

# Withdrawal/Redaction Sheet

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Mike Lux to Hillary Clinton Re: Positioning Ourselves on Health Care (3 pages)	5/3/93	P5
002. memo	Chris Jennings to Hillary Clinton Re: Senate Labor and Human Resources Meeting (2 pages)	5/3/93	P5
003. briefing paper	Senate Labor and Resources Committee (10 pages)	nd	P5
004. memo	Chris Jennings to Hillary Clinton Re: Senate Leadership Lunch (2 pages)	5/4/93	P5
005. briefing paper	Profiles - Senate Democratic Leadership (8 pages)	nd	P5
006. memo	Chris Jennings to Hillary Clinton Re: Republican Leadership Meeting (2 pages)	5/5/93	P5
007. briefing paper	Congressional Republican Leadership Meeting (9 pages)	nd	P5

### COLLECTION:

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

### FOLDER TITLE:

May 1993 HSA [1]

gf81

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

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

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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Conrad Aik

1. DIFFERENTIAL IMPACT AMONG STATES: The original concept we provided to you regarding a potential "trigger" of an employer mandate used a national target relating to levels of uninsured. One concern with this approach is it's potentially differential impact among states, some of which might do a better job than others. We would appreciate technical assistance on the following:

--How might we modify the target from one based on national figures to one based on state data?

--Is state-based data good enough to accomplish this?

--How might the transition be structured to deal with issues like community rating, etc, and minimize the disruption occurring in individual states?

2. INSURANCE COMPANY GAMING & INSURANCE AFFORDABILITY: Two issues we confront related to the insurance market are: (1) preventing insurance companies from gaming the system, and (2) prevent adverse selection--i.e. healthy choosing not to buy insurance. We would appreciate your reaction to the following concepts and your suggestions for how they might be designed:

a. (i) Insurance gaming--require insurance companies wishing to do business in a state to provide their insurance through a state pool (this could either be the alliances under the Clinton plan or, if alliances do not survive, a separate statewide pool of private plans from which small businesses, unemployed, Medicaid, etc, could purchase insurance). Insurers would be required to take all comers and would have the medicaid population spread among them. Risk adjustments would be made to account for differential selection of plans by Medicaid patients. Community rating would apply to all individuals and businesses up to 1000 employees.

(ii) Provider-level gaming--to ensure that providers don't game the system, establish a national pool to distribute uncompensated care costs among providers. Providers with low levels of uncompensated care would pay into the pool to help equalize costs compared to those with higher levels of uncompensated care.

b. Adverse Selection/Higher Costs--(1) 6-month waiting pd for pre-existing conditions (applies to uninsured, but not those already insured); (2) age rating that includes a wider band at the beginning of reform, and which is phased out as we reach universal coverage.

--How might such a phase-out of age rating be accomplished?

3. COST CONTAINMENT--We are attempting to determine how best to design a cost containment mechanism under this system. For

example, could premium caps as designed in the Health Security Act work under this scenario? How might they have to be modified to make them work better? What would be the impact of waiting to introduce cost containment in particular states until the mandate kicks in, given the fact that fewer subsidies would have to be financed in the near term? Are there cost containment approaches other than premium caps, or variations of premium caps, that we might consider?

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MEMORANDUM

TO: Chris Jennings/Steve Edelstein ✓

FROM: Richard A. Veloz *RAV*

RE: Congressional Hispanic Caucus Hearing and Meeting/Congressional Border Caucus Meeting /COSSMHO Conference

DATE: 5-4-93

As part of my work on the Health Task Force, I've summarized several meetings and presentations that I've made in the last week with Congressional and national Hispanic groups:

CONGRESSIONAL HISPANIC CAUCUS HEARING-4/21/93:

Participants included about half of the members of the Hispanic Caucus as well as Congressional staff and other national and local Hispanic health representatives.

The hearing went very well, with CNN televising the whole 4 hours. I've enclosed the agenda which lists the witness panels. As you can see, Hispanic members of the Health Task Force were well represented. The talking points that we put together on Hispanic Health issues were extremely beneficial since both Bob Valdez and I were asked specific questions concerning the undocumented.

The members in attendance included Congressman Mcdermott who introduced his health bill (H.R. 1200, attached) as legislation that defines eligibility under "color of law" (Hispanic Caucus members will support this).

