

January 27, 1994

TO: Senator Dole
FROM: Sheila
Vicki
RE: Speech to American Hospital Association

You are scheduled to address the annual meeting of the American Hospital Association on Monday, January 31. The audience of three thousand will largely consist of hospital administrators and trustees of the association. You will be projected on video screens on either side of the podium. Don Wilson will introduce you.

Your speech follows a panel discussion moderated by Cokie Roberts. The panel will consist of Senators Chafee, Breaux, and Nickles and Congressman McDermott.

On Tuesday, President Clinton will be addressing the same audience.

This group is quite informed of the major elements of health care reform. They would like to hear your views, as Republican Leader, on how you see the dynamics playing out -- what's negotiable and what's not, and how likely Republican will be able to coalesce around a single plan.

These forty-five minutes, as opposed to the eleven minutes you had the other night, are an excellent opportunity for you to express your views and to demonstrate that, contrary to what some may think, Republicans have not sat on their hands during the last twelve years when it comes to health care. To the contrary, Republicans in general are quite sophisticated on many complex health care issues and are very able to negotiate and debate this issue down to the smallest details.

Questions and answers are optional. Because of the size of the group, they would rather that you spend the majority of your time making your own remarks. If time permits, some in the audience may want to ask some questions.

Mon, Jan 31



American Hospital Association

Richard J. Davidson
President

January 26, 1994

The Honorable Robert Dole
United States Senate
141 Hart Senate Office Building
Washington, DC 20510

Dear Senator Dole:

Thank you for agreeing to speak at the American Hospital Association's Annual Meeting on January 31. The AHA's 1994 Annual Meeting is expected to be our most heavily attended in a quarter of a century.

Your audience will consist of nearly 3,000 hospital executives and trustees from across America. It's very important that our members hear from you as a key shaper of health reform.

The details: Your talk is slated to start at 10:45 a.m. AHA's Herb Kuhn will meet you and your staff at the T Street (or Terrace level) entrance of the Washington Hilton, 1919 Connecticut Avenue, NW, and escort you to the stage. Don Wilson, president of the Kansas Hospital Association, will have the distinct pleasure of introducing you. The session should run to about 11:30 a.m.

Again, it is good of you to be with us at this important meeting.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Dick', written over a horizontal line.

50 F Street, N.W., Suite 1100
Washington, D.C. 20001
202.638.1100

840 North Lake Shore Drive
Chicago, Illinois 60611
312.280.6000



American Hospital Association

Richard J. Davidson
President

September 24, 1993

The Honorable Robert Dole
United States Senate
141 Hart Senate Office Building
Washington, DC 20510

Dear Senator Dole:

The American Hospital Association's 1994 Annual Meeting is expected to set attendance records as hospital leaders from across America come to Washington January 29 to February 3, 1994. The highlight of the event will occur on January 31 with our Federal Relations Symposium. It begins at 8:30 a.m. at the Washington Hilton Hotel and continues into the early afternoon with a break for a luncheon.

Because you will play a critical role in the outcome of the health care reform debate ahead, we would like to extend to you an invitation to be one of the speakers at the symposium. At this early stage, we have great flexibility with regard to time slots and would work hard to accommodate your schedule.

It is important that our members understand the full range of views and ideas that will shape health care reform. You have been an extremely articulate leader. I hope you can join us on January 31 and share your thoughts with us.

Please contact Rick Pollack, AHA's executive vice president for federal relations, for details or to discuss this invitation further. Thank you for your consideration.

Sincerely,

Dick Davidson

Courtesy Copy:
Rick Pollack

1-25 per Herb Kuhn - Sen Dole told me he is yes

50 F Street, N.W., Suite 1100
Washington, D.C. 20001
202.638.1100

840 North Lake Shore Drive
Chicago, Illinois 60611
312.280.6000

10-22-93 Interim letter + sent copy to Richard J. Pollack

SENATOR BOB DOLE
AMERICAN HOSPITAL
ASSOCIATION

JANUARY 31, 1994

GOOD MORNING. ITS
GREAT TO HAVE A CHANCE TO
TALK WITH YOU ABOUT AN
ISSUE THAT WILL CONSUME
MUCH OF OUR ATTENTION FOR
THE COMING MONTHS, HEALTH

CARE REFORM.

