

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. release	Draft- 1996 Platform (29 pages)	7/12/96	Personal Misfile
002. memo	Draft Platform Document (4 pages)	7/8/96	Personal Misfile
003. position paper	Medicare: Three Fields to Play On (12 pages)	nd	Personal Misfile
004. release	Response to the Concord Coalition (2 pages)	nd	Personal Misfile
005. release	Clinton vs. Dole on Health Care (4 pages)	nd	Personal Misfile
006. release	"Dole's \$548 Billion Economic Plan Will Require Even Greater & More Damaging Medicare Cuts" (13 pages)	nd	Personal Misfile

COLLECTION:

Clinton Presidential Records
 Domestic Policy Council
 Chris Jennings (Subject File)
 OA/Box Number: 23756

FOLDER TITLE:

Clinton-Gore Campaign Materials [6]

gfl

RESTRICTION CODES

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

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

RR. Document will be reviewed upon request.

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MEMORANDUM

May 13, 1996

TO: Distribution

FR: Chris Jennings and Jennifer Klein

RE: Hospital Associations' Letter on Republican Budget Resolutions

The attached letter, raising serious objections to the Medicare and Medicaid cuts in the Republican Budget Resolution, was signed by the ten most influential hospital associations in the nation. Marilyn Yager deserves kudos for getting this letter. Key quotes include:

"We are gravely concerned about the level of reductions proposed by the Budget Committees in these programs."

"While FY97 budget resolution offers a milder approach to deficit reduction compared to last year's resolution, its impact on hospitals appears worse."

"...larger Medicare Part A reductions mean hospitals are likely to experience actual reductions in payment rates under the committee's proposals."

" reiterate our support for maintaining the entitlement nature of the Medicaid program."

"While overall reductions (in Medicaid) are somewhat lower than the January offer, if combined with corresponding state reductions through lower state matching requirements or new provider assessments, these reductions could be quite significant for providers."

According to Marilyn Yager, there will be an effort to publicize the letter to both the media and the Hill today. We thought you might find it useful in discussing the latest Republican budget.

Letter also sent to Chairman Archer
and Chairman Bliley

May 10, 1996

The Honorable William Roth, Jr.
Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Roth:

The undersigned organizations representing hospitals and health systems have reviewed the Fiscal Year 1997 (FY 97) House and Senate Budget Committee proposal, particularly with respect to the Medicare and Medicaid programs.

While it appears that the overall Medicare budget reductions of \$167 billion are roughly the same as those in the last Republican offer in January, the Budget Committees have significantly changed the allocation of reductions within the program. While it is difficult to assess the overall impact of the budget resolution in the absence of greater detail, now larger Medicare Part A reductions mean hospitals are likely to experience actual reductions in payment rates under the committees' proposal.

The budget resolution now includes lower budget reductions in Part B of Medicare, while the reductions in Part A have increased by approximately \$25 billion since the January offer. While the FY 97 budget resolution offers a milder overall approach to deficit reduction compared to last year's resolution, its impact on hospitals appears worse. To achieve reductions of this magnitude, Congress may need to adopt policies resulting in payment rates per beneficiary that would be frozen or actually reduced.

We also have serious concerns about the Budget Committees' Medicaid reductions. We would like to take this opportunity to reiterate our support for maintaining the entitlement nature of the Medicaid program to ensure that those who have coverage today will continue to have coverage tomorrow. Furthermore, we support maintaining current law provider assessment restrictions and Boren amendment payment safeguards. While the overall reductions are somewhat lower than the January offer, if combined with corresponding state reductions through lower state matching requirements or new provider assessments, these reductions could be quite significant for providers.

Hospitals and health systems support the need to adopt a reasonable deficit reduction package, and believe that changes in Medicare are needed to keep the Part A trust fund solvent. Many of us have supported various proposals that achieve a balanced budget with reductions in Medicare and Medicaid. However, we are gravely concerned about the level of reductions proposed by the Budget Committees in these programs.

Chairman Roth

May 10, 1996

Page 2

We strongly urge you to reconsider both the overall level of Medicare and Medicaid reductions included in the budget resolution and, in your capacity as chairman of the authorizing committee, adjust the allocation between Parts A and B proposed by the Budget Committees.

