

**HEALTH CARE  
ACCOMPLISHMENTS**

Of The

**CLINTON ADMINISTRATION**



*Domestic Policy Council / National Economic Council*  
**The White House**

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## **HEALTH CARE ACCOMPLISHMENTS OF THE CLINTON ADMINISTRATION**

### **EXECUTIVE SUMMARY**

During the eight years of his Administration, President William Jefferson Clinton enacted or implemented an unprecedented number of initiatives that improved health care for all Americans. The Administration's reforms enhanced access to insurance and new technologies, improved quality, expanded coverage, increased choice of plans, constrained cost growth, and significantly improved public health. President Clinton left office with the health and life-span of Americans improving, the ranks of the uninsured declining, access to high-quality, non-discriminatory private health insurers being improved substantially, and a higher quality and more cost-effective public health system in place and operating well.

Arguably, one of the most enduring accomplishments of the Clinton Administration was its elevation of the nation's health challenges to an issue that no future President can afford to ignore. President Clinton assembled a strong health policy team led by Vice President Gore, First Lady Hillary Rodham Clinton and Tipper Gore. They formed a close and productive working relationship with the Domestic Policy Council, National Economic Council, Office of Management and Budget, Council of Economic Advisors, the Departments of Health and Human Services, Treasury, Labor and the Office of Personnel Management. They recognized and continually highlighted the importance of health policy in Americans' daily lives, increasing public support for policies that addressed the nation's health care needs. The President proved that the Executive Branch not only has a role in setting an agenda but in taking action: from fostering public-private partnerships to improving health care through executive actions to identifying and enacting targeted bipartisan health policies that contribute toward solving the major problems in the health care system.

After an historic attempt to ensure affordable, quality health insurance for every American, the Clinton-Gore Administration worked tirelessly to successfully implement targeted reforms to improve the nation's health care delivery system. This effort produced an extraordinary number of bipartisan legislative achievements and administrative actions including:

- **Extending health insurance coverage for nearly 5 million (4.6 million) children and reducing the overall number of the uninsured for the first time in 12 years** through the enactment of the bipartisan State Children's Health Insurance Program (SCHIP), other coverage expansions, and the effective stewardship of the economy;
- **Increasing access to and preservation of health insurance for tens of millions of Americans in work and life transitions:** through the enactment of the bipartisan Kennedy-Kassebaum health insurance portability protections and the Family and Medical Leave Act;
- **Promoting and implementing patient protections for all Americans:** through executive action the extension of patients' rights protections for 85 million Americans in Federal health plans, genetic anti-discrimination provisions, and historic privacy

protections for every American, as well as through the advocacy for the bipartisan Norwood-Dingell Patients' Bill of Rights;

- **Strengthening Medicare by modernizing the program and extending the life of the Trust Fund by 30+ years:** through the enactment of two major Medicare reforms that constrained excessive cost growth and emphasized prevention and more plan choices, as well as administrative actions that cut fraud and abuse and covered clinical trials;
- **Improving long-term care:** through executive actions that expanded home and community-based alternatives to institutionalization and improved nursing home quality;
- **Helping produce breakthroughs in biomedical research:** through the near doubling of the National Institutes of Health biomedical research budget, contributing to innovations in, for example, cancer prevention and treatment as well as the mapping of the human genome;
- **Increasing access to cutting-edge medical treatments:** through the implementation of the Vice President's reinventing government initiative and the enactment of bipartisan legislation that achieved the appropriate balance of ensuring high-quality prescription drugs and devices with the need to expedite review and approval of these products.
- **Leading the fight against HIV/AIDS:** through the dedication of unprecedented resources and leadership to help the nation and the world come to grips with the HIV/AIDS crisis.

Not only did health care quality, innovation, access, and affordability improve, but so too did the nation's health. Over the eight years of the Administration, the country witnessed: (1) the first-ever decline in HIV/AIDS mortality rates, (2) an historic end to increases in cancer deaths, (3) the lowering of smoking rates amongst youth, (4) all-time highs in childhood immunization rates, and (5) all-time lows in infant mortality rates. Moreover, even the Clinton-Gore proposals that were not enacted by the end of 2000 effectively laid the groundwork and established the agenda for the future Administrations and Congresses. That was particularly the case for insurance coverage expansions, patient protections, Medicare reforms including a prescription drug benefit, long-term care and a number of public health improvements.

The following document briefly summarizes the wide array of health care achievements produced by the Clinton-Gore Administration. The accomplishments overview is preceded by a health "outcomes" summary that highlights how the Administration's policies contributed to the improved health and lives of all Americans. Although this document is not all inclusive, we hope it will be used to not only help accurately document the Administration's notable accomplishments, but also to ensure that hard-fought achievements are retained and built on.

Notwithstanding these impressive achievements, there is no question that major challenges in the health system remain. Millions of Americans remain uninsured, Medicare still needs a prescription drug benefit and additional reforms to prepare for the retirement of the baby boom generation, and most insured Americans still lack a strong, enforceable patients' bill of rights. This report encourages all policy makers – regardless of party affiliation – to work toward viable, bipartisan health care reform policies that build on the Administration's successes and respond to these and other unmet national health care needs.

## HEALTH CARE ACCOMPLISHMENTS OF THE CLINTON ADMINISTRATION OUTCOMES (Revised November 2002)

### CONTRIBUTED TO LONGER AND BETTER LIVES

- Average life expectancy increased by over a year between 1993 and 2000 (from 75.5 to 76.9 years), with a greater percent increase in longevity for those at age 65 who become eligible for Medicare. At the age of 65, an average person can expect to live to nearly age 83.<sup>1</sup>
- Infant mortality dropped by about 20 percent between 1990 and 2000 (from 8.9 to 6.9 births per 1,000 live births).<sup>2</sup> This is the lowest rate ever.
- Childhood immunization rates climbed in the 1990s by 10 percent; in 2000, 76 percent of children ages 19 to 35 months received the routinely recommended vaccines. Immunization rates rose even more dramatically during the 1990s for poor children (by 16 percent) and for Hispanic children (by 18 percent).<sup>3</sup>
- Teen pregnancy rate fell nearly 20 percent from its all-time high in 1991 to a record low of 94.3 pregnancies per 1,000 teenage women in 1997, with the greatest decline among non-Hispanic black teens ages 15 through 19.<sup>4</sup> The teen birth rate also dropped since 1991, reaching a record low of 49 births per 1,000 women ages 15 to 19 in 2000.<sup>5</sup>
- Smoking rates among eighth graders dropped by 30 percent between 1996 and 2000, with a 16 percent drop between 1999 and 2000 alone.<sup>6</sup>
- Illicit drug use among 12 to 17 year olds declined by 21 percent between 1997 and 1999.<sup>7</sup> Among teens ages 12 and 13, the rate of use of illicit drugs dropped from 3.9 to 3.0 percent between 1999 and 2000.<sup>8</sup>
- Incidence of cancer, after rising through 1992, decreased on average by 1.3 percent per year from 1992 to 1997. Death rates for the four most common cancer sites -- lung, colorectal, breast, and prostate -- dropped.<sup>9</sup> In 2000, the age-adjusted death rate for cancer was 200.5 per 100,000, well below the rate in 1990: 216. The overall cancer death rates declined from 1993 to 1999 at a rate of slightly more than 1 percent per year.<sup>10</sup>

- HIV/AIDS mortality (age-adjusted) declined by about 70 percent between 1995 and 2000 (from 16.3 to 5.2 deaths per 100,000).<sup>11</sup> AIDS is no longer among the top 15 causes of death – it was the eighth leading cause in 1996.<sup>12</sup> The rate of newly reported HIV/AIDS cases in infants due to perinatal transmission dropped by 73 percent.
- Medical research funding doubled at the National Institutes of Health, including increases for cancer, diabetes, Alzheimer's disease, HIV/AIDS, and the human genome project. Funding rose from \$10.3 billion in 1993 to \$20.3 billion in 2001, the last budget that the President signed into law.<sup>13</sup>

## EXPANDED HEALTH INSURANCE COVERAGE

- Number of uninsured Americans declined by 2 million between 1998 and 2000, after increasing in every year for 12 years. In 2000, there were 1.6 million fewer uninsured children than in 1998.<sup>14</sup>
- Number of children insured through the State Children's Health Insurance Program reached 4.6 million in 2001, according to state reports. From 1999 to 2000 alone, the number of children covered through CHIP increased by 70 percent.<sup>15</sup>
- Number of low-income families insured through 14 state Medicaid waivers approved during this Administration was at least 1.4 million people.<sup>16</sup>

## IMPROVED QUALITY AND SAFETY

- Family and medical leave benefited 35 million Americans between 1993 and 2000.<sup>17</sup>
- Patient protections were extended to 85 million Americans in Federal health plans. These protections include guaranteed access to needed health care specialists; access to emergency room services when and where the need arises; continuity of care protections to assure patient care if a patient's health care provider is dropped; assurance that doctors and patients can openly discuss treatment options; access to a timely internal and independent external appeals process with a medical necessity standard.<sup>18</sup>
- Nursing home quality increased as a result of stepped-up enforcement efforts. The Federal government imposed five times as many fines on nursing home in 2000 as it did in 1996. The FY 2001 budget included a \$32 million (68 percent) increase for the Nursing Home Initiative, which ensures more rigorous inspections of nursing facilities and improves federal oversight of nursing home quality.<sup>19</sup>
- Safety of prescription drugs for children was improved through new, special trials and protections for drugs purchased over the Internet were implemented. Average drug approval times dropped since the beginning of the Administration from almost three years to less than 12 months at the same time that the average number of approved drugs increased. The enactment of the 1997 FDA Modernization Act (FDAMA) modernized and streamlined the regulation of biological products, increased patient access to experimental drugs and medical devices, and accelerated review of important new medications.<sup>20</sup>
- Food safety improved, with illness from bacterial food-borne pathogens decreasing by 20 percent from 1997 to 1999 and from salmonella declining by 48 percent from 1996 to 1998.<sup>21</sup>

## CONTAINED HEALTH CARE COSTS AND STRENGTHENED MEDICARE

- Medicare trust fund solvency increased by over 30 years, from 1999 when the President first took office in 1993 to 2030 (Trustees' report). Its actuarial deficit (a measure of long-term solvency) was reduced by over three-fourths.<sup>22</sup>
- Medicare and Medicaid spending growth was lowered. Medicare spending growth dropped by over 40 percent, from 10.3 percent in 1993 to 5.8 percent in 2000.<sup>23</sup> Medicaid spending growth dropped by over one-third. Spending growth per capita for both programs fell below that of private sector.
- Medicare premiums were 20 percent lower in 2000 than projections in 1993.<sup>24</sup>
- Excessive and improper Medicare payments were reduced by an estimated \$60 billion since 1993. In 2000 alone, the HHS Inspector General recorded an estimated \$1.2 billion in civil judgements, penalties and fines.<sup>25</sup> Since 1993, convictions went up at least 40 percent.
- Administratively burdensome, duplicative, and wasteful billing requirements will be reduced for health care providers and insurers, saving an estimated \$29.9 billion over 10 years as the claims regulation becomes fully implemented.<sup>26</sup>
- Health cost reduction contributed to surplus. Reduced Federal health spending accounted for nearly one-third of the major improvement in the projected Federal budget outlook between 1993 and 2000. Medicare and Medicaid spending was a total of a half a trillion dollars lower during this period than projected when the Clinton-Gore Administration took office.<sup>27</sup>

