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WELL-HEALED

**Inside Lobbying for
Health Care Reform**

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THE **C**ENTER FOR **P**UBLIC **I**NTEGRITY



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Inside Lobbying for Health Care Reform



THE CENTER FOR PUBLIC INTEGRITY
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The Center for Public Integrity is an independent research organization that examines public service and ethics-related issues. The Center's studies combine the substantive study of government with **in-depth** journalism. The Center is funded by foundations, corporations, labor unions, individuals and revenue from the sale of publications and editorial consulting with news organizations.

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"Contrary to tradition, against the public morals, and hostile to good government, the lobby has reached such a position of power that it threatens government itself. Its size, its power, its capacity for evil, its greed, trickery, deception and fraud condemn it to the death it **deserves**."

- *Hugo L. Black*

"The consumer is the only man in our economy without a high-powered lobbyist in **Washington**."

- *John F. Kennedy*

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SUMMARY

When Bill Clinton addressed a joint session of Congress last September and unveiled his "Health Security Act of 1993," he became the latest U.S. President to attempt to overhaul the American health care system. Long before a lobbyist made a single telephone call or dined with campaign or government officials, important choices that would set the parameters for health care reform had **already** been made. In **1991**, before the presidential campaign had formally begun, candidate Bill Clinton had already rejected the **Canadian-style**, "single-payer" health care approach.

The success of this latest reform effort, and how sweeping and comprehensive its reach, will depend substantially on the influence brought to bear by the various economic interests involved. With health care reform legislation now set for debate on the floor of the House of Representatives and the Senate, we will soon get a first-hand look at the political will and independence of Congress.

The Center for Public Integrity has never done a study about a health care-related issue. As a non-profit, 501 (c)(3) organization that publishes investigative studies about public service and ethics-related issues, the Center does not take formal positions on legislative matters, and we certainly have no formal or informal "agenda" when it comes to health care reform. The Center's aim in this study is not to recommend how **health** reform should proceed -- or if it is needed at all. Our interest is in the decision-making process of government and whether or not it has been distorted in any way.

After a year-long investigation that involved conducting hundreds of interviews and reviewing thousands of pages of Federal Election Commission **records**, House and Senate lobbying and financial disclosure forms, and federal court records, we believe health care reform has become the most heavily lobbied, legislative initiative in recent U.S. history. In 1993 and 1994, hundreds of special interests **cumulatively** have spent in excess of \$100 million to influence the outcome of this public policy issue.

As a result of the woefully inadequate disclosure laws, it is an insurmountable task to assess with precision the total price tag for any domestic lobbying effort in this country. But even with these **obstacles**, the Center's investigation reveals a remarkable lobbying campaign by special interests to affect the outcome of health care reform. According to FEC records, over \$25 million was given to members of Congress from 1993 through the first quarter of 1994 by organizations with health care-related interests. Add to that the tens of millions of dollars in television, radio and newspaper advertising, plus the untold millions of dollars spent in lobbying contracts, polling, and grass-roots **campaigns**, and the result is the largest blitz on proposed legislation in the nation's history.

The traditional means of lobbying -- hiring a law, lobbying or public relations firm -- remain the bedrock of the Washington landscape. According to House and Senate records and other sources, the Center has identified at least 97 firms that have been hired over the past **18** months to influence the health care debate. And 97 is a conservative figure because many companies sub-contract their work out to other firms. Ogilvy, Adams and **Rinehart**, for example, sub-contracted their work for the American Hospital Association to the firm of Doak, **Shrum**.

Another traditional method of getting a foot in the door is through political contributions. The Center looked at contributions made to the members of Congress serving on each of the five committees that worked on health care legislation. From 1993 and early 1994, members of these committees accepted \$8,240,694 in political action committees (**PAC**) contributions from health care-related interests. The

House Ways and Means Committee led the way by virtue of its size and importance. Committee members garnered nearly \$2.7 million, with the powerful (and now former) chairman Dan Rostenkowski, **D-III.**, accepting \$218,750 from organizations that have health care-related interests. We should point out that most groups have several issues before Congress, but because of the nature of campaign finance records today, it is impossible to be more specific.

Nonetheless, it is clear that members who sponsored health care reform bills fared well. Rep. Jim Cooper, the author of the health care legislation known as "Clinton Lite," does not accept PAC money. A relative unknown before this year, the Tennessee Democrat took in **\$9,428** in 1991 and 1992 in individual donations from health care-related individuals. In 1993 through **early** 1994, health care-related individuals added \$461,800 to his coffers.

Although they have a varied agenda, labor unions were the most generous single donor group to members of Congress. In 1993 and 1994, unions gave over \$8 million. Much of this money can be attributed to the 1993 battle over NAFTA, but labor unions have also played a major role in the health care debate.

Insurance interests are a distant second, with contributions totaling \$4,027,927 in 1993 and 1994. Health care providers and their associations are third highest, contributing \$3.6 million over the past 18 months.

In the campaign to shape legislation, a new weapon has been added to the lobbying arsenal: television advertising. Groups such as the Democratic and Republican National Committees, the National Restaurant Association, the Health Care Reform Project, the American Association of Retired Persons, Families USA, and several others have all bought air time.

But none have had the effect of the now famous "Harry and Louise" ads sponsored by the Health Insurance Association of America. In six months, they changed the course of the debate. Between September 1993, when the President released his proposal, and February 1994, "Harry and Louise" were almost single-handedly responsible for a 20-point drop in public opinion regarding the Clinton plan, which led Sen. Jay Rockefeller, D-W. Va., to call it "the single most destructive campaign I've seen in 30 years."

According to Kathleen **Hall** Jamieson, dean of the University of Pennsylvania Annenberg School of Communication who is conducting an exhaustive study into health care reform advertising, the **HIAA** ads are also distinctive because of the manner in which the sponsoring group utilized them. With the Clinton administration and the House Ways and Means Committee, the commercials were a form of pressure that could be turned on or off if government policymakers were responsive to the industry association's concerns.

"This kind of quid pro quo relationship" between advertising and the specific provisions in legislation is a new development, Jamieson said. "If that's happened before, I don't know about it." She said that by the time Congress votes on health care reform legislation, advertising alone about the issue will exceed \$50 million.

On a more traditional level, the Center for Public Integrity found that at least 80 former Congressional and Executive Branch officials have gone through the "revolving door" to work for health care interests. Twenty-three former officials **left** the government in 1993 or 1994. Twelve of the 80 are former members of Congress, including:

- Willis Gradison, Jr., now president of **HIAA**, who was a Congressman on Sunday and an insurance lobbyist on Monday;

- Beryl Anthony, a member of the **firm** Winston and Strawn, who is lobbying on behalf of the American Hospital Association;

- Paula Hawkins, a consultant to the Pharmaceutical Research and Manufacturers of America, who maintains the title "Senator" on her congressional lobbying report, despite being defeated in her bid for a second term in 1987.

The Center for Public Integrity has found that during 1992 and 1993, members of Congress were busy traveling across the United States and even abroad at the expense of the health care industry. Over 85 members of Congress participated in 181 trips sponsored by the health care industry to 73 cities in the United States as well as San Juan, Puerto Rico; Paris, France; Montigo Bay, Jamaica; and Toronto, Canada. Of those trips, half were to the popular vacation destinations of California and Florida. Members brought their spouses on 73 of the trips.

The largest trip giver, by far, was the American Medical Association, which sponsored 55 trips in two years. According to the AMA, these trips were held principally to "educate" members on health care issues.

Members of Congress who have taken the most trips sponsored by the health care industry include Sen. Dave Durenburger, R-Minn., (11); Rep. Charles **Stenholm**, D-Texas, (11); Rep. Patricia Schroeder, **D-Colo.**, (10); Rep. Bill Brewster, **D-Okla.**, (10); Rep. Fred Grandy, **R-Iowa**, (8); Rep. Jim McDermott, D-Wash., (6); and Rep. Roy Rowland, D-Ga., (5).

The Center, in examining the financial disclosure statements of members of Congress for 1993, found that 134 members, their **spouses**, or dependent children held health care-related assets sometime during 1993. As requested in financial disclosure statements, members are required to list their own assets as well as those of their spouse and dependent children - we have included all such holdings in this study.

The most widely-held assets appear to be in the pharmaceutical industry - 32 members of Congress, their spouses, or children have investments in Merck & Co.; 28 in Bristol-Myers Squibb Co.; 20 in Procter & Gamble; 17 in Johnson & Johnson; 12 in American Home Products; 12 in Glaxo; and **11** in Pfizer. **Anheuser Busch** and Philip Morris, two other companies that have been lobbying over health care reform legislation, are also top investment choices.

More than 40 members of Congress, their spouses, or their dependent children, held health care-related assets in 1993 while serving on committees with jurisdiction over health care legislation. Rep. Rostenkowski, former chairman of the House Ways and Means Committee, purchased stocks in September 1993. The amount of the transactions were **\$1,001-\$15,000** in Bristol-Myers Squibb and Schering-Plough Corp., as well as stock in Merck valued at **\$15,000-\$50,000** -- all held in a Prudential Securities **Keogh** Plan. In 1993, according to Rostenkowski's financial disclosure **statement**, he also held notes valued between \$15,001-\$50,000 in Philip Morris.

Members of those committees with the most health care-related investments include Sens. John **Danforth**, R-Mo., and Claiborne Pell, **D-R.I.**, - two of the wealthiest members of Congress. Pell, who sits on the Labor and Human Resources Committee, holds the most health care-related assets. In 1993,

he had investments in over 30 health care-related concerns, and a substantial number were in such pharmaceutical companies as Roberts Pharmaceutical Corp., Baxter International Inc., Bristol-Myers Squibb, Procter & Gamble, Pharmaceutical Resources, Pharmaceutical Technology, **Pharmakinetics** Laboratories Inc., **Mylan** Labs, Merck, **Marsam** Pharmaceutical, Monsanto, Kimberly-Clark Corp., Johnson & Johnson, **Genentech** Inc., and Block Drug Inc.

In addition to a brief history of other reform efforts that have been attempted in this century, this study examines the evolution of the Clinton plan, from its inception through the task force process to its release. We **also** describe the concerns and tactics of interest groups in their bid to shape the proposed legislation, and chronicle their successes and failures. As part of that, we include a report from Hartford, Connecticut, by Steve **Burkholder** on the little-watched activities of the largest insurance companies, known collectively as the Alliance for Managed Competition. Finally, we discuss the forces influencing Congress, as it enters the **final** stages of the health care reform legislative process.

INTRODUCTION

He represents the "forces of good" and is taking his message "to the **people**." In an interview with the Center within days of the 50th anniversary of the Normandy invasion in World War II, he compared what he does to D-Day: "You always have the battleships with the 16-inch guns and the air power to soften up the beach, but you've always got to send the foot soldiers in **afterwards**."

In a photograph on the wall behind his large desk, he is speaking from a podium emblazoned with the presidential seal. "That picture says it **all**," said John Motley, who is not President of the United States, but **commander-in-chief** of one of the most effective special interest lobby efforts ever seen in Washington, D.C. His organization: the National Federation of Independent Business (**NFIB**).

Motley and President Bill Clinton spoke within minutes of each other at the National Governors' Association conference in **Tulsa**, Oklahoma, last August.

"I've had a dozen meetings — two dozen meetings - over my 24 years at NFIB at which we've had a President of the United States at a function, and I know the rules," said the energetic **49-year-old**. "The great seal goes up immediately before he speaks, and it comes down immediately after he speaks. Bingo. It's up there. And the fact of the matter is that they **didn't** know I was speaking before him. They apparently were caught unaware, and then of course to come out and acknowledge me three times in his own **remarks**."

With 607,000 small-business members - from dry cleaners to home builders to hardware stores on Main Street — spread throughout each and every congressional district, the NFIB flatly opposes Clinton's plan to overhaul the nation's health care system because of its requirement that employers help to pay for their workers' medical insurance. This "employer mandate" is fundamental in attempting to finance health care reform in the United States, and indeed, without it, so-called universal health care insurance coverage for all Americans is probably unattainable.

Months and months of grass-roots "pounding" by the NFIB against the proposal, resulting in thousands of members besieging individual members of Congress, has rendered real damage to the Clinton health care plan. "I see us in a position, us the business community, the opposing forces, in a position of controlling between 55 and 60 votes in the Senate," Motley said. "Not controlling but, you know, having. And I do think we probably have a majority in the House, but the House Rules Committee can play such games, and the leadership can play such games that you can manipulate that around ..."

The NFIB is such a strong political force in the policy process that sometimes it is difficult to know who is lobbying whom. Motley and NFIB President Jack **Faris** have met with Clinton in the Oval Office. And Clinton addressed the NFIB's Washington conference in June 1993, acknowledging, "Your organization is one of this city's most aggressive participants in the economic debate now taking place here and around the country." Motley also has met with Ira Magaziner, the White House health care policy adviser, and Hillary Rodham Clinton, who sent him a picture with the inscription, "With best wishes that we will solve the health-care challenge **together**."

But there is little "**togetherness**" between the two - besides the Health Insurance Association of America, the NFIB is the **Clinton** White House's worst nightmare. The NFIB has a \$60 million annual budget and the ability to instantly alert and mobilize tens of thousands of small-business owners

nationwide.

"This is probably, in my 24 years with **NFIB**, the biggest single issue that we have ever been involved with, in terms of impact on our membership and interest to our membership," Motley said. "The dollar amounts are **huge**." And, he said, the NFIB has mounted "the largest single focused grass-roots lobbying campaign we have ever done, which spans two years and two million pieces of mail." That concern from the heartland is mobilized in one direction — toward Capitol **Hill**.

"Members of Congress have to know that you're around and that you're at least looking over their shoulder when they do things," Motley said, "And that tells them that you may report it back to their constituency **groups**."

And in Washington how does the Motley crew of ten lobbyists look over **Congress's** shoulder? "I have a six-person team that works in the House and a four-person team that works in the Senate. That's constant. I have two directors who head it up. Our structure is very similar to the White House. I copied it, back in the early '80s Actually, I've got more people working in the House than they do I think they have about four. I've got six, and we'll probably expand.

"It's coverage. Visibility, coverage, good information, aggressiveness are all important in the **process**," he said.

The **NFIB** is one group, albeit an important one, amid literally **hundreds** of companies, trade associations, labor unions, public-interest groups, and so forth, working frenetically today to influence health care reform legislation in Washington. With thousands of people working every day, sometimes at direct cross-purposes, spending millions of dollars to achieve their singular, specific ends, the decision-making process toward achieving health care reform is more elaborate, exhaustive, and mired in minutia than usual, as you might expect it to be when you are attempting to improve the efficiency of one-seventh of the national economy.

In recent years, there's been growing frustration with the extraordinarily high cost of the nation's health care system. While health insurance premiums have risen precipitously, the medical expenses covered by insurance companies seem to be diminishing with each passing year. In fact, nearly 40 million Americans cannot afford health care insurance at all.

By 1992, the public clamor for government action was so loud that presidential candidates from both parties addressed the issue. Gov. Bill Clinton of Arkansas, in his speech accepting the Democratic Party's presidential nomination, talked of an America "in which health care is a right, not a privilege. In which we say to all of our people: '**Your** government has the courage, finally, to take on the health care profiteers and make health care affordable for every **family**.'"

On September 22, 1993, President Clinton addressed a joint session of Congress and told the nation that it is time to fix a "badly broken" health care system and replace it with one that will guarantee health care "that can never be taken away." He said that reforming "the costliest and most wasteful system" in the world must be "our most urgent **priority**."

The political dimensions of this situation are remarkable in part because of the sheer magnitude of the subject matter. After nearly a century of failed attempts, a sitting President has developed and proposed an elaborate, 1,364-page plan to overhaul the health care system. Whatever one's politics or ideology, the Clinton administration's American Health Security Act is one of the most sweeping

domestic policy reform proposal in decades. For months now, no fewer than five House and Senate committees have taken up the issue. But as of this writing, no one is certain whether or not real health care reform will actually emerge from Congress.

The last **successful** national **health** care policy was enacted when the Lyndon B. Johnson's administration created Medicare and Medicaid in **1965**. Paul Starr, Harvard sociologist and author of *The Social Transformation of Medicine*; Ted **Marmor**, professor of public policy and management at Yale University; Joseph **Califano**, Jr., the secretary of health, education, and welfare under former President Carter; and others have pointed out that the only way Johnson could budge the initiative out of Congress - even after the assassination of President Kennedy, his own landslide election in 1964, and the Democratic Party's substantial gain of seats in Congress -- was to make financial concessions to doctors and hospitals. Today, ironically, the American Medical Association (AMA) and the American Hospital Association (AHA) are still important organizations, but even among doctors and hospitals nationwide, they now stand in a crowded field.

That's not the only difference between yesterday and today. In Johnson's era, there was relatively less concern about budget deficits than there is today. And in **general**, it was a much different capital city. The crucial legislators and the crucial interest-group lobbyists could **almost** be convened around a single table. Today, the diffusion of power in Congress and in **Washington's** lobbying community is such that you need an auditorium or theater to convene all of the hundreds of relevant players.

Not only is the political task of wending through the morass of interest groups almost herculean for any President, but the realities facing the interest groups and associations themselves in Washington are fascinating and seldom discussed. All of them have had to balance the particular interests of their respective memberships with the political exigencies of the Clinton administration. So you have, for example, more than a dozen public-interest groups and labor unions that have previously favored the Canadian "**single-payer**" health care plan now abandoning that approach and pragmatically supporting "**managed competition**." And some of the largest interest groups, for example, have their own insurance plans for their members, and thus have a financial stake in the outcome. Beyond the overall issue of reform and its particulars, they must consider whether **competition** will help or hurt their bottom lines.

Across the nation, health care reform, unlike most legislative issues, directly affects the daily lives of every American, and public opinion is thus even more acutely relevant than usual. In recent years, with contentious national debates over the North American Free Trade Agreement (NAFTA) and gun control, Washington has seen interest groups "take to the airwaves" with commercial advertisements on network, cable and local television, in an attempt to influence mass opinion and Congress. More than ever before, tens of millions of dollars in television advertising have been spent by health care advocates with spectacular, if not chilling, results. For the first time, Congress and the White House have faced the prospect of being bludgeoned by mass saturation criticism if the "wrong" provisions are included in the legislation.

Aggressive lobbying has always included the prospect of "reminding" members of Congress about the concerns of their constituents. But this is different. The combination of sophisticated, instantaneous grass-roots mobilization and utilization of the public airwaves is deadly -- a more effective and formidable strategy than previously seen. Standing up to such pressure requires enormous strength of character and personal conviction at a time when politicians are at their nadir in public respect and esteem. It is deeply disconcerting but not surprising that there are so few profiles of courage in today's Washington.

Understanding the Washington Influence Game

Even though the largest private industry in Washington is the lobbying business, most major news organizations only sporadically attempt to cover it in a thorough, in-depth fashion.

Since its inception, the Center for Public Integrity has published several investigative studies about the unique mercenary culture of Washington. For example, we have examined how presidential campaign advisors have **simultaneously** been Washington lobbyists; how some political party chairmen have **simultaneously** been Washington lobbyists; how half of the White House trade officials since 1974 have become lobbyists for the governments and overseas corporations they once negotiated with; and how human rights-abusing nations hire Washington lobbyists to obtain **U.S.** aid.

In May 1993, the Center published *The Trading Game: Inside Lobbying for the North American Free Trade Agreement*. The study received considerable news media coverage; more than half of it consisted of detailed appendices, which have been used by hundreds of journalists nationally and internationally. The *Columbia Journalism Review* cited the work "for helping to restore our balance of trade **coverage**." The **Center's** findings became a cover story for *The Nation* and "supplied a carefully itemized bill of sale, naming the names and tracing the tactics in the lobbying **free-for-all**." The Center's analysis of NAFTA lobbying also became a front-page story in *The Washington Post's* "Outlook" section. Ultimately, these findings prompted an investigation by the General Accounting Office.

We have attempted to thoroughly research the evolution and forces affecting health care reform. We believe that this study - as much as any past Center project -- provides a valuable public service in the midst of one of the most crucial policy debates of our time.

The contemporary history of the specific positions of and players from the various relevant medical interests, including their trade associations and their plethora of Washington "**representatives**," (a.k.a. lobbyists) is complicated and **multi-textured**.

The Center for Public Integrity has never done a study about health or health care issues. As a nonprofit, 501 (c)(3) organization that publishes investigative studies about public service and ethics-related issues, the Center does not take positions on legislative matters, and we certainly have no formal or informal "agenda" when it comes to health care reform. The Center's Board of Directors and its Advisory Board have never discussed this issue. I have no idea what the positions of our individual Board and Advisory Board members are regarding health care reform, with two **exceptions**.¹

Moreover, even though the *National Journal* once described me as the "scourge" of lobbyists in Washington, we certainly recognize and appreciate that lobbying is an essential part of our democracy. As Americans, we all cherish the constitutional right to petition our government, and for 200 years, from the Girl Scouts to General Motors, folks have done just that.

What does concern us in **all** of our studies, however, is one central question: Has the decision-

¹ Advisory Board members Lane **Kirkland**, the president of the **AFL-CIO**, and Owen Bieber, the president of the United Auto Workers, are actively working with the Clinton administration to enact reform legislation. In the spirit of full disclosure, it should also be noted that over the years the Center for Public Integrity has received some support from labor unions; in 1994, contributions from labor unions will amount to approximately 4 percent of the Center's income. Also, Ira Magaziner, President **Clinton's** senior health care advisor, was a member of the **Center** for Public Integrity Advisory Board until his mandatory resignation in January 1993.

making process been distorted or disrupted? If that has occurred, what is the effect?

Investigative Methodology

Last year, we released *The Trading Game*, our eight-month investigation into the lobbying efforts around the North American Free Trade Agreement. While it probably is the most extensive look ever at the efforts on all sides to influence specific trade legislation in Washington, we readily acknowledged then that with more time and resources, there is so much more we could have learned.

Those same sentiments are certainly true after a year-long investigation into health care reform lobbying. This young research organization has always taken on **breathtakingly** broad, audaciously demanding projects. But the sheer volume of information we have had to gather and report is greater in this project than any other Center endeavor.

Although we studied thousands of pages of federal records, we repeatedly found ourselves hampered by the dismally inadequate public disclosure laws for lobbying in Washington. For example, if **Japanese-owned** Mitsubishi Corp. lobbies the White House, they are required under the Foreign Agent Registration Act to disclose the details to the Justice Department. The information is then made available for public inspection. But if a U.S. corporation such as Metropolitan Life Insurance Co. lobbies the White House, there is no public record of such an occurrence. The lack of mandatory disclosure for domestic lobbying of executive-branch officials - particularly regarding such an important issue as health care reform - is extraordinary.

The final research product is, inevitably, imprecise and incomplete. As long as companies and individuals are not legally required to report the nature and extent of their attempts to influence the decision-making process, the flow of information to journalists and the public **will** be piecemeal. The net effect: Americans cannot and will not understand the full dimension of any distortions caused by money or other undue pressures in Washington.

Nonetheless, we believe an imperfect rendition of reality is still better than none at all. And so the first task was to identify all of the organizations - companies, labor unions, trade associations, and the like — that have been seeking to influence the outcome of the health care legislation. One criteria was the old dictum, "follow the money." Did these entities make campaign contributions to members of Congress or to the political parties? Did their representatives testify before a congressional committee about the legislation? Did they disclose specific activities and expenditures on Capitol Hill related to influencing this particular legislation? Did they sponsor trips for members of Congress or their staff? From news conferences to political advertising to direct mail, which organizations were making the most noise? Finally, we scanned hundreds of newspaper, magazine, newsletter, and other printed accounts for specific anecdotal evidence and other signs of lobbying activity.

A list began to emerge, which was refined and further developed after we contacted each of the organizations directly. Our Appendix A of "interested parties" that, in our view, moved onto the Washington lobbying radar screen, came to over 650 names. Any compilation of this kind **is**, of course, necessarily nebulous and subjective, and this one is no different in that regard. The White House, for example, has stated that 1,100 companies and other entities have been attempting to influence the legislation. The administration would not release its list to the Center.

Appendices with raw data have become an important feature of every Center study, as a resource to journalists, academicians, and others. So our list of more than 650 names includes addresses and

telephone numbers, along with information from Federal Election Commission (**FEC**) campaign records for the 1991-92 election cycle, through the most recent 1994 filing. As a separate matter, we also took a close look at contributions to members of the five key House and Senate committees dealing with health care reform, including the respective chairmen. And we reviewed the contributions to members of the House or Senate, such as Rep. Jim Cooper, **D-Tenn.**, and Sen. John **Chafee, R-R.I.**, who have introduced major health care reform legislation.

We also checked all the names of health care-related organizations against House and Senate lobbying disclosure records.

We spent considerable time and energy studying House and Senate financial disclosure records for 1992 and 1993 for two reasons. First, we wanted to ascertain the extent of health care-related, privately funded trips for members of Congress and their staff. Secondly, we wanted to understand how many members of Congress, their spouses or dependent children had investments in health care-related companies or companies that have been actively lobbying on the health care reform issue.

From our interviews with each of the more than 650 **organizations**, secondary press accounts, and a 1993 Public Citizen study that tracked the whereabouts of former members of Congress and their staff, we accumulated names of former U.S. officials who have passed through the "revolving door" to the health care-related private sector. This information is also contained in the appendices.

For the Center appendix listing the large number of law, lobbying, and public relations firms that have been retained to lobby on the health care reform issue, the information was gleaned from House and Senate records plus secondary source accounts and interviews.

Most organizations did not reveal precisely how much money they were spending on lobbying. And on this subject of health care reform, television, radio, and newspaper advertising has been intricately connected to overall lobbying strategy and **effectiveness**. Clearly, identifying those particulars is similarly elusive. No one in America understands political communication better than Kathleen Hall **Jamieson** (a member of the Center for Public Integrity's Advisory Board), whose University of Pennsylvania **Annenberg** School of Communication is conducting an exhaustive study concerning health care advertising. Imagine trying to arrive at that data inductively, by calculating and studying retail ad buys throughout the nation. We are very grateful for the editorial assistance and insights she and her researchers provided to this project.

Aside from analyzing **all** of this disparate information to shed light on who is doing what to affect health care policy **reform**, we explored the "**pay-or-play**"/"**managed** competition" intellectual and political odyssey of candidate and now President Bill Clinton. This chief executive is not the first to advocate national health care reform, but he is certainly the most persistent in attempting to achieve it. And yet, where did he get his health care reform ideas? Certain options, such as the "single payer" Canadian-style approach, apparently were rejected as early as **1991**. Such a determination defined the parameters of the health care **reform** debate -- and the **multimillion** dollar lobbying efforts in Washington — even before to Election Day in 1992. To gain some perspective overall, we interviewed senior aides in Clinton's presidential campaign and transition team, and such Clinton White House officials as Ira **Magaziner**. Among the more than 650 organizations involved in attempting to influence health care reform legislation, we interviewed the administration's two chief **nemeses**: Willis "Bill" Gradison, Jr., of the Health Insurance Association of America and John Motley of the National Federation of Independent Business. We talked with two of **Clinton's** Democratic rivals in the 1992 presidential campaign: Paul Tsongas and Jerry Brown. And we also analyzed the nine volumes of court documents — including some of the Secret

Service's White House entry records — from the three organizations that filed a lawsuit in 1993 against the Clinton administration over the secrecy surrounding the Health Care Policy Task Force.

Finally, with activist Ralph Nader and other single-payer advocates complaining that the Clinton administration has "sold out" to the largest insurance companies; with both Bill and Hillary Rodham Clinton casting themselves in populist, heroic terms as they "take on the big insurance **companies**;" and with the relative public silence of Aetna Life and Casualty **Co.**, CIGNA **Corp.**, Prudential Insurance Co. of America, Travelers Corp., and Metropolitan Life Insurance Co. and their Alliance for Managed Competition, we **frankly** wanted to know more. The Center retained Steve **Burkholder**, an experienced Connecticut-based investigative journalist, to attempt to clarify this fascinating situation. His "**View From Hartford**" essay is insightful and revealing. That, and our Washington interviews with senior executives of the Blue Cross and Blue Shield Association and the Health Insurance Association of America, provide a multi-textured picture of a changing industry and its approach toward health care reform.

Charles Lewis
June 26, 1994
Washington, D.C.

A BRIEF HISTORY OF HEALTH CARE REFORM EFFORTS

Throughout most of the 20th century, Presidents have talked about health care reform and, in some cases, have attempted to implement reform. The history of these efforts has been marked by strong resistance from health care industry interests, which have waged elaborate and expensive lobbying campaigns to prevent comprehensive health care reform from becoming a reality.

Theodore Roosevelt

Germany enacted national health insurance in 1883. Britain did so in 1911. When former President Theodore Roosevelt quit the Republican Party and unsuccessfully ran for President as the Progressive candidate in 1912, he made national health insurance for working people the central tenet of his domestic program. His defeat meant that there would be no leadership on this issue from the White House, and momentum was further dissipated by World War I, a time of growing wariness toward all things German or even European.

Franklin D. Roosevelt

The first sitting President to carry the mantle of health care reform was Franklin D. Roosevelt, who launched his crusade during the Great Depression, when most Americans did not have health insurance. At the **time**, proponents of national health insurance looked again to the nations of Western Europe as good examples of successful national health systems and thought that national health insurance reform in the United States would have broad support and could be the next great step in social legislation.

Roosevelt began his reform efforts in 1935, when the Committee on Economic Security issued a report that laid the foundation for the Social Security Act of 1937. The Social Security Act provided for some child and maternal health care services, but excluded **all** other types of health care. Although the report urged the creation of a national health insurance program, the proposal was quickly dropped because of opposition from the increasingly powerful **medical** industry, led by the American Medical Association (**AMA**).¹ In a statement to a U.S. senator, Roosevelt voiced sentiments that would be shared by future Presidents who contemplated health care reform in the face of powerful industry opposition. "We can't go up against the State Medical Societies; we just can't do it," Roosevelt **said**.²

American Medical Association and Other Special Interests

The bulwark of opposition to national health insurance has traditionally been the American Medical Association, which was formed in **1847**. In the mid-1930s, during FDR's presidency, the AMA declared "**that** there [should] be no direct intervention in the doctors' business by any financial **intermediaries**."³

By that time, the AMA had grown increasingly powerful and recalcitrant. In fact, the percentage of doctors belonging to the AMA was 65 percent, an astonishingly large number in itself. In many ways the AMA became a conduit for doctors to gain broader access to other areas within the medical industry, such as hospitals, pharmacists, suppliers, and the like. A medical doctor who wished to obtain hospital privileges or patient referrals had to join "the local medical society, which required membership in a national organization."⁴

In addition to the AMA, other health industry interests that stood in the way of efforts to achieve

national health care reform included the American Hospital Association, the **U.S.** Chamber of Commerce, the American Bar Association, and the National Grange. All of these groups campaigned to defeat a major proposal in 1948.⁵

Harry Truman

When President Harry Truman asked Congress to enact national **health** insurance so that adequate medical care and protection from the "economic fears" of disease could be provided, the AMA once again voiced its opposition to such a **plan**.⁶ Truman proposed to fully finance this reform through payroll taxes. "Under the system, all citizens would receive medical and hospital service irrespective of their ability to pay," he **said**.⁷ The AMA argued that the plan would make all doctors "**slaves**."⁸

According to Robert Blendon of the Harvard School of Public Health, the lobbying effort waged against Truman's **health** care reform proposal was one of the largest campaigns ever **conducted**. He told ABC News *Nightline* that "the opponents of President Truman's plan sent ads to every single home in America, bought ads in 11,000 **newspapers**."⁹ Not only did the AMA place advertisements against health care reform with newspapers, but with 30 national magazines and 1,000 radio stations as **well**.¹⁰

To help guarantee their success, the AMA hired the lobbying and public relations firm of **Whitaker** and Baxter to coordinate a \$1.5 million advertising campaign that was intended to combat any remnant of support for a national health care program. The most effective weapon brandished by the AMA was the successful linkage of Truman's plan with socialism. The campaign was so successful that even people who supported Truman's **plan** identified it as "**socialized medicine**."¹¹

Congressional and public support for Truman's plan was mixed. Opponents of reform, such as Sen. Robert **Taft**, R-Ohio, tapped America's increasing Cold War fears about "socialist" expansion and argued that Truman's health insurance plan was taken verbatim from the Soviet **constitution**.¹² Public opinion polls taken shortly after Truman's address showed 58 percent of Americans approved of the **plan**.¹³ Other polls, however, showed that although the public wanted health security, they were less willing to accept the President's plan, which was considered quite **liberal**.¹⁴ And as anti-communist sentiment continued to rise in the late 1940s, public approval for national health care dropped precipitously from over 58 percent to 36 percent by 1949.¹⁵

Even though groups such as Consumers Union warned that if there was not health care reform, insurance companies would "continue to selectively de-insure people and medical costs and waste [would] continue to skyrocket," the national debate over health care reform would not reemerge until the 1960s and the Johnson administration's Great Society **program**.¹⁶

The Second Wave

By mid-century the United States was a hegemonic military and economic superpower, producing 50 percent of the world's gross national product. While the U.S. economy continued to expand, technological and scientific barriers were torn down. During this time, American medicine also increased in both scope and size. It was in this context that private health insurance companies grew significantly in postwar America. By the **late** 1940s, for example, Blue Cross and Blue Shield claimed approximately 21 million **participants**.¹⁷

Lyndon Johnson

On July 30, 1965, President Lyndon Johnson, **flanked** by scores of past and current government officials from the administrations of Presidents Roosevelt, Truman, Eisenhower, and Kennedy signed Medicare and Medicaid into law in Independence, Missouri, in the presence of former President Truman. Formally enacted as **Title XVIII** of the Social Security Amendments of 1965, Medicare covers most persons over 65 and pays a percentage of the cost of outpatient fees, hospital care, limited stays in skilled nursing facilities, and some additional medical expenses. It is financed by Social Security taxes. Medicaid was established for the medically indigent.

Despite having won by a landslide in 1964 and enjoying sizable Democratic majorities in both the Senate and House of Representatives, President Johnson could not get the Medicare legislation through Congress without making major concessions to hospitals and doctors. Joseph A. **Califano, Jr.**, **Johnson's** special assistant for domestic policy, recalled the necessary politics of accommodation for *The Washington Post*: "I can remember the meeting in his Green Office off the Oval Office with Wilbur Cohen [Department of Health, Education, and Welfare undersecretary] and Larry O'Brien [**Johnson's** congressional **liaison**]. Johnson says: '**Get** this damn bill out of the Ways and Means **Committee**.' Larry O'Brien says: '**We** can't get it out unless we give the hospitals what they want, which is cost plus reimbursement. And the doctors what they want, which is reimbursement of their customary, reasonable, and prevailing **fees**.'

"**President** Johnson says: '**What'll** it **cost?**' And Wilbur Cohen says: '**Half** a billion **dollars**.' And Johnson says: '**Only** 500 million dollars? Get it **out!**'

"**And** we got it out," said Califano, who later was HEW secretary under President Carter and currently is president of the Center on Addiction and Substance Abuse at Columbia **University**.¹⁸ It cost much more than \$500 million, and in fact, Johnson recognized that costs had skyrocketed out of control and went back to Congress in 1968 to make changes in how government paid doctors and hospitals. By this time, however, his political clout had been substantially diminished by the Vietnam war, and nothing happened.

The social welfare programs of the 1960s represented the second wave of health care expansion in the 20th century. The first stage was the extension of services to the working class and to people in the South after World War II." LBJ's Great Society program, however, targeted minority poverty by "reducing the exclusion from medical care of the poor and the **aged**."¹⁹ These programs vastly increased the use of medical services. In 1964, for example, "the non-poor visited a doctor's office 30 percent more than the poor; by 1975, the poor saw physicians 18 percent more than the non-poor, " according to *The Social Transformation of American Medicine*, by Paul **Starr**.²⁰ This increase in the utilization of medical services would continue throughout the next two decades, exacerbating the underlying strains on a health care system with no apparent boundaries of growth.

Richard Nixon

In 1969, former President Richard Nixon announced that the United States faced a "massive crisis" in health **care**.²¹ As seen in the phenomenal growth in the medical industry, "made possible by prosperity and the rise of private health plans, was only the most visible expression of American devotion to medicine in the pursuit of **health**."²²

Americans in the postwar years were willing to accept the medical industry's fantastic growth

rates and unprecedented reach into society, on the implicit condition that it continually and noticeably improved their lives. However, "enormous increases in cost seemed ever more certain; **[while]** corresponding improvements in health ever more **doubtful**."²³ By 1970, three of every four Americans believed that there was a health care crisis in the United **States**.²⁴

On February **18, 1971**, almost two years after Nixon told reporters that the U.S. faced a massive crisis, he announced a new national health **strategy**.²⁵ Nixon suggested that the existing health care system encouraged physicians to profit from sickness rather than wellness. He hoped that the creation of expanded health maintenance organizations (HMOs) and the encouragement of employers to provide health insurance would stem this ominous incentive.

Nixon, **like** his predecessors, was confronted by the ever-present organized opposition to national health insurance. But, his plan particularly outraged the business community because it would have forced employers to provide their employees with a basic health plan. Businesses argued that "mandated employer [coverage] ... would provide a '**windfall**' to the private insurance industry" and would be too much of a financial burden for them to **carry**.²⁶

Liberals joined the bandwagon of opposition to the plan because Nixon's package would have provided fewer benefits for low-income families. To help finance his plan, Nixon called for deep spending cuts in Medicare. Opponents said that the Nixon proposal "would provide a second-class standard of coverage for the poor and actually reduce coverage ... in some **states**." They estimated that approximately 30 million people would remain without health **insurance**.²⁷

Congress, as a result of intense opposition, did not enact the plan. The AMA, along with other powerful interest groups represented by influential lobbyists, had once again blocked the path to reform. Dr. Paul Starr, an adviser to Clinton and a professor of sociology at Princeton University, argued the plan was thwarted primarily because of timing. "If the name of the administration's plan had not been Nixon and had the time not been the year of Watergate," he said, "the United States might have had national health insurance in **1974**."²⁸

Nixon's effort to reform the nation's health care system would be the last until President Clinton made it a priority.

A Pause Before The Third Wave

Although presidential candidate Jimmy Carter made a campaign pledge to implement a comprehensive national health insurance program for the United States, the issue was killed by Congress in 1979.

Presidents Ronald Reagan and George Bush saw less of a problem with the health care system in the United States than their predecessors did. When Reagan took office in 1981, U.S. health care costs surpassed \$248 billion. Eight years later, the health care bill reached \$540 billion, representing 12 percent of the GNP, a **118** percent increase since 1981. Of the \$540 billion, economic experts estimated that almost half was paid for by Medicare and Medicaid.²⁹

In 1983, to cut costs, Reagan slashed Medicare benefits. The Health Care Financing Administration (**HCFA**), a division of the Department of Health and Human Services, changed the way it reimbursed hospitals for recipient care. HCFA adopted a system of "prospective payment" rates and "diagnosis groups" that paid hospitals and other care providers a flat fee depending on the diagnosis and

procedure.³⁰

The new HCFA reimbursement procedures created major revenue shortfalls for hospitals. As a result, hospitals were forced to absorb almost \$7 billion in health care bills for the poor. Although this change ostensibly reduced government expenditures, it forced hospitals to shift their reimbursed costs onto patients who were privately insured.

By the 1990s, there was increasing public sentiment that America's health care delivery system was inefficient, inequitable and very expensive in relation to other countries. But if the history of health care reform in this century has taught us anything, it is that meaningful reform cannot occur without at least two essential ingredients: broad public support for change, and a leader in the White House who is committed to enacting real **reform.**³¹

Following the 1992 presidential election, both of those elements seemed to have emerged simultaneously.

EVOLUTION OF THE CLINTON HEALTH CARE PLAN

Reemergence of the Health Care Debate

In the spring of 1991, Sen. John H. Heinz III, R-Pa., was killed in a plane crash. This tragic event would have unforeseen ramifications for the upcoming presidential elections and the reemergence of health care reform at the national level.

Since Pennsylvania had not elected a Democratic senator since 1962, political pundits predicted that Dick **Thornburgh**, President Bush's attorney general, would overwhelmingly win the special election called to fill **Heinz's** vacant **seat**.³² And because the election was widely regarded as a sure thing for the Republicans, the Democrats had a hard time finding a candidate to go up against Thornburgh.

Gov. Robert Casey turned to an old friend in his cabinet, Labor and Industry Secretary Harris L. **Wofford**, to carry the torch for the Democrats.

A preliminary poll by the Wofford campaign found that its candidate trailed Thornburgh by 47 percent.³³ Part of the reason for **Wofford's** poor numbers was that few people knew anything about him. But when the poll respondents were given a fair description of both candidates and then asked how they would vote, Wofford and Thornburgh appeared in a dead-heat. One of Wofford's campaign planks that struck a chord with **Pennsylvanians** -- and the one to which many attribute his victory - was that he supported "creating a national health insurance system because ... that's the only way that every working family will get affordable and available health **care**."³⁴

Wofford's campaign and election in 1991 once again brought the issue of health care reform into the national spotlight. The American public began to talk about the excessive costs and shortcomings of the health care system while politicians scrambled to incorporate health care reform pledges into their campaign rhetoric. At the beginning of the 1992 presidential primary season, Wofford campaign strategists James **Carville** and Paul Begala joined the Clinton staff. Two of the most prevalent themes of the Wofford upset - the economy and health care — soon became the themes of Clinton's candidacy.

Clinton's Early Health Care Reform Thinking

Clinton, by his own account, first began thinking seriously about health care reform in 1990, when the National Governors' Association asked him and the then-Governor of Delaware, Mike Castle, "to take a look at the health issue."³⁵

According to **Atul Gawande**, who joined the Clinton campaign staff in Little Rock in June 1992 after having advised Rep. Jim Cooper, **D-Tenn.**, on health care issues, the Arkansas governor had become less and less enamored of the "single-payer" government approach to health care from the late 1980s on. For one thing, he had seen how high **Arkansas's** Medicaid costs were rising — more than 10 percent annually -- and was skeptical about what would happen on an even larger scale. Particularly onerous to him, though, were the economics involved. He believed that the American people would never support a tax increase to pay for a Canadian-style system. From the National Governors' Association and his involvement with the Democratic Leadership Conference, he was increasingly familiar with and intrigued by an idea spreading through several states: relying primarily on market forces to constrain ballooning health care costs.

Clinton's one-time health care reform adviser Ron Pollack, the executive director of Families

USA, told the Center that he received a telephone **call** from pollster Stanley Greenberg's office around August **1991**. Pollack had written an article for *The American Prospect* about health care reform, and Clinton wanted to meet with **him**.³⁶ But Clinton also wanted to meet with Yale University professor Ted **Marmor**, a single-payer advocate who, like Pollack, had written for *The American Prospect*.³⁷

"Clinton invited Marmor and me and [former Carter White House advisor and Washington lawyer/lobbyist] **Stu Eizenstadt** to a meeting. He had not yet announced his candidacy; it was shortly before. He was doing these seminars for himself on different issues, so he wanted to do this kind of seminar on health care with the three of **us**."

"**I** had never had any expectation that I, personally, would want to support Bill **Clinton**," Pollack said. Although he had worked on health care issues with Sens. Tom **Harkin, D-Iowa**, and Bob Kerrey, D-Neb., and former Sen. Paul Tsongas, D-Mass., was on his Board of Directors, Pollack recalled, "I was taken in very much by Bill Clinton ... and I became an early enthusiast of his **candidacy**." His organization, he hastened to add, does not endorse candidates.

Marmor was not so impressed by Clinton or that particular meeting, which he describes as an informal debate: two authors with sharply divergent points of view, and a Washington lobbyist, arguing in a Washington hotel room, summoned by a state governor who was about to run for President. Pollack, aligned with Eizenstadt, exhorted for the then-popular "**pay-or-play**" plan; Marmor advocated that the U.S. follow the Canadian approach, and was disdainful of Eizenstadt and Pollack's "Chinese menu — can't we do a little bit of everything?" approach. That same day, Marmor bluntly warned Clinton that "your mind is going to be addled" by listening to such "Washington **rot**."

"At the end, Clinton said to me, Ted, you win the debate, but I'm going with these **guys**," Marmor recalled. The proposition of Big Government and increased taxes was simply unacceptable to Clinton, who told Marmor, "The Republicans will kill me."

While the "single-payer" option was thus never seriously considered by Clinton, his precise thinking in late 1991 about health care reform policy options was still evolving.

In December, 1991, at the so-called "Renaissance Weekend," Clinton was interested in a seminar on health care given by former Oxford classmate Ira Magaziner, who for months had been advising Clinton on general economic issues. The Arkansas governor asked Magaziner to prepare a paper on health care reform, which he did.

On the eve of the 1992 presidential campaign, Clinton's health care reform thinking was firmly in the "New Democrat" direction: He was not at all an adherent of the liberal "single-payer" approach.

The Presidential Primaries

During the Democratic primaries, Nebraska Sen. Kerrey was the first presidential candidate to make national health insurance a centerpiece of his campaign, promising that health care reform would solve everything from the escalating cost of medical care to the faltering economy. While campaigning, Kerrey was openly critical of then-Governor Clinton, claiming that he did not have a health care **plan**.³⁸ In early January 1992, after close consultation with Magaziner, campaign aide Bruce Reed, and Hillary Rodham Clinton, the Clinton campaign issued an 11-page document titled "National Health Care Insurance Reform To Cut Costs and Cover **Everybody**." Candidate Clinton asserted that his plan would provide universal coverage without raising any new taxes, and without creating enormous upheaval for

the existing medical industry. His "uniquely American" health care plan effectively neutralized Kerrey's criticism.³⁹

As details of Clinton's health care plan **slowly** began to emerge it became evident that Clinton - at least initially - was a supporter of "pay or **play**," a type of reform based on mandates. Under this plan, **all** employers would be required to provide adequate private health care insurance for their employees, or otherwise pay into a federal/state "fail safe" fund that would cover their workers for them. Under this plan (as outlined in *Putting People First*, Clinton's campaign manifesto), "employers and employees will either purchase private insurance or opt to buy into a high-quality public program. Every American not covered by an employer will receive the core benefits package set by the health standards **board**." Though Clinton never explicitly used the term "pay or play," the financing aspect of his early proposal clearly **fit** into this category.

At the same time, Clinton was also embracing certain elements of managed competition, such as calling for managed-care networks (otherwise known as health alliances). "Consumers will have access to a variety of local health networks, made up of insurers, hospitals, clinics, and doctors," Clinton said. "The networks will receive a fixed amount of money for each consumer, giving them the necessary incentive to control **costs**."⁴⁰

The underlying principle of managed competition is that market forces are necessary to reform the health care system. On the supply side, the health alliances would compete against one another for consumers, who could shop around and compare various plans. On the demand side, health insurance purchasing cooperatives would pool small employers and individuals to give them the purchasing power to negotiate fees with providers.

After Clinton had announced his health care plan, in the months from January to August of 1992, his position went through a transformation. "Pay or play" disappeared and "managed health care" was adopted as Clinton's own plan, ultimately becoming the focus of the Clinton administration's legislative agenda.

Managed Health Care: An Old Idea Catches **Fire**

In the early 1970s, Paul Ellwood, a health care policy expert and former physician, invited health industry leaders to Wyoming to meet informally in his living room to discuss how to reshape **America's** health care system. The assemblage later became known as the Jackson Hole Group, a nonprofit organization named after the nearby ski mountain and town. Out of the group's small and informal meetings emerged a plan encompassing managed competition that would quietly gain recognition throughout the reform-minded health care community until it eventually redefined the national debate on health care reform. Over the past few years, most of the participants in the Jackson Hole Group have been "executives of insurance companies, drug manufacturers, hospitals and their associations, physicians' groups, health maintenance organizations, policy experts, and administration officials and members of Congress." The financial sponsors of the group's \$600,000 budget include Aetna Life & Casualty Co., Prudential Insurance Co. of America, and Metropolitan Life Insurance Co.⁴¹

Ellwood told the Center that Clinton was still shopping around for a health plan as late as February 1992. "In the midst of the New Hampshire campaign, I got a call from a *New York Times* editor who said the Clinton campaign was still looking for a health plan," Ellwood said. "He suggested that I send our managed competition ideas to Ira Magaziner. We never heard from the Clinton people, but I noticed then that they started using the rhetoric of managed competition. It positioned them as New

Democrats."

From 1991 through the beginning of the 1992 presidential campaign, health care reform was generally divided into three categories -- a Canadian-style single-payer plan; Bush's tax credit plan which would help families buy private coverage; and the "pay or play" model. A fourth category called "managed competition," gradually emerged and replaced "play or pay" as the centrist plan - a compromise between a government takeover of the health insurance industry and a complete reliance on private insurance.

Managed competition first gained national political attention when Tsongas won the New Hampshire Democratic primary in February, touting managed competition as the answer to America's health care ills. Under Tsongas's version of managed competition, employers would provide a choice of private coverage for employees, and "state buyer agencies" would act as health insurance purchasing cooperatives to negotiate with private insurers on behalf of everyone not covered by private health plans or Medicare.

By this time, Clinton's ideas and position on health care reform were still fermenting, despite his already announced "uniquely American" plan. Clinton may have learned from **Tsongas'** success in New Hampshire and elsewhere, according to Lynn **Etheredge**, a Washington-based consultant who was an associate director of health care reform on Clinton's transition team and oversaw health care issues at the Office of Management and Budget during the Carter administration. "During the presidential primary debates, Clinton thought he was getting the worst of it" in terms of criticism for his health care plank, Etheredge told the Center.

Tsongas agreed. "I think that's what **happened**," he said in an interview with the Center in June 1993. "We had a health care forum in Florida in early 1992 chaired by Sen. Jay Rockefeller, D-W.Va., I would presume by then that Clinton had taken the managed competition plan and embraced it as his own." Clinton, however, never consulted Tsongas on managed competition, the former Massachusetts senator noted.

Jerry Brown, another unsuccessful Democratic candidate in 1992, wasn't particularly impressed with Clinton's campaign performance on health care. "I don't know that there was a health care plan [from **Clinton**]," Brown said in an interview **with** the Center. "There was just rhetoric and soundbites. [Clinton said] everyone gets covered, no taxes on the middle class. It was a purely mindless process. The problem with campaign debates is that they're only a minute long. By **the** time the minute's up, you have a slogan. If 500 people in secret can't make up **their** mind on how to solve the health care problem, how can a candidate do it in a minute?"

As a "New Democrat," Clinton attempted to redefine his party and to differentiate his candidacy by reconciling the old Roosevelt New Deal Democrats with the Conservative Democrats. Managed competition would emerge as the health care plan of the New Democrats.

Paul Starr, California Insurance Commissioner John **Garamendi**, and **Garamendi's** deputy for health issues, Walter **Zelman**, were instrumental in Clinton's conversion, and their influence persists today. Zelman and Starr subsequently worked for the administration as health care policy advisors. Garamendi and Starr offered more liberal versions of managed competition than proposed by the Jackson Hole Group or Tsongas.

Starr is a strong supporter of global budgets, which have been incorporated into the Clinton plan.

Garamendi proposed eliminating employer-based coverage by creating a single state-run Health Insurance Purchasing Cooperative, financed by payroll taxes, that would contract with private plans for the core benefits package. "When Clinton was out in California, he talked at some length with John Garamendi, who was the head of his California campaign, and said to Walter **Zelman** that he thought the Garamendi proposal was the best combination of single-payer and competition that he had ever seen," Starr recalled. Yet Clinton was resistant to a payroll tax to finance health care reform, relying instead on employers to finance a large part of the plan.

In July 1992, in his acceptance speech at Madison Square Garden in New York City, candidate Clinton made populist, impassioned references to health care reform. "**Your** government has the courage, finally, to take on the health care profiteers and make health care affordable for every family," he said. Clinton also castigated then-President Bush, saying, "He won't take on the big insurance companies to lower costs and provide health care to all Americans. **I will.**"

August 1992 was a time of continued policy **sharpening**. Liberal "single payer" organizations **funneled** information and policy papers to the campaign, which was also deluged by material from medical industry lobbyists. Magaziner called for a broad meeting of health care policy experts in Washington, chaired by Gawande. It was held on August 10 and hosted by Bruce Fried, a lobbyist at the Wexler Group. Attendees included Kenneth Thorpe, Karen Ignagni, Paul Ellwood, Walter **Zelman**, Henry Aaron, Lois Quam, and Judith Feder, a former aide to Sen. Rockefeller and director of the bipartisan Pepper Commission on health care policy reform.

"The Clinton campaign was the natural place for health policy cross-fertilization to take place," Starr said. "Clinton sought to unite more traditional liberals with '**New Democrats.**' ... A reform plan that combined the security of universal, comprehensive coverage with consumer choice and competition in the delivery of services was, in a sense, the natural byproduct of the Democratic Party that Bill Clinton was trying to put back together. All along, it has been a question of the balance between the two sides of the party and the policy (and whether they could stick **together!**)."⁴²

The meeting was intense and lasted roughly seven hours. Pollack, who was invited but could not attend, believes that the discussion was a "turning point" in the campaign and in the evolution of what would become the Clinton plan. A Clinton confidante said that the various swirling ideas "**crystallized**" in that meeting. Feder and other progressives in the advisory group did not flatly reject a competitive approach as long as it had a "regulatory **backup.**"⁴³

Magaziner and Gawande were reporting back to Clinton, and later in August and in early September in Little Rock, political strategists George **Stephanopoulos**, Bruce **Reed**, David Wilhelm, and Paul **Begala** were adding their input.

The morning of September 22, 1992, Magaziner, Gawande, Feder, Thorpe, and Pollack met with Clinton in a Holiday Inn suite in East Lansing, Michigan. (A scheduled debate with Bush had fallen through and there was a hole in the candidate's schedule, hence the location). He was briefed about the new variation of health care policy reform that was emerging. Two days later, Clinton described his new policy in the major health care reform speech of the campaign, at Merck & Co. Inc. in **Rahway**, New Jersey. "This is a private system," he said. "It is not pay or play. It does not require new taxes. It will preserve what is best about the present health care system, but it will also incorporate what we have learned about what is **wrong.**"⁴⁴ The news media did not comprehend that a shift had occurred. "**'Competition within a budget'** didn't **register**," Starr has noted. "It was not one of the familiar choices on their menu."

On October 12, 1992, in the first presidential debate with President Bush and Ross Perot, Clinton further detailed his plan. "We set up a national **ceiling** on health care costs tied to inflation and population growth set by health care providers, not by the government," he said. "We provide for managed competition, not government models, in every state. And we control private and public health care **costs**."⁴⁵

During the debate, Clinton also said: "If you don't have the guts to control costs by changing the insurance system and taking on the bureaucracies and the regulation of health care in the private and public sector, you can't fix this problem When we talk about cutting health care costs, let's start with the insurance companies and the people who are making a killing instead of making our people **healthy**."⁴⁶

Much has been written about the Clinton campaign's determination to keep its message simple, with the famous motto, "It's the economy, stupid." Discussions were held in Little Rock about tying health care to the economy and the budget deficit. Although public opinion polls indicated that the American people overwhelmingly supported Clinton on the subject of health care, any discussion of the nearly 40 million uninsured by itself might come across as just another Democratic entitlement program. In his public statements during the fall campaign, Clinton began to stress health care in the context of the economic insecurity issue. Any American could lose his or her job tomorrow, and then how would they afford health care insurance? Clinton, to some degree, was thus able to transcend the uninsured "Let's help them" issue and broaden it to apply to the vast political and economic middle.

Along similar lines, Magaziner sent Clinton a private memo in October about the delicate political straddling needed by the candidate. His evolving plan was a hybrid of free-market competition and regulation, and he would have to bridge the "chasm" between the managed competition purists, who wanted absolutely no government interference, and the single-payer supporters, who were unconvinced of the concept of market forces regulating anything and deeply skeptical that a limited government involvement would suffice. The political task for Clinton would be to place "one foot in each camp but **not** fall through."

The Transition

The thought processes continued on health care reform. For example, Paul Starr met with Walter **Zelman** and several others in California just days before the election to discuss a specific approach for financing health care insurance coverage. And in late November at Princeton University, Starr and others health care **experts** met at a conference on universal health insurance and managed competition, sponsored by the Robert Wood Johnson Foundation. Because of Clinton's election triumph and his keen interest in health care reform, the conference itself had "an air of high **expectation**."⁴⁷

Meanwhile, Judith Feder chaired the presidential transition group on health policy, which like other such groups, did not issue a public report.

In mid-December, the Clinton Economic Summit was held in Little Rock, Arkansas, and among other things, the President-elect and several participants discussed national health care reform. Around that time, several single-payer health care reform advocates, from organizations such as the American Federation of State, County and Municipal Employees (AFSCME) and Citizen Action, met with Clinton and came away wanting to believe there was still a chance Clinton's health care reform policy might be single-payer. Clinton was open and conciliatory, telling them he planned to establish a Health Care Task Force in a few weeks, in which the Canadian-style government approach would be seriously considered.

Of the 30 to 40 organizations forming a loose-knit coalition for single-payer health care reform, several had held back on their criticism of Bill Clinton during the campaign. Clinton clearly thought and talked more about health care reform than incumbent President Bush, and because of his compassionate rhetoric about health, these groups **held** out hope that Clinton might yet come around during the transition or early in his presidency. One group, the Universal Health Care Action Network (**UHCAN**), even organized a bus caravan to Little Rock, and hundreds of single-payer supporters **literally** marched on the state Capitol there, where they were briefly addressed by the President-elect.

In late December and early January, two important decisions were made by Clinton. First, he placed his wife, Hillary Rodham Clinton in charge of enacting national health care reform, an extraordinary political development which signaled his - and her - personal commitment to this issue. Hillary Rodham Clinton had not been involved in most of the health care reform policy decisions during the campaign, and the decision for her to head up the effort is generally regarded as one made exclusively by the Clintons. At about the time, their longtime friend, Ira Magaziner, was named as senior policy adviser to the President for health care.

In January, Ira Magaziner wrote a secret, 26-page memo to the First Lady, cabinet officers, and political advisors to the President. He proposed that managed competition -- with caps - ought to be the model for Clinton's reform. The next hurdle was to decide how to finance the new system. Magaziner and the Clintons came up with the notion of forming a "Task Force" to achieve a consensus among the experts and to also test all of the **assumptions**.⁴⁸

The Health Care Task Force

When President Clinton came into office, he promised to produce a health **plan** within the first 100 days of his administration. On January 25, 1993, Clinton formally announced the formation of the **13-member** task force to assist him in developing reform legislation. The group was chaired by the First Lady, and also included: Ira Magaziner; Donna **Shalala**, secretary of health and human services; Lloyd **Bentsen**, secretary of the treasury; Les Aspin, former secretary of defense; Ron Brown, secretary of commerce; Robert Reich, secretary of labor; Donna Shalala, secretary of health and human services; Jesse Brown, secretary of veterans affairs; Leon **Panetta**, former director of the office of management and budget; Carol Rasco, assistant to the president for domestic policy; Robert Rubin, assistant to the president for economic policy; and Laura Tyson, chair of the council of economic advisors.

The task force was a unique, heuristic process seldom seen in Washington. A comprehensive health care reform plan, including a definitive benefits package, needed to be constructed. Many of the details had not been thought through at all. There were frenetic late nights and weekend meetings with an elaborate series of reporting deadlines and an enormously formidable deadline of May, 1993. One White House official told the Center, "It was a hundred day sprint."

One of the first actions taken by the 13-member task force was to establish 15 groups of "health experts" - called cluster groups — to analyze every aspect of health care. Under each cluster group, the task force set up more than 40 "working groups" to further examine specific issues ranging from mental health to medical malpractice and liability to financing possibilities. Consequently, each of the specialty areas required a different set of "experts." According to the White House, the entire "task **force**" comprised of over 500 participants: 412 full-time government employees, 82 special government employees (i.e. temporary workers who had been assigned to an agency or congressional office), and 17 consultants who were retained on a per diem basis.

In theory, the process of developing alternatives was simple enough: People get together, divide into groups to discuss a particular aspect of reform, and hash out different options. In practice, some critics believed the working groups became, "**more** a horde than a committee," and the process of developing alternatives became a "frenzy" and a "four-alarm fire."⁴¹

Each working group submitted an analysis to the **13-member** task force, which in turn made recommendations to Clinton. According to the White House, consultants from outside the government would also be called on for input, but the working groups were entirely free of special interests, relying instead on the expertise of government employees from various executive branch agencies and congressional offices, with a few academics to round things out. But that image of a process untainted by special interests, **however**, was distorted.

Evidence that the task force — including the cluster and working groups — was influenced by more than simply government employees and academicians was brought to light as a result of a February 1993 lawsuit. Outraged because the working groups were meeting behind closed doors and keeping all of their discussions cloaked in secrecy, the Association of American Physicians and Surgeons, the American Council for Health Care Reform, and the National Legal and Policy Center filed suit in U.S. District Court.

In his statement to the court, Magaziner testified under oath that only federal employees served as members of the interdepartmental working groups. While technically true, according to court documents obtained by the Center, Magaziner's testimony was misleading. Although the White House said that **511** people comprised the working groups, court documents show that more than 1,000 people actually worked with these groups in some capacity, even though they had "no official status." More than 300 of the 1,000 worked in the private sector, including representatives of managed care companies, the insurance industry, and small business groups. For example, the D.C. Chartered Health Plan, the National **Governors'** Association, the National Association of Counties, the National Federation of Independent Business, the U.S. Chamber of Commerce, U.S. Healthcare, Aetna, Coopers and **Lybrand**, and Telesis, Magaziner's former consulting firm, all had the opportunity to add their input into the analysis.

Of the 82 people on the White **House's** March 1993 **list** of "special government employees," 57 were listed federal agency employees. No other affiliation was given, but all worked in the private sector before and after their participation with the working groups. Of the 15 classified as "**consultants**," nine came from the National Governors' Association and six were listed as working for HHS. Few specific details were available on what these working group members did for the Governors' Association or **HHS**.

Several members had ties to nonprofit, **nonpartisan** foundations including the Robert Wood Johnson and the Kaiser Family foundations. Both have been supporting health care reform efforts. Six Robert Wood Johnson fellows working in various congressional offices served on the working groups. These people were paid by the foundation to work in the congressional offices and "take part in all areas of the policy process, not as onlookers, but as full-time working **participants**."⁵⁰ When the White House was forced to disclose the names of those working on health care reform, the Johnson Fellows were listed as congressional employees despite the fact that they were not paid by taxpayers. In addition, other working group members have ties to the foundations. Two have been trustees of the Kaiser Foundation and many others had been recipients of Robert Wood Johnson grants.

In court documents filed in March 1994, the AAPS raised the question of the foundations' tax-exempt status in light of the intimate connection between the Fellows and the policy making process:

"[T]hese private nonprofit foundations have completely insinuated themselves into both the executive and legislative branches of the federal government, using hundreds of millions of tax-free dollars in order to plan, draft, promote, and influence health care reform legislation, **to-wit**, the Health Security Act of 1993." As tax-exempt organizations, the foundations are prohibited by law from influencing legislation.

