

February 5, 1993

MEMORANDUM FOR MRS. CLINTON

TO: Ira Magaziner
FR: Chris Jennings
RE: Congressional Strategy for Health Reform
cc: Howard Pastor, Steve Ricchetti

Following up on your request is an outline of a proposed strategy for garnishing sufficient support in the Congress for the Clinton health reform initiative.

GOAL: A WORKABLE PROPOSAL THAT CAN PASS BOTH HOUSES OF CONGRESS

PROCESS: INCORPORATE AND INVEST MEMBERS OF CONGRESS AND THEIR CONSTITUENTS INTO THE DEVELOPMENT OF THE CLINTON HEALTH INITIATIVE. This can be achieved by:

I. Identifying Members/Staffs.

In the recent history of the U.S. Congress, it has been virtually impossible to pass any large and potentially controversial initiative without identifying, getting to know, educating, stroking, and responding to an ideologically diverse and ego sensitive Congress that, individually and collectively, has become more and more independent. This is a time consuming, redundant process that can seem to be (and frequently is) frustrating. But it is essential to increase the likelihood of a positive reception to the eventual Clinton health reform proposal.

To best understand and keep on top of the Congress, it is essential to keep an updated and accessible Members/staff list that can be cross-referenced. A great deal of the necessary information has already been collected and assembled by the Transition. These documents are attached for the immediate use of the First Lady and you. A final and comprehensive document is in the process of being prepared. It will include all of the following information:

- * Brief Members' Bios/Backgrounds: Including Party Affiliation and Any Committee with Relevant Health Jurisdiction
- * Geographical Location (rural vs. urban constituency, Northwest, Northeast, Southwest, Southeast)
- * Health Care Reform Ideology/Policy Position (single-payer, employer-based, market-based, or no current position)
- * Major Health Bills/Amendments in Last (102nd) Congress
- * Member and/or Staff Expertise in Specific Areas
- * Interactions with Clinton Health Team. (This document should be updated weekly with assistance of Chris J.)

- * Address (for meetings and follow-up notes)
- * Phone and Fax Numbers of Members and Key Staff (this document will include Administrative Assistants, Legislative Directors, Staff Directors of Committees, and primary health and tax contacts; it would also include a home number of the primary health staff contact IF they authorize)

RESOURCES NEEDED TO ACHIEVE GOAL: Tapping into the staff, resources and data capabilities of the Department of Health and Human Services is advisable. Jerry Klepner, the HHS Assistant Secretary for Legislation, has indicated that he would like to provide whatever assistance he can to you in this effort. All information collected would be placed on a disc that will be compatible with whatever computer system our Congressional and Health War Room will be using.

II. IDENTIFY AND BE PREPARED TO EFFECTIVELY ADDRESS THE HIGHEST PRIORITY PROBLEM ISSUES FOR MEMBERS OF CONGRESS.

In meetings between Members of Congress, individually and in groups, and the First Lady, Ira, Judy, the White House Legislative Affairs, and Chris, we must continually target and update what appear the hottest concerns with our potential swing Congressional voters. We must then share these concerns with the Task Force and the Working Groups on a regular basis. At the time of this writing, for example, there are a number of themes that get raised the most:

1. Rural Communities and their Incongruence with Managed Competition principles. In addition, a fear that there is an inadequate concern about the need for special programs to assure access to rural areas.
2. Small Business and their Inability to Survive in a Mandated Health Care Environment. Along these lines, a concern about the underestimating of the economic impact of a mandate burden on small businesses.
3. States and their Need for Administrative, Financial, and Statutory Flexibility. Although comforted by the fact that the President is a great advocate, a sense of nervousness about actual implementation of such provisions is apparent.
4. The desire for direction on how cost containment savings will be allocated to expanding access or for other purposes. And whether private as well as public savings will be used for these intended purposes.

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5. The desire for direction from the Administration on what legislative and budgetary strategy (i.e., should health care be incorporated into the reconciliation process?) the Congress should take.

