

MEMORANDUM  
October 28, 1993

TO: SENATOR/JOYCE/JO-ANNE

From: Judy

Re: The Kid's Fair - Bartle Hall - Friday, Oct. 29

Attached is a correspondence faxed to Mrs. Clinton, Senator Kassebaum, Senator Dole, Senator Bond and Senator Danforth, inviting them to stop by The Kid's Fair Friday afternoon. I talked to Roger Doeren, Founder and President of the Children's Rights Council, and he feels the media exposure would be beneficial to the Health Care Reform campaign, as well as the Family Court Reform Campaign.

I told Roger I would advise you of their request, but was not sure I could get an answer today. They would like all four Senators and Mrs. Clinton to stop by at the same time, preferably sometime Friday afternoon.


The contacts, in the event there is interest, are:

Roger Doeren  
Children's Rights Council  
913/831-0190


or

Jennifer Talley  
Public Relations Coordinator  
The Kids' Fair  
913/345-2228

There will be 50 booths, but the two they would like you to stop by are "The Children's Place" and "The Children's Rights Council".



# CHILDREN'S RIGHTS COUNCIL OF KANSAS AND MISSOURI



## *"Caring For Our Kids"*

Date: October 27, 1993

Memo: The Kids' Fair 102793

To: Mrs. Hillary Rodham Clinton  
Senator Nancy Landon Kassebaum  
Senator Robert "Bob" Dole  
Senator Christopher "Kit" Bond  
Senator John "Jack" Danforth

Subject: Invitation to Experience The Kids' Fair.

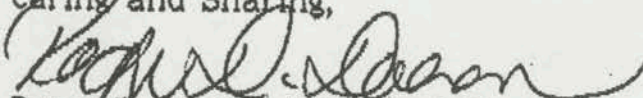
Dear Family Advocates:

Please accept this invitation to tour The Kids' Fair while you are all in Kansas City this weekend for the Midwest Health Care Summit at the H. Roe Bartle Hall.

Some of the exhibitors at The Kids' Fair; Dana Letts of The Children's Place, and myself included are working with Senator Kit Bond on a special Family Court/Justice System commission. I want to extend an invitation to have a select special meeting to briefly discuss a concept for developing a "Red Cross" style, National Therapeutic and Humane Family Court/Justice System to address the developmental needs of the children, parents and extended family, for the health and strengthening of society. It is unacceptable that "in the best interests of children" that laws affecting our families differ from state to state, and county to county. I want to present a Concept Paper on how we can reach the goal of reforming and improving the current "Adversary Court System" that is doing so much harm to our innocent children and families. Recent studies show that the current court system is responsible for inflicting much of the emotional and behavioral sickness that is in our children. Let's work together to build strong, healthy families; the fabric of society.

I invite you to experience first hand the joy and wonder of The Kids' Fair. I believe that the media exposure would be beneficial to the Health Care Reform campaign as well as the Family Court Reform campaign.

Caring and Sharing,



Roger D. Doeren, Founder & President

cc: Jennifer Talley, Public Relations Coordinator, The Kids' Fair





October 27, 1993

TO: Mrs. Hillary Rodham Clinton  
 Senator Robert "Bob" Dole  
 Senator Nancy Landon Kassebaum  
 Senator Christopher "Kit" Bond  
 Senator John "Jack" Danforth

SUBJECT: Invitation to Visit with The Kids' Fair Non-Profit Exhibitors

Dear Mrs. Clinton and Senators:

The Kansas City area media have recently confirmed that each of you will be attending the Midwest Health Care Summit at H. Roe Bartle Hall in Kansas City, Missouri on Friday, October 29. The Kids' Fair is proud to be sharing the convention center with such a purposeful event. The Summit will aid the progress of health care reform, which will in turn provide quality health care assistance to millions of children and their families throughout the country.

The Kids' Fair shares this focus on children, their families and their communities. The Kids' Fair is a three-day family fun/educational event featuring over 200 creative hands-on activities for children such as arts and crafts, puzzles and games, interactive computer activities, science experiments and interactive museum exhibits. Its two stages feature local entertainers such as school choirs, dance troupes, magicians and clowns as well as national television and sports celebrities.

The Kids' Fair's commitment to the community is expressed in its donation of 50 booths to area non-profit organizations to help them meet potential volunteers and contributors in the community on a face-to-face basis. In addition, The Kids' Fair's field trip program for area schools give many children, who may not otherwise visit the show, the opportunity to attend and enjoy the many hands-on activities and entertainers.

The 1993 Kansas City Kids' Fair will feature several local branches of non-profit organizations which have a dire interest in any developments in the area of health care.

- Children's Mercy Hospital
- Children's Rights Council of Kansas and Missouri
- Coalition for Positive Family Relationships
- Good Samaritan Project
- The Children's Place Agency
- The National Kidney Foundation
- The Spina Bifida Association of Greater Kansas City
- The Multiple Sclerosis Society

The Kids' Fair  
 Sterling Productions, Inc.  
 9393 W. 110th, Suite 253  
 Overland Park, KS 66210  
 Kansas City Office  
 (913) 345-2228  
 FAX (913) 345-0893



The Kids' Fair concept was developed through two years of research by Joan Wells, CMP. Joan is the President of Sterling Productions/The Sterling Group, a six-year-old, woman-owned company in Overland Park, Kansas. The Kids' Fair travels to six cities nationwide and has an average attendance of 53,000 people in each city.


Sterling Productions would like to offer this invitation to all of you to visit the Kids' Fair on Friday and speak with the representatives of some of the above-listed non-profit organizations at their booths on the show floor. The opportunity for grass-roots interaction with these organizations in an atmosphere dedicated to families and children offers you a wonderful public relations opportunity.

You will find a personal invitation from one of our exhibitors, Roger Doeren of the Children's Rights Council, attached. As you can see many of our exhibitors are aware of the impact your leadership has on their activities and would relish the opportunity to meet with all of you.

I will call your assistants soon to follow up on this invitation and to begin working on the logistics and media promotions connected with the visit. Historically, The Kids' Fair's attendance on Friday afternoon has been the lightest and would, therefore, be the most appropriate time for your visit.

Thank you for considering our invitation. I wish you much luck with your participation in the Summit.

Sincerely,



Jennifer A. Talley  
Public Relations Coordinator  
The Kids' Fair



# **SENATOR BOB DOLE**

## **INTRODUCTION OF HILLARY CLINTON**

**TWO HUNDRED YEARS AGO,  
PRESIDENT JOHN ADAMS SENT  
A LETTER TO HIS WIFE, ABIGAIL  
SAYING "I MUST NOT WRITE A  
WORD TO YOU ABOUT POLITICS  
BECAUSE YOU ARE A WOMAN."**

**1**



**PERHAPS THAT ATTITUDE  
EXPLAINS WHY ADAMS WAS  
ONLY A ONE-TERM PRESIDENT.**

**THANKFULLY, THINGS HAVE  
CHANGED A GREAT DEAL IN  
AMERICA AND IN THE WHITE  
HOUSE SINCE THAT TIME.**

**AND FROM LADY BIRD  
JOHNSON'S MISSION TO KEEP  
AMERICA BEAUTIFUL;  
TO BETTY FORD'S CRUSADE**



**TO BRING BREAST CANCER OUT  
INTO THE OPEN;**

**TO NANCY REAGAN'S  
LEADERSHIP IN THE "JUST SAY  
NO" CAMPAIGN;**

**TO THE TREMENDOUS  
INCREASE IN VOLUNTEERISM  
WHICH OCCURRED WITH THE  
HELP OF BARBARA BUSH;**

**AMERICA'S RECENT FIRST  
LADIES HAVE PLAYED AN**



**IMPORTANT ROLE IN AMERICAN  
POLITICS AND IN AMERICAN  
SOCIETY.**

**AND NO DOUBT ABOUT IT,  
AMERICA'S CURRENT FIRST  
LADY IS BREAKING NEW  
GROUND, AND MAKING A LITTLE  
HISTORY, AS WELL.**

**SINCE ACCEPTING THE  
CHALLENGE OF SPEARHEADING  
THE ADMINISTRATION'S EFFORT**



**ON HEALTH CARE REFORM,  
HILLARY RODHAM CLINTON HAS  
WORKED TIRELESSLY TO MOVE  
THIS ISSUE TO THE TOP OF THE  
NATION'S AGENDA.**

**MRS. CLINTON BROUGHT TO  
THE HEALTH CARE DEBATE THE  
INTELLIGENCE OF ONE OF  
AMERICA'S MOST RESPECTED  
ATTORNEYS, THE COMPASSION  
OF SOMEONE WHO IS A WIFE,**

**MOTHER, AND A DAUGHTER,  
AND THE UNQUESTIONED  
ABILITY TO GET THE  
PRESIDENT'S ATTENTION.**

**I MIGHT ALSO ADD THAT MRS.  
CLINTON CELEBRATED A  
BIRTHDAY THIS PAST TUESDAY,  
AND ON BEHALF OF ALL THE  
SENATORS HERE TODAY, I WANT  
TO SAY HOW HONORED WE ARE  
TO HAVE HER WITH US. PLEASE**



# JOIN ME IN WELCOMING THE FIRST LADY OF THE UNITED STATES, HILLARY RODHAM CLINTON.

7

# **SENATOR BOB DOLE**

## **CLOSING REMARKS**

**AS WE CLOSE TODAY'S  
SUMMIT, I WANT TO AGAIN  
THANK MRS. CLINTON, ALL MY  
COLLEAGUES FROM  
WASHINGTON WHO JOINED US  
TODAY, AND ALL OUR EXPERT  
SPEAKERS.**



**SPECIAL THANKS ALSO TO  
THE COLUMBIA INSTITUTE FOR  
THEIR OUTSTANDING  
ASSISTANCE AND GUIDANCE IN  
PUTTING TOGETHER TODAY'S  
PROGRAM.**

**BUT MOST IMPORTANTLY, I  
WANT TO THANK ALL OF YOU  
FOR ATTENDING AND FOR YOUR  
INTEREST. THOSE OF YOU WHO  
SAT THROUGH THE ENTIRE**

**PROGRAM ARE NOW OFFICIAL  
GRADUATES OF "HEALTH CARE  
UNIVERSITY."**

**AND WHILE YOU WON'T  
RECEIVE A DIPLOMA, I HOPE  
YOU HAVE RECEIVED A BETTER  
UNDERSTANDING OF WHAT IS AT  
STAKE IN THE DEBATE OVER  
HEALTH CARE REFORM. IT IS A  
DEBATE THAT WILL CONTINUE  
FOR SOME TIME TO COME. AND**



**IT'S A DEBATE THAT NEEDS  
YOUR VOICE.**

**I THINK YOU KNOW OUR  
ADDRESSES AND YOU KNOW  
HOW TO REACH US, SO PLEASE  
CONTINUE TO WRITE AND CALL  
WITH YOUR THOUGHTS AND  
CONCERNS.**

# **SENATOR BOB DOLE**

## **INTRODUCTION OF REPUBLICAN SENATORS**

**ONE THING WE KNOW ABOUT  
HEALTH CARE REFORM IS THE  
FACT THAT THE ISSUE IS SO BIG  
AND THE PROBLEMS ARE SO  
COMPLEX, THAT NO ONE  
INDIVIDUAL HAS ALL THE  
ANSWERS.**



**AND THROUGHOUT THIS  
DEBATE, I'VE SAID THAT NO  
PLAN SHOULD BE WRITTEN IN  
CONCRETE. RATHER, IF WE'RE  
TRULY TO DO WHAT IS BEST,  
THEN THE MORE IDEAS THAT  
ARE ON THE TABLE, THE  
BETTER.**

**MY VIEW IS THAT A HEALTHY  
PARTY DOES NOT STIFLE IDEAS--  
IT ENCOURAGES THEM. AND**

**WHEN IT COMES TO HEALTH  
CARE, REPUBLICANS HAVE A  
VERY HEALTHY PARTY. A  
NUMBER OF MY COLLEAGUES  
HAVE THOUGHT ABOUT THIS  
ISSUE FOR A LONG TIME, AND  
SEVERAL HAVE DEVELOPED  
THEIR OWN PROPOSALS.**

**AND WHILE THE SPECIFICS OF  
THESE PROPOSALS MAY DIFFER  
HERE AND THERE, THE BASIC**



**PRINCIPLES ARE THE SAME:  
THAT DECISION MAKING  
SHOULD REST IN THE HANDS OF  
THE PEOPLE, AND THAT  
GOVERNMENT SHOULD STAY  
OUT OF THE BUSINESS OF  
DICTATING TO AMERICANS HOW  
AND WHERE THEY GET THEIR  
CARE.**

**JOINING US TODAY ARE  
THREE OF MY COLLEAGUES--**

**EACH OF WHOM HAS SOME  
INNOVATIVE IDEAS, AND EACH  
OF WHOM HAS SIGNED ON TO A  
DIFFERENT PROPOSAL.**

**WE WILL FIRST HEAR FROM  
SENATOR JOHN CHAFEE OF  
RHODE ISLAND. AND LET ME  
JUST SAY THAT FEW PEOPLE  
HAVE DEVOTED MORE TIME AND  
EFFORT TO HEALTH CARE  
REFORM THAN SENATOR**

**CHAFEE.**

**AS THE CHAIR OF OUR  
SENATE REPUBLICAN HEALTH  
CARE TASK FORCE, JOHN HAS  
LED WEEKLY MEETINGS FOR  
THE PAST SEVERAL YEARS. AND  
THERE IS NO DOUBT THAT  
WHATEVER BILL EMERGES FROM  
THIS DEBATE WILL HAVE HIS  
FINGERPRINTS AND IDEAS ALL  
OVER IT.**



**FOLLOWING SENATOR  
CHAFEE WILL BE THE CHAIRMAN  
OF OUR SENATE REPUBLICAN  
POLICY COMMITTEE, SENATOR  
DON NICKLES OF OKLAHOMA.  
THOUGH HE IS ONLY 45 YEARS  
OLD, SENATOR NICKLES  
ALREADY HAS NEARLY THIRTEEN  
YEARS OF EXPERIENCE IN THE  
SENATE UNDER HIS BELT, AND  
IS NOW SERVING HIS THIRD**

**TERM. HE HAS EARNED A  
REPUTATION AS A PUBLIC  
SERVANT OF INTELLIGENCE AND  
INTEGRITY, AND AS SOMEONE  
WHO IS COMMITTED TO  
ENSURING THE SURVIVAL OF  
SMALL BUSINESSMEN AND  
WOMEN.**

**NO DOUBT ABOUT IT, HEALTH  
CARE REFORM WILL HAVE A  
DRAMATIC IMPACT ON EVERY**

**STATE IN THE UNION. BUT WITH  
ITS LARGE NUMBER OF SENIOR  
CITIZENS, ARIZONA MAY WELL  
BE THE STATE WHERE THE  
IMPACT WILL BE THE GREATEST.**

**AND PRESENTING THE THIRD  
PROPOSAL PUT FORWARD BY  
SENATE REPUBLICANS WILL BE  
SENATOR JOHN MCCAIN OF  
ARIZONA.**



**ALONG WITH HIS EXPERTISE  
ON HEALTH CARE REFORM,  
SENATOR MCCAIN IS ONE OF  
OUR MOST RESPECTED VOICES  
ON MATTERS OF NATIONAL  
SECURITY. A GRADUATE OF THE  
U.S. NAVAL ACADEMY, SENATOR  
MCCAIN SPENT NEARLY SIX  
YEARS IN NORTH VIETNAMESE  
PRISON CAMPS. HE IS A MAN  
OF GREAT COURAGE AND**

**PATRIOTISM, AND I AM PROUD  
TO CALL HIM MY FRIEND.**

FINAL

10/28/93

SENATOR DOLE SCHEDULE -- OCTOBER 28-30, 1993Thursday, October 28

5:00 PM Lv. Capitol

5:25 PM Ar. Washington National Airport  
Signature Aviation  
703/419-8440

5:30 PM Lv. Washington

AIRCRAFT: ADM Falcon 900  
TAIL NO.: N 944 AD  
SEATS: 14PILOT: Gerald Flauger  
CO-PILOT: Randy FlaugerMANIFEST: Senator Dole  
Senator Nickles  
Senator Kassebaum  
Senator Danforth  
Senator Bond  
Senator McCain  
Orville Hansen, President,  
Columbia Institute  
Sheila Burke  
Clarkson Hine  
Vicki HartFLIGHT TIME: 2 hrs 45 mins  
TIME CHANGE: -1 hourCONTACT: Claudia Madding  
217/424-5515  
Linda (Aviation Dept.)  
217/424-55217:15 PM Ar. Olathe, Kansas  
Johnson County Industrial Airport  
Executive Beechcraft  
913/782-9003MET BY: Gale Grosch  
Mike Glassner  
Dave Spears



PAGE TWOThursday, October 28

NOTE: Dole staff will take care of transportation for Senator Dole, Senator Nickles and Senator McCain. Other Senators are having their staffs meet them.

7:20 PM

Lv. Industrial Airport

DRIVE TIME: 15 minutes

7:35 PM

Ar. Overland Park Marriott  
913/451-8000

7:35 PM-  
9:00 PM

ATTEND PRIVATE DINNER FOR SPEAKERS AND SPONSORS  
OF MIDWEST HEALTH CARE SUMMIT

CONTACT: Jonathan Ortman or Chris Norton  
Columbia Institute  
202/547-2470  
202/547-1893 (FAX)

9:05 PM

Lv. Overland Park Marriott

DRIVE TIME: 30 minutes

9:35 PM

Ar. Allis Plaza Marriott  
816/421-6800

RON: Allis Plaza Marriott

PAGE THREEFriday, October 29

7:30 AM TENTATIVE -- COFFEE WITH PHIL PISTILLI

8:05 AM- LIVE INTERVIEW - KNHN Radio  
8:15 AM 1st Floor Studio - Allis Plaza

Interviewer: Jerry Fogel

8:15 AM Lv. Allis Plaza Marriott

8:30 AM Ar. Bartle Hall - K.C. Convention Center

8:30 AM- ATTEND/SPEAK - MIDWEST SUMMIT ON HEALTH CARE  
4:00 PM

(PLEASE REFER TO COLUMBIA INSTITUTE AGENDA)

"BREAK-AWAY SCHEDULE":

PLEASE ATTEMPT TO BRING  
OTHER SENATORS WITH YOU

11:20 Lv. Bartle Hall

11:30 Ar. Allis Plaza Marriott  
(Park in the Fire Lane)

Proceed to 2nd Floor - Yardbird A Room

11:30- ATTEND FUNDRAISER FOR  
12:15 JOHN ASHCROFT

CROWD SIZE: 15-20 health care providers

CONTACT: Annie Presley  
816/751-0585  
816/751-0577 (FAX)

12:15 Lv. Allis Plaza

12:25 Ar. Bartle Hall

1:00 PM PROCEED TO MRS. CLINTON'S HOLDING ROOM

1:10 PM ESCORT MRS. CLINTON TO PODIUM

1:12 PM INTRO OF MRS. CLINTON - NANCY KASSEBAUM

ADDENDUM TO SCHEDULESENATOR CHAFEE

12:00 PM

Lv. Kansas City - US Air 332

SENATOR NICKLES

1:00 PM

Lv. Kansas City - Southwest #1002

SENATOR MCCAIN

2:30 PM

Lv. Kansas City - America West #29



PAGE FOURFriday, October 29

1:15 PM REMARKS - MRS. CLINTON

TENTATIVE: PRESS CONFERENCE TO FOLLOW

4:00 PM Lv. Bartle Hall

4:15 PM Ar. Hyatt Regency Hotel  
816/421-1234

PROCEED TO NEW YORK AND SAN FRANCISCO ROOMS

4:15 PM- ATTEND/SPEAK - SEMINAR ON 1993 TAX LAW, NAFTA  
4:45 PM AND CLINTON HEALTH PLAN

SPONSORS: Kansas City Business Journal  
Mark Twain Banks  
Polsinelli White Vardeman & Shalton

(In progress from 1:00 PM. Previous speakers  
include Congressman Dick Gephardt.

CONTACT: John Petersen  
913/451-8788  
913/451-6205 (FAX)  
Kristi Frazier  
816/753-1000

On-site contact:  
Jodee Kayton  
816/435-4123

PRESS: OPEN

CROWD SIZE: 1,000 (businessmen from  
Kansas and Missouri, many of  
whom are Democrats)

FORMAT: Elevated head table

Standing Podium and mic

Floor mics for questions from audience

PROGRAM:

1:00 Registration  
1:30 Remarks - Congressman Gephardt  
2:00 Bradley Pemberton, Chairman, Polsinelli  
White Tax Law Group  
2:20 Ruthita Fike, CEO, Shawnee Mission  
Medical Center

PAGE FIVEFriday, October 29

## PROGRAM (CONTINUED):

2:50 William Melton, Chairman, Polsinelli  
White International Law Group

3:10 Break

3:25 Thomas O'Donnell, Chairman, Polsinelli  
White Health Care Law Group

3:45 John Hayes, Chairman & CEO,  
Western Resources

4:15 REMARKS - SENATOR DOLE  
(Q&A to follow)

4:45 PM PROCEED TO BENTON ROOMS

4:45 PM- ATTEND/SPEAK - KANSAS REPUBLICAN PARTY  
5:30 PM FUNDRAISING RECEPTION

(Event runs 4:45 to 6:00)

CROWD SIZE: 50-75 (many are Missouri Democrats)  
@ \$250 minimum per person

List of attendees will be provided

FORMAT: Cocktail reception

PRESS: CLOSED

CONTACT: John Petersen  
Kim Wells  
Steve Brown

5:30 PM Lv. Hyatt Regency

DRIVE TIME: 30 minutes

6:00 PM Ar. NCAA Visitors Center  
College and Roe, Overland Park  
913/339-0000

6:00 PM- ATTEND FUNDRAISER FOR KANSAS HOUSE PAC  
7:00 PM (Event runs 5:30-7:30)

CROWD SIZE: 100

**PAGE SIX****Friday, October 29****PROGRAM:**

6:00 Photo ops - Senators Dole and Kassebaum  
6:30 REMARKS - SENATOR DOLE  
7:00 Senators Dole and Kassebaum depart

**CONTACT:** Rep. Barbara Allen  
913/491-5500  
NCAA: Jeff Hiller  
913/339-0000

7:00 PM Lv. NCAA Visitors Center

7:10 PM Ar. Johnson County Executive Airport  
Kansas City Aviation Center  
913/782-0530

7:15 PM Lv. Johnson County

**AIRCRAFT:** Exec Beech chartered KingAire 300  
**TAIL NO.:** N 20 NL  
**SEATS:** 7

**PILOT:** TBD  
**CO-PILOT:** TBD

**CONTACT:** Ginger  
816/842-8484

**MANIFEST:** Senator Dole  
Senator Kassebaum  
Sheila Burke  
Mike Glassner  
Dave Spears  
Andrew Paxman, Kassebaum staff  
Nelson Rockefeller

**FLIGHT TIME:** 1 hr 10 mins

**NOTE:** Columbia Institute chartering second  
airplane for their staff

**MANIFEST FOR COLUMBIA INSTITUTE CHARTER:**

Jonathan Ortmans, Exec. Dir.,  
Columbia Institute  
Don Wilson, Kansas Hospital Assoc.  
Chris Norton, Columbia Institute



PAGE SEVENSaturday, October 30

8:25 PM Ar. Garden City, Kansas  
Central Plains Aviation  
316/275-5055

MET BY: 3 cars (Betty Jo Roberts arranging)

RON: Wheatlands Inn  
316/276-2387

NOTE: Columbia Institute staff staying  
at Plaza Inn (316/275-7471)

7:30 AM- ATTEND BREAKFAST WITH CONGRESSMAN PAT ROBERTS AND  
8:40 AM GOP CHAIRS AND VICE-CHAIRS FROM 15 SURROUNDING  
COUNTIES (Dutch-treat)  
Wheatlands Inn

CONTACT: Bette Jo Roberts  
316/276-3423

8:45 AM Lv. Wheatlands Inn

9:00 AM Ar. Clifford Hope Auditorium  
Garden City High School

9:00 AM- ATTEND/SPEAK - MIDWEST SUMMIT ON HEALTH CARE  
1:30 PM

9:00 AM SENATOR DOLE - Welcome and  
Introductory Remarks

12:00 PM- Luncheon in High School Cafeteria  
1:30 PM

1:30 PM Lv. Garden City High School

1:30 PM- PRIVATE/STAFF TIME  
3:30 PM

3:35 PM Ar. Central Plains Aviation  
316/275-5055

PAGE SEVEN A - STAFF ONLYSaturday, October 30

## NOTE: STAFF SCHEDULE:

1:30 PM                      Lv. Garden City

AIRCRAFT:    Exec Beech KingAire 300  
TAIL NO.:    N 20 NL  
SEATS:        7

MANIFEST:  
Sheila Burke  
Nelson Rockefeller  
David Spears  
Andrew Paxman (Kassebaum staff)  
Adam Clymer NY Times  
Karen Ball, Associated Press

FLIGHT TIME:    35 minutes

2:05 PM                      Ar. Wichita - Mid-Continent Airport  
United Beech  
316/946-4300

(Drop off Dave Spears)

2:20 PM                      Lv. Wichita

FLIGHT TIME:    35 minutes

2:55 PM                      Ar. Kansas City International Airport  
Executive Beechcraft  
816/243-6440

(Exec. Beech will have a van to  
transport staff to main terminal)

6:15 PM                      Lv. Kansas City - US Air 34

9:29 PM                      Ar. Washington National Airport

PAGE EIGHTSaturday, October 30

3:40 PM

Lv. Garden City

AIRCRAFT: ADM Falcon 50

TAIL NO.: N 244 AD

PILOT: Randy Flauger

CO-PILOT: Roger Koster

MANIFEST: Senator Dole  
Mike Glassner

FLIGHT TIME: 1 hr 20 mins

TIME CHANGE: -1 hour

4:00 PM

Ar. Rapid City, South Dakota  
Westjet Air Center  
605/393-2500MET BY: Senator Larry Pressler  
Governor and Mrs. Walter Dale Miller (Pat)  
Former Senator Jim Abdnor  
Lt. Gov. Steve Kirby and Suzie  
Don Peterson  
South Dakota GOP Chairman  
Georgia Hanson, State GOP Exec. Dir.  
Brian Hagg, Pennington Co. GOP Chairman  
Sylvia Pina, SD YR Chair  
Lance Russell, Pennington Co. GOP E.D.

