

TCT to Cuth
2/11
1:45

Doesn't recall seeing it
but receives 100's of letters
a week.

It hasn't yet appeared

time - Same concern re passage of

Told him re my copy

I happy to consider it if
I send another copy

**The White House
Washington**

FAX COVER SHEET

Office of Domestic Policy

**Old Executive Office Building
Washington, D.C. 20500
FAX: (202)-456-7028**

To: Mr. Ned Crabb

FAX No: (212) 416-2658

From: Stan Herr

Phone: (202) 456-2372

Date: Feb. 11, 1994

Pages (Including cover): 3

Comments: Dear Mr. Crabb:

Thanks for suggesting

that I send you another copy

of Ms. Rasco's letter. I believe

that the original, ^{signed} copy was

sent out around Jan. 21st. The

issues remain quite timely as

portions of Ms. Jennings's piece were

read by her at a recent network TV morning show.

Stan Herr

THE WHITE HOUSE

WASHINGTON

Letter to the Editor for the Wall Street Journal

ANOTHER MOTHER TALKS TO MRS. CLINTON

Like Marianne M. Jennings, I too have the privilege of raising a child with multiple disabilities and so I feel a good deal of empathy for the frustration with bureaucracies she describes in her January 3 Op-Ed piece, "A Mother Talks to Mrs. Clinton." I also have the privilege of assisting the Clinton administration to reform health care and other systems in ways sensitive to the needs of children with disabilities and their families.

The administration's health care plan seeks to eliminate some of the frustrations -- and fears -- that parents like Ms. Jennings now experience in the delivery and reimbursement of health-related services. Under the President's plan, parents will no longer face exclusion based on a child's (or their own) pre-existing condition or life-time limits on the coverage of medical expenses. Universal coverage and the portability of this benefit will be a source of real reassurance to the parents of children with disabilities. The onerous income reviews and periodic renewals of eligibility for health-care benefits that Ms. Jennings describes will also be a thing of the past under our plan of employer-based, universal health insurance coverage.

Ms. Jennings is on the mark with her description of the undue complexity, the duplication of caseworkers' reviews, and the lack of user-friendly information approaches that too often characterizes the situation at present. She and her family have faced first-hand the crazy-quilt, patchwork system that we have in America today because we have no national system of health insurance.

As a mother in Arkansas of a son with multiple disabilities, I had my share of similar experiences. I vividly recall the caseworker who saw my son Hamp as a baby crawling on my floor and still asked where was my disabled child, and the worker who rejected my application because in reciting 18 years of Hamp's medical history I had omitted one doctor's zipcode from years ago. And the worker who abruptly terminated an eligibility interview because her lunch hour was at the stroke of noon still leaves me shaking my head. But the Medicaid program (the Title XIX program to which Ms. Jennings refers), with all its flaws, will continue to be the only resource for many people until we have a system of guaranteed private insurance in place.

Health care reform will not cure all the ills of our disjointed federal, state and private systems of delivering various services to persons with disabilities. The Clinton administration is also working to encourage innovations in unifying case management and sharing information. Through

demonstration projects, we hope that coordinated case reviews can replace multiple visits by legions of caseworkers from separate agencies.

Our health care plan will indeed produce administrative simplification and reduce the hassles of determining and tracking coverage through a guaranteed comprehensive benefits package. More standardization will mean fewer obscure turns and twists to getting benefits. The President's plan seeks at every level of design of health care reform to end such horror stories as Ms. Jennings's, to put patients over paperwork, to offer "report cards" that give consumers meaningful information on which locally available health plans are more responsive and consumer friendly to persons both with and without disabilities.

Parents of disabled kids will also have to mobilize to make health-care programs work properly. A grass-roots movement of mothers and fathers of children with disabilities (see U.S. News & World Report, Jan. 10, 1994) is doing just that and bringing its expertise to bear on these complicated, but vital issues.

Still, parents of children with disabilities shouldn't need the legal training and communication skills that Ms. Jennings possesses to be able to access services for their children. We are committed to fashioning a system in which the race is not won by only the fittest or the most ardent battler of bureaucracies. Ms. Jennings eloquently describes some of the ills and unevenness of the status quo. As a mother and a policy maker, I will continue to talk to Mrs. Clinton and to the President, knowing that they believe that we must do a better job of preserving the health and tapping the potential of all our children.

CAROL H. RASCO
Assistant to the President
for Domestic Policy

Washington

(212) 416-2658
Ned Crabb

THE WHITE HOUSE

Letter to the Editor for the Wall Street Journal

ANOTHER MOTHER TALKS TO MRS. CLINTON

Like Marianne M. Jennings, I too have the privilege of raising a child with multiple disabilities and so I feel a good deal of empathy for the frustration with bureaucracies she describes in her January 3 Op-Ed piece, "A Mother Talks to Mrs. Clinton." I also have the privilege of assisting the Clinton administration to reform health care and other systems in ways sensitive to the needs of children with disabilities and their families.

