



AMANDA, BRANDY AND CRISTY JONES
1994 National Easter Seal Child Representatives

Photo credit - Lloyd

National Easter Seal Society

Office of Public Affairs

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For Release: September 23, 1993
Contact: Randall Rutta 202/347-3066
Sara Brewster 312/726-6200

**NATIONAL EASTER SEAL SOCIETY
RESPONSE TO PRESIDENT CLINTON'S HEALTH CARE PROPOSAL**

Today, the National Easter Seal Society announced its support for the initiative that President Clinton has taken on health care reform. The national society endorses the comprehensive approach and general direction of the Administration's proposal, and is pleased that the President is making health care reform the top legislative priority on his domestic agenda.

Since 1919, Easter Seals has championed the interests of people with disabilities through advocacy and service delivery. In our experience, people with disabilities and their families have faced inordinate difficulties in obtaining needed health care at a reasonable cost. We believe that the President, in seeking universal, comprehensive, and affordable health care for all Americans, will significantly enhance the health, productivity, and independence of the nation's 43 million citizens with disabilities.

Last year, the National Easter Seal Society adopted "Principles for National Health Care Reform," which are the foundation for our actions on this issue. Our leadership presented these principles to President Clinton in the oval office in March 1993. They are: universal access, quality, comprehensiveness, equity, appropriateness, and efficiency, and represent the standard against which all reform proposals will be assessed. Having evaluated the President's plan, we have concluded that, to varying degrees, the Administration addresses all of our principles.

The National Easter Seal Society applauds the President's commitment to universal access and the elimination of pre-existing condition exclusions on the basis of disability. We are encouraged that the proposal makes a serious attempt to provide long term care through home and community supports, recognizing, in particular, that rehabilitation services are an integral part of any complete health reform approach.

The National Easter Seal Society is pleased to be playing a role in shaping America's health care system. As a leading advocate for and with persons with disabilities, as an employer of 10,000 people in a national network of 160 affiliates, and as a nonprofit provider of diverse, community-based services, Easter Seals is well-equipped to make a significant contribution to this effort. We clearly share the goals of the Administration and, in collaboration with our affiliates across the country, will offer specific recommendations that we believe will enhance the President's proposal.

The National Easter Seal Society commends the President for taking this critical first step, and looks forward to working with the Administration and Congress during the months ahead to refine and enact comprehensive, universal health care coverage for all Americans, particularly for people with disabilities.

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NATIONAL EASTER SEAL SOCIETY

PRINCIPLES FOR NATIONAL HEALTH REFORM

WHEREAS, millions of Americans lack health insurance or are underinsured and, consequently, have diminished access to needed health care services;

WHEREAS, the rapidly rising cost of health care is becoming unduly burdensome to the nation's families, businesses, service providers, and governments;

WHEREAS, Easter Seals is dedicated to promoting health, maximum functional ability, and independence for all Americans, through advocacy and direct service delivery;

WHEREAS, Easter Seals is uniquely qualified to recommend strategies for organizing health care delivery and financing;

NOW THEREFORE BE IT RESOLVED, the House of Delegates adopts the following set of principles as the foundation for National Easter Seal Society action on national health reform and related issues:

Universal Access: That all people are able to fully participate in the nation's health care system.

Comprehensiveness: That the nation's health care system offer a broad spectrum of benefits, including prevention, acute care, rehabilitation, habilitation, and support services.

Appropriateness: That all people be assured services, practitioners, and service settings, on the basis of individual need and preference.

Quality: That all people be assured services that meet the highest standards of practice.

Equity: That all people be assured participation in the nation's health care system without discrimination of any kind, including that based on illness, condition, age, financial resources, or employment status, and without disproportionate allocation of cost.

Efficiency: That the nation's health care system include strong mechanisms to contain costs, minimize administrative expenses, and eliminate unnecessary utilization of services.



**Give
Ability
A
Chance**

TO: Chief Executive Officers
Intermediary and Local Easter Seal Societies

FROM: Sandra Gordon, Senior Vice President
Corporate Communications

SUBJECT: 1994 Easter Seal Campaign
Give Ability A Chance

DATE: November 12, 1993

The current national health care debate affords Easter Seals a wonderful opportunity to remind people of who we are and what we do. This is our moment to position Easter Seals' quality rehabilitation programs among the premier services available to people with and without disabilities in communities across the nation.