Among the press in attendance were the L.A. Times, CNN, and UNIVISION (CNN-Spanish language station). I understand that papers submitted for this "briefing" as well as testimony by panelists is being summarized for printing by the Hispanic Caucus.

CONGRESSIONAL HISPANIC CAUCUS MEETING WITH IRA MAGAZINER-4/27/93:

Fourteen of the eighteen members were in attendance, with the absent members represented by staff. Those in attendance appeared pleased with the meeting. They feel that Ira is responsive and listened to their concerns. The three concerns expressed were:

1. Inclusion of the Undocumented: The Caucus will want as a minimum, "color of law" language, and assurances that all children be covered.
2. Inclusion of Puerto Rico and the Territories: Their position remains at full coverage for the

Territories.

3. Protection against possible discrimination and privacy abuses in the use of a national health I.D. card.

A position paper on these issues as well as recommended draft language, as requested by Ira, will be submitted by the Caucus by next week. I've enclosed a handout distributed at the meeting that focuses on these concerns. Members attending the meeting are listed in the attached roster.

**CONGRESSIONAL BORDER CAUCUS MEETING-4/28/93:**

Congressman Coleman (D-El Paso, Texas) Chairman, and Congressman Kolbe were at the meeting. Staff from Congressman Richardson, Bryant, Senator Krueger and Domenici also attended. Judy Feder made the presentation for Ira who could not attend. A bill by Congressman Coleman which would establish a Bi/Tri-National Border Health Commission to address the many border health problems, was handed out.

The major concern centered on reimbursement for providers along the border and ways of providing non-emergency care to everyone including the undocumented (see Bob Valdez memo, attached). A very real fear is that such episodic emergency only access will result in perpetuating a two-tier system of health care delivery. The border is going to face a tremendous need for financial assistance in developing the infrastructure necessary to truly ensure universal access.

**NATIONAL COALITION OF HISPANIC HEALTH AND HUMAN SERVICES ORGANIZATIONS (COSSMHO) CONFERENCE-5/3/93:**

Participants included approximately 65 community based health care providers and local elected officials from all parts of the country. The participants were there to develop strategies, promote principles and make recommendations for national and local health planners on the health needs of the Hispanic population. The conference focused on three central themes:

1. Quality
2. Financing
3. Administrative Simplification

It is my understanding that they will hold a press conference this week to announce support for a tobacco tax to assist in paying for a national health proposal.

I gave a 40 minute overview on the work of the Health Task Force, and answered questions for over an hour. The main issues that surfaced during the question and answer period dealt with:

- Public health and prevention services. There was a



concern that this would not be a priority.

- There was concern that the recent Robert Wood Johnson Health Plan that focused on underserved populations was not responsive to the special concerns of the Hispanic and should be looked at as only one of many models.

- The issue concerning the need to include the undocumented was raised repeatedly.

- Assurances that Cultural and Linguistic competency of providers would be part of the plan was repeatedly raised.

- Governance issues concerning adequate representation of Hispanics on the National and local health boards was expressed.

- Concerns were repeatedly raised with regard to giving discretion to the states on the level and type of services offered under a National Health Plan. There is a fear that low-income communities in some states will not fair well if discretion is left to the states. This is particularly the case in California, Arizona and other states where there is a Republican administration.

