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FROM: National Association of Retail Druggists
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DATE: 12-1-93

TIME:

TO: Rosslyn

FAX: 202/456-2878

FROM: Vivian Przondo

This document is 4 pages long, including this cover sheet. If you have not received all pages or encounter other problems, please contact the person listed below:

Lois Davis
(703) 838-2689

Rosslyn - Thanks very much for all your help. Following is background info on the December 7 meeting. Please call if we can provide additional information to Mrs. Rasco.

Thuan

STATE ASSOCIATION MEETING
Washington Court Hotel Ballroom
DECEMBER 7, 1993
10:30 A.M. - 3:00 P.M.

AGENDA

- I. **Welcome and Opening Remarks**
Ronald L. Ziegler, President and Chief Executive Officer
National Association of Chain Drug Stores

Charles M. West, P.D., Executive Vice President
NARD
- II. **Review of Federal Health Care Reform Proposals**
Mark L. Perlis, Esq., Dickstein, Shapiro & Morin
- III. **President's Health Security Act - Pharmacy Services Issues**
Christopher C. Jennings
First Lady's Congressional Liaison for Health Care Reform
The White House
- IV. **Lunch**
Carol Rasco
Assistant to the President for Domestic Policy
The White House
- V. **Coalition Support for the Health Security Act**
Robert A. Waspé, Senior Vice President
Public Policy & General Counsel
National Association of Chain Drug Stores

John M. Rector, Senior Vice President
Government Affairs & General Counsel
NARD

Heather Booth, National Coordinator
National Health Care Campaign
- VI. **Health Care Reform in the States - Key Issues at the State Level**
John M. Rector
 - Discriminatory Pricing
 - Anti-trust reliefRobert A. Waspé
 - Medicaid waivers
 - State definition of health care providers
- VI. **Panel Discussion by State Representatives and State Association Executives on their Experiences and Initiatives**
- VII. **State Legislative Action Strategy**
Kathryn Lavriha, Vice President, Government Affairs, NACDS

NARD

Charles M. West, P.D.
Executive
Vice President

COMMUNITY RETAIL PHARMACY

Health Care Reform Coalition

*The Coalition Representing
Retail Community Pharmacy in America.*

NACDS

Ronald L. Ziegler
President & Chief
Executive Officer

TO: State Pharmacy Executive

FROM: Charles West
Ronald L. Ziegler

SUBJECT: Important Meeting - December 7, 1993
Washington, D.C.

Community retail pharmacy is facing a once-in-a-lifetime opportunity that will shape retail pharmacy operations well into the next century. To focus on these dramatic changes and your possible critical role, the Community Retail Pharmacy Health Care Reform Coalition cordially invites you to what may be one of the most important meetings you could attend in 1993. The purpose of this meeting is to inform you of federal legislative developments in health care reform, the key role states will play in the implementation of reform, and arm you with the facts and resources you will need for the critical role you will have in promoting the priorities of community retail pharmacy and our consumers.

On December 7, 1993, select pharmacy executives representing chain and independent pharmacy practice in the states are invited to convene in Washington, D.C. for a one-day meeting.

As you know, the Coalition has met with tremendous success in representing the interests of community retail pharmacy with the Clinton Administration. The key to this success was the ability of community retail pharmacy to speak with ONE VOICE.

Whatever health care reform plan is ultimately enacted in Washington, there is no question that the states are the key to implementing health care reform. Whether it is to put the federal legislation into practice or, as many states are considering, initiating their own reform efforts, 1994 will be a crucial year for community retail pharmacy in the states.

If we are to successfully promote and defend the legitimate interests of community retail pharmacy in the states, it is imperative that like-minded persons work together.

NARD (representing independent retail pharmacy)
205 Daingerfield Road, Alexandria, Virginia 22314
Tel: (703) 683-8200, Fax: (703) 683-3619

National Association of Chain Drug Stores
413 N. Lee Street, Alexandria, Virginia 22314
Tel: (703) 549-3001, Fax: (703) 836-4869

That is why we are inviting you to consider whether it would be appropriate for you to attend this one-day session. Understandably, only those who are willing to support the Coalition's legislative objectives and to be advocates for President Clinton's Health Care Reform legislation should attend this meeting.

At the meeting you will be briefed on the latest information in Washington on the progress of the President's proposal and other legislative alternatives. You will also be provided comprehensive materials that you can use, as a state coalition partner, in advancing the interests of community retail pharmacy and our consumers IN YOUR STATE. And, of course, you will have the opportunity to get answers to your questions.

The future of community retail pharmacy hangs in the balance. To ensure our continued viability, we must act decisively, and we must act now. If you are willing to advocate and support these historic changes, then mark your calendars and send back the reservation form now!