4:10 PM

Lv. Westjet Air Center

DRIVE TIME: 20 minutes

CAR 1: Senator Dole (front seat)  
Don Peterson (driver)  
Senator Abdnor  
Mike GlassnerDon Peterson: 605/224-7347 (GOP)  
605/665-7801 (Ofc.)  
Cellular Phone:  
Dial Access Code  
605/381-7626 then 661-0405CAR 2: Georgia Hanson (driver)  
Governor Miller  
Mrs. Pat Miller  
Herb Jones, Governor's staff



PAGE NINESaturday, October 30

CAR 3: Brian Hagg (driver)  
Sylvia Pina  
Senator Pressler

CAR 4: Lance Russell (driver)  
Lt. Governor Kirby  
Mrs. Suzie Kirby

4:30 PM Ar. residence of former Senator Jim Abdnor  
605/343-6387

4:30 PM- ATTEND FUNDRAISING RECEPTION FOR  
5:20 PM PENNINGTON COUNTY REPUBLICAN COMMITTEE  
(Event runs to 5:30)

CROWD SIZE: 150

FORMAT: Mix and Mingle/REMARKS

PRESS: CLOSED

PROGRAM:

5:00 Intro VIP's - Emcee Rich Hinseth  
Remarks - Brian Hagg  
Intro Senator Dole - Jim Abdnor  
REMARKS - SENATOR DOLE

5:20 PM Lv. Abdnor residence

DRIVE TIME: 20 mins

MOTORCADE:  
(Same as arrival)

5:40 PM Ar. Rushmore Plaza Civic Center  
605/394-4119

PROCEED TO HOLDING ROOM  
(Don Peterson and Brian Hagg will escort  
Senator Dole and introduce him to guests)

5:40 PM- BRIEF MEETING WITH S.D. TIMBER INDUSTRY LEADERS  
5:45 PM AND SENATOR PRESSLER

CONTACT: Doug Miller  
202/224-164

PAGE TEN

Saturday, October 30

5:45 PM-  
7:00 PM

ATTEND/SPEAK - FUNDRAISING RECEPTION FOR  
SOUTH DAKOTA REPUBLICAN PARTY  
(Event runs to 7:30)

CONTACT: Georgia Hanson  
605/224-7347  
605/224-7349 (FAX)  
605/348-4000 (Holiday Inn - Fri/Sat)

CROWD SIZE: 500-800

PRESS: OPEN

TABLE SEATING:

TABLE 1: Senator Dole  
Senator Abdnor  
Senator Pressler  
Don Peterson  
Governor Miller  
Mrs. Miller  
Brian Hagg  
Sylvia Pina

TABLE 2: Lt. Governor Kirby  
Mrs. Kirby  
Georgia Hanson  
Phil Hanson  
Lance Russell  
Starla Smith  
Ed McLaughlin  
Doris Marie Strom

TABLE 3: Rich Hinseth  
Carol Abourezk Hinseth  
Linda Henry  
Tony Feather  
Darrell Sawyer  
Mrs. Karla Sawyer  
Fred Whiting  
Mrs. Terry Whiting  
or Homer Harding  
Laska Schoenfelder

PAGE ELEVENSaturday, October 30

## PROGRAM:

5:45 PM- Mix and Mingle

6:15 PM

6:15 PM Program begins:  
Intro Ed McLaughlin, Mayor of  
Rapid City - MC Rich Hinseth6:20 Welcome and intro Pennington County  
GOP Chair Brian Hagg - Mayor McLaughlin6:25 Intro Pennington Co. Central Committee  
and State Chairman Don Peterson -  
Brian Hagg6:30 Intro State Legislators and other VIP's,  
then Governor Miller - Don Peterson

6:35 Remarks - Governor Miller

6:40 Intro Senator Pressler - Don Peterson

Remarks - Senator Pressler

6:45 Intro Senator Abdnor - Don Peterson

Intro Senator Dole - Senator Abdnor

6:50 REMARKS - SENATOR DOLE  
(20 minutes)7:10 Senator Dole concludes remarks, and  
Dole party leaves Civic Center

7:15 PM

Lv. Civic Center

DRIVE TIME: 10-15 mins

CAR 1: Senator Dole  
Senator Pressler  
Mike Glassner  
Don Peterson (driver)

Other cars will be available, if needed

7:25 PM

Ar. Westjet Air Center  
605/383-2500



**PAGE TWELVE****Saturday, October 30**

7:30 PM

Lv. Rapid City

AIRCRAFT: ADM Falcon 50

TAIL NO.: N 244 AD

MANIFEST: Senator Dole  
Senator Pressler  
Mike Glassner

FLIGHT TIME: 3 hours

TIME CHANGE: +2 hours

**Sunday, October 31**

12:30 AM

Ar. Newark, New Jersey

MET BY: (Whitman for Governor staff)

RON: Marriott Hotel  
201/623-0006**NOTE: DAYLIGHT SAVINGS TIME ENDS AT 2:00 AM SUNDAY. DON'T FORGET  
TO TURN YOUR CLOCK BACK ONE HOUR ON RETIRING SATURDAY NIGHT.****Sunday, October 31 - NOTE THAT THIS IS HALLOWEEN****SPECIFIC DETAILS ON NEW JERSEY SCHEDULE TO BE PROVIDED LATER**

11:00 AM

Lv. Marriott Hotel with Christine Todd Whitman

DRIVE TIME: 30 minutes

BUS PASSENGERS:

Senator Dole

Christine Todd Whitman

Lyn Nofziger

Kate Beach (candidate's sister)

Nancy Riske-Rohrbacher

Dan Todd (candidate's brother)

Chuck Haytaian

Keith Nahigian

Mike Glassner

CONTACT FOR ALL WHITMAN EVENTS:

Keith Nahigian or Jamie Moore (Rollins' asst.)

908/385-0751 (cellular phone)

Laura Eisenberg

908/815-1993 (headquarters)

PAGE THIRTEENSunday, October 31

11:30 AM Ar. Meadowlands  
East Rutherford, New Jersey

11:30 AM- ATTEND GIANTS VS. JETS FOOTBALL GAME  
1:15 PM

TENTATIVE ONLY - Mrs. Whitman may decide to go  
to church instead

CROWD SIZE: 1,000

FORMAT: Mix and Mingle with pre-game crowd  
in stadium parking lot

PRESS: OPEN (POSSIBLE PRESS AVAILABILITY)

1:15 PM Lv. Meadowlands

DRIVE TIME: 25 minutes

1:40 PM Ar. Montclair, New Jersey  
Republican Headquarters

1:45 PM- MEET AND GREET WITH VOLUNTEERS  
2:00 PM

CROWD SIZE: 100

PRESS: OPEN

2:00 PM Lv. Montclair

DRIVE TIME: 15 minutes

2:15 PM Ar. Nutley  
Branch Brook Manor

2:15 PM- ATTEND/SPEAK - SENIOR CITIZENS RALLY  
3:00 PM

CROWD SIZE: 250 ethnic/blue-collar seniors  
who will be bused in for meal

PRESS: OPEN

FORMAT: BRIEF REMARKS

**PAGE FOURTEEN****Sunday, October 31**

2:45 PM           Lv. Nutley  
DRIVE TIME:   25 minutes  
(THERE WILL BE SOME DOWN TIME)

3:30 PM           Ar. Bergen County  
Tice's Farm

3:30 PM-         MIX AND MINGLE with Bergen County residents  
4:15 PM         shopping at this farmers' market  
CROWD SIZE:   400  
PRESS;         OPEN

4:15 PM           Lv. Bergen County  
DRIVE TIME:   30 minutes  
(THERE WILL BE SOME DOWN TIME)

5:15 PM           Ar. Morris County  
Mountain Lakes High School  
PROCEED TO GYMNASIUM

5:15 PM-         ATTEND/SPEAK - MORRIS COUNTY RALLY  
6:00 PM         (In progress from 5:00 PM)  
CROWD SIZE:   500  
PRESS:         OPEN  
FORMAT:        BRIEF REMARKS

6:00 PM           Lv. Mountain Lakes High School  
(Christine Todd Whitman departs en route Oldwick)  
DRIVE TIME:   35 minutes

6:35 PM           Ar. Newark Airport

6:40 PM           Lv. Newark  
AIRCRAFT:      To be determined  
FLIGHT TIME:   1 hour (estimated)

7:40 PM           Ar. Washington National Airport



9:30 a.m. HEALTH CARE REFORM IN RURAL  
AMERICA

Denise Denton

(Introduction by Senator Bob Dole.)

NOTE: Ms. Denton will speak for 30 minutes, using some time to take questions from the audience at her discretion.

Current:

President, National Rural Health Association

Executive Director, Colorado Rural Health Resource  
Center

was a member of President Clinton's Health Care Task  
Force

Previous:

Adjunct Professor, University of Utah

Adjunct Professor, Westminster College of Utah

Education:

B.A., Psychology and Math, University of Utah

M.S., Human Resource Management, University of Utah

WE ARE VERY PLEASED  
TO WELCOME MS. DENTON  
TO GARDEN CITY.

AS THE PRESIDENT OF THE  
NATIONAL RURAL HEALTH ASSOCIATION,  
SHE IS IN A PARTICULARLY GOOD  
POSITION TO SHARE WITH US  
THE CONCERNS OF THOSE WHO  
LIVE AND WORK IN RURAL AMERICA.

TOO OFTEN IN OUR RUSH TO  
"IMPROVE" HEALTH CARE IN AMERICA

WE FORGET THE VERY SPECIAL  
NEEDS OF THOSE COMMUNITIES  
WHO DEPEND ON THAT ONE SMALL  
HOSPITAL OR THE ONE PHYSICIAN  
OR NURSE PRACTITIONER WHO CARES  
FOR THEIR FAMILIES.

MS. DENTON, MR HUMAN WHO  
WILL FOLLOW HER, AND OUR  
TERRIFIC ANALYSTS WILL HOPEFULLY  
HELP US TO SEE AND UNDERSTAND  
WHAT WE CAN DO TO MAKE  
SURE HEALTH CARE REFORM  
REACHES ALL OF YOU.



**SENATOR DOLE**  
**INTRODUCTORY REMARKS AT**  
**MIDWEST HEALTH HEARING**  
**OCTOBER 30, 1993**

**THANK YOU FOR COMING**  
**TO WHAT I BELIEVE WILL BE A**  
**VERY IMPORTANT EVENT.**

**FEW, IF ANY ISSUES AFFECT  
OUR LIVES, OUR FAMILIES, OUR  
JOBS, OUR HOPES, AND OUR  
DREAMS MORE THAN HEALTH  
CARE. THAT IS WHY IT IS MORE  
IMPORTANT THAN EVER THAT  
THE HEALTH CARE REFORM  
DEBATE NOT BE CONFINED TO  
COMMITTEE ROOMS IN  
WASHINGTON, BUT EXTENDED**

**TO LIVING ROOMS, WORK  
PLACES, KITCHEN TABLES, AND  
GATHERINGS OF PEOPLE LIKE  
THIS ONE.**

**HEALTH CARE IS AN ISSUE  
WHOSE TIME HAS COME. AND  
YOUR PRESENCE HERE TODAY  
IS A REAL TESTIMONY OF ITS  
IMPORTANCE. TODAY'S**



**SESSION OF THE "MIDWEST  
SUMMIT ON HEALTH CARE"  
OFFERS A GREAT OPPORTUNITY  
FOR RURAL KANSANS TO BE  
PART OF OUR NATIONAL  
PRESCRIPTION FOR REFORM.**

**IT ALSO OFFERS US, AS  
YOUR ELECTED  
REPRESENTATIVES, A GREAT**

**OPPORTUNITY TO LISTEN, TO  
LEARN, AND TO TAKE YOUR  
CONCERNS BACK TO  
WASHINGTON. WE CAN'T -- AND  
WE SHOULDN'T -- DO IT  
WITHOUT YOU.**

**THE NATIONAL DIALOGUE  
ON HEALTH CARE IS JUST  
BEGINNING. THE PRESIDENT**

**JUST INTRODUCED HIS  
LEGISLATION A FEW DAYS AGO.  
AND MY GUESS IS CONGRESS  
WON'T PASS A BILL -- THE  
PRESIDENT'S OR ANY OTHER --  
MUCH BEFORE THIS TIME NEXT  
YEAR.**

**AS I'VE SAID BEFORE, OUR  
DIFFERENCES ARE OVER THE**



**PRESCRIPTION FOR REFORM.  
THERE ISN'T MUCH  
DISAGREEMENT OVER THE  
DIAGNOSIS. WE ALL AGREE  
THAT THE U.S. HEALTH CARE  
SYSTEM PROVIDES AMERICANS  
WITH READY ACCESS TO HIGH  
QUALITY, STATE-OF-THE-ART  
HEALTH CARE. THROUGH  
RESEARCH AND INNOVATION,**

**WE HAVE DEVELOPED THE BEST  
MEDICAL CARE IN THE WORLD.**

**SUCCESS, HOWEVER, HAS  
COME AT A STEEP PRICE. AND  
THAT IS WHAT BRINGS US HERE  
TODAY.**

**FOR ALL OF ITS MERITS,  
THERE ARE MANY PROBLEMS.**

**COSTS ARE HIGH. THE SYSTEM  
IS INEQUITABLE. IT IS  
WASTEFUL. MANY PEOPLE ARE  
LOCKED INTO JOBS THEY DON'T  
LIKE BECAUSE THEY ARE  
AFRAID OF LOSING THEIR  
HEALTH INSURANCE. AND  
MILLIONS MORE DO NOT HAVE  
COVERAGE, FORCING THEM TO  
CHOOSE BETWEEN GOING**



**UNTREATED OR RECEIVING  
CARE IN CROWDED, EXPENSIVE  
EMERGENCY ROOMS.**

**RURAL HEALTH CARE**

**IN RURAL AMERICA, THESE  
PROBLEMS RUN MUCH DEEPER.**

**AS YOU KNOW, BASEBALL  
SEASON JUST ENDED LAST  
WEEK. IN BASEBALL THEY TALK  
ABOUT A TRIPLE CROWN. NOT  
MANY PLAYERS HAVE WON IT.  
IT'S PRETTY RARE.**

**WELL, IN RURAL AMERICA,  
WE HAVE OUR OWN VERSION OF  
THE TRIPLE CROWN, ALTHOUGH**

**IT IS NOTHING TO CELEBRATE.  
RURAL AMERICANS ARE MORE  
OFTEN POOR -- MORE OFTEN  
UNINSURED -- AND MORE OFTEN  
WITHOUT ACCESS TO HEALTH  
CARE THAN ANY OTHER  
AMERICANS. IT IS THIS  
COMBINATION THAT PUTS  
RURAL AMERICANS IN TRIPLE  
JEOPARDY -- AND INCREASES**



# **THE NEED FOR DOCTORS AND OTHER HEALTH CARE PROVIDERS.**

**IT HAS BEEN SAID, "FOR  
EVERY COMPLEX AND DIFFICULT  
PROBLEM, THERE IS A SIMPLE  
SOLUTION -- AND IT IS WRONG."  
NO DOUBT ABOUT IT, THERE IS  
NO SIMPLE SOLUTION TO THE**

# **PROBLEMS FACING OUR RURAL HEALTH CARE SYSTEM.**

**AS THE DEBATE OVER OUR  
HEALTH CARE REFORM  
CONTINUES, THE QUESTION FOR  
THE AMERICAN PUBLIC TO ASK  
IS NOT WHETHER HEALTH CARE  
WILL BE REFORMED, BUT  
WHETHER REFORM WILL**

**ADDRESS THE ROOT CAUSES OF  
OUR PROBLEMS WHILE KEEPING  
INTACT THE MANY VIRTUES WE  
HAVE COME TO EXPECT.**

**THERE ARE LITERALLY  
DOZENS OF PROPOSALS TO  
REFORM HEALTH CARE IN THIS  
COUNTRY -- MANY OF THESE  
PROPOSALS CALL FOR**



**COMPREHENSIVE REFORM  
MEASURES THAT WILL BRING  
ALL AMERICANS INTO THE  
SYSTEM AND REIN IN COSTS.**

**YESTERDAY, IN KANSAS  
CITY, A VARIETY OF HEALTH  
CARE EXPERTS SHARED THEIR  
VIEWS ON HEALTH CARE  
REFORM. SENATORS CHAFEE,**

**NICKLES, AND MCCAIN ALSO  
JOINED US TO TALK ABOUT THE  
PROPOSALS THEY HAVE. THE  
FIRST LADY, HILLARY RODHAM  
CLINTON, ALSO SHARED HER  
VIEWS ON HEALTH CARE  
REFORM.**

**IN MY VIEW, THE MORE  
PLANS WE HAVE, THE BETTER.**

**AFTER ALL, HEALTH CARE  
REFORM IS PERHAPS THE MOST  
IMPORTANT PIECE OF  
LEGISLATION THE CONGRESS  
MAY ADOPT THIS CENTURY.  
THERE IS NO ONE IDEA THAT  
WILL SOLVE ALL OF OUR  
HEALTH CARE WOES. WE NEED  
TO HEAR THEM ALL.**



**AMERICANS ARE ALMOST  
UNANIMOUS IN BELIEVING THAT  
MAJOR REFORM IS NEEDED TO  
ACHIEVE UNIVERSAL COVERAGE  
AND BETTER VALUE FOR THE  
MONEY. BUT, THE GENERAL  
PUBLIC, LIKE THE EXPERTS, IS  
MUCH LESS CERTAIN WHAT  
SHAPE REFORM SHOULD TAKE.**

**THE PROBLEMS ARE  
OBVIOUS. THE SOLUTIONS ARE  
NOT. AND THAT'S WHY WE'RE  
HERE.**

**BEFORE I CONCLUDE, I  
WOULD LIKE TO THANK THE  
COLUMBIA INSTITUTE FOR THE  
FINE JOB THEY HAVE DONE IN  
ORGANIZING YESTERDAY'S AND**

**TODAY'S EVENTS. FOR MANY  
YEARS THE COLUMBIA  
INSTITUTE HAS BEEN  
ORGANIZING PUBLIC POLICY  
FORUMS ON A BIPARTISAN  
BASIS. I THINK THEY SHOULD  
BE COMMENDED FOR THEIR  
EFFORTS TO FOSTER DEBATE  
ON THESE VERY IMPORTANT  
POLICY ISSUES.**



**I WOULD ALSO LIKE TO  
THANK YOU, AGAIN, FOR YOUR  
INTEREST. I LOOK FORWARD TO  
YOUR CONTINUED  
PARTICIPATION IN THE COMING  
MONTHS.**

Robert J. Dole Institute of Politics  
**REMOVAL NOTICE**

Date: 10/3/2013

Removed from: Dole Speeches - Health Care Summit in Kansas, New Jersey

Accession: 329-94-224 Box Number: Box 33 F. 7 (original)

Removed to:	Oversized Photographs	Box	_____
(Circle one)	Oversized Publications	Box	_____
	Campaign Material	Box	_____
	Oversized Newsprint	Box	_____
	Personal Effects	Box	_____
	Memorabilia	Box	<input checked="" type="checkbox"/>
	Oversized Flats [Posters, Handbills, etc]	Box	_____
	Political Cartoons	Box	_____
	Textiles	Box	_____
	Photograph Collection	Box	_____

Size: 15" x 3.75"

Format: bumper sticker

Description: Blue background with white type: "Health care expensive now? -  
Date: 1993 wait until they make it free!" "The price of liberty is but  
Subject Terms (if any): constant surveillance" "STUCK ON YOU"

Restrictions: none

Remarks: The bumper sticker was stapled on the proper right and bent on the proper left. The bend is 4 inches from the proper left edge.

The bumper sticker was stapled to a letter addressed to Health Care Providers asking them to oppose President Clinton's health care plan. The letter also contains an order form for more bumper stickers with different slogans.

Place one copy with removed item  
Place one copy in original folder  
File one copy in file

**Stuck On You**  
P.O. Box 1643  
Topeka KS 66601-1643

Dear Health Care Provider:

We at *Stuck On You* are extremely concerned with the impending threat on health care delivery in the United States. The excellent health care you provide has been criticized by our President, First Lady and Congress. The American health care delivery system, through which you continually serve your patients, has been categorized as *broken*! The currently pending health care reform bill promises to propagate the federal bureaucracy at a rate pathologic to our society. At the same time health care services will be trimmed-- to the bone.

What can we do? **Fight back!** It is imperative that the public understand the serious consequences of federal intervention into health care delivery. Your patients must understand the unprecedented steps that their elected officials are attempting to control. Both mandating where they can go to get help for their families well being and the manner which providers may be forced to deliver that care. You, as a health care professional have an obligation to transmit these concerns to your patients in order that the public may control its destiny by contacting and influencing appropriate officials. The bumper stickers we have designed are intended to do just that. Either on you vehicle, or as complimentary gifts to your patients and friends, you will be making the first steps in curbing the accelerating tide of reform and propaganda that threatens your profession.

Enclosed you will find an order form to request additional bumper stickers at a nominal charge. You will find a choice of six different designs on the attached page. We would also enjoy any comments you have concerning the stickers or more importantly other ways you have learned to inform your patients.

Good luck to you in this important era of health care. Please remember your civic responsibility and make your opinions known to you patients and government leaders by phone, letters, .... and bumper stickers!

Sincerely,

*Your friends from Stuck On You*



**Stuck On You** Bumper Sticker selection  
(because we as Americans deserve the  
freedom to make personal choices)

Health care expensive now?  
Wait until they make it free!©

Will *Congress* have the same health  
plan they will be giving *you* ?©

Do you really trust Ted Kennedy and his  
friends to direct your family's health care?©

Preserve your freedom-  
Just say NO to socialized health care©

Only one person will feel better after  
*health care* socialization- **Uncle Sam**©

If you like the Postal Service, your going  
to love socialized medicine©

Send your order form to:

Stuck On You  
P.O. Box 1643  
Topeka KS 66601-1643

Please check type and quantity desired.

<b>Bumper sticker</b>	Quant- 1 (\$2.00)	Quant- 10 (\$10.00)	Quant-25 (\$20.00)	Quant-50 (\$30.00)	Quant-100 (\$50.00)	Quant-200 (\$75.00)
Healthcare expensive..						
Will <i>Congress</i> have...						
Do you trust <b>Ted...</b>						
Preserve your freedom-						
Only one person will feel...						
If you like the Post...						

Total amount enclosed \$ \_\_\_\_\_ .00  
(shipping and handling included)  
Please allow 3 weeks for delivery

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_

TO: Senator Dole  
FR: Kerry

RE: Kansas City Business Seminar  
Friday, October 29

\*This is a seminar for the business community sponsored by the Kansas City Business Journal. The event is billed as "A policy discussion of the combined business effect of the 1993 Tax Law, NAFTA, and the President's Health Care Plan.

\*You are the last speaker on the program. Other speakers include Congressman Gephardt, and Ruthita Fike, CEO of Shawnee Mission Medical Center.

\*Kim Wells reports that they're just looking for your thoughts on the three issues, followed by Q&A.



**MARK  
TWAIN  
BANKS**

**MARK TWAIN KANSAS CITY BANK**

Baltimore at Eleventh  
P.O. Box 418445  
Kansas City, Missouri 64141  
Telephone: 816-471-6500

**OCT 18 1993**

*Let's to  
Shelia Burke*

*Shelia -  
Talks have been asking me  
about this. Please let me know  
if Sen. Dole is really going  
to be there.  
Thanks,  
Jack*

October 13, 1993

Ms. Cheryl Jernigan  
KCAHA  
1001 E. 101st Terrace #302  
Kansas City, MO 64131

Dear Cheryl:

On Friday, October 29, 1993, Mark Twain Kansas City Bank will sponsor a seminar focused on Washington's growing partnership with American business. Speakers will address the potential combined business effect of the 1993 Tax Act, the North American Free Trade Agreement and President Clinton's Health Care Plan.

Our featured speakers will include United States Senator Bob Dole and United States Congressman Dick Gephardt. We are proud to attract such prominent speakers to the Kansas City area.

We are very glad to host this seminar and we think it will be an extremely interesting and timely seminar for business owners. The seminar will be open to the public at no charge and will be held at the Hyatt Regency Crown Center Hotel.

Seating for this event is limited and reservations will be required. As a valued friend of the Bank, we would like to give you special notice so you can be assured of a reserved seat.

The seminar is scheduled to commence at 1:30 in the afternoon, will end at 5:00 p.m. and will be followed by a cocktail reception. Please look for The Kansas City Business Journal advertisements on October 15th and 22nd for the final agenda.

Please call 471-6500 to assure your reservation. If you have any questions, please call Terrie South.

Sincerely,

*Jack*  
Jack L. Sutherland  
Regional President

JLS:tgs

Post-It™ brand fax transmittal memo 7671	# of pages 1
To: Shelia Burke	From: Jack L. Sutherland
Co. Co.	Dept. Dept.
Phone: (913) 471-6500	Fax: (913) 471-6500

**SENATOR BOB DOLE  
TALKING POINTS  
KANSAS CITY BUSINESS  
SEMINAR**

**\*THANK YOU. IT'S A  
PLEASURE TO BE HERE AND SEE  
SO MANY TAX PAYERS IN ONE  
ROOM.**

**\*I KNOW THAT I'M THE LAST  
PERSON ON THE PROGRAM**



**AFTER A LONG DAY OF  
SPEECHES, SO I'LL TRY AND  
BRIEFLY TOUCH UPON YOUR  
THREE TOPICS, AND LEAVE  
PLENTY OF TIME FOR YOUR  
QUESTIONS OR COMMENTS.**

**\*LET ME BEGIN WITH THE  
PRESIDENT'S TAX BILL. I  
STRONGLY OPPOSED IT THEN,  
AND CONTINUE TO BELIEVE IT  
WAS BAD ECONOMIC POLICY**



**AND BAD TAX POLICY.**

**\*I BELIEVED THAT WHEN  
PRESIDENT CLINTON TOOK  
OFFICE, HE HAD A REAL  
OPPORTUNITY TO MOVE AWAY  
FROM BUSINESS AS USUAL, AND  
TO TAKE MEANINGFUL LONG-  
TERM ACTION ON REDUCING  
THE DEFICIT.**

**\*NO DOUBT ABOUT IT,  
HOWEVER, HE LET THAT**

## **OPPORTUNITY SLIP AWAY.**

**\*HIS TAX BILL**

**ACCOMPLISHED--OR DIDN'T  
ACCOMPLISH--FOUR THINGS.**

**\*FIRST, IT RAISED TAXES--ON  
THE LIVING AND THE DEAD.**

**\*SECOND, IT DID NOT REDUCE  
GOVERNMENT SPENDING--IT  
SIMPLY SLOWED ITS GROWTH.**

**\*THIRD, IT DID NOTHING TO  
INCREASE JOBS AND**

**ENCOURAGE SMALL  
BUSINESSMEN AND WOMEN TO  
EXPAND AND GROW.**

**\*AND FOURTH, IT DID NOT  
PROVIDE LONG-TERM DEFICIT  
REDUCTION.**

**\*BESIDES THAT, IT WASN'T  
BAD.**

**\*TO PUT IT SIMPLY,  
PRESIDENT CLINTON BELIEVES  
THAT GOVERNMENT CAN TAX,**



**SPEND, AND MANDATE  
AMERICA'S WAY INTO  
PROSPERITY.**

**\*MY REPUBLICAN  
COLLEAGUES IN THE SENATE  
AND I COULDN'T DISAGREE  
MORE. WE BELIEVE THAT  
GROWTH AND PROSPERITY CAN  
ONLY BE ACHIEVED BY  
PROMOTING AND REWARDING  
INDIVIDUAL RISK-TAKING,**

**INITIATIVE, AND HARD WORK.**

**\*LET ME ALSO ADD THAT THE  
C.B.O. HAS PREDICTED THAT  
FOR THE NEXT FIVE YEARS,  
ECONOMIC GROWTH WILL  
NEVER EXCEED 2.7%.**

**REMEMBER THAT DURING THE  
CAMPAIGN, PRESIDENT BUSH  
WAS DRAGGED THROUGH THE  
MUD BECAUSE ECONOMIC**

**GROWTH IN 1992 WAS "ONLY"  
3.9%**

**\*WHY THE ECONOMIC  
SLOWDOWN? A LOT OF  
ECONOMIC EXPERTS AGREE  
WITH ME THAT THE PRESIDENT'S  
TAX AND SPEND BUDGET PLAN  
AND THE THREAT OF MORE  
TAXES TO PAY FOR HEALTH  
CARE REFORM HAS BUSINESS--  
ESPECIALLY SMALL BUSINESS--**



**WORRIED SICK. THEIR WORRIES  
HAVE LED THEM TO CUT COSTS,  
TO NOT BUY THAT NEW PIECE  
OF EQUIPMENT, TO NOT HIRE  
THAT NEW WORKER, OR OPEN  
THAT NEW OFFICE.**

**AND NOW SMALL BUSINESS IS  
NERVOUSLY AWAITING FOR THE  
OTHER SHOE TO DROP--  
PRESIDENT CLINTON'S HEALTH  
CARE REFORM PLAN.**

## **HEALTH CARE**

**\*PRIOR TO ARRIVING HERE, I  
JOINED A NUMBER OF OTHER  
SENATORS AND MRS. CLINTON  
IN ATTENDING A "MIDWEST  
SUMMIT ON HEALTH CARE."**

**\*AND I THINK EVERYONE  
THERE--AND EVERYONE HERE--  
WOULD AGREE THAT THERE ARE  
PARTS OF OUR HEALTH CARE  
SYSTEM WHICH NEED TO BE**

**FIXED. SO WE'RE ALL STARTING  
DOWN THE ROAD TO REFORM  
TOGETHER.**

**\*BUT MAKE NO MISTAKE  
ABOUT IT, IT'S GOING TO BE A  
LONG AND BUMPY ROAD,  
BECAUSE WE DON'T AGREE ON  
HOW BEST TO FIX OUR SYSTEM,  
AND HOW BEST TO ENSURE  
THAT THE QUALITY AND CHOICE  
WHICH AMERICANS HAVE COME**



**TO EXPECT ARE PRESERVED.**

**\*LET ME ALSO SAY THAT  
TURNING OVER ONE-SEVENTH  
OF OUR ECONOMY TO THE  
UNITED STATES GOVERNMENT IS  
AN IDEA THAT HAS MANY  
AMERICANS, REPUBLICANS AND  
DEMOCRATS, VERY  
CONCERNED.**

**\*AND TERMS SUCH AS  
"EMPLOYER MANDATES,"**

**"PREMIUM CAPS," AND  
"MANDATORY HEALTH  
ALLIANCES" HAVE MANY SMALL  
BUSINESSMEN AND WOMEN,  
THEIR EMPLOYEES, AND HEALTH  
CARE PROVIDERS ASKING  
IMPORTANT QUESTIONS WHOSE  
ANSWERS WILL AFFECT THEIR  
FAMILIES, THEIR HOPES, AND  
THEIR DREAMS.**

**\*THIS IS NOT TO SAY THAT**

**OTHER PLANS REPUBLICANS  
AND DEMOCRATS HAVE  
PROPOSED ARE PERFECT OR  
ARE WRITTEN IN CONCRETE.  
THEY'RE NOT.**

**\*WHAT WE OWE TO THE  
PEOPLE IS A PROMISE THAT WE  
WILL NOT WORRY ABOUT PRIDE  
OF AUTHORSHIP, AND THAT WE  
WILL WORK TOGETHER ON A BI-  
PARTISAN BASIS TO ADOPT A**



