

*A Winning Strategy
for
Health Care Reform*

A
Presentation
To

The
First Lady of the
United States

Hillary Rodham Clinton

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A WINNING STRATEGY FOR HEALTH REFORM

"This issue affects the American people so deeply . . . The impetus behind doing something will be very great. Whenever the debate really begins . . . you will see the prospects of passage intensify, not diminish . . ."

President Bill Clinton, June 15, 1993

Since January 25, the Task Force on National Health Care Reform has been working around-the-clock to produce the health care reform proposal the President requested. More than 500 people -- including over 100 health professionals; federal, state and Congressional employees; business people; officials from relevant agencies; White House staff; and outside experts -- advised the Task Force as they examined the current health care situation and explored alternative solutions. A detailed policy proposal, and a draft of the legislation, have been completed. Financial projections and analysis have been produced. Outside auditors -- including a Health Professionals Review Group, Deans from Academic Health Centers throughout the country, panels of consumers, an Administrative Simplification Review Group, financial auditors, legal auditors, and a group of "Contrarians" -- have been brought in to discuss the proposal and their suggestions have been incorporated. Final decision memos have been prepared on the few remaining issues.

A strong foundation in consultation and outreach has been laid -- with almost 1,000 interest groups, over 300 members of Congress, state and local officials around the country, and the "health-beat" press. Our communications strategy has been developed and refined; message pieces have been produced. A complete grassroots field campaign has been established, funded, and staffed, and is presently setting up field/media offices in targeted states. All of the pieces necessary for a winning health care strategy are in place.

INTEREST GROUPS (Tab 2)

The most energizing issue for the entire Democratic base is health care reform. Many of our strongest allies -- labor, seniors, consumer groups, public interest groups -- were drawn to Bill Clinton last year because of this issue and are willing to dedicate their resources and membership base to the health care cause. If we announce our health reform package on schedule, we will have a strong coalition that will be able to lobby the package through Congress. This coalition will include: labor; seniors; a strong cross-section of supportive health care provider groups; a solid group of business CEOs from many industries; some small business groups; consumer groups; and the traditional liberal coalition -- women's groups, children's groups, minority groups, etc.

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INTEREST GROUPS (Continued)

Our strategy is three-fold:

- Labor, the liberal groups, and consumer groups will help us solidify the Democratic base in Congress and keep them with us during the duration of the battle;
- The endorsing business and provider groups will provide the cover and credibility necessary for more moderate/conservative Democrats, as well as moderate Republicans, to support the bill;
- Seniors, labor and single payer groups will provide the energetic grassroots troops needed to produce a groundswell of support for the plan.

This kind of coalition has the right combination of media credibility, power on the Hill, and ability to generate massive grassroots support that we need to beat our opponents -- whose most powerful members include most of the insurance industry, the major small business groups and the for-profit hospitals. Our opponents, while powerful, will not have a cohesive message, and our coalition has shown a willingness to work together.

To solidify this coalition, they need an opportunity to become invested in our package. Administration officials have had over 1,500 meetings with 958 groups since January and have worked closely with many of these groups as the plan was developed. Additional meetings will, however, need to be held after final decisions are made to discuss the final package in light of the groups' membership and specific interests.

CONGRESS (Tab 3)

There is a remarkably large reservoir of good will and receptivity towards a health reform initiative in the Congress. The vast majority of the Members want to pass a significant reform package in this Congress -- either because they believe that this moment in time represents a rare, historical opportunity to do something meaningful or because they fear the consequences if they don't. Furthermore, our intensive consultation process with the Congress -- including 207 meetings, 99 of them with the first Lady -- has resulted in a significant amount of trust and confidence by the Members in the First Lady's ability to produce a viable health reform legislative product with the President.

