he says, "By golly, you've got it, Child."

(Laughter.)

I said, "Yes, sir."

He said, "I was going to tell you that I knew you might be surprised but I want you to think, Indians, Indians, Indians, when you think about Interior, and I'm glad you want to think about those children."

I was greatly relieved and moved that we would then be able to march ahead. But I feel very, very strongly about that, and when I think about those children's faces and when I think about those families, what I think about above all is wanting to use that old word that we've all talked about over and over but I don't know a better way to say it, and that is, I want collaboration. I never want another disabled child like mine to be viewed as a social worker whom I know was poorly trained and put out on the front lines to come to my home, but I never want that child looked at again in fifteen different compartments. I never want a field worker who

had been on the job one day to arrive at a house, like the person that was sent to my house -- I've never felt so sorry for someone. She had no idea what she was doing, she had been told to go through a form with me, she had been given a list -- because I later quizzed her when I got into state government, I said, "Let's sit down and talk about that awful day you came to my house, and we both felt horrible." And she says, "I can't believe I said the things on that piece of paper but I didn't know anything better to do."

Her first question to me, "Are you embarrassed to have a disabled child? Could we help you with services on how to help your child?" I was stunned. Her next set of questions was, "Could I see your disabled child?" I said, "That's him, crawling around on the floor."

She said, "What's wrong with him?"

I ached for her, and I ache every day for the people that you and I know that we're putting out to work with these people whose faces we're trying to remember as we write the pieces of paper. Because we don't have what we need to really prepare them to go out and do that, and yet they're the most important people we have in the work

we do because they are there, touching the lives, touching the people who need the help we can give. And so I'm a big believer in fighting for everything we can to have the training programs, the training money we need. I don't want families to be confronted by workers that turn them off. But above all, I want those workers to feel good about what they're doing so that they can help us help people. Those workers are some of the people I'm talking about as well. They need to be empowered to become all that they can become.

Very quickly here, before I open it to questions, let me say that as Gary says, I have lived, breathed, dreamed, about welfare reform for many, many years, and I think we will continue that dream. There will always be something to work on there. When it comes to the relationship of health reform to welfare reform, in my mind there is no question of the relationship and the importance there. I think if we went back and did a time and motion study of all those many hours, days, and weeks we spent on welfare reform back in the late '80s, that we could probably come close to saying that a good 75 percent of our total time was taken up on what do we do about the health



care piece? Because everything else we would talk about, it ultimately came down to, as you were working on having people go into a meaningful work experience that helped them start on a career ladder, it always came back to one earache, one trip to the doctor, one bottle of pink medicine, as my kids say, and is it worth it.

And so the very fact that perhaps now we can make that link and free ourselves to think about the things that we wanted to think about even more in those past years on welfare reform is very, very exciting. Further on health reform, I know that there are still many uncertainties in your mind, many questions in your mind. Let me assure you there are in ours also. It will be an iterative process for many, many years, but we have to begin, we have to put out the blueprint or this economic plan that we're fighting for right now will mean nothing five years down the road. And so as we look at putting that plan together, we need to be thinking very much about how we best integrate all of our clients, whatever program we come from, into a centralized system that can help us bring down their skyrocketing costs and yet preserve the very best of that system as we know it today and keep those choices in there

and provide those choices to many clients who do not have them.

So, with that, let me cut off and take the next fifteen minutes before I have to go out and fight for family preservation and take question from you. Anything's fair game, those who know me best know I'll tell you if I don't know. Questions.

Well, this is just incredible.

(Laughter.)

I just can't believe it. Anything?

QUESTION: Carol, I'll (inaudible). What are you doing with -- working on the alternative care (inaudible) and all these discussions, I haven't heard much about the Labor Department and how you intend to remain (inaudible) Labor Department. Can you tell us a little bit about that?

MS. RASCO: Well, let me say that with our very active labor secretary, the byword in my office has become, "Well, Secretary Reich only had his people call three times today to see what new groups we might have working because he wants to make sure he's there," and I don't say that in a way that's bothersome but it is a very new approach from over there and they are very determined to be a working

partner with many programs we're working on.

One of the things that I think has created some of the funniest ripples in this town to kind of watch in the months we've been here, are when people see Labor and Education working together on something. They're absolutely stunned. And yet it is a real working partnership. They even created a bill together, and I think at first Congress didn't know exactly what to do.