Frank **Karel**, the senior vice president for communications at Robert Wood Johnson, said that he finds the intimations of helping to guide legislation in that direction to be preposterous. "The Fellows program has been in existence for 23 years and nobody has questioned our motives," Karel told the Center. "**The** purpose is to allow health care professionals the opportunity to educate themselves as to how the government works and how it affects what they do. And it gives members [of Congress] a point of view from someone who works in the field. For every stack of our studies they produce trying to show a leaning toward managed **care**, we can produce an equal stack of studies on **fee-for-service**, for example."⁵¹

Members of the working groups, no matter what their classification, were to submit financial disclosure and conflict of interest forms within 30 days of being appointed. Such forms are standard for government employees and consultants. A review of court documents, however, show that at least 23 of the 82 people classified as "special government employees" filed late or did not file at all. Although Magaziner informed group members of their disclosure responsibilities, the records remain incomplete.

The White House has disputed the assertions of the AAPS on several fronts. First, the nature of the working groups was so informal and unstructured that they do not fall under the law that would have required the White House to conduct the meetings in public. At the same time, however, the administration claims that while the operations of the working groups were informal, the thousands of meetings **with** outside groups were carefully structured and **coordinated**.⁵²

The White House argued that any complaint lodged against members of the working groups regarding a financial conflict of interest could not hold up in court. Legally, they claim a plaintiff would have to prove that members knew they would benefit from knowledge they gained while participating in the working group. Because nobody in the spring of 1993 knew what the legislation would end up looking like, it would have been impossible to predict the financial **effects**.⁵³

Overall, the task force is thought to have been an intriguing intellectual exercise that served a fundamental purpose of focusing and fine-tuning the thinking of the President and his administration. But the element of secrecy alienated many people in Washington, especially journalists. Magaziner has acknowledged that the secrecy was detrimental, and naturally there has been speculation assessing blame for it, mostly **settling** on the First Lady. As Connie **Bruck** wrote, "It is hard to believe that this decision did not emanate from Hillary Clinton ... she had maximum control of the structure; such a critical decision would surely have been left to no one **else**."⁵⁴ According to Bob Woodward in *The Agenda*: "To ward off potentially negative stories, she decided that the meetings with 500 experts who were going to advise in the drafting of the legislation would be conducted in private. She also refused initially to release the experts' **names**."⁵⁵ However, there have been no public **on-the-record** statements by the principals, and there are indications that the secrecy impulse actually came from the White House staff.

Beyond the secrecy issue, some task force members, from single payer activists to managed competition adherents to conservative business groups, have criticized the task force. John Motley, the chief lobbyist of the National Federation of Independent Business, told the Center: "I thought it was a very complex facade put together to fool the American people ... made up of literally everybody who was on the other side of the issue from us and had been preaching ... they knew where they wanted to

go and what they did was, they used all of these brilliant minds to put together the thesis. It wasn't a great effort to search the firmament for different solutions, in my opinion. It was an effort put together to make sure that the final package hung together."

The White House portrayed the task force as a pristine collection of policy experts devoid of any **special** interest influence, and while it is true that registered lobbyists and trade association representatives were not included, the private sector was substantially involved. Meanwhile, various interest groups complained that, by their formal exclusion from the task force, they had no input in the **re-ordering** of one-seventh of the U.S. economy. But, every one of the excluded "special interests" had access to the White House in those critical first months of the new administration, meeting with Hillary Rodham Clinton, Magaziner, or other officials. Based on meetings and accessibility, it is difficult to imagine a more open, inclusive, decision-making process for a major public policy issue in Washington.

From January 25, to March 1, 1993, at the same time Magaziner was administering the secret task force, he and other task force members also met with 158 groups and individuals in meetings set up through the White House Office of Public Liaison. The interested parties included the AMA, the American Association of Retired Persons (AARP), Aetna, Prudential, the Pharmaceutical Research and Manufacturers of America, the American Federation of Teachers, and AFSCME, among others.

By September 1993, Magaziner and other members of the task force had met with representatives of more than **1,100** groups, each voicing their opinions and concerns regarding health care reform. The White House knew exactly what the most powerful special interests were concerned about, and elaborate efforts were made to mollify them before the **President's** formal plan was written or released. Several specific concessions to interest groups were made to build political consensus for the proposal.

The Health Security Act of 1993

On September 22, 1993, President Clinton addressed a joint session of Congress and a prime-time television audience to unveil his ambitious, complex plan to overhaul the **nation's** health care system. "This health care system of ours is badly broken and it is time to fix it," he said. "Our health care is too uncertain and too expensive, too bureaucratic and too wasteful. It has too much fraud and too much greed. At long last, after decades of false starts, we must make this our most urgent priority: giving every American health security, health care that can never be taken away, health care that is always there. That is what we must do tonight."⁵⁶

The 1,364-page plan - dubbed the Health Security Act of 1993 -- is a unique hybrid approach, relying on the free market forces in health care services. The plan incorporates measures to foster new price and quality competition among providers, but also establishes an extensive new framework of government regulations and price controls designed to protect consumers and improve efficiency. The initiative guarantees universal health care insurance coverage for all Americans, substantially paid for by employers. The specific detail of the plan is unusual for most presidential initiatives; it addresses everything from the paperwork used by hospitals to the number of brain surgeons annually trained in each state. As *The Washington Post* observed, the Clinton plan is "a liberal's passion to help the needy, a conservative's faith in free markets, and a politician's focus on the middle **class**."⁵⁷

Clinton closed his long-anticipated speech by saying, "Forty years from now, our grandchildren will ... find it unthinkable that there was a time in this country when hard-working **families** lost their homes, their savings, their businesses - **lost** everything simply because their children got sick or because they had to change jobs. Our grandchildren will find such things unthinkable tomorrow if we have the

courage to change today. This is our chance. This is our journey. And when our work is done, we **will** know that we have answered the call of history and met the challenge of our **time**."⁵⁸

And the public initially responded accordingly. When the Health Security Act of 1993 was introduced, public sentiment was supportive. According to a *USA Today/CNN/Gallup* poll conducted in late September, 57 percent of the American people approved of the Clinton health care reform plan, and 31 percent disapproved. The speech was followed days later by Hillary Rodham Clinton's widely-praised congressional testimony before several committees, *sans* notes, on the details of the health care reform plan. The legislation would be handled by **five** committees: Senate Finance, Senate Labor and Human Resources, House Education and Labor, House Ways and Means and House Energy and Commerce.

Sowing the Seeds of Doubt

But the immediate period after the speech was a difficult one for the White House. Beginning in early September, the trade association for **small-and** mid-size insurance companies, the Health Insurance Association of America (**HIAA**), launched a **multimillion** dollar campaign challenging aspects of Clinton's proposal. The campaign included a series of television series of commercials featuring a middle-aged couple, "Harry" and "Louise," worried about the details of the Clinton plan. HIAA, led by former Congressman Bill Gradison, R-Ohio, had been feuding with the White House for months (for more information about HIAA, see "The Special Interests" section). The Democratic National Committee (**DNC**) countered with their own television advertisement, asserting that "the insurance industry is scared that change is **coming**."⁵⁹ But the response by Clinton supporters was poorly funded and relatively ineffectual. With the exception of **Clinton's** September 22 speech and the 1994 State of the Union Address, the **President's** focused attention and use of the White House "bully pulpit" in selling the health care plan has been, at best, sporadic; his message diffuse.

In early November, the "Harry and Louise" ads were already hitting home, and Hillary Rodham Clinton lashed out at the insurance industry in a speech to a group of pediatricians and said, "They like being able to exclude people from coverage because the more they can exclude the more money they can make. Now, they have the gall to run TV ads, ... the very industry that has brought us to the brink of bankruptcy because of the way that they have financed health **care**."⁶⁰ Also during the fall, indicative of the White House concern over the damage being done to favorable public opinion, former Gov. Richard F. Celeste, who was then leading the DNC's campaign for health care reform, walked in uninvited on an HIAA press conference in Washington and began criticizing the commercials. He was evicted from the trade association's offices."

The frontal assault by a lobby group against the **White House**, via the television airwaves, was unusual for several reasons. Most Washington associations never are so direct or high-profile in opposing a President and his policies, and heretofore, no group has ever blitzed the public policy process with television commercials to this extent. And not only has a First Lady never led a public campaign for such a broadly relevant, public issue, but it is exceedingly rare — if not unprecedented -- to see a First Lady bluntly attack a particular industry. All of this conflict and confrontation made for grand theater and considerable news media coverage which, of course, enhanced and extended the HIAA message with "**free**" advertising beyond the **millions** of dollars already spent. The organization today revels in the attention, and Gradison proudly shows visitors to his office's campaign-style buttons that read, "Friends of Harry and **Louise**."

What is irritating to Clinton political consultant James **Carville** is that the HIAA ads "didn't run

in that many **markets**." Nonetheless, they received extensive national news coverage and were constantly discussed by journalists. **Carville** told the Center that the television commercials were, in many ways, "aimed" at the national news media.

And conversation with Gradison doesn't exactly disabuse one of that impression. "The White House really deserves credit by which I mean, by specifically criticizing the ads at a very high level, specifically the President and First Lady. I don't think the networks had any choice but either to skip the issue which they couldn't very well do or when they reported it to show the ads then show the criticism of the ads together. We bought very little national time. Currently we're buying 10 markets, all in 10 states and no national buy going. I'm not sure we need one," he said.

The "Harry and Louise" ads, produced by the **Malibu, Calif.**, firm of **Goddard*Claussen/First Tuesday**, may have achieved cultural icon status. At one point, for example, the President and Mrs. Clinton themselves acted out a parody of them at the annual Gridiron Club dinner in Washington. But there is no better measure of the potency of the commercials than the straight polling numbers. In the six month period immediately following the unveiling of the Clinton plan — precisely the time the White House hoped to build upon the momentum of the President's speech and broaden public support — the percentage of Americans supporting the Clinton health care plan dropped 18 points to 39 percent, with 46 percent opposing it.⁶²

The way in which the commercials resonated with the public underscored another issue: the President and the White House communications staff had not been particularly successful in packaging the health care reform plan. As John **Rother**, legislative director of the American Association of **Retired People (AARP)** and head of the pro-Clinton Health Care Reform Project, told the Center, "The White House spent enormous time and energy perfecting the plan and gave the selling of the plan almost the back of its hand. Really, if they'd spent as much thinking of how to market this as they had spent on development, then they'd be a lot better off."

When told of **Rother's** sentiments, White House consultant James Carville said, "That may **be**." But he continued and said that the problem is when the White House has or attempts to convey a coherent message, "you can't get through ... out of the whole Washington press corps, I bet there isn't a reporter who personally knows **five** people without health care **insurance**." He said when it comes to issues such as the uninsured or people with pre-existing conditions, "they're totally disinterested in it."

Administration supporters -- the DNC, the **AFL-CIO**, the Health Care Reform Project, and so forth - were unable to get on the air immediately and saturate the American people with counter-ads to "Harry and Louise." As noted earlier, the DNC did manage to produce and place a **commercial**, but it was not an impressive response.

Meanwhile, beginning around May, 1993, there was deepening frustration inside the White House over how various crises repeatedly superseded health care, with the practical ramification being usurpation of the President's **day-to-day** schedule. In the spring, the President intended to mount a national, public campaign "selling" his health care plan. However, such unforeseen complications as the Los Angeles international airport runway "haircut" debacle and the White House travel office scandal played havoc with his schedule. Additionally, the Old Executive Office Building "war room" was originally established to handle health care, but in late Spring, the President's deficit reduction bill became the top priority, and the war room was taken over by a team of economic advisors.

There was also internal White House debate about which legislative issue to end 1993 with —

NAFTA or health care reform - and some aides believed that attempting both simultaneously would not be practical. This resulted in Clinton having to juggle almost five weeks of speeches and appearances nationwide with one day a week allotted to the ultimately successful fight to push NAFTA through Congress. Ironically, the entire health care "selling" strategy was abandoned for that time period because of foreign policy crises in Somalia and Bosnia, and other unanticipated exigencies. Hopes for recouping the lost marketing momentum in mid-December were dashed when the Whitewater scandal hit the White House.

It is arguable that when the Health Security Act of 1993 entered Congress, Clinton's position could have been stronger. If the President had devoted more time, days and weeks to his health care reform plan, and if those groups aligned and directed by the White House had been better-funded, and produced similarly **brilliant** television commercials to the **HIAA-sponsored** ads, Clinton's prospects could be different. The net effect of all these factors was that the lavishly-funded lobbying campaign against the Clinton health care reform plan was substantially unanswered, and many specific legislative provisions were even more vulnerable to **inside-the-Beltway** erosion forces than usual.

Outflanked From Within The Democratic Party

In early 1994, there was also some inner-party skirmishing, between a Democratic congressman and the First Lady. For a couple years, Rep. Jim Cooper, **D-Tenn.**, had been talking about health care reform legislation and had introduced a health care bill in 1992. This bill was closely aligned with the ideas of the original, market-led, "managed competition" approach which originated from the Jackson Hole Group, and in 1992, Cooper and Sen. John Breaux, **D-La.**, **reintroduced** the bill in the House and Senate.

This bill - described by Cooper as "Clinton Lite" - offers "universal access," instead of universal coverage, and does not have two often-criticized provisions of the Clinton plan: insurance premium caps and the employer mandate. Cooper reportedly met with the First Lady and Ira Magaziner in early 1993, and the Congressman, also a Tennessee senatorial candidate, urged that his plan be adopted by the administration. He was **rebuffed**.⁶³

The Cooper plan was endorsed by the policy committee of the Business Roundtable, an organization comprised of chief executive officers from 200 of the nation's largest corporations, including Prudential, AT & T, and IBM. Interestingly, the chairman of the Health, Welfare and Retirement Income Task Force is also the chairman of Prudential. However, the Business Roundtable rejected Clinton's proposal. Combined with the opposition of the National Association of Manufacturers and the Chamber of Commerce, and the lukewarm response of the National Governors' Association, the White House found itself asking the business groups not to endorse the Cooper or any other rival **plan**.⁶⁴

Making It To The Floor of Congress

By **July 2**, 1994, four congressional committees had approved health care reform legislation. The various bills moved to the House and Senate leadership to be melded and presented to the full House and Senate for debate and votes. The closest legislative versions to the Clinton health care reform plan were passed by the Senate Labor and Human Resources Committee, chaired by Sen. Edward Kennedy, **D-Mass.**, and the House Education and Labor Committee, chaired by Rep. William Ford, **D-Mich.** Both committees passed bills providing universal health care coverage substantially paid for by employers and the House Labor Committee actually passed a second bill incorporating the "single payer" idea. The House Ways and Means Committee, with its new, acting chairman Sam Gibbons, **D-Fla.**, even passed

a bill. The last committee to pass a health care reform bill was the Senate Finance Committee, presided over by Sen. Daniel Moynihan, D-N.Y.

The Senate Finance Committee was the only panel to pass a bill with significant bipartisan support, but passage was possible only by jettisoning two key provisions of the Clinton health care reform plan: mandatory employer insurance payments, and phased-in cost controls that would guarantee universal coverage in the near future. The vote, according to The Washington Post, "provided further evidence that Clinton-style reform is in **trouble**."⁶⁵

Meanwhile, days earlier, the House Energy and Commerce Committee, chaired by John Dingell, D-Mich., was hopelessly deadlocked and could not endorse the Clinton reform plan because a majority of members were reluctant to require employers to provide health care insurance.

Regardless of one's perspective or ideology, it is a remarkable achievement historically for comprehensive health care reform legislation to actually make its way onto the floor of both houses of Congress. Unlike some of his Republican and Democratic predecessors, President Clinton has placed health care reform firmly on America's agenda and Washington's radar screen. For the first time since Medicare, significant reforms might be made.

Lobbyists At Work: Watching the Watering Down Process

As we have described, the Clinton plan is a compromise, hybrid initiative combining competitive market forces with government regulation in an attempt to provide all Americans with more efficient health care insurance coverage. But in the first 18 months of the administration, key provisions of the Clinton health care reform plan have been jettisoned, substantially **diminished**, or face the prospect of being winnowed away on the eve of floor votes by the entire House and Senate. Below is a description of how special interest groups have successfully influenced four specific components of the Clinton proposal.

The Alliances

Like buying items in bulk, the idea behind the regional alliances or purchasing cooperatives proposed in the Clinton plan is that the larger the number of people in an insurance risk pool, the lower the average cost.

The President's plan calls for individuals and businesses employing fewer than 5,000 people to join regional alliances, each of which would cover about one million people. Those companies employing over 5,000 could join an alliance, opt out and self-insure, or join other large companies to form their own cooperative. The alliance board, made up of employers and consumers, but excluding providers and insurers, would act as brokers negotiating with insurance companies on behalf of individuals and businesses to get the best plans at the best price.

The insurance companies have been the most vocal group to come out against the mandatory alliances. In the second round of advertisements run by the **HIAA**, "Harry and Louise" worry about being forced to join a government run system.

Virtually all insurers across the board are against the alliances for a variety of reasons. Small insurers believe that because of the size of the alliances, only large insurers will be able to compete for the contracts. Supplemental insurers are afraid that because of the inability of individuals to buy extra

insurance, they will be put out of business. Only large insurers appear not to have a problem with the alliances because they are in a position to handle the volume.

Businesses have been slightly less vocal on the issue. Their concern, according to several companies who talked with the Center, is a loss of autonomy when it comes to purchasing insurance. Many would prefer to continue to self-insure, but would not have been able to under the Clinton plan because of their size.

By January 1994, the administration was beginning to talk compromise. In a speech to the National Association of Manufacturers, Treasury Secretary Lloyd **Bentsen** said that while he believed purchasing pools must be kept large in order to hold down premium costs, the White House was willing to discuss lowering the figure.

"You think that the **5,000-employee** threshold for joining regional alliances is too **high**," Bentsen said. "I understand you want it reduced to 500. We hear you. We're willing to discuss this one and the other details of our **plan**."⁶⁶

The statement came as no surprise to many. One Senate aide told BNA it was "almost common knowledge" that the 5,000 figure was padded in order to leave room for **negotiations**.⁶⁷

But by the time the issue reached Congress, not only had the threshold been lowered, it had been buried. The Senate Labor and Human Resources Committee, while requiring states to offer the alliance option, had set the company size at 1,000 and made the alliances **voluntary**. The House Ways and Means Committee set the company size at 250. The House Education and Labor Committee leaves the alliance option up to the states. If a state establishes allowances, companies with over 1,000 employees may opt out. AH of the committees made the alliances **voluntary**, providing help to states who wish to establish them.

Drug Pricing

During the 1992 Presidential campaign, candidate Bill Clinton told workers at a Merck Pharmaceuticals factory in **Rahway**, New Jersey, a story of an elderly couple with no food in their refrigerator because they had to pay so much for their medicine.

"That is why I support Sen. Pryor's [**D-Ark.**] proposal to end special breaks to companies that do not keep the cost of traditional, already **established** drugs with inflation," he said.

And just a few weeks into his term, Clinton delivered a speech in Arlington, Va., and said, "The pharmaceutical industry is spending \$1 billion more each year on advertising and lobbying than it does on developing new and better drugs. Meanwhile, its profits are rising at four times the rate of the average Fortune 500 company Today we must tell the drug companies to change their priorities. We cannot have profits at the expense of our **children**."⁶⁸

The health care task force was studying several proposals to achieve short-term price controls on drugs, among them: requiring drug manufacturers to charge Americans the same price as they do their overseas customers; freezing prices; and setting up a **federal** board to review pricing policies and **establish** criteria for any **increases**.⁶⁹

But by May 1993, heavy lobbying had taken its toll on any ideas of setting up rigid price

controls.⁷⁰ The drug companies met several times with the administration, including Hillary Rodham Clinton and Ira Magaziner, promising to impose voluntary controls on themselves, as long as the Justice Department did not prosecute them for violating anti-trust laws. The administration agreed, having come to the conclusion that price controls would not work and that another cost containment measure was needed.

When the Clinton blueprint was released in September 1993, it contained provisions for setting up a National Health Board, part of which would be in charge of reviewing prices for new drugs. If a price was deemed excessive, the Board would issue a report on the reasonableness of the price. It would not have the power or authority to control the price, **however**, the HHS Secretary could. If the Secretary believed a new drug to be too costly, he or she could refuse to include it on the Medicare list. The administration **also** required the drug companies to provide a 17 percent rebate to Medicare on name-brand drugs.

The committees agreed with the **administration's** proposal, but in a vivid display of the power of lobbyists, the Ways and Means Committee shifted some of the cost of rebates on to the generic industry. Companies that produce generic versions of brand-name drugs were in very good position to capture a greater market share under the Clinton plan. But a wave of former congressional members and staffers representing Eli Lilly and Co., Glaxo Inc., Merck and Co. Inc., **Pfizer** Inc., and the industry's trade group managed to convince Ways and Means Committee members to force the generics to pay a 10 percent rebate to Medicare. One aide of Sam Gibbons told *The Washington Post* that in order to save the rebate provision, the committee felt that it had to impose a similar demand. As one lobbyist for the generic industry put it, "For the sake of the bill, the consumer got **shafted**."⁷¹

Employer Mandates

The Clinton plan relies on mandatory employer insurance payments to finance a large part of health care reform. The mandate requires businesses to cover 80 percent of the cost of whatever health care package they sign on to. And while the administration seems to have remained steadfast on the mandate issue - arguing that it is the best and easiest way to finance universal coverage - Democratic members of Congress have signaled flexibility on the issue.

The administration has maintained since the Clinton plan was released that the best way to achieve universal coverage is through the employer mandate. In a February 1994 speech before the Group Health Association of America, a Washington-based group representing health maintenance organizations (HMOs), Hillary Rodham Clinton said, "The employer mandate is the key to achieving universal coverage. Without the employer **mandate**, we **will** continue to tinker around the edges and not provide universal **coverage**."⁷²

The issue of how to finance reform has been the most contentious problem even before the plan was released. Reports that some companies would be devastated by the new costs began circulating as soon as parts of the plan were leaked in the weeks leading up to the official release in September 1993.

By February, 1994, even Democrats were skeptical about the ability of Congress to pass a bill that included employer mandates. "I do not believe there is enough support to get the Clinton **mandate**," said Rep. Jim **Slattery, D-Kan.**⁷³

In May, Sen. Bob Dole, R-Kan., declared the mandates "dead" and Sen. **Moynihan**, chairman of the Senate Finance Committee, expressed doubts that any consensus would be reached. Democrats

seemed concerned enough by momentum building against mandates that Senate Majority Leader George Mitchell, **D-Maine**, and House Majority Leader Richard Gephardt, D-Mo., floated several alternatives. Among them were reducing the mandate on premium costs to 80 percent from 90 percent, exempting small businesses or raising subsidies, and linking the size of subsidies to the average wage of the worker, rather than the size of the **company**.⁷⁴

But by the end of June, two House committees and a Senate committee had included employer mandates as part of a reform. There had been various exemptions and subsidies included to ease the burden on small businesses, but the mandates themselves remained in tact. Indeed, the House Ways and Means Committee proposal includes a Medicare "**Part C**" provision. That recommendation would allow those who are employed, but not covered by their employer, to be insured by the government. The new program would use money raised by employer payments whose workers are covered by their spouse's insurance, a tax on health benefits, and savings realized by revisions in Medicare A and B.⁷⁵

The Senate Finance Committee, however, decided to put off any such mandate until the year 2002 when, if at least 95 percent coverage has not been achieved, a national commission would be established to look at how to bring in the uninsured.

The lobbying group leading the fight against employer mandates has been National Federation of Independent Business, which in **June**, 1994, said it had 55 to 60 votes against employer mandates in the Senate. The White House did not dispute the count but they are hoping a majority of senators can be eked out in the days immediately preceding the floor vote.

Community Rating

Under the Clinton plan, alliances bid on the basis "community **rating**." Four separate insurance premium rates are set according to family status: single individuals, couples, single parent families, and two-parent families. The demographic make-up of an alliance will factor into risk adjustments.

Economists say moving to a community rating system in which everyone in an alliance pays the same premium regardless of age, gender, or other characteristics will produce little net effect; some industries will fare better, others worse.

One of group expected to be worse off is the insurance companies. Currently, insurance companies use a rating system which takes into account several factors such as age, gender, and lifestyle, and based on those factors, set premium rates. The higher the risk factor, the higher the rate. The rationale for opposing the rates is that smaller companies insuring a higher risk group would not be able to afford the costs should those covered need medical care.

The industry claims that moving to a **flat** community rate system would cause dislocations within the industry and instead proposed making the community rating pools smaller, which would allow for geographic and demographic variables.

And **indeed**, by the time the legislation got to committee, that is what happened in several of the bills. The House Ways and Means Committee, for example, proposed dividing the market into five sectors, each of which would have its own community rating. The sectors include: small and medium groups including businesses with 2 to 250 employees; large groups of over 250 full-time workers; an association market including groups of over 1,000 members; an individual market; and a health alliance market. The House Education and Labor Committee allows states the option of becoming a community

rated or experienced rated area. In neither case may the insurer deny access based on pre-existing conditions. The Senate Labor Committee bill requires community rated plans on all but the largest of companies.

After fierce lobbying by the insurance industry, all of the congressional committees approving health care reform bills rejected the flat community rating proposal in the Clinton Health Security Act of 1993.

THE SPECIAL INTERESTS

The so-called special interests in a legislative situation are frequently viewed in a contextual vacuum, giving the impression that economic forces have suddenly materialized out of nowhere. It is important to remember that on an issue as broad as **health** care, with an amalgamation of industries generating \$800 billion a year in business, the positions of the various special interests regarding the government's proper role on health care were staked out years ago. Small businesses, for example, opposed the ill-fated Nixon plan 20 years ago because of its financing approach via employer mandates.

As the clamor over health care reform got louder and louder in the late 1980s and early 1990s, many interest groups expressed their overall concern about the system and began to develop their own specific "reform" proposals. Part of the impetus was to craft a compassionate, positive, forward-looking image, and part of it was to strategically spin their specific financial issues within a particular framework. To Washington-represented special interests, the arrival of Bill Clinton - the latest occupant of 1600 Pennsylvania Avenue -- merely represented another episode in a long-running saga of presidential interest and activity on health care issues.

What follows is a description of the most significant interests that have been attempting to influence the health care reform debate. Further information about approximately 650 organizations lobbying over Congress health care reform is presented in Appendix I.

The Largest Insurance Companies

"Political Insurance and Health Care Reform,"
by Steve Burkholder

Call it a case of insurers taking out a group policy: political insurance against the threat of legislative maladies spreading on Capitol Hill.

At about noon on March 21, 1994, clusters of executives from the nation's leading insurance companies filed into the Hartford Club. The club is an elite meeting place in the downtown section of its namesake city, the fortunes of which are tied to **the** balance sheets of such giants as Aetna Life and Casualty **co.**, The Travelers Corp. and CIGNA Corp.

Ignoring a noisy protest outside, the insurers, other corporate leaders, and Connecticut **pols** sat down to **swordfish** and to meet Rep. Jim Cooper, **D-Tenn.**, a candidate for the Senate seat once held by Vice President Albert Gore. Cooper is the co-author of the health care reform bill that is the preferred legislative blueprint of the **nation's five** large health insurers: the trio with large operations in the Hartford, **Conn.**, area — Aetna, Travelers, and CIGNA -- plus Prudential Insurance Co. of **America**, of Newark, N.J., and Metropolitan Life Insurance **Co.**, of New York City. (Aetna and Travelers, which merged with Primerica Corp. of New York City in late 1993, are headquartered in Hartford. The chief insurance subsidiary of the Philadelphia-based CIGNA Corp. is Connecticut General Life Insurance Co., **with** a home office in **Bloomfield**, CT, a Hartford suburb.) Together, those **five** companies boast assets of almost \$495 billion. In 1992, they paid out almost \$56 billion in benefits. ⁷⁶

For Cooper, the \$250-a-plate luncheon for 70 people paid handsome dividends. In the days following his trek to the "Insurance City" -- which included a fund-raising breakfast at Travelers — the ambitious Tennessee Democrat received bundles of checks from at least **11** top executives of big East Coast insurers, according to the Federal Election Commission (**PEC**) records studied by the **Center**.⁷⁷

Contributors to "Friends of Jim Cooper" in that period included Edward H. Budd, the chairman of Travelers (\$1,000 on March 23), **Elliot F. Gerson**, the president of **Travelers's** managed-care arm (**\$1,000** on March 23) and **Donald R. Frahm**, the chief executive officer of **ITT-Hartford** (\$250 on March 25). Officers of Connecticut banks, manufacturers, and other firms dependent on the good health of the state's anchor businesses were generous.

Cooper's total take from the single day in Hartford was more than \$25,000, according to FEC records and Peter G. Kelly, a long time Democratic Party money man and a partner in the Alexandria, **Va.**, lobbying firm of Black, **Manafort**, Stone & **Kelly**. (Kelly said that he helped organize the luncheon in his hometown of Hartford because he and Cooper are old friends, and not due to any interest in health care.)⁷⁸ Insurance executives gave a **substantial** portion of the \$25,000-plus figure; from Travelers alone, Cooper received almost \$4,000 in checks from seven top executives, all dated in late March.

If Cooper had 150 similar days of such satisfying fund-raising meals, he could take in roughly **\$3.8** million, a big helping toward filling the large appetite of a Senate campaign. As of the first quarter of 1994, Cooper had raised nearly \$2.4 million, with a substantial portion of that coming from health care interests nationwide.

Moreover, the \$25,000 figure does not count many thousands of dollars in earlier premiums that Cooper received from various leaders at the five largest insurance companies. That list includes **Travelers's** chairman Budd (**\$1,000** on Nov. 30, 1993); Lawrence P. English, the president of CIGNA (\$500 on Nov. 30); Carol Anne Kelly, a MetLife vice president (\$250 on May 21, 1993, and \$500 on Nov. 30, 1993); and James W. McLane, the CEO of Aetna and a spokesman for the five big insurers' trade group on health care reform, the Alliance for Managed Competition (\$250 on Nov. 30, 1993). Sundry vice presidents and other officers -- many of whom already contribute to their firm's political action committee -- would follow their bosses in giving directly to candidates such as Cooper, who is not accepting money from PACs in his Senate **campaign**.⁷⁹

Even insurance executives whose companies' interests are not served by the legislation known as the Cooper-Breaux bill showed up at the Hartford **Club** fund-raising luncheon. Moreover, they signed generous checks afterward.

"If he's going to be in the United State Senate, you have to take the longer view," said Maura L. **Melley**, the vice president for public affairs of Phoenix Home Life Mutual Insurance Co. in **Enfield**, Connecticut, explaining her presence at Cooper's luncheon. "And he knew that I was there," she added, smiling.

Melley's company is a leading member of the Health Insurance Association of America (**HIAA**), the group of small and medium-sized insurers. The big firms formed their own group, the Alliance for Managed Competition, solely to lobby on health care reform. Working without a conservatively estimated \$5 million formerly paid in dues by the large insurers, the HIAA produced the well-known "Harry and Louise" television ads to attack the Clinton administration's plan. While both groups share **some** common ground in opposing the president's call for premium caps, the HIAA and large insurers part company on purchasing alliances.

Asked why she wrote a check to Cooper's campaign (she gave \$250, as recorded on March 28, 1994), Melley said: "I did it because, as head of the government relations division of the company, I expect and I need to have a long-term **relationship**." FEC reports show that Cooper accepted checks for \$250 from two other officers of Phoenix Home Life on the same date, when he received at least 18

checks from Hartford-area contributors.

Melley was not optimistic about persuading Cooper to accept the HIAA's recommendation on purchasing alliances. "Not on this issue," she said. "But on something else we can have a meeting of the **minds**."⁸⁰

A Coalescing **of** Interests

The prospect of health care reform, however, already has produced other meetings of minds. Touted as crucial for the Clinton White House and taking place in an election year, Congress's consideration of the future of health care has led to a remarkable coalescing of political and business interests. Both hope to benefit from the spending of many millions of dollars in health policy formulation, lobbying, advertising, and political contributions by the five leading insurers and other commercial **interests**.

"This is the heaviest lobbying on any issue I've been involved in," a member of the House Energy and Commerce Committee said in an interview, citing the sheer amount of money at stake as the force driving the high-gear movement on Capitol **Hill**.⁸¹

The elements of that web of interests include:

- * The hiring of lobbyists and public affairs companies, and forming new lobbying organizations, including those that have taken on prominent **political** names; and enjoying the **benefits** of revolving-door relationships and direct political pipelines between Capitol Hill and corporate offices in such cities as Hartford and New York.

The first-string players on the large insurers' team include former U.S. Senator and one-time Democratic presidential candidate Paul Tsongas and former U.S. Rep. Thomas Downey, D-N.Y., and Vin Weber, **R-Minn**. The junior varsity lineup includes former staff members of the House Ways and Means Committee and House Energy and Commerce Committee - which have key roles in health care legislation -- and prominent backroom tacticians hired by such firms as Aetna to build a "grass-roots campaign" to influence lawmakers.

In addition, leading operatives in Clinton's 1992 presidential campaign are carrying out "public affairs" and advertising tasks for the Alliance for Managed Competition. And prominent lobbyists, such as Peter Kelly, who served as the Democratic National Committee's treasurer from 1979 through 1981 and as its finance chairman from 1981 through 1985, have brought together candidates such as Cooper, and insurance and other corporate top brass. Black, **Manafort**, Stone & Kelly formerly represented Aetna and currently does work for Phoenix Home **Life**, as well as Johnson & Johnson, The Tobacco Institute, and Philip Morris Companies **Inc**.⁸²

- * Prominent places at the agenda-setting table for leading insurers through the firms' paid participation in the Jackson Hole Group, which produced the **template** for both the Clinton plan and for "Clinton Lite," Cooper's nickname for the health care bill bearing his name and that of Sen. Breaux.

Cigna's English and two others at his firm, Aetna's **McLane**, Prudential's William Link and **MetLife's** John Moynahan, Jr., together with Jim Cooper, have participated actively in the group that *The New York Times* last year termed "Hillary Clinton's Potent Brain Trust on Health Reform." A number

of the big insurance companies paid as much as \$100,000 each to take part in the group's meetings in Wyoming, the **organizations's** founder, Dr. Paul Ellwood, told *The Washington Post* last year. Those kicking in to the group's annual budget - \$600,000 last year - include Aetna, CIGNA, **MetLife** and Prudential.

According to *The Washington Post*, Ellwood suggests it only makes sense to have those from commercial health interests taking part in such planning. "While one might be critical of the notion of going to these people, one could be equally as critical of not going to them," said Ellwood, who previously denounced insurance companies for ignoring public concerns and costs of care. "It would be like trying to change the way you make cars without asking the car **makers**." However, critics argue that the Jackson Hole Group is weighted heavily toward the insurers and other business interests that could benefit from new legislation, and is a vehicle for those special **interests**.⁸³

* Kind words and kind votes from members of congressional delegations, such as a majority of Connecticut's, which is mindful of the tens of thousands of insurance industry employees who help elect them.

Congressional allies of the leading insurers, such as Sen. Joseph I. **Lieberman, D-Conn.**, and Reps. Barbara **Kennelly, D-Conn.**, and Nancy L. Johnson, R-Conn., are up for reelection this year. Their campaigns have received large contributions from the big insurance companies, from both the firms' PACs and from individuals working at those companies. By **contrast**, lawmakers less supportive of the insurers' interests have received little or no money, while FEC records show at least election opponent of such a lawmaker has reported contributions from the big insurers.

* Seismic shifts in the health care marketplace and structure of the industry that have been intensified by the prospect of health care reform.

The large insurance companies acknowledge the trend toward health maintenance **organizations** (HMOs) and other tools of managed-care as a certain outcome in Washington's current debate. That trend that began several years **ago**, before health care reform registered on the political Richter scale in the 1991 election of Sen. Harris **Wofford** in Pennsylvania. As a result, the large insurers are jockeying to claim the kind of market share that will lead to handsome profits and corporate survival. Industry analysts say that only a comparatively small number of insurance companies will be sufficiently strong to make it through the competitive struggle, a prospect that has helped fuel disagreement between the big insurers and the **HIAA** over the character of proposed alliances.

"The consensus in the insurance industry is that Clinton's plan, if **left** unchanged, would force many insurance companies out of the insurance business - but not Connecticut's major companies," reported *The Hartford Courant* one month after Clinton released his health care reform proposal in September 1993.⁸⁴ The same could be said of other large non-Connecticut insurers, such as Prudential and MetLife.

Clinton's plan provides incentives for companies to move into managed-care and, as in the case of Aetna, for example, to form medical practices of their own. It does not favor the more traditional, indemnity health insurance business on which many smaller insurers have built their foundations. One insurance industry analyst, Lawrence G. Mayewski, has projected that health care reform could reduce the number of insurance companies from the current 250 plus in the health field by 30 percent, 40 percent or even 50 percent. Others have predicted that nationwide, a much smaller number of only the largest companies will be left **standing**.⁸⁵

In predicting a reform-influenced **shakeout** in the industry, F. Peter Libassi, a former vice president for corporate communications and government affairs at Travelers, steers away from the use of the term "insurance company" in light of the industry trend toward managed-care. It is a given that "there is going to be a role for large managed-care companies," said Libassi, now dean of the University of **Hartford's** business school. "Nothing that is likely to come out of Washington is likely to displace the private sector's involvement."

The machinations in Washington provide added impetus to win future market shares around the country, Libassi and another former insurance official said as the Travelers-MetLife deal bore fruit. "**Travelers** alone would have a difficult time proceeding [in health **care**]," Libassi said. "You can't say Washington is irrelevant. I think that Washington is an added factor in the uncertainty to lead a corporate executive [such as **Sanford I. Weill**, the CEO of Travelers] to say, '**I want to get out**'" of health care. *

"Everyone is rushing into **managed-care**," Libassi added. "I wish I had the confidence that managed-care is going to be the solution. But that's another **issue**."⁸⁶

Aetna's "War **Room**:" Standing Alone **Against** Price Controls

The current politics of insurance and health care reform begs the question: If the largest health insurance companies stand to benefit greatly from the Clinton administration's plan as many observers say, why are they supporting a Cooper-style approach and nay-saying key proposals (albeit more mildly than the **HIAA**)? The short answer is that the five large companies — which differ in their public statements about how happy they would be under the White House plan -- are seeking a more perfect union with Washington in the conservative approach to the president's plan. They are tilting the debate toward that end even as at least one among them suggests that it could live with a majority of the provisions in the Clinton proposal, which some critics have labeled an "Insurance Industry Preservation **Act**."⁸⁷

In Hartford, a look around what became known last year as the "War Room" — a small conference room on the south side of the large brick building housing "Mother Aetna" - helps explain. On the walls are several posters. Two are large cartoons -- one, the famous image of the solitary man defying a column of military tanks, apparently drawn from the Moscow coup attempt that brought Boris Yeltsin into the international spotlight -- the other depicting Aetna standing alone against "price **controls**." On another wall, in Aetna's official bold typescript, are slogans in large letters: "Aetna Supports Fundamental Health Care Reform," "Aetna is Different!" "Managed Care Works," and "Price Controls Are Not the **Answer**."

"It got everybody energized," said Gary E. Fendler, a spokesman for Aetna and an assistant to James **McLane**, recalling the frequent meetings of the core group of Aetna's Health Issues Campaign beginning early in 1993. Anticipation of the **long-delayed** Clinton plan led to many hours in the "War **Room**." Concern was heightened during the **closed-door** deliberations of the panel headed by Hillary Rodham Clinton when the large insurers, which had enjoyed a prominent role in Paul Ellwood's living room in Jackson Hole, largely were left in the dark. Aetna chief Ronald Compton went to Washington, said Fendler, and Robert Winter, a Prudential executive representing the Big Five, "got three minutes" to make his case before the health care reform task force, said William R. Jones, Aetna's director of health **issues**.⁸⁸

First and foremost, companies such as Aetna fault the Clinton plan for its premium caps, what McLane, Fendler, and others label "price controls" over protests from Clinton's policy advisors. (The

Cooper-Breaux **bill** has no premium cap provision.) Despite that, there **also** are positive words for the White House proposal.

"Certainly, we think **there's** a lot of good **aspects**, too," Fendler said when asked about the Clinton plan. "We could become comfortable with about 95 percent of **it**." The **five** percent that causes Aetna discomfort are price controls and the large size and "regulatory" nature of the alliances, and are significant elements, said Fendler, who was a spokesman for the Food & Drug Administration in the Bush administration. Fendler is quick to acknowledge that Aetna would favor the Cooper-Breaux bill over the Clinton health care blueprint. "It is closer to something that **we're** more comfortable with," he **said**.⁸⁹

Roger Levy, a Travelers vice president for government relations, expressed a less charitable view of the president's plan. "We do not like the Clinton proposal," he said. "It tries to do too much with too much government **regulation**." Among the features that make it "fundamentally flawed," Levy said, are "too much government regulation," "price controls," and "mandatory participation." Travelers, he added, "could not survive under the Clinton plan" -- a view contrary to that of less interested observers of health care reform in Hartford and Washington. He termed the president's proposal "an extreme **government-oriented** version of managed competition." When **told** that the Clinton package has been called something akin to an Insurance Industry Preservation Act, Levy responded: "I would disagree with that. No insurance industry I'm aware of is preserved under the Clinton **plan**."

A more diplomatic response to Clinton's plan was offered by Aetna's **McLane** in hearings before the Senate Labor and Human Resources Committee on Nov. 9, 1993. McLane, representing the Alliance for Managed Competition, told the panel: "There are just two problems that I see with the administration's proposal that I would just like to highlight: one is premium caps, which I am sure does not surprise you, and the other is the unnecessarily large and overly regulatory health **alliances**." On the alliances, McLane stated that the regulation called for in the Clinton plan rendered them "not really managed competition," but a system displaying "heavy government **interference**." He argued that the health insurance marketplace, with increasing use of managed care tools, was turning the tide against price inflation and that the government should allow competition to work.

Citing his experience as deputy director of President Nixon's Wage and Price Controls Board in the early 1970s, McLane continued by suggesting that what bothers him more than a misplaced faith in price controls "is that any type of premium cap or price control will inhibit capital from coming into the private sector." He called such controls a short-term political solution and not a long-term structural reform, "and clearly we need long-term structural reform," he said.

In his testimony, McLane suggested to Sen. Kennedy, D-Mass., the chairman of the committee, that "some kind of a cost-containment program as a backstop," in Kennedy's words, might be thinkable. "I think as a concept, as something in the closet, down the road, if you are not able to make the competitive system work, it is one way of viewing it," McLane **said**.⁹⁰

However, on **PBS's** MacNeil-Lehrer NewsHour on June 10, McLane seemed to reverse on the subject of price controls held in abeyance for use when a less regulated marketplace does not brake the spiral in health care costs - for use as a "life preserver," as Sen. Paul Simon, **D-Ill.**, another guest on the show that day, put it. McLane equated triggers, or mechanisms for implementing a premium cap if the market fails to curb cost, with price controls. "It's sitting in the closet, but with a club in the closet you're not going to get the capital flowing into the health care companies that you really need in today's world in order to help get your costs down," McLane, who previously worked at Citicorp, said.

On the **MacNeil-Lehrer** program that day, Stuart **Altman**, an early Clinton adviser on health care reform, quarreled with **McLane's** use of the term price controls. "[T]his is **not** price controls at **all**," said Altman, a professor at Brandeis University. "Health care can never be a true market, because we as consumers don't want it. That's why [McLane's] company is in business. His company is in business to provide us insurance [to protect against situations that people normally can not afford to cover on their **own**]", he said. "We wouldn't need Aetna Insurance Company if we were prepared to pay bills. Once you do that, you have made this an artificial market. Let them compete, but recognize it's a budget constraint, as there is in other **industries**," Altman said. He argued for an artificial, but realistic trigger formula - one not tied to the consumer price index, for example - to make the market "more **real**."⁹¹

Some in Connecticut who have a non-pecuniary interest in health care reform and are **familiar** with the political positioning of the major insurers express disappointment with the Alliance for Managed Competition and its stand on Clinton's plan. Compromises were made on national reform in which the larger insurance companies would "live long and prosper," a source said. Instead, firms such as Aetna are spending a great deal of time and money in resisting premium controls and are not entering the fray on universal coverage, two elements of a proposal that to these observers represents overall a significant show of deference on the part of the administration toward the position of the insurance **industry**.⁹²

For his part, Ellwood faulted Clinton's plan for its cost control mechanism as early as February 1993, seven months before the president formally unveiled his **plan**. "We don't like it, mostly because we don't think it's practical," he told *The New York Times*. "You don't get a market started by slapping price controls on **it**."⁹³

Pumping Up the Lobbying Machine

On the day Clinton was sworn in as president, Aetna Life & Casualty Co. terminated its **lobbying** contract with Black, **Manafort**, Stone & Kelly.

Peter Kelly, a **long** time political booster of **Al** Gore and a partner in the politically active Hartford **law** firm of Updike, Kelly & Spellacy, said that he does not know why Aetna decided to drop the contract. "Ask them," he said in an interview. Aetna spokesman Michael Bazinet declined to **comment**.⁹⁴

At any rate, soon Aetna and the Big Five insurers' new Alliance for Managed Competition would be beginning a full-scale lobbying, advertising, and public affairs campaign on health care reform, using both prominent names and well-placed insiders as their agents.

"This is a very loose **association**," Aetna's Gary Fendler said of the alliance. "Its only purpose is to work on health care **reform**." When health care reforms ceases to be an issue the alliance will fold its tent, he said. He described twice-a-week meetings of the alliance's legislative **contacts**.⁹⁵

Meanwhile, legions of the big insurers' political and public relations agents are at work both in and outside Washington. The list includes:

* Former Senator and Democratic presidential aspirant Paul E. Tsongas -- In 1993, the Health Care Leadership Council, made up of the CEOs of 55 insurance, hospital, pharmaceutical, and other companies, hired Tsongas to stump for a less restricted form of managed competition. All **five** major health insurers are members of the **four-year-old** council, which opposes curbs on insurance premiums. Tsongas is the council's only representative on Capitol Hill, said a HCLC

spokeswoman who also works for a larger affiliate at the same office, the National Committee for Quality Health Care, which was formed in 1977.⁹⁶

* Former Reps. Thomas Downey, D-N.Y., and Vin Weber, **R-Minn.**, - Downey, a member of the Watergate-era band of reformers who later would be involved in the House bank scandal, lost reelection in 1992. Later, the former member of the Ways and Means Committee began lobbying on Capitol Hill for New York City-based **MetLife**. Downey received generous support from MetLife in his final campaign.

Weber, a strong House ally of Reagan-Bush reforms, who also had a record of **100-plus** House bank overdrafts, decided to retire from Congress two years ago. Soon, he was hired as an agent for the Alliance for Managed Competition as well as United Healthcare **Corp.**⁹⁷

* **Oldaker**, Ryan & Leonard - This relatively new lobbying firm in Washington works for the Alliance for Managed Competition. The company's principals include William C. Oldaker, the former attorney for former House Speaker Jim Wright, and Tom Ryan, a former chief aide to Energy and Commerce Committee chairman Rep. John D. Dingell, **D-Mich.**⁹⁸

* The Ridley Group — Hired by the Alliance for Managed Competition to carry out advertising and develop a public relations strategy, the firm is headed by Timothy Ridley. He is the former chief of The Communications Co., an affiliate of **Squier/Eskew/Knapp/Ochs** Communications, which dissolved in early 1993. The Big Five health insurers previously were Ridley's clients while he was at The Communications Co. When he founded his own firm, the five insurers formed the Alliance for Managed Competition."

In 1993, Ridley hired two former Clinton employees. One was Gloria Cabe of Little Rock, who served as a key aide to Gov. Bill Clinton from 1988 through 1992. The other was David Ifshin, who served in Clinton's presidential campaign. Ifshin has served as general counsel to the American Israel Public Affairs Committee and is affiliated with the Chicago law firm of Ross & **Hardies.**¹⁰⁰

* Public Strategies Inc. — Based in Austin, Public Strategies includes key employees who are former assistants to Lloyd **Bentsen, D-Texas**, currently Secretary of the Treasury and the former chairman of the Senate Finance Committee. (Another Aetna officer, Van **McMurtry**, also worked as a top aide to Bentsen at Finance.)

Aetna hired the Texas firm "to devise grass-roots **strategies**," said spokesman Fendler. That work includes conducting local focus groups on health care reform, training to help Aetna employees give more effective interviews with journalists, reaching out to particular local civic groups, and **occasionally** producing programs for elected officials.

"**We're** not only educating all our **employees**," said Fendler. "**We're** reaching out to **customers**." Of Aetna's work outside the Capital Beltway, he said: "There's another way to educate a member of Congress. And that's to talk to their constituents and then get them **active**."¹⁰¹

* Deborah L. **Steelman - Steelman**, a Washington attorney, works for both the Alliance for Managed Competition and Aetna. Previously, she was a political advisor in the Bush White House who headed a **14-member** panel entrusted with devising a plan to finance health care for the uninsured. The other big insurers also have representatives who do work for both the insurer that hired them and for the **alliance.**¹⁰²

An examination of FEC records shows that in their lobbying and public affairs work, those hired by one of the large insurers or the Alliance for Managed Competition do their fair share in candidates' fund-raising. For example, Robert J. Leonard, a partner in Oldaker, Leonard & Ryan, gave \$1,000 to Cooper's Senate campaign on Nov. 30, 1993, a key bundling date for contributions by insurance executives and Washington lobbyists. On the same day, Leonard's colleague, Bill Oldaker, gave \$1,500 (\$500 of that amount was for the **general** election). Tom Ryan also gave **\$1,000** on Nov. 30. Ryan gave another \$875 - for Cooper's general election - on Dec. 22, and Oldaker kicked in another \$384 on Dec. 31. Another lobbyist's check to Friends of Jim Cooper was received Nov. 30: \$250 from the Ridley Group's Gloria Cabe.

Peter Kelly did not sign a check with Cooper's name on it in 1993 or early 1994, but what he did in helping to organize the March **21** fund-raising luncheon in Hartford more than made up for it. He and Timothy J. Moynihan, the president of the Greater Hartford Chamber of Commerce, put the event together. (Moynihan contributed \$250 on March 28.)

"Cooper's an old, old friend of mine. I've spent a lot of time in Tennessee," Kelly explained, describing a friendship that goes back to 1983, when Kelly and Albert Gore began working together in national Democratic politics. "I wasn't doing this for health care. I was doing this because Jim Cooper is a friend of **mine**."

Kelly recalled that two executives from one of Black, **Manafort's** current clients, Phoenix Home Life, attended the fund-raiser. Black, Manafort's contract with Phoenix Home Life - a mainstay of **HIAA --** may have had something to do with Aetna's dropping its contract with the Alexandria, Va. firm. At any rate, Aetna officials appeared to not hold the severed business relationship against Kelly, or let any bad blood affect their efforts to build bridges to Cooper's Capitol Hill office. Several Aetna executives heard Cooper speak on health care reform on the day of the Hartford Club luncheon, Kelly said.

Friends **of** Insurance in Congress

Democrats from Connecticut such as Sen. Christopher J. Dodd and Rep. Barbara B. Kennelly have signed on as congressional co-sponsors of the president's health care legislation. But that does not mean that every facet of the Clinton proposal or the administration's political strategy pleases them. Those elements that displease also happen to raise the eyebrows and the blood pressure of the insurance moguls at the central Connecticut offices of Aetna, CIGNA, and Travelers. And these two members of Connecticut's congressional delegation also appear to go out of their way to show that they are sensitive to the positions of their home-state companies, whose PACs and top executives have been generous to them.

Both Dodd and Kennelly sit on key committees in health care reform's congressional gauntlet -- Dodd on the Labor and Human Resources Committee, Kennelly on Ways and Means. Dodd is not up for reelection this year; Kennelly is. Kennelly, whose district includes Hartford and three big insurers' offices, is especially considered a key player in the congressional debate on health care reform, as is another member of Ways and Means from central Connecticut, Rep. Nancy L. Johnson, a Republican.

As early as last year, however, Dodd proved himself to be no Senate wallflower on reform. On several occasions he was outspoken in making points about the insurance industry. On September 21, 1993, the day that Clinton announced his reform proposal, for example, Dodd lambasted a Democratic National Committee television spot that accused the industry of seeking to obstruct health insurance

reform. He called the ad, devised to respond to the HIAA's "Harry and Louise" campaign, "terribly stupid" and a tactic that would create enemies when reformers should instead be seeking friends. Even before the Clinton plan's formal release, Dodd reportedly said that he favored that plan's framework and vowed to support it even if he opposed particular elements of it.¹⁰³

Later, in a November 9 committee hearing, Dodd was more explicit in his efforts to get across one of the points that Aetna and other members of the Alliance for Managed Competition also have made: that the alliance's views on the president's plan are distinct from the HIAA's. Days before, Hillary Rodham Clinton strongly criticized the health insurance industry, singling out the trade group of 270 small and medium-sized insurers.

As the big **five** insurers sought to distance themselves from the **HIAA ads**,¹⁰⁴ Dodd asked Aetna's James **McLane** about a question that "has bothered me tremendously over the last several weeks, this lumping together." The Connecticut Democrat continued: "And I make no bones about it — I am a cosponsor of the Clinton health care plan. I think it is the best alternative out there. And I am very proud of the fact that a good part of the insurance industry is located in my state. I do not apologize to anyone for that. They have been great corporate citizens and have done a great job in many areas, in my **view**."¹⁰⁵

The large insurers also have been great benefactors of Sen. Dodd. In the 1991-92 election cycle, when he was up for reelection, Dodd received \$37,500 from the PACs of Aetna, CIGNA, MetLife, Prudential, and Travelers, or **11.5** percent of what he received from **all** PACs in that period (\$326,593), according to FEC reports. He took in \$10,000 each from the PACs of Aetna, CIGNA and Travelers, the largest amount given to any lawmaker by those groups in the 1992 season.

Dodd also collected more than \$24,000 in contributions from individual officers and other employees of the Big Five insurers in 1991-92, FEC records show. Of that amount, 97 percent was from executives at Aetna, CIGNA, and Travelers. **Moreover**, those 1991-92 receipts from the largest health insurers do not include the many thousands of dollars that he also received from the PACs of such insurance entities as **ITT-Hartford** Insurance Group (\$5,000), Phoenix Home Life (**\$3,200**), HIAA (\$3,000) and National Association of Life Underwriters (\$5,000), and from individuals employed by them.

In early June 1994, as the congressional deadlock on **health** care reform seemed to tighten, Dodd broke with his party's lineup on the Labor Committee and voted to delete premium caps from the reform package that was before the panel. However, he supported a cornerstone Clinton proposal that employers pay for their workers' health **insurance**.¹⁰⁶

Kennelly and Johnson also have voiced reservations about premium caps, the Clinton plan's single biggest fault in the eyes of the large insurers. In June, they acted on those concerns as the issue came to a head in deliberations of the Ways and Means Committee.

Johnson, who supports conservative alternatives to the president's proposal, has consistently argued against caps. Kennelly, an advocate of the **administration's** reform blueprint, appeared in June 1994 to be less committed than Johnson to any position on controlling premium costs, but was expected to be one of the congressional point persons in opposing **caps**.¹⁰⁷

At a Manchester, Connecticut, forum last year on health reform, Clinton advisor Ira Magaziner fielded questions from an audience that included prominent representatives of Connecticut's insurance

industry. **Kennelly**, a sponsor of the meeting, challenged **Magaziner** on premium caps and other issues.¹⁰⁸ Her Republican colleague on the tax-writing committee, Johnson, reportedly told Bill Clinton last year that mandatory price controls would be a "deal breaker" in reform efforts and that the president's nascent plan relied too much on government **regulation**.¹⁰⁹

On June 29, 1994, as Ways and Means was poised to vote on premium caps in an effort to beat its Independence Day deadline, Kennelly had planned to pitch an amendment to remove all cost controls from the panel's reform bill. However, a compromise plan, which called for a two-year delay in instituting price ceilings, was proposed. Kennelly ceased her push for the amendment and cast her vote for the **compromise**.¹¹⁰

Johnson and other Republicans on the committee took up the insurance industry's cudgel, speaking strongly and at length during the committee's wrangling. But, only four Democrats went over to their side and the **anti-spending** caps forces lost the battle by a vote of **20-to-18**.¹¹¹

Like Dodd's, the reelection campaigns of Kennelly and Johnson have benefited from the large insurers' largesse. In the 1991-92 election cycle, Kennelly received \$23,000 from the Big Five's PACs, FEC records show; Johnson collected \$21,450 from the same sources.

In the 1993-94 cycle, through May 1994, Kennelly received \$16,000 from the PACs of Aetna, CIGNA, **MetLife**, Prudential, and Travelers; Johnson took in \$5,700 from them. Other insurance and medical industry PACs, such as those of **ITT-Hartford**, Massachusetts Mutual Life, the American Council of Life Insurance, Johnson & Johnson, and Blue Cross and Blue Shield, also have given generously to their reelection efforts.

Also notable was Johnson's 1991-92 total from individual employees working for Connecticut's big three insurers: **\$9,150**. Most of the contributions were in the form of \$250 to \$500 checks received by Johnson's campaign on April 30 and May 1, 1992. The checks were signed by many in the roster of top insurance executives - including Travelers's Edward Budd (\$500, April 30, 1992 and \$250, Nov. 1, 1992), and CIGNA's Lawrence P. English (\$1,000, Oct. 23, 1991), plus Aetna chairman and CEO Ronald E. **Compton** (\$500, April 30, 1992, and \$500, Aug. 1, 1992) - who would give to Cooper in the following election. Deborah **Steelman**, the Washington attorney and agent for Aetna and the Alliance for Managed Competition, also gave to Johnson: \$500 received on Oct. 21, 1992).

English, a participant in the Jackson Hole Group, and Travelers's Budd particularly have been active in the realm of political giving by insurers. Budd gave \$1,000 to **Kennelly's** 1994 campaign on March 31. And English gave \$1,000 this year to help defeat Rep. Sam **Gejdenson**, a Democrat from representing Connecticut, who supports both single-payer legislation and the Clinton plan. (Insurers say **half-facetiously** that they have been trying to drive home to Gejdenson the fact that Aetna operates a huge office complex in Middletown, on the western fringe of his district.) The top CIGNA health care executive made the maximum one-shot contribution to former state Sen. Edward W. Munster, who in 1992 narrowly missed knocking Gejdenson out of the House and is waging a repeat effort in 1994. The big health insurers and their PACs are absent from Gejdenson's 1993-94 FEC reports (those recording contributions through May 1994), although Phoenix Home Life and Massachusetts Mutual gave \$500 and \$2,000, respectively.

Finally, the campaign coffers of Sen. Joseph **Lieberman**, D-Conn., who does not favor the Clinton plan, have done extremely **well** in attracting checks from the large insurers and other sectors of the health care industry. From January 1993 through the first quarter of 1994, the Connecticut Democrat

collected more than \$265,000 from health care interests, more than Sen. **Moynihan**, and Sen. Kennedy, who chair committees weighing reform legislation.¹¹² **Lieberman**, who faces no stiff reelection challenge in November, does not serve on either committee, but he has supported the Cooper-Breaux prescription since last fall, and is seen as a moderate Democrat who could prove pivotal in the building of compromises that appear to be viable paths out of the legislative deadlock over health reform.

"His network of contacts gives him greater influence than many other **people**," Laurie Sullivan, an Aetna vice president, told *The Hartford Courant*. Sullivan gave \$368 to the Lieberman campaign in December 1993.¹¹³

Other executives in the top insurance firms kicked in more, for example, with Aetna's Compton giving \$1,000 on Dec. 21, 1993, Budd of Travelers contributing \$1,000, \$500 of which was received by the Lieberman organization on December 21; Aetna's **McLane**, \$500 on the same date and CIGNA's Arthur Lifson on Dec. 2, 1993.

Lieberman's campaign collected \$23,500 from the PACs of the Alliance for Managed Competition members in the 1993-94 election cycle, according to FEC records compiled through the first quarter of 1994. That figure tops the receipts from the Big **Five's** PACs for both Kennelly and Johnson in the 1991-92 period (\$23,000 and \$21,450, respectively) and for those candidates in the 1994 season, through March 1994 (\$16,000 for Kennelly and \$5,700 for Johnson). Dodd received more from those sources - \$37,500 - in his completed 1991-92 reelection effort. (The chart below reflects PAC contributions from the Big Five.)

Company Name	PAC 83-84	PAC 85-86	PAC 87-88	PAC 89-90	PAC 91-92	PAC 93-94
Aetna	\$25,900	\$122,075	\$198,084	\$195,029	\$196,500	\$74,280
CIGNA	\$90,912	\$167,550	\$178,487	\$171,225	\$236,250	\$127,425
MetLife	\$58,969	\$132,143	\$245,595	\$259,312	\$266,342	\$140,865
Prudential	\$115,628	\$141,475	\$183,329	\$207,170	\$400,835	\$160,641
Travelers	\$148,017	\$214,000	\$195,750	\$260,200	\$230,219	\$100,850
Total	\$439,426	\$777,243	\$1,001,245	\$1,092,936	\$1,330,146	\$ 604,061

Grass Roots From Hartford Fertilizer

An Aetna in-house memo titled "GRASSROOTS ACTION ALERT TO SELECTED AETNA EMPLOYEES" lays out the reform scenario and a script for interested workers to contact Kennelly to plead Aetna's case. The memo, however, had a small bug in it: a toll-free telephone number that does not yield the intended congressional budget.

"As you know, the managed-care business is under attack at the federal level," states the April 26 [1994] memo from Marie T. van Luling, an Aetna vice president for public affairs. "Special interests are attempting to persuade key should be cripple the ability of managed-care plans to offer high quality care and contain costs." Van Luling identifies Hartford's Kennelly as one of those key members of Congress, and urges other Aetna employees to call or write his office "to voice your opposition to

immediate and stand-by price **controls**." The memo lays out some possible talking points in capital letters - for **example**, "SEVERE PRICE CONTROLS COULD RESULT IN REDUCED QUALITY AND RATIONING" and it reads: "Price controls represent the worst of all possible outcomes to the health care reform **debate**."

Near the bottom of the April 26 **memo**, van Luling included the address of **Kennelly's** Washington office and the telephone number 1-800-999-3576. A call to that number, however, is not answered by a member of Kennelly's staff. Instead, a voice says, "Health Care Leadership **Hotline**." The line was set up by the Health Care Leadership Council, an affiliate of the National Committee for Quality Health Care, and the group of insurers, hospital chains, and others represented on Capitol Hill by Paul Tsongas.

Although the June 29 vote on price controls in Ways and Means represented a loss to large insurers, they moved to other battlegrounds where the issue would be taken up. For example, Deborah **Steelman**, who represents both Aetna and the Alliance for Managed Competition, was paying a visit to the Senate Finance Committee the day after the vote and could not be reached for an interview. A senior Democratic aide on Capitol Hill reportedly told *The Hartford Courant* that price caps may yet be jettisoned as advocates of health care reform sought **votes**.¹¹⁴

Meanwhile, intense lobbying continued into the summer. The member of the House Energy and Commerce Committee who said that the recent lobbying from insurers and other commercial interests was the heaviest he had ever encountered described frequent contacts by insurance company employees and constituents from his home district.