American Association of Eye and Ear Hospitals
American Hospital Association
American Osteopathic Healthcare Association
Association of American Medical Colleges
Catholic Health Association
Federation of American Health Systems
InterHealth
National Association of Children's Hospitals
National Association of Public Hospitals and Health Systems
Premier

American Hospital Association

Advocacy Action Plan

HLA
 AHA
 ALP

Liberty Place
 325 Seventh Street, N.W.
 Washington, DC 20004-2802
 Telephone: 202.638.1100

An advocacy strategy to help hospitals
 serve their communities.

Amica Hosp Assoc

November 16, 1995

To: Allied Association Chief Executive Officers
 Allied Association Government Relations Officers
 Healthcare System Government Relations Officers

From: Rick Pollack, Executive Vice President
 Federal Relations

Subject: Opposition to Budget Reconciliation Conference Report/
 Post Veto Strategy

ISSUE

House and Senate conferees have agreed on a balanced budget reconciliation conference report. The House is likely to consider the measure as early as Friday, November 17 and the Senate as soon as Saturday.

It is anticipated that President Clinton will veto this budget reconciliation package when it reaches his desk. Negotiations between the congressional leadership and the president will likely follow.

Despite the best efforts of allied associations and hospitals and health systems, this conference report falls short of our requirements in a number of its provisions:

- ✓ The conference significantly compromised the House-passed provider sponsored organization (PSO) language, which the AHA had supported.
- ✓ The conference report dropped important medical malpractice reforms that were included in the House bill.
- ✓ The agreement significantly weakened Medicaid coverage for the disabled, allowing states to determine how the disabled are to be defined.
- ✓ The "Failsafe" provision remains in the bill and is effectively a permanent capped entitlement for Medicare.

CAPPING THE "FAILSAFE" BUDGET MECHANISM

Amendment:

To provide that the maximum aggregate reduction in fee-for-service expenditures under the "failsafe" budget mechanism may not exceed the \$36.6 billion needed to achieve the \$270 billion budget target.

Rationale:

- o This amendment would guarantee that the \$270 billion in savings required by the budget resolution are completely achieved while limiting providers' liability for further budget reductions.
- o Hospitals already are targeted for \$78 billion in traditional Medicare spending reductions, and could absorb the lion's share of the \$36.6 billion estimated by CBO to be needed and sequestered through a "failsafe" or "lookback" budget mechanism.
- o The "failsafe" or "lookback" mechanism was originally crafted as a means of assuring scorable savings reasonably expected to be achieved through increased use of managed care.
- o Without limiting the annual dollar amount that can be taken from providers through a "failsafe" budget mechanism, additional reductions could be made in hospital payments for reasons beyond hospitals' control:
 - General inflation, while at an all-time low, could speed up again causing budget targets to be exceeded.
 - Any errors or underestimates in CBO scoring of the reconciliation bill would cause budget targets to be exceeded.
 - CBO current projections expect a slowdown in nursing home and home health spending. If they are wrong, budget targets could be exceeded.
- o Without a cap, providers are held liable and could be exposed to unlimited amounts of additional payment reductions.



Liberty Place
325 Seventh Street, N.W.
Washington, DC 20004-2802

Office of the President

One North Franklin
Chicago, Illinois 60606

October 16, 1995

The Honorable Bob Dole
United States Senate
141 Hart Senate Office Building
Washington, DC 20510

Dear Senator Dole:

You and your Senate colleagues are about to make public policy decisions of truly historic proportions. Your debate and action on the Fiscal 1996 budget reconciliation bill, particularly where Medicare is concerned, will affect the lives of all Americans.

That's why the American Hospital Association, on behalf of its 5,000 members in the community delivering care every day, wants to make you aware of a report by Lewin-VHI, a respected research firm. It analyzes the effect of Medicare spending reductions on hospitals.

The bill now before the U.S. Senate calls for reductions of \$86 billion in hospital services. The principal finding of this analysis is that reductions of that magnitude would result not in a reduction in the rate of growth, but in a real cut. That means per beneficiary spending for hospital care grows less than the rate of inflation.

Repeatedly, the American people have been assured that the Medicare program would not suffer real cuts. This is a promise that must be kept. Eighty six billion dollars in reductions will seriously jeopardize the ability of the hospital community to continue to provide high quality care, not only to seniors, but to all our citizens. This is the potential impact of the current Senate proposal.

In its conclusion, Lewin-VHI, Inc., states: "The potential for payment reductions to result in real decline in hospital spending over the next seven years should indicate to policymakers the need to carefully consider the impacts of potential Medicare changes on the different categories of health care providers."