c.c. Judy Feder, Ira Magaziner, Bob Valdez

# Cong. Hisp. Caucus - HEARING

## BEYOND THE PROBLEMS: IDENTIFYING SOLUTIONS TO THE HISPANIC HEALTH CARE NEEDS FOR HEALTH CARE REFORMS

APRIL 21, 1993, 1:00-4:00 P.M.  
2220 RAYBURN HOUSE OFFICE BUILDING

### AGENDA

- 1:00-1:05** Welcoming Remarks: Congressman Jose E. Serrano,  
Chairman, Congressional Hispanic Caucus.
- Forum Chair: Congressman Luis Gutierrez, Chair,  
CHC Health and Judiciary Task Force
- 1:05-1:15** Overview Presentation: Fernando Torrez-Gil  
Assistant Secretary for Aging-Designate U.S.  
Department of Health and Human Services
- 1:15-2:10** Panel #1 -- Hispanic Health Professionals
- \* \* Ciro Sumaya, M.D., San Antonio, TX
  - Helena Rodriguez-Trias, M.D., Brookdale, CA
  - Jane Delgado, PH.D, Washington, D.C.
  - \* Elena Rios, M.D., Sacramento, CA
  - Eric Munoz, M.D, M.B.A., Newark, NJ
  - \* Sonia Leon-Reig, Rockville, MD
  - Mario Ramirez, M.D., Roma, TX
  - Luis Cruz, M.D., Miami, FL
- 2:10-3:05** Panel #2 -- Financial and Benefits Package
- \* \* Robert Valdez, PH.D, Washington, D.C.
  - Paul Cejas, M.D., Miami, FL
  - Hildamar Ortiz, Esq., New York, NY
  - \* Ileana Herrell, PH.D., Rockville, MD
  - Robert Reyna, M.D., San Antonio, TX
  - Magali Maldonado, M.D., Rio Piedras, PR
  - Josephina Carbonell, Miami, FL
  - Hector Flores, M.D., Los Angeles, CA
  - Celestino Beltran, Washington, D.C.
- 3:05-4:00** Panel #3 -- Non-Financial Access Barriers
- \* \* Richard Veloz, J.D., Washington, D.C.
  - Aida Giachello, PH.D., Chicago, IL
  - Jose Solano, M.D., Washington, D.C.
  - Marliyn Aguirre-Molina, Ed.D., Piscataway, NJ
  - Cynthia Telles, M.D. Los Angeles, CA
  - Raul Yzaguirre/Cristina Lopez, Washington, D.C.
  - \* \* Elena Benavidez, Mineapolis, MN
  - Castulo de la Rocha, J.D, Los Angeles, CA
- 4:00-4:10** Wrap Up

\* \* Health TASK FORCE CONSULTANTS (FULL TIME)  
\* Health TASK FORCE CONSULTANTS (PART TIME)

103D CONGRESS  
1ST SESSION

# H. R. 1200

To provide for health care for every American and to control the cost of  
the health care system.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 1993

Mr. McDERMOTT (for himself, Mr. CONYERS, Mr. HILLIARD, Mr. BECERRA, Mr. BERMAN, Mr. DELLUMS, Mr. EDWARDS of California, Mr. HAMBURG, Mr. MARTINEZ, Mr. MILLER of California, Ms. PELOSI, Mr. STARK, Mr. TORRES, Mr. TUCKER, Ms. WATERS, Ms. WOOLSEY, Mr. GEDDENSON, Ms. NORTON, Ms. MCKINNEY, Mr. ABERCROMBIE, Mr. BEILINSON, Mrs. MINK, Miss COLLINS of Michigan, Mr. EVANS, Mr. YATES, Mr. FRANK of Massachusetts, Mr. KENNEDY, Mr. MOAKLEY, Mr. OLIVER, Mr. STUDDS, Mr. MFUME, Mrs. COLLINS of Illinois, Mr. OBERSTAR, Mr. VENTO, Mr. CLAY, Mrs. CLAYTON, Mr. PAYNE of New Jersey, Mr. ACKERMAN, Mr. ENGEL, Mr. HINCHEY, Mr. HOCHBRUECKNER, Mr. LAFALCE, Mrs. MALONEY, Mr. MANTON, Mr. NADLER, Mr. OWENS, Mr. RANGEL, Mr. SCHUMER, Mr. TOWNS, Ms. VELÁZQUEZ, Mr. STOKES, Ms. FURSE, Mr. SCOTT, and Mr. SANDERS) introduced the following bill; which was referred jointly to the Committees on Ways and Means, Energy and Commerce, Armed Service, Post Office and Civil Service, and Veterans' Affairs

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## A BILL

To provide for health care for every American and to control  
the cost of the health care system.

- 1 *Be it enacted by the Senate and House of Representa-*
- 2 *tives of the United States of America in Congress assembled,*

1 while inhibiting travel and immigration to the  
2 United States for the sole purpose of obtaining  
3 health care services.

4 (2) BY STATES.—Any State health security pro-  
5 gram may make individuals described in paragraph  
6 (1) eligible for benefits at the expense of the State.

7 (d) **LAWFUL RESIDENT ALIEN DEFINED.**—For pur-  
8 poses of this section, the term “lawful resident alien”  
9 means an alien lawfully admitted for permanent residence  
10 and any other alien lawfully residing permanently in the  
11 United States under color of law, including an alien with  
12 lawful temporary resident status under section 210, 210A,  
13 or 234A of the Immigration and Nationality Act (8 U.S.C.  
14 1160, 1161, or 1255a).