Give Ability A Chance is the theme of Easter Seals' 75th Anniversary multi-media advertising campaign. It celebrates the difference that Easter Seals has made in people's lives through our quality rehabilitation services for the past 75 years. This is a campaign theme that we'll use for the next several years to highlight a growing number of Easter Seal programs and services.

Our 75th Anniversary campaign reflects the results of your input through surveys conducted over the past two years. We asked you to let us know what services you most wanted represented in our multi-media campaigns. Give Ability A Chance features our national representatives and other Easter Seal clients to illustrate the quality rehabilitation and other support services you provide that make a difference in people's lives. Once again, this is a campaign created in collaboration with CME-KHBB, formerly Campbell-Mithun-Esty, Minneapolis.

Four of the six print ads highlight the independence that Easter Seals has helped children and adults achieve through early intervention, recreation, physical and occupational therapy, and post-polio and stroke support groups. One ad speaks to the personal satisfaction of being an Easter Seal employee.

The sixth full-page ad underlines the high quality of Easter Seals' early intervention and rehabilitation services for people seeking the best programs available. Its headline reads: "Sometimes even having two doctors in the house isn't enough." This ad reminds the public that most Easter Seal service recipients are insured and careful consumers, looking for the best services available in their communities.

(more)



National Easter Seal Society
230 West Monroe Street
Chicago, Illinois 60606
312/726-6200 (Phone)
312/726-4258 (TDD)

1994 Give Ability A Chance Multi-Media Campaign

A special ad, available in English and Spanish, highlights the value of stroke rehabilitation services with 1988 Easter Seal Adult Representative George Cisneros and his son Henry Cisneros, U. S. Secretary of Housing and Urban Development. It reads: "The only thing more moving than watching your child's first steps is watching your father's." The print ads are also available as glossy black and white posters and as postcards.

Our 1994 TV and radio spots have a powerful impact. The "Give Ability A Chance" television PSA provides a series of short images of Easter Seals' services and clients. It's available in 15-, 20- and 30-second formats. Academy Award-winning actor, writer and director Cliff Robertson is the narrator, talking about how Easter Seals has been helping people by giving ability a chance for 75 years. Robertson also provides the voice-over for our 75th Anniversary radio spots.

We look forward to a very successful 75th Anniversary campaign, and hope you find these public service announcements, print ads and posters helpful as you build on Easter Seals' image and reputation in your service area.

And, for those of you interested in building a stronger relationship with Rotary Clubs in your areas, we've included a sample presentation speech that talks about the importance of Rotary Club members in the founding of Easter Seals. This 75th Anniversary year gives us a chance to acknowledge Rotary's important early support and to build on our shared history.

National media distribution for the broadcast and print public service campaign begins in January 1994. Contact your local stations now to see about adding local tags to these spots when they arrive.

Let me know how we can support your efforts to promote this campaign. Please also return the evaluation form inserted into the front left pocket of this campaign book; it will help us to better meet your needs in planning and executing the 1995 Easter Seal campaign.



National Easter Seal Society

MISSION

The mission of the National Easter Seal Society is to help people with disabilities achieve independence. Easter Seals provides quality rehabilitation services; technological assistance; and disability prevention, advocacy and public education programs.

BACKGROUND

Founded in 1919, Easter Seals is an acknowledged pioneer in rehabilitation and support services to meet the needs of people with disabilities. Today, as we celebrate our 75th Anniversary, we are recognized for our leadership role in many areas: innovative, community-based rehabilitation programs tailored to meet the unique and diverse needs of persons with disabilities and their families; promotion of assistive technology; passage and implementation of the Americans with Disabilities Act and other critical legislation; and award-winning public education and communications programs that encourage society to develop positive and constructive attitudes toward people with disabilities.

Easter Seals is a nationwide network of affiliate societies serving each of the 50 United States, the District of Columbia and Puerto Rico, all of which work together to serve more than 1 million people each year. There are 160 Easter Seal Societies that operate more than 400 program service sites nationwide.





National Easter Seal Society

230 West Monroe Street

Chicago, Illinois 60606

312 726-6200 (Phone)

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■ NUMBER OF PEOPLE SERVED

More than 1 million annually.

