

April 14, 1994

TO: Senator Dole

FROM: Vicki *Vicki*

RE: Speech to American Society of Anesthesiologists

You are scheduled to deliver remarks to the American Society of Anesthesiologists on Monday, April 18 at 1:15. The audience will consist of 450 anesthesiologists from the entire country. They would like you to speak for fifteen to twenty minutes followed by ten minutes of Q and A.

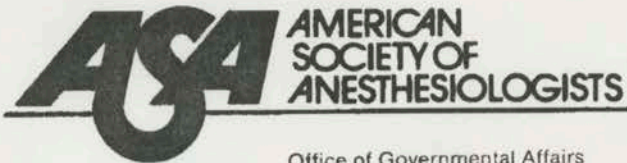
You spoke to this same group last April. According to their Washington rep, they adored you. So, this should be a very friendly audience.

In addition to talking about the changes that have occurred with health care reform during the past year, they would like you to describe the political landscape from your perspective and your predictions on final enactment in terms of timing and substance.

As physicians, their primary concerns are with the mandatory alliances, employer mandates (because many of these physicians are small businessmen as well), and proposals to limit the number of medical specialties through graduate medical education reimbursements.

Congressmen Stark and Dingell will speak in the morning. Following your remarks, Congressmen Archer will speak. Senator Mitchell is the final speaker.

Mon, April 18



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April 12, 1994

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

Dear Senator Dole:

I am enclosing herewith a copy of the draft agenda for ASA's Conference on Legislative Affairs, to be held at the J.W. Marriott Hotel on April 17-19. Pursuant to our prior conversations with you or your staff, we have scheduled your remarks for 1:15 p.m. on Monday, April 18.

Please be advised that we will have a car and driver available to provide transportation from and to Capitol Hill. If you wish to avail yourself of this service, please ask a member of your staff to contact Janee Bonner at this office not later than this coming Friday, April 15. If we do not hear from you in this respect, we will assume that you will arrange your own transportation, and we will have a member of the ASA staff on hand 10 minutes prior to your scheduled speaking time, at the **main entrance** to the Hotel on 14th Street, to greet you and escort you to the meeting room.

Again, we very much appreciate your willingness to participate in our Conference, and look forward to your remarks. If subject to your personal wishes, we have not previously arranged with your staff for payment of a charitable contribution in lieu of honorarium, I would be happy to discuss this with the appropriate staff member, at his or her convenience.

Best wishes.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Michael Scott", written in a cursive style.

Michael Scott, Director

9:00 - 9:45	Reform: The White House Approach Walter Zelman Senior Health Policy Advisor to President Clinton
9:45 - 10:15 Grand Foyer	Break
10:15 - 11:00 Salons III-IV	Reform: AMA's Physician Involvement Initiatives Kirk B. Johnson, Esq. Senior Vice President and General Counsel American Medical Association
11:00 - 12:00	Reform: The PPRC Perspective John M. Eisenberg, M.D., M.B.A. Chairman Physician Payment Review Commission
12:00 - 1:15 Salons I-II	Lunch The Honorable John D. Dingell (D-MI) Chairman Committee on Energy and Commerce U.S. House of Representatives The Honorable George J. Mitchell (D-ME) Majority Leader U.S. Senate
1:15 - 2:00 Salons III-IV	The Honorable Robert Dole (R-KS) Minority Leader U.S. Senate
2:00 - 2:45	The Honorable Bill Archer (R-TX) Ranking Minority Member Committee on Ways and Means U.S. House of Representatives
2:45 - 3:00 Grand Foyer	Break
3:00 - 3:45 Salons III-IV	Reform: Insurance Industry Perspective The Honorable Willis Gradison President Health Insurance Association of America
3:45 - 4:30	Hospital System Response to Managed Care Raymond G. Schultze, M.D. Director, UCLA Medical Center
4:30 - 5:15	Reform: the HMO Perspective Julie Goon Director of Legislative Affairs Group Health Association of America, Inc.

Tuesday, April 19

7:15 - 8:00 a.m.
Grand Foyer

Continental Breakfast

8:00 a.m.
Salons II-III

Continued Review of Federal Issues
Michael Scott and Daniel C. Maldonado

8:15 - 8:45

The Honorable Jim Cooper (D-TN)
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives

Congressional Visits by Attendees

**SENATOR DOLE SPEECH TO
AMERICAN SOCIETY OF
ANESTHESIOLOGISTS
APRIL 18, 1994**

**THANK YOU. IT'S A
PRIVILEGE TO BE HERE. THE
TURN-OUT HERE IS SYMBOLIC
OF THE TURN-OUT I'VE SEEN
ACROSS KANSAS AND ACROSS
THE COUNTRY THIS PAST YEAR.**