15 **SEC. 103. ENROLLMENT.**

16 (a) **IN GENERAL.**—Each State health security pro-  
17 gram shall provide a mechanism for the enrollment of indi-  
18 viduals entitled or eligible for benefits under this Act. The  
19 mechanism shall—

20 (1) include a process for the automatic enroll-  
21 ment of individuals at the time of birth in the  
22 United States and at the time of immigration into  
23 the United States or other acquisition of lawful resi-  
24 dent status in the United States,

E. Serrano (D-NY)  
Chairman

Lucille Roybal-Allard (D-CA)  
Vice-Chair

Ed Pastor (D-AZ)  
Secretary-Treasurer



Congress of the United States  
Congressional Hispanic Caucus  
103rd Congress

\* MEMBERS IN ATTENDANCE at meeting w/IRA  
4/27/93

E (Kika) de la Garza (D-TX)  
Ron de Lugo (D-VI)  
Solomon P. Ortiz (D-TX)  
Bill Richardson (D-NM)  
Esteban E. Torres (D-CA)  
Ileana Ros-Lehtinen (R-FL)  
Xavier Becerra (D-CA)  
Henry Bonilla (R-TX)  
Lincoln Diaz-Balart (R-FL)  
Luis Guterrez (D-IL)  
Robert Menendez (D-NJ)  
Carlos Romero-Barraló (D-PR)  
Frank Tejada (D-TX)  
Nydia Velázquez (D-NY)  
Robert Underwood (D-Guam)

Richard V. López  
Executive Director

Members of the Congressional Hispanic Caucus - 103rd Congress

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Appt. Sec.: Isabelle Watkins

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Appt. Sec.: Ingrid Sanchez

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Appt. Sec.: Lidia Rodríguez

Members of the Congressional Hispanic Caucus - 103rd Congress  
Page 2

- \* Luis Gutiérrez (D-IL)  
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Appt. Sec.: Nelsie Parada
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AA: Terry Schroeder  
Appt. Sec.: Angie Borja

4-27  
CHC Members Meeting  
w/ Ira Magaziner

## HISPANICS AND HEALTH CARE REFORM TALKING POINTS

### Universal and Timely Coverage for All

- Delay in achieving universal coverage for all will make it more difficult to include special Hispanic populations, -- farmworkers, the undocumented, and working poor families -- the territories, and others at a later date.
- Anything short of universal coverage poses a public health threat for all Americans. Communicable diseases do not distinguish between the geographical boundaries of an air bridge or the citizenship status of persons.
- It has been documented that cost containment cannot be achieved unless everyone has access to care. If health care access is denied to any group, such persons will continue to delay treatment until an illness is so severe they need more expensive and urgent care.

### Full Inclusion of the Territories

- Health care reform must include the territories in a timely and equitable fashion, allowing for some flexibility to meet each of the territory's unique needs.
- The more than four million U.S. citizens residing in the territories should receive similar health care benefits as citizens and residents in the mainland.

### Coverage of Low-Income and Near-Poor Families

- Working-poor families must have special protection to assure coverage. Currently, the public and private health insurance systems consistently exclude Hispanics mainly because Hispanics are so often among the working poor -- receiving no health insurance coverage from their employers and ineligible for Medicaid.
- While a progressive financing system is sure to spread the burden somewhat, the health care expenses of low-income and near-poor families must not further threaten their financial stability or quality of life.

### Full Coverage of Undocumented Persons

- The undocumented must receive full health care coverage, or else the boarder states and others with large concentrations of undocumented and transitional persons are at risk for continued skyrocketing health care costs.
- Denying health care coverage to the undocumented would likely result in discrimination against all minorities, regardless of citizenship status. In fact, it would create an economic incentive to turn away patients who look or sound foreign.

### Concerns Over a Health ID Card

- There is great concern over the role and purpose an ID card will serve in a reformed health care delivery system. There is no problem, however, with the use of an ID card for record-keeping and billing purposes.
- A national health ID, particularly one which is linked to the Social Security data base or used as part of a verification process to determine eligibility for services, may be used as a tool to discriminate against those who look or sound foreign.
- There is also concern that an ID card which affords access to personal and medical information may be misused for purposes unrelated to health care.