■ TYPES OF DISABILITIES SERVED

Stroke; head trauma; amputation; developmental disabilities; learning disabilities; spinal cord injury; speech, language, and hearing disorders; polio; spina bifida; cerebral palsy; muscular dystrophy; Alzheimer's disease; and other disorders.

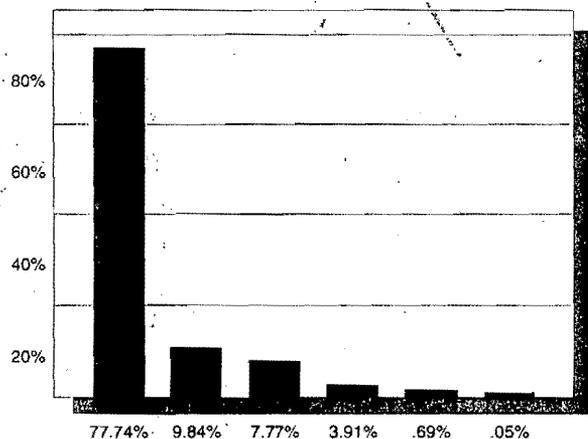
■ TYPES OF SERVICES PROVIDED

Speech and language therapies; medical treatment, physical therapy, and prosthetic care; vocational evaluation, occupational therapy, training, and placement; psycho-social evaluation and counseling; educational evaluation and services; early intervention; camping, recreation, and social services; technological assistance; prevention of and screening of potentially disabling conditions; and advocating on behalf of people with disabilities.

■ SOURCES OF SUPPORT

Special gifts, grants, fees, contracts, bequests, and individual and corporate contributions. Total nationwide income from all sources in 1992 was \$335 million; expenditures totaled \$322.9 million.

■ HOW EASTER SEAL DOLLARS ARE SPENT



77.74% Direct services to people with disabilities and their families

9.84% Management and general expenses

7.77% Fund raising

3.91% Public health education

.69% Professional education and training

.05% Research

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NOV 17 REC'D

November 16, 1993

Rosalyn A. Miller
Executive Assistant for
Domestic Policy
The White House
Washington, DC 20500

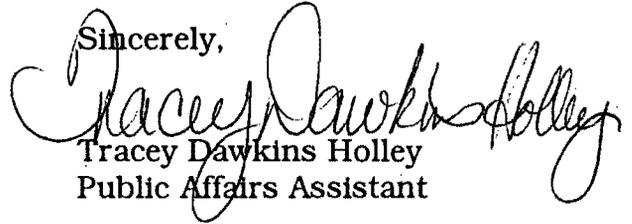
Dear Ms. Miller:

Joseph Romer asked that I deliver this binder to you so that Ms. Carol Rasco can review the information prior to her speech in Chicago, which is scheduled for Saturday, November 20, 1993.

The binder includes a variety of information about the National Easter Seal Society as well as information about our 1994 Easter Seal Child Representatives, Youth Representative and Adult Representative. Also enclosed, per your request, is a copy of the National Easter Seal Society's Response to President Clinton's Health Care Proposal and the National Easter Seal Society's Principles for National Health Reform.

If I can be of further assistance, please give me a call.

Sincerely,


Tracey Dawkins Holley
Public Affairs Assistant

The National Easter Seal Society
A Commemorative Album
1919-1994



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The Americans with Disabilities Act Resource Catalog

A Catalog of Products

Designed to Enable Businesses, Disability-Related Organizations
and Federal, State and Local Government Agencies
to Implement the Americans with Disabilities Act



Product Categories:

Attitude Awareness	Page 3
Education	Page 5
Employers	Page 6
Housing	Page 8
Legislation	Page 9
Transportation	Page 11

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Publications and Products Catalog

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Chicago, IL 60601

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**NATIONAL EASTER SEAL SOCIETY
PRIORITIES FOR NATIONAL HEALTH REFORM**

WHEREAS, the United States Congress, the Clinton Administration, and an array of public and private interests are actively engaged in crafting legislation to reform the nation's health care system;

WHEREAS, national health reform may have a significant impact on access to health care for all Americans, including people with disabilities and their families;

WHEREAS, comprehensive restructuring of health care organization and financing may significantly affect Easter Seals' ability to provide health and related services;

WHEREAS, Easter Seals may be subject to requirements under a reformed national health care system that affect expenditures for employee health care; and,