This is what the nation's hospitals ask of you and your colleagues in the critical days ahead.

Sincerely,

A handwritten signature in black ink that reads "Owen Davidson". The signature is written in a cursive style with a long horizontal line extending to the right.

CLAIM: Mr. President, you have continued to exaggerate and distort the truth about your record on Medicare. The Vice President told millions of Americans last week on television the following false facts about the position and statements of various groups regarding Medicare: that the AARP "supported [your] plan and said their (GOP) plan would devastate Medicare"; that the American Hospital Association proclaimed that the Republican proposal would force 700 hospitals to close, and that the Concord Coalition said that "the consequences of this Dole plan for Medicare would be extreme."

REALITY: The AARP -- like us -- strongly opposed the Republicans seriously flawed policy changes and their excessive cuts. The AARP endorsed our position that the "Congressional Budget Resolution could devastate Medicare beneficiaries." [Source: AARP Impact Analysis: "Too Much, Too Fast," June 29, 1995]. They also agreed with us that "less drastic changes are needed to assure the solvency and stability in Medicare for the next decade." [Statement made by Horace B. Deets on Senate vote to balance the budget, October 27, 1995].

What the Vice President was referring to was the AARP's strong support of Senator Mitchell's version of the Health Security Act which we endorsed. And, they did not oppose our Medicare reforms in the Health Security Act.

While the AARP has not explicitly endorsed the President's plan, our policy and savings are almost identical to their own proposal. Their plan had \$110 billion in savings, and ours had \$124 billion. Also, the policy concerns they raised were addressed in our proposal and were explicitly rejected by the Republicans. Specifically, the AARP opposed Republican proposals regarding low-income Medicare beneficiaries, eliminating balanced billing protections, supporting medical savings accounts, eliminating federal nursing home quality protections, and block granting the Medicaid program. We also rejected all of those proposals.

As for the American Hospital Association, they did explicitly state that under the Republican plan, hospitals "could be forced to shut their doors" [Advocacy Action Plan: American Hospital Association 3/29/1995] and 700 facilities would be at risk because a significant portion of their revenue comes from Medicare and Medicaid [American Hospital Association analysis based on data from the 1993 AHA annual survey and the Medicare Provider Specific file].

Finally, the Concord Coalition has repeatedly stated that Dole's unspecified discretionary cuts are not credible and that he would have to cut entitlements (such as Medicare) more. While it is true that the Concord Coalition did not specifically mention Medicare as one of the programs Senator Dole would have to cut further to pay for his risky \$550 billion tax scheme, they have repeatedly made clear that Dole's cuts in discretionary spending are not credible, and would therefore require additional cuts in entitlement programs, explode the deficit or both. "Congress would have to slash this [domestic discretionary] spending while phasing in large

tax cuts and while leaving the vast and still-growing senior-citizen entitlement edifice (in Dole's words) "off the table." It's hard to see how leaders like Dole and Jack Kemp ... could square this circle." [Concord Coalition, Facing the Facts Alert #21, 8/16/96].

Clinton/Gore ¹⁹⁹⁶ V Platform File

Chris

File

PLATFORM

Economic security for American families in the 21st century. In the old economy, most workers could count on one job for life. They knew that hard work was rewarded with raises and steady jobs; they were confident the company would take care of them, their families, their health, and their retirement. Success was tied to the success of their employer: sacrifice when times were tough and a share in the wealth when times were good. In the new economy, the rules have changed. We need to find new ways to help working families find economic security: better training to help workers learn skills to get new and better jobs; the security of good health care and safe pensions so they can take care of themselves and their families. This is a challenge that American workers and managers are ready to face, and the Democratic Party will continue to tackle.

Rewarding work. We honor work in America. Americans work hard, and they have a right to expect that work will pay. We want to continue reversing the trend of the eighties, so all Americans benefit from continued economic growth and rising wages. The President and Democrats in Congress raised the minimum wage to \$5.15 an hour, after defeating fierce Republican opposition led by Senator Dole and Speaker Gingrich. We believe the minimum wage should be a wage you can live on. President Clinton and Congressional Democrats fought for and won the largest expansion of the Earned Income Tax Credit in history, a tax cut for 15 million working families, because no parent who takes the responsibility to work full time should have to raise children in poverty. We want to strengthen families, and we challenge the private sector to help their workers earn enough to support a family.