**BUT BEFORE I TALK WITH
YOU ABOUT OUR VIEW OF THE
DEBATE TO COME, LET ME MAKE
IT CLEAR THAT I BELIEVE OUR
DISCUSSIONS OVER HEALTH
CARE REFORM MUST MOVE
BEYOND TERMINOLOGY AND
THEATRICALS. THIS DEBATE**

**SHOULD NOT BE CAUGHT UP IN
A FIGHT OVER WHETHER THERE
IS OR IS NOT A CRISIS.**

**THE LIBERALS IN THE
MEDIA WOULD HAVE YOU
BELIEVE THAT THE ONLY
SERIOUS LEGISLATION BEFORE
US IS THE ADMINISTRATION'S
BILL. THEY CAN'T IMAGINE THAT**

**MODERATES OR
CONSERVATIVES OF EITHER
PARTY COULD BE SERIOUS
ABOUT THIS ISSUE. SOME OF
THESE COMMENTATORS ARE
THE SAME FOLKS WHO EXPLAIN
THAT GREED AND THE PROFIT
MOTIVE ARE WHAT DRIVE OUR
HEALTH CARE PROVIDERS. WE
BOTH KNOW THEY ARE WRONG.**

**REPUBLICANS HAVE NOT
AND WILL NOT ARGUE THAT THE
STATUS QUO IS ACCEPTABLE. IT
IS NOT.**

**REPUBLICANS HAVE NOT
AND WILL NOT ARGUE THAT
REAL PROBLEMS AREN'T FACED
BY FAMILIES IN THIS COUNTRY
EACH DAY. THEY ARE.**

**THE BIGGEST PROBLEM, IS
A FEAR THAT WHEN YOU NEED
IT THE MOST, YOUR HEALTH
INSURANCE WON'T BE THERE.**

**IT IS A FEAR THAT IF YOU
ARE SICK, THE SERVICES WON'T
BE THERE. AND IT SHOULD BE A
REAL FEAR THAT WHEN YOU
NEED IT, THE QUALITY OF CARE**

**NOW AVAILABLE, WON'T BE
THERE.**

**THIS DEBATE IS NOT ABOUT
WHETHER WE SHOULD PUT
REFORMS IN PLACE -- IT IS A
DEBATE ABOUT HOW MUCH.**

**AS EVIDENCED BY THE
PANEL DISCUSSION JUST**

**COMPLETED, NOT A SINGLE ONE
OF MY REPUBLICAN
COLLEAGUES OPPOSES REAL,
MEASURABLE REFORM. IN
FACT, EVERY SINGLE
REPUBLICAN PROPOSAL
RESOLVES THE PROBLEMS
CITED SO DRAMATICALLY BY
THE PRESIDENT LAST WEEK.**

**FOR EXAMPLE, WE HEARD
ABOUT RICHARD AND JUDY
ANDERSON WHO LOST THEIR
COVERAGE WHEN HE LOST HIS
JOB. EVERY BILL BEFORE US
SOLVES THAT PROBLEM. IN
FACT, WE COULD HAVE SOLVED
THAT PROBLEM THREE YEARS
AGO IF THE DEMOCRAT
LEADERSHIP HAD PERMITTED US**

**TO PASS, THEN SENATOR, NOW
SECRETARY BENTSEN'S BILL.**

**AND WHAT ABOUT THOSE
81 MILLION AMERICANS WITH
PRE-EXISTING CONDITIONS THE
PRESIDENT CITED. THEIR
PROBLEMS ARE SOLVED BY
EACH REPUBLICAN BILL -- AND
WERE PART OF THE OLD**

**BENTSEN BILL AS WELL. AND
FINALLY, LETS TALK ABOUT
THOSE AMERICANS WHO HAVE
NO COVERAGE TODAY. THE
CHAFEE/DOLE BILL AND THE
NICKLES/DOLE BILL BOTH
PROVIDE FOR UNIVERSAL
COVERAGE AND SUBSIDIZE THE
LOW INCOME SO THEY CAN
PURCHASE THEIR COVERAGE.**