**OVER THE EASTER RECESS
I SPENT A GOOD DEAL OF TIME
LISTENING TO MEN AND WOMEN
IN KANSAS, CALIFORNIA,
NEVADA, IOWA, FLORIDA,
ALABAMA, AND LOUISIANA. NO
DOUBT ABOUT IT, QUESTIONS
ABOUT HEALTH CARE REFORM
DOMINATE THE DISCUSSIONS.**

**WHATEVER THE EVENT -- A
TOWN HALL MEETING, A ROTARY
SPEECH, A POLITICAL
FUNDRAISER -- THERE ARE A
LOT OF DOCTORS GETTING
INVOLVED IN THE PROCESS.**

**THE DOCTORS ARE NOT
THERE TO PROTECT
THEMSELVES -- RATHER THEY**

**ARE THERE TO PROTECT THEIR
PATIENTS.**

**I HAD THE PRIVILEGE OF
SPEAKING WITH THIS GROUP
LAST APRIL. AND BEFORE I
CAME HERE TODAY, I TOOK A
MINUTE TO LOOK BACK AT
WHAT I SAID LAST YEAR. WHAT I
DISCOVERED WAS THAT SOME**

**THINGS HAVE CHANGED IN THE
PAST YEAR, AND SOME THINGS
HAVEN'T.**

**LET ME BEGIN WITH WHAT
HASN'T CHANGED.**

**I SAID LAST YEAR THAT
"REPUBLICANS CONTINUE TO BE
FULLY COMMITTED TO**

**REFORMING OUR NATION'S
HEALTH CARE DELIVERY
SYSTEM."**

**THAT COMMITMENT
REMAINS TRUE TODAY, AND CAN
BE SEEN BY THE LEVEL OF
INVOLVEMENT IN THIS ISSUE BY
MY COLLEAGUES. LAST MONTH,
THIRTY-SIX REPUBLICAN**

**SENATORS, SOME REPUBLICAN
HOUSE MEMBERS, SOME
REPUBLICAN GOVERNORS, AND
EVEN THE EXECUTIVE DIRECTOR
OF THE A.M.A., DR. JIM TODD,
MET FOR TWO DAYS IN
ANNAPOLIS, MARYLAND TO
DISCUSS HEALTH CARE.**

A COUPLE OF WEEKS

**LATER, THE MEMBERS OF THE
SENATE FINANCE COMMITTEE,
ALONG WITH A VARIETY OF
HEALTH EXPERTS AND
ECONOMISTS, MET IN
LEESBURG, VIRGINIA, AGAIN TO
DISCUSS HEALTH CARE.**

**THE PURPOSE OF THESE
MEETINGS WAS TO GET OUR**

**IDEAS OUT THERE AND TO
DISCUSS THE AREAS WHERE WE
AGREE AND THE AREAS WHERE
WE DISAGREE.**

**THE FINANCE COMMITTEE
STILL HAS A FEW WEEKS LEFT
OF HEARINGS. WE'VE HAD TWO
EVERY WEEK SINCE JANUARY.
I'D LIKE TO EMPHASIZE THAT**

**THESE HEARINGS AND
MEETINGS ARE NOT JUST FOR
SHOW.**

**THE TESTIMONIES FROM
THESE EXPERT WITNESSES --
BOTH DEMOCRATIC AND
REPUBLICAN -- OR APOLITICAL
IN SOME CASES -- HAVE
PROVIDED A LOT OF FOOD FOR**

**THOUGHT AND HAVE HELPED
THE MEMBERS OF THE
COMMITTEE UNDERSTAND THE
MANY FINE DETAILS OF THIS
LEGISLATION.**

**WHAT THESE HEARINGS
HAVE EMPHASIZED IS THAT
WHATEVER OUR
DISAGREEMENTS, WE ALL**

**AGREE THAT THERE ARE PARTS
OF OUR HEALTH CARE SYSTEM
THAT NEED TO BE FIXED.**

**WE DO HAVE THE BEST
HEALTH CARE DELIVERY SYSTEM
IN THE WORLD. DESPITE THIS
FACT, HOWEVER, THERE ARE
AMERICANS WHO CAN'T AFFORD
HEALTH CARE INSURANCE.**

**THERE ARE AMERICANS WHO
CAN'T GET HEALTH INSURANCE.
AND, THERE ARE AMERICANS
WHO CAN'T KEEP HEALTH CARE
INSURANCE.**

**NO DOUBT ABOUT IT,
REPUBLICANS WANT TO SOLVE
THESE PROBLEMS -- BUT WE
WANT TO DO SO WITHOUT**

**DESTROYING A SYSTEM THAT
VERY WELL SERVES 85 PERCENT
OF AMERICANS.**

**LAST YEAR I ALSO SAID
THAT IF THE HEALTH CARE
DEBATE DISINTEGRATES INTO A
POLITICAL CONTEST, THE
AMERICAN PEOPLE WILL BE THE
LOSERS.**