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## HEALTH CARE ACCOMPLISHMENTS OF THE CLINTON ADMINISTRATION

### **IMPROVING HEALTH INSURANCE AND PROMOTING PATIENT PROTECTIONS**

#### Insurance Access and Benefits

##### **Enacted the Family and Medical Leave Act.**

The Family and Medical Leave Act (FMLA) enables workers to take up to 12 weeks unpaid leave to care for a new baby or ailing family member without jeopardizing their job. By 2001, over 35 million workers had benefited from FMLA since its enactment. In June 1996, President Clinton proposed expanding FMLA to allow workers to take up to 24 unpaid hours off each year for school and early childhood education activities, routine family medical care, and caring for an elderly relative. [Public Law 103-3; 2/5/93]

##### **Enacted the Landmark Kennedy-Kassebaum Legislation Ensuring Continued Access to Health Insurance**

The Kennedy-Kassebaum (Health Insurance Portability and Accountability Act) law prevents individuals from being denied coverage because they have a preexisting medical condition. It requires insurance companies to sell coverage to small employer groups and to individuals who lose group coverage without regard to their health risk status. It also prohibits discrimination in enrollment and premiums against employees and their dependents based on health status. Finally, it requires insurers to renew the policies they sell to groups and individuals. [Public Law 104-191; 8/26/96]

##### **Enacted Legislation Eliminating the Discriminatory Tax Treatment of the Self-Employed.**

The President enacted two separate laws to increase the health care tax deduction for the 10 million self-insured Americans to 100 percent by 2003. [Public Laws 104-191 and 105-33; 8/21/96 and 8/5/97]

**Enacted Legislation Requiring Mental Health Parity for Annual and Lifetime Insurance Limits.** To help eliminate discrimination against individuals with mental illnesses, the President enacted legislation that prohibits health plans from establishing separate lifetime and annual limits for mental health coverage, with the strong support of his mental health advisor, Tipper Gore. In 1999, the White House held the first-ever Conference on Mental Health and released the Surgeon General's first Report on Mental Health. The FY2001 Budget increased resources for the prevention and treatment of mental health and substance abuse by 12 percent, providing nearly \$3 billion. [Public Law 104-204; 9/26/96]

##### **Required all FEHBP Plans to Provide Mental Health and Substance Abuse Parity.**

The President required all 285 participating health plans in the Federal Employees Health Benefit Program (FEHBP) to offer both mental health and chemical and substance abuse parity. [6/7/99]

**Enacted Legislation Establishing Protections for New Mothers.** Before this law passed, some

health plans refused to pay for anything more than a 24-hour hospital stay, and some recommended releasing mothers as few as 8 hours after delivery. The President signed into law common-sense legislation that requires health plans that cover maternity care to allow new mothers to remain in the hospital for at least 48 hours following most normal deliveries and 96 hours after a Cesarean section. [

Public Law 104-204; 9/26/96]

#### **Enacted legislation establishing protections for women recovering from mastectomies**

(Public Law 105-277; 10/21/98). The President enacted legislation, strongly supported by the First Lady, that bans drive-through mastectomies, allowing women to stay in the hospital at least 48 hours following a mastectomy.

#### **Enacted legislation to eliminate duplicative and wasteful administrative requirements**

(Public Law 104-191; 8/21/96, Regulation: 8/11/00). The Health Insurance Portability and Accountability Act (HIPAA) provided the Administration with the authority to develop a single set of national standards for all health care providers and health plans that engage in electronic administrative and financial transactions to promote more cost-effective electronic claims processing and coordination of benefits. The bill also eliminated the discriminatory tax treatment of approximately 10 million Americans who are self-employed; provided consumer protections and tax incentives for private long-term care insurance and created authority to implement privacy protection and paperwork simplification regulations. The implementation of this law will eliminate administratively burdensome, duplicative, and wasteful billing requirements for health care providers and insurers, saving \$29.9 billion over 10 years.

#### **Patient Protections**

##### **Established and endorsed the recommendations of the historic Quality Commission**

. On March 26, 1997, the President created the non-partisan, broad-based Quality Commission and charged it with developing a patients' bill of rights as their first order of business. On November 20, 1997, the President accepted the Commission's recommendation that all health plans should provide strong patient protections, including guaranteed access to needed health care specialists; access to emergency room services when and where the need arises; continuity of care protections; and access to a fair, unbiased and timely internal and independent external appeals process. The work of the Commission laid the foundation for subsequent administrative and legislative initiatives to improve patient protections and quality.

##### **Issued executive memorandum giving 85 million Americans in Federal health plans critical patient protections**

(2/20/98). In the absence of Congressional action, President Clinton directed five agencies that administer health benefits for 85 million Federal employees, their families, and beneficiaries to implement patient protections from the patients' bill of rights, including choice of providers and plans, access to emergency services, participation in treatment decisions, confidentiality of health information and a fair complaint and appeals process. Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), the Indian Health Service, Federal Employees Health Benefit Plans, the Veterans Administration facilities, and the Military Health System responded

by providing all protections allowable under current law.

**Issued landmark Federal regulations protecting the privacy of electronic medical records (12/20/00).** In the absence of Congressional action, under authority provided by Public Law 104-191, the Administration released a final regulation protecting the privacy of electronic medical records held by health plans, health care clearinghouses, and health care providers. This rule limits the use and release of private health information without consent; restricts the disclosure of protected health information to the minimum amount of information necessary; establishes new requirements for disclosure of information to researchers and others seeking access to health records; informs consumers about their right to access their health records and to know who else has accessed them; and establishes new administrative and criminal sanctions for the improper use or disclosure of private information.

**Enacted legislation prohibiting insurance discrimination based on genetic information (Public Law 104-191; 8/26/96).** The Kennedy-Kassebaum (HIPAA) law prohibits discriminatory underwriting practices using genetic information for insured and self insured plans. It also prevents group health insurers from using genetic information to deny individuals health insurance benefits.

**Issued executive order preventing genetic discrimination in Federal hiring and promotion actions**

**(2/8/00).** President Clinton signed an executive order prohibiting every civilian Federal Department and agency from using genetic information in any hiring or promotion action. This historic action prevents critical information from genetic tests -- used to help predict, prevent, and treat diseases -- from being used against them by their employer.

### Proposals

**Proposed legislation to ensure universal access to a choice of affordable, quality health insurance plans**

A central component of the President's 1993 reform proposal, the Health Security Act (H.R. 3600) was its guarantee of access to meaningful health insurance, irrespective of age, health status, occupation, or any other factor. Through a set of insurance reforms, financing support, cost containment, and individual and employer accountability provisions, all Americans would have access to a range of affordable insurance plans.

**Supported legislation for a strong, enforceable, and bipartisan Patients' Bill of Rights**

. President Clinton endorsed the Norwood-Dingell Patients' Bill of Rights, which passed the House with overwhelming bipartisan support. This legislation, endorsed by over 200 health care advocacy groups, is the only proposal that assures patient protections are real and that court-enforced remedies are accessible and meaningful. The legislation includes: guaranteed access to needed health care specialists; access to emergency room services when and where the need arises; continuity of care protections; access to a fair, unbiased and timely internal and independent external appeals process; and an enforcement mechanism that ensures recourse for patients who have been harmed as a result of health plan's actions. Although the legislation was not enacted before the end of the Clinton Administration, the groundwork for its inevitable passage was laid.

#### **Supported legislation protecting the private genetic information of all Americans**

. President Clinton endorsed the Daschle-Slaughter legislation, known as the Genetic Nondiscrimination in Health Insurance & Employment Act of 1999 (S. 1322). This bill would extend the protections for genetic information included in the President's executive order preventing discrimination on the basis of genetic information by Federal employers to the private sector. The Kennedy-Kassebaum (HIPAA) law prevents group health insurers from using genetic information to deny individuals health insurance benefits. The Daschle-Slaughter legislation would finish the job by ensuring that genetic information used to help predict, prevent, and treat diseases will not also be used to discriminate against Americans seeking employment, promotion, or health insurance.

### **EXPANDING HEALTH INSURANCE COVERAGE**

#### **Children**

##### **Enacted the single largest investment in children's health insurance since 1965**

(Public Law 105-33; 8/5/97). The Balanced Budget Act included \$48 billion over 10 years to create the State Children's Health Insurance Program (SCHIP) – the single largest investment in health care for children since the enactment of Medicaid in 1965. From 1999 to 2000 alone, the number of children increased by 70 percent. This new program, together with Medicaid, will provide meaningful health care coverage for up to five million previously uninsured children. By the end of FY 2001, all 50 states had implemented SCHIP and over 4.6 million children had been covered. This rapid rise in enrollment was accompanied by an increase in Medicaid enrollment as well. The number of states covering children up to 200 percent of poverty increased by more than seven fold – from 4 to 30 states – during that time. This contributed to the first decline in the number of uninsured Americans – including children -- in 12 years.

##### **Enacted legislation to improve enrollment and retention of children in health insurance**

**programs**

. The President proposed and enacted a number of policies to accelerate enrollment of uninsured children in Medicaid and SCHIP. The Balanced Budget Act of 1997 (Public Law 105-33; 8/5/97) that created SCHIP also included Medicaid options to allow presumptive eligibility in a limited number of sites (like doctors' offices and Head Start centers) and provide continuous eligibility to children for up to a year. In 1999, the President lifted the sunset on a \$500 million state fund (created in the welfare reform bill) to fund the costs of simplifying eligibility systems and conducting outreach (Public Law 106-113, 11/29/99). And in 2000, he ensured that the legislation to increase Medicare and Medicaid provider payments included a provision that provides states with additional options for presumptively enrolling children at schools, child support enforcement agencies, homeless shelters, program eligibility offices, and other sites (Public Law 106-554; 12/21/00). This, as well as the other policies to promote insurance coverage for children, were strongly advocated for by the First Lady.

**Issued Executive Memoranda and launched the Insure Kids Now Campaign to enroll uninsured children**

. The President used his executive authority to complement his legislative policies to decrease the number of uninsured children. Within months of enactment of the State Children's Health Insurance Program (SCHIP), the Administration issued guidelines to states on simplifying eligibility, accessing funding for outreach and establishing short, joint applications for SCHIP and Medicaid. On February 18, 1998, the President issued an executive memorandum creating a Task Force composed of eleven Federal departments and agencies to pool resources to find and enroll uninsured children. Outlined in two reports to the President, this Task Force implemented over 150 actions to enroll eligible but uninsured children, such as providing information on Medicaid and SCHIP to families applying for housing and job assistance and grandparents through Medicare. In 1998, the President also launched the Insure Kids Now Campaign, a public-private education and information campaign to promote children's health insurance. Its "1-877-KIDS NOW" Hotline, which provides free information about Medicaid and SCHIP to families in all states, has been highlighted in national television and radio public service announcements, printed on products like shopping bags, and put on city buses. In 1999, the President ordered agencies to develop and implement "back to school" outreach efforts, targeting families as they enroll their children in schools in the fall. The Department of Education received pledges from over 1,500 schools in over 49 states.