30 April 1993

TO: Ira Magaziner, Judy Feder

FROM: Robert Valdez *RV*

SUBJECT: Issues arising from Hispanic and Border Caucus

COPIES: Chris Jennings, Richard Veloz ✓

International agreement for reciprocity for health care treatment for visitors, international migratory workers, students, ect. Can an international treaty or agreement be developed so that other countries can reimburse our institutions for the care of their citizens?

Bi-national or Tri-national Border Health Commission that could conduct comprehensive needs assessments and monitoring, implement recommended actions to resolve public health and other health problems, and develop reimbursement methods for public and private health services.

Residency requirements among states for coverage under the new alliance configurations. Can states set up residency requirements in addition to the Federal eligibility criteria?

ID card creates incentive for discrimination against "foreign looking folks." What kinds of anti-discrimination and confidentiality protections will be built into the plan for the patient?

Can we find a less costly way to provide emergency and urgent care services to anyone who needs them including the undocumented? Medicaid regulations allow only for care in the most expensive sites - hospital emergency rooms.

Major infrastructure deficits - hospitals, providers, and public health programs - are found along the U.S.- Mexico border.

How will the plan make sure that local governments see the increased investments promised for public health and serving those left out of the system? Experience suggests that local areas highly effected by immigration get little financial relief from the Federal government. Can a formula for local distribution of funds be written into the statutes to entitle communities for relief?

*COSSMHO CONFERENCE*  
SUNDAY, MAY 2

An Executive Policy Briefing

<u>Time</u>	<u>Event</u>	<u>Location</u>
8:30 am - 9:30 am	BREAKFAST	The ANA Westin Hotel Roosevelt Room
9:30 am - 10:00 am	LEADERSHIP FORUM OVERVIEW Jane L. Delgado, Ph.D. President and CEO National Coalition of Hispanic Health and Human Services Organizations  Questions and Answers	Executive Forum
10:00 am - 12:00 pm	HEALTH CARE POLICY AND LEGISLATION BRIEFING Marc Roberts, Ph.D. Professor, Harvard University John F. Kennedy School of Government  Mark Schlesinger, Ph.D. Professor Yale University School of Medicine  Questions and Answers	Executive Forum
12:00 pm - 1:30 pm	LUNCHEON <u>Environmental Equity Briefing</u> Sylvia Malm, M.P.P. Environmental Protection Agency  Paul A. Locke, M.P.H., J.D. Environmental Law Institute  Questions and Answers	Roosevelt Room
1:30 pm - 3:00 pm	HEALTH CARE TASK FORCE BRIEFING Richard Veloz President's Task Force on Health Care Reform  Questions and Answers	Executive Forum
3:00 pm - 3:30 pm	BREAK	Executive Forum Foyer

SUNDAY, MAY 2  
An Executive Policy Briefing

<u>Time</u>	<u>Event</u>	<u>Location</u>
3:30 pm - 5:00 pm	<p>HEALTH CARE BUDGET POLICY AND LEGISLATION BRIEFING Stan Collander Director of Federal Budget Policy Price Waterhouse</p> <p>Dan Maldonado President and CEO MARC Associates</p> <p>Questions and Answers</p>	The ANA Westin Hotel Executive Forum
6:00 pm - 7:30 pm	<p>DINNER <u>Address by:</u> Pam Bailey President Healthcare Leadership Council</p> <p>Questions and Answers</p>	Ballroom II

# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	Chris Jennings to Hillary Clinton Re: Senate Leadership Lunch (2 pages)	5/4/93	P5

**This marker identifies the original location of the withdrawn item listed above.  
For a complete list of items withdrawn from this folder, see the  
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### COLLECTION:

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

### FOLDER TITLE:

May 1993 HSA [1]

gf81

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. briefing paper	Profiles - Senate Democratic Leadership (8 pages)	nd	P5

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# Withdrawal/Redaction Marker

## Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. memo	Chris Jennings to Hillary Clinton Re: Republican Leadership Meeting (2 pages)	5/5/93	P5

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### FOLDER TITLE:

May 1993 HSA [1]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. briefing paper	Congressional Republican Leadership Meeting (9 pages)	nd	P5

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May 1993 HSA [1]

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