

MEMORANDUM

*welfare -
medical*

TO: Carol Rasco, FAX 456-7028
Diana Fortuna, FAX 456-7028
Chris Jennings, FAX 456-2878
Bill White, FAX 456-6218
Becky Ogle, FAX 530-1386

FROM: Rhoda Schulzinger, Bazelon Center for Mental Health Law
Marty Ford, The Arc

RE: Impact of Welfare Reform Bill on People with Disabilities

DATE: 7/24/96

Attached is a copy of the letter sent today to the President by members of the disability community urging him to veto the welfare reform legislation because of its devastating impact on people with disabilities.

If you have questions, you can call Rhoda at 467-5730 or Marty at 785-3388.

Consortium for Citizens with Disabilities

July 24, 1996

The Honorable William J. Clinton
The White House
Washington, D.C. 20500

Dear President Clinton:

The undersigned members of the disability community are gravely concerned about the drastic consequences of the Republican welfare reform legislation on children and adults with disabilities and their families.

By making massive and unnecessary cuts in critical life-sustaining programs, the welfare bill would irreparably injure adults and children with disabilities. Our most serious objections to the bill are the following:

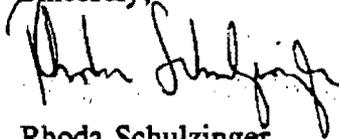
- Major reductions in the children's Supplemental Security Income (SSI) program will threaten low-income families' ability to raise their children with severe disabilities at home. At least 300,000 children with severe disabilities would lose access to benefits over the next six years. Families who lack adequate resources to care for their children may be forced to place their children in state institutions -- at enormous cost to taxpayers.
- Children who no longer qualify for SSI may also lose Medicaid and no longer be able to receive early intervention services or appropriate medical assistance and long-term care. The combination of losing SSI and Medicaid will be devastating for countless low-income families who already face a daily struggle to provide for their children. They will turn to state and local governments for more assistance, creating higher costs for taxpayers.
- Most legal immigrants with disabilities, including those who became disabled long after coming to this country, will lose access to SSI and food stamps. These provisions are even more punitive than the vetoed HR 4 conference agreement or the House- and Senate-passed immigration legislation.
- Unprecedented cuts in the food stamp program will curtail access for people with disabilities who depend on them for basic nutrition. Currently, over 10 percent of households receiving food stamps have at least one person with a disability. Food stamps are critical to many people with disabilities who live in community-based group arrangements.

The Honorable William J. Clinton
July 24, 1996
Page Two

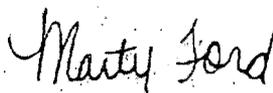
All segments of the population must share the burden of reducing our country's deficit. It is unconscionable to ask only the most vulnerable people -- those who are poor, those with disabilities and those who have moved here for a better life -- to shoulder the cost of balancing the budget.

We urge you to veto the Republican welfare bill because it will significantly harm people with disabilities. It is possible to restore confidence in public assistance programs without undermining the ability of countless children and adults with disabilities to achieve the greatest possible independence.

Sincerely,



Rhoda Schulzinger
Bazelon Center for Mental Health Law



Marty Ford
The Arc

On behalf of:

American Academy of Child and Adolescent Psychiatry
American Association of University Affiliated Programs
American Association on Mental Retardation
American Network of Community Options and Resources
American Psychological Association
American Rehabilitation Association
Autism National Committee
Autism Society of America
Bazelon Center for Mental Health Law
Disability Rights Council of Greater Washington
Epilepsy Foundation of America
Federation of Families for Children's Mental Health
Legal Action Center
National Association of Developmental Disabilities Councils
National Association of People with AIDS
National Association of Protection and Advocacy Systems
National Association of School Psychologists
National Association of the Deaf
National Easter Seal Society
National Mental Health Association
National Organization for Rare Disorders
National Parent Network on Disabilities
National Senior Citizens Law Center
The Arc
United Cerebral Palsy Associations

**OFFICE OF INTERGOVERNMENTAL AFFAIRS
DEPARTMENT OF HEALTH AND HUMAN SERVICES**
200 Independence Avenue, SW
Room 630F
Washington, DC 20201



F A X C O V E R S H E E T

DATE:

TO: *Chris Jennings*

PHONE:
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FROM: John Monahan
Director

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FAX: (202) 690-5672

RE:
CC:

Number of pages including cover sheet:

Message:

ISSUE SUMMARY

ISSUE: Medicaid Eligibility for Families and Children Who Currently Receive AFDC

BACKGROUND:

- Various versions of welfare reform have provided for continued Medicaid eligibility for former recipients of AFDC by requiring application of current AFDC standards to determine eligibility for Medicaid.
- Some versions have provided State's with options to assure that the same income and resource levels and methodologies used in current law are continued and some versions require broader maintenance of current eligibility standards and procedures.

CONSIDERATIONS:

- The provision requiring continued application of AFDC standards has the advantage of guaranteeing Medicaid coverage for those who are currently eligible for the AFDC program whether or not they meet the eligibility criteria for cash assistance under the State program.
- The principle disadvantage of this provision is that States would be required to maintain all of their current AFDC rules (and expensive computer functionality) in addition to the rules of the new program under welfare reform.
- This would limit the ability of States to achieve needed program simplification and administrative savings.

RECOMMENDATION:

We recommend that States be given options related to Medicaid eligibility for families who would have been eligible for AFDC. The options available would be to:

- use the AFDC rules in effect prior to the enactment of welfare reform legislation for the purpose of determining Medicaid eligibility, or
- include in the state plan assurance that the State would provide reasonably equivalent eligibility coverage and detailing in the state plan how the State would assure that families and children who receive cash assistance or who would have been eligible under the old AFDC program will be eligible for Medicaid.
- States should also have the option of using the same eligibility definitions and rules as defined in their cash assistance programs to determine Medicaid eligibility for non-cash recipients as long as the State provides detailed assurances in its state plan that it will provide reasonably equivalent coverage as that which is required under current law. This would greatly improve efficiency of program administration since many families include cash eligible members and members who are not cash eligible. Such state plan assurances would be subject to the approval of the Secretary.

The recommended provision would provide the states the flexibility to accomplish the same result with a more administratively efficient method and also assure that currently eligible families and children would not lose Medicaid eligibility.

Proposed conceptual language:

Add the following provision:

Notwithstanding the provisions [of section requiring continued application of current AFDC standards under the Medicaid Program] a State may provide for an alternative method of determining eligibility for medical assistance by including in the State plan submitted in accordance with section [section of temporary assistance for needy families program] assurances that the State will provide reasonably equivalent eligibility coverage and detailing in the State plan how the state will assure that families and children who were eligible under part A of title IV (as in effect on July 1, 1996) shall be determined eligible.

The State may also use the eligibility definitions and procedures of its cash assistance program to determine eligibility for medical assistance to families and children who are not recipients of cash assistance through providing assurances that eligibility coverage shall be provided that is reasonably equivalent to that which would be provided under current law as and detailing how the State shall assure that such coverage levels are provided.

ONE HUNDRED FOURTH CONGRESS

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U.S. House of Representatives
 Committee on Commerce

Washington, DC 20515-6115

DEMOCRATIC STAFF

JAMES E. DERDERIAN, CHIEF OF STAFF

FAX COVER SHEET

DATE:

7/26/96

TO:

Chris J. Budditt

FROM:

436-5542

FAX NUMBER:

NUMBER OF PAGES:
(Including Cover)

COMMENTS:

Medicaid
rpts. in deface

(If there are problems with this transmission,
please phone 226-3400, Democratic Staff, 564 FHOB.)

TALKING POINTS FOR WELFARE REFORM CONFERENCE

- o Yesterday we passed unanimously the motion to instruct conferees on welfare form and "ensure that the bill preserves Medicaid coverage so that the number of people without access to health care does not increase and more children and old people are not driven into poverty".
- o It is clear that while the basic policy that would achieve this goal for most Americans is similar in the two bills, the Senate provision, which is the same as the Tanner/Castle substitute, is better crafted and protects most Americans currently eligible for Medicaid.
- o I'm still concerned about the loss of coverage for legal immigrants and their children who are here legally which will be a huge problem not just for this population, but for the providers in States like mine.
- o So I would hope that this conference would protect the policy that was in both the House and Senate bill regarding most Americans currently eligible for Medicaid and concentrate on fixing the provisions that take the Medicaid coverage away from legal immigrants and their children.
- o I know this isn't the result the Republican Governors want, but the fact is their position was soundly rejected on a bipartisan basis 68-31 on a vote on the Senate floor just two days ago and by unanimous vote on the House floor just last night, so my advice to the Republican Governors is -- let it go and let's get on to fixing other provisions in this bill.

MEDICAID POLICY IN THE CONTEXT OF WELFARE REFORM

- o First and foremost the Chafee/Breaux amendment will maintain the methodology for determining income and assets. Under current law the Medicaid rules for determining income and assets (what is counted, whose income and assets are counted, what deductions and exemptions are allowed) are found in Title IV-A. This policy would now place these standards in the Medicaid statute so that changes in the welfare statute won't effect Medicaid eligibility.
- o What this means is that for determining income for any child (under 6) or pregnant woman even under 133% of poverty or other children over 6 or non-pregnant women that there will be an income standard in place that is the same as under current law.
- o This basic policy was also in the House passed Republican bill and is the exact same provision as was included in the Tanner/Castle substitute.
- o Second, once these income and asset standards are again in place for determining eligibility for the "categorically" eligible which include the children up to age 6 and pregnant women under 133 percent of poverty, we can now apply these same standards to the "non-categorically" eligible older children (as they are phased-in) and parents.
- o We will say that a for determining these non-categorically eligible people that if their income, as now as been determined for the family because the children are say eligible for Medicaid, is less than the AFDC standard which the state had in place as of May 1, 1988, then these people will also continue to receive Medicaid.
- o The States can now lower the AFDC income standard as long as it is not below the May 1, 1988 level. This is exactly the same flexibility they have under current law with regard to Medicaid.
- o We have also kept the one year welfare to work transition as well as the 5 year cut off protections so that people won't lose Medicaid because of going back to work or because they can't find a job in 5 years.
- o The link from welfare has been severed. The States will now be able to do whatever they want with welfare (within the context of the welfare bill) and not necessarily have to provide Medicaid coverage. However, the big key here is that they can't take Medicaid away from any person who would've been eligible for Medicaid, but for the change in Welfare.

JOHN H. CHAFEE
RHODE ISLAND

CHAIRMAN, COMMITTEE ON
ENVIRONMENT AND PUBLIC WORKS

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senator_chafee@chafee.senate.gov

July 22, 1996

Dear Colleague:

Last week the Senate voted to remove the Medicaid provisions from the pending reconciliation bill -- postponing that debate for another day. Yet, without a conforming amendment to the welfare reform bill, low-income mothers and children will, in fact, lose their guarantee to Medicaid coverage.

On Tuesday, the Senate will consider two amendments intended to resolve this problem -- a Chafee amendment and a Roth amendment.

Senators should be aware that only my amendment makes good on our commitment to hold harmless current-law Medicaid eligibility standards until the broader question of Medicaid reform can be addressed in subsequent legislation.