**IT IS TIME TO MOVE
BEYOND RHETORIC TO REALITY.**

**THE ADMINISTRATION IS
ATTEMPTING TO SELL PRICE
CONTROLS, GLOBAL BUDGETS
AND GOVERNMENT
MONOPOLIES AS THE ANSWERS
TO THESE VERY REAL
PROBLEMS. THEY CALL US**

**NAYSAYERS BECAUSE WE
OPPOSE TURNING OVER ONE
SEVENTH OF OUR ECONOMY TO
THE GOVERNMENT.**

**WHAT MY COLLEAGUES AND
I REFUSE TO ACCEPT IS A
DESTRUCTION OF THE FINEST
HEALTH CARE SYSTEM IN THE
WORLD UNDER THE GUISE OF**

**EFFORTS TO MAKE CARE
AVAILABLE TO ALL.**

**ITS NOT THE GOAL WE
DISAGREE WITH, IT IS THE
ELEMENTS THAT MAKE UP THE
PRESCRIPTION FOR CHANGE.**

**LIKE MANY AMERICANS, I
AM HERE TODAY IN LARGE PART**

**BECAUSE OF THE REMARKABLE
HOSPITALS, PHYSICIANS,
NURSES, AND OTHER
PROVIDERS THIS NATION HAS
PRODUCED. I, LIKE MANY
OTHERS, HAVE BENEFITED FROM
THE ENORMOUS INVESTMENTS
IN RESEARCH AND
DEVELOPMENT MADE BY THE
HEALTH CARE MANUFACTURERS**

**AND PHARMACEUTICAL
COMPANIES IN THIS COUNTRY.**

**WE CANNOT PUT SUCH
INNOVATION AT RISK.**

**I HAVE BEEN TOLD AS
RECENTLY AS LAST WEEK BY
TWO OF THE LARGEST HEALTH
CARE COMPANIES IN THIS**

**COUNTRY THAT THE THREATS
OF PRICE CONTROLS AND THE
SUGGESTION THAT THE
SECRETARY OF H.H.S. CAN
CONTROL THE ENTRY OF NEW
DRUGS AND TECHNOLOGIES
WILL BE THE DEATH KNEEL FOR
RESEARCH AS WE KNOW IT.
AND I BELIEVE THEM.**

**A RECENT ARTICLE IN THE
NATIONAL REVIEW CHRONICLED
SOME OF THE MORE DRAMATIC
ADVANCES OF RECENT YEARS.
SMALLPOX HAS BEEN
ERADICATED, CASES OF POLIO
AND WHOPPING COUGH ARE
VIRTUALLY UNKNOWN. LIFE
EXPECTANCY HAS INCREASED
FROM 54 IN 1920 TO MORE THAN**

75 YEARS TODAY.

**THE PRESIDENT OF
JOHNSON AND JOHNSON TOLD
ME THAT 35 PERCENT OF THEIR
SALES TODAY ARE FOR
PRODUCTS THAT WERE NOT
EVEN ON THE MARKET AS LITTLE
AS FIVE YEARS AGO. WE CAN
WITH GOOD REASON CLAIM TO**

**HAVE THE FINEST SYSTEM IN
THE WORLD. AS I HAVE SAID
BEFORE, PEOPLE COME HERE
FROM ENGLAND, FROM
GERMANY, FROM CANADA.
THERE IS A REASON -- ITS YOU,
AND THE REST OF THE
AMERICAN HEALTH CARE
SYSTEM.**

**BUT MAKE NO MISTAKE
ABOUT IT, WE ARE NOT
PERFECT. EACH OF YOUR
HOSPITALS SEES PATIENTS
EVERYDAY WHO ARE FAR
SICKER THAN THEY SHOULD BE
BECAUSE THEY DELAYED
NEEDED CARE AND NOW USE
YOUR EMERGENCY ROOM AS A
PRIMARY CARE PROVIDER.**

**YOUR INDIGENT CARE LOADS
HAVE INCREASED AND ARE
CRIPPLING MANY OF YOU. BUT,
IN YOUR DESIRE TO ACHIEVE
UNIVERSAL ACCESS AND
COVERAGE YOU CANNOT
ACCEPT REFORM THAT WILL
CRIPPLE OUR SYSTEM AND
COMPROMISE QUALITY. IF YOU
ACCEPT PRICE CONTROLS,**