We will send specifics on the meeting location in Washington, D.C. and the agenda within the next thirty days.

PLEASE PLAN TO ATTEND

WHERE: To Be Determined in Washington, D.C.
WHEN: 10:30 a.m. - 3:00 p.m., December 7, 1993

Goals

Thank you
Commitment

Action

Second Dr. Hughes

REMARKS BY CAROL H. RASCO

ARKANSAS HOSPITAL ASSOCIATION
Little Rock, Arkansas
November 14, 1993

Happy
Harris's

Thank you. I am very pleased to be here today - ~~MAA~~
~~Rep. Castle~~ - ~~Gov. Carper~~ - Kathi Way
After reviewing your agenda, I thought so what can I say about health care reform that you haven't heard, read in the past ~~two~~ weeks? After thinking very carefully about this special opportunity to spend a few moments with you, it became very clear to me that I should ~~open this morning~~ with a call to action...if we don't do business differently tomorrow in action, why are we here?

Health of Leon - health of our people

Deared
of
rural
w/our
plan

Plan development: Providers Plan imp: set involved

Security Principles - 1 sentence for _____ - Then Rural areas

We have given a lot of time and attention to this, and there are a number of ways that we believe it should be addressed.

The first is that there is a higher proportion of uninsured Americans in rural areas than there is in any other part of our country. That, combined with a higher than average proportion of the elderly, places the primary burden on financing health care in many rural areas on the backs of Medicare and the uninsured. Through universal coverage, we will be providing more resources for reimbursement in the rural areas by ensuring that there are no uninsured and that there are contributions made that will be available for reimbursing for care.

Secondly, we believe there should be what we call essential providers in both underserved rural and underserved urban areas that are targeted for additional funding because of the difficulty of being able to support emergency facilities or hospital facilities in many rural areas, even though we might now have a better-insured population to take advantage of those.

The third is we want to provide more physicians and nurses and other allied health care professionals in rural areas. And we have targeted assistance to physicians and nurses, particularly advanced practice nurses to go into rural areas in return for having educational loans paid back or even forgiven. We also want to be sure that other states do what some have done, which is to make it possible to keep emergency rooms open even though a doctor may not be there, by permitting the laws to permit that kind of enterprise where emergency technicians, physician assistants, and advanced practice nurses are available in rural areas that are otherwise totally inaccessible.

We also believe technology can play a major role in bringing state-of-the-art medical care to rural areas, and we have seen

Choice: of plans
is LTC of collaboration (anti-trust)
of treatment plan

Simplicity: 1 form
less reg. *Stamp*

Today instead of a system where forms enforce the rules, we have a system ruled by forms.

Violence - ~~FMC~~
~~Auxiliary~~

Responsibility: Wellness
Prov/prim.
other courses

Security/Saving/Quality/Choice/Simplicity/Responsibility
6 principles we believe must undergird the system

Thomas Jefferson was the first president to talk about the importance of individual health. Franklin Roosevelt hoped that health security would be the other half of the Social Security system. But political realities forced President Roosevelt to discard that dream, and the result, as we know, has been ongoing insecurity for millions of hardworking Americans.

When Harry Truman campaigned for a comprehensive health program in 1945, he told Congress, and I quote, "Millions of our citizens do not now have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness." But President Truman's pleas for health security fell victim to the politics of the day and scares about socialized medicine.

Dwight Eisenhower went before the Congress in 1955 and said that health insurance could be improved by expanding the scope of the benefits provided. John F. Kennedy proposed expanding coverage to the elderly and the mentally ill. By the early 1960s, both Presidents Eisenhower and Kennedy could not say that their hopes of health security had gone forward but, instead, they saw once again the familiar sight of a dream of health security being stalled by outside interest groups and partisan bickering in the Congress.

Then came Presidents Lyndon Johnson and Richard Nixon. There was progress made on Medicare and Medicaid. President Nixon came forward with a comprehensive health care reform proposal that built on the employer-employee system. They envisioned reforms that would give Americans more health security and our nation more economic security. But like their predecessors, their efforts and their hopes were not fully realized.

some remarkable examples of that. There are now some good models being used where over hundreds of miles an x-ray can be read being held in a doctor's office in a rural area at an urban medical center. And it can be done over existing equipment that is not very expensive right now. We want to provide incentives for moving in that direction.

So, those are some of the things that we think will enhance rural care, but I would just add, as you well know, ~~that~~ that it is very difficult to imagine how, in many of our rural areas, there will ever be a sufficient level of competition that will realize the kind of efficiencies that we expect to see in urban and suburban areas. And I think we have to continue to be very sensitive to the needs in the rural communities to make sure that there is a base level of delivery of high-quality care available for every American no matter where that American lives.