**PLAN THAT IS GOOD FOR THE  
HEALTH OF ALL AMERICANS,  
OUR NATION, AND OUR  
ECONOMY.**

**\*AND WE ALSO OWE THEM  
THE TRUTH. NO SMOKE AND  
MIRRORS, NO JUGGLING OF THE  
BOOKS, NO ROSY SCENARIOS.  
WE MUST EXPLAIN HONESTLY  
AND CLEARLY WHO GAINS, WHO  
LOSES, AND WHAT IT WILL COST.**

**\*I WILL NOT TRY TO PREDICT  
WHEN A HEALTH REFORM  
PACKAGE WILL PASS THE  
CONGRESS, BUT I'M WILLING TO  
WAGER THE FINAL PRODUCT  
WILL BE CONSIDERABLY  
DIFFERENT THAN ANY BILL THAT  
HAS BEEN PROPOSED TO DATE.**

**NAFTA**

**\*WE ARE ENTERING A  
DECISIVE PHASE FOR THE**

**NORTH AMERICAN FREE TRADE  
AGREEMENT. AND I KNOW THAT  
CONGRESSMAN GEPHARDT WAS  
HERE EARLIER TODAY AND  
OUTLINED HIS REASONS FOR  
OPPOSING HIS PRESIDENT AND  
OPPOSING NAFTA.**

**CONGRESSMAN GEPHARDT IS  
WRONG.**

**\*AT IT'S HEART, I BELIEVE THE  
DEBATE OVER NAFTA IS A**



## **DEBATE OVER LEADERSHIP.**

**\*IF THIS COUNTRY WANTS TO  
CONTINUE TO LEAD THE  
WORLD'S ECONOMY, IF WE  
WANT TO SUCCEED IN TODAY'S  
NEW GLOBAL MARKETPLACE,  
THEN WE CANNOT BE AFRAID TO  
COMPETE. WE CANNOT BUILD A  
WALL AROUND OUR COUNTRY  
AND CALL IT "ECONOMIC**

**SECURITY." THAT NOTION IS A  
DELUSION.**

**\*BUT NO DOUBT ABOUT IT--  
THE ADVOCATES OF THAT  
NOTION HAVE MET WITH SOME  
SUCCESS, BECAUSE THEY PREY  
ON FEAR AND ANXIETY--  
ESPECIALLY THE FEAR OF  
LOSING A JOB.**

**\*PROTECTIONISM MAY GIVE A  
TEMPORARY FEELING OF**

**SECURITY--BUT THE PRICE TAG  
FOR THAT FEELING IS HIGH. WE  
PAY FOR IT BY ROBBING FUTURE  
GENERATIONS OF GROWTH,  
PROSPERITY, AND  
PRODUCTIVITY.**

**\*I'VE SURE MANY OF YOU  
HAVE SEEN ROSS PEROT'S NEW  
ANTI-NAFTA BOOK CALLED  
"SAVE YOUR JOB, SAVE OUR  
NATION." WELL MY ADVICE IS**



**THAT YOU SAVE YOUR MONEY,  
AND NOT BUY THE BOOK,  
BECAUSE, ACCORDING TO THIS  
STUDY BY THE CLINTON  
ADMINISTRATION, IT IS FULL OF  
MISSTATEMENTS.**

**\*THE BOOK IGNORES A LOT  
OF FACTS, BUT MOST  
IMPORTANTLY, IT IGNORES  
WHAT MEXICO HAS DONE TO  
TRANSFORM ITS ECONOMY. I**

**MET WITH PRESIDENT SALINAS A  
FEW MONTHS AGO. HE HAS  
COMMITTED MEXICO TO A PATH  
OF ECONOMIC REFORM THAT  
HAS BROUGHT STUNNING  
RESULTS, AND WHICH EXPERTS  
BELIEVE WILL YIELD CONTINUED  
GROWTH AND PROSPERITY IN  
THE COMING YEARS.**

**\*BY NOT TAKING ADVANTAGE  
OF THIS HISTORIC**

**OPPORTUNITY, WE WILL ALLOW  
OTHER COUNTRIES TO TAKE  
OUR PLACE AS MEXICO'S  
PARTNER. AND THAT WOULD BE  
AN ECONOMIC MISTAKE.**

**\*THE FACT IS THAT MEXICO  
HAS A TREMENDOUS APPETITE  
FOR AMERICAN GOODS AND  
SERVICES...FOR OUR  
AUTOMOBILES, HEAVY  
MACHINERY, CONSTRUCTION**



**HELP, ELECTRONIC EQUIPMENT,  
AND CHEMICALS. IN FACT,  
AMERICA NOW ENJOYS A TRADE  
SURPLUS WITH MEXICO OF  
NEARLY \$5.4 BILLION, AND A  
FULL SEVENTY CENTS OF EVERY  
DOLLAR MEXICO SPENDS ON  
IMPORTED PRODUCTS IS NOW  
SPENT ON AMERICAN GOODS.**

**\*THE APPETITE FOR  
AMERICAN PRODUCTS MEANS**

**JOBS FOR AMERICAN WORKERS.  
SINCE 1986, U.S. EXPORT  
VOLUME TO MEXICO HAS  
TRIPLED, CREATING MORE THAN  
400,000 NEW JOBS HERE IN THE  
UNITED STATES.**

**\*MAKE NO MISTAKE ABOUT IT,  
NAFTA EXTENDS FAR BEYOND  
MEXICO. OTHER COUNTRIES  
LIKE CHILE AND ARGENTINA  
WHO HAVE BEEN MOVING FROM**

**STATE-CONTROLLED TO  
MARKET-DRIVEN ECONOMIES  
ARE FOLLOWING NAFTA VERY  
CLOSELY. IF IT PASSES, THEN  
THEY WILL WANT TO BE NEXT.  
THEY WILL OPEN THEIR  
BORDERS TO MORE AMERICAN  
GOODS AND SERVICES.**

**AND IF NAFTA FAILS, THEY  
WILL KNOW THAT AMERICA HAS  
DECIDED TO NOT PLAY A**



**LEADERSHIP ROLE IN THE  
WORLD MARKETPLACE. AND  
WHILE THERE MAY BE A PRICE  
TO LEADERSHIP, CHOOSING NOT  
TO BE A LEADER WOULD RESULT  
IN AMERICAN EMPLOYERS AND  
EMPLOYEES PAYING A MUCH  
HIGHER PRICE.**

**\*YOU'RE ALL BUSINESSMEN  
AND WOMEN, SO LET ME PUT IT  
TO YOU THIS WAY---WHO WOULD**

**YOU RATHER HAVE ON YOUR  
BOARD OF DIRECTORS--HOW  
ABOUT A TEAM OF JIMMY  
CARTER, GERALD FORD,  
RONALD REAGAN, AND GEORGE  
BUSH--ALL OF WHOM ARE  
SUPPORTING NAFTA.**

**\*OR HOW WOULD YOU LIKE  
TO LOOK ACROSS YOUR BOARD  
ROOM AND SEE JESSE  
JACKSON, RALPH NADER, PAT**

**BUCHANAN, JERRY BROWN, AND  
ROSS PEROT--WHO ARE  
OPPOSING NAFTA?**

**I THINK THE ANSWER IS  
CLEAR--AND SO, TOO, IS THE  
PATH WE MUST TAKE ON NAFTA.**

**\*HAPPY TO TAKE A FEW  
QUESTIONS.**

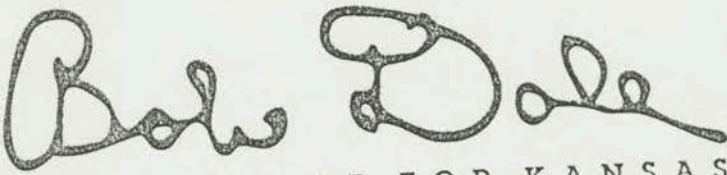


United States Senate

COMMITTEE ON FINANCE

*Briefing  
Book*

NEWS  
FROM:

  
U. S. SENATOR FOR KANSAS  
SENATE REPUBLICAN LEADER



FOR IMMEDIATE RELEASE  
Friday, October 8, 1993

CONTACT: Clarkson Hine  
(202) 224-5358

## MIDWEST SUMMIT ON HEALTH CARE

DOLE ANNOUNCES KANSAS CITY & GARDEN CITY  
TO HOST HISTORIC TWO-DAY HEALTH CARE EVENT:  
PUBLIC SESSIONS "BRING HEALTH CARE DEBATE HOME TO KANSAS"

Washington -- Kansas City and Garden City will play host to the two-day "Midwest Summit on Health Care: Rx for Reform" later this month, Senate Republican Leader Bob Dole (R-Kansas) announced today. The summit will begin with a session in Kansas City, Missouri on October 29th, and will conclude with a session on October 30th in Garden City. Both sessions are open to the general public.

"This historic two-day event will bring the health care debate home to Kansas," Senator Dole said. "The presentations and discussions will give Kansans an opportunity to learn about the Clinton plan, the Republican alternatives, and how they will affect our families, our rural communities, our state, our region, and our nation. More importantly, it will give Kansans an opportunity to be part of our national prescription for reform."

Both sessions will feature presentations by Clinton Administration officials, and panel discussions featuring health care providers, insurers, consumer representatives, employers, and state and regional health officials. The panels will also respond to questions from the general public. First Lady Hillary Rodham Clinton has been invited to address the Kansas City event.

The Health Care Summit's Kansas City session will begin at 8:30 AM on Friday, October 29th, and will be held in Bartle Hall of the Kansas City Convention Center. It will be co-chaired by Senators Dole, Nancy Kassebaum (R-Kansas), Jack Danforth (R-MO) and Kit Bond (R-MO).

"This is a unique opportunity for Kansans to express their views on the health care crisis and hear what the nation's top experts believe must be done to cure our ailing health care system," Senator Kassebaum said.

The Summit session in Garden City will be co-chaired by Senators Dole and Kassebaum, and Congressman Pat Roberts. The Garden City event will take place in the Clifford Hope Auditorium at Garden City High School, and begin at 9:00 AM on Saturday, October 30th.



care provided, state and regional health officials. The panels will also respond to questions from the general public. First Lady Hillary Rodham Clinton has been invited to address the Kansas City event.

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"This is a unique opportunity for Kansans to express their views on the health care crisis and hear what the nation's top experts believe must be done to cure our ailing health care system," Senator Kassebaum said.

The Summit session in Garden City will be co-chaired by Senators Dole and Kassebaum, and Congressman Pat Roberts. The Garden City event will take place in the Clifford Hope Auditorium at Garden City High School, and begin at 9:00 AM on Saturday, October 30th.

Due to space limitations, those wishing to attend must register in advance through the Columbia Institute, an independent, bi-partisan organization that is coordinating the events. The only cost to participants will be a fee, collected by the Columbia Institute, to cover the cost of the lunch and refreshment breaks. Those interested in attending may call the offices of Senators Dole, Kassebaum, Danforth or Bond, or Representative Roberts for further information.

###



# HEALTH CARE SUMMIT

## \*\*\* MEDIA ADVISORY \*\*\*

### KANSAS CITY, FRIDAY OCTOBER 29: CREDENTIALS, PRESS FACILITIES, SATELLITE INFORMATION

Senators Bob Dole, Nancy Kassebaum, Jack Danforth and Kit Bond will convene an educational public policy forum on health care, "The Midwest Health Care Summit: Rx for Reform," on Friday, October 29 at H. Roe Bartle Hall at the Kansas City Convention Center in Kansas City, MO. The following credential procedures and press arrangements have been established by the Columbia Institute, an independent non-partisan public policy group which is coordinating the event.

Press credentials may be obtained at the Kansas City Marriott Downtown, 200 West 12th Street, from 2-4 p.m. on Thursday, October 28, 1993, and at H. Roe Bartle Hall in the Kansas City Convention Center, 1100 Main Street, at 8 a.m. Friday, October 29, 1993. A valid press I.D. must be presented at the press registration facilities to obtain the proper credentials.

The entire Kansas City conference will be broadcast live on C-SPAN.

In addition, the conference will be available on satellite.

Time:	8:00 a.m. - 8:30 a.m. Test Signal
	8:30 a.m. - 12:30 a.m. Morning Program
	1:00 p.m. - 1:15 p.m. Test Signal
	1:15 p.m. - 3:15 p.m. Afternoon Program
Satellite:	SBS-6
Location:	95 degrees west
Transponder:	4
Channel:	5 (on Chaparral Sierra III receivers)
Polarization:	Vertical
Video Frequency:	11798.5 MHz
Audio Subcarrier:	6.2 & 6.8 MHz
Trouble Number:	(913) 532-7041

There will be a camera platform, press seating area, and press filing room available. For more information regarding radio mult availability and camera pool arrangements, talk with Jim Mock at the Kansas State University's Educational Communications Center, (913) 532-7041.

For further information call Christopher Norton, Conference Press Coordinator, at (202) 547-2470, or Clarkson Hine of Senator Dole's office at (202) 224-5358.

Detailed information on speakers and panelists to be sent in coming days.





FOR IMMEDIATE RELEASE  
Tuesday, October 26, 1993

CONTACT: Clarkson Hine  
(202) 224-5358

# MIDWEST HEALTH CARE SUMMIT

## FIRST LADY HILLARY RODHAM CLINTON TO ADDRESS KANSAS CITY HEALTH CARE CONFERENCE

WASHINGTON -- Senators Bob Dole and Nancy Kassebaum of Kansas and Senators Jack Danforth and Kit Bond of Missouri today announced that First Lady Hillary Rodham Clinton has accepted their invitation to appear at "The Midwest Summit on Health Care" that the Senators are co-chairing this Friday in Kansas City, Missouri.

The Kansas City session of the Health Care Summit will feature presentations on the Clinton health care plan, and the Republican alternatives, as well as panel discussions featuring health care providers, insurers, consumer representatives, employers and state and regional health officials. Mrs. Clinton and Senator Dole are scheduled to deliver remarks following lunch at Friday's event, which will be held in Bartle Hall of the Kansas City Convention Center.

"I'm pleased that Mrs. Clinton has accepted our invitation to come to Kansas City and participate in this important public forum," Senator Dole said. "Her presentation should be especially helpful and informative coming just two days after the Administration is expected to send its health care legislation to Capitol Hill," Dole added.

"In my own dealings with Mrs. Clinton, I have been impressed with her extraordinary command of the health care issue and her interest in bipartisanship," Senator Kassebaum said. "I am looking forward to Mrs. Clinton bringing her perspectives to Kansas City for what promises to be a very substantive and valuable conference."

Senator Danforth said: "I believe that Congress and the Administration will be able to reach agreement on sensible and effective reforms in health care. There are differences between the Administration's plan and the bill I am sponsoring, but there also are important areas of agreement. I am delighted that Mrs. Clinton has accepted our invitation to come to Kansas City," Danforth added. "I look forward to a productive discussion of issues that are of vital importance to every person in the country."

"We have a tremendous opportunity to build a bipartisan consensus for health reform," Senator Bond said. "Even though the Clinton and Republican approaches have many differences, they also share much common ground which could be a launching pad for bipartisan reform. Mrs. Clinton has energized the health debate, and Midwesterners should listen carefully to the substance of her presentation in Kansas City," Bond continued.

Following the Kansas City session, "The Midwest Summit on Health Care" will conclude on Saturday, October 30th with sessions in Garden City, Kansas and Columbia, Missouri. All sessions are open to the general public. The conference is being coordinated by the Columbia Institute, an independent, nonpartisan public policy organization. Individuals are asked to



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Following the Kansas City session, "The Midwest Summit on Health Care" will conclude on Saturday, October 30th with sessions in Garden City, Kansas and Columbia, Missouri. All sessions are open to the general public. The conference is being coordinated by the Columbia Institute, an independent, nonpartisan public policy organization. Individuals are asked to contact one of their Senators' offices for registration information.

###



# MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

October 29 and 30, 1993

October 5, 1993

Dear Friend:

On Friday, October 29 and Saturday, October 30, 1993, we will host the "MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform." It will be an opportunity for the people of Kansas to take part in the debate on national health reform. It is our pleasure to invite you to participate.

Health care reform will affect all Americans. The conference we have planned will bring together health care experts from business, consumer groups, labor, academia, the medical professions and government to discuss each of the proposals for providing affordable quality health care for all Americans. Your participation will help bring forth innovative and practical solutions to the health care challenges facing Kansas and our nation.

The luncheon speaker will be Hillary Rodham Clinton, First Lady of the United States. As Chair of President Clinton's Task Force on National Health Care Reform, the First Lady will outline the President's recently announced health care reform proposal.

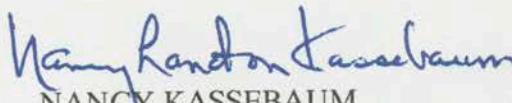
The conference on Friday will be held in H. Roe Bartle Hall at the Kansas City Convention Center. Registration begins at 7:30 a.m. and the conference will begin promptly at 8:30 a.m. and will conclude at 4:00 p.m. The conference on Saturday will be a half-day event with a focus on rural issues and will be held in Garden City, Kansas, at Clifford Hope Auditorium at Garden City High School. Registration begins at 8:00 a.m. and the conference will begin at 9:00 a.m. and conclude at 1:00 p.m. A box lunch will be served. To confirm your attendance for either or both events, please complete and return the enclosed registration form.

These will be historic events, both exciting and productive for our community and our nation. We sincerely hope that you will be able to join us.

Sincerely,



BOB DOLE  
U.S. Senator



NANCY KASSEBAUM  
U.S. Senator



JOHN DANFORTH  
U.S. Senator



CHRISTOPHER BOND  
U.S. Senator

NOT PRINTED AT GOVERNMENT EXPENSE



Coordinated by COLUMBIA INSTITUTE

MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

October 29-30, 1993  
Kansas City Convention Center  
Kansas City, Missouri

Senators Dole, Kassebaum, Danforth, and Bond  
Co-Chairs

SPEAKERS

=====

Dr. Robert Blendon, Sc.D.  
Chair  
Department of Health Policy and  
Management  
Harvard School of Public Health  
677 Huntington Avenue  
Boston, MA 02115

Senator John Chafee  
Chair  
Republican Task Force on Health Care  
567 Dirksen Senate Office Building  
Washington, DC 20510-3902

Dr. D. Kay Clawson  
Executive Vice Chancellor  
Kansas University Medical Center  
39th & Rainbow Blvd.  
Kansas City, KS 66103

Mrs. Hillary Rodham Clinton  
First Lady of the United States  
The White House  
Old Executive Office Building, Rm 287  
Washington, DC 20500

Mr. E. Frank Ellis  
Executive Director  
Swope Parkway Health Center  
4900 Swope Parkway  
Kansas City, MO 64130

Mr. Paul M. Ellwood, Jr.  
President & CEO  
InterStudy/Jackson Hole Group  
P.O. Box 350  
Teton Village, WY 83025

Mr. Lawrence English, C.L.U.  
CIGNA HealthCare  
c/o Michael Marone  
P.O. Box 7716  
Philadelphia, PA 19192-1540

Dr. Judith Feder, Ph.D.  
Deputy Assistant Secretary  
Department of Health and Human Services  
200 Independence Avenue  
Hubert H. Humphrey Building, Rm 415-F  
Washington, DC 20201

Ms. Connie Hadley  
Appointee  
Federal Council on Aging  
8245 Nieman Road, Suite 114  
Lenexa, KS 66214

Ms. Michelle Hinds, R.N., M.S.N.  
Immediate Past President  
Kansas State Nurses Association  
Topeka, KS

Mr. John K. Iglehart  
Editor  
Health Affairs  
Two Wisconsin Circle, Suite 500  
Chevy Chase, MD 20815

Ms. Linda Jenckes  
Senior Vice President  
Health Insurance Association  
of America  
1025 Connecticut Avenue, NW  
Washington, DC 20036



Mr. Jerry Kenefake  
Director, Compensation and Benefits  
Hallmark Cards, Inc.  
P.O. Box 419580  
Benefits Department #185  
Kansas City, MO 64141-6580

Mr. Richard Krecker  
President & CEO  
Blue Cross & Blue Shield of Kansas City  
2301 Main Street  
Kansas City, MO 64105

Mr. Charles Lindstrom  
CEO  
Saint Luke's Health System  
44th & Wornall  
Kansas City, MO 64111

Senator Don Nickles  
713 Senate Hart Office Building  
Washington, DC 20510

Dr. Randall O'Donnell, Ph.D.  
President & CEO  
The Children's Mercy Hospital  
2401 Gillham Rd.  
Kansas City, MO 64108

Dr. William Peck, M.D.  
Executive Vice Chancellor and Dean  
Washington University School of Medicine  
Washington University Medical Center  
660 South Euclid Avenue  
Campus Box 8106  
St. Louis, MO 63110

Ms. Sandy Praeger  
Kansas State Senator  
c/o Douglas County Bank  
300 West Ninth  
P.O. Box 429  
Lawrence, KS 66044-0429

Mr. Wynn Presson  
Vice Chairman of the Board  
Health Midwest  
2304 East Meyer Blvd  
Suite A-10  
Kansas City, MO 64132

Dr. Uwe Reinhardt, Ph.D.  
Professor, Political Economy  
Woodrow Wilson School of Public and  
International Affairs  
Robertson Hall  
Princeton University  
Princeton, NJ 08544-1013

Mr. Landon Rowland  
President & CEO  
Kansas City Southern Industries  
114 West 11th Street  
Kansas City, MO 64105-1804

Dr. William Roy, Sr., M.D.  
Chairman  
Kansas Commission on the Future  
of Health Care, Inc.  
900 SW Jackson  
Room 660  
Topeka, KS 66612-1290

Mr. James Schwartz, Jr.  
Consulting Director  
Kansas Employer Coalition on  
Health, Inc.  
1271 Southwest Harrison  
Topeka, KS 66612

Mr. Richard Scott  
President and Chief Executive Officer  
Columbia Healthcare Corporation  
201 West Main Street  
P.O. Box 740033  
Louisville, KY 40201-7433

Mr. Ley Smith  
President and Chief Operating Officer  
The Upjohn Company  
c/o Ed Greissing  
1455 F Street, Suite 450  
Washington, DC 20005

Dr. Carl Strauss  
President  
Metropolitan Medical Society  
of Kansas City  
3036 Gillham Road  
Kansas City, MO 64108





## COLUMBIA INSTITUTE

### MEMORANDUM

TO: SENATE CHAIRS  
FROM: JONATHAN ORTMANS, EXECUTIVE DIRECTOR  
RE: HEALTH CARE SUMMIT  
DATE: OCTOBER 29/30, 1993

---

On behalf of the Columbia Institute, I would like to thank you for affording us the opportunity to organize such an important health care forum. It has been a privilege and a pleasure to work with your staff over the last two months and we look forward to working with you on more educational forums in the future.

### BACKGROUND

#### Invitations

Everyone invited to the conference received an invitation from the conference chairs as well as a preliminary agenda with speaker information. A sample of this invitation packet is enclosed, along with a list of attendees. Also enclosed is a list of those sponsoring and cosponsoring organizations that have helped to support and promote the program. As you will see, the organizations involved cover a great deal of the principal parties interested in the outcome of this debate. Every effort has been made to be as inclusive as possible.

#### Funding

As a reminder, this program has been funded neither through taxpayer dollars nor political funds. Rather, the Columbia Institute assumes complete financial responsibility for the events, seeking financial sponsorship from local organizations who wish to be involved in the program based on its agendas and objectives. All sponsors are listed publicly on the program. Sufficient funds were generated to finance all three conferences, including the significant costs involved in television production and satellite conferencing. The entire program is open to the public and the only cost to participants is their lunch.

### Television/Satellite/Media

The conferences are being viewed at a number of satellite locations noted in the "Attendee" section of this packet. The program is also being covered live, with anchors, by both C-SPAN and Public Television. Special arrangements have been made for the press, including filing rooms. Details regarding joint releases and our press strategy are available through your individual press secretaries.

### Panels

The development of the panels for the program was challenging. As expected, there was a high demand to participate as well as speculation regarding who might be invited to the table. The summary program that follows your schedule lists the panelists by affiliation in order to assist you in understanding the affiliations represented.

Background information is available from your staff or the staff of Columbia Institute regarding the development of the panels and the reasons for certain inclusions and omissions.

### Thank You Letters

Brief "Thank you notes" have been prepared and are being signed. They will be mailed on Saturday October 30, 1993.

### Audiotapes

Audio tapes of individual presentations and panel discussions are available on-site in the registration area immediately following the program.

### Kansas/Missouri Allocation

Every effort was made to serve both states equally. For example, the event is being held in Missouri while the catering and dinner contracts have been awarded to Kansas companies. The same effort also went into the mailing of invitations, panelist selection and other political/content decisions.

### Transportation

While we have worked together in coordinating arrangements, your district office staff will be handling all local transportation and accommodation throughout these events.



### PRE-CONFERENCE DINNER

This dinner at the Overland Park Marriott will be the first event of the Summit. After a brief news conference at the airport, you will proceed there with your staff. You are scheduled to arrive at 7:00 p.m. with dinner commencing at 8:00 p.m.

*NOT  
Collect*

The purpose of the dinner is to show special recognition to those who have been instrumental in making the conference a success. This includes the sponsors and speakers of the conference as well as your own staff. No others were invited to this "private" dinner. Invitations were extended by the Columbia Institute.

There is no program at the dinner, but each participant will be wearing name tags to identify themselves. Each Chair may wish to comment briefly, perhaps expressing enthusiasm for the event and thanking those that helped make it possible. If this is done at the beginning of dinner then it is easier for both guests and hosts alike to enjoy the evening. We expect the dinner to end around 9:30 p.m.

Columbia Institute staff will be available after dinner for any special briefing requests.

### KANSAS CITY CONFERENCE

#### General

The main program will commence at 8:30 a.m. when all chairs should be present on the stage. WE MUST IMPRESS THAT WE HAVE PURCHASED SATELLITE TIME AND THAT WE MUST MAKE EVERY EFFORT TO START ON TIME. It is a full morning and we would like to avoid running behind.

There is a room for Senators and their staff clearly marked next to the Grand Hall. This is for your personal use and has been equipped with phones. (Speakers and the press will also be provided rooms.)

Following this memo is a script which outlines your role in the conference and provides including details such as the biographies of those whom you should introduce. You will be seated on the platform on either side of the podium throughout the session and the stage set-up will not change throughout the day.



### Conference Format

The morning presentations are self explanatory. However, it should be noted that the panels at 10:30 a.m., 11:30 a.m. and in the afternoon are designed to be informal roundtable discussions. As the number of panelists involved makes it difficult for each to make formal comments, we have suggested that the sessions be run more like a Sunday morning talk show with John Iglehart and Kay Clawson serving as moderators.

You have no expected role in these panels. Staff will forward questions to you that are sent up from the audience and you should feel at free to interrupt and offer comments as you see fit.

### Special Needs

Arrangements have been made for those participants with special needs including a signer for the deaf, areas for the hard of hearing and special seating for the physically disabled.

### House Members

Through letters and calls from your offices and materials from the Columbia Institute, the House members from both delegations have been invited to participate in this event.

## **GARDEN CITY, KS / COLUMBIA, MO**

Following the Kansas City forum, you will depart for either Garden City, KS or Columbia, MO. There is no program in either location until 9:00 a.m. on Saturday morning.

A separate script and program for the rural events has been furnished.

## **SCHEDULE**

INSERT BY CONGRESSIONAL STAFF HERE

MIDWEST SUMMIT ON HEALTH CARE:  
Rx for Reform

Friday, October 29, 1993

Bartle Hall - Level II, Grand Hall  
Kansas City Convention Center

CHAIRS' SCRIPT

Senator Bob Dole  
Senator Nancy Kassebaum  
Senator John Danforth  
Senator Christopher Bond  
Chairs

## HOUSEKEEPING INFORMATION

(Jonathan Ortman will announce)

**SATELLITE COVERAGE:** This program will be aired live via satellite at various locations throughout Kansas, Missouri and the United States, as well as on C-SPAN and Kansas Public Television. Your cooperation is appreciated in keeping noise levels within the Auditorium to a minimum.

**COFFEE:** Due to the large numbers there will be no formal coffee breaks, however coffee is available throughout the morning in the registration area.

**CONFERENCE MATERIALS:** Audiotapes of all or part of this program are available today in the registration area or by calling the number listed in your program.

**QUESTIONS OR COMMENTS:** Due to the large volume of people at the conference, questions and comments are being taken throughout the program via question cards. There are card dispensers placed throughout the room - please take a card and write your name, address, question, and person you would like to have address it, and be brief. These questions or comments will be asked at the chairs'/moderator's discretion either during the panels or after the lunch program. Questions not asked will be saved and forwarded to the appropriate party.

(continued on next page)



**SURVEYS:** Please note the surveys that were handed out to you as you entered. Please complete them and return them to the registration desk as you leave for lunch.

**FURTHER ASSISTANCE:** If you have additional questions, please contact any of the conference staff identified by a green "staff" ribbon.

8:30 a.m. WELCOME

Orval Hansen, Ph.D.  
President, The Columbia Institute

You will want to take this time to recognize the sponsors and cosponsors for their help:

"I would like to draw your attention to the list of Sponsors and Cosponsors on the back of your program. I think we should all give them a round of applause."

You will also want to acknowledge the Columbia Institute at this time.

8:35 a.m.      INTRODUCTORY REMARKS

Senator Bob Dole



I.