WHEREAS, national health reform principles adopted in November 1992, concerning universal access, comprehensiveness, appropriateness, quality, equity, and efficiency, provide a foundation for National Easter Seal Society health reform activities;

NOW THEREFORE BE RESOLVED, the House of Delegates sets forth the following priorities to further guide National Easter Seal Society action on national health reform and related issues:

- * That health benefits specifically include a spectrum of short term and long term home and community-based rehabilitation and other services that promote health, productivity, and independence for people with disabilities.
- * That access to disability-related services and supports be enhanced, not eliminated or diminished, for people with disabilities and their families as a result of the reform process.
- * That reforms support access to health care and related services through nonprofit, community-based service providers, such as Easter Seals.
- * That reforms acknowledge the unique and valuable contribution of nonprofit, voluntary health agencies, and support their continued service to society.

11/17/93

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1993 CONVENTION
HOUSE OF DELEGATES

NATIONAL HEALTH CARE REFORM

UPDATE ON RECENT EASTER SEAL ACTIVITIES

For nearly seventy-five years, Easter Seals has championed the independence of people with disabilities through direct service delivery, advocacy, and public education. Through this experience we have come to understand that universal access to comprehensive health care is absolutely vital to achieving health, productivity, and independence for persons with disabilities and all Americans.

Last November, the National Easter Seal Society's volunteer leadership established a set of health reform principles to guide Easter Seals' recommendations for health care reform. The principles were adopted by the national society's House of Delegates and approved by its Board of Directors. In March 1993, these principles were personally presented to President Clinton during the White House visit of the National Easter Seal Society's child and adult representatives.

Over the past year, Easter Seals has played an active role in shaping the health care reform discussion. Volunteers and staff participated in meetings with Members of Congress, the President's Task Force on Health Reform, and with other leading coalitions and interests involved in crafting proposed health care reform legislation.

In August, national society president Jim Williams issued a national "call to action" on health care reform, urging Easter Seal volunteers, staff, and persons served by affiliates to write to President Clinton and legislators to urge comprehensive health care reform. Hundreds of letters were sent.

Anticipating the release of the Administration's plan, the national society stepped up its involvement in coalition activities aimed at influencing provisions affecting people with disabilities, their families, and nonprofit community-based providers. In conjunction with the Consortium for Citizens with Disabilities, National Rehabilitation Caucus, and National Leadership Coalition for Health Care Reform, public affairs staff contributed to briefing papers and testimony, and participated in a series of meetings with high-level White House and Congressional aides.

On September 22, President Clinton appeared before a joint session of Congress to outline his plan for reforming the nation's health care system. In response to the President's speech, the national society issued a statement (see attached) applauding the

proposed guarantee of universal access, elimination of pre-existing condition exclusions, and progress towards other Easter Seal priorities. The statement was developed by a task force comprised of Public Affairs Committee members, and national volunteer and staff leadership. On September 23, National Board member Ed Beck and House of Delegates member Lewis "Robbie" Friedner represented Easter Seals at a rally for health care reform held on the south lawn of the White House.

Since then, Easter Seals and other disability advocates have been studying the President's 1,342-page legislative proposal and other major legislative initiatives to determine the ultimate impact and merit of specific recommendations relative to Easter Seals and people with disabilities. Six major health reform legislative initiatives are under consideration by Congress, proposing a spectrum of comprehensive and incremental reforms. A side-by-side comparison of these plans is attached.

In September, the Office of Public Affairs compiled basic resource materials on health care reform for distribution to affiliates. Over 75 affiliates asked for and received packets. The mailing launched an information dissemination campaign, which is intended to provide affiliates with ongoing, up-to-date information on health care reform. Materials reflect Easter Seals' varied perspectives as advocate, service provider, and employer.

In October, a team of affiliate and national staff was convened to identify Easter Seal program/policy priorities relative to health care, and to recommend strategies for: influencing the outcome of national health reform legislation; informing affiliates of important health care reform issues; and, modifying organizational behaviors to ensure long-term success in health and health-related programs and policy activities. Affiliate-oriented strategies are particularly important, as comprehensive reform proposals seek to shift health care decision-making to the state level, reorganize health care and related delivery systems, and increase health premium costs for employers. The team will recommend and support ways to educate, assess, vest, and position affiliates for success in a post-reform environment.