**Working Families****Approved Medicaid waivers expanding health insurance coverage for working families**

. The Clinton Administration approved and states implemented 14 Medicaid 1115 waivers that expand health insurance to an estimated 1.4 million low income Americans. These section 1115 waivers were, prior to 1996, the only way to expand to working parents and remain the only option for states to cover childless adults in Medicaid.

**Established state option to expand Medicaid to working parents.**

President Clinton insisted that the welfare reform law include a requirement that states continue Medicaid eligibility for parents who would have been eligible without the law, and an option for them to expand eligibility to people with higher income (Public Law 104-193). This state option was significantly expanded through a 1998 regulation allowing employed, two-parent families to access coverage (known as the "100-hour rule"). The combination of the legislation and regulation reduce the need for states to seek 1115 waivers to expand coverage. Over 10 states have used this option to expand eligibility to parents to at least 100 percent of poverty.

**Issued guidance to promote SCHIP waivers to cover uninsured parents of children enrolled in state programs**

. (7/31/00) The Administration's policies to promote coverage of uninsured parents had one major gap: parents of children in non-Medicaid SCHIP plans could access neither Medicaid nor SCHIP. To begin to address this, the Administration issued guidance and approved three SCHIP waivers for coverage expansions, especially for the uninsured parents of children enrolled in SCHIP. States that ensure that their programs do not undermine coverage for children can access unused SCHIP dollars to expand or promote program goals. Granting waivers to use SCHIP funding for new populations will hopefully build support for legislative proposals to add money and options for states to expand coverage to parents through SCHIP, as was successfully done with Medicaid.

**Extended transitional health insurance coverage for people leaving welfare for work**

. (Public Law 106-554; 12/21/00). The Family Support Act of 1988 created a state requirement that people leaving welfare for work remain eligible Medicaid for up to 12 months after earning too much to qualify for Medicaid. This policy responds to the fact that few entry-level jobs offer health insurance and those that do often have waiting periods for coverage. The Clinton Administration extended this transitional Medicaid both in 1996 and in 2000 so that it is in effect through 2002.

**Issued guidance to ensure that leaving welfare does not inadvertently end Medicaid coverage**

. (4/7/00) To address concerns that families eligible for Medicaid or transitional Medicaid benefits may have inadvertently lost coverage when they were determined ineligible for TANF, the Administration released clarifying guidance stating that states must review their Medicaid records since 1996 and identify individuals who have been terminated improperly from Medicaid and to automatically reinstate their Medicaid coverage while their eligibility is redetermined. The guidance also clarifies that state must have systems and processes in place that explore and exhaust all possible avenues of eligibility.

### People with Disabilities

#### **Enacted Jeffords-Kennedy legislation providing health insurance options for working people with disabilities**

(Public Law 106-170; 12/17/99). The President enacted and implemented the Jeffords-Kennedy Work Incentives Improvement Act that created important new health insurance options for people with disabilities. It allows states to offer a Medicaid buy-in for workers with disabilities and provides \$150 million in grants to encourage states to take this option; establishes a new Medicaid buy-in demonstration to help people whose disability is not yet so severe that they cannot work; extends Medicare coverage for an additional four and a half years for people on disability insurance who return to work; and enhances employment-related services for individuals with disabilities.

#### **Issued regulation to expand coverage for people with disabilities not yet impoverished by health care costs**

(1/8/01). Thousands of people with disabilities and senior citizens only qualify for Medicaid if they have very high medical expenses that force their income below the poverty level. The President issued a regulation that allows states to further "disregard" portions of an individual's income when determining their eligibility, such as the amount spent on food or shelter. States can use these broader rules to provide Medicaid coverage to people who would not otherwise be eligible and move people from institutions into the community by allowing them to retain additional income. This rule, like the Jeffords-Kennedy law, also helps remove the fear that work will result in loss of health coverage for people with disabilities.

### Populations Facing Special Barriers to Health Insurance

#### **Enacted legislation to provide Medicaid coverage to certain uninsured women with breast and cervical cancer**

(Public Law 106-354; 10/24/00). President Clinton enacted a new Medicaid option to provide needed health coverage to the thousands of uninsured women with breast and cervical cancer detected by Federally-supported screening programs. This new law will help eliminate the current and frequently overwhelming financial barriers to treatment for these women without health insurance are 40 percent more likely to die from breast cancer than insured women since they are less likely to get needed care. The Vice President and the First Lady, national leaders in the prevention, diagnosis, and treatment of breast cancer, strongly advocated for this initiative, which was endorsed by the National Breast Cancer Coalition and other cancer groups.

**Enacted legislation to help young people leaving foster care**

(Public Law 106-169; 12/14/99). When young people turn age 18 and leave foster care, they face numerous health risks at the same time that they typically lose their Medicaid or SCHIP insurance. With strong support from the First Lady, the President signed into law a new state option to allow these young people to remain eligible for Medicaid through age 21. The Department of Health and Human Services issued guidance to states encouraging them to take up this option.

**Enacted legislation restoring Medicaid eligibility to elderly and certain disabled legal immigrants**

(Public Law 105-33; 8/5/97). The President committed in 1996 to restoring the loss of health coverage to legal immigrants that resulted from welfare reform. In the Balanced Budget Act of 1997, he restored SSI and Medicaid to aged and disabled immigrants who were in the country on 8/22/96 and who were receiving benefits; restored SSI and related Medicaid to immigrants who were in the country on 8/22/96 and who later became disabled; and extended the exemption from SSI and Medicaid restrictions for refugees, asylees and those whose deportation had been withheld from 5 to 7 years after entry.

**Issued guidance assuring that Medicaid, SCHIP enrollment does not affect immigration status (public charge)**

(5/25/99). The Administration issued guidance assuring families that enrollment in Medicaid or SCHIP and the receipt of other benefits, such as school lunch and child care services, will not affect their immigration status and does not make them a "public charge," and therefore subject to immigration restrictions. The new regulation clarified a widespread misconception that had deterred eligible populations from enrolling in these programs and undermined the public health. Federal agencies also sent guidance to their field offices, and program grantees to educate the public about this policy.

**Proposals****Proposed comprehensive coverage expansion**

In the fall of 1993, the President introduced a plan, developed by the First Lady, to provide all Americans with affordable, accessible health insurance (H.R. 3600). The Health Security Act would have provided access to employer based coverage and provided financial assistance to small businesses and low income families who could not afford premiums. It utilized

competitive approaches within an enforceable budget to ensure that cost did not increase excessively. The proposal also included a series of insurance reforms and accountability provisions that would improve the quality of care and ensure that health plans competed on cost and customer satisfaction rather than on risk selection. These and other reforms laid the foundation for subsequent policies that eventually became law or set the stage for future inevitable reforms for the nation's health care delivery system.

#### **Proposed targeted coverage expansion for defined populations**

The President maintained an aggressive agenda to help Americans without health insurance afford and access it. Major policies proposals included:

- **Health insurance for people between jobs.** Nearly 30 percent of Americans experience a gap in health insurance over a three-year period; most often because of job change. To fill these gaps, the President proposed a program to help temporarily unemployed families (1994 through 1997 budgets); proposed extending COBRA continuation coverage for workers whose early retiree health benefits are terminated (1998 through 2000 budgets); and introduced a 25 percent tax credit for COBRA to make it more affordable (2000).
- **Medicare buy-in for vulnerable people ages 55 to 65.** People approaching Medicare eligibility are not only more likely to have or develop health problems but are the fastest growing group of uninsured. To address the lack of options for this group, the President proposed to allow the most vulnerable people ages 55 to 65 buy health insurance coverage through Medicare. People ages 62 through 64 would have a one-time option to pay a base premium of about \$300 per month (the average cost of insuring Americans this age range for this coverage), with an additional monthly payment, estimated at \$10 to \$20, paid once participants enter Medicare at age 65 to cover the extra costs of sicker participants. This two part "payment plan" enables these Americans to buy into Medicare at a more affordable premium while ensuring that the financing for the buy-in option is sustainable in the long run. Workers ages 55 to 62 who have involuntarily lost their jobs and their health care coverage would also be eligible to buy into Medicare (with different premium structure).
- **Workers in small businesses.** Nearly two-thirds of the uninsured are in working families that lack access to employer-based insurance, usually because their employer is a small business. These employers have less purchasing power to negotiate for affordable insurance options. The President proposed several policies to provide both pooled purchasing power and financial assistance to enable small employers and their workers to afford health insurance. His latest policy, in 1999 and 2000 budgets, would both encourage small business purchasing coalitions to develop (foundation contributions for start-up would be treated as made for "charitable purposes") and encourage small businesses that do not now offer coverage to join purchasing coalitions by providing a temporary 20 percent tax credit for their contribution.
- **Parents of children in SCHIP.** Over 80 percent of parents of uninsured children with income below 200 percent of poverty (about \$33,000 for a family of four) are themselves uninsured. Moreover, research shows that children are much more likely to become insured when health insurance is also offered to their parents. This proposal, called FamilyCare, would invest \$76

billion over 10 years to provide health insurance to the uninsured families. SCHIP would be expanded to provide higher Federal matching payments for expanding health insurance to parents of children eligible for or enrolled in Medicaid and SCHIP. FamilyCare would provide higher Federal matching payments for expanding coverage to parents; increase SCHIP allotments and make them permanent to ensure adequate funding for parents and their children; enroll parents in the same program as their children; cover lower income parents first; and require all states to cover parents below poverty by 2006. The proposal received 51 votes, including those of 6 Republicans, in the Senate in 2000, laying the groundwork for bipartisan support in 2001.

- **Additional children's health outreach proposals.** Studies confirm that complicated, long application processes for Medicaid and SCHIP discourage enrollment. While many states have recognized this and have simplified the process in SCHIP, not all states have carried over all of their SCHIP simplification strategies to Medicaid. To ensure that children do not fall through the cracks in states that have different rules and procedures for Medicaid and SCHIP, the President proposed to require that states conform certain Medicaid eligibility rules and procedures for children to the simplified rules and procedures used in SCHIP. If a state, in SCHIP: (1) does not require an assets test; (2) uses simplified eligibility requirements and a mail-in application; and (3) determines eligibility for SCHIP no more than once a year, it would need to apply these same rules and procedures for children in Medicaid. Both conforming Medicaid and SCHIP and these specific simplifications are recommended by the National Governors' Association as best practices. Over 40 states have already made Medicaid as simple as SCHIP
- **Children ages 19 and 20.** The highest rate of lack of insurance (29 percent) is among people ages 18 through 24 – in part, because these young adults lose access to Medicaid and SCHIP. To provide a new option for the 1.2 million low-income people ages 19 to 20, the President proposed new state options to extend Medicaid and SCHIP to them.
- **Medicaid buy-in for children with disabilities (Family Opportunity Act).** Children with disabilities have special health care needs; they are three times more likely to be ill and use five times the number of hospital days as other children. Because private insurance is often inaccessible or unaffordable for people with disabilities, over 60 percent of the thousands of parents of children with special needs children are turning down jobs, raises, and overtime to keep their income low enough so that their children qualify for Medicaid. The Administration supported a modified version of the Family Opportunity Act (S. 2274) that would establish a new Medicaid buy-in option for children with disabilities in families with income up to 300 percent of poverty (\$42,000 for a family of three). The bill had over 75 cosponsors in the Senate in 2000, making it likely to pass in 2001.
- **Medicaid / SCHIP options for children and pregnant women who are legal immigrants.** Even though legal immigrants pay taxes like other citizens, children and pregnant women who are legal immigrants are not eligible for health insurance through Medicaid or SCHIP for 5 years. This inequity created by welfare reform contributed to a 22 percent decline in Medicaid/SCHIP coverage of legal immigrant children between 1995 and 1999. Nearly half

of immigrant children lack a regular source of health care, often ending up in expensive emergency rooms. The Administration introduced and supported bipartisan proposals to allow states the option of covering legal immigrant pregnant women and children.