The administration's health care plan seeks to eliminate some of the frustrations -- and fears -- that parents like Ms. Jennings now experience in the delivery and reimbursement of health-related services. Under the President's plan, parents will no longer face exclusion based on a child's (or their own) pre-existing condition or life-time limits on the coverage of medical expenses. Universal coverage and the portability of this benefit will be a source of real reassurance to the parents of children with disabilities. The onerous income reviews and periodic renewals of eligibility for health-care benefits that Ms. Jennings describes will also be a thing of the past under our plan of employer-based, universal health insurance coverage.

Ms. Jennings is on the mark with her description of the undue complexity, the duplication of caseworkers' reviews, and the lack of user-friendly information approaches that too often characterizes the situation at present. She and her family have faced first-hand the crazy-quilt, patchwork system that we have in America today because we have no national system of health insurance.

As a mother in Arkansas of a son with multiple disabilities, I had my share of similar experiences. I vividly recall the caseworker who saw my son Hamp as a baby crawling on my floor and still asked where was my disabled child, and the worker who rejected my application because in reciting 18 years of Hamp's medical history I had omitted one doctor's zipcode from years ago. And the worker who abruptly terminated an eligibility interview because her lunch hour was at the stroke of noon still leaves me shaking my head. But the Medicaid program (the Title XIX program to which Ms. Jennings refers), with all its flaws, will continue to be the only resource for many people until we have a system of guaranteed private insurance in place.

Health care reform will not cure all the ills of our disjointed federal, state and private systems of delivering various services to persons with disabilities. The Clinton administration is also working to encourage innovations in unifying case management and sharing information. Through demonstration projects, we hope that coordinated case reviews can replace multiple visits by legions of caseworkers from separate agencies.

EXECUTIVE OFFICE OF THE PRESIDENT

12-Jan-1994 04:01pm

TO: Carol H. Rasco
FROM: Stanley S. Herr
Domestic Policy Council
CC: Christine M. Heenan
Rosalyn A. Miller
SUBJECT: RE: Wall Street Journal article

Chris and I now have the WSJ piece, had a preliminary exchange of ideas, and will meet on it tomorrow at 11am.

Can you please let me know if:

--you would like a draft for a letter to the editor or a full Op-Ed reply?

--you have any word limit you're operating under?

--you want the basic approach to recognize the validity of that mother's concerns, your own comparable experiences in Arkansas, and how our health care reform plan will simplify the now-fragmented delivery and reimbursement system that Ms. Jennings describes?

We're happy to take a crack at this and to teaming up.

Thanks for any feedback.

stan

MEMORANDUM TO CAROL H. RASCO

From: Stan

Jan. 13, 1994 noon

Chris and I conferred this morning and came up with these talking points for your interview on Friday. We feel that they could also serve as a framework for a written response to the Wall Street Journal. It seems to us that a relatively long letter to the editor might be the most appropriate vehicle for that response. Please let us know if we are on the right track and how we can be of further help to you.

TALKING POINTS FOR YOUR TELEVISION INTERVIEW:

1. Our Health Care plan recognizes the types of frustrations consumers like Ms. Jennings now experience in the delivery and reimbursement of health-related services.

2. Marianne Jennings is on the mark with her description of undue complexity, the duplication of caseworker reviews, lack of user friendly information approaches, etc. She and her family have faced first-hand the crazy-quilt, patchwork system that we have in America today, because we have no national

⑫ Fed Medicaid -- preventive care
higher income; young kids

Age 18 Q: 19
optimal statements

Bruce Vladeck (HCFR)

690-6726

Pauline Brown

Bob
Ms. Peterson (BC/BS)
\$40,000
Child Pharmacy \$250,000

responsibility
no health care
crisis
of ch -
- really kids
- early care

800,000 debt
no life insurance

70% - 21%

largest
enrollment
should
include

CBS

wrap up -
life insurance
comprehensive
covered

Childrens Hospital

Bill Kristol --

very difficult
to be paid without
child

(Fix-plan)

week from Fri Friday;

Trigobent
Q: call it a

substantive
services -
simplified
bureaucracy

Hidden line
point

am fix

Wyatt Anchors - CBS

rationing
system

Free for some plan
will be available

reimbursement will be available
call Q: copayments

choice
brother ed re

simplicity
50 to some school

out-of-pocket
maximum

Quality reports
90% disabled

- no lifetime limit
Full coverage
no cost
number later co-pay
no pre-exist clause
- 50%
- raise premiums
drawn 50% - covered out
aging
poorly
rationing system

system.