"I'm getting more lobbying from insurance agents from the district: they really seem to be targeting the district," he said, apparently describing, from the receiving end, what Aetna and others in the reform fray call their "grass-roots **campaigns**."¹¹⁵

(As the health care industry lobbying shifted into high gear in March 1994, one reporter recalled what Treasury Secretary Lloyd Bentsen, when he chaired Senate Finance, used to call purportedly "grass-roots" but non-spontaneous storms of outrage that would strike the panel: "**Astroturf**."¹¹⁶)

Other Insurance Providers

Health Insurance Association of America

"I don't want to be in the position of claiming the sun rises because the rooster has **crowed**," said Bill Gradison, chairman of the Health Insurance Association of America (HIAA). "[But] I think we had an impact ... We knew where we wanted to go and we had a strategy for getting **there**."

"Impact" is an understatement. No single organization has done more to dampen national enthusiasm for the Clinton health care reform plan - or kill one of its key provisions, mandatory health alliances — than HIAA. As mentioned earlier, the "Harry and Louise" television commercials are widely considered to be the key reason why public support for the Clinton health care **plan** dropped a precipitous 18 percentage points in a six-month period. Such power and influence in the vital public policy issue of the day does not come cheaply; so far, HIAA in coordination with its member organizations, has spent at least \$15 million to wage this multi-faceted campaign.

"Our advocacy effort was very **comprehensive**," said Gradison, "including not just the visible

television ads, although that was the pricier part of the package and some radio and some print, but [also] extensive polling, focus groups, direct mail, activities with multiple coalition partners in various **ways**."

HIAA's member-companies encompass roughly a third of the nation's 180 million health insurance policy holders, and the association operates within a \$20 million annual budget. But the largest five companies — Prudential, CIGNA, Aetna, Travelers, and **MetLife** — quit **HIAA** and formed a rival **group**, the Alliance for Managed Competition. Each of the Big Five companies was paying at least a million dollars annually in dues to HIAA. Reform is a high-stakes issue to small and mid-sized insurance companies; bluntly stated, if anything resembling the Clinton plan is enacted, many members of HIAA could go out of business.

How did a little-known trade association and a thoughtful, polite, quintessential Washington insider who first came to the **nation's** capital in 1953, end up in such an extraordinary, highly-publicized, in-your-face confrontation with the President and First Lady of the United States? The story of a Washington group that reached some political realizations and developed its unique relationship with the new administration, really begins in 1991.

The HIAA set up a "**vision**" committee in mid-1991 that issued recommendations regarding health care reform in November, 1992. According to Gradison, the group endorsed "universal coverage, an end to exclusion for pre-existing conditions, a federally-defined benefits package, a **federally-defined** uniform claims form with appropriate privacy protections, an employer mandate ... This came out at the time the [Clinton] transition was just getting **started**."

In addition to anticipating the political winds of change, the organization fought and won a decisive battle in California with ominous but little-noticed implications to Washington, the Clinton campaign/transition, and the nation. In 1992, HIAA opposed a voter health care reform initiative supported by the California Medical Association known as "Proposition **166**." HIAA and other groups sponsored highly-effective television commercials opposing it. As Gradison put it, "when this (opposition) effort began it looked like - based on polling data -- that the initiative would prevail by a vote of about 2-1. It was defeated by 2-1 and the ads were really important." The television advertisements were produced by the Malibu, California firm of **Goddard*Claussen/First Tuesday**. A year later, HIAA officials would remember two important factors: a public policy health care reform initiative was soundly defeated through the effective use of television commercials, and a firm which showed a certain creative genius for such ads was Goddard*Claussen/First Tuesday.

Washington was stunned in late January 1993, by the announcement that the respected, nine-term, ranking Republican on the House Ways and Means Health Subcommittee, Bill Gradison, was quitting the Congress immediately to become the chief lobbyist for the insurance industry association. In Washington, virtually all members of Congress who leave in order to take lucrative positions in law firms and trade associations -- not an insubstantial number -- wait until their term of office is completed. Nonetheless, as the *National Journal* characterized it, the HIAA had "scored a coup in luring Gradison, who seemed likely to bring the group stature and clout with Congress and the White **House**."¹⁷

Gradison was invited to appear before the White House Health Care Task Force, and the HIAA president said there were "three things that we said don't do ... [The] first was mandatory alliances, second was true community rating and the third was [caps on] premium rates." (HIAA is opposed to charging the same premium for everyone in a given health alliance regardless of age and health habits).

Gradison has met with White House adviser Ira Magaziner three times but from the start, he felt

that **HIAA** was not seriously included, and worse, the Clinton administration was bent on making **HIAA** the brunt of populist rhetoric. "In the first meeting he [Ira Magaziner] said to me, '**Bill, I'm** not a politician but our pollsters at the White House tell us that it will help us sell our plan if we identify as enemies the pharmaceutical industry, the physicians, and the health insurers' ... It was helpful to know that. It became clear that this was part of a plan on their part to demonize the industry," he said.

Despite hundreds of thousands of dollars in annual campaign contributions and a sizable, well-connected lobbying presence in Washington, and despite "polite" meetings with Magaziner, Gradison and the **multibillion** dollar industry he represents felt they had no access or influence to the new administration.

"We were totally excluded and it wasn't just the First Lady who **wouldn't** see us. I made numerous efforts to reach out, request opportunities to meet with people that I had worked closely with in my previous life — specifically, Leon **Panetta**, Lloyd Bentsen, David Gergen, and it never quite happened. And the sense of exclusion was very troublesome because, well, we were left **out**. It was **intentional**," Gradison said. "We [HIAA] didn't feel we had any other option, when you get right down to it, but to try to go directly to the public and try to influence the legislative process in that **way**."

So an insider began to sense the need to go "outside." In general, regarding the group's relationship to the new administration, a deteriorating situation grew worse. "The First Lady gave a couple of speeches which were very critical of **us**," said Gradison. "She used terms like price gouging, **profiteering**."

In the summer of 1993, the Coalition for Health Insurance Choices (CHIC) - substantially funded by HIAA - began sponsoring vague television commercials about health care reform. Although the ads were not memorable and did not have any significant impact, the Clinton White House, clearly irked, put together a briefing paper sent home to Democratic members of Congress during the August 1993 recess. The then-chairman of HIAA, David Hurd, a Democrat and chairman of the Iowa-based Principal Mutual Life Insurance Co., saw a copy of it and grew incensed, writing more than 50 angry notations in the margins about the perceived inaccuracies.

That was the turning point, recalled Gradison. "It was a direct assault on the integrity of the industry," he said. At the September HIAA board meeting, "Hurd suggested that we needed a much more vigorous advocacy budget. Obviously we didn't have funding for it. He committed his company to making a major contribution and challenged others to do so and he even suggested a fair share formula — not that everybody would have to contribute; contributions are **voluntary**," Gradison said.

The "Harry and Louise" ads were created and began airing in September. On more than one occasion, Gradison and HIAA have attempted to use them as political leverage. "The very day of the President's outstanding speech to the joint session in **late** September of last year I called Dick Celeste, my friend and our former governor who [until recently] headed up the DNC activities, and told him that we were unilaterally going to stop our advertising as a gesture of good faith to see if it might lead to some dialogue. He appreciated it, he received it well and promised that he would communicate this to his people. He **told** me later he did but nothing came of it. We went back on the air," Gradison said.

The HIAA commercials casting doubt on the Clinton plan were extraordinarily effective from the **onset**, and the White House knew it. Gradison described a "sticky situation" which occurred in late October or early November: "The Southern California coordinator of the Democratic National Committee went to Louise of '**Harry and Louise**,' who's a Democrat, [and] asked her to come to

Washington to meet with [DNC Chairman] David **Wilhelm** and then go into the [White House] Rose Garden with the President and denounce the health **insurers**." Gradison continued, "Apparently the DNC person went a little too far and said '**We're** gonna see that [producers of the HIAA commercials] **Goodard*Clausson/First Tuesday** never work for another **Democrat**.'

"When we got wind of it I called [White House official] David Gergen, and he called [then DNC official] Dick Celeste. They called back and basically Celeste confirmed that this it had happened, [he] described it as a rogue operation and said it wouldn't happen **again**." Gradison said this has never been reported because "Louise" and the Malibu production company will not talk publicly about it.

To the chagrin of HIAA, the largest insurance companies and Blue Cross and Blue Shield publicly distanced themselves from the "Harry and Louise" ads. And the President acknowledged the split within the industry at a December 1993 conference in Pennsylvania, by complementing a Prudential executive for "the very responsible way you have engaged us in this debate Sometimes we get in these arguments and we forget **that** ... not all people in insurance ... are all the **same**."118

The Rostenkowski Deal

In January, the chairman of the House Ways and Means Committee, Dan Rostenkowski, **D-Ill.**, gave a speech at an HIAA meeting in Chicago in which he said, "The time for heavy public relations campaigns designed to intimidate reformers by scaring the public is over. It is time to stop shouting at one another and start listening to one another My presence here today is designed to send you a message. Let me spell it out. I want you to participate in the process with us. We need your expertise. It is time to make a deal. But making a deal implies a willingness to compromise and support the product that ultimately emerges. It requires you to abandon the high-profile, outside game you've become so good at and instead embrace an intense, but private inside game."

HIAA stopped the commercials, and on April 7, 1994, the President, in a Kansas City, **Mo.**, television studio said, "Nothing would please me more than to turn down the rhetoric and recognize that a lot of the bigger companies have done a lot to try to control health care costs. The administration wants to sit down with insurance leaders and work out **differences**."119

Rostenkowski asked his old Ways and Means Committee friend Gradison to sit down with him and his staff and with the White House. A dramatic gathering occurred in March on Capitol Hill. Gradison said that "in a meeting which I attended that included Rostenkowski, George **Stephanopoulos**, Harold **Ickes** and some members of Rosty's staff, ... Rostenkowski indicated that he wanted us to sit down [to a series of meetings to discuss **health** care] and of course, we had already told him we would do it. And he asked the White House people, indicated he'd like them to sit down ... they respectfully declined. And Stephanopoulos said that it might look **like** waffling. That was his word. I think I understand what he meant, but I'm not absolutely sure. But I guess if you demonize people long enough, then it's a little hard to sit down across the table from them, but that's what the man said ..."

Gradison and House Ways and Means staffers conferred for a total of 15 hours, and a deal was struck: HIAA would refrain **from** running ads in key states which might be detrimental to certain committee members and in exchange, Rostenkowski agreed to modify health care policies affecting the insurance industry.

The agreement with Rostenkowski was made "just before he had to give up the **gavel**," Gradison lamented, alluding in "Washington-speak" to the multiple felony indictment of Rostenkowski, that

automatically forced him to relinquish his chairmanship. "Then when Chairman [Sam] Gibbons, who was not a part of the discussions with Rostenkowski, became acting chairman, he dropped some things that we had worked out with Rostenkowski, and we're now back on the air again."

Gradison has also attempted to extract concessions from the White House, using the highly effective ads as leverage. There was a meeting with Magaziner in early 1994, and an exchange of letters, but no deal.

The most recent "Harry and Louise" ads began running in selected markets in 10 states on June 20, and aired until July 17. Now that mandatory alliances have been defeated, **HIAA** is using the commercials to attack the Clinton plan's government-imposed price controls, and "flat" community rating.

Most news coverage of HIAA misses an important point: the range of lobbying involvement with Congress and the administration varies from simply working through HIAA to individual companies such as Lincoln National Life Insurance of Ft. Wayne, **Ind.**, which has had 150 meetings with congressional members and staff as of the middle of January, 1994.¹²⁰

Several insurance companies told the Center that the provisions in the Clinton plan are too far-reaching. "The scope of it is wrong," said Kirk **Herath**, government relations manager of Nationwide Insurance, based in Columbus, Ohio. "It is a 100 percent solution for a 10 percent problem."

Others have gone so far as to call employer mandates and enforcement "excessive" and the concept of universal coverage "bogus" because of those who will refuse to cover the poor and mentally ill.¹²¹

The concerns for all of those companies that the Center spoke with include: premium caps, which are tied to the rate of inflation; mandatory alliances, as opposed to voluntary ones; the role of the local insurance agent, which would all but be eliminated under the alliance system; and the elimination of small insurers who would be unable to compete with larger insurers.

Many of the companies the Center spoke with are HIAA members and are coordinating their actions through the umbrella group. But beyond that, many have sought to educate their employees and policy holders as to the effect of health care reform and are trying to initiate letter writing campaigns to help influence Congress and the administration. CNA Financial, a Chicago-based insurer, sent brochures asking its "70,000 member family" of agents and insured to write to their member of Congress.

As an industry, insurance companies have been very generous to Congress. From 1991 through the first quarter of 1994, insurers have given \$8,764,815 in PAC money and an additional \$801,863 in soft money to the political parties. The "Big Five" insurers alone gave nearly \$2 million in PAC donations, with Prudential leading the way with \$561,376. Over a quarter of a million dollars in soft money was spent by the largest insurance companies. HIAA has spent relatively little in terms of political donations. Since 1991, the association has given \$317,672. And while there have been several issues besides health care that have interested insurers over the past four years, health care reform certainly ranks at the top in terms of the effect legislation will have on the industry.

Blue Cross and Blue Shield

HIAA's Gradison told us, "On the substance, there isn't a great deal of difference among the various insurance **groups**." And when the Center interviewed the executive director of the Blue Cross

and Blue Shield Association, Henry **Bachofer**, that sentiment seemed to be reinforced.

For example, on June 15, 1994, the Alliance for Managed Competition, the Group Health Association of America, **HIAA**, and Blue Cross and Blue Shield jointly issued a 22-page paper entitled, "Consensus Standards for Accountable Health Plans."

Blue Cross and Blue Shield favors universal health care reform and opposes price controls and mandatory health alliances. Blue Cross and Blue Shield, which represents and licenses its 69 independent member plans, has long been involved in health care reform discussions for years. The President of the national association, Bernard Tresnowski, has participated in meetings of the Jackson Hole Group for years. During 1990 through 1992, worked closely with the National Association of Insurance Commissioners (NAIC) in exploring health insurance reform ideas.

After the Clinton election and transition, Blue Cross and Blue Shield began to follow the work of the White House task force on health care reform — a group remarkable for, in Bachofer's opinion, "excluding virtually everyone who actually knew anything about or actually had to deal with any of the things they were busy reforming."

"It struck me as a hermetic process," he said. "They did it the way they did **because they** really **felt** that they wanted to not have the process of **[policy]** recommendations captured by the **industry**. There was also, I think, on the insurance side ... a very strong sense, that the insurance industry was the enemy and they were going to have to force us in the industry to accept accountability standards ... and we were like, if you would read our positions ..."

Last **fall**, administration advisors Ira Magaziner and Judy Feder spoke at the Blue Cross and Blue Shield annual conference.

The association is quietly represented by the Washington law firm of Hogan and **Hartson**. Bachofer believes the HIAA commercials had a negative impact on the health care reform debate. He said that Blue Cross and Blue Shield keeps a relatively low profile, doing some "Beltway advertising," such as newspaper ads in the Capitol Hill publication, *Roll Call*.

Bachofer said, "What we are beginning to get fairly nervous about is that we won't get insurance reform this year ... there is a significant likelihood that Congress goes along its merry way and decides in August that this is just too hot of an issue. It can't do it and it's not going to pass anything so we don't have any kind of reform at all and we think that would be an unfortunate **outcome**."

Group Health Association of America

"It seems clear to us that any system of health care reform and universal health care coverage must promote integrated care, since nothing less will bring costs under control while guaranteeing every American the right to comprehensive health care," said Karen Ignagni, president of the Group Health Association of America (GHAA), when she testified before a House committee last **February**.¹²²

Few people understand managed-care better than health maintenance organizations (HMOs), represented in Washington by GHAA. This organization has a \$10 million annual budget and represents 350 HMOs with 33 million members who account for roughly 75 percent of total HMO enrollment in **the U.S.**

Ignagni was a well-regarded health lobbyist for the **AFL-CIO**, a former Senate Labor and Human Resources staffer and in 1992, a health care adviser to the Clinton campaign, before taking over as **GMAA** President in 1993. According to *Legal Times*, Ignagni is "young and polished. Most of all, she's a **consensus-builder**."¹²³

Ignagni and GHAA are low-profile advocates who seek nationwide standards for health care providers, and free latitude for HMOs to work with only those doctors and hospitals they choose. They have opposed caps on health insurance premiums and wanted the health alliances **weakened**.¹²⁴

Doctors and Other Health Care Professionals

American Medical Association

The American Medical Association (AMA) has a long history of organized, well-financed opposition to health care reform. In fact, the AMA has attempted to thwart various presidential health care reform efforts including those of former Presidents Franklin Roosevelt, Harry Truman, Lyndon Johnson and Richard Nixon.

But the AMA and the overall situation facing the nation's doctors is vastly different in the 1990s than in past decades. The association membership is approximately 290,000 members -- or 41 percent of the total number of licensed physicians in the U.S. During the Medicare debate of 1965, membership was roughly 70 percent. But today, there are many specialty groups, such as the 80,000-member American College of Physicians (which supports the Clinton health care reform plan), the **72,000-member** American Academy of Family Physicians, and the **6,000-member** Physicians for a National Health **Program**.¹²⁵ In addition, in relation to the changing economic realities of the health care field, there is division within the AMA membership ranks, which surfaced at AMA meetings in New Orleans in December 1993.¹²⁶

The AMA's most difficult hurdle entering the nation's latest debate over health care reform is overcoming the common assumption that its members are far more earnest about their own financial wellness than the public's. One internal AMA survey, for example, found that the average doctor's annual income jumped from \$48,000 in 1973 to more than \$170,000 in 1991.¹²⁷ The self-interest issue and the aggressive campaigns in the past to prevent health care reform have hurt the organization's credibility. It was news in October 1993, when the AMA executive vice president, James A. Todd, told a congressional committee that "The need for reform is now. The President has provided a good foundation from which to start. We have found him to be responsive to some of the concerns which we have raised; we need to go forward with the President, with this committee, and with the Congress and get it **done**."¹²⁸

Although the AMA has declared its support for reform, this group has skillfully lobbied the Clinton administration by dangling promises of support in exchange for adjustments in the plan. Vice President **Al** Gore spoke before AMA members in Washington, telling them that the administration was willing to cut a deal: "Help us control skyrocketing health care costs" in return for medical malpractice reform and a relief from burdensome paper **work**.¹²⁹ In 1993 in Chicago, Hillary Rodham Clinton also spoke to the AMA in a conciliatory tone.

In what has been described as "courtship of the AMA," during several meetings with Clinton's health care architect, Ira Magaziner, several concessions were made for the association during the first part of 1993, including, caps on insurance premiums instead of price controls; changes in liability reforms

opposed by the AMA; and decreases in Clinton's proposed malpractice caps.

And yet, one Clinton health care advisor told *Time* magazine, "We could kneel on broken glass and give the AMA everything they wanted and still they will oppose it. They are going to push us as far as possible, and then they are going to screw us."¹³⁰ Indeed, the AMA has been openly critical of Clinton's plan.

In a surprising twist in late May 1994, the "very conservative American Medical Association" threw its support behind "the very liberal" Sen. Paul Wellstone, D-Minn., whose plan for single-payer reform would be sustained through individual **taxes**.¹³¹ This move reflects the AMA's deep opposition to further intrusion by the insurance industry between doctors and patients. Instead, the AMA prefers government control of the health care **system**.¹³²

The AMA favors patient choice of physicians, and limits on physicians' fees. The latter idea was briefly considered by the Clinton administration, but it was not included in its legislative proposal. The AMA has a \$205 million annual budget and approximately 20 in-house lobbyists in Washington. They, and the organization's longtime law firm, Sidley & Austin, have been making the AMA's case with the Clinton administration and **Congress**.¹³³

The Center's request for an interview with Lee Stillwell, senior vice president of government and political affairs, was denied.

The AMA has also launched a \$2 million advertising campaign. In 1993 and 1994, the association has given \$772,042 in PAC contributions to Congress and \$58,536 in soft money contributions to the political parties, according to FEC records. And in 1992 and 1993, no organization took members of Congress on more trips than the AMA, which sponsored trips for 44 House and Senate members. Two of those members of health care reform bills -- Sen. John Chafee, **R-R.I.**, and Rep. Jim **McDermott**, D-Wash., are sponsors of health care reform trips. Additionally, four members took two **AMA-sponsored** trips in 1993: McDermott, Dennis **Hastert**, **R-Ill.**, John Porter, **R-Ill.**, and Bill Thomas, **R-Calif.**

American Nurses Association

The AMA has been very troubled by the expanded **role** of nurses under the Clinton plan, whereby more nurses would become primary care providers. The Clinton plan has incorporated one of the American Nurses Associations' most cherished goals: direct reimbursement of advanced nurse **practioners**.¹³⁴ Traditionally, nurses could only get reimbursed for services through a supervising **doctor**.¹³⁵

In many ways this conflict between the AMA and nurses pits the largest doctors' association against the White House and the 200,000 member American Nurses **Association**.¹³⁶

Consequently, the White House has received vigorous support from the ANA, while the AMA declined to support the Clinton plan.

As Sheila Kaplan reported in *Legal Times*, the ANA is a forward-looking, \$21 **million-a-year**, trade association; it supported Clinton for President, has worked closely with Ira Magaziner and other administration officials, and in fact, has joined 40 coalitions, many of them actively fighting for the Clinton plan. Some of those include the Health Care Reform Project, the National Leadership Coalition for Health Care Reform, the Campaign for Women's Health, and the Long-Term Care Campaign. Helping the nurses in their fight against the AMA doctors are the lobbying and public relations firm

Burson-Marsteller, Health Policy Alternatives, Inc., and Capitol Associates, Inc.

In the 1991-92 election cycle, the ANA contributed \$311,019 to members of Congress; in the 1993-94 cycle they have contributed \$44,653.

Association of American Physicians & Surgeons

Although the **AMA** has garnered most of the media attention concerning their lobbying activities, the relatively small Association of American Physicians & Surgeons (AAPS) has been a vocal opponent of Clinton's American Health Security Act — and attracted the White House's attention in a less traditional way. As discussed earlier, in February 1993, the AAPS, the American Council for Health Care Reform, and the National Legal and Policy Center filed a lawsuit against Hillary Rodham Clinton and the 13 member Health Care Task Force, claiming that the task force meetings should be open to the public under the 1972 Federal Advisory Committee Act.

The AAPS endorses "a return to fee-for-service, and private medicine, free from the confines of coerced participation in managed competition and managed **care**."

Specialists and the Gatekeeper

There are well over a dozen Washington associations of health care professionals — dentists, ophthalmologists, podiatrists, psychologists, physical therapists, among others -- with sizable annual budgets. All of their activities and opinions vis-a-vis the Clinton health **plan** are too extensive to describe here.

It is fascinating that many of the interest groups representing specialists have taken exception with the Clinton plan's reliance on internists or general practitioners who will serve as "gatekeepers" to the specialists and decide when a patient needs to see a specialist. Linn Meyer of the American College of Surgeons believes there will be a decline in the number of specialists as this plan is phased in on a national level. Meyer argues that the decrease in specialists and the use of a "gatekeeper" by various HMOs will result in fewer choices for patients. Groups like the American Academy of Ophthalmology and the American Dental Association have told the Center they have similar concerns.

Some of these interest groups representing doctors and other health care professionals feel "outgunned" by larger special interests. Paul Kelley of the American Chiropractic Association feels that his group "can't compete in terms of revenue, in terms of clout" with larger groups. Even though Kelley has a staff of four people working on health care - three are registered lobbyists - and a health care lobbying budget of \$3 million, he told the Center that his group is "outgunned by big insurance and the traditional organized medical groups."

Hospitals and Health Care Facilities

Approximately 85 percent of America's hospitals are community, nonprofit facilities, and by far, most of them are members of the American Hospital Association - an association of close to 4,900 hospitals members and a \$70 million annual budget.

In the fall of 1991, a new president came in and recognized that the hospital business was changing drastically and **quickly**. Richard Davidson and others attempted to nudge the Bush administration toward health care reform, but as AHA Vice President Rick Wade told the Center, "they ran away from

it like scalded dogs."

The need to cut costs, eliminate duplication, and respond to the needs of the managed care industry have led to an explosion in consolidations. Nearly 200 hospitals, outpatient clinics, and nursing homes merged in 1992, and approximately 150 in 1993.¹³⁷ That trend will accelerate with any plan that relies on managed competition.

In 1992, the AHA was not only in contact with the Bush administration, but with the Clinton campaign as **well**. This trade association wanted to be pro-active and anticipate future health care reform efforts, so in January 1993, just as Clinton was settling into the White House, AHA issued a slick pamphlet with an American flag draped across the cover, entitled, "Hospitals & Health Care Reform: A National Vision, Community **Action**."

The AHA has two principal priorities in the current health care reform debate: to make sure that public hospitals are directly involved in decisions surrounding community health plans, and to oppose any cuts in Medicare, which provides an average of 38 percent of hospital **income**.¹³⁸

In 1993 and early 1994, Ira Magaziner, Hillary Rodham Clinton and the President all spoke at different times to the organization. The group has one of the most sought-after lobbyists in Washington, former Rep. Beryl Anthony, D-Ark. Anthony, a friend of the President and served as chairman of the Democratic Congressional Campaign Committee. He also sat on the House Ways and Means Subcommittee on Health before joining the Washington office of Winston and Strawn.

"Beryl has been very helpful to us," said Wade. "He has been advising us on how to **deal** with the White **House**."

Other firms who have been retained by AHA include: Ogilvy Adams & **Rinehart**, Doak **Shrum**, and Health Policy Alternatives Inc. The association itself has about 10 lobbyists and AHA has sponsored television, radio, and newspaper advertising. The total lobbying effort through June 1994 cost approximately \$3 million and Wade estimated that AHA would spend \$3-5 million for "the remainder of the debate."

But according to Wade, the heart of their strategy, (to paraphrase the late House Speaker Tip O'Neill's famous aphorism about politics) is that "all health care is local."

In March 1994, every one of **AHA's 4,900-member** hospital administrators throughout the nation received a lobbying kit, with advice about how to mobilize the four million hospital employees and tens of thousands of volunteers. Hospital trustees are an invaluable asset because they are among the most respected business and community leaders. Wade told the Center that "our members are our lobbyists ... that's 4,900 hospitals spread across the country, and our lights are on 24 hours a day."

Regardless of what Washington does or doesn't do, the hospital health care landscape as most Americans know it is changing, due, in part, by the combination of mergers between hospital chains and the growth of home and hospice care as a way to treat people.

The Clinton plan would cover inpatient, outpatient, and emergency room care at a **hospital**, along with therapeutic, diagnostic testing, and lab work. In cases where an emergency room is used for non-emergencies, the patient would pay a \$25 fee. To keep costs down, the Clinton plan eliminates private rooms.

Mental health benefits for inpatient care are included, but not until the year 2001, and **only** if non-residential care is inadequate. Until then, patients would be limited to 30 days care per episode. In cases where the patient is at a risk of putting himself or others in danger, the stay may be longer.

Academic health centers will benefit under the Clinton plan. Because teaching hospitals incur more costs, the Clinton plan proposes a reimbursement over the standard Medicare repayment. Funds would be collected through a percentage added to all hospital payments.

The biggest concerns of hospitals and hospice care groups include price caps and shifts in Medicare repayment. Several hospital groups expressed concern that with price caps, or global budgeting, rationing will come.

Despite assurances for expanding funding for home, hospice, and long-term care, groups like the National Association for Home Care remain concerned and want to make sure it is included in a primary or acute care package.

Community hospitals that want to see relaxation in anti-trust laws — which would allow them to merge -- may get their way. The Clinton plan **allows** for an expedited review by the Justice Department for smaller hospitals. The AHA has also said it would like more latitude at the local level in solving their own problems.

Many of the groups the Center spoke with are members of various coalitions including the American Hospital Association, the Federation of American Health Systems, and others. Several have testified before Congress, met with the White House Task Force and are sponsoring grass-roots campaigns.

Pharmaceutical Companies

Like the insurance industry, drug companies have come under **fire** for price gouging. According to a Senate report released in February 1994, drug prices rose an average of 15.5 percent faster than the rate of inflation in other manufacturing sectors. While the rise in drug prices was the slowest in nearly 20 years, critics claimed it still showed the inability of the industry to restrain **itself**.¹³⁹

One point the drug companies argue regarding pricing is that research and development in Pharmaceuticals is expensive and not cost effective. According to some estimates, only one in 5,000 drugs ever make it to market, and of those, only 30 percent ever recoup the costs incurred during development and **testing**.¹⁴⁰

The industry also has been criticized for its marketing costs. While research and development accounts for \$11 billion in annual costs to the **drugmakers**, marketing costs exceed \$12 billion **annually**.¹⁴¹

In an attempt to keep prices in check, the Clinton plan proposes establishing a committee on breakthrough drug pricing as pan of a National Health Board that would be responsible "for setting national standards and overseeing the establishment and administration of the new health system by **states**." ¹⁴²

The committee would address pricing questions about new drugs as well as those subject to a "reasonable price" clause in contracts with the National Institutes of Health. Pricing questions would be

investigated by comparing the prices of similar drugs in the U.S. and seven other industrialized countries. If the committee decided that a price is unreasonable, it could request information from the drug company as to how the drug was priced. The committee could then issue a report on its **findings**.¹⁴³ However, counter to the fears of some of the companies the Center talked to, the committee would not have the authority to set prices.

Many of the drug companies the Center spoke with support the idea of universal coverage and support the inclusion of drugs into the standard benefits package. The concerns of the companies vary in type and degree. Most are opposed to price controls and the proposed National Health Board because of the effect it would have on research and development.

"[The restrictions] would have a dampening effect on **innovation**," said Chris Singer, group director of **Glaxo's** federal government relations office. Singer said Glaxo felt pricing would be better handled in the marketplace.

On the drug price issue, the Pharmaceutical Research and Manufacturers of America's (**PRMA**) nemeses are the National Association of Retail Druggists and the National Association of Chain Drug Stores. Sensitive to profiteering by the **pharmaceutical** companies in the 1980s, these organizations are principally concerned about drug prices rising **precipitously**.¹⁴⁴ Meanwhile, companies such as **SmithKline** Beecham are wary of mandatory rebates provided by the drug companies as well as mandatory generic **substitution**.¹⁴⁵

According to Glaxo's Chris Singer, a Price-Waterhouse study found that the current trend toward generic substitution will mean name brand drugs could lose up to 20 percent of the initial investment. A mandatory substitution would accelerate the process.

To voice their concerns on Capitol Hill and with the administration, many companies are lobbying on their own, through the PRMA, or have hired outside counsel. Representatives from SmithKline Beecham, for example, have been attending smaller fundraisers for members of Congress as opposed to larger functions and conferences because there is a better chance of meeting with the **lawmakers**.¹⁴⁶ Others such as **Hoffman-LaRoche** and **California-based Genentech, Inc.**, have been working on alternative plans to propose to lawmakers. Several companies have also mounted grass-roots campaigns, asking their employees and patients to write their members of Congress.

The lobbying seems to have had an effect. "Six months ago, we were being crucified," said Singer. But after meetings with members and the relevant committees, Singer said he felt they had made some headway.

According to FEC records, the pharmaceutical industry has made \$4,981,856 in PAC campaign contributions since 1991, and \$1,484,026 in "soft" money to the political parties. The PRMA, with roughly 90 employees and a \$32 million budget, embarked upon a \$7 million ad campaign in late 1993. They hired Robinson, Lake/Sawyer Miller, the merged public relations and advertising agency; Hugh Newton and Associates; and former Sen. Paula Hawkins, **R-Fla.** Beyond the work of the association, **several** drug companies have combined forces to pay lobbying company Powell Tate over \$2 million. Jody Powell and Sheila Tate were press secretaries to former President Jimmy Carter and former First Lady Nancy Reagan, respectively. To further supplement grass roots lobbying, the six companies hired the firm Beckel **Cowan**.¹⁴⁷

The Pharmaceutical Research and Manufacturers of America could not fill our prescription for

answers. Not only did officials there decline to be interviewed, but in a letter to the Center, **PRMA** Vice President Jeffrey C. Warren, wrote: "We have filed all the necessary documents, and of course, these are **publicly available**, including our PAC donations."

Big Business

While not monolithic in their opinions about Clinton's health care proposal, the thoughts of many **businesspeople** were summed up by Miller Brewing spokesperson Deborah Moody in a telephone interview with the Center: "We hate it!"

According to the Employment Benefits Research Institute, a non-partisan research group, 62.5 percent of the non-elderly population was covered by some form of employer insurance in 1992. That figure marked a decline that has continued over several years.¹⁴⁸

Under the Clinton proposal, businesses would be required to pay at least 80 percent of the cost of insuring their workers. No employer would pay more than 7.9 percent of their payroll toward insuring workers. Firms with fewer than 50 employees would pay between 3.5 and 7.9 percent, depending on the average employee salary. Businesses who employ part-time workers would pay for insurance on a pro-rated scale based on the number of hours a week the employee works.

The Health Security Act places any company employing fewer than 5,000 workers in the regional health alliances, while those employing more than 5,000 could join a corporate alliance or join the regional alliance. That number, in the bills where the alliance system has survived, has been ratcheted down to make more businesses eligible for a corporate alliance. According to the plan, contributions are tax deductible by businesses and are not counted as income for the employee. However, benefits that exceed the national comprehensive package would be counted as taxable income.

The mandate issue has fallen on hard times because of pressure by business groups and dissension in congressional ranks about how best to finance a new health care system.

In February 1994, three major business groups came out to support the Cooper-Breaux **bill**, which relies on a voluntary system rather than mandates to pay for employee insurance. John Ong, chairman of the Business Roundtable, a group of 200 company leaders that voted against supporting the Clinton plan, **told** reporters that Cooper-Breaux "is built around market mechanisms as opposed to **regulation**."¹⁴⁹

A day after the Roundtable's announcement, the U.S. Chamber of Commerce, representing 215,000 small and mid-sized businesses, came out against the Clinton plan because of the level of employer responsibility. In testimony before the House Ways and Means Committee, Chamber president Robert Patricelli said he could support some sort of shared **responsibility--a 50-50 split perhaps—** but that the Health Security Act "cannot even be used as a starting point for a **mark-up**."¹⁵⁰ In an interesting twist, House Republican John Boehner, R-Ohio, lobbied the Chamber to toughen its stance on employer mandates. Boehner said he was outraged by the idea that the Washington staff of the Chamber was even considering leaving the door open for mandates and believed them to be "selling out its members for 30 pieces of **silver**."¹⁵¹

By the end of the week, the National Association of Manufacturers, representing 12,500 companies, had added its voice to those against the Clinton plan, or at least not supporting it.

Small business also is opposed to employer mandates. The National Restaurant Association has been one of the more vocal groups in their opposition to the Clinton plan. The association, with 28,000 members, has given nearly \$850,000 since 1991 in PAC and soft money contributions. They have been holding seminars to educate their members, meeting with Congress, and in the case of the new association president, Harold Cain, directly challenged the President over his estimation of the cost to small businesses.

One of the main problems businesses such as restaurants have is that the Clinton plan would force employers to cover part-time employees on a pro-rated basis. Because many of these companies rely on part-timers, they feel the cost of covering them might drive some out of business, despite subsidies promised by the Clinton administration.

The continuing resistance has led to the increasing popularity of using a triggering mechanism. If universal coverage is not achieved by a certain date using a voluntary method, mandates on individuals or businesses would be "triggered", forcing those who are not covered to buy insurance. Those who cannot afford insurance would receive subsidies to do so.

In June 1994, the Clinton administration signaled that it was willing to let slide the January 1, 1998 date set by the Health Security Act as long as universal coverage is achieved within a "reasonable period".

The Chamber supports elements found in several of the bills including "report cards" on health plans, purchasing pools for individuals and small businesses, malpractice reform, and tax deductibility of insurance for the **self-employed**.¹⁵²

The Chamber of Commerce has been mulling over health care reform policy issues for decades. For example, in 1974 a special committee of the Chamber put together the National Health Standards Act, which provided a minimum health benefits package, insurance pools, and an employer mandate. In 1974, under the Nixon administration, the Chamber President, actually worked on this while he was an employee at the U.S. Department Health, Education and Welfare. Also in the 1970s, one of the co-founders of the Jackson Hole Group, Paul Ellwood, was a consultant to the Chamber. As Jeff Joseph of the Chamber of Commerce told the Center, "we helped fund Ellwood, we helped make him what he is today."

Against this backdrop, there is a sense of déjà vu regarding the Clinton plan. However, Joseph said that the new administration "failed to understand how complicated this issue is [and] then came out with the wrong bill." The irony is that the Chamber helped White House policy advisers develop the financing mechanism - i.e. the employer mandate. For months in early 1993, Joseph recalled, Ira Magaziner met with Chamber officials on a "quasi-regular basis there was a lot of give-and-take. If we [the White House] did this, what would you think?"

In the spring of 1994, two dramatic developments occurred. After the National Federation of Independent Business (**NFIB**) had waged a focused, effective campaign against the employer mandate for more than six months, and after increased public discussion and news coverage of that specific issue, the Chamber found itself under enormous membership pressure from specific companies. The Chamber reversed itself and publicly opposed employer mandates. In addition, the Chamber fired its top lobbyist, senior vice president for policy and congressional affairs William Archey "because he failed to adequately stress the Chamber's opposition to the employer mandate provisions in the health care reform package."¹⁵³

The Chamber has an internal "swat team" of 12 to 15 lobbyists and like many interests, relies heavily on extensive polling, with data broken down by state and district - information they are more than happy to share with individual members of Congress. The Chamber has thousands of company members in each congressional district, and uses direct mail to dispense information to its membership efficiently. To date, unlike some other groups, the Chamber has not spent money on radio or newspaper advertising. Perhaps that is not necessary: its monthly magazine, *Nation's Business*, has a circulation of 800,000.

Small and Medium-Sized Business

As mentioned in the Introduction, few groups have wreaked more havoc on the Clinton plan than the National Federation of Independent Business. NFIB's interest and involvement in health care issues started to coalesce in 1986, when polling results began to reveal a heightened level of concern and frustration among the membership.

In 1991, NFIB was one of the 600 business associations and companies that formed the Healthcare Equity Action League (HEAL), which was a precursor of sorts to the Bush administration's health care policy announced in 1992. The "universal access" plan by "employers united for reform," endorsed the market concept of managed competition. It did not propose 100 percent coverage of all Americans but it did advocate "permanent 100 percent tax deductibility of health insurance premiums for self-employed business **owners**." HEAL opposed any legislation that might include "employer mandates, payroll tax increases, caps on health care spending (global budgets), and price controls."

Neither the HEAL proposal nor the Bush administration plan explained how the federal reform policies would be paid for.

The HEAL position and NFIB's immediate, focused opposition to employer mandates has led some critics to question the real motives of the **600,000-member** organization. Rep. Pete Stark, **D-Calif.**, chairman of the House Ways and Means Subcommittee on Health, recently told *The New York Times* that "These are greedy, inconsiderate folks. They are simply without any social conscience."

It would be difficult to overstate how irritating NFIB and Motley are to White House officials, who question if NFIB is truly reflective of small business people in the United States. President Clinton has even challenged Motley in a speech by name. But all of the animus has just fanned the flames of attention, which Motley is clearly relishing. "They made us bigger than life ... I don't know who made the decisions on their part, but part of the stature that NFIB has assumed in all of this, is due to them ... the first thing that they did for us was when we made the decision not to go to the First Lady's task force hearing, and the Vice President when he opened it and when he closed it, mentioned us or called the attention of everybody in the media to the fact that we were not there and not there for a purpose and allowed us to get our purpose out. We had six months in which to build our case, when a lot of other people were twiddling their thumbs and compromising things away," Motley said.

As early as March 1993, Motley and the NFIB knew the Clinton plan would include employer mandates, and they knew they would **frontally** oppose that single issue.

Motley and NFIB did not even bother to attempt to lobby two of the five congressional committees, assessing that the House and Senate Labor Committees were too liberal to win over. Their target was the House Energy and Commerce **Committee**, which subsequently was unable to approve a bill, in part because the members couldn't agree about the employer mandate issue. NFIB won; the

Clinton administration supporters working closely with the White House **lost**.¹⁵⁴

NFIB is especially effective in southern and western states. From mailings and faxes to town meetings and phone campaigns, they have brought enormous pressure on "swing" members of Congress in states such as Montana and North Dakota.

The White House believes the group is in quiet communication with other opponents such as **HIAA**, and the NFIB's close work with the AMA in encouraging opposition over the employer mandate issue has been widely reported. But there are other cooperative ventures against the Clinton administration as well.

"**We** are involved in a small no-name **coalition**," Motley said. "The Alliance for Jobs and Health Care that we put together along with the retailers and the restaurant people a few months ago. And that coalition has done some advertising ... They're doing radio advertising, and I think they're doing TV ... It's a very good coalition ... They don't **have** good grass roots operations. We do. We don't have money. They **do**. The two kind of go **together**."

Don't look for the coalition name in the phone book or on an office door. "It's one of those unique Washington things ... very ad hoc. The retail people do the administrative work," Motley said.

So the showdown is the floor of both houses of Congress, with the real battleground is the Senate, where Motley says the NFIB has the votes to defeat employer mandates. Without a way to finance health care, the Clinton plan cannot be particularly broad or sweeping or historically significant. Motley understands how high the stakes are, and he maintains that the NFIB is ready.

"The employer mandate issue [is] what I'm looking at and what we're putting together and are going to take to the coalition, is if we have World War HI on the Senate floor, which is one of the options, then we will initiate another massive wave of grass-roots lobbying within the business **community**."

The Tobacco Industry

Like a laser, the tobacco industry has purposefully targeted a substantial increase in the tobacco tax for elimination in President Clinton's health care reform package. As Tom Lauria with the Tobacco Institute said, "We do not take a position on health care. The only thing that concerns us is the tax on cigarettes."

The industry has utilized a multi-faceted strategy to accomplish this goal. From protests in the capital to industry- sponsored trips to California and Florida in the dead of winter, from PAC contributions to congressional arm-twisting by members of tobacco-producing states, the tobacco lobby has been one of the most effective special interests in Washington threatening to sabotage health care reform if sharp tax increases are enacted. Few U.S. industries are more unified and coordinated in their Washington lobbying efforts than the tobacco companies and few industries have felt more isolated and under siege from an administration's policies. From the Food and Drug Administration's investigation into the **companies'** use of nicotine, to the U.S. Trade Representative's new policies recognizing the health ramifications of cigarettes, U.S. tobacco companies are feeling the butt of new public policies.

As a show of industry force, in March more than 15,000 Philip Morris employees from the **Winston-Salem**, North Carolina, plant were brought by the company to "march on Washington" against

the proposed tax. The protest, which wound its way through the streets of Capitol Hill, reverberated throughout the Senate and House office buildings where the fight over the tax hike would soon begin to unfold.

Early on, the tobacco industry targeted Congress as the principal battle ground to fight the tax hike. The companies and their supporters in Congress found themselves frustrated by the Clinton administration's unwavering dedication to enacting a tax increase as a means of paying for health care reform. In a letter written by Rep. H. Martin Lancaster to Hillary Rodham Clinton, he reflected the sentiments of all the congressmen from tobacco-producing states concerning the administration's position. The letter read: "Dear Mrs. Clinton, I continue to be disturbed by Ira Magaziner's focus on tobacco as the **only** source of taxation to support health care. The North Carolina delegation voted unanimously for the President's budget and for reconciliation on the promise of the White House that tobacco would not be unfairly singled out... It **will** break my heart to do so, but please know that I will do everything in my power to defeat a health care reform package which singles out **tobacco**."¹⁵⁵

There had been talk of a tax on alcohol, but under heavy lobbying pressure from that industry, that notion faded. However, while the absolute amount of the tax is flexible, to the chagrin of the tobacco interests, the administration has shown a **firm**, persistent, unwavering resolve to impose a tax increase on cigarettes. The White House had originally proposed a two dollar tobacco tax. But due to thinly-veiled threats of sinking Clinton's health care initiative, the possibility of a sharp tax increase does not appear to be politically feasible. Indeed, a bloc of about 25 key democratic members from tobacco-producing states could make or break Clinton's vision of enacting health care reform legislation. In an example of tobacco industry strength, the House Ways and Means **Committee** voted for a lower tax of 45 cents a pack, in order to gain the support of members representing districts **with** a heavy reliance of the tobacco industry. Although the Senate Finance Committee proposed a tax of \$1.76 a pack, it appears that the committee has settled on a \$1 a pack tax on cigarettes and a comparable tax increase on other tobacco **products**.¹⁵⁶ Once health care legislation winds its way through the entire congressional process, it is improbable that the tobacco tax will look more like the Senate version than the House.

The tobacco industry has been laying the groundwork for this vote over many years. Tobacco interests have contributed millions of dollars over the years to Members of Congress and the parties. From 1991 to 1994, tobacco interests contributed a total of \$6,662,076, and has also sponsored a number of trips for members of Congress (see Appendix II, VIII).

Political Organizations

The White House and the DNC

More than any previous president, Clinton has utilized polls and consultants to help him form policies and legislation that are calibrated to reflect "what will sell" to the American people. Like no other president before him, he has also utilized his own political party to sell his message to the American people -- turning the DNC into a financial conduit to pay for expensive "outside advisors" and television ads.

The DNC has hired a handful of Clinton's former presidential campaign strategists to help his administration push an ambitious legislative agenda through Congress. In many ways, these consultants act as de facto White House employees without having to forgo lucrative contracts with other clients, as would have been the case if they were government employees. These consultants are a new breed of presidential advisors—campaign consultants who never stop campaigning, constantly utilizing polls,

advertising, television, and "town hall" meetings to influence public opinion and to shape policies that the public will **find** acceptable.

Of those influential consultants at the White House, Stanley Greenberg probably tops the list. Following his work in the Clinton campaign, he was hired by the DNC and paid the sum of \$1.9 million in 1993 to track public sentiment concerning a whole host of **issues**.¹⁵⁷ As Mark **Gearan**, the White House communications director, told *The Hartford Courant*, Stanley Greenberg is a "central player" in this **administration**.¹⁵⁸

Not only does Greenberg conduct about four polls a month and a handful of "focus groups," he briefs the President at least once a **week**.¹⁵⁹ While Greenberg takes the pulse of American opinion with **polls**, he uses focus groups to "gauge why voters feel a particular way." Armed with this information, he can then advise the President on what aspects of his policies the American public supports and which ones make them ill at ease.

Reports indicate that Clinton uses Greenberg's polling results concerning health care as a **weathervane** to guide him in the formation of his policy and in the use of rhetoric when addressing the country about health care. In fact, one of the reasons Clinton backed away from an individual tax to cover the cost of health care reform was due to a Greenberg poll indicating **American's** were not supportive of a health care system financed in this **manner**.¹⁶⁰ Greenberg's most recent polls have indicated that Americans are confused about Clinton's health care plan. Hence, Clinton has stopped talking about the substance of the plan and has narrowly focused on issues that have broad support such as "Health Care Security" and "Coverage for All Americans." Clinton has eliminated references to "employer mandates" and "purchasing alliances." Instead, he is using such **listener-friendly** phrases as real "insurance reform" and "guaranteed private insurance," which was "test-marketed in **public-opinion** research by Stanley **Greenberg**."¹⁶¹ As noted earlier in this study, Greenberg informed the White House in the spring of 1993 that there was residual animosity and distrust throughout society for three health care-related players - doctors, insurance companies, and pharmaceutical companies - and populist rhetoric against those groups would appeal to public opinion.

Greenberg declined the Center's request for an interview.

Critics charge that Clinton is walking down a dangerous path allowing polls and focus groups to guide his decisions to an inordinate extent. At a panel sponsored by the American Enterprise Institute on the role of Presidential pollsters, Richard **Wirthin**, who did polls for former President Ronald Reagan, said that presidents "cannot make decisions simply driven by **polls**....[T]he most critical piece of information on how one makes policy is what the President believes, what he thinks and what he wants to **accomplish**."¹⁶²

Other White House consultants who have been receiving monthly retainer fees from the Democratic Party include former 1992 campaign strategists James Carville, Paul Begala, and **Mandy Grunwald**.

The DNC has played a major **role** in selling health care reform to the American public. The first major signal that the political party would be actively lobbying for and working on behalf of the Clinton health care reform agenda came in June 1993, when the DNC created a nonpartisan foundation called the National Health Care Campaign "to solicit money from corporations, unions, and others for a public relations campaign on behalf of President Clinton's health care **plan**."¹⁶³ This short-lived strategy to create an "independent" organization was scrapped after it came under a hailstorm of criticism about the

propriety of such a lobbying operation hoping to raise between \$7 million and \$37 million from undisclosed contributors, much of which would certainly come from the health care industry that was being "reformed." Instead, the DNC launched a campaign from within the organization -- under the same name — to publicize and build support the President's plan.

The DNC's efforts in support of the President's plan have been criticized from within the party as an **inappropriate--i.e.**, non-election use of DNC funds. With all the financial and human resources being drained for health care, there is a **significantly-depleted** coffer for the DNC to spend on its traditional role of helping Democrats win elections. A House Democrat told the *Washington Times* that "Supporting the President is all well and good, but the first function of the national committee is to promote the political interests of the entire **party**."¹⁶⁴

Although the Chairman of the National Democratic Committee David Wilhelm has assured nervous Democrats the DNC has returned to the business of winning elections, the party has continued to promote Clinton's reform package. In fact, after months of internal turmoil concerning what strategy the organization would pursue in support of health care reform, the DNC unveiled a "multi-million dollar" advertising drive on April 14 to "educate" Americans about Clinton's reform agenda.

The DNC originally hired Richard Celeste, former Governor of Ohio, to launch a grass-roots education drive to get the word out about the President's plan. However, the DNC ultimately decided to primarily focus on television advertisements, since polls continued to indicate that the "public still does not understand what is in the President's health plan."¹⁶⁵ Celeste quit over this change in strategy, indicating that Mandy Grunwald, Clinton's former campaign advisor and a DNC media consultant, had succeeded in convincing the Democratic hierarchy to mount an advertising blitz instead of focusing on the **DNC's** more traditional strategy of grass-roots organizing. Celeste returned to his Ohio consulting firm where he resumed working on such issues as international trade and health **care**.¹⁶⁶

Grunwald undoubtedly represents the new breed of consultant -- working behind-the-scenes to shape policy and to sell Clinton's agenda to the American public, including specially-targeted audiences. She proved herself invaluable to Clinton and the Democratic party during the presidential campaign by orchestrating the successful appearance of then-Governor Clinton on "The Arsenio **Hall** Show" and MTV. According to White House Communications Director Mark Gearan, "On health reform, Mandy spent hours refining the language, fine-tuning the names of things, so people would get it."¹⁶⁷ Grunwald is a master at selling and packaging complicated policies and ideas, and she's well compensated for her efforts. The DNC pays her \$15,000 a month, not including the 15 percent compensation fee paid to her firm, Grunwald, Eskew & Donilon, for media purchases. The DNC has also given her a \$3 million ad budget for health care. Grunwald also has had a number of corporate clients including USA*NAFTA and Tele-Communications **Inc.**¹⁶⁸

In early July, the DNC began running television advertisements directly "spoofing" the HIAA's successful "Harry and Louise" commercials. In the spots, which were run initially in New York and Washington, Harry and Louise are badly injured and lose their health insurance. Louise says to Harry, "You said universal coverage was too complicated. You said you'd never lose your job, so we'd always be covered. You said, what would we do when the Government runs out of money? Well, who's out of money now, Harry?"

The DNC is holding \$4 million "in reserve" for television advertisements when the legislation is debated on the House and Senate **floor**.¹⁶⁹

The RNC

While the Democratic National Committee and the White House struggle to put the most positive spin on a complex and confusing reform package, the Republican National Committee is playing a traditional, if low-key, opposition party role. The RNC is financing a media campaign that attacks the particulars and proponents of Clinton's **proposal**, though they are still maintaining allegiance to the notion of reform itself.

The RNC's stance has been a simple one: The Clinton proposal was a "fantasy", that if allowed to pass, would put everything good about American health care in the **balance**.¹⁷⁰ Potential price fixing, health care rationing, higher taxes, and the loss of up to three million jobs in the small business sector were among the reasons why.

Employer mandates are at the **top** of the Republican hate list. In-house memoranda from RNC Chairman Haley Barbour to Republican leaders point to mandates as one of the most bitter pills in Clinton's health care proposal, and allude to future requirements that Americans tell their "employers and the state when they divorce, get fired, or have a child." Barbour asks, "This isn't Big **Brother**?"¹⁷¹

The alternative? "Republicans will continue to put forward common sense, productive reforms," Barbour said in a news release in late June, "that do not blow up the current system in favor of a government **takeover**."¹⁷² Until the recent legislative **proposal** by Sen. Robert Dole, R-Kan., the Republican Party hasn't had much to say regarding specific, recommended reforms.

Indeed, for much of the 1992 Presidential election, incumbent George Bush appeared anxious to sidestep the matter and when pressed, touted a policy without a way to fund it. John **Rother**, legislative director for the American Association of Retired Persons, agreed.

"Bush really acted as if he wished that the issue would go away, to tell you the truth," he told the Center. "And although they kind of came out with a half-hearted effort in the last year there, it **wasn't** really ever a priority for George **Bush**. It was a way of having something he could talk about that allowed him to say they had a plan."

Even today, the RNC is perceived by many as skirting the issue of reform by suggesting that, in fact, there is no health care problem. In a now-famous memo by William **Kristol**, chairman of the Project for the Republican Future, he took the unspoken belief to the level of policy when he suggested that "Republicans take the position that **there's** no health care **crisis**."¹⁷³

In mid-February 1994, the DNC, led by former Ohio Gov. Richard Celeste, produced a commercial that used speech excerpts of four Republicans declaring that there was no health care crisis. In a dramatic response, Barbour demanded an apology for what he termed "**'doctored'** video" designed to mislead the American **public**.¹⁷⁴

DNC Chairman David **Wilhelm** stood by their commercial.

RNC advertising was no less calculating. Spending at least \$600,000 on their television ads, the RNC has criticized Congress and the President in an effort to heighten doubts and dampen enthusiasm for the Clinton proposal.

The influence of the RNC, in its opposition role, includes its behind-the-scenes inter-relationships

with various interests fighting to defeat specific provisions of the legislation. For example, the National Smokers Alliance, a grass-roots group formed with seed money from Philip Morris, has been active in combating anti-smoking initiatives, but also may turn its attention to Congress and a protest of the proposed federal cigarette tax deigned to pay for the reform package. Among the alliance board members is RNC co-chairwoman Jeanie Austin.¹⁷⁵

Efforts by the Health Insurance Association of America, whose "Harry and Louise" commercials struck such a successful chord in America's confusion, and the aggressive grass-roots lobbying by National Federation of Independent Business have supplemented in effect the RNC's message.

As one prominent Republican said in a television interview, "I think their criticism is well taken. I think our position in print and on TV is the same, which is that the Clinton plan would be destructive to the quality of American health care."¹⁷⁶

In late June, Texas billionaire and former presidential candidate H. Ross Perot offered the RNC \$1 million to produce a rebuttal to an NBC news program on health care reform that appeared on June 21. The show was, in Perot's mind, an advertisement for Clinton's health care plan.

Although the lure of garnering some of Perot's supporters is tempting, many in the party are apprehensive about such a high-profile alliance. Eddie Mahe, a longtime Republican consultant, said he'd argue to reject Perot's offer. "Right now his stock is in the toilet. So, if he gets involved with the Republican Party, it will burnish his reputation once again. Then two months from now, he'll be running a deal with the DNC to put up ads against us."¹⁷⁷

The Elderly

Over the last two decades, no group has been more outspoken on the health care issue than the elderly. Fighting continuously to preserve and enhance Medicare benefits, control drug prices, and improve access to long-term care, the elderly have again become a crucial factor in the reform debate.

There is no larger, more formidable trade association in Washington than the American Association of Retired Persons (AARP), which has 33 million members, a \$300 million annual budget, and represents half the U.S. population over the age of 50. AARP and health care have always been closely identified because, as Legislative Director John Rother put it, "AARP got started almost out of health care concerns. It's one of the major reasons why many people joined the association in the early years because we were the only way that most older people could get health insurance."

In fact, AARP has an arrangement with Prudential, which sells supplemental insurance to association members and pays AARP a four percent "administrative allowance" for collecting the premium and giving it to Prudential. In 1991, AARP earned \$100 million from this relationship.¹⁷⁸

In the 1980s, the AARP suffered an embarrassing defeat on health care. Former President Reagan proposed catastrophic care legislation in response to harsh criticism for his proposals to trim back Social Security, and AARP supported the measure. But after it had moved through the congressional process, a surtax and sliding monthly fees had been added. Some of the elderly, including the National Committee to Preserve Social Security and Medicare, were very upset. AARP reversed its position on the legislation and lost 6,000 members over the issue, and the Medicare Catastrophic Care Act ultimately was repealed by Congress.¹⁷⁹

Rother was talking with the Clinton campaign in 1992 about **AARP's** various health-related concerns, and was in Little Rock, Arkansas, before and after the election. Throughout the first year of the Clinton administration, the White House worked closely with the AARP. **Meanwhile**, Rother, himself, got deeply involved with the Clinton White House when he was selected to be head of the Health Care Reform Project. The coalition of various supporters, from AARP to Families USA to various labor unions, was initiated by the administration and Sen. Jay Rockefeller when it became apparent that the **DNC-led** national lobbying campaign was not working. To date, the Project has spent approximately \$6-7 **million**, according to Rother.

Despite Rother and AARP's closeness to the Clinton administration, in November 1993, an embarrassing moment occurred for both the AARP and the White House. Although the AARP membership is split in terms of their preferred approach on health care -- from single-payer to wanting no change to the status quo - the Board of Directors was and remains most sympathetic to the Clinton plan. Strategically, the Board decided not to formally endorse the Clinton plan. But news stories about the decision portrayed it as a sharp rebuke of Clinton, instead of noting the AARP's reticence making an actual endorsement while substantially supporting the Clinton **proposal**.¹⁸⁰

Rother recalled, "The story got out of control from our point of view." He blames the White House, at least in part, "because they had made endorsements and non-endorsements and so we kinda rejected that category and we said, '**Well**, your plan is the strongest and most **realistic**.' It wasn't an endorsement, but you [the White House] could've easily said we welcome their support, we're glad to have them on board. I mean they could've defined it that way. Instead, it's either '**you're** with us or you're against **us**.' The press picked that up and the press ran the story - Refuses to Endorse - which was not the truth at all ... my board was in complete shock because what they thought they were doing was very positive and the story that came out was **negative**."

Rother, a veteran Washington lobbyist, has not been impressed with the public relations packaging skills of this White House. "I think they had a difficult time defining a message. I think that despite the fact [**that**] they had a war room, which was certainly a good idea, there were inconsistent **signals** coming out. You know Clinton one day would say, '**Here's** my plan. It's the best **plan**.' And the next day [he] would say '**Any** other plan would be just as **good**,' he said.

To Rother, in retrospect it was a partly a problem of emphasis. "The White House spent enormous time and energy perfecting the plan and gave the selling of **the** plan almost the back of his hand (sic). Really, if they'd spent as much thinking of how to market this as they had spent on development then they'd be a lot better off," he said.

Nonetheless, the AARP, along with labor unions, is essential to the administration's hopes of developing grass-roots support for the Clinton plan. Rother said that the AARP is mobilizing thousands of member volunteers nationwide **through** "phone trees." The AARP's internal mechanisms are being utilized as **well**, which Rother pointed out are "the biggest circulation magazine in the world and **the** biggest circulation newspaper" in the world.

Beyond that, in 1994 the AARP Board made a special \$10 million allocation to lobby for health care reform, which will be used for television, radio, and newspaper advertising, as well as direct mail alerts.

Under the Clinton plan, much of Medicare would be rolled into the alliance system over a number of years, and those currently in the system would receive "**the** same or better coverage as standard

Medicare benefits," and at no greater cost. Once over the age of 65, the beneficiary could opt to stay in the alliance system, and their premiums would be reset based on risk adjustments. These rates would be kept separate from the younger **population**.¹⁸¹

Health plans qualifying for Medicare contracts must enter a cost contract if they are to remain within the alliance. Beneficiaries could choose a managed care or **point-of-service** option. Enrollment into these plans would be handled by a third party to avoid "cherry-picking," the elderly could also go back to Medicare if they chose to during the annual enrollment period if they chose to.

Outpatient prescription drugs would carry a \$250 annual deductible. Once over the \$250, patients would pay 20 percent of the cost of the drug, with an annual limit on **out-of-pocket** spending set at \$1,000. All drugs would be covered except for fertility and cosmetic drugs, or those new drugs deemed excessively priced by the HHS Secretary and the National Health **Board**.¹⁸²

One thing about health care reform in which there is very little ambiguity for the **AARP** is the belief that Medicare should not be cut to help finance the reform. In November 1993, Medicare Administrator Bruce Vladeck told the House Subcommittee on Health and the Environment that Medicare spending could be cut \$124 billion over five years to finance reform without putting beneficiaries at **risk**.¹⁸³

Doctors and hospitals responded by saying they may have to cut back on services and personnel if those cuts are put in place. Medicare currently reimburses doctors and hospitals between 60 and 80 percent of the cost of **services**.¹⁸⁴

In April 1994, the AARP responded by telling Congress that it would oppose any further cuts until cost containment in other areas was attained. AARP Federal Affairs Director Martin **Corry** testified that the association supports keeping Medicare. "A distinct program rather than dismantling it or forcing beneficiaries into state based alliances or systems ... If Congress decides to grant a limited number of states the authority to integrate Medicare into broader statewide systems, the Association urges that the public be given ample opportunity to review and comment on such waiver requests and that states be required to demonstrate — with thorough validation - and not simply "assure" that Medicare beneficiaries will receive the same benefits and protections as the under 65 population and Medicare funds are earmarked so that states cannot divert such funds for other purposes," he **said**.¹⁸⁵

AARP would also like to see expanded preventive services, a cap on out-of-pocket expenses, and protection for low-income recipients over age 65.

The group does seem satisfied with the provisions on drug pricing and promised to work with Congress in ensuring access and cost guarantees. And others have said that the proposed drug benefits would help the new system realize savings over the old. According to a study by the National Association of Retail Druggists and the National Association of Chain Drugstores, the cost of the new drug benefits, projected to be about \$69 billion, would be offset in part by the resulting reduction in hospital care and doctors' **visits**.¹⁸⁶

In addition to AARP, there has been other activity regarding elderly support and opposition to the Clinton plan. In early 1994, there were news reports about three direct-mail organizations who, according to Sen. David Pryor, D-Ark, are "preaching fears and lies about health care reform." The mailings have claimed that people who buy health care insurance outside the proposed alliance system will go to jail and that there will be no doctors left to treat patients if the Clinton plan is **enacted**.¹⁸⁷

Labor

At the AFL-CIO's Executive Council meeting in Washington in May 1994, a group of union presidents went over to the White House and met with the President. The event was not, by itself, big news anywhere, even in the *AFL-CIO News* newspaper. But it was actually quite significant. Six months earlier, some labor leaders had threatened to withhold campaign contributions to the Democratic Party and work to defeat those Democratic members of Congress who had supported **NAFTA**. There was enormous bitterness and anger toward Clinton, and frustration that a Democratic President essentially had the same trade policies as the Republicans had.