Scrup

Medicare recipients in a city like New Haven, Connecticut being served at one half the cost as a Medicare recipient in Boston just 100 miles away. You can look at a 300 percent differential in the service cost provided to Medicare recipients between Miami, Florida and Milwaukee, Wisconsin.

Now, there is something that is not working in the Medicare system to make the delivery of health care cost-effective while remaining high quality. And what we believe is that as we begin to organize our health care delivery system better, as we put some of the initiative into the hands of physicians and hospitals to make some of these choices and move away from what we've tried to do, which is to tell them exactly how much to charge but then give them a big bump if they say they're in an area that costs more even though it's hard to justify that differential in cost, that we can reduce the rate of increase in the Medicare program without in any way undermining quality.

Now if all we were to do, though, is to say go out and reduce it without on the private side trying to make some of these changes which the Medicare people have been on the forefront of trying to figure out how to initiate and reward, that would not work. So they go hand in hand -- the changes in the public system and the changes in the private system.

But we feel very comfortable telling the Medicare population that the kind of care we want them to have can be delivered in cost-effective, high-quality way, and there are many places around this country that are doing a better job, and we need to be rewarding them and we need to be changing our system so that more providers do that instead of what is currently much too costly care that has no discernible difference in quality in the Medicare system.

Quality: Academic health Centers 5000 + emp - contribute to ~~set~~ fund

Delaware doesn't have one

NARD —

Recruitment

Counseling

Technology

Non-discum

Herman

*Inner city
Regional*

We have the opportunity now in America to realize this health reform dream.

No longer is the debate - should we assure health security for all Americans, but HOW? - Newspaper

Well, Carol, all these plans are grand sounding but they say you can only do one thing at a time. You can't walk and chew gum at the same time in Washington; that's what they say. The Clinton agenda is too full -- No America's agenda must be viewed as a whole. If you want to bring the deficit down, you have to do health care. The only purpose of bringing the deficit down is to make the economy healthy. You have to invest in new technologies and give people incentives to create opportunity for others. It is not so simple as to say, well, just think about this and let another idea cross your mind a year or two from now. We have got to be about the business of rebuilding America. And we can do that if we keep our eyes on the whole picture. Bring the debt down, invest in our future, deal with the health care crisis.

Own plan

Action on health care reform as all of these concerns must start at the top, both in the public and private sector -- but it can't end there. We must all empower it. The President will take the lead -- but only you can complete the task.

ACTION ---participate

Change diet, little (1) Individual > what am I doing to further take responsibility for my personal wellness?

(2) What have I done to promote the passage of a Health Security Act which guarantees a comp. package of benefits to all Americans?

States are encouraged to move ahead -

We will work together with you. We won't succeed on every point, and we won't be able to do everything that you -- and we -- would want.

*not the
Be plan
not what
has your
lobbyist
done?
Help maintain
flexibility*

But I can promise you this: we will not relent in our effort to give every American a health security. I want to be able to say to Hamp Rasco and Mary-Margaret Rasco and to all of today's children of America, with a clear conscience and a full heart: We did our best. And I want all of you at this conference to join me in being able to look at the children of your community in the eye and say -- we seized the moment, we did our very best.

Thank you very much.

DEC 6 REC'D

OFFICE OF DOMESTIC POLICY

THE WHITE HOUSE

FROM THE OFFICE OF: **CAROL H. RASCO**
ASSISTANT TO THE PRESIDENT
FOR DOMESTIC POLICY

TO: _____

DRAFT RESPONSE FOR CHR BY: _____

PLEASE REPLY (COPY TO CHR): _____

PLEASE ADVISE BY: _____

LET'S DISCUSS: _____

FOR YOUR INFORMATION: _____

REPLY USING FORM CODE: _____

FILE: _____

RETURN ORIGINAL TO CHR: _____

SCHEDULE: _____

REMARKS: _____

Arkansas Pharmacists Association

417 South Victory • Little Rock, Arkansas 72201 • 372-5250

Norman Canterbury, P.D.
Executive Vice President



"Our 2nd Hundred Years"



FAX COVER SHEET

TO: Carol Rasco

FROM: Norman Canterbury, P.D.

DATE: 12-3-93

THIS MESSAGE CONSISTS OF 2 PAGES (INCLUDING COVER.) IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT (501) 372-5250.

FAX (501) 372-0546

Arkansas Pharmacists Association

417 South Victory • Little Rock, Arkansas 72201 • 372-5250

Norman Canterbury, P.D.
Executive Vice President

December 3, 1993

Carol Rascoe
Assistant to the President
for Domestic Policy
White House
Washington, D.C.

