

TO: Senator Dole
FR: Kerry

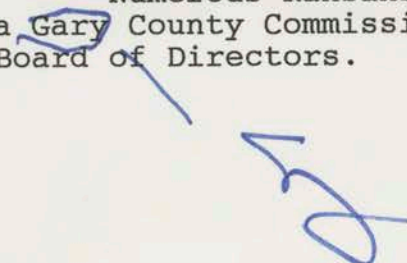
RE: National Association of Counties

*You will be speaking to approximately 2,000 people.

*HUD Secretary Cisneros will immediately precede you.

*They have asked for remarks relating on current events--of special interest is the economic plan, health care reform, and unfunded federal mandates.

*Numerous Kansans will be present, including Keith DeVinny, a Gary County Commissioner, who serves on the organization's Board of Directors.



SPEAK

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**NATIONAL
ASSOCIATION
of
COUNTIES**

Either Sunday A.M. - Feb. 28
10:00 General Session

or
Monday A.M. or Noon
March 1

440 First St. NW, Washington, DC 20001
202/393-6226

Washington Hilton
Hotel

January 13, 1993

The Honorable Bob Dole
Senate Minority Leader
United States Senate
SH-141 Hart Senate Office Building
Washington, D.C. 20510-1601

Dear Senator Dole:

On behalf of the National Association of Counties, I would like to invite you to speak at our upcoming Legislative Conference scheduled for February 26 - March 2 at the Washington Hilton in Washington, D.C. Over 2000 delegates from counties across the nation are expected to attend this five-day meeting. President-elect Bill Clinton and other key leaders in the Administration and Congress have also been invited to speak. The major focus will be on economic recovery and job creation, health care reform and unfunded federal mandates.

As Senate Minority Leader, our delegates have always been interested in hearing your views on these critical issues. At this point we have general sessions scheduled for Sunday (2/28/93) morning and Monday (3/1/93) morning and noon. We would be delighted to work with you in arranging a time that is convenient for your schedule.

Thank you for your cooperation and we look forward to hearing from you. Larry Jones of my staff will contact your office soon to assist with any arrangements you may need to make.

Sincerely,

Larry Naake
Larry E. Naake
Executive Director

1-14-93 Interim letter

11:00
Washington
Hilton

NATIONAL ASSOCIATION of COUNTIES

440 First St. NW, Washington, DC 20001
202/393-6226

**County Government
and
Health Systems Reform
Hill Briefing Packet**
Staff Contact: Tom Joseph - 393-6226, ext. 230

Since last summer, NACo has undertaken a major initiative on health systems reform and the current and future role of county governments in that system.

Under the leadership of NACo President John H. Stroger, Jr., the initiative has been launched on a number of fronts, including:

- identifying county innovations and facts;
- media outreach;
- policy development

The centerpiece of the initiative has been a series of eight regional hearings to hear from providers, consumers, federal, state and local officials and the private sector on current county innovations and needed system changes. NACo has conducted six hearings so far, with nearly 150 individuals testifying.

At each hearing site, NACo leadership has met with newspaper editorial boards, radio and T.V. to promote the county role and the hearing.

The Health Steering Committee and the NACo Board has adopted the attached interim policy. The policy reflects some of the specific recommendations made during the hearings, and proposals from NACo policy committees.

A briefing sheet on the county role is attached to support the policy position.

NATIONAL ASSOCIATION of COUNTIES

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Summary of NACo Health Systems Reform Policy

Health reform requires a systems change. County government's health infrastructure has for decades been the universal health care system for millions of uninsured individuals. Through 4,500 health departments, public hospitals, long term care facilities, and mental health and substance abuse facilities, counties have protected and promoted the health of their communities. As front-line providers, purchasers, and administrators of health services, county officials support the following principles for a successful health systems redesign:

Public Health

- A specific percentage of total health spending must be set aside for public health, including environmental health.
- Immunizations, prenatal care and screening and treatment of communicable disease must be in the benefits package.
- Public health problems must be approached with an understanding of the concerns and culture of affected populations.
- Every federal categorical health program should be required to fully integrate with county governments and local public health systems.

Primary Care/Prevention

- County health programs must be eligible for the same federal reimbursements, including administrative costs, available to federally-funded entities such as community health centers.
- Clinical preventive services must be provided to all individuals and covered by public and private insurance. This includes physical exams, lab tests, prenatal and well-child care.
- The system must serve a variety of persons with a variety of needs, including the homeless, undocumented immigrants and others with unique medical, social or geographic barriers to services.
- Federal policy must direct a larger share of health professions training resources to students and professionals in primary care, preventive medicine and public health.

Mental Health/Substance Abuse/Long Term Care

- Coverage of mental health and substance abuse must provide flexibility to tailor services to a client's need and include: preventive services, crisis intervention, rehabilitation services, case management, prescription medications, inpatient and outpatient services.
- Long term care should include a continuum of home, community-based or institutional services for persons needing assistance with daily activities.

(over)

Access to Care

- Comprehensive reform must cover preventive and primary care; hospital inpatient care; ambulatory care; home health care; emergency medical services; rehabilitation services; prescription medication; prenatal and well-child care; long term care; mental health and substance abuse services. Coverage is not enough. Access to care is critical, including support services such as child care and transportation.
- Because of the unique needs of each individual, especially those persons with disabilities or chronic illness, case management services must be available.
- The system must emphasize prevention, primary care and home based care.
- The system must cover all medically indigent and uninsured individuals.

System Administration

- A single claims form and development of electronic billing should be created by the federal government in consultation with county governments.
- National outcomes research must be improved to determine effectiveness of certain health services.
- During the transition to reform, federal waivers must be available to state and county governments implementing innovative service delivery.

County-Based Infrastructure

- Federal and state reimbursement systems must reflect the unique responsibilities of counties and their hospitals, long term care facilities, home health agencies and other community safety net providers.
- The federal government should implement financial assistance programs to help county-based systems make necessary reforms.



NATIONAL ASSOCIATION OF COUNTIES

"Counties Care For America"

THE COUNTY ROLE IN TODAY'S HEALTH SYSTEM

County government's broad perspective on the health system is unique due to the range and magnitude of its functions.

FUNCTIONS

- 1) **Public Health** - Counties work to ensure the well-being of the entire community through public health services, with a strong focus on cost-effective screening and preventive services.
- 2) **Provider/Administrator** - Counties administer and provide services directly to the community, including those mandated by the federal and state governments.
- 3) **Payor** - Counties assure access to the health care system for their employees by providing or purchasing health insurance.
- 4) **Purchaser** - Counties purchase health services from other providers with local tax dollars.

MAGNITUDE

- Counties are responsible for spending approximately \$30 billion on health and hospital services annually.
- Counties provide care for approximately 40 million people who access local health departments.
- Counties are responsible for at least 4,500 public health facilities including hospitals, nursing homes, clinics, health departments and mental health clinics.
- Counties spend approximately \$680 million annually on capital outlay for hospital construction, maintenance and equipment.
- Counties purchase health care for over 2 million employees.
- Counties are legally responsible for indigent health care in over 30 states.
- Counties are required to pay a portion of the non-federal share of Medicaid in 15 states.
- Counties deliver AIDS services, including care in the majority of the 24 highest caseload areas receiving emergency funds under the Federal Ryan White CARE Act.
- Counties are often the focus of prevention services with more than 90% of county health departments active in tuberculosis screening, immunizations and child health services.
- Counties provide training for 26% of the nation's physicians in major public teaching hospitals.

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SENATOR BOB DOLE

NATIONAL ASSOCIATION OF

COUNTIES

FEBRUARY 28, 1993

***THANK YOU. IT'S BEEN MY
PRIVILEGE TO SPEAK TO THIS
GROUP ON A NUMBER OF
OCCASIONS, AND WHENEVER I
DO, I'M REMINDED OF MY EIGHT
YEARS AS RUSSELL COUNTY
ATTORNEY IN KANSAS.**

***WHEN I FIRST WAS ELECTED
AS COUNTY ATTORNEY, THE JOB
PAID \$248 A MONTH--WHICH
WAS FOUR DOLLARS LESS THAN
THE SALARY OF THE
COURTHOUSE JANITOR.**

***PROBABLY MY BIGGEST DAY
AS COUNTY ATTORNEY WAS
WHEN THE KANSAS SUPREME
COURT AGREED WITH ME ON
TECHNICAL GROUNDS THAT A**

**ONE PERCENT SEVERANCE TAX
ON OIL AND GAS PRODUCTION
WAS UNCONSTITUTIONAL.**

***TAKING PRESIDENT
CLINTON'S TAX PLAN TO COURT
ISN'T SOMETHING I'VE THOUGHT
ABOUT...BUT I SUPPOSE THE
PLAN COULD BE CLASSIFIED AS
"CRUEL AND UNUSUAL
PUNISHMENT" FOR AMERICA'S
TAXPAYERS.**

ECONOMIC PLAN

***THE INITIAL REACTION TO
THE PRESIDENT'S SPEECH WAS
POSITIVE. NO DOUBT ABOUT IT,
THE PRESIDENT IS AN
OUTSTANDING SPEAKER AND A
GOOD SALESMAN.**

***AND MOST AMERICANS
WANT TO BELIEVE THE
PRESIDENT. THEY ARE WILLING
TO BITE THE BULLET FOR THEIR**

**CHILDREN AND THEIR
GRANDCHILDREN--BUT ONLY IF
THEY KNOW THAT EVERY
GOVERNMENT BUREAUCRACY
AND PROGRAM IS TAKING THE
HIT IT DESERVES--AND THAT'S
WHERE THE CLINTON PLANS
FALL WAY SHORT.**

***AND THE PEOPLE WHO LIVE
IN YOUR COUNTIES ARE
BEGINNING TO UNDERSTAND**

**THAT THE PRESIDENT'S
PROGRAM SIMPLY DOESN'T
MEASURE UP.**

***THEY ARE BEGINNING TO
UNDERSTAND THAT IT INVOLVES
\$3 OF NEW TAXES, FOR EVERY
\$1 SPENDING IS CUT.**

***THEY UNDERSTAND THAT
THESE TAX HIKEs WILL HIT REAL
PEOPLE--LIKE TRUCK DRIVERS,**

**SHOPKEEPERS, FARMERS, AND
SENIOR CITIZENS--WHO EARN
MORE THAN \$30,000 PER
YEAR...AND PERHAPS THOSE
WHO EARN MORE THAN \$20,000.**

***THEY UNDERSTAND THAT
HIGHER TAXES ON BUSINESSES
WILL LEAD TO HIGHER PRICES
FOR EVERYONE.**

***THEY UNDERSTAND THAT
DESPITE ALL THE MEDIA HYPE**

THE PLAN IS NOT THAT "NEW."
THE DEMOCRATS ON CAPITOL
HILL HAVE BEEN PUSHING
HIGHER TAXES AND DEEP
DEFENSE CUTS TO FINANCE
MORE GOVERNMENT SPENDING
FOR YEARS.

***MORE THAN 80% OF**
PRESIDENT CLINTON'S
PROPOSED SPENDING CUTS IN
THE NON-DEFENSE AREAS,

**WERE ORIGINALLY SUBMITTED
BY RONALD REAGAN OR
GEORGE BUSH. AND WHEN
THEY PROPOSED THEM BACK
THEN, LEON PANETTA--THEN
CHAIRMAN OF THE HOUSE
BUDGET COMMITTEE--
PRONOUNCED THEM "DEAD ON
ARRIVAL." I WONDER WHAT HE
THINKS NOW.**

***AND, IN KANSAS, AT LEAST--
THEY ARE BEGINNING TO
UNDERSTAND THAT THIS PLAN
WILL SEVERELY PUNISH RURAL
AMERICA.**

**THE COMBINATION OF AN
ENERGY TAX, CUTS IN
AGRICULTURE PROGRAMS, AND
NEW USER FEES, ARE A TRIPLE
WHAMMY FOR AMERICA'S
HEARTLAND.--AS SOMEONE HAS**

**SAID, "BTU" STANDS FOR "BUY
THERMAL UNDERWEAR."**

***AND THEY ARE BEGINNING
TO UNDERSTAND THAT EVEN IF
PRESIDENT'S PLAN WERE
ADOPTED WITHOUT ANY
CHANGES--AT THE END OF FOUR
YEARS, TAXES WOULD BE UP,
GOVERNMENT SPENDING
WOULD BE UP, AND THE DEFICIT
WOULD BE MOVING UP AGAIN.**

WAITING FOR A BUDGET

***PRESIDENT CLINTON HAS
CHALLENGED REPUBLICANS TO
PUT UP OR SHUT UP ON HIS
ECONOMIC PLAN--SAYING IF WE
THINK HE SHOULD GO FURTHER
ON THE SPENDING SIDE, THEN
WE SHOULD PROPOSE DETAILED
CUTS.**

***WE PLAN TO DO JUST THAT
AFTER WE GET ALL THE**

**SPECIFICS ON THE CLINTON
PLAN. THE FACT IS MOST OF
HIS OWN CABINET DOES NOT
KNOW THE DETAILS OF THE
PLAN YET.**

***FOR EXAMPLE, PRESIDENT
CLINTON SAYS HIS PLAN WILL
ACHIEVE MASSIVE SAVINGS BY
"CUTTING WASTE" AND
"ADMINISTRATIVE REFORM" BUT
DOESN'T PROVIDE ANY DETAILS.**

***THE PRESIDENT IS LEGALLY
REQUIRED TO SUBMIT HIS
BUDGET TO CONGRESS ON THE
FIRST MONDAY IN FEBRUARY.
HE'S ALREADY 26 DAYS BEHIND
SCHEDULE, AND WE'RE NOW
BEING TOLD THAT WE MAY NOT
GET THE REQUIRED DETAILS
UNTIL APRIL.**

***AND THE DEMOCRATS IN
CONGRESS ARE PUSHING US TO**

**VOTE ON A BUDGET
RESOLUTION, EVEN BEFORE WE
SEE A BUDGET.**

REPUBLICAN

RECOMMENDATIONS

***AND IF IT'S SUGGESTIONS
THE PRESIDENT WANTS, I'VE
BEEN GIVING HIM A FEW.**

***FIRST--AND I KNOW SOME OF
YOU WILL DISAGREE WITH THIS--
BUT CANCEL THE \$178 BILLION**

**IN NEW SPENDING AND THE \$67
BILLION IN NEW TAX BREAKS.
TAKE AWAY THOSE AND YOU
COULD GET THE SAME DEFICIT
REDUCTION AS THE CLINTON
PLAN WITH ROUGHLY ONE-THIRD
THE TAXES.**

***THE ECONOMY DOESN'T
NEED A STIMULUS. NO ONE HAS
BEEN ABLE TO CONVINCE ME
THAT \$16 BILLION TO \$18**

**BILLION IN "STIMULUS" CAN
HELP A \$6 TRILLION ECONOMY
IN ANY MEASURABLE WAY. ALL
IT WILL DO IS INCREASE OUR
RECORD DEFICIT.**

***THE "BUSH RECOVERY" IS
WELL UNDER WAY--AS CAN BE
SEEN IN FRIDAY'S
ANNOUNCEMENT THAT THE U.S.
ECONOMY GREW AT A ANNUAL
RATE OF 4.8% IN THE FOURTH**

**QUARTER OF 1992--THE BEST
QUARTER OF GROWTH IN FIVE
YEARS.**

***DON'T GET ME WRONG.
REPUBLICANS WISH THE
PRESIDENT WELL. IF HE
SUCCEEDS, AMERICA
SUCCEEDS. AND WE KNOW
THAT AMERICA WANTS CHANGE.**

***BUT I BELIEVE THAT THIS
CHANGE--BACK TO THE HIGH**

**TAXING, HIGH SPENDING DAYS
OF PAST--IS NOT CHANGE FOR
THE BETTER.**

HEALTH CARE

***ANOTHER ITEM I KNOW IS OF
CONCERN TO COUNTY
GOVERNMENTS IS HEALTH
CARE. AND THE TALK AROUND
TOWN THIS WEEK WAS NOT IF
THE PRESIDENT WAS GOING TO
PROPOSE STILL MORE TAXES TO**

**FINANCE HEALTH CARE
REFORM--IT WAS WHAT TAXES
HE WOULD PROPOSE--AND HOW
MUCH THEY'LL COST.**

***I SPENT FRIDAY IN
ANNAPOLIS WITH ABOUT 30
REPUBLICAN SENATORS
DISCUSSING HEALTH CARE. NO
DOUBT ABOUT IT, AMERICANS
ARE EXPECTING ACTION.**

***IT SEEMS THAT EVERYONE
HAS A SUGGESTION FOR WHAT
NEEDS TO BE DONE TO LOWER
THE COST OF HEALTH CARE TO
INCREASE ACCESS--BUT NONE
OF THESE PLANS ARE EVEN
NEAR A CONSENSUS.**

**MRS. CLINTON HAS SAID
SHE'LL HAVE A PLAN BY MAY 1--I
HAVE MET WITH HER AND I WISH
HER WELL. *I ALSO TOLD HER**

**THAT ON AN ISSUE OF THIS
MAGNITUDE, IT'S GOING TO
REQUIRE BI-PARTISAN
COOPERATION IF ANYTHING IS
TO HAPPEN.**

MANDATES

***WHEN I WAS INVITED TO
SPEAK THIS MORNING, I WAS
TOLD THAT ONE OF YOUR
PRIORITIES WAS TO ENSURE**

**THAT THE FEDERAL
GOVERNMENT WASN'T GOING
TO STICK YOU WITH ADDITIONAL
UNFUNDED FEDERAL
MANDATES.**

***UNFORTUNATELY, THAT'S
JUST WHAT THE SENATE IS
GOING TO DO THIS WEEK WHEN
WE DEBATE THE SO-CALLED
"MOTOR VOTER" BILL.**

***THERE'S NO DOUBT THAT
THE DEMOCRAT MAJORITY WILL
PASS THIS BILL. AND THERE'S
NO DOUBT THAT STATES AND
COUNTIES ARE GOING TO FEEL
AN ADDITIONAL PINCH.**

***ESTIMATES OF WHAT IT WILL
COST STATES TO COMPLY WITH
THIS NEW UNFUNDED FEDERAL
MANDATE RANGE FROM \$25
MILLION A YEAR TO TEN TIMES**

**THAT AMOUNT...THIS IS
ESPECIALLY IRRESPONSIBLE
CONSIDERING THE STRAIN
STATE AND LOCAL
GOVERNMENT BUDGET ARE
UNDER.**

***WELL, I DIDN'T MEAN TO ADD
TO YOUR WORRIES TODAY. I
HOPE YOUR TIME IN
WASHINGTON IS PRODUCTIVE,
AND I DO WANT TO CLOSE BY**

**THANKING YOU FOR YOUR
COMMITMENT TO PUBLIC
SERVICE.**

***IT IS AT THE LOCAL LEVEL
WHERE THE TRUE DAY-TO-DAY
WORK OF DEMOCRACY IS DONE.
YOU LIVE AND WORK AMONG
THE PEOPLE YOU SERVE, AND
YOU ARE CLOSELY TUNED IN TO
WHAT'S ON THEIR MIND.**

***SO, I HOPE YOU'LL KEEP IN
CLOSE CONTACT WITH
CONGRESS, AND LET US KNOW
WHEN WE'RE ON THE RIGHT
TRACK, AND WHEN WE'RE NOT.**

***AGAIN, THANK YOU FOR
INVITING ME TODAY. MY WIFE IS
HOSTING A MEETING OF THE
RED CROSS BOARD OF
GOVERNORS, SO SHE WAS GLAD
TO GET ME OUT OF THE**

**HOUSE...AND IF YOU THINK OUR
JOB IS TOUGH HAVING TO ASK
FOR MONEY ALL THE TIME...JUST
THINK OF HER...SHE NOT ONLY
HAS TO ASK FOR YOUR MONEY,
BUT SHE ALSO ASKS FOR YOUR
BLOOD.**