

RETAILERS

The National Retail Federation is also opposed to the employer mandate for similar reasons cited by NFIB.

- ◆ The retail industry employs 20 million people -- one in five U.S. workers. This industry generates nearly \$2 trillion annually.
- ◆ The retail business is characterized by peak buying periods, i.e. Christmas season, necessitating a very flexible workforce which includes large numbers of part-time and seasonal workers.
- ◆ Retailing is highly labor-intensive and highly competitive. Profit margins for some retailers are as low as one to three percent.
- ◆ According to Lewin-VHI, retail firms that currently insure their employees will see average cost increases of up to \$1167 per worker by 1998 because of the 80 percent employer mandate in the Clinton plan. The total cost to the industry would be over \$5.1 billion.
- ◆ The Clinton plan also has an employer mandate for part-time employees. The retail industry has already said that such a mandate would result in severe cut-backs in work hours and possibly the substantial elimination of part-time employees.

PANEL 1

PANELISTS ON YOUR PANEL

1. Dr. Ron Anderson
President and Chief Executive Officer
Parkland Memorial Hospital
Dallas, Texas
 - Academician
 - Administrator
 - Has worked at Parkland since 1973
 - His biggest problem as the head of a large public hospital is the number of uninsured and indigent patients they see.
 - Strong supporter of individual choice, comprehensive universal coverage and competition based on cost and quality.
 - Likes a broad based tax rather than an employer mandate because of "job loss potential".
 - Likes managed care as his hospital runs lots of clinics and outpatient, ambulatory programs.

2. Barbara Otto
National Coordinator of Single Payer Across the Nation
 - As evidenced by the title, strong supporter of a single payer system run by the government.
 - Strongly opposes managed care, loves mandates.

3. Senator Mitchell

GUEST EXPERTS

1

Dr. Ron Anderson

President and CEO

Parkland Memorial Hospital



Dr. Anderson is a practicing internist, with a sub-specialty in geriatrics and is the CEO and president of Parkland Memorial Hosp. - the general public hospital for Dallas County and the primary teaching hospital for the University of Texas Southwestern Medical Center at Dallas. He became CEO in 1982 at age 35, and still manages to see patients on rounds 4 months out of the year, as well as having a small cadre of private patients.

-Parkland runs a series of clinics that are community-oriented primary care clinics, has an outreach program which reaches 16 homeless shelters and 19 school-based clinics. Dr. Anderson calls it a unique system of managed care and believes, "... by serving the patient well, one serves the hospital well and serves the community well."

**PARKLAND HOSPITAL
DALLAS, TEXAS**

Parkland hospital is a world-class trauma center. Since 1894 it has served Dallas County and has grown in size and stature. Today, it has 1,025 beds and is the primary teaching hospital of the University of Texas Southwestern Medical School.

The state-of-the-art atmosphere attracts significant numbers of private patient referrals to Parkland. It has an unparalleled success rate of kidney transplants and is renowned for its medical excellence in the areas of abnormal heart rhythms, stroke, and epilepsy.

In addition to being Dallas County's leading institution for trauma and emergency care, Parkland is leading the nation in establishing community-based outpatient services. The volume of outpatient visits is over one million visits per year.

Parkland is also the nation's largest birthing center -- delivering 15,000 babies annually.

GUEST EXPERTS

1

Ms. Barbara Otto

National Coordinator

Single Payer Across the Nation

- “Government would do a good job under a single-payer system. They sure do a good job of collecting money for the IRS--in fact, it’s what they’re best at. And that’s basically what they’d be doing: collecting money, not delivering health services.”

- “Managed care is really about managed cartels--they take the power out of the hands of people and put it in the hands of corporations.”

“What we saw in Minnesota is that larger companies gobbled up smaller providers. In rural areas, there are actually fewer providers.”

“If we had single-payer, it would be different from how it’s done in Canada. They have one big pooled fund for education, job training, health care and other human services. For the U.S., we’d have a



When it comes to health care, why not the
BEST for EVERYONE?

Single Payer

A single-payer health plan means that everyone is covered in the same system and has access to comprehensive services — preventive care, prescription drugs, long-term care and all necessary tests, surgery and treatments. You choose your doctor, not some insurance company or managed care plan, and hospitals and service delivery remains private.

Single-payer would cost no more than we're spending now and would be able to cover the uninsured — and the under-insured — as soon as it is implemented. The plan is federally financed through payroll taxes and a progressive income tax, and is administered locally by a publicly accountable fund — the "single payer".

Characteristics of Single Payer system represented in the American Health Security Act (H.R. 1200/S. 491):

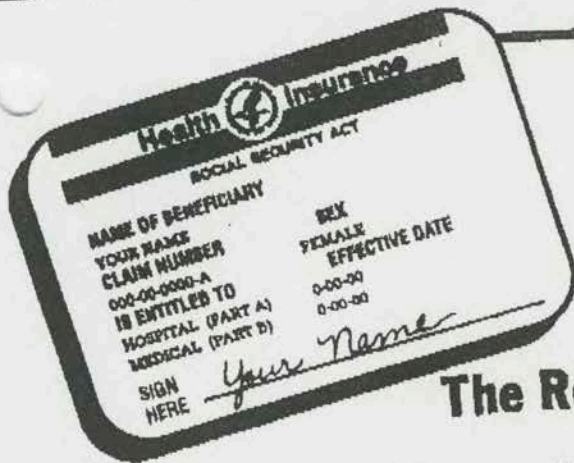
McDermott/Conyers/Wellstone Bill

- Everyone is covered under the same high quality plan, no matter how much money you make or whether you're working or not.
- All needed health care and services are covered.
- You choose your health care providers— not the government, employers, or the insurance company.
- Eliminates, premiums, co-payments, and deductibles.
- Health care costs are controlled.
- It is accountable to the public.

Here's how YOU can help!

- 1) **Call the SPAN Hotline 1-800-847-6611.** For \$5 you can send a telegram to your congressperson urging them to support the American Health Security Act (H.R. 1200/S. 491). H.R. 1200 currently has 90 sponsors in the House!
- 2) **Circulate the SPAN petition.** Get signatures from 30, 50, 100 friends, neighbors, co-workers etc. It's easy, it's fun, and it's one of the best ways we have to really get the word out about single payer.
- 3) **Contact the SPAN National Office or the Local Coordinator** listed below. We will supply you with petitions, informational materials, the dates and locations of local single payer educational events. The national SPAN office is 2800 Euclid Avenue, Suite 522, Cleveland, OH 44115.
- 4) **Send SPAN a contribution.** The opponents of single payer have been spending more than a million dollars a month to get their message across. Can you spare \$25 to make your voice heard?

For more information contact:



**30 Million Americans
Have Had Single Payer
Health Care for 30 Years . . .**

**All They Need is . . .
Their Medicare Card.**

The Rest of Us Need Single Payer, Too!

Throughout the industrialized world health care is a right, like free public education. It's funded by a Single Payer — the government. A single-payer program would improve on Medicare by covering more and covering everyone.

Everyone is covered. Rich and poor. Employed or not. The sick and healthy. Cradle to grave. Everything is covered. Prescription drugs. Pre-natal to long term care. Check-ups. Preventive care. Catastrophic care. You choose. Your own doctor, your hospital, your specialist. No co-payments. No deductibles. No hassle.

Can we afford it?

- Yes, by cutting
- \$100 billion per year of unnecessary paper-pushing and waste by 1500 private insurance companies
- \$80 billion per year in fraud and profiteering
- \$125 billion per year in unnecessary tests and treatments, and
- saving billions more with preventive care

Will it work?

Yes, a single-payer system has worked for 30 years for Americans over 65 and in Canada where people get more care than we do, live longer, are healthier and more satisfied with their system.

What's stopping it?

It's blocked by special interests who donate millions to politicians and are running a multi-million dollar media campaign to stop real health care reform — so that the biggest private insurance companies, drug companies, and others keep profiting from our \$1 trillion a year health care system.

Who's for it?

- The 96 members of Congress co-sponsoring the "American Health Security Act" (HR.1200/S.491)
- League of Women Voters, Consumers Union, and hundreds of local and national community and consumer groups
- Major religious groups, such as the United Church of Christ, the Presbyterians, and the Union of American Hebrew Congregations
- Medical providers' organizations like the American College of Surgeons, American Public Health Association and Physicians for National Health Program
- The Atlanta Constitution, Detroit Free Press, San Jose Mercury News, and other newspapers

How's it financed?

Premiums to private insurance companies would be eliminated, along with all the copayments, deductibles, and items private insurance does not cover. Instead, there would be an 8.4% payroll tax on big employers, 4% on small; a 2.1% levy on everyone's taxable income; and excise taxes on cigarettes and guns and ammunition — 3 items that raise health costs for everyone. At least 3 out of 4 people would pay less than they do now.

Single Payer. It works. It's fair. It saves money.

Call 1-800-847-6611 to send a telegram
TODAY to your congressperson urging
support for HR.1200/S.491.
(There is a \$5 charge to your phone bill.)

Or, local contact:



Donations are appreciated! Send to SPAN:
2800 Euclid, Suite 522 • Cleveland, OH 44115
216/241-8558

PANEL 2

OTHER PANELISTS THAT WILL APPEAR

1. Larry English
 - CIGNA

2. Margaret Jordon
 - Benefits Manager, Southern California Edison
 - Southern California Edison self insures 60,000 total lives (employees, dependents and retirees).
 - Southern California Edison supports employer and individual mandates but opposes price controls or preemption of ERISA.

3. Herman Cain
 - Owner of Godfather's Pizza
 - Strong opponent of employer mandates

4. Susan Tull
 - Bioethicist
 - Opposes anything that leads to rationing of care, such as: price controls and global budgets.



For more information on any of these issues,
contact the CIGNA Public Policy Information Center:

Phone: (215) 761-4763

Fax: (215) 761-5632

Following is a brief guide explaining CIGNA's position on key health care reform issues. Hopefully, this will assist you when deciding what's best for your personal situation as well as what's the best public policy for the country.

A QUICK GUIDE TO

HEALTH CARE REFORM VOCABULARY

Insurance Reforms

assuring coverage of pre-existing conditions and continuous coverage — even during and after illness.

Quality

establishing measurements and high standards for doctors and hospitals while reducing unnecessary paperwork for providers and patients.

Portability

enabling a worker to carry health coverage from job to job, without pre-existing condition limitations or disruption of ongoing treatment. Also excludes being dropped from a plan for use of coverage.

Universal Access

making health coverage affordable and available to everyone by encouraging small businesses to join together in voluntary purchasing cooperatives and by providing subsidies to the poor and near-poor — without the taxes required for guaranteed universal coverage.

CIGNA OPPOSES:

Price Controls

controlling health care costs by setting annual maximum budgets for a state, region or country. If budgets are exceeded, rationing of health care technology and services or additional taxes could be implemented. Also known as global budgets, premium caps, or triggers.

Any Willing Provider

requiring health networks to accept any provider who agrees to work for the network's rates, without regard to practice patterns, qualifications or outcomes; would seriously handicap a network's ability to maintain quality care for patients and control costs.

Employer Mandate

requiring employers to pay all or a portion of the costs of health coverage for all employees and their dependents.

Alliances

forcing all businesses with up to 5,000 employees to buy health coverage through large, regulatory state agencies — as required under the Clinton plan. CIGNA supports other proposals to create administrative purchasing cooperatives targeted to help small businesses with 50 or fewer employees.



Health Insurance Association of America

MEMO

To: Sheila Burke
From: Chip Kahn
Date: June 16, 1994
Subject: Margaret Jordon

As per our conversation, I have come up with the following information on Margaret Jordon.

Southern California Edison where Margaret Jordon works endorsed pay or play in the previous Congress, and the company supports employer and individual mandates. Southern California Edison self-insures 60,000 total lives, including retirees.

The firm signed with other businesses and some provider associations the Bruce Fried letter sent to the Hill a few weeks ago endorsing the employer mandate.

Presumably, Jordon will be pro-mandate.

Otherwise, she is on the board of the Washington Business Group on Health. She is likely to take the WBGH line on preservation of ERISA, opposition to price controls, and support for organized systems of care where the employers assume the key role in managing health care costs. It is possible, however, that she could say that managed care isn't enough and some price controls are needed.

Jordon, prior to going to Southern California Edison, worked as a regional director for Kaiser. Before that she had some role in administering public health type programs.

I hope this is helpful. Let me know if you need anything more.