Coalition for Fairness in Mental Illness Coverage

August 1, 1997

The President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the children, families, health care professionals, and health care systems our organizations represent, please accept the thanks of the Coalition for Fairness in Mental Illness Coverage for your staunch support for including mental health coverage in the new children's health insurance State block grant initiative that is a centerpiece of the budget reconciliation conference agreement.

We are certain you share our regret that the agreement does not provide for full parity between mental and other health care coverage under the children's title, but we want to assure you that we are very much aware of how extraordinarily difficult the negotiations were and how hard you and your key negotiators worked to ensure that mental health coverage will for all practical purposes be included in any of the conceivable permutations of children's health plans the States may bring forward. We wish in particular to commend the efforts of Chris Jennings, Gary Claxton, and Rich Tarplin to achieve the best possible outcome for mental health coverage under the children's title. We also wish to express our deepest thanks to Mrs. Gore and her staff for their continued commitment in this area.

Again, on behalf of the nation's children and families, please accept our sincere thanks for moving us still closer to our objective of ending insurance-based distinctions between mental illness treatment and other medical/surgical treatment. We look forward to working with the Administration to ensure that the regulatory process fully substantiates the legislative goals laid out in the budget accord.

Sincerely,

National Alliance for the Mentally Ill
National Mental Health Association
American Managed Behavioral Healthcare Association
American Medical Association
American Psychiatric Association
American Psychological Association
Federation of American Health Systems
National Association of Psychiatric Health Systems

bcc: Chris Jennings

Mental illness coverage. It's time to be fair by treating it equally in health care.
1400 K Street, NW, Third Floor, Washington, DC 20005
Phone: 202-682-6393 Fax: 202-682-6287

File Mental Health

July 30, 1997

MEMORANDUM FOR MRS. GORE

FR: Chris Jennings and Sarah Bianchi

RE: Status of Mental Health Benefit in the Children's Health Initiative

States participating in the Children's Health Initiative will be able to choose from four benefits packages: (1) the FEHBP model; (2) the benefits package of the most popular state HMO; (3) the state employee plan; and (4) the actuarial equivalent of any of the three stated benefit plans provided that prescription drugs, vision, hearing, and mental health services now offered in these plans are guaranteed to equal at least 75 percent of the value of these services.

What this means is that if a state chooses one of the first three options -- the FEHBP model, the benefits package of the most popular state HMO, or the state employee plan -- it would offer the mental health benefit in that package. If the state chooses to offer the actuarial equivalent of one of these three plans, they would have to guarantee at least 75 percent of the value of the mental health package in the plan, provided that the plan had some minimal mental health benefit.

Before making this agreement, we looked extensively into whether or not the three base packages had mental health benefits and found that indeed they do. The FEHBP model covers mental health services and the most popular HMOs do as well. Although not complete, to date, our review of state employees plans has found that only one state -- ironically Senator Wellstone's state of Minnesota -- does not offer mental health benefits in their state employee plan. In this case, if the state chooses to provide the actuarial equivalent to their state employee plan, it would not have to offer any mental health services. So while this agreement does not guarantee a mental health benefit, we believe that with the exception of Minnesota, states participating in the children's health initiative will, in fact, have to offer a mental health benefit.

Moreover, we also believe that this agreement includes provisions for lifetime parity for mental health. We have just received the final language and are still carefully reviewing it, but we are pretty sure that legislation passed in last year's mental health parity bill, which requires plans to cover lifetime benefits for mental health at the same level as their other benefits, is applicable for the children's health bill as well. We will keep you informed once HHS General Counsel has made a final judgement on this legislation.

We believe that this agreement represents a significant victory (as do all of the mental health groups which recognize that your leadership on this issue is the primary reason there are any mental health benefits in this agreement. As I am sure you have heard, they send many thanks and congratulations). The Republicans and many of the Governors fought extremely hard not to include the mental health, prescription drugs, vision or hearing benefits in the children's health provisions.

Background on Children and Mental Health

- Between eight and twelve million of America's children currently suffer from a diagnosable mental illness. Nearly half are severely disabled by their mental health problems.

- At most, one quarter of these children are receiving treatment for their disorders.

- Approximately three million children and adolescents have a severe mental disorder with only one million receiving comprehensive treatment.

- One in fifty children are affected by depression.

- Mental illnesses have a higher treatment success rate than many physical illnesses. The treatment success rate is 60 percent for schizophrenia, 80 percent for bipolar disorder, and 65 percent for major depression. Comparatively, the success rate for the treatment of heart disease is only 41 percent to 52 percent.

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THE WHITE HOUSE

WASHINGTON

September 16, 1998

MEMORANDUM FOR THE CHIEF OF STAFF

FROM: Bruce Reed
Elena Kagan

SUBJECT: DPC October Event Ideas

Health Care

Long-Term Care: If Democrats decide to introduce an alternative tax bill, we could do an event (either before or concurrent with the Democratic unveiling) that highlights the President's long-term care initiative. The President's proposal would provide for a $500-$1,000 tax credit to people with long-term care needs or their caregivers. It would cost about $5 billion over 5 years and help about 2.2 million people. At the same time, the President could call for the Federal Employees Health Benefit plan to offer long-term care insurance to federal employees. OPM estimates that 300,000 people would buy these policies.

Work Incentives and Health Care for People with Disabilities: Within a week, we will know whether the Senate will vote on the Jeffords-Kennedy Work Incentives Improvement Act -- the disability community's top health priority -- this year. If the bill does come to a vote, we could do a strong event with the disability and AIDS communities emphasizing our involvement in developing the bill and calling on the Senate to pass it. We also could announce the approval of four states for the new "date certain" grant program. This initiative (long sought by the disability community) gives states the ability to use Medicaid funds to offer a time-limited opportunity for institutionalized disabled persons to return to their communities to receive the long-term care services they need. The disabilities community views the program as an important step in moving Medicaid away from its historic bias toward institutionalizing the chronically ill.

Children's Health: October is the first anniversary of the effective date of the Children's Health Insurance Program (CHIP), and October 5 is Child Health Day. We could release the first annual report on states' progress in implementing CHIP, which is expected to coincide with a sufficient number of state approvals to cover 2.5 million kids. At this event, we would launch phase one of our children's health outreach campaign with NGA, which includes new radio ads in 10 states (set to begin October 1) targeted to parents of uninsured children eligible for CHIP or Medicaid. We also are trying to get a commitment from Americorps to participate in signing families up for Medicaid and CHIP on the local level.

Patients' Bill of Rights: We would like to do at least one more patients' bill of rights event, preferably on the road, prior to the election. We might want to do a kind of wrap-up event, now

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that we have just about finished applying the bill of rights to federal health plans, toting up everything we have done by executive action (i.e., how many people covered) and comparing it to what Congress has accomplished (i.e., nothing). The AFL-CIO (per Jerry Shea) strongly favors this event.

Cancer Event(s): In addition to the September 26 Cancer March (and the President's possible involvement through a radio address), October is National Breast Cancer Awareness month. It is also the fifth anniversary of the President's launching of the National Action Plan on Breast Cancer. We have tentatively scheduled October 21 for an event with the First Lady to (1) release a new report on the progress the Administration has made in the fight against breast cancer, and (2) highlight a new information outreach and screening campaign focused on underserved minorities. Because of the President's strong cancer record, as well as his desire to underscore our commitment to ending health disparities among races, the President might want to participate in this event.

Elder Abuse: See Crime section of this memo.

Education

September Grants: The Education Department will announce prior to September 30: (1) technology grants ($30 million to 17 states); (2) charter school grants ($60 million to 20 states); (3) safe and drug free school grants ($5 million for model school partnerships and universities); and (4) school-to-work grants ($40 million to urban and rural communities, which must be given on September 30). We can try to combine as many of these grants as possible into a single event, perhaps in Chicago.

Potential Bill Signings: (1) The Higher Education Act is virtually certain to pass this session, though the timing is uncertain. It is likely to contain provisions to reduce student loan interest rates, as well as programs based on our High Hopes and Teacher Recruitment and Preparation proposals. (2) Prospects for passing the charter schools legislation are decent, though hardly guaranteed. (3) Ditto the prospects for passing an early literacy bill.