But, several weeks after the NAFTA rift, AFL-CIO President Lane **Kirkland** met privately with President Clinton, in an effort by both men to put NAFTA behind them. Clinton told Kirkland that he wanted him to develop regular, frequent contact with his close assistant, George **Stephanopoulos**. Kirkland and Stephanopoulos have lunch together every few weeks, sometimes joined by Cabinet member Robert Rubin. In early July, President Clinton asked **Kirkland** to travel with him to Poland, in light of the AFL-CIO's well-known, steadfast support for Lech Walesa and the Solidarity movement there.

Today, NAFTA seems like a very distant memory; Clinton and the nation's largest labor unions are working very closely together. In fact, the AFL-CIO is most vocal, unabashed supporter of the Clinton health care reform plan. The other large organization actively mobilizing grass-roots support for the reform legislation is the AARP — with **five** times the overall budget and more than twice as many members as the AFL-CIO -- which ironically declined to formally endorse it.

The AFL-CIO, comprised of 87 unions and 14 million members, strongly supports universal coverage, substantially paid for by employers. Labor doesn't believe health benefits should be taxed, and unions, which already have good health packages, should be able to keep them. The AFL-CIO's national campaign and internal committee on health care is being **led** by John Sweeney, president of the Service Employees International Union (**SEIU**), which represents more health care workers than any other union. Sweeney also participated in advisory meetings with the Bush administration on health care issues. The AFL-CIO's day-to-day trench warfare is being directed by SEIU's top health care expert, Gerald **Shea**.¹⁸⁸

According to Shea, their strategy is very simple, "We've never tried to change public opinion ... we have an effect on the debate if we use our resources on the local **level**." He also said that during the months of June, July and August, they **will** utilize have the "equivalent" of 100 full-time organizers nationwide, including targeting states. The AFL-CIO has not run any direct television advertising, but has instead poured substantial money into the Health Care Reform Project, which has aired commercials. The AFL-CIO substantially support, the DNC as well. And as discussed earlier in this study, the AFL-CIO, its member unions, and a few other unrelated union organizations such as the National Education Association, are major donors to members of Congress, contributing \$8,462,958 in 1993 and 1994.

The AFL-CIO sees the current drive for universal health care as historically significant as the fight for enactment of the Social Security Act in the 1930s. The organization has announced it will spend at least \$10 million to promote the Clinton health plan -- the most ever spent on a single **cause**.¹⁸⁹ And with Kirkland, there is institutional memory about labor and this issue. In his speech to the AFL-CIO convention on October 4, 1993, Kirkland said, "We have been on the often lonely barricades for universal health care since the days when labor joined with President Truman and other great names of the time in drafting and campaigning for the **Wagner-Murray-Dingell** bill. I earned my first stripes working with a man too many have now forgotten, the AFL-CIO's Director of **Social** Insurance, Nelson

Cruikshank. He revelled in the battle against the agents of organized medicine and employers, who railed against what they mindlessly called 'socialized medicine.' Is it not time, now -- after all these years - for America to join the human race. Thanks to the dedication of this President -- and the hard work and craftsmanship of the First Lady, Hillary Rodham Clinton -- we are finally ready to do it."

In recent years, there have been internal disagreements in the **AFL-CIO** about health care reform. **One** part of the large organization, led by **AFSCME**, and the **UAW**, has steadfastly argued for the single-payer approach. Indeed, one union, the Oil, Chemical & Atomic Workers, will not budge at all from advocating the Canadian-style system. Several other unions have been more conservative, such as the **AFL-CIO Building and Construction Trades Department**, whose president, **Robert Georgine**, is **also** chairman and chief executive officer of the Union Labor Life Insurance Company (**ULLICO, Inc.**) - a **1,600-employee** life and health insurance company with over \$400 million in **annual** revenues. Until 1993, Georgine served on the **HIAA** Board of Directors.

But despite any in-house differences, the labor movement is relatively unified and **mobilized**. To Kirkland and his members, there is little doubt about who the "enemy" is, or what needs to be done.

"Those interests with a stranglehold of profit on the current system will not yield easily, of course, and they have allies among the usual suspects on the right wing of Congress. They cloak their obstruction with a cloud of jargon about the ultimate wonders of the free **market ... bi-partisanship** is **fine** if it is real and does not just give hypocrisy a bad name. But it must not seek to enfold the trenches of the intransigent or the pseudo-civilized. In their case it is wiser to observe the old adage: '**Never** teach a pig to sing - it wastes your time and it annoys the **pig**.' They simply do not want any part of it. They must be **defeated**," he said.¹⁹⁰

Public Interest Groups and Foundations

One of the under-reported stories of the health care reform debate is the political dilemma faced by the progressive public interest community, specifically the advocates of a Canadian "**single-payer**" system. For years, a motley assemblage of more than two dozen consumer groups, labor unions, churches, and others met every few weeks in Washington in what was loosely referred to as the Single Payer Coalition. They wrote jointly-signed letters to members of Congress and the news media, and have worked closely with the development and writing of single-payer legislation on Capitol Hill.

In mid-1992, as it increasingly became apparent that a Democrat might be elected President, titters of excitement spread throughout these public interest ranks. They hoped that finally, they might have an ally in high places. In August and September 1992, a few organizations met with Clinton's campaign staff, or the candidate himself, to discuss the single-payer approach. While it was understood that Clinton was no [Sen. Robert] Kerrey or [former Gov. Jerry] Brown when it came to this liberal policy alternative, it was reasoned, that perhaps he could be "educated."

Internally in Washington, a quiet debate smoldered about how to proceed. As one single-payer activist recalled telling fellow Coalition members in **the** summer and fall of 1992, "If Clinton's going the wrong way on health care, we need to speak out now. But everybody said, '**We** have to get him elected, we'll have a lot of goodwill. You'll just be helping **Bush**.' I was made to feel a **pariah**."

After the election, some public interest and union representatives met with the President-elect in Little Rock, Arkansas, to discuss the single-payer health care approach. Clinton did not flatly reject their issue **and**, instead, said, "I want your advice, I want you involved. We can't do health care reform

without **you**." He also told them about the health care task force, and said that the single-payer approach would be considered. Excited about their personal access to the next President of the United **States**, these coalition advocates returned to Washington and told their respective memberships that they could work with this President. As discussed earlier, beginning in 1991, Clinton was not particularly impressed by the single-payer system and never seriously considered it while he was a candidate or after the election, including during the task force's extensive deliberations.

In Little Rock in December, hundreds of single-payer supporters, organized by the **Universal** Health Care Action Network, had arrived in buses from all over the country and were marching in the street toward the Governor's mansion. They wouldn't leave until Clinton came out and said a few words, which he did. But inside, players were completely mortified about this embarrassing public **display**, and the organizer of the bi-weekly coalition meetings, Cathy Hurwit of Citizen Action, made it very clear that this must never happen again.

Back in Washington, just weeks before the swearing-in ceremony, a high-level meeting was called at the L Street offices of the American Federation of State, County, and Municipal Employees (AFSCME). More than 20 single-payer advocates were present, including Hurwit, AFSCME president Gerald McEntee, Public Citizen president Joan Claybrook, consumer advocate Ralph Nader.

Nader invoked the example of Franklin Roosevelt after he had been elected President, telling his supporters, '**You** elected me, now go out there and make me do **it**.' Nader bluntly, forcefully said that single-payer advocates "cannot squander this opportunity," and had a moral obligation to speak out — **now**."

McEntee and others present stressed the extraordinary access they all now had after 12 years of being completely shut out. The basic response was, "We're going to handle this our way, behind-the-scenes."

Today, at least a dozen groups and unions -- longtime single-payer advocates - have fallen in behind the President's plan. Citizen Action, Consumers Union, and other groups now say, "We support single-payer but we're working for the Clinton plan." Following Clinton's September 1993 speech unveiling the Health Security Act of 1993, Citizen Action Executive Director Ira Arlook said, "President Clinton's commitment to universal coverage and health care cost controls is a major achievement in reforming our health care **system**." But he also said that "while the President's initiative is a major step forward, Citizen Action will continue to fight for a single-payer system "

Public Citizen, founded more than 20 years ago by **Ralph** Nader, has 140,000 members and an \$8 million annual budget, and is the largest single-payer group refusing to support the Clinton plan. Together with Physicians for a National Health Program and the Campaign for Health Security, they want states to at least have the option to choose the single-payer system. They have sponsored full-page advertisements in *The New York Times* and other newspapers, decrying the "Big Five" insurance companies and their financial stake in managed competition and the Clinton plan. Dr. Sidney Wolfe and Sara Nichols are the organization's two leading **spokespeople**/ lobbyists on this issue. Public Citizen, along with the Association of Trial Lawyers of America, has lobbied the White House and Congress intensively on a separate, specific health care reform issue as well: medical malpractice liability. Doctors, many through the American Medical Association, have been fighting to reduce their exposure to malpractice lawsuits in the reform legislation.

Consumers Union, which publishes *Consumer Reports* magazine, has supported a single payer

system and, according to **Gail Shearer**, the group's manager of policy analysis, it still does. However, it has softened its stance, coming out in favor of the Clinton plan.

In a letter sent to the President on September 17, 1993, the group applauded **Clinton's** provisions for a comprehensive benefit package for **all** Americans, cost controls by the National Health Board, and a rejection of caps in malpractice suits. The group criticized the plan for maintaining "a multi-tier health care system" and for not providing enough financing to protect the poor. They also promised to continue to support the **McDermott/Wellstone** single payer bills.

By February 1994, the group published a checklist of their view of consumers' health care needs and how various health plans stacked up against each other. The Clinton plan finished second only to **McDermott/Wellstone**; questions about the Clinton plan and a multi-tier system and financing seemed to have been answered to the satisfaction of the Union.

Families USA, which was a single payer supporter back in the late 1980s is now a strong supporter of the Clinton plan, in part because they feel it is the best chance of "substantial reform." Headed by Ron Pollack, a Clinton advisor in the 1992 campaign, the organization also contributes to the Health Care Reform Project.

"**You** get to a point where you get tired of hitting your head against a wall and arguing for **what's** perfect," Jeff Kirsch of Families USA told *Legal Times*. "Your head starts to hurt after a while. We have a chance to win something that is substantial and real, and I hope we don't blow it."¹⁹¹

Families USA has a \$4 million annual budget and a 25-person staff. The organization has been trying to nudge long-term health care and national insurance reform onto the national agenda since 1988. In 1988 and 1992, in New Hampshire, the group -- along with other organizations -- organized and sponsored candidate forum events with one-topic agendas and guaranteed television coverage, which made a major impact in that first-primary state.

In the fall of 1992, Families USA, issued a widely-quoted study analyzing the Bush and Clinton health care plans. "That report was done with the utmost seriousness," recalled Pollack, who was advising Clinton on health care at the time. Families USA hired the frequently-hired, health care number-crunching consulting **firm Lewin-VHI**, which found that the **Clinton** health care plan was the most viable of the two candidates.

"The Clinton folks ran with it," said Pollack. "James Carville used to say the two most important things you should read in this world are the Bible and the Families USA report on health care **reform**."

In late 1993, Pollack held a news conference and released internal lobbying documents from **HIAA** and an organization with a different name it substantially sponsors.

Few nonprofit organizations have been more effective in the health care reform area than Families USA, which brings up another issue -- the role of such groups in the overall lobbying picture. This year, on this particular issue, we are seeing more "**educational**" organizations and foundations involved than is normally the case.

NFIB's John Motley agrees. "Anytime you get into a lobbying effort you'd like to have some unimpeachable source out there ... [A] study done by somebody you can turn to and say, see they agree with us. Usually those things are thought up for a specific purpose, they are funded for a specific

purpose, and they are used exclusively **inside-the-Beltway**. I think the use of them by everybody in this particular effort, is certainly larger than I have ever seen before," he said.

One of the most interesting developments in the health care debate has been the high-profile involvement of a philanthropic institution — the Robert Wood Johnson Foundation. For years, the Foundation has had a strong interest in health care issues, and it recently gave \$2.5 million to NBC News to broadcast a documentary "educating" viewers about health care reform. The foundation is also underwriting "gavel-to-gavel" coverage of the congressional floor debate on health care on PBS. Many opponents of the Clinton health care plan see the Johnson Foundation as little more than a stalking horse for the White House, which the Johnson Foundation vociferously denies.

The foundation, which does not endorse specific legislation, holds 58 percent of its \$3.4 billion in assets in Johnson & Johnson stock. Last year it spent \$690,000 on four health care reform forums, plus \$800,000 in each of 12 states to help activists there draft state health care reform. It also sponsors six Robert Wood Johnson Fellows, who supplement congressional staffs each year. Candidates for the Fellowships are selected by the Institute of Medicine, part of the National Academy of **Science**.¹⁹²

There is one civil court complaint filed with the Internal Revenue Service by David **Hartsuch** of Minneapolis in 1992, alleging that the Robert Wood Johnson Foundation violated lobbying and tax exemption **laws**.¹⁹³

INFLUENCING CONGRESS

The last time a national health care reform measure made it to the floor of Congress was in 1979. Over the last decade, health care-related interests have blanketed Congress with over \$45 million in political action committee (PAC) contributions from January 1, 1983 to May 31, 1993; \$18.6 million went to current members of the congressional committees that oversee health care issues, according to a September 1993, *Common Cause* study called "Hazardous To Your Health."

The day-to-day pressure that individual members of Congress are under is extraordinary and possibly unprecedented. For example, Rep. Dan Schaefer, R-Colo., a member of the House Energy and Commerce Committee, was contacted by more than 80 groups in the first **five** months of this year. Not only was he visited by such major national health care players as the Health Insurance Association of America, Blue Cross and Blue Shield, Metropolitan Life, the American Association of Retired Persons (AARP), the American Hospital Association (AHA), and American Medical Association (AMA), but he was also contacted by individual companies like Searle, Synergen, and Texaco. Local interests ranging from doctors to business people, from cattle ranchers to pharmacists, all sought meetings with the beleaguered Congressman.

Rep. Michael Castle, R-Del., has also been beset by special interests. Castle told the Center that between 100 and 200 lobbyists have passed through his office touting the needs of their very specific, special interests concerning health care. "Their message is the same every single time: We support health care reform but we want to make sure we are included," Castle said.

To ensure that their concerns are heard -- and more importantly, incorporated into the health care reform package -- hundreds of special interests have descended upon members of Congress, utilizing, PAC contributions and trips. Health care-related concerns have laid the groundwork for a favorable legislative outcome over the last two years by contributing more than \$25 million in political contributions -- \$23,236,199 in PAC contributions to members of Congress and \$1,882,719 in **soft** money contributions to both parties. It should be noted that most organizations attempting to influence health care legislation - from the **AFL-CIO** to the AARP -- have many different interests under consideration by Congress. (See Appendix A for total political contributions by organizations with health care interests.) In 1992 and 1993, in addition to political contributions, health care industry groups took members of Congress on 182 trips to locations such as West Palm Beach, Florida, and Palm Springs, California. Organizations with health care-related interests - not just the industry itself but groups participating in the health care reform debate -- have taken members of Congress on over 355 trips. (See Appendix VIII for more information).

Political Contributions

As Americans grew increasingly concerned about health care throughout the 1980s and with the election of a President who has made health care reform his number one priority, the traditional forces that have opposed reform have had to rethink their strategy. Suddenly, health care reform had attained the patina of inevitability, and for the various health care interests, it was now a matter of achieving the maximum position of not losing out in the competitive fray between the specific health care forces. Thus, as a new administration and **five** congressional committees *got down to specifics*, often surgeons and other specialists were pitted against general practitioners, doctors against nurses, large insurers against small insurers, doctors against lawyers (on medical malpractice), and hospitals against the pharmaceutical companies. And thus, as is frequently the case in our nation's capital, the issue came down to which group would win the most friends and influence the most people in Washington.

Part of the industry's strategy to persuade and maintain their advantage even in the face of reform continues to revolve around hefty political contributions. Since the beginning of the Clinton administration, many of the organizations waging intense lobbying campaigns over health care reform legislation are also the same groups who make significant political contributions to members of Congress and to the parties. The top 10 organizations with health care-related interests that contributed PAC money in 1993 and 1994 to members of Congress include:

*	American Federation of State County & Municipal Employees	\$1,111,620
*	International Brotherhood of Electrical Workers	\$1,070,486
*	United Brotherhood of Carpenters and Joiners	\$ 923,200
*	International Assn. of Machinists and Aerospace Workers	\$ 854,906
*	Assn. of Trial Lawyers	\$ 832,535
*	American Medical Association	\$ 772,042
*	American Maritime Officers	\$ 685,470
*	United Auto Workers	\$ 639,769
*	National Assn. of Life Underwriters	\$ 490,690
*	American Dental Assn.	\$ 490,297

Other top contributors in 1993 and 1994 from the Center's list of more than 650 groups lobbying on this issue include: the American Hospital Association (\$459,741), Philip Morris Companies Inc. (\$339,128), the American Chiropractic Association (\$282,878), the American Healthcare Association (\$215,025), the National Restaurant Association (\$209,463), U.S. Tobacco Co. (\$197,800), the National Association of Federal Employees (\$185,250), Glaxo, Inc. (**\$173,540**), Massachusetts Mutual Life Insurance Co. (\$172,900), Prudential Insurance Company of America (\$160,641), the Blue Cross and Blue Shield Association (**\$156,726**), Metropolitan Life Insurance Co. (**\$140,865**), Pfizer, Inc. (\$139,992), and CIGNA Corp. (\$127,425).

Of those committees that have jurisdiction over health care legislation, many members have accepted PAC contributions from organizations with health care-related interests. On the House Ways and Means Committee, the top 10 recipients of health care-related PAC money in 1993 and 1994 are Reps. Dan Rostenkowski, **D-Ill.**, (\$218,750); Robert Matsui, **D-Calif.**, (**\$134,813**); Bill Brewster, **D-Okla.**, (\$126,464), Pete Stark, **D-Calif.**, (\$121,900); Sam Gibbons, **D-Fla.**, (\$118,636); L.F. Payne, **D-Va.**, (\$117,737); John Lewis, **D-Ga.**, (\$109,862); Charles Rangel, **D-N.Y.**, (\$109,410); Sander Levin, **D-Mich.**, (\$109,239); Gerald Kleczka, **D-Wis.**, (\$107,950).

On the House Education and Labor Committee, the top PAC recipients are Reps. Gene Green, **D-Texas**, (\$132,572); William Ford, **D-Mich.**, (\$100,500); Dale Kildee, **D-Mich.**, (\$100,160), Jack Reed, **D-R.I.**, (\$66,425); Ron Klink, **D-Pa.**, (\$64,212); Elliot Engel, **D-N.Y.**, (\$62,000); Ted Strickland, **D-Ohio**, (\$54,400); Jolene Unsoeld, **D-Wash.**, (\$51,200); Robert Andrews, **D-N.J.**, (\$39,900); William Clay, **D-Mo.**, (\$38,450).

On the House Energy and Commerce Committee, the top PAC recipients include Reps. John Dingell, **D-Mich.**, (\$170,460); Marjorie Margolies-Mezvinsky, **D-Penn.**, (\$143,860); Lynn Shenk, **D-Calif.**, (**\$111,524**); Thomas Bliley, **D-Va.**, (\$104,950); Craig Washington, **D-Texas**, (\$98,100); Sherrod

Brown, D-Ohio, (\$83,500); Cardiss Collins, D-Ill., (\$81, 850); Jack Fields, R-Texas, (\$79,250); Thomas **Manton**, D-N.Y., (\$71,567); **William Paxton**, R-N.Y., (\$71,128).

On the Senate Finance Committee, the top **five** recipients of PAC contributions from organizations with health care-related interests in 1993 and 1994 include Sens. Daniel **Moynihan**, D-N.Y., (\$306,720); Kent Conrad, D-Nev., (\$302,035); John **Chafee**, R-R.I., \$226,871); Orrin **Hatch**, R-Utah, (\$208,799); William Roth, R-Del., (\$113,152).

On the Senate Labor and Human Resources Committee, the top **five** recipients of PAC contributions from organizations with health care-related interests are Sens. Orrin **Hatch**, R-Utah., (\$208,799); **Jeff Bingaman**, D-N.M., (\$114,948); James Jeffords, R-Vt., (\$95,850); Harris **Wofford**, D-Pa., (\$94,400); Tom Harkin, D-Iowa, (\$64,700).

Trips

During 1992 and 1993, members of Congress were busy traveling across the United States at the expense of the health care industry. Over 85 members participated in 181 trips sponsored by the health care industry to 73 U.S. cities as well as San Juan, Puerto Rico; Paris, France; Montego Bay, Jamaica; and Toronto, Canada. Of those trips, half were to the popular vacation destinations of California and Florida. Members brought their spouses on 73 of the trips.

The largest organization sponsoring trips, by far, was the American Medical Association, which sponsored 55 trips in two years. According to the AMA, these trips were held principally to "educate" members on health care issues. Members generally began their "education" at 8:00 a.m. and finished at noon. During their morning sessions, "AMA doctors, lobbyists and trustees would give a series of presentations on health care issues," Brenda Craine, AMA assistant director of media information services, said.

Members that went on more than one AMA sponsored trip in 1992 and 1993 include Reps. Bill Brewster, D-Okla.; Dennis **Hastert**, R-Ill.; Jim **McDermott**, D-W.Va.; John Porter, R-Ill.; Jim Lightfoot, R-Iowa; Robert Smith, R-Ore.; Bill Thomas, R-Calif.; and Pat Williams, D-Mont.; and Sen. Frank Murkowski, R-Ark. Rep. **Hastert** attended two AMA conventions -- one in Philadelphia and one in San Francisco. His son accompanied him on the San Francisco trip and all expenses were paid by the AMA, according to his financial disclosure statement. Rep. **Hastert** gave speeches at both affairs about the Republican perspective on health care reform, according to **Hastert's** press secretary. **Hastert** also sits on the House Energy and Commerce Committee and received \$68,722 in PAC contributions in 1993 and 1994 from organizations with health care-related concerns. Rep. John Porter also participated in an AMA seminar in Long Boat Key, Florida and one in Dallas, Texas. On the Florida trip, Porter met with "AMA leaders on health care," Porter's press secretary said. Porter was the keynote speaker in Dallas.

Other groups that sponsored trips include American Cyanamid Co., Pharmaceutical Research and Manufacturers of America (PRMA), Eli Lilly & Co., Glaxo Inc., and True Quality Pharmacies, to name a **few**.

Members of Congress who have taken the most trips sponsored by the health care industry, include Sen. Dave Durenburger, R-Minn., (11); Rep. Charles **Stenholm**, D-Texas, (11); Rep. Patricia Schroeder, D-Colo., (10); Rep. Bill Brewster, D-Okla., (10); Rep. Fred Grandy, R-Iowa, (8); Rep. Jim McDermott, D-Wash., (6); and Rep. Roy Rowland, D-Ga., (5).

Sen. Durenberger, who is a member of the Senate Labor and Human Resources Committee, went on 11 trips sponsored by the health care industry, their associations and groups specifically dealing with health care issues in 1992 and 1993. These trips were sponsored by the National Association of Private Psychiatric Hospitals, the Midwest Business Group on Health, the National Business Coalition Forum on Health, Medtronic Inc., CSC Health Care Systems, the American College of Gastroenterology, the Federation of American Health Systems, Eli Lilly and others. These events were held in Ft. Lauderdale; Chicago; New York; San Francisco; West Palm Beach, Fla; and Atlanta. "These trips are taken to get out of the Washington scene and to find out what's going on outside of Washington There is usually some Q & A. It's a line of communication that's used to let each other know what's going on," a Durenberger aide said. Durenberger also accepted \$50,750 in PAC contributions in 1993 and 1994 from organizations with health care-related interests.

Rep. Charles Stenholm, who is democratic House Deputy Whip and active in rural health care, also participated in 11 trips sponsored by the health care industry over a two-year period. In a letter to the Center, he wrote: "With the health care debate dominating the 103rd Congress, it is understandable that public interest in the topic has escalated in recent years. With the potentially far-reaching effects of reform, not only health care providers but groups involved in agriculture, business, and biomedicine, among others, have been eager to hear from a variety of players about health reform." Rep. Stenholm spent 37 days on trips sponsored by health care interest's such as the Texas Hospital Association, the National Council of Community Hospitals, the PRMA, the AMA, the National Chain Drug Store Association, and others. He spoke on topics entitled "National Health Care Reform Options -- The Good, The Bad and The Ugly & The Incomprehensible," and "Managed Competition: Comprehensive Health System Reform for the 103rd Congress," to the Texas American Medical Association and the National Council of Community Hospitals. He dined with CEOs of the PRMA in Boca Raton, Florida and addressed their board of directors about the "Forecast for Health Care Reform." He received awards from the Texas Society of Biomedical Research and the Texas Medical Association in Houston for his authorship of the "Animal Enterprise Act of 1992," which provides for the "protection of agricultural and research facilities from terrorism."

Rep. Patricia Schroeder, D-Colo., participated in 10 trips sponsored by such groups as the Arizona Nurses Association, Medical Home Project, Parke Davis Pharmaceutical, Planned Parenthood of Hawaii, and Massachusetts General Hospital. Some of the events were held in Phoenix, Detroit, Boston, as well as Honolulu. Rep. Schroeder's press secretary told the Center that the Congresswoman had taken an unusually large number of trips with health care groups because advancing research in "women's health issues" is one of her primary goals.

Rep. Jim McDermott, a sponsor of a "single-payer" health care reform plan in the House of Representatives and recipient of \$30,050 in PAC contributions in 1993 and 1994 from organizations with health care concerns, took six trips sponsored by health care interests. These sponsors include the American Medical Association, the American Association of Physicians from India, the American College of Surgeons, the American Interreligious Health Care Access Campaign. On his financial disclosure form for 1992, Rep. McDermott acknowledged that travel sponsored by the Palo Alto Medical Foundation; the League of Women Voters of Albany, N.Y.; the Northern American College of Surgeons; and the American Association of Physicians from India were "undertaken to deliver speeches on health care issues." Rep. McDermott traveled to San Francisco, Albany and Detroit to give these speeches.

Rep. Roy Rowland, a doctor himself, participated in several trips to Florida sponsored by doctor's organizations such as the AMA, the Florida Medical Association, the Florida Osteopathic Medical Association and the New Jersey Medical Society. Rep. Rowland's press secretary said that he

accepts these trips because Rep. Rowland is a doctor. He [also] "gets a lot of contributions from medical interests." Similarly, Rep. Bill Brewster, a former pharmacist, participated in trips sponsored by pharmaceutical interests - three trips sponsored by the **National** Wholesale Drug Association; two by the PRMA; and one by each True Quality and Pfizer, Inc. According to Rep. Brewster's 1992 and 1993 financial disclosure forms, he gave speeches and acted as a moderator in panels sponsored by these groups in Palm Springs, California; Palm Beach, Florida; Orlando; San Juan, Puerto Rico; Los Angeles; San Diego; Fort Worth; and Chantilly, Virginia. Rep. Brewster spent a total of 30 days on trips sponsored by the health care industry and their associations - 24 of those days were sponsored by pharmaceutical interests.

Rep. Fred Grandy, **R-Iowa**, a sponsor of the House Cooper-Grandy bill, now known as "**Cooper-Breaux**," took eight trips sponsored by the health care industry, ostensibly to discuss the future of health care and to discuss his reform plan, said Rep. Grandy's press secretary. Grandy addressed the Association of Health Insurers in Atlanta; the board of directors at **Grinnell** Hospital in Grinnell, Iowa; the Independent Insurance Agents in Des Moines, Iowa; the Iowa Association of Anesthesiologists in Cedar Rapids, Iowa; the National Council of Community Hospitals in Orange County, California; and the Pharmaceutical Manufacturers Association in San Jose, California. Organizations with health care-related interests contributed over \$72,550 to Rep. Grandy's campaign committee coffers in 1993 and 1994.

The Center also examined trips sponsored by organizations that have health care-related interests and have been lobbying Congress on reform. It should be noted, once again, that many large organizations have a variety of issues before the Congress, and they are not required to disclose or delineate the specific legislative rationale behind a campaign donation or sponsored trip. We discovered that organizations with health care-related interests -- not only the industry itself, but also groups participating in the health care reform debate -- took over 155 members of Congress on 355 trips. Organizations with health care-related interests paid for a total of over 900 days worth of trips for members. For over one-third of those trips, members brought their spouses or other family members along.

The organizations with health care-related interests that sponsored the most trips over a two year period include the AMA, the Tobacco Institute, U.S. Tobacco, Philip Morris, and the **AFL-CIO**. Four out of every **five** trips took place during the harshest winter months in Washington D.C. -- almost all of them to California or Florida.

All of the Tobacco Institute's 48 trips were taken during the winter to California, principally to the posh desert community of Palm Springs. Similarly, U.S. Tobacco sponsored 30 trips, all of which were taken during the winter to the Florida cities of Miami, Boca Raton, West **Palm** Beach, and Fort **Lauderdale**. Most of the U.S. Tobacco trips were taken under the auspices of charity sport events and were listed on members financial disclosure forms as, among other things, the Corporate Charity Classic, and the UST Eagle Invitational Golf Tournament. At the Corporate Charity Classic members and corporate executives play tennis to raise money for various charities, according to Allan Kaiser with the Tobacco Institute. (See Appendix VIII for more information about trips).

One member of Congress, who has accepted tobacco industry largesse is L.F. Payne, **D-Va.**, and who has played a pivotal role in the House Ways and Means Committee's passage of a health care bill, took a Dibrell Brother's private jet to the opening of the Danville Tobacco Market. Payne, who represents a tobacco-producing **district**, also received over \$115,000 in PAC contributions in 1993 and 1994 from organizations with health care-related interests. Along with 20 other representatives, Payne

has been a vocal opponent of the tobacco tax, making it clear that he would not vote for health reform in the House Ways and Means Committee if a sharp increase was included. Payne was an important swing vote on the committee in passing a health care **bill** in June. That committee settled on a 45 cent tax increase while the Senate Finance Committee settled on an increase of about one dollar on cigarettes and a comparable increase on other tobacco products.

Investments

Since Clinton took office in January 1993, there has been a whirlwind of speculation as to which industries will be hit the hardest, and which will be strengthened by health care reform. Which **health** care providers are best positioned as the economic and **overall** landscape changes? Will the largest insurance companies be strengthened as they continue to purchase health maintenance organizations? Which small to mid-sized insurance companies will survive? Will hospitals and doctors be compelled to limit the use of high-technology medical procedures if the cost of these services is prohibitive?

All of this speculation -- and the eventual legislative outcome of reform — has an effect on the value of investments in health care-related industries. Many members of Congress who are deciding the fate of health care legislation also have investments in health care-related companies. The Center has examined the financial disclosure statements of members of Congress for 1993 and discovered that 134 members, their spouses, or dependent children held health care-related assets. As requested in financial disclosure statements, members are required to list their own assets as well as those of their spouse and dependent children — we have included all such holdings in this study. The most widely-held assets appear to be in the pharmaceutical industry — 32 members of Congress, their spouses or dependent children have had investments in Merck & Co.; 28 in Bristol-Myers Squibb Co.; 20 in Procter & Gamble; 17 in Johnson & Johnson; 12 in American Home Products; 12 in Glaxo; and 11 in Pfizer, Inc. Two companies that have been lobbying over health care reform legislation — **Anheuser-** Busch and Philip Morris — are also top investment choices.

Of the 134 member holding health care-related assets, more than 40 were serving on committees with jurisdiction over health care legislation. Rep. **Rostenkowski**, former chairman of the House Ways and Means Committee, purchased stocks in September. The amount of the transactions were \$1,001-\$15,000 in Bristol-Myers Squibb and Schering-Plough Corp., as well as **\$1,001-\$15,000** worth of stock in Merck — all of which were in a Prudential Securities **keogh** plan. In 1993, according to **Rostenkowski's** financial disclosure statement, he also held notes valued between **\$15,001-\$50,000** in Philip Morris.

Rostenkowski's press secretary, Kristen Kanthak, said that the stock purchases had absolutely nothing to do with the direction of health care reform, nor did it have any bearing on the way the Congressman legislates. In reference to Rostenkowski's Philip Morris assets, **Kantjak** said, "If you are saying that the tobacco people are trying to buy his vote, they are not getting their money's worth. He is not a great friend of the tobacco industry." Rostenkowski also received \$218,750 in **PAC** contributions in 1993 and 1994 from organizations with health care-related interests and went on trips in 1992 and 1993 where he gave speeches before the American Pathologists Association, the Midwest Business Group on Health, and the Chicago Medical Society. He **also** attended a conference in New York with pharmaceutical CEOs from such companies as Abbott Laboratories, and Pfizer, Inc. House Energy and Commerce Committee Chairman John Dingell, **D-Mich.**; Senate Finance Committee Chairman Daniel Moynihan, D-N.Y.; and Senate Labor and Human Resources Committee Chairman Edward Kennedy, D-Mass., all held minor health care-related assets in 1993.

Members of those committees with the most health care-related investments — and two of the

wealthiest members of Congress -- include Sens. John Danforth, R-Mo., and Claiborne Pell, **D-R.I.** Pell, who sits on the Labor and Human Resources Committee, holds the most health care-related assets. In 1993, Pell had investments in over 30 health care-related companies, and a **substantial** number were in pharmaceutical firms such as Roberts Pharmaceutical Corp., Baxter International Inc., Bristol-Myers Squibb, Procter & Gamble, Pharmaceutical Resources, Pharmaceutical **Technology**, Pharmakinetix Laboratories Inc., **Mylan** Labs, Merck, **Marsam** Pharmaceutical, Monsanto, Kimberly-Clark Corp., Johnson & Johnson, **Genentech**, Inc. and Block Drug Inc.

In 1993, Pell purchased stock worth between **\$200,002-\$500,000** in Marsam Pharmaceutical; **\$250,001-\$500,000** in United Healthcare Corp.; \$2,002-\$30,000 in Mylan Labs Inc.; **\$1,001-\$15,000** in Pharmaceutical Resources Inc.; \$1,001-\$15,000 in Pharmaceutical Technology Corp.; **\$1,001-\$15,000** in Pharmakinetix Laboratories Inc.; **\$1,001-\$15,000** in Roberts Pharmaceutical Inc.; and **\$2,002-\$30,000** in Procter & Gamble. At the end of 1993, Pell also held assets valued between \$1,001-\$15,000 in the Coastal Healthcare Group; \$1,001-\$15,000 in Mariners Health Group Inc.; \$30,002-\$100,000 in Merck & Co.; and **\$100,001-\$250,000** in Pacific Physician Services Inc. In 1993, he sold between \$100,002-\$200,000 in Healthcare Compare Corp. investments. Pell also has holdings in the tobacco companies **RJR** Nabisco and Philip Morris, and Anheuser-Busch.

When the Center asked what effect Sen. Pell's numerous health care holdings had on his view of health care reform, Pell's press secretary responded that his views on legislation had "very little to do with his investments." The press secretary added that Pell's investments were so numerous and diversified that "anything he does in the Senate affects his holdings" and "if [health care legislation] passed, it could help or hurt" those holdings.

Sen. John Danforth, R-Mo, who sits on the Senate Finance Committee, is another top health care-related investor. By the end of 1993, in one trust established for Danforth, and in another established for the Senator and his descendants, there were stock holdings valued between **\$50,001-\$100,000** in each of the following companies: Monsanto Co., Procter & Gamble, UST Inc., Hospital Corp. of America, Johnson & Johnson, and Pfizer, Inc. Other stocks held in various trusts established for the Senator, his descendants or his wife include, Merck, American Home Products, Kimberly-Clark, Bristol-Myers Squibb and Aetna.

Other members of Congress, their spouses, or dependent children holding health care-related assets (including tobacco and alcohol investments) valued between **\$250,001-\$500,000** in 1993 include Reps. Porter Goss, **R-Fla.**, (American Home Products and Merck); **Amo Houghton**, R-N.Y., (Genentech Inc.); Mike Kreidler, D-W.Va., (Group Health Pension Fund); Marilyn Lloyd, D-Tenn., (Schering-Plough Corp.); Marge **Roukema**, R-N.J., (University of Medicine and Dentistry 401k); James **Sensenbrenner**, R-Wis., (Philip Morris); Norman Sisisky, D-Va., (Procter & Gamble). Senators, their spouses, or dependent children with health care-related assets valued between \$250,001-\$500,000 at the end of 1993 include Sens. Danforth, **R-Mo.**, (Philip Morris); John McCain, R-Ariz., (**Anheuser Busch**); and Pell, **D-R.I.**, (Marsam Pharmaceutical and Quantum Health Res. Inc.).

Rep. Marilyn Lloyd, **D-Tenn.**, had an investment valued between **\$500,001-\$1 million** in Roberts Pharmaceutical. Her husband is listed as "director" of Roberts Pharmaceutical in his financial disclosure statement and the investment was listed as his holding. Other members, their spouses, or dependent children with holdings between **\$500,001-\$1 million** in 1993 include Rep. Lynn Schenk, **D-Calif.**, (Medi-Mail, Inc.); Rep. Sensenbrenner, R-Wis., (Merck); and Sen. McCain, R-Ariz., (Anheuser-Busch Debenture).

Rep. Thomas Petri, R-Wis., had stock in Walgreens valued at over \$1 million. Petri told the Center that his **Walgreen's** stock has "absolutely no" impact on his perspective of health care reform. He said that the stocks were purchased years ago and his recent sale of a portion of that stock — valued between **\$15,000-\$30,000** - is not related to the controversy around reform. He simply needed the **money**, he said. The other member with a health care-related investment of over \$1 million is Rep. **Sensenbrenner, R-Wis.**, (Kimberly-Clark).

To avoid the appearance of a **conflict-of-interest**, some members have put some or all of their investments in blind trusts. As of 1994, 25 members of Congress have blind trusts including Sens. John Breaux, D-La; John Danforth, R-Mo.; Diane Feinstein, **D-Calif.**; Edward Kennedy, **D-Mass.**; Robert Dole, **R-Kan.**; John Rockefeller, **D-W.Va.**; John Glenn, **D-Ohio**; among others. The Representatives who have blind trusts for 1994 are Peter **Hoagland**, D-Neb., and Robert Torricelli, D-N.J.

CONCLUDING REMARKS

Over 50 years before Charles Darwin examined the survival of the fittest - and long before those observations were expanded to a theory of society -- James Madison, in *The Federalist Papers* (No. 51), described a culture in which the "stronger faction can readily unite and oppress the weaker." The consequence of this oppression, he wrote, would be simple "anarchy ... as in a state of nature, where the weaker individual is not secured against the violence of the **stronger**." In nature, strength is measured by sheer physical power and prowess. But in Washington these days, strength is measured by that weird alchemy of access and financial resources that characterize mercenary culture; there is no issue of public policy in which the sheer strength of those special interests have so overwhelmed the process as in the health care reform debate.

President Clinton's senior adviser for health care reform, Ira Magaziner, told the Center, "We heard from more than **1,100** organized lobbying groups before we developed our plan. The real issue is not all the groups who made their voices heard, it is all the people without an organized **voice**." He went on to explain that few groups represented the 39 million Americans without health care insurance or the 80 million Americans with pre-existing medical conditions. He continued, "There was no lobbyist for the 120 million Americans with lifetime limits on their insurance policies that could cause their insurance to run out when they need coverage most."

But lobbyists were there for other interests, stronger interests. What would Madison say about the Health Insurance Association of America, which spent over \$10 million on TV commercials? Those ads are credited with a 20 percentage point drop in national support for the Clinton health care reform plan. What would Madison think of the National Federation of Independent Business, which has more lobbyists working the House of Representatives than does the White House? How would Madison view the American Medical Association, which has tried to "educate" members of Congress about health care issues by taking them on no fewer than 55 trips in a two-year period?

Not all factions are that strong, of course, but there is certainly no shortage of interests. We identified over 650 groups, who spent more than **\$100** million on lobbying (including advertising and campaign contributions) in an attempt to influence the outcome of the national health care reform debate. It is difficult to **find** anyone who argues that the proliferation of factions makes for an easier, more streamlined, more effective decision-making process. Today there is general, heightened concern about "**hyperpluralism**," or as Jonathan Rauch describes it in *Demosclerosis*, "**groupism** has exploded."

Rather than result in an illuminating diversity of opinion, "hyperpluralism" has further hamstrung the process. John **Rother** of one of the most powerful interest groups, the senior citizens association the AARP, explained, "There's been a diffusion of power within the institution of Congress but there's also been a diffusion within the interest group world. All of which makes it more difficult to come to agreements." Beyond the diffusion, there is also exclusion, as even Bill Gradison, president of **HIAA**, acknowledged to us, when he described a "splintering of these groups ... Some groups aren't well represented here at all," he continued, unintentionally echoing Ira Magaziner. "I don't mean there are zero advocates but there aren't a lot of advocates for the **poor**."

The poor and the uninsured do not organize phone trees and action **alerts**, mobilizing tens of thousands of a particular interest's members nationwide, in a matter of hours and days. While television was used as a lobbying tool in the NAFTA debate, in the health care debate it became a critical strategic weapon. Never before have political parties lobbied so intensively on a public policy issue. Indeed, political parties, moving still further away from direct contact with their constituents, abandoned their

grass-roots lobbying effort in favor of a **national** airwaves initiative to sway public opinion. Kathleen **Hall** Jamieson, dean of the University of Pennsylvania Annenberg School of Communication, believes what we have seen in terms of health care reform advertising is historically important. From here on, nothing will ever quite be the same again. Jamieson told **us**, "There's now going to be a mass media element in public **policy**."

Another element that we noticed and found disconcerting is the phenomenon described by the Advocacy Institute as "Stealth **Lobbying**." For example, late last year, the Coalition on Health Insurance Choices was exposed as an insurance industry "front **group**." But how many are never exposed? The behavior and the influence of these organizations only increase the public's cynicism about the political process.

Will a legislative outcome on health care reform in Congress be one that inordinately reflects the power of strong, dominant factions? From the perspective of an interest group like **AARP**, the dominance of the strongest factions created an impulse in Congress, "to water it down or at least do something smaller or less ambitious," according to John **Rother**. The result? "When people figure out - probably after election day - what it is, people will say, '**That** didn't solve my **problem**.'" Mandatory alliances, drug pricing, community rating, and employer mandates are all the mantras of this watering-down process.

For 200 years of America's democratic experiment, factions or interest groups were natural and inherent to our society and representative government was the objective arbiter between competing, rival groups. In recent years, however, and especially in the current health care reform debate, we have seen that some factions are so strong they overwhelm the decision-making process. Ira Magaziner said, "When you look at money and power around the health care reform issue, it is concentrated among a few very large, well-heeled interests who want to maintain the status quo. Consumer groups and various public interest groups have nowhere near as much clout, pull, reach or **money**."

The way in which this feeding frenzy of special interests - of the "strong" - affects the final health care bill, we will see in the coming months. But its implications extend far beyond the current debate because health care has become symbolic of the way business is done in Washington today. And it is not an empty symbol, rather it embodies the very state that Madison warned us against 200 years ago -- a state of nature. A state where the strong survive. A state where the weak are overwhelmed. In short, a state where fundamental elements of the "last best hope" have been sold to the highest bidder.

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APPENDIX I: THE PLAYERS ORGANIZATIONS LOBBYING FOR HEALTH CARE REFORM

KEY

COMPANY:

Through a year-long process, all organizations on the Center's list have been contacted in regards to their position on health care reform. The sources of this **list** included the organizations' contributions to members of Congress, House and Senate lobbying records, interviews, and secondary news reports. Additional groups appear in Appendices III, VIII and IX.

Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns, such as unions or tobacco companies.

TYPE:

The Center classified each organization in this list by industry "type " The following Center-designated health care-related industries were included:

- A: Alcohol industry
- B: Non health care-related business
- HA: Hospital **Associations/Long-term** care facilities
- HB:** Health care-related business (excluding pharmaceuticals)
- HP:** Health Care Providers, Administrators and Trade Associations
- I: Insurance
- PH:** Pharmaceuticals
- PI:** Public interest groups
- TO:** Tobacco industry
- TA: Non health care-related trade associations
- U:** Unions

LOBBYIST:

Each organization listed was contacted to determine their **group's** main health-care reform contact person. In some instances, the organization would not disclose a name.

REPRESENTED BY:

This list, compiled from House and Senate lobbying records. *Washington Representatives, Political and Lobby Finance Reporter* and other secondary news sources, includes the lobby and public-relations firms retained by each organization in the previous two-year period.

1993 BUDGET:

Organizations' 1993 budgets were compiled from *Standard & Poors, the Encyclopedia of Associations*, interviews and secondary news sources. The Center attempted to contact every organization for their budget; many groups declined to give budget **figures**.

CONTRIBS*:

These figures, compiled from Federal **Election** Commission records, include all 1991-1994 Political Action Committee and soft money (contributions to the Democratic National Committee and Republican National **Committee**) contributions from each organization on the list.

It should be noted that most organizations attempting to influence health care legislation have many **different** interests under **consideration** by Congress

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Abbey Medical Home Health Care Products	3560 Hyland Ave. Costa Mesa, CA 92626	412-281-6464	HB
Abbott Laboratories Inc.	1710 Rhode Island Ave. NW #300 Washington, DC 20036	202-659-8524	HB
ABC Home Health Services Inc.	3528 Darien Highway Brunswick, GA 31520	912-264-1940	HA
Academy of Managed Care Pharmacy	1321 Duke St. #305 Alexandria , VA 22314	703-683-8416	PH
Aerospace Medical Assn.	320 Henry St. Alexandria, VA 22314	703-739-2240	HP
Aetna Life & Casualty Co.	1501 M St. NW #400 Washington, DC 20006	202-223-2821	I
AFL-CIO , Department of Legislation	815 16th St. NW #309 Washington , DC 20006	202-637-5000	U
AIDS Action Council	1875 Conn. Ave. NW #700 Washington , DC 20009	202-986-1300	PI
Air Products and Chemicals Inc.	805 15th St. NW #330 Washington, DC 20005	202-289-4110	B
Alaska State Medical Assn.	4107 Laurel St. Anchorage, Alaska 99508	907-562-2662	HP
Alcohol & Drug Problems Assn. of N. Amer.	120 1st Capital Dr. St. Charles , MO 63301	314-940-2283	PI
Allen Memorial Hospital of Oberlin , Ohio	200 West Lorain Street Oberlin , OH 44074	216-775-1211	HA
Allergan Inc.	2525 Dupont Dr. Irvine, CA 92713-9534	714-752-4500	PH
Alliance for Managed Competition	No office. Lobbying coordinated by The Ridley Group Group(D.C.)and Oldaker, Ryan & Leonard(D.C.)	202-835-0777	I
Alliance of American Insurers	1211 Conn. Ave. NW #400 Washington, DC 20036-2701	202-822-8811	I
AlliancePharmaceuticals	3040 Science Park Rd. San Diego, CA 92121	619-558-4300	P
Allianz Life Insurance Co.	1750 Hennepin Ave. Minneapolis, MN 55403	612-347-6500	I
Alzheimer's Assn.	919 N. Michigan Ave. #1000 Chicago, IL 60611	312-335-8700	PI
Alzheimer's Dis. & Related Disorders Assn.	1319 F St. NW #710 Washington, DC 20004	202-393-7737	HP
Amalgamated Clothing and Textile Workers Union	815 16th St. NW #507 Washington, DC 20006	202-628-0214	U
Amer. Acad. for Oral Pathology	11 Tamarack Ave. New City, NY 10956	914-639-1166	HP
Amer. Acad. of Actuaries	1100 17th St. NW, 7th floor Washington, DC 20036	202-223-8196	I
Amer. Acad. of Child & Adoles. Psychiatry	3615 Wisconsin Ave. NW Washington, DC 20016	202-966-7300	HP
Amer. Acad. of Facial Plastic & Reconstructive Surgeons	1110 Vermont Ave. NW #200 Washington, DC 20005	212-909-0340	HP
Amer. Acad. of Family Physicians	2021 Massachusetts Ave. NW Washington, DC 20036	202-232-9033	HP
Amer. Acad. of Ophthalmology	1101 Vermont Ave. NW #700 Washington, DC 20005	202-737-6662	HP
Amer. Acad. of Oral Pathology	U of KY School of Dentistry Lexington, KY 40536-0084	606-233-5515	HP
Amer. Acad. of Orthopedic Surgeons	317 Massachusetts Ave. NE Washington, DC 20002	202-546-4430	HP
Amer. Acad. of Pediatric Dentistry	211 E. Chicago #700 Chicago, IL 60611-2616	312-337-2169	HP
Amer. Acad. of Pediatrics	601 13th St. NW #400N Washington, DC 20005	202-347-8600	HP
Amer. Acad. of Physician Assistants	950 N. Washington St. Alexandria , VA 22314	703-836-2272	HP
Amer. Ambulance Assn.	1301 Connecticut Ave. NW Washington, DC 20036	202-296-8390	HP
Amer. Assn. for Dental Research	1111 14th St. NW #1000 Washington, DC 20005	202-898-1050	HP
Amer. Assn. for Marriage & Family Therapy	1100 17th St. NW , 10th floor Washington, DC 20036	202-452-0109	HP
Amer. Assn. for Respiratory Care	1655 N. Fort Myers Dr. #700 Arlington , VA 22209	703-351-5282	HP
Amer. Assn. of Bioanalysts	818 Olive St. #918 St. Louis, MO 63101	314-241-1445	HP
Amer. Assn. of Colleges of Osteopathic Med.	1625 K St. NW #902 Washington, DC 20006	202-467-4131	HP
Amer. Assn. of Colleges of Pharmacy	1426 Prince St. Alexandria, VA 22314	703-739-2330	HP
Amer. Assn. of Dental Schools	1625 Mass. Ave. NW #502 Washington , DC 20036	202-667-9433	HP
Amer. Assn. of Healthcare Consultants	11208 Waples Mill Rd. #109 Fairfax, VA 22030	703-691-2242	HP
Amer. Assn. of Homes for the Aging	901 E St. NW #500 Washington, DC 20004-2837	202-783-2242	HA
Amer. Assn. of Nurse Anesthetists	777 N. Capitol St. NE #803 Washington, DC 20002	202-682-1267	HP
Amer. Assn. of Occupational Health Nurses	50 Lenox Point Atlanta, GA 30326	404-262-1162	HP
Amer. Assn. of Oral & Maxillofacial Surgeons	9700 West Bryn Mawr Ave. Rosemont, IL 60018	708-678-6200	HP
Amer. Assn. of Orthodontists	401 N. Lindberg Blvd. St. Louis, MO 63141	314-993-1700	HP
Amer. Assn. of Preferred Provider Orgs.	601 13th St. NW #370-So. Washington, DC 20005	202-347-7600	I

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Kimberlie Rogers-Bowers, Dir. of Legis. Affairs	Robinson, Lake, Lerer & Montgomery	248670000.00	0.00
David Landsidle, Divisional VP	Olsson, Frank and Weeda, P.C.	785000000.00	249787.00
Joel Mills, Admin. Asst. to CEO	The Borden Group, Inc.	0.00	0.00
Bill Tindall , Exec. Dir.	William N. Tindall, Ex. Dir.	0.00	0.00
Dr. Russell Rayman , Exec. Dir.	Russell Rayman, Exec. Dir.	0.00	0.00
Kathleen Harrington	The Duberstein Group, Inc.; Oldaker, Ryan & Leonard	0.00	332780.00
Linda Miller, Legis. Aide	Robert McGlotten , Legislative Director, Challenge America, Inc. ; Sherman, Dunn, Cohen, Leifer and Yellig	61565845.00	1454065.00
Matt Patrick, Mgr. AIDS Action Network	Matt Patrick	1923000.00	0.00
Jessica Holiday , VP of Fed. Relations	The Donnelly Group	0.00	94545.00
Raymond Schalow, Exec. Dir.		0.00	1000.00
Janet Woodburn , Bridgeway Counseling Services	Kenneth L. Eaton, Ex. Dir.	360000.00	0.00
Harding Christ, Dir. of Pub. Relations	Baker & Hostetler	0.00	0.00
Brad Gary, VP of Gov't. Affairs	Capitol Assoc., Inc.	0.00	4000.00
William Oldaker , Partner	The Ridley Group; Oldaker, Ryan & Leonard; The Weber Group	1000000.00	0.00
Julie Rochman , VP for Public Affairs	Health Policy & Strategy Assoc. ; Wunder, Diefenderfer, Cannon & Thelen	0.00	26604.00
Anthony Moffett, Chr/C.E.O. , Strategic Policy Inc.	Strategic Policy , Inc.	0.00	0.00
Al Grove, Head Lawyer	Al Grove, VP of Law Dept.	0.00	0.00
Steve McConnell , Sr. VP, Pub. Pol. Div.	CR Assoc.	0.00	0.00
Judy Riggs , Dir. of Federal Issues	CR Assoc.	23759857.00	0.00
Carolyn Kazdin , Legis. Dir.	Michael Wilson	0.00	335552.00
Rebecca Halkias	Murray, Scheer, Tapia & Montgomery	0.00	0.00
Mike Anzick , Health Care Analyst	Christine Cassidy	3200000.00	0.00
Tracey Crowell , Asst. Dir. of Gov't. Affairs		0.00	0.00
Mary Lou Denardo (KPKR)	Steven Duffy, Ex. VP	0.00	104450.00
Charles Huntington , Dir. Wash. Office		0.00	0.00
Wayne Powell, Asst. Dir. for Fed. Reimb. Policy	Gold and Liebengood, Inc.	0.00	1140573.00
Dr. Dean White, Member of Exec. Counsel	Murray, Scheer, Tapia & Montgomery	0.00	0.00
Nick Cavarocchi , Dir. of the Washington office	CR Assoc.	22000000.00	0.00
Dr. John Bogert , Exec. Dir.		0.00	0.00
Graham Newson, Asst. Dir.	Hogan & Hartson	26000000.00	0.00
Nicole Garra , Dir. of Gov't. Affairs	Is helped out by Capitol Associates	4200000.00	22450.00
Wendy Ruhlin , Gov't. Affairs Rep.	Fleishman-Hillard , Inc.	0.00	78545.00
Nick Cavarocchi, Exec. Dir.	CR Associates	0.00	0.00
John Hutchins , Public Info.	Geraldine Ferraro/Keck, Mahin and Cate	5500000.00	44300.00
Cheryl Brown, Dir. of Gov't. Affairs		6000000.00	14650.00
Mark Birenbaum , Administrator	Arent Fox Kintner Plotkin & Kahn	0.00	16150.00
Dan Whiteside , Dir. of Gov't. Relations		1300000.00	0.00
Edwin Webb , Dir. of Gov't. Affairs and Health Policy		2200000.00	0.00
Martha Liggett, Asst. Exec. Dir. Gov't. Affairs		2540000.00	0.00
Vaughan Smith, Pres.		400000.00	0.00
Susan Petty , Dir. Health Policy	Cassidy and Assoc. , Inc.	5500000.00	0.00
Kathy Michels, Dir. of Gov't. Relations		12000000.00	77800.00
Jerry Williamson, Dir. , Comm. and Gov't. Affairs	Arent Fox Kintner Plotkin & Kahn	0.00	0.00
Tanya Turpin , Admin. Asst.		0.00	188950.00
Terry Wolf, Dir. , Communication and Marketing	Wunder, Diefenderfer, Cannon & Thelen	0.00	0.00
John Roman, Legis. Coordinator		1000000.00	0.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Amer. Assn. of Retired Persons	601 E St. NW Washington, DC 20049	202-434-2277	PI
Amer. Automobile Manufacturers Assn.	1401 H St. NW #900 Washington, DC 20005	202-326-5518	TA
Amer. Bar Assn.	1800 M St. NW #200 Washington, D.C. 20036-5886	202-331-2200	TA
Amer. Cancer Society	316 Pennsylvania Ave. SE #200 Washington, DC 20003	202-546-4011	PI
Amer. Chamber of Commerce Executives	4232 King St. Alexandria, VA 22302	703-998-0072	TA
Amer. Chiropractic Assn.	1701 Clarendon Blvd. Arlington, VA 22209	703-276-8800	HP
Amer. College of Cardiology	9111 Old Georgetown Rd. Bethesda, MD 20814	301-897-5400	HP
Amer. College of Clinical Pharmacy (ACCP)	3101 Broadway #380 Kansas City, MO 64111	816-531-2177	PH
Amer. College of Emergency Physicians	900 17th St. NW #1250 Washington, DC 20006	202-728-0610	HP
Amer. College of Gastroenterology	4900B S. 31st St. Arlington, VA 22206	703-549-4440	HP
Amer. College of Health Care Administrators	325 S. Patrick St. Alexandria, VA 22314	703-549-5822	HP
Amer. CoUge of Nurse-Midwives	818 Connecticut Ave NW #900 Washington, DC 20006	202-728-9860	HP
Amer. College of Obstetricians & Gyn.	409 12th St. SW Washington, DC 20024	202-638-5577	HP
Amer. College of Osteopathic Surgeons	123 North Henry St. Alexandria, VA 22314	703-684-0416	HP
Amer. College of Physicians	700 13th St. NW #250 Washington, DC 20005	202-393-1650	HP
Amer. CoUge of Preventive Medicine	1015 15th St. NW Washington, DC 20005	202-789-0003	HP
Amer. College of Radiology	1891 Preston White Dr. Reston, VA 22091	703-648-8910	HP
Amer. College of Surgeons	1640 Wisc. Ave. NW, 1st floor Washington, DC 20007	202-337-2701	HP
Amer. Corporate Health Programs	559 West Euchland Avenue #220 Exton, PA 19341	215-594-2110	HP
Amer. Council of Life Insurance	1001 Penn. Ave. NW #500-S Washington, DC 20004-2599	202-624-2000	I
Amer. Cyanamid Co.	1575 I St. NW #200 Washington, DC 20005	202-789-1222	PH
Amer. Dental Assn.	1111 14th St. NW #1100 Washington, DC 20005	202-898-2400	HP
Amer. Dental Hygenists Assn.	444 North Michigan Avenue #3400 Chicago, IL 60611	312-440-8900	HP
Amer. Dietetic Assn.	1225 I St. NW #1250 Washington, DC 20005	202-371-0500	HP
Amer. Family Life Assurance Co. Inc.	Worldwide Headquarters Columbus, GA 31999	706-323-3431	I
Amer. Federation of Government Employees	80 F St. NW Washington, DC 20001	202-737-8700	U
Amer. Federation of Home Health Agencies	1320 Fenwick Lane, #100 Silver Spring, MD 20910	301-588-1454	HA
Amer. Federation of State County & Municipal Employees (AFSCME)	1625 L St. NW Washington DC, 20001	202-452-4800	U
Amer. Federation of Teachers	555 N.Jersey Ave. NW, 10th floor Washington, DC 20001	202-879-4400	U
Amer. Fidelity Group	2000 Classen Ctr. P.O. Box 25523 Ok. City, OK 73125	405-523-2000	I
Amer. General Insurance Co.	2929 Allen Pkwy. Houston, TX 77019	713-522-1111	I
Amer. Group Practice Assn.	1422 Duke St. Alexandria, VA 22314-3430	703-838-0033	HP
Amer. Health Care Assn.	1201 L St. NW Washington, DC 20005	202-842-4444	HA
Amer. Healthcare Systems (AmHS) Institute	400 N. Capitol St. NW #590 Washington, DC 20001-1511	202-393-0860	HA
Amer. Healthcorp Inc.	One Burton Hill Blvd. Suite 300 Nashville, TN 37215	615-665-1122	HA
Amer. Home Products Corp.	5 Giralda Farms Ave. Madison, NJ 07940	212-878-5000	HB
Amer. Hospital Assn.	50 F St. NW #1100 Washington, DC 20001	202-638-1100	HA
Amer. Hotel & Motel Assn.	1201 N. York Ave. NW #600 Washington DC 20005-3931	202-289-3100	TA
Amer. Institute of Nutrition	9650 Rockville Pike Bethesda, MD 20814	301-530-7050	PI
Amer. Insurance Assn.	1130 Conn. Ave. NW #1000 Washington, DC 20036	202-828-7100	I
Amer. Lung Assn.	1726 M St. NW #902 Washington, DC 20036-4502	202-785-3355	PI
Amer. Maritime Officers	490 L'Enfant Plaza East SW #7204 Washington, DC 20024	202-638-5355	U
Amer. Medical Assn.	1101 Vermont Ave. NW Washington, DC 20005	202-789-7400	HP
Amer. Medical International	8201 Preston Rd. #300 Dallas, TX 75225	214-789-2200	HA
Amer. Medical Security Inc.	333 Main St. Green Bay, WI 54301	414-431-1111	I
Amer. Medical Student Assn.	1890 Preston White Dr. Reston, VA 22091	703-620-6600	HP
Amer. Medical Technologists	710 Higgins Rd. Park Ridge, IL 60068	708-823-5169	HP
Amer. Medical Women's Assn.	801 N. Fairfax #400 Alexandria, VA 22314	703-838-0500	HP
Amer. National Insurance Co.	One Moody Plaza Galveston, TX 77550	409-766-6679	I