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CONGRESS (Continued)

To maintain this good will, influential Members of Congress must have adequate time to buy into our proposal before it is unveiled. Much of the necessary Congressional groundwork is underway for an intensive outreach effort that effectively addresses their policy and political concerns. We are preparing materials for the August recess -- as we have for all other recesses since January. Recognizing the need of Members to modify -- and contribute to -- the final decisions, we have planned a two-track consultative process (see detailed calendar in Tab 3). The first set of meetings will be set up to receive and incorporate their suggestions, with a second set of meetings to brief them on the final package.

STATE AND LOCAL GOVERNMENTS (Tab 4)

Many state and local leaders felt that, when campaigning last year, Bill Clinton listened to their concerns about the health care crisis they face and have strongly supported him since. These groups are a natural constituency as they see the need for health reform on every day -- on both a budgetary and a human level.

A few states across the nation are well on their way to comprehensive health care reform while others are enacting smaller-scale reforms to address their citizens' health concerns. The Administration has worked closely with state legislatures to ensure that these state reform efforts are designed within the context of the national structure and federal guidelines that our reform will establish. A majority of states, however, are waiting for the President to provide leadership on this issue and will go no further in the absence of a national plan.

We have consulted closely with state officials in developing the state "flexibility provisions" in our plan and many of these officials feel they have a vested interest in this plan. They are ready to work in conjunction with us to implement the reforms as soon as the bill is passed.

COMMUNICATIONS (Tab 5)

We are ready to go with a coherent message and media strategy for presenting health care reform to the public. Research shows that our message of *"health care that's always there"* and *"taking control of the system to preserve what's best about American health care"* will resonate with the public and provide Congress with the necessary comfort level and support to pass a plan. We have been holding weekly "message meetings" with a dozen key Senators and about 25 House members. They are committed to a coordinated message campaign and ready to move forward.

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COMMUNICATIONS (Continued)

- **The Message**

"Health care that's always there." "Getting control of a health care system that's out of control." Those are the core elements of our message -- which is based on extensive public hearings attended by Mrs. Clinton around the country, close consultations with industry experts, consumer surveys, and Stan Greenberg's focus groups. Underneath these themes lie solutions to the problems that affect every American family. These solutions allow us to construct a roll-out calendar to publicly build our case. The themes are based on the following goals: providing security, controlling costs, restoring simplicity, emphasizing prevention, and preserving high quality care and the patient's right to choose.

best messages
are
not
dividing
angry

- **The Roll-Out Calendar**

We have developed short- and long-term calendars to unveil and promote the President's health care plan. The strategy calls for us to define the problem just prior to introduction, present the solution in a dramatic way, and then prove our case. The four principals -- the President, the First Lady, the Vice President and Mrs. Gore -- and appropriate Cabinet members and Senior White House officials would be involved.

- The current calendar calls for the President to pivot from the economic plan to health care at his August 16 National Governors Association address. [Please see Tab 5 for a detailed calendar of events]
- Following Labor Day, we would move into a 7-10 day "ramp up" program to introduce pieces of the plan and disarm our opponents. Events include "letters to the President" read at the White House by people who wrote to the Task Force and a malpractice reform address.
- The President would unveil the plan to a Joint Session of Congress in a prime-time address. Following blanket coverage and network appearances by the principals, they and members of the Cabinet would fan out across the country to key states and Congressional districts. Other events would include one or more network town hall meetings; a bus trip designed to build public support momentum; and a series of public endorsement events when the President returns to Washington. The DNC's health care campaign and the so-called "Rockefeller group" of interest groups would echo our themes and events across the country.