By contrast, the Roth amendment would revise eligibility standards for certain categories of low-income mothers and children age 13 to 18, leaving future beneficiaries without the coverage they are guaranteed under current law. The Roth amendment also fails to apply current rules governing the calculation of income for pregnant women and children of all ages. Without the current income methodology, a state could count such things as food stamps, school lunch and breakfast programs, and federal disaster relief funding in calculating a family's income as it pertains to their eligibility for Medicaid.

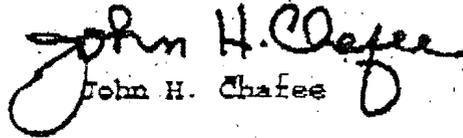
In addition, the Roth amendment imposes a tremendous administrative burden on the states. Under the Roth proposal, states would have to keep a master list of families who were eligible for AFDC and Medicaid as of the date of enactment, and update to eliminate families that become ineligible because of increases in income.

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In summary, my amendment preserves current Medicaid law. The Roth amendment reforms Medicaid through the back door by allowing states to remove Medicaid coverage to not only those families who meet current income and resource standards for cash assistance, but also by repealing current-law standards for calculating income for pregnant women and children of all ages.

I urge you to vote for the Chafee amendment and against the Roth amendment.

Sincerely,


John H. Chafee

Talking Points for Chafee Amendment

- We have voted to take Medicaid off the table by dropping the Medicaid provisions of this bill. My amendment is necessary to maintain current law Medicaid coverage because of the link between the Medicaid and Welfare programs.
- My amendment seeks to maintain current law by stating that any **category of individuals** (mothers and children) who meet the income and resource standards for cash assistance, will continue to be eligible for Medicaid if the states choose to lower their income and resource standards for cash assistance.
- Thus, those who are **currently** enrolled in the Medicaid program and **those who will meet the income and resource standards in the future** will qualify for Medicaid, provided they are a dependent child or a single parent.
- My amendment also keeps the standard for calculating what is included as income for all women and children under Medicaid. The underlying bill lets states count anything they want as income including, food stamps, school lunches, and even federal disaster relief.

Talking Points Against the Roth Amendment

- The Roth amendment allows the states to drastically reduce Medicaid coverage for all groups of women and children.
- First, it grandfathers individuals who are enrolled in Medicaid at time of enactment. There are no protections for those who meet the same standard after the bill is enacted. Thus if a single mother loses her job after enactment, even though she meets to old standards, she and her older children may not be able to qualify for insurance coverage under the Medicaid program.
- Second, it strikes the provisions in my amendment that reinstates the standards for calculating income. Thus a 7-year-old child with a family income below the current federal poverty standards will not qualify for Medicaid coverage if the state adopts a more restrictive income test and includes things such as school lunches or food stamps.
- Imposes administrative burdens on states by requiring them to keep a master list of all old AFDC beneficiaries and update periodically.

**Summary Comparison of Medicaid-Related Provisions in
House (H.R. 3734) and Senate (S. 1956) Republican Welfare Bills
(July 24, 1996)**

Medicaid Coverage of Mothers and Children

House Bill: Requires a State, in determining eligibility for Medicaid, to use the standards in effect under the State's Aid to Families with Dependent Children (AFDC) program as of July 16, 1996. Allows States, at their option, to terminate Medicaid eligibility for individuals who do not meet the work activity requirements under the new welfare block grant. Maintains current policy with respect to 4-month transitional Medicaid coverage for families losing cash assistance due to collection of child support. However, limits 12-month Medicaid transitional coverage for families losing cash assistance due to earnings to those with incomes below the poverty line.

Senate Bill: Maintains current policy with respect to Medicaid coverage for families receiving welfare cash assistance as well as for pregnant women and children eligible based on their poverty status. Also maintains current policy with respect to transitional Medicaid coverage for families losing cash assistance due to earnings or due to collection of child support. Exception to current policy: the bill denies Medicaid coverage to any individual convicted of any drug-related crime.

Medicaid Coverage of Legal Aliens

House Bill: Bars legal aliens from qualifying for any Medicaid coverage (including emergency medical services) until they become U.S. citizens. Bar applies to legal aliens now residing in the U.S. as well as those who enter on or after enactment, except veterans, refugees and asylees, and permanent residents with at least a 10-year work history.

Senate Bill: Bars Medicaid coverage for all but emergency medical services to legal aliens who enter the U.S. on or after the date of enactment. States would have the option of denying Medicaid coverage to legal aliens now residing in the U.S.

Medicaid Coverage of Disabled Children

House Bill: Narrows current definition of disability for purposes of establishing eligibility of children for cash assistance under Supplemental Income Security (SSI) program. In some cases, loss of SSI eligibility will result in loss of Medicaid coverage.

Senate Bill: Comparable provisions.

CBO Estimates (Preliminary): The House bill would cut Federal Medicaid spending by \$10.7 billion over the 6-year period FY 1997 - FY 2002; the Senate bill, by \$6.5 billion.

Summary of Provisions Relating to Medicaid Coverage of Families
House Republican Welfare Bill, H.R. 3437
(as passed by the House, July 18, 1996)

Eligibility for Medicaid: Current AFDC Criteria with New Ground for Denial

Women and Children Eligible for Cash Assistance. In determining eligibility for Medicaid, a State would be required to use the income and resource standards in effect under the State's AFDC program as of July 16, 1996. This would apply to both current AFDC recipients and low-income women and children seeking Medicaid coverage in the future. States could, at their option, raise (but not lower) their AFDC income standard above the level in effect as of July 16, 1996, but the increase could not exceed the percentage increase in the CPI.

Poverty-related Pregnant Women and Children. While the amendment is not explicit on this point, it appears that States would have to use the same methodologies for counting income in determining Medicaid eligibility for pregnant women and children as they use under their AFDC programs as of July 1, 1996.

New Ground for Denial of Medicaid Eligibility. States could, at their option, terminate Medicaid eligibility for any individual who refuses to engage in work as required under the new welfare block grant. This would apply only to individuals eligible for Medicaid on the basis of receipt of cash assistance (whether under the State's July 16, 1996, AFDC rules or the State's new welfare block grant criteria).

Transitional Medicaid Coverage

Welfare to work: new restriction on eligibility. Individuals losing eligibility for cash assistance under the welfare block grant due to increased earnings from employment would be eligible for an additional 12 months of Medicaid coverage, but only for so long as family income (excluding EITC refunds or advance payments) is less than the poverty line. This transitional coverage would not be subject to the September 30, 1998, sunset on the current law transitional coverage benefit; however, the income limit under current law is 185 percent of the poverty level, exclusive of child care costs.

Child Support. Individuals losing eligibility for cash assistance under the welfare block grant due to the collection or increased collection of child or spousal support would be eligible for an additional 4 months of Medicaid coverage.

State Waiver Option. States with welfare waivers in effect as of July 16, 1996, could, at their option, continue to apply those portions of their waivers that affect eligibility for Medicaid after the date their waivers would otherwise expire.

Summary of Provisions Relating to Medicaid Coverage of Families
Senate Republican Welfare Bill, S. 1956
(as passed by the Senate, July 23, 1996)

Maintaining Current Law Eligibility for Medicaid Coverage

Women and Children Receiving AFDC. As under current law, in determining eligibility for Medicaid, a State would be required to use the income and resource standards (and the methodologies for counting income and resources) in effect under its AFDC program as of July 1, 1996. This would apply to both current AFDC recipients and low-income women and children seeking Medicaid coverage in the future. (As under current law, States could lower their income eligibility standards to those in effect under their AFDC programs as of May 1, 1988; they would also be permitted to use less restrictive income and resource standards and methodologies).

Poverty-Related Pregnant Women and Children. As under current law, a State would be required to use the same methodologies for counting income in determining Medicaid eligibility for pregnant women and children as it used under its AFDC program as of July 1, 1996.

Maintaining Current Law Transitional Medicaid Coverage

Welfare to Work. As under current law, individuals who are receiving cash assistance under the new welfare block grant and are eligible for Medicaid, and who lose their cash assistance because of earnings from work, would be eligible for an additional 12 months of Medicaid coverage, so long as they continued to work and report earnings and their income did not exceed 185 percent of poverty. The amendment would not alter the current sunset of this transitional coverage (9/30/98).

Child Support. As under current law, individuals who are receiving cash assistance under the new welfare block grant and are eligible for Medicaid, and who lose their cash assistance because of child support payments, would be eligible for an additional 4 months of Medicaid coverage.

State Administrative and Waiver Options. States would be allowed to use either their Medicaid or their welfare block grant agencies to make Medicaid eligibility determinations, and they would be able to use one application form for determining both welfare block grant and Medicaid eligibility. States with welfare waivers in effect as of July 1, 1996, could, at their option, continue to apply those portions of their waivers that affect eligibility for Medicaid even after the expiration of the waivers.

New Ground for Denial of Medicaid Coverage. Unlike current law, the bill would bar Medicaid coverage (except for emergency medical services) for any individual convicted, on or after enactment, of a crime relating to the illegal possession, use, or distribution of drugs. The bar would be 5 years for misdemeanors, life for felonies.

Summary of Provisions Relating to Medicaid Coverage of Legal Aliens
House Republican Welfare Bill, H.R. 3734
(as passed by the House, July 18, 1996)

Bar to Medicaid Coverage. Legal aliens would be barred from qualifying for Medicaid until they become U.S. citizens. This prohibition on Medicaid coverage would apply to all services, including emergency medical services. The legal aliens to which this prohibition applies include those who now reside in the U.S., as well as those who enter the U.S. on or after enactment. (The prohibition would not apply to legal aliens who are veterans; to those who are permanent residents with at least a 10-year work history; or, for a 5-year period, to those who are refugees and asylees). Legal aliens eligible for Medicaid on the date of enactment could continue to maintain their eligibility for up to one year after enactment. States would not have the option to exempt any legal aliens or Medicaid services from this bar.

"Deeming" of Sponsor's Income and Resources. The bill's bar on Medicaid coverage described above appears to reach most legal aliens. Nonetheless, the bill further provides that, in determining the eligibility of legal aliens for Medicaid benefits (other than emergency medical services), States would be required to take into account the income and resources of the alien's sponsor for admission to the U.S. Sponsors would be required to sign a legally enforceable affidavit of support in which they agree, among other things, to reimburse Federal and State Medicaid expenditures on behalf of the alien, except for Medicaid payments for emergency medical services. This "deeming" of a sponsor's income and resources is prospective in nature; that is, it would apply only to legal aliens whose sponsors sign a legally enforceable affidavit after enactment. "Deeming" would continue to apply until the alien is naturalized as a citizen or has a work history of at least 10 years.

CBO Estimate (Preliminary). Total Federal Medicaid cuts under the House bill are estimated at \$10.7 billion over the 6-year period FY 1997 - FY 2000. (This \$10.7 billion is \$12.3 billion in cuts net of \$1.6 billion in costs due to elimination of the current law sunset on welfare-to-work transitional coverage). Of the \$12.3 billion in cuts, about \$11.8 billion is attributable to the legal alien provisions.