**III. ACTIVELY CONSULT AND BE RESPONSIVE TO MEMBERS AND STAFF
(SHORT-TERM)**

Members and staff should be thought of and used as a great resource. They know and have thought through many of the policy and political pitfalls that many of us have not yet even imagined. Their information and experience, therefore, can be absolutely invaluable. More importantly, however, if Congress and their staffs feel adequately consulted (easier to say than to define "adequate"), they are much more likely to be supportive from the start (bill introduction) to the finish (final vote).

A number of important Congressional outreach initiatives have already been implemented, including:

- * The foundation laid by the Transition Team (see attached final report memo) is solid.
- * The President's designation of the Senate and House Majority and Minority Leaders (Mitchell, Dole, Gephardt, and Michels) as the formal health care reform representatives of the Congress to the Administration's reform work.
- * An extremely productive relationship has already been forged by Mrs. Clinton with the two Democratic Majority Leaders. This relationship is continually strengthened by constant communication between the staff of the Administration and the Majority Leaders' Offices.
- * A February 4th meeting with 27 Democratic Members of the Senate and Mrs. Clinton was a great success. It is being followed up with personal notes from Mrs. Clinton and staff conversations with Chris Jennings.
- * This week's decision to incorporate Democratic Members' staff with expertise on particular issues into the Work Group process.

The Following Initiatives Are Also Desirable and Recommended:

- * Immediately follow-up and hold a similar meeting/briefing with the House leadership that we held with the Senate leadership yesterday. (The staff of the House Majority Leader is taking care of this).
- * Immediately attempt to schedule Mrs. Clinton to meet with all the Minority Congressional Caucuses: Women's, Black, and Hispanic. (Charlotte Hayes of the Vice President's office has already initiated discussions).
- * Establish a time sensitive Mrs. Clinton thank you note system following important (does not have to be all) meetings with Members. These type of communications from Mrs. Clinton are extremely powerful and helpful to building strong relationships.
- * Finalize a process to streamline and coordinate all invitations to the First Lady, Ira and Judy for congressional meetings. (We must design this with guidance of Melanne, Steve R. and others). The Legislative Affairs staff, through Chris Jennings, must be apprised of all such meetings.
- * Implement a process to quickly respond in writing, where appropriate and advisable, to letters and requests from Members of Congress and their spouses.
- * Through the Department, provide wider circulation of the list of scheduled health hearings that is produced by the Assistant Secretary of Legislation's office.
- * Consider encouraging particular Committees to hold substantive hearings focusing on the negative traits of interest groups who will be opposed to health reform. Coordinate this effort with Public Affairs.
- * Develop an updated list of House and Senate Hearings on Health Care Issues to be distributed to Public Affairs
- * Finalize how Democratic Congressional Staff will be incorporated into the working groups and when. Chris Jennings then needs to immediately follow-up with the Majority Leaders' staff to enable them to coordinate and assign appropriate staff.

- * Establish a process to assist Work Group leaders and members access to materials or even Congressional staff for their informational needs, but with clear direction that all Hill contacts are coordinated and approved by Chris. (We cannot have Congressional staff called by 28 different working group chiefs!!)
- * Initiate a process to monitor relevant Congressional hearings, floor statements, and bill introductions and incorporate new information into data base described previously.
- * Establish a system for exchange of information with the Office of Public Liaison, the Office of Intergovernmental Affairs and the Office of Public Affairs. For example, information received by Congressional Relations from Members of Congress on groups and organizations that need to be brought into discussions can be fed to the Office of Public Liaison and information received from groups on conversations with members can be fed to Congressional Relations for appropriate follow-up.

RESOURCES NEEDED TO ACHIEVE GOAL: Chris needs to be constantly accessible and will have to be mobile to and for Mrs. Clinton, Melanne, Steve R., the HHS Department, Ira, Judy, and the numerous Members of Congress and their staffs who will be calling. These people can't and won't wait for Chris to wait outside the door for a pass.