Safe Schools Conference: On October 15, the President will host a White House Conference on School Safety and take the following actions: (1) release the first annual report on school safety, including school crime data, information on model safe schools, and recommended action steps for parents and teachers; (2) unveil a proposal to reform the Safe and Drug Free Schools program and call for additional funds in the FY 2000 budget; (3) announce a new FEMA-like program of assistance for communities that have experienced school-related violence; (4) launch new comprehensive school safety grants that will bring together disparate streams of funding from the Departments of Justice, Education, and Health and Human Services; and (5) start a partnership with MTV on school safety, which includes a year of PSAs.

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Could do while in LA?

Crime

September COPS Grants: The President could announce in late September $370 million in grants to hire or redeploy 11,500 more police officers. This announcement would include $100 million for Los Angeles to hire 700 new police officers, $70 million for the rest of California to hire 800 new officers, and $200 million for COPS MORE grants to allow police departments in communities across the nation to redeploy more than 10,000 officers.

Let's do announce on this good

Elder Abuse and Fraud: The President could take several actions to combat elder abuse and fraud, including: (1) releasing the preliminary findings of an HHS study on elder abuse; (2) creating a new national center on elder abuse; (3) calling on Congress to reauthorize the Older Americans' Act, which includes services to help older Americans at risk for abuse; (4) launching a new partnership between the Justice Department and AARP to create Elder Fraud Prevention Teams (EFPTs) in four cities (Miami, Phoenix, San Diego, and Seattle); (5) releasing roughly $3 million in Justice Department grants to combat fraud against the elderly (by September 30); and (6) posting new information on telemarketing fraud on the Department of Justice Web site.

TOP COPS Legislation: The President could sign legislation to expand educational benefits for the children of slain local law enforcement officers at the NAPO TOP COPS event on October 9, assuming the legislation is passed in time. The President endorsed this proposal at last year's TOP COPS event. The bill has passed the Senate and is waiting for a floor vote in the House.

May give anthrax speech on Friday

good

1997 FBI Crime Statistics: Coinciding with the October 18 release of the final 1997 FBI Uniform Report -- which will continue to show large decreases in crime -- the President could give a major policy speech on how this Administration's efforts have helped to fuel the longest sustained drop in violent crime in nearly 40 years. The speech would commemorate the fourth anniversary of the landmark 1994 Crime Act; highlight the crime policies, including signature initiatives such as COPS, that have helped to change the nation's approach to crime; and begin to make the case for new crime proposals that will be included in the State of the Union and FY 2000 budget.

Youth Crime Gun Interdiction Initiative: Anytime after October 23, the President could: (1) release the second annual report on the Youth Crime Gun Interdiction Initiative (YCGII), which will provide new ATF data on guns used in crimes in 27 cities; (2) announce the availability of new funds to hire new ATF agents to investigate gun trafficking in these 27 cities; and (3) propose a dramatic expansion of this initiative in the FY 2000 budget to all major cities (i.e., the 65-70 cities with populations of 250,000 or more), which would cost about $30 million (pending OMB's approval). Additionally, because we expect the YCGII report to make a strong case for cracking down on "straw purchasers" and gun shows, we are considering whether the President should announce his support for legislation requiring background checks for all secondary market gun purchases.

Issue in Florida good idea

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Children and Families

Head Start Reauthorization Bill: The President should have the opportunity to sign a Head Start Reauthorization bill this year. A bill signing could highlight the how the Administration has (1) significantly increased Head Start participation; (2) dramatically improved program quality; and (3) created Early Head Start for infants and toddlers.

Quality Child Care for Federal Employees Act: The President may get an opportunity to sign the Quality Child Care for Federal Employees Act, which makes important improvements to federally-sponsored child care by building on an executive memorandum that the President issued in March 1998. (Congress, however, might add this measure to an appropriations bill.) We could announce new CCDBG data (see just below) at this signing.

New Child Care Data. The President could announce new data of the number of children served with child care assistance through the Child Care and Development Block Grant (CCDBG). This data will point to the need for increased investment in the block grant; we expect the data to indicate that we are serving approximately 1.8 million children of the 10 million eligible for assistance. This is the first data to examine the CCDBG created by welfare reform in 1996 (when four child care assistance programs were consolidated).

CEO Roundtable Discussion on Work/Family Issues: The President could host a meeting of CEOs to discuss "family-friendly" workplace practices that meet the needs of the nation's changing workforce. The President could release a new CEA report, if it is ready, on Families and the Changing Labor Market. Additionally, the President could signal support for the design of a paid parental leave program (policy development process required). This meeting would build on the work of the Treasury Child Care Working Group, run by Secretary Rubin.

Welfare

National Child Support Case Registry: HHS is almost ready to put in place a new national database of child support cases, called a Federal Case Registry. This database will make it easier to locate deadbeat parents, especially if they have moved to a different state; HHS will check the Registry daily against an existing database of new employees; when it finds a match, it will report the information to the state, which then will arrange to garnish the wages of the delinquent parent. The registry was proposed by the President in 1994 and enacted as part of the 1996 welfare reform law. States will begin to submit their case data to HHS on October 1; HHS expects to have 30 states in its system by the end of October and 40 states by the end of the year. We could unveil the new registry anytime in October.

Work Participation Rates and Other Statistics: In late October, the President could visit a welfare-to-work program and announce (1) new state work participation rates, showing that almost all states are meeting the welfare law's single-parent requirements, but some are failing to meet the law's separate two-parent requirement; (2) new caseload data showing continuing

declines; and (3) new data on the number of people who were on welfare in 1997 and working in March 1998.

Tobacco

OSHA Rule: The President could sign an Executive Order directing OSHA to issue within one year a standard establishing a smoke-free workplace for all private sector employees. OSHA has been working since 1991 on a standard regulating all indoor air pollutants (including but not limited to environmental tobacco smoke), but is years away from completing the standard, principally because there is scanty scientific evidence to justify the regulation of certain non-ETS pollutants. If the President ordered a separate standard only on ETS, OSHA believes it could complete the work within a year. The resulting standard would be similar to the August 1997 Executive Order banning smoking in federal buildings.

Counteradvertising: In an event focusing on counteradvertising, the President could direct HHS to: (1) designate the CDC's Media Campaign Resource Center as a National Clearinghouse on Tobacco Counteradvertising; (2) collect and disseminate a package of the top-10 advertisements for preventing youth smoking, and make these available to states and organizations for television placement free of charge; and (3) make effective anti-tobacco curriculum available to every school. Supermodel Christy Turlington and the musical group "Boyz II Men" have made PSAs that would be among the top-10 package, and we could invite them to participate in the event.

Department of Defense Anti-Tobacco Plan: The President could help unveil the DOD's new comprehensive anti-tobacco plan. This plan includes: health plan coverage of over-the-counter nicotine replacement therapies; an extensive counteradvertising campaign; and the incorporation of anti-tobacco messages into military education and training programs. The total cost is about $60 million. The Secretary of Defense and/or Chairman of the Joint Chiefs of Staff could join the President.

Food Safety

Salmonella and Research: The President could announce a preliminary USDA study showing that salmonella risks have declined by almost 50 percent in chicken and almost 40 percent in swine, largely because of the HACCP program. At the same time, he could participate in a kind of "show and tell" event demonstrating the importance of research to food safety, showing for example how federal research has led to technologies dramatically reducing salmonella in chicken and e-coli in cows.

Service

Americorps 100,000th Member Event: CNS is planning national service events in Washington and around the country on October 23 to celebrate the swearing-in of the 100,000th Americorp member. At this event (or at some other time), the President also could announce: (1) new grants

to support 500-1000 Americorps Promise Fellowships to support the goals set at the Presidents' Summit; (2) the recipients of the President's Service Awards, the nation's highest volunteer service award; and (3) the recipients of the President's Student Service Awards.

Community Empowerment

Individual Development Accounts: The President may have an opportunity to sign a bill to provide funds for IDAs, which the President has supported since 1992. At the bill signing, the President could announce that he is sending a letter to the bank regulators asking that IDA accounts count towards a financial institution's CRA requirements.

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THE WHITE HOUSE

WASHINGTON

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November 8, 1997

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MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed
Elena Kagan

SUBJECT: DPC Weekly Report

1. Immigration -- Central Americans/Haitians: House and Senate Republicans have concluded their negotiations over the legislative package intended to provide relief to certain Central Americans. The final package (to be incorporated in the D.C. appropriations bill) provides amnesty to Nicaraguans and Cubans, while ensuring application of the old immigration law's standards to Guatemalans, Salvadorans, and nationals of former Soviet bloc countries. Notwithstanding our best efforts, the bill provides no relief to Haitians. The bill also cuts in half unskilled worker visas (from 10,000 to 5,000 annually), and reduces diversity visas by 5,000 as well (from 50,000 to 45,000 annually).