- **Vetoed proposal to block grant Medicaid that threatened insurance coverage for millions (HR 2491).** The President protected the Medicaid guarantee for children, elderly, pregnant women, and people with disabilities by vetoing the Republican proposal to block grant the Medicaid program in 1995.

## **STRENGTHENING MEDICARE AND MEDICAID**

### **Medicare Payment Reforms**

#### **Enacted reforms that made Medicare more competitive, efficient and extended its solvency to 2025**

. When the President came into office, Medicare was projected to become insolvent in 1999. The President's 1993 economic package (Public Law 103-66, 8/10/93) included policy and structural changes that extended the life of the Medicare Trust Fund by at least three years. The Balanced Budget Act of 1997 (Public Laws 105-33, 8/5/97) contained major new Medicare reforms including a series of structural reforms which modernized the program, bringing it in line with the private sector and preparing it for the baby boom generation. These reforms: increased the number of health plan options; improved Medicare managed care payment methodology and informed beneficiary choice; implemented a prospective payment systems for skilled nursing home facilities, home health, and hospital outpatient departments; and adopted private-sector oriented purchasing. The Balanced Budget Act extended the life of the Trust Fund by an additional 10 years. Overall, the Administration's stewardship of Medicare has resulted in the longest Medicare Trust Fund solvency in a quarter century, extending the life of the Medicare Trust Fund by a total of 26 years to 2025. Additionally, Medicare premiums in 2000 were 20 percent below projections when the President took office.

**Enacted legislation and took administrative actions to fight fraud and waste in Medicare (Public Law 104-191; 8/21/96).** Since 1993, the President and Vice President focused

unprecedented attention on the fight against fraud, abuse and waste in Medicare. Secretary Shalala launched Operation Restore Trust in 1993 to coordinate Federal, state, local and private resources. In 1996, a law created a new stable source of funding to fight fraud and abuse that is coordinated by the HHS Office of the Inspector General and the Department of Justice (Public Law 104-191; 8/26/96). In 1997 and 1998, the President issued several directives aimed at cracking down on abusive practices. And in 2000, 48 local Senior Medicare Patrol projects trained about 30,000 senior volunteers and aging network staff and educated 650,000 beneficiaries to identify and report suspected cases of fraud and abuse. In 2000, the HHS Inspector General recorded an estimated \$1.2 billion in civil judgements, penalties and fines, bringing the total recovered to more than \$3 billion since 1996. Since 1993, other efforts to prevent improper and wasteful spending have saved taxpayers an estimated \$60 billion.

**Enacted legislation to help remedy the reimbursement concerns of health care providers (Public Laws 106-113 and 106-554; 11/29/99 and 12/21/00).** The Administration enacted Medicare, Medicaid and SCHIP legislation in 1998, 1999 and 2000 to address flawed policy and excessive payment reductions in the Balanced Budget Act (BBA) of 1997. The 1998 law addressed problems in the new home health payment system. The 1999 legislation invested an estimated \$16 billion over 5 years to moderate the impact of the BBA by delaying reductions for a year. The legislation enacted in 2000 built on that investment by including reforms that invested over \$30 billion over 5 years in rural, teaching and other vulnerable hospitals; home health agencies; hospices; nursing homes; and other health care providers.

#### **Improved Medicare's management**

. As part of its overall effort to strengthen Medicare, the Administration restructured the management of Medicare to ensure that it kept pace with the many changes in law and health care delivery. This included reorganizing the Health Care Financing Administration (HCFA) to focus on beneficiaries and outside partners like health plans, providers, and states. For the first time ever, HCFA created a Center for Beneficiary Services. HHS also reformed the Medicare coverage determination process to make it more open and accountable. HHS aggressively implemented an education campaign provide Medicare consumers with information about their Medicare+Choice options, Medigap policies, nursing homes among other items. Its award-winning [www.Medicare.gov](http://www.Medicare.gov) website receives over 1.3 million hits per month and its 1-800-MEDICARE toll-free number helps thousands of beneficiaries and families each month.

### **Medicare Benefits and Beneficiary Improvements**

#### **Enacted legislation to provide new preventive benefits to Medicare beneficiaries**

(Public Laws 106-113 and 106-554; 11/29/99 and 12/21/00). The President strongly advocated for improving Medicare's preventive benefits, which both improve seniors' health and reduce Medicare's costs. The Balanced Budget Act of 1997 made a number of improvements, including: waiving cost-sharing for mammography services; providing annual screening mammograms for beneficiaries age 40 and older to help detect breast cancer; establishing a diabetes self-management benefit; ensuring Medicare coverage of colorectal screening and cervical cancer screening (early detection of cancer can result in less costly treatment, enhanced quality of life, and, in some cases, greater likelihood of cure); and covering bone mass measurement tests to help women detect osteoporosis. The Medicare legislation he enacted in 2000 expanded Medicare's preventive benefits to include new nutrition therapy, glaucoma screening, and greater access to colon and cervical cancer screening. And, in commemoration of the 35<sup>th</sup> anniversary of Medicare, HHS launched a national outreach effort to encourage beneficiaries to take advantage of the preventive benefits Medicare covers.

#### **Issued Executive Memorandum extending Medicare coverage of routine care costs of clinical trials**

. On June 7, 2000, at the urging of Vice President Gore, the President issued an Executive Memorandum directing the Medicare program to revise its payment policy and immediately begin to explicitly reimburse providers for the cost of routine patient care associated with participation in clinical trials. HHS was directed to take additional action to promote the participation of Medicare beneficiaries in clinical trials for all diseases, including: activities to increase beneficiary awareness of the new coverage option; actions to ensure that the information gained from important clinical trials is used to inform coverage decisions by properly structuring the trial; and reviewing the feasibility and advisability of other actions to promote research on issues of importance to Medicare beneficiaries.

#### **Enacted legislation to limit excessive cost sharing**

. The Clinton Administration advocated for and enacted legislation in 1997 that implemented a gradual phased-in reduction of the coinsurance for hospital outpatient department services to 20 percent. Subsequent legislation passed in 1999 and 2000 accelerated this phase-in (Public Laws 105-33, 106-113 and 106-554; 8/5/97, 11/29/99 and 12/21/00). The President also worked to reduce Medicare's cost sharing burden for low-income beneficiaries. He extended Medicaid's premium assistance program to beneficiaries with income up to 135 percent of poverty in 1997 (Public Law 105-33; 8/5/97). In July 1998, he launched an outreach campaign to enroll eligible low-income beneficiaries in cost sharing assistance programs by sending pamphlets to all 39 million beneficiaries; providing information on Social Security cost of living update notices; and counseling new Medicare beneficiaries about this assistance. And, in 2000, the President enacted a law that simplifies enrollment of low-income Medicare beneficiaries in cost-sharing assistance programs through a uniform application and outreach through Social Security (Public Law 106-554, 12/21/00).

**Enacted legislation for early access to Medicare for people with Lou Gehrig's disease (ALS)**

(Public Law 106-554; 12/21/00). Even though life expectancy for patients with Lou Gehrig's Disease (amyotrophic lateral sclerosis or ALS) is less than two years, patients previously had to wait 24 months after being diagnosed with the disease before becoming eligible for Medicare. Because of the uniquely short time period between diagnosis and death, the President enacted legislation that waives the Medicare waiting period, permitting persons with ALS to receive needed health services immediately.

**Enacted legislation removing the "homebound" restriction for certain beneficiaries, allowing them to continue to receive home health care**

(Public Law 106-554; 12/21/00). Previously, beneficiaries who left home on a regular basis -- regardless of the reason -- were not considered homebound and therefore not eligible for Medicare's home health benefit. However, for homebound persons with Alzheimer's and related dementia, seeking treatment at adult day care facilities is critical for both the patient and the caregiver. This provision clarifies that beneficiaries may leave home to attend adult day care without affecting their homebound status and eligibility for Medicare home health benefits.

**Prescription Drugs**

**Approved demonstration allowing Medicare beneficiaries to access Medicaid prescription drug discount**

. State Medicaid programs have access to a rebate for prescription drugs for the 40 million people to whom it provides comprehensive health insurance. This results in an average reduction in price of about 15 percent. The Administration approved demonstrations to allow all Medicare beneficiaries in the state to access the prescription drug discount (not coverage) offered by Medicaid. While this waiver will not solve the larger problem of lack of insurance coverage for prescription drugs in Medicare, it will help this set of seniors and people with disabilities get prescriptions filled at lower prices.

**Enacted legislation to extend Medicare coverage of immunosuppressive drugs**

(Public Laws 106-113 and 106-554; 11/29/99 and 12/21/00). Previously, Medicare set time limits on how long it would pay for prescription drugs that help prevent rejection of transplants. The President enacted laws to lift the limits, providing permanent coverage for immunosuppressive drugs.

**Enacted prescription drug reimportation legislation but concluded the laws certification process could not be met.** The annual appropriations bill for the Food and Drug Administration (H.R. 4461) included a provision to allow U.S. manufactured prescription drugs to be reimported from other countries and sold at lower prices to Americans. The law requires that, prior to

implementation, the Secretary of Health and Human Services demonstrate that this importation poses no additional risk to the public's health and safety and that it will result in a significant reduction in the cost of covered products to the American consumer. Secretary Shalala informed the President that she could not make this certification without critical changes to the legislation to close loopholes and ensure the program's sustainability. At the President's request, she notified the Congress on how best to address the shortcomings of the legislation (12/27/00).

#### **Enacted legislation providing military retirees with a prescription drug benefit**

(Public Law 106-398, 10/30/00). The President signed the Department of Defense authorization bill in 2000, which created a prescription drug benefit for military retirees over age 65, providing them access to the military's retail network as well as a non-network pharmacy program. Eligible retirees pay co-payments, a deductible in the non-network plan, and have no limits on coverage.