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Molly Daniels, Mgr. of Health Care Reform Desk	Oldaker, Ryan & Leonard	305000000.00	304.00
Mel Bass, Dir. Health & Benefits Policy		14000000.00	0.00
Lillian Gaskin , Sr. Leg. Counsel		65000000.00	0.00
Kerrie Wilson, Nat'l. VP for Gov't. Relations		381978000.00	0.00
Dina Lewis, Mgr. of Assoc. of Info. Services		2000000.00	0.00
Paul Kelley, Dir. Gov't. Relations	Manatt, Phelps & Phillips	0.00	925624.00
Marie Michnich , Exec. VP for Health Policy	Gold & Liebengood, Inc.	0.00	0.00
Bob Elenbaas, Exec. Dir.		0.00	0.00
Stephanie Kennan , Legis. Rep.		0.00	539625.00
Thomas Fife, Exec. Dir.	Patton, Boggs and Blow	0.00	0.00
Michele Whitsitt, Mgr. of Gov't. Relations		0.00	13064.00
Karen Fennell, Sr. Policy Analyst		0.00	0.00
Shelley Stewart, Mgr. , Fed. Gov't. Relations		32500000.00	0.00
Guy Beaumont, Exec. Dir.	Hogan & Hartson	0.00	0.00
Mike Warner, Sr. Assoc. Gov't. Relations		41000000.00	0.00
Donna Grossman, Public Policy Dir.		400000.00	0.00
Gary Price, Sr. Dir. Gov't. & Pub. Relations		16000000.00	0.00
Cynthia Brown, Office Mgr.		0.00	0.00
Sonny Davis, Sr. VP of Sales & Marketing		0.00	0.00
Debbie Chase, spokesperson		0.00	897925.00
Zack Dalrymple , Dir. of Gov't./Medical affairs		527000000.00	97800.00
Tom Spangler, Legis. Dir.	The Wexler Group	50000000.00	1977222.00
Jane Kendall, Dir. , Gov't. Affairs	McDermott , Will and Emery	0.00	0.00
Nancy Foster, Dir. , Gov't. Affairs		15000000.00	54300.00
Kathlyn Spencer , Sen. VP/Deputy Legal Council	Evans & Assoc. ; Keck, Mahin and Cate	0.00	846690.00
Beth Moten, Dir. of Legis.		22000000.00	314987.00
Robert Raible, Comm. Dir.	The Borden Group, Inc.	0.00	0.00
Diane Burke , Legis. Affairs Specialist		0.00	3399287.00
Kim Moran, Dir. of Field Services		40000000.00	1613019.00
Brett Bremman, Mgr. of Corp. Communications & Empl.		0.00	4475.00
Joanne Griffith, Dir. of Human Resources		0.00	90240.00
Brent Miller, Dir. of Gov't. Relations		3000000.00	12700.00
Richard Miller, Legis. Asst.	Greenberg Traurig Hoffman Lipoff Rosen and Quentel	8000000.00	615957.00
Margaret Reagan, Gov't. Relations Assoc.		0.00	0.00
Bob Stone, Sr. VP		0.00	0.00
John Jacobs, Dept. of Regulatory Affairs		0.00	114650.00
Herb Kuhn, VP for Congressional & Branch Relations	Winston & Strawn, Gold and Liebengood, Inc.	70000000.00	1058406.00
Gavin Sutcliffe, Mgr. of State Gov't. Affairs		1000000.00	326252.00
Pat Schleppe , Admin. Asst.		1000000.00	0.00
Deborah Ballen , Gov't. Relations	Winston & Strawn; Arter & Hadden; Hogan & Hartson; Norell & Assoc. ; Winbum & Jenkins, Inc.	0.00	254134.00
Paul Billings, Dir. of State Gov't. Relations		0.00	0.00
Charles Crangle, Dir. of Cong. and Leg. Affairs		0.00	1581844.00
Brenda Craine , Asst. Dir. , Div. of Media Services		0.00	5072728.00
Katherine Krause , Dir. Public Affairs		0.00	8000.00
Mary Jane Rintelman , VP, Gov't. Affairs		205000000.00	2000.00
Ann Olinger , Dir. Legis. Affairs		2000000.00	0.00
Gerald Boe, Exec. Dir.	Brickfield, Burchette & Ritts	0.00	0.00
Kristen Ebeler, Legis. Asst.		0.00	1000.00
Richard Ferdinandtsen , Sr. VP, Health Ins. Oper.		0.00	15500.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Amer. Nurses Assn.	600 Md. Ave. SW #100-W Washington, DC 20024-2571	202-651-7000	HP
Amer. Occupational Therapy Assn.	1383 Piccard Dr., Box 1725 Rockville, MD 20849-1725	301-948-9626	HP
Amer. Optometric Assn.	1505 Prince St. # 300 Alexandria, VA 22314	703-739-9200	HP
Amer. Orthotic & Prosthetic Assn.	1650 King St. # 500 Alexandria, VA 22314	703-836-7119	HP
Amer. Osteopathic Hospital Assn.	5301 Wisconsin Ave. NW # 630 Washington, DC 20015	202-686-1700	HP
Amer. Pharmaceutical Assn.	2215 Constitution Ave. NW Washington, DC 20037	202-628-4410	PH
Amer. Physical Therapy Assn.	1111 N. Fairfax St. Alexandria, VA 22314	703-684-2782	HP
Amer. Podiatric Medical Assn.	9312 Old Georgetown Rd. Bethesda, MD 20814-1621	301-571-9200	HP
Amer. Postal Workers Union	1300 L St. NW Washington, DC 20005	202-842-4200	U
Amer. Psychiatric Assn.	1400 K St. NW Washington, DC 20005	202-682-6000	HP
Amer. Psychological Assn.	750 First St. NE Washington, DC 20002-4242	202-336-5500	HP
Amer. Public Health Assn.	1015 15th St. NW Washington, DC 20005	202-789-5600	HP
Amer. Red Cross	430 17th St. NW Washington, DC 20006	202-737-8300	HP
Amer. Society of Anesthesiologists Inc.	1101 Vermont Ave. NW #606 Washington, DC 20005	202-289-2222	HP
Amer. Society of Assn. Executives (Healthcare Reform Coalition)	1575 I St. NW #1190 Washington, DC 20005	202-626-2723	TA
Araer. Society of Cataract Surgeons	4000 Legato Rd. #850 Fairfax, VA 22033-4003	703-591-2220	HP
Amer. Society of Consultant Pharmacists	1321 Duke St. Alexandria, VA 22314-3563	703-739-1300	HP
Amer. Society of Hospital Pharmacists	7272 Wisconsin Ave. Bethesda, MD 20814	301-657-3000	HP
Amer. Society of Internal Medicine	2011 Pennsylvania Ave. NW #800 Washington, DC 20006	202-835-2746	HP
Amer. Society of Outpatient Surgeons	4805 Mercury St., Suite E San Diego, CA 92111	800-237-3768	HP
Amer. Society of Plastic & Reconstructive Surges.	444 E. Algonquin Rd. Arlington Heights, IL 60065	708-228-9900	HP
Amer. Speech-Language-Hearing Assn.	10801 Rockville Pike Rockville, MD 20852	301-897-5700	HP
Amer. States Insurance Co.	500 N. Meridian St., Box 1636 Indianapolis, IN 46206	317-262-6262	I
Amer. Subcontractors Assn. Inc.	1004 Duke St. Alexandria, VA 22314	703-684-3450	B
Amer. United Life Insurance Co.	1 American Square Indianapolis, IN 46204	317-263-1877	I
Amgen Inc.	1840 DeHavilland Dr. Thousand Oaks, CA 91320	202-289-4307	HB
Amherst Hospital	254 Cleveland Ave. Amherst, OH 44001	216-988-2831	HA
Anesthesia Professional Assn.	5300 NW 33rd Ave. # 204 Ft. Lauderdale, FL 33309	305-485-5666	HP
Anesthesia Service Medical Group Inc.	3626 Ruffin Rd. P.O. Box 82807 San Diego, CA 92138	619-565-9666	HA
Anheuser-Busch Cos. Inc.	1776 I St. NW #200 Washington, DC 20006	202-293-9494	A
Archer-Daniels-Midland Co.	4666 Farres Parkway Decatur, IL 62525	217-424-5200	B
Arizona Hospital Assn.	1501 W. Fountainhead Pkwy. #650 Tempe, AZ 85282	602-968-1083	HA
Arizona Medical Assn.	810 West Bethany Home Rd. Phoenix, AZ 85013	602-246-8901	HP
Arkansas Blue Cross & Blue Shield	P.O. Box 2181 Little Rock, AK 72203	501-378-2000	I
Arkansas Chiropractic Assn.	501 Woodlane, #136 Little Rock, AR 72201	501-375-6441	HP
Arkansas Medical Society	10 Corporate Hill Dr. #300 Little Rock, AR 72205	501-224-8967	HP
Arkansas Right to Life Inc.	P.O. Box 1697 Little Rock, AR 72203	501-663-4237	PI
Arthritis Foundation	1314 Spring St., NW Atlanta, GA 30309	404-872-7100	PI
Assn. for the Advancement of Psychology	P.O. Box 3812 Colorado Springs, CO 80937	800-869-6595	HP
Assn. of American Physicians & Surgeons	1601 N. Tuscon Blvd. #9 Tuscon, AZ 85716	602-327-4885	HP
Assn. of Health Insurance Agents	1922 F St. NW Washington, D.C. 20006-4387	202-331-2160	I
Assn. of Organ Procurement Orgs.	8110 Gatehouse Rd., #101 West Falls Church, VA 22042	703-573-2676	HP
Assn. of Trial Lawyers of America	1050 31st St. NW Washington, DC 20007	202-965-3500	TA
Assn. of University Programs in Health Administration	1911 North Fort Myer Dr., #503 Arlington, VA 22209	703-524-5500	HP
Associated Insurance Cos. Inc.	120 Monument Circle Indianapolis, IN 46204	317-263-8000	I
Atlanta Life Insurance Co.	100 Auburn Ave. NE Atlanta, GA 30303	404-659-2100	I
Autism Society of America	7910 Woodmont Ave., #650 Bethesda, MD 20814	301-565-0433	PI

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Chris Devries , Assoc. Dir. Gov't. Affairs		21000000.00	468497.00
Fred Summers , Dir. of Gov't Relations		0.00	201665.00
Jeffrey Mays, Dir. Gov't. Affairs	Fleishman-Hillard , Inc.	16000000.00	614366.00
Martha Rinker , Dir. Public Affairs		2000000.00	47100.00
Paul Rettig, VP Gov't. Relations		1500000.00	70803.00
Lee Rucker, Assoc. Dir. Gov't. Affairs	O'Brien, Birney and Butler	0.00	186572.00
Charlie Harker , Dir. Gov't. Affairs	Hogan & Hartson	17000000.00	345689.00
John Carson , Dir. of Gov't. Affairs		6300000.00	679870.00
		0.00	1200325.00
Sharon Cohen, Asst. Dir. Gov't. Relations		24000000.00	1700.00
Peter Nubold, Dir. of Gov't. Relations		0.00	1750.00
Jeff Jacobs, Dir. of Congressional Affairs		5500000.00	0.00
Diane Canova, Gov't. Relations Officer		1105389000.00	0.00
Michael Scott, Dir. of Gov't. Affairs		11000000.00	308300.00
Chet Merritt , VP, Services Corp.	Patton , Boggs and Blow; Wunder, Diefenderfer, Cannon & Thelen	16000000.00	67500.00
		0.00	72050.00
Shelly Hedrick , Dir. of Policy	Dutco & Associates, Inc.	0.00	29400.00
Lee Davitian, Asst. Dir. of Gov't. Affairs	Wunder, Diefenderfer, Cannon & Thelen	0.00	29400.00
Mary Wallace, Dir. of Gov't. Affairs		22000000.00	1000.00
Jodie Klein, Dir. of Media & Info. Services		4100000.00	11000.00
Michael Romansky , Counsel	McDermott , Will and Emory	0.00	0.00
Louanne Lofgren, Dir. Socioeconomic Affairs	Patton , Boggs and Blow	0.00	104450.00
Steven White, Dir. Health Care Financing Division		0.00	82031.00
Joe Diederich , Asst. VP		0.00	0.00
Colette Nelson, Exec. Dir.		2200000.00	18800.00
Gary Taylor, General Counsel		5000000000.00	2500.00
Peter Teeley, VP of Public & Gov't. Relations	Hogan & Hartson; Mullins and Assoc.	1090000000.00	15400.00
Brad Smith , CEO	Baker & Hostetler	0.00	0.00
Tom Burr, CEO		0.00	40000.00
Diane Munson, Risk Management		0.00	45680.00
Richard Keating, VP Nat'l. Affairs	Dubenstein Group, Inc.; Fleishman-Hillard, O'Brien Calio ; Oldaker , Ryan & Leonard; Pub. Strategies, Inc.; Van Scoyoc & Assoc. , Inc.	12000000000.00	756843.00
		6800000000.00	1313820.00
Howard Buffett, VP & Asst. to the Chair		2645798.00	1250.00
Laurie Campbell, VP of Gov't. Relations		0.00	0.00
David Landrith , VP of Policy & Political Affairs		0.00	10500.00
Bill Phillips, VP of Gov't. Relations		0.00	600.00
Jack McCoy, Exec. VP		0.00	1000.00
Lynn Zeno, Dir. of Gov't. Affairs		0.00	4010.00
		0.00	0.00
Mary Long, VP of Gov't. Affairs	Capitol Assoc. , Inc.	0.00	383972.00
Rogers Wright, Exec. Dir.		0.00	3000.00
Jane Orient, Exec. Dir.		0.00	0.00
Jay Morris, Dir. of Publ. Affairs	Patton, Boggs and Blow; Van Scoyoc and Associates, Inc.	0.00	0.00
		0.00	0.00
Kate Moss, Lobbyist	Baker & Hostetler	0.00	0.00
Linda Lipsen, Sr. Dir. of Public Affairs		19000000.00	3194170.00
Henry Fernandez, CEO	CR Associates	0.00	0.00
		0.00	21100.00
Mark Lubbers , VP of External Affairs		0.00	5000.00
Tom Pye, Sec.		0.00	0.00
Rae Dorsey, Admin. Ass't.	Capitol Assoc. , Inc.	0.00	0.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Bakery Confectionery & Tobacco Workers International Union	10401 Connecticut Ave. Kensington, MD 20895	301-933-8600	U
Baxter Healthcare Corp.	800 Connecticut Ave. NW #1100 Washington, DC 20006	202-223-4016	HB
Beer Industry of Florida Inc.	P.O. Box 3313 Tallahassee, FL 32315	904-385-3639	A
Beer Institute	1225 1 St. NW #825 Washington, DC 20005	202-737-2337	A
Benefit Trust Mart Life Insurance Co.	400 Field Drive Lake Forest, IL 60045	708-615-1500	I
Beverly Enterprises Inc.	5100 Rodgers Ave., #40A Fort Smith, AR 72913	501-452-6712	HB
Blue Cross & Blue Shield of Alabama	450 Riverchase Pkwy. E. Birmingham, AL 35298	205-988-2100	I
Blue Cross & Blue Shield of Arizona Inc.	P.O. Box 13466 Phoenix, AZ 85002-3466	602-864-4100	I
Blue Cross & Blue Shield of Central New York Inc.	P.O. Box 4809 Syracuse, NY 13221-4809	315-448-3700	I
Blue Cross & Blue Shield of Colorado	700 Broadway Denver, CO 80273	303-831-2131	I
Blue Cross & Blue Shield of Connecticut Inc.	370 Basset Rd. North Haven, CT 06473	203-239-4911	I
Blue Cross & Blue Shield of Delaware Inc.	P.O. Box 1991 Wilmington, DE 19899	302-429-0260	I
Blue Cross & Blue Shield of Florida Inc.	P.O. Box 1798 Jacksonville, FL 32231-0014	904-791-6111	I
Blue Cross & Blue Shield of Georgia Inc.	P.O. Box 4445 Atlanta, GA 30302-4445	404-842-8000	I
Blue Cross & Blue Shield of Illinois	233 N. Michigan Ave. Chicago, IL 60601	312-938-6000	I
Blue Cross & Blue Shield of Indiana	120 Monument Circle Indianapolis, IN 46204	317-263-8000	I
Blue Cross & Blue Shield of Iowa	636 Grand Ave. Des Moines, IA 50309	515-245-4500	I
Blue Cross & Blue Shield of IA & SD	P.O. Box 1677 Sioux City, IA 51102	712-277-3081	I
Blue Cross & Blue Shield of Kansas City	P.O. Box 419169 Kansas City, MO 64141-6169	816-395-2222	I
Blue Cross & Blue Shield of Kansas Inc.	1133 SW Topeka Blvd. Topeka, KS 66629-0001	913-291-7000	I
Blue Cross & Blue Shield of Kentucky Inc.	9901 Linn Station Road Louisville, KY 40223	502-423-2011	I
Blue Cross & Blue Shield of Maine	2 Gannett Drive South Portland, ME 04106-6911	207-822-7000	I
Blue Cross & Blue Shield of Maryland Inc.	10455 Mill Run Owing Mills, MD 21117	410-581-3000	I
Blue Cross & Blue Shield of Mass. Inc.	100 Summer St. Boston, MA 02110	617-956-2000	I
Blue Cross & Blue Shield of Michigan	600 Lafayette East-#1739 Detroit, MI 48226-2998	313-225-9000	I
Blue Cross & Blue Shield of Minnesota	P.O. Box 64560 St. Paul, MN 55164	612-456-8000	I
Blue Cross & Blue Shield of Mississippi Inc.	P.O. Box 1043 Jackson, MS 39215-1043	601-932-3704	I
Blue Cross & Blue Shield of Missouri	1831 Chestnut St. St. Louis, MO 63103	314-923-4444	I
Blue Cross & Blue Shield of Montana	404 Fuller Avenue Helena, MT 59601	406-444-8200	I
Blue Cross & Blue Shield of Nebraska	Box 3248 Main P.O. Station Omaha, NE 68180-0001	402-390-1800	I
Blue Cross & Blue Shield of Nevada	50250 South Virginia Reno, NV 89520	702-829-4000	I
Blue Cross & Blue Shield of New Hampshire	3000 Goffs Falls Road Manchester, NH 03111-0001	603-695-7000	I
Blue Cross & Blue Shield of New Jersey Inc.	3 Penn Plaza East Newark, NJ 07105	201-466-4000	I
Blue Cross & Blue Shield of New Mexico	12800 Indian School Road Albuquerque, NM 87112	505-291-3500	I
Blue Cross & Blue Shield of North Carolina	5901 Chapel Hill Blvd. Durham, NC 27707	919-490-4119	I
Blue Cross & Blue Shield of North Dakota	4510 13th Ave. SW Fargo, ND 58121-0001	701-282-1100	I
Blue Cross & Blue Shield of Ohio	2060 East Ninth St. Cleveland, OH 44115-1355	216-687-7000	I
Blue Cross & Blue Shield of Oklahoma	P.O. Box 3283 Tulsa, OK 74102-3283	918-560-3500	I
Blue Cross & Blue Shield of Oregon	100 SW Market Street Portland, OR 97201	503-225-5221	I
Blue Cross & Blue Shield of Rhode Island	444 Westminister Street Providence, RI 02903	401-831-7300	I
Blue Cross & Blue Shield of Tennessee	85 N Danny Thomas, Box 98 Memphis, TN 38101	901-544-2111	I
Blue Cross & Blue Shield of Texas Inc.	P.O. Box 655730 Dallas, TX 75265-5730	214-766-6900	I
Blue Cross & Blue Shield of the National Capital Area	550 12th Street, SW Washington, DC 20065	202-479-8000	I
Blue Cross & Blue Shield of the Rochstr Area	150 East Main Street Rochester, NY 14647	716-454-1700	I
Blue Cross & Blue Shield of Utah	2455 E. Parleys St. Salt Lake City, UT 84125	801-481-6198	I
Blue Cross & Blue Shield of Utica-Wtrtwn Inc	12 Rhoads Dr., Utica Business Park Utica, NY 13502	315-798-4200	I
Blue Cross & Blue Shield of Vermont	P.O. Box 186 Montpelier, VT 05601	802-223-3494	I
Blue Cross & Blue Shield of Virginia	215 Staples Mill Rd. Richmond, VA 23279	804-354-7000	I

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Carolyn Jacobson		0.00	263300.00
Sarah Gregg, Dir. of Health Affairs	Fleishman-Hillard, Inc.; Oldaker, Ryan & Leonard	6700000000.00	117490.00
Buddy Gridley, Pres.		0.00	0.00
Tracy Thompson, Asst. Dir., Fed. Govt. Affairs	Mullins and Associates	0.00	70400.00
Ray Haase, Dir. of Corp. Communications		0.00	2200.00
Neil Gulsuig, VP of Communications		2600000000.00	7100.00
Jim Brown, VP of Marketing Services		0.00	0.00
Warren Goodrich, VP of Community Relations		0.00	11250.00
Tom D'Angelo, Asst. VP of Communications		0.00	0.00
Carl Miller, VP of Gov't. & Media Relations		0.00	0.00
Albert May, Dir. of Corp. Communications		0.00	1050.00
Karen Hern, Dir. of Corp. Communications		0.00	0.00
Harold Barnett, Public Relations		0.00	60450.00
Mark Kishel, Medical Dir.		0.00	0.00
Dennis Calloton, Sr. Relations Media Specialist		0.00	0.00
Stan Huesland, Dir. of Gov't. Affairs		0.00	0.00
Sandy Smitherman, Legis. Analyst		0.00	0.00
Bob O'Connell, VP General Mgr.		0.00	0.00
Janet Cooper, Dir. of Corp. Communications		0.00	0.00
Mary Betzen, Public Info. Coordinator		0.00	0.00
Lawrence Ford, Gov't. & Media Affairs Dir.		0.00	250.00
James DiVirgillo, Chief Planning Officer		0.00	0.00
Fran Tracy, Mgr. of Gov't. Affairs		0.00	0.00
Janet Kelly, Dir. of Public Policy		0.00	1500.00
Dale Robertson, Dir. of State Gov't. Relations		0.00	40675.00
Mark Heymens, Director, Corporate Communications		0.00	0.00
Chris Clark, Corp. Comm. Officer		0.00	0.00
William Elliott, VP of Corp. Development	McDermott, Will and Emery	0.00	35200.00
Charles Butler, VP of External Affairs		0.00	0.00
John Humpal, Exec. VP		0.00	3200.00
Carl Miller, VP of Government and Media Relations		0.00	0.00
Clark Dumont, VP, Public Affairs & Communications		0.00	0.00
Nancy Bradish, Dir. of Government Affairs		0.00	0.00
Lynn Pitcher, Admin, Gov't & Media Relations		0.00	0.00
Brad Adcock, Sr. Dir. of Government Affairs		0.00	0.00
Rob Larson, Ass't. VP of Corporate Affairs	Andrews' Assoc.	0.00	0.00
David Eden, Exec. VP of William, Silverman & Co.		0.00	5000.00
Ann Metcalf, VP, Advertising & Public Communications		305000000.00	0.00
Bill Horeker, Sr. VP of Markg.		1100000000.00	0.00
Joseph Scanlon, VP Corporate Communications		0.00	0.00
William G. Webb, VP Subscriber & Provider Rel.		0.00	0.00
Ronald Taylor, VP & General Counsel		1300000000.00	7100.00
Gail Thompson, Legal Representative		0.00	0.00
Raymond Savage, Sr. VP of External Affairs		0.00	0.00
Kevin Bischoss, Asst. VP of Advertising & PR		0.00	7000.00
Lawrence Calabrese, VP Mktg. & Provider Relations		0.00	0.00
Kevin Goddard, Dir. of External Affairs		0.00	0.00
Jim Goss, Dir. of Public Relations		1580000000.00	17750.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Blue Cross & Blue Shield of Western New York Inc.	P.O. Box 80 Buffalo, NY 14240-0080	716-884-0774	I
Blue Cross & Blue Shield of Wyoming	P.O. Box 2266 Cheyenne, WY 82003-2266	307-634-1393	I
Blue Cross & Blue Shield United of Wisc.	401 West Michigan St. Milwaukee, WI 53203	414-226-5000	I
Blue Cross of California	P.O. Box 70000 Van Nuys, CA 91470	818-703-3809	I
Blue Cross of Idaho Health Service Inc.	P.O. Box 7408 Boise, ID 83707	208-345-4550	I
Blue Cross of Northeastern Pennsylvania	70 North Main St. Wilkes-Barre, PA 18711	717-829-8500	I
Blue Cross of Washington and Alaska/Blue Cross of N Central Washington	P.O. Box 327 Seattle, WA 98111	206-670-4000	I
Blue Cross of Western Pennsylvania	Fifth Avenue Place Pittsburgh, PA 15222-3099	412-255-7000	I
Blue Cross/Blue Shield Assn.	1310 G St. NW Washington, DC 20005	202-626-4780	I
Blue Shield of California	2 North Point Street San Francisco, CA 94133	415-445-5000	I
Blue Shield of Idaho	P.O. Box 1106 Lewiston, ID 83501	208-746-2671	I
Bristol-MyersSquibb Co.	655 15th St. NW #410 Washington, DC 20005	202-783-0900	PH
Brooklyn Hospital Center	121 Dekalb Ave. Brooklyn, NY 11201	718-250-8000	HA
Brown & Williamson Tobacco Corp.	P.O. Box 35090 Louisville, KY 40232	502-568-7000	TO
Burroughs Wellcome Co.	3030 Comwallis Rd. Research Triangle Park, NC 27709	202-393-1420	PH
Business Men's Assurance Co. of America	One Penn Valley Park Box 419458 Kansas City, MO 64141	816-753-8000	I
Business Roundtable	1615 L St. NW #1100 Washington, DC 20036	202-872-1260	B
California Abortion Rights Action League	8455 Beverly Blvd Suite #303 Los Angeles, CA 90048	213-951-1160	PI
California Assn. of Hospitals & Health Sys.	1201 K St. #800 P.O. Box 1100 Sacramento, CA 95812	916-443-7401	HA
California Assn. of Winegrape Growers	225 30th St. Suite 306 Sacramento, CA 95816	916-448-2676	A
California Dental Assn.	1201 K St. 15th floor Sacramento, CA 95814	916-443-0505	HP
California Medical Assn.	1210 K Street Suite 1050 Sacramento, CA 95814	916-444-5532	HP
California Pacific Medical Center	3700 California St. San Francisco, CA 94118	415-387-8700	HA
California Pro-Life Council Inc.	926 J St. #1100 Sacramento, CA 95814	916-442-8315	PI
California Trial Lawyers Assn.	980 9th St. #200 Sacramento, CA 95814	916-442-6902	TA
Cancer Treatment Center of Tulsa	8181 S. Lewis Ave. Tulsa, OK 74137	918-496-5000	HA
Capital Blue Cross	2500 Elmerton Ave. Harrisburg, PA 17110	717-255-0820	I
Care Florida Health Plan	7950 NW 53rd Street Miami, FL 33166	305-591-3311	I
Caremark International	2215 Sanders Rd. Northbrook, IL 60062	708-559-4700	HP
Catholic Health Assn. of the U.S.	1776 K St. NW #204 Washington, DC 20006	202-296-3997	HA
Center for Budget & Policy Priorities	777 N. Capitol St. NE #705 Washington, DC 20002	202-408-1080	PI
Center for Science in the Public Interest	1875 Conn. Ave. NW #300 Washington, DC 20009-5728	202-332-9110	PI
Central Life Assurance Co.	611 5th Ave. Des Moines, IA 50309	515-283-2371	I
Chamber of Commerce of the U.S.A.	1615 H St. NW Washington, DC 20062-2000	202-659-6000	B
Charter Medical Corp.	577 Mulberry St. P.O. Box 209 Macon, GA 31298	912-742-1161	HA
Children and Adults w/Attn. Deficit Disorders	499 NW 70th Ave., #109 Plantation, FL 33317	305-587-3700	PI
Children's Defense Fund	25 E St. NW Washington, DC 20001	202-628-8787	PI
Children's Hosp. and Hlth Cntr of San Diego	3020 Children's Way San Diego, CA 92123-4282	619-576-1700	HA
Children's Hospital Medical Center of Northern California	747 52nd St. Oakland, CA 94609	510-428-3000	HA
Children's Hospital of Michigan	3901 Beaubien Boulevard Detroit, MI 48201-2196	313-745-5437	HA
Children's Hospital of Pittsburgh	3705 Fifth Ave. Pittsburgh, PA 15213-2583	412-692-5326	HA
Children's National Medical Center	111 Michigan Ave. NW Washington, DC, 20010	202-884-5000	HA
Chrysler Corp.	1100 CT Ave. NW #900 Washington, DC 20036-4101	202-862-5400	B
Chubb LifeAmerica	One Granite Place Concord, NH 03301	603-224-7741	I
Ciba-Geigy Corp.	1747 Penn. Ave. NW #700 Washington, DC 20006	202-293-3019	PH
Cigar Assn. of America	1100 17th St. NW #504 Washington, DC 20036	202-223-8204	TO
CIGNA Corp.	1825 I St. NW #350 Washington, DC 20006	202-296-7174	I

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LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Geoff Taylor		0.00	0.00
Rick Schum , Dir. of Mktg. Administration		0.00	0.00
Tom Luljak , Dir. of Corp. Communications		0.00	6100.00
David Ward , Legislative Analyst		0.00	55950.00
Julie Taylor , Dir., Public & Gov't. Affairs		0.00	0.00
Gerald Guarilia , Govt. Relations Representative		0.00	0.00
Jennifer Rief , Internal Communications Admin.		0.00	0.00
Paul O'Paulka , Dir. of Gov't. Relations	Bailey & Robinson	0.00	15265.00
Paul Dennett, Dir. of Congressional Relations	Hogan & Hartson	131000000.00	476898.00
Harry Miller, VP Consumer Affairs & Legal Services		0.00	0.00
Reagan Davis, Coordinator, Comm. & Gov't. Affairs		0.00	0.00
Michael Carozza, Dir. Fed. Health Care Prgm.	Latham and Watkins , Rowan & Blewitt, Inc. ; Wunder, Diefenderfer, Cannon & Thelen Strategic Management Assoc. , Inc.	1116000000.00	192125.00
Tim Riley , Dir. of Public Affairs & Mktg.		0.00	0.00
Thomas Fitzgerald, Mgr. , Public Affairs		0.00	153700.00
Phil Pulizzi , Mgr. of Fed Gov't. Relations	Ogilvy Adams & Rinehart	0.00	72050.00
David Gates, General Counsel		0.00	19500.00
Patricia Engman , Deputy Exec. Dir.	Hogan & Hartson	0.00	0.00
Marcela Howell , Exec. Dir.		0.00	35336.00
Tom Bone, Chief Lobbyist		0.00	79895.00
Robert Hartzell , President		0.00	9825.00
Bill Keese , Dir, Gov't. Relations		0.00	2500.00
Steve Thompson, Division Dir. of Gov't. Relations		0.00	100.00
Mary Powell, VP, Community Relations	Cassidy and Assoc. , Inc.	0.00	0.00
Janet Carroll, Legislative Director		0.00	15875.00
Don Green, Legislative Advocate		0.00	0.00
Joseph Gagliardi, Pres. , Memorial Med. Center		0.00	0.00
Scott Dugan, Dir. Public Relations & Planning		0.00	8950.00
Brian Willner , Leg. Analyst		0.00	33500.00
Sally Cam field, Manager of Gov't. Affairs	Gold and Liebengood, Inc.	0.00	0.00
Jack Bresch, Gov't. Liasion	The Wexler Group	12028546.00	0.00
Michelle Bazie, Media Assistant		1300000.00	0.00
Michael Jacobson, Exec. Dir.		10145068.00	0.00
Roger Brooks , President		0.00	1500.00
Lisa Sprague, Mgr. of Employee Benefits		65000000.00	594.00
David Tatum , Asst. VP Gov't. Relations	King & Spalding	1300000000.00	28100.00
Lori Carver-Johnson, Dir. , Federal Affairs	Arent Fox Kintner Plotkin & Kahn	0.00	0.00
Carol Regan, Health Director		8900000.00	0.00
Barbara Ryan, Gov't. Affairs Coord.		0.00	0.00
Peggy Baxter, VP Gov't. Affairs	Fleishman-Hillard , Inc.	0.00	0.00
Cheryl Yurkovich, Dir. of Public Relations		0.00	0.00
Lisa Tronzo-Giorgetti , Dir. , Gov't. Rel.		0.00	0.00
Jaqueline Bo wens , VP Gov't. and Comm. Aff.		0.00	0.00
Wally Maher, Dir. Federal Relations	Black, Manafort , Stone & Kelly; Patton , Boggs and Blow	37000000000.00	278329.00
Linda Frawley , Ass't. VP Gov't. & Public Affairs	Baker & Hostetler ; Campbell-Raupe ; Norrell and Associates	0,00	187355.00
David Drake, Mgr. Fed. Leg. Affairs	R. Duffy Wall	4500000000.00	228400.00
Norman Sharp, President	Dickstein , Shapiro & Morin	800000.00	25200.00
Arthur Lifson , VP Health Policy	Davis & Harman ; Patton, Boggs and Blow	0.00	367675.00

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COMPANY	ADDRESS	PHONE	TYPE
Citizen Action	1730 Rhode Island Ave NW #403 Washington , DC 20036	202-775-1580	PI
Citizens for a Sound Economy	1250 H St. NW #700 Washington , DC 20005-3908	202-783-3870	PI
CNA Financial Corp.	CNA Plaza Chicago, IL 60685	312-822-5000	I
Coalition for Oral Health	1625 Massachusetts Ave. Washington, DC 20036	202-667-9433	HP
Coalition to Preserve Self-Insurance	919 18th St. NW #1001 Washington , DC 20006	202-835-0640	I
College of American Pathologists	1350 I St. NW #590 Washington , DC 20005	202-371-6617	HP
Colonial Life & Accident Insurance Co.	1200 Colonial Life Blvd., Box 1365 Columbia, SC 29202	803-798-7000	I
Columbia/HCA Healthcare Corp.	201 West Main St. Louisville, KY 40201-7433	502-580-1518	HA
Committee for a Responsible Federal Budget	220 1/2 E St. NE Washington, D.C. 20002	202-547-4484	PI
Committee for Qlty. Orthopedic Health Care	317 Massachusetts Ave. NE #100 Washington , DC 20002	202-546-4732	HP
Common Cause	2030 M St. NW Washington, DC 20036	202-833-1200	PI
Communicating for Agriculture	1023 15th St. NW #1200 Washington, DC 20005	202-775-5995	TA
Community Mutual Insurance Co.	1351 William Howard Taft Rd. Cincinnati, OH 45206	513-872-8100	I
Connaught Laboratories Inc.	P.O. Box 187 Swiftwater , PA 18370	212-929-1400	PH
Connecticut Chiropractic Assn. Inc.	101 Oak St. Hartford, CT 06106	203-257-0404	HP
Connecticut Health Systems	55 Farmington Ave. #600 Hartford, CT 06105	203-520-4060	HA
Connecticut Mutual Life Insurance Co.	140 Garden St. Mail Station 326 Hartford, CT 06154	203-987-6500	I
Consumers Union of the U.S.	1166 Connecticut Ave. #310 Washinton, DC 20009	202-462-6262	PI
Cooper Hospital/ Univ. Medical Center	1 Cooper Plaza Camden, NJ 08103	609-342-2000	HA
Cooperative of Amer. Physicians Inc.	3550 Wilshire Blvd. , #1800 Los Angeles, CA 90010	800-351-2732	HP
Coors Brewing Co.	601 Penn. Ave. NW #500-N Washington, DC 20004	202-737-4444	A
Coresource Inc.	630 Dundee Rd. , #340 Northbrook , IL 60062	708-559-8321	HP
Corporate Healthcare Coalition	1133 Connecticut Ave. NW Washington, DC 20036	202-775-9834	HB
Council for Affordable Health Insurance	112 Southwest St. Alexandria, VA 22314	703-836-6200	I
Delta Dental Plans Assn.	211 E. Chicago Avenue #800 Chicago, IL 60611	312-337-4707	I
Democratic National Committee	430 S. Capitol St. SE Washington, DC 20003	202-863-8000	PI
Devilbiss Healthcare Inc.	1200 East Main St. Somerset, PA 15501	814-443-4881	HB
Diagnostek Inc.	4500 Alexander Blvd. NE Albuquerque, NM 87107	505-345-8080	PH
Disabled American Veterans	807 Main Ave. SW Washington, DC 20024	202-554-3501	PI
Distilled Spirits Councils of the U.S.	1250 I St. NW #900 Washington, DC 20005	202-628-3544	A
Dow Chemical Co.	1776 I St. NW #575 Washington, DC 20006	202-429-3400	PH
Dow Corning Corporation	1800 M St. NW #325-S Washington, DC 20036	202-785-0585	HB
Duramed Pharmaceuticals Inc.	5040 Lester Rd. Cincinnati, OH 45213	513-731-9900	PH
E.I. DuPont, de Nemours & Co.	1701 Penn. Ave. NW #900 Washington, DC 20006	202-728-3600	PH
Eastman Kodak Co.	343 State St. Rochester, NY 14650-0518	716-724-4000	B
Eli Lilly & Co.	1101 Penn. Ave. NW #540 Washington, DC 20004	202-393-7950	PH
Empire Blue Cross & Blue Shield	P.O. Box 345 New York, NY 10163-0345	212-476-7111	I
Employers Health Insurance	1100 Employers Blvd. Green Bay, WI 54344	414-336-1100	I
Epilepsy Foundation of W. Central Florida	4023 N. Armenia #100 Tampa, FL 33607	813-870-3414	PI
Families U.S.A.	1334 G St. NW 3rd Fl. Washington, DC 20005	202-737-6340	PI
Family Health Program Inc.	9900 Talbert Ave. Fountain Valley, CA 92708	714-963-7233	HB
Federated Ambulatory Surgery Assn.	700 N. Fairfax #520 Alexandria, VA 22314	703-836-8808	HP
Federation of American Health Systems	1111 19th St. NW #402 Washington , DC 20036	202-833-3090	HA
Fidelity Mutual Life Insurance Co.	250 King of Prussia Road Radnor, PA 19087	610-964-7000	I
Florida Medical Assn.	P.O. Box 10269 Tallahassee, FL 32302	904-356-1571	HP
Florida Right to Life Inc.	3336 Edgewater Dr. Orlando, FL 32804	407-422-7111	PI
Florida Society of Anesthesiologists	6501 25th Way South, Suite D St. Petersburg, FL 33712	813-866-3395	HP
Food and Commercial Workers Union	1775 K St. NW Washington, DC 20006	202-223-3111	U
Ford Motor Co.	1350 I St. NW #1000 Washington, DC 20005	202-962-5400	B
Foundation Health Corp.	3400 Data Drive Rancho Cordova , CA 95670	916-631-5000	I
Foxmeyer Drug Co.	1220 Senlac Dr. Carrollton , TX 75006	214-446-4800	PH

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LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Cathy Hurwit , Leg. Dir.		4500000.00	0.00
Michele Isele , VP of Relations		0.00	0.00
Rebecca Bowne , Dir. Health Policy	Keck, Mahin and Cate ; O'Connor & Hannan	0.00	43825.00
Martha Liggett, Dir.	Murray, Scheer , Tapia & Montgomery	0.00	0.00
George Pantos , Legal Counsel	Vedder, Price, Kaufman, Kammholz and Day	500000.00	0.00
Dave Mason, Dir. of Congressional Affairs	Gold & Liebengood, Inc.	55000000.00	39600.00
John Garrison, Compliance Department Lawyer		0.00	100769.00
Dennis Thomasson , Gov't. Relations Manager		0.00	40325.00
Susan Tanaka , Vice President		0.00	0.00
David Lovett		0.00	264241.00
Mike Mawby , Dir. Legislation		11218300.00	0.00
Jeffrey Smedsrud , Exec. VP		100000.00	0.00
Eric Kirkhorn , Acc't. Mgr. of Media/Gov't. Relations		1490000000.00	0.00
Beth Waters, Pres. , Cooney Waters Group	Wunder, Diefenderfer, Cannon & Thelen	0.00	53200.00
Linda Kowalski , Lobbyist		0.00	3100.00
John Springer, Pres. and CEO		0.00	0.00
Martin Stackhouse , Gov't. Relations Officer		0.00	77900.00
Gail Shearer, Mgr. of Policy Analysis		0.00	0.00
John Crosbie , Asst. VP Govt. Relations	Black, Manafort , Stone & Kelly	0.00	0.00
Peter Kyros , Kyros Associates	Kyros and Associates	0.00	204150.00
Al Timothy, Dir. of Federal Gov't. Affairs		1550000000.00	33310.00
Bruce Miller, Pres. & CEO	Dickstein , Shapiro & Morin	0.00	0.00
Kristin Bass, Coordinator	Winthrop Stimson Putnam & Roberts	0.00	0.00
Jack Strayer , Dir. of Federal Affairs		0.00	0.00
Kim Volk , VP Communications/Corp. Serv.	CR Assoc.	0.00	45300.00
Ned McCulla , Sr. Legislative Rep.	Greer , Margolis , Mitchell & Assoc. , Inc.	13000000.00	0.00
Dave Green , VP of Technology		0.00	6300.00
Bill Barron , Chief Operating Officer	Colex and Assoc.	0.00	0.00
David Gorman, Deputy Nat'l. Legislative Dir.		60000000.00	0.00
Elizabeth Board, Dir. of Public Issues		9000000.00	5871184.00
Laura Pettey , Mgr. of Gov't. Relations	The Donnelly Group	0.00	440750.00
Faye Gorman, Mgr. of Fed. Gov't. Relations		0.00	33100.00
William Hottendorf, VP Corp. Development	Olsson , Frank and Weeda , P.C.	0.00	0.00
Ellan Wharton , Washington Counsel	Patton , Boggs and Blow	0.00	121669.00
John Labella , Comm. & Public Affairs	The Wexler Group	0.00	3900.00
Alecia DeCludreaux , Dir. of Gov't Affairs	Crowell & Moring	6170000000.00	227539.00
		0.00	0.00
Jon Drayna , Media Relations Dir.		1.40	3100.00
Tom Orth , Exec. Dir.		0.00	0.00
Judy Waxman, Dir. Gov't. Relations	Grunwald , Eskew & Donilon	0.00	4017.00
Rio Carlson , VP Public Affairs		0.00	200738.00
Gail Durant , Exec. Dir.	McDermott , Will and Emery	0.00	0.00
Mary Greal, Dep. Dir. and Exec. Counsel	Patton, Boggs and Blow	4000000.00	265850.00
Thomas Knox , Special Deputy and CEO		0.00	4925.00
Donald Fraser, Jr., Chief Lobbyist		0.00	41600.00
Rai Rojas , Pres.		0.00	0.00
Ron McCracken , Exec. Dir.		0.00	29900.00
Jean Hutter , Assoc. Dir. of Gov't. Relations		0.00	0.00
Bill Little, Leg. Assoc.	Gold and Liebengood, Inc.; Oldaker , Ryan & Leonard	10000000000.00	514264.00
Cynthia Suzuki, VP Gov't. Relations		1140000000.00	43621.00
Warren Henry, Dir. Public Affairs		400000.00	74900.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Genentech Inc.	460 Pt. San Bruno Blvd. S. San Francisco, CA 94080	415-225-1000	PH
General American Life Insurance Co.	700 Market St. St. Louis, MO 63101	314-231-1700	I
General Mills Inc.	1101 Penn. Ave. NW #650 Washington, DC 20004	202-737-8200	B
General Motors Corp.	1660 L St. NW #400 Washington, DC 20036	202-755-5027	B
Genetics Institute Inc.	87 Cambridgepark Dr. Cambridge, MA 02140	617-876-1170	PH
Genzyme Corp.	1 Kendall Square, Bldg 1400 Cambridge, MA 02139	617-252-7500	PH
Georgia Right to Life Committee Inc.	P.O. Box 81474 Atlanta , GA 30366	404-454-7612	PI
Geriatric & Medical Centers Inc.	5601 Chestnut St. Philadelphia, PA 19139	215-476-2250	HA
Girling Healthcare	P.O. Box 4294 Austin, TX 78765	512-452-5781	HA
Glaxo Inc.	1500 K St. NW #650 Washington, DC 20005	202-783-1277	PH
Government Employees Hospital Assn.	P.O. Box 10304 Kansas City, MO 64171	816-753-1260	HA
Group Health Assn. of America Inc.	1129 20th St. NW #600 Washington, DC 20036	202-778-3200	I
Guarantee Mutual Life Co.	2852 Anthony Lane South Minneapolis, MN 55418	612-788-9706	I
Guardian Life Insurance Co. of America	201 Park Ave. South New York, NY 10003	212-598-8000	I
Hahnemann University Hospital	Broad and Vine Philadelphia , PA 19102	215-762-7000	HA
Hawaii Medical Assn.	1360 S. Beretania St. , 2nd floor Honolulu, HI 96814	808-536-7702	HP
Hawaii Medical Service Assn.	P.O. Box 860 Honolulu, HI 96808	808-944-2110	I
Health & Medicine Council of Washington	711 2nd St. NE #200 Washington , DC 20002-4307	202-544-7499	PI
Health Care & Retirement Corp.	One Seagate Toledo , OH 43604-2616	419-247-5600	HA
Health Care Reform Project	1313 L St. Washington DC, NW 20005	202-783-6323	HB
Health Commons Institute	50 Monument Sq., #500 Portland, ME 04101	207-874-6552	HB
Health Images Inc.	8601 Dunwoody Place #200 Atlanta, GA 30350	404-642-9869	HA
Health Industry Distributers Assn.	225 Reinekers Lane #650 Alexandria, VA 22314-2875	703-549-4432	HP
Health Industry Manufacturers Assn.	1200 G St. NW #400 Washington, DC 20005	202-783-8700	HB
Health Insurance Assn. of America	1025 Conn. Ave. NW #1200 Washington, DC 20036	202-223-7780	I
Health Insurance Plan of Greater New York	1150 17th St. NW #600 Washington, DC 20036	202-659-9460	I
Health Policy & Strategy Associates	1225 Conn. Ave. NW, 7th floor Washington, DC 20036	202-327-6380	HB
Healthcare Assn. of Hawaii	932 Ward Ave. #430 Honolulu, HI 96814	808-521-8961	HA
Healthcare Assn. of New York State [AHA]	74 North Pearl St. Albany, NY 12207	518-431-7600	HA
HealthCare COMPARE Corp.	3200 S. Highland Ave. Downers Grove, IL 60515	708-719-9000	HB
Healthcare Financial Management Assn.	1050 17th St. NW #700 Washington, DC 20036	202-296-2920	HP
Healthnet	1201 K Street #1815 Sacramento, CA 95814	916-557-1136	I
Healthright	505 C St. NE Washington, DC 20002	202-543-4357	PI
Healthtrust Inc.- The Hospital Co.	4525 Harding Rd. Nashville, TN 37205	615-383-4444	HA
Henry Ford Medical Center	2799 W. Grand Blvd. Detroit, MI 48702	313-942-7091	HA
Hewlett-Packard Co.	3000 Hanover St. Palo Alto, CA 94304	415-857-1501	HB
Hillenbrand	700 State Route 46E Batesville, IN 47006-8835	812-934-8197	HB
Hillhaven Corp.	1148 Broadway Plaza Tacoma, WA 98402	206-756-4729	HA
Hoechst Celanese Corp.	919 18th St. NW #700 Washington, DC 20006	202-296-2890	PH
Hoffmann-LaRoche Inc.	1199 Kingsland St. Nutley , NJ 07110	201-235-5000	PH
Holiday Inns Inc.	3 Ravinia Dr., #2000 Atlanta, GA 30346	404-604-2000	B
Hospital Council of Southern California	201 N. Figueroa St. Los Angeles LA 90012 CA	213-250-5600	H
Humana Inc.	1825 I St. NW #400 Washington , DC 20006	202-429-2015	I
ICI Americas Inc.	1600 M St. NW #702 Washington , DC 20036	202-775-9722	PH
ICN Pharmaceuticals	3300 Hyland Ave. Costa Mesa, CA 92626	714-545-0100	PH
Idaho Medical Assn.	305 West Jefferson P.O. Box 2668 Boise, ID 83701	208-344-7888	HP
Illinois Federation for Right to Life	P.O. Box 586 Grayslake , IL 60030	708-548-2229	PI
Illinois State Medical Society	20 N Michigan Ave #700 Chicago, IL 60602	312-782-1654	HP
Independent Insurance Agents of America	412 First St. SE #300 Washington, DC 20003	202-863-7000	I
Inova Health Systems	8001 Braddock Road Springfield, VA 22151	703-321-4200	HA

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
David Beier, VP Gov't. Affairs	Hogan & Hartson; Jones, Day, Reavis and Pogue	544230000.00	175560.00
Robert Banstetter, Gen. Counsel, VP		0.00	111500.00
Robert Bird, Dir. Gov't. Relations	Patton, Boggs and Blow	7780000000.00	239307.00
William Ball, Dir. Gov't. Affairs		132000000000.00	662670.00
Gabriel Schmergel, President	Hale & Dorr	0.00	0.00
Lisa Raines, VP Gov't. Relations	Capitol Associates, Inc.	142000000.00	0.00
Carolyn Garcia, Leg. Dir.		0.00	5300.00
Craig Knaup, VP Gov't. Programs		160000000.00	3100.00
Robert Girling, Pres.	Arter & Hadden	0.00	0.00
Chris Singer, Group Dir., Fed. Gov't. Relations	Cassidy and Assoc., Inc.; Hogan & Hartson	2000000000.00	495013.00
Robert Johnson, Head of Outreach Dept.	Cassidy and Assoc., Inc.	0.00	0.00
Julie Goon, Dir. of Leg. & Gov't. Affairs	Duberstein Group, Inc.; Mayer, Brown and Platt	10000000.00	32350.00
Ralph Steiner, President		0.00	9650.00
Bob Gillespie, Head of Corp. Comm.		0.00	7500.00
Joan Chrestay, Asst. VP, Gov't. Rel.	Cassidy and Assoc., Inc.	0.00	0.00
Jonathan Won, Executive Director		0.00	1600.00
Stacey Evensen, Mgr. Gov't. Relations		0.00	0.00
Dale Dirks, Pres.		0.00	0.00
Jeff Bixler, General Counsel		497140000.00	32200.00
John Rother	Chlopak, Leonard, Schechter and Assoc.	0.00	0.00
Deborah Deatrick, Exec. Dir.		0.00	0.00
Robin Eubanks-Murray, Gen. Counsel Sec.	O'Connor & Hannan	69930000.00	7000.00
Cara Bachenheimer, Dir. of Gov't. Relations		2000000.00	24000.00
Greg Rabb, VP of Gov't. Affairs		9000000.00	5350.00
Carolyn Boyer, Ass't. Washington Counsel	O'Brien Calio; Fleishman-Hillard, Inc; Norrell and Associates; Winburn & Jenkins, Inc.	20.60	317672.00
George Strumpf, VP Gov't. Relations	The Jefferson Group, Inc.	0.00	0.00
Bob Laszewski, Principle		0.00	0.00
Richard Meiers, Pres./CEO		0.00	0.00
Steve Cooper, VP of Federal Issues & Gov't. Affairs		250000.00	6150.00
Pat Quealy	Bergner, Boyette, Bockomy, Clough & Brain	133500000.00	21650.00
Brad Yingst, Admin. Policy Gov't. Relations		10000000.00	0.00
Joe Criscione, Sr. VP for Gov't Affairs		0.00	1120.00
Kathy Gardener Cravedi, Dir.		0.00	584.00
Parker Sherrill, VP Gov't. Relations		2270000000.00	35450.00
Darlene Burgess	Cassidy and Assoc., Inc.	0.00	0.00
	Oldaker, Ryan & Leonard	0.00	63050.00
Mark Craft, VP Public Affairs	Patton, Boggs & Blow	1400000000.00	0.00
Patty Munday, Gov't. Relations		1250000000.00	24300.00
Vince McLaughlin, Dir. of Fed. Health Policy		7000000000.00	316400.00
Gerald Love, VP of Gov't. Affairs		0.00	122400.00
Mary Ann Spencer, Dir., Planning and Design	The Donnelly Group	252000000.00	53950.00
John Gilwee, VP Gov't. Relations		0.00	0.00
Patty Sanner, Dir. of Fed. Legislation	Greenberg Traurig Hoffman Lipoff Rosen and Quentel; Mullins and Associates	4040000000.00	170277.00
Willie Maux, Gov't. Relations		2400000000.00	263898.00
David Watt, General Counsel		0.00	10000.00
Robert Feehusen, Exec. Dir.		0.00	150.00
Bonnie Quirke, President		0.00	11253.00
Kellee Kurtz, Dir. of Pol. Ed. & Field Services		0.00	13515.00
Dave Herbert, Health Care Lobbyist	Baker & Hostetler	0.00	894440.00
Nancy Reller, Dir. of Public Relations	The Widmeyer Group, Inc.	0.00	0.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Interim Servkes	2050 Spectrum Blvd. Ft. Lauderdale , FL 33309	305-938-7600	HB
Intermountain Health Care	36 South State St. Salt Lake City , UT 84111	801-442-2000	HA
International Assn. of Machinists and Aerospace Workers	9000 Machinists Place Upper Marlboro, MD 20772	301-967-4500	U
International Brotherhood of Electrical Wkrs.	1125 15th St. NW Washington, DC 20005	202-833-7000	U
International Brotherhood of Teamsters	25 Louisana Ave. NW Washington, DC 20001	202-624-6800	U
International Chiropractors Assn.	1110 N Glebe Road #1000 Arlington, VA 22201	703-528-5000	HP
International Ladies Garment Wkrs. Union	1710 Broadway New York, NY 10019	212-265-7000	U
International Mass Retail Assn.	1901 Penn. Ave. NW , 10th floor Washington, DC 20006	202-861-0774	TA
International Shrine Headquarters	2900 Rocky Point Dr. Tampa, FL 33607	813-281-0300	HA
International Soc. For Clin. Lab. Technology	818 Olive St. #918 St. Louis, MO 63101	314-241-1445	HP
Invacare Corp.	899 Cleveland St. Elyria , OH 44035	216-329-6000	HB
Iowa Medical Society	1001 Grand Ave. West Des Moines, IA 50265	515-223-1401	HP
Iowa Right to Life Committee	1500 Illinois St. Des Moines, IA 50314	515-244-1012	PI
Jefferson-Pilot Life Insurance Co.	100 N Greene St. Greensboro, NC 27401	910-691-3000	I
John Alden Life Insurance Co.	7300 Corporate Center Dr. Miami, FL 33126	305-715-2000	I
Johnson & Johnson	1350 I St. NW #810 Washington, DC 20005-3305	202-408-9482	PH
Joint Commission on Accreditation of Health Care Organizations	1 Renaissance Blvd. Oakbrook Terrace, IL 60181	708-916-5600	HA
Joseph E. Seagram & Sons Inc.	1401 I St. NW #1220 Washington, DC 20005-2204	202-898-6400	A
Juvenile Diabetes Foundation	432 Park Ave. S. New York, NY 10016	212-889-7575	PI
Kaiser Permanente	1 Kaiser Plaza #2001 Oakland, CA 94612	510-271-5993	I
Kansans For Life	3202 W 13th Street, #5 Wichita, KS 67203	316-945-9291	PI
Kansas Chiropractic Assn.	1334 South Topeka Topeka, KS 66612	913-233-0697	HP
Kansas City Life Insurance Co.	3520 Broadway Kansas City, MO 64111	816-753-7000	I
Kansas Medical Society	623 South West 10th Ave. Topeka, KS 66612	913-235-2383	HP
Kelly Servkes Inc.	999 W. Big Beaver Rd. Troy, MI 48084	810-362-4444	B
Kemper National Insurance Co.	600 Penn. Ave. SE #206 Washington, DC 20003	202-547-0120	I
Kentucky Medical Assn.	301 N Hurstbourne Pkwy. , #200 Louisvle., KY 40222-8512	502-426-6200	HP
Kentucky Right to Life Assn. Inc.	169 E. Reynolds Rd, #201A Lexington, KY 40517	606-272-3920	PI
Kidder Peabody	10 Hanover Sq. New York, NY 10015	212-510-3677	B
King County Medical Blue Shield	P.O. Box 21267 Seattle, WA 98111	206-464-3600	I
Kitsap Physicians Service	P.O. Box 339 Bremerton, WA 98337	206-478-6796	I
Lahey Clink	41 Marl Rd. Burlington, MA 08105	617-273-5100	HA
Lancaster City & County Medical Society	137 East Walnut St. Lancaster, PA 17602	717-393-9588	HP
League of Women Voters of the U.S.	1730 M St. NW Washington, DC 20036	202-429-1965	PI
Lenox Hill Hospital	100 E. 77th St. New York, NY 10021	212-434-2000	HA
Liberty Mutual Insurance Co.	175 Berkeley St. Boston, MA 02117	617-357-9500	I
Life Gift Organ Donor Center of Houston	5615 Kirby Dr., #900 Houston, TX 77005	713-523-4438	HB
Lincoln National Life Insurance Co.	1300 S. Clinton St. P.O. Box 1110 Fort Wayne, IN 46802	219-455-2000	I
Loews Corp.	One Park Ave. New York, NY 10016	212-545-2000	TO
Loma Linda Univ. Medical Center	P.O. Box 2000 Loma Linda, CA 92354	909 796-7311	HA
Lorain Community Hospital	3700 Kolbe Rd. Lorain, OH 44053	216-960-3000	HA
Louisiana State Medical Society	3501 N. Causeway Blvd. #800 Metairie, LA 70002	504-383-8500	HP
LRC North America Inc.	P.O. Box 4703 Sarasota, FL 34230	813-365-1600	HB
Maine Right to Life Committee	8 Green St. Augusta, ME 04330	207-622-3837	PI
Managed Healthcare Systems	7 Hanover Square, 5th floor New York, NY 10004	212-509-5999	HP
Manor Healthcare Corp.	10770 Columbia Pike Silver Spring, MD 20901	301-593-9600	HA
Marine Engineers Beneficial Assn.	444 N. Capitol St. NW #800 Washington, DC 20001	202-638-5355	U

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Raphael Umansky , Assoc. Counsel	Rosapepe & Spanos, Inc.	0.00	0.00
Charles Doane, Asst. VP for Gov't. Rel.	Shaw, Pittman, Potts and Trowbridge	0.00	0.00
Owen Herrnstadt , Leg. Affairs		0.00	854906.00
Dale Dunlop, Int'l. Rep.		0.00	2948306.00
Charles Rader , Ass't Dir. Research/Benefits		0.00	26000.00
Ronald Hendrickson , Exec. Dir.	Silverstein and Mullens	0.00	56776.00
David Wells , Assoc. Dir. of Pol. Dept.		0.00	499185.00
Cecilia Adams, Dir. of Tax , Budget & Health Care	McDermott, Will and Emery	3000000.00	0.00
Michael Andrews, Dir. , Pub. Rel.		394000000.00	0.00
Mark Birenbaum , Admin.	Arent Fox Kintner Plotkin & Kahn	0.00	850.00
Dave Williams, Dir, Publ. Comm. & Gov't. Rel.	Baker & Hostetler	0.00	93650.00
Paul Bishop, Leg. Liasion		0.00	1569.00
Mona Smit , Leg. Dir. & Lobbyist		0.00	0.00
Frank Sutherland, Second VP & Insurance Counsel		1200000000.00	30000.00
Tracey Dryden , Asst. , Corporate Comm.	Greenberg Traurig Hoffman Lipoff Rosen and Quentel	0.00	0.00
Shannon Fajnnon-Salmon , VP Fed. Relations	The Wexler Group; Black, Manafort , Stone & Kelly; Public Strategies Washington, Inc.	13750000000.00	186200.00
Paul Mullen, Dir. Gov't. Relations	Gold & Liebengood, Inc.	0.00	0.00
Nancy Levenson, Dir. Fed. Policy	Downey & Assoc. , O'Connor & Hannan ; Olsson, Frank and Weeda, P.C.; Winston & Strawn	3900000000.00	378137.00
Karen Brownlee , Dir. , Publ. Rel.	The Duberstein Group, Inc.	0.00	0.00
Jim Lang , Senior VP of Health Care Reform		1000000.00	0.00
David Gittrich , Exec. Dir.		0.00	2500.00
Joseph Furjanic , Exec. Dir. & Lobbyist		0.00	621.00
Mike Horton , VP		0.00	11800.00
Chip Wheelen , Lobbyist		0.00	6500.00
Juanita Pierman , Gov't. Affairs		0.00	11050.00
Mike Dineen , VP for Federal Relations		0.00	111650.00
Don Chasteen, Dir. Public Relations		0.00	0.00
Hilda Pullen , Pres.		0.00	6158.00
Larry Brand, Dir. , Health Benefits Dept.	Gold and Liebengood, Inc.	0.00	36500.00
Rob Eaton , Assoc. Gen. Counsel		0.00	0.00
Robert Schneider, Pres.		0.00	0.00
Ralph Fuller, Dir. Pub. Rel.	Cassidy and Assoc. , Inc.	0.00	0.00
John Garofola , President		0.00	6700.00
Theresa Dudley, Lobbyist		0.00	0.00
Jean Brett, Ass't. Dir. , Public Relations	Strategic Management Assoc. , Inc.	0.00	0.00
John Cusolito , Mgr. of External Relations		0.00	103650.00
Kimberly Davis, Regional Dir.	Baker & Hostetler	0.00	0.00
Marsha Dumond, VP		800000.00	51250.00
Robert Doring , Dir. of Benefits		10860000000.00	166210.00
Gus Cheatham , VP of Pub. Affairs	Cassidy and Assoc. , Inc.	0.00	0.00
Paul C. Balcom , Pres.	Baker & Hostetler	0.00	0.00
Dave Tarrer , Exec. Dir.		0.00	15000.00
Roger Hariland , Dir. of Personnel		0.00	0.00
Chris Coughlin , Exec. Dir.		0.00	1270.00
Thelma Duggin , VP Mktg. & Member Services		0.00	60000.00
Ann McDermott , Dir. Gov't. Relations		665000000.00	92700.00
Pat Morris, Pol. Affairs Dir.		0.00	12126.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Marion Merrel Dow Inc.	9300 Ward Pkwy. Kansas City, MO 64114	816-966-4000	PH
Marriot Corp.	10400 Fernwood Rd. Bethesda, MD 20817	301-380-9000	B
Mary Hitchcock Memorial Hospital	1 Medical Center Lebanon, NH 03756	603-650-5000	HA
Maryland Medical Assn.	1211 Cathedral St. Baltimore, MD 21201	410-539-0872	HP
Maryland Right to Life Inc.	213 Duke of Gloucester St. Annapolis, MD 21401	310-858-8304	PI
Massachusetts Hospital Assn.	5 New England Exec. Park Burlington, MA 01803	617-272-8000	HA
Massachusetts Medical Society	1440 Main Street Waltham, MA 02154	617-893-4610	HP
Massachusetts Mutual Life Insurance Co.	1295 State St. Springfield, MA 01111	413-788-8411	I
McDonalds Corp.	Campus Office Bldg., Kroc Drive Oak Brook, IL 60521	708-575-3000	B
MedCath Inc.	7621 Little Ave., #106 Charlotte, NC 28226	704-541-3228	HB
Medical Assn. of Alabama	P.O. Box 1900 Montgomery, Alabama 36106	205-263-6441	HP
Medical Assn. of Georgia	938 Peachtree St. NE # 207 Atlanta, GA 30309	404-876-7535	HP
Medical Care America	13455 Noel Rd. #2000, 20th Fl. Dallas TX 75240	214-701-2200	HB
Medical Center of Central Massachusetts	119 Belmont St. Worcester, MA 06105	508-793-6611	HA
Medical Serv. Corp. of Eastern Washington	P.O. Box 3048 Spokane, WA 99220	509-536-4700	HB
Medical Society of Albany	One Exec. Centre Dr #201 Corp. Plaza Albany, NY 12203	518-456-8571	HP
Medical Society of New Jersey	Two Princess Rd. Lawrenceville, NJ 08648	609-896-1766	HP
Medical Society of the District of Columbia	1707 L St. NW #400 Washington, DC 20036	202-466-1800	HP
Medical Society of the State of New York	420 Lakeville Rd. Lake Success, NY 11042	516-488-6100	HP
Medicon	40 Skokie Blvd. Northbrook, IL 60062	708-564-8500	HB
Mental Health Liaison Group	1730 Rhode Isl. Ave. NW #308 Washington, DC 20036	202-775-8826	HP
Merck & Co. Inc.	Box 2000 126 E. Lincoln Ave. Rahway, NJ 07065	202-638-4170	PH
Mercy Hospital of Des Moines	400 University Des Moines, IA 50314	515-247-3121	HA
Metropolitan Life Insurance Co.	1620 L St. NW #800 Washington, DC 20036	202-659-3575	I
Michigan Beer & Wine Wholesalers Assn.	332 Townsend Lansing, MI 48933	517-482-5555	A
Michigan Hospital Assn.	6215 West St. Joseph Highway Lansing, MI 48917	517-323-3443	HA
Michigan State Medical Society	120 West Saginaw St. East Lansing, MI 48826	517-337-1351	HP
Micro Genesys	1000 Research Parkway Meriden, CT 06450	203-686-0800	PH
Mid Atlantic Medical Services	4 Taft Court Rockville, MD 20850	301-294-5140	HA
Miller Brewing Co.	3939 W. Highland Blvd., Box 482 Milwaukee, WI 53201	414-931-2000	A
Minnesota Medical Assn.	3433 Broadway NE #300 Minneapolis, MN 55413	612-378-1875	HP
Minnesota Mutual Life Insurance	400 Robert St. North St. Paul, MN 55101	612-298-3500	I
Mississippi Medical Assn.	P.O. Box 5229 Jackson, MS 39296	601-354-5433	HP
Missouri Citizens for Life	621 E. McCarty Jefferson City, MO 65101	314-635-5110	PI
Missouri State Medical Assn.	P.O. Box 1028 Jefferson City, MO 65102	314-636-5151	HP
Monsanto Co.	5200 Old Orchard Rd. Skokie, IL 60077	708-982-7000	PH
Montana Medical Assn.	2021 11th Ave. #12 Helena, MT 59601	406-443-4000	HP
Montefiore Medical Center	111 E 210 Bronx, NY 10467	718-920-4321	HA
Morehouse School of Medkine	720 Westview Dr. SW Atlanta, GA 30310-1495	404-752-1892	HA
Mtn. State Blue Cross & Blue Shield Inc.	P.O. Box 1948 Parkersburg, WV 26102	304-424-7700	I
Mt. Sinai Medical Center	100 St 5th Ave. NY, NY 10029	212-241-6500	HA
Mt. Sinai Medical Center of Greater Miami	4300 Alton Rd. Miami Beach, FL 33140	305-674-2121	HA
Mutual Life Insurance Co. of New York	1740 Broadway New York, NY 10019	212-708-2000	I
Mutual of Omaha	Mutual of Omaha Plaza Omaha, NE 68175	402-342-7600	I
Mutual of Omaha Cos.	1700 Penn. Ave. NW #500 Washington, DC 20006	202-393-6200	I
Mylan Laboratories	1030 Century Bldg. 130 Seventh St. Pittsburgh, PA 15222	412-232-0100	PH
National Abortion Rights Action League	1156 15th St. NW #700 Washington, DC 20005	202-973-3000	PI