Can we do this?

Because this package provides no relief to Haitians, Senator Moseley-Braun yesterday threatened to put a hold on the D.C. appropriations bill unless the Administration agrees to suspend the deportation of certain Haitians pending Congress's reconsideration of this issue next year. We quickly convened meetings involving the Departments of State and Justice, NSC, the Office of Legislative Affairs, the Office of Public Liaison, and others to discuss our options. We decided to ask Sen. Moseley-Braun and Rep. Conyers to seek commitments from the House and Senate leadership to consider Haitian legislation by a date certain. (In the Senate, Sens. Mack and Abraham appear to be on board this proposal.) With such commitments in place, the Attorney General could and would announce a decision to exercise prosecutorial discretion to suspend the deportations of individuals covered by the bill until Congress has had an opportunity to pass it.

If we cannot get commitments (or, at a minimum, informal assurances) from the Republican leadership to consider the Haitian issue next session, the Attorney General probably would not be able to exercise her prosecutorial discretion in this manner. In that event, you could decide to issue a Deferred Enforced Departure (DED) order to grant temporary relief to Haitians, as you said you would do to protect Central Americans in the absence of legislative action. The NSC might well recommend such an action on the basis of foreign policy considerations, though the Justice Department currently has some concerns about it. Everyone agrees, however, that we should not take this step without careful consideration and preparation -- i.e., we should not take it within 24 hours of a Senator's threat to hold an appropriations bill. Thus, if the AG cannot invoke her discretionary authority, we will attempt to convince Sen. Moseley-Braun that we share her objectives, that we are carefully considering ways of providing administrative relief to Haitians, and that she should drop her hold of the D.C. appropriations bill and allow this consideration to proceed.

Why not?

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2. **Immigration -- INS Reorganization:** The House Judiciary Subcommittee on Immigration held a hearing yesterday on the Commission on Immigration Reform's proposal to disband the INS and reallocate its functions among the Departments of Justice, State, and Labor. The subcommittee did not invite witnesses from the Administration, but Bruce sent a letter to the Chair and Ranking Member (Rep. Lamar Smith and Rep. Watt) informing them of the Administration's intent to review the Commission's recommendations and work with the subcommittee to improve the management and administration of the nation's immigration system.

3. **Education -- National Testing:** The House passed on Friday the Labor-HHS Appropriations Bill, which included a compromise on national testing that we worked out with Rep. Goodling. The compromise language allows test development to proceed under NAGB's control with the $16 million we asked for in our FY 1998 budget, but delays pilot testing until October 1998. The final legislation also directs the National Academy of Science to study (1) the feasibility of linking existing state and commercially available tests to each other and NAEP; (2) the technical quality of the national test items now under development; and (3) a set of issues, of concern to the Black and Hispanic Caucuses, regarding the use and misuse of test results. We were able to ward off any requirement for future congressional authorization to proceed with implementation of the national tests. We will have a repeat of this battle a month before the 1998 elections. Assuming we prevail, pilot testing will begin in the fall of 1998, field testing will commence in the spring of 1999, and the tests will be ready for full implementation in the spring of 2000. The attached chart shows how the final compromise solution compares to both our original plan and the House-passed Goodling Amendment.

Should the Big signing be here

4. **Education -- Charter Schools:** The House also passed on Friday charter schools legislation that you previously had endorsed. The bill provides incentives to states to issue more charters, to give charter schools greater autonomy while ensuring that performance goals are met, and to allocate to charter schools their fair share of state funding. Earlier in the week, the Department of Education sponsored a national charter schools conference that drew over 800 participants, including charter schools operators and teachers. The conference gave participants the opportunity to become familiar with Education Department resources, to share lessons and strategies with each other, and to provide advice to the Education Department on the implementation of the charter schools program.

5. **Education -- Vouchers/Coverdell:** The House defeated a bill last week to permit local school districts to use Chapter 2 block grant funds for vouchers for low income students. The vote was 228 to 191, with 35 Republicans voting against the bill. In the Senate, proponents of the Coverdell proposal to permit tax-fee IRA's for K-12 education again failed to end a filibuster. The vote was 56-44.

6. **Health -- Quality Commission Update:** We have tentatively scheduled an event on November 20 in which you will accept the Quality Commission's Consumer Bill of Rights and announce support for federal legislation (though not necessarily an Administration bill) to enforce certain consumer protections. We are also working with HHS on executive actions to apply the

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Commission's recommendations to federal government programs. As you know, the consumer protection issue has received much attention recently because of statements from Republican leaders (Lott, Nickles, Armey) urging the business and insurance communities to oppose Federal legislation in this area. Sen. Lott supposedly has told businesses to "get off your butts and get out your wallets" and Rep. Armey has labeled any effort in this area "Clinton II." These statements are not playing well with the press or public. (Indeed, the 85 Republicans who have joined legislation by Rep Norwood (R-GA) going far beyond what the Quality Commission will recommend may have their doubts about these statements.) But the concern of the business community about premium increases is growing, and we will have to position ourselves carefully on this issue.

Children
Immigration
Tobacco
Settlement
& Immigration
Plan

7. Health -- Children's Health Outreach Initiative: As you know, three million children are now eligible for but not enrolled in Medicaid. Many more children will be eligible for but not enrolled in the new children's health insurance program (CHIP). We have been meeting with HHS, NEC, and the First Lady's office to develop ideas for a major children's health outreach initiative. Policy options could include: simplifying Medicaid eligibility rules; distributing a model single application form for both programs; taking off restrictions on certain funds so that states can use them for outreach; and making it easier to enroll children in these programs at schools and child care referral centers. We are also considering other private sector outreach initiatives, such as having businesses that market health plans to parents promote enrollment. Finally, we hope to form a public/private steering committee that would continue to develop and encourage innovative outreach efforts. This committee could include representatives from HHS, NGA, Americorps, America's Promise, prominent non-profit foundations, provider groups, and children's advocacy groups. If you and/or the First Lady are interested, we could design an event to announce this initiative.

8. Crime -- Brady Bill: The Department of Justice expects to sign a memorandum of understanding (MOU) next week between the Attorney General, the Ohio Attorney General, and the Franklin County Sheriff (OH) to ensure that all handgun purchasers in Ohio are subject to background checks. Since the Supreme Court's decision in Prinze, the Ohio Bureau of Criminal Identification and Investigation (BCI&I) has conducted background checks only on consenting purchasers. Under the proposed MOU, the Franklin County Sheriff will conduct background checks on any non-consenting purchasers. Arkansas is now the only state in the country not conducting background checks on all purchasers.

9. Crime -- Stalking Report: The Attorney General may release a report next week showing that an estimated 1.4 million women are the victims of stalkers each year, and that as many as 1 out of 12 women will be stalked during the course of their lives. The Justice Department simultaneously will release a manual of "best practices" for prosecutors to address the stalking problem.

10. Race -- Equal Employment Opportunity Commission Reforms: You recently asked about how to improve the performance of the EEOC and obtain additional resources for it. As you know, the EEOC has come under attack from all sides for inefficiency and delay in resolving cases. At the same time, Congress has denied the Administration's requests for additional funding to cope

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with expanded case filings (from 62,135 in FY 1990 to a projected 80,000 in FY 1997), choosing to provide marginal or no increases in resources.

For the last several months the DPC has led a review (also involving OMB, PIR, NEC, OPL, and the Counsel's office) of the primary federal offices involved in civil rights enforcement. Our goal is to propose a coordinated package of reforms for the EEOC and the civil rights offices at DOJ, HUD, HHS, Education, and DOL. With respect to the EEOC in particular, our review has suggested several ways to improve the performance of the agency. The most important, favored by employers and civil rights advocates alike, is a swift expansion of the EEOC's mediation program. Along with other changes at the Commission, including the improved use of technology and additional staffing, this reform could substantially increase the average speed of resolving complaints and reduce the EEOC's current backlog. We are working closely with OMB to determine the most appropriate level of resources to devote to this effort.

This is important. Push it!

