

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo w/attach	Chris Jennings, Steve Edelstein Re: Meeting with Congressman Kasich (29 pages)	6/30/93	P5
002. list	Congressional List (7 pages)	nd	P5
003. briefing paper	Talking Points - Congressional Strategy (3 pages)	nd	P5

COLLECTION:

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

FOLDER TITLE:

June 1993 HSA [7]

gf93

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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TO: Message Board Staff

FR: Debra Silimeo

DT: 6/30/93

RE: Staff updates

Attached is a list of the STRENGTHS of the health care reform plan, prepared by the White House. This list will be part of our agenda today. If you have any additional ideas or comments on this, please let me know. We will spend an entire session on message, strengths, and tough Q&A at our next Members' Message Board meeting and you will be asked to help prepare for it (see below).

Next Members' Message Board meeting: We're set for Wednesday, July 14th, 12:30 in S-211 at 12:30. Yes, it is a larger room, so we should not need to restrict staff attendance as we had to do today. It was never our intention to be restrictive -- if you're ready to work in this effort, we want you to come!

Staff Meeting: We would like to have a staff meeting once a week, prior to the Members' meeting, to go over the agenda, raise issues that need to be addressed, plan media, collect press clips, and coordinate with the White House war room staff. Please mark your calendar for Tuesday, July 13, at 3 p.m. We should all fit in the DPC conference room, 619 Hart.

Clips: It may be a good idea for us to collect clips on health care that we think would be particularly useful for others to see. We can distribute these clips at our weekly meetings. Today's clips were put together by DPC staff. If you think this is a good idea, please bring clips with you to the next staff meeting. If there is something that we all need to see immediately, alert me or Trish Moreis at DPC (4-3232) and we can multi-fax it to all of our message board offices.

Your ideas are greatly appreciated.

Have a peaceful recess!

STRENGTHS OF THE PLAN

- 1) **Security** (even if you switch jobs, lose your job or have a pre-existing condition)

"Under the current system, one in four Americans will lose their insurance at some point over the next two years. Today, if you or your child gets sick, if you switch jobs, if you want to start a small business, you can lose your insurance. Under the President's plan, you'll get health security.

Lose your job -- and you'll still be covered. Get sick -- you'll still be covered. Start a small business -- you won't have to worry. That's what insurance is supposed to be all about. The President's plan asks all Americans to take responsibility for their health -- and offers health security in return."

- 2) **Putting the brakes on escalating health care costs**

"Right now, what you're charged for health care is draining your savings, threatening your salary, bankrupting businesses and exploding our deficit. We've got a health care system that's overloaded with excess paperwork, outrageous fraud and abuse. And if we do nothing, things will only get worse.

The Clinton plan will change the way things work. It will crack down on those insurance companies and drug companies that are making excessive profits -- but not investing in better care. We'll aggressively go after the people that exploit loopholes to make a profit. And we'll stop the overcharging and put the brakes on rising costs."

- 3) **Improved quality of care**

"First, the Clinton plan will guarantee every American a comprehensive benefits package that emphasizes preventive care to keep you healthy instead of waiting until you get sick. We'll give you more primary care doctors and nurses.

And for the first time, we're going to require doctors and hospitals to give you information about the results of the work they do. You'll know how each health plan is doing -- and what the people who use that plan think of the care they get. "

4) Greater consumer choice of health plans

"Today, you're at the mercy of the insurance company that your boss decides to contract with. You're told what health plan you've got to use -- and even forced to give up your doctor if your doctor's not part of that plan.

Under the President's plan, you're in the driver's seat. You'll get to choose among health plans -- giving you the widest and best choice of how you get your care."

5) Preserves doctor choice

"The doctor-patient relationship is in danger. More and more employers are forcing their workers to switch to health plans that may not allow them to see the doctor they're used to.

The Clinton plan will preserve your right to see the doctor of your choice. Reform will put consumers in the driver's seat. You -- not your employer or some insurance company -- get to choose your health plan and your doctor."

6) Eliminates loopholes and fine print -- no more battles with insurers

"We're all sick of it: the endless, confusing forms; the insurance policies that you need a translator to understand, the fine print that strips you of your coverage when you need it most.

That's why the President's plan will put you in the driver's seat. Simple forms. Plain language. A comprehensive package of benefits -- and no loopholes or fine print to take it away. You shouldn't have to battle insurance companies to get the benefits you pay for -- and with the President's plan, you won't."