3. As a mother in Arkansas of a son with multiple disabilities, I had my share of similar experiences (give some examples such as as the caseworker who saw Hamp as a baby crawling on your floor and still asked where was your disabled child; rejected application because in reciting 18 years of Hamp's medical history, one doctor's zipcode from years ago was omitted). But the Medicaid program, with all its flaws, will continue to be the only resource for many people until we have a system of guaranteed private insurance.

4. Clinton Administration is also working to come up with new consolidated child services approaches in Indiana and West Virginia to demonstrate ways of unifying case management. Coordinated case reviews should eventually replace multiple visits by legions of caseworkers.

5. Administrative simplification in health care means reducing the hassles of determining and tracking coverage through a guaranteed comprehensive benefits package.

6. More standardization will mean fewer obscure turns and twists to getting benefits.

4. The President's plan seeks at every level of design of health care reform to end such horror stories as Ms. Jennings's, to put "patients over paperwork," to have report cards that give consumers meaningful information on which locally available health plans are more responsive and consumer friendly.

8. Parents of children with disabilities, like Ms. Jennings's child shouldn't need a lawyer's training and her abundant communication skills to be able to access services for their children.

9. We are committed to fashioning a system in which the race is not to the fittest or the most ardent battler of bureaucracies. Ms. Jennings eloquently describes some of the ills and unevenness of the status quo. I as a mother, and a policy maker, will also talk to Mrs. Clinton and know that we must and will do better to preserve the health and tap the potential of our children with disabilities than our fragmented health care system now allows.

10. Parents of disabled kids will have to mobilize to make health-care programs work properly. But as a recent article detailed ("The mothers of invention: How a mighty grass-roots movement of parents with disabled kids is changing the nation," US News & World Report, Jan. 10, 1994, at 38-42), mothers and fathers of children with disabilities are doing just that and bringing their expertise to bear on these complicated, but vital issues.

1-14 at 2pm.

- NPR

- Don't mistake health-care
still a long-term case
reform

① Accidental inquiry for Ms. Jennings;
② Report to talk to Ms. Jennings,
resume her part one of her roles
on health care reform

③ Sensitivity

④ Employer system will leave out
re-upping for eligibility;
- enhanced to both HC and in
public

⑤ Uninsured coverage

⑥ Lots of reports to President Obama -
remember

⑦ Tit. XIX Medicaid

⑧ under new system -- no essential
criteria steps

Q: Medicare

⑨ I like Mr. J. have had
multiple caseloads from Red Agency
(room)

⑩ want merge all systems into HC-C

⑪ NPR - Report (Family + individuals
w/ multiple contacts
family or welfare/AFDC -- multiple
caseloads.

wagner parents

demo projects

experiment zones/enterprise areas

will break the type of innovation

test out barriers to sharing into

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

13-Jan-1994 01:05pm

TO: Carol H. Rasco
FROM: Stanley S. Herr
Domestic Policy Council
CC: Christine M. Heenan
CC: Rosalyn A. Miller
SUBJECT: talking points, etc

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Jan-1994 04:01pm

TO: Carol H. Rasco
FROM: Stanley S. Herr
Domestic Policy Council
CC: Christine M. Heenan
CC: Rosalyn A. Miller
SUBJECT: RE: Wall Street Journal article

Chris and I now have the WSJ piece, had a preliminary exchange of ideas, and will meet on it tomorrow at 11am.

Can you please let me know if:

--you would like a draft for a letter to the editor or a full Op-Ed reply?

--you have any word limit you're operating under?

--you want the basic approach to recognize the validity of that mother's concerns, your own comparable experiences in Arkansas, and how our health care reform plan will simplify the now-fragmented delivery and reimbursement system that Ms. Jennings describes?

We're happy to take a crack at this and to teaming up.

Thanks for any feedback.

stan

MEMORANDUM TO CAROL H. RASCO

From: Stan

Jan. 13, 1994 noon

Chris and I conferred this morning and came up with these talking points for your interview on Friday. We feel that they could also serve as a framework for a written response to the Wall Street Journal. It seems to us that a relatively long letter to the editor might be the most appropriate vehicle for that response. Please let us know if we are on the right track and how we can be of further help to you.

TALKING POINTS FOR YOUR TELEVISION INTERVIEW:

1. Our Health Care plan recognizes the types of frustrations consumers like Ms. Jennings now experience in the delivery and reimbursement of health-related services.
2. Marianne Jennings is on the mark with her description of undue complexity, the duplication of caseworker reviews, lack of user friendly information approaches, etc. She and her family have faced first-hand the crazy-quilt, patchwork system that we have in America today, because we have no national

system.

3. As a mother in Arkansas of a son with multiple disabilities, I had my share of similar experiences (give some examples such as as the caseworker who saw Hamp as a baby crawling on your floor and still asked where was your disabled child; rejected application because in reciting 18 years of Hamp's medical history, one doctor's zipcode from years ago was omitted). But the Medicaid program, with all its flaws, will continue to be the only resource for many people until we have a system of guaranteed private insurance.