**MANDATES, AND MONOPOLIES
YOU WILL LOSE YOUR ABILITY
TO DO WHAT YOU DO BEST.**

**AT THE MOMENT, THE
ADMINISTRATION SEEMS TO BE
MORE INTERESTED IN FINDING
VILLAINS THAN SOLUTIONS. ITS
TIME TO PUT FINGER POINTING
ASIDE -- AND FOCUS ON REAL**

**SOLUTIONS TO REAL PROBLEMS.
ITS TIME TO MOVE OUT OF THE
WAR ROOM AND ON TO MAIN
STREET. THIS ISSUE IS NOT
ABOUT WHO WINS OR LOSES
THE POLITICAL GAME, ITS
ABOUT THE CARE WE PROVIDE
TO EVERY MAN, WOMAN AND
CHILD IN THIS COUNTRY.**

**NOTWITHSTANDING ALL THE
RHETORIC OF LATE, INCLUDING
THREATS OF A VETO, I STILL
BELIEVE REPUBLICANS AND
DEMOCRATS CAN COME TO AN
AGREEMENT ON A BILL THIS
YEAR. IT WON'T LOOK LIKE ANY
ONE BILL OUT THERE NOW --
BUT IT WILL HOPEFULLY HAVE
THE STRONGEST ELEMENTS OF**

ALL.

**I CONTINUE TO BELIEVE
THE BASIS FOR COMPROMISE
EXISTS. THERE IS, IN FACT, A
GREAT DEAL IN COMMON
AMONG ALL OUR PROPOSALS
BOTH DEMOCRAT AND
REPUBLICAN. AND THE
REFORMS WE CAN AGREE ON**

**ARE NOT INSIGNIFICANT. THEY
MAY NOT TURN THE SYSTEM
UPSIDE DOWN AS ENVISIONED
BY SOME AT THE WHITE HOUSE
BUT THEY WILL MAKE A
DIFFERENCE.**

**I HAVE FOCUSED MUCH OF
MY SPEECH ON OUR AREAS OF
DISAGREEMENT. LET ME**

**REVIEW BRIEFLY THOSE AREAS
WHERE I BELIEVE WE CAN
REACH AGREEMENT AND
HOPEFULLY PROVIDE A BASE
UPON WHICH A COMPROMISE
CAN BE BUILT.**

**WHILE ALL REPUBLICANS
SAY NO TO NEW EMPLOYER
MANDATES, TO PRICE**

**CONTROLS AND MANDATORY
ALLIANCES, MANY SAY YES TO
THE FOLLOWING EFFORTS TO
CONTROL COSTS:**

- 1. INDIVIDUAL
RESPONSIBILITY
THROUGH AN
INDIVIDUAL MANDATE.
LIKE THE**

**ADMINISTRATION, THE
CHAFEE AND NICKLES
PROPOSALS REQUIRE
ALL INDIVIDUALS TO
OBTAIN COVERAGE.
FRANKLY, IF WE ARE
EVER TO REFORM OUR
SYSTEM, INDIVIDUALS
MUST BECOME AWARE
OF THE ECONOMIC**

**IMPLICATIONS OF
THEIR OWN BEHAVIOR
AND DECISIONS. THIS
IS TRUE WITH REGARD
TO THE KIND OF
INSURANCE THEY BUY
AS WELL AS THEIR
OWN LIFE STYLE
DECISIONS. FOR
EXAMPLE, DO THEY**

**SMOKE, OR DRINK OR
EAT TOO MUCH.**

**2. SIMPLIFIED UNIFORM
CLAIMS FORM**

**3. ELECTRONIC BILLING --
WITH PROTECTIONS
FOR PRIVACY.**

**4. GREATER EMPHASIS
ON PREVENTIVE CARE.
WE KNOW IT COSTS A
LOT LESS TO PREVENT
A LOW BIRTH WEIGHT
BABY THAN IT DOES TO
CARE FOR ONE.**

**5. STEPPED UP ANTI-
FRAUD ENFORCEMENT**

6. ANTI-TRUST REFORM.

**WE WANT TO LET YOU
DECIDE HOW CARE
CAN BEST BE
PROVIDED. IN MY OWN
STATE OF KANSAS,
URBAN AND RURAL
HOSPITALS ARE
WORKING TOGETHER
TO BETTER ORGANIZE**

**THEIR SERVICES AND
WE ARE ALL
BENEFITING.**

**7. MEDICAL MALPRACTICE
REFORM**

**8. MEDICAL SAVINGS
ACCOUNTS (MEDICAL
IRA'S)**

**9. VOLUNTARY
PURCHASING
COOPERATIVES. WE
KNOW GROUP
PURCHASING MAKES
SENSE, SO LETS LET
SMALL BUSINESS GET
TOGETHER -- WHY DO
WE HAVE TO FORCE
EVERYONE THROUGH**

**THE SAME BUYER
WHEN SOME MAY BE
DOING JUST FINE
NEGOTIATING A PLAN.**

**10. SOME OF US ALSO
BELIEVE IN PLACING A
LIMIT ON THE
DEDUCTIBILITY OF
HEALTH INSURANCE**

PREMIUMS.

**11. WE ALSO SUPPORT
FOLDING THE
MEDICAID PROGRAM
INTO THE PRIVATE
HEALTH INSURANCE
SYSTEM WHERE IT
MAKES SENSE AND
INCREASING THE USE**

OF MANAGED CARE.

WITH RESPECT TO

UNIVERSAL ACCESS AND

FAIRNESS WE SUPPORT:

1. INSURANCE REFORMS.

- **GUARANTEED
RENEWAL**

- **LIMITS ON PRE-
EXISTING CONDITIONS**

- **PORTABILITY**

- **COMMUNITY RATING**

**2. DEDUCTIBILITY OF
HEALTH INSURANCE
PREMIUMS BY ALL.**

3. SLIDING SCALE

**SUBSIDIES FOR THE
LOW INCOME TO HELP
THEM GAIN ACCESS TO
THE SYSTEM.**

**WE BELIEVE ALL THESE
CHANGES CAN BE
ACCOMPLISHED WITHOUT
CREATING ANY NEW**

**MONSTROUS BUREAUCRACY
AND WITHOUT PUTTING THE
GOVERNMENT BETWEEN YOU
AND THE PEOPLE YOU SERVE.**

THINK ABOUT
AS YOU ~~LOOK AT~~ THE
I SHOWED LAST WEEK
CHART ~~BESIDE ME~~, REMEMBER
THAT EACH SQUARE
REPRESENTS AN OBSTACLE
BETWEEN YOU AND YOUR

PATIENTS.

**YES, AS SOME OF THE
WHITE HOUSE SPIN CONTROL
ARTISTS POINT OUT, TODAY'S
SYSTEM IS ALSO COMPLICATED
AND BUREAUCRATIC -- BUT THAT
SHOULDN'T BE AN EXCUSE FOR
MAKING IT WORSE. THAT'S NOT
WHAT REPUBLICANS BELIEVE**

REFORM IS ALL ABOUT.

**BUT THESE DECISIONS WILL
NOT BE MADE TODAY OR
TOMORROW. WE HAVE A LONG
ROAD AHEAD OF US. THE
FINANCE COMMITTEE HEARINGS
AND THOSE OF OTHER
COMMITTEES, WILL GIVE US ALL
AN OPPORTUNITY TO EXAMINE**

**EACH OF THESE DIFFICULT
ISSUES. I URGE YOU TO ENTER
THESE DISCUSSIONS WITH AN
OPEN MIND.**

**LET ME STRESS AGAIN, WE
ALL HAVE THE SAME GOALS IN
MIND, PROVIDING CARE TO
THOSE WHO NEED IT IN A
TIMELY AND COST EFFECTIVE**

**MANNER. BUT IN OUR ZEAL FOR
REFORM LETS NOT LOSE SIGHT
OF WHAT MADE US GREAT; A
COMMITMENT TO QUALITY AND
INNOVATION. LETS NOT TRADE
THAT AWAY.**