Summary of Provisions Relating to Medicaid Coverage of Legal Aliens
Senate Republican Welfare Bill, S. 1956
(as passed by the Senate, July 23, 1996)

5-Year Federal Bar on Medicaid Coverage. Legal aliens who enter the country on or after the date of enactment (other than refugees and asylees and veterans) would be barred from qualifying for Medicaid for 5 years from the date of entry. This prohibition on Medicaid coverage would not apply to emergency medical services.

State Option to Deny Medicaid Coverage. States would be have the option of denying Medicaid eligibility to otherwise qualified legal aliens now residing in the U.S., as well as those who enter the country on or after the date of enactment (presumably after the 5-year Federal bar on eligibility has expired). States would not have the authority to deny Medicaid eligibility to refugees or asylees, veterans, or permanent resident aliens who have a 10-year work history.

"Deeming" of Sponsor's Income and Resources. The bill's 5-year bar on Medicaid coverage appears to reach most legal aliens who are not currently residing in the U.S. Nonetheless, the bill further provides that, in determining the Medicaid eligibility of legal aliens, States must take into account the income and resources of the alien's sponsor for admission to the U.S. Sponsors would be required to sign a legally enforceable affidavit of support in which they agree to reimburse Federal and State Medicaid expenditures on behalf of the alien, except for Medicaid payments for emergency medical services. This "deeming" of a sponsor's income and resources would be prospective in nature; that is, it would apply only to legal aliens whose sponsors sign an enforceable affidavit after enactment. The "deeming" of sponsor income and resources would apply until the alien is naturalized as a citizen or has worked for at least 10 years.

CBO Estimate (Preliminary). Total Federal Medicaid savings under the Senate bill are estimated at \$6.5 billion over the 6-year period FY 1997 - FY 2000. Of this amount, about \$6.0 billion in Federal Medicaid savings is attributable to the legal alien provisions.

**Summary of Provisions Relating to Medicaid Coverage of Disabled Children
House (H.R. 3734) and Senate (S. 1956) Republican Welfare Bills**
(as passed on July 18, 1996, and July 23, 1996, respectively)

Current Law. A State participating in Medicaid must provide coverage either to all disabled individuals receiving Supplemental Security Income (SSI) benefits, or to disabled individuals who meet the State's Medicaid eligibility criteria as in effect on January 1, 1972. (As of 1994, 38 States extended Medicaid coverage to all SSI recipients; the remaining 12 used their 1972 criteria). With respect to children under 18, the SSI program provides cash assistance to those disabled with medically determinable physical or mental impairments of "comparable severity" to those that would disable adults (as determined either by medical listings specified in regulations or through an individualized functional assessment).

House Bill. The bill would amend current SSI law to eliminate the individualized functional assessment as a basis for establishing eligibility for SSI disability benefits for children. It would also delete "maladaptive behavior" from the medical listings in regulations. It would replace the statutory "comparable severity" test with a new qualifying definition of disability requiring that the child's physical or mental impairment "result in marked and severe functional limitations" that can be expected to last for 12 months or to result in death. The bill also disqualifies from SSI children under 18 whose assets are disposed of for less than fair market value and specifies the circumstances under which trusts are to be treated as resources of the child for eligibility purposes. In the majority of States that extend Medicaid coverage to SSI recipients, children losing SSI disability benefits as a result of this bill would also lose Medicaid coverage unless they are able to establish eligibility for Medicaid on some other basis.

Senate Bill. Same provisions as House bill, except does not contain provisions relating to disposal of resources or to trusts. The Senate bill also appropriates funds for the conduct of case-by-case redeterminations of eligibility for children now receiving SSI benefits.

CBO Estimate: CBO estimates that these provisions would cause about one fifth of the 1 million children now receiving SSI cash assistance to lose those benefits, and that most of those losing SSI cash assistance would still qualify for Medicaid based on receipt of AFDC benefits or on their poverty status. Over 6 years, Federal Medicaid savings under the provisions in either bill are estimated at \$235 million.

**OFFICE OF INTERGOVERNMENTAL AFFAIRS
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F A X C O V E R S H E E T

DATE: 7/26/96

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FROM: John Monahan
Director

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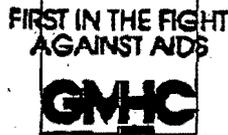
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Number of pages including cover sheet:

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Message:



July 23, 1996

SENATE WELFARE REFORM PLAN AND SOME AMENDMENTS JEOPARDIZE HEALTH CARE FOR NEW YORKERS LIVING WITH AIDS AND NEW YORK'S ABILITY TO FIGHT THE AIDS EPIDEMIC

The Senate has approved a welfare reform plan, H.R. 3734, that would undermine access to cash assistance and would eliminate Medicaid coverage for many New Yorkers living with AIDS, driving up reliance on the most costly forms of health care, and undermining our efforts to fight the spread of the epidemic. H.R. 3734 removes the entitlement status of the public assistance program and distributes federal aid to states in the form of block grants. It prohibits legal immigrants from receiving most benefits, including Medicaid. As amended by Senator Gramm, it would deny any means-tested public benefit, such as Medicaid-funded treatment services, to any individual convicted of an illegal drug possession, drug use, or drug distribution crime. An amendment by Senators Chafee and Breaux would require States to use existing federal guidelines for income and assets to determine eligibility for Medicaid.

While there are numerous provisions of the welfare reform proposal that will have an adverse impact on New Yorkers living with HIV/AIDS, we would like to draw attention to provisions that could jeopardize their access to health care.

NEW YORK'S NUMBER ONE PUBLIC HEALTH CHALLENGE IS AIDS

New York State leads the nation in AIDS cases, with the highest AIDS case rate. Our State has been disproportionately affected by this killer, which strikes New Yorkers of every race, ethnicity, religious denomination, age group, gender, sexual orientation and socioeconomic status. With only 7 percent of the nation's population, New York has nearly 20 percent of its AIDS cases. With the average age of new infection just 25, AIDS is the leading killer of men and women 25 to 44. By the year 2000, the AIDS epidemic will leave 65,000 children and young adults in New York motherless.

MEDICAID IS THE LIFELINE FOR NEW YORKERS WITH AIDS, MEDICAID AND WELFARE ARE LINKED

Fifty percent or more of New Yorkers with AIDS—and 93 percent of children with AIDS—depend on Medicaid. By the end of their lives, 80 percent of New Yorkers with AIDS have needed such coverage. More than any other program, Medicaid supports the continuum of care on which New Yorkers with HIV rely—the pharmaceutical drugs that preserve good health and prevent costly hospitalization; home care that enables New Yorkers with HIV to avoid costly institutional settings; community-based case management that coordinates medical and social services; long-term care and hospitalization for the acutely ill. New York State's Medicaid program serving people with HIV is highly cost-effective, enabling

people with AIDS to avoid costly reliance on emergency room care.

Since New York State participates in Medicaid and receives Federal matching funds, it must provide Medicaid to certain "mandatory" coverage groups that include people with HIV/AIDS. As required, New York State has extended Medicaid coverage to members of families receiving cash assistance under the Aid to Families with Dependent Children (AFDC) program. In addition, the Medicaid program covers two other groups of persons because of their link to the SSI program which provides cash assistance to low income disabled and blind individuals and the elderly. Unless Medicaid coverage is specifically preserved, if these individuals lose their eligibility for public assistance, they will lose their access to life-saving medical treatment funded by the Medicaid program.

UNLESS CHAFEE-BREAUX AMENDMENT IS PRESERVED IN CONFERENCE, WOMEN AND CHILDREN WITH AIDS WOULD LOSE ACCESS TO HEALTH CARE

More than one out of four U.S. women with AIDS was diagnosed in New York State and the percentage of women among total cases is 54 percent greater in New York than in the rest of the country. In our State, AIDS is increasing faster among women than men, with Blacks and Hispanics accounting for more than three out of four female cases. New York State has one-third of all adolescent AIDS cases in the U.S. One in three of these New York cases is female. Fifteen percent of all women with AIDS rely on the Medicaid program to finance their health care. Nine out of ten children living with HIV/AIDS rely on Medicaid for their health care.

INDIVIDUALS WITH AIDS IN NEED OF DRUG TREATMENT WOULD LOSE ACCESS TO HEALTH CARE AND TREATMENT DUE TO DRUG LAW VIOLATIONS

The dual epidemics of drug use and HIV infection are inextricably linked in New York where there is an estimated 250,000 injection drug users and regular uses of other substances. In 1994, over 55 percent of AIDS cases among Blacks and almost 60 percent of AIDS cases among Latinos were caused by syringe sharing. Injection drug-related HIV infection causes 76 percent of AIDS cases among women and 82 percent of the newborn AIDS cases. In 1995, drug law violators constituted approximately 25 percent or 388,000 of adults serving time in the United States. New York State's Office of Substance Abuse Services estimates that 30.5 percent of all individuals seeking treatment have a current criminal justice status. Treatment programs, funded by Medicaid dollars, often provide the point of entry for individuals to manage their substance use issues and behaviors which in many cases exacerbate the spread of HIV.

IMMIGRANTS WOULD LOSE ACCESS TO HEALTH CARE

With New York State the port of entry for most U.S. newcomers, 16 percent of its population is comprised of immigrants. Thirteen percent of AIDS cases in the State are among the foreign-born. Immigrants generate more than \$70 billion in taxes, far more than the \$5.7 billion they draw in public assistance. The Congressional Budget Office estimates that up to 1.56 million immigrants, including those who become disabled with HIV after coming to the U.S., would lose access to Medicaid.

IN CONCLUSION

FAX TRANSMISSION

CENTER ON BUDGET AND POLICY PRIORITIES

777 N. CAPITOL ST., NE SUITE 705

WASHINGTON, DC 20002

202-408-1080

FAX: 202-408-1058

To: Jack Ebeler 401 7321 Date: July 26, 1996
Chris Jennings 450 2878
Don Johnson/Debbie Chang 690-0518

Pages: 6, including this cover sheet

From: Cindy Mann

Subject: AFDC/Medicaid

COMMENTS:

A piece on House and Senate differences and some talking points on the administrative burden issue. If you have developed materials on these issues, or if you have comments on these, please give me a call. Thanks.



CENTER ON BUDGET AND POLICY PRIORITIES

July 25, 1996

The Senate Medicaid Changes Maintain Current Medicaid Rules and Coverage

Several weeks ago, the decision was made to separate Medicaid from the welfare bill and to not make changes in the Medicaid program at this time. Yet, even after the Medicaid block grant provisions were dropped, the welfare bill had the effect of making significant Medicaid changes because many of the current Medicaid rules are based on rules found in the AFDC law and many people qualify for Medicaid based on their eligibility for AFDC.

The Senate's vote on the Chafee-Breaux amendment demonstrated strong bipartisan support for the concept that welfare changes should not change Medicaid rules or put the health care coverage of millions of children and parents at risk. The House also demonstrated bipartisan support for this principal by adding language to the bill that maintains current Medicaid standards and eligibility criteria. In addition, the Castle-Tanner amendment included Medicaid provisions that are virtually identical to the Chafee-Breaux amendment.