KEY ELEMENTS OF THE PRESIDENT'S PLAN FOR NATIONAL TESTS

CLINTON PLAN	HOUSE BILL	FINAL AGREEMENT
Authorizes development of first-ever voluntary national tests in 4th-grade reading and 8th-grade math	NO -- total ban on development of national tests	YES -- authorizes immediate development of national tests
Puts independent, bipartisan NAGB in charge of tests	NO	YES
Provides $16 million in FY98 for test development	NO -- no money for national tests	YES -- $16 million for tests in FY98
Can proceed with pilot testing, field testing, and test administration without further authorization from Congress	NO -- would have required Congressional authorization before proceeding	YES -- does not impose requirement for future authorization from Congress
Begin pilot testing in 1998 (scheduled for March)	NO -- prohibits pilot testing	YES -- begin pilot testing in October 1998 instead of March

President Clinton:
Improving the Health of Our Nation's Children

Enacted Single Largest Investment in Children's Health Care since 1965. The Balanced Budget that President Clinton signed into law on August 5, 1997 included $24 billion for the President's Children's Health Initiative -- the single largest investment in health care for children since the passage of Medicaid in 1965. The Children's Health Initiative will provide meaningful health care coverage to up to five million currently uninsured children -- including prescription drugs, vision, hearing, and mental health services.

Proposed New Incentives To Encourage Medicaid Enrollment. The President's FY1999 budget invests $900 million over 5 years in children's health outreach policies, including the use of schools and child care centers to enroll children in Medicaid. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). It also expands the use of a Federally-financed administrative fund so that it can underwrite the costs for all uninsured children — not just the limited population allowed under current law.

Issued Executive Directive to Implement Over 150 New Federal Commitments to Enroll Eligible But Uninsured Children. Over 4 million uninsured children are eligible for but not enrolled in Medicaid, and as the new Children's Health Insurance Program is implemented, even more families will have children who are eligible for state or federal health insurance programs. The Executive Memorandum cuts across jurisdiction and traditional agency inflexibility by directing eight Federal agencies -- ranging from HUD to SSA to the Education Department -- to implement over 150 new Federal initiatives to help sign up the millions of uninsured children eligible for but not enrolled in health insurance programs, including sending letters to 350,000 Federal workers, and working with national organizations and programs that reach millions of families to help enroll children in health insurance programs, including educating grandparents through the Medicare program.

Passed Meaningful Health Insurance Reform Act. The President signed the Health Insurance Portability and Accountability Act in 1996, which limits exclusions for pre-existing conditions, makes coverage portable and helps individuals who lose jobs maintain coverage. This law helps millions of children keep their health care coverage when their parents lose or change jobs.

Raised Immunization Rates to All Time High. Ninety percent or more of America's toddlers in 1996 received the most critical doses of each of the routinely recommended vaccines -- surpassing the goal set by the President in 1993. In July 1997, President Clinton proposed new child care regulations to ensure that children in child care receive the immunizations they need on time. The proposed rule would require that all children in federally subsidized child care be immunized according to state public health agency standards. This proposed regulation will particularly affect those children in child care arrangements that are legal but exempt from state licensing requirements.

Ensured that Prescription Drugs Will Be Adequately Tested for Children. President Clinton announced 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.

Helped Protect Children From Environment Health Risks. Last year, the President signed an Executive Order to reduce environmental health and safety risks to children by requiring agencies to strengthen policies and improve research to protect children and ensure that new regulations consider special risks to children.

Established Protections for Mothers and Their Newborns. The President spearheaded legislation requiring insurance companies to cover at least 48 hour hospital stays following most normal deliveries and 96 hours after a Caesarean section. This legislation ensures that mothers and babies do not leave the hospital before they and their doctors decide they are ready.

Children Health RL

PRESIDENT CLINTON AND VICE PRESIDENT GORE ANNOUNCE NEW INITIATIVES TO IMPROVE HEALTH FOR CHILDREN AND OLDER AMERICANS AT FAMILY REUNION CONFERENCE HOSTED BY VICE PRESIDENT AND MRS. GORE

June 22, 1998

Today, at the seventh Family Reunion Conference in Tennessee hosted by Vice President and Mrs. Gore, the President and Vice President announced a series of new initiatives to improve health for older Americans and children, and to make the health care system more responsive to the needs of families.

Children: issued an Executive Memorandum that directs eight Federal agencies to implement over 150 new initiatives to help enroll the millions of uninsured children eligible for but not enrolled in health insurance programs; **Older Americans:** developed a multi-faceted national health initiative for older Americans, which includes: new preventive benefits for Medicare beneficiaries; a national Internet site; and a new nationwide public/private National Medicare Alliance Network with over 80 organizations to ensure older Americans have the information they need to select health plans and encourage prevention and wellness; **Families:** renewed the call on Congress to pass a patients' bill of rights.

CHILDREN: SIGNED EXECUTIVE DIRECTIVE TO IMPLEMENT OVER 150 NEW FEDERAL COMMITMENTS TO ENROLL ELIGIBLE BUT UNINSURED CHILDREN. Over 4 million uninsured children are eligible for but not enrolled in Medicaid, and as the new Children's Health Insurance Program is implemented, even more families will have children who are eligible for state or federal health insurance programs. Today, the President signed an Executive Memorandum that cuts across jurisdiction and traditional agency inflexibility by directing eight Federal agencies -- ranging from HUD to SSA to the Education Department -- to implement over 150 new Federal initiatives to help sign up the millions of uninsured children eligible for but not enrolled in health insurance programs. This action illustrates how a responsive and flexible government can meet the evolving needs of families. The initiatives include:

- **Sending Letters to 350,000 Federal Workers, Including Head Start Teachers, School Nurses, Child Support Workers, and Community Health Center Directors** asking them to ensure that all of the families they work with whose children are eligible for Medicaid or CHIP are enrolled in these programs.

- **Working With National Organizations and Programs That Reach Millions of Families to Help Enroll Children in Health Insurance Programs**, including educating grandparents through the Medicare program, holding a conference with Historically Black Colleges to identify new strategies, and ensuring that sites, including 15,000 public housing projects, 400 IRS walk-in centers, and 113 job centers, have information for families about how to enroll children in health insurance.

- **Releasing a New Guide to Help Child Care Workers Enroll Uninsured Children.** Child care centers are one family-friendly setting where parents can learn about insurance programs they may be eligible for. There are already many efforts underway to link child care centers with the health needs of the millions of children in child care. Today, the Department of Health and Human Services is releasing a new child care handbook "Child Care and Medicaid: Partners for Healthy Children" to ensure that child care workers understand how to identify and enroll families with uninsured children.

<u>OLDER AMERICANS</u>: ANNOUNCED NEW NATIONAL CAMPAIGN TO IMPROVE HEALTH OF OLDER AMERICANS. One of the greatest concerns for families is the health of older family members. Today, the President and Vice President:

- **Implemented Historic New Preventive Benefits for Medicare Beneficiaries.** The President and Vice President announced that starting July 1st, for the first time, Medicare will cover two critical preventive benefits -- bone mass measurement tests to detect osteoporosis and diabetes education. The President signed into law these new benefits -- as well as a series of preventive benefits to detect cancer, which were implemented earlier this year -- as part of the historic Balanced Budget Act of 1997. These benefits underscore how Medicare is trying to encourage better health outcomes for families.

- **Launched a New Internet Site for Medicare Beneficiaries.** Families need good information to help make the best health care decisions for older family members. Today, the President and Vice President launched a new nationwide Internet site (Medicare.gov) so that families can understand the options and services Medicare provides. This information will be even more critical as the historic changes the President enacted as part of the Balanced Budget Act of 1997 are implemented this fall. These reforms give beneficiaries new plan choices that will improve care for older Americans, but also have the potential to cause confusion.

- **Created a Nationwide Public/Private Medicare Education Alliance Network, including over 80 National Organizations, to Ensure Families Are Informed Health Care Consumers.** The President and Vice President announced that over 80 organizations, including the AFL-CIO, American Association of Retired Persons, Older Women's League, National Rural Health Association, and American Association of Family Physicians, are joining with the Health Care Financing Administration, Administration on Aging, and National Institutes of Health to launch a new National Medicare Alliance Network that will work to ensure that families have the information they need to make critical health decisions including: ensuring that Medicare beneficiaries learn of the new preventive benefits and other prevention and wellness strategies; understand new plan options so they can select the health plan that best meets their needs; and know the consumer protections available under Medicare.