4. Clinton Administration is also working to come up with new consolidated child services approaches in Indiana and West Virginia to demonstrate ways of unifying case management. Coordinated case reviews should eventually replace multiple visits by legions of caseworkers.

5. Administrative simplification in health care means reducing the hassles of determining and tracking coverage through a guaranteed comprehensive benefits package.

6. More standardization will mean fewer obscure turns and twists to getting benefits.

4. The President's plan seeks at every level of design of health care reform to end such horror stories as Ms. Jennings's, to put "patients over paperwork," to have report cards that give consumers meaningful information on which locally available health plans are more responsive and consumer friendly.

8. Parents of children with disabilities, like Ms. Jennings's child shouldn't need a lawyer's training and her abundant communication skills to be able to access services for their children.

9. We are committed to fashioning a system in which the race is not to the fittest or the most ardent battler of bureaucracies. Ms. Jennings eloquently describes some of the ills and unevenness of the status quo. I as a mother, and a policy maker, will also talk to Mrs. Clinton and know that we must and will do better to preserve the health and tap the potential of our children with disabilities than our fragmented health care system now allows.

10. Parents of disabled kids will have to mobilize to make health-care programs work properly. But as a recent article detailed ("The mothers of invention: How a mighty grass-roots movement of parents with disabled kids is changing the nation," US News & World Report, Jan. 10, 1994, at 38-42), mothers and fathers of children with disabilities are doing just that and bringing their expertise to bear on these complicated, but vital issues.

EXECUTIVE OFFICE OF THE PRESIDENT

12-Jan-1994 04:01pm

TO: Carol H. Rasco
FROM: Stanley S. Herr
Domestic Policy Council
CC: Christine M. Heenan
Rosalyn A. Miller
SUBJECT: RE: Wall Street Journal article

Chris and I now have the WSJ piece, had a preliminary exchange of ideas, and will meet on it tomorrow at 11am.

Can you please let me know if:

--you would like a draft for a letter to the editor or a full Op-Ed reply?

--you have any word limit you're operating under?

--you want the basic approach to recognize the validity of that mother's concerns, your own comparable experiences in Arkansas, and how our health care reform plan will simplify the now-fragmented delivery and reimbursement system that Ms. Jennings describes?

We're happy to take a crack at this and to teaming up.

Thanks for any feedback.

stan

TALKING POINTS:

- ① 1. Marianne Jennings ^{us} on the mark with her description of undue complexity, duplication caseworker reviews, lack of user friendly info approaches.
- ② 2. As a mother in Ark. of a son with multiple disabilities, I had my share of similar experiences (give some examples).
3. Clinton Administration working to come up with new consolidated child services approaches in Indiana and West Virginia to demonstrate ways of unifying case management. Coordinated case reviews will replace multiple visits
- ① 4. Our Health Care plan recognizes the types of frustrations consumers like Ms. Jennings now experience in the delivery and reimbursement of health-related services.
5. Administrative simplification in health care means reducing the hassles of determining and tracking coverage through a guaranteed comprehensive benefits.
6. ^Mmore standardization will mean fewer obscure turns and twists to getting

package

benefits

The President's plan

not there
never
stomach

We seek at every level of design of health care reform, to put "patients over paperwork", to have report cards that give consumers meaningful information on which locally available health plans are more responsive and consumer friendly.

8. Parents of children with disabilities, like Ms. Jennings's child shouldn't need a lawyer's training and her abundant communication skills to be able to access services for their children.

9. We are committed to fashioning a system in which the race is not to the fittest or the most compulsive ^{ardent} battler of bureaucracies. Ms. Jennings eloquently describes some of the ills and unevenness of the status quo. I as a mother, and a policy maker, also talk to Mrs. Clinton and know that we must and will do better to preserve the health and tap the potential of our children with disabilities than our fragmented health care system now allows.

will

OPENING

~~Part of~~

2 She and her family have faced first hand the crazy-quilt, patchwork system that we have in America today, because we have no national system.

3 The Medicaid program, with all its flaws, ^{will continue to be} ~~has~~ been the only resource for many people until we have a system of guaranteed private insurance.

WST

Notes to Carol



Hilton

at Walt Disney World® Village

At 8:26 to approx 8:29
CBS Morning News
did a piece
featuring Ms Jennings
and her daughter

*From Clark The
legend was this was experience
w/ suspense that made many of
Winston health reform. S1st way*

The "power of the press"
with Ms. Jennings
actually reading
extracts from Wall St.
Journal, describing as
"guerrilla warfare"
her battles with
an unpredictable
bureaucracy that was
in her words worse
than coping with her
disabilities.