X

Health care. The Democratic Party is committed to ensuring that Americans have access to affordable, high-quality health care. Because of President Clinton's determined leadership and the tireless efforts of Democrats in Congress, we passed the Kennedy-Kassebaum health reform bill to stop insurance companies from denying coverage to families where one member has a preexisting condition, and to make sure that people can take their health insurance with them when they change jobs. No more Americans should have to turn down a better job because they would lose their health care if they took it. We have expanded the Women, Infants, and Children program that provides prenatal and early childhood nutrition, so that all eligible women, infants, and children will have access to the health and nutrition services they need. We established a comprehensive effort to immunize children, after defeating Republican opposition led by Senator Dole. Last year, the percentage of two-year-olds in America who were fully immunized reached an historic high.

The Clinton-Gore Administration has dramatically shortened the approval process for new lifesaving drugs at the Food and Drug Administration and will continue to work to streamline the process further; and we have made AIDS research, prevention, and treatment a top priority, increasing funding by almost 40 percent, including more than doubling the Ryan White Care Act to help care for people with AIDS. We are committed to finding a cure for AIDS, combating HIV-related discrimination, supporting HOPWA funding to help with housing for people living with AIDS, and working to ensure that all Americans living with AIDS have access to new and potentially lifesaving drugs; serious biomedical research which promises breakthroughs for so many diseases; and doing more to help all Americans live longer, healthier lives. We recognize the enormous contribution of our teaching hospitals and medical schools — they lay the foundation for the best medical care in the world, and we will continue to promote policies that strengthen them.

We have paid special attention to women's health issues, including a 65 percent increase for breast cancer research. We are committed to finding a cure for breast cancer and we pledge to continue supporting funds for innovative research, and access for all women to high quality treatment and care.

The Democratic Party is proud that we held the line against the Republicans' mean-spirited Medicare and Medicaid cuts that would risk the health care of millions of Americans, from infants to seniors. Senator Dole voted against Medicare when it was first created, boasts about it today, and now Republican leaders want Medicare to "wither on the vine." The Dole-Gingrich Medicare plan would put millions of our parents into a second class health care system for the first time in their lives, and we will not stand for it. The Dole-Gingrich Medicaid plan would end the guarantee to meaningful health benefits for millions of children, older Americans, and people with disabilities. President Clinton forced Republicans to put aside their attempt to block grant Medicaid, and insisted that welfare reform protects women and children by maintaining the Medicaid guarantee. The Democratic Party wants America to preserve and strengthen Medicare and Medicaid, so we honor our values and protect the health of our children, parents, and grandparents, ensuring they can get the health care they need, from doctors' visits to long-term care.

In 1993 — without a single Republican vote — President Clinton and Democrats in Congress extended the Medicare Trust Fund into the 21st century. We have given 12 states more flexibility to run their Medicaid programs more efficiently and expand coverage, while maintaining the guarantee of meaningful benefits. When these plans are implemented, two million more Americans will have health insurance because of them. We have given Medicare beneficiaries more health plan choices and increased benefits. We have cracked down on health care waste, fraud, and abuse, saving more than \$15 billion in three years. Now we must finish the job — we can balance the budget while we preserve and strengthen Medicare and Medicaid, protecting millions of middle class families from being overwhelmed by health care costs for their parents, children, or family members with disabilities.

In the next four years, we must take further steps to ensure that Americans have access to quality, affordable health care. We should start by making sure that people get help paying premiums so they do not lose health care while they're looking for a new job. We support expanded coverage of home care, hospice, adult day-care, and community-based services, so the elderly and people with disabilities of all ages can live in their own communities and as independently as possible. We are disappointed Congress walked away from bipartisan efforts to provide mental health parity; we believe health insurance coverage for mental health care is vitally important and we support parity for mental health care.

Retirement. Over the last four years, President Clinton took strong steps to protect the pensions of more than 40 million workers and retirees by fixing the federal pension insurance system and demanding that companies fund their retirement plans fully. We established a nationwide retirement protection program to protect workers' 401K retirement savings from fraud and abuse. We recognize the unique concerns of women when it comes to preparing for retirement and have worked to protect women's pension rights.

Over the next four years, we want to take further steps to make sure that Americans who have worked hard for their whole lives can enjoy retirement in the dignity and security they have earned. We want to make sure people can carry their pensions with them when they change jobs, protect pensions even further, and expand the number of workers with pension coverage. We will continue to support the Railroad

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