8:45 a.m.      UNDERSTANDING AND RESPONDING TO  
REFORM PROPOSALS

Uwe Reinhardt, Ph.D.  
(Introduction by Senator John Danforth.)

NOTE: Dr. Reinhardt will be speaking for approximately 30 minutes and will address questions submitted on question cards at his discretion.

Current:

James Madison Professor of Political Economy  
Woodrow Wilson School of Public and International  
Affairs, Princeton University

President, American Association of Health Services  
Research

Previous:

Committee on the Implications of For-Profit  
Medicine, Institute of Medicine, National Academy  
of Sciences

Education:

Ph.D., Economics, Yale University

Professor Reinhardt is recognized as  
perhaps the best speaker on this subject in  
the country.

9:15 a.m. THE CLINTON HEALTH CARE PROPOSAL

Judith Feder, Ph.D.

(Introduction by Senator Nancy Kassebaum.)

NOTE: Dr. Feder will speak for 30 minutes and will address questions submitted on question cards at her discretion.

Current:

Principal Deputy Assistant Secretary for Planning  
and Evaluation, Department of Health and Human  
Services

Department's chief policy analyst

Previous:

chair of the working groups for the President's  
Health Reform Task Force

director, Clinton Health Transition Team

co-director, Center for Health Policy Studies,  
Georgetown University Medical School

staff director, U.S. Bipartisan Commission on  
Comprehensive Health Care (Pepper Commission)

Education:

B.A., Brandeis University

M.A., Ph.D., Harvard University

9:35 a.m.      REPUBLICAN ALTERNATIVES

Senator John Chafee

(Introduction by Senator Bob Dole.)

NOTE: Senator Chafee will speak and then will address questions submitted on question cards at his discretion.

Current:

Chair, Republican Task Force on Health Care

Member, Senate Finance Committee

Member of the U.S. Senate from the state of Rhode Island since 1976

Previous:

Secretary for the Navy (1969-72)

Governor of Rhode Island (1963-1969)

Education:

a graduate of Yale University and Harvard Law School



## REPUBLICAN ALTERNATIVES (continued)

Senator Don Nickles

(Introduction by Senator Bob Dole.)

NOTE: Senator Nickles will speak and then will address questions submitted on question cards at his discretion.

Current:

Senator from Oklahoma

serves on the budget, energy and appropriations committees

History:

successfully fought to repeal the Medicare Catastrophic Coverage Act.

has written legislation to remove the Medicare reimbursement differential for new doctors and attract physicians to rural areas

is the Senate sponsor of the Consumer Choice Health Plan

## REPUBLICAN ALTERNATIVES (continued)

Senator John McCain

(Introduction by Senator Dole)

NOTE: Senator McCain will speak and then will address questions submitted on question cards at his discretion.

Current:

Senator from Arizona

serves on the Armed Services, Commerce, Science and Transportation, Governmental Affairs, Select Indian Affairs, Special Aging

History:

Chairman, International Republican Institute

Chairman, Energy and Environment Study Conference

National Chairman of the Veterans for the Bush  
Committee to re-elect George Bush

## II. ANALYSIS AND DISCUSSION

(Introduction by Senator Christopher Bond.)

NOTE: Senator <sup>BOND</sup>~~Bond~~ should introduce the panel moderator only. John Iglehart will then introduce the panelists all at once, mentioning that the panelists' detailed biographies are in the program.

10:30 a.m.      PANEL DISCUSSION A  
                    PANEL MODERATOR

John Iglehart

Current:

Founder and Editor of Health Affairs, a quarterly award-winning policy journal published by Project HOPE

National Correspondent, New England Journal of Medicine

Previous:

editor of the National Journal, a Washington, D.C.-based policy journal, from 1969 to 1979

vice president, Kaiser Foundation Health Plan (1979-81)

Education:

B.S., University of Wisconsin-Milwaukee



10:30 a.m.     PANEL A

INTRODUCTION BY JOHN IGLEHART

PANELIST

CURRENT

Jerry Kennefake

Director of Compensation and  
Benefits, Hallmark Cards, Inc.

Richard Kreckler

President and Chief Executive  
Officer, Blue Cross and Blue  
Shield of Kansas City

Charles Lindstrom

Chief Executive Officer, Saint  
Luke's Health System

William Peck, M.D.

Executive Vice Chancellor for  
Medical Affairs and Dean,  
Washington University School of  
Medicine at Washington  
University Medical Center

James Schwartz, Jr.

Consulting Director, Kansas  
Employer Coalition on Health,  
Inc.

Ley Smith ("Lee")

President and Chief Operating  
Officer, The Upjohn Company

Paul Smith, Jr., C.L.U.

Treasurer, National Association  
of Life Underwriters

Harry Spring

Manager, Government Relations,  
Humana Health Care Plans, and  
President, Kansas Association of  
Managed Care Plans

Carl Strauss, M.D.

President, Metropolitan Medical  
Society of Kansas City

## II. ANALYSIS AND DISCUSSION (continued)

11:30 a.m. PANEL DISCUSSION B

### PANEL MODERATOR

John Iglehart will ask the second panel to take the stage.

### PANELIST

### CURRENT

E. Frank Ellis

President, Swope Parkway  
Health Center

Lawrence English, C.L.U.

President, CIGNA Employee  
Benefits Companies

Mike Fisher

President, Greater Kansas City  
AFL-CIO

Joseph Galichia, M.D., FACC

President and Medical  
Director, The Galichia Medical  
Group, P.A.

Connie Hadley

Appointee, Federal Council on  
Aging

Michelle Hinds, R.N.

Immediate Past President,  
Kansas State Nurses Association

E.J. "Ned" Holland, Jr.

Senior Vice President, Human  
Resources, Payless Cashways, Inc.



Linda Jenckes

Senior Vice President, Health  
Insurance Association of America

Landon Rowland

President and Chief Executive  
Officer, Kansas City Southern  
Industries

Richard Scott

President and Chief Executive  
Officer, Columbia Healthcare  
Corporation

12:30 p.m. LUNCHEON

THANK YOU ANNOUNCEMENTS: John Iglehart

PLEASE ANNOUNCE: "I would like to thank everyone for their participation this morning. Enjoy your lunch and we will see everyone back in this auditorium in their seats at 1:10 p.m. for the second half of the program."

Housekeeping Information: (Jonathan Ortman will announce)

Lunch will be served upstairs (Level III - we are on Level II) in the North Hall. Conference attendees should be reminded that luncheon tickets will be collected at the entrances to North Hall and that those without tickets will not be served lunch.

Everyone should also be reminded that completed surveys should be returned to the registration area as well, and that tape order forms may be brought to Michelle Spencer at the audiotape center. Tapes are also available on the spot for both individual speeches and the entire program.

NOTE: Members of Congress, Conference Chairs, and the First Lady will proceed onto the stage together.

1:15 p.m.      REMARKS

Senator Nancy Kassebaum

### INTRODUCTION OF THE FIRST LADY

Current:

First Lady of the United States  
Chair, President's Task Force on Health Care Reform

Previous:

founder, Arkansas Advocates for Children and Family  
chair, Children's Defense Fund  
partner, Rose Law Firm

Education:

B.A., Wellesley College  
J.D., Yale Law School



## REMARKS

Hillary Rodham Clinton

PLEASE NOTE: There is the possibility that Senators and House Members may ask questions following Hillary Clinton's remarks. If this develops, Senator Kassebaum will moderate this brief question and answer period.

NOTE: Following the First Lady's remarks, Senator Danforth should walk to the podium, thank the First Lady and begin his introduction of Dr. Blendon.

2:20 p.m. (or directly following Ms. Clinton's remarks)  
HEALTH CARE REFORM AND PUBLIC  
OPINION

Robert Blendon, Sc.D.

(Introduction by Senator John Danforth.)

NOTE: Dr. Blendon will speak for 30 minutes and will  
address questions submitted on question cards.

Current:

Roger I. Lee Professor and Chairman, Department  
of Health Policy and Management, Harvard  
University School of Public Health

Director of both the Harvard Program on Public  
Opinion and Health Care and the Harvard Program  
on the Future of Health Care

Deputy Director, Harvard University Division of  
Health Policy Research and Education

Previous:

senior vice president, The Robert Wood Johnson  
Foundation

Education:

M.B.A., University of Chicago  
Sc.D., Johns Hopkins University (continued)

Other: One of the nation's foremost experts on public opinion and health care reform.



3:00 p.m.      HEALTH CARE REFORM AND STATE  
LEGISLATIVE REFORM

(Introduction by Senator Nancy Kassebaum)

NOTE: Senator Kassebaum should introduce the panel  
moderator.

PANEL MODERATOR

D. Kay Clawson, M.D.

Current:

Executive Vice Chancellor, University of Kansas  
Medical Center

Previous:

dean of the College of Medicine at the University of  
Kentucky

chairman of the Department of Orthopaedics at the  
University of Washington.

chairman of the Association of American Medical  
Colleges.

Education:

M.D. from Harvard Medical School

3:00 p.m.      HEALTH CARE REFORM AND STATE  
LEGISLATIVE REFORM (continued)

PANELIST

CURRENT

Colleen Kivlahan, M.D.      Director, Missouri Department of  
Health

Randall O'Donnell, Ph.D.      President and Chief Executive  
Officer, Children's Mercy  
Hospital

The Honorable Sandy Praeger      Kansas State Senator

E. Wynn Presson      Vice Chairman of the Board,  
Health Midwest

William Roy, Sr., M.D.      Chairman, Kansas Commission  
on the Future of Health Care,  
Inc.

The Honorable Charles Shields      Missouri State Representative

4:00 p.m.      SUMMARY, CONCLUDING REMARKS  
AND ADJOURNMENT

Senator Bob Dole

NOTE: All conference Chairs may make remarks if they wish.)

ANNOUNCEMENTS:

1.) You will want to again thank the sponsors and cosponsors of the conference.

Sample dialogue:

"We would like to again draw your attention to the list of Sponsors and Cosponsors on the back of your program. Why don't we all give them a round of applause."

2.) You might note that there will be two programs, one in Garden City and one in Columbia, Missouri, on Saturday morning.

3.) Please thank those who have been viewing the program via satellite, cable and Public Television.



HOUSEKEEPING INFORMATION: (Jonathan Ortman will announce.)

Inform the participants that if they wish to have their name badges recycled they can return them to the registration table on the way out.

Everyone should again be reminded that completed surveys should be returned to the registration area as well and that tapes are available in the registration area.

# **MIDWEST SUMMIT ON HEALTH CARE:**

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**Friday, October 29, 1993**

**Kansas City Convention Center**

**Senator Bob Dole**

**Senator Nancy Kassebaum**

**Senator John Danforth**

**Senator Christopher Bond**

*Co-Chairs*

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*Coordinated by* COLUMBIA INSTITUTE

SENATOR DOLE  
INTRODUCTORY REMARKS AT  
MIDWEST HEALTH HEARING  
OCTOBER 29, 1993

THANK YOU FOR COMING TODAY TO WHAT I BELIEVE WILL BE A  
VERY IMPORTANT EVENT.

FEW, IF ANY, ISSUES AFFECT OUR LIVES OUR FAMILIES, OUR  
JOBS, OUR HOPES, AND OUR DREAMS MORE THAN HEALTH CARE. THAT IS  
WHY IT IS MORE IMPORTANT THAN EVER THAT THE HEALTH CARE REFORM  
DEBATE NOT BE CONFINED TO COMMITTEE ROOMS IN WASHINGTON, BUT  
EXTENDED TO LIVING ROOMS, WORK PLACES, KITCHEN TABLES, AND  
GATHERINGS OF PEOPLE LIKE THIS ONE.

HEALTH CARE REFORM IS AN ISSUE WHOSE TIME HAS COME.  
AND, YOUR PRESENCE HERE TODAY IS A REAL TESTIMONY OF ITS  
IMPORTANCE. TODAY'S SESSION OF THE "MIDWEST SUMMIT ON HEALTH  
CARE" OFFERS GREAT OPPORTUNITY FOR KANSAS AND MISSOURIANS TO  
BE PART OF OUR NATIONAL PRESCRIPTION FOR REFORM. AS MEMBERS OF  
CONGRESS, AND AS PRIVATE CITIZENS, WE ARE HERE TODAY TO HEAR  
FROM OUR EXPERTS ON HOW, IN THEIR OPINIONS, OUR HEALTH CARE  
SYSTEM COULD BE IMPROVED. THIS SUMMIT ALSO OFFERS US, AS YOUR  
ELECTED REPRESENTATIVES, A GREAT OPPORTUNITY TO LISTEN, TO LEARN,  
AND TO TAKE YOUR CONCERNS BACK TO WASHINGTON. WE CAN'T -- AND



WE SHOULDN'T -- DO IT WITHOUT YOU.

THE NATIONAL DIALOGUE ON HEALTH CARE REFORM IS JUST BEGINNING. AND MY GUESS IS CONGRESS WON'T PASS A BILL -- THE PRESIDENT'S OR ANY OTHER -- MUCH BEFORE THIS TIME NEXT YEAR.

AS I'VE SAID BEFORE, OUR DIFFERENCES ARE OVER THE PRESCRIPTION FOR REFORM. THERE ISN'T MUCH DISAGREEMENT OVER THE DIAGNOSIS. WE ALL AGREE THAT THE U.S. HEALTH CARE SYSTEM PROVIDES MOST AMERICANS WITH READY ACCESS TO HIGH QUALITY, STATE-OF-THE-ART HEALTH CARE. THROUGH RESEARCH AND INNOVATION, WE HAVE DEVELOPED THE BEST MEDICAL CARE IN THE WORLD.

SUCCESS, HOWEVER, HAS COME AT A STEEP PRICE. AND THAT IS WHAT BRINGS US ALL HERE TODAY.

FOR ALL OF ITS MERITS, THERE ARE MANY PROBLEMS. COSTS ARE HIGH. THE SYSTEM IS INEQUITABLE. IT IS WASTEFUL. MANY PEOPLE ARE LOCKED INTO JOBS THEY DON'T LIKE BECAUSE THEY ARE AFRAID OF LOSING THEIR HEALTH INSURANCE. AND, MILLIONS MORE DO NOT HAVE COVERAGE, FORCING THEM TO CHOOSE BETWEEN GOING UNTREATED OR RECEIVING CARE IN CROWDED, EXPENSIVE EMERGENCY ROOMS.

AS THE DEBATE OVER OUR HEALTH CARE SYSTEM CONTINUES, THE QUESTION FOR THE AMERICAN PUBLIC TO ASK IS NOT WHETHER HEALTH CARE WILL BE REFORMED, BUT WHETHER REFORM WILL ADDRESS THE ROOT CAUSES OF OUR PROBLEMS WHILE KEEPING INTACT THE MANY VIRTUES WE HAVE COME TO EXPECT.

IT HAS BEEN SAID, "FOR EVERY COMPLEX AND DIFFICULT PROBLEM, THERE IS A SIMPLE SOLUTION -- AND IT IS WRONG." NO DOUBT ABOUT IT, THERE IS NO SIMPLE SOLUTION TO THE PROBLEMS FACING OUR HEALTH CARE SYSTEM.

AMERICANS ARE ALMOST UNANIMOUS IN BELIEVING THAT MAJOR REFORM IS NEEDED TO ACHIEVE UNIVERSAL COVERAGE AND BETTER VALUE FOR THE MONEY. BUT, THE GENERAL PUBLIC, LIKE THE EXPERTS, IS MUCH LESS CERTAIN WHAT SHAPE REFORM SHOULD TAKE.

THE PROBLEMS ARE OBVIOUS. THE SOLUTIONS ARE NOT.

THERE ARE LITERALLY DOZENS OF REFORM PROPOSALS TO REVAMP HEALTH CARE IN THIS COUNTRY -- MANY OF THESE PROPOSALS CALL FOR COMPREHENSIVE REFORM MEASURES THAT WILL BRING ALL AMERICANS INTO THE SYSTEM AND REIN IN COSTS.

SENATORS CHAFEE, NICKLES, AND MCCAIN ARE HERE TODAY TO TALK ABOUT THE PROPOSALS THEY HAVE. BUT, THESE ARE JUST THREE PLANS. THE HOUSE REPUBLICAN LEADERSHIP, SENATOR BREAUX, AND CONGRESSMAN COOPER ALSO HAVE PLANS, TO NAME JUST A FEW.

IN MY VIEW, THE MORE PLANS WE HAVE, THE BETTER. AFTER ALL, HEALTH CARE REFORM IS PERHAPS THE MOST IMPORTANT PIECE OF LEGISLATION THE CONGRESS MAY ADOPT THIS CENTURY. THERE IS NO ONE IDEA THAT WILL SOLVE ALL OF OUR HEALTH CARE WOES. WE NEED TO HEAR THEM ALL.

BEFORE I TURN THE PROGRAM OVER TO SENATOR DANFORTH, I WOULD LIKE TO SAY THAT I AM VERY PLEASED THAT THE FIRST LADY, HILLARY RODHAM CLINTON, WILL BE JOINING US FOR LUNCH.

FEW FIRST LADIES IN OUR HISTORY HAVE ENTERED THE WHITE HOUSE WITH AS MUCH SPECULATION AND EXPECTATIONS AS MRS. CLINTON. AND FEW HAVE PLAYED SUCH A CRITICAL ROLE IN ONE OF THE MOST IMPORTANT AND COMPLEX ISSUES OF OUR TIME.

I WOULD ALSO LIKE TO THANK YOU, ORVAL, AND THE COLUMBIA INSTITUTE. FOR MANY YEARS NOW THE COLUMBIA INSTITUTE HAS BEEN



ORGANIZING PUBLIC POLICY FORUMS ON A BIPARTISAN BASIS. I THINK  
THEY SHOULD BE COMMENDED FOR THEIR EFFORTS TO FOSTER DEBATE  
ON CRITICAL CONCERNS.

THANK YOU AGAIN FOR YOUR INTEREST. I LOOK FORWARD TO  
YOUR CONTINUED PARTICIPATION IN THE COMING MONTHS.

## PANEL DISCUSSION A

### List of Topics:

- Basic Benefit Packages
- Cost and Revenue Sources - Financing Universal Coverage
- Employer Mandate/Individual Responsibility
- Insurance/Administrative Reform

### Questions:

#### EMPLOYER MANDATE

- A LOT OF US WHO REPRESENT SMALL STATES, LIKE KANSAS, WHERE 99% OF OUR BUSINESSES HAVE FEWER THAN 250 EMPLOYEES, ARE VERY CONCERNED ABOUT THE ECONOMIC EFFECT OF AN EMPLOYER MANDATE.
- MR. SCHWARTZ, CAN YOU TELL US YOUR THOUGHTS ON THAT -- PARTICULARLY AS IT RELATES TO SMALL, RURAL STATES?
- MR. KENEFACE, HALLMARK CARDS PROBABLY CAN VIEW THE EMPLOYER MANDATE FROM BOTH A LARGE AND SMALL EMPLOYER PERSPECTIVE. YOU ARE A LARGE EMPLOYER OF MANY CORPORATE EMPLOYEES. BUT, THE SUCCESS OF THE CORPORATION LARGELY DEPENDS ON SMALL "MOM AND POP" CARD SHOPS, MANY OF WHICH CURRENTLY DO NOT PROVIDE HEALTH INSURANCE TO ITS EMPLOYEES. COULD YOU ADDRESS THE EFFECT OF AN EMPLOYER MANDATE FROM BOTH A LARGE AND SMALL EMPLOYER?

#### BENEFIT DESIGN

- SHOULD THERE BE A NATIONALLY DETERMINED "STANDARD" OR "CORE" BENEFIT PACKAGE? IF SO, WHO SHOULD DETERMINE ITS CONTENTS? CONGRESS? AN INDEPENDENT NATIONAL HEALTH BOARD? OTHER?
- WHAT KINDS OF BENEFITS SHOULD BE INCLUDED? SHOULD LONG-TERM CARE COVERAGE BE INCLUDED? WHAT PROVISIONS, IF ANY, SHOULD BE MADE FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS, SUCH AS THE CHRONICALLY ILL?
- WHAT CHOICE, IF ANY, SHOULD INDIVIDUALS HAVE WITH RESPECT TO PHYSICIANS, HOSPITALS, AND OTHER PROVIDERS? SHOULD THE BENEFIT PACKAGE BE PROVIDED THROUGH MANAGED CARE ARRANGEMENTS ONLY OR SHOULD THERE BE A REQUIREMENT THAT AT LEAST ONE FEE-FOR-SERVICE PLAN BE AVAILABLE UNDER EVERY PLAN?
- SHOULD THE TAX SYSTEM BE USED TO DISCOURAGE PURCHASE OF BENEFITS IN EXCESS OF THE STANDARD PACKAGE? IN OTHER WORDS, SHOULD A LIMIT BE PLACED ON THE AMOUNT OF TAX-FREE EMPLOYER PURCHASED INSURANCE?

- SHOULD INDIVIDUALS BE ABLE TO BUY SUPPLEMENTAL POLICIES? IF SO, SHOULD THESE BE REGULATED, AND IF SO, BY WHOM? WHAT AFFECT WILL SUCH POLICIES HAVE ON OVERALL HEALTH EXPENDITURES?
- SHOULD HEALTH INSURERS BE ALLOWED TO CHARGE MORE FOR THOSE WHO SMOKE AND/OR ENGAGE IN OTHER RISKY LIFESTYLES?
- IS A LIMIT ON TAX-FREE EMPLOYER CONTRIBUTIONS TO HEALTH BENEFITS NECESSARY TO MAKE MANAGED COMPETITION WORK?



## MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

Bartle Hall - Kansas City Convention Center  
Friday, October 29, 1993

Senator Bob Dole  
Senator Nancy Kassebaum  
Senator John Danforth  
Senator Christopher Bond  
Co-Chairs

### PANELS

=====

10:30 a.m.

#### PANEL DISCUSSION A:

Senators may participate in panel discussions.

#### Moderator:

John Iglehart  
Editor  
Health Affairs

#### Panelists:

Jerry Kenefake  
Hallmark Cards, Inc.

Richard Krecker  
Blue Cross and Blue Shield of Kansas City

Charles Lindstrom  
Saint Luke's Health System

William Peck, Ph.D.  
Washington University School of Medicine

James Schwartz, Jr.  
Kansas Employer Coalition on Health, Inc.

Ley Smith  
The Upjohn Company

Paul Smith, Sr., C.L.U.  
The National Association of Life Underwriters

Harry Spring  
Kansas Association of Managed Care Plans

Carl Strauss, M.D.  
Metropolitan Medical Society of Kansas City

## PANEL DISCUSSION B

### List of Topics:

- Purchasing Cooperatives
- Malpractice/Antitrust Reform
- Medicare/Medicaid
- Public Health/Wellness
- Veterans Affairs, Department of Defense, Indian Health, Federal Employee

### Questions:

- ASSUMING MEDICARE REMAINS INTACT, SHOULD MEDICARE ENROLLEES BE ENTITLED TO THE SAME BENEFITS AS THOSE INCLUDED IN THE STANDARD PLAN.
- WHAT KINDS OF DATA WILL BE NECESSARY TO ENSURE INFORMED CONSUMER CHOICE OF HEALTH PLANS? ARE SUCH DATA AVAILABLE TODAY?

### Mrs. Jenckes:

- INSURANCE MARKET REFORM IS A TOPIC THAT RECEIVES A LOT OF ATTENTION IN THE HEALTH CARE DEBATE. IN FACT, SOME BELIEVE THAT WHEN ALL IS SAID AND DONE, INSURANCE MARKET REFORM MAY BE THE ONLY PIECE OF HEALTH CARE LEGISLATION THAT IS ACTUALLY PASSED. I THINK IT'S TOO EARLY TO MAKE SUCH A PREDICTION. COULD YOU TELL US YOUR VIEW OF INSURANCE INDUSTRY REFORMS?



MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

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Senator Bob Dole  
Senator Nancy Kassebaum  
Senator John Danforth  
Senator Christopher Bond  
Co-Chairs

PANELS

=====

11:30 a.m.

PANEL DISCUSSION B:

Moderator:

John Iglehart  
Editor  
Health Affairs

Panelists:

E. Frank Ellis  
Swope Parkway Health Center

Lawrence English, C.L.U.  
CIGNA Employee Benefits Companies

Mike Fisher  
Greater Kansas City AFL-CIO

Joseph Galichia, M.D., FACC  
Galichia Medical Group, P.A.

Connie Hadley  
Federal Council on Aging

Michelle Hinds, R.N., M.S.N.  
Kansas State Nurses Association

E.J. "Ned" Holland, Jr.  
Payless Cashways, Inc.

Linda Jenckes  
Health Insurance Association of America

Landon Rowland  
Kansas City Southern Industries

Richard Scott  
Columbia Healthcare Corporation

PANEL C: RECONCILING STATE AND FEDERAL HEALTH CARE REFORM

Panelists will review the impact of Federal legislation on Kansas and Missouri's state legislative health care reform efforts. This session will examine how each state may be impacted by the new responsibilities placed on it by both the Clinton proposal or an alternative passed by the Congress. Attention will also be given on how each state will fare in comparison to other areas of the country.

Possible Questions:

- ARE THERE SUFFICIENT PRIMARY CARE PHYSICIANS? IF NOT, WHAT MEASURES SHOULD BE PURSUED TO INCREASE THE SUPPLY OF PRIMARY CARE PHYSICIANS, NURSE PRACTITIONERS AND OTHER PRIMARY CARE PROVIDERS?
- HOW SHOULD WE FUND GRADUATE MEDICAL EDUCATION AND CLINICAL RESEARCH? SHOULD IT REMAIN A GOVERNMENT RESPONSIBILITY AT THE STATE AND FEDERAL LEVEL?



## MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

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Friday, October 29, 1993

Senator Bob Dole  
Senator Nancy Kassebaum  
Senator John Danforth  
Senator Christopher Bond  
Co-Chairs

### PANELS

=====

3:00 p.m. HEALTH CARE REFORM AND STATE LEGISLATIVE REFORM

Moderator:

D. Kay Clawson, M.D.  
University of Kansas Medical Center

Panelists:

Coleen Kivlahan, M.D., MSPH  
Missouri Department of Health

Randall O'Donnell, Ph.D.  
Children's Mercy Hospital

The Honorable Sandy Praeger  
Kansas State Senator

E. Wynn Presson  
Health Midwest

William Roy, Sr., M.D.  
Kansas Commission on the Future of Health Care, Inc.

The Honorable Charles Shields  
Missouri State Representative

PETER DESIMONE - Executive Director, Missouri Association for Social Welfare

Mr. DeSimone is the Executive Director of the Missouri Association for Social Welfare. He is a member of the ShowMe Health Care Initiative Subcommittee on Health Delivery Systems. He is also the coordinator of the MASW Health Task Force. Mr. DeSimone earned his B.S. at the University of Connecticut.

SENATOR BOB DOLE  
CLOSING REMARKS  
MIDWEST HEALTH CARE SUMMIT

AS WE CLOSE TODAY'S SUMMIT, I WANT TO AGAIN THANK MRS. CLINTON, ALL MY COLLEAGUES FROM WASHINGTON WHO JOINED US TODAY, AND ALL OUR EXPERT SPEAKERS.

SPECIAL THANKS ALSO TO THE COLUMBIA INSTITUTE FOR THEIR OUTSTANDING ASSISTANCE AND GUIDANCE IN PUTTING TOGETHER TODAY'S PROGRAM.

BUT MOST IMPORTANTLY, I WANT TO THANK ALL OF YOU FOR ATTENDING AND FOR YOUR INTEREST. THOSE OF YOU WHO SAT THROUGH THE ENTIRE PROGRAM ARE NOW OFFICIAL GRADUATES OF "HEALTH CARE UNIVERSITY."

AND WHILE YOU WON'T RECEIVE A DIPLOMA, I HOPE YOU HAVE RECEIVED A BETTER UNDERSTANDING OF WHAT IS AT STAKE IN THE DEBATE OVER HEALTH CARE REFORM. IT IS A DEBATE THAT WILL CONTINUE FOR SOME TIME TO COME. AND IT'S A DEBATE THAT NEEDS YOUR VOICE.

I THINK YOU KNOW OUR ADDRESSES AND YOU KNOW HOW TO REACH US, SO PLEASE CONTINUE TO WRITE AND CALL WITH YOUR THOUGHTS AND CONCERNS.

*Handwritten note:*  
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## COLUMBIA INSTITUTE

### BREAKDOWN BY AFFILIATION

Business	431
Government	130
Insurer	157
Interested Citizen	727
Health Care Provider	711

Registration List

Page

10/28/93

Ahmed, Iftexhar

American Association of Physicians  
from India

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

-----  
Allen, Richard

Mid-America Rehabilitation Hospital

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

-----  
Barton, John

Business Men's Assurance Company  
of America

Pay Status: Paid Regis Date: 10/25/93 Aff: Insur

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Bass, Ed

Healthy Alliance

Pay Status: Comp Regis Date: 10/27/93 Aff: Insur

-----  
Bethel, Ben E.