#### **Medicaid**

##### **Enacted legislation to increase Medicaid's flexibility and accountability**

(Public Law 105-33, 8/5/97). The Balanced Budget Act of 1997 (BBA) included several provisions to modernize the Medicaid program and increase state flexibility. The BBA repealed the Boren Amendment, providing states with greater discretion in establishing their provider payment rates. It also eliminated the burdensome administrative standards for payment to obstetricians and pediatricians, freeing providers from completing up to 300 pages of paperwork before being able to be reimbursed for their services. It allowed states to implement managed care programs without Federal waivers as long as beneficiaries have a choice of plans. States are now permitted to enroll Medicaid beneficiaries in a health plan for up to six months and to guarantee Medicaid eligibility during this enrollment period. To improve quality of care, it established strong patient protections in Medicaid managed care and Federal guidelines for new state-based quality improvement programs.

##### **Improved Medicaid program integrity**

. To provide strong financial management of Medicaid, the Administration took several steps to reduce overpayments and close financial loopholes. It initiated action to enforce laws preventing provider taxes and donations, helping to close down a well-documented scheme for states to gain extra Federal funding at no cost to themselves. Similarly, in 2000, the Administration modified the Medicaid upper payment limit regulation (1/5/01). States had been using the flexibility under the original regulation to generate higher Federal matching payments and transfer some of that extra funding back to the state through intergovernmental transfers. This regulation will save the Federal government tens of billions of dollars.

##### **Enacted legislation to ensure adequate Medicaid provider payments**

(Public Laws 106-113 and 106-554; 11/29/99 and 12/21/00). To address flawed payment

policies in the Balanced Budget Act of 1997, the President enacted provisions in 1999 and 2000 to rationalize payments to Federally-qualified health clinics and increase state allotments and hospital-specific payment limits in the Medicaid Disproportionate Share Hospital (DSH) program.

### Proposals

#### **Proposed legislation to add a prescription drug benefit to Medicare**

Both in 1993 (H.R. 3600) and in 1999 (S. 1928), the Clinton-Gore Administration introduced legislation to add a long-overdue prescription drug benefit to Medicare. The President's most recent proposal would establish a new voluntary Medicare "Part D" prescription drug benefit that is affordable and available to all beneficiaries. Its premium would cost about \$25 per month in the first year; it would pay half of costs up to a limit; and no beneficiary would pay more than \$4,000 on prescription drugs in a year. It would provide access to medically necessary prescriptions at a discount obtained through pooled purchasing power. The drug benefit would be managed in the same way that virtually all private benefits are managed. The plan would also provide financial incentives for employers to develop and retain their retiree health coverage.

#### **Proposed new, comprehensive plan to strengthen and modernize Medicare for the 21<sup>st</sup> century**

In response to the failure of the Medicare Commission to send consensus recommendations to Congress, the President developed his own plan to prepare Medicare for the 21<sup>st</sup> century. This historic initiative would:

- **Make Medicare more competitive and efficient.** The President's plan would replace the current complicated, statutorily set payment rate system for managed care with one that pays health plans based on price competition. Plans that offer the guaranteed Medicare benefits for less than the traditional program could pass along those savings to beneficiaries through lower premiums. The plan would also provide the traditional fee-for-service program with successful private-sector management tools to improve quality and efficiency.
- **Modernize Medicare's benefits, including a long overdue prescription drug benefit.** As stated previously, Medicare is one of the few insurance plans in the nation that does not include coverage of prescription drugs. The President's plan would add a voluntary, affordable prescription drug benefit to Medicare. The plan would also eliminate all cost

sharing for preventive benefits, improving the use of these live-saving services.

- **Strengthening Medicare's financing for the 21<sup>st</sup> century.** The President's Medicare plan would strengthen the program and make it more competitive and efficient. However, no amount of policy-sound savings would be sufficient to address the fact that the elderly population will double from almost 40 million today to 80 million over the next three decades. Without new financing, excessive and unsupportable provider payment cuts or beneficiary cost sharing increases would be needed. The President proposal would dedicate \$115 billion over 10 years from the non-Social Security surplus to the Medicare Trust Fund, improving its solvency. It would also take the Medicare trust fund "off-budget", essentially preventing its surpluses from being used for tax cuts or spending.

#### **Proposed policies to make Medicaid more efficient**

. The Administration proposed a number of policies to improve Medicaid's program integrity, including treating generic drugs the same as brand-name drugs in the rebate program; creating a new enforcement penalty short of disallowances to improve Federal oversight; and modifying administrative cost payment methodologies to ensure that the Federal government does not pay twice for such costs.

#### **Vetoed legislation to block grant Medicare, raise premiums and undermine Medicare's guarantee**

. The 1995 Republican proposal (H.R. 2491) to reform Medicare would have: capped overall Medicare spending, undermining the promise of adequate and reliable health benefits for our nation's elderly; raised Part B premiums; increased cost sharing; and slashed payment for hospitals, teaching facilities, and other health care providers. The President vetoed this proposal.

### **BROADENING AND IMPROVING LONG-TERM CARE OPTIONS**

#### **Enacted and successfully implemented a comprehensive nursing home quality initiative**

. The Clinton Administration made ensuring the health and safety of nursing home residents a top priority and issued the toughest nursing home regulations in the history of the Medicare and Medicaid programs. It increased monitoring of nursing homes to ensure that they are in compliance; required states to crack down on nursing homes that repeatedly violate health and safety requirements; and changed the inspection process to increase the focus on preventing bedsores, malnutrition and resident abuse. The Administration also established the Nursing Home Compare website, which provides prospective consumers facility-specific information on nursing homes. Finally, the Administration recently instructed states to impose immediate sanctions, such as fines, against nursing homes any time that a nursing home is found to have caused harm to a resident on consecutive surveys, in order to put additional pressure on nursing homes to meet all health and safety standards. These efforts resulted in the Federal government imposing five times as many fines on nursing home in 2000 as it did in 1996.

#### **Enacted legislation allowing the Federal employees to access private, group long-term care**

### **Insurance**

. President Clinton worked with Congress to pass a proposal that allows approximately 13 million people – Federal, Postal Service, and military employees, retirees and certain relatives – to access private long-term care insurance. The Office of Personnel Management (OPM) will use its market leverage to offer them non-subsidized, high-quality private long-term care insurance at group rates. This proposal will provide employers a nationwide model for offering quality long-term care insurance.

### **Enacted legislation to provide consumer protections and tax incentives for private long-term care insurance**

(Public Law 104-191; 8/21/96). The President enacted legislation that took steps to make long-term care more affordable by (a) guaranteeing that employer-sponsored long-term care insurance receives the same tax treatment as health insurance and (b) implementing new consumer protections to assure that any tax-favored product meets basic consumer and quality standards.

### **Enacted the Family Caregivers Program**

(Public Laws 106-501 and 106-554; 11/13/00 and 12/21/00). A key component of the President's long-term care initiative, strongly advocated for by the Vice President, was the National Family Caregiver Support Program. By successfully fighting for it to be included in the 2000 budget bill, the President enacted legislation that invests \$125 million to support families who care for elderly relatives with chronic illnesses or disabilities. It provides funding to area agencies on aging, through states, to provide: quality respite care, counseling and other support services, and critical information about community-based long-term care services that help families care for their ailing elderly relatives.

### **Launched long-term care information campaign**

. Nearly 60 percent of Medicare beneficiaries are unaware that Medicare does not cover most long-term care. A \$10 million nationwide long-term care education campaign, proposed by the President in 1998 and enacted in 1999, provides all 39 million Medicare beneficiaries -- including the 5 million beneficiaries with disabilities -- with critical information about long-term care options including: what long-term care Medicare does and does not cover; how to find out about Medicaid long-term care coverage; what to look for in a quality private long-term care policy; and how to access information about home- and community-based care services that best fit beneficiaries need.

### **Approved Medicaid waivers to help seniors and individuals with disabilities stay in their communities**

. The Clinton Administration has approved over 200 Medicaid home- and community-based waivers (1915( c)) nationwide, helping hundreds of thousands of people receive the critical health care services they need to function at home rather than requiring them to enter nursing homes in order to receive care.

### **Supported and enforced the Olmstead decision that promotes long-term care in community settings**

. In July 1999, the Supreme Court issued the *Olmstead v L.C.* decision that requires states to

administer their services in the most integrated setting appropriate to the needs of people with disabilities. The Administration, which supported this decision, consulted with states and advocates and issued guidance on how to implement this decision. It has resulted in a significant improvement in access to home- and community-based services for people with disabilities.

#### **Enacted Systems Change and other programs to promote deinstitutionalization and community services**

(Public Law 106-554; 12/21/00) The President and Vice President supported and enacted a one-year, \$50 million grant program, which was part of the MiCASA bill, to fund intensive outreach efforts to educate people with disabilities about the home- and community-based options available to them; create new one-stop shopping centers that streamline application and eligibility processes for services; and develop and implement strategies to modify state policy that results in the unnecessary institutionalization of people with disabilities. The same bill provided \$25 million for nursing home transition grants that share a similar goal.

#### **Proposals**

##### **Proposed state-based home and community-based long-term care program**

As part of the Health Security Act (H.R. 3600), President Clinton proposed a long-term care initiative that would have: created a new state grant program, funded at \$58 billion over 5 years, for home and community-based services for people with disabilities; improved and expanded Medicaid institutional services; and provided tax incentives and quality improvements for private long-term care insurance (a similar version passed in Public Law 104-191).

##### **Proposed tax credit for individuals with long-term care needs of all ages and their caregivers**

In 1999 and 2000, President Clinton's budgets included an historic long-term care initiative whose centerpiece was a \$3,000 tax credit for people with long-term care needs or their caregivers. This tax credit would support the diverse needs of families by compensating a wide range of formal or informal long-term care for people of all ages with three or more limitations in activities of daily living (ADLs) or a comparable cognitive impairment. It would provide needed financial support to about 2 million Americans, including 1.2 million older Americans, over 500,000 non-elderly adults, and approximately 250,000 children per year. The proposal, along with a tax deduction for private long-term care insurance, was endorsed by the health Insurance Association of America and the AARP, and has bipartisan support in the House and Senate (S. 2225), making it likely that it will become law in 2001.

##### **Proposed tax credit for workers with disabilities**

. Recognizing that long-term care and other services are often needed for work, the President proposed a tax credit for workers with disabilities in 1999 and 2000 (as well as similar proposal in 1993). The \$1,000 tax credit would provide a new incentive for approximately 200,000 to 300,000 people with disabilities to begin working and help those with jobs maintain them. It would complement the Work Incentive Improvement Act since it would be available even in states that do not take up the Medicaid buy-in option for workers with disabilities.

#### **Proposed assisted living partnership between low-income housing programs and Medicaid**

. This proposal would provide \$100 million in competitive grants to qualified low-income elderly housing projects (Section 202 projects) to convert some or all units into assisted living, so long as Medicaid home- and community-based services and services for non-Medicaid residents are readily available. As people living in these housing facilities age, their need for long-term care services rises, often leaving them with no choice but to move to a nursing home. This proposal would allow such people to "age in place" by funding the conversion of their units or the buildings that they live in into assisted living facilities.