7) **Comprehensive coverage for all Americans**

"Right now, millions of Americans have insurance that isn't there when they need it. Some things get covered, but often the insurance company points to hidden limits in the fine print to rob you of benefits you thought you had.

The Clinton plan will guarantee every American a comprehensive benefits package that can never be taken away. And it includes more than a couple of trips to the doctor. Hospital care -- covered. Lab work -- you're safe. Preventive care -- so you and your children stay healthy. Prescription drugs. More options for long-term care. Together, it adds up to health security for all Americans -- the knowledge that you will always be able to get the care you need when you need it."

8) **Simplicity, will reduce paperwork for you and your doctor**

"Under the Clinton plan, you'll be able to wave good-bye to the endless, complex forms and all the hassles. Because we're going to scrap the system that produces so much paper that even if you've got the patience to wade through it, you probably don't understand it. We'll take the forms from the 1500 different insurance companies and make them into one.

And we're going to let medical professionals practice medicine again. Today, nurses and doctors are forced to spend time filling out form after form -- time that could have been spent caring for patients. Some nurses have to fill out 19 forms for each patient -- and then those forms are checked and checked again. That won't happen after reform."

9) **Eliminates fraud and abuse**

"Right now, fraud and abuse run rampant throughout the system. While some people file false claims about procedures that never happened, others figure out how to exploit the loopholes in the maze of forms. Either way, they're making a profit -- and you're getting ripped off.

The Clinton plan cracks down on fraud and abuse. We'll toughen penalties for people that try to game the system. We'll eliminate the loopholes that let people make a fast buck. And we'll hold all health plans accountable by requiring them to provide easy-to-understand information about their results and success rates -- so abusers have no place to hide."

10) **Help for small businesses** who will have increased bargaining power and lower costs for premiums

"Right now, the cost of insurance for small businesses is spiraling out of control -- bankrupting small businesses across the country. The smaller your company, the more you pay for insurance and the faster your premiums are rising. And small businesses are going broke trying to keep pace with rapidly rising premiums.

If you're a small business owner who covers your employees now, this plan will bring your costs under control. We'll stop the insurance schemes that discriminate against you and drive your premiums through the roof. We'll fold in workers' comp and the medical part of auto insurance -- so you don't have to pay for three insurance policies for each worker. And we'll enable you to team up with other small businesses and negotiate for the same rates that insurance companies give the big guys.

Under the Clinton plan, everyone benefits because everyone takes responsibility. Small businesses that provide insurance shouldn't have to pick up the tab for firms that can't afford it.

If you're not able now to cover your employees, reform will help make insurance affordable for you, your family, and your employees. The plan will ask everybody -- workers and employers alike -- to chip in for health care. And coverage would be phased in and government assistance provided to make it easier to provide insurance."

11) **Improving competitiveness and companies' ability to create jobs**

"Right now, many businesses are falling behind because of the enormous burden of rising health costs. Take the auto industry, for example. Health care costs add \$1,100 to the price of every car made in America -- double the cost added to Japanese imports. So companies can't hire new workers -- and they're at a disadvantage in the global marketplace.

The Clinton plan will reduce health costs for many companies. Health reform will free up money to create new jobs and increase incomes. And the plan asks all employers to take responsibility for covering their employees -- so some businesses aren't stuck with the bill for people who work for companies that don't provide insurance."

12) Positive impact on state and local budgets

"Right now, health care costs are spiraling out of control -- bankrupting state and local governments. And our federal deficit means we have had to cut programs like Medicare and Medicaid -- leading to an even greater burden on state and local budgets.

Comprehensive reform will ease this burden. The federal government will lead the way, and work in partnership with state and local governments to control the costs that are bleeding our communities dry. State and local governments will no longer be asked to go it alone in facing exploding costs."

13) Helps families deal with financial burden of long-term care

"Too often, American families are bankrupted by the long-term care costs of family members. Often, the elderly and disabled are forced into nursing homes because they have no other options. We need a system that offers real choices to the elderly and the disabled.

People want to remain in their homes and communities, and the Clinton plan will provide services to make this possible for more Americans. There will be more services available -- so that seniors and disabled citizens who can't manage on their own can remain in their own homes or communities for as long as possible."

14) Increases roles of doctors and patients in medical decisions

"Right now, doctors have too many people looking over their shoulders, second-guessing their professional judgment. They're buried under an avalanche of paperwork that does nothing to help deliver high-quality care.