While the House changes in this area are similar to the Senate changes, there are important differences. In general, the Senate language most closely preserves current law.

The Senate language preserves current law

The potential repeal of AFDC affects Medicaid eligibility in the following three ways:

- Medicaid rules for determining how income and assets is counted for all children, pregnant women and families served under the program are based on rules found in the AFDC law. Unless these rules are maintained, federal Medicaid eligibility guarantees for pregnant women and all poor children — not just those who now receive AFDC — lose much of their meaning.

Both the Senate and the House assure that current methods for counting income and assets are maintained, although the Senate language is clearer.



555 West 57th Street / New York, N.Y. 10019 / (212) 246-7100 / FAX (212) 262-6350
 Kenneth E. Raske, President

FACSIMILE TRANSMISSION



Date: 7/26/96

Time: _____

To: Chris Jennings
 Name

 Location

From: Ken Raske
 Name

 Location

We are transmitting 3 pages including this cover sheet. If you have not received all of the pages, PLEASE CALL OUR OFFICE AS SOON AS POSSIBLE.

MESSAGE: Anything you could do on this
would be greatly appreciated. These
provisions create a huge problem for
New York City.

Main Number (212) 246-7100
 Fax Number (212) 262-6350

202 456-5542



555 West 57th Street / New York, N.Y. 10019 / (212) 246-7100 / FAX (212) 262-6350
Kenneth E. Raske, President

July
Twenty-Six
1996

The Honorable William J. Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

I know you share the Greater New York Hospital Association's (GNYHA) concerns about provisions contained in S.1956, the Welfare Reform Reconciliation Act of 1996, that would severely restrict the ability of legal immigrants to obtain Medicaid coverage. This letter outlines those concerns and requests your help in addressing them.

As you know, while the bill passed by the Senate and its companion legislation in the House of Representatives differ in many ways, both would prohibit states from granting full Medicaid coverage to legal immigrants who enter the United States on or after the date of enactment of the legislation. Each immigrant, with the exception of refugees, "asylees," veterans and their families, would be ineligible for Medicaid coverage, except for coverage for emergency medical services, for five years after entrance into the United States. In addition, each immigrant's sponsor's income would be "deemed" to be available to the immigrant for the purposes of determining Medicaid eligibility until the immigrant works for 10 full calendar years during which no welfare benefits were received or the immigrant becomes a U.S. citizen. States and local governments would also be prohibited from providing benefits to immigrants from most state and local programs even if they receive no Federal funding for such programs, with the exception of immunization programs and programs designed to test and treat symptoms of communicable diseases.

GNYHA members understand the concerns raised by many members of Congress regarding the "gaming" of Medicaid by some citizen sponsors of legal immigrants. We agree that, where possible and enforceable by Federal authorities, those who have taken a pledge to be financially responsible for the person that they invited to the United States should be obligated to fulfill that moral commitment.

Unfortunately, the practical effect of this legislation is simply to dramatically add to the uninsured poor population of the United States, particularly in states that have a large legal and

Page 2

illegal immigrant population such as New York. New York providers have had to absorb two straight years of state Medicaid budget cuts, as well as prepare for large Federal Medicaid and Medicare reductions in the coming years. These Medicaid eligibility cuts mean that New York providers, who are legally and morally obligated to care for all in need of treatment regardless of ability to pay, will see their revenue shrink even further, approximately \$1 billion over the life of the bill. It means another unfunded mandate targeted at New York's health care community.

We at GNYHA appreciate all your efforts in the past on behalf of our membership and we know that you are deeply concerned about maintaining the quality of our State's health care system. We know and appreciate your public statements in support of efforts to change the provisions of concern in the Senate bill during floor consideration. We ask your help in persuading the members of the House-Senate conference to mitigate as much as possible the impact of the Medicaid provisions on New York providers.

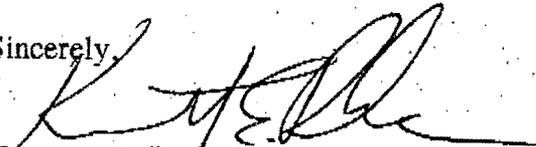
We support a total elimination of the Medicaid provisions; however, here are several alternatives that would at least lessen their impact:

- instead of an outright five-year ban, impose only the "deeming" requirements on legal immigrants;
- exempt the children of legal immigrants under the age of 18;
- guarantee that the legislation only applies to those legal immigrants who enter the country after the enactment of this legislation (under the Senate bill, states have the option to continue coverage for those who are already eligible); and
- delay the implementation of the ban for at least two years and direct the GAO to issue a report on the impact of these eligibility changes on providers.

We are well aware that all of these amendments would decrease, at least slightly, the total savings of the underlying legislation. But the increased, targeted burden on New York providers and the New Yorkers they serve (who will ultimately share the cost of increased uninsured care, either through cost shifting or cuts in services) is unfair.

On behalf of the 174 not-for-profit hospitals and nursing homes we represent, GNYHA once again thanks you for all your help in the past and we appreciate any effort by you to help improve the final legislation.

Sincerely,



Kenneth E. Raske
President

ID:

JUL 26 '96

9:02 No. 009 P.01

July 26, 1996

The President
The White House
Washington, DC 20500

Dear Mr. President:

We have closely followed the Congressional debate over Medicaid and welfare reform, as well as your public comments regarding what must be included in a welfare reform bill that you will sign. Despite modest efforts to accommodate some of your suggestions, both welfare proposals passed by the House and the Senate move the nation in the wrong direction. Both proposals would weaken American families, both proposals would make children poorer, and both proposals would add fuel to the HIV epidemic in the United States. Notwithstanding the political pressure you face, the HIV/AIDS community strongly urges you to veto any conferenced version of the welfare proposals that have passed both houses of Congress.

Since the last Congressional election, people living with HIV disease have faced an onslaught of hostile legislative proposals that would seek to deny them of fundamental assistance necessary to stay alive. Thankfully, your Administration has successfully countered the most sweepingly regressive measures. Indeed, it has been due to your strong leadership that Medicaid has not been block granted. We are grateful for your consistent moral commitment to protecting health care for America's most vulnerable people. We also applaud your proposed FY 1997 budget calling for increases in all titles of the Ryan White CARE Act, CDC HIV prevention, NIH AIDS research and your recent proposal to increase support for AIDS drug assistance programs beyond your initial request.

Unfortunately, your solid record on health care is not enough to protect people living with HIV and other vulnerable people. It may not seem politically expedient to protect the poorest and most vulnerable residents of this country from sweeping and extreme measures that will deny them the assistance they need, but it is the right thing to do. Minor tinkering cannot fix this badly flawed approach to welfare reform. In negotiating with the Congress, we encourage you to insist that any welfare legislation:

Protect Medicaid eligibility for all categories of currently eligible beneficiaries

We appreciate your efforts to separate Medicaid reform from welfare reform. We urge you to not sign any legislation that materially alters Medicaid eligibility for any category of currently eligible beneficiaries. This means that Congress must not retreat from the Chafee-Breaux Amendment in the Senate bill. Medicaid eligibility also must be protected for all disabled children, for all currently eligible persons despite any record of drug-related activity, and for all currently eligible persons without consideration of their immigration status. If the Congress sends you legislation that does any less, then we urge you to stay true to your longstanding commitment to protecting Medicaid by vetoing this bill.

Not create added fiscal burdens on states and local service providers

People living with HIV/AIDS are horrified at the implications of the Gramm amendment that was included in the Senate legislation that would prevent any person convicted of a drug-related crime in federal or state court from receiving any federal means-tested benefit. Adoption of this amendment will make the HIV epidemic noticeably worse in this country. This amendment would translate into a public health disaster. It would deny access to essential health, income and other support services to persons with histories of substance use. As you know, many of our social problems are exacerbated by the lack of available drug treatment opportunities and an insufficient commitment to the rehabilitation of persons with substance use histories. The

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9:03 No. 009 P. 02

Gramm Amendment is extreme not only because it would affect eligibility for a broad range of federal programs, but also because it would bar many people from accessing the services they need in order to live healthy and productive lives. Under this measure, young people caught smoking marijuana could find themselves ineligible for Medicaid, Food Stamps, AIDS Drug Assistance Programs, and a whole range of other services several years later. Even more appalling, a person convicted of selling drugs who has been in recovery for many years would be barred from these programs for life. This measure is also discriminatory in that it does not apply to persons with all types of criminal history, and singles out persons with only one type of criminal record. Simple human decency demands that you not support any legislation which includes such a draconian provision.

Another compelling reason why this amendment alone should cause you to reject this legislation is the harmful impact that this provision would have on states and local service providers. We have been engaged in a debate for more than a year of which a central element has been a desire to lighten many of the pressing financial burdens from the states for providing health care for low-income residents. Because the millions of people currently receiving federal mean-tested support services will not go away, this amendment is simply an enormous cost-shift to the states. This amendment will create catastrophic financial and administrative burdens for states, local governments, public and private hospitals and local service providers, who are already struggling to meet the growing need for HIV and other services in communities throughout the nation.

Not how to racism and xenophobia by denying legal immigrants access to our nation's social support programs

The provisions in the welfare legislation that would deny access to virtually all social services to legal resident aliens in the United States show the dark side of this country and this Congress. It would be ironic that as the United States is hosting the centennial olympiad and visitors from around the nation are in Atlanta, the federal government may enact legislation that is blatantly racist, xenophobic and discriminatory to persons from other nations. Legal resident aliens live by our country's laws, they contribute immensely to this nation, they pay taxes and they deserve the same social supports that we provide to citizens.

The provisions barring access to health and social services for legal immigrants also would stymie our national HIV prevention and other communicable disease control efforts. As you are well aware, the nation is facing a growing crisis of multiple drug resistant tuberculosis (TB). This is because persons who need therapy and medications cannot always receive it. This TB epidemic will worsen if this measure is passed. Additionally, the only way our nation will ever be successful at eliminating new HIV infections is if all people have access to a range of comprehensive services. While this provision does make exceptions for the control of communicable disease, this amendment would have a chilling effect on the infrastructure of clinics and social service agencies necessary to effectively respond to a public health crisis. Furthermore, it would create a huge barrier to accessing services to prevent or treat HIV, TB or other communicable diseases if these were the limited circumstances under which a person could access health care and other services. This measure alone should require you to veto this legislation.

Not bar children with disabilities from accessing services by eliminating individualized functional assessments of disability

Over the past decade, this nation has made great strides in the treatment of people with disabilities. Today, we celebrate the sixth anniversary of the Americans with Disabilities Act. This and other ground breaking changes have allowed people with disabilities to live more independently than ever before and it has allowed them to be more closely integrated into the lives of their communities. Proposed changes in the definition of disability for children in the

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JUL 26 '96

9:04 No. 009 P.03

supplemental security income (SSI) program, included in this welfare legislation, would bar roughly 300,000 children from benefitting from improved protections for people with disabilities and more open attitudes from society. This is especially unfortunate because support for this change appears to be based on perceptions of abuse that studies by the General Accounting Office and other independent panels have found to be unsubstantiated.