Dear Carol,

I am delighted to see that you on the agenda for our December 7, meeting in Washington with NARD and NACDS.


You and President Clinton have brought to Arkansas people a lot of pride and self esteem and many of us appreciate this very much. You are a busy person and I understand that you are working long and stressful hours but your appearance at our meeting will be a treat for the Pharmacy Association Executives, including myself.

I am very proud to have worked with you in Arkansas and feel honored to have you as a friend and have always cherished the relationship that my namesake, Mrs. Rosenbaum, has created between you and me.

You are a hard working, devoted servant and have given much of yourself to our state and nation. I am proud of you and honored to have worked with you and have you as a friend.

I look forward to seeing you and hope that we can have just a few minutes for a brief visit.

Sincerely,



Norman Canterbury, P.D.

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STATE ASSOCIATION MEETING
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Facts About Health Care

- One of every four of us will lose our health coverage sometime in the next two years.
- Insurance companies pick and choose whom they cover. If you change jobs, move, or get sick, they can drop you.
- Insurance companies charge small businesses as much as 35% more than big business.
- Only 3 of every 10 employers with fewer than 500 employees offer any choice of health plan. Millions of Americans have almost no choice today.
- Twenty-five cents out of every dollar on a hospital bill goes to bureaucracy and paperwork -- not patient care.
- Health care fraud costs all of us at least \$80 billion a year. That's a dime of every dollar we spend on health care.
- Our nation's health costs have nearly quadrupled since 1980. If we do nothing, your family's health care costs will double by the year 2000.
- The number of hospital administrators is increasing four times faster than the number of doctors.

Health Security: The Principles

Security. Every American will receive a Health Security Card that guarantees you a comprehensive package of benefits that can never be taken away. If you lose your job, move, or get sick, you're covered. That's not true today.

Savings. To control health care costs we're going to spend smarter and make health plans compete for your business. We're going to cap how fast your health premiums can go up, eliminate wasteful spending, and crack down on fraud.

Quality. We're going to provide free preventive care, give you the information you need to choose, and invest in training more family doctors. We'll make what's best about American health care better.

Choice. We're going to preserve your right to choose your doctor. Many people, in fact, will have increased choices, including a traditional fee-for-service plan that too many of us are denied.

Simplicity. We're going to streamline the paperwork that's choking you and your doctors and nurses. Simplifying forms and cutting back on regulations will give doctors more time to spend caring for you.

Responsibility. Everyone should contribute to health care. Right now, we all pay for those who don't take responsibility. It's time to say: "No one should get a free ride."

QUESTIONS AND ANSWERS

What about small business?

- Small business is the real victim today. Insurance companies charge them 35% more than big firms.
- The plan was designed specifically to help small business. Offers them discounts so they can afford it.
- Reduces their outrageous administrative costs and folds in the workers compensation mess.
- Wall Street Journal says the plan will provide "an unexpected windfall" for small business.

Job loss?

- Health care costs are killing companies right now. Workers trading wages for same benefits.
- We're going to lower costs for many businesses, which will help create jobs.
- Economists predict a huge boom in health care jobs.
- The studies predicting job loss are ridiculous; don't take into account the discounts.

Rationing care?

- Oldest scare tactic in the book; comes from people who profit from you now.
- We can control costs without rationing. Germany has proved it. So have states like Minnesota.
- We preserve the doctor-patient relationship, keeping the decisions about care with you.

Doctor choice?

- The plan preserves your right to choose your doctor. Follow him or her into a plan.
- In fact, increases choices for many people, whose companies now restrict their choice.

QUESTIONS AND ANSWERS

I've got good coverage. What's in it for me?

- Real security. Something no amount of money can buy you from an insurance company today. Lose your job, move, get sick. No matter what. You're covered.
- Increased choice. You're guaranteed at least three choices. Today, only 1 of every 3 small and mid-sized companies gives employees a choice.
- Wage increases. Gives American workers able to stop trading wage increases just to keep health benefits.
- Free preventive care. Only a handful get it today.

Will I pay more for less?

- In fact, the vast majority of people who have insurance today will save.
- Some will pay more: businesses that contribute nothing to their employees' health care, young, healthy people.
- And everyone gets something no amount of money can buy today: real security.

How are we going to pay?

- Same way we do now. Most of the money comes from premiums.
- Responsibility. Everyone will have to contribute. No more free rides.
- Savings. Squeeze waste from the system and reinvest the money in new benefits.
- Sin taxes. President specifically rejected a broad based tax.

Big government?

- President rejected a government-run solution and the huge tax it requires.
- Preserves and builds on today's private system.
- Government sets standards, provide security and safety, then get out of the way.