**WHILE THERE HAVE BEEN A
FEW UNFORTUNATE DETOURS
OVER THE PAST YEAR, I STILL
CONTINUE TO BELIEVE THAT WE
HAVE AVOIDED TURNING THIS
ISSUE INTO A POLITICAL
CONTEST.**

**YES, THE WHITE HOUSE DID
SPEND TOO MUCH TIME**

**WORRYING OVER WHETHER OUR
HEALTH CARE SYSTEM WAS
EXPERIENCING A "CRISIS" OR
JUST A "SERIOUS PROBLEM."
FOR A WHILE THEY EVEN RAN
TELEVISION ADS, SUGGESTING
THAT IF YOU DIDN'T CALL IT A
CRISIS, THEN YOU WEREN'T
QUALIFIED TO HELP FIND A
SOLUTION.**

**I THINK OVER THE PAST
YEAR THE WHITE HOUSE ALSO
SPENT TOO MUCH TIME
SEARCHING FOR VILLAINS
RATHER THAN SOLUTIONS.
DOCTORS, HOSPITALS,
INSURANCE COMPANIES, AND
PHARMACEUTICAL COMPANIES
HAVE ALL HAD THEIR MOTIVES
QUESTIONED AT ONE TIME OR**

ANOTHER.

**THE FACT REMAINS -- YOU
CAN DISAGREE WITH THE
CLINTON PLAN AND STILL CARE
ABOUT FIXING OUR HEALTH
CARE SYSTEM. AND, ONCE THE
WHITE HOUSE UNDERSTANDS
THAT, WE WILL BE A LOT
CLOSER TO A BI-PARTISAN BILL.**

**THE GOAL OF THIS
PROCESS MUST NOT BE TO
WRITE A PLAN THAT GETS 51
VOTES IN THE SENATE AND 218
VOTES IN THE HOUSE. THAT'S
THE BEST RECIPE FOR REPEAL
THAT I KNOW OF. THE
AMERICAN PUBLIC DESERVES
FAR MORE.**

**LAST YEAR, I OUTLINED SIX
PRINCIPLES WHICH I BELIEVED
WERE NECESSARY TO HEALTH
CARE REFORM. THOSE SIX
PRINCIPLES HAVE REMAINED
UNCHANGED OVER THE PAST
YEAR.**

- 1. PROTECT QUALITY: IN
OUR DESIRE TO LOWER**

**COSTS AND BETTER
MANAGE OUR
RESOURCES, LET'S NOT
THROW AWAY OUR
MEDICAL MIRACLES.**

**2. PRESERVE CHOICE:
CONSUMERS, NOT THE
GOVERNMENT, SHOULD
BE THE ONES TO MAKE**

**CHOICES ABOUT
WHERE THEY GET
THEIR CARE AND FROM
WHOM.**

**3. PRESERVE JOBS:
INCREASES IN TAXES
AND MANDATES WILL
PUT PEOPLE OUT OF
WORK, AND WILL NOT**

**INCREASE THE
NUMBER OF PEOPLE
WHO HAVE ACCESS TO
HEALTH CARE AND
INSURANCE.**

**4. NO GOVERNMENT-
CONTROLLED CARE:
WE'RE NOT SWEDEN
OR GERMANY OR**

**CANADA. THE
GOVERNMENT SHOULD
BE THERE TO HELP
THOSE WHO NEED IT
AND HAVE NO OTHER
RESOURCES. IT'S NOT
THERE TO CONTROL
OUR LIVES.**

5. CONTROL COSTS, NOT

**CARE: GLOBAL
BUDGETS AND PRICE
CONTROLS TRANSLATE
INTO REDUCED
QUALITY AND
RATIONED CARE.**

**6. REAL TORT REFORM:
IN NO OTHER
INDUSTRIALIZED**

**COUNTRY DO HEALTH
CARE PROVIDERS
CONFRONT THE DAY-
TO-DAY THREAT OF
LITIGATION.**

**LET ME TURN TO THE ONE
BIG CHANGE THAT HAS
OCCURRED SINCE LAST MARCH
-- AND THAT'S THE CHANGE IN**

PUBLIC SUPPORT FOR THE PRESIDENT'S PLAN.