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Declined to give health care reform contact		3320000000.00	130077.00
Bob Dankmyer , VP Corp. Benefits		8720000000.00	393950.00
James Varnum , Chief Administrator/Pres.	Cassidy and Assoc. , Inc.	0.00	0.00
Rose Matricciani , Coordinator		0.00	16750.00
Roger Stenson , Exec. Dir.		0.00	1650.00
Andrew Dreyfus, Dir. of Public & Comm. Relations		0.00	1900.00
Charles T. Alagero , Dir. Health Care Policy		0.00	0.00
Jim Demary , Dir. Mktg. & Comm.	Patton , Boggs and Blow	0.00	504672.00
Nancy Sensebrenner , Mgr. , Leg. Services		7130000000.00	294897.00
Steve Puckett	Dyer, Ellis , Joseph & Mills	0.00	0.00
Vick McLean , Dir. Public Relations		0.00	0.00
Priscella Daves, Dir. of Public Relations		0.00	0.00
Jonathan Bard, Sr. VP, Investor Rel.	Dyer, Ellis, Joseph & Mills	0.00	0.00
Robert Ristino , VP Pub. Rel.	Cassidy and Assoc. , Inc.	0.00	0.00
		0.00	0.00
Jonathan Dougherty, Exec. VP		0.00	0.00
Barbara Mihalik , Admin. Ass't Gov't. Affairs		0.00	51503.00
Louis Diamond, President		0.00	0.00
Gerard Conway , Dir. Gov't. Affairs		0.00	97053.00
George Roe, Counsel	Cassidy and Assoc. , Inc.	0.00	0.00
Karen Hoehn , Policy Assoc. for Fed. Affairs		0.00	0.00
Nancy Carlton, Sr. Dir. Gov't. Relations	Campbell-Raupe ; Covington & Burling; Patton , Boggs and Blow; Arter & Hadden	9700000000.00	237250.00
Carmela Brown, VP of Gov't. Rel.	Arent Fox Kintner Plotkin & Kahn	0.00	0.00
Heidi Kendall, Leg. Rep.	Downey & Assoc. ; Mitchell, Williams, Selig , Gates & Woodyard ; Wunder, Diefenderfer, Cannon & Thelen	0.00	512307.00
Lynn Wagner, Ins. Coord.		0.00	25547.00
Sherry Mirasola , Dir. Pub. Affairs		0.00	5530.00
Tom Plasman , Mgr. Physicians Hosp. Rel.		0.00	0.00
Mary Lyons, Dir. , Office of Info.	Strategic Management Assoc. , Inc.	0.00	0.00
Michael Savage, Mgr. Corp. Communications		0.00	27450.00
Deborah Moody, Leg. Affairs Mgr.	Ogilvy Adams & Rinehart	2920000000.00	50902.00
Dave Renner, Dir. of Leg.		0.00	0.00
Mary McLain-Johnson , Media Rel. Specialists		0.00	0.00
Jackie Wibault , Plan Admin.		0.00	2500.00
Mary Kay Culp , Pres.		0.00	20911.00
Royal Cooper, Exec. VP		0.00	16200.00
Thomas Norton , Exec. Dir. Gov. Affairs	Timmons & Co. , Inc.	0.00	75775.00
Ryan Zins , Exec. VP		0.00	0.00
Dr. Spencer Foreman , Pres.	Strategic Management Assoc. , Inc.	0.00	0.00
Dion Edwards Houston, Asst. Dir. , Publ. Rel.	Cassidy and Assoc. , Inc.	0.00	0.00
Tom Farson , Pres.		0.00	0.00
Laurie Anderson, Media Coordinator	Strategic Management Assoc. , Inc.	0.00	0.00
Leslie Linevsky , Dir. , Mktg. and Planning	Cassidy and Assoc. , Inc.	0.00	0.00
Lee Smith, Vice President of Government Relations		0.00	65000.00
Cynthia Reese, Assistant VP for Leg. Issues	Gold & Liebengood , Inc.; Norrell and Assoc.	0.00	97699.00
Rusty Ring	Gold and Liebengood, Inc.; Winthrop , Stimson , Putnam & Roberts; Julia Norell and Assoc.	0.00	375628.00
Patricia Sunseri , VP	Wunder, Diefenderfer, Cannon & Thelen	0.00	60000.00
Jo Blum, Pol & Leg. Dir.	Greer, Margolis , Mitchell & Assoc. , Inc.	0.00	2365.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
National Alliance for Infusion Therapy	1001 Penn. Ave. NW #600 Washington, DC 20004	202-347-0066	HP
National Assn. for Home Care	519 C St. NE Washington, DC 20002	202-547-7424	HA
National Assn. for Support for Long Term Care	P.O. Box 4857 Austin, TX 78765	512-451-0059	HB
National Assn. of Area Agencies on Aging	1112 16th St. NW #100 Washington, DC 20036	202-296-8130	HP
National Assn. of Chain Drugstores	P.O. Box 1417-D49 Alexandria, VA 22313	703-549-3001	PH
National Assn. of Community Health Centers	1330 New Hampshire Ave. NW #122 , WDC 20036	202-659-8008	HA
National Assn. of Convenience Stores	1605 King St. Alexandria , VA 22314-2792	703-684-3600	TA
National Assn. of Counties	440 First St. NW #800 Washington, DC 20001	202-393-6226	TA
National Assn. of Federal Employees	1533 New Hampshire Ave NW Washington, DC 20036	202-234-0832	U
National Assn. of Government Employees	2011 Crystal Dr. #205 Arlington, VA 22202-3209	703-979-0290	U
National Assn. of Health Underwriters	1000 Conn. Ave. NW #810 Washington, DC 20036	202-223-5533	I
National Assn. of Insurance Brokers	1401 NY Avenue NW, #720, Washington, DC 20005	202-628-6700	I
National Assn. of Insurance Commissioners	444 N. Capitol St. NW #309 Washington, DC 20001	202-624-7790	I
National Assn. of Letter Carriers of the USA	100 Indiana Ave. NW Washington, DC 20001	202-393-4695	U
National Assn. of Life Underwriters	1922 F St. NW Washington, DC 20006	202-331-6000	I
National Assn. of Manufacturers	1331 Penn. Ave. NW #1500-N Wash. , DC 20004-1703	202-637-3000	TA
National Assn. of Med. Dirs. of Resp. Care	545 Wisconsin Ave. #1340 Chevy Chase, MD 20815	301-718-2975	HP
National Assn. of Medical Equip. Suppliers	625 Slaters Lane #200 Alexandria , VA 22314	703-836-6263	HB
National Assn. of Optoms. and Optics. Inc.	18903 South Miles Rd. Cleveland, OH 44128	216-475-8925	HP
National Assn. of Pediatric Nurse Associates & Practitioners	1101 Kings Highway North, #206 Cherry Hill , NJ 08034	609-667-1773	HP
National Assn. of Pharmaceutical Manfctrs.	747 Third Ave. , 24th Fl. New York, NY 10017	212-838-3720	PH
National Assn. of Professional Ins. Agents	400 N. Washington St. Alexandria, VA 22314	703-836-9340	I
National Assn. of Psychiatric Health Sys.	1319 F St. NW #1000 Washington, DC 20004	202-393-6700	HP
National Assn. of Retail Druggists	205 Dangerfield Rd. Alexandria , VA 22314	703-683-8200	PH
National Assn. of State Units on Aging	1225 1 Street NW #725 Washington, DC 20005	202-898-2578	TA
National Assn. of Temporary Services	119 S. St. Asaph Str. Alexandria , VA 22314	703-549-6287	TA
National Assn. of Wholesaler-Distribs.	1725 K St. NW 3rd Fl. Washington , DC 20006	202-872-0885	TA
National Beer Wholesalers Assn.	1100 S. Washington St. Alexandria , VA 22314-4494	703-683-4300	A
National Coalition of Abortion Providers	206 King St. 2nd Floor Alexandria , VA 22314	703-684-0055	HP
National Committee Quality Healthcare Leadership Council	1500 K St. NW #360 Washington, DC 20005	202-347-5731	HP
National Committee to Preserve Social Security & Medicare	2000 K St. NW #800 Washington, DC 20006	202-822-9459	PI
National Consumers League	815 15th St. NW #928-N Washington, DC 20005	202-639-8140	PI
National Council of Chain Restaurants	1200 19th St. NW #300 Washington, DC 20036	202-429-5152	TA
National Council of Community Hospitals	1700 K St. NW #906 Washington, DC 20006	202-728-0830	HA
National Council on Alc. and Drug Depend.	12 W. 21st St. NY, NY 10010	2122066770	PI
National Council on Independent Living	2111 Wilson Blvd. #405 Arlington, VA 22201	508-875-7853	PI
National Dental Assn.	5506 Conn. Ave. NW #24 Washington, DC 20015	202-244-7555	HP
National Education Assn.	1201 16th St. NW Washington, DC 20036	202-833-4000	U
National Federation of Federal Employees	1016 16th St. NW Washington, DC 20036	202-862-4400	U
National Federation of Independent Business	600 Maryland Ave. SW #700 Washington , DC 20024	202-554-9000	B
National Gay and Lesbian Task Force	2320 17th St. NW Washington, DC 20009	202-332-6483	PI
National Governors' Assn.	444 N. Capitol St. NW #267 Washington , DC 20001	202-624-5300	TA
National Grocers Assn.	1825 Samuel Morse Dr. , Reston, VA 22090	(703)-437-5300	TA
National Health Council	1730 M St. NW #500 Washington, DC 20036	202-785-3913	HP
National Health Lawyers Assn.	1120 Connecticut Ave #950 Washington, DC 20036	202-833-1100	TA
National HealthCorp.	P.O. Box 1398 Murfreesboroy , TN 37310	615-890-2020	HA
National Hospice Organization	1901 N. Moore St. #901 Arlington, VA 22209	703-243-5900	HA
Natl. Ldrshp. Coalit. for H. Care Reform	555 13th St., NW #490 Washington, D.C. 20004	202-637-6830	PI

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Declined to give health care reform contact	Rowan and Blewitt	0.00	0.00
Dayle Berke, Dir. Govt. Affairs		7000000.00	40982.00
Tom Kowalski , Exec. Dir.	Greenberg and Traurig Hoffman Lipoff Rosen & Quentel	0.00	0.00
Janis Jackson Fiegemer, Dir. Long-Term Care Comm.		0.00	0.00
Phillip Schneider , Dir. of Pub. Affairs	Public Strategies Wash. , Inc.; Norrell and Assoc. Dickstein, Shapiro & Morin	0.00	178897.00
Dan Hawkins , VP Policy Res. & Analysis	Hogan & Hartson ; The Jefferson Group, Inc.	0.00	0.00
Mark Katz , Dir. Cong. Affairs		8400000.00	0.00
Tom Joseph, Assoc. Leg. Dir. for Health		0.00	5000.00
Judy Park, Leg. Dir.		0.00	1622500.00
Chris Sullivan, Leg. Dir.		0.00	0.00
Neil Trautwein , Dir. Gov't. Affairs	Patton, Boggs and Blow	1000000.00	175.00
Barbara Haugen, Dir. , Fed. Affairs	Baker & Hostetler	0.00	69350.00
Gary Carneal , Health Policy Analyst		35200000.00	0.00
Bob Levy, Asst. for Leg.		0.00	2026891.00
Dave Hébert , Legal Counsel	Patton, Boggs & Blow	0.00	1872690.00
Sharon Conner, Acting VP & Dir.		16000000.00	10000.00
Phil Porte, Exec. Dir.		0.00	0.00
Mike Graham, Dir. Leg. Affairs		0.00	66054.00
Frank Rozak, Dir. , Gov't. Rel. Services		0.00	0.00
Mavis McGuire , Exec. Dir.	Capitol Associates, Inc.	0.00	0.00
Robert Milanese, Pres.		0.00	0.00
Brian Muys, Publ. Affairs Writer	Baker & Hostetler	0.00	214741.00
Mark Covall , Dir. of Leg. Affairs	Crowell & Moring	0.00	0.00
John Rector, VP Gov't. Affairs	Sidley & Austin	0.00	274849.00
Daniel Quirk, Exec. Dir.		0.00	0.00
Ed Lenz, Sr. VP		2000000.00	0.00
Alan Kranowitz , Sr. VP Gov't. Relations		6200000.00	158584.00
Lee Ann Mayo, Wash. Rep.		3000000.00	1236765.00
Ron Fitzsimmons , Exec. Dir.		0.00	0.00
Joan Simmons , VP Public Affairs	The Duberstein Group Inc.	0.00	7000.00
Lloyd Duxbury , Leg. Dir.	Chambers Assoc. , Inc.	6000000.00	1237056.00
Linda Finte , Sr. Program Assoc.		1000000.00	0.00
Terrie Dort , Exec. Dir.		500000.00	9250.00
Marty McGeein , VP		0.00	10900.00
Paul Wood, Pres. ; Sarah Kaysou , Dir. Public Policy		0.00	0.00
Paul Spooner , External VP		0.00	0.00
Michelle Walton, Office Manager		300000.00	0.00
Joel Packer, Sr. Professional Assoc.		0.00	3227513.00
Eugene Voegtlin , Leg. Liaison		0.00	0.00
Mark Isakowitz , Leg. Rep.		65000000.00	379712.00
David Smith		3500000.00	0.00
Carl Volpe , Dir. Health Pol.		0.00	0.00
		3300000.00	950.00
Donna Ledder , Asst. Dir. Govt. Relations		0.00	0.00
Mary Lou King , Exec. VP		2500000.00	0.00
Judy Powell		0.00	29750.00
John Jay Mahoney, President	Hogan & Hartson	3600000.00	0.00
David Foster, Counsel, Leg. Affairs		0.00	0.00

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COMPANY	ADDRESS	PHONE	TYPE
National League of Cities	1301 Penn. Ave. NW #600 Washington, DC 20004	202-626-3000	TA
National Licensed Beverage Assn.	3601 N. Fairfax Dr. Arlington, VA 22201	703-671-5463	A
National Medical Assn.	1012 10th St. NW Washington, DC 20001	202-347-1895	HP
National Medical Enterprises Inc.	3060 Williams Dr. Fairfax, VA 22031	703-205-7500	HA
National Mental Health Assn.	1021 Prince St. Alexandria, VA 22314	703-684-7722	HP
National Organization For Women Inc.	1000 16th St. NW #700 Washington, DC 20036	202-331-0066	PI
National Pharmaceutical Assn.	12510 White Drive Silver Spring, MD 20090	301-622-7747	PH
National Pharmaceutical Council	1894 Preston White Drive Reston, VA 22091	703-620-6390	PH
National Rehabilitation Hospital	102 Irving St. NW Washington, DC 20010	202-877-1000	HA
National Restaurant Assn.	1200 17th St. NW Washington, DC 20036	202-331-5900	TA
National Retail Federation	701 Penn. Ave., #710 Washington, DC 20036	202-783-7971	TA
National Right to Life Committee	419 7th St. NW #500 Washington, DC 20004	202-626-8820	PI
National School Boards Assn.	1680 Duke St. Alexandria, VA 22314	703-838-6722	TA
National Small Business United	1155 15th St. NW #710 Washington, DC 20005	202-293-8830	B
National Wholesale Druggists' Assn.	1821 Michael Faraday Dr. #400 Reston, VA 22090-5348	703-787-0000	PH
National Women's Political Caucus Inc.	1275 K St. NW #750 Washington, DC 20005	202-898-1100	TA
National-American Wholesale Grocers' Assn.	201 Park Washington Ct. Falls Church, VA 22046	703-532-9400	TA
Nationwide Insurance Corp.	One Nationwide Plaza, Box 1559 Columbus, OH 43216	614-249-7171	I
Nebraska Chiropractic Physicians Assn.	414 S. 11th Street Lincoln, NE 68508	402-435-4087	HP
Nebraska Medical Assn.	233 S. 13th St. #1512 Lincoln, NE 68508	402-474-4472	HP
Nebraska Right to Life	521 S 14th #200 Lincoln, NE 68508	402-477-3993	PI
Nevada State Medical Assn.	3660 Baker Lane #101 Reno, NV 89509	702-825-6788	HP
New England Healthcare Employees	77 Huyslope Ave. Hartford, CT 06106	203-549-1199	U
New England Mutual Life Insurance Co.	501 Boylston Street Boston, MA 02116	617-578-2000	I
New Mexico Medical Society	7770 Jefferson NE #400 Albuquerque, NM 87109	505-828-0237	HP
New Mexico Optometric Assn.	Box 227, 10131 Coors Rd. NW Albuquerque, NM 87114	505-898-6885	HP
New Mexico Osteopathic Medical Assn.	7770 Jefferson St. NE #335 Albuquerque, NM 87199	505-828-1905	HP
New York Life Healthplus	7601 Ora Glen Dr. Greenbelt, MD 20770	301-441-1600	I
New York Life Insurance Co.	51 Madison Ave New York, NY 10010	212-576-3869	I
New York Medical College	Sunshine Cottage Admin. Bldg. Valhalla, NY 10595	914-993-4000	HA
New York St. Med. Care Facilities Fin. Agen	641 Lexington Ave New York, NY 10022	212-688-4000	HA
New York State Republican Family Comm.	136 East 57th St. New York, NY 10022	212-759-9155	PI
New York State Right To Life Committee	41 State St. #611 Albany, NY 12207	518-434-1293	PI
New York State Right To Life Party	109 Stevens Ave. Centerport, NY 11721	516-328-7241	PI
New York University Medical Center	560 First Ave. at 34th St. New York, NY 10016	212-263-7300	HA
North Carolina Assn. of Nurse Anesthetists	3301 Woman's Club Dr. Raleigh, NC 27603	919-783-4109	HP
North Carolina Dental Society	1001 Hillsborough St. Raleigh, NC 27603	919-832-1222	HP
North Carolina Medical Assn.	P.O. Box 25834 222 N. Person St. Raleigh, NC 27611	# N/A	HP
North Carolina Right to Life Inc.	3926 Greccmont Dr. Winston-Salem, NC 27106	910-274-5433	PI
North Dakota Medical Assn.	P.O. Box 1198 Bismarck, ND 58502	701-223-9475	HP
North Dakota Right to Life Assn.	514 Northeast St. #2 Bismarck, ND 58501	701-258-3811	PI
Northwestern Mutual Life Insurance Co.	1840 Wilson Blvd. #300 Arlington, VA 22201	703-848-9300	I
Northwestern National Life Insurance Co.	NWNL - Rt. 5010 Minneapolis, MN 55401	612-372-5432	I
Novacare Orthotics & Prosthetics	1016 9th Ave. King of Prussia, PA 19406	610-992-8990	HB
Ohio Dental Assn.	1370 Dublin Rd. Columbus, OH 43215	614-486-2700	HP
Ohio Right to Life Society	8 East Broad St. 13th Fl. Columbus, OH 43215	614-241-5200	PI
Ohio State Chiropractic Assn. Inc.	1115 Bethel Rd. Columbus, OH 43220	614-442-2610	HP
Ohio State Medical Assn.	1500 Lakeshore Dr. Columbus, OH 43204	614-486-2401	HP
Oil, Chem. & Atomic Wrkrs Int'l Union	2722 Merrilee Drive, Suite 250 Fairfax, VA 22031	703-876-9300	U
Oklahoma State Medical Assn.	601 Northwest Expwy. Oklahoma City, OK 73118	405-843-9571	HP
Oklahoma Steel and Wire Co.	P.O. Box 220 Highway 70 South Madill, OK 73446	405-447-6900	B
Opticians Assn. of America	10341 Democracy Lane Fairfax, VA 22030	703-691-8355	HP
Oregon Medical Assn.	5210 SW Corbett Ave. Portland, OR 97201	503-226-1555	HP

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LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Janet Quist, Sr. Leg. Counsel		0.00	5000.00
Jon Chwat, Lobbyist •	Chwat and Co.	0.00	3780.00
Tanya Levy, Healthy People Coalition Dir.		0.00	0.00
Tom Dey , Dir. Gov't. Affairs		3760000000.00	121079.00
Al Guida, VP Govt. Affairs		0.00	0.00
Karen Johnson, Natl. Secretary		0.00	332912.00
		0.00	0.00
Eleanor Vogt , VP Pub. Affairs		0.00	0.00
Heidi Hicks, Dir. , Development and Gov't. Rel.	Colex and Assoc.	0.00	0.00
Elaine Graham, Sr. Dir. of Gov't. Affairs	Gold and Liebengood , Inc.	18000000.00	848290.00
Steve Pfister , VP, Dir. Pol. Affairs	Patton , Boggs and Blow	0.00	8927.00
Burke Balch , Dir. Medical Ethics		13500000.00	1918563.00
Laurie Westley , Chief Leg. Dir.		16000000.00	0.00
Todd McCracken , Leg. Dir.		0.00	10000.00
Sherry Habor, VP Gov't. Affairs	O'Brien Calio	0.00	12025.00
		0.00	89800.00
Bruce Gates , VP	Dutko & Assoc. , Inc.; Olsson, Frank and Weeda	4500000.00	224355.00
Craig Zimpher , Assoc. VP		0.00	121319.00
John DeCamp - Exec Dir		0.00	1550.00
William Chellpeper , Exec. Dir.		0.00	500.00
Julie Schmit-Albin , Exec. Dir.		0.00	0.00
Larry Matheis , Exec. Dir.		0.00	0.00
Paul Fordier , VP		0.00	5550.00
Debbie O'Keefe , Public Affairs		0.00	122850.00
Randy Marshall, Exec. Dir.		0.00	6682.00
Tom Arvas , Leg. Chairman		0.00	0.00
Floyd Smith, Exec. Dir.		0.00	0.00
Chris Doherty - Sr. Mktg. Mgr.		0.00	4275.00
Jessica Colgate, VP	Patton, Boggs & Blow; Crowell & Moring	0.00	214615.00
Rev. Harry Barrett, Pres.	Cassidy and Assoc. , Inc.	0.00	0.00
John Martinez , Pres.	Liz Robbins Assoc.	0.00	0.00
Tanya Melich , Exec. Dir.		0.00	8500.00
Lori Hougens, Dir. Fed. Leg.		0.00	0.00
Lena Harknett , Chairman		0.00	17410.00
Martin Begun, VP, External Aff. and Assoc. Dean	Capitol Assoc. , Inc.	0.00	0.00
		0.00	0.00
William Potter, Legal Counsel		0.00	300.00
		0.00	5700.00
Barbara Holt		0.00	8700.00
Vernon Wagner, Exec. VP		0.00	0.00
Viva Higen-Pond, Exec. Dir.		0.00	1500.00
Warren Negri , Gen. Agent	Patton, Boggs and Blow	0.00	351780.00
Bill Fritz, Lobbyist		0.00	39390.00
Jeffrey Levitt, Pres.		0.00	0.00
Pam Powell, Dir. Legal & Leg. Services		0.00	10900.00
Tim Welsh, Exec. Dir.		0.00	6224.00
Cheryl Bassitt , Exec. Dir.		1000000.00	16100.00
Tim Magilone , Dir. Dept. of Leg.		0.00	0.00
Nolan Hancock, Leg. Dir.		16114818.00	148504.00
David Bickham , Exec. Dir.		0.00	17300.00
David Weinand , Personnel Mgr.		0.00	0.00
Jim Boxall , Govt. Relations Mgr.		0.00	0.00
Scott Gallant, Dir. Govt. Affairs		0.00	125.00

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COMPANY	ADDRESS	PHONE	TYPE
Oregon Right to Life	4335 River Road North Salem , OR 97303	503-463-8563	PI
OrNola Health and Summit Care Corp.	2600 W Magnolia Blvd. Burbank , CA 91505	818-841-8750	HB
Outpatient Ophthalmic Surgery Society	P.O. Box 23230 San Diego , CA 92193	619-692-4426	HP
Pacific Mutual Life Insurance Co.	700 Newport Center Dr. Newport Beach, CA 92660	714-640-3011	I
Pacificare Health Systems	P.O. Box 6006 Cypress, CA 90630	714-952-1121	I
Pan American Life Insurance Co.	601 Poydras St. New Orleans, LA 70130	504-566-1300	I
Paralyzed Veterans of America	801 18th St. NW Washington, DC 20006	202-872-1300	PI
Pennsylvania Blue Shield	P.O. Box 890089 Camp Hill, PA 17089-0089	717-763-3151	I
Pennsylvania Medical Assn.	P.O. Box 8820 Harrisburg , PA 17105	717-558-7750	HP
Pennsylvania Physical Therapy Assn.	2090 Linglestown Rd, #101 Harrisburg , PA 17110	717-541-9169	HP
Pennsylvania Pro-Life Federation	310 Genet St. Scranton , PA 18505	717-963-0301	PI
PepsiCo	700 Anderson Hill Road Purchase, NY 10577	914-253-2000	B
Pfizer Inc.	1455 Penn. Ave. NW #925 Washington, DC 20004	202-783-7070	PH
Pharmaceutical Research and Manufacturers of America	1100 15th St. NW #900 Washington, DC 20005	202-835-3400	PH
Philip Morris Companies Inc.	1341 G St. NW #900 Washington, DC 20005	202-637-1500	TO
Phoenix Home Life Mutual Insurance Co.	One American Row Hartford, CT 06115	203-275-5000	I
Physicians Ambulance Servke Inc.	4349 Monticello Blvd. South Euclid , OH 44121	216-321-7878	HP
Physicians Corp. of America	5835 Blue Lagoon Miami, FL 33126	305-267-6633	I
Physicians Interindemnity	541 West Colorado Blvd. Glendale, CA 91204	818-241-5119	I
Pierce County Medical	P.O. Box 2915 Tacoma, WA 98401	206-597-6500	I
Pillsbury Co.	200 South 6th St. Minneapolis, MN 55402	612-330-4966	B
Pinkerton Group	6630 West Broad St. Richmond, VA 23230	804-287-3200	TO
Pipe Tobacco Council	1100 17th St. NW #504 Washington, D.C. 20036	202-223-8207	TO
Planned Parenthood Fed. of America	1120 Conn. Ave. NW #461 Washington, DC 20036	202-785-3351	PI
Planned Parenthood of Minnesota	1965 Ford Parkway St. Paul , MN 55116	612-825-2777	PI
Pre-Medicare Health Security Coalition	1625 K Street NW #200 Washington, D.C. 20006	202-833-8092	PI
Principal Mutual Life Insurance	711 High St. Tax Dept. Des Moines, IA 50392	515-247-5111	I
Procter & Gamble Co.	801 Penn. Ave. NW #720 Washington, DC 20004-2604	202-393-3400	PH
Professional Insurance Mass-Mktng. Assn.	4733 Bethesda Ave. #330 Bethesda, MD 20814	301-951-1260	I
Project for the Republican Future	1150 17th St. NW #505 Washington, DC 20036	202-293-4900	PI
Provident Life and Accident Insurance Co.	One Fountain Square Chattanooga, TN 37402	615-755-1011	I
Provident Mutual Life Ins. Co. of Philadel.	Box 7378 1600 Market Street Philadelphia, PA 19101	215-636-5000	I
Prudential Insurance Co. of America	1140 Conn. Ave. NW #510 Washington, DC 20036	202-293-1676	I
Public Citizen, Inc.	2000 P St. NW #700 Washington, DC 20036	202-546-4996	PI
Radiation Care Inc.	1155 Hammond Dr. Bldg A Atlanta, GA 30328	404-399-0663	HP
Reinsurance Assn. of America	1301 Penn. Ave. NW #900 Washington, DC 20004-1701	202-638-3690	I
Republican National Committee	310 First St SE Washington, DC 20003	202-863-8500	PI
Rhode Island Hospital	593 Eddy St. Providence, RI 02903	401-444-4000	HA
Rhode Island Medical Society	106 Francis St. Providence, RI 02903	401-331-3207	HP
Rhone-Poulenc Rorer Inc.	500 Arcola Rd. Collegeville , PA 19426	215-454-8000	PH
Right To Life of Michigan	2340 Porter SW P.O. Box 901 Grand Rapids, MI 49509	616-532-2300	PI
Rite Aid Corp.	30 Hunter Lane Camp Hill, PA 17011	717-761-2633	HB
RJR Nabisco	1455 Penn. Ave. NW #525 Washington, DC 20004	202-626-7200	TO
Rocky Mountain HMO	2775 Crossroads Blvd. Grand Junction, CO 81506	800-843-0719	I
Ross Products	625 Cleveland Ave. Columbus, OH 43215	614-624-7677	PH

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LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Lynda Harrington, Dir.		500000.00	30146.00
Skip Courtney		0.00	0.00
Karen Magan, Exec. Dir.	McDermott , Will and Emery	0.00	8000.00
Peter Pastre, Govt. Relations Mgr.	Murray, Scheer , Tapia & Montgomery	0.00	154350.00
Hope Sherman, VP Legal & Govt. Affairs	Dutko and Assoc. , Inc.	0.00	35720.00
Eileen Johnson, Mgr. Public Relations		0.00	2250.00
Doug Vollmer , Exec. Dir. Govt. Relations		0.00	0.00
Terrence Bowling, Corp. VP Govt. Business	Seyfarth , Shaw, Fairweather and Geraldson	0.00	0.00
Larry Light, Dir. Leg. Affairs		0.00	14100.00
Kim Annibali , Exec. Dir.		0.00	0.00
Mary Beliveau , dir. of PAC Legis.		0.00	2137.00
David Wright , VP Govt. Affairs	Chambers & Assoc. , Inc.; Patton , Boggs and Blow; Murray, Scheer, Tapia & Montgomery	22000000000.00	569471.00
Ken Bowler, VP Fed. Govt. Relations	Robinson, Lake, Lerer & Montgomery; Winburn & Jenkins, Inc. ; Hogan & Hartson ; Lent & Scrivner ; Jones, Day, Reavis and Pogue	7230000000.00	501104.00
Stephen Conafay, Exec. VP of Strat. & Leg. Affair	Robinson, Lake, Lerer & Montgomery; R. Duffy Wall	32000000.00	120648.00
Kathleen Linehan , VP	Black, Manafort , Stone & Kelly; Gold and Liebengood, Inc.; Winburn & Jenkins	5900000000.00	1832757.00
Maura Melley, VP Public & Govt. Affairs		0.00	55000.00
Rob Hess , Exec. VP		0.00	0.00
Peter Bernal , Sr. VP	Williams and Jensen, P.C.	0.00	0.00
Dr. Sabri El Farra , Chairman		0.00	36358.00
Scott DeNies, Special Projects Officer		0.00	0.00
William Birtcil , Govt. Affairs		0.00	40016.00
Lisa Stiles Licata , Legal Counsel		0.00	108575.00
Norman Sharp, Pres.	Dickstein, Shapiro & Morin	0.00	0.00
Diane Pollach , Leg. Rep. (Acting Dir.)	Pagonis & Donnelly	0.00	0.00
Connie Perpich , Dir. of Public Affairs		0.00	13001.00
William Signer, VP	Chambers Assoc. , Inc.; Ogilvy Adams & Rinehart	0.00	0.00
Mary O'Keefe, VP Corp. Relations		0.00	174127.00
John Saxton, VP Nat'l. Gov't. Relations		29000000000.00	116900.00
William Summers, Exec. Dir.		0.00	0.00
William Kristol , Chairman		0.00	0.00
Roy Bess, VP of Gov't. Affairs		0.00	21550.00
Lori Pickford, Public Relations Specialist		0.00	5500.00
Thomas O'Hara , VP Gov't. Affairs		0.00	756626.00
Pamela Gilbert, Dir. CongressWatch		9100000.00	0.00
Ted Crowley , Chief Operating Officer	Dyer, Ellis, Joseph & Mills	0.00	0.00
Francis Bouchard , Fed. Affairs Rep.	Patton , Boggs and Blow	0.00	31456.00
		0.00	0.00
James Peters, Dir. , Comm. and Pub. Aff.	Cassidy and Assoc. , Inc.	0.00	0.00
Steven DeToy, Dir. Gov't. Relations		0.00	0.00
Jane Green, Dir. Corp. Comm.		4100000000.00	103750.00
Jane Muldoon, Exec. Dir.		0.00	56292.00
Wanda Patrick, Mgr. , Public Relations		4090000000.00	118700.00
M.B. Oglesby, Sr. VP Gov't. Affairs	Mayer , Brown and Platt ; Wunder , Diefenderfer, Cannon & Thelen; Jones , Day, Reavis and Pogue	15700000000.00	2233967.00
Mike Weber, Exec. Dir./Pres.		0.00	0.00
Brenda Burns, Dir. , Pub. Affairs		0.00	0.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
Rush-Presbyterian St. Luke's Med. Center	1700 W. Van Buren Pkwy. Chicago, IL 60612	312-942-5000	HA
SAFECO Corp.	SAFECO Plaza Seattle, WA 98185	206-545-5000	I
Sandoz Pharmaceutical Corp.	59 Route 10 East Hanover, NJ 07936	201-503-7500	PH
Schering-Plough Corp.	1850 K St. NW #1195 Washington, DC 20006	202-463-7372	PH
Self-Insurance Institute of America	17300 Redhill Ave. #100 Irvine, CA 92714	714-261-2553	I
Service Employees International Union	1313 L St. NW Washington, DC 20005	202-898-3200	U
Sheet Metalworkers International Assn.	1750 New York Ave. NW Washington, DC 20006	202-783-5880	U
Small Business Council of America Inc.	4800 Hampden Lane 7th floor Bethesda, MD 20814	301-656-7603	B
SmithKline Beecham Corp.	1020 19th St. NW #420 Washington, DC 20036	202-452-8490	PH
Smokeless Tobacco Council Inc.	1627 K St. NW #700 Washington, DC 20006	202-452-1252	TO
Society for Human Resource Management	606 N. Washington St. Alexandria, VA 22314	703-548-3440	TA
Society of Cardiovascular & Interventional Radiology	10201 Lee Highway #160 Fairfax, VA 22030	703-691-1805	HP
South Carolina Citizens For Life	1401 Calhoun St. Columbia, SC 29201	803-252-5433	PI
South Carolina Medical Assn.	P.O. Box 11188 3210 Ferndina Rd. Columbia, SC 29211	803-798-6207	HP
South Carolina Optometric Assn.	2730 Devine St. Columbia, SC 29205	803-799-6721	HP
South Dakota Blue Shield	1601 West Madison Street Sioux Falls, SD 57104	605-336-1976	I
South Dakota State Medical Assn.	1323 S. Minnesota Ave. Sioux Falls, SD 57105	605-336-1965	HP
Southern Wine & Spirits	1600 NW 163rd St. Miami, FL 33169	305-625-4171	A
Southwestern Bell Corp.	175 E. Houston St. San Antonio, TX 78205	210-821-4105	B
Standard Commercial Tobacco Co.	2201 Miller Road Wilson, North Carolina 27893	919-291-5507	TO
State Mutual Life Ins. Co. of America	440 Lincoln St. Worcester, MA 06153	508-855-1000	I
Sterling Winthrop Inc.	90 Park Ave. New York, NY 10016	212-907-2000	PH
Summit Care Corp.	2600 W Magnolia Blvd. Burbank, CA 91505	818-841-8750	HA
Sun Rise Medical Inc.	2355 Crenshaw Blvd. #150 Torrance, CA 90501	310-328-8018	HB
Surgical Care Affiliates	102 Woodmont Blvd., #610 Nashville, TN 37205	615-385-3541	HB
Syntex Corp.	3401 Hillview Ave. Palo Alto, CA 94304	415-855-5050	PH
T2 Medical Inc.	1121 Alderman Dr. Apharetta, GA 30202	404-442-2160	HB
Tennessee Assn. for Home Care	131 Donelson Pike Nashville, TN 37214	615-885-3399	HA
Tennessee Chiropractic Assn.	611 Commerce St. #3012 Nashville, TN 37203	615-255-4292	HP
Tennessee Dental Assn.	P.O. Box 120188 Nashville, TN 37212	615-383-8962	HP
Tennessee-NARAL	P.O. Box 120871 Nashville, TN 37212	615-269-6617	PI
Texas Medical Assn.	401 W. 15th St. Austin, TX 78701	512-370-1300	HP
Texas Osteopathic Medical Assn.	1717 N.IH 35 Suite 100 Round Rock. TX 78664	512-388-9400	HP
Tobacco Institute	1875 I St. NW #800 Washington, DC 20006	202-457-4800	TO
Torchmark Corp.	2001 3rd Ave. South Birmingham, AL 35233	205-325-4200	I
Transamerica Corp.	600 Montgomery St. San Francisco, CA 94111	415-983-4000	B
Transamerica Occidental Life Ins. Co.	1150 South Olive St. #2500 Los Angeles, CA 90015	213-742-2111	I
Transitional Hospitals Corp.	7000 Central Parkway NE #1000 Atlanta, GA 30328	404-913-0014	HA
Travelers Corp.	901 15th St. NW #320 Washington, DC 20005	202-789-1380	I
Triple-S (BC/BS)	P.O. Box 363628 San Juan, PR 00936-3628	809-749-4949	I
U.S. Federation of Small Business	208 G St. NE 2nd floor Washington, DC 20002	202-547-0555	B
U.S. Health Corp.	3555 Olentangy River Rd. # 4000, Columbus, OH 43214	614-566-5424	HA
U.S. Healthcare Inc.	980 Jolly Road P.O. Box 1109 Blue Bell, PA 19422	215-628-4800	HA
U.S. Tobacco Co.	100 West Putnam Ave. Greenwich, CT 06830	203-661-1100	TO
Union Central Life Insurance Co.	P.O. Box 179 Cincinnati, OH 45201	513-595-2200	I
Union of American Physicians & Dentists	1330 Broadway #730 Oakland, CA 94612	510-839-0193	U
Unisys Corp.	P.O. Box 500 Blue Bell, PA 19424	215-542-4011	HB

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
David Rice, Assoc. General Counsel	Cassidy and Assoc. , Inc.	0.00	0.00
Dan Wolfe , VP Gov't. Relations		3400000000.00	46900.00
Larry Bauer, Dir. External Relations	Kessler and Assoc. , Inc.	1000000000.00	100369.00
Richard Kinney , Staff VP of Leg. Affairs	Winthrop, Stimson , Putnam & Roberts	4060000000.00	274050.00
Judy Dokter		0.00	0.00
Dan Lucas, Dir. of Politics		0.00	966225.00
Bill Butler , Consultant		0.00	1318578.00
Paula Calimafde , Chairman		0.00	14250.00
Eleanor Kerr , Dir. Gov't. Relations	Wunder, Diefenderfer, Cannon & Thelen	9300000000.00	236170.00
Jeff Schlagenhauf, Pres.	Dickstein , Shapiro & Morin	0.00	272452.00
Percy Williams, Leg. Rep.		14000000.00	0.00
Robert Bolan , Exec. Dir.		0.00	25750.00
Holly Gatling , Exec. Dir.		0.00	366.00
Jan McKallar , Dir. Health Policy Affairs		0.00	0.00
William C.B. Payne, Lobbyist		0.00	0.00
Phil Davis, VP of Operations & Services		0.00	0.00
Dean Krogman , Head of Gov't. Affairs		0.00	0.00
Steven Becker , VP		0.00	59400.00
Brad Parrott , Assoc. Dir. External Affairs	Global USA, Inc.	0.00	607264.00
A.W. Peters, Retired Chairman of the Board	Willkie Farr and Gallagher	247000000.00	0.00
Richard Baker, VP Gov't. Relations	Murray, Scheer, Tapia & Montgomery	0.00	8700.00
Dale Walters, State Gov't. Affairs		2300000000.00	85925.00
Bill Scott , President		452000000.00	5000.00
Gretchen Booma, Comm. Coord.		0.00	0.00
Tarp Jones, Chief Finan. Officer	Dyer, Ellis, Joseph & Mills	0.00	0.00
Robert Call, Dir. Gov't./Leg. Affairs	Covington & Burling	2080000000.00	220304.00
Scott Larson, Head of Legal Dept.	Dyer , Ellis, Joseph & Mills	0.00	58300.00
Gayla Sasser, Exec. Dir.		0.00	100.00
Lamont Carter, CEO		0.00	1000.00
David Horvat , Exec. Dir.		0.00	500.00
Cynthia Bennett, Exec. Dir.		0.00	0.00
Lou Goodman, Dir. of Economics		0.00	9440.00
Terry Boucher, Exec. Dir.		0.00	250.00
Richard White, VP Leg. Affairs	Dickstein , Shapiro & Morin; Patton, Boggs and Blow	38000000.00	667902.00
William Graves, Exec. VP	R. Duffy Wall	2050000000.00	297684.00
Tom Lockhart , Corporate Affairs		5000000000.00	106654.00
James Watson, 2nd VP and Assistant Gen. Counsel		0.00	68450.00
Paul Eiseman , Sr. VP of Development	Winburn and Jenkins, Inc.	0.00	0.00
Roger Levy , VP	Baker & Hostetler ; Patton, Boggs and Blow	0.00	332069.00
Miguel Vazquez Deynes, President		0.00	0.00
Karl Ottosen , Dir. Gov't. Affairs		0.00	34640.00
Steve Garlock, Sr. VP		0.00	0.00
Jeff Beck, Dir. Gov't. Relations	Strategic Policy, Inc.; Capitol Associates, Inc.; Downy & Associates; Montgomery, McCracken , Walker & Rhoads	0.00	53768.00
John Seher, Dir. Fed. Gov't. Relations	Black, Manafort , Stone & Kelly; Pallon, Boggs and Blow	0.00	1190588.00
David Westerback , General Counsel & Sr. VP		3000000000.00	2900.00
Gary Robinson, Exec. Dir.		2000000.00	1950.00
J. Peter Hynes , Staff VP, Corp. Pub. Rel.	Bailey & Robinson; Seyfarth , Shaw, Fairweather and Geraldson	0.00	0.00

APPENDIX I: THE PLAYERS

COMPANY	ADDRESS	PHONE	TYPE
United Auto Workers	1757 N St. NW Washington, DC 20036	202-828-8500	U
United Brotherhood of Carpenters and Joiners of America	101 Constitution Ave. NW Washington , DC 20001	202-546-6206	U
United Cerebral Palsy Assn.	1522 K St. NW #1 112 Washington, DC 20005-1202	202-842-1268	PI
United Healthcare Corp.	P.O. Box 1459 Minneapolis, MN 55440	612-936-1300	I
United Liquors Ltd.	One United Dr. West Bridgewater , MA 02379	508-588-2300	A
United Mine Workers of America	900 15th St. NW Washington, DC 20005	202-842-7200	U
United States Conference of Mayors	1620 I Street NW 4th floor Washington, DC 20006	202-293-7330	TA
United States Surgical Corp.	150 Glover Ave. Norwalk , CT 06856	203-845-1000	HB
United States Veteran Education Comm.	99 Pratt St. #204 Hartford, CT 06103	203-247-8890	PI
Universal Health Services Inc.	367 South Gulph Rd. King of Prussia, PA 19406	215-768-3300	HA
Universal Leaf Tobacco Co.	1501 North Hamilton St. Richmond, VA 23230	804-359-9311	TO
UNUM Life Insurance Co.	2211 Congress St. Portland , ME 04122-0545	207-770-2211	I
Upjohn Co.	1455 F St. NW #450 Washington , DC 20004	202-323-6901	PH
Utah Hospital Assn.	127 S. 500 East #625 Suite 2-D Salt Lake City, UT 84102	801-364-1515	HA
Utah Medical Assn.	540 East 5th South St. Salt Lake City, UT 84102	801-355-7477	HP
Veterans of Foreign Wars	200 Maryland Ave. NE Washington , DC 20002	202-543-2239	PI
Vietnam Veterans of America	1224 M St. NW Washington, DC 20005-5183	202-628-2700	PI
Visiting Nurse Assn. of America	3801 E. Florida Ave. #900 Denver, CO 80210	303-753-0218	HP
Visiting Nurses Services	107 East 70th St. New York, NY 10021	212-794-9200	HP
Vitas Healthcare Corp.	100 S Biscayne Blvd., 15th floor Miami, FL 33131	305-374-4143	HB
Vitas Innovative Hospice Care Inc.	4770 Biscayne Blvd. #500 Miami, FL 33137	305-576-9333	HA
Voluntary Hosps. of Amer. Inc. (VHA. Inc)	1150 17th St. #300 Washington , DC 20036	202-822-9750	HA
Walgreen Co., The	200 Wilmot Road Deerfield , IL 60015	708-940-2500	HB
Warner-Lambert Co.	1667 K St. NW #1270 Washington, DC 20006	202-862-3840	PH
Washington State Medical Assn.	2033 6th Ave. #1100 Seattle, WA 98121	206-441-9762	HP
Washington Wine Institute	1932 First Ave. #510 Seattle , WA 98101	206-441-1892	A
Wausau Insurance Cos.	P.O. Box 8017 Wausau, WI 54402	715-847-7111	I
Wholesale Beer Distributors of Arkansas	Quapaw Tower 700 E. 9th St. #1J Little Rock, AR 72202	501-375-9232	A
Wine & Spirits Wholesalers of Amer. Inc.	1023 15th St. NW 4th floor Washington, DC 20005	202-371-9792	A
Wine & Spirits Wholesalers of Conn.	P.O. Box 3952 Amity Station New Haven, CT 06525	203-624-9900	A
Wine Institute	601 13th St. NW #580 So. Washington , DC 20005	202-408-0870	A
Wisconsin Physicians Service Insurance	1717 West Broadway Madison, WI 53708	608-221-4711	I
Wisconsin Wholesale Br. Distribs. Assn. Inc.	2805 East Washington Ave. Madison, WI 53704	608-249-6464	A
Women's Legal Defense Fund	1875 Conn. Ave NW #710 Washington, DC 20009-5728	202-986-2600	PI
Wyoming Medical Society	P.O. Box Drawer 4009 Cheyenne, WY 82003	307-635-2424	HP
York County Area Agency on Aging	141 W. Market St. York, PA 17041	717-771-9610	PI

APPENDIX I: THE PLAYERS

LOBBYIST/HEALTH CARE CONTACT	REPRESENTED BY	93 BUDGET	CONTRIBS*
Don Stillman , Dir. Gov't. & Int'l. Affairs		3645764864.00	2931686.00
Jim Kolb , Legislative Advocate		0.00	2474897.00
Allan I. Bergman , Dir. of State/Fed. Relations		6000000.00	0.00
Sheila Leatherman , Pres., Pol. & Evaluation	Walker/Free Assoc.	1400000000.00	17000.00
Lewis Gack, Corp. VP, Admin. & Operations		0.00	0.00
Bill Samuel, Leg. Dir.		0.00	722706.00
Mike Brown , Press Rel.		0.00	0.00
Mary Ann Scipione , VP Corp. Comm.	Olsson, Frank and Weeda, P.C. ; Patton , Boggs and Blow	1200000000.00	352200.00
G. Thomas Johnson, Nat'l. Chairman		0.00	0.00
Bruce Gilbert, Gen. Counsel		731000000.00	14200.00
Nancy Powell, Mgr. Corp. Relations		0.00	10725.00
Paula Valente, 2nd VP, Fed. Rel.	Julia Norell and Assoc.	0.00	64800.00
Jon Butler, Public Relations Assoc.	The Wexler Group; Rowan & Blewitt, Inc.; Covington & Burling; Jones, Day, Reavis and Pogue	3600000000.00	292368.00
Bruce Murray, Exec. Dir.		0.00	0.00
Val Vate man, Dir. Gov't. Relations		0.00	0.00
Dennis Cullinan , Dep. Dir. of Nat'l. Leg. Service		0.00	108125.00
Kelly Willard , Leg. Asst.		0.00	0.00
Kathy Thompson, Gov't. Affairs Coord.	Hogan & Hartson	0.00	0.00
Judy Duhl , Gov't. Affairs Specialist		0.00	0.00
Mark Baley , Dir. of Community Affairs		0.00	3502.00
Rudy Molinet , Sales Dir. for Admissions		0.00	137250.00
Ed Goodman , Dir. Gov't. Relations	Gardner, Carton and Douglas	0.00	19300.00
Edward King, VP Trade & Corporate Relations		0.00	35450.00
Vincent Lova, VP Gov't. Affairs	Akin, Gump, Strauss, Hauer & Feld, L.L.P.	5600000000.00	176945.00
Len Eddinger , Dir. Pol. Affairs		0.00	2500.00
Simon Siegl , Exec. Dir.		0.00	1226.00
Gay Baumgart , Gov't. Affairs		0.00	19985.00
Mac Carder , Exec. Dir. & Lobbyist		0.00	5900.00
Harry Wiles, Sr. VP Fed. Gov't. Relations		0.00	316074.00
George Montano , Exec. Dir.		0.00	4729.00
Bobby Koch , VP		0.00	187483.00
Robert Wood, VP of Gov't. & Public Relations		0.00	4600.00
Tom Sheforngen, Exec. VP		0.00	2475.00
	Mayer, Brown and Platt	1100000.00	0.00
Wendy Curran , Gov't. Relations Consultant		0.00	0.00
Mary Leby, Exec. Dir.		0.00	0.00

APPENDIX II
CAMPAIGN CONTRIBUTIONS FROM ORGANIZATIONS WITH
HEALTH CARE INTERESTS, BY INDUSTRY
1991-1994*

INDUSTRY	TOTAL SOFT MONEY**	TOTAL PAC MONEY	TOTAL CONTRIBS.
Unions	\$ 1,631,122	\$28,318,780	\$29,949,902
Health Care Providers, Administrators, and Trade Assns.	\$ 478,596	\$14,036,107	\$14,514,703
Insurance	\$ 1,363,636	\$11,385,945	\$12,749,581
Alcohol Industry	\$ 6,448,395	\$ 2,565,585	\$ 9,013,980
Tobacco Industry	\$ 3,104,327	\$ 3,557,749	\$ 6,662,076
Pharmaceutical Industry	\$ 1,484,026	\$ 4,981,856	\$ 6,465,882
Non-Health Care-Related Businesses	\$ 1,483,243	\$ 4,195,340	\$ 5,678,583
Non-Health Care-Related Trade Assns.	\$ 273,105	\$ 4,674,973	\$ 4,948,078
Public Interest Groups	\$ 45,488	\$ 3,806,977	\$ 3,852,465
Hospital Associations	\$ 224,370	\$ 2,565,585	\$ 2,789,955
Other Health Care- Related Businesses	\$ 580,602	\$ 982,869	\$ 1,563,471

* Information in this Appendix was compiled from the Type category in Appendix I and Federal Election Commission records. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies.

** Soft Money is defined as contributions to the Democratic or Republican National Committees.

APPENDIX III

LOBBYING AND PUBLIC RELATIONS FIRMS WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Akin, Gump, Strauss, Hauer & Feld, L.L.P.

Warner-Lambert Co., RJR Nabisco, Inc., Nat'l. Medical Assn.

Alcalde & Fay

Care Florida Health Plan, Research to Prevent Blindness

Arent Fox Kintner Plotkin & Kahn

Children and Adults with Attention Deficit Disorders, Amer. Assn. of **Bioanalysts**, Int'l. Soc. for Clinical Laboratory Technology, Mercy Hospital of Des Moines, Health Commons Institute, Soc. for Excellence in **Eyecare**, Amer. Corporate Health Programs, Amer. Assn. of Occupational Health Nurses, Children's Health Fund, The Neurology Center, Wellness Council of America, Wellness South

Arter & Hadden

Girling Healthcare, Amer. Insurance Assn.

Bailey & Robinson

Unisys Corp., Blue Cross of Western Pennsylvania, Smart Corp.

Baker & Hostetler

Chubb **LifeAmerica**, Hospital Insurance Forum, Nat'l. Assn. of Professional Insurance Agents, Society of Cardiovascular and **Interventional** Radiology, The Travelers Corp., St. Joseph's Hospital and Health Center, Allen Memorial Hospital, America's Health Plan, Amer. Protestant Health Assn., **Amherst** Hospital, Assn. of Organ Procurement Organizations, Council of Insurance Agents and Brokers, Devilbiss Healthcare **Inc.**, Independent Insurance Agents of America, **Invacare Corp.**, Life Gift Organ Donor Center of Houston, **Lorain** Community **Hospital**, Methodist Hospital of Indiana, Nat'l. Assn. of Insurance Brokers, Renal Physicians of Texas, Rochester Healthcare Coalition, Upper Midwest Organ Procurement Organization, **Inc.**, Washington Regional Transplant Consortium

Bergner, Bokorny, Clough & Brain

Biotechnology Industry Organization, HealthCare COMPARE Corp.

Black, Manafort, Stone & Kelly

Chrysler Corp., Amer. Behavioral Healthcare Assn., First Hospital Corp., Johnson & Johnson, Cooper **Hospital/** University Medical Center, Philip Morris Companies, **Inc.**, Tobacco Institute, U.S. Tobacco Co., Amer. Federation of Home Health Agencies

The Borden Group, Inc.

ABC Home Health Services, **Inc.**, Amer. Federation of Home Health Agencies

Brickfield, Burchette & Ritts

Amer. Medical Technologists

Campbell-Raupe

Merck & Co., **Inc.**, Chubb LifeAmerica, Shriners Hospital for Crippled Children

This list is a compilation of House and Senate lobbying records and secondary news sources, including *Political Lobby and Finance Reporter* and *Washington Representatives*.

APPENDIX III

LOBBYING AND PUBLIC RELATIONS FIRMS WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Capitol Associates, **Inc.**

Genzyme Corp., Autism Soc. of America, **Allergan, Inc.**, **Amer.** Academy of Physician Assistants, Academic Health Center, U.S. Healthcare, Arthritis Foundation, Alliance for Eye and Vision Research, Balance Pharmaceuticals, **Bausch and Lomb, Inc.**, Nat'l Assn. of Addiction Treatment Providers, Nat'l Assn. of **Pediatric** Nurse Associates and Practitioners, New York University Medical Center, Johns Hopkins University, Joint Council of Allergy and Immunology, Leukemia Soc. of **America**, Massachusetts General Hospital, Assn. for Practitioners in Infection Control, **Hutchinson** Cancer Center, Cystic Fibrosis Foundation, Citizens Committee for Medical Research & Health Education, Amer. Assn. for Cancer Research, Amer. Soc. of Tropical Medicine and Hygiene, Amer. Health Foundation, Amer. Soc. of Nephrology, Center for Science in the Public Interest, Cooper **Hospital/** University Medical Center

Cassidy and Associates, **Inc.**

Amer. Assn. of Homes for the Aging, St. Francis Healthcare Foundation, Government Employees Hospital **Assn.**, Mary Hitchcock Memorial Hospital, Mercy Hospital & Medical Center, **Morehouse** School of Medicine, Rush-Presbyterian - St. Luke's Medical Center, Henry Ford Health System, Children's Hospital of Michigan, Glaxo Inc., **Hahnemann** University Hospital, California Pacific Medical Center, Children's Hospital of San Diego, Children's Hospital of Pittsburgh, Children's Hospital Nat'l. Medical Center, Connecticut Health System, Inc., Englewood Hospital and Medical Center, **Lahey** Clinic, **Loma** Linda University Medical **Center**, **Medical** College of Pennsylvania, Medical Center of Central Massachusetts, Medicon, Mt. Sinai Medical Center of Greater Miami, New York Medical College, Rhode Island Hospital, California Pacific Medical Center, Center for Health Technologies, **Charlotte-Mecklenberg** Hospital Authority Foundation, Infirmiry Health Systems, Mary Washington Hospital Foundation, Nat'l Jewish Center for Immunology and Respiratory Medicine, New England Deaconess Hospital, Sacred Heart Hospital, Union Memorial Hospital, Woman & Infants' Hospital

Challenge America, **Inc.**

AFL-CIO, Int'l. Assn. of Machinists and Aerospace Workers, Democratic Nat'l. Committee, United Steelworkers of America

Chambers Associates Incorporated

Rite Aid **Corp.**, PepsiCo, Inc., Marriott Corp., Pre-Medicare Health Security Coalition, Nat'l. Committee to Preserve Social Security and Medicare, Amer. Postal Workers Union

Chlopak, Leonard, **Schechter** and Associates Health Care Reform Project

Chwat and Company Nat'l. Licensed Beverage Assn.

Colex and Associates **Diagnostek Inc.**, Nat'l. Rehabilitation Hospital

Collier, Shannon, **Rill & Scott** Int'l. Assn. of Machinists and Aerospace Workers

This list is a compilation of House and Senate lobbying records and secondary news sources, including *Political Lobby and Finance Reporter* and *Washington Representatives*.

APPENDIX III

LOBBYING AND PUBLIC RELATIONS FIRMS WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Congressional Consultants
Center for Medicare Advocacy

Covington & Burling
Merck & Co., Inc., The Upjohn Co., West Virginia Office of Medical Services, Nat'l. Assn. for Biomedical Research, Amer. Assn. of Oral and Maxillofacial Surgeons, Syntex Corp.

CR Associates
Alzheimer's Assn., Amer. Academy of Orthopaedic Surgeons, Assn. of University Programs in Health Administration, Delta Dental Plans Assn., Amer. Assn. for Dental Research, Conjoint Committee on Diagnostic Radiology

Crowell & Moring
Nat'l. Assn. of Wholesaler-Distributors, Nat'l. Assn. of Psychiatric Health Systems, Eli Lilly and Co., New York Life Insurance Co.

Davis & Harman
Employers Health Insurance, CIGNA Corp., Amer. Integrity Insurance Co.

Dickstein Shapiro & Morin
Smokeless Tobacco Council, Pipe Tobacco Council, Inc., Cigar Assn. of America, CoreSource, Medtronic, Inc., Nat'l Assn. of Chain Drug Stores, Tobacco Institute

The Donnelly Group
Holiday Inns, Inc., The Dow Chemical Co., Blue Cross and Blue Shield of Texas, Air Products and Chemicals, Inc., The Rowland Group, Inc.

Downey & Assoc.
Metropolitan Life Insurance Co., U.S. Healthcare, Medco Containment Services, Inc., Joseph E. Seagram & Sons, Inc.

The Duberstein Group, Inc.
General Motors Corp., Dow Corning Corp., Anheuser-Busch Companies, Inc., Healthcare Leadership Council, Aetna Life & Casualty Co., Group Health Assn. of America, Juvenile Diabetes Foundation,

Dutko & Associates, Inc.
Amer. Soc. of Cataract and Refractive Surgery, PacificCare Health Systems, Inc., Nat'l.-Amer. Wholesale Grocers' Assn.

Dyer, Ellis, Joseph & Mills
MedCath, Heritage Surgical Corp., Praxis Community Healthcare Information, Physician's Remedy, Inc., Psychological Associates, Inc., Affiliated Health Services, Amer. Healthcorp., Inc., Amer. Lithotripsy Soc., Medical Care America, Inc., Radiation Care, Inc., Surgical Care Affiliates, Inc., T2 Medical, Inc., Isolyser Co., Inc.

Eckert Seamans Cherin & Mellott
BehaviorResearchInstitute

This list is a compilation of House and Senate lobbying records and secondary news sources, including *Political Lobby and Finance Reporter* and *Washington Representatives*.

APPENDIX III

LOBBYING AND PUBLIC RELATIONS FIRMS WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Fleishman-Hillard, Inc.

Anheuser-Busch Companies, Inc., Baxter Healthcare Corp., Health Insurance Assn. of America, Amer. Ambulance Assn., Amer. **Optometric** Assn., Children's Hospital Medical Center of Northern California, Pharmaceutical Coalition

Gardner, Carton and Douglas

Adventist Healthcare Sunbelt, Rocky Mountain HMO, Voluntary Hospitals of America, Inc.

Global USA, Inc.

AccuLab Medical Testing, Advocates for Fertility Treatment/California Fertility **Assn.**, Southwestern Bell **Corp.**, CoreSource

Gold and Liebengood, Inc.

Ford Motor **Co.**, Amer. Hospital **Assn.**, Amer. Academy of Dermatology, Amer. College of Cardiology, College of Amer. **Pathologists**, Mutual of Omaha Insurance **Co.**, Joint Commission on the Accreditation of Health Care Organizations, Kidder, Peabody & **Co., Inc.**, Amer. College of Ophthalmology, Caremark, **Inc.**, Nat'l Restaurant **Assn.**, Philip Morris Companies, Inc.

Greenberg Traurig Hoffman Lipoff Rosen & Quentel

Humana **Inc.**, Nat'l. Assn. for the Support of Long Term Care, Nat'l. Health Laboratories, John **Alden** Life Insurance **Co.**, Apogee Outpatient Mental Health, XOMA **Corp.**, Amer. Health Care **Assn.**, **Healthsource**, Inc.

Hale & Dorr

Intra-Sonix, Genetics Institute Inc., **Wellmark** Healthcare Services, **Inc.**, Psychological Corp.

Hofer and Associates

AIA Universe Insurance

F. Nordy Hoffmann & Associates

Marine Engineers Beneficial Assn.