At the end, Harry Smith
announced that Arizona

1751 Hotel Plaza Boulevard
Lake Buena Vista, Florida 32830
Telephone 407-827-4000
Reservations 1-800-HILTONS

Governor had called her, workers who had turned were not coming every day and one was even working to get her a refund for the medical expenses that Tit XIX should have covered.

The most disturbing item for me was one agency's policy never to voluntarily disclose benefits that a person is eligible for.

The show was partly filmed in Mrs. Jennings home, which suggested an upper-middle class life style. The show did show some of the benefits they had received such as an individually adapted wheelchair, sports of summer school, etc. at Mrs. Jennings.

present their plight very, very well.

Letters to the Editor

The High Social Cost of Mental Illness

There is a great scene in Alfred Hitchcock's movie "The Lady Vanishes," in which the professor's solution to the case is convincingly refuted. It does not bother him in the slightest. "My theory is perfectly correct," he huffs. "It is the facts that are misleading."

Your Jan. 3 editorial, "A Therapeutic State?," raises important issues about mental illness. It appropriately raises concerns about the way services may be overused if their cost to the patient becomes minimal and whether social or biological factors lead to mental illness. But your underlying premise is based on a view of mental illness and substance abuse that obscures the truth. It can only be believed if, like Hitchcock's professor, one doesn't let facts get in the way.

To begin with, you imply the Clinton administration failed to take into account the concern for containing costs and protecting against abuse of benefits, and worry that we might provide coverage for those who are simply dissatisfied with their personalities and desire a surer ticket to happiness and social success. In fact, under the president's plan, individuals will be eligible for mental health/substance abuse services only if they have a medically diagnosable mental or substance abuse disorder and are at significant risk of functional impairment.

Furthermore, cost consciousness is supported under the plan by favoring the most effective treatment in the least costly, most appropriate setting. For example, in order to avoid unnecessary hospitalization, the plan promotes a shift toward outpatient, community-based care.

But most troubling is that your argument is based on outdated stereotypes long discredited by scientific and fiscal realities.

First, you imply that many mental health and substance abuse disorders are inconsequential when in fact most are serious, costly and potentially deadly. A recent review of all suicide studies conducted by the New England Journal of Medicine concluded that 90% of suicides were related to depressive illness. Further, according to a recent Massachusetts Institute of Technology study, mental illness and substance abuse disorders cost the country more each year in terms of employee productivity and absenteeism than cancer, coronary heart disease, chronic lung disease or AIDS. Specifically, the MIT study reveals depression alone costs society \$43.7 billion annually, over one-half of which is paid directly by American businesses.

The Health Security Act does not confuse the trivial complaints of daily living with carefully diagnosed mental disorders. Schizophrenia, major depression, manic-depression—as well as serious anxiety conditions such as panic disorders and obsessive-compulsive disorder—take a serious human and economic toll.

Second, you imply that coverage of mental illness and substance abuse is not cost-effective, when in fact, nearly all medium and large firms include mental illness and substance abuse coverage in their health insurance plans and see it as essential. The Journal itself reported in November 1992 on First Chicago Corp. that "It reviews each patient's mental health treatment case by case but doesn't impose any across-the-board limits—even on psychotherapy. The total cost: less than \$300

per employee." I wonder: does The Wall Street Journal practice what it preaches and exclude mental illness and substance abuse coverage for its own employees? Or, like most employers, does it provide coverage for mental illness and substance abuse not very different from that initially proposed by the administration?

Third, you belittle decades of progress in psychopharmacology in your reference to the "Prozac craze." Abuses of prescription drugs occur all too often, no matter what they treat. But "wide use" by itself does not imply a "craze." If it did, you also would have to bemoan the continuing "penicillin craze." The fact is, psychiatric medications, including antidepressants such as Prozac, have been developed for the treatment of diagnosable mental illnesses—not the casual pursuit of "happiness."

Moreover, the positive impact of psychopharmacology is real and measurable. For instance, thanks to relatively new medications, the efficacy rate for the treatment of acute episodes of schizophrenia is now 60% (compared with say, 41% for angioplasty, or 52% for atherectomy). Lithium, used for the treatment of manic-depression, has saved the economy billions of dollars over the past two decades, and clozapine now allows many of the most seriously ill to live their lives productively outside the restrictive and expensive settings of a hospital.

Finally, you express the fear that in providing such coverage, there never will be limits for "tax-paid treatments." Let me assure you, that question was a matter of intense concern and debate for all of us who contributed to the president's plan—and the plan covers this concern. In fact, the failure to provide mental illness and substance abuse coverage would result in false savings. Recent studies have proven that providing treatment for these disorders helps decrease use of general health care services.

Can government do everything? Of course not, nor should it. And I could not help but nod my head in agreement as I read your call for a "stabilized social order" that "starts with having a parent tend to a child, with having a father stay with a mother."