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COMMUNICATIONS (Continued)

- During October, the legislation would become fully grounded in committee and the President and other principals would continue meetings with members, interest groups and the like. From then on, we would undertake a massive media affairs campaign in key states and districts, pegged to members' concerns. Every week, the President would visit a different region to campaign for the plan, laying out its advantages through events and then holding televised town meetings to answer questions.
- **Materials for Release**
We are drafting materials to help explain the plan, including a 100-page "*Report to America*" for Congress among others, an illustrated pamphlet defining the problems and solutions (for mass distribution), an extensive questions-and-answers document, and the legislation itself. We now issue talking points twice a week and have already prepared an entire battery of points addressed to specific constituencies and issue areas that are now available for members of Congress and Administration representatives. The DNC and the Rockefeller group plan to develop similar materials, including educational videos.
- **Rapid Response**
We have set up a ready-to-go "war room" facility in room 160 of the OEOP -- complete with all necessary computers and technology. A full staff is in place to move in once our Reconciliation process has been successfully completed.
- **Surrogates**
In addition to the principals and Cabinet secretaries, we have available an army of doctors, nurses and health care experts who have helped draft pieces of the plan. The DNC and Rockefeller group have pledged to form "media teams" in key markets -- which would consist of a doctor, nurse, consumer, hospital administrator/medical school dean, and small business owner.

PUBLIC (Tab 6)

The American public wants health care reform. Health care was one of the primary issues on which Americans voted in November. The President's statements on health care in the Joint Address to Congress "registered" higher than any other subject. Stan Greenberg's polls have shown that the majority of Americans are willing to support the President's health care plan -- sight unseen.

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PUBLIC (Continued)

The National Health Care Campaign -- coordinated out of the DNC -- has developed a proposal to mount and operate an effective and efficient grass-roots public education and lobbying effort to mobilize this public energy. This organization will function just as a political campaign does -- bringing the message of health care reform to the American people, investing the American people in the President's health care reform plan, and channeling the voice of the public toward their representatives in Washington.

The National Health Care Campaign is now fully staffed, fully functional, and is organized into five departments:

- **Field:** They are recruiting individual community activists to act as surrogates and present a unified message that will help Members of Congress hear, see, and feel the grass-roots support for the President's reforms. They have developed a detailed calendar of field events (attached) -- including phone banks, house parties for the announcement speech, a national petition drive, large public rallies, press conferences, etc. They have targeted events for visibility and literature distribution -- from the Montana State Fair in July to the AFL-CIO convention in October.
- **Media/Communications:** They have identified local doctors, nurses, business people, consumers, union members and seniors to humanize health care reform -- putting a face on the plan for the American people in their communities. They have produced a NHCC brochure -- which has been mailed to 5,000 media outlets -- and have a detailed timetable for satellite tours, radio talk shows, media training for surrogates, a national teleconference for the announcement, etc. They have produced an organizational packet -- and a 15-minute organizational video -- for state press secretaries which contain instructions on how to utilize free media and local press, how to hold a town meeting, etc.
- **Political:** They have been communicating with Governors, Mayors, state elected officials, insurance commissioners, county executives, Democratic National Committee members, Democratic Leadership Council members, etc. They organize weekly planning meetings with local unions, including over 24 briefings to date for international unions and their directors.

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PUBLIC (Continued)

- **Congressional**: Has been working closely with Congressional leadership to establish and maintain relations with selected members of Congress and work closely with them as the proposal moves through the legislative process.
- **Research**: They have produced research dossiers on approximately 170 institutional players -- with details on their membership, influence, historical information, campaign contributions, previous tactics, etc. They are also setting up a system to monitor interest group activity on the Hill and track all local and national -- print and TV -- advertisements related to health reform.

INTERNAL

The final piece remains to be put into place. To succeed, we will need a sustained effort from the President and Senior White House Officials to make the final hard decisions on policy, to help organize for the communications and legislative efforts required, and to help mobilize the entire Administration in support of the effort. The President makes a point of signaling his unequivocal support of health care reform at every opportunity; his representatives will serve him well by following suit.

Once the plan has been introduced, a unified, resolute, focused and energized Administration is essential to selling the plan to the Congress, the interest groups, and the public. To illustrate that there is broad-based, internal support for the President's plan, Cabinet Secretaries and Senior White House officials should participate in Congressional meetings and hearings in addition to speaking to groups in support of the plan. The Communications team has developed a detailed media strategy for each of these Administration representatives.