Hogan & Hartson

PepsiCo, **Inc.**, Mutual Life Insurance Co. of New York, Business **Roundtable**, **Amgen, Inc.**, Amer. Academy of Pediatrics, Nat'l. Tissue Bank Council, Soc. of Critical Care Medicine, **Genentech, Inc.**, Glaxo **Inc.**, Amer. Physical Therapy **Assn.**, Amer. Insurance **Assn.**, Blue Cross and Blue Shield **Assn.**, Group **Hospitalization** and Medical Services, Inc., Nat'l. Assn. of Community Health Centers, Nat'l. **Childcare** Parents Assn., Burger King **Corp.**, Nat'l. Hospice Organization, Infectious Diseases Soc. of America, **Inc.**, Visiting Nurse Service of New York, Amer. College of **Osteopathic** Surgeons, Medtronic, Inc., Johns Hopkins University & Hospital, Monsanto Co.

Hopkins & Sutter

Council for Affordable Healthcare

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LOBBYING AND PUBLIC RELATIONS FIRMS WHO HAVE REPRESENTED HEALTH CARE CLIENTS

The Jefferson Group, Inc.

Amer. Academy of Ophthalmology, **Caremark, Inc.**, College of Medical Technologists, Health Insurance Plan of Greater New York, **Nat'l.** Assn. of Community Health Centers, Health Resources Commission of Arkansas, Children's Health Systems, Inc., Group Health Cooperative of **Puget Sound**, Kaiser Foundation Health Plan, Inc.

Jones, Day, Reavis and Pogue

RJR Nabisco, **Inc.**, **Zeneca Inc.**, The Upjohn Co., Pfizer, **Inc.**, **Genentech**, Inc.

The Kamber Group

Int'l. Brotherhood of Electrical Workers

Keck, Mahin and Cate

Amer. Assn. for Marriage and Family Therapy, Amer. Family Life Assurance Co., CNA Insurance Companies

Kelly and Associates, Inc.

America's Health Plan, Overlook Hospital

Kessler & Associates, Inc.

Sandoz Corp., The Upjohn Co., Joseph E. Seagram & Sons, Inc.

King & Spalding

Charter Medical Corp., Generic Pharmaceutical Industry Assn., Nat'l. Pharmaceutical Alliance

Kyros and Associates

Cooperative of Amer. Physicians

Latham and Watkins

Bristol-Myers Squibb Co.

Lent & Scrivner

Pfizer, Inc.

Manatt, Phelps & Phillips

Medlantic Healthcare Group, Western Dental Services, **Inc.**, **Barr** Laboratories, Amer. Chiropractic **Assn.**, California Chiropractic Assn.

Mayer, Brown and Platt

Group Health Assn. of America, RJR Nabisco, **Inc.**, Women's Legal Defense Fund, Nat'l Assn. of Prepaid Dental Plans

McDermott, Will and Emery

Int'l. Mass Retail **Assn.**, Blue Cross and Blue Shield of Missouri, Council of Women's and Infant's Specialty **Hospitals**, Rural Health Network Coalition, Rural Referral Centers Coalition, Federated Ambulatory Surgery Assn., Amer. Dental **Hygienists'** Assn., Amer. Soc. of Outpatient Surgeons, California Children's Hospital Assn., Nat'l Assn. of Diagnostic Services, Outpatient Ophthalmic Surgery **Soc.**, Assn. of Freestanding Radiation

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WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Oncology Centers, **Amer.** College of Radiation Oncology,

McGuinness & Holch

Nat'l. Assn. of Chain Drug Stores, **Barr** Laboratories, **Nat'l** Assn. of Health Underwriters

Mitchell, Williams, Selig, Gates & Woodyard

Metropolitan Life Insurance **Co.**, **Nat'l.** Assn. of Professional Employer Organizations

Montgomery, McCracken, Walker & Rhoads

U.S. Healthcare

Mullenholz, Brimsek & Belair

Trade Assn. Health Care Coalition

Mullins & Associates

Amgen, Inc., Beer Institute, Humana Inc.

Murphy & Demory, Ltd.

Amer. Maritime Officers

Murray, Scheer, Tapia & Montgomery

State Mutual Life Insurance **Co.**, Pepsi**Co., Inc.**, Pacific Mutual Life Insurance **Co.**, Mutual Life Insurance Co. of New **York**, Amer. Assn. of Dental Schools, Amer. Academy for Oral Pathology, Amer. Assn. of Public Health Dentistry, Coalition for Oral Health, Independence Blue Cross, **Nat'l.** Assn. of Insurance Brokers, Washington **Nat'l.** Corp.

Norrell & Assoc.

Provident Life and Accident Insurance **Co.**, **Nat'l.** Assn. of Chain Drug Stores, UNUM Life Insurance **Co.**, Amer. Insurance **Assn.**, Chubb **LifeAmerica**, Employers Health Insurance, Health Insurance Assn. of America, Mutual of Omaha Insurance Co.

O'Brien, Birney and Butler

Amer. Assn. of Pharmaceutical Scientists

O'Brien Calio

Nat'l. Assn. of Wholesaler-Distributors, Health Insurance Assn. of America, Anheuser-Busch Companies, Inc.

O'Connor & Hannan

Nat'l. Assn. of Manufacturers, Joseph E. Seagram & Sons, Inc., Distilled Spirits Council of the U.S., Support Systems **Int'l.**, Inc., CNA Financial Corp., Amer. Clinical Laboratory Assn., Amer. Family Life Assurance Co., **Nat'l.** Assn. of Optometrists and Opticians, Amer. Soc. of Cataract and Refractive Surgery, Health Images, Inc., **Nat'l** Assn. of Portable X-Ray Providers, Healthcare Financing Study Group

O'Donnell, Schwartz & Anderson

Amer. Postal Workers Union

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LOBBYING AND PUBLIC RELATIONS FIRMS

WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Ogilvy Adams & Rinehart

Pre-Medicare Health Security Coalition, Miller Brewing Co., Burroughs Wellcome Co.

Oldaker, Ryan & Leonard

The Alliance for Managed Competition, Baxter Healthcare Corp., Hewlett-Packard Co., Aetna Life & Casualty Co., Amer. Assn. of Retired Persons, Pfizer, Inc., Anheuser-Busch Companies, Inc., Ford Motor Co., Philip Morris Companies, Inc., RJR Nabisco, Inc.

Olsson, Frank and Weeda, P.C

Pillsbury Co., Nat'l.-Amer. Wholesale Grocers' Assn., Joseph E. Seagram & Sons, Inc., Duramed Pharmaceuticals, Inc., U.S. Surgical Corp., Abbott Laboratories, Ross Laboratories, Allied Pharmaceutical Assn., Nat'l. Assn. of Pharmaceutical Manufacturers

Patton, Boggs and Blow

Assn. of Health Insurance Agents, U.S. Tobacco Co., Reinsurance Assn. of America, PepsiCo, Inc., Nat'l. Retail Federation, Nat'l. Assn. of Health Underwriters, Hillenbrand Industries, Inc., General Mills, Inc., Chrysler Corp., Amer. Soc. of Assn. Executives, Massachusetts Mutual Life Insurance Co., Nat'l. Assn. of Life Underwriters, New York Life Insurance Co., Amer. College of Gastroenterology, DuPont-Merck Pharmaceutical Co., Alliance Pharmaceutical Corp., Amer. Soc. of Plastic and Reconstructive Surgeons, Bristol-Myers Squibb Co., CIGNA Corp., The Travelers Corp., U.S. Surgical Corp., Federation of Amer. Health Systems, Blue Cross of California, Northwestern Mutual Life Insurance Co.

Public Strategies Washington, Inc.

Blue Cross and Blue Shield of Missouri, Johnson & Johnson, Nat'l. Assn. of Chain Drug Stores, Anheuser-Busch Companies, Inc.

Robbins Associates

New York State Medical Care Facilities Finance Agency, Nat'l. Council of Health Facilities Finance Authorities

Robinson, Lake, Lerer & Montgomery/The Sawyer Miller Group

Pharmaceutical Manufacturers Assn., Pfizer, Inc., Abbey Home Health Care Products, Monsanto Co.

Rosapepe & Spanos, Inc.

Interim Services, Inc.

Rowan & Blewitt, Inc.

Amer. Assn. of Blood Banks, Bristol-Myers Squibb Co., Medtronic, Inc., Par Pharmaceutical, Inc., The Upjohn Co., Nat'l. Alliance for Infusion Therapy, North Amer. Vaccine, Inc.

Seyfarth, Shaw, Fairweather and Geraldson

Unisys Corp., Blue Shield of Pennsylvania

Shaw, Pittman, Potts and Trowbridge

Metropolitan Life Insurance Co., Intermountain Health Care, Inc., Presbyterian University Hospital, Summit '93 Health Coalition

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APPENDIX III

LOBBYING AND PUBLIC RELATIONS FIRMS

WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Sherman, Dunn, Cohen, Leifer and Yellig

Int'l. Brotherhood of Electrical Workers, **AFL-CIO-Building** and Construction Trades Department

Sidley & Austin

Nat'l. Assn. of Retail Druggists Political Action Committee

Silverstein and Mullens

Int'l. Chiropractors **Assn.**, Bristol-Myers Squibb Co.

Strategic Management Associates, Inc.

Brooklyn Hospital Center, Greater New York Hospital Assn., Cornell Medical Center, Hospital for Special Surgery, Lenox Hill Hospital, MicroGeneSys, **Inc.**, Mt. Sinai Medical Center, **Montefiore** Medical Center, Maimonides Medical Center, Mobile **X-Ray** Providers of America, Our Lady of Mercy Medical Center, **HealthCom Int'l.**

Strategic Policy, Inc.

U.S. Healthcare, Healthcare Leadership Council

Symms, Lehn and Associates, Inc.

Par Pharmaceutical, Inc.

Van Scoyoc Associates, Inc.

Assn. of Health Insurance Agents, Ochsner Medical Institutions, Nat'l. Assn. of Life Underwriters, **Annheuser-Busch Companies, Inc.**

Vedder, Price, Kaufman, Kammholz and Day

Coalition to Preserve Self-Insurance, Self-Insurance Institute of America, Inc.

Walker/Free Associates

United HealthCare **Corp.**, Northwestern Mutual Life Insurance Co.

R. Duffy Wall and Associates

Torchmark Corp., Ciba-Geigy **Corp.**, Orthopedic Services, **Inc.**, Council on Radionuclides and **Radiopharmaceuticals**, Medical Associates of America, Inc., Pharmaceutical Manufacturers Assn.

The Weber Group

Alliance for Managed Competition, United HealthCare Corp.

The Wexler Group

The **Upjohn Co.**, **Catholic** Health Assn. of the **U.S.**, Johnson & Johnson, Eastman Kodak Co., **Amer.** Dental Assn., **AIDS** Action Council, St. James Hospital and Health Centers

The Widmeyer Group, Inc.

Inova Health System

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WHO HAVE REPRESENTED HEALTH CARE CLIENTS

Williams & Jensen, P.C.

Physician Corp. of America, Nat'l. Assn. of Rehabilitation Agencies, **Pharamaceutical** Manufacturer's Assn.

Willkie Farr and Gallagher

Standard Commercial Tobacco Co.

Winburn & Jenkins Inc.

Pfizer, Inc., Health Net, Transitional Hospital **Corp.**, Philip Morris Management Corp., Nat'l. Assn. of Urban Critical Access Hospitals, Health Insurance Assn. of America, Amer. Insurance **Assn.**, Michigan Hospital Assn.

Winston & Strawn

Joseph E. Seagram & Sons, Inc., Amer. Hospital **Assn.**, Amer. Insurance **Assn.**, **Barr** Laboratories

Winthrop, Stimson, Putnam & Roberts

Mutual of Omaha Insurance **Co.**, Corporate Health Care Coalition, Schering-Plough Corp.

Wunder, Diefenderfer, Cannon & Thelen

RJR Nabisco, **Inc.**, Northwestern Mutual Life Insurance Co., Amer. Assn. of Orthodontists, Amer. Soc. of Consultant Pharmacists, Bristol-Myers Squibb **Co.**, **Connaught** Laboratories, **Inc.**, **SmithKline Beecham Corp.**, Amer. Soc. of Assn. Executives, Metropolitan Life Insurance **Co.**, **Mylan** Laboratories, **Inc.**, Adventist Health Systems Sunbelt, Alliance of Amer. Insurers

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APPENDIX IV
FORMER U.S. GOVERNMENT OFFICIALS WHO
HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
Dan Adcock	Nat'l. Assn. of Retired Federal Employees		•Legis. Asst., House Subcmte. on Human Resources, 1991-93
Steve Ahnen	Amer. Hospital Assn.		•Legis. Aide, Rep. Jan Meyers (R-KS), 1991-93
Beryl Anthony	Winston and Strawn	Amer. Hospital Assn., Amer. Insurance Assn.	•Congressman (D-AR), 1979-93
Lawrence Atkins	Winthrop Stimson Putnam and Roberts	Corporate Healthcare Coalition, Schering-Plough	•Minority Staff Dir., Sen. Special Cmte. on Aging, 1981-89
Bonnie Brown	Health Insurance Association of America		•Legis. Asst., Bill Gradison (R-OH), 1975-93
Nicholas Calio	O'Brien Calio	Health Insurance Assn. of America	•Cong. Liaison, Bush White House, 1992-93
Donald Clarey	Strategic Management Assoc.	(see O'Shaughnessy)	•Dpty. Admin. SBA, 1987-89
Lee Pendergast Claro	Upjohn Co.		•Dpty. Press Sec., House Spkr. Thomas O'Neill, 1985-86
John Clough	Bergner Bokorny Clough and Brain	Glaxo, Biotechnology Industry Org., HealthCare COMPARE	•Staff Director, Energy and Commerce Cmte.
Ranny Cooper	Robinson Lake Lerer and Montgomery	Pharm. Research and Manufacturers of Amer., Pfizer Inc.	•Fmr. Chief of Staff, Edward Kennedy CD-MA), 1982-92
Thomas R. Donnelly	Donnelly Group (now with The Jefferson Group)	Holiday Inn, Dow Chemical	•Special Asst. to the Pres.
Thomas Downey	Downey and Assoc.	Medco Containment, Metropolitan Life, US Healthcare	•Congressman (D-NY), 1975-93
Ken Duberstein	Duberstein Group	Aetna, Anheuser-Busch, Healthcare Leadership Council	•Chief of Staff, Reagan White House, 1987-89

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FORMER U.S. GOVERNMENT OFFICIALS WHO
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Registrant	Firm/Organization	Client(s)	Former Position
Dennis Eckart	Arter and Hadden	Amer. Insurance Assn. ; Girling Healthcare, Merck & Co.	•Congressman (D-OH), 1981-93
John Erlenborn	Seyfarth Shaw Fairweather and Geraldson	Unisys	•Congressman (R-IL), 1965-85
James Fabiani	Cassidy and Assoc.	Children's Hospital Nat'l. Medical Center, Medical Center for Central Massachusetts, New England Deaconess Hospital, Children's Hospital of Pittsburgh, Amer. Assn. of Homes for the Aging	•ST. Minority Staff Mbr., House Labor, Health and Human Services Cmte.
Tara Federici	Health Industry Manufacturers Assn.		•Admin. Asst., Rep. Bill Richardson (D-NM), 1992
Geraldine Ferraro	Keck Mahin and Cate	Amer. Assn. for Marriage and Family Therapy	•Vice Presidential Democratic Candidate, 1984
Bruce Fried	Wexler Group	Upjohn Co., Catholic Hospital Assn., Johnson & Johnson	•Clinton Campaign Adviser
Richard Froh	Kaiser Foundation Health Plan		•Health Insurance Staff, Sen. Edward Kennedy, (D-MA), 1975-80
John Gibbons	Alliance for Managed Competition		•Dpty. Spokesman to Louis Sullivan, HHS
Alix Glen	National Blue Cross		•Dpty. Press Sec., Bush Administration
Martin Gold	Gold and Liebengood	Amer. Acad. of Dermatology, Amer. College of Cardiology, College of Amer. Pathologists, Mutual of Omaha, Joint Commission on Accreditation of HC Orgs., Amer. Hospital Assn., Kidder Peabody	•Counsel, Sen. Majority Leader Howard Baker (R-TN), 1981-82

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HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
Bill Gradison	Health Insurance Assn. of Amer.		•Congressman (R-OH), 1975-93
Patrick Griffin	Griffin Johnson and Assoc. (now w/ Clinton White House)	Merck & Co., Blue Cross/Blue Shield Assn. , Eli Lilly & Co.	•Senior Floor Asst. , Sen. Robert Byrd (R-WVA)
Janis Guernsey	Amer. Acad. of Pediatrics		•Health Counsel, Sen. Finance Cmte.
Paula Hawkins	Pharmaceutical Research Manufacturers of Amer.		•Senator (R-FL), 1981-87
Julius Hobson	Amer. Medical Assn.		•Legis. Asst., Sen. Charles Robb (D-VA), 1989-93
Robert Hurley	R. Duffy Wall and Assoc.	Orthopedic Services, Inc., Cmte. on Radioisotopes and Radiopharmaceuticals	•Minority Staff Dir. , Cmte. on Environment and Public Works, 1989-91
Margaret Ingraham	Borden Group	ABC Home Health Service, Amer. Federation of Home Health Agencies	•Dpty. Asst. Sec. for Legislation, HHS, 1988-89
Patricia Jarvis	Gold and Liebengood	Amer. Acad. of Ophthalmology	•Special Asst. , Legislative Affairs, HHS, 1986-87
Ed Jenkins	Winburn and Jenkins	Pfizer Inc. , Healthnet , Transitional Hosp. Corp. , Philip Morris, Nat'l. Assn. of Urban Critical Access Hosp. , Health Insurance Assn. of America	•Congressman (D-GA), 1977-93
David Johnson	Johnson Smith Dover Kitzmiller and Stewart	Blue Cross/Blue Shield Assn., Delta Dental, Eli Lilly & Co. , Merck & Co. , The Travelers Group, Nat'l. Coalition of Burn Center Hospitals	•Dpty. Asst. Sec. , HHS

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FORMER U.S. GOVERNMENT OFFICIALS WHO
HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
John Jonas	Patton Boggs and Blow	Mass. Mutual Life Insurance, Nat'l Assn. of Life Underwriters, NY Life Insurance Co.	•Tax Counsel, House Ways and Means Cmte., 1981-86
David Keaney	Bristol-Myers Squibb		•Maj. Counsel, House Energy and Commerce
John A. Kelly	Kelly and Assoc.	Overlook Hospital	•Dep. Exec. Dir., Pres. Inaugural Cmte., 1989
Jerry Klepner	Health and Human Services		•Lobbyist, AFSCME
Stephan Lawton	Hogan and Hartson	Amer. Acad. of Pediatrics, Nat'l Tissue Bank Council, Soc. of Critical Care Med., Genentech, Amer. College of Osteopathic Surgeons, Infectious Diseases Soc, of Amer.	•Chief Counsel, House Subcmte. on Health and Environment, 1971-79
Robert Leonard	Oldaker Ryan and Leonard	Aetna, Anheuser-Busch, RJR Nabisco, Alliance for Managed Competition, Baxter Healthcare Corp., Pfizer Inc.	•Chief Counsel and Staff Dir. House Ways and Means Cmte., 1991-93
Norman Lent	Lent and Scrivner	Pfizer Inc.	•Congressman (R-NY), 1971-93
Terry Lierman	Capitol Assoc.	Genzyme Corp., Autism Soc. of Amer., Amer. Acad. of Physicians Assistants, Allergan , U.S. Healthcare, Arthritis Foundation	•Staff Dir., Senate Appropriations Cmte., 1979-81
John Mack	Colex and Assoc.	Diagnostek, Nat'l. Rehabilitation Hospital	•Exec. Dir., House Democratic Steering and Policy Cmte., 1987-89
Edward Madigan		State Farm Insurance	•Sec. of Agriculture, 1991-93

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HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
William McKenney	Dutko and Assoc.	Amer. Soc. of Cataract and Refractive Surgery, PacifiCare Health Systems	• Legis. Dir. , Rep. Rod Chandler (R-WA), 1985-90
Patrick McLain	Rowan and Blewitt	Amer. Assn. of Blood Banks, Medtronic, Par Pharmaceuticals, Upjohn Co., Nat'l. Alliance for Infusion Therapy	•Counsel, House Energy and Commerce Cmte. , 1975-89
Vanda McMurtry	Aetna		•Staff Dir. , Sen. Finance Cmte. , 1989-93
Ed Mihalski	Eli Lilly & Co.		•Minority Staff Dir. , Sen. Finance Cmte. , 1982-93
Patrick Mitchell	Dutko and Assoc.	Amer. Soc. of Cataract and Refractive Surgery, PacifiCare Health Systems	•Admin. Asst., Rep. Louise Slaughter (D-NY), 1988-89
Anthony "Toby" Moffett	Strategic Policy	US Healthcare	•Congressman (D-CT), 1974-82
Joan Mooney	Amer. Acad. of Ophthalmology		•Washington Office Co-Director, Rep. Terry Bruce (R-CO), 1988-93
Kristen Morris	Health Industry Manufacturers Assoc.		•Legis. Aide, Rep. Patricia Saiki (R-HI), 1988-90
Janet Mullins	Mullins and Assoc.	Amgen , Beer Institute, Humana	•Asst. to President Bush, 1993
Joseph P. O'Neill	Public Strategies	BC/BS Assn., Nat'l Assn. of Chain Drug Stores	•Staff, Sen. Lloyd Bentsen (D-TX), 1972-84
John Orlando	Timmons and Co.	G.D. Searle	•Chief of Staff, House Energy and Commerce Cmte. , 1990-92

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HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
John O'Shaughnessy	Strategic Management Assoc.	Brooklyn Hospital Ctr., Crtr. New York Hospital Assoc., Hospital for Special Surgery, Lenox Hill Hospital, Cornell Medical Ctr., MicroGeneSys, Mt. Sinai Medical Ctr., Montefiore Medical Ctr.	•Asst. Sec. for Management and Budget, HHS, 1983-86
Carolyn Osolinik	Mayer Brown and Platt	Group Health Assn. of America, RJR Nabisco	•Chief Counsel, Sen. Edward Kennedy, Sen. Judiciary Cmte., 1984-92
Robert Oswald	Health Insurance Assn. of Amer. (now with Amer. Express)		•Legis. Asst., Rep. Bill Gradison (R-OH), 1988-93
Alan Reider	Arent Fox Kintner Plotkin and Kahn	Amer. Assn. of Bioanalysts, Internat'l. Soc. for Clinical Lab Specialists, Mercy Hosp. of Des Moines, Health Commons Inst.	•Chief, Review Policy Branch, HCFA 1979-80
Peter Robinson	Bailey and Robinson	Blue Cross of Western PA, Unisys Corp.	•Dpty. Dir. and Counsel, House Dem. Steering and Policy Cmte., Jim Wright and Tom Foley, 1986-91
Domenic Ruscio	CR Assoc.	Alzheimer's Assn., Amer. Acad. of Orthopedic Surgeons, Assn. of Univ. Programs in Health Admin., Delta Dental Assn.	•Staff, Sen. Appropriations, HEW Dep. Asst. Sec. for Management and Budget
Marty Russo	Cassidy and Assoc.		•Congressman, (D-IL), 1975-93
Thomas Ryan	Oldaker Ryan and Leonard	Alliance for Managed Competition, Pfizer Inc.	•Chief Counsel, House Energy and Commerce Committee, 1986-87

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HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
Charles Scalera	Manatt Phelps and Phillips	Barr Laboratories, Medlantic Health Group, Amer. Chiropractic Assn. , Western Dental Services	•Admin. Asst. , Rep. Peter Rodino (D-NJ), 1979-89
Jan Schoonmaker	Van Scoyoc Assoc.	Ochsner Medical Ctr.	• Legis. Dir., Rep. Lindy Boggs (D-LA)
Michael Scrivner	Lent and Scrivner	Pfizer	•Admin. Asst. , Rep. Norman Lent (R-NY), 1986-93
John Scruggs	Gold and Liebengood	Amer. Hospital Assn., Amer. Acad. of Opthamology	•Asst. Sec. , Legis. Affairs, HHS, 1983-84
Jane Sutter Starke	Eckert Seamans Cherin and Mellott	Behavior Research Institute	•Minority counsel, Energy and Commerce Cmte. , 1981-87
Lee Stillwell	Amer. Medical Assoc.		•Press Sec. , Sen. William Armstrong (R-CO), 1979-88
Margaret Totten	Health Insurance Assoc. of Amer.		•Admin. Asst. , Rep. Bill Gradison (R-OH)
Jeffrey Trinca	Van Scoyoc Assoc.	Schering-Plough, Nat'l. Assn. of Life Underwriters, Assn. of Health Insurance Agents	• Legis. Aide , Sen. David Pryor (D-AR), 1986-91
Leslie Tucker	Amer. Acad. of Family Physicians		• Legis. Asst. , Sen. Alan Simpson (R-WY), 1989-93
Jay Urwitz	Hale and Dorr	Intra-Sonix , Genetics Institute, Wellmark Healthcare Services, Psychological Corporation	• Legis. Asst. , Sen. Edward Kennedy (D-MA), 1977-81

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HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Registrant	Firm/Organization	Client(s)	Former Position
Guy Vander Jagt	Baker and Hostetler	Chubb Corp., Hospital Insurance Forum, Nat'l. Assn. of Professional Insurance Agents, Soc. of Cardiovascular and Intervention Radiology , The Travelers Group, St. Joseph's Hospital and Health Ctr.	•Congressman (R-MI), 1966-1993
Robert Waters	Arent Fox Kintner Plotkin and Kahn	Amer. Corporate Health Programs, Amer. Assn. of Bioanalysts , Amer. Assn. of Occupational Health Nurses, Guardian Life Ins.	•Admin. Asst., Sen. Tom Harkin (D-IA) , 1983-87
Margaret Webber	Amer. Medical Assn.		• Legis. Affairs, Dept. of Justice
Vin Weber	Weber Group	United Healthcare, Alliance for Managed Competition	•Congressman (R-MN), 1981-93
Robert Whittaker	Fleishman-Hillard	Health Insurance Assoc. of Amer. , Baxter Healthcare Corp.	•Congressman, (R-KS), 1979-91
Scott Widmeyer	Widmeyer Group	Inova Health Systems	•Dpty. Press Sec. , Mondale Presidential Campaign, 1984
John Winburn	Winburn and Jenkins	Pfizer Inc.	•Aide, Reps. Tom Gettys and Kenneth Holland
Susan Zagame	Health Industry Manufacturers Assn.		•Acting Gen. Counsel, HHS

APPENDIX IV

BIOGRAPHIES OF FORMER U.S. OFFICIALS WHO HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Dan Adcock

Dan Adcock is the point person on health care for the National **Association** of Retired Federal Employees. Adcock was hired in 1993 to provide insight into the inner workings of **Congress**, according to the Association's legislative director Judy Park.

Adcock was the senior legislative assistant for the House Subcommittee on Human Resources from 1991 to 1993. From 1989 to 1991, he was the senior aide at the Subcommittee on Employment Opportunities. Before that, Adcock spent three years as a legislative assistant to Rep. Matthew Martinez, **D-Calif.** In 1985 and 1986, he was a budget analyst for the Department of Energy.

Steve Ahnen

Steve Ahnen is the director of congressional and executive branch relations at the American Hospital Association.

Ahnen was with Rep. Jan Meyers, **R-Kan.**, from 1991 to 1993 as a legislative assistant specializing in health issues. Prior to that he worked with Rep. Bob **Whittaker, R-Kan.**

Beryl Anthony

Anthony, a former Democratic representative from Arkansas, is with the firm Winston and **Strawn**. The firm's clients include the American Insurance Association, the Financial Guaranty Insurance Annuities, the Illinois State Medical Society, and the American Hospital Association.

The AHA has been reported as saying the reason the group hired Anthony last year was because of his knowledge of the Clinton administration. He told the National Journal he has had several meetings with administration officials, including Clinton's former chief of staff Thomas "Mack" **McLarty**.

Anthony served in the House from 1979 to 1993. In his six terms in Congress, Anthony served on the Ways and Means Committee and the Select Committee on Children Youth and Families.

Lawrence Atkins

Larry Atkins served as minority staff director for the Senate Special Committee on Aging from 1981 to 1989 under ranking Republican John Heinz, **R-Penn.** He is currently the director of health legislative affairs at **Winthrop Stimson** Putnam and Roberts. Atkins represents the Corporate Health Care Coalition and the Schering-Plough Corp.

Atkins said in a telephone interview with the Center that he has been coordinating activities with the CHCC, a coalition of 20 companies that support self-insurance for large companies, in addition to preparing position papers and legislative strategies. Atkins said his work for Schering-Plough Corp. has been limited to providing technical analysis and that has not been lobbying on their behalf.

*Note: This information was compiled from the *Congressional Staff Directory*, the *Federal Staff Directory*, *Washington Representatives*, *Government Service for Sale: How the Revolving Door Has Been Spinning*, by Nancy Watzman of Congress Watch, *magazine* and newspaper reports, and biographies supplied by some of those listed.

APPENDIX IV

BIOGRAPHIES OF FORMER U.S. OFFICIALS WHO HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

Bonnie Brown

Bonnie Brown came with **Bill** Gradison to Health Insurance Association of America when Bill **Gradison**, D-Ohio, gave up his Congressional seat in 1993.

From 1972 to 1975, Brown climbed the ranks from intern to casework coordinator in Sen. Robert **Taft's** office. From 1975 until his departure in 1993, she was Gradison's casework director and legislative assistant.

Nicholas Calio

Nicholas Calio is a partner in the firm O'Brien Calio, which represents **HIAA**.

Calio served as former President George Bush's legislative affairs assistant from January 1992 to January 1993. He served as deputy assistant from 1989 to June 1991. In the five years prior to joining the White House, Calio was senior vice president for government relations of the National Association of Wholesaler Distributors.

Donald Clarey

Donald Clarey is vice president of Strategic Management Associates which represents several New York urban hospitals including Cornell Medical Center, Lenox Hill Hospital, and Mt. Sinai Medical Center. According to Congressional lobbying records, the hospitals are interested in the Medicare provisions dealing with **hospitals**. The firm also represents MicroGeneSys, a research pharmaceutical company.

In a telephone interview with the Center, Clarey said 99 percent of what he had been doing has been education. He said the firm has been targeting the "right **people**" on the relevant subcommittees and that most of those people he has talked with have been "**open-minded**."

Prior to coming to the firm, Clarey was deputy administrator of the Small Business Administration from 1987 to 1989. From 1985 to 1987 Clarey served as special assistant to President Reagan and deputy director of the Office of Cabinet Affairs.

Lee Pendergast Claro

Lee Pendergast Claro, now government affairs manager at the Upjohn **Co.**, spent two years as deputy press secretary in former House Speaker Thomas P. "Tip" O'Neill's, D-Mass, office in 1985 and 1986.

John Clough

John Clough is vice president and chief operating officer of **Bergner Bokorny** Clough and Brain. The firm represents the Biotechnology Industry **Organization**, Healthcare COMPARE, and Glaxo Inc.

Clough served as staff director of the House Energy and Commerce Committee.

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Ranny Cooper

Ranny Cooper is with the New York office of Robinson Lake **Lerer** and Montgomery, which represents the Pharmaceutical Research and Manufacturers of America (formerly Pharmaceutical Manufacturers Association), and Pfizer, Inc.

Cooper was an administrative assistant and served as chief of staff to Sen. Edward Kennedy, D-Mass, from 1982 to 1992. From 1979 to 1982, she was executive director of the Women's Campaign Fund. From 1970 to 1979, Cooper served as Rep. Bob **Drinan's**, D-Mass, administrative assistant.

Thomas Donnelly

Thomas Donnelly joined The Jefferson Group as senior vice president in the spring of 1994. His former firm, the Donnelly Group, dissolved early in 1994. Donnelly represented the Holiday Inn Co. and the Dow Chemical Company.

Donnelly told the Center he did not handle these clients and said that when the **firm** disbanded, the clients left with the people handling the account. However, as a partner, Donnelly took a share of the profits.

Donnelly served as special assistant to former President Reagan until 1984.

Thomas Downey

Downey founded Thomas Downey and Associates shortly after leaving Congress, having served **18** years as a New York Democrat. His firm currently represents Metropolitan Life, the Medco Containment Co., and U.S. Healthcare.

During his tenure, Downey served on the House Ways and Means Committee as acting chairman of the Subcommittee on Human Resources, and chaired the House Select Committee on Aging from 1989 to 1993. Downey also headed the Clinton transition cluster on the Department of Health and Human Services, the Department of Housing and Urban Development, and the Veterans Administration.

Ken Duberstein

Ken Duberstein heads the Duberstein Group, which represents Aetna, Anheuser-Busch, and the Health Care Leadership Council. The HCLC is a coalition of big business opposed to price controls. The interests, according to congressional lobbying **records**, involve all legislation relating to healthcare, including insurance. In 1993, the HCLC paid \$24,453 to have its interests represented by the Duberstein Group.

Duberstein served as former President Reagan's chief of staff from 1987 to 1989.

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Dennis Eckart

Dennis Eckart is a partner with **Arter Hadden**, which represents the American Insurance Association, Girling Healthcare, and Merck and **Co.**, Inc.

From 1981 to 1993, Eckart served as a Democratic congressman from Ohio's **11th** district. Among his committee assignments was the House Committee on Energy and Commerce Subcommittee on Health and the Environment.

John Erlenborn

John **Erlenborn** is Counsel for **Seyfarth Shaw Fairweather** and Geraldson, which represents the Unisys Corp.

From 1965 to 1985, Erlenborn served as a Republican congressman from Illinois, finishing his tenure as the ranking member on the House Education and Labor Committee.

James Fabiani

James Fabiani is chairman and chief operating officer of Cassidy and Associates. The firm represents the **Children's** Hospital National Medical Center, the Medical Center of Central Massachusetts, the New England Deaconess Hospital, the Children's Hospital of Pittsburgh, and the American Association of Homes for the Aging.

Fabiani served as the senior minority staff member for the House Appropriations Labor, Health and Human Services, and Education Subcommittee.

Tara Federici

Tara Federici is government affairs director at the Health Industry Manufacturers Association.

In 1992, she became Rep. Bill Richardson's, **D-N.M.**, administrative assistant, after spending three years as a legislative assistant in his office.

Geraldine Ferraro

Geraldine Ferraro is the managing partner of the New York firm Keck **Mahin** and **Cate**. Her clients include the American Association for Marriage and Family Therapy. She was appointed by Clinton in October 1993 to be the **U.S.** representative to the UN Human Rights Commission.

Ferraro served New York as a House Democrat from **1978** to 1984. In 1984, she ran unsuccessfully for Vice President on the Democratic ticket with Walter Mondale.

Bruce Fried

Fried is a partner at the **Wexler** Group, which represents Upjohn **Co.**, the Catholic Hospital Association of

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the U.S., and **Johnson** & Johnson. He served as a Clinton campaign adviser in 1992.

Richard Froh

Richard Froh is vice president of the Kaiser Family Health Plan.

From 1975 to 1980, Froh was on Sen. Kennedy's, **D-Mass.**, health insurance staff.

John Gibbons

John Gibbons is media director for the Alliance for Managed Competition, a coalition of the nation's five largest insurers.

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Prior to joining the Alliance, Gibbons was a consultant to the Pharmaceutical **Manufacturers** Association. Gibbons served as former **HHS** Secretary Louis Sullivan's deputy spokesman.

Alixé Glen

Alixé Glen is vice president for communications and media relations at the Washington office of Blue Cross & Blue Shield Association.

Before joining Blue Cross & Blue Shield, Glen was a health consultant in the New York offices of Robinson **Lake Lerer** and Montgomery. Glen served in the Bush White House as deputy press secretary.

Martin Gold

Martin Gold is a co-founder of Gold and Liebengood. The firm's clients include the American Academy of Dermatology, the American College of Cardiology, the College of American Pathologists, Mutual of Omaha, the American Hospital Association, **Kidder** Peabody, and the Joint Commission on Accreditation of Health Care Organizations.

Gold was legal counsel for Senate Majority Leader Howard Baker, **R-Tenn.**, from 1981 to 1982. In 1979 and 1980 he served as Baker's **counsel** for floor operations. Gold served as minority staff director and counsel on the Senate Committee on Rules and Administration from 1977 to 1979, and was a staff member on the Senate Select Committee on Intelligence in 1976. From 1973 to 1976, **Gold** was a staff assistant to Sen. Mark **Hatfield**, R-Ore. Gold is the author of *Senate Procedure and Practice: An Introductory Manual*, a primer on Senate floor procedure.

Bill Gradison

Gradison is president of the Health Insurance Association of America, a trade group of over 300 insurance companies. He served as an Ohio Republican in the House from 1975 to 1993. He served as ranking minority member on the House Budget Committee, and the House Ways and Means Subcommittee on Health.

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Gradison's term in Congress ended in January 1993. In February 1993, he began his tenure as **HIAA** president. Ethics rules prevented him from lobbying Congress for one year. On February 1, 1994, the end of the one year period, **Gradison** testified before Congress. He also testified before President **Clinton's** Health Care Task Force in March 1993, stating that his group wished to see universal coverage, while maintaining quality health care, and assuring access. He also told the task force that insurers did not believe mandates, pure community rating, and premium rate regulations were the most effective ways to carry out insurance reform.

When Gradison left Congress, he brought several staffers with him, including Bonnie Brown, Robert Oswald, and Margaret Totten, all of whom could lobby Congress -- with the exception of their former office -- as soon as they left.

Patrick Griffin

Griffin has gone from working on Capital Hill to co-founding a consulting firm to working in the administration.

Griffin served as an aide on the Senate Budget Committee starting in 1978. He then moved to Sen. Robert Byrd's, D-W.V., senior floor assistant. In 1985, Griffin left Capital Hill and went to the Burson Marsteller public relations firm. He left in 1986 to form Griffin Johnson and Associates with partner David Johnson, a former HHS official. In 1993, Griffin Johnson's clients included Eli Lilly, Merck, and Blue Cross & Blue Shield.

Griffin left the firm in January 1994 to become the White House's chief congressional lobbyist, replacing Howard Paster, who went on to join Hill and **Knowlton**.

Mandy Grunwald

Grunwald is president of the media consulting firm Grunwald Eskew and Donilon. The firm served as a Clinton media adviser during the campaign. Currently, the firm represents Families USA, a consumer advocacy group that supports the Clinton plan.

Janis Guerney

Janis Guerney is assistant director of the American Academy of Pediatrics.

Guerney is a former Senate Finance Committee health counsel.

Paula Hawkins

Paula Hawkins is a Florida-based consultant for the Pharmaceutical Research and Manufacturers of America. According to congressional records, the former Republican Florida Senator was paid \$105,000 in 1993 through the first quarter of 1994.

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Hawkins served in the Senate from 1981 to 1987.

Julius Hobson

Julius Hobson is assistant director of the congressional affairs division at the American Medical Association.

Hobson served as legislative assistant to Sen. Charles Robb, D-Va, from 1989 to 1993. From 1985 to 1989, Hobson was with the District of Columbia's congressional affairs office.

Robert Hurley

Robert Hurley is a partner and senior vice president of R. Duffy Wall and Associates. The firm represents Eli Lilly and Co., Orthopedic Services, Inc., and the Committee on Radioisotopes and Radiopharmaceuticals.

Hurley served as minority staff director on the Senate Committee on Environment and Public Works from 1989 until 1991, when he joined R. Duffy Wall. Prior to that, Hurley served from 1985 to 1988 as Sen. John Chaffee's, R-RI, staff director.

Margaret Ingraham

Margaret Ingraham is executive vice president of the Borden Group and represents ABC Home Health Services Inc. and the American Federation of Home Health Agencies.

In 1988 and 1989, Ingraham served as deputy assistant secretary for legislation at HHS, a position she took after serving as the deputy's special assistant from 1987 to 1988.

Patricia Jarvis

Patricia Jarvis works at Gold and Liebengood, which represents the American Academy of Ophthalmology.

Jarvis served as a special assistant for legislative affairs at HHS from 1986 to 1987.

Ed Jenkins

Ed Jenkins is a partner in the political consulting firm of Winburn and Jenkins. The firm represents Pfizer, the Transitional Hospitals Corp., Philip Morris Companies, Healthnet, and the National Association of Urban Critical Access Hospitals.

Jenkins served as a Democratic congressman from Georgia from 1977 to 1993, during which time he served on the House Budget Committee and the House Ways and Means Trade Subcommittee.

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David Johnson

David Johnson is with Johnson Smith Dover **Kitzmiller** and **Stewart**, which represents Blue Cross & Blue Shield, Delta Dental Association, Merck and **Co.**, and Travelers.

Johnson has served as executive director of the Democratic Senatorial Campaign Committee and as an administrative assistant to Sen. George Mitchell, D-Maine.

John Jonas

John Jonas is on the staff of Patton Boggs and Blow, whose clients include the Massachusetts Mutual Life Insurance **Co.**, the National Association of Life Underwriters, and the New York Life Insurance Co.

Jonas told the Center his clients are looking to preserve the market for themselves by making the mandatory alliance system proposed in the Clinton **plan** a voluntary one. He said he has met with staffers on the five committees drafting health care legislation, to discuss the issues affecting the industry, but could not say exactly how many he met with.

Jonas was a tax counsel with the House Ways and Means Committee from **1981** to 1986. He said he feels his former position does not give him any advantage in working on behalf of his clients because he is lobbying a different subcommittee and many of the people he worked with are no longer there. He said any advantage he possesses has to do with knowing how the legislative system works.

David Keaney

David Keaney, now federal affairs director at the Bristol-Myers Squibb **Co.**, served as majority counsel on the House Energy and Commerce **Committee**.

John A. Kelly

John Kelly is president of Kelly and Associates, which represents Overlook Hospital.

Kelly was the deputy executive director for the Presidential Inaugural Committee in 1989. Kelly was also a member of the Reagan transition team and the director of the Republican National **Committee's** Office of Presidential Liaison.

Jerry Klepner

Jerry Klepner is the assistant secretary of legislative affairs at HHS. He took the post in February 1993 after serving as a lobbyist for the American Federation of State, County, and Municipal Employees.

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Stephan Lawton

Stephan Lawton is a partner at the law firm, of **Hogan** and **Hartson**. The **firm** represents the American Academy of **Pediatrics**, the Society of Critical Care **Medicine**, the American College of **Osteopathic Surgeons**, **Genentech**, the Infectious Diseases Society of America, and the National Tissue Bank Council.

Lawton told the Center in April 1994 that two of the groups, the SCCM and the **IDSA**, were taking trips to Capital Hill that month. **IDSA**, according to Lawton, brought 10 people and had scheduled approximately 20 meetings to discuss their concerns with members. The SCCM brought 100 of their members and had 50 to 60 appointments scheduled. Lawton said he believed there were about five swing votes on the House Ways and Means Committee to target, which were part of a moderate coalition forming in the House.

"If you can get them on board a package, you're **golden**," Lawton said.

Lawton served as chief counsel of the House Subcommittee on Health and the Environment from 1971 to 1979.

Robert Leonard

Robert Leonard is a partner in the firm **Oldaker** Ryan and Leonard, which represents the Alliance for Managed Competition, the **Baxter** Healthcare **Corp.**, Aetna, Pfizer, and other **comapanies** with health related interests.

Until 1993, Leonard served as chief counsel and staff director of the House Ways and Means Committee.

Norman Lent

Norman Lent is a partner in the firm Lent and **Scrivner**, which represents Pfizer. Lent, a New York Republican, served in the House from 1971 to 1993. He was the ranking minority member on the House Energy and Commerce Committee.

While Lent could not lobby Congress until early 1994, **his** former **administrative** assistant and current partner Michael Scrivner could, with the exception of Lent's former office.

Terry Lierman

Terry Lierman is president of Capitol Associates. The firm's clients include the **Genzyme Corp.**, the Autism Society of America, the American Academy of Physician Assistants, **Allergan**, U.S. Healthcare, and the Arthritis Foundation.

Lierman served as staff director on the Senate Appropriations Committee from 1979 to **1981**. From 1975 to 1979 Lierman was a staff member and director of the Senate Appropriations Committee, Subcommittee on Labor, Health and Human Services and Education.

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John Mack

John Mack is chief executive officer of **Colex** and Associates. The firm's clients include **Diagnostek**, a mail service pharmacy company, and the National Rehabilitation Hospital. Mack told the Center his **firm** is monitoring legislation for **Diagnostek**, a service which cost the New Mexico-based firm \$ 18,000 from July 1993 to March 1994, according to congressional lobbying records.

Mack was executive director of the House Democratic Steering and Policy Committee from 1987 to 1989. He spent seven years as the executive floor assistant to the House Majority Leader. Prior to that, he was a staffer for Rep. Jim **Wright**, D-Texas.

Edward Madigan

Edward Madigan is an independent consultant. According to congressional lobbying records, Madigan has been hired by the State Farm Insurance Co. to handle legislation affecting the property and casualty insurance industry, including but not limited to, insurance data collection legislation, natural disaster legislation, and health care reform legislation.

Madigan served as Secretary of Agriculture from 1991 to 1993. From 1973 until his appointment to USDA, Madigan, a Republican from Illinois' 15th District, served as the ranking minority member on the House Agriculture Committee and the Energy and Commerce Committee.

William McKenney

William McKenney is vice president of Dutko and Associates, which represents the American Society of Cataract and Refractive Surgery, and PacifiCare Health Systems.

From 1985 to 1990, McKenney served as legislative director to Rep. Rod Chandler, R-Wash. From 1975 to 1981 and again from 1983 to 1984, McKenney was with Rep. Tom Kindness, **R-Ohio**, first as press secretary then as legislative/communications director. McKenney served as press secretary to Republican Rep. Clarence Brown, also of Ohio, in 1982.

Patrick McLain

Patrick McLain is a partner with Rowan and Blewitt. The firm represents, among others, the American Association of Blood Banks, Bristol-Myers Squibb, Medtronic, Par Pharmaceuticals, Upjohn, and the National Alliance for Infusion Therapy.

McLain spent 14 years as a counsel for the House Energy and Commerce Committee Subcommittee on Oversight and Investigations. He joined Rowan and Blewitt in 1989. When contacted by the Center, McLain said he had spoken with Upjohn officials and said, "We would just as soon keep our business to **ourselves**."

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Vanda McMurtry

Vanda McMurtry has been through the revolving door several times. Currently a registered lobbyist for Aetna, McMurtry was staff director and chief counsel for the Senate Finance Committee from 1989 to 1993. From 1986 to 1989 he was a legislative director for Sen. Lloyd Bentsen (**D-TX**). McMurtry spent 1985 with the firm **Cleary Gottlieb Steen** and Hamilton. Prior to that, he was a legislative assistant to Rep. Lee Hamilton, **D-Ind.**

When contacted by the Center, **McMurtry's** secretary said he chose not to participate.

Ed Mihalski

Ed Mihalski left the Senate Finance Committee as its minority staff director in December 1993 to become government affairs director at Eli Lilly. From 1974 to 1982, Mihalski was a senior **evaluator** at the General Accounting Office.

Patrick Mitchell

Pat Mitchell is general counsel and a partner at Dutko and Associates. The **firm** represents PacifiCare Health Systems and the American Society of Cataract and Refractive Surgery.

From 1988 to 1989, Mitchell was the administrative assistant to Rep. Louise Slaughter, **D-N.Y.**, who served on the House Select Committee on Aging. Prior to that, Mitchell was the Iowa campaign coordinator for Sen. Paul Simon, **D-Ill.**, in his bid for the Presidency. Mitchell also served as Special Assistant Attorney General in Arizona's Department of Health Services from 1983 to 1985.

Anthony "Toby" Moffett

Toby Moffett is chairman and CEO of Strategic Policy **Inc.**, an affiliate of the law firm Wunder Diefenderfer Cannon and **Thelen**. The firm represented U.S. Healthcare until early 1994. According to congressional lobbying records, the firm was paid **\$37,800** in 1993 to handle legislation relating to health care reform as it relates to this HMO.

Moffett served four terms in Congress as a Democrat from Connecticut from 1974 to 1982. He was a member of the House Energy and Commerce and House Government Operations committees. During the campaign, Moffett was **co-director** of a project that brought the CEOs of corporations in key states to endorse the **Clinton-Gore** ticket. He continues to advise the administration on a number of issues, according to a biography supplied by Moffett.

Joan Mooney

Joan Mooney is the Washington representative for the American Academy of Ophthalmology.

Mooney was a staff aide and later office co-director for Rep. Terry Bruce, **R-Colo.**, beginning in 1987.

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Kristen Morris

Kristen Morris is government affairs director of the Health Industry Manufacturers Association. She joined **HIMA** in November 1993 after three years at Smith **Bucklin** and Associates, where she was public affairs director for the American College of Nuclear Physicians and the Society of Nuclear Medicine.

Morris spent three years on Capitol Hill, first with Rep. John **Hiler, R-Ill.**, from 1987 to 1988. She then moved to Hawaii Republican Rep. Patricia **Saiki's** office as a legislative assistant.

Janet Mullins

Janet Mullins is president of Mullins and Associates which **represents Amgen**, the Beer Institute, and Humana.

Mullins was a special assistant to former President Bush in 1993. From 1989 to 1993, she was assistant secretary of state for legislative affairs. Mullins **also** spent time in the legislative branch, serving as chief of staff and legislative director for Sen. Mitch **McConnell, R-Ky.**, from 1985 to 1987.

Joseph O'Neill

Joseph O'Neill is president of Public Strategies, which represents Blue Cross & Blue Shield of Missouri, Johnson & Johnson, and the National Association of Chain Drugstores.

From 1972 to 1984, O'Neill served in Sen. Lloyd **Bentsen's**, D-Texas, office, first as executive assistant and later as an administrative assistant.

John Orlando

John Orlando is vice president of **Timmons and Co.**, which represents G.D. Searle.

Orlando served as chief of staff of the House Energy and Commerce Committee from 1990 to 1992. Prior to that, he worked as an administrative assistant to Rep. John **Dingell, D-Mich.**

John O'Shaughnessy

John O'Shaughnessy is a partner in the firm Strategic Management Associates. The firm represents the Brooklyn Hospital Center, the Greater New York Hospital Association, the Hospital for Special Surgery, the Lenox Hill Hospital, the Cornell Medical Center, MicroGeneSys, the Mt. Sinai Medical Center, and the **Montefiore** Medical Center.

From 1983 to 1986, O'Shaughnessy was assistant secretary for management and budget at HHS.

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Carloyn Osolinik

Carolyn Osolinik is with Mayer Brown and **Platt**, which represents the Group Health Association of America and **RJR** Nabisco.

Osolinik was chief counsel for Sen. Kennedy, **D-Mass.**, from 1984 to 1992.

Robert Oswald

Robert Oswald came with his boss **Bill** Gradison to **HIAA** in 1993. He served as **Gradison's** legislative assistant from 1988 to 1993, specializing in tax and trade issues. In February 1994, Oswald left HIAA to join American Express.

Alan Reider

Alan Reider is a partner with **Arent** Fox **Kintner** Plotkin and **Kahn**. The firm represents the American Association of **Bioanalysts**, the International Society for Clinical Laboratory Technology, Mercy Hospital of Des **Moines**, and the Health Commons Institute.

Reider worked for the Department of Health Education and Welfare from 1975 to 1980. During his tenure, Reider worked in the Office of Public Integrity (now part of the Inspector General's office) and the Office of Professional Standards Review Organization (now the Peer Review office).

Peter Robinson

Peter Robinson is a partner in the firm Bailey and Robinson, which represents Blue Cross of Western Pennsylvania and the Unisys Corporation.

Robinson would not respond to Center inquiries. According to Congressional records, while the firm has been handling matters before Congress, including health legislation, the firm did not receive compensation in **1993**.

From 1974 to 1987, Robinson served as assistant parliamentarian of the House. From 1987 until he left Capital Hill in **1991**, Robinson served on the House Democratic Steering Committee, first as deputy director and later as counsel.

Domenic Ruscio

Domenic Ruscio is president of CR Associates, which represents the Alzheimer's Association, the American Academy of Orthopedic Surgeons, the Association of University Programs in Health administration, and the Delta Dental Plans Association.

Ruscio told the Center most of his work has been spent tracking legislation as it makes its way through the committees. He said he has been spoken with 30 or 40 staffers for Delta Dental in an effort to include adult dental care in the package and to make sure benefits are not taxed.

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From 1968 to 1973 and again from 1977 to 1981, Ruscio served in the Department of Education. From 1973 to 1977, Ruscio was on the staff of the Senate Appropriations Committee.

Marty Russo

Marty Russo is with Cassidy and Associates, which represents **Children's** Hospital National Medical Center, the American Association of Homes for the Aging, and others.

Russo served in the House of Representatives as an Illinois Democrat from 1975 to 1993.

Thomas Ryan

Thomas Ryan is a partner with Oldaker Ryan and Leonard, which represents the Alliance for Managed Competition and Pfizer.

In 1986 and **1987**, Ryan was chief counsel of the House Energy and Commerce Committee.

Charles Scalera

Charles Scalera is a partner at **Manatt** Phelps and Philips, which represents **Barr** Laboratories, the **Medlantic Healthcare Group**, the American Chiropractic Association, and Western Dental Services.

From 1979 to 1989, Scalera served as administrative assistant to Rep. Peter Rodino, D-N.J.

Jan Schoonmaker

Jan Schoonmaker is vice president of Van Scoyoc Associates, which represents **Oschner** Medical Center.

Schoonmaker was a legislative director for Louisiana **congresswoman** Lindy Boggs and on the associate staff of the House Appropriations Committee.

Michael Scrivner

Scrivner is a partner with former New York congressman Norman Lent. The **firm** represents Pfizer.

Scrivner worked from 1981 to 1993 in **Lent's** office, first as legislative director, then as administrative assistant. Prior to that he served as legislative assistant to Republican Rep. John Duncan of Tennessee.

Scrivner refused comment on his work when contacted by the Center.

John Scruggs

Scruggs is with Gold and Liebengood. Among his clients are the American Hospital Association and the

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American Academy of **Ophthalmology**. From 1983 to 1984, Scruggs was assistant secretary for legislative affairs at HHS.

Jane Sutter Starke

Jane Sutter Starke is with **Eckert Seamans Cherin** and Mellott, which represents the Behavior Research Institute.

From 1981 to 1987 she served as minority counsel to the House Energy and Commerce Committee.

Lee Stillwell

Lee Stillwell is a lobbyist with the American Medical Association.

From 1979 to 1988, Stillwell was a press secretary for Sen. William Armstrong, **R-Colo.** Before working on Capital Hill, Stillwell was communications director at the National Federation of Independent Business.

Margaret Totten

Margaret Totten was Bill Gradison's administrative assistant and moved with him to the Health Insurance Association of America.

Jeff Trinca

Trinca is a vice president at Van Scoyoc Associates. His clients include the Association of Health Insurance Agents, the Schering-Plough **Corp.**, and the National Association of Life Underwriters.

According to Trinca, his work for Schering-Plough has touched on health care legislation, but has dealt mainly with tax provisions. For **AHIA**, Trinca said he has been drafting alternative proposals for members and staffers to consider.

"We're trying to bring them [the agents] in without getting rid of everything **else**," Trinca said. He also said he and his firm have met with over 200 members and staffers since March **1993**, when they began lobbying health care reform. Trinca said they have made multiple trips to Capital Hill and tried to work across political lines.

Prior to co-founding Van Scoyoc, Trinca was a legislative aide to Sen. David **Pryor, D-Ark.**, from 1986 to 1991.

Leslie Tucker

Leslie Tucker is a representative for the American Academy of Family Physicians. From 1989 to 1993,

*Note: This information was compiled from the *Congressional **Staff**Directory*, the *Federal Staff**Directory***, *Washington Representatives*, *Government Service for Sale: How the Revolving Door Has Been Spinning*, by Nancy Walzman of Congress **Watch**, magazine and newspaper reports, and biographies supplied by some of those listed.

APPENDIX IV

BIOGRAPHIES OF FORMER U.S. OFFICIALS WHO HAVE WORKED FOR HEALTHCARE-RELATED INTERESTS

Tucker was the health aide for Sen. **Alan** Simpson, R-Wyo. Prior to 1989, she worked on the Senate Select Committee on Aging.

Jay Urwitz

Jay Urwitz is with Hale and Dorr, which represents **Intra-Sonix**, the Genetics Institute, **Wellmark Healthcare** Services, and the Psychological Corp.

Urwitz was a legislative assistant to Sen. Edward **Kennedy, D-Mass.**, from 1977 to 1981.

Guy Vander Jagt

Guy Vander Jagt, who served as a Michigan Republican in the House for 27 years, joined Baker and **Hostetler** upon leaving office in 1993. During his **tenure**, Vander Jagt served on the Ways and Means Committee Subcommittee on Trade, and the Select Revenue Measures.

Baker and **Hostetler's** client list includes Chubb Life America, American Corporate Health Plans, the Society of Cardiovascular and Intervention Radiology, St. Joseph's Hospital Center, Traveler's **Corp.**, and the National Association of Professional Insurance Agents.

Robert Waters

Waters is with **Arent Fox Kintner Plotkin and Kahn**. The firm represents the American Association of **Bioanalysts**, the American Association of Occupational Health Nurses, Guardian Life Insurance, and the International Society for Clinical Laboratory Technology.

From 1979 to 1983, Waters served as a budget/program analyst for HEW and **HHS**. In 1983, he left the administration to become administrative assistant to Sen. Tom **Harkin, D-Iowa**. He joined Arent Fox in 1987.

Margaret Webber

Margaret Webber is with the American Medical Association.

Before heading to the private sector, Webber worked most recently in the legislative affairs office at the Justice Department. From 1986 to 1989, she served on the House Subcommittee on Immigration, Refugees and International Law. Prior to that, she spent four years as a legislative assistant to Sen. William Armstrong of Colorado.

Vin Weber

Vin Weber heads the Weber Group, a **firm** whose client list includes U.S. Healthcare and the Alliance for Managed Competition.

Weber served as a Republican congressman from Minnesota from **1981** to **1993**. During his tenure, Weber

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APPENDIX IV

BIOGRAPHIES OF FORMER U.S. OFFICIALS WHO HAVE WORKED FOR HEALTH CARE-RELATED INTERESTS

served on the House **Appropriations** Committee Subcommittee on **Labor**, Health and Human Services and Education.

Robert Whittaker

Robert Whittaker is a senior legislative advisor for **Fleishman-Hillard**. The firm represents **HIAA** and Baxter Healthcare Corp.

Whittaker, a Kansas Republican, served in the House from 1979 to 1991. During his tenure, Whittaker served on the House Committee on Energy and Commerce Subcommittee on Health and the Environment.

Scott Widmeyer

Scott Widmeyer is president and CEO of the Widmeyer Group, which represents **Inova** Health Systems.

From 1975 to 1979, Widmeyer was press secretary to ~~then-Governor~~ Jay Rockefeller, D-W.Va. He also served as deputy press secretary to former President Jimmy Carter and Walter Mondale in the 1980 and 1984 Presidential elections.

John Winburn

John Winburn is president of Winburn and Jenkins, which represents Pfizer.

Winburn served as an aide to Reps. Tom Gettys and Ken Holland, both Congressmen from South Carolina.

Susan Zagame

Susan Zagame is with the Health Industry Manufacturers Association.

Zagame served in HHS from 1989 to 1993, most recently as acting general counsel. From 1985 to 1989, Zagame was the deputy assistant secretary for financial management and administration at HUD.

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APPENDIX V
HOUSE EDUCATION AND LABOR COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

MEMBER	1991-1992	1993-1994
Andrews, Robert (D-NJ)	\$139,200	\$ 39,900
Armey, Richard (R-TX)	\$ 23,650	\$ 37,700
Baesler, Scotty (D-KY)	N/A	\$ 00
Ballenger, Cass (R-NC)	\$ 38,483	\$ 12,000
Barrett, Bill (R-NE)	\$ 49,599	\$ 11,750
Bartlett, Steve (R-TX)	\$ 00	N/A
Becerra, Xavier (D-CA)	N/A	\$ 30,350
Boehner, John (R-OH)	\$ 59,997	\$ 28,507
Castle, Michael (R-DE)	N/A	\$ 13,950
Coleman, E. Thomas (R-MO)	\$121,159	N/A
Clay, William (D-MO)	\$106,700	\$ 38,450
Cunningham, Duke (R-CA)	\$ 54,954	\$ 23,200
Edwards, Mickey (R-OK)	\$ 45,224	N/A
Engel, Eliot (D-NY)	N/A	\$ 62,000
English, Karan (D-AZ)	N/A	\$ 35,450
Fawell, Harris (R-IL)	\$ 33,750	\$ 7,950
Ford, William (D-MI)	\$186,800	\$100,500
Gaydos, Joseph (D-PA)	\$ 17,200	N/A
Goodling, William (R-PA)	\$ 00	\$ 00
Green, Gene (D-TX)	N/A	\$132,572
Gunderson, Steve (R-WI)	\$ 48,450	\$ 16,010
Hayes, Charles (D-IL)	\$ 78,600	N/A

N/A indicates that the member was not on the Committee during that period. Information was compiled from Federal Election Commission records. The PACs were selected from the organizations listed in Appendix I. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies. It should be noted that most organizations attempting to influence health care legislation have many different interests under consideration by Congress.

APPENDIX V
HOUSE EDUCATION AND LABOR COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

Henry, Paul (R-MI)	\$ 24,625	N/A
Hoekstra, Peter (R-MI)	N/A	\$ 00
Jefferson, William (D-LA)	\$ 71,600	N/A
Kildee, Dale (D-MI)	\$189,276	\$100,160
Klink, Ron (D-PA)	N/A	\$ 64,212
Klug, Scott (R-WI)	\$138,393	N/A
Lowey, Nita (D-NY)	\$127,355	N/A
Martinez, Matthew (D-CA)	\$ 27,850	\$ 23,000
McKeon, Buck (R-CA)	N/A	\$ 9,650
Miller, Dan (R-FL)	N/A	\$ 17,700
Miller, George (D-CA)	\$ 66,190	\$ 31,250
Mink, Patsy (D-HI)	\$ 41,299	\$ 11,350
Molinari, Susan (R-NY)	\$ 63,725	\$ 27,500
Murphy, Austin (D-PA)	\$ 80,961	\$ 19,100
Olver, John (D-MA)	\$234,850	N/A
Owens, Major (D-NY)	\$ 36,399	\$ 12,450
Pastor, Ed (D-AZ)	\$135,750	N/A
Payne, Donald (D-NJ)	\$ 74,920	\$ 16,650
Perkins, Chris (D-KY)	\$ 58,450	N/A
Petri, Thomas (R-WI)	\$ 45,585	\$ 23,525
Reed, Jack (D-RI)	\$202,924	\$ 66,425
Roemer, Tim (D-IN)	\$104,598	\$ 36,050
Roukema, Marge (R-NJ)	\$ 59,918	\$ 26,604
Sawyer, Thomas (D-OH)	\$ 53,500	\$ 13,500

N/A indicates that the member was not on the Committee during that period. Information was compiled from Federal Election Commission records. The PACs were selected from the organizations listed in Appendix I. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies. It should be noted that most organizations attempting to influence health care legislation have many different interests under consideration by Congress.