<u>FAMILIES</u>: MAKING THE HEALTH CARE SYSTEM MORE RESPONSIVE TO THE NEEDS OF FAMILIES

- **Renewing Call on Congress to Pass a Patients' Bill of Rights.** The President also urged Congress to stop delaying and pass a patients' bill of rights to ensure that all families have the patient protections they need in a rapidly changing health care system. This patients' bill of rights should contain a range of protections, including guaranteed access to needed health care specialists, access to emergency room services when and where the need arises, and access to a meaningful internal and external appeals process for consumers to resolve their differences with their health plans and health care providers.

MKC speech

HILLARY RODHAM CLINTON
FAMILY REUNION CONFERENCE
FORUM ON FAMILIES AND HEALTH
NASHVILLE, TENNESSEE
JUNE 22, 1998

Thank you, Tipper, for that introduction. It's a great pleasure to be back in Nashville, and to be able to join you and the vice president and the president here at the seventh Family Reunion conference. First, I want to thank some of the people who have brought us together today. Thank you to Chancellor Wyatt of Vanderbilt University; and appreciation to the two co-hosts of this Conference: Dr. Martha Erickson [director of Children, Youth & Family Consortium at the University of Minnesota] and Bill Purcell [director of the child & Family Policy Center at the Vanderbilt Institute for Public Policy Studies]. I also want to thank Nancy Hoit -- who does such an extraordinary job of pulling all of this together -- and who has refused to let her crutches put a crimp in her style.

I want to pay special tribute to the Vice President and Tipper, for their vision to launch this series of family reunions seven years ago, and for their ongoing commitment to building stronger families and stronger communities across our nation. This is such a unique event -- as the Vice President has said -- because these Family Reunion gatherings give all of us -- those working inside and outside of government, and on the front lines in our communities -- the opportunity to take a critical look at the most pressing issues facing America's families. For families and communities to succeed in solving some of the most difficult problems facing this country today -- whether it's the need for greater involvement by fathers in the lives of their children, or the difficulties facing working parents in balancing the demands of work and family -- we must stimulate conversation and collaboration around these critical issues. And that's what these Family Reunion Conferences accomplish so well.

Today, we're talking about a subject that surely affects us all. How to get the health care system to be more responsive to families. Every one of us knows the pain and anguish of having a family member who is sick or hurt or in need of long term care. We've all felt the anguish of sitting in a hospital waiting room, worrying about a chronically ill son or an injured daughter. Or the frustration of trying to make sense of the mind-numbing rules and regulations of medical insurance forms for an ailing grandparent. It's difficult enough to deal with the emotional stress we feel during those tough times. But that anguish and frustration is compounded when we feel uninformed; or left out, or in the way -- or just plain misinformed.

I know you are all looking forward to hearing from the Forum panelists here today. Because what we will hear from them, and throughout this conference, is how individuals, and hospitals, and health care givers are working with families and communities to change and improve this reality. And what all of us can do to make sure that families are not only full participants in important medical decisions, but also that they get the information they need; the support they need; and the respect they deserve.

Today, we are living at a time of revolution in our own health care delivery system, and the pace of change is mind boggling. For example, there are more than 160 million people enrolled in managed care plans today -- an increase of 75% just since 1990. And as always, change brings with it the potential for both harm and benefit. One of the things we're learning -- at this conference and in communities across the country -- is that people are feeling more like numbers than like patients. And everyone's worried that the bottom line of profits is eclipsing the bottom line of quality care. That's why what all of you are doing at this conference to ensure health care providers are more responsive to the needs of families is so critical.

This Administration has been working very hard to improve the health and well being of our families and children, and to make sure that particularly our children and elderly citizens and those with special needs are given the support and services they need. We know we have a long way to go, particularly when it comes to health care reform. But important steps have been taken -- and are being taken -- to improve America's health care system. One of our top priorities is to pass the Patient's Bill of Rights, which would give Americans much needed protections -- such as guaranteed access to health care specialists and emergency services. It would also guarantee a strong grievance and appeals process, so that consumers can resolve their differences with their health plans and health care providers.

So we need everyone's help and support to pass that bill. Yet even when important legislation is passed -- like last year's historic Children's Health Insurance Program -- that extended health insurance for up to five million children -- it's no guarantee of success. Sometimes I think the hardest part is getting those laws implemented -- so that they have a real and positive impact on America's families and communities. Even after passage of that bill, millions of children who are eligible for health care coverage remain uninsured today. And we've been working hard -- with states and communities -- to get the word out. In a few moments, the President will talk about further steps being taken to close that gap.

Cut

We're also deeply committed to improving the quality and effectiveness of health care for our elderly citizens. As you just heard, Vice President Gore announced that for the first time, Medicare will cover two critical benefits -- tests to detect osteoporosis, and diabetes education. But again, if people don't know about these benefits -- then they can't take advantage of them. And if they don't have access to information, then they can't make informed choices about their health. We know, for example, that 28 million Americans either have -- or are at risk for osteoporosis, and that one woman in two will have an osteoporosis-related fracture in her lifetime. Yet too many women are unformed about this terrible risk -- and don't know what they can do to prevent getting this crippling disease. That's why Tipper and I joined forces to make a public service announcement on osteoporosis -- which I would like to show you now.

[The PSA is shown.]

Before I pass you back to the Vice President, I want to thank the panelists and all of you who are here today for sharing your stories, and skills, and ideas, and "best practices" with the rest of us. But more importantly, I want to commend all of you for what you do back in your own communities, to improve the health and well being of all of our citizens.

POTUS speech

Jeffrey A. Shesol
06/19/98 06:01:22 PM

Record Type: Record

To: Sarah A. Bianchi/OPD/EOP

cc:
Subject: for your little book

Draft 06/19/98 5:00pm
Jeff Shesol

PRESIDENT WILLIAM J. CLINTON
REMARKS TO THE FAMILY REUNION CONFERENCE
NASHVILLE, TENNESSEE
June 22, 1998

Acknowledgments: First Lady; VP and Mrs. Gore; members of the roundtable

Before I begin, I want to emphasize what previous speakers have said: there is no family health issue more important than protecting our children from tobacco. We have been working for some time now to forge an honorable, bipartisan compromise. A majority of the Senate stood ready to making progress by passing meaningful legislation. But last week, in a brazen act of partisan politics, the Republican leadership chose tobacco companies over American families. The bipartisan bill they killed not only gave parents a fighting chance against tobacco advertising that targets our children. It would also have protected kids from drugs, and given low- and middle-income families a tax break by ending the marriage penalty. **So this was not just a pro-tobacco vote; across the board, it was an anti-family vote.**

The congressional leadership will not succeed in clouding the debate or changing the subject from the health of our children. And they will not convince me that this battle is over, because we're going to keep on fighting it until we win it for our children. I urge all members of Congress to join in passing bipartisan legislation that curbs youth smoking. But one thing I will not do is participate a charade that fails to protect our kids and instead gives political cover to the allies of the tobacco lobby. I will not settle for anything less than honest legislation. Because our children deserve no less.

In many ways, this is a moment of great opportunity for America. Our economy is strong and social problems are on the mend. Families are more secure. For five years now, our administration has fought to give America's families more options for affordable health care. We've helped Americans keep health coverage when they change jobs. And we've proposed a patients' bill of rights to ensure that all families have the protections they need in a changing health care system. Families benefit only when we put their interests above special interests -- just as we are trying to do with the tobacco bill -- so I urge Congress to act to

protect patients' rights before the end of this session.

America is making great progress in protecting the health of all our family members, from the oldest to the youngest. Previous speakers described the steps we're taking to fulfill our sacred obligation to older Americans. I want to take a moment to explain what we're doing for younger Americans -- our most precious responsibility as parents, and as a nation.

Last year, we made a historic investment in our children's health that will give up to 5 million uninsured kids access to the medical coverage they deserve. In my balanced budget for 1999, I have proposed to give states the funds and flexibility to enroll hard-to-reach children -- because millions of them, though eligible for Medicaid, remain without coverage. And, as recent studies have shown us, uninsured children are more likely to be sick as newborns; less likely to be immunized; and less likely to receive treatment for recurring illnesses, like ear infections or asthma. Without treatment, those conditions can have lifelong consequences.

Every family knows: there is no concern greater than a child's illness; there is no priority greater than a child's health. That is why, four months ago, I asked eight federal agencies to find new ways to help provide health care for children. And today, I am signing an Executive Memorandum directing those agencies to implement more than 150 initiatives, from information for schools and child care centers to partnerships with job centers and Head Start. Working together, we can enroll the millions of uninsured children in Medicaid or our new Children's Health Insurance Program.