The Clinton plan takes away the hassle, the second-guessing by insurance company representatives at the end of a telephone line, and the time spent doing paperwork. It restores the treasured doctor-patient relationship and allows physicians and patients to work together to make medical decisions."

15) **More consumer information and protection**

"No longer will consumers be at the mercy of their employer or insurance company when it comes to choosing a health plan or seeing a doctor. The Clinton plan empowers consumers to make educated decisions about how and where they get their care.

After reform, you'll get a "performance report" that gives you easy-to-understand information on each health plan -- what doctors and hospitals are included, an evaluation of the quality of care, a consumer satisfaction survey, and the price. And you choose your plan. If you want to switch plans later, you can do it. It's simple."

16) **Emphasizes preventive care**

"We have the most sophisticated health care available anywhere in the world. But there's something wrong with a system where you're guaranteed a triple bypass, but you can't be sure that your child gets the shots she needs.

This plan offers a new bargain: you take responsibility for your health and your children's health -- and we'll cover preventive services: regular physicals, immunization, and tests like mammograms. And you won't have to pay for them anymore.

Emphasizing preventive care is a new approach based on what's always worked -- keeping you healthy instead of waiting until you get sick. It will improve health and save us all a lot of money at the same time."

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FACT B: Medicare cost per enrollee for FY 1994 is expected to be more than \$5,235.

FACT C: Medicaid cost per recipient for FY 1994 is expected to be more than \$6,461. The federal share is about \$3,615; the state and local matching share is more than \$2,884.

MYTH #3: There is not 100-percent access to health care in America today.

FACT: Individuals who do not have any health insurance or health coverage or are unable to pay currently receive care by law. These costs are covered partially by Medicare and Medicaid payments to hospitals and cost shifting to private health plans. A percentage of every patient's bill can be directly attributed to the unrecovered cost of such services.

This does not mean, however, that the lack of insurance among some Americans, is not a problem. Although a lack of *health insurance* does not necessarily deprive individuals of *health care* — medical ethics and the law require that persons who are without health insurance, or who are unable to pay for their own services, still receive health care when necessary — the uninsured can face considerable difficulties over their care.

MYTH #4: Poor people receive most of the federal entitlement dollars budgeted for health care.

FACT A: People making more than \$30,000 of income received close to 40 percent of all Medicare dollars, or more than \$60 billion, allocated in FY 1993.

FACT B: Less than 42 percent of the Medicaid budget goes directly for health care for recipients; the bulk of the Medicaid budget goes to hospitals and providers each year in the form of grants or allowances for construction and other projects.

MYTH #5: Medicare beneficiaries pay the full cost of Medicare through their Part B (SMI) premiums for physicians services at a cost of \$36.60 per month.

FACT A: The federal taxpayer subsidizes 75 percent of the cost of Medicare Part B through general revenues, or more than \$133 billion for FY 1994.

FACT B: When Medicare was passed into law in 1965, half of Part B coverage was paid by the enrollee through a premium, and half was paid by the government. If the original ratio were still in place today, \$77.6 billion would be saved over the next five years according to CBO. Part B premiums would be \$73.20, rather than \$36.60, per month.

FACT C: The market value of a health insurance plan similar to that received by a Medicare beneficiary could range from \$350 to \$700 per month or more in the market.

MYTH #6: Most of the federal entitlement health program money goes toward routine primary physician health care, disease prevention and wellness.

FACT: Twenty-eight percent of the Medicare budget is spent on recipients in the last year of a beneficiary's life with the majority of it being spent in the last 30 days.

MYTH #7: The eligibility age for Medicare is due to go up to age 67 when the eligibility age for Social Security goes up.

FACT A: The eligibility age for Medicare is *not scheduled to increase*. Social Security is scheduled to begin to go up in the year 2000 by two month increments per year until 2005 when age 66 will be the retirement age until the year 2016. Then it will go up again in two month increments per year until the retirement age for Social Security becomes age 67 in the year 2022.

FACT B: If the eligibility age for Medicare were to rise from age 65 to age 67 on January 1, 1994, \$77.7 billion would be saved over the next five years according to CBO.

MYTH #8: The cost of medical malpractice in the medical care system is very small, accounting for less than \$1 billion per year.

FACT: According to a study by Lewin-VHI Inc. of Washington D.C., the potential savings from reforming the medical malpractice system could range from \$7.5 billion to \$76.2 billion over five years. The savings would be achieved by discouraging "defensive medicine," which Lewin-VHI defines as "changes in practice carried out by health care providers for the sole purpose of avoiding malpractice claims."