#### **Proposed additional policies to improve nursing home quality**

(9/16/00). Despite great strides made in nursing home quality, a recent study found that 50 percent of nursing homes do not maintain the minimum staffing levels necessary to ensure the delivery of quality care. The President proposed investing \$1 billion over 5 years in a new state grant program to increase and reward adequate staffing levels; imposing immediate penalties on nursing homes endangering patient safety; investing Federal financial penalties levied against nursing homes endangering patients in the new grant program; providing the public with accurate information on staffing levels; and directing HCFA to establish national minimum staffing requirements within two years. This proposal gained broad bipartisan support, laying the groundwork for passage.

## **INVESTING IN HEALTH RESEARCH AND TRAINING**

### **Enacted unprecedented investments in biomedical research at the National Institutes of Health**

. Strongly supported by the Vice President, the President signed laws that nearly doubled funding for the National Institutes of Health (NIH) since its 1993 level of \$10.3 billion, reaching an historic high of \$20.3 billion in 2001. NIH now supports the highest levels of research ever on nearly all types of disease and health conditions, making new breakthroughs possible in vaccine development and use and the treatment of chronic and acute disease. Highlights include:

- Cancer. While the overall incidence and mortality rates for cancer declined over the past few years, death rates are still increasing for some forms cancer (e.g., liver and esophagus cancers), for some groups, and the overall number of Americans who develop cancer will increase as the population ages. The investment in the National Cancer Institute (NCI) increased from \$2 billion in 1993 to \$3.8 billion in 2001, funding state-of-the-art clinical trials on cancer prevention and treatment as well as studies on topics like: the role of genetics in cancer; the long-term effects of treatment for prostate cancer; how actions like using cell phones and smoking affect the risk of getting cancer; and why racial disparities in cancer incidence exist and how to reduce them. The President worked with the NCI to increase its focus on colorectal cancer, the second leading cancer killer in the U.S. (10/7/00). In 1996, he unveiled the Office of Cancer Survivorship to support research on survivors' issues.
- HIV/AIDS. Although AIDS deaths declined from more than 50,000 in 1995 to 16,000 in 1999, it remains one of the greatest public health threats, especially in Africa. NIH's HIV/AIDS research funding doubled, from \$1.1 billion in 1993 to \$2.2 billion in 2001. The investment in HIV vaccine research doubled between 1997 and 2001 alone.
- Human Genome Project. The Clinton-Gore Administration invested over \$2.6 billion in this international project to discover all of the approximately 100,000 human genes and to determine the complete sequence of the 3 billion DNA sub-units. In 2000, researchers completed the first working draft of genetic blueprint for a human being, probably one of the most important discoveries in human biology.
- Diabetes. Approximately 16 million people nationwide have diabetes, a chronic disease with no cure that costs the health care system approximately billions annually. In 2000, NIH supported over \$500 million in research on diabetes, with an emphasis on understanding and reducing racial disparities in the incidence of diabetes and preventing the progression of the disease. In addition, the President enacted in 1997 (Public Law 105-33, 8/5/97) and in 2000 a mandatory program that funds \$100 million annually in research on juvenile or Type 2 diabetes (Public Law 106-554, 12/21/00).
- Alzheimer's Disease. Currently, four million Americans – the vast majority of whom are seniors – suffer from this progressive, degenerative brain disease. Because neither cause nor cure are known, the President urged NIH to focus on Alzheimer's disease, investing \$50 million in the National Institute on Aging with a special focus on the development of a vaccine to prevent the disease in healthy adults (7/16/00).

#### **Issued guidelines for stem cell research**

Human pluripotent stem cells hold great promise for advances in health care because they can give rise to many different types of cells, such as muscle cells, nerve cells, heart cells and others. Further research using stem cells holds promise for treatments and possible cures for diseases like Parkinson's disease, diabetes, heart disease, multiple sclerosis and spinal cord injuries. The NIH developed guidelines for research involving stem cells to assure that the ethical, legal and social issues relevant to stem cell research are addressed prior to NIH funding of it (8/23/00).

**Launched new efforts to protect volunteers participating in clinical trials**

. On June 13, 2000, the President announced that HHS is taking new steps to strengthen Federal oversight and increase the accountability of researchers conducting clinical trials with human subjects in order to protect the safety of individuals participating in all clinical trials, including: (1) issuing guidelines stating that investigators must obtain new informed consent from participants after any unexpected death or serious adverse health event related to their clinical trial that may affect their willingness to participate; (2) issuing guidelines stating that Institutional Review Boards are expected to conduct an annual audit of safety protocols to ensure that informed consent has been obtained and is being maintained appropriately; (3) beginning a systematic evaluation of the informed consent process to ensure that it safeguards the rights of trial participants; (4) proposing new civil monetary penalties of up to \$250,000 per individual and \$1 million per institution to promote compliance with current regulations; (5) expanding human safety training requirements for researchers; and (6) taking initial steps to address financial conflict of interest issues. In 2000, HHS created a new Office for Human Research Protections to lead these efforts.

**Increased funding to explore the environmental causes of disease**

. The President enacted a new \$49 million research program to assist communities investigating unusual incidence of cancer or other diseases; identify regions of the country in which individuals are at increased risk of dangerous exposure to toxic substances; and ensure rapid evaluation of the impact of public health emergencies. The First Lady supported the development of environmental health labs.

**Enacted legislation promoting research on children's health**

. (Public Law 106-310, 10/17/00). Recognizing the unique health problems of children, the Clinton-Gore Administration supported and enacted the Children's Health Act of 2000 that expands, intensifies, and coordinates research, prevention, and treatment activities for diseases and conditions like autism, diabetes, asthma, hearing loss, epilepsy, traumatic brain injuries, lead poisoning, and oral health.

**Enacted funding increases for health services and quality research**

. The Administration more than doubled funding for research in the Agency for

Healthcare Research and Quality (AHRQ), the National Center for Health Statistics, and other agencies that study and evaluate how health services are delivered and how to improve the quality of care. The President also enacted the law that reauthorized and renamed AHRQ, and established it as the lead Federal agency on quality of care research. The Agency has been fulfilling this function since 1998 through its leadership role in the Federal Quality Interagency Coordination (QuIC) Task Force. The President and Vice President established QuIC to ensure that all Federal agencies involved in purchasing, providing, studying, or regulating health care services are working in a coordinated way toward the common goal of improving quality of care (3/13/98). QuIC presented the President with a report on February 22, 2000 that recommended policies to improve patient safety similar to those of the Institute of Medicine.

#### **Established Commission on Alternative Medicine**

Each year, tens of millions of Americans receive alternative therapies. On March 8, 2000, the President ordered the creation of a White House Commission on Complementary and Alternative Medicine Policy. This 15-member commission shall report to the President on legislative and administrative recommendations for assuring that public policy maximizes the benefits to Americans of complementary and alternative medicine. In addition, to hold complementary and alternative therapies to an appropriate standard of accountability, the Administration supported the creation of the National Center for Complementary and Alternative Medicine (NCCAM) on October 21, 1998. This center conducts basic and applied research, training, and disseminates health information and other programs with respect to identifying, investigating, and validating alternative medical treatments, diagnostic and prevention modalities, disciplines, and systems.

#### **Enacted new program for graduate medical education in children's hospitals**

President Clinton proposed, passed, and in 2001 invested \$235 million in a new program to fund critical graduate medical education in children's hospitals. Since free-standing children's teaching hospitals do not serve the elderly, they qualify for almost no Federal Medicare support. This new program, strongly supported by the First Lady, moves towards leveling the playing field. It provides freestanding children's hospitals, which play an essential role in the education of the nation's physicians, with the funds for graduate medical education activities to be distributed on a per resident basis.

#### **Enacted policies to improve Medicare medical education program and funding**

The President increased and improved Medicare's graduate medical education funding. In 1997, he enacted a provision allowing hospitals to receive Medicare education funding for non-hospital providers and consortia of hospitals and medical schools (Public Law 105-33; 8/5/97). In 1999, he supported Congress in reducing the geographical inequities in the direct medical education system while holding current programs harmless. And in 1999 and 2000, he sought to secure a higher payment adjustment for indirect medical education, recognizing that teaching hospitals face disproportionate and growing costs (Public Laws 106-113 and 106-554; 11/29/99 and 12/21/00).

**Encouraged health provider development in rural areas and for minorities**

. The President supported increased funding for National Health Service Corps to encourage health providers to practice in underserved communities, enacting an 11 percent increase in funding between 1999 and 2000 alone. More than 2,500 primary care clinicians were placed in health professional shortage areas through this program in 2000. The President also requested and received a \$10 million increase in 2001 for the Health Careers Opportunity and Centers of Excellence programs that aim to increase the diversity and cultural competency of the nation's health workforce.

**Proposals****Proposed creating broadly-funded trust fund for medical education**

. In his 1993 health reform proposal (H.R. 3600), the President and First Lady included a provision to reform the payment system for graduate medical education. Specifically, a new trust fund would have been created to make payments to qualified academic health centers or teaching hospitals. Funding for such payments would have come from the Federal Hospital Insurance Trust Fund and an assessment on private insurers.

**Proposed Research Fund for America**

. In 1998, the President proposed to pool funding for a broad range of research organizations, including NIH, Centers for Disease Control and Prevention, the National Science Foundation, the National Aeronautics and Space Administration, the Energy department, the Commerce Department's National Institute of Standards and Technology, Agriculture Departments research programs, the multi-agency Climate Change Technology Initiative and other programs. This would contribute to better coordination and targeted investments in cutting-edge research.

**IMPROVING PUBLIC HEALTH****Promoting Safety and Quality****Enacted initiative to prevent medical errors and improve patient safety**

. To address recent reports that over half of adverse medical events are due to preventable medical errors, causing 98,000 deaths a year, the Administration launched a multi-pronged initiative aimed at improving patient safety (2/22/00). It created a new Center for Patient Safety and secured \$50 million in funding for the Agency for Healthcare Research and Quality to pursue this research; developed a regulation requiring each of the over 6,000 hospitals participating in Medicare to have in place error reduction programs; took new actions to improve the safety of medications, blood products, and medical devices; created a mandatory reporting system in the 500 military hospitals and clinics serving over 8 million patients; and launched a nationwide state-based system of mandatory and voluntary error reporting, to be phased in over time. FDA

received a 35 percent increase in funding for modernizing its adverse event reporting systems between 2000 and 2001. These efforts will help create an environment and a system in which providers, consumers, and private and public purchasers work to achieve the goal set by the Institute of Medicine (IOM) to cut preventable medical errors by 50 percent over five years.

#### **Launched Food Safety Initiative**

In 1997, the President announced the Food Safety Initiative, a comprehensive initiative to improve food safety and reduce food-borne illness. In 1998, he created the President's Council on Food Safety to strengthen coordination and planning across agencies. Funding for HHS efforts increased from \$148 million in 1998 to \$257 million in 2001, nearly a three-fourths increase. This funding allowed for increased FDA inspections of high-risk food production facilities and improved outbreak response, surveillance and public education by both the CDC and FDA. In addition to this initiative, the Administration published a landmark rule in 1994 that modernized the nation's meat and poultry inspection system for the first time in nearly 100 years by utilizing more science-based approaches to inspection. Funding for the Department of Agriculture's Food Safety and Inspection Service increased by over 40 percent between 1993 and 2001, to \$697 million. As a result of these efforts, illness from bacterial food-borne pathogens decreased by 20 percent from 1997 to 1999. Salmonella declined 48 percent from 1996 to 1998.