Procter & Gamble

Pay Status: Comp Regis Date: 10/25/93 Aff: Busi

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Bethell, Ben

The Procter & Gamble Company

Pay Status: Comp Regis Date: 10/26/93 Aff: Busi

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Biltz, Jim

HCA Wesley Medical Center

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

-----  
Blendon, Sc.D., Robert

Department of Health Policy and  
Management

Pay Status: Comp Regis Date: 10/23/93 Aff: Other

-----  
Bond, Christopher

U.S. Senator

Pay Status: Comp Regis Date: 10/20/93 Aff: Govt

-----  
Brady, Barry

J.E. Dunn Construction

Pay Status: Comp Regis Date: 10/27/93 Aff: Busi

-----  
Brown, Judy

Office of Senator Dole

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Burke, Sheila

Office of Senator Dole

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-----  
Carmichael, Bruce

St. Francis Regional Medical Center

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

10/28/93

Carpenter, Curt

UtiliCorp United

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Cederlind, Cranston J.

Johnson County Medical Society

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Clark, Dirk

Office of Senator Bond

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Clawson, Janet

Pay Status: Comp Regis Date: 10/27/93 Aff:

Conlee, Mary Ellen

St. Francis Regional Medical Center

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Conley, Mary Ellen

St. Francis Regional Medical Center

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Dammann, Julie

Office of Senator Bond

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Dillard, Cheryl

Kaiser Permanente

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Dole, Bob

U.S. Senator

Pay Status: Comp Regis Date: 10/20/93 Aff: Govt

Dunn, Steve

J.E. Dunn Construction

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Duwe, Betty

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Ellis, E. Frank

Swope Parkway Health Center

Pay Status: Paid Regis Date: 10/23/93 Aff: Prvdr

Ellsbury, Claire

Office of Senator Danforth

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

English, Lawrence

CIGNA HealthCare

Pay Status: Comp Regis Date: 10/22/93 Aff: Prvdr



10/28/93

Fall, Jaime

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

-----  
Fall, Tammy

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

-----  
Fields, David

Humana Health Care Plans

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

-----  
Fischer, Debbie

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

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Fox, Susan

Southwestern Bell

Pay Status: Comp Regis Date: 10/25/93 Aff: Busi

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Funk, Gordon

HCA Wesley Medical Center

Pay Status: Paid Regis Date: 10/22/93 Aff: Prvdr

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Furst, Kurt

Pay Status: Comp Regis Date: 10/28/93 Aff:

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Gates, David

Business Men's Assurance Inc.

Pay Status: Comp Regis Date: 10/22/93 Aff: Insur

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Glasrud, Scott

Ernst & Young

Pay Status: Paid Regis Date: 10/25/93 Aff: Busi

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Glassner, Mike

Office of Senator Dole

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

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Glisson, Jo Anne

Monsanto Company

Pay Status: Comp Regis Date: 10/25/93 Aff: Busi

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Gowin, Mack

Procter & Gamble

Pay Status: Comp Regis Date: 10/25/93 Aff: Busi

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Grosch, Gale

Office of Senator Dole

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

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Grosz, Bill

Shawnee Mission Medical Center

Pay Status: Regis Date: 10/25/93 Aff: Prvdr

10/28/93

Hall, Adele

Greater Kansas City Community Foundation

Pay Status: Comp Regis Date: 10/25/93 Aff: Other

Hansen, Orval

Columbia Institute

Pay Status: Comp Regis Date: 10/20/93 Aff:

Hart, Vicki

Office of Senator Dole

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Hayes, Mark

Office of Senator Bond

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Hedrick, Jerry

Marion Merrell Dow

Pay Status: Comp Regis Date: 10/25/93 Aff: Busi

Henson, Betty

Greater Kansas City Community Foundation

Pay Status: Comp Regis Date: 10/25/93 Aff: Other

Hicks, Kevin

Overland Park Regional Medical Center

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Hine, Clarkson

Office of Senator Dole

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Hixson, Heidi

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Hoadley, William

Wyandotte County Medical Society

Pay Status: Comp Regis Date: 10/25/93 Aff: Other

Howell, George

Children's Mercy Hospital

Pay Status: Paid Regis Date: 10/21/93 Aff: Prvdr

Hudek, James R.

Spencer Fane Britt & Browne

Pay Status: Paid Regis Date: 10/22/93 Aff: Busi

Huseman, Richard

Johnson County Medical Society

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Jenckes, Linda

Health Insurance Association  
of America

Pay Status: Comp Regis Date: 10/23/93 Aff: Insur



10/28/93

Jernigan, Cheryl  
Kansas City Area Hospital Association  
-----

Jones, Larry  
Heartland Health System  
Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr  
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Kannady, Don  
Western Plains Regional Hospital  
Pay Status: Comp Regis Date: 10/21/93 Aff: Prvdr  
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Kassebaum, Nancy  
U.S. Senator  
Pay Status: Comp Regis Date: 10/20/93 Aff: Govt  
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Kasselman, Jean  
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Kasten, Mary  
Pay Status: Regis Date: 10/25/93 Aff:  
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Kasten, Melvin  
Missouri State Medical Association  
Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr  
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Krecker, Richard  
Blue Cross & Blue Shield of Kansas City  
Pay Status: Comp Regis Date: 10/18/93 Aff: Insur  
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Krecker, Sue  
Blue Cross & Blue Shield of Kansas City  
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Kruse, Lowell  
Heartland Health System  
Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr  
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Kruse, Lowell C.  
Heartland Health System  
Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr  
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Leibold, Peter M.  
Office of Senator Danforth  
Pay Status: Comp Regis Date: 10/22/93 Aff: Govt  
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Leppert, Charlie  
Procter & Gamble  
Pay Status: Paid Regis Date: 10/25/93 Aff: Busi  
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Lindstrom, Charles  
Saint Luke's Health System  
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Lyons, Fred W.  
Marion Merrell Dow  
Pay Status: Comp Regis Date: 10/26/93 Aff: Busi  
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10/28/93

Meyers, Charles

Spencer Fane Britt & Browne

Pay Status: Paid Regis Date: 10/21/93 Aff: Busi

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Mitchelson, Lynn

Bank IV - Kansas City

Pay Status: Regis Date: 10/25/93 Aff:

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Moerer, Janell

Mid-America Rehabilitation Hospital

Pay Status: Paid Regis Date: 10/20/93 Aff: Prvdr

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Monroe, Michael

CIGNA HealthCare

Pay Status: Comp Regis Date: 10/25/93 Aff: Insur

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Moss, Leigh

Office of Senator Bond

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Myers, Charles F.

Spencer Fane Britt & Browne

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Nelson, Barbara

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Nelson, William

Boatmen's First National

Bank of Kansas City

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Nicholas, Genny

Children's Mercy Hospital

Pay Status: Paid Regis Date: 10/21/93 Aff: Prvdr

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Norton, Christopher

Columbia Institute

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Olson, Jim

Ernst & Young

Pay Status: Comp Regis Date: Aff: Busi

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Ortmans, Jonathan

Columbia Institute

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Patzman, Andrew

Office of Senator Kassebaum

Pay Status: Comp Regis Date: 10/20/93 Aff: Govt

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Pella, Nalini

American Association of Physicians

from India

Pay Status: Regis Date: 10/25/93 Aff: Prvdr

10/28/93

Pettit, Mitchell

Spencer, Fane, Britt & Browne

Pay Status: Comp Regis Date: 10/25/93 Aff: Busi

Prendergast, Kathy

Columbia Institute

Pay Status: Comp Regis Date: 10/20/93 Aff:

Reedy, Karen

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Regehr, Stan

Memorial Hospital, Inc.

Pay Status: Paid Regis Date: 10/19/93 Aff: Prvdr

Reinhardt, Ph.D., Uwe

Woodrow Wilson School of Public and  
International Affairs

Pay Status: Comp Regis Date: 10/23/93 Aff: Other

Reynolds, Britt

Overland Park Regional Medical Center

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Roberts, Betty Jo

Office of Senator Kassebaum

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Rockefeller, Nelson

Office of Senator Dole

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Ross, Phyllis

Office of Congressman Roberts

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Rowland, Landon

Kansas City Southern Industries

Pay Status: Comp Regis Date: 10/23/93 Aff: Busi

Runnion, Joan

Runnion, Trey

Cerner Corp.

Ryan, Ted

CIGNA

Pay Status: Paid Regis Date: 10/25/93 Aff: Insur

Saunders, Frank

Shawnee Mission Medical Center

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10/28/93

Scott, Brad

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Page

Office of Senator Bond

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Sellers, Herschel

Monsanto Company

Pay Status: Comp Regis Date: 10/11/93 Aff: Busi

Sherrer, Gary

Fourth Financial Corporation

Pay Status: Regis Date: 10/25/93 Aff:

Simmons, Gregory

Western Plains Regional Hospital

Pay Status: Comp Regis Date: 10/21/93 Aff: Prvdr

Sloane, Sandy

UtiliCorp United

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Sprenger, Dian

Missouri Hospital Association

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Spring, Harry

Humana Health Care Plans

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Steele, Rachael B.

Office of Senator Danforth

Pay Status: Comp Regis Date: 10/22/93 Aff: Govt

Steves, Laura

Office of Senator Danforth

Pay Status: Comp Regis Date: 10/26/93 Aff: Govt

Strauss, Dee Dee

Metropolitan Medical Society  
of Kansas City

Pay Status: Regis Date: 10/23/93 Aff:

Strauss, M.D., Carl

Metropolitan Medical Society  
of Kansas City

Pay Status: Comp Regis Date: 10/23/93 Aff: Prvdr

Washington, Ken

Kaiser Permanente

Pay Status: Comp Regis Date: 10/25/93 Aff: Prvdr

Weigand, Nestor

HCA Wesley Medical Center

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10/28/93

Wilkman, Mark

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Page

Aetna Health Plans

Pay Status: Comp Regis Date: 10/21/93 Aff: Insur

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Williams, Mark C.

Healthy Alliance

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Williamson, Rodney

Aetna Health Plans

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Wilson, Donald

Kansas Hospital Association

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Yager, Cathie

Office of Senator Dole

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MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

October 29-30, 1993  
Kansas City Convention Center  
Kansas City, Missouri

Senators Dole, Kassebaum, Danforth, and Bond  
Co-Chairs

SPONSOR LIST

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Mr. Richard Allen  
CEO  
Mid-America Rehabilitation Hospital  
5701 West 110th  
Overland Park, KS 66211

Mr. Jim Biltz  
HCA Wesley Medical Center  
550 North Hillside  
Wichita, KS 67214

Mr. Charlie Bowman  
President  
Missouri Hospital Association  
P.O. Box 60  
Jefferson City, MO 65102

Mr. James W. Boyle  
President  
Shawnee Mission Medical Center  
9100 West 74th Street  
P.O. Box 2923  
Shawnee Mission, KS 66201

Mr. Kenneth R. Brown  
CITATION Computer Systems, Inc.  
2312 Millpark Drive  
St. Louis, MO 63043

Mr. C.J. Cianciaruso  
Senior Vice President  
J.E. Dunn Construction Company  
929 Holmes  
Kansas City, MO 64106

Dr. D. Kay Clawson  
Executive Vice Chancellor  
Kansas University Medical Center  
39th & Rainbow Blvd.  
Kansas City, KS 66103

Ms. Mary Ellen Conley  
St. Francis Regional Medical Center  
929 North St. Francis  
Wichita, KS 67214

Mr. Royal Cooper  
Executive Vice President  
Missouri State Medical Association  
P.O. Box 1028  
Jefferson City, MO 65102

Mr. Ron Coverdell  
Vice President, Health Services  
HealthNet  
Two Pershing Square  
2300 Main Street, Suite 700  
Kansas City, MO 64108

Mr. Samuel Cowley  
Sr. Vice President, Corporate Affairs  
Kansas City Power & Light  
1201 Walnut  
P.O. Box 418679  
Kansas City, MO 64141-9679

Mr. E. Frank Ellis  
Executive Director  
Swope Parkway Health Center  
4900 Swope Parkway  
Kansas City, MO 64130

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MIDWEST SUMMIT ON HEALTH CARE: Rx for Reform

Senator Bob Dole  
Senator Nancy Kassabaum  
Senator Chris Bond  
Senator John Danforth

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September 27, 1993

TO: SENATOR DOLE  
FROM: SHEILA BURKE  
SUBJECT: KANSAS SMALL BUSINESS STATISTICS

Just in case this point comes up again today --

1992 Data:

- Total employers (firms) in the State: 66,269
- Number of employees: 1,045,399
- Firms of 250 or fewer employees: 99.4% of all firms
- Firms of 999 or fewer: 99.9% of all firms
- 1,000 employees or more: 59 firms in state

Have a good trip!!



October 1, 1993

TO: SENATOR DOLE  
FROM: SHEILA BURKE  
SUBJECT: STATE/STATE FUNDING

Interesting statistics on state budgets vs. health care  
spending.

## Total Health Spending By State Compared to State Government Budgets - 1990

	Per Capita Health Spending	All Public and Private Health Spending (\$ In Millions)	Total State Budget (\$ In Millions)	Health Spending as % of State Budget
Alabama	\$2,286	9,522	7,383	129%
Alaska	2,367	1,243	3,725	33%
Arizona	2,211	8,106	5,985	135%
Arkansas	1,944	4,707	4,555	103%
California	2,894	84,754	67,317	126%
Colorado	2,451	8,045	5,292	152%
Connecticut	2,699	8,816	8,420	105%
Delaware	2,268	1,547	2,283	68%
Florida	2,427	31,411	22,812	138%
Georgia	2,072	13,669	11,817	116%
Hawaii	2,469	2,797	4,375	64%
Idaho	1,726	1,748	1,815	96%
Illinois	2,619	30,598	18,945	162%
Indiana	2,201	12,363	9,011	137%
Iowa	2,351	6,615	7,001	94%
Kansas	2,548	6,427	4,761	135%
Kentucky	1,875	7,021	7,336	96%
Louisiana	2,185	9,545	8,483	113%
Maine	2,175	2,687	2,651	101%
Maryland	2,436	11,628	11,578	100%
Massachusetts	3,031	17,947	17,196	104%
Michigan	2,569	23,875	17,529	136%
Minnesota	2,480	10,857	10,012	108%
Mississippi	1,751	4,639	4,394	106%
Missouri	2,568	13,374	7,476	179%
Montana	2,059	1,641	1,697	97%

MORE  
THAN  
100%  
35

Source: Blue Cross and Blue Shield Association, September 1993. Data on per capita spending and total health spending taken from Lewin/ICF estimates appearing in "Rising Health Costs in America," Families USA Foundation. Data on state budget expenditures taken from "1992 State Expenditure Report," National Association of State Budget Officers. State budget expenditures include the following: general funds, federal funds, bonds and other state funds.



## Total Health Spending By State Compared to State Government Budgets - 1990

	Per Capita Health Spending	All Public and Private Health Spending (\$ In Millions)	Total State Budget (\$ In Millions)	Health Spending as % of State Budget
Nebraska	2,452	3,934	2,750	143%
Nevada	2,757	3,115	2,366	132%
New Hampshire	1,981	2,259	1,429	158%
New Jersey	2,224	17,369	16,815	103%
New Mexico	1,792	2,758	3,834	72%
New York	2,818	50,355	46,361	109%
North Carolina	1,833	12,259	11,765	104%
North Dakota	2,661	1,175	1,519	77%
Ohio	2,493	27,193	21,105	129%
Oklahoma	2,139	6,825	6,034	113%
Oregon	2,312	6,524	6,987	93%
Pennsylvania	2,536	30,542	21,824	140%
Rhode Island	2,707	2,701	2,246	120%
South Carolina	1,689	6,011	7,683	78%
South Dakota	2,322	1,662	1,162	143%
Tennessee	2,262	11,329	7,622	149%
Texas	2,192	37,381	23,531	159%
Utah	1,784	3,085	3,212	96%
Vermont	1,956	1,117	1,222	91%
Virginia	2,076	12,932	12,298	105%
Washington	2,311	11,084	11,350	98%
West Virginia	2,088	3,847	3,680	105%
Wisconsin	2,449	11,980	11,019	109%
Wyoming	1,756	822	1,366	60%

Source: Blue Cross and Blue Shield Association, September 1993. Data on per capita spending and total health spending taken from Lewin/ICF estimates appearing in "Rising Health Costs in America," Families USA Foundation. Data on state budget expenditures taken from "1992 State Expenditure Report," National Association of State Budget Officers. State budget expenditures include the following: general funds, federal funds, bonds and other state funds.

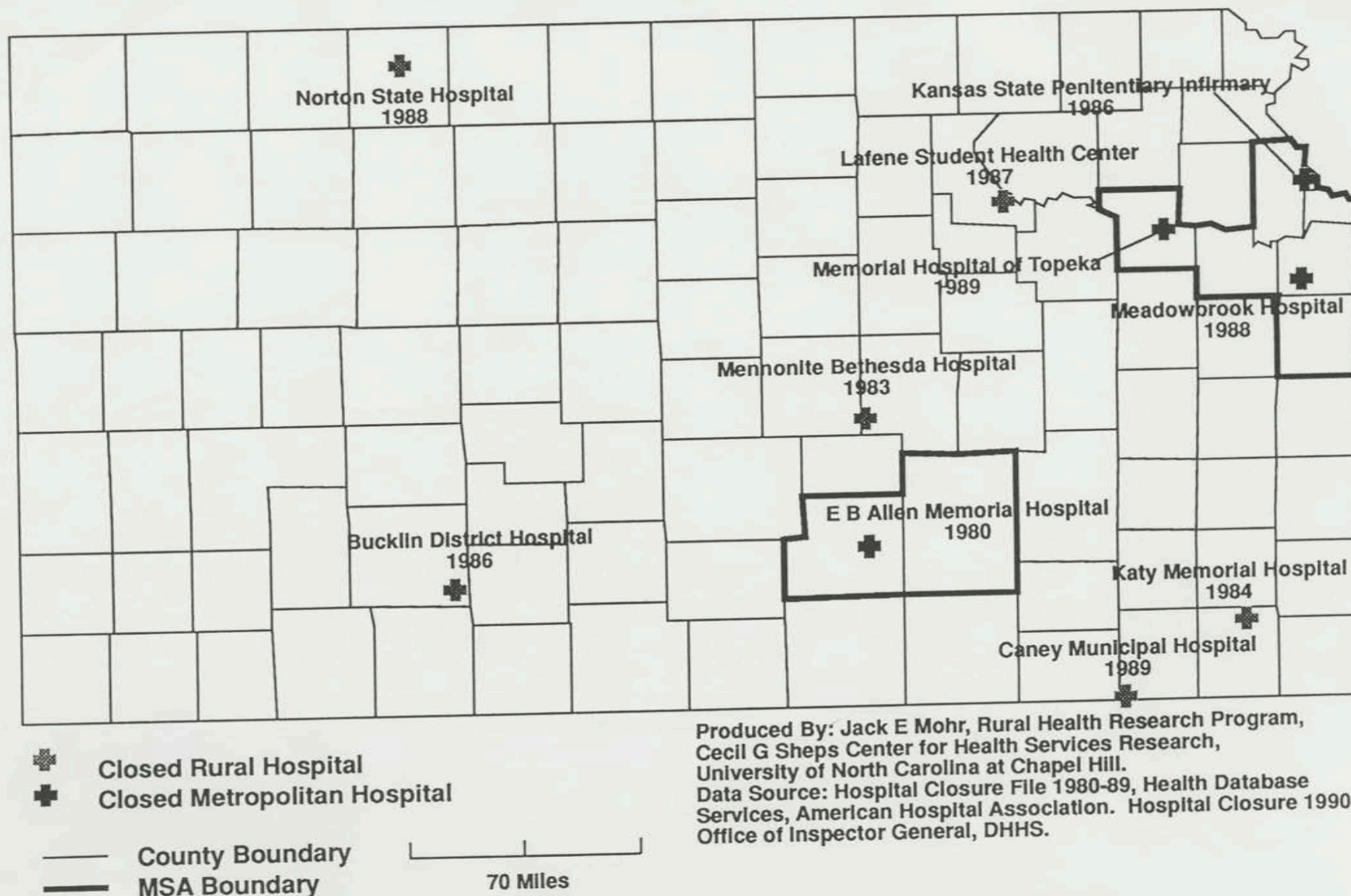


Table 8. **Border crossing by state** Percent

State	Residents' care purchased out of state			Services purchased by nonresidents		
	Hospital charges (1980)	Hospital admissions (1989)	Physicians' services (1989)	Hospital charges (1980)	Hospital admissions (1989)	Physicians' services (1989)
Alabama	6.4	5.3	8.4	4.6	4.5	5.8
Alaska	14.7	16.7	25.7	7.8	9.2	12.1
Arizona	8.5	6.9	8.5	10.6	11.1	11.5
Arkansas	13.0	8.6	11.8	7.8	7.7	7.7
California	1.6	2.2	n.a.	2.8	2.4	n.a.
Colorado	4.4	4.8	8.9	8.7	7.0	9.1
Connecticut	6.2	5.8	6.5	4.8	5.3	7.1
Delaware	13.3	13.5	17.1	8.9	8.8	41.7
Dist. of Columbia	9.5	10.6	6.0	31.8	37.6	15.7
Florida	7.2	8.0	6.6	9.2	8.7	8.1
Georgia	6.3	4.3	7.3	7.4	6.2	7.9
Hawaii	2.8	2.9	4.5	5.0	5.2	5.0
Idaho	16.9	16.8	23.9	6.7	7.1	7.4
Illinois	6.0	8.4	10.4	3.4	2.9	4.1
Indiana	7.4	5.5	9.8	7.2	7.3	8.5
Iowa	10.5	9.8	17.1	6.8	6.7	7.5
Kansas	12.1	10.6	7.1	5.5	5.3	4.6
Kentucky	9.8	6.5	9.0	5.6	6.1	8.8
Louisiana	4.1	2.7	3.3	5.0	4.1	4.8
Maine	8.4	5.5	9.4	4.4	4.6	4.3
Maryland	11.5	9.3	13.1	7.9	7.6	10.5
Massachusetts	2.6	3.3	4.4	5.8	5.8	6.9
Michigan	4.6	5.6	5.6	2.5	2.4	2.7
Minnesota	6.6	8.0	11.8	10.6	12.8	27.6
Mississippi	12.6	8.1	14.7	5.8	4.4	6.1
Missouri	5.2	5.5	9.7	9.3	9.8	14.8
Montana	10.4	5.7	13.4	5.8	6.0	6.8
Nebraska	8.3	7.9	12.1	9.9	8.9	12.1
Nevada	9.5	10.7	12.1	13.5	16.4	18.6
New Hampshire	18.7	15.6	23.1	14.2	13.3	16.2
New Jersey	10.5	8.2	12.0	4.3	4.2	8.1
New Mexico	15.0	10.0	13.8	7.6	6.8	5.4
New York	4.0	4.7	n.a.	4.1	3.9	n.a.
North Carolina	5.7	4.1	5.6	5.4	4.9	15.2
North Dakota	10.4	8.5	7.9	18.0	16.8	20.2
Ohio	4.6	5.4	6.3	4.7	4.2	5.2
Oklahoma	7.8	8.2	10.2	3.7	3.4	4.7
Oregon	5.3	5.7	8.4	6.7	7.9	6.8
Pennsylvania	3.6	3.7	5.4	4.6	4.8	6.1
Rhode Island	6.9	6.9	8.4	7.1	7.1	6.7
South Carolina	10.6	8.2	13.7	4.2	3.7	3.9
South Dakota	14.0	10.8	13.6	10.6	11.3	17.1
Tennessee	3.8	3.2	5.4	13.8	11.1	13.8
Texas	2.4	2.4	2.7	5.3	4.3	4.8
Utah	4.9	4.3	6.6	10.9	9.2	8.7
Vermont	21.9	16.3	24.3	13.0	14.4	16.6
Virginia	8.3	7.7	12.3	7.0	6.4	5.5
Washington	5.6	6.1	5.6	5.8	5.2	5.5
West Virginia	14.0	12.5	15.3	11.3	11.5	13.3
Wisconsin	6.1	5.6	8.1	5.1	5.4	6.1
Wyoming	25.5	18.3	36.9	7.1	6.8	6.0

n.a. Data not reported by state in original source.  
Source. Levit 1985; Miller and Welch 1992; Holahan and Zuckerman 1991.

# Kansas Hospital Closures, 1980-90



Produced By: Jack E Mohr, Rural Health Research Program,  
 Cecil G Sheps Center for Health Services Research,  
 University of North Carolina at Chapel Hill.  
 Data Source: Hospital Closure File 1980-89, Health Database  
 Services, American Hospital Association. Hospital Closure 1990,  
 Office of Inspector General, DHHS.





## *Kansas Commission on the Future of Health Care, Inc.*

### COMMISSION'S WORKING PAPER ON HEALTH CARE REFORM Modified Sections I-III

The Kansas Commission on the Future of Health Care, Inc. after considerable deliberation and review of the wide variety of reform approaches utilized by other states is recommending a comprehensive reform plan aimed at making fundamental changes in a seriously flawed system. This reform plan when fully implemented will guarantee the availability of basic health care to all Kansans at a reasonable cost. The Commission has engaged in extensive dialogue with the public over the past year and has concluded that this goal is broadly supported by a majority of Kansans. The Commission also is working under the premise that any state reform plan must be congruent with federal reform activity and the Kansas Health Care Reform Plan is being drafted with sensitivity to anticipated federal action.

The Kansas Health Care Reform Plan utilizes a blended approach, capitalizing upon the strengths of market-based and "single-payer" philosophical models, to produce needed changes in our current ineffective system of delivering and financing health care. Specifically, the plan recommends that the health care system in existence in Kansas be altered in four fundamental ways:

- 1) Equitably distribute health care services to all citizens of Kansas emphasizing disease prevention and health promotion.
- 2) Decouple an individual's employment status and financial access to health care
- 3) Transfer the management of the financing system to a single entity
- 4) Optimize characteristics of the delivery system that reserve personal care decisions for the care seeker and care provider and emphasizes individual responsibility and choice.

These fundamental changes would allow for the creation of a seamless system, eliminating all possibilities that any Kansan will be without health coverage provided by the plan. The restructured delivery system enhances attributes of the current health care market which foster innovation, individualization, and personal choice. The proposed

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993



model also provides incentives for maximizing system efficiency, demands wiser utilization of resources, and allows for competition. In addition, the consolidation of monetary collection and distribution functions provides administrative efficiency and makes cost-containment a feasible enterprise.

Finally the policy direction chosen by the Commission which would decouple an individual's employment situation and access to health insurance has a variety of advantages. Employees would be guaranteed health coverage portability, job lock would be eliminated and opportunity to choose their own health care provider would be increased.

#### HCPAK Functions

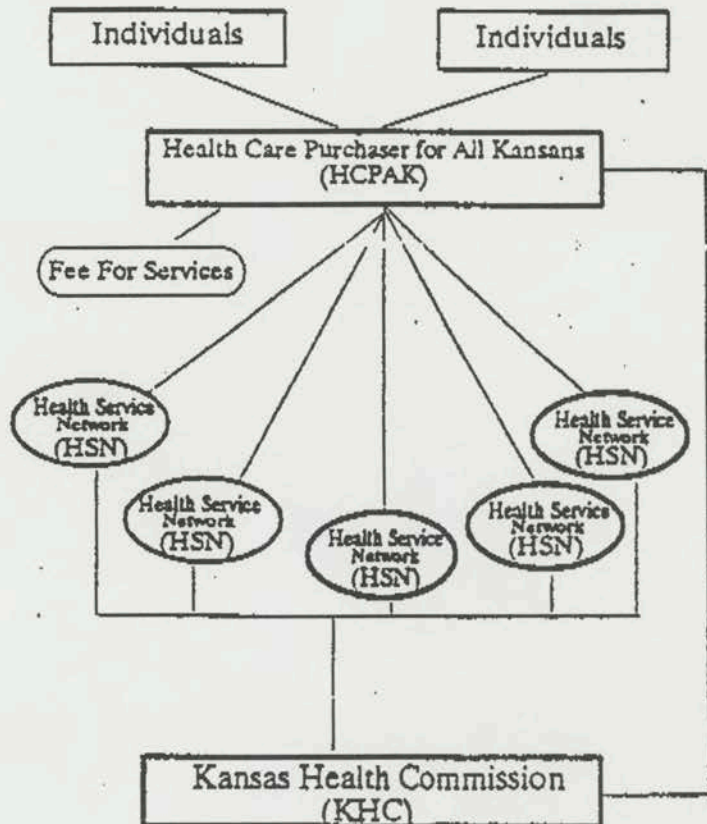
- Contract with HSNs
- Provide comparison information to consumers
- Enroll consumers in HSN of their choice
- Collect Premiums
- Make capitated payment to HSN
- Collect uniform performance data from HSNs

#### HSN Functions

- Provide full continuum of health services to enrollees
- Pay providers in network
- Provide enrollee education on utilization and healthy behavior
- Develop goals for improving health status of enrollees
- Provide recertification data

#### KHC Functions

- Certify HSNs
- Define benefit package
- Set premium rates and recommend annual rate of increase allowed
- Develop co-payment schedule
- Develop risk adjustment formula
- Monitor HSN performance
- Perform consumer ombudsman function
- Assure conformity with federal regulations



Draft Date: September 8, 1993

Draft Date: September 21, 1993

Draft Date: October 4, 1993

### Purchasing Health Care via Commission's Draft Proposal

- **All legal Kansas residents will have access to a set of health care services.**

Bona fide residents of Kansas who intend Kansas to be their principal residence are eligible to participate. After this initial enrollment period applicants shall be subject to a 30 day post-application waiting period.