As the health care industry evolves, families' needs also change. So must the government that works to meet their needs. The federal commitments I am enacting today give government a new flexibility -- cutting across agency lines, forging relationships with private organizations, pooling resources to protect the most vulnerable Americans. This is more than good policy; it is a fundamental obligation to our families. As we approach the 21st century, I am confident we will fulfill that responsibility -- and have healthier and stronger families, and a healthier and a stronger America.

I would now like to open the roundtable for discussion, and I look forward to hearing all your perspectives.

VP speech

Press Paper

PRESIDENT CLINTON AND VICE PRESIDENT GORE ANNOUNCE NEW INITIATIVES TO IMPROVE HEALTH FOR CHILDREN AND OLDER AMERICANS AT FAMILY REUNION CONFERENCE HOSTED BY VICE PRESIDENT AND MRS. GORE

June 22, 1998

Today, at the seventh Family Reunion Conference in Tennessee hosted by Vice President and Mrs. Gore, the President and Vice President announced a series of new initiatives to improve health for older Americans and children, and to make the health care system more responsive to the needs of families.

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- **Sending Letters to 350,000 Federal Workers, Including Head Start Teachers, School Nurses, Child Support Workers, and Community Health Center Directors** asking them to ensure that all of the families they work with whose children are eligible for Medicaid or CHIP are enrolled in these programs.

- **Working With National Organizations and Programs That Reach Millions of Families to Help Enroll Children in Health Insurance Programs,** including educating grandparents through the Medicare program, holding a conference with Historically Black Colleges to identify new strategies, and ensuring that sites, including 15,000 public housing projects, 400 IRS walk-in centers, and 113 job centers, have information for families about how to enroll children in health insurance.

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- **Renewing Call on Congress to Pass a Patients' Bill of Rights.** The President also urged Congress to stop delaying and pass a patients' bill of rights to ensure that all families have the patient protections they need in a rapidly changing health care system. This patients' bill of rights should contain a range of protections, including guaranteed access to needed health care specialists, access to emergency room services when and where the need arises, and access to a meaningful internal and external appeals process for consumers to resolve their differences with their health plans and health care providers.

PRESIDENT'S CHILDREN'S HEALTH INSURANCE OUTREACH
EXECUTIVE MEMORANDUM AND INTERAGENCY REPORT
June 22, 1998

Today, in an Executive Memorandum, the President ordered eight Federal agencies to enact over 150 initiatives designed to help enroll millions of uninsured children in Medicaid or the new Children's Health Insurance Program (CHIP). These initiatives are included in a report to the President that is also being released today. This report and the recommendations were produced by the Departments of Health and Human Services, Treasury, Agriculture, Education, Labor, Housing and Urban Development, Interior, and the Social Security Administration.

Taken together, these actions represent an unprecedented, cross-government commitment to provide affordable insurance to children. The American Academy of Pediatrics characterized these initiatives as "representing the best of creative government and absolutely critical to achieving our common goal of providing health insurance for all eligible children."

HIGHLIGHTS OF THE REPORT. As the first step in his public-private children's health outreach campaign, the President directed his own workforce to initiate an historic commitment to enrolling uninsured children in State health insurance programs. In response, eight Federal agencies developed plans in three areas: how to educate their workforce; how this workforce can help educate families about State health insurance programs; and how to coordinate cross-agency and public-private efforts to identify and enroll children in these programs.

Educating Federal Workers, State Workers, and Grantees about Children's Health
Many Federal and State workers, contractors or grantees have direct contact with families with uninsured children. For example, the majority of uninsured children probably have participated in a school lunch program, subsidized child care, or Head Start. Recognizing this fact, the President ordered the Federal agencies to, among other actions:

- **Send letters from the Cabinet Secretaries to about 350,000 Federal workers,** describing this children's health outreach initiative and strongly encouraging them to help enroll uninsured children.
- **Train the staff of Federal / State information clearinghouses, technical assistance centers, providers, and eligibility workers about children's health.** Targets include:
  - National Health Service Corps and Area Health Education Centers that train about 21,000 students and 50,000 providers;
  - The Education Department's 40 parent assistance programs and 312 community learning centers serving over 50,000 students and community residents; and
  - Regional and State coordinators for 1,800 State Employment Security Agencies that provide job placement, counseling, and labor market information to job seekers.

Educating Families. Many Federal workers and grantees determine eligibility, counsel families, and provide services in non-health programs. This gives them an opportunity to educate families and assist them in enrolling children in Medicaid or CHIP. The agencies have proposed to:

- **Distribute information on options and/or applications to families at:**
  - 700 community health centers;
  - 1,400 Head Start, State Child Support and TANF sites;
  - 400 IRS Walk-In Centers and 8,600 Voluntary Income Tax Assistance sites;
  - 1,300 Social Security Administration field offices;
  - 3,000 employers, schools, education organizations, and community and religious groups that comprise the Education Department's Partnership for Family Involvement program;
  - 185 Federally operated and Tribally contracted schools, 24 reservation-based community colleges, and over 500 Indian Child Welfare programs;
  - 15,000 public housing projects and 81 field offices and information sites; and
  - 113 Job Corps Centers and 700 One-Stop Career Centers.

Coordinating Efforts Across Agencies and with the Private Sector. Efforts to enroll uninsured children will be more effective if coordinated. To facilitate coordination, agencies will:

- **Link Internet sites,** to provide both Federal workers and families using various sites, with links to children's health insurance outreach site. (e.g., America's Job Bank site, used by millions)
- **Coordinate outreach campaign with major national associations, advocacy groups, and other private organizations.** Each Department has a set of outside organizations that could be partners in this outreach initiative. These include:
  - Elderly groups, to assist in enrolling uninsured grandchildren;
  - Historically Black Colleges and Universities, to develop strategies for minority children;
  - Earned Income Tax Credit outreach organizations, which target similar families; and
  - National Education Association, to focus on school-based approaches.

Cross-Cutting Issues. Two topics were special focuses of the task force.

- **Vulnerable children**. Many children eligible for Medicaid or CHIP are difficult to reach because of sociocultural and linguistic differences, low literacy levels, geographic isolation, homelessness, or transient living situations that make it difficult for them to enroll in health insurance. A number of activities are proposed to address these unique problems, including:
  - Use of mapping to identify all service delivery sites on reservations that could be used for children's health outreach to Indian families;
  - Media campaign for Hispanic children to identify barriers to enrollment and Spanish language material; and
  - Use of "distance learning," such as new telemedicine communication capabilities, to educate rural providers about children's health insurance.
- **Coordinating program enrollment.** Integration of health and non-health program enrollment can increase the number of children with insurance. Models identified include:
  - Single application for multiple programs: Most States (e.g., Illinois, Iowa, Maryland, Michigan, Ohio) use joint applications for their social services programs.
  - "Adjunctive" eligibility (allowing eligibility for one program to fulfil some or all of the eligibility requirements for another): for example, children are automatically eligible for Florida's Healthy Start program if eligible for the school lunch program.

Briefing

THE WHITE HOUSE

WASHINGTON

June 18, 1998

FAMILY RE-UNION 7: FAMILIES AND HEALTH

DATE:	June 22, 1998
LOCATION:	Vanderbilt University Nashville, TN
EVENT TIME:	1:30 pm - 3:30 pm
FROM:	Bruce Reed/Chris Jennings

I. PURPOSE

To illustrate the important role of the family in the delivery of quality health care; to demonstrate your commitment to address the health care needs of American families; and to announce a series of new initiatives to improve health for older Americans, children, and all families. You also can use this forum as an opportunity to address the tobacco issue.

II. BACKGROUND

This year's Family Re-Union focuses on families and health. The purpose of the conference is to bring together families, health care providers, representatives of health plans, family-centered community-based organizations, and other experts to highlight the critical health issues that families face and the ways in which the health care system -- at the community, state, and Federal level -- can be more responsive to their needs.

This is the seventh family conference hosted by the Vice President and Mrs. Gore. You have participated in every one since 1993. Previous topics have included fatherhood, family and the media, and families and education. This year's conference will be held in the same location as last year's and will follow a similar format.

During the course of this event you will: (1) issue an Executive Memorandum that directs eight Federal agencies to implement over 150 new initiatives to help enroll millions of uninsured children in health insurance programs; and (2) renew your call on Congress to pass a patients' bill of rights. In addition, the Vice President will announce a new multi-faceted national health initiative for older Americans, which includes: the implementation of new preventive benefits for Medicare beneficiaries; more usable information on critical health care choices; and a new nationwide public/private Medicare Alliance Network, designed to help older Americans and their families navigate the increasingly complex health care system.