More than 90% of children living with HIV disease receive their health care from Medicaid. While it is possible that many of these persons would continue to be eligible for Medicaid based on income criteria, this change in disability definition may still have catastrophic results for some individuals. SSI assistance is an essential source of income for many families struggling to meet the seemingly never-ending needs of children who are living with HIV. Furthermore, many children living with HIV receive income assistance through AFDC, which also makes them eligible for Medicaid. With a diminished federal role in operating AFDC, we must strengthen the SSI program as a federal assurance that all children with disabilities will receive the health care and supportive services they need. For this reason, we urge you to insist that the Congress retain the individualized functional assessment as a means of determining SSI eligibility for children with disabilities. Inclusion of this measure in the conferenced bill should call for your veto of this legislation.

As organizations representing people living with HIV disease, we recognize that we need a great deal from you and what we ask is not easy. Every day, however, we are also keenly aware that people living with HIV/AIDS struggle to stay alive. While you may see the decision to support or oppose the Congress' flawed work on welfare reform as a political decision, we view this as a moral decision. We urgently appeal to your instinctive desire to help our community and we strongly urge you to veto the welfare reform legislation now awaiting a House and Senate conference.

Sincerely,

AIDS Policy Center for Children, Youth and Families

American Psychological Association

Cities Advocating for Emergency AIDS Relief

Gay Men's Health Crisis

Housing Works

Human Rights Campaign

National Association of People with AIDS

National Minority AIDS Council

Project Inform

San Francisco AIDS Foundation

Texas AIDS Network

SENT BY:

7-26-96 ; 1:04PM ;

2024566487;# 1/ 7

NAPH

National Association of Public Hospitals & Health Systems

1212 New York Avenue, NW

Suite 800

Washington, DC 20005

FAX

Date: July 26, 1996
 Number of pages including cover sheet: 7

To: Chris Jennings
White House

 Phone: _____
 Fax phone: 202 456 5542
 CC: _____

From: Chris Barce

 Phone: 202-408-0223
 Fax phone: 202-408-0235
 E-mail: naph@naph.org

REMARKS: Urgent For your review Reply ASAP Please comment

SENT BY:

7-26-96 ; 1:04PM ;

2024566487;# 1/ 7

NAPH

National Association of Public Hospitals & Health Systems

1212 New York Avenue, NW

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naph@naph.org

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

MEMORANDUM

TO: Conferees on the Personal Responsibility and Work Opportunity Act of 1996

FROM: National Association of Public Hospitals & Health Systems (NAPH)

DATE: July 26, 1996

RE: NAPH Concerns with Medicaid-Related Provisions in Welfare Reform Legislation

The National Association of Public Hospitals and Health Systems (NAPH) is deeply concerned about provisions in the welfare reform legislation that the Conference Committee has begun to reconcile that would result in widespread loss of Medicaid coverage. NAPH's members include over 100 safety net hospitals and health systems in urban areas. They are the "providers of last resort," serving the Medicaid, poor, and uninsured populations in their communities, and form the backbone of the health care safety net in our nation's cities. As such, NAPH is fearful of the likely implications of the Medicaid-related provisions in the welfare bill and asks you to take our views into account in your deliberations:

1. *ADOPT THE SENATE PROVISION ON BENEFITS FOR LEGAL IMMIGRANTS*

Although NAPH is firmly opposed to any ban on Medicaid eligibility for legal immigrants, *if Congress must cut back on benefits for this population it should follow the Senate's lead and do so only for immigrants arriving after the date of enactment.*

Both the House and Senate bills would bar legal immigrants from Medicaid eligibility. NAPH has serious concerns about these provisions because they would increase the number of uninsured, further adding to the already overloaded uncompensated care burden on safety net providers and the state and local governments that support them. Such wholesale cutbacks in coverage potentially have serious public health implications as well.

The approach to cutting back on legal immigrant coverage is much more extreme in the House version than the Senate's. The House bill would eliminate Medicaid coverage for legal aliens already in the U.S. and would prohibit future legal immigrants from receiving Medicaid until they are naturalized U.S. citizens or have worked in the U.S. for ten years with no public assistance. It would also make no exception to the bar on current legal aliens for emergency medical services. The Senate bill, in contrast, does not eliminate Medicaid coverage for most current legal aliens (though it would give states the option to do so), and only bars future immigrants for five years. If the Congress believes it must bar legal immigrants from eligibility for federal means-tested public benefits, then *we urge the Conference Committee to adopt the Senate provisions.*

Memo to Conferees
July 26, 1996
Page 2

At a minimum, legal immigrant children should be exempted from the bar on Medicaid and SSI eligibility. The bill punishes children for being in a situation they are powerless to change. Legislation aimed at affecting legal immigrant parents' behavior should not also be directed at their children. *We urge the conferees to exempt children from the bar on Medicaid and SSI eligibility.*

2. ADOPT THE SENATE PROVISIONS ON MAINTAINING CURRENT MEDICAID ELIGIBILITY STANDARDS

Both the House and Senate adopted floor amendments requiring states to provide Medicaid coverage for individuals who meet current AFDC eligibility standards regardless of whether they no longer receive cash assistance under a welfare block grant. NAPH applauds these amendments as a critical step in preserving the safety net for millions of families, and urges the conference to preserve this critical protection. The so-called Chafee-Breaux amendment adopted by the Senate (based on the Castle-Tanner bill introduced in the House) is stronger than the House version in preserving coverage for affected individuals. *NAPH urges the Conference Committee to adopt the Senate provision over the House provision.*

3. DELETE THE SENATE PROVISION PROHIBITING MEDICAID FOR INDIVIDUALS CONVICTED OF ILLEGAL DRUG-RELATED OFFENSES

Finally, the Senate bill would prohibit any individual convicted of a crime related to illegal drug possession, use, or distribution from eligibility for any federal means-tested public benefits, including Medicaid. The House bill includes no similar provision. This dangerous afterthought would deny critical services, such as substance abuse treatment, prenatal care and care for chronic illnesses (such as AIDS and diabetes) to a population that is likely to disproportionately need such care, thereby adding to local communities' uncompensated care load and posing a potential public health threat. *We urge the Conference Committee to drop this provision.*

* * *

If you have any questions or would like further information, contact Anne Lewis or Barbara Eyman at (202) 347-0066 or Chris Burch at (202) 408-0223.

2024566487:# 4/ 7

7-26-96 ; 1:06PM ;

SENT BY:

Comparison of Benefit Provisions in House and Senate Welfare Reform Bills (July 25, 1996)

Provision	House (H.R. 3734)	Senate (S. 1956)
<p>Legal Immigrants Bar on Medicaid and SSI Eligibility</p>	<p>One year after enactment, legal aliens are barred from eligibility for Medicaid, SSI, and Food Stamps. Bar applies to legal aliens present in the U.S. and to legal aliens who enter the U.S. after the bill is enacted.</p> <p>Exempted Populations:</p> <ul style="list-style-type: none"> • refugees and asylees for 5 years • veterans and active duty Armed Forces personnel • legal aliens who have worked in the U.S. for 10 years and can prove they have not received any means-tested federal public benefit <p>Excepted Services:</p> <ul style="list-style-type: none"> • emergency medical services, immunizations, and public health assistance are exempted for legal aliens who enter the U.S. after the bill is enacted, but not for legal aliens already present in the U.S. 	<p>Legal aliens entering the U.S. after the bill's enactment are barred from federal means-tested public benefits (including Medicaid) for five years. Legal aliens already in the U.S. who have not worked in the U.S. for 10 years without receiving federal means-tested public benefits are ineligible for SSI.</p> <p>Exempted Populations:</p> <ul style="list-style-type: none"> • refugees and asylees for 5 years • veterans and active duty Armed Forces personnel <p>Excepted Services:</p> <ul style="list-style-type: none"> • emergency medical services, immunizations, and public health assistance are exempted from the 5 year bar on Medicaid eligibility.

Provision	House (H.R. 3734)	Senate (S. 1956)
<p>Deeming</p>	<p>Bar lasts until legal alien becomes naturalized U.S. citizen.</p> <p>Income and resources of sponsor and sponsor's spouse are deemed to be immigrant's when determining immigrant's eligibility for federal means-tested public benefits.</p> <p>No exempted populations.</p> <p>Emergency medical services, immunizations, and public health assistance are exempted.</p> <p>Six month transition to deeming for Medicaid.</p>	<p>States are authorized to extend the bar on Medicaid eligibility past 5 years or apply it retroactively to legal aliens already in the U.S.</p> <p>Income and resources of sponsor and sponsor's spouse are deemed to be immigrant's when determining immigrant's eligibility for federal means-tested public benefits.</p> <p>No exempted populations.</p> <p>Emergency medical services, immunizations, and public health assistance are exempted.</p> <p>Six month transition to deeming for Medicaid.</p>
<p>Undocumented Aliens</p> <p>Eligibility for Federal Means-Tested Public Benefits</p>	<p>Undocumented Aliens are ineligible for any federal means-tested public benefits programs.</p> <p>Exceptions for emergency medical services, immunizations, and public health assistance.</p>	<p>Undocumented Aliens are ineligible for any federal means-tested public benefits programs.</p> <p>Exceptions for emergency medical services, immunizations, and public health assistance.</p>

Provision	House (H.R. 3734)	Senate (S. 1956)
Transitional Medicaid Coverage	<p>Families losing eligibility for cash assistance solely because of increased earnings or hours of employment would be eligible for an additional 12 months of Medicaid coverage, but only if family income (excluding EITC refunds or advance payments) is less than the federal poverty level. This transitional coverage would not be subject to the September 30, 1998 sunset on transitional coverage in current law.</p> <p>Families losing eligibility for cash assistance because of increased child or spousal support will be eligible for 4 months of Medicaid coverage (same as current law).</p>	<p>Families losing eligibility for cash assistance solely because of increased earnings or hours of employment would be eligible for an additional 12 months of Medicaid coverage, but only if family income is less than 185% of the federal poverty level (same as current law). The September 30, 1998 sunset on transitional coverage in current law would not be altered.</p> <p>Families losing eligibility for cash assistance because of increased child or spousal support would be eligible for 4 months of Medicaid coverage (same as current law).</p>
Welfare Waivers	<p>States with welfare waiver in effect as of July 16, 1996 could continue to apply the eligibility-related portions of their waivers after the date their waivers would otherwise expire.</p>	<p>States with welfare waivers in effect as of July 1, 1996 could continue to apply the eligibility-related portions of their waivers after the date their waivers expire.</p>
Benefits for Drug-Related Criminal Offenders	<p>No provision</p>	<p>Individuals convicted of any crime related to possession, use, or distribution of illegal drugs would be ineligible for federal means-tested public benefits. The prohibition applies only to the convicted individual, and not to his or her family members. The prohibition lasts 5 years from the date of conviction for misdemeanors and for the life of the individual for felonies. Emergency medical services, immunizations, and public health assistance are exempted.</p>



MEMORANDUM

NATIONAL
ASSOCIATION
OF PUBLIC
HOSPITALS &
HEALTH
SYSTEMS

TO: Bruce Vladeck
Administrator, Health Care Financing Administration

FROM: National Association of Public Hospitals and Health Systems

DATE: September 17, 1996

RE: Impact of Welfare Reform Legislation on the Health Care Safety Net

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 President Clinton signed into law on August 22 will jeopardize the health care infrastructure in many urban communities, with a particularly severe impact on safety net providers, and immigrants across the country. The National Association of Public Hospitals and Health Systems (NAPH) believes that the threat arises from the broad changes the Act makes to the link between welfare and Medicaid eligibility processes, and the limitations the Act places on benefits for immigrants.