Annually each eligible individual will receive enrollment materials through the a variety of mechanisms, such as in the mail along with his/her Income tax forms. All residents shall either enroll in an HSN or select a self-referral option by a specified date. Penalties will be assessed to a person who fails to comply. The Commission recommends that financial incentives be used to encourage both consumers and providers to participate in HSNs.

The enrollment form is returned to the Health Care Purchaser for All Kansans (HCPAK) which forwards subscriber information to the appropriate HSN. The HSN will then distribute to each enrollee the appropriate membership materials, including the enrollee's particular HSN card. Each person remains enrolled in the chosen network until the next annual open enrollment period.

Persons with family incomes below 100 percent of the federal poverty line (\$14,350 for a family of four in 1993) will receive full assistance from the state to purchase the benefit package and persons with family incomes between 100 and 200 percent of poverty will receive assistance on a sliding scale based on income.

Health care services not included in the benefit package may be purchased by individuals through the private insurance system.

- **The Health Care Purchaser for All Kansans (HCPAK) would serve as an intermediary between consumers purchasing the set of health care services and the HSNs providing those benefits.**

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993



The Kansas Health Commission will contract with a non-governmental corporation licensed to do business in Kansas for performance of the following functions:

1. Contract with certified HSNs.
2. Offer consumers a choice of certified HSNs.
3. Review marketing materials and plans of HSNs to assure accuracy and avoid adverse enrollee selection.
4. Provide enrollees with a consumer guide which gives detailed and uniform information on additional services, usage, outcomes, quality, amenity availability, and enrollee satisfactions for each certified HSN. HSNs must also provide information about both individual and institutional credentials.
5. Enroll consumers meeting state eligibility requirements in the certified HSN of their choice.
6. Collect premiums. The HCPAK assumes the liability for uncollected premiums and refers uncollectible accounts to the appropriate state agency.
7. Collect co-payments from enrollees.
8. Risk-adjust the capitated payment made to the certified HSN utilizing the formula developed by the Kansas Health Commission. Payments will be made to the HSNs on a prepaid monthly basis.
9. Collect uniform performance data on all HSNs.
10. Develop grievance procedures to be used in resolving disputes between enrollees and the HCPAK and disputes between the HSNs and the HCPAK. Any enrollee or any HSN may appeal to the Kansas Health Commission any grievance not resolved by the HCPAK.
11. Report regularly to the Kansas Health Commission on operations of the HCPAK, including program and financial operations.

- The mandated set of health services would be made available to all Kansans primarily through competing integrated delivery systems called Kansas Health Service Networks (HSNs)

The Commission recommends that the HSNs consider pre-existing relationships such as those that have been established by the EACH/RPCH demonstration grant and the Integrated Community Health Development Project. The work of these provide an important base from which statewide comprehensive integrated delivery systems (HSNs) can evolve (see Appendix A).

1. HSNs shall establish a consumer advisory board composed of a mix of community members, local government officials, and consumers who are

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993



- enrollees of the particular HSN. The advisory board will be represented on the HSN governing board. The primary function of the advisory board is to serve as a liaison between enrollees and the HSN.
2. HSNs must offer the benefit package for the capitated payment rate to any state resident choosing to enroll. They may enhance the benefit package offered enrollees.
  3. The HSN will establish the appropriate provider mix for efficient operation of the delivery system, one capable of delivering the contracted set of services to the enrolled population. The HSN is not required to include all providers who apply, but they must publish general criteria for selection and termination of providers. Discrimination against any category of providers is prohibited.
  - \*\*4. HSNs may require exclusive contracts with providers. HSNs are permitted to contract with other HSNs for services, particularly tertiary care services. (under review)
  5. HSNs will make decisions related to amenities they choose to offer, method of paying providers, use of managed care, availability of provider choice within the network, and degree of availability of non-benefit package services.
  6. HSNs are responsible for providing enrollee education related to proper utilization of the health care system and healthy lifestyle behavior.
  7. HSNs are responsible for developing population based goals with strategies for improving the health status of their enrollees and periodic measurement of progress toward goal attainment.
  8. HSNs are responsible for providing to the HCPAK the specified performance data on cost, quality, utilization, enrollee satisfaction, and outcomes.
  9. HSNs may bear the financial risk themselves or reinsure.
  10. HSNs must demonstrate compliance with the conditions of certification with formal review for recertification every other year.
- **The Kansas Health Commission (KHC) will be established to set broad policy parameters and perform oversight functions related to performance of both HSNs and the HCPAK and to act as ombudsman for consumers.**

The KHC will be comprised of five full-time Commissioners, appointed by the Governor and confirmed by the Senate. Commissioners would be appointed for a four year term certain and are eligible for reappointment for a second consecutive four year term (terms should be staggered). One commissioner shall be selected from each Congressional District and there shall be one at large member. No more than one member may represent the provider community and no more than three

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993



commissioners shall be members of the same political party. The chair of the Commission will be elected by majority vote of the commissioners.

Specifically, the KHC will perform the following functions:

1. Define certification requirements for HSNs and certify and decertify such entities. Criteria for certification should include but are not limited to the following:
  - Open enrollment is required. The HSN must take all who apply and risk selection mechanisms, enrollment biasing, and waiting periods are prohibited.
  - The prescribed benefit package must be offered.
  - Population based planning must be integrated into the HSN planning efforts so that the health care needs of its enrollees are met and the overall health status of the enrollee community is improved.
  - A formalized process for attaining consumer input must be in place.
  - A mechanism for hearing and resolving consumer complaints must be established.
  - Standardized data on required parameters must be collected and transmitted to the Kansas Health Care Data Governing Board by a specified date.
  - Adherence to standardized reporting requirements on performance measurements related to structure, process, outcomes, consumer satisfaction for the general and special populations is required.
  - Adherence to financial solvency criteria established by the KHC is required.
2. Establish a certification process which ensures that all geographical regions of the state are covered.

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993

3. Develop a fee schedule for the residual fee-for-service component of the health care system and monitor utilization patterns.
4. Provide technical assistance in HSN formation and compliance with federal guidelines.
5. Define the benefit package to be available to all Kansans and establish a public participation process to determine modifications of the benefit package as needed.
6. Determine the actuarial value of the benefit package and set initial capitation rates based on statewide community rating.
7. Determine annual premium schedule.
8. Develop the sliding scale co-payment schedule to be utilized by all HSNs and identify those primary and preventive services exempt from cost-sharing.
9. Develop objective, actuarially based standards for risk adjustment determination to be applied to capitation payments.
10. Identify those services which should be state supported and available to all networks, e.g. public health, emergency medical transport.
11. Analyze data related to the overall health status of Kansans and recommend measures which will enhance health status as needed; e.g., adequacy of access for special populations.
12. Encourage research efforts of the HSNs related to developing local practice guidelines, either encouraging application of national standards when available or providing assistance to HSNs to develop local standards for high resource utilization health care services.
13. Establish a funding pool or reinsurance mechanisms to make adjustments to networks with a disproportionate number of enrollees who have utilized extraordinary levels of benefit package services.
14. Recommend to the legislature annual rates of change allowed in the health care budget.
15. Establish a mechanism for hearing and resolving consumer and HSN complaints which ensures due process.
16. Ensure conformity of state health policy with national health policy guidelines.
17. Study and propose anti-trust protection recommendations.

#### Cost Control Measures in the Commission's Draft Proposal

- The reform plan proposed provides a solid basis for cost control:

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993



*The Commission recognizes that initiating universal access necessitates prioritizing services and supports the KHC in doing so. The Commission recommends that the benefit package parameters include:*

*Physician and other health professional services*

*Primary care and Preventive care as outlined in the then current guidelines of the American Academy of Pediatrics for children and in the then current guidelines of the American Academy of Family Physicians for adults/include routine Vision and Hearing Exams*

*Vision and Hearing Hardware(define subsidization level using copays)*

*Diagnostic Testing*

*Prescription Drugs (define subsidization level using copays)*

*Preventive Dental for Children and Acute Dental for all*

*Mental Health (managed care required)*

*Chemical Dependency Treatment (managed care required)*

*Emergency Medical Services*

*Medically Necessary Inpatient Hospital*

*Medically Necessary Outpatient Hospital*

*Emergency Room Care (subject to copays)*

*Non-experimental Organ Transplants*

*Maternity and Prenatal Care*

*Physical, Occupational, and Speech Therapy*

*Radiation and Chemotherapy*

*Durable Medical Equipment, Supplies and Prostheses*

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993

*Rehabilitation Services*

*Skilled Nursing Care*

*Home Health Care*

*Hospice Care*

*The Commission believes that the State must continue its commitment to provide long-term care to persons who qualify through Medicaid. The Commission defers the determination as to whether long-term care should be included in the benefit package for all Kansans to the KHC and recommends that alternatives to institutionalization be considered.*

#### Financing of Commission's Draft Proposal

A subcommittee is proposing funding scenarios to the 403 Commission at a retreat in October.

Draft Date: September 8, 1993  
Draft Date: September 21, 1993  
Draft Date: October 4, 1993

# A Framework for Reform of the U.S. Healthcare Financing and Delivery System

by the  
Kansas Employer Coalition on Health, Inc.

October 1992



Kansas Employer Coalition  
on Health, Inc.  
1271 Harrison  
Topeka, Kansas 66612  
James P. Schwartz Jr.,  
Consulting Director  
913-233-0351



**Kansas Employer Coalition on Health, Inc.**

1271 S.W. Harrison • Topeka, Kansas 66612 • (913) 233-0351

October 29, 1992

To: Friends of KECH  
From: Jim Schwartz, Consulting Director  
Re: Latest edition of Health System Reform Strategy

Enclosed is the latest upgrade to our strategy for health system reform, first published in July 1991.

The primary changes are

- 1) Replacement of the publicly sponsored plan with a provision for placing uninsureds into private plans through individual policies,
- 2) A provision to allow plans to self-insure, but neutralizing advantages from risk skimming by assessing a fee for plans of favorable risk,
- 3) Clarification that coverage includes dependents not covered under separate plans, and
- 4) A process for allowing individuals to purchase individual policies.

If you have any questions or suggestions about our paper, please call or write me at the address above.

## Preface to First Publication: July, 1990

There comes a time in the debate of any major issue when the call to action sounds louder than one's fears. The debate on healthcare costs and access is rapidly reaching that point.

Concerned that government might react to that call with a reflexive solution that most employers could find unpalatable, the Kansas Employer Coalition on Health resolved to provide thoughtful, grassroots leadership toward a fair and feasible solution.

The Kansas Employer Coalition on Health is a statewide, not-for-profit membership organization of over 100 corporations, including business, insurance, healthcare providers, professional associations, labor, and municipal groups. Through coalition membership, those companies share experience, information and concern about the value and affordability of employee healthcare.

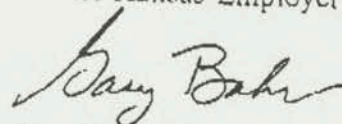
Setting aside prospects for narrow, temporary gain, the coalition's Board of Directors supports a comprehensive restructuring of the healthcare system on a state or national level. That restructuring should, we believe, assure access to basic health services for every American and involve a broadly distributed cost that is explicitly limited.

After much deliberation, including review of a membership opinion survey, a majority of the board of directors has endorsed the principles and general strategies contained in this document. No one, including this Board, agrees with every detail in this document, yet it was the feeling of the majority that this strategy offers a blueprint for an effective middle ground between the status quo and national health insurance. We feel strongly that measures such as these ought to be tried before attempting to solve the crisis at the expense of any single party, be it government, business, insurance, healthcare providers or individuals. This framework describes a balanced role for all these parties. Accommodation is required of each. In return, each is rewarded with equitable access, incentives for quality care, and long-term financial stability.

To our knowledge, this strategy is the first by a business/health coalition to set forth concrete recommendations for cost containment and universal access. What's more, it may be the first healthcare reform paper by any source to enjoy the endorsement of a broad-based, grassroots organization.

This Board hopes that policy makers will appreciate the appropriateness of the proposal and accept this contribution to the national debate on the future of U.S. healthcare.

For the Kansas Employer Coalition on Health, Inc.



Gary Bahr, Chairman  
July 1990

## Long-Term Solutions Task Force

Thomas Plumberg  
Manager, Compensation and Benefits  
Hill's Pet Products

Melissa Levy Hungerford  
Vice-President  
Kansas Hospital Association

John Knack  
Executive Vice-President  
BlueCross/Blue Shield of Kansas

Paul Van Dyne  
Director, Human Resource Projects  
Payless Cashways, Inc.

Cheryl Dillard  
Government & Community Relations Manager  
Kaiser Permanente, Kansas City

James Slover, R.N.  
President  
Healthcheck, Inc.

Staff: James Schwartz



# A Framework for Reform of the U.S. Healthcare Financing and Delivery System

by the  
Kansas Employer Coalition on Health, Inc.

October 1992

## **Abstract:**

A task force of Kansas business/health coalition members has prepared recommendations for alleviating the most pressing problems associated with the funding and delivery of healthcare in the United States.

Those problems, which the authors consider inter-related, include rising costs, inequitable access, and variable quality. The recommendations constitute a comprehensive approach to restructuring the system on a state or federal level, yet build on existing institutions and systems to a large extent.

Recommendations are offered for 1) universal health insurance coverage through employer-based plans and individual policies, 2) regulation of insurance rate increases by a formula closely tracking the Consumer Price Index, 3) patient participation in a portion of insurance and treatment costs, 4) insurance industry reforms, and 5) governmental monitoring of quality and support for medical research into preferred methods of treatment.

Although not every coalition member supports every recommendation, the board of directors of the Kansas Employer Coalition on Health, Inc., in July 1990, endorsed the principles and general strategies contained in this document.

## **Background:**

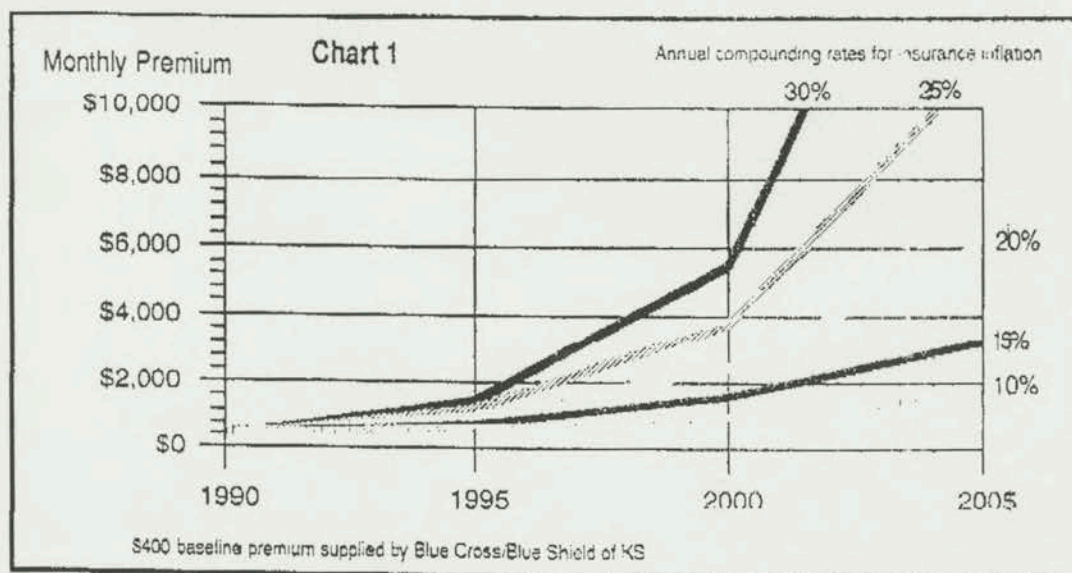
Representing 100 businesses, insurers, providers and other employers throughout Kansas, the Kansas Employer Coalition on Health is the state's primary voice for employers in matters of health policy.

In 1987 the coalition's board resolved to supply private-sector leadership to solving the problem of large numbers of uninsured Americans. When an internal committee presented a universal-access model, the board returned it to the committee with instructions to include provisions for cost containment. In July 1990 the board endorsed the principles and general strategies of the framework that follows.

The present methods of funding and delivering healthcare throughout most of the United States (including Kansas) have allowed or contributed to the emergence of several serious problems:

- 1) Healthcare costs have increased at an alarming rate throughout the 1980's, far outstripping the overall inflation rate and doubling approximately every six years.
- 2) As many as 500,000 Kansans<sup>1</sup> (21%) and over 30 million Americans<sup>2</sup> are without any insurance against the cost of medical care. Besides causing delayed and neglected access to needed





### Effects of Insurance Inflation Factors on Monthly Family Premiums

care, such lack of coverage leads to uncompensated services by providers and an undesirable level of cost-shifting to paying patients.

3) Morbidity and mortality statistics for the United States are unenviable compared to those of other developed countries, despite this country's leading role in healthcare spending.

Healthcare observers generally concede that market forces of the 1980's have failed to deal successfully and permanently with the problems of cost, access and quality (table 1).

Recognizing the need for private sector leadership the Kansas Employer Coalition on Health asked its Governmental Affairs Committee to seek long-term solutions.

That committee formed a Long-Term Solutions Task Force in April 1989, represented by two members each from business, insurance, and providers, with assistance from KEC staff.

The group began by identifying the major problems facing healthcare purchasers today. The problems of cost, access, quality and demand were

explored in considerable detail. The group placed particular attention on the question of why supply-and-demand economic forces had failed to control healthcare costs. Many answers to that question emerged, including 1) separation of payer and vendor by virtue of insurance, 2) ability of some patients to receive treatment without paying, 3) provider-created demand for services (providers influence the amount of care dispensed), 4) commonplace attitudes among patients that only the best care is acceptable and that more care is better care, 5) lack of data for consumers on prices and quality of services, 6) lack of rational consumerism on the part of sick and frightened patients, and 7) a common consumer view of responsibility for health as lying with the system rather than with personal lifestyles and health habits.

The group explored domestic proposals for reform, as well as a number of foreign systems: Canadian, western European and Pacific rim. Because of cultural differences between these countries and the United States, none of these systems appeared directly applicable to this country.



A consensus emerged within the group that the problems of cost, access and quality are interrelated. Further, the group came to view the prospects for long-term solutions as more favorable within the context of a comprehensive restructuring of the system. Simply expanding the current system and amplifying present cost-containment techniques would likely prove inadequate. The committee felt that comprehensive reform could succeed on a state level but that a national initiative would be preferable. The advantages of a national approach include smoother handling of state border discrepancies, multi-state logistics for employers, and conflicting federal laws.

The group reached agreement that lasting solutions must include making difficult choices. Those choices must reflect priorities for funding societal needs, including housing, education, defense, transportation, and retirement security, to name only a few. Given that funding available for healthcare is finite, some rational method must be devised to assure that healthcare resources are applied so as to render the best possible health outcomes for the dollar—for the citizenry as a

whole. Such a choice carries with it the result that not all possible services will be funded; services of marginal value would have to be sacrificed in favor of those that give more benefit for the expense.

The committee recognized that the funding relationships in the present system carry a heavy burden of administrative complexity. In addition, the diffusion of purchasing authority dilutes clout necessary to control costs.

The group came to recognize that a healthcare system involving a single payer has advantages in terms of administrative streamlining and clout for controlling costs. At the same time, it was acknowledged that since the single payer would likely be government, any proposal for such a system would have to contend with a deep skepticism in U.S. society about government's ability to operate such a sensitive system.

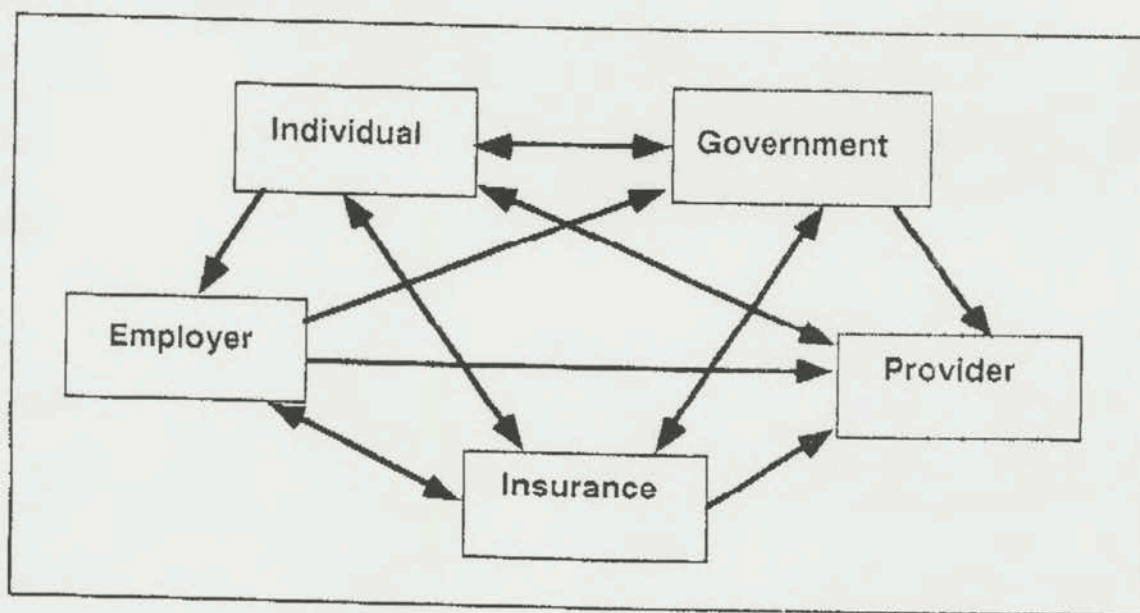
Determined to begin with an approach that minimizes the role of government and yet achieves reform of the system, the committee agreed that an evolutionary approach—building on existing

Table 1

### Why have competitive forces failed to control costs?

- ❖ separation of payer and vendor by virtue of insurance;
- ❖ ability of some patients to receive treatment without paying;
- ❖ provider-created demand for services (providers influence the amount of care dispensed);
- ❖ commonplace attitudes among patients that only the best care is acceptable and that more care is better care;
- ❖ lack of usable data for consumers on prices and quality of services;
- ❖ a lack of rational consumerism on the part of sick and frightened patients;
- ❖ a common consumer view of responsibility for health as lying with the system rather than with personal lifestyles and health habits.





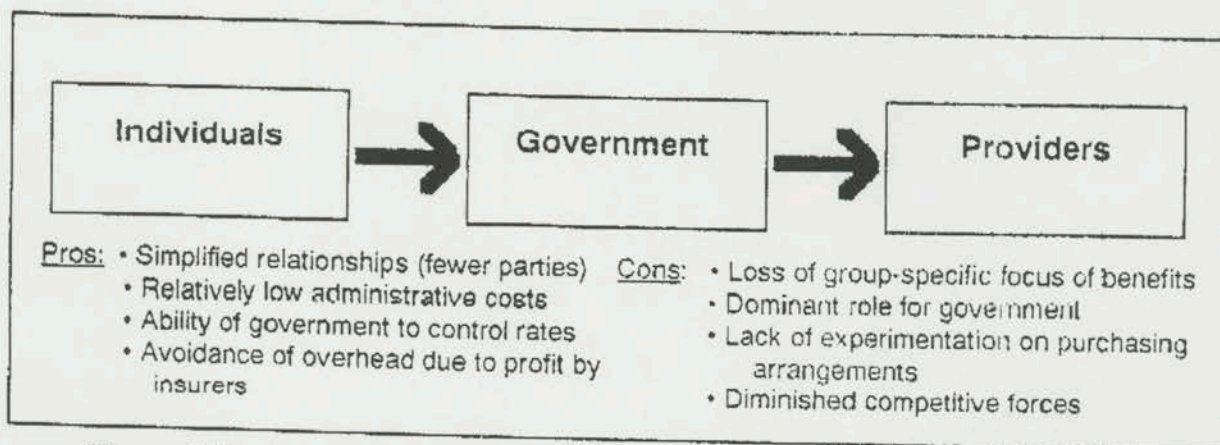
**Flow of funds in the "pluralistic" US healthcare system**

foundations—is desirable, possible and, in all likelihood, politically necessary. The goal became to envision new relationships among existing parties such that 1) competitive forces operate to trim and energize the system and 2) governmental activities supplement competition by defining limits and assuring equity.

If, however, reform involving multiple payers fails to contain costs, then a single-payer system involving a stronger governmental role will likely be required.

After many months of discussion, the group concurred on a set of principles for action. Those principles, tempered by recognition of some political realities, societal constraints, and a spirit of give and take, led to the formation of a set of recommendations for restructuring the state or national healthcare funding and delivery systems.

The recommendations, while subject to modification, form a cohesive structure that one may best appreciate in its entirety.



**Flow of Funds in a Typical Single-Payer Health Insurance System**

## Principles

1. Each citizen or citizen's family has a responsibility to secure financial protection against major healthcare costs and so should participate in a comprehensive plan of health insurance.
2. Each citizen has a responsibility, means permitting, to share in the cost of his or her insurance plan.
3. Each citizen has a responsibility, means permitting, to share in the cost of every episode of care.
4. Because healthcare is fundamental to the productivity, independence and well-being of the citizenry, the public has a responsibility to assure that basic healthcare is available to its members, regardless of economic status.
5. The insurance system should spread the risks for medical expenses across the widest practical base, thus assuring that no individual or group bears a disproportionate exposure.
6. Proposals for system reform should build upon current structures to a maximum extent consistent with achieving control of costs, access and quality.
7. Proposals for system reform should minimize reliance on regulatory controls, consistent with goals for costs, access and quality.



## Recommendations and Rationale

1) *Establish a system in which each citizen not eligible for Medicare either subscribes to an employer's health plan or obtains an individual private policy.*

The American public perceives healthcare as fundamental to the productivity, independence, and well-being of the citizenry. To secure such a basic good, the public bears a responsibility to assure access to a reasonable level of healthcare for all its members, regardless of economic status. Those who minimize the responsibility of society to individuals in this regard still tend to concede the value to society of providing basic treatment in order to prevent expensive emergency care.

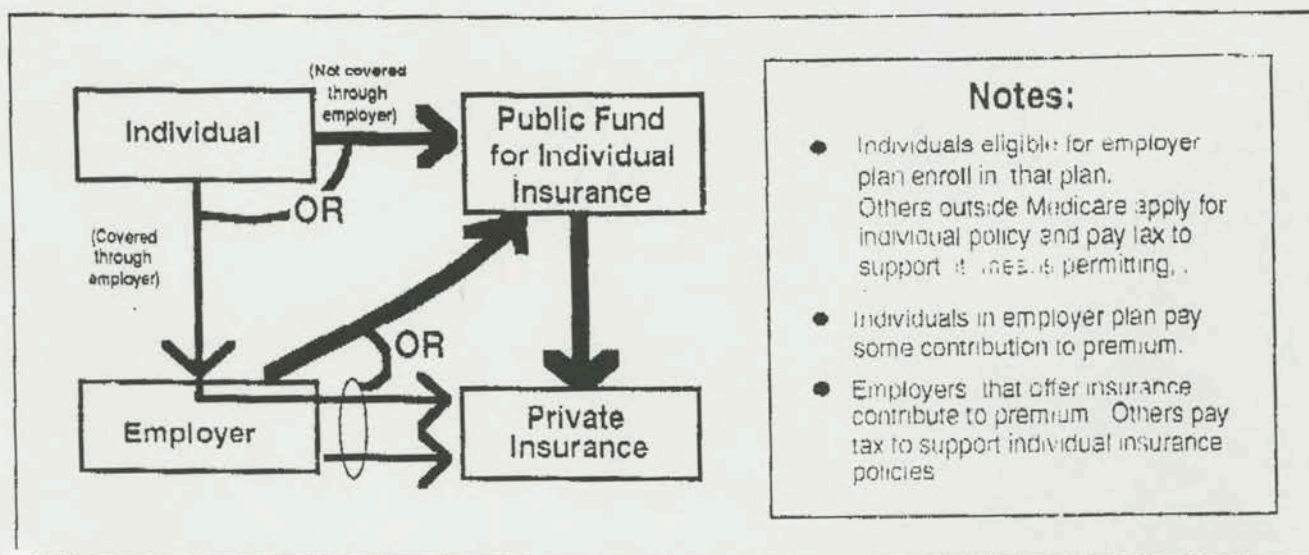
For these reasons, a key tenet of this framework is to enroll each citizen in a broad plan of health insurance coverage. Each individual or family would be expected to show evidence of health insurance (perhaps accompanying a tax return). Failure to do so would trigger a tax to help fund that family's coverage through an individual policy. Such a tax would reflect income (and perhaps asset) level, probably with some realistic cap.