EXECUTIVE MEMORANDUM TO IMPLEMENT OVER 150 NEW FEDERAL COMMITMENTS TO ENROLL ELIGIBLE BUT UNINSURED CHILDREN. Over 4 million uninsured children are eligible for but not enrolled in Medicaid, and as the new Children's Health Insurance Program is implemented, even more families will have children who are eligible for state or federal health insurance programs. You will sign an Executive Memorandum that cuts across jurisdiction and traditional agency inflexibility by directing eight Federal agencies -- ranging from HUD to SSA to the Education Department -- to implement over 150 new Federal initiatives to help sign up the millions of uninsured children eligible for but not enrolled in health insurance programs. This action illustrates how a responsive and flexible government can meet the evolving needs of families and is being characterized by the American Association of Pediatrics characterized these initiatives as "representing the best of creative government and absolutely critical to achieving our common goal of providing health insurance for all eligible children." The initiatives include:

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PROTECTING FAMILIES THROUGH A FEDERAL PATIENT'S BILL OF RIGHTS

- **Renewing Call on Congress to Pass a Patients' Bill of Rights.** This is also an opportunity to again urge Congress to stop delaying and pass a patients' bill of rights to ensure that all families have the patient protections they need in a rapidly changing health care system. A patients' bill of rights should contain a range of protections, including guaranteed access to needed health care specialists, access to emergency room services when and where the need arises, and access to a meaningful internal and external appeals process for consumers to resolve their differences with their health plans and health care providers.

III. PARTICIPANTS

Briefing Participants:
The President
The First Lady
Chris Jennings

Event Participants:

The Vice President
The First Lady
Mrs. Gore
Julie Moretz, Chair of the Family Advisory Council to the Medical College of Georgia's Children's Medical Center.
Dr. Ricki Robinson, Co-Director of the Descanso Medical Center for Development and Learning in La Canada, CA.
Tony Watson, CEO of the New York Health Insurance Plan, and one of your appointees to the Medicare Commission.
Sheila Savannah, Executive Director of People in Partnership in Houston, TX
Dr. Irwin Redlener, President and Co-Founder of the Children's Health Fund, New York, NY
Milagros Batista, Program Manager for Best Beginnings, New York, NY
Gerri Lamb, Nurse and Senior Corporate Director for Community Programs at Carondelet Health Network, Tucson, AZ
Jim Tallon, President of the United Hospital Fund, New York, NY

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- The Vice President will brief **YOU** on the events that have taken place earlier in the day.
- **YOU** will greet participants in the panel discussion.
- The Vice President returns to the stage and he and Mrs. Gore will introduce a video. [The film "Team Game" is a short documentary highlighting how health care is portrayed by the media.]
- **YOU** will then be announced onto the stage accompanied by the Vice President, the First Lady, and Mrs. Gore.
- The Vice President makes brief remarks and introduces Mrs. Gore.
- Mrs. Gore makes remarks and introduces the First Lady.
- The First Lady makes remarks and introduces a Public Service Announcement on Osteoporosis featuring the First Lady and Mrs. Gore.
- The Public Service Announcement is played.
- The Vice President returns to the Podium and introduces **YOU**.
- **YOU** will make remarks.
- Upon conclusion of your remarks, **YOU**, the Vice President, the First Lady, and Mrs. Gore will proceed to your seats for the discussion. [Other panelists will already be seated.]

- The Vice President will open the discussion by introducing participants.
- The Vice President will introduce each participant and YOU will have the opportunity to ask follow up questions. [Suggested sequence and questions attached.]

- Upon conclusion of the discussion, Mrs. Gore will invite you to proceed to the signing table where you will sign the Executive Memorandum.
- Following your signing of the Executive Memorandum, you will depart.

VI. REMARKS

Opening remarks provided by Speechwriting.

Scrapt

FAMILY CONFERENCE PARTICIPANTS AND SUGGESTED QUESTIONS

(**IN SPEAKING ORDER** -- THE VICE PRESIDENT WILL INTRODUCE PARTICIPANTS AND PARTICIPANTS WILL SPEAK. THE PRESIDENT, FIRST LADY, AND MRS. GORE HAVE THE OPTION TO ASK FOLLOW-UP QUESTIONS.)

Julie Moretz is the Chair of the Family Advisory Council to the Medical College of Georgia's Children's Medical Center. Julie's seven year-old son was born with complex heart disease and has undergone 10 heart surgeries. She has learned first-hand how the health care system should be more responsive to families and she has worked tirelessly to make the hospital where her son was treated more family-centered so that it truly accommodates parents and families (e.g., she redesigned rooms to accommodate family-member visits, and created a guide for parents).

> ***POTUS SUGGESTED QUESTION:*** **You have invested a lot of energy and time into improving your son's care ... In fact, I think that Daniel is here with us today -- *Acknowledge Daniel* ... What advice do you have for other families in similar situations?**
>
> ***MEG SUGGESTED QUESTION:*** **You clearly made an impact on the Medical College of Georgia's hospital. What changes do you think were the most important to families and do they have broader applications for all hospitals?**

Tony Watson is the CEO of the New York Health Insurance Plan, a progressive managed care plan. He believes that there are many things health plans can do to be more family-centered, including supporting basic consumer protections. Tony's plan has developed, in conjunction with the New York Department of Health, an important domestic violence program that offers services regardless whether the client is a member of New York HIP. [Tony is also one of the President's appointees to the Medicare Commission.]

> ***VP SUGGESTED QUESTION:*** **Why did your health plan decide to break the mold and come out in support of Federal patient protections?**
>
> ***HRC SUGGESTED QUESTION:*** **I have met many women and children who are plagued by the terror of family violence. I have learned that an extraordinary percent of all emergency room visits by women result from domestic violence. What are the costs of domestic violence, beyond the clear emotional costs, to patients and our health care system?**

Dr. Irwin Redlener is the President and co-founder of The Children's Health Fund. Irwin works as a pediatrician and child advocate for homeless, abused, and neglected children across the country. He is an expert on the importance of insurance and other prevention efforts for children outside the health care system.

> ***HRC SUGGESTED QUESTION:*** **We are proud of what the Federal agencies are doing to reach out to families of uninsured children. What would you recommend as the best next steps?**
>
> ***MEG SUGGESTED QUESTION:*** **What are the best ways for local communities to get involved in these efforts?**

Milagros Batista is the Program Manager for Best Beginnings, an organization which is devoted to promoting healthy families and children through extensive community outreach and the first home visiting program in New York State. Her program identifies high-risk mothers and works to address any immediate needs. Milagros has pioneered new methods to work with families in the home and to make sure they have appropriate health coverage.

> ***POTUS SUGGESTED QUESTION:*** **What are the unique barriers that minority populations face in terms of understanding health insurance and other health care programs?**
> ***HRC QUESTION:*** **How best can we address these issues?**

Jim Tallon is the President of the United Hospital Fund, a philanthropic and health services research organization that is currently running a project on family care givers. He recently became Executive Director for the planning committee unveiled last week to create a national Quality Forum.

> ***POTUS SUGGESTED QUESTION:*** **How can we best use existing resources to ensure better opportunities for caregiving by families?**
> ***VPOTUS SUGGESTED QUESTION:*** **In preparation for this conference, we heard over and over again that patients and their families are best suited to make the best choices about their health care. One of the greatest challenges is to ensure that this information is in a form that families can understand and use. How can we best meet this challenge?**

Sheila Savannah is the Executive Director of People in Partnership in Houston, TX, which has had remarkable success in assisting families with mental health problems and providing services to promote the well-being of children.

> ***POTUS SUGGESTED QUESTION:*** **As you know, Mrs. Gore is our Administration's leading voice on mental issues. She worked to ensure that the new Children's Health Insurance Program has a strong mental health benefit and to pass the mental health parity act. What are the greatest challenges the families you work with face in addressing mental health issues?**
> ***MEG SUGGESTED QUESTION:*** **You work with families, teachers, and other people in the community to identify children's mental health issues as early as possible. What are the benefits for the patient and the entire community when you identify behavioral problems early?**

Dr. Ricki Robinson is the Co-Director of the Descanso Medical Center for Development and Learning in La Canada, CA. Ricki is the mother of an autistic child, and since 1990 has been involved in developing family-centered education programs for autistic children. As a physician, her personal experience has given her a unique perspective on how health professionals can work with families confronted by illnesses.