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HOUSE EDUCATION AND LABOR COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

Scott, Robert (D-VA)	N/A	\$ 20,100
Serrano, Jose (D-NY)	\$ 36,950	N/A
Strickland, Ted (D-OH)	N/A	\$ 54,400
Unsoeld, Jolene (D-WA)	\$128,153	\$ 51,200
Visclosky, Peter (D-IN)	\$ 66,520	N/A
Washington, Craig (D-TX)	\$ 51,550	N/A
Williams, Pat (D-MT)	\$187,706	\$ 38,350
Woolsey, Lynn (D-CA)	N/A	\$ 69,375
TOTAL	\$3,312,813	\$1,322,840

N/A indicates that the member was not on the Committee during that period. Information was compiled from Federal Election Commission records. The PACs were selected from the organizations listed in Appendix I. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies. It should be noted that most organizations attempting to influence health care legislation have many different interests under consideration by Congress.

APPENDIX V
HOUSE ENERGY AND COMMERCE COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

MEMBER	1991-1992	1993-1994
Barton, Joe (R-TX)	\$ 54,829	\$ 42,204
Bilirakis , Michael (R-FL)	\$148,112	\$ 31,225
Bliley , Thomas Jr. (R-VA)	\$147,229	\$104,950
Boucher, Rick (D-VA)	\$109,675	\$ 68,900
Brown, Sherrod (D-OH)	N/A	\$ 83,500
Bruce, Terry (D-IL)	\$ 68,700	N/A
Bryant, John (D-TX)	\$120,189	\$ 50,000
Callahan , Sonny (R-AL)	\$ 72,850	N/A
Collins , Cardiss (D-IL)	\$ 99,450	\$ 81,850
Cooper, Jim (D-TN)	\$ 1,000	\$ 00
Crapo , Michael (R-ID)	N/A	\$ 55,663
Dannemeyer , William (R-CA)	\$ 500	N/A
Dingell , John (D-MI)	\$221,850	\$170,460
Eckart , Dennis (D-OH)	\$ 41,325	N/A
Fields, Jack (R-TX)	\$ 75,550	\$ 79,250
Franks, Gary (R-CT)	N/A	\$ 58,050
Gillmor , Paul (R-OH)	N/A	\$ 38,650
Greenwood, James (R-PA)	N/A	\$ 980
Hall, Ralph (D-TX)	\$ 71,150	\$ 61,300
Harris, Claude Jr. (D-AL)	\$ 25,350	N/A
Hastert , Dennis (R-IL)	\$ 81,756	\$ 68,722
Holloway, Clyde (R-LA)	\$ 57,250	N/A

N/A indicates **the** member was not on the Committee during **that** period. **Information** was compiled from Federal Election Commission records. PACs were **selected** from **the** list of organizations listed in Appendix I. Organizations with **health care-** related interests include obvious groups such as health care professional organizations or pharmaceutical companies, **but** also entities with **health** care concerns such as unions or tobacco companies. **It** should be noted **that** most organizations attempting to influence **health** care **legislation** have many different **interests** under consideration by Congress.

APPENDIX V
HOUSE ENERGY AND COMMERCE COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

Klug, Scott (R-WI)	N/A	\$ 27,500
Kostmayer, Peter (D-PA)	\$187,577	N/A
Kreidler, Mike (D-WA)	N/A	\$52,400
Lehman, Richard (D-CA)	\$160,610	\$ 39,150
Lent, Norman (R-NY)	\$ 79,419	N/A
Lincoln, Blanche (D-AR)	N/A	\$ 40,749
Manton, Thomas (D-NY)	\$140,355	\$ 71,567
Margolies-Mezvinsky, M. (D-PA)	N/A	\$143,860
Markey, Edward (D-MA)	\$ 00	\$ 00
McMillan, Alex (R-NC)	\$ 93,115	\$ 450
McMillen, Tom (D-MD)	\$183,841	N/A
Moorhead, Carlos (R-CA)	\$ 63,317	\$ 36,850
Oxley, Michael (R-OH)	\$ 54,282	\$ 49,950
Pallone, Frank Jr. (D-NJ)	N/A	\$ 69,789
Paxon, L. William (R-NY)	N/A	\$ 71,128
Richardson, Bill (D-NM)	\$141,950	\$ 00
Rinaldo, Matthew (R-NJ)	\$ 12,550	N/A
Ritter, Don (R-PA)	\$104,924	N/A
Rowland, J. Roy (D-GA)	\$112,668	\$ 36,773
Schaefer, Dan (R-CO)	\$ 69,165	\$ 46,350
Schenk, Lynn (D-CA)	N/A	\$111,524
Scheuer, James (D-NY)	\$ 30,750	N/A
Sharp, Philip (D-IN)	\$114,290	\$ 22,000
Sikorski, Gerry (D-MN)	\$222,980	N/A

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HOUSE ENERGY AND COMMERCE COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

Slattery, Jim (D-KS)	\$127,499	\$ 21,650
Steams, Clifford (R-FL)	N/A	\$ 42,549
Studds, Gerry (D-MA)	\$157,260	\$ 33,000
Swift, Al (D-WA)	\$144,226	\$ 00
Synar, Michael (D-OK)	\$137,474	\$ 18
Tauzin, Billy (D-LA)	\$ 82,260	\$ 27,192
Towns, Edolphus (D-NY)	\$ 99,545	\$ 44,150
Upton, Fred (R-MI)	\$ 47,270	\$ 29,800
Washington, Craig (D-TX)	N/A	\$ 98,100
Waxman, Henry (D-CA)	\$191,950	\$ 3,500
Wyden, Ron (D-OR)	\$ 53,975	\$ 37,900
TOTAL	\$4,210,017	\$2,153,603

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APPENDIX V
HOUSE WAYS AND MEANS COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

MEMBER	1991-1992	1993-1994
Andrews, Michael (D-TX)	\$ 71,985	\$92,625
Anthony, Beryl Jr. (D-AR)	\$295,912	N/A
Archer , Bill (R-TX)	\$ 00	\$ 00
Brewster , Bill (D-OK)	N/A	\$126,464
Bunning , Jim (R-KY)	\$143,086	\$ 84,150
Camp, Dave (R-MI)	N/A	\$ 48,950
Cardin , Benjamin (D-MD)	\$123,150	\$ 38,100
Chandler, Rod (R-WA)	\$ 51,061	N/A
Coyne, William (D-PA)	\$ 80,257	\$ 58,072
Crane, Philip (R-IL)	\$ 40	\$ 10,862
Donnelly, Brian (D-MA)	\$ 22,500	N/A
Dorgan , Byron (D-ND)	\$ 00	N/A
Downey, Thomas (D-NY)	\$188,000	N/A
Ford, Harold (D-TN)	\$ 51,150	\$ 32,000
Gibbons, Sam (D-FL)	\$132,099	\$118,636
Gradison , Willis (R-OH)	\$ 500	N/A
Grandy , Fred (R-IA)	\$ 95,386	\$ 72,550
Guarini , Frank (D-NJ)	\$ 40,048	N/A
Hancock, Mel (R-MO)	N/A	\$ 38,176
Herger, Wally (R-CA)	N/A	\$ 47,950
Hoagland , Peter (D-NE)	N/A	\$107,835
Houghton, Amo (R-NY)	N/A	\$ 37,500

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APPENDIX V
HOUSE WAYS AND MEANS COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

Jacobs, Andrew Jr. (D-IN)	\$ 00	\$ 00
Jefferson, William (D-LA)	N/A	\$ 48,461
Jenkins, Ed (D-GA)	\$ 4,000	N/A
Johnson, Nancy (R-CT)	\$133,700	\$ 42,300
Kennelly, Barbara (D-CT)	\$146,016	\$101,750
Klecza, Gerald (D-WI)	N/A	\$107,950
Kopetski, Michael (D-OR)	N/A	\$ 47,000
Levin, Sander (D-MI)	\$215,146	\$109,239
Lewis, John (D-GA)	N/A	\$109,862
Matsui, Robert (D-CA)	\$116,590	\$134,813
McCrery, Jim (R-LA)	N/A	\$ 65,777
McDermott, Jim (D-WA)	\$ 72,053	\$ 30,050
McGrath, Raymond (R-NY)	\$ 78,710	N/A
McNulty, Michael (D-NY)	N/A	\$ 36,900
Moody, Jim (D-WI)	\$ 00	N/A
Neal, Richard (D-MA)	N/A	\$ 67,069
Payne, L.F. (D-VA)	N/A	\$117,737
Pease, Don (D-OH)	\$ 00	N/A
Pickle, J.J. (D-TX)	\$ 84,847	\$ 00
Rangel, Charles (D-NY)	\$153,620	\$109,410
Reynolds, Mel (D-IL)	N/A	\$ 86,000
Rostenkowski, Dan (D-IL)	\$344,998	\$218,750
Russo, Marty (D-IL)	\$193,050	N/A
Santorum, Richard (R-PA)	N/A	\$ 60,500

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APPENDIX V
HOUSE WAYS AND MEANS COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

Schulze, Richard (R-PA)	\$ 40,450	N/A
Shaw, E. Clay (R-FL)	\$116,010	\$ 57,675
Stark, Fortney Pete (D-CA)	\$199,301	\$121,900
Sundquist, Don (R-TN)	\$115,141	\$ 39,850
Thomas, Bill (R-CA)	\$ 75,599	\$ 73,100
Vander Jagt, Guy (R-MI)	\$119,869	N/A
TOTAL	\$3,504,274	\$2,699,963

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APPENDIX V
SENATE FINANCE COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

MEMBER	1991-1992	1993-1994
Baucus, Max (D-MT)	\$ 500	\$ 13,821
Bentsen, Lloyd (D-TX)	\$ 00	N/A
Boren, David (D-OK)	\$ 00	\$ 00
Bradley, Bill (D-NJ)	\$ 00	\$ 00
Breaux, John (D-LA)	\$312,900	\$ 00
Chafee, John (R-RI)	\$ 14,000	\$226,871
Conrad, Kent (D-ND)	N/A	\$302,035
Danforth, John (R-MO)	\$ 6,000	\$ 00
Daschle, Thomas (D-SD)	\$428,268	\$ 8,800
Dole, Robert (R-KS)	\$293,384	\$ 21,000
Durenberger, Dave (R-MN)	\$ 50,250	\$ 50,750
Grassley, Charles (R-IA)	\$308,598	\$ 00
Hatch, Orrin (R-UT)	\$ 76,398	\$208,799
Mitchell, George (D-ME)	\$ 3,000	\$ 1,000
Moynihan, Daniel (D-NY)	\$ 28,490	\$306,720
Packwood, Bob (R-OR)	\$583,143	\$ 9,500
Pryor, David (D-AR)	\$ 00	\$ 00
Riegle, Donald Jr. (D-MI)	\$ 32,356	\$ 78,293
Rockefeller, John IV (D-WV)	\$ 6,000	\$ 11,500
Roth Jr., William (R-DE)	\$ 11,210	\$113,152
Symms, Steve (R-ID)	\$ 50,349	N/A
Wallop, Malcolm (R-WY)	N/A	\$ 22,000
TOTAL	\$2,204,846	\$1,374,241

N/A indicates that the member was **not** on the **committee** during that period. Information was **compiled** from Federal Election Commission records. PACs were **selected** from the list of organizations listed in Appendix I. Organizations with **health** care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco groups. It should be noted that most **organizations** attempting to influence **health** care legislation have many different interests under consideration by Congress.

APPENDIX V
SENATE LABOR AND HUMAN RESOURCES COMMITTEE
POLITICAL ACTION COMMITTEE CONTRIBUTIONS BY
ORGANIZATIONS WITH HEALTH CARE INTERESTS, 1991-1994*

MEMBER	1991-1992	1993-1994
Adams, Brock (D-WA)	\$ 99,750	N/A
Bingaman, Jeff (D-NM)	\$ 00	\$114,948
Coats, Dan (R-IN)	\$313,644	\$ 00
Cochran, Thad (R-MS)	\$ 7,000	N/A
Dodd, Christopher (D-CT)	\$385,592	\$ 8,550
Durenberger, Dave (R-MN)	\$ 50,250	\$ 50,750
Gregg, Judd (R-NH)	N/A	\$ 12,250
Harkin, Tom (D-IA)	\$ 91,250	\$ 64,700
Hatch, Orrin (R-UT)	\$ 76,398	\$208,799
Jeffords, James (R-VT)	\$ 00	\$ 95,850
Kassebaum, Nancy (R-KS)	\$ 00	\$ 00
Kennedy, Edward (D-MA)	\$ 1,000	\$ 1,700
Metzenbaum, Howard (D-OH)	\$ 00	\$ 00
Mikulski, Barbara (D-MD)	\$244,861	\$ 15,600
Pell, Claiborne (D-RI)	\$ 00	\$ 00
Simon, Paul (D-IL)	\$ 00	\$ 22,500
Thurmond, Strom (R-SC)	\$ 1,000	\$ 00
Wellstone, Paul (D-MN)	\$ 49,755	\$ 00
Wofford, Harris (D-PA)	N/A	\$ 94,400
TOTAL	\$1,320,500	\$690,047

N/A indicates the member was not on the committee during that period. Information was compiled from Federal Election Commission records. PACs were selected from the list of organizations listed in Appendix I. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies. It should be noted that most organizations attempting to influence health care legislation have many different interests under consideration by Congress.

APPENDIX VI
DONATIONS BY ORGANIZATIONS WITH HEALTH CARE INTERESTS
TO KEY CHAIRMEN/RANKING MINORITY MEMBERS
SHAPING HEALTH CARE LEGISLATION, 1991-1994*

MEMBER	PAC 1991-92	PAC 1993-94	INDIV. 1991-92	INDIV. 1993-94	TOTAL CONTRIBS.
Archer, Bill (R-TX) House Ways & Means	\$ 00	\$ 00	\$ 5,450	\$ 21,600	\$ 27,050
Bentsen , Lloyd (D-TX) Senate Finance	\$ 00	N/A	\$ 55,725	N/A	\$ 55,725
Dingell , John (D-MI) House Energy & Commerce	\$221,850	\$170,460	\$ 54,850	\$ 3,050	\$450,210
Ford, William (D-MI) House Education & Labor	\$186,800	\$100,500	\$ 750	\$ 00	\$288,050
Gibbons, Sam (D-FL) House Ways & Mean	N/A	\$118,636	N/A	\$ 7,500	\$126,136
Goodling , William (R-PA) House Education & Labor	\$ 00	\$ 00	\$ 00	\$ 1,720	\$ 1,720
Hatch, Orrin (R-UT) Senate Labor & Human Resources	\$ 76,398	N/A	\$ 27,250	N/A	\$103,648
Kassebaum , Nancy (R-KS) Senate Labor & Human Resources	N/A	\$ 00	N/A	\$ 00	\$ 00
Kennedy, Edward (D-MA) Senate Labor & Human Resources	\$ 1,000	\$ 1,700	\$ 83,725	\$266,670	\$353,095
Lent, Norman (R-NY) House Energy & Commerce	\$ 79,419	N/A	\$ 00	N/A	\$ 79,419
Moorhead , Carlos (R-CA) House Energy & Commerce	N/A	\$ 36,850	N/A	\$ 5,425	\$ 42,275
Moynihan, Daniel (D-NY) Senate Finance	N/A	\$ 28,490	N/A	\$ 97,035	\$125,525
Packwood , Bob (R-OR) Senate Finance	\$583,143	\$ 9,500	\$100,150	\$ 4,500	\$697,293
Rostenkowski , Dan (D-IL) House Ways and Means	\$344,998	\$218,750	\$ 21,550	\$ 25,800	\$611,098

N/A indicates that the member was not on the committee during that period or they were on the committee but were not the ranking member or the chair during that period. Information was compiled from Federal Election Commission records. PACs were selected from the organizations listed in Appendix I and individual contributions were selected on the basis of health care-related interests. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies. It should be noted that most organizations attempting to influence health care legislation have many different interests under consideration by Congress.

APPENDIX VII
DONATIONS BY ORGANIZATIONS
WITH HEALTH CARE INTERESTS TO KEY MEMBERS
SPONSORING HEALTH CARE REFORM LEGISLATION,
1991-1994*

MEMBER/BILL	PAC 1991-92	PAC 1993-94	INDIV. 1991-92	INDIV. 1993-94	TOTAL CONTRIBS.
Chafee, John (R-RI) S.1770	\$ 14,000	\$211,871	\$ 4,450	\$ 36,654	\$266,975
Conyers, John (D-MI) H.R.1200	\$ 69,575	\$ 55,820	\$ 2,825	\$ 4,400	\$132,620
Cooper, Jim (D-TN)** H.R.3222	\$ 1,000	\$ 00	\$ 9,428	\$461,800	\$472,228
McDermott, Jim (D-WA) H.R.1200	\$ 72,053	\$ 30,050	\$ 1,250	\$ 2,081	\$105,434
Michel, Bob (R-IL) H.R.3080	\$102,823	\$ 6,150	\$ 33,250	\$ 300	\$142,523
Paul Wellstone (D-MN) S.491	\$49,775	\$13,000	\$ 700	\$ 00	\$ 63,475

**Information was compiled from Federal Election Commission records. PACs were selected from the organizations listed in Appendix I and individual contributions were selected on the basis of health care-related interests. Organizations with health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns such as unions or tobacco companies. It should be noted that most organizations attempting to influence health care legislation have many different interests under consideration by Congress. **Individual contributions to Rep. Cooper also include contributions to his Senate campaign committee: "Friends of Jim Cooper Committee."*

APPENDIX VIII

MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
HOUSE OF REPRESENTATIVES			
ABERCROMBIE, NEIL	D-HI	AFL-CIO (MARITIME TRADES DEPARTMENT)	CA (SAN FRANCISCO)
ALLARD, WAYNE	R-CO	AMER. MEDICAL ASSN.	FL (MIAMI)
BACHUS, SPENCER III	R-AL	NAT'L. RESTAURANT ASSN.	IL (CHICAGO)
BAESLER, SCOTTY	D-KY	TOBACCO GROWERS INFORMATION COMMITTEE AND PHILIP MORRIS	NC (CHARLOTTE)
BARRETT, BILL	R-NE	AMER. MEDICAL ASSN.	FL (WEST PALM BEACH)
BATEMAN, HERBERT	R-VA	TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
BERMAN, HOWARD	D-CA	AMER. PSYCHIATRIC ASSN.	CA (PALM DESERT)
BILBRAY, JAMES	D-NV	AMER. MEDICAL ASSN.	CA (SAN FRANCISCO)
		U.S. TOBACCO	FL (BOCA RATON)
		U.S. TOBACCO	FL (BOCA RATON)
BLILEY, THOMAS JR	R-VA	PHILIP MORRIS	NY (NYC)
		SMOKELESS TOBACCO COUNCIL	VA (WILLIAMSBURG)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		U.S. TOBACCO	FL (BOCA RATON)
		U.S. TOBACCO	FL (BOCA RATON)
BOEHLERT, SHERWOOD	R-NY	U.S. TOBACCO	FL (PALM BEACH)
BOEHNER, JOHN	R-OH	BROWN AND WILLIAMSON CO.	KY (LOUISVILLE)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
BONIOR, DAVID	D-MI	AFL-CIO (CHICAGO FEDERATION OF LABOR & INDUSTRIAL UNION COUNCIL)	IL (CHICAGO)
		ASSN. OF TRIAL LAWYERS	FL (FT. LAUDERDALE)
BOUCHER, RICK	D-VA	LEAF TOBACCO EXPORTERS ASSN.	WV (WHITE SULPHUR SPRINGS)
		TOBACCO INSTITUTE	CA (INDIAN WELLS)
		TOBACCO INSTITUTE	CA (INDIAN WELLS)
BREWSTER, BILL	D-OK	ALCO HEALTH SERVICE CORP.	FL (PALM BEACH); FL (TAMPA)
		AMER. MEDICAL ASSN.	FL (PALM BEACH)
		AMER. MEDICAL ASSN.	FL (SARASOTA)
		NAT'L. WHOLESALE DRUGGISTS ASSN.	CA (PALM SPRINGS)
		NAT'L. WHOLESALE DRUGGISTS ASSN.	CA (SAN DIEGO)
		NAT'L. WHOLESALE DRUGGISTS ASSN.	VA (CHANTILLY)

*This information was gathered from 1992 and 1993 financial disclosure forms. **Organizations with** health care-related interests include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities with health care concerns that are actively lobbying for health care reform, such as unions or tobacco companies. Also included are entities involved **with** health care reform as listed on financial disclosure records. Duplicate citations of **organizations** listed with one member of Congress indicates that the member took more than one trip sponsored by **that interest**.*

APPENDIX VIII MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
		PFIZER, INC.	PR (SAN JUAN)
		PHARMACEUTICAL	CA (LOS ANGELES)
		MANUFACTURERS ASSN.	
		PHARMACEUTICAL	FL (ORLANDO)
		MANUFACTURERS ASSN.	
		PHILIP MORRIS	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TRUE QUALITY PHARMACIES	TX (FT. WORTH)
BUNNING, JIM	R-KY	NAT'L. ASSN. OF	ONT (TORONTO)
		INDEPENDENT INSURERS	
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
CALLAHAN, SONNY	R-AL	MASSACHUSETTS MUTUAL LIFE	MN (MINNEAPOLIS)
		INSURANCE CO.	
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
CARR, BOB	D-M1	TOBACCO INSTITUTE	CA (PALM SPRINGS)
		U.S. TOBACCO	FL (WEST PALM
			BEACH)
CHAPMAN, JIM	D-TX	MEDICAL ASSN. OF GEORGIA	GA (BRUNSWICK)
		PHILIP MORRIS	FL (PALM BEACH)
		PHILIP MORRIS	FL (WEST PALM
			BEACH)
		PHILIP MORRIS	NY (NYC)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		U.S. TOBACCO	FL (BOCA RATON)
CLAY, WILLIAM	D-MO	CNA HEALTH SEMINAR	CA (SAN DIEGO)
CLEMENT, BOB	D-TN	TOBACCO INSTITUTE	CA (PALM SPRINGS)
		U.S. TOBACCO	FL (BOCA RATON)
CLYBURN, JAMES	D-SC	SC TOBACCO INDUSTRY	SC (HILTON HEAD)
COBLE, HOWARD	R-NC	PHILIP MORRIS	NC (CHARLOTTE)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		U.S. TOBACCO	FL (BOCA RATON)
		U.S. TOBACCO	FL (BOCA RATON)
COLLINS, BARBARA-ROSE	D-MI	AMER. MEDICAL ASSN.	FL (PALM BEACH)
		INT'L. COALITION OF WOMEN	JAMAICA (MONTEGO
		PHYSICIANS	BAY)
CONYERS, JOHN JR	D-MI	AFL-CIO	GA (ATLANTA)
		ASSN. OF BLACK	TX (SAN ANTONIO)
		CARDIOLOGISTS INC.	
		CHAMPAIGN COUNTY HEALTH	IL (CHICAGO)
		CARE CONSUMERS	
		MEHARRY MEDICAL COLLEGE	GA (ATLANTA)

*This **information** was gathered from 1992 and 1993 **financial** disclosure forms. Organizations with **health** care-related **interests** include obvious groups such as health care professional organizations or pharmaceutical companies, but also entities **with health** care concerns that are actively lobbying for health care reform, such as unions or tobacco companies. Also included are entities involved with **health** care reform as listed on **financial** disclosure records. Duplicate **citations** of organizations listed with one member of Congress indicates that the member took more than one trip sponsored by **that** interest.*

APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
COOPER, JIM	D-TN	MEHARRY MEDICAL COLLEGE NON-PRESCRIPTION DRUG MANUFACTURING	GA (ATLANTA) FL (NAPLES)
COPPERSMITH, SAM	D-AZ	PLANNED PARENTHOOD FEDERATION OF AMERICA, NORTH ATLANTIC REGION	PA (HARRISBURG)
CRANE, PHILIP	R-IL	AMER. MEDICAL ASSN. PRIVATE MEDICAL CARE FOUNDATION	FL (MIAMI) TX (DALLAS)
DELAY, TOM	R-TX	TOBACCO INSTITUTE TOBACCO INSTITUTE U.S. TOBACCO	CA (PALM SPRINGS) CA (PALM SPRINGS) FL (PALM BEACH)
DERRICK, BUTLER	D-SC	AMER. MEDICAL ASSN.	CA (SAN FRANCISCO)
DICKS, NORMAN	D-WA	PHILIP MORRIS U.S. TOBACCO	NY (NYC) FL (FT LAUDERDALE)
DINCELL, JOHN	D-MI	BRISTOL-MYERS SQUIBB CO. MASSACHUSETTS MEDICAL SOCIETY	NY (NYC) MA (BOSTON)
DOOLEY, CALVIN	D-CA	PHILIP MORRIS AMER. MEDICAL ASSN.	FL (WEST PALM) FL (PALM BEACH)
DORNAN, ROBERT	R-CA	LIFEPAX	KS (WITCHITA)
DUNCAN, JOHN JR	R-TN	AMER. MEDICAL ASSN.	FL (SARASOTA)
ESHOO, ANNA GEORGES	D-CA	WOMEN'S LEGAL DEFENSE FUND	GA (BRUNSWICK)
FAZIO, VIC	D-CA	AFL-CIO	CA (PALM SPRINGS)
FIELDS, JACK	R-TX	TOBACCO INSTITUTE	CA (PALM SPRINGS)
FOLEY, THOMAS	D-WA	AFL-CIO AFL-CIO AFL-CIO	FL (MIAMI) FL (MIAMI) FL (MIAMI)
FORD, WILLIAM	D-MI	AFL-CIO AFL-CIO	FL (MIAMI) FL (MIAMI)
FURSE, ELIZABETH	D-OR	AFL-CIO (MARITIME TRADES DEPARTMENT)	CA (SAN FRANCISCO)
GEPHARDT, RICHARD	D-MO	AFL-CIO AFL-CIO AFL-CIO	FL (MIAMI) FL (MIAMI) FL (MIAMI)
GILLMOR, PAUL	R-OH	GLAXO INC. AMER. MEDICAL ASSN. TOBACCO INSTITUTE	FL (ORLANDO) FL (PALM BEACH) CA (LAQUINTA)
GINGRICH, NEWT	R-GA	HEALTH SOUTH MEDICAL	AL (BIRMINGHAM)
GORDON, BART	D-TN	PHILIP MORRIS	NY (NYC)
GRAMS, ROD	IR-MN	NAT'L. RESTAURANT ASSN.	IL (CHICAGO)
GRANDY, FRED	R-IA	ASSN. OF HEALTH INSURERS GRINNELL HOSPITAL INDEPENDENT INSURANCE	GA (ATLANTA) IA (GRINNELL) IA (DES MOINES)

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
		AGENTS	
		IOWA ASSN. OF	IA (CEDAR RAPIDS)
		ANESTHESIOLOGISTS	
		IOWA MEDICAL SOCIETY	IA (DES MOINES)
		MERCY HOSPITAL	IA (IOWA CITY)
		NAT'L. COUNCIL OF	CA (ORANGE COUNTY)
		COMMUNITY HOSPITALS	
		PHARMACEUTICAL	CA (SAN JOSE)
		MANUFACTURERS ASSN.	
GUNDERSON, STEVE	R-WI	AMER. MEDICAL ASSN.	FL (NAPLES)
		WISCONSIN HOSPITAL ASSN.	WI (WISCONSIN DELLS)
HASTERT, J. DENNIS	R-IL	AMER. MEDICAL ASSN.	CA (SAN FRANCISCO)
		AMER. MEDICAL ASSN.	PA (PHILADELPHIA)
HAYES, JAMES	D-LA	TOBACCO INSTITUTE	CA (LAQUINTA)
HOBSON, DAVID	R-OH	AMER. MEDICAL ASSN.	FL (SARASOTA)
		NC ASSN. OF MEDICAL	NC (DURHAM)
		EQUIPMENT SUPPLIERS	
JOHNSON, NANCY	R-CT	AMER. MEDICAL ASSN.	FL (NAPLES)
KENNELLY, BARBARA	D-CT	WOMEN'S LEGAL DEFENSE	GA (ST. SIMONS ISLAND)
		FUND	
KLUG, SCOTT	R-WI	AMER. MEDICAL ASSN.	CA (PALM BEACH)
KREIDLER, MIKE	D-WA	AMER. ACADEMY OF	MA (BOSTON)
		OPTOMETRY	
		AMER. OPTOMETRIC ASSN.	CA (ANAHEIM)
LAFALCE, JOHN	D-NY	NAT'L. RESTAURANT ASSN.	IL (CHICAGO)
LANCASTER, H. MARTIN	D-NC	PHILIP MORRIS	WASH. D.C.
		R.I. REYNOLDS TOBACCO CO.	NC (WINSTON SALEM)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
LAROCCO, LARRY	D-ID	AMER. MEDICAL ASSN.	FL (PALM BEACH)
LEWIS, JERRY	R-CA	TOBACCO INSTITUTE	CA (LAQUINTA)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
LIGHTFOOT, JIM ROSS	R-IA	AMER. MEDICAL ASSN.	FL (MIAMI)
		AMER. MEDICAL ASSN.	FL (PALM BEACH)
		AMER. SOCIETY OF	IL (CHICAGO)
		DERMATOLOGISTS	
		NEVADAPHYSICIANS' CAUCUS	NV (LAS VEGAS)
LOWEY, NITA	D-NY	WOMEN'S LEGAL DEFENSE FUND	GA (BRUNSWICK)
MANTON, THOMAS	D-NY	TOBACCO INSTITUTE	CA (PALM SPRINGS)
MCCRERY, JIM	R-LA	CORNING CO. PUBLIC POLICY	GA (AUGUSTA)
		CONFERENCE	
MCCURDY, DAVE	D-OK	AMER. MEDICAL ASSN.	FL (SARASOTA)
MCDERMOTT, JIM	D-WA	AFSCME WA STATE FEDERATION	WA (WENATCHEE)

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
		AMER. ASSN. OF PHYSICIANS FROM INDIA	MI (DETROIT)
		AMER. COLLEGE OF SURGEONS , NORTHERN CALIFORNIA CHAPTER INC.	CA (SAN FRANCISCO)
		AMER. MEDICAL ASSN.	IL (CHICAGO)
		AMER. MEDICAL ASSN.	TX (DALLAS)
		CITIZEN ACTION	IL (CHICAGO)
		HEALTH AND MEDICINE	IL (CHICAGO)
		POLICY RESEARCH GROUP	
		INTERRELIGIOUS HEALTH	IL (CHICAGO)
		CARE ACCESS CAMPAIGN	
		JOHNS HOPKINS UNIVERSITY	NY (NYC)
		SCHOOL OF HYGIENE AND PUBLIC HEALTH	
		OREGON HEALTH SCIENCES UNIVERSITY	OR (PORTLAND)
		PALO ALTO MEDICAL FOUNDATION	CA (SAN FRANCISCO)
MCMILLAN, ALEX	R-NC	BLUE CROSS/BLUE SHIELD OF NORTH CAROLINA	WV (WHITE SULPHUR SPRINGS)
		NC SOCIETY OF INTERNAL MEDICINE	NC (WILMINGTON)
MICHEL, ROBERT	R-IL	TOBACCO INSTITUTE	CA (PALM SPRINGS)
MINETA, NORMAN	D-CA	AFL-CIO	CA (SAN DIEGO)
MOORHEAD, CARLOS	R-CA	AMER. MEDICAL ASSN. SYNTEX USA INC.	FL (FT. LAUDERDALE) CA (MONTEREY)
MURPHY, AUSTIN	D-PA	AMER. MEDICAL ASSN. TOBACCO INSTITUTE	FL (PALM BEACH) CA (LA QUINTA)
		TOBACCO INSTITUTE	CA (LA QUINTA)
OBEY, DAVID	D-WI	AFL-CIO (STATE OF WISCONSIN)	WI (LACROSSE)
OXLEY, MICHAEL	R-OH	U.S. TOBACCO	FL (BOCA RATON)
PACKARD, RON	R-CA	AMER. DENTAL ASSN. BAYLOR COLLEGE OF DENTISTRY	IL (CHICAGO) TX (DALLAS)
PARKER, MIKE	D-MS	AMER. MEDICAL ASSN. NAT'L. FEDERATION OF INDEPENDENT BUSINESS	FL (PALM BEACH) CO (COLORADO SPRINGS)
PASTOR, EDWARD	D-AZ	JOSEPH E. SEAGRAM & SONS INC.	KY (LOUISVILLE)
PAYNE, DONALD	D-NJ	AMER. MEDICAL ASSN.	FL (SARASOTA)
PAYNE, L.F.	D-VA	DANVILLE TOBACCO INSTITUTE	VA (DANVILLE)
PETERSON, COLLIN	DFL-MN	AMER. MEDICAL ASSN.	FL (MIAMI)

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
POMEROY, EARL	D-ND	NAT'L. ASSN. OF INDEPENDENT INSURERS	ONT (TORONTO)
PORTER, JOHN	R-IL	AMER. MEDICAL ASSN. AMER. MEDICAL ASSN. HEALTHCARE FINANCIAL MANAGEMENT ASSN.	FL (LONG BOAT KEY) TX (DALLAS) NC (PINEHURST)
RAHALL, NICK II	D-WV	TDS HEALTHCARE SYSTEMS CORP. UNITED INSURANCE CO. OF AMERICA TOBACCO INSTITUTE U.S. TOBACCO	CA (PALM SPRINGS) AZ (SCOTTSDALE) CA (PALM SPRINGS) FL (PALM BEACH)
ROSE, CHARLIE	D-NC	TOBACCO INSTITUTE	CA (PALM SPRINGS)
ROSTENKOWSKI, DAN	D-IL	CHICAGO MEDICAL SOCIETY MIDWEST BUSINESS GROUP ON HEALTH PHARMACEUTICAL CEOS/ABBOTT LABS/PFIZER INC.	IL (CHICAGO) IL (CHICAGO) NY
ROWLAND, J. ROY	D-GA	AMER. MEDICAL ASSN. AMER. MEDICAL ASSN. FLORIDA MEDICAL ASSN. FLORIDA OSTEOPATHIC MEDICAL ASSN.	FL (PALM BEACH) IL (CHICAGO) FL (PONTE VEDRA) FL (MIAMI BEACH)
SABO, MARTIN OLAV	DFL-MN	MEDICAL COLLEGE OF GEORGIA	GA (AUGUSTA)
SANDERS, BERNARD	I- VT	MEDICAL SOCIETY OF NEW JERSEY TOBACCO INSTITUTE AMER. MEDICAL ASSN. AFL-CIO AMER. ASSN. OF CENTRAL CANCER REGISTRIES SOCIETY FOR GENERAL INTERNAL MEDICINE	NJ (ATLANTIC CITY) CA (PALM SPRINGS) FL (WEST PALM BEACH) FL (MIAMI) FL (MIAMI) MA (BOSTON)
SANGMEISTER, GEORGE	D-IL	AMER. MEDICAL ASSN. FLORIDA HEALTH CARE INFO. COUNCIL	FL (WEST PALM BEACH) FL (TALLAHASSEE)
SANTORUM, RICHARD	R-PA	NAT'L. ASSN. OF INDEPENDENT INSURERS	ONT (TORONTO)
SARPALIUS, BILL	D-TX	TOBACCO INSTITUTE	CA (PALM SPRINGS); (SAN FRANCISCO)
SCHAEFER, DANIEL	R-CO	AMER. CYANAMID CO. PHILIP MORRIS TOBACCO INSTITUTE TOBACCO INSTITUTE	DE (SMYRA) FL (WEST PALM BEACH) CA (PALM SPRINGS) CA (PALM SPRINGS)
SCHROEDER, PATRICIA	D-CO	AFSCME (NY)	NY (NYC)

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
SCHROEDER, PATRICIA	D-CO	AMER. ASSN. OF CRITICAL CARE NURSES	CA (LOS ANGELES)
		AMER. NURSES ASSN.; AMER. JOURNAL OF NURSING	GA (ATLANTA)
		ARIZONA NURSES ASSN.	AZ (PHOENIX)
		CALIFORNIA NURSES ASSN. OF SAN FRANCISCO CALIFORNIA	CA (SAN FRANCISCO)
		MASSACHUSETTS BREAST CANCER COALITION	MA (BOSTON)
		MASSACHUSETTS GENERAL HOSPITAL	MA (BOSTON)
		MEDICAL HOME PROJECT	HI (OAHU)
		NAT'L. ORGANIZATION FOR WOMEN	FL (TAMPA)
		PARKE-DAVIS PHARMACEUTICAL RESEARCH DIVISION (ANN ARBOR, MI)	MI (DETROIT)
		PLANNED PARENTHOOD OF HAWAII (HONOLULU)	HI (HONOLULU)
		TOKOS MEDICAL CORP. IN SAN DIEGO; UNIV. OF CALIF. (SAN DIEGO)	CA (SAN DIEGO)
		WASHINGTON UNIV. OF ST. LOUIS MEDICAL SCHOOL (MO)	MO (ST. LOUIS)
		WAYNE STATE UNIV. SCHOOL OF MEDICINE; HUTZEL HOSP.; DETROIT MEDICAL CENTER	MI (DETROIT)
		U.S. TOBACCO	FL (PALM BEACH)
		KANSAS CHIROPRACTIC ASSN.	KS (KANSAS CITY)
SHAW, E. CLAY	R-FL	AMER. ASSN. OF WOMEN	NY (NYC)
SLATTERY, JIM	D-KS	PODIATRISTS	
SLAUGHTER, LOUISE	D-NY	SELF HELP FOR WOMEN WITH BREAST CANCER (SHARE)	NY (NYC)
SMITH, ROBERT	R-OR	AMER. CYANAMID CO.	GA (ALBANY)
		AMER. MEDICAL ASSN.	FL (MIAMI)
		AMER. MEDICAL ASSN.	FL (PALM BEACH)
		RHONE-POULENC RORER INC.	FRANCE (PARIS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
SOLOMON, GERALD	R-NY	U.S. TOBACCO	FL (PALM BEACH)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		AMER. COLLEGE OF GASTROENTEROLOGY	NY (NYC)
STARK, PETE	D-CA		

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P -ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
STENHOLM, CHARLES	D-TX	AMER. HERITAGE LIFE INSURANCE	FL (JACKSON)
		AMER. MEDICAL ASSN.	IL (CHICAGO)
		AMER. PHYSICAL THERAPY ASSN.	CA (SAN FRANCISCO)
		AMER. CYANAMID CO.	NV (LAS VEGAS)
		AMER. MEDICAL ASSN.	FL (SARASOTA)
		JOHNSON & HIGGINS MANAGED CARE CONFERENCE	TX (DALLAS)
		NAT'L. ASSN. OF CHAIN DRUG STORES	FL (WEST PALM BEACH)
		NAT'L. COUNCIL OF COMMUNITY HOSPITALS	AZ (TUCSON); IN (INDIANAPOLIS)
		NAT'L. FEDERATION OF INDEPENDENT BUSINESS PHARMACEUTICAL	CO (COLORADO SPRINGS)
		MANUFACTURERS ASSN.	CA (PEBBLE BEACH)
		PHARMACEUTICAL	FL (MIAMI)
		MANUFACTURERS ASSN.	
		TEXAS HOSPITAL ASSN.	TX (DALLAS)
		TEXAS MEDICAL ASSN.	TX (AUSTIN)
		TEXAS MEDICAL ASSN.	TX (AUSTIN)
		TEXAS PHARMACEUTICAL ASSN.	TX (LUBBOCK)
		TEXAS SOCIETY OF BIOMEDICAL RESEARCH; TEXAS MEDICAL ASSN.	TX (HOUSTON)
		U.S. TOBACCO	FL (BOCA RATON)
STOKES, LOUIS	D-OH	NAT'L. ASSN. OF HEALTH SERVICE EXECUTIVES	IL (CHICAGO)
STRICKLAND, TED	D-OH	NAT'L. DENTAL ASSN.	FL (BOCA RATON)
		NAT'L. MEDICAL ASSN.	OH (COLUMBUS)
STUDDS, GERRY	D-MA	AFSCME	OH (COLUMBUS)
		ASSN. OF INT'L. PHYSICIANS	LA (NEW ORLEANS)
STUPAK, BART	D-MI	AFL-CIO (MARITIME TRADES DEPARTMENT)	FL (MIAMI)
SWIFT, AL	D-WA	NAT'L. COUNCIL OF SENIOR CITIZENS	IN (INDIANAPOLIS)
TAUZIN, BILLY	D-LA	PHILIP MORRIS	FL (WEST PALM BEACH)
THOMAS, BILL	R-CA	U.S. TOBACCO	FL (BOCA RATON); (ORLANDO)
		AMER. MEDICAL ASSN.	CA (SAN FRANCISCO)
		AMER. MEDICAL ASSN.	PA (PHILADELPHIA)

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APPENDIX VIII

MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
		NAT'L. ASSN. OF CHAIN DRUG STORES	CA (SAN DIEGO)
		PRESBYTERIAN HEALTHCARE SYSTEM	TX (DALLAS)
THOMAS, CRAIG	R-WY	AMER. MEDICAL ASSN.	FL (WEST PALM BEACH)
TORRICELLI, ROBERT	D-NJ	BERMUDA INSURANCE INSTITUTE	BERMUDA
TOWNS, EDOLPHUS	D-NY	COOK COUNTY HOSPITAL; ILLINOIS NAT'L. ASSN. OF SOCIAL WORKERS	IL (CHICAGO)
		NAT'L. ASSN. HEALTH SERVICE EXECUTIVES	LA (NEW ORLEANS)
UPTON, FRED	R-MI	TOBACCO INSTITUTE	CA (LA QUINTA)
VALENTINE, TIM	D-NC	UPJOHN CO.	MI (KALAMAZU)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
VOLKMER, HAROLD	D-MO	TOBACCO INSTITUTE	CA (PALM SPRINGS)
VUCANOVICH, BARBARA	R-NV	NAT'L. RESTAURANT ASSN.	CA (MONTEREY)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
WALKER, ROBERT	R-PA	AMER. MEDICAL ASSN.	FL (FT. MYERS)
WASHINGTON, CRAIG	D-TX	AFL-CIO (TRANSPORTATION TRADES DEPARTMENT)	CA (SAN FRANCISCO)
WAXMAN, HENRY	D-CA	CALIFORNIA NEUROLOGICAL SURGEONS	CA (LAGUNA NIGUEL)
		LOS ANGELES RADIOLOGISTS	CA (LOS ANGELES)
		NAT'L. HEALTH LAWYERS ASSN.	CA (LOS ANGELES)
WILLIAMS, PAT	D-MT	AMER. MEDICAL ASSN.	FL (SARASOTA)
		AMER. MEDICAL ASSN.	FL (WEST PALM BEACH)
		PHILIP MORRIS	FL (PALM BEACH)
		TOBACCO INSTITUTE	CA (PALM SPRINGS)
WISE, BOB	D-WV	WEST VIRGINIA INSURANCE SCHOOLS	WV (MARTINSBURG)
WYDEN, RON	D-OR	DANA FARBER CANCER INSTITUTE	MA (BOSTON)
YOUNG, DON	R-AK	AMER. MEDICAL ASSN.	FL (SARASOTA)
ZELIFF, BILL	R-NH	AMER. MEDICAL ASSN.	FL (NAPLES)

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
SENATE			
BENNETT, ROBERT	R-UT	AMER. MEDICAL ASSN. NDMA (NON-PRESCRIPTIVE DRUG MANUFACTURERS' ASSN.)	CA (SAN FRANCISCO) FL (NAPLES)
BOXER, BARBARA	D-CA	AFSCME	MA (BOSTON)
BRADLEY, BILL	D-NJ	MOUNT SINAI MEDICAL CENTER	NY (NYC)
BREAUX, JOHN	D-LA	NAT'L. RESTAURANT ASSN. PHILIP MORRIS TOBACCO INSTITUTE U.S. TOBACCO U.S. TOBACCO	CA (MONTEREY) NY (NYC) CA (PALM SPRINGS) FL (BOCA RATON) FL (BOCA RATON)
BRYAN, RICHARD	D-NV	ASSN. OF PAKISTANI PHYSICIANS OF N.A.	NY (NYC)
BURNS, CONRAD	R-MT	MAYO CLINIC NAT'L. FEDERATION OF INDEPENDENT BUSINESS TOBACCO INSTITUTE TOBACCO INSTITUTE	MN (ROCHESTER) CO (COLORADO SPRINGS) CA (PALM SPRINGS) CA (PALM SPRINGS)
CHAFEE, JOHN	R-RI	AMER. MEDICAL ASSN. GENENTECH	CA (SAN FRANCISCO) CA (LAGUNA NIGUEL)
COATS, DAN	R-IN	U.S. TOBACCO	FL (BOCA RATON)
COCHRAN, THAD	R-MS	U.S. TOBACCO	FL (BOCA RATON)
CONRAD, KENT	D-ND	PHILIP MORRIS	FL (WEST PALM BEACH)
CRAIG, LARRY	R-ID	TOBACCO INSTITUTE	CA (PALM SPRINGS)
D'AMATO, ALFONSE	R-NY	AFL-CIO BUILDING AND CONSTRUCTION TRADES DEPARTMENT	CA (PALM SPRING)
DASCHLE, THOMAS	D-SD	SOUTHWESTERN MEDICAL CENTER	TX (DALLAS)
DOLE, ROBERT	R-KS	GOLDEN RULE INSURANCE CO. PHARMACEUTICAL MANUFACTURERS ASSN.	IN (INDIANAPOLIS) FL (WEST PALM BEACH); (FT. LAUDERDALE)
DORGAN, BYRON	D-ND	PHILIP MORRIS MANAGEMENT CO. PACIFIC MUTUAL LIFE INSURANCE CO. PACIFIC MUTUAL LIFE INSURANCE CO. PAC U.S. TOBACCO	FL (FT. LAUDERDALE) CA (LOS ANGELES) CA (LOS ANGELES) FL (WEST PALM BEACH)

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APPENDIX VIII MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
		U.S. TOBACCO	FL (WEST PALM BEACH)
DURENBERGER, DAVE	IR-MN	AMER. COLLEGE OF GASTROENTEROLOGY	NY (NYC)
		CSC HEALTH CARE SYSTEMS	CA (MONTEREY)
		DARTMOUTH MEDICAL SCHOOL	WY (JACKSON HOLE)
		ELI LILLY & CO.	FL (WEST PALM BEACH)
		ELI LILLY & CO.	IN (INDIANAPOLIS)
		FEDERATION OF AMER. HEALTH SYSTEMS	CA (SAN FRANCISCO)
		HARVARD SCHOOL OF PUBLIC HEALTH (DEPT. OF HEALTH POL & MNGMNT)	MA (BOSTON)
		MEDTRONIC INC.	CA (ORANGE COUNTY)
		MEDTRONIC INC.	GA (ATLANTA)
		MIDWEST BUSINESS GROUP ON HEALTH	IL(CHICAGO)
		NAT'L. ASSN. OF PRIVATE PSYCHIATRIC HOSPITALS	FL (FT. LAUDERDALE)
		NAT'L. BUSINESS COALITION FORUM ON HEALTH	WA (TAKOMA)
		PALO ALTO MEDICAL FOUNDATION	CA (SAN FRANCISCO)
		WESTERN OHIO HEALTH CARE CORP.	OH (DAYTON)
GORTON, SLADE	R-WA	AMER. INSURANCE ASSN.	WV (GREENBRIER)
		WASHINGTON STATE MEDICAL ASSN.	OR (PORTLAND)
GRAMM, PHIL	R-TX	NAT'L. FEDERATION OF INDEPENDENT BUSINESS	CO (COLORADO SPRINGS)
HATCH, ORRIN	R-UT	GLAXO INC.	NC (RALEIGH-DURHAM)
HELMS, JESSE	R-NC	U.S. TOBACCO	FL (PALM BEACH)
HOLLINGS, ERNEST	D-SC	PHILIP MORRIS	FL (WEST PALM BEACH)
JEFFORDS, JAMES	R-VT	AMER. MEDICAL ASSN. PFIZER, INC.	FL (FORT MYERS)
JOHNSTON, J. BENNETT	D-LA	AMER. CYANAMID CO.	CT (GROTON)
		SHREVEPORT BIO-MED RESEARCH CENTER	PUERTO RICO
			LA (SHREVEPORT)

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APPENDIX VIII **MEMBERS OF CONGRESS WHO PARTICIPATED IN TRIPS** **SPONSORED BY ORGANIZATIONS WITH HEALTH CARE INTERESTS**

<u>CONG NAME</u>	<u>P-ST</u>	<u>GROUP SPONSOR</u>	<u>TO</u>
LUGAR, RICHARD	R-IN	U.S. TOBACCO NAT'L. FEDERATION OF INDEPENDENT BUSINESS	FL (BOCA RATON) TN (NASHVILLE); IN INDIANAPOLIS)
MACK, CONNIE	R-FL	AMER. CANCER SOCIETY FOUNDATION AMER. CANCER SOCIETY FOUNDATION SUSAN B. KOMEN BREAST CANCER FOUNDATION	MA (BOSTON) MA (BOSTON) TX (DALLAS)
MCCAIN, JOHN	R-AZ	AMER. MEDICAL ASSN.	IL (CHICAGO)
MCCONNELL, MITCH	R-KY	PHILIP MORRIS ASIA INC.	CHINA (SINGAPORE)
MCKEON, BUCK	R-CA	NAT'L. COUNCIL OF COMMUNITY HOSPITALS, WASHINGTON, D.C.	CA (LAGUNA NIGUEL)
MITCHELL, GEORGE	D-ME	AFL-CIO DANA FARBER CANCER INSTITUTE	FL (MIAMI) ME (PORTLAND)
MOYNIHAN, DANIEL	D-NY	U.S. TOBACCO	FL (FT. LAUDERDALE)
MURKOWSKI, FRANK	R-AK	AFL-CIO AMER. MEDICAL ASSN. AMER. MEDICAL ASSN.	FL (MIAMI) FL (FT. MYERS) FL (WEST PALM BEACH)
NICKLES, DON	R-OK	U.S. TOBACCO	FL (BOCA RATON)
PRESSLER, LARRY	R-SD	AMER. FAMILY LIFE ASSURANCE CO. AMER. MEDICAL ASSN. U.S. TOBACCO	GA (ATLANTA) FL (NAPLES) FL (BOCA RATON)
PRYOR, DAVID	D-AR	NAT'L. ASSN. OF CHAIN DRUG STORES	FL (WEST PALM BEACH)
ROCKEFELLER, JOHN IV	D-WV	AMER. MEDICAL ASSN.; NAT'L ASSN. OF MANUFACTURERS HARVARD SCHOOL OF PUBLIC HEALTH	FL (FT. MYERS); GA (ATLANTA) MA (BOSTON)
SIMON, PAUL	D-IL	NAT'L. HEALTH POLICY COUNCIL AMER. COLLEGE OF INT'L. PHYSICIANS	FL (MIAMI) LA (NEW ORLEANS)
WELLSTONE, PAUL	DFL-MN	AFL-CIO (INDUSTRIAL UNION DEPT.) AMER. MEDICAL ASSN. CITIZEN ACTION HEALTH CARE FOR ALL	FL (MIAMI) IL (CHICAGO) NY (NYC) MA (BOSTON)

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APPENDIX IX

MEMBERS OF CONGRESS INVESTING IN HEALTH CARE COMPANIES AND ORGANIZATIONS*

NAME		ASSET
HOUSE OF REPRESENTATIVES		
ACKERMAN, GARY	D-NY	BIO. REF. LABS UNITS DIAGNOSTEK INC. FOUNDATION HEALTH CORP. ICN PHARMACEUTICALS NAT'L. MEDICAL ENTERPRISES SPI PHARMACEUTICALS TRAVELERS INC./PRIMERICA
APPLEGATE, DOUGLAS	D-OH	MERCK & CO. (IRA) PHILIP MORRIS
ARCHER, BILL	R-TX	U.S. LIFE
BAKER, BILL	R-CA	AL LABS INC. GRASS VY, CA HOSPITAL REV. RFDG. KV PHARMACEUTICALS MEDIQ MERCK & CO. MYLAN LABS SCHERING-PLOUGH
BALLENGER, CASS	R-NC	ANHEUSER-BUSCH BRISTOL-MYERS SQUIBB CO. CATAWBA COUNTY HOSPITAL BONDS MERCK & CO. NATIONAL HEALTH LABS NC MED. CARE COMM. BONDS PROCTER & GAMBLE SCHERING-PLOUGH WISCONSIN HEALTH BONDS WISCONSIN ST. HEALTH BOND
BEILENSON, ANTHONY	D-CA	DIAGNOSTIC PRODUCTS CORP. GLAXO INC. MYLAN LABS SYNTEX CORP.
BLILEY, THOMAS JR	R-VA	AMER. HOME PRODUCTS CIGNACORP.
BLUTE, PETER	R-MA	GREENARY REHABILITATION GROUP INC. MAXICARE HEALTH PLAN INC.
BONILLA, HENRY	R-TX	AMGEN INC. HEALTH MGMT. ASSOCIATES INC. PHILIP MORRIS SCHERING-PLOUGH U.S. HEALTHCARE INC.
BREWSTER, BILL	D-OK	RJR NABISCO
BUNNING, JIM	R-KY	SURGICAL LAZER TECHNOLOGY (IRA)
CAMP, DAVE	R-MI	AMER. HOME PRODUCTS

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APPENDIX IX

MEMBERS OF CONGRESS INVESTING IN HEALTH CARE COMPANIES AND ORGANIZATIONS*

NAME		ASSET
CARDIN, BENJAMIN	D-MD	BRISTOL-MYERS SQUIBB CO. RADIATION SYSTEM
CASTLE, MICHAEL	R-DE	AMER. HOME PRODUCTS BRISTOL-MYERS SQUIBB CO. CIGNA CORP. SHARED MEDICAL SYSTEMS CORP.
CLAY, WILLIAM	D-MO	ANHEUSER-BUSCH JOHNSON & JOHNSON JONES MEDICAL INC. MISSOURI ST. HEALTH (BARNES) MISSOURI ST. HEALTH (BETHESDA) MISSOURI ST. HEALTH (CHILDREN)
CLEMENT, BOB	D-TN	HEALTH CARE PRODUCTS HEALTH TRUST
CLINGER, WILLIAM JR	R-PA	BRISTOL-MYERS SQUIBB CO. JOHNSON & JOHNSON PFIZER INC.
COBLE, HOWARD	R-NC	FORUM GROUP RJR NABISCO WACHOVIA HOSPITAL BOND
COLLINS, MICHAEL	R-GA	RJR NABISCO
COOPER, JIM	D-TN	AMER. HEALTH PROPERTIES
COPPERSMITH, SAM	D-AZ	AMER. HOME PRODUCTS BRISTOL-MYERS SQUIBB CO. JOHNSON & JOHNSON PHILIP MORRIS RJR NABISCO
CRAPO, MICHAEL	R-ID	GENZYME CORP. IDAHO HEALTH FACILITIES AUTHORITY BOND MATRIX PHARMACEUTICAL INC.
DINGELL, JOHN	D-MI	PROCTER & GAMBLE
DUNCAN, JOHN JR	R-TN	BAXTER INT'L. CAREMARK INT'L.
DURBIN, RICHARD	D-IL	HOSPITAL CORP. OF AMERICA
EDWARDS, DON	D-CA	WHITIER HEALTH REV. BOND
ENGLISH, KARAN	D-AZ	GLAXO INC. NORTHAMER. VACCINE RJR NABISCO
FARR, SAM	D-CA	BRISTOL-MYERS SQUIBB CO. MERCK & CO. PFIZER INC.
FAWELL, HARRIS	R-IL	BAXTER INT'L. CAREMARK INT'L. ILLINOIS HEALTH FACILITY BOND TRAVELERS LIFE INSURANCE CO. RETIREMENT FUND

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APPENDIX IX **MEMBERS OF CONGRESS INVESTING IN HEALTH CARE** **COMPANIES AND ORGANIZATIONS***

NAME		ASSET
FAZIO, VIC	D-CA	L.A. COUNTY M.L. KING HOSPITAL BONDS
	R-NY	AMER. HOME PRODUCTS ANHEUSER-BUSCH MEDCO CONTAINMENT SVS.
FOGLIETTA, THOMAS	D-PA	PHILIP MORRIS
FOLEY, THOMAS	D-WA	WELLPOINT HEALTH NETWORK
FROST, MARTIN	D-TX	BRISTOL-MYERS SQUIBB CO. ELI LILLY & CO. MD ST. HEALTH & HIGHER EDUCATIONBOND MERCK & CO. PHILIP MORRIS SCHERING-PLOUGH
GALLO, DEAN	R-NJ	NJ HEALTH CARE FACS. BONDS
GEREN, PETE	D-TX	ABBOTT LABS AMER. HOME PRODUCTS AMGEN INC. ANHEUSER-BUSCH GLAXO INC. HEALTH SOUTH REHAB. JOHNSON & JOHNSON PHILIP MORRIS SCHERING-PLOUGH U.S. TOBACCO
GINGRICH, NEWT	R-GA	ALZA CORP.
GLICKMAN, DAN	D-KS	ALZA CORP. (IRA)
GOSS, PORTER	R-FL	ABBOTT LABS ALLEGHENY CO. HOSPITAL DEV. AUTHORITY AMER. HOME PRODUCTS AMGEN INC. BRISTOL-MYERS SQUIBB CO. JOHNSON & JOHNSON MERCK & CO. PHILIPMORRIS PROCTER & GAMBLE VOLUSIA COUNTY FL HOSP. REV. ZOLL MEDICAL CORP.
GRANDY, FRED	R-IA	HEALTHVEST (IRA) RJR NABISCO (IRA)
HANCOCK, MELTON	R-MO	MO ST. HEALTH FACILITY BOND
HANSEN, JAMES	R-UT	STATE FARM INSURANCE CO. PENSION PLAN
HARMAN, JANE	D-CA	TRAVELERS CORP.

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APPENDIX IX **MEMBERS OF CONGRESS INVESTING IN HEALTH CARE** **COMPANIES AND ORGANIZATIONS***

NAME		ASSET
HEFNER, BILL	D-NC	PHILIP MORRIS
HOAGLAND, PETER	D-NE	ALLERGAN INC. ESPANOLA N. MEX. BENNETT CORP. MICH. ST. HOSP. FIN. AUTH.
HOBSON, DAVID	R-OH	CLERMONT COUNTY OH HOSPITAL BOND HAMILTON COUNTY OH HOSPITAL BOND MERCK & CO. PROCTER & GAMBLE (IRA)
HOEKSTRA, PETER	R-MI	SYNERGEN CORP. UTAH MEDICAL
HOUGHTON, AMO	R-NY	ABBOTT LABS ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY AMER. HOME PRODUCTS BAUSCH & LOMB BIOGEN BLOODLINE INC. CARDIOVASCULAR DIAGNOSTIC INC. EMCO SALES AND REHAB. CLINICS INC. GENENTECH INC. GLAXO INC. HEALTH SERVICES INC. JOHNSON & JOHNSON MA HEALTH AND EDUCATIONAL FACILITIES MERCK & CO. MO HEALTH AND EDUCATIONAL FACILITIES AUTHORITY NC MEDICAL CARE COMMISSION HOSPITAL NORTH CENTRAL TX HEALTH FACILITIES DEVELOPMENT CORP. NOVA CARE INC. PFIZER INC. PROCTER & GAMBLE REHAB GROUP INC. SCHERING-PLOUGH SPHINX PHARMACEUTICALS INC. TX HEALTH FACILITIES DEVELOPMENT CORP. WI HEALTH AND EDUCATIONAL FACILITIES

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APPENDIX IX **MEMBERS OF CONGRESS INVESTING IN HEALTH CARE** **COMPANIES AND ORGANIZATIONS***

NAME		ASSET
INHOFE, JAMES	R-OK	BRISTOL-MYERS SQUIBB CO. JOHNSON & JOHNSON MERCK & CO. PHILIP MORRIS
JOHNSON, NANCY	R-CT.	GLAXO INC.
JOHNSTON, HARRY	D-FL	MCKESSON PHILIP MORRIS
KASICH, JOHN	R-OH	MEDEX INC. (OHIO)
KLEIN, HERBERT	D-NJ	AMER. CYNAMID CO. ANHEUSER-BUSCH BRISTOL-MYERS SQUIBB CO. CAREMARK INT'L . ELI LILLY & CO. MERCK & CO. PFIZER INC. PROCTER & GAMBLE TRAVELERS CORP. UPJOHN CO.
KOLBE, JIM	R-AZ	GLAXO INC. MEDTRONICS PHILIP MORRIS
KREIDLER, MIKE	D-WA	GROUP HEALTH PENSION FUND
LAFALCE, JOHN	D-NY	CORNING CORP. HEALTHCARE COMPARE CORP. MERCK & CO. PHILIP MORRIS PHYSICIAN CORP. OF AMER. WELLPOINT HEALTH NETWORK
LAROCCO, LARRY	D-ID	MERCK & CO.
LEACH, JIM	R-IA	BRISTOL-MYERS SQUIBB CO. MERCK & CO. UPJOHN CO.
LIVINGSTON, BOB	R-LA	PHILIP MORRIS
LYNN, MARILYN	D-TN	BRISTOL-MYERS SQUIBB CO. GLAXO INC. HEALTHTRUST INC. HILLHAVEN JOHNSON & JOHNSON PHILIP MORRIS PROCTER & GAMBLE RJR NABISCO ROBERTS PHARMACEUTICAL CORP. SCHERING-PLOUGH U.S. HEALTH CARE CORP. WALGREEN CO.

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APPENDIX IX **MEMBERS OF CONGRESS INVESTING IN HEALTH CARE** **COMPANIES AND ORGANIZATIONS***

NAME		ASSET
LOWEY, NITA	D-NY	ABBOTT LABS BESSEMER ALA MED. BONDS LEE COUNTY FL HOSPITAL BONDS
MACHTLEY, RONALD	R-RI	SCHERING-PLOUGH ST. JUDE MEDICAL INC.
MANN, DAVID	D-OH	RJR NABISCO
MATSUI, ROBERT	D-CA	CA HEALTH FACILITY AUTH. ST. JOSEPH HLTH. SYM. BOND
MCKEON, BUCK	R-CA	NATIONWIDE HEALTH PROPERTIES WELLPOINT HEALTH NETWORK
MCMILLAN, ALEX	R-NC	BAUSCH & LOMB COLGATE-PALMOLIVE HEALTH CARE PROPS LTD. PHILIPMORRIS U.S. TOBACCO
MEEK, CARRIE	D-FL	HOME INTENSIVE CARE
MEYERS, JAN	R-KS	ANHEUSER-BUSCH BRISTOL-MYERS SQUIBB CO. MERCK & CO. RJR NABISCO
MILLER, DAN	R-FL	AMER. BRANDS NOTES PHILIPMORRIS
MOLLOHAN, ALAN	D-WV	BRISTOL-MYERS SQUIBB CO. INS. HOSPITAL REVENUE BONDS WV