Individuals and dependents who have access to a qualifying employer-sponsored plan would be required by law to enroll in one such plan.

In order to apply cost containment (discussed below) across a broad range of medical services, the coverage must have corresponding breadth. Failing to make the coverage broad simply invites continued escalation of costs for uncovered services.

Thus it is recommended that the minimum breadth of coverage be similar to that of the HMO Act or Medicare.

One may well question the appropriateness and utility of having employers sponsor health plans. From a practical standpoint, however, an evolutionary approach to achieving universal coverage seems advisable, building upon existing employer-insurance relationships. Thus it is recommended that employers have an option either to provide coverage or to pay a tax to help fund placement of uninsureds into other health plans through individual policies. The burden on small employers could be eased by phasing-in their obligation.



Flow of funds between Individuals, Employers and Insurance



KECH "Framework for Healthcare Reform" -- October 1992

7

In all likelihood, existing forces will maintain a strong commitment by employers to providing coverage. Those forces include the need to attract labor by offering a contribution to insurance premiums, as well as tax deductibility of those contributions.

Employers would be free to offer private, supplemental insurance for conditions not covered in the basic plan.

Currently, many uninsured individuals could afford to pay some fraction of the cost of insurance. Instead, under the present system, their large medical expenses must be shifted to the insured population. Thus by requiring individual participation (means permitting) in the cost of insurance, costs would more equitably be spread among those who are able to bear them. Moreover, a requirement for premium sharing would make patients more cognizant of costs and, presumably, wiser purchasers of care.

Government would undertake (directly or through contract) placement of uninsureds into private health plans through individual policies. Persons not enrolled in Medicare or a qualifying group or individual plan would be expected to apply at an agency office for coverage. The agency would verify eligibility and array plan choices for applicants. If an applicant selected a policy costing more than the least expensive one, he or she would be responsible for the additional expense. If deemed desirable by the agency, selection could be accomplished through a voucher system.

If an applicant failed to apply before the deadline, the agency (comparing Social Security rolls with insurance enrollment data) would assign the individual to an available plan on a systematic basis.

**2) Establish a mechanism by which the state (or the federal government) determines a single maximum annual percentage of premium increase for all health insurance plans.**

The concept of a budget is fundamental to health-care cost containment<sup>3</sup>. An expeditious way to achieve a budget without inviting government to assign roles and apportion resources is to require the state or federal government to determine a single maximum annual percentage of premium increase for all health insurance plans.

Government would determine the rate by a formula closely tracking some measure of general inflation, possibly the Consumer Price Index. The reason for not limiting the increases strictly to the CPI is that some latitude may be needed 1) to fund general medical research and research on protocols (see recommendation #3, below), 2) to fund improved technology, and 3) to reflect changes in the injury and illness patterns of society.

A separate pool made up of all carriers could be created to fund widespread catastrophes or unpredictable epidemics. That pool, similar to current "guarantee funds," would also protect against insolvency on the part of individual insurers.

This requirement for limiting increases in insurance rates establishes, in essence, a budget for the system. Experience has taught that when the healthcare system is constrained in a particular direction, it tends to bulge out in another direction. Thus, by establishing a budget for the entire system, expansion of the system may be controlled.

The effect of limiting rate increases would be to place insurers at risk for increasing costs. Thus insurers would have a powerful incentive to control costs. A natural reaction by insurers would be to form tightly integrated managed-care alliances with providers in order to share the financial risk with those providers. Insurers and their provider allies would have a strong incentive to apply careful cost/benefit judgments to such matters as capital expansion, preference among treatment locations and modalities, length of confinement, and selection of materials and subcontractors. Providers who fail to help the plan stay within budget would be less attractive to plan sponsors.



Incentives for insurers to profit by downgrading quality of care would be offset by public dissemination of quality comparisons among providers (see recommendation # 3, below) and by competition for market share between the networks.

Most likely, such rate regulation would force a consolidation of the health insurance industry from hundreds to a small number that can develop the capability to manage costs. Indeed, insurers may eventually become the financing and marketing arms of the delivery system.

Implementing this requirement on a national scale would preclude insurers from boycotting individual states. The challenge to insurers would thus be to find an efficient niche within a consolidated market. Failing that, the likely alternative would be a highly regulated single-payer system.

Rate regulation is expected to yield a number of beneficial side-effects. First, the resulting market consolidation would reduce administrative overhead associated with the present, fragmented system. In addition, rate regulation creates incentives to apply provider compensation methods that reward cost-effective behavior. For example, fee-for-service plans would likely give way to plans that pay providers by salary, per patient or per case. Where fees are paid, fee schedules and expenditure targets would be employed.

A politically attractive aspect of this strategy is that it encourages desirable economic changes simply by limiting the pot of funds available for care. The market will then attend to realignment, without need for sweeping government intervention.

**3) Quality of healthcare services will be assured through government monitoring and establishment of publicly sponsored research on medical protocols.**

When cost containment is discussed, providers often warn of the possibility that quality will suffer. To guard against deteriorating quality, it is recommended that government monitor the quality of

medical services and make reports available to the public. In addition, a portion of the taxes on employers, insurers and individuals should be earmarked for research on medical protocols. The reason for this last item is the wide variation in practice styles, unsupported by evidence of differing effectiveness or outcomes<sup>4</sup>. Research on protocols would help clarify some of the "gray areas" in medicine and raise some of the art to the level of science.

**4) Re-establish the insurance principle (broad sharing of risk) through "community rating."**

The health insurance industry began with the concept that costs should be spread among many people, so that no individual would risk financial devastation from healthcare expenses. Early insurance plans charged the same rate for all groups within a given community. This practice became known as "community rating."

Eventually some groups discovered that through good fortune their members were unusually healthy and so needed less care than those of other groups. They found carriers who would rate them according to their exceptionally low-cost experience. Having lost these low-cost members, the insurer's pool included only groups with high costs. Those higher costs led to higher premiums.

This trend of splitting the healthy from the unhealthy has continued until the cost of insurance for some less-healthy groups has become unaffordable. Even seemingly innocuous practices such as rating groups by age and sex may effectively shift costs toward the most needy. The offering of multiple options within groups has further aggravated this situation. Worse yet, some groups have resorted to questionable practices like excluding seriously ill members from the plan to keep costs in line.

If one accepts the premise that the public has a responsibility to assure its members a reasonable level of care, regardless of economic status, then it follows that systemic reform must restore the prac-



tice of well people shouldering the financial burden imposed on the ill and aged. Experience rating, by contrast, tends to shift costs to the ill, injured and aging — often the people least able to cope with such demands.

Thus it is recommended that insurers be required to adopt community rating, meaning a single set of rates based only on dependent status and the broadest practical geographic basis.

In order to maintain incentives for promoting healthy lifestyles, government should offer tax incentives for qualifying wellness programs. Further, contribution to premium (or taxation) could be adjusted according to lifestyle characteristics, e.g., not smoking, use of safety belts, or maintenance of safe blood pressure. Determining the proper extent of these adjustments will require further analysis.

To fully realize the system-wide benefits of community rating, the ability of groups to splinter off from the community and pay only for preferred risks would have to be minimized. Thus it is contemplated that self-insured plans whose per-capita health costs are substantially beneath community rates might be required to show that such favorable costs are attributable to factors other than risk selection. If this requirement cannot be met, the plan may be assessed a fee designed to neutralize the advantage of risk selection.

This sacrifice of favorable risk selection should be offset in the long run by savings from the cost-containment scheme in recommendation #2, above.

**5) Adopt a policy that all health care plans must, within capacity limits, accept any applying employer group or association of employer groups.**

Some groups presently encounter an extreme form of experience rating: not by premium levels, but by exclusion at any price. There is currently much financial pressure on insurers to "skim" the healthiest risks from the available population. Thus

it is commonplace for insurers to refuse to write coverage for groups with high claims histories—or to cancel groups that develop such records. The effect of such practices is to segregate the ill from the able, which benefits the able at the expense of the unfortunate. For the same reasons presented for recommendation #4 above, it is recommended that insurers be required to accept any employer-based group (or association of employer groups) that applies.

**6) Adopt a policy that each patient or patient's family, means permitting, shall pay some fee for every episode of care, up to some out-of-pocket maximum.**

It is generally agreed that efforts to contain the overall costs of healthcare must address demand by individuals. The first Rand Corporation study<sup>5</sup> showed that medical services perceived as "free" tend to be utilized at a greater rate than those that bear some cost to the recipient. Thus it is recommended that each patient, means permitting, pay some fraction of the cost of each episode of care. An annual limit could be placed on the amount of this expense.

**7) Establish ancillary activities by government.**

To provide a context for reform, government should provide leadership to develop healthcare policy — on a national, regional and state level.

Since prevention is the best medicine and education is the key to prevention, government should provide improved health education services to the public.

Because of the requirement in this framework for every citizen to carry coverage, some entity (probably government) must establish what constitutes coverage. That is, government must establish a minimum level of benefits that meets the intent of the law.



The proposed approach is expected to provide strong incentives for providers to participate. If, however, lack of participation becomes a problem, then some regulation may be contemplated to require reimbursement through plan sponsors.

Because of the pressures for medical inflation caused by malpractice litigation, it is recommended that government take strong measures to reform the tort system in a more cost-conscious direction.

Because the recommended provisions are, compared to other reform strategies, friendly to existing arrangements, government should inform the public that if the approach fails, it will implement a single-payer system.

### Conclusions:

The above recommendations are intended to constitute a politically moderate approach, with roles and tradeoffs for all current actors. Competitive forces are supported by leaving the primary funding and delivery systems in the private sector and by establishing an overall budget. Regulation is invoked to bring about universality of coverage, explicit containment of costs, and preservation of quality.

Although these elements are certainly amenable to modification, they are deemed by the authors to be hung in fair and delicate balance. Modifications will necessarily alter the balance of tradeoffs and the likelihood of acceptance by various groups. Likewise, the recommendations are presented not as a sundry assortment of fixes, but rather as a cohesive structure with value greater than the sum of its parts.

### References:

- <sup>1</sup> Kansas Commission on Access to Services for the Medically Indigent and Homeless: *Report and Recommendations on Access to Services for the Medically Indigent and Homeless*. Topeka, KS: Kansas Dept of Legislative Research; 1989: 4.
- <sup>2</sup> Moyer, ME: A Revised Look at the Number of Uninsured Americans. *Health Affairs*, Summer 1989, pp 102-110.
- <sup>3</sup> Brown LD, McLaughlin C: Constraining Costs at the Community Level, *Health Affairs*, Winter 1990, pp 5-28.
- <sup>4</sup> Wennberg J, Gittelsohn A: Variations in Medical Care among Small Areas. *Scientific American*, 246, 1982, pp 120-133.
- <sup>5</sup> Duan N, Keeler EB, Leibowitz A, Marquis MS. Health Insurance and the Demand for Medical Care: Evidence from a Randomized Experiment. *American Economic Review*, June 1987, pp 251-277.

The Kansas Employer Coalition on Health, Inc., welcomes comment on this document. Please address all remarks to

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## Questions and Answers

### for

## KECH Framework for Reform of the U.S. Healthcare Financing and Delivery System

**Q:** The strategy calls for limits on insurance rate increases. Will insurance companies be able to curb costs enough to survive such constraints?

**A:** Even in the present system, time is running out on insurers' window of opportunity to control costs. If insurance companies cannot curb costs in the near future, they may be replaced by a single-payer system. The KECF framework offers insurers a last chance to effectively address the cost problem. And it gives them every incentive to do so. Only those that can control costs will survive. There would likely be a shake-out.

The framework's prescription for insurer survival under rate regulation is for them to form joint ventures with providers, in which financial risk is shared. These joint ventures may result in some insurers becoming, in effect, the marketing and financial arms of provider networks.

**Q:** Will employers accept the recommendations for adopting "community rating" and for restricting some of the advantages of self-insurance?

**A:** Seen narrowly and in the short term, no. Seen in the context of long-term cost containment, yes.

The present health system suffers dreadfully from decline of the insurance principle: wide spreading of risk. To reinstate this principle equitably, steps must be taken to prevent groups from isolating themselves and paying only for preferred risks.

All parties will need to make some sacrifices to achieve a better system. Employers with

young, healthy workforces will experience a short-term rate increase as risk is spread more evenly across a population. In the KECF strategy, the reward is long-run price stability.

Another sacrifice would be direct savings through corporate health promotion. This loss could be mitigated by tax incentives and by rating individuals' contribution to premium according to lifestyle habits, thus preserving incentives for improved health.

As a way to achieve equity among plans, self-insured plans might have to demonstrate that their favorable costs are due to factors other than preferred risk, or else pay a surtax calculated to neutralize the economic advantage of such risks.

A final consideration is that a single-payer system, which likely would prevail in the absence of the one described here, would likewise prohibit individual groups' selecting out of the system.

**Q:** The plan calls for an important role for government. Will such a policy be palatable to a society that values market principles over government regulation?

**A:** The KECF strategy also favors market principles over government regulation. By placing insurers (and by extension, providers) at risk for keeping costs within budget, a powerful incentive is created to apply "managed care" techniques. Those techniques are competitive in nature, boosting efficiency and energizing the system.

At the same time, the paper acknowledges historical limitations of competitive approaches in an arena broadly perceived as a



# THE CLINTON HEALTH PLAN







## The Managed Competition for the Winning Health Plan

	CLINTON	CHAFEE-DOLE	COOPER-GRANDY	MCDERMOTT-WELLSTONE	HOUSE REPUBLICAN TASK FORCE
<b>COVERAGE</b>	Universal coverage by end of 1997. Achieved by requiring all employers to contribute to their workers' health insurance, and giving financial assistance to unemployed and people with incomes below 150% of the federal poverty line. Also gives federal subsidies to small, low-wage businesses.	Universal coverage by 2000. Achieved by requiring all individuals to obtain health coverage. Offers vouchers to people with incomes below 240% of poverty line to cover some or all of premium.	Does not achieve universal coverage. Increases coverage by providing subsidies to people below poverty level.	Universal coverage upon enactment. Federal government pays most health bills, virtually eliminating private insurance. Medicare and Medicaid and other government health programs would be folded into the new system.	Doesn't guarantee universal coverage. Requires employers to offer a federally approved health plan for their workers, but doesn't require them to pay for it. Federal subsidies to provide health plans for the poor.
<b>FINANCING</b>	Employers must pay 80% of regional average health insurance premium for each full-time worker. Raises taxes on cigarettes by 75 cents per pack and increases tax on other tobacco products. Payroll assessment of 1% on big corporations that opt out of regional insurance pools. Caps Medicare and Medicaid spending.	Uses savings gleaned from placing spending caps on Medicare and Medicaid. Taxes employer-provided health benefits exceeding a certain value.	Caps the amount of worker health benefits employers can deduct for tax purposes. Abolishes Medicaid and replaces with subsidies to help poor people buy private insurance.	Increases corporate and individual income taxes; places a tax on hospitals. Such taxes would replace the insurance premiums companies and individuals now pay. States would have to fund 15% of the new program.	Uses savings from phasing out subsidies for wealthy people's Medicare premiums and raising minimum federal retirement age to 62 from 55.
<b>BENEFITS</b>	Government sets standard benefits package guaranteed to all Americans. Covers most medically necessary services, including mental health treatment, prescription drugs and many preventive services. A separate program would cover home care and community-based care.	Two standard packages of benefits set by the federal government. One provides only catastrophic coverage. The other will be a comprehensive package, but narrower than the Clinton plan.	A national health board would establish a uniform benefits package.	Covers all medically necessary services, including nursing home and other forms of long-term care, mental health and substance abuse services. Doesn't cover cosmetic surgery or over-the-counter drugs.	Health plans must meet a defined standard of coverage, including medically necessary services and preventive care.
<b>COST CONTROL</b>	Caps allowable annual increase in private health insurance premiums. Establishes regional insurance buying pools—called health alliances—of businesses and individuals to bargain with health plans. Employers with fewer than 5,000 workers must join Medicare and Medicaid spending caps.	Medicare and Medicaid spending caps. Caps the tax-deductibility of employer health benefits at the average price of the least expensive one-third of the health plans offered by a regional purchasing pool. Workers also pay tax on value of health benefits exceeding that amount. Sets up optional, competing insurance-purchasing pools for employers with fewer than 100 workers.	Relies on market forces to hold down costs. Sets up insurance purchasing pools to help increase consumer muscle. These would be smaller and have less regulatory authority than the Clinton health alliances; employers with 100 or fewer workers must join.	State governments would negotiate annually with doctors, hospitals and other providers to establish a cap on payments for medical services.	Limits on increases and rate variations in health insurance premiums charged to small businesses. Aims to generate market forces to hold down costs.

Note: A plan by Sen. Phil Gramm (R., Texas) would allow people to put the money their employers now spend on their health coverage into a tax-free account to pay doctor bills or buy coverage. Special tax credits would help the poor buy coverage.

WILL STREET 10/28



Sponsor of plan	N. PAUL D. ELLSTONE (D-Minn.) 	PRESIDENT CLINTON 	SEN. JOHN H. CHAFEE (R-R.I.) 	REP. JIM COOPER (D-Tenn.) 	HOUSE MINORITY LEADER ROBERT H. MICHEL (R-Ill.) 	SEN. PHIL GRAMM (R-Tex.) 
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.	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	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 60 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.	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 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.	Standard acute-care benefit package. Other benefits may be added later.	Standard acute-care benefit package.	No standard package specified.
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.	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	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.	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 <small>Limits denial or exclusion from coverage or excessive premiums because of health status</small>	Not applicable.	Yes.	Yes.	Yes.	Yes.	Yes.
Medisave option <small>Individuals and families can open tax-deductible "medical IRA" account to pay for routine care and insurance against "catastrophic" costs.</small>	Not applicable.	No.	Yes; details to be worked out.	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.

Washington Post 8/20/92



October 27, 1993  
10:30 p.m.

SIDE-BY-SIDE COMPARISON OF MAJOR DIFFERENCES BETWEEN  
HEALTH CARE REFORM PROPOSALS

DRAFT: Need to be updated!

ISSUE	CLINTON	SENATE REPUBLICAN TASK FORCE	GRAMM	HOUSE REPUBLICANS	NICKLES/HATCH CONSUMER CHOICE
Employer Mandate	Yes; 80/20: Employer must pay 80% of average premium for employees and dependents. Part time employees pro-rated. Employer contributions capped at 7.9% of payroll, except those with 75 or fewer employees whose average wages are \$24,000 or less. They would pay between 3.5 & 7.9% of payroll, (depending on the average wage). Federal government pays the remaining part of the employer share. No cap on employer contributions to corporate alliances. (Corporate alliances only available to employers of 5,000 or more.)	No mandate to pay any portion of employees' premium, only a mandate to offer coverage directly or through cooperative.	No mandate to pay any portion of employees' premium. However, if currently providing coverage for employees, must allow employees to use that money for other private coverage, including the establishment of a Medical Savings Account in combination with a catastrophic policy.	No financial mandate. Requires all employers to offer but not to help pay.	No new mandate to offer or pay for insurance to employees. However, companies that are currently providing health insurance must give their employees the option of continuing their current plan or "cashing out" their benefits and joining another plan.

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Monday, Nov. 1, 1993, Dodge City Daily Globe 5

# Dole's voters glad he's toned it down on health care

GARDEN CITY, . (AP) — It hasn't been lost on Kansans like registered nurse Chris McKinney that Bob Dole has toned down his criticism of President Clinton when it comes to health care.

"I saw a couple of T-shirts that said, 'Dole, sit down and shut up!'" McKinney said, reflecting on the senior senator from Kansas who, as minority leader, is also the titular head of the Republican Party.

"I've wondered these past couple of months if maybe he's getting the message — people want somebody who's going to be part of the solution, rather than just fanning the fire," she said.

Judging by the reaction in a Garden City high school auditorium, where McKinney and about 300 others gathered over the weekend for a health care "summit," Dole is doing a fine minuet, balancing a ready-to-compromise stand on Clinton's health plan with his role as GOP guardian against high costs, big bureaucracy and government mandates on business.

"He's being flexible," said Wendy Klamp, marketing director at a psychiatric hospital in Shawnee, Kan., who was at a similar forum in Kansas City, Mo., on Friday when Dole shared the stage with Hillary Rodham Clinton.

"That's good," said Klamp, who theorizes that part of Dole's softer touch on the issue may be the influence of his wife, American Red Cross president Elizabeth Dole.

Klamp, like many of the other Kansans who attended these summits, thinks the health system needs reform. But Clinton's plan seems so far-reaching, they said, and they're worried about a huge new bureaucracy. Klamp is relying on Republicans like Dole to protect against too much government intrusion that would ruin what's good about the

current system.

"I'm very much for finding a way to cover everyone, but I know how inefficient the government can be," said Bill Schaezel, a pathologist from Lawrence, Kan., who was passing out, and trying to sell, bumper stickers that said, "Health care expensive now? Just wait until they make it free!"

"I'm a big Dole fan. He knows it's such a big issue out in the country, you can't come at it as just an adversary," Schaezel said.

Dole, since taking over as spokesman, of sorts, for the Republican Party after George Bush lost the White House, has seemed to relish the role as chief adversary on Clinton's budget package and other initiatives.

But health care has been a different story.

Dole is backing a GOP rival bill that Mrs. Clinton has called "far superior" to even an alternative offered by Democrats because the GOP plan tries to bring health coverage to everyone. Kansas' other Republican senator, Nancy Kassebaum, is a sponsor, too.

Even in rural Kansas — where Clinton-bashing might go over big — Dole kept his criticism of the president's package muted. Picked for the summit because it's rural, Garden City is a meatpacking town where folks like to note there are more cattle in the feedlots than people in the city.

The biggest applause of the day did not go to Dole, when he laid out why the Clinton plan might be too bureaucratic or costly or burdensome on business, but to the more conservative Rep. Pat Roberts, when he talked about the American Dream, climbing the ladder of success, and ~~now~~ health care should not be a "basic right" just handed out to everyone.

Dole spoke of individual responsibility, but it wasn't the fiery stuff Roberts used.

"We haven't touched on responsibility enough," Dole said. "It's in the president's plan. It's last. It ought to be first."

The idea was on the crowd's mind. Why should hard-working citizens have to pay for people who haven't taken care of themselves, or AIDS crises in other cities, came a question from the crowd.

Kassebaum responded there are behavior problems everywhere, such as smoking and drunken driving. And Americans are already paying for those costs, she said.

The Republican bill puts the mandate for health coverage on individuals, rather than on businesses, as Clinton's plan would do.

This GOP alternative, whose lead author is Sen. John Chafee of Rhode Island, would try to enforce it through the IRS.

People would have to carry health insurance, just as many states require auto coverage. Poor people would get government vouchers to help them buy it.

But McKinney, the registered nurse, said she wondered whether the politicians who will decide this issue really know what it's like for people scraping by.

"I drove up today and saw the men in their three-piece suits, and the women in their business suits, and I wondered, 'Do they see people in the emergency room with a \$700 bill they can't pay? Have they ever seen a couple in tears, who had a sick baby and now have a \$100,000 bill, and they're minimum-wage workers with no way to pay it?'"

"I'm tired of negativity out there ... I'd rather hear, 'Let's roll up our sleeves and get to work on it.'"



*Emporia Gazette*  
Monday, November 1, 1993

## Rural Kansans Wary of Health Reform

By The Associated Press

GARDEN CITY — At a health care "summit" sponsored by Sen. Bob Dole and other Kansas politicians, concerns in the heartland about President Clinton's reform plan were clear: who pays, and why the big bureaucracy?

Why should hard-working citizens have to pay for people who haven't taken care of themselves, or pay for AIDS crises in other cities, came a question from the crowd of about 300 gathered in a Garden City high school over the weekend.

People also were concerned about the idea of a big government takeover, and worried that Clinton's plan, with its state-run purchasing alliances, would just mean more bureaucracy.

"I'm very much for finding a way to cover everyone, but I know how inefficient the government can be," said Bill Schaetzel, a pathologist from Lawrence, Kan., who was distributing, and trying to sell, bumper stickers that said, "Health care expensive now? Just wait until they make it free!"

"Something definitely needs to be done," said Virgil Murray, an independent insurance agent from nearby Holcomb, Kan., who says people can't afford to buy insurance anymore. But he worries about the Clinton plan.

"From what I know, I don't like it. It seems to be a socialistic idea of putting mandates on business. I'm in favor of more of a voluntary program," Murray said.

Dole, Sen. Nancy Kassebaum, and Rep. Pat Roberts, whose dis-

trict stretches from Emporia to the western Kansas border, spent three hours in Garden City listening to voters' concerns and trying to explain GOP alternatives.

All three hit on "responsibility," and who should bear the burden for carrying health insurance.

Clinton's plan would require that all employers pay 80 percent of their workers' premiums; a GOP rival plan backed by Dole and Kassebaum would put the requirement on individuals, enforced through the Internal Revenue Service.

"We haven't touched on responsibility enough," Dole said. "It's in the president's plan. It's last. It ought to be first."

Kassebaum fielded the question on why Kansans should have to pay for big-city problems. There are behavior-related costs everywhere, she said, such as smoking and drunken driving. And Americans already are paying for those costs, she said.

Roberts got some of the day's biggest applause when he talked about the American Dream, climbing the ladder of success, and how health care should not be a "basic right" just handed out to everyone.

Their pledge to protect against government bureaucracy was well-received, too.

"Can you name anything the government's run lately you'd like to duplicate?" Dole asked, drawing laughter from the crowd, many of whom came because they said they were confused about

what Washington was trying to do.

Not everyone in Garden City was calling out to crack down on people who have been going without insurance.

Chris McKinney, a registered nurse at a school for poor, disabled kids, said she wondered if the politicians who will decide this issue really know what it's like for people scraping by.

"I drove up today and saw the men in their three-piece suits, and the women in their business suits, and I wondered, 'Do they see people in the emergency room with a \$700 bill they can't pay? Have they ever seen a couple in tears, who had a sick baby and now have a \$100,000 bill, and they're minimum-wage workers with no way to pay it?'"

She and others surveyed at this meeting are glad Dole has toned down his criticism of Clinton when it comes to health care. They like that he's balancing a ready-to-compromise stance with his role as the GOP guardian against high costs and big bureaucracy.

"I saw a couple of T-shirts that said, 'Dole, sit down and shut up!'" McKinney said, reflecting on Dole, who is the titular head of the Republican Party since George Bush's defeat of the White House.

"I've wondered these past couple of months if maybe he's getting the message — people want somebody who's going to be part of the solution, rather than just fanning the fire," she said.



# Summit gathering wary about health plan

*Government*  
Garden City crowd 11-1-93  
worried about cost, OS.1  
bureaucratic takeover

By KAREN BALL  
Associated Press Writer

GARDEN CITY — At a health care summit sponsored by Sen. Bob Dole and other Kansas politicians, concerns in the heartland about President Clinton's reform plan were clear: who pays and why the big bureaucracy?

Why should hard-working citizens have to pay for people who haven't taken care of themselves, or pay for AIDS crises in other cities, came a question from the crowd of about 300 gathered in a Garden City high school over the weekend.

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See Summit on page A3

## Crowd wary of health plan

Continued from page A1

"From what I know, I don't like it. It seems to be a socialistic idea of putting mandates on business. I'm in favor of more of a voluntary program," Murray said.

Dole, Kansas' other Republican senator, Nancy Kassebaum, and the GOP congressman who covers the western part of the state, Pat Roberts, spent three hours in Garden City listening to voters' concerns and trying to explain GOP alternatives.

All three hit on "responsibility," and who should bear the burden for carrying health insurance.

Clinton's plan would require that all employers pay 80 percent of their workers' premiums; a GOP rival plan backed by Dole and Kassebaum would put the requirement on individuals, enforced through the Internal Revenue Service.

"We haven't touched on responsibility enough," Dole said. "It's

in the president's plan. It's last. It ought to be first."

Kassebaum fielded the question on why Kansans should have to pay for big-city problems. There are behavior-related costs everywhere, she said, such as smoking and drunken driving. And Americans already are paying for those costs, she said.

Roberts got some of the day's biggest applause when he talked about the American Dream, climbing the ladder of success, and how health care should not be a "basic right" just handed out to everyone.

Their pledge to protect against government bureaucracy was well-received, too.

"Can you name anything the government's run lately you'd like to duplicate?" Dole asked, drawing laughter from the crowd, many of whom came because they said they were confused about what Washington was trying to do.

Not everyone in Garden City

was calling out to crack down on people who have been going without insurance.

Chris McKinney, a registered nurse at a school for poor, disabled kids, said she wondered if the politicians who will decide this issue really know what it's like for people scraping by.

"I drove up today and saw the men in their three-piece suits, and the women in their business suits, and I wondered, 'Do they see people in the emergency room with a \$700 bill they can't pay? Have they ever seen a couple in tears, who had a sick baby and now have a \$100,000 bill, and they're minimum-wage workers with no way to pay it?'"

She and others surveyed at this meeting are glad Dole has toned down his criticism of Clinton when it comes to health care. They like that he's balancing a ready-to-compromise stance with his role as the GOP guardian against high costs and big bureaucracy.