**WHEN WE MET LAST APRIL,
THE PRESIDENT HAD NOT
ANNOUNCED HIS PLAN. BUT
WHEN HE DID, LAST
SEPTEMBER, POLLS REFLECTED
THAT AN OVERWHELMING
MAJORITY OF AMERICANS --**

**UPWARDS OF 70 AND 80
PERCENT SUPPORTED THE
CLINTON PLAN.**

**AND NOW, AFTER MONTHS
AND MONTHS OF AN
UNRELENTING WHITE HOUSE
PUBLIC RELATIONS CAMPAIGN --
AFTER ONE YEAR OF THE
PRESIDENT AND FIRST LADY**

**USING THE WHITE HOUSE AS A
BULLY PULPIT FOR THE PLAN --
POLLS SHOW THAT PUBLIC
SUPPORT HAS DROPPED BELOW
50 PERCENT.**

**THE WHITE HOUSE WOULD
HAVE US BELIEVE THAT
APPROVAL FOR THEIR PLAN
CONTINUES TO DROP BECAUSE**

**"HARRY AND LOUISE" ARE OUT
THERE SELLING A BILL OF
GOODS TO THE AMERICAN
PEOPLE.**

**HOWEVER, AS I'M SURE YOU
HEAR FROM YOUR PATIENTS
AGAIN AND AGAIN, THE SIMPLE
FACT IS THAT THE MORE THE
AMERICAN PEOPLE LEARN**

**ABOUT THE CLINTON PLAN, THE
LESS THEY LIKE IT.**

**THEY DON'T LIKE TURNING
ONE-SEVENTH OF OUR
ECONOMY OVER TO THE
GOVERNMENT. THEY DON'T LIKE
MANDATORY ALLIANCES. THEY
DON'T LIKE A SEVEN MEMBER
POLITICALLY APPOINTED**

**NATIONAL HEALTH BOARD.
THEY DON'T LIKE THE
GOVERNMENT TELLING MEDICAL
SCHOOLS HOW MANY
ANESTHESIOLOGISTS OR
SURGEONS OR ANY OTHER
SPECIALISTS THEY CAN TRAIN.
THEY DON'T LIKE PRICE
CONTROLS. AND A WHOLE
NATION OF SMALL**

**BUSINESSMEN AND WOMEN
DON'T LIKE THE PROSPECT OF
BEING FORCED TO SHUT THEIR
DOORS BECAUSE OF MORE
GOVERNMENT MANDATES.**

**THE PEOPLE ARE PROVING
THAT HEALTH CARE REFORM IS
NOT JUST AN "INSIDE THE
BELTWAY" ISSUE. IT'S AN ISSUE**

**THAT AFFECTS EVERY HEALTH
CARE PROVIDER, EVERY
PATIENT, AND EVERY AMERICAN.
IF ANY REFORM BILL THAT
PASSES IS GOING TO SUCCEED,
IT MUST HAVE THE SUPPORT
AND CONFIDENCE OF THE
AMERICAN PEOPLE. AND, AS
THE FACTS CONTINUE TO GET
OUT -- AS YOU GO HOME AND**

**HELP EXPLAIN THE
REPERCUSSIONS OF THE
CLINTON BILL, THE AMERICAN
PEOPLE'S SUPPORT OF IT WILL
CONTINUE TO ERODE.**

**CONGRESS IS ABOUT TO DO
SOME REAL HEAVY LIFTING ON
THIS ISSUE IN THE NEXT COUPLE
OF MONTHS. THE HEARING**

**PROCESS IN THE FINANCE
COMMITTEE IS WINDING DOWN.
AND, STILL THERE IS NOT A
SINGLE PLAN OUT THERE --
DEMOCRAT OR REPUBLICAN --
THAT HAS ENOUGH VOTES TO
PASS.**

**THAT'S WHY I CONTINUE TO
SAY WHAT I'VE BEEN SAYING**

**FOR THE PAST YEAR AND THAT
IS THAT HEALTH CARE IS AN
ISSUE THAT CRIES OUT FOR
BIPARTISAN SUPPORT.**

**I CONTINUE TO BELIEVE
THAT DEMOCRATS AND
REPUBLICANS CAN COME TO AN
AGREEMENT ON A BILL THIS
YEAR. IT MAY NOT LOOK LIKE**

**THE CLINTON PLAN, OR THE
COOPER PLAN, OR THE CHAFEE
PLAN -- BUT THEN NONE OF
THESE BILLS ARE REMOTELY
CLOSE TO HAVING THE VOTES
TO PASS.**

**WHAT CAN PASS -- AND
WHAT I BELIEVE ULTIMATELY
WILL PASS -- IS A BILL THAT**

**TAKES THE BEST ELEMENTS OF
THOSE PLANS -- A BILL THAT
HELPS THOSE AMERICANS WHO
CAN'T AFFORD, CAN'T OBTAIN,
AND CAN'T KEEP HEALTH
INSURANCE. THAT'S A GOAL
THAT CAN BE ACCOMPLISHED
WITHOUT TURNING THE BEST
HEALTH CARE SYSTEM IN THE
WORLD UPSIDE DOWN.**