> ***VP SUGGESTED QUESTION:*** **What changes in medical education need to be made to better address the needs of families that have experiences like yours?**
> ***HRC SUGGESTED QUESTION:*** **You have experienced many changes in the health care delivery system. What changes are necessary to empower families to navigate the health care system.**

Gerri Lamb is a Nurse and Senior Corporate Director for Community Programs at Carondelet Health Network, Tucson, AZ. Gerri directs numerous programs that bring wellness, self-care, and case management services to the elderly of southern Arizona, making her an expert on one of the greatest challenges families face: assuring good care for older family members.

POTUS SUGGESTED QUESTION: **What would you advise this new Medicare Alliance Network the Vice President announced today, as it considers ways to inform Medicare beneficiaries about new benefits, choices, and responsibilities?**
MEG SUGGESTED QUESTION: **What are some of the other obstacles to assuring that seniors and their families are aware of how to gain access to the care they need?**

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B10s-stage

Forum with President Clinton, Vice President Gore, Mrs. Clinton and Mrs. Gore
Panelist Biographies

MILAGROS BATISTA is a founder of many new initiatives including "Best Beginnings", an inter-agency collaboration between Alianza Dominica, Inc., the New York Society for the Prevention of Cruelty to Children, and Columbia Presbyterian Hospital where she pioneered a new method for working with families in their homes. She previously worked on homeless issues for the Human Resource Administration of the City of New York. She was also a member of the Crisis Intervention Program that was responsible for shutting down several of New York City's sub-standard homeless shelters. For the past ten years, Ms. Batista has been working with Alianza Dominica, Inc., the largest Dominican community-based organization in the United States. While at Alianza Dominica, she founded CREO, a family support and drug rehabilitation program for women with children, and the Mothers Against Violence Coalition. She has also produced many community events to promote Dominican and Latino cultural traditions.

GERRI LAMB, PhD, RN, FAAN, is a nurse and Senior Corporate Director for Community Programs at Carondelet Health Network in Tucson, Arizona. In this position, she directs a variety of programs that bring wellness, self-care and case management services to the neighborhoods of southern Arizona. She is responsible for one of four national community-based, nurse-managed Medicare demonstrations. She recently received the Case Management of the Year Award from the Case Management Society of America for her contributions to advancing the work of thousands of professionals who play major roles in orchestrating health care services for Americans.

JULIE MORETZ is Chairman of the Family Advisory Council for the Medical College of Georgia (MCG) Children's Medical Center. She was recently a parent consultant in the design of the new $53 million, 220,000 square-foot, children's hospital in Augusta. She also founded and currently devotes a major portion of her time to the Children's Heart Program Volunteer Council at MCG, which consists of parents and friends of children with heart disease. This group has raised more than $180,000 to fund projects for children with heart disease and received an award from the American Hospital Association. Ms. Moretz was also recently recognized for her volunteer efforts and received the Golden Rule Award from J.C. Penny and the United Way. Ms. Moretz's youngest son, Daniel, was born with complex heart disease and has undergone ten heart surgeries and neurosurgery. He recently had his third pacemaker implanted. Despite the odds, Daniel has learned to walk and now uses his wheel chair only occasionally. Daniel is also in a regular first grade class due to early intervention programs, physical and occupational therapy and his own determination.

IRWIN REDLENER, MD, FAAP, is President and co-founder of the Children's Health Fund, a philanthropic organization that develops and supports health care programs for medically under served children. He is also Vice-President of the Children's Medical Center at Montefiore Medical Center, Professor of Pediatrics, Director of Community Pediatrics at the Albert Einstein College of Medicine, and Lecturer in Pediatrics at Harvard Medical School. The New York Children's Health Project, which he developed, has become a national model as the largest health care program for homeless children in the country. Currently he is Co-Chairman of the Healthy Start Advisory Group for America's Promise: The Alliance for Youth. He recently completed a two year term as Chairman of the National Advisory Council on the National Health Service Corps. He is also the leader of

Kids First, Kids Now!, a national initiative proposing comprehensive health reform for children. In 1993, Mr. Redlener was Vice-Chairman of the Health Professional Review Group for the White House Task Force on National Health Care Reform.

RICKI ROBINSON, MD, MPH, is Co-Director of the Descanso Medical Center for Development and Learning in La Canada, California. She is also Clinical Professor of Pediatrics at the University of Southern California School of Medicine and Senior Attending Physician at Children's Hospital Los Angeles. In 1990, her two year old son was diagnosed with autism. She has since organized a professional network, a parent's resource manual and a school program for young children with autistic spectrum disorder. She maintains an active pediatric practice and has spearheaded research and improved treatment of autism as a leader in the Cure Autism Now (CAN) Foundation. Early in her career she studied the public health needs of children worldwide as the recipient of a fellowship from Wellesley College.

SHEILA SAVANNAH is the Executive Director of People in Partnership in Houston, Texas which grew out of the Annie E. Casey Foundation's Mental Health Initiative for Urban Children. People in Partnership is a non-profit organization that seeks to give parents and other recipients of mental health services a voice in the design, implementation, evaluation and reform of the services they receive. The organization has contracts with three behavioral health managed care organizations that serve Medicaid populations. Within its provider network, parents work with traditional clinicians to provide a family-based array of services including prevention, intervention, wrap-around support and treatment. The organization has also pioneered a sixty hour training program that prepares and certifies parents to be providers in a neighborhood-based system of care. Ms. Savannah has over fifteen years experience in the design and implementation of child and family-focused programs in the areas of self-esteem, wellness and mental health. She is also the author of a cultural diversity training program and is a traditional African-American storyteller.

JAMES TALLON, JR., is President of the United Hospital Fund of New York. The Fund, which is the nation's oldest federated charity, addresses critical issues affecting hospitals and health care in New York City through health services research and policy analysis, education and information activities, grant making and volunteerism. Mr. Tallon serves as executive director of the planning process to establish the national Forum on Health Care Quality Measurement and Reporting. He also serves as Chair of the Kaiser Commission on Medicaid and the Uninsured and is a member of the Joint Commission on the Accreditation of Healthcare Organizations. Prior to joining the Fund, he served in the New York State Assembly for nineteen years including a six year term as majority leader. Under Mr. Tallon's leadership, the Assembly enacted measures to assure transitional health coverage for laid-off workers, reimburse hospitals in a fair and cost-effective manner, foster high-quality and cost-effective home health services, encourage organ donations, promote AIDS research and education, and foster regional health planning agencies.

ANTHONY WATSON is Chairman and Chief Executive Officer of HIP Health Plans, which, with more than one million members, is one of the largest health maintenance organizations in the Northeastern United States. In 1997, HIP was ranked number one in the New York Metropolitan area by U.S. News & World Reports in the categories of patient care, doctor training and member satisfaction. This year, HIP was awarded the Sachs Award for Excellence as one of the top health plans in the nation for customer loyalty. Mr. Watson is currently also a member of the National Bipartisan Commission on the Future of Medicare. Before joining HIP, Mr. Watson was Supervising Public Health Advisor at the Center for Disease Control and Executive Director of the New York City Comprehensive Health Planning Agency. He has received many honors including the Schlesinger Award for Outstanding Contributions to Community Health Planning and the Leadership Award of One Hundred Black Men, Inc. In 1960, Mr. Watson was a member of the United States Olympic Track Team and competed in the long jump in Rome, Italy.

Family Centered Mental Health
Breakout Session
Law 133
4:00-5:00P.M., Tuesday, June 23, 1998

Meeting requested by the Vice President & Mrs. Gore
Briefing prepared by Nancy Hoit and Trooper Sanders

EVENT

You are delivering briefing remarks and attending a discussion on family centered mental health. **Approximately 125 participants are expected. This event is closed press.**

LOGISTICS

- Dr. Alvin Poussaint opens the session and introduces you.
- You deliver brief remarks and turn the session over to Dr. Poussaint.
- You take a seat in the audience.
- Roundtable presenters deliver brief remarks.
- Participants engage in an interactive discussion.
- You depart.

Note: The session continues after your departure.

PROGRAM NOTES

You should use this opportunity to share your ideas on family centered mental health with conference participants concerned with this issue.

ATTACHMENTS

- Remarks.
- Biographies of program participants.