Absolutely right.

But for millions of individuals, attentive and loving families cannot be a substitute for medically necessary treatment for mental illnesses or substance abuse disorders. We do not live in a world where people can will themselves well, so we must create a system that provides care while controlling costs.

Our current health care system does not meet these goals. It insures the healthy but—too often—avoids the sick. Allowing this system to continue to spiral out of control makes no common or fiscal sense, and ignores the facts.

TIPPER GORE

Mental Health Adviser

to the President's Health Care Task Force
Washington

EXECUTIVE OFFICE OF THE PRESIDENT

12-Jan-1994 07:05am

TO: Stanley S. Herr

FROM: Carol H. Rasco
Economic and Domestic Policy

CC: Christine M. Heenan
Rosalyn A. Miller

SUBJECT: Wall Street Journal article

I am sending you a copy, red dot, today of an article of the Wall Street Journal article written by the mother of a disabled child. I have been asked to do a response and would appreciate your teaming up with C. Heenan in the next two days to give me a draft by end of business on Thursday...you might use some of what is in U. S. News, I can add other pieces like the caseworker who upon seeing Hamp as a baby crawling on my floor asked me where my disabled child was...anyway, please give it a shot, I'll finalize on Friday or over weekend...may do an interview on TV on same thing Friday.

Thanks.

The Health Security Plan

ADMINISTRATIVE SIMPLIFICATION

Paperwork clogs today's health care system. Insurance overhead eats up a significant chunk of each health care dollar, paying for administration, underwriting and marketing by more than 1500 private insurance companies. Doctors and hospitals spend more and more of their resources keeping up with the paperwork, codes, inspections and regulatory procedures imposed on them by insurers and government programs.

Simpler for Consumers

- ✓ • Every American gets a health security card and every American gets coverage.
- Guaranteed comprehensive benefits virtually eliminate the hassle of determining and tracking coverage; consumers will no longer have to wade through fine print and spend long hours negotiating reimbursement.

Simpler for Providers

- The introduction of a standard, comprehensive benefit package will free providers from negotiating with health plans to determine the level of services covered. Comprehensive services will not vary from plan to plan; standard cost-sharing rules will simplify accounting for providers.
- ✓ • A single, standard reimbursement form and uniform reporting requirements will replace the hundreds of existing claims forms. Electronic exchange of information will further reduce provider costs and frustration.

Patients Over Paperwork

- A national quality program will stress results over process and remove insurance companies, utilization review firms and the government from the physicians' offices and hospitals. Regulation of clinical laboratory testing will emphasize quality protection while reducing administrative burden.
- ✓ • Coordinated inspections will replace the multiple inspections that hospitals and doctor's offices undergo today.

Improvements in Medicare

- Medicare will simplify and streamline its reimbursement and claims system. Specific reforms will be aimed at rebuilding trust between hospitals, doctors, patients and Washington.

October 8, 1993

TO: Carol Rawco FAX 703 370 -1340

1-17-94 at 4 p.m.

FROM: Stan Herr

I'm working from Maryland Law School on this draft (and other White House projects) today. So I haven't had a chance yet to get Chris H.'s input on this version.

But in the interests of time (and perhaps your snow-in day), here's my stab at a title and text. I'm not sure about the clause (whether to refer to mobilization and another (perhaps) media items, but thought you and media types should make that call.)

Letter to the Editor for the Wall Street Journal

ANOTHER MOTHER TALKS TO MRS. CLINTON

Happy Martinis day,
Stan

Like Marianne M. Jennings, I too have the privilege of raising a child with multiple disabilities and so I feel a good deal of empathy for the frustration with bureaucracies she describes in her January 3 Op-Ed, "A Mother Talks to Mrs. Clinton." I also have the privilege of assisting the Clinton Administration to reform health care and other systems to be sensitive to the needs of children with disabilities and their families.

The Clinton administration's health care plan seeks to eliminate some of the frustrations -- and fears -- that parents like Ms. Jennings now experience in the delivery and reimbursement of health-related services. Under the President's plan, parents will no longer face exclusion based on a child's (or their own) pre-existing condition or life-time limits on the coverage of medical expenses. Universal coverage and the portability of this benefit will be a source of real reassurance to the parents of children with disabilities. The onerous income reviews and periodic renewals of eligibility for health-care benefits that Ms. Jennings describes will also be a thing of the past under our plan of employer-based, universal health insurance coverage.

But Ms. Jennings is on the mark with her description of the undue complexity, the duplication of caseworkers' reviews, and the lack of user-friendly information approaches that too often characterizes the situation at present. She and her family have faced first-hand the crazy-quilt, patchwork system that we have in America today because we have no national system of health insurance.

