

March 2, 1995

TO: Senator Dole
FROM: Vicki
RE: Speech to Otolaryngologists

You are scheduled to deliver remarks to a group of otolaryngologists (ear, nose, and throat specialists) on Tuesday, March 7 at 12:00. There will be about 150 physicians in the audience.

This group is primarily interested in hearing your thoughts for health care reform for 1995. Medicare cuts, of course, are a major concern for this group. But, what concerns them even more is that in an effort to save money, people will be encouraged to join HMOs and will have limited access to specialty care services like the ones they provide. They agree that HMOs should be an option, but not everyone should have to join.

Right now, people enrolled in HMOs have to be treated only by the physicians employed by the HMO, except if they are given a referral to go outside the network. There is also an option called "Point of Service" which allows people to pay a higher amount in exchange for their ability to see the doctor of their choice, even if the doctor is outside the network. This group of doctors would like to see this "Point of Service" option continue at an affordable price. They are concerned that in an attempt to save money from the Medicare program, this option may be removed.

So far this year we have not reached this level of detail in any of the health care meetings we have had, either on a staff level or at Republican Health Care Task Force meetings. Choice, of course, will be a theme that Republicans will likely emphasize again this year. These doctors are very interested in choice. They don't want patients to not be able to seek out specialty care -- everyone should have that choice.

The group would like to have you speak for about 10 to 15 minutes. A question and answer period is available -- it's up to you.

You will be introduced by Dr. Sessions. He is one of Sheila's doctors.

SPEAK

Tues, March 7
Capital Hyatt
Noon - 1:30 pm
preferred time:
* 12:30 pm

KANSAS MEDICAL SOCIETY
ENT SUBSECTION

November 1, 1994

The Honorable Robert Dole
United States Senate
Washington, D.C. 20510

Dear Senator Dole,

I'm writing you on behalf of the Board of Governors of the American Academy of Otolaryngology Head and Neck Surgery. As an alternate governor for legislative affairs in Kansas, I have contacted you on numerous occasions previously concerning issues before the legislature. I very much appreciate the work you and your staff have done on our behalf.

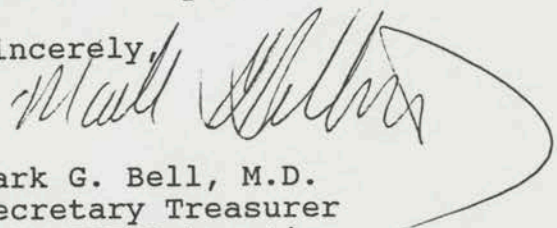
Each spring a legislative briefing is held for the Board of Governors in Washington, D.C. This coming spring it will be held from March 6th-8th. Each year we have a keynote speaker from the legislature for our noon lunch on the second day. That would be over the noon hour on March 7th, 1995.

We would be very honored if you could address our assembly on that date. The purpose of the legislative briefing is to acquaint our legislative contact people with current legislation in Washington, and to help them better understand the ins and out of the legislative process as it relates to them.

I would appreciate it very much if you could give careful consideration to joining us as our luncheon speaker on that date. Our local academy contact person there in Washington is John Williams at 703-519-1536. If you could contact him or me we could provide more particulars.

I will look forward to hearing from you soon. Thank you again for your strong support of Kansas medicine in the past.

Sincerely,



Mark G. Bell, M.D.
Secretary Treasurer
KMS, ENT Subsection
909 E. Wayne
Salina, KS 67401
(913) 823-7225

11-17 Letter to Senator

11-15 - Spoke w/ John Williams re place
1-12 - Spoke w/ John - different times policy would be problem
MGB/jsm

115 listed (703) 673-5100 - FAX

A G E N D A

<u>Time</u>	<u>Event</u>
7:15 a.m.-7:45 a.m.	Registration Hyatt Regency on Capitol Hill <i>Downstairs Foyer</i>
7:45 a.m.-8:00 a.m.	Welcome to Washington/Introduction to LBD Eugene N. Myers, MD, President Michael D. Maves, MD, Executive Vice President American Academy of Otolaryngology-Head and Neck Surgery <i>Regency A</i>
8:00 a.m.-8:20 a.m.	Academy Message to Congress/Overview of the Issues Affecting the Academy Nancy Snyderman, MD, Coordinator for Governmental Relations Introduced by Gayle E. Woodson, MD Member of the Board of Directors <i>Regency A</i>
8:20 a.m.-9:00 a.m.	Overview of the Political Make-up of Congress What to Expect from Republican Control Over the House and Senate Rich Bond - Former Chairman of the Republican National Committee Deputy Chief of Staff for President George Bush Introduced by Mansfield F.W. Smith, MD, M.S. FACS Immediate Past President <i>Regency A</i>
9:00 a.m.-9:30 a.m.	A Physician's Perspective of the U.S. Senate The Honorable William Frist, MD (R-TN) U.S. Senator of Tennessee Introduced by John L. Shea, Jr., MD <i>Regency A</i>
9:30 a.m.-10:00 a.m.	The Honorable Tom Coburn, MD (R-OK) U.S. Representative of Oklahoma Introduced by John G. Campbell, MD Chairman-Elect, Board of Governors <i>Regency A</i>
10:00 a.m.-10:30 a.m.	Break <i>Regency Foyer</i>
10:30 a.m.-11:00 a.m.	Health Care Reform and the Issues Affecting the AMA Jim Todd, MD Executive Vice President American Medical Association Introduced by Jerome C. Goldstein, MD Senior Executive Vice President American Academy of Otolaryngology-Head and Neck Surgery <i>Regency A</i>
11:00 a.m.-11:30 a.m.	Discussion of Issues Affecting Physician Supply Paul Ebert, MD Director American College of Surgeons Introduced by Robert J. Ruben, MD <i>Regency A</i>
11:30 p.m.-1:00 p.m.	Keynote Luncheon Invited Guest - Senate Majority Leader Bob Dole (R-KS) Introduced by Roy B. Sessions, MD <i>Ticonderoga Room</i>
1:00 p.m.-2:00 p.m.	Administration Perspective of Health Care Reform Phillip R. Lee, MD Assistant Secretary for Health Department of Health and Human Services Introduced by William S. McAfee, MD <i>Ticonderoga Room</i>
2:00 p.m.-2:30 p.m.	Update on the Activities of the Patient Access to Specialty Care Coalition Nicholas G. Cavarocchi, Co-Chair Introduced by Beverly Nissenbaum Director, Department of Health Policy and Government Affairs American Academy of Otolaryngology-Head and Neck Surgery <i>Ticonderoga Room</i>
2:30 p.m.-2:45 p.m.	Re-cap of the Academy's Message to Congress Instructions for Capitol Hill Office Visits John R. Williams, Manager, Federal Affairs American Academy of Otolaryngology-Head and Neck Surgery <i>Ticonderoga Room</i>
3:00 p.m.-5:30 p.m.	Capitol Hill Office Visits
5:30 p.m.-7:30 p.m.	Capitol Hill Reception Cannon Caucus Room - Room #345 Cannon House Office Building

**SENATOR DOLE TALKING POINTS
FOR OTOLARYNGOLOGISTS**

MARCH 7, 1995

**HEALTH CARE REFORM. IF YOU HAD
BEEN IN WASHINGTON, D.C. ANY TIME
LAST YEAR YOU PROBABLY WONDERED IF
PEOPLE AROUND HERE TALKED ABOUT
ANYTHING ELSE. AND, THERE WERE
PLENTY OF DAYS WHEN I WONDERED THE
SAME THING. NO DOUBT ABOUT IT, IT'S**

**AN IMPORTANT ISSUE. AND, IT MAY BE
ONE OF THE MOST COMPLEX ISSUES THAT
CONGRESS EVER DEBATED.**

**BUT, WHILE THE TRANSCRIPTS OF
LAST YEAR'S DEBATE MAY BE SAFELY
STORED IN THE ARCHIVES, THE PROBLEMS
THAT INSPIRED THE DEBATE ARE STILL
VERY MUCH WITH US.**

**THERE ARE STILL AMERICANS WHO
ARE HAVING DIFFICULTY GETTING ACCESS
TO THE SYSTEM. AND ESCALATING
HEALTH CARE COSTS CONTINUE TO
PLAGUE STATE AND FEDERAL
GOVERNMENTS.**

**LAST YEAR I SAID TIME AND AGAIN
THROUGHOUT THE HEALTH CARE DEBATE,
"WHY NOT TAKE THE AREAS WHERE THERE**

**IS UNIVERSAL, OVERWHELMING
BIPARTISAN AGREEMENT, PUT THEM ALL
TOGETHER IN A BILL, PASS IT INTO LAW,
AND THEREBY HELP A LOT OF PEOPLE
ALONG THE WAY.**

**WE COULD HAVE DONE THAT A YEAR
AGO. WE COULD HAVE DONE IT SIX
MONTHS AGO. BUT, AS YOU KNOW, WE
DIDN'T. WE DIDN'T BECAUSE THE**

**DEMOCRAT-CONTROLLED CONGRESS MADE
THE DECISION TO HOLD UP THESE
MEASURES FOR POLITICAL PURPOSES.
THAT MAY VERY WELL BE ONE OF THE
REASONS WHY I AM TALKING TO YOU
TODAY AS THE MAJORITY LEADER RATHER
THAN THE MINORITY LEADER.**

**SO, WITH REPUBLICANS IN CONTROL,
YOU MAY BE WONDERING WHAT WILL**

HEALTH CARE REFORM LOOK LIKE IN 1995?

**MY VIEW IS THERE IS NO EXCUSE
FOR LETTING ANOTHER YEAR GO BY
WITHOUT PASSING SOME OF THE
INSURANCE REFORMS WE HAVE TALKED
ABOUT FOR SO LONG. LET'S ELIMINATE
PRE-EXISTING CONDITION PROBLEMS.
LET'S MAKE INSURANCE PORTABLE. LET'S
FREE PEOPLE WHO ARE IN A JOB LOCK**

**SITUATION SIMPLY DUE TO A FEAR OF
LOSING THEIR INSURANCE. LET'S MAKE
INSURANCE DEDUCTIBLE FOR THE SELF-
EMPLOYED.**

**I THINK EVERY SINGLE BILL HAD
THESE PROVISIONS IN THEM LAST YEAR.
BUT, THEY DIDN'T PASS BECAUSE THEY
WERE BEING HELD HOSTAGE TO
PROVISIONS THAT WERE LESS POPULAR.**

**THIS YEAR MY REPUBLICAN
COLLEAGUES -- AND I HOPE MY DEMOCRAT
COLLEAGUES AS WELL -- WILL WORK TO
PASS THESE MEASURES THAT WE ALL SAY
WE AGREE ON.**

**ANOTHER DIFFERENCE YOU WILL SEE
THIS YEAR IS THERE WILL BE A LOT MORE
EMPHASIS ON FISCAL RESPONSIBILITY.
LAST YEAR WHEN THE PRESIDENT**

**UNVEILED HIS HEALTH CARE PROPOSAL HE
WARNED THAT CONTROLLING HEALTH CARE
COSTS WAS AN ESSENTIAL PRECONDITION
TO BALANCING THE BUDGET. BUT,
SOMEWHERE BETWEEN THE TIME THE
DIAGNOSIS WAS MADE AND THE CURE
WAS PROPOSED, THE FOCUS ON HEALTH
CARE COSTS VANISHED.**

THAT'S NOT GOING TO HAPPEN THIS

**YEAR. AND THE MAIN REASON WHY IS
THAT IT CAN'T. REDUCTIONS IN THE RATE
OF GROWTH FOR MEDICARE IS NOT A
GIMMICK OR SOME SORT OF POLITICAL
SPORT. THE NEED FOR THESE
REDUCTIONS IS DRIVEN BY THE FACT
THAT, LEFT UNCHANGED, THE MEDICARE
TRUST FUND WILL BE INSOLVENT IN JUST
SIX SHORT YEARS.**

**THIS IS NOT A FACT DREAMT UP BY
REPUBLICAN STRATEGISTS OR DEMOCRAT
STRATEGISTS. THESE FIGURES ARE
CONFIRMED BY BRUCE VLADECK,
ADMINISTRATOR OF HCFA AND BY THE
CONGRESSIONAL BUDGET OFFICE.**

**SO, WHAT DO WE DO? WE LOOK AT
THE PROGRAM IN ITS ENTIRETY -- WHO
IS IT SERVING? WHO IS IT MEANT TO**

**SERVE? WHAT TYPE OF CARE ARE THE
BENEFICIARIES GETTING? ARE THEY
SATISFIED? WHAT PARTS ARE WORKING
WELL? WHAT PARTS AREN'T?**

**LET'S FACE IT, THE WORLD HAS
CHANGED QUITE A BIT SINCE PRESIDENT
JOHNSON SIGNED MEDICARE INTO LAW.
THE PROGRAM AT THAT TIME WAS
CONSIDERED STATE-OF-THE-ART. TODAY,**

**IT'S KIND OF LIKE A 1965 GAS GUZZLER.
IT MAY BE PROVIDING A SERVICE, BUT IT
CERTAINLY CAN DO IT MORE EFFICIENTLY.**

**OUR WORK THIS YEAR, WITH YOUR
HELP I HOPE, IS TO MOVE MEDICARE INTO
THE 21ST CENTURY. IS MORE
ENROLLMENT OF MEDICARE BENEFICIARIES
INTO HMOS THE ANSWER? I THINK AT
LEAST IN PART, IT IS, AS LONG AS**

**QUALITY DOESN'T SUFFER AND PEOPLE
STILL HAVE THE RIGHT TO CHOOSE.**

**WHAT I DON'T WANT TO SEE
HAPPEN IS THAT IN OUR QUEST FOR
SAVINGS, WE ELIMINATE ACCESS TO
SPECIALTY SERVICES LIKE THE ONES YOU
PROVIDE. OR THAT WE MAKE THESE
SERVICES PROHIBITIVELY EXPENSIVE.**

**CLEARLY, WE HAVE OUR WORK CUT
OUT FOR US. WE KNOW THAT MEDICARE
IS AT A CROSSROADS.**

**LAST YEAR WE SPENT MONTHS
AGONIZING OVER THE FACT THAT WE
SPENT 14% OF OUR GNP ON HEALTH CARE.
EVERYONE SAID THAT WAS THE WRONG
NUMBER. BUT, I DON'T RECALL ANYONE
EVER SAYING WHAT THE RIGHT NUMBER**

IS.

**SIMILARLY, I DON'T BELIEVE THERE
IS AN ARBITRARY "RIGHT" AMOUNT TO
SPEND ON MEDICARE. WE KNOW THE
PROGRAM CAN'T BE SUSTAINED AS IS.
WHAT WE STILL NEED TO FIND OUT IS
HOW TO ADAPT THE PROGRAM TO THE
1990'S AND BEYOND. IN THE PROCESS,
THOUGH, ONE THING MUST REMAIN**

**UNCHANGED -- SOMETHING THAT
EVERYONE IN THIS ROOM SHOULD BE VERY
PROUD OF: AMERICA HAS THE BEST
HEALTH CARE SYSTEM IN THE WORLD.
THANK YOU.**