NAPH was pleased that Congress adopted and the Administration supported provisions ensuring that most U.S. citizens would not lose Medicaid coverage as a consequence of welfare reform by ensuring continued coverage for current and future welfare recipients who meet the July 16, 1996 eligibility rules. There are, however, unintended consequences that could result in the loss of Medicaid coverage for many individuals if states choose to establish separate eligibility processes for Medicaid outside of their eligibility processes for the new welfare block grant program (the Temporary Aid to Needy Families, or TANF program). Under current law, individuals are automatically enrolled in Medicaid when they enroll in the AFDC program. Under the Act, however, individuals may no longer obtain Medicaid coverage at the time they apply for TANF.

In states with capitated Medicaid programs, this bifurcated eligibility process is likely to exacerbate problems of adverse selection. More individuals will enroll for Medicaid coverage at a point of service--where they will be sick and requiring care. Such adverse selection is likely to have the greatest impact on the safety net providers and their plans who enroll these individuals. Obviously, states with capitated Medicaid programs will have strong financial incentives to enroll individuals at points of service, not as part of the TANF application process.

With regard to immigrants, NAPH applauds President Clinton's strong stand against these provisions, and commends him for calling on all involved to "work together in good spirits and good faith to remedy what is wrong."

As the Administration and federal agencies request input and comment in the process of promulgating regulations under the Act, NAPH looks forward to

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MEMORANDUM TO DOMESTIC POLICY COUNCIL STAFF

FROM: Jeremy

SUBJECT: Latest on Welfare Reform

Attached please find the latest talking points and information on the Welfare Reform Bill for DPC staff use. Thanks.

ENDING WELFARE AS WE KNOW IT

August 2, 1996

"I will sign this bill. First and foremost because the current system is broken. Second, because Congress has made many of the changes I sought. And, third, because even though serious problems remain in the non-welfare reform provisions of the bill, this is the best chance we will have for a long, long time to complete the work of ending welfare as we know it by moving people from welfare to work, demanding responsibility and doing better by children."

- President Clinton, July 31, 1996

- * **A broken system.** President Clinton will sign the current welfare bill because the existing welfare system undermines the basic values of work, responsibility and family, trapping generation after generation in dependency and hurting the very people it was designed to help.
- * **A last, best chance to move people from welfare to work.** President Clinton believes that passage and enactment of this bill is the last best chance to make welfare what it was meant to be -- a second chance, not a way of life. The bill presents an historic opportunity to finish the work of ending welfare as we know it.
- * **The President saved the Medicaid guarantee once and for all.** Congressional Republicans tried to use welfare reform to take health care away from the poor, the elderly, and the disabled, but President Clinton said no. He also fought successfully to ensure that women on welfare continue to receive health coverage for their families, including transitional Medicaid when they leave welfare for work.
- * **A much improved bill.** Because of President Clinton's earlier vetoes, objections and improvements, Congress is sending him a significantly better welfare reform bill. We have come a long way in this debate, and stopped extremists in Congress who wanted to ban help for poor, young, unmarried mothers and cut low-income programs and the Earned Income Tax Credit by \$110 billion.
- * The new bill is **strong on work**, giving states performance incentives for placing people in jobs, guaranteeing health care, providing over \$4 billion more for child care, and maintaining health and safety standards for child care -- so that women on welfare get the help they need to support their children.
- * The bill is also **better for children**. Unlike the vetoed bill, it keeps the national nutritional safety net intact by eliminating the food stamp cap and the optional block grant, and dropping the deep cuts in school lunch, child welfare and help for children with disabilities.
- * Thanks to the insistence of President Clinton and Democrats in Congress, the bill includes **the most sweeping child support enforcement measures in history**. The bill says to parents who fail to pay child support: we will garnish your wages, take away your license, track you across state lines, and if necessary, make you work off what you owe.

Requiring work, and helping people succeed at work and at home. President Clinton has always believed that the best anti-poverty program is a job. This bill will not only move people from welfare to work, it will help them make it in the workplace by providing the health care and child care they need to succeed at work and at home. With this bill, President Clinton also **preserved the Earned Income Tax Credit**, which rewards the hard work of 15 million hard-pressed working families and which Congress had tried to gut.

* **The nation's basic safety net remains strong.** By standing firm throughout this debate, President Clinton has saved and strengthened the nation's basic safety net, which helps millions of vulnerable women and children. In addition to stopping the Medicaid block grant, he stopped Republican efforts to block grant Food Stamps, SSI for disabled children, child protection and foster care, and the school lunch program. This bill preserves those safety net programs, which work, and fundamentally reforms the welfare system, which does not.

* **Parts of the bill still need to be fixed.** President Clinton has pledged to fix some non-welfare provisions of the bill which he believes go too far:

* Congress insisted on a cut that would repeal the Excess Shelter Reduction, which helps some of our hardest-pressed working families. This provision is a mistake, and the President will work to correct it.

* Congress insisted on a provision that will hurt legal immigrants who work hard for their families, pay taxes and serve in our military. Immigrant children and disabled immigrants who fall on hard times through no fault of their own should get medical and other help when they need it.

* **A record of accomplishment.** Over the past three and one-half years, President Clinton has done everything in his power as President to promote work and responsibility, working with 41 states to give them 69 welfare reform experiments. The Administration has also required teen mothers to stay in school, required federal employees to pay their child support, and cracked down on parents who owe child support and crossed state lines. *As a result, child support collections are up 40 percent, to \$11 billion, and there are 1.3 million fewer people on welfare today than there were when President Clinton took office.*

SUMMARY OF WELFARE REFORM BILL

AFDC, WORK & CHILD CARE

Medicaid Guarantee	Assures that all categories of people now eligible for Medicaid will be eligible for health care in the future and that there will be no loss of coverage, regardless of state welfare changes. At President's insistence, Republicans restored the Medicaid guarantee for welfare recipients and abandoned efforts to block grant Medicaid.
Child Care	Increases child care spending by \$4.5 billion above current law -- \$4 billion more than the bill the President vetoed. Preserves federal child care health and safety standards, which would have been repealed under the vetoed bill.
Work	Provides \$1 billion performance bonus to reward states for placing welfare recipients in jobs. Requires 50% of adults on welfare to be working by the year 2002.
State Funding	Requires states to continue their investment in welfare reform by maintaining 80% of their current spending.
Time Limits	Imposes five-year lifetime limit on welfare, but allows states to exempt 20% of caseload from the limit.
Vouchers	Allows states to use federal Social Services Block Grant funds to provide vouchers for children whose parents reach the time limit.
Contingency Fund	Creates a \$2 billion Contingency Fund for states experiencing economic downturn and growing number of children in need.
Family Cap	Allows states to decide for themselves whether to deny assistance to children born to a family on welfare. Under the vetoed bill, states would have had to vote to exempt themselves from a mandatory family cap nationwide.

FOOD STAMPS & CHILD NUTRITION

Food Stamp Program	Maintains national nutritional safety net. Does not allow states to block grant Food Stamps and does not impose a national cap on Food Stamp spending.
	Caps the excess shelter deduction, which was set to expire next year, at near its current level until FY2001. The President wants Congress to fix this provision because over time it will hurt working families.
	Limits food stamp eligibility for childless 18- to 50-year-olds to 3 months every 3 years, with a 3-month extension for laid-off workers.
School Lunch Program	Maintains the current national school lunch program. Drops the school lunch block grant that was in the vetoed bill.

LEGAL IMMIGRANTS

Bans	Over the Administration's objections, imposes 5-year ban on SSI, AFDC and Food Stamps for most legal immigrants, with some exceptions.
Medicaid	Over the Administration's objections, prohibits future immigrants from receiving Medicaid for 5 years. Drops the retroactive ban on current Medicaid recipients, which was included in the House bill.
	The President has said that immigrant children and the disabled should be able to get medical care and the help they need, and is determined to get Congress to fix these provisions.

OTHER PROGRAMS FOR CHILDREN

Child Welfare	Retains current law child protection entitlement programs and services. Drops the child welfare block grant that had been included in the vetoed bill.
Disabled Children	Provides full SSI benefits for children who will receive SSI under stricter eligibility rules. Drops the two-tiered eligibility system in the vetoed bill that would have cut benefits by 25% for more than half of the disabled children coming on the rolls.

KEY IMPROVEMENTS IN CONFERENCE REPORT OVER VETOED BILL

CLINTON PRIORITY	VETOED BILL	CONFERENCE BILL
Guaranteed Medicaid	NO	YES
More Child Care \$	NO	YES (+\$4 billion)
Work Performance Bonus \$	NO	YES (+\$1 billion)
80% Maintenance of Effort	NO	YES
Child Care Health/Safety Standards	NO	YES
20% Hardship Exemption	NO	YES
\$2 Billion Contingency Fund	NO	YES
Limits on Transferability	NO	YES
Option for Vouchers	YES	YES
Food Stamp Block Grant	YES	NO
Child Welfare Block Grant	YES	NO
School Lunch Block Grant Demo	YES	NO
25% Cut in SSI for Disabled Kids	YES	NO
Food Stamp Cap	YES	NO



DEMOCRATIC GOVERNORS' ASSOCIATION

July 31, 1996

The Honorable Bill Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

On behalf of Democratic Governors, we would like to commend you for your leadership on reform of our nation's welfare system and applaud your decision to sign the conference agreement before Congress.

The final agreement, although not perfect, represents a significant improvement over the bill vetoed last year and meets our shared goals for a reformed system. The bill is strong on work, time limits assistance and provides adequate protections for children.

A number of critical provisions, championed by you and Democratic Governors, have been included in the final agreement. These include adequate resources for child care, significant reform of the child support enforcement system, an economic contingency fund, an assurance of health care coverage for low-income families and the flexibility for states to provide assistance to children after the five-year time limit.

This bill does represent a real step forward. It is a victory for all who believe welfare must provide a second chance, but not a way of life. This bill will complement what Democratic Governors are doing in many of our states under waivers, and allow others to take the same initiative.

We continue to share your concerns on the level of cuts in the food stamp program and the restrictions on benefits for legal aliens, and we hope to work with you to revisit these issues.

You have kept your promise to the American people. Thank you for your leadership and congratulations for your successful work in improving and moving this welfare bill forward.