As a mother in Arkansas of a son with multiple disabilities, I had my share of similar experiences. I vividly recall the caseworker who saw my son Hamp as a baby crawling on my floor and still asked where was my disabled child, and the worker who rejected my application because in reciting 18 years of Hamp's medical history, I had omitted one doctor's zipcode from years ago. And the worker who abruptly terminated an eligibility interview because her lunch hour was at the stroke of noon still leaves me shaking my head. But the Medicaid program (the Title XIX program to which Ms. Jennings refers), with all its flaws, will continue to be the only resource for many people until we have a system of guaranteed private insurance in place.

Health care reform will not cure all the ills of our disjointed federal, state and private systems of delivering various services to persons with disabilities. The Clinton administration is also working through the development of empowerment zones and enterprise areas to encourage

innovations in unifying case management and sharing information. Through these and other demonstrations, coordinated case reviews could replace multiple visits by legions of caseworkers from separate agencies.

But our health care plan will produce administrative simplification and reduce the hassles of determining and tracking coverage through a guaranteed comprehensive benefits package. More standardization will mean fewer obscure turns and twists to getting benefits. The President's plan seeks at every level of design of health care reform to end such horror stories as Ms. Jennings's, to put patients over paperwork, to offer "report cards" that give consumers meaningful information on which locally available health plans are more responsive and consumer friendly to persons both with and without disabilities.

Parents of children with disabilities, like Ms. Jennings's, shouldn't need a lawyer's training and her abundant communication skills to be able to access services for their children. We are committed to fashioning a system in which the race is not to the fittest or the most ardent battler of bureaucracies. Ms. Jennings eloquently describes some of the ills and unevenness of the status quo. As a mother and a policy maker, I continue to talk to Mrs. Clinton and know that she believes that we must -- and will -- do a better job of preserving the health and tap the potential of all our children with disabilities than our fragmented health care system now allows.

Parents of disabled kids will also have to mobilize to make health-care programs work properly. But as a recent article on the grass-roots movement of parents with disabled kids detailed in US News & World Report, (Jan. 10, 1994), mothers and fathers of children with disabilities are doing just that and bringing their expertise to bear on these complicated, but vital issues.

CAROL H. RASCO
Assistant to the President
for Domestic Policy

Washington

THE WHITE HOUSE
WASHINGTON

FAX COVER SHEET

OFFICE OF THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY
SECOND FLOOR, WEST WING
THE WHITE HOUSE
WASHINGTON, DC 20500
(202)456-2216 PHONE
(202)456-2878 FAXTO: Adam Kessler for transmittal to Stanley HerrFAX #: (410) 837-1587FROM: CAROL H. PASCODATE: 1/18/94NUMBER OF PAGES (including cover sheet): 2

COMMENTS:

IF you have any problems with the fax transmission, please call
at (202)456-2216.

The document accompanying this facsimile transmittal sheet is intended only for the use of the individual or entity to whom it is addressed. This message contains information which may be privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, copying or distribution, or the taking of any action in reliance on the contents of this communication is strictly prohibited.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

17-Jan-1994 05:08pm

TO: Stanley S. Herr
FROM: Carol H. Rasco
Economic and Domestic Policy

SUBJECT: Thank you for the faxed draft for the WSJ response

The only paragraph where I think there needs to be a change is paragraph five. Because we don't know that any communities will include this type change in their strategic plans submitted in the empowerment zone/enterprise community process I would suggest the paragraph read something like:

Health care reform will not cure all the ills of our disjointed federal, state and private systems of delivering various services to persons with disabilities. The Clinton administration is also working to encourage innovations in unifying care management and sharing information. We hope through demonstration projects that coordinated case reviews can replace multiple visits by legions of caseworkers from separate agencies.

Why don't you take a crack at this paragraph, edit if you feel it needs it and then you and Christine look at the full draft together, have her start running something you all can agree upon by the health care message team....I'll look forward to seeing something once it has first been run by the team.

Many thanks! (How nice, you're the only person who said something like Happy Martins Day!)

Shandy 12/6 d.p.s
State of Union speech in class office

Ken [unclear] [unclear]
[unclear] [unclear]

Honoring the intended --

Dept of Ed: 2 Connie Garner
1 Elaine Holland
Ruth Katz
Mary Harralson

concern DE G. #75
- 205-8124

Thomson Grouping:
(Mike Lux)
Debbie Furr

Ed: BPSPT restricted to caps --
100% Fed funding

For 20 years -- 94-142 children
related services

- breaking back --
are they health related?
- rehab. services / 60-90 day
- illness / injury / program care

MDE:

Eligibility: = Significantly disabled
3 ADL -- plus Zebloy

92- 4.5 mil 6-21 IDEA
→ 2.2 mil heavy users as
mild MR
severe MR
ortho
deaf-blind
autistic
ortho-severely L-D

transportation
30% health reimbursement
Excess cost \$5800 per child
23% health services which \$419 Fed contrib.