To be successful in this regard, Chris will therefore need a staff pass for around-the-clock access into the OEOB and the White House, a parking pass for the OEOB and the Congress, a beeper and perhaps a mobile phone, a C-Span Cable compatible TV to monitor Congressional developments, and access to support staff. Because of the need to have more opportunities for timely interaction with Howard Pastor's shop, it may be advisable for Chris Jennings to work off a desk out of Legislative Affairs. (Steve R. and Howard are discussing this now).

When to start?

IV. CONGRESSIONAL STRATEGY (Mid and Long-Term)

Congress, particularly the Democrats, should be generally pleased with the arrangement of their participation on the working groups. However, they will quickly want to sit on meetings that integrate all workgroup efforts into the common package. It is imperative that they are involved in a significant way in this process. Best way to proceed:

- * At appropriate but early time, Ira and Judy should initiate staff discussions about the overall package. This should be coordinated through the House and Senate leadership to determine who is best suited for various meetings. It is imperative, however, that the House, in particular, have an avenue for some of the non-Committee Member big-wigs to contribute to process.
- * Time consuming, but separate meetings with the Republicans are also advisable, particularly with those Members who we have any chance of getting on board, e.g. Danforth, Kassebaum.
- * Establish a group of surrogate speakers from the ranks of Congress and elsewhere to talk about the process and the plan. We can start with those who performed similar functions during the campaign and incorporate others who wish to be supportive.
- * Continue to build on current and future relations through constant attention to Members and their staffs and an ongoing effort to address their concerns.

V. CONCLUSION

Congress is a fluid place where positions and attitudes change rapidly. Despite ongoing efforts fires will inevitably arise that need to be put out. The congressional relations strategy will need to be flexible and responsive to this ever changing environment while keeping the overall strategy of enacting a workable health care reform measure.

One last, but important point that comes under the heading use the resources the Administration already has to their fullest. Both Steve Ricchetti (insurance and health care providers in general) and Chris Jennings (small business, pharmaceutical, state flexibility issues) have substantive health policy and political backgrounds that should be tapped at appropriate and helpful times within the policy development process.

I. The health reform intake war room

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Memorandum

To: Mr. Ira Magaziner

From: Alexis Herman

Date: February 3, 1993

Re: Implementation Strategy for the President's Health Care Reform Initiative - Objective III - Development of a Health War Room

Rationale

The Health War Room (HWR) is being developed as a public response mechanism to address the demands generated by the tremendous interest in health care. It is an effort to centralize, in a coordinated fashion, our response to the issues. It is a largely process-driven effort that will address short-term, medium and long-term needs of the health reform initiative. Some of those needs include alleviating a correspondence bottleneck and backlog, thereby allowing improved responsiveness to constituents, Congress and others and projecting a more positive image for the Administration; public education; developing the infrastructure to allow for smooth implementation of health strategies; and bringing order and structure to the process. It will work to support the other two objectives of the Outreach Strategy: 1) to solidify our base of support and to develop strategies for overcoming organized opposition; and 2) to sponsor a series of hearings to bring focus to the Administration's "People First Agenda."

Overview

The HWR is to be composed of the following six (6) basic components: Directorate, Triage, Correspondence, Speakers Bureau, Cabinet Coordination, and Scheduling. What follows for each component is its name, function, and staffing configuration.

Component I - Directorate

Function

Provides overall coordination for the Health War Room. Direct operational responsibility including, organization, staffing and structure. Reports to the Director of the Health Care Task Force. Coordinates with and is in a relationship of close mutual support with the White House Office of Public Liaison. Insures proper dissemination of information to and correspondence with concerned public and private entities as it relates to health care, particularly correlates activities with the Health Care Reform Task Force and supports its mission.

Staffing Configuration

Director, Health War Room with a Professional Secretary. Reports to Director of the Health Care Task Force.

Component II - Triage

Function

Performs a critical function as in acute medical care delivery, making decisions on prioritization, proper treatment and referral. Appropriately trained staff under the immediate supervision of a Triage Manager possessing health care and political skills and knowledge will make decisions on whether an issue or correspondence is properly located in health, at all; whether it is critical or routine; should be fast - tracked or routinely dealt with; whether it requires bringing together other expertise to formulate a proper response; etc. This Manager meets daily with the HWR Coordinator to update each other and exchange views on how the War Room can support the overall health reform mission.