So in any of these pieces that we've been working on, be it national service, welfare reform, health care reform, we've had the Labor Department right there. We want to -- one of the things that as the staff has begun to work on the inter-agency group on welfare reform that we've talked about is we do not want to perpetuate separate systems for welfare funds. We want to make sure that the programs that are available in a community for training and education are looked at as part of the whole system. So Secretary Reich and his staff are very good about not only following that but they're taking a lead on it.

We have a long ways to go in making those kind of relationships meaningful and productive. I don't want to sound like a broken record but we've only been here six

months and it sometimes takes a little longer than six months to change the outlook of some of the career people that have been here many, many years. And even though the top staff, some of it changes, the people that you work with don't always change, and I have even experienced some of that in that one of the greatest shocks to me was when they told me, "You have X number of slots on your staff and a little over one-third of those will be detailees from departments, and those people that you get from a department cannot be hired specifically to come to work for you. They have to be people that have been there X number of months." And I puzzled for several days how much help I would have in doing background checks so that I could make sure I would not receive the favored niece of someone that had been in a previous administration so --

(Laughter.)

it, you know, there are all kinds of things like that that go on and at the same time you've got to get a budget up there and that means you've got to have certain programs written, and you're using -- you only have two people that are authorized to sign anything in a department at that point. So we have a long ways to go in setting up better

communication networks, better outreach networks, to groups like yours, but we're working on it. But as to Labor, there is no question in my mind that they every day hear the tune of, "We will work with others."

Other questions? Yes.

QUESTION: On the family preservation issue, can you be more specific about what objections you're hearing. What are the barriers to (inaudible) family preservation?

MS. RASCO: They just don't seem to -- it's -- I'll tell you what it is. It's the same things, whatever they are --

(End of Side A.)

It's not something they can put their hands on and say, "Here's the one thing or the two things it will do for kids in my or families in my home district." It is a nebulous issue. And perhaps part of it also is the fact that nobody really wants to think all those horrible things go on in their area, but I mean whatever you can list as the reasons that many state legislatures don't just automatically do something on that, that's kind of what we see here. It's not -- nobody can tell you that they're necessarily against it. But it's not high on the agenda. It's not something

at the front of their minds unless they have been one of the few that have sponsored the bill year after year. And so it's just something that also when people are talking to them about it, it kind of gets thrown in with other things.

I think we need some very targeted discussions with the people who represent you on just that issue, even. Because when I start to speak to them about, you know, "here are the things that can begin to do," and I have found that one piece that helps is when we talk about that we want some of that money to go into help us in our juvenile and family courts, that seems to ring a bell because they apparently have heard from people about that. But I do not have -- there is no pattern of, "Here's why I'm against it." That isn't it. It's just that it's kind of this nebulous thing out there and it's a pot of money and it's one that looks kind of easy to hit.

Other questions?

QUESTION: I'd just like to make a point that when you talk about (inaudible) it's more than parents and our children, a disabled child (inaudible) and there are older people (inaudible) also, so please remember the families more than (inaudible).

MS. RASCO: Right, and I'm glad you bring that point up because a number of people ask me when I talk about our overriding principle, what I do, and I got accused of forgetting the elderly a great deal in Arkansas because I talked so much about children and families, but very frankly, that presence of another generation in a home or certainly the questions that families face as mine does now, with a 19-year-old person with a disability, children and families cannot be empowered if there is that burden that we might would like \_\_\_\_\_ of not knowing what you're going to do day to day with other adults in the home who need services. So that's very much part of it and thank you for bringing it up. I get in trouble with the AARP real often.

(Laughter.)

But I don't mean to.

Other questions?

Well, let me say in closing that there are two things here that I think we should, as I talk about needing to begin to think about improving the outreach and communication structures. While a number of you, whose faces I see and I'm sure if I could see more name tags

clearly there are others of you whom I haven't met face to face but I've talked to on the phone in the last six months -- and that's another thing. I have learned that you are so easy to find in this town. It's just amazing how people can find you --

(Laughter.)

-- quickly. I now know why they have that little process of waving people into the complex and you have to get your birth date and all that. I don't think it has anything to do with security, it has to do with helping you pace your day of all the visitors.

But be that as it may, I want to hear from you. It is very important that we hear from you because anything we do, those pieces of paper, et cetera, it's not only the faces of the clients, it's your faces that have to carry out these programs from a state level, so I encourage you to communicate with us but I do think that we should open a dialogue on how we visit more regularly and not always in some kind of emergency situation when a bill is getting ready to go up or we're into final negotiations, so I hope that your leadership and I might talk very soon about a regular process of sitting down with appropriate members of



the Domestic Policy Council staff and/or people within the agencies working on issues with us, and that we might -- now that we've gotten our feet somewhat wet here, that we learn how to swim together.

And finally let me say that I think we have a great opportunity here, and I know that many of you are very tired after the battles of the past several years where you had to fight and you fought successfully to even keep some key programs in the budget, to keep the funding flowing for it, but I ask you to form a partnership with us and move ahead with us and that no one take a vacation from working as hard as you have worked. Let's take full advantage of the opportunity presented to us with a president, a first lady, and a vice president and his wife who are so supportive of the many, many issues that mean so much to you and to me, and let's make sure at the end of what I hope will be eight years with this team, that we can each look the clients in the face, whatever their age, and say to them, "We did take advantage of the opportunity, we knew it was a golden moment in time, and we did the very best we could."

Thank you so much.

(Applause.)

(End of proceedings as recorded.)



file →

Roz: Call him, thank him for his kind note, tell him

A. Sidney Johnson III, Executive Director

JUL 28 RECD

Stamp is well & that I will wait to hear from him w/ their proposal.

Dear Carl,

I cannot thank you enough for making time to speak to APWA on Tuesday. Your remarks were powerful and moving. And I loved your reference to the rehearsal dinner.

We enthusiastically accept your good suggestion of regular meetings between APWA leaders and you and your staff. . . and will suggest ways to set them up shortly.

I hope your son's surgery was successful.

Warm regards,

Asid

THE WHITE HOUSE  
WASHINGTON

Roz

7/15/03  
MK

Please make sure  
Christine Heenan  
runs her notes for  
my speech by  
Kathi and/or Bruce  
with this summary  
memo from APWA  
so we are all  
coordinated. She  
put this APWA memo

back in 7/20 speech  
file.



American Public Welfare Association  
810 First St, N.E., Suite 500  
Washington, DC 20002-4267

FAX TRANSMITTAL COVER SHEET

Faxline: 202/289-6555

TO: Carol Pasco  
FROM: Sid Johnson  
RE: July 20 Meeting  
DATE: 7/15/93

Number of pages including this one: 3

If you do not receive this entire document or have any other problems, call Melissa  
at 202/682-0100.

**APWA**

AMERICAN PUBLIC WELFARE ASSOCIATION

Kevin W. Concannon, President  
A. Sidney Johnson III, Executive Director

**MEMORANDUM**

484-1000  
Ext. 4425

**To:** Carol Rasco, Assistant to the President for Domestic Policy  
David Ellwood, Assistant Secretary, HHS  
Bruce Vladeck, Administrator, Health Care Financing  
Administration

**From:** A. Sidney Johnson *ASJ*, Executive Director

**Subject:** APWA Conference

**Date:** July 14, 1993

I am absolutely delighted that all three of you have accepted invitations to speak at our upcoming APWA meetings next Tuesday, July 20, 1993 at Loews L'Enfant Plaza. We expect audiences of 100 - 150 for your presentations.

The purpose of this memo is simply to thank you for agreeing to come, make sure that each of you know the others are also speaking, and suggest how your presentations might best complement each other.

1. David Ellwood will speak first at the opening breakfast in the Solarium Room. I would suggest aiming at an 8:15 am start for your remarks, and planning on about 30 minutes total for your talk and questions and answers. We would like you to discuss the Administration's emerging welfare reform proposals, activities, etc. Your remarks will be the major portion of this breakfast meeting. Before your presentation we will give APWA leadership awards to Rep. Jill L. Long, (D-IN) for her leadership on food stamp quality control legislation and Sammie Lynn Puett for her

**leadership as Chair of the Welfare Simplification and Coordination  
Advisory Committee.**

2. **Carol Rasco will speak at 9:00 am in the Solarium Room. Your talk will open and be the keynote of our "health day" activities. As we discussed, we would like you to discuss the Administration's emerging Health Care Reform proposals, and how you see them interacting with the Administration's emerging welfare reform proposals. Your ability to provide this overall viewpoint will be especially valuable to us. We have set aside up to one hour for your remarks and questions and answers... and will be guided by your schedule and other commitments.**
  
3. **Bruce Vladeck. Your remarks are the keynote for the formal meetings of our Health Committee in the Monet III Room. Your audience will be principally state human services department directors, Medicaid directors, and Governors' health policy staff. We would like you to address some of the implications of national health care reform for the states, the nature of the role of the Medicaid programs, the extent to which states will be granted waivers to operate alternative programs, any other issues you believe are of particular importance to these state officials. We have up to 45 minutes reserved for your presentation.**

Roz

①

② Red dot or whatever to all 3.

PH

Carol

good

Christene is preparing talking points. She'd also like to accompany you.

should we talk with Mitch or other entities about going with you?



orig: CHR

xc: Secretary Shalala

Christine Heenan  
Sara Rosenbaum

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF ECONOMIC AND MEDICAL SERVICES  
OFFICE OF MEDICAL SERVICES

FACSIMILE TRANSMISSION COVER SHEET

FAX (501) 682-8013

I am very concerned about

TO: CAROL RASCO - White House

FAX # (202) 456-2878 PHONE NUMBER \_\_\_\_\_

REMARKS: CAROL, This went out before Christine's call, The immunization issue is a good example of how we could have helped if given the opportunity - Think it was badly handled at

this.  
What is the deal?  
I thought we were setting up good communication flow with the group?  
HHB  
Chase

FROM: RAY HANLEY

PHONE NUMBER (501) 682-8292

REMARKS: Look forward to seeing you on Tues, hope meeting for Monday comes together

Total Number of Pages Including Cover Sheet 3

If you have any problems receiving this message, please call:

Name RH At: \_\_\_\_\_ Phone # \_\_\_\_\_

Anybody knew what this is?



**"The FAX Ma'am,  
just the FAX..."**

The logo for the American Public Welfare Association (APWA) is displayed in a stylized, bold, serif font. The letters 'APWA' are white and set against a solid black rectangular background.

## STATE MEDICAID DIRECTORS' ASSOCIATION

July 12, 1993

Bruce Vladeck, Administrator  
Health Care Financing Administration  
6325 Security Boulevard  
Room 732  
Baltimore, MD 21207-5187

RE: Immunization Legislation

Dear Bruce:

Regrettably I found myself, representing the State Medicaid Directors' Association, in opposition to the administration's Senate Finance Committee childhood immunization legislation over the past two weeks and in support of alternative legislation offered by Senator Bumpers. I say regrettably, not because of the correctness of my position which I believe to be very valid, but rather because of the lack of any front end involvement with the nation's Medicaid Directors which could have resulted in a better product which we could have all supported. It strikes me that this very recent experience is like the health care reform process in which the states' Medicaid Directors were largely shut out, to date, of the development of the still unreleased plan.

I was contacted by Secretary Shalala's office only after I was accused of "threatening to scuttle the President's entire immunization program" by a staff member at the Children Defense Fund (CDF), an organization who was involved in drafting the bill. This call came the day before the Senate vote and it was clear my input wasn't being sought, it was a little late for that, but rather the call was an attempt to have me withdraw my opposition to the bill. Had the Medicaid Directors been brought into the development of this initiative, it's very likely we could have helped solve some of the problems that doomed the flawed bill upon its Senate vote. The effort of CDF and the last minute calls from the Secretary's office used a lot of effort on salvage and damage control that could have been better utilized to bring us all together on the development of the immunization legislation on the front end.

On a personal note, I have a substantial knowledge of immunization issues having served the Robert Wood Johnson Foundation, along with Mrs. Betty Bumpers, over the past two years while the foundation sought to fund innovative programs to solve barriers to low immunization rates. On July 8, I was in Rockville, Maryland, at the request of the Public Health Services, as an invited "expert consultant" to review plans to assist states in addressing immunization barriers. Other Medicaid Directors also have substantial

*An affiliate of the American Public Welfare Association*  
810 First Street, N.E., Suite 500, Washington, D.C. 20002-4205 (202) 682-0100

Letter to Bruce Vladeck, Administrator  
July 12, 1993  
Page 2

experience working with immunization providers, some even have worked on universal vaccine distribution systems. Clearly Medicaid Directors have the knowledge and experience that could have helped prepare a workable solution but we were not afforded the opportunity. I, and the nation's Medicaid Directors, are committed to addressing poor immunization rates in this nation. Should the opportunity be available, we will be glad to offer assistance during the ongoing House/Senate conference work on the immunization legislation.

Sincerely,



Ray Hanley, Chairman  
State Medicaid Directors' Association

RH/b

cc: Medicaid Directors  
Lee Partridge, APWA  
Carol Rasco, The White House