health services - under ERSDT

OT

PT

Speech

Language

Assistive Technology

v labels under education

0-3

Part H 210,000

3-6 → 420,000

Other kids into disability level
underestimated

ERSDT 40% of family strains
for education early of
(30-80%) by state

25% > unilateral kid w/ disability
to be from poor parent

Ball. Co. 92-93 1.2 mil for ERSDT

PROBLEM:
cap

"Floating cap" at 93 expenditure level
(doesn't reflect good use)

- reflects hard work in + out
but not intensity

□ doesn't reflect Assistive Technology
- entitlement

10% of states using it - "spend
states"

appropriately

Children not eligible for ERSDT --
-- comprehensive benefit packages for 5-6 years

how much? Fiscal relief by getting 100% EPSDT
(State + Federal)

age 18 for parity line --

Compromises?

0-5

More intense services early on
during formative period
ex 4 year old w/CP (grow plates)

Birth defects problem
(Perennial) = CP

separate 3 day
parity line

2 tier system; Poverty card (Julie Beckel)
v. MC problem

80% → 20% co-payment from schools
under IDEA

Q: capturing more
than illness or
disability

other health condition

60 day limit
covers --

→ 6 months (time frequent
revises)

DPC - in fund meeting
T. Enderly homelessness

1-10-94

Feb 94 - homelessness summit of CTR

□ Act author of report (from Calder)

Multi-dimensional, not just housing
Addiction - MGT components of Fed Res

Additional job training component

If flexible emp to work w/ hard problems, will
work on violence, other cross-cutting

93 550

94 823

95 1.5 bill

Can make a home run on this issue for President
CTR release/transmittal (substance in 30-45)

D: on radar screen w/ interdependency system

Rena: homelessness prevention? support services?
24 hour hotline

D: 10,000 numbers for HF w/ children; fostered growing res.

Homeless non-profits for counselling, battles

Summit on Veterans Feb 24-25 (credible format)

CTR: A Meeting deadline

National Drug Control Strategy

↓ non-calculation drug users

↑ in young users 8th graders

Heroin priority ↑

↑ treatment → public health care

disrupt cartels

-- ↑ emphasis in source countries

Criticism re lack of consistent policy -- team effort

↑ emphasis on demand reduction

Drug user event -- Feb. 94 - report release

Talking points available

No timelines

@ CTR: more specifics on implementation; focus

Outside Commission re interagency Task Force
violence

Ranello

Q: looking on success of hardware

A: Comments: #s going through systems ^{100,000}

↓ #s on streets (1 1/2 to 1 1/2) --

statistical systems to address that

Mr Brown: caution; seizures; members
in prison

Panetta comment: Comm'n will look for more
double soaks; measures of performance
to justify resources

ADA - good report such as
Oceon health care
fear of Congressional backlash
- so far good report

Healthcare
Reno: "challenge ~~communities~~ communities?
don't get ^{to concept of best program to} ~~communities~~ ^{history}
bonuses for successful ^{neighborhood} ~~communities~~
- crime prevention
- job creation key

break down
family

Chavez: 1) pressure difference than past
what will? 2) Resonant to American public? behind
"power curve"; kind of ~~curved~~ ^{curved}
wisdom hand-core

A: additive users in inner cities
Public health
Violence problem; health-care

Panetta = Congress must buy jobs as crime prevention;
more jails + cops

Reno: integrated approach in low-income areas
cops doing good work, early education

Panetta - don't see how to sell jobs back to Congress

Ben Brown: old C.O., private sector unwilling to step up
to plate; better storytelling re costs of loony
people; connections + whole piece

Reno: points; 5-6 Dept; enter

CHR: enterprise + empowerment zones

- 1) ~~call HRRP~~
- 2) ~~call Bill Hunt~~
- 3) ~~Medical form -- reimbursement (copy)~~
- 4) ~~Rock~~
- 5) ~~Don on extension~~
- 6) ~~E-mail on Max~~
- 7) ~~San Diego - trip~~
- 8) call DOE folks - re-upshot -- Q: memo.

Judy Feders' shop

- 1) Christine -- meet on rehabilitation services and health care / First Lady signaled willingness to revisit that issue
- 2) ADA - new case ^{1st case} Reasonable Accommodations for Public ^{Accommodations} Civil Rights _{State / Local Govt} - Good visibility no pension rate -- for
3. Roster of PCMR -- ^{appointees} _{state + local gov} ^{state + local gov} _{people in field} ^{guidance}

Make sure Ms S Kim --

Carleton: Headstart at 10 am

Keulity at 11

prelims for budget ↑

Lifelong Learning - 94 Year of Ed + Training

Chinese Indian