#### **Enacted initiative to protect Americans from bioterrorist attacks**

Over the past three years, the Administration has marshaled substantial resources to deal with emerging threats relating to potential terrorist use of biological and chemical weapons. These efforts are part of a broader, multi-agency effort to address counter-terrorism. HHS funding for medical and public health preparedness related to these threats has increased from \$16 million in 1998 to an estimated \$331 million in 2001. Key components of the Administration's bioterrorism strategy include: establishing a medical stockpile of vaccines and therapeutics, improving vaccine research and development, intensifying public health surveillance activities, conducting medical responder training and exercises, and supporting State and local governments to help prepare for potential bioterrorist threats. In addition, the President signed the Public Health Improvement Act in 2000 (Public Law 106-505, 11/13/00) which expanded HHS's authority to these conduct activities.

#### **Issued regulation to ensure that consumers understand information on over-the-counter drug labels**

The President released a historic new Food and Drug Administration regulation that, for the first time, requires over-the-counter drug products to use a new product label with larger print and clearer language, making it easier for consumers to understand product warnings and comply with dosage guidance (3/11/99). The new regulation provides Americans with essential information about their medications in a user friendly way and takes a critical step towards preventing the tens of thousands of unnecessary hospitalizations caused by misuse of over-the-counter medications each year.

#### **Issued regulation that drug companies provide adequate testing for children**

President Clinton ordered and implemented an important Food and Drug Administration regulation requiring manufacturers to do studies on pediatric populations for new prescription

drugs – and those currently on the market – to ensure that prescription drugs have been adequately tested for the unique needs of children (8/13/97).

#### **Enacted protections for consumers purchasing prescription drugs over the internet**

. The President included a new proposal in his FY 2001 budget to: establish new Federal requirements for all Internet pharmacies to ensure that they comply with state and Federal laws; create new civil penalties for the illegal sale of pharmaceuticals; give Federal agencies new authority to swiftly gather the information needed to prosecute offenders; expand Federal enforcement efforts; and launch a new public education campaign about the potential dangers of buying prescription drugs online. He enacted \$10 million in 2001 to begin this important work.

#### **Enacted historic comprehensive FDA reform that expedited the review and approval of new drug products**

(Public Law 105-115, 5/15/97). The President signed into law the 1997 FDA Modernization Act that includes important measures to modernize and streamline the regulation of biological products; increase patient access to experimental drugs and medical devices; and accelerate review of important new medications. This reform, which built on the Vice President's reinventing government effort, has led to faster U.S. drug approvals. Average drug approval times dropped since the beginning of the Administration from almost three years to less than 12 months at the same time that the average number of drugs approved has increased.

#### **Improved funding for Consumer Product Safety Commission**

. The Consumer Product Safety Commission (CPSC) is an independent agency that helps keep American families safe by reducing the risk of injury or death from consumer products. CPSC safety standards annually prevent approximately 150 to 200 infant deaths from poorly designed cribs. Since 1993, financing for CPSC's efforts to develop voluntary safety standards, enforce mandatory standards, and recall harmful products has grown by 24 percent, from \$42 million to \$53 million in 2001.

### **Women's Health**

#### **Promoting reproductive health**

. The Clinton-Gore Administration, with the leadership of the First Lady, has taken strong steps to protect a woman's right to choose and promote women's reproductive health by securing historic increases and domestic and international family planning funding. Since the Clinton-Gore Administration took office, funding for domestic family planning services has increased by 46 percent, from \$173 million in 1993 to \$254 million in 2001. He has also reversed the gag rule, provided contraceptive coverage to more than a million women covered by federal health plans,

and taken steps to ensure safe access to reproductive health facilities, including enacting the Freedom of Access to Clinic Entrances (FACE) law and launching a National Task Force on Violence Against Health Care Providers to coordinate the investigation of violence against women's health care clinics nationwide. In addition, President Clinton has: reversed the ban on the importation of RU-486 and threatened to veto a provision that would have prevented the FDA from using government funds to test, develop or approve drugs that may induce medical abortion, clearing the way for FDA approval of RU-486 based on the science; defeated Republican proposals to require minors to obtain parental consent prior to receiving any Title X family planning services; lifted the ban on federal funding for fetal tissue research; and upheld his veto of a bill banning so-called "partial birth" abortions, which would have undermined *Roe v. Wade* and jeopardized women's health

#### **Launched initiative to reduce violence against women**

. The President and First Lady supported the Violence Against Women Act in 1994 and led efforts to reauthorize it in 2000. HHS played a major role in this effort, allocating \$101 million for grants to battered women's programs; \$15 million for programs to reduce sexual abuse among runaways, and \$44 million for grants for rape prevention and education programs in 2001.

#### **Mental Health**

##### **Held first-ever White House Conference on Mental Health**

(6/7/99). The Clinton Administration, under the leadership of the President's mental health advisor Mrs. Tipper Gore, held the first White House Conference on Mental Health. At this conference, the Administration took new action to ensure that the Federal Employees Health Benefits Plan (FEHBP) – the nation's largest private insurer – would implement full mental health and substance abuse parity; launched a national school safety training program for teachers and education personnel with the goal of reaching every school across the country; and initiated a \$7.3 million study to determine the nature of mental illness and treatment nationwide and to help guide strategies and policy for the next century.

##### **Issued historic Surgeon General reports on mental health**

. On December 13, 1999, the Surgeon General released the first-ever *Mental Health: A Report of the Surgeon General*, which found that one in five Americans is living with a mental health disorder, and that less than two-thirds of adults with severe mental illness receive treatment. This report not only raised public awareness but helped increase the Federal funding and focus on the challenge of improving mental health. In January 3, 2001, the Surgeon General released a report on the mental health of children, finding that 1 in 10 children and adolescents suffer from serious mental illness, yet fewer than 1 in 5 of these children receives needed treatment. The report outlined goals and strategies to improve the services for children and adolescents with mental health problems and their families.

**Enacted large investments in mental health prevention and treatment**

. In addition to promoting parity of mental health benefits in private health plans (see earlier description), the Clinton-Gore Administration made public mental health services a priority. Since 1993, funding for mental health services doubled, with mental health funding within the Substance Abuse and Mental Health Services Administration (SAMHSA) reaching \$782 million in 2001. Between 2000 and 2001 alone, the President secured increases of \$64 million for the Mental Health Block Grant, \$25 million for new Targeted Capacity Expansion grants for early intervention and prevention and local capacity expansion; \$9 million for children's mental health services, \$6 million for grants to assist the homeless, and \$5 million for grants to ensure protections for the mentally disabled against abuse and neglect.

**Launched effort to ensure appropriate care for children**

. The First Lady launched the Administration's unprecedented public-private effort to ensure that children with emotional and behavioral conditions are appropriately diagnosed, treated, monitored, and managed by qualified health care professionals, parents, and educators. Federal actions included: (1) the release of a new, easy to understand fact sheet about treatment of children with emotional and behavioral conditions for parents; (2) a \$5 million funding commitment by the National Institute of Mental Health (NIMH) to conduct additional research on the impact of psychotropic medication on children under the age of seven; (3) the initiation of a process at FDA to improve pediatric labeling information for young children; and (4) a national Surgeon General's Conference on Children's Mental Health: Developing a National Action Agenda on September 18 - 19, 2000. It also published a rule to prevent the inappropriate restraint and seclusion of children in inpatient psychiatric facilities. The rule establishes the right of an individual in one of these facilities to be free from restraints or seclusion for any purpose unless the restraint or seclusion is imposed by the written order of a physician to ensure the physical safety of the resident, a staff member, or others. Restraints and seclusion may never be used as a means of coercion, discipline, convenience, or retaliation.

**Racial and Ethnic Minority Health****Launched new effort to eliminate racial health disparities**

. In 1998, President Clinton established the national goal of eliminating disparities in health status among racial and ethnic minorities in key areas by 2010. To reach this goal, the Administration launched a number of policies including: a major outreach campaign to send critical treatment and prevention messages to all Americans, with a special focus on reaching racial and ethnic minorities; launched a major new foundation / public sector collaboration to

address disparities; and secured \$38 million in 2001 for demonstration projects to better understand and address racial disparities. Through the Agency for Healthcare Research and Quality, the Administration invested more than \$40 million annually in 2000 and 2001 to fund health disparities research. And, the President enacted the "Minority Health and Health Disparities Research and Education Act of 2000" (Public Law 106-525, 11/22/00) which, among other provisions, established the National Center on Minority Health and Health Disparities which will coordinate the NIH's over \$1 billion annual investment in minority health and disparities research.

#### **Enacted Minority HIV/AIDS Initiative**

Although racial and ethnic minority groups account for only about 25 percent of the U.S. population, they account for more than 50 percent of all AIDS cases. To address this, the President launched the Initiative to Address HIV/AIDS in Racial and Ethnic Minority Communities. Together with the Congressional Black Caucus, he secured \$357 million in 2001 -- nearly a 40 percent increase over 2000 -- to expand minority HIV/AIDS activities across HHS. A major component of this effort is addressing the prevention and treatment needs of minority communities heavily affected by HIV/AIDS, through technical assistance and infrastructure support, increasing access to care, and building linkages to care outside of these communities. And the Office of Minority Health and Office of HIV/AIDS Policy at HHS collaborated to raise awareness and involvement of minority leaders and decrease the stigma associated with HIV/AIDS.

#### **Enacted record increases in Indian Health Service funding**

The Administration has demonstrated its commitment to addressing major health problems affecting Native Americans and Alaska Natives through a \$1.2 billion or 58 percent increase in funding for the Indian Health Service (IHS) since 1993. This funding enabled IHS to improve the quality and access to basic medical care for Native Americans, and also target a number of health problems that disproportionately affect Native Americans. In addition, the Administration strongly supported the mandatory program that provided \$30 million between 1998 and 2000 and \$100 million annually for 2001 through 2003 for the IHS to treat Native Americans who suffer disproportionately from diabetes and its complications (Public Laws 105-33 and 106-554, 8/5/97 and 12/21/00). Finally, in August 2000, the President signed the Tribal Self-Governance Amendments of 2000, establishing a permanent authority for IHS to enter into compacts with tribal governments which will give them greater flexibility to administer their health programs.

#### **HIV/AIDS**

##### **Enacted funding increases for HIV/AIDS prevention and treatment**

President Clinton has worked hard to invigorate America's response to HIV and AIDS, providing new national leadership, greater resources and a closer working relationship with affected communities. To lead this effort, the President created the Office of National AIDS Policy in the White House as well as a Presidential Advisory Council on HIV-AIDS. Funding for HIV prevention increased by over 50 percent, to \$788 million. Funding for the Ryan White

CARE Act has increased by over 338 percent. In addition, the President signed into law the reauthorization of the Ryan White Care Act (Public Law 106-345, 10/20/00) that modernizes this critical program. These efforts have show results. In 1996, for the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. There was a 70-percent decline in HIV/AIDS mortality since 1995. While AIDS was the eighth leading cause in 1996, it dropped out of the top 15 causes of death by the end of the Administration. The rate of newly reported HIV/AIDS cases in infants due to perinatal transmission dropped by 73 percent.