Sincerely,

Gaston Caperton
Governor of West Virginia
DGA Chair

Howard Dean, M.D.
Governor of Vermont
DGA Vice Chair

Governor Gaston Caperton
West Virginia
Chair

Governor Howard Dean
Vermont
Vice Chair

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Governor Pedro Rossello
Puerto Rico

Katherine Whelan
Executive Director



NATIONAL CONFERENCE OF STATE LEGISLATURES

444 NORTH CAPITOL STREET, N.W. SUITE 515 WASHINGTON, D.C. 20001
202-624-5400 FAX: 202-737-1069

July 31, 1996

The Honorable Newt Gingrich
Speaker of the House
H-230 Capitol Building
Washington, D.C. 20515

JAMES J. LACK
STATE SENATOR
NEW YORK
PRESIDENT, NCSL

ALFRED W. SPEER
CLERK OF THE HOUSE
LOUISIANA
STAFF CHAIR, NCSL

WILLIAM POUND
EXECUTIVE DIRECTOR

Dear Speaker Gingrich:

The National Conference of State Legislatures (NCSL) has long sought federal legislation reforming our welfare system and now urges your support for the conference agreement on H.R. 3734. This legislation builds on the numerous state legislative welfare reform efforts of the past decade and on federal waivers granted in recent years.

We particularly are pleased with the creation of block grants for cash assistance and child care and the programmatic and administrative flexibility they may bring. The inclusion of increased child care funding, establishment of a contingency fund, preservation of child welfare entitlements and preservation of state legislative authority over block grant funds are notable achievements and represent key provisions recommended and sought by NCSL. We are further gratified with the inclusion of several policy options, such as the state option to provide Medicaid to legal immigrants and refugees, recognition of the need for adequate transition time, restructuring of child support collection systems and initiatives as well as an exemption for states from electronic benefit transfer liabilities.

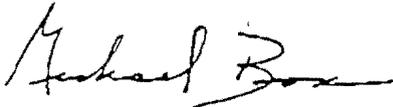
We remain particularly concerned about work participation requirements and a related array of policy mandates and sanctions. These will be troublesome. The flexibility needed in the work participation area is missing. Furthermore, the Congressional Budget Office has repeatedly warned of the multi-billion dollar shortfall in federal funding for work efforts. We recommend that Congress and the Administration collaborate with state legislators and others to review and evaluate work requirements, state experiences with these requirements, funding needs and worker placement and job retention accomplishments commencing with the 105th Congress.

The Honorable Newt Gingrich
Speaker of the House
July 31, 1996
page 2

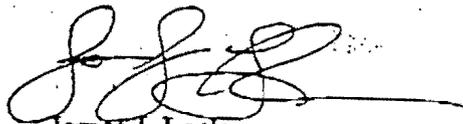
We continue to question policy changes in H.R. 3734 regarding income security accessibility for legal immigrants and refugees. We remain convinced that H.R. 3734 will produce unfunded mandates and cost shifts to state and local governments of unacceptable proportions. We strongly recommend that Congress and the Administration immediately begin an analysis and review of state experiences regarding income security program availability for legal immigrant populations, particularly children, the elderly and the disabled. Those provisions of H.R. 3734 regarding legal immigrants should be tested against the intent and objectives of S. 1, the Unfunded Mandate Reform Act of 1995, and Executive Order 12875. This recommended review and analysis should involve state legislators and other officials.

H.R. 3734 represents a number of policy compromises. It also offers states new opportunities to manage a welfare system most Americans agree needs restructuring and redirection. Despite some of its aforementioned shortcomings, we encourage your support for H.R. 3734 and urge you to work with state legislators to ensure its success.

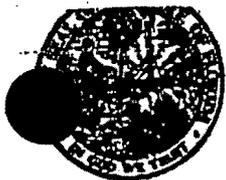
Sincerely,



Michael E. Box
Majority Chairman, Alabama House
President, NCSL



James J. Lack
State Senator, New York
Immediate Past President, NCSL



STATE OF FLORIDA

Office of the Governor

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-0011

LAWTON CHILES
GOVERNOR

FOR IMMEDIATE RELEASE:
July 31, 1996

CONTACT: April Herrle or
Karen Pankowski
(904) 488-5394

Statement by:
GOVERNOR LAWTON CHILES
Regarding Welfare Reform

"President Clinton's decision today to sign the compromise welfare reform measure is an extremely important event in our nation's history. The President's commitment to 'change welfare as we know it' combined with his determination to protect our neediest citizens -- the poor, our children and elders -- will ensure that, in the future, welfare will provide a hand up for people in need -- not a handout.

"I believe the President has made a constructive decision to sign this welfare reform measure. Unlike previous versions passed by this Congress, this welfare reform measure guarantees substantially more protections -- with expanded provisions for child care, extended protections for potential economic downturns and continued safeguards for child nutrition and health care programs.

"We are particularly pleased in Florida that we can move ahead with our landmark, bi-partisan welfare reform efforts which I recently signed into law. Florida has been a national leader in welfare reform with demonstration programs running in several counties. Now, with the federal reforms in place, our state will be able to quickly implement our new WAGES welfare reform program statewide.

"While I am pleased by the President's decision to sign this bill, I remain deeply concerned about restrictions on legal immigrant children and families from receiving federal assistance programs. However, I am pleased that Congressman Clay Shaw and others have worked diligently to allow Florida to continue to receive its fair share of federal refugee assistance. This provision will go far to minimize the additional fiscal burden imposed on Florida."

###

John O. Norquist

Mayor

Milwaukee

150
1846 1996

Statement from Mayor John Norquist
July 31, 1996

For more information contact Jeff Fleming, 286-8531

I congratulate President Clinton for the significant step he took today to end welfare.

I agree with the President when he says, "the best anti-poverty program...is a job." Today's actions move us closer to a true, work based alternative to our failed welfare system.

There is room for improvement, especially in putting people to work in real jobs that pay real wages, instead of make-work jobs to earn grants. The work required of program participants ought to be real jobs paying minimum wage.

The President and I have had a number of discussions regarding the elimination of welfare, and I appreciate his thoughtful attention to my concerns and to the people of Milwaukee.

Office of the Mayor
Hall
100 E. Wells Street
Milwaukee,
Wisconsin
53202
(414) 286-2200

National Citizens' Coalition for
NURSING HOME REFORM

1424 16th Street, N.W., Suite 202
Washington, D.C. 20036-2211

Griff Hall, Executive Director

Scott Severns, President

Phone: 202-332-2275

FAX: 202-332-2949

August-1, 1996

President William J. Clinton
The White House
Washington, DC 20500

Dear President Clinton:

The National Citizens' Coalition for Nursing Home Reform (NCCNHR), a non-profit consumer organization which seeks to improve the quality of care and life for institutionalized long term-care residents, urge you to veto the welfare reform conference agreement. That agreement will threaten health coverage for hundreds of thousands of Medicaid beneficiaries, including legal immigrants who are disabled and/or live in nursing homes.

Sixty percent of all residents in nursing homes are dependent upon Medicaid to pay for some or all of their care. An estimated 4% (approximately 65,000) of these are legal immigrants. The cause of Medicaid dependence is not immigration status, but rather the lack of financial protection for families against the expenses of long term chronic care outside the Medicaid program.

The average age of nursing home residents is over 80 years and their condition is marked by extreme frailty. Furthermore 60 % of all nursing home residents are cognitively impaired, making applying for and achieving citizenship a near impossibility. Thus, a nearly insurmountable burden would be placed on those who would be required to complete this process in order to continue receiving Medicaid support towards their care.

Loss of health care coverage is grounds for a nursing home to discharge a resident who has no other means of support. The specter of frail, elderly people, many with severe cognitive impairment, being discharged to communities with no means of providing for their care, is cause for a sensitive compromise in conference negotiations. Providers cannot be asked to bear the cost of care for these residents without the continued support from Medicaid's contribution to their care. Most important, innocent residents must not suffer needlessly.

Thank you for your attention to this matter.

Sincerely,



Griff Hall
Executive Director

al property described in subsection (b), which was retained by the United States when the property was conveyed to the County of Iosco, Michigan, in 1960 pursuant to a deed recorded at Liber 144, beginning page 58, in the lands records of the County.

(b) DESCRIPTION OF PROPERTY.—The parcel of real property referred to in subsection (a) consists of 1.92 acres in the County of Iosco, Michigan, and is described as follows:

That part of the N.W. ¼ of the S.E. ¼ of Section 11, T.22 N.R. 8 East., Baldwin Township, Iosco County, Michigan described as follows: Commencing at the Center of said Section 11, thence South 89 degrees, 15' 41" East, along the East-West ¼ Line of said Section 11, 102.0 feet, thence South 00 degrees 08' 07" East, along an existing fence line, 972.56 feet, thence North 89 degrees 07' 13" W. 69.70 feet to a point in the North-South ¼ Line, thence North 02 degrees 02' 12" West, along said North-South ¼ Line, 973.42 feet to the Point of Beginning.

(c) ADDITIONAL TERMS.—The Secretary may require such terms or conditions in connection with the release under this section as the Secretary considers appropriate to protect the interests of the United States.

(d) INSTRUMENT OF RELEASE.—The Secretary shall execute and file in the appropriate office of offices a deed of release, amended deed, or other appropriate instrument effectuating the release of the rever-sionary interest under this section.

Mr. ALLARD (during the reading). Mr. Speaker, I ask unanimous consent that the committee amendment in the nature of a substitute be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

The committee amendment in the nature of a substitute was agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. ALLARD. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2670, the bill just considered.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

MAKING MINOR ADJUSTMENT IN EXTERIOR BOUNDARY OF DEVIL'S BACKBONE WILDERNESS IN MARK TWAIN NATIONAL FOREST, MO.

Mr. ALLARD. Mr. Speaker, I call up the bill (H.R. 3464) to make a minor adjustment in the exterior boundary of the Devil's Backbone Wilderness in the Mark Twain National Forest, MO, to include a small parcel of land containing improvements, and I ask unanimous consent for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

Mr. STENHOLM. Reserving the right to object, Mr. Speaker, I will not object, but I yield to my colleague, the gentleman from Colorado [Mr. ALLARD], for an explanation of the bill.

Mr. ALLARD. Mr. Speaker, I thank the gentleman from Texas for yielding to me.

Mr. Speaker, H.R. 3464, sponsored by Congressman MEL HANCOCK, provides for a slight adjustment removing 2 acres from Devil's Backbone Wilderness area within the Mark Twain National Forest. This is necessary to allow for a land exchange between the Forest Service and a family which inadvertently made improvements on a parcel of Forest Service/Wilderness land. Once removed from Wilderness designation, the Small Tracts Act will permit an administrative exchange of land.

This bill was approved by a voice vote in both the subcommittee and full committee, and the Department of Agriculture has recommended its approval.

Mr. STENHOLM. Further reserving the right to object, Mr. Speaker, I thank my colleague for his explanation.

An amendment adopted by the committee will be offered to incorporate a technical change in the bill recommended by the Forest Service.

Mr. Speaker, I have no objection to the bill as amended by the committee, and I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

The Clerk read the bill, as follows:

H.R. 3464

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. BOUNDARY ADJUSTMENT, DEVILS BACKBONE WILDERNESS, MARK TWAIN NATIONAL FOREST, MISSOURI

Using the authority provided in section 202 of Public Law 96-560 (94 Stat. 3274) regarding the correction of clerical errors in the maps and legal descriptions of the Devils Backbone Wilderness established by section 201(d) of such Act (16 U.S.C. 1132 note), the Secretary of Agriculture shall adjust the exterior boundary of the Devils Backbone Wilderness in the Mark Twain National Forest, Missouri, to exclude a parcel of real property that consists of approximately a quarter of an acre in Douglas County, Missouri, contains a garage, well, mailbox, driveway, and other improvements, and was inadvertently removed from administration as National Forest System land and included within the wilderness area.

COMMITTEE AMENDMENT IN THE NATURE OF A SUBSTITUTE

The SPEAKER pro tempore. The Clerk will report the committee amendment in the nature of a substitute.

The Clerk read as follows:

Committee amendment in the nature of a substitute: strike out all after the enacting clause and insert:

SECTION 1. BOUNDARY ADJUSTMENT, DEVILS BACKBONE WILDERNESS, MARK TWAIN NATIONAL FOREST, MISSOURI

The boundary of the Devils Backbone Wilderness established by section 201(d) of Public Law 96-560 (16 U.S.C. 1132 note) in the Mark Twain National Forest, Missouri, is hereby modified to exclude from the area encompassed by the Devils Backbone Wilderness a parcel of real property consisting of approximately two acres in Ozark County, Missouri, and containing a garage, well, mailbox, driveway, and other improvements, as depicted on a map entitled "Devils Backbone Wilderness Boundary Modification", dated June 1996. The map shall be retained with other Forest Service maps and legal descriptions regarding the Devils Backbone Wilderness and shall be made available for public inspection as provided in section 202 of Public Law 96-560 (94 Stat. 3274).

Mr. ALLARD (during the reading). Mr. Speaker, I ask unanimous consent that the amendment be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

The committee amendment in the nature of a substitute was agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. ALLARD. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 3464.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

WAIVING REQUIREMENT OF CLAUSE 4(b) OF RULE XI WITH RESPECT TO SAME DAY CONSIDERATION OF A CERTAIN RESOLUTION

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 500 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 500

Resolved, That the requirement of clause 4(b) of rule XI for a two-thirds vote to consider a report from the Committee on Rules on the same day it is presented to the House is waived with respect to a resolution reported before August 2, 1996, providing for consideration or disposition of a conference report to accompany the bill (H.R. 3103) to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term services and coverage, to simplify the administration of health insurance, and for other purposes.

The SPEAKER pro tempore. The gentleman from Florida [Mr. GOSS] is recognized for 1 hour.

Shortly before his untimely death, Congressman Mickey Leland (D-Texas) gave his staff a philosophy to live by. "In case you're wondering why you're here," he told them, "you have one purpose and one purpose only -- that is to be the voices for the people of our nation who don't have a voice." It is to legislators who share that philosophy and to the President that we owe the survival of our Medicaid health and long-term care safety net.

Less than a year ago, the Washington Post and newspapers around the country carried the news that Medicaid had been repealed. Under the guise of balancing the budget, the Republicans indeed had ended the Medicaid program as we know it. By eliminating the federally enforceable entitlement, cutting billions from the program, and limiting federal dollars to states regardless of economic recession or increased need, Republicans effectively voted to terminate federally guaranteed health and long-term care coverage for the 37 million seniors, children and people with disabilities who now have Medicaid to protect them. Even as recently as last week, when Medicaid was ostensibly "off the table", buried in the welfare bill were provisions to end a portion of this guarantee--protections for poor children and their mothers.

Today, I am proud to say that the Republicans were unsuccessful and they have been forced to hear the voice of all Americans in support of the Medicaid safety net. Who among us doesn't know someone with a disabled child or parent in a nursing home who cannot afford the outrageous cost of care? That Republicans heard that voice is testimony to the dedication and persistence of a group of fighters that included the President, elected officials and a team of advocacy groups who refused to give up.

Early in the budget debate, a group of "Blue Dog" Democrats in the House--leaders in the balanced budget fight--made it clear that the Medicaid repeal was fiscally irresponsible. As guardians of the federal trust, these legislators believed that federal funds should not be made available without clearly established and enforced criteria for their use--that is specification of who should be covered for what services. At the same time, the Commerce committee Democrats, although outnumbered by the Republicans in votes, continued their relentless attack in hearings and markups, to put faces on the people who would lose coverage under the Republicans bill. Midway through the debate, Senators Chafee and Breaux picked up the cudgels, leading Senate Democrats and a small band of Republicans. Their efforts to bridge partisan differences and their relentless desire to protect vulnerable populations made clear that a Medicaid "guarantee" had to mean a federally enforceable entitlement to a defined set of benefits for specific populations. Finally, moderate Republicans in the House joined the band of warriors to assert that the changes which the Republicans tried to push in the "middle of the night" through welfare reform were unacceptable. The Republicans were once again forced to accept the fact that the majority of the members of Congress had heard these voices and wanted to protect health and long-term care for vulnerable Americans.

Throughout the debate, the President has stood firm behind Medicaid's federal guarantee of meaningful health care protection. Each time he vetoed the Republicans' balanced budget, he made it clear that balancing the budget did not require Medicaid's repeal. Medicaid was to remain the guarantee of health care coverage that many Americans depend on. The President is in favor of increasing health care coverage; he is NOT willing to go backwards.

These courageous efforts remind me of the fundamental reason we are elected to public office. No one, if asked last year, would have believed anything but that the Republicans would have their way and this program would be repealed. Instead, through the dedication of a group of courageous and principled warriors, the voices of the people of our nation were appropriately represented. Mickey would have been proud.

#1

Shortly before his untimely death, Congressman Mickey Leland (D-Texas) gave his staff a philosophy to live by. "In case you're wondering why you're here," he told them, "you have one purpose and one purpose only -- that is to be the voices for the people of our nation who don't have a voice." It is to the President and legislators who share that philosophy that we owe the survival of the Medicaid program, the health and long-term care insurance program for 37 million seniors, people with disabilities, children and their mothers.

Less than a year ago, the Washington Post and newspapers around the country carried the news that Medicaid had been repealed. Under the guise of balancing the budget, the Republican extremists led by Newt Gingrich and Bob Dole and urged on by a group of Republican Governors, tried to turn the Medicaid health insurance program into a block grant piggy bank for themselves. By eliminating the federally enforceable entitlement, cutting billions from the program, and limiting federal dollars to states regardless of economic recession or increased need, Republicans effectively voted to terminate federally guaranteed health and long-term care coverage for 37 million Americans. Fortunately, when this terrible proposal ended up in the 1995 budget bill the President vetoed it.

The Republican extremists regrouped and decided to hijack the normally bi-partisan National Governors Association as cover for their Medicaid repeal. But Clinton, a former Governor himself, saw right through it and recognized that this wasn't the agreement that the Democratic Governors had signed on to. As the Democratic Governors made clear in their May 29, 1996 letter to the Republican leadership, "your (the Republican leadership) Medicaid proposal is far from the NGA agreement and appears to be more like the proposal vetoed by the President last year and rejected by the Governors at our winter meeting." Although the Republicans were able to force their agreement on a party line vote through my committee, eventually they came to the realization that the President was not going to sign a welfare bill with Medicaid on it.

As a result, I am proud to say that the Republicans were unsuccessful and they have been forced to hear the voice of all Americans in support of the Medicaid safety net. Who among us doesn't know someone with a disabled child or parent in a nursing home who cannot afford the outrageous cost of care? That Republicans heard that voice is testimony to the dedication and persistence of the President and a group of fighters that included elected officials and a team of advocacy groups who refused to give up.

Early in the budget debate, a group of "Blue Dog" Democrats in the House--leaders in the balanced budget fight--made it clear that the Medicaid repeal was fiscally irresponsible. As guardians of the federal trust, these legislators believed that federal funds should not be made available without clearly established and enforced criteria for their use--that is specification of who should be covered for what services. At the same time, the Commerce committee Democrats, although outnumbered by the Republicans in votes, continued their relentless attack in hearings and markups, to put faces on the people who would lose coverage under the Republican's bill. Midway through the debate, Senators Chafee and Breaux picked up the cudgels, leading Senate Democrats and a small band of Republicans. Their efforts to bridge partisan differences and their relentless desire to protect vulnerable populations made clear that a Medicaid "guarantee" had to mean a federally enforceable entitlement to a defined set of benefits

for specific populations. Finally, moderate Republicans in the House joined the band of warriors to assert that the changes which the Republicans tried to push in the "middle of the night" through welfare reform were unacceptable. The Republicans were once again forced to accept the fact that the majority of the members of Congress had heard these voices and wanted to protect health and long-term care for vulnerable Americans.

Throughout the debate, the President has stood firm behind Medicaid's federal guarantee of meaningful health care protection. Each time he vetoed the Republicans' balanced budget, he made it clear that balancing the budget did not require Medicaid's repeal. Medicaid was to remain the guarantee of health care coverage that many Americans depend on. The President is in favor of increasing health care coverage; he is NOT willing to go backwards.

These courageous efforts remind me of the fundamental reason we are elected to public office. No one, if asked last year, would have believed anything but that the Republicans would have their way and this program would be repealed. Instead, through the dedication of a group of courageous and principled warriors, the voices of the people of our nation were appropriately represented. Mickey would have been proud.

#3

MEMORANDUM

TO: Hillary Rodham Clinton
FR: Chris J.
RE: Call to Congressman Dingell to Request an Op Ed
cc: Melanne, Jen

August 2, 1996

As Melanne has mentioned, we would like you to call John Dingell sometime today to request that he draft an Op Ed piece to highlight the biggest victory the President (and John Dingell, a unified Democratic party, and a number of moderate Republicans) achieved in the version of welfare reform that was signed -- **the preservation Medicaid's guarantee of health care for 36 million Americans**. He is expecting your call and his staff strongly supports the idea. (In fact, a close friend of ours and a former HHS employee -- Bridgett Taylor -- is already secretly beginning to draft the Op Ed piece.)

Background

During the last year and a half, the Administration has been working closely with Congressman Dingell's staff to help coordinate with the Democratic Leadership a unified position of strong opposition to Republican proposals to block grant the Medicaid program. His staff was extremely effective in our successful efforts to assure that the conservative Democrats stayed on (and moderate Republicans crossed over to) our side of the fence. In fact, the key reason why Congressman Dingell felt he could vote for the welfare bill was because we preserved the Medicaid "guarantee."

Although Congressman Dingell does not feel he did a lot, he (through his staff and his backing) was a, if not the, key Congressional player on Medicaid. I saw him earlier today to tell him our important we thought he was to our Medicaid success, but I did not mention that you were going to call to make this request. He seemed very appreciative that we recognized his role, but was shy about taking the credit.

Possible Talking Points

- We need your help to help us better communicate how much stronger this welfare bill is than the ones the President previously vetoed. The President always said that he would veto any welfare bill that included the "poison pill" of block granting Medicaid.
- With your incredible help, the President won the Medicaid fight. We not only preserved Medicaid, but I believe we have strengthened it for years to come. Your and our efforts have shown the public that this program is not just for the poor, but it is safety net for Americans of all ages and all incomes.
- We want to better highlight this victory and were hoping that you would consider drafting up an Op Ed piece to help us (and the Democrats who voted for welfare reform) remind our base constituency of what we achieved.