Standardized but easily personalized response letters will be constituted to ensure that each letter or inquiry receives an immediate response within a predetermined period of time. This unit obviously interacts regularly with correspondence and, when necessary, with policy coordination. Triage, in consultation with the HWR will help to decide when to engage the Speaker's Bureau in response to an expressed or perceived need and when issues should be taken to the Health Care Task Force.

The Triage unit will address the more non-routine situations and will therefore serve something of a trouble-shooting role. After procedures are in place, Correspondence staff should be prepared to routinely address the bulk of the HWR activity.

Staffing Configuration

Triage Manager, with Triage Staff (2), with access to and support from Correspondence Unit. Has a dual reporting role: to the Director of the Health Care Task Force.

Component III - Correspondence

Function

Is responsible for the orderly and timely response to all letters and inquiries coming to the White House relevant to health, after that relevancy has been determined, by standard procedure or Triage, with input from the HWR and the OPL, where appropriate. Supports the functions of Triage. Correspondence Secretary in this component receives and logs in all mail coming to the Health Care Intake Center/War Room, forwards it to Triage where it is responded to, appropriately referred or returned to

Correspondence for routine disposition. The Professional Receptionist has the same responsibility as it relates to telephonic communications that the Correspondence Secretary does regarding written communications. All calls will be logged in and checked off according to type and action taken. All responses are to be handled within a predetermined amount of time while any further action is being decided on or taken. That response will indicate what action is being taken, when a final determination should be expected and whether and to whom the letter/inquiry was referred. Where appropriate, the name and title of the person to whom communication was rerouted and how she/he can be contacted for follow-up will be included in a response. A system of cross-checking will be implemented to insure that all such correspondence has been properly logged in and otherwise processed.

Some Triage and Correspondence staff may have overlapping functions depending on the volume and type of load.

Staffing Configuration

Professional Receptionist, Correspondence Secretaries, Cross-Trained in Triage (2), reporting to Director, HWR.

Component IV - Speakers Bureau

Function

Facilitates the fulfillment of key elements of the health care reform implementation strategy; specifically, the solidification of our base of support while counterpunching the opposition, and bringing focus to the Administration's "People First Agenda." In consultation with the Director, HWR; OPL; agencies; and the Health Care Task Force develops a pool of knowledgeable, stimulating, thought-provoking and respected speakers in the health field located in various stations, and coordinates their scheduling to make appearances and educate the public as to the efficacy of the President's reform package. Speakers can be utilized to make independent presentations and/or participate in panels as part of the hearings for the "People First Agenda." Works closely with the scheduler.

Staffing Configuration

Staff Specialist, perhaps with a public relations background and a concentration in health issues. Reports to the Director, HWR.

Component V - Cabinet Coordination

Serves as central liaison with the Cabinet Secretary, with responsibility of keeping the War Room abreast of Cabinet activities involving health care interest groups. Coordinates

with the Speaker's Bureau to ensure that the Cabinet is optimally utilized in its outreach and education efforts.

Staffing Configuration

Cabinet Liaison. Works through Cabinet Secretary in the White House.

Component VI - Scheduler

Function

Maintains broad overview of appointment needs as related to the health care agenda and ensures the timely response to requests for public information and to the needs of the Administration to have concerned parties exposed to its health care reform efforts. Assists Speaker's Bureau in the coordination of speaker's time.

Staff Configuration

Scheduler who reports to Director, HWR

Cumulative Staffing Profile

The Health War Room will be composed of Eleven (11) positions, or FTEs (Full Time Equivalents) configured as follows:

Director
Secretary
Triage Manager
Triage Staff (2)
Receptionist
Correspondence Secretaries (2)
Speaker's Bureau Staff Specialist
~~Cabinet Liaison~~
Scheduler