#### **Led global fight against HIV/AIDS**

. In 1999, the Administration established the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, an interagency effort to combat the spread of HIV/AIDS overseas. Under President Clinton, the U.S. tripled funding for international AIDS programs in just two years -- to \$466 million in FY 2001 -- for prevention, care and treatment, and health infrastructure. The U.S. invested more than \$1.4 billion in international AIDS programs since the start of the epidemic. In addition, President Clinton signed an Executive Order on May 10, 2000 to help make HIV/AIDS-related drugs and medical technologies more affordable and accessible in beneficiary sub-Saharan African countries, and the Peace Corps will begin training of all 2,400 volunteers in Africa as AIDS educators.

#### **Approved Medicaid waivers to expand access to care for people with HIV/AIDS**

. While early intervention with AIDS-fighting drugs can slow the progress of the disease and increase life expectancy, its costs are prohibitive and Medicaid eligibility is limited to those who have full-blown AIDS. On February 4, 2000, with encouragement from the Vice President, HCFA approved a new Medicaid demonstration in Maine to provide coverage, early intervention and treatment to people in need who are HIV-positive but not otherwise eligible for Medicaid. This demonstration is intended to prove that early intervention is cost effective as well as critical to improving health. On May 31, 2000, HHS sent a letter to all states encouraging them to launch this type of demonstration. In January 2001, similar proposals from Massachusetts and DC were approved. And, the Jeffords-Kennedy law funded a new type of demonstration that would, similarly, assess how caring for people whose disability is not yet so severe as to cause major limitations improves health and reduces costs.

#### **Compensated hemophiliacs with HIV/AIDS through transfusions (Ricky Ray Hemophilia Fund)**

. The President enacted the authorization and appropriation for \$665 million for the Ricky Ray Hemophilia Relief Trust Fund, which provides one-time payments of \$100,000 to Americans

with hemophilia who were infected with HIV by blood during the 1980s.

## **Tobacco**

### **Launched unprecedented campaign to prevent teen smoking**

. The Administration undertook concerted, comprehensive efforts reduce smoking, particularly among children. The President's final budget achieved \$100 million in funding for the CDC's tobacco education and control efforts – a tenfold increase since 1993. In addition, the Administration supported raising the price of cigarettes and other tobacco products since public health experts agree that this is the single most effective way to cut youth smoking. In 1997 (Public Law 105-33, 8/5/97), the President and Congress increased cigarette excise taxes by 10 cents per pack, with an additional five-cent increase in 2002. The Administration, in its last three budgets, advocated for higher price increases. Higher prices contributed to the 30 percent drop in smoking rates among eight graders between 1996 and 2000.

### **Supported regulation of tobacco by the FDA**

. In 1995, the Administration and the FDA wrote strong, effective rules to prevent children under age 18 from buying any tobacco product, anywhere in the U.S. The FDA was also prepared to end tobacco advertising aimed at young people. In March 2000, the Supreme Court ruled that the FDA must have explicit authorization from the Congress before it can regulate tobacco. In response, the Administration urged the Congress to give the FDA this authority.

### **Initiated Justice Department litigation against tobacco companies**

. The Administration pursued litigation against tobacco manufacturers for deceiving the public about the dangers of smoking. This lawsuit, similar to the state lawsuit that resulted in a multi-billion dollar settlement, is part of a continuing effort to hold tobacco companies accountable for their conduct. Funding was secured for this effort in both 2000 and 2001.

## Other Initiatives

### **Launched effort to increase childhood immunizations**

. Concerned that too few children were receiving much-needed vaccinations, the President and First Lady launched a major childhood immunization effort to increase the number of children who were being immunized. As part of this initiative, the Administration established the Vaccines for Children (VFC) program to ensure the availability of recommended vaccines for low-income children. Since 1993, the Administration has tripled funding for childhood immunization from \$341 million in 1993 to over \$1 billion in 2001. In addition to funding, the Administration has promoted other policies to improve immunization. For example, on December 11, 2000, the President issued an executive memorandum to direct WIC clinics to screen and refer children to immunization program. Since 1993, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving critical vaccines for children by age 2. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago.

### **Launched new initiative to fight childhood asthma**

(1/28/99). First Lady Hillary Rodham Clinton unveiled a new Administration initiative to fight childhood asthma through a comprehensive national strategy that includes new efforts to: (1) implement school based programs that teach children how to effectively manage their asthma; (2) invest in research to determine environmental causes of asthma and to develop new strategies to reduce children's exposure to asthma triggers; (3) provide funds to states and providers to help them implement effective disease management strategies that will insure we lower hospitalizations, emergency room visits and deaths from asthma; and (4) conduct a new public information campaign to reduce exposure to asthma triggers and dust mites.

### **Launched effort to increase organ donation nationwide**

. President Clinton and Vice President Gore launched the National Organ and Tissue Donation Initiative in December 1997. During 1998, HHS issued a new regulation requiring hospitals to notify organ procurement organizations (OPOs) of all deaths and imminent deaths in order to ensure that opportunities for donation are not overlooked. As a result, organ donation increased 5.6 percent, resulting in the donation of an additional 17,000 organs to individuals in desperate need – the first substantial increase since 1995. In 2000, HHS implemented improvements in the nation's organ transplant system aimed at enabling the transplant network to operate in the fairest and most medically effective way possible for patients. It also formed an Advisory Committee on Organ Transplantation to review new proposals. HHS worked with health care organizations, faith organizations, educational organizations, state partners, and donor and recipient groups to educate the public about the importance of organ donation. In addition, the Federal government is educating its employees about donation, in order to serve as a model for other employers. With assistance from the Office of Personnel Management, HHS provided donation materials to over 100 Federal agencies for employees, including donation messages on pay stubs and full-page donation ads in the Federal health plan catalog for the past two years.

**Increased health clinic funding and created the Community Access Program**

. Consolidated Health Centers (CHCs), a network of about 700 clinics, provide preventive and primary care services to over 9 million patients in the poorest rural and inner city areas. Funding for CHCs increased by over 70 percent, from \$683 million in 1993 to \$1.169 billion in 2001. In addition, the Administration proposed and enacted a new program, called the Community Access Program (CAP), to promote integrated systems of care for the uninsured through coordination between public hospitals, health centers, and other community-based providers. It also aims to increase the number of services delivered and establish accountability in the system to assure adequate patient care. The President secured \$125 million for this program for 2001.

**Expanded substance abuse prevention and treatment**

. Funding for substance abuse treatment and prevention services increased by \$501 million or 31 percent since 1993. The Substance Abuse Block Grant's \$2.1 billion in 2001 will enable states to provide over 1.6 million people with services. In addition, funding increased for Targeted Capacity Expansion grants that help communities address gaps in substance abuse services for emerging areas of need. While national levels of illicit drug use among 12 to 17 year olds increased from 1992 until 1997, a combination of Federal, state and local investments in treatment and prevention contributed to a 21-percent decline in that population's rate of use between 1997 and 1999.

**Improved workplace safety**

. Complementing strong efforts at the Department of Labor which contributed to a 21 percent drop in the rate of occupational injury and illness rate between 1993 and 1998, funding for efforts to improve worker safety at the National Institute for Occupational Safety and Health (NIOSH) increased during this Administration. The National Occupational Research Agenda (NORA) alone received a 19 percent between 2000 and 2001 to expand worker safety research. The Agency for Healthcare Research and Quality will complement NIOSH's work with \$10 million in 2001 to fund worker safety research in health care organizations.

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## Biography of Christopher C. Jennings

Christopher Jennings is the President of Jennings Policy Strategies, Inc., a policy, legislative strategy, and communications consulting firm. JPS, Inc. provides strategic guidance to a wide variety of clients including: consumer advocates, large and small businesses, labor organizations, health care providers and plans, foundations and investors. Issues that are the subject of the policy and strategic services provided include: Medicare, Medicaid, prescription drug coverage and cost containment, insurance coverage, insurance reforms/regulation including patient protections, long term care, and bioterrorism.

Prior to founding JPS, Inc., Mr. Jennings served in the Clinton Administration for eight years. As the President's Senior Health Policy Advisor, he was charged with developing and implementing the Administration's health care policy. In this capacity, Mr. Jennings coordinated and oversaw the health policy work of numerous Federal agencies, including the Office of Management and Budget and the Departments of Health and Human Services, Treasury, and Labor. He also had lead responsibility for communicating and advocating Administration health policy to the Congress, state and local governments, health care interest groups, and the media.

During his tenure in the White House, Mr. Jennings made significant contributions toward the enactment of major, bipartisan health legislation. Statutory achievements include: the Kennedy-Kassebaum insurance reforms, the Health Insurance Portability and Accountability Act, the Children's Health Insurance Program, the Balanced Budget Act of 1997 and its comprehensive Medicare reforms, the Mental Health Parity Act, the Food and Drug Administration Modernization Act, and the Work Incentives Improvement Act.

Mr. Jennings also spearheaded a wide array of executive actions taken by the President. These included: the extension by executive order of the consumer protection recommendations of the "Quality Commission" to 85 million Americans in federally-supervised health plans; the implementation of privacy protections for medical records; the banning of inappropriate use of genetic information for Federal employment decisions; the extension of mental health coverage parity for Federal employees; the expansion of Medicare coverage of clinical trials; the provision of expanded home and community-based alternatives to institutional care; the strengthening of nursing home quality standards and enforcement; and the successful implementation of anti-fraud and abuse initiatives within the Medicare and Medicaid programs.

Mr. Jennings was also the chief architect of a wide array of legislative initiatives that have helped set the health care agenda for the new Administration and Congress. These include proposals to: strengthen and modernize Medicare, including the development of a Medicare prescription drug benefit; expand health insurance coverage to an additional five million uninsured Americans; secure passage of a bipartisan and enforceable Patients' Bill of Rights; and provide financial assistance and services to millions of Americans of all ages who need long-term care and for those who care for them.

Before his White House appointment, Mr. Jennings was the Senior Legislative Health Reform Advisor to the Health Care Financing Administration (HCFA). During his tenure in this position (93-94), he worked closely with First Lady Hillary Rodham Clinton, assisting her in preparing for testimony before five Committees and staffing her for hundreds of meetings with Members of Congress. Prior to joining the Clinton Administration, Mr. Jennings served as Committee staff for three United States Senators (Glenn, Melcher, and Pryor) over the course of almost ten years on Capitol Hill. As Deputy Staff Director of the Senate Aging Committee for Chairman David Pryor (D-AR), he staffed the Senator before the Finance Committee and the "Pepper Commission." He also coordinated Senator Pryor's legislative initiatives on prescription drug coverage and cost containment, long-term care, insurance market reform, rural health issues, and small business health coverage and access concerns.