

October 3, 1993

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: CAROLYN GATZ

SUBJECT: SUBSTANTIVE CHANGES TO POLICY

Following is a list of substantive changes to the draft plan book of which I am aware. Ira is editing the draft plan and will be making substantive changes through that process, although I have not yet received material from him.

From discussions with him, with the drafting team and with various members of the policy team, these are the larger issues that require change or clarification of policy:

- Expand and strengthen privacy protection and confidentiality section.

Expand schedule of preventive services in benefit package to include annual clinical breast examinations, more frequent mammograms.

Change periodicity schedule for well-child checkups.

Impose 3.9% of income cap on liability of individuals/families for health coverage.

Institute a required "point-of-service" to be offered by health plans that do not already include point of service option.

Insert 1% of payroll assessment on firms that operate corporate alliances.

Rewrite budget section to reflect automatic imposition of premium adjustment if alliance premiums exceed budget targets. Budget is now described as an enforceable cap.

Clarify that people get their Health Security Cards through their alliance.

*Beginning schedule in new schedule - evidence will be - But  
 This what will be -  
 costed out!  
 Starting point!*

*make clearer board difference in risk for which you beyond*

*Get Budget sound language*

*Limit to family income*

*cost sharing upper limit if 4%*

*Acad Quality*

- Add ob-gyn to list of primary care providers for allocation of residency slots. Increase percentage mix of primary care-specialists accordingly (requires about 7% increase in primary care)

50-57% primary care  
~~not to be done~~  
 not to be done  
 write

- In response to HHS and other interested parties, change mechanism that allocates residency slots from regional councils to national council.

- Possibly eliminate ~~the~~ limit on number of residency slots.

- Change proposed policy on coverage of Medicaid population not in cash-assistance category to ensure that children with disabilities currently enrolled in Medicaid do not lose coverage for supplemental benefits.

Limit who around to ADC/SSA -  
 kids disabled -  
 Schools provide full service bill Medicaid

- Make revisions to Medicare policy, particularly as relates to working Medicare recipients. *Tim Munt of Nancy Ann*

- Use ~~Social Security~~ TREASURY/FICA rules for determining classification of independent contractors.

- Expand role of nurses in practice of medicine through multiple changes in plan.

put nurses in  
 nurse -  
 nurse

*chuck scraig - provider -*  
 Clarify that providers allowed to negotiate fee schedule with alliance (anti-trust).

- Set mental health benefit. - *Meet tomorrow*  
~~limit outpatient to 30 - get rid of~~ *one day deductible inpatient -*
- Clarify single-payer option as per memo from Greg Lawler.

- Clarify intention that health care reforms undertaken by Hawaii and Wisconsin are not disrupted by national reform.

*allow flexibility - re-writing*  
~~Waiver~~

general state  
 not as  
 action  
 union/  
 ERISA Medicaid

not make wrong  
 current law +  
 fix why letter

lot of change  
 frequent  
 mother car  
 not drop  
 some negative

Deficit?  
Household  
use SS  
Household

No pay by full time student  
under 18

reconciliation  
No minimum

same as  
social  
security

For purposes of discriminating among full-time and part-time workers, create three categories: Unless an employee works a minimum of 40 hours a month, they are treated as self-employed or not employed for purposes of health coverage. Employees who work between 40 and 120-hours-a-month are part-time. Above that amount is full time.

✓  
B12+ labor

~~CLARIFY~~ DEFINE PART TIME

- Clarify power of alliances to decline to enter into a contract with a health plan
- Specify policy to narrow variation in premium targets between high-cost and low-cost areas over 10 years.
- Clarify if states eventually take over responsibility for enforcement of premium caps (national budget).
- Make allowable increases in premiums under national caps dollar amount rather than percentage amount so as not to disadvantage low-cost plans.

✓  
20% premium - all plans  
1997 - Report  
2002 up + down vote after

Clarify coverage obligations for early retirees for employers who currently provide health care benefits. -- ~~for~~ pharma

IRA  
Assessment  
20% - windfall

Change tax deductibility to eliminate grandfathering by not imposing limit at level of guaranteed benefit until 2003.

In response to HHS, make funding for capacity expansion in underserved areas through currently successful programs (community and migrant health centers) as well as through new authority

In response to HHS, fund outreach and enabling services through targeted project grants rather than formula grants to states

In response to HHS, fund school-related clinics through separate authority rather than through capacity expansion program.

In response to HHS, funding for core public health functions through competitive grants rather than formula grants

✓  
\$9B

Clarify plan could be for sure  
W/ state, con insurance ← can do for capitation  
~~Medicare~~ Medicare but billig

Protect  
Redding  
plans  
+ ally  
move to  
PARALLEL  
Bad report on  
equal medicare  
on strain  
limit effort  
not sure  
Call do or  
PPO - lower to  
\$2.1MMO?

Guidelines for health classes

57 days a year

1) must observe

2) 20%