The Easter Seal Managed Care Network is developing, implementing, and refining procedures and products that will be useful to Easter Seal affiliates that provide rehabilitation services now and in the future. Participation standards, referral enhancement systems, customer satisfaction surveys, pricing guidelines, and recruiting strategies are among the Network products of particular value to affiliates.

The national society will conduct a national teleconference in early 1994 to provide affiliates with an in-depth briefing on health care reform, including an analysis of major reform proposals and their potential impact on Easter Seals and people with disabilities. National and regional training on health care reform will be provided by national society staff and others to ensure that affiliates are well informed of emerging reform issues.

Comprehensive reform of the nation's health care delivery and financing systems will have a significant impact on Easter Seals and people with disabilities. Easter Seals' committed, proactive approach to influencing and anticipating health policy and program reforms is vital to achieving organizational goals as an advocate, service provider, and employer. Volunteer guidance and support is especially critical to the success of this effort.

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November 1992

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PRINCIPLES FOR NATIONAL HEALTH REFORM

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Equity: That all people be assured participation in the nation's health care system without discrimination of any kind, including that based on illness, condition, age, financial resources, or employment status, and without disproportionate allocation of cost.

Efficiency: That the nation's health care system include strong mechanisms to contain costs, minimize administrative expenses, and eliminate unnecessary utilization of services.

KEY PROVISIONS OF THE MAJOR HEALTH CARE BILLS

PROPOSALS ARE RANKED FROM LEFT TO RIGHT BY DEGREE OF GOVERNMENT INVOLVEMENT

Sponsor of plan	SEN. PAUL D. WELLSTONE (D-Minn.) 	PRESIDENT CLINTON 	SEN. JOHN H. CHAFFE (R-R.I.) 
Insurance coverage improvements	All Americans covered under tax-financed government insurance system.	Requires all employers to pay for insurance for their workers. All others must obtain own insurance, which can be purchased from newly created health insurance purchasing cooperatives or alliances.	All people required to obtain a policy if not provided by employers. Small employers and uncovered workers or nonworking people could buy policies from health insurance purchasing cooperatives. Government subsidies for low-income persons if not eligible for Medicaid.
Financing	Payroll tax of about 7.9 percent on employers, 2 percent on employees; tobacco tax.	Employer would pay premium up to 7.9 percent of payroll to cover 80 percent of policy costs; employee would pay premium up to 20 percent of policy costs. Government subsidies for small employers, low-income workers and nonworking people—financed by Medicare-Medicaid cuts, 75-cents-a-pack cigarette tax, 1 percent payroll tax on large employers and limits on tax deductions for premiums beyond a certain amount.	Limiting tax deductions for premiums beyond a certain amount; cuts in Medicare and Medicaid.
Benefits	Standard package for acute care (doctor, hospital, etc.) plus long-term nursing home and in-home care, prescription drugs, dental, mental health care.	Standard acute-care package plus prescription drugs, some dental and mental health benefits and in-home care but no long-term nursing home benefits.	Insurers must offer standard acute-care benefit package; added tax-deductions for long-term care insurance.
Cost controls	Government would set annual budgets on how much to spend for health care nationally; fee levels negotiated with doctors, hospitals, etc. Administrative savings.	Government would set annual limit on how much can be spent on health care nationally, how much private insurers can raise premiums. Administrative savings. Malpractice reform.	Enhanced competition among insurers and among health care providers. Administrative savings. Malpractice reform.
Medicare/Medicaid	Abolished. Recipients covered under universal government plan.	Medicare remains as is unless a state opts to give recipients the general policies available through cooperatives (government would pay). Medicaid retained for long-term nursing care, but for other care patients would be shifted free to policies issued through cooperatives.	Remain as is for immediate future.
Insurance market changes Limits denial or exclusion from coverage or excessive premiums because of health status	Not applicable.	Yes.	Yes.
Medisave option Individuals and families can open tax-deductible "medical IRA" account to pay for routine care and insurance against "catastrophic" costs.	Not applicable.	No.	Yes; details to be worked out.

KEY PROVISIONS OF THE MAJOR HEALTH CARE BILLS

PROPOSALS ARE RANKED FROM LEFT TO RIGHT BY DEGREE OF GOVERNMENT INVOLVEMENT

Sponsor of plan	REP. JIM COOPER (D-Tenn.) 	HOUSE MINORITY LEADER ROBERT H. MICHEL (R-Ill.) 	SEN. PHIL GRAMM (R-Tex.) 
Insurance coverage improvements	Small employers, employees and nonworkers guaranteed right to buy insurance (with or without employer contribution) through health insurance purchasing cooperatives, with government subsidies for low-income people.	Employers must offer (but not necessarily pay for) policies for their workers and could join health purchasing cooperatives to get lower rates from insurers. Government subsidies for low-income people.	Government tax credits and subsidies to very low-income people to help them buy policies; tax deductions for some others.
Financing	Limiting employer tax deductions for premiums beyond a certain amount; savings from Medicare cuts.	Shifts of funds from other government programs plus \$5 billion over five years in cuts in various programs and higher premiums for high-income Medicare enrollees.	Cuts in Medicare and Medicaid.
Benefits	Standard acute-care benefit package. Other benefits may be added later.	Standard acute-care benefit package.	No standard package specified.
Cost controls	Enhanced competition among insurers and health care providers. Administrative savings. Malpractice reform.	Enhanced competition. Administrative savings. Malpractice reform.	Enhanced competition. Administrative savings. Malpractice reform.
Medicare/Medicaid	Medicare remains as is. Medicaid acute-care patients shifted to policies sold through cooperatives, with government paying; Medicaid long-term care costs gradually assumed by states.	Remain as is. States could enroll Medicaid patients in standard insurance plans.	Remain as is.
Insurance market changes Limits denial or exclusion from coverage or excessive premiums because of health status	Yes.	Yes.	Yes.
Medisave option Individuals and families can open tax-deductible "medical IRA" account to pay for routine care and insurance against "catastrophic" costs.	No.	Yes. Family could contribute up to \$5,000 a year tax-deductible.	Yes. Family could contribute up to \$4,800 a year tax-deductible.

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PRIORITIES FOR NATIONAL HEALTH REFORM

RATIONALE & BACKGROUND

In November 1992, the National Easter Seal Society's House of Delegates approved a set of principles to guide organizational actions on national health care reform legislation. The principles lay out Easter Seals' fundamental belief that health care reform must achieve universal access, comprehensiveness, appropriateness, quality, effectiveness, and efficiency to benefit all Americans, including people with disabilities.

The debate over health care reform is accelerating. Legislation to restructure the nation's health care financing and service delivery system is being introduced in Congress, providing the first real opportunity to scrutinize specific reform alternatives. Single payer plans developed by Senator Paul Wellstone (D-MN) and Representative Jim McDermott (D-WA) were introduced earlier this year, as were the bipartisan "Managed Competition Act of 1993," sponsored by Representative Jim Cooper (D-TN), and the "Affordable Health Care Act of 1993," sponsored by Representative Bob Michel (R-IL). President Clinton's proposed "American Health Security Act" is expected to be introduced in December 1993; other leading proposals, including the Senate Republican "Health Equity and Access Reform Today (HEART)," and a plan authored by Senator Phil Gramm (R-TX), are expected to follow.

It is too early to predict the ultimate outcome of the health care reform debate. However, with the introduction of legislation and the initiation of Congressional hearings, the spectrum of likely reform alternatives is taking shape. As reform alternatives become more detailed, so should Easter Seals' recommendations to Congress.

Easter Seals is well-positioned to promote refinement of specific provisions within health care reform legislation that directly affect people with disabilities and affiliates. The principles established last November provide an essential framework for national society actions on health care reform. Additional priorities, reflecting Easter Seals' role as a nonprofit, community-based service provider and employer, would be useful to further guide national society public policy actions in the health care reform legislative process.

BACKGROUND

The National Easter Seal Society is promoting health care reforms that truly serve the best interests of all Americans, including people with disabilities. As an advocate, community-based service provider, and employer, Easter Seals' brings a unique set of perspectives and concerns to the health reform discussion. It is critical that these views be reflected in national society activities on health care reform legislation and related efforts to position Easter Seals for success in a post-reform environment.

Emphasizing the Importance of Home and Community-based Care:

The national society's principles call for comprehensiveness and appropriateness in health care reform to guarantee access to a full array of prevention, acute care, rehabilitation, habilitation, and support services in a range of service settings. The principles do not specifically advocate for coverage of services in home and community settings, even though that is where the lion's share of Easter Seal services are delivered. Moreover, people with disabilities and their families often prefer to receive services at home or in least restrictive settings to enhance outcomes in health, education, employment, and community integration. Designating home and community-based services as a priority for Easter Seals is critical.

Major health reform proposals are spotty in their attention to home and community-based services, particularly those needed on an extended basis. The national society must diligently advocate for full access to home and community-based services, emphasizing the importance of rehabilitation and other services to people with disabilities.

Maintenance of Disability-related Services:

Programs serving people with disabilities have grown over the years to address needs in health, education, employment, transportation, and other aspects of life. Most disability-related programs originated through struggle, with individuals with disabilities, parents, and other advocates, including Easter Seals, pressing for services promoting health, productivity, and independence. It is imperative that these programs and services not be eliminated or diminished as a result of health care reform. An Easter Seal priority to this effect is warranted.

The national society's principles are forward-looking, emphasizing a basic framework for reforming the nation's health care system. Yet, comprehensive reforms could jeopardize access to some services currently available to people with disabilities. Restructuring of public programs, such as Medicaid and worker's compensation programs, could possibly diminish access to services for residents of some states. Less directly, the potential magnitude of delivery systems reorganization envisioned under some comprehensive health care reform proposals could trigger shifts in sites of service, providers, and practitioners, in ways that reduce access to care or opportunities for service providers and practitioners.

The President's outline for health reform, for example, initially appeared to eliminate services authorized under Medicaid home and community-based waivers. Dialogue with Administration staff yielded assurances that the range of services offered under Medicaid would still be available after reform.

Disability advocates also want health care reform proposals to adequately coordinate health care services with related services provided under the Individuals with Disabilities Education Act (IDEA), Maternal and Child Health Act, Rehabilitation Act, and other programs serving people with disabilities. Decisions affecting health care coverage and systems organization could alter, perhaps even erode, access to rehabilitation and other services for people with disabilities through existing service delivery systems. Preserving access to existing disability-related services relative to health care reform is an appropriate priority for the national society.

Assuring a Role for Freestanding, Community-based Providers:

Easter Seal affiliates are increasingly confronted with competition in the provision of rehabilitation services. Greater coverage for outpatient services, exemptions from prospective payment for Medicare rehabilitation services, and national trends towards provider networking and managed care contracting are among the market forces that have induced hospitals, for-profit health care chains, and other providers to expand into service areas traditionally dominated by Easter Seals.

Several health reform plans contain mechanisms that promote health care provider networks, called "accountable health plans" under the Clinton approach, and provider diversification of service capacities. Anticipation of reform has spurred widespread provider mergers and network formation across the country. Easter Seal affiliates vary in their ability to participate in such provider networks. A priority directing the national society to promote health care reform ground rules that do not discriminate against freestanding, community-based service providers would strengthen affiliate standing and perhaps even create opportunities for Easter Seal collaboration in emerging service delivery networks.

Recognizing Contribution of Nonprofit, Voluntary Agencies:

The nonprofit, voluntary health sector represents a critical component of the American health care system. Yet, the major health reform proposals, while carefully delineating strategies concerning for-profit interests, virtually ignore the nonprofit provider community. Easter Seals' 1992 principles do not directly advocate for this market segment.

The national society must urge Congress to support the ongoing participation of nonprofit, voluntary health agencies, such as Easter Seals, by addressing the potential impact of national health care reform on nonprofit agency advocacy, research, service delivery, and employment activities. Incentives and supports available to for-profit ventures should be considered for nonprofit, voluntary health agencies as well.

OFFICE OF DOMESTIC POLICY

THE WHITE HOUSE

NOV 17 REC'D

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ASSISTANT TO THE PRESIDENT
FOR DOMESTIC POLICY

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The Power To Overcome

National Easter Seal Society
Office of Public Affairs

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November 17, 1993

Ms. Carol Rasco
Assistant to the President
for Domestic Policy
The White House
Washington, DC 20500

Dear Ms. Rasco:

Yesterday, I delivered a binder to the White House containing information about the National Easter Seal Society. The binder should be in your possession. Please contact me if you need additional information. I can be reached at (202) 347-3066.

Just for your information, Ms. Rosalyn Miller has been very helpful and pleasant.

Sincerely,

Tracey Dawkins Holley
Tracey Dawkins Holley
Public Affairs Assistant

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