14 The Newton Kansan, Monday, November 1, 1993

# Kansans debate health care at 'summit'

Residents worried  
about bureaucracy,  
who will pay

GARDEN CITY (AP) — At a health care "summit" sponsored by Sen. Bob Dole and other Kansas politicians, concerns in the heartland about President Clinton's reform plan were clear: who pays and why the big bureaucracy?

Why should hard-working citizens have to pay for people who haven't taken care of themselves, or pay for AIDS crises in other cities, came a question from the crowd of about 300 gathered in a Garden City high school over the weekend.

People also were concerned about the idea of a big government takeover, and worried that Clinton's plan, with its state-run purchasing alliances, would just mean more bureaucracy.

"I'm very much for finding a way to cover everyone, but I know how inefficient the government can be," said Bill Schaetzel, a pathologist from Lawrence who was distributing, and trying to sell, bumper stickers that said, "Health care expensive now? Just wait until they make it free!"



Dole

"Something definitely needs to be done," said Virgil Murray, an independent insurance agent from nearby Holcomb who says people can't afford to buy insurance anymore. But he worries about the Clinton plan.

"From what I know, I don't like it. It seems to be a socialistic idea of putting mandates on business. I'm in favor of more of a voluntary program," Murray said.

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"We haven't touched on responsibility enough," Dole said. "It's in the president's plan. It's last. It ought to be first."



SUNDAY ■ OCTOBER 31, 1993 ■ THE HAYS DAILY NEWS ■ 3-A

## Rural crowd wary about health care reform

GARDEN CITY (AP) — An audience of wary rural Kansans was more receptive to criticism of the federal government than to the Clinton health care plan Saturday during the second day of a health care summit.

The nearly 300 people gathered in a high school auditorium for the Midwest Summit on Health Care erupted into applause whenever someone criticized bureaucrats, the federal government or Clinton's proposed American Health Security Act.

"I question whether legislation that takes 1,500 pages to write can reduce the federal bureaucracy,"

said Penney Schwab, executive director of the United Methodist Western Kansas Mexican-American Ministries.

Sen. Nancy Kassebaum, R-Kan., set the crowd off again when she described the health care alliances Clinton has proposed as a "bureaucratic middleman."

Sen. Bob Dole, R-Kan., who presided at the session along with Kassebaum and Rep. Pat Roberts, R-Kan., agreed mandatory health alliances were going to be questioned by Congress.

"It seems like one step toward a single-payer plan," Dole said.

Denise Denton, National Rural

Health Association president, said although 27 percent of the U.S. population is in rural areas, programs are most often tailored to urban centers and then changed to try and make them work in non-metropolitan areas.

"Wouldn't it be wonderful to develop something that worked in the rural areas and let them tinker with it in the urban areas?" she asked, sparking applause.

Several times speakers expressed concern about requiring employers to provide health care coverage. Dole said he believes it will be a burden that could lead to a loss of jobs even though Hillary Rodham

Clinton thinks it will generate more jobs.

The prospect of changes in the Medicare system also drew fire.

Roberts said there are 60 Medicare-dependent hospitals in Kansas and 80 hospitals with fewer than 50 beds.

He said he can't understand how there won't be a significant rural impact because of the \$56 billion in Medicare cuts just made and the \$124 billion Clinton wants to cut during the next seven years.

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*Emporia Gazette*  
Weekend Edition, October 30 and 31, 1993

09.9

## Mrs. Clinton Pitches Health Plan in K.C.

By The Associated Press

KANSAS CITY, Mo. — While cutting costs and guaranteeing coverage are important parts of health care reform, other aspects just as important are still waiting to be addressed, a Missouri senator says.

"Somehow as a nation we're going to have to learn how to say no," Sen. John Danforth said Friday. "That's going to be hard to do. Do we spend \$400,000, though, to keep a crack baby alive that probably won't fare very well? Do you give a 92-year-old man a pacemaker?"

Ethical issues were not addressed during the Midwest health care forum, which featured a speech by first lady Hillary Rodham Clinton and attendance by Missouri Sens. Danforth and Christopher Bond, Kansas Sens. Bob Dole and Nancy Kassebaum and a handful of other top lawmakers.

During her 40-minute speech to a packed auditorium, Mrs. Clinton detailed the administration's reform plan.

One of the main points of the

Clinton plan is guaranteeing health insurance for all Americans — whether they are employed, seriously ill or very poor.

Mrs. Clinton also said under the administration plan, "everyone must pay something for their health care. The day of the free lunch has to be over."

The first lady also said that President Clinton's plan is more workable than the main Republican alternative in the Senate because it is based on the system already in place.

The Clinton plan calls for health insurance to be mandated through employers, with the employer picking up 80 percent of the cost. The Republican plan sponsored by Sen. John Chafee of Rhode Island would require individuals to buy insurance.

"We believe that by building on the employer system ... we will be able to keep costs for individuals and small businesses low," Mrs. Clinton said.

After her speech, Mrs. Clinton answered written questions from the audience and from the Mis-

souri and Kansas congressional delegations.

Sen. Bob Dole, R-Kan., said the Clinton plan was flexible but had problems, too.

"Obviously, she's a very good salesman for their plan," he said. But Dole also said the Clinton plan calls for the government to make decisions better left to the people.

"The government should stay out," he said.

Lawmakers from both parties agreed that whatever health care plan is passed must preserve the quality of the American system.

"I notice when a foreign leader gets ill, he doesn't go to Canada, he doesn't go to Mexico," said Sen. John McCain, R-Ariz. "We have the best health care system in the world, and we need to keep it that way."

Health reform will take time, regardless of what plan is eventually approved.

Hearings on the Clinton plan could begin in January, Dole said, and Danforth said he believed a bill would be passed in 1994.



# 1 Report

York Times

## A Town Full of Queries on Health Care

By ADAM CLYMER

Special to The New York Times

GARDEN CITY, Kan., Oct. 30 — The health care issue descended on western Kansas today. Farmers, doctors and hospital administrators were told that change was coming. They wondered about how it would work and how it would affect their small businesses, or their hospitals or the chances of getting a doctor to practice in a small town.

The state's two Senators, Bob Dole and Nancy Landon Kassebaum, both Republicans, did not exactly appear as advocates of President Clinton's program though they brought two speakers who did. Indeed, when one speaker said, "If you assume that the Clinton plan passes," Mr. Dole grinned and shook his head vigorously.

But Mr. Dole, the Senate Republican leader, was there to tell 450 Kansans assembled in a high school auditorium to prepare for some kind of change. He recalled Hillary Rodham Clinton's openness to compromise and said, "Give us time in Congress to do it right."

The audience seemed worried about too much change too soon. People looked serious when Mr. Dole warned of job losses and bureaucracy. And they applauded when their Republican Representative, Pat Roberts, summed up his views by saying, "I don't believe the American dream is for everyone to be leveled with everyone else."

### Some Conflicting Concerns

Back in Washington, there is a tendency to believe that when the capital is consumed with an issue, so is the country. Except when the issue is war, that is rarely the case. But today it is. There is a nationwide debate on health care, even if it lacks the clear dividing lines of some broad concerns of the past, like President Richard M. Nixon and Watergate or the Vietnam War.

Here in the flat wheat country the worries sometimes conflicted. Edie Dahlsten from the Kansas Farm Bureau complained of imprecision: "Don't give us a percentage and don't tell us how wonderful the program will be, though that's part of the vision. But what will it cost?"

On the other hand, Penney Schwab from the Methodist Ministry to Mexican-Americans complained of detail and said, "I question whether any legislation that takes 1,500 pages to write can actually reduce Federal bureaucracy."

And some doubts here, like those heard in Congressional hearing rooms or doctors' offices, related to a particular worries.

Dr. Eugene Davidson worried whether he and his fellow chiropractors would be included in the plan.

Debra Folkerts, a nurse practitioner, reminded the Washington visitors that it was cheaper to train nurses than doctors.

Karl Sommers of the Mennonite Mutual Aid Association wondered if Mennonites would have to join health care alliances with others who did not share their beliefs about health.

But most concerns focused on two kinds of distance: the distance between towns and hospitals in an area where the high school football team often travels 150 miles or more for a game, and the conceptual distance from Washington, where it seems national issues are always decided.

Several people complained that regulations were written in Washington with urban areas like New Jersey in mind. Mr. Roberts said Medicare reimbursement rates paid "75 cents on the dollar" in this area, so the Federal Government was already to blame for the shifting of costs that raised the bills and insurance rates of everyone else.

### Undertone of Agreement

Denise Denton, the executive director of neighboring Colorado's Rural Health Resource Center, said that she was generally enthusiastic about the Clinton plan but that she feared that its intended cuts in the growth of Medicare would prove "crippling to many of your rural hospitals." The plan involves \$124 billion in Medicare cuts; Senators Dole and Kassebaum did not pipe up to say that the plan they sup-

port would call for about as much.

Ms. Denton said, "It's not a lot of choice if you have to go to Topeka to access care." (Two hours later, Ms. Denton experienced the isolation of Garden City herself, missing the 11:45 plane to Denver. There was not a scheduled flight to anywhere until Sunday afternoon.)

Yet there was an undertone, not of unanimity, but at least of widespread agreement. One speaker after another said it was important to have universal health care. Mr. Dole put it bluntly: "If you can't get health care, you've got problems."

When one questioner asked Mrs. Kassebaum why southwestern Kansas should have to help pay the costs of AIDS and gang violence elsewhere when it did not have those problems, the Senator suggested that the area had at least its share of other major public health costs, like highway accidents and drug and alcohol abuse. "We may think there are no problems in southwestern Kansas," she said. "We can't just ignore what's happening."

Jeffrey Human, who came from Washington where he is director of the Office of Rural Health Policy at the Department of Health and Human Services, drew nods of agreement when he said, "If you don't have health insurance, then all the rest of us have to pay for it for you."

Carrying the Clintons' message of compromise, Mr. Human said, "We can live with a changed plan if it encompasses universal coverage and if it encompasses comprehensive benefits."



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**PM-Heartland Concerns on Health Care: Who Pays, Big Bureaucracy**

By KAREN BALL Associated Press Writer

GARDEN CITY, Kan. (AP) At a health care ``summit`` sponsored by Sen. Bob Dole and other Kansas politicians, concerns in the heartland about President Clinton's reform plan were clear: who pays and why the big bureaucracy?

Why should hard-working citizens have to pay for people who haven't taken care of themselves, or pay for AIDS crises in other cities, came a question from the crowd of about 300 gathered in a Garden City high school over the weekend.

People also were concerned about the idea of a big government takeover, and worried that Clinton's plan, with its state-run purchasing alliances, would just mean more bureaucracy.

``I'm very much for finding a way to cover everyone, but I know how inefficient the government can be,`` said Bill Schaetzel, a pathologist from Lawrence, Kan., who was distributing, and trying to sell, bumper stickers that said, ``Health care expensive now? Just wait until they make it free!``

``Something definitely needs to be done,`` said Virgil Murray, an independent insurance agent from nearby Holcomb, Kan., who says people can't afford to buy insurance anymore. But he worries about the Clinton plan.

``From what I know, I don't like it. It seems to be a socialistic idea of putting mandates on business. I'm in favor of more of a voluntary program,`` Murray said.

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All three hit on ``responsibility,`` and who should bear the burden for carrying health insurance.

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``We haven't touched on responsibility enough,`` Dole said. ``It's in the president's plan. It's last. It ought to be first.``

Kassebaum fielded the question on why Kansans should have to pay for

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The... people to protect against government bureaucracy was well-received, too.

``Can you name anything the government's run lately you'd like to duplicate?`` Dole asked, drawing laughter from the crowd, many of whom came because they said they were confused about what Washington was trying to do.

Not everyone in Garden City was calling out to crack down on people who have been going without insurance.

Chris McKinney, a registered nurse at a school for poor, disabled kids, said she wondered if the politicians who will decide this issue really know what it's like for people scraping by.

``I drove up today and saw the men in their three-piece suits, and the women in their business suits, and I wondered, 'Do they see people in the emergency room with a \$700 bill they can't pay? Have they ever seen a couple in tears, who had a sick baby and now have a \$100,000 bill, and they're



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# PM-KS-Rural Crowd Wary About Health Care Reform Plans<

By MICHAEL BATES Associated Press Writer

GARDEN-CITY, Kan. (AP) An audience of wary rural Kansans was more receptive to criticism of the federal government than to the Clinton health care plan during the second day of a health care summit.

The nearly 300 people gathered in a high school auditorium Saturday for the Midwest Summit on Health Care erupted into applause whenever someone criticized bureaucrats, the federal government or Clinton's proposed American Health Security Act.

"I question whether legislation that takes 1,500 pages to write can reduce the federal bureaucracy," said Penney Schwab, executive director of the United Methodist Western Kansas Mexican-American Ministries.

Sen. Nancy Kassebaum, R-Kan., set the crowd off again when she described the health care alliances Clinton has proposed as a "bureaucratic middleman."

"I think these alliances are unnecessary and we can do the same thing with smaller cooperative groups," she said later.

Sen. Bob Dole, R-Kan., who presided at the session along with Kassebaum and Rep. Pat Roberts, R-Kan., agreed mandatory health alliances were going to be questioned by Congress.

"It seems like one step toward a single-payer plan," Dole

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in the rural areas and let them tinker with it in the urban areas?" she asked, sparking applause.

Several times speakers expressed concern about requiring employers to provide health care coverage. Dole said he believes it will be a burden that could lead to a loss of jobs even though Hillary Rodham Clinton thinks it will generate more jobs.

On Friday, Mrs. Clinton appeared at a daylong event in Kansas City, Mo., with Dole, Kassebaum and Missouri's U.S. senators, John Danforth and Christopher Bond.

The prospect of changes in the Medicare system also drew fire.

Roberts said there are 60 Medicare-dependent hospitals in Kansas and 80 hospitals with fewer than 50 beds.

He said he can't understand how there won't be a significant rural impact because of the \$56 billion in Medicare cuts just made and the \$124 billion Clinton wants to cut during the next seven years.

Jeffrey Human, director of the Office of Rural Health Policy in the Department of Health and Human Services, said it's hard to gauge just what the impact of Medicare savings will be. But he cautioned they aren't cuts but decreases in the projected rate Medicare cost growth.

Medicare expenditures have been rising at a rate three times inflation, Human said. Clinton wants to keep that growth at slightly less than two times the rate of inflation, Human said.

"I don't think there's any will in the White House or in Congress to cut Medicare," he said.

Steve Wilkinson, who heads St. Catherine Hospital in Garden City, challenged Human's explanation.

"It does translate into cuts," he said. "Reducing Medicare, cutting Medicare is not health care reform."



THE NEW YORK TIMES NATIONAL SATURDAY, OCTOBER 30, 1993



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## Hillary Clinton Courts Four Senators Backing Rival Health Care Proposal

By ADAM CLYMER

Special to The New York Times

KANSAS CITY, Mo., Oct. 29 — Hillary Rodham Clinton traveled 932 miles today to tell four Republican Senators they were in "the good faith camp" on health care and to minimize their differences with the President over how to pay for insurance coverage.

She said there was not much difference between the plan the Senators support — which would require individuals, not employers, to pay for health insurance — and the one that President Clinton submitted to Congress this week requiring employers to pay, because both would include universal care and a comprehensive benefits plan.

Appearing at a daylong health care forum sponsored by Senators Bob Dole and Nancy Landon Kassebaum of Kansas and Christopher S. Bond and John C. Danforth of Missouri, Mrs. Clinton emphasized the Administration's insistence on the bottom line. "If we do not have universal coverage," she said, "we do not have health care reform."

### Wooing Dissenters

Her political message was clear: the Administration wanted these Republicans to work with them, and not to go looking for consensus with a competing group of Senators and Representatives led by Senator John B. Breaux of Louisiana and Representative Jim Cooper of Tennessee, both Democrats, whose proposal does not speak of universal coverage.

Mrs. Clinton told an audience of 2,400 at the Kansas City municipal auditorium that the Clinton proposal and a plan the four Senators support — one being put forward by Senator John H. Chafee, a Republican from Rhode Island — "have different ways of getting to the same objective: namely, everybody has to pay something."

The problem today, she said, is that "too many pay nothing." She said individuals and responsible businesses end

The First Lady focuses on universal coverage.

up covering the expenses of insured through higher premiums.

She contrasted the position of hosts and Senator Chafee with lawmakers whom she described as "bad faith opposition, which naturally does not want change, the most minimal change, to disrupt the current system because that would offend some interest group or another."

### 'A Lot of Flexibility'

After her speech, Senators Dole and Danforth were friendly if noncommittal on her approach. Mr. Dole, the minority leader, said, "She left a lot of room, a lot of flexibility."

Mr. Danforth said, "There are points of disagreement, but it's easy to over-emphasize them." Mr. Bond, while praising her willingness to compromise, did stake out a point of difference, saying of the President's plan: "It is bureaucratic. There are these massive health alliances."

Mrs. Clinton did defend the Administration program against some criticisms, especially the contention that the required employer-premium payments would harm small business. Representative Jan Meyers, a Kansas Republican, argued that the plan would "cost a million jobs."

Mrs. Clinton disagreed. She said that by limiting health payments to 7.9 percent of payroll, the plan would sharply reduce businesses' insurance costs. And with the added money at their disposal, she said, big businesses would be able to expand and buy products from small businesses.

possible."

The First Lady said well-insured Americans who dismissed the severity of the problem were taking a short-sighted view. "There is no way any of us is guaranteed health insurance this time next year," she said. "Many of us in this great hall do not know whether we will be employed or by whom next year, whether in the intervening months you can discover a pre-existing condition or an illness that would price insurance out of your reach."

Sheila  
Health Care  
Summit Clips -  
K.C. + Garden City  
- Parker

g at a health care forum in Kansas City, Mo., sponsored by four Senators emphasized the Administration's insistence on universal coverage.



THE WASHINGTON POST

# GOP Leaders Enjoy Amiable Health Care Debate

ge" for those firms that do not  
w provide coverage.

The new requirement would  
ne to "a dollar a day" for those  
employees, Clinton said, because of  
limit on the premium costs of  
all, low-wage firms.

My most gratifying, personal  
experience has been meeting with  
members of Congress who, regard-  
s of party, are committed to solv-  
this problem," the First Lady  
d. "They want to move beyond  
magoguery, they want to move  
ond gridlock."

Dole praised Clinton's efforts  
en he introduced her, but he had  
ened the morning session with a  
claration that the administra-  
's plan would undergo much  
ange in coming months.

When he introduced the First  
dy, Dole said she "is breaking  
w ground and making a little his-  
y as well."

At a briefing after the confer-  
ce, he called her "a very good  
esman who has left a lot of room,  
ot of flexibility. . . . But this is  
t the warm-up."

Dole has pledged to work with  
e White House to find common  
ound, yet he has been critical of  
ments of the Clinton plan, such  
its cost and new mandates on  
siness.

In the huge Kansas City Conven-  
n Center, where a standing-room-  
y crowd sat since early morning  
ening to mostly critical comments  
m health providers about the

Clinton plan, there was a stream of  
gushing praise for Hillary Clinton's  
work.

But there also was the kind of  
up-front disagreement and debate  
that members of the audience said  
they found refreshing, coming as it  
did from rival politicians.

Rep. Jan Meyers (R-Kan.) said  
that "the uninsured would become  
the unemployed" with the require-  
ment that employers pay part of  
their workers' health premiums.

"I can only see greater complex-  
ity if we go to the plan proposed,"  
said Joseph Galichia, a local physi-  
cian and conference speaker.

"We all pretty much think some  
thing will be passed," said Laur  
Keefe, a former Army officer who i

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The event, called the Midwest  
Summit on Health Care, was  
chaired by Republican Sens. Dole,  
Christopher S. Bond (Mo.), Nancy  
Landon Kassebaum (Kan.) and John  
C. Danforth (Mo.).

The conference was organized  
several months ago, before anyone  
knew the president would officially  
present his bill to Congress just two  
days earlier.

The White House, according to  
the event's hosts, asked only that it  
be bipartisan, and several Demo-  
cratic House members appeared  
late in the day.

Clinton found her rhetorical high  
point near the end of her speech, as  
she drifted passed the trademark  
slogans about security and choice of

physician into the real-world exam-  
ples that often seem to enliven her.

"I am tired of meeting Americans  
who had to quit their jobs . . . to go  
on Medicaid" to take care of a child,  
she said. "I am tired of meeting peo-  
ple on welfare, who stay on welfare  
because . . . they would otherwise  
lose their health insurance."

As a symbolic end to the day, it  
was Dole who, at an awkward con-  
clusion to the convention, prompted  
the audience to give Clinton a  
standing ovation.

"I'm sure there's a lot of cynicism  
throughout the whole country," said  
Paul Rojas, a machinist who spent  
the day here. "But this is too serious  
an issue to lump with other things  
we may or may not agree on."



# Political battlelines shape up on health care

By Timothy J. McNulty  
TRIBUNE STAFF WRITER

KANSAS CITY, Mo.—When Sen. Bob Dole (R-Kan.) and Hillary Rodham Clinton, the real power pair in the new politics of health care, stepped onto a Kansas City stage late last week they smiled at each other so sweetly it seemed butter would melt in their mouths.

The first lady thanked the GOP Senate leader for his commitment and for inviting her to what was called the Midwest summit on health care, and many in the audi-

ence murmured with pleasure over such evidence of bipartisan cooperation.

For his part, the once and perhaps future Republican presidential candidate was at his courtly best in welcoming Mrs. Clinton; he applauded her speech and twice he was the first on his feet to honor her.

Clearly, politics involves a good deal of politesse nowadays as every Democrat and Republican in public life understands it is important to be vigorously for health-care re-

form, even though few can agree on exactly which reforms to be for.

Criticized earlier for failing to reach out to Republicans in the fight over his first budget, President Clinton has insisted he was not going to make that mistake again. While handing over his health-care legislation last Wednesday, the president twice referred to Dole, the Senate minority leader.

Continuing to make nice, Clinton went to Dole's office after the make-shift ceremony and the senator was able to introduce the president to

some visitors, certainly a political trophy for Dole in a town where power rests in the perception of power.

But despite the drumbeat of bipartisanship, there are a lot of steel teeth behind those smiles, and during the question and answer phase of Friday's meeting, Mrs. Clinton seemed quite capable of matching Dole's grim prairie visage at the thought of compromise.

The delicate relationship between Dole and the Clintons suggests that,

SEE CLINTONS, PAGE 14

## The battle over health care

While President Clinton presented his long-awaited Health Security Act to Congress Wednesday, the plan has a long legislative path to follow before it becomes law. The act is the focal point of the president's domestic agenda. Congress will become a battleground of special interests over the plan.

Source: News reports

**1 Plan sent to Congress in a week to 10 days.**



**3 Legislation drafted:** Each branch of Congress is expected to vote on its own plan.

HOUSE VOTE  
SENATE VOTE

**2 While in Congress...**

■ **Committee hearings:** As many as 16 congressional committees will hold hearings on the plan over the next several months.

■ **Selling the plan:** President will try to marshal support for the plan in a blitz of media events.

■ **Lobbying Congress:** Special interest groups will attempt to influence legislation.

■ **Alternative plans debated:** Several other plans have already surfaced in Congress. A final version may adopt aspects of alternative plans and Clinton's original plan.

**4 Vote in House and Senate:**

◀ A final compromise version will have to be worked out by House, Senate and White House negotiators.

◀ The compromise version must be revoted in the House and Senate. If this version passes it is sent to the president for signing or veto.

Final plan

**5 Act becomes law when president signs it.**

Chicago Tribune

## Clintons

CONTINUED FROM PAGE 1

ming health care is evident, the importance of politics is not far behind. No one has forgotten the lesson of 1991 in Pennsylvania when former governor and U.S.

A day earlier in Baltimore, Mrs. Clinton suggested the kind of intense drive the White House intends in coming months: "In order to rebut the kinds of at-

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ocrats and Republicans as they seek support from each other for elements dear to their constituents and special interests.

Already a half-dozen bills in Congress divide both parties. Sen. Phil Gramm (R-Tex.) reflects very conservative views, while Sen. Paul Wellstone (D-Minn.) advocates a completely tax-financed system.

Even in the more moderate proposals such as those offered by Sen. John Chafee (R-R.I.) for the GOP and Sen. Jim Cooper (D-Tenn.), there are deep differences in principle over the role of free markets and government responsibility.

Each plan has to make hard choices over whether businesses, the individual or the government should pay the bulk of health-care costs. The nub of the argument is heavily ideological.

"This debate is all about what the role of government is going to be on reforming health care," said Sen. John McCain (R-Ariz.), one of the seven Republican se-

very specific health bill provides universal coverage.

By the time the Clintons released the White House plan last week, it had already lost some momentum despite being buttressed with late changes against the worries of medical experts and the fears of some special interests.

Whatever Clinton hopes will survive, he will need Republican backing and so far only one GOP senator, James Jeffords of Vermont, has declared his support.

Sen. Nancy Kassebaum (R-Kan.) still believes the question of which benefits the government should cover will be very political and that an independent commission, such as the military base-closing commission, should make the recommendations and allow Congress to vote yes or no on the entire recommendation.

The Republicans are almost unanimous in opposing employer mandates, said Sen. Don Nickles (R-Okla.), who argued that the costs of providing coverage for all employees would force many

appearances and debate with glee.

"The game," he said, "is about to start."



LEVEL 1 - 3 OF 3 STORIES

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HEADLINE: HEALTH PLAN IS 'SUPERIOR' TO ALTERNATIVES, FIRST LADY SAYS;  
MEDICINE: DURING MIDWEST SPEECH, SHE NOTES FAILINGS OF RIVAL IDEAS BUT SIGNALS  
THAT PRESIDENT IS WILLING TO NEGOTIATE. SHE IS CHEERED BY GOP SENATORS.

BYLINE: By EDWIN CHEN, TIMES STAFF WRITER

DATELINE: KANSAS CITY, Mo.

BODY:

Conceding that there is "no perfect approach" to health care reform, First Lady Hillary Rodham Clinton offered a spirited defense of the Clinton Administration's plan Friday while highlighting its differences with competing proposals.

The President's plan is "far superior" to any of the Democratic or Republican alternatives, she told a Midwest Summit on Health Care attended by seven Republican senators as well as 2,400 business and health care leaders from Kansas and Missouri.

For the most part, the First Lady, who headed the Administration's health care task force, continued arguing for a bipartisan solution to health care reform and signaling the Administration's willingness to negotiate.

Her remarks drew much applause from the audience, including a standing ovation at the end led by Senate Minority Leader Bob Dole (R-Kan.).

But just two days after she and President Clinton delivered the 1,342-page prescription for change to Congress, she also embarked on a new tack: going after the perceived shortcomings of the half-dozen competing plans.

At one point, for instance, she noted that none of them have offered a credible, detailed accounting of how to achieve savings in the \$900-billion health care system.

"We have serious differences," she said.

Despite her occasionally combative tone, the First Lady's remarks nevertheless were hailed by many of the GOP senators present.

"She left room for a lot of flexibility," Dole said. "We want to be players . . . and establish that the Republicans are for real and want to help find a solution."

Earlier in the day, however, two Republican senators leveled harsh criticisms of the Clinton plan. Sen. Don Nickles of Oklahoma said the proposal would lead to a massive new government bureaucracy and cause the quality of medical care to "come tumbling down."

And Sen. John McCain of Arizona called the plan "an enormous social-engineering experiment," suggesting sardonically that it should be tried first in Arkansas, the President's home state.

Nickles and McCain left the conference before the First Lady arrived. Among those who stayed on were GOP Sens. Nancy Landon Kassebaum of Kansas and John C. Danforth of Missouri.

Clinton's proposal would create hundreds of regional "health alliances" that would shop for the best insurance plans on the basis of price and quality.



Los Angeles Times, October 30, 1993

Consumers would then choose from among those plans.

The proposal would require all businesses to pay at least 80% of every worker's insurance premiums, with workers picking up the rest. No firm would have to pay more than 7.9% of its payroll, and small businesses with 75 or fewer low-wage earners would receive government subsidies on a sliding scale while having their premiums capped at as low as 3.5% of payroll.

"One of the critical differences" between the Clinton plan and most of the others, the First Lady said, is that under the Administration bill "everybody has to pay something for their health care."

She also reiterated the Administration's commitment to provide a government-designed standard benefits package to all Americans. "If we do not have universal coverage, we do not have health care reform," she said.

Among the other speakers were Sen. John H. Chafee of Rhode Island, author of a plan with 23 Senate Republican co-sponsors that also seeks to achieve universal coverage. It would require individuals -- but not employers -- to buy insurance.

Signaling the Administration's interest in compromise, the First Lady specifically excluded the Chafee plan from criticism, noting that it has much in common with the Administration's proposal.

Chafee later predicted that a reform plan combining the competing proposals will be enacted in 1994. He joined several other Senate GOP colleagues, including Danforth and Christopher S. Bond of Missouri, in praising the President and the First Lady for their commitment to enact reform.

SUBJECT: CLINTON, BILL; CLINTON, HILLARY; LEGISLATION -- UNITED STATES; HEALTH CARE REFORM; HEALTH INSURANCE