

To Jack
 Date 6/27 Time 2:32

WHILE YOU WERE OUT
 of David Rogers
 Phone 862-9253
 Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message
Moguchal
#5
 Operator

To Chris
 Date 6/28 Time 8:55 AM

WHILE YOU WERE OUT
 of Craig Oberly
 Phone 224-2519
 Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message

 Operator JR

To Chris
Date 6/28 Time 10am

WHILE YOU WERE OUT

M Karen Miller
of _____

Phone 090-7414
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>
RETURNED YOUR CALL <input type="checkbox"/>			

Message _____

Operator 510

THE WHITE HOUSE
WASHINGTON

MEMORANDUM

To: Christine Ferguson and Katherine Hayes, Senator Chafee's Office

From: Chris Jennings

Date: June 27, 1994

Re: White House Public Liaison Meeting with Rhode Island Advocates for Health Reform

Following up on our conversation this morning, I'm providing you with my latest list of participants who will attend a White House Public Liaison briefing on health reform. This meeting is being hosted by the office of Public Liaison in response to ongoing requests by health care advocacy organizations to brief health care reform supporters from around the country.

We've done a number of these briefings for other states and I anticipate Public Liaison will do more in the future. To avoid any type of misunderstanding about this meeting, I wanted to inform you of the participants and the intention behind the briefing before it took place. If you have any questions, please give me a call at 456-5560. I hope you guys get some rest sometime soon.

Rhode Island (as of 6/27 10:15 am)

Harry Baird
Special Assistant
Governor of Rhode Island
Providence, RI

Ernest Balasco
Director
St. Joseph Hospital
Providence, RI

Barbara Baldwin
Executive Director
Planned Parenthood
Providence, RI

Timothy Barton
Member
Owner-Operator Independent
Drivers Association
Newport, RI

Bob Carniaux
HASBRO Inc.
Pawtucket, RI

Edward Caron
Vice President
Providence College
Providence, RI

Michele Cyr, M.D.
Director
Rhode Island Hospital,
Division of General Internal
Medicine

Stanley Davis
Vice President
Triangle Wire & Cable,
Incorporated
Lincoln, RI

Richards Dvorin, M.D.
Chapter President
HCHP- Providence
Providence, RI

Kathy Fitzgerald, M.D.
Providence, RI

Allen Harlor, Jr., M.D.
Eugene, OR

Margaret Kane
Executive Director
ALA of Rhode Island
Providence, RI

William Kreykes
Chief Executive Officer
Rhode Island Hospital
Providence, RI

Donald Marsh, M.D.
Dean of Medicine and
Biological Science Division
Brown University School of
Medicine

Patrick Mattingly, M.D.
President
Harvard Community Health
Plan of New England
Providence, RI

James Miller
Executive Minister
Rhode Island State Council
of Churches
Providence, RI

Joann Mullaney, PhD, RN, CS
President
Rhode Island State Nurses
Association
Newport, RI

Mary Mulvey
President
Rhode Island Council of
Senior Citizens
East Providence, RI

Georges Peter, M.D.
Professor of Pediatrics,
School of Medicine
Brown University
Providence, RI

Harvey Press
President
NEA-Rhode Island
Cranston, RI

Jan Salsich
President
Federation of Nurses and
Health Care Professionals
Westerly, RI

**Monica Schaberg, M.D.,
M.P.H.**
Vice President, Rhode Island
Chapter
American Academy of

Richard Smith, M.D.
Medical Director
Thundermist Health Associate
Woonsocket, RI

John Stone, M.D.
Department of Philosophy
Brown University
Providence, RI

Bruce Sundlun
Governor
State of Rhode Island
, RI

Patrick Sweeney, M.D.
Women and Infants Hospital
Providence, RI

Alfred Toselli, M.D.
Southside Medical Center
Providence, RI

Bob Urciouli
President
Roger Williams Hospital
, RI

Rosalind Vaz, M.D.
Providence, RI

Carol Warren
Owner of one Truck
Owner-Operator Independent
Trucking Association
, RI

John Warren
Owner
Cranston, RI

Ken Wild
President
Mays, Marshall and Meir
Manufacturing
Warwick, RI

Officer -

Please do not ticket me.

There is absolutely no parking in the

Ellipse & I have nowhere to go.

Thank you

A handwritten signature in cursive script, appearing to read "John J.", with a long, sweeping underline.

For Mitchell options to this

Apply Rules
(1) Non-discrimination All employers that currently offer coverage must do so to all full ~~and part~~ + PT workers. Get subsidies if they comply.

Covers ⇒ 14 million

(2) Medicaid - Cover all those eligible + transitional ^{Medicaid} program

⇒ 4-6 million

Previously uninsured ^{now} covered. 18-20 million

(3) Gets to 92% coverage very quickly.

(4) Bradley Net Tax For Cost Containment

(5) Trigger in 2002 → individual or employer or both

S. 7831
S. 7820

Ed Lopez

Budget analysis of strategy

11:00 - Maximize

7 Concepts not modeled

2 Products can be at K

all places inside & outside
=>

but target avg. census all
not inside HIRA
in area

S. 7831
S. 7820

get out of 2

MEWA

Cost 5

Do choice

Self insured

more

Melrose

- saves

school

choice

Erra Total

(301) 229 3765

Pages 252 330-2630

MW
CUMMER
CARE

Small exhibition of exp. cyantides
suc. filament

Brown
 Brown
 - 5442
 - Hollas
 - Brown

Johnson

- Kay Hildens - 8-9037
 9031
 - Bill 2. Water 8-7625

Johnson to strike the law

Johnson: add case

- 5442 design 2 dles
 case case

- Boden for - to strike

- Messer with re - 5442?

↳ known

- Cost of 25m and the for G. H. H. H.
 = premium for

(301) 589-5124

Mo Co

Buechler Holiday Inn
CROWNE PLAZA
MANHATTAN

- Friday Update

- Malcom - HR - Finance Support

- Bradley - Kia Appel - Revenue

- Dyer - Pharmacy - Craig McLean

WARD

(Pat. Task, Harold)

- Biogener runs out of Am
Linda

= See out Bruce son

- See out Mitchell road

- Call Steve R.

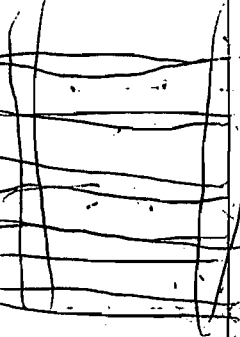
- Paul Power work at 2100 Hillly
Tuesday morning

- Judy Ma. CALL-800-HOLIDAY
for help ~~with~~ Myon

Thursday

ED
Report

Call
S/N up
spot



John Felt

Pardis

Lucy

Time 11:30

Cost Containment

Christy F.

6117
6183
6187

\$124
86
\$62 B.V.

- Cafeteria plan in health care

↓
MR car (32)
MR car (3)

discuss

Family
2000, 2002, 2000

468

\$2000

Premium Individual
affects id to pool

- Grandfather existing plans for 3 yrs
- Grandfather old reversion plans

- New Association's car plan but can't offer

Len

(301) 365-9587

Donor
Paid Power
224-2601
(703) 671-9234

Archie Zedner

Rob Lynch
MZA

873
684-6773

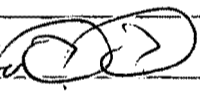
cc Paul Duffin

Tommy other

Vince Hiner
224 =

Dale asked for
legislative language

Ken Thre
subsidize tax

- = Sloud IP transition has some possible attributes
- = Ten minutes or 15
- Help self-employed
- = ~~the~~ targets suitable to right ~~the~~ people
- Relatively easy to administer 

= Raise community pool #

= Better original cost containment

- Head triggering

- Admin. health care

- Multiple DSM & other cuts

- No severe Sackto

→ California plan: classic cost

→ MJA's - choice - high deductible ^{to cost plan}

→ public workers: has the (0) % of outside part,
anyone inside

Account out of roll

ADIR <

Return to
writing

Method dropping

Finance document - show

Lawrence

You may want to ask

11345 - trawing

President & Dem Leadership & Chairman

5/25/94

Perez: - Thanks for all help

- Keep pushing for universal coverage this year.
- Reach out for Republican support. Praised Moynihan & Kennedy
- Back to the Future article

Speaker:

Majority Leader: Impossible to underestimate difficulty & complexity of health reform, but still hopeful & optimistic. We are reaching out to moderate Republicans.

Perez asked for alternatives to premium caps.

Kennedy - Making great progress w/ some significant Republican support
- Achievement to size & structure of alliance may come up tomorrow

Perez → Like the FETIBP option.
Discussion ensued re Republicans.
Moynihan likes it.

Moynihan - Will start w/ markup after Memorial Break.

Beauchamp - Need Republican support. Mandates & premium caps very difficult, but should come into place w/ agreement on mandates.

Food - We've worked hard without getting into jurisdictional fights.
* You've got 23 solid Dem votes for HSA.

20
10

(4-6)

136 B

56 B

- Lewin/UHI study - 91% coverage & 97% of health care included
As a result, you can address cost shift.

- How trigger get kicked in after 3-5 yr.

Par - It is worth studying. The trigger proposal.

- Anderson Lewis study. 9% of non-covered -

25 million still uninsured. Insured w/ rising costs.

- 3% decline in employer based coverage in last couple of years.

Topic - General optimism in the Fair Committee will result

in closer of Democrat. Applied Medicaid

Graphical - Discussing the shared responsibility issue. Optimistic about

arguing the minimum wage argument.

Rosky - Don't have numbers yet from CBO. Not criticizing CBO,

but I can't want go forward without them

- Transitionally optimists about getting a bill. But it will

be an all Democrats bill

Pingell - I think you can win this if you make the coverage

broader. Don't show any sign of weakness or reader

on universal coverage issue. Talks about (

Don't want who has higher interest. Might well

more I believe. Other side is showing signs of weakness

Progress is happening.

Period ~~from~~ \rightarrow Labr

IVARCP ^{endocrine}

Howd ^{market delay}

1 $\frac{1}{2}$ 1-5
2 $\frac{1}{2}$ 6-10

Per the doctor

\rightarrow Len Mickel

4-8 $\frac{1}{2}$ \rightarrow

4-12

Jack Lew
Tweeth
Wing's Man

Assumptions via \rightarrow (1)

Boyaner

Jaw 12

Boyaner ^{says} by \rightarrow (1)

\rightarrow Len

\rightarrow (1)

Porolla
Pryor

Ed Borczyk
& Luke & AA
Theresa Alshen

Carol D. Borwick
Junk and AP
Pryor

Much border

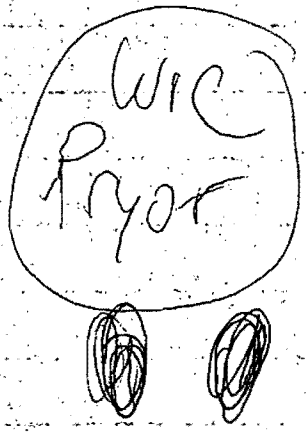
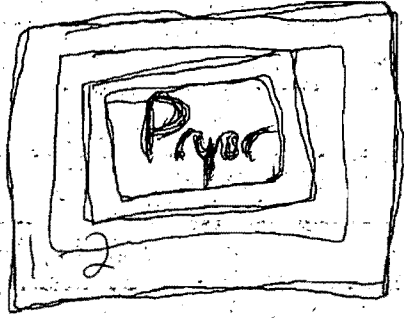
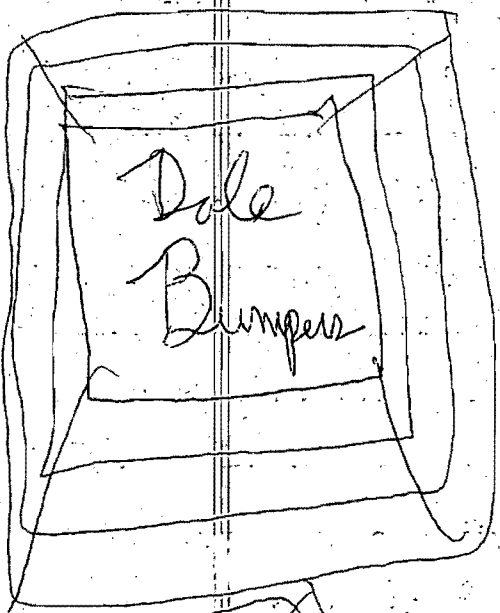
CS -

Harold

Here is the WIC memo. I never
got the chance to talk this over w/ Ed (he
hasn't call me back yet).

Anyway, I wrote this based on all the info
I was able to find on your side. Please
review & call me tonight. (H 544-5194, pager
490-0771).

Judy



Ju

Ellen Nishan

Bumpers issue
Finance Committee

to killer

(703)

28-5610

224-0681

David Podoff

(95 - 99) (2000 - 2004)

Grand Jurors

not 1995

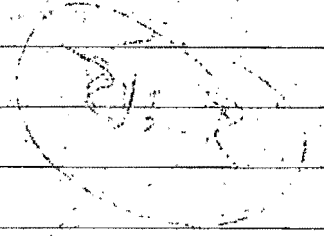
4-3735

456 ~~step~~

4pm 6/25/05
301 654-4185

Ken
Feb
Jill
Ana

Ken



- Start of 2000 of a high level
- Only the upward
- Limit subject to common and post
- Trigger / trigger states of the trigger.

$\$ \rightarrow 15$

Like @ HSA. AFDC & now cash in common rule. ~~under~~ HIA.
SSI ~~to be~~ ~~at least~~ remain after Medicaid.

Long term care insurance & Medicaid.

Sign of ...

Jack

Sandy, July 31st

Moakely Talk w/ me
Any others?

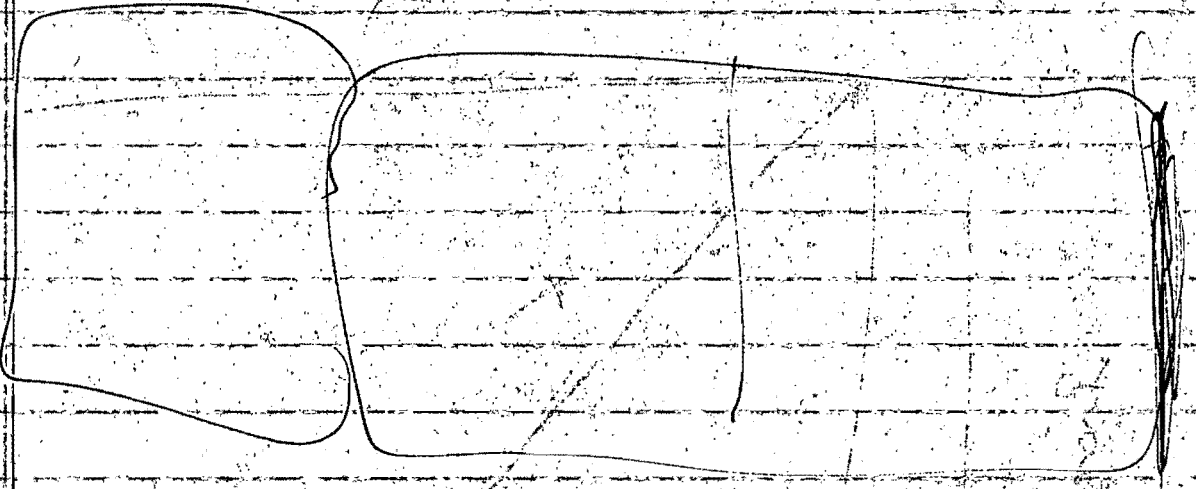
Kennedy →

Kerry → Hall's Scouts (EPA) ally.

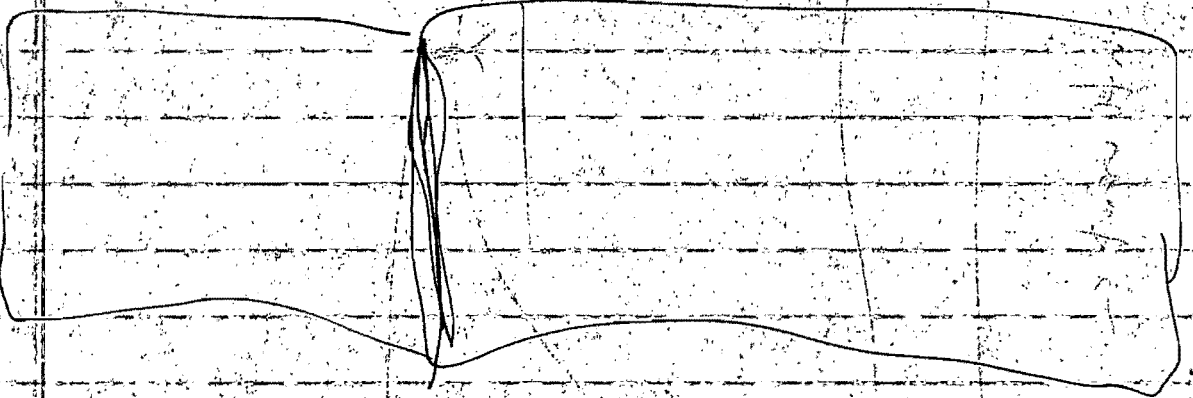
Talk w/ me.

Brian McPartlin

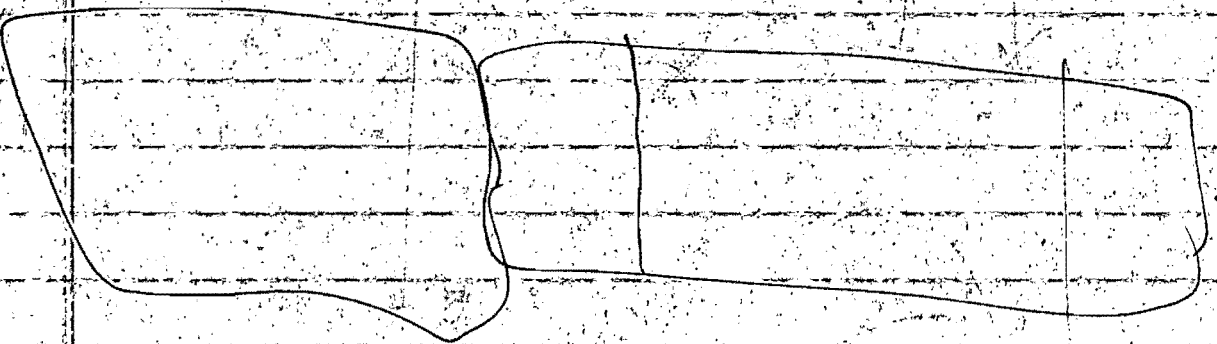
Sharon Kennedy



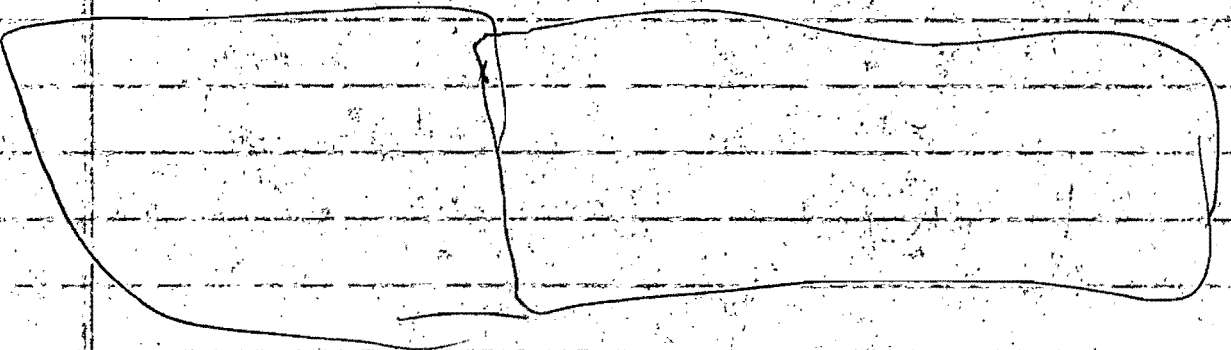
2 course



Defrost
Impact

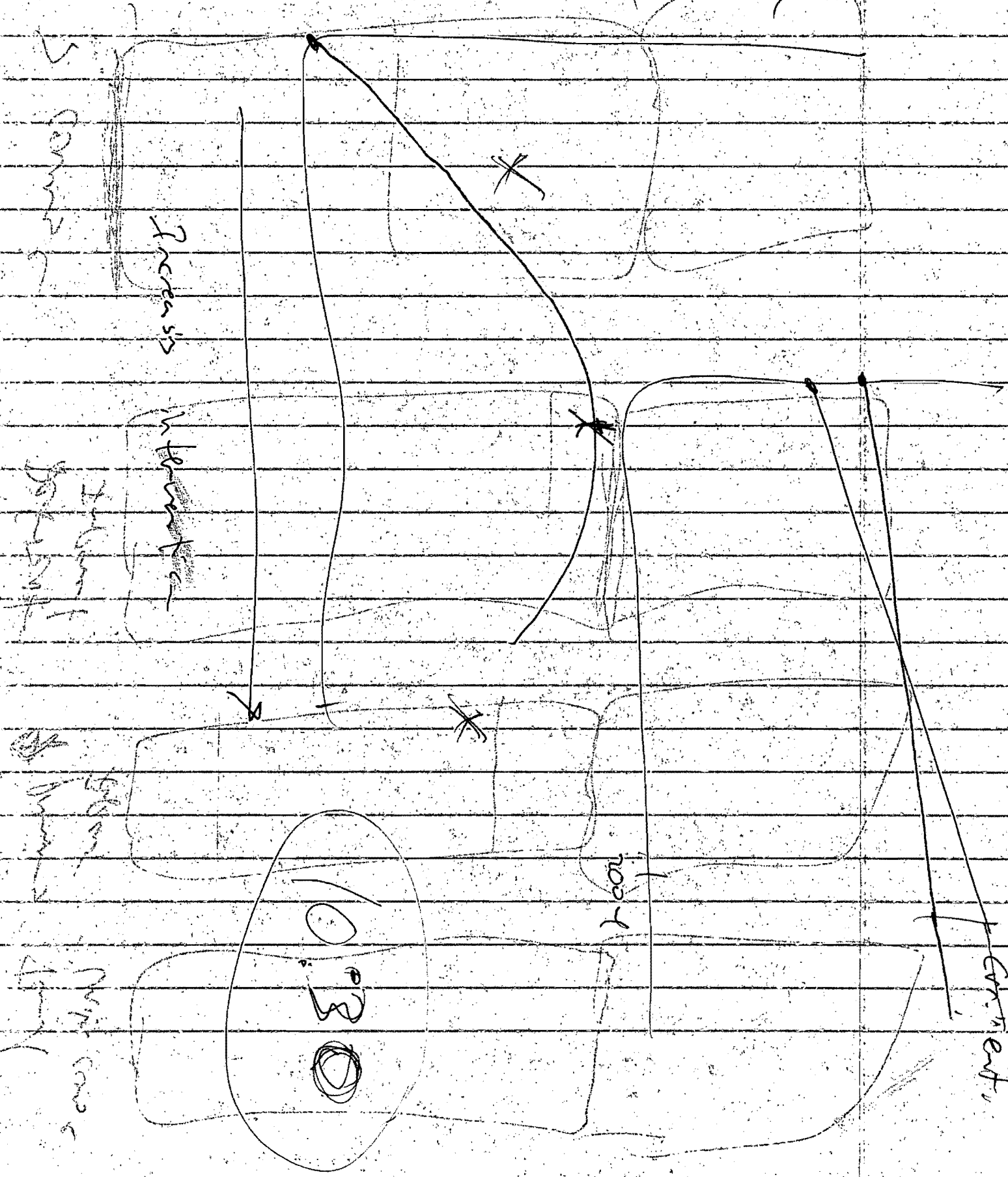


9 power
Impact



stand
with case

Prepared
Net
Budget



Mr. Lesley

John

John

John

John Hillary / model of

Bill

Bill

Bill

Bill



BRUCE D. LESLEY
LEGISLATIVE ASSISTANT

SENATOR BOB GRAHAM
FLORIDA

UNITED STATES
WASHINGTON
(202) 22-3041

Friday

THE WHITE HOUSE
WASHINGTON

Saturday night
Pam Bond
dinner

Conference - HAT live by PBS

Constance By sport program about
Tudo team

convention at 25 sub

- BC expert

Year 2000 Proc

- "wants see"

- Making - TV night debate

idea → board ~~AT~~

Deer → Robinson

BC - yes ~~some~~ ~~next spring~~ ~~last~~

1-2000
month

* Get page 2 of
long version

MAINSTREAM COALITION PROPOSAL: A SUMMARY

1. Overview:

No mandate

Phased-in individual based subsidies

tax on high cost health plans

Hard cap on Federal health spending

77 Billion Medicare

- NO real cost containment?

86 or

59

SA for what of the

- Medicare costs?

- Medicaid?

2. Coverage/Insurance Reforms:

No mandate, but firms of 100+ must offer plans.

2 kinds of groups: age adjusted community rated and experience rated.

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.

Firms under 100 can join together and receive experience-rated premiums (MEWAs).

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

Guaranteed renewability and limits on pre-existing condition exclusions.

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

Public Health
- Academic Health Center
Kaiser Permanente
GMS
state gov
other
community
demon

3 yr old grandfather

3. Subsidies:

Once eligible, those below 100% of poverty receive a voucher equal to the average premium price in a geographic area. - Is it equal to just inside - or both

Once eligible, those between 100-240% receive a sliding percentage of the average premium price.

Subsidy eligibility phased-in -- from 90% of poverty in 1997 to 240% in 2002, IF financing allows.

No cost-sharing subsidies.

→ you can have subsidized

4. **Benefit package:**

actuarially equivalent

One standard (equal to FEHB's BCBS standard) and one basic (catastrophic)

25% cheaper than standard

Under 200% of poverty cannot use subsidies for basic plan

You don't get only subsidies if

5. **High cost plan assessment:**

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

You pay this & you are over 200% of poverty

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

not going to raise a lot of money

6. **Medicaid:** \$55.2 billion over 5 years

Reduce premiums by 2% - at most

Preserved as a separate program and beneficiaries are not part of the community rating pool.

State option to enroll limited numbers of Medicaid cash (AFDC & SSI) into private health plans.

Growth in Federal payments is capped. at 6%

Disproportionate share payments are phased out by 2000. (18)

7. **Medicare:** H

Program savings smaller than HSA - cap?

8. **Tax incentives:**

Phased in deduction of health insurance premium payments for individuals.

Deduction limited to average premium in each group.

equal contribution rules

9. Financing:

Federal mandatory health spending (Medicare, Medicaid, subsidies, tax expenditures) limited to specified dollar levels.

Medicaid and Medicare savings

Cigarette tax increased \$1 per pack

Assessment on high cost plans

Postal Service savings

Medicare HI tax levied on State and local workers

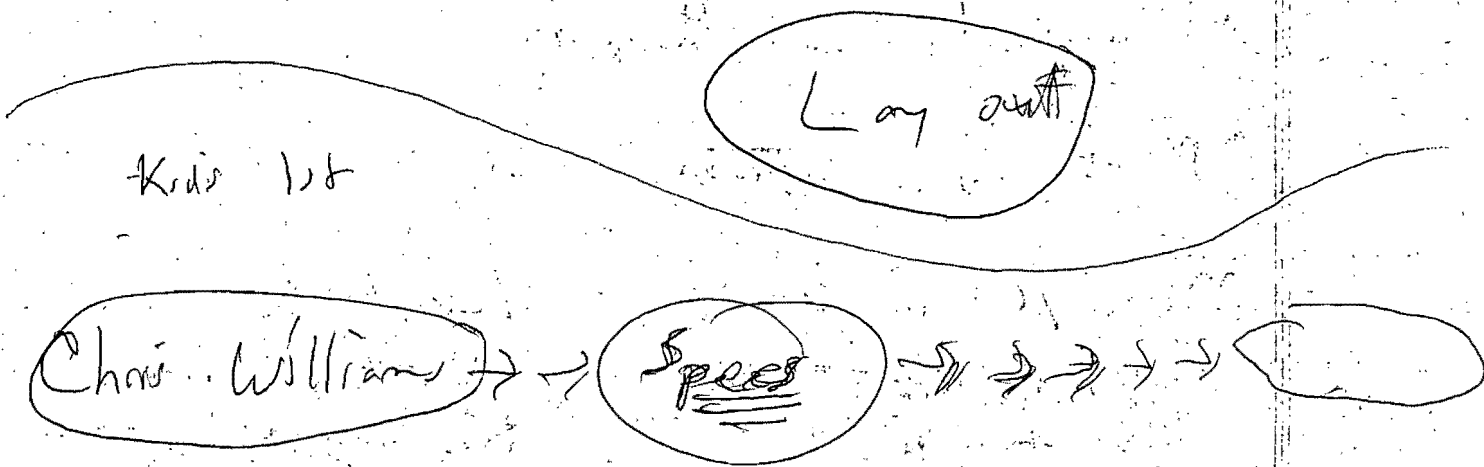
- ~~Mitchell~~ = income protection, meeting on Sunday (Rural)

① NO commission, NO TRIGGER, - 96% 1999/2000

② cost contained in morning - early

③ Kids

④ employer-phrase - ~~no~~ - Learn via Brad, Don't just Mitchell
Learn it via table



✓ Stake Flowing

Buyers Corp set up early - Pay stated elsewhere
- 100% FF~~B~~ for mtd
- 50% of bkt ground
- stake markets

- Immunization -- Vaccine Program

- Staff tried to tube Entitlement w. Appropriation
(who works or learn)

- Byrd. Delivery System.

- Merck - GSA delivery system

Government Run Program

Merck has a system

Merck / Connaught

- delay in Appropriation
- Health reform repeats

Lederle

- Matine / tin understood
- becoming more attractive
- some weeks, some time
- July took part of
d no

✓ Atkinson - State
6-21-03

Treasury - Pilgrimage → Medicare - to options

CALL DAVID NELSON of Legum & Hunt PC
- SS/SA → premium caps
- Kids - Kennedy allowance call → FEHBP

Some a median cap on drugs

7/17 Senate

To Dos/Options for reducing gap:

- 1) Index subsidies to target: cpi+3, etc. Does not cap individual or employer payments
- 2) Employer subsidies (no mandate world) - cap total \$ and look at how to time limit the subsidies or restrict to first come, first served.

FEHBP

③ Delay mandate until 2002

4) Delay subsidies to 1998; delay AHC startup from 1996 to 1997

5) Reduce cost of Medicare drug benefit - options: delay until mandate kicks in, increase copay for high-income beneficiaries

6) Tobacco tax: 45 cents/pack immediately

Treasury

7) Raise high cost plan assessment from 25% to 35%

Treasury

8) Add \$2.3 billion for WIC

GAO

9) Explore effects of an equal contribution rule

Treasury

10) Subsidy administration: costs and structure

GAO

- Employer can't find out

11) Medicaid: include State Medicaid DSH (a la Mitchell paper) and trend Medicaid acute care at NHE rather than 5.4% as in Finance mark

12) Medicare savings - increase IME payments from 3.0% to 5.2% and fill hole by phasing down Medicare DSH payments and other options

13) Raise dependent coverage from 18 to 24

(Vow)

14) Eliminate pre-mandate outreach for low-income people

15) Impose cost constraints in noncompetitive areas a la Lynn Etheredge in 2000

16) Fail-safe mechanism/pay-go

✓ Pausker
Medicare

703-689-7054
Dennis

✓ Janet H.

✓ Cutt producer & Seniors
to D.C.

Manner
Dumy's last Queen

David N.
Called again.
3:30 Hilley mtg.

~~95~~ ~~96~~

Edwards
Stk / 2001 - recommendation
re-activated equity
process / health (u.g.)

Commission

Timmy

2002
2001
2000
1999
1998
1997
1996
1995

~~2002~~ ~~2001~~ ~~2000~~ } reduced

insuring kids - uninsured kids

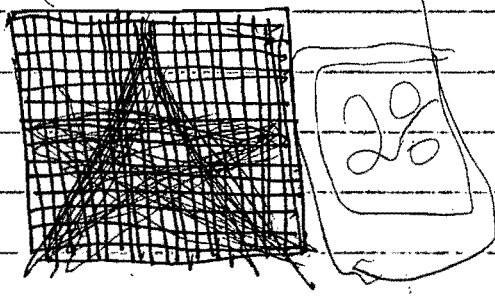
Cost constraint

John Compton

2%
Checkpoint

cap subordinate

Assessment
or
come out

Key / concrete PM


amendments to bill
pushing etc.

How specific to
states
= reduce employer subsidies
= COST CONTAINMENT
= cap in/out - at point
= account for come out

Cost Contentment analysis



Benefits

Cost structure - effective

- Veds

When - Time course

Today

0.30 - 0.00

Rw?

Rw?

→ 92% of coverage → shot of

→ 20-30 Billion ru

David Nayan

B

growth of tax

avg weighted prices. Subsidy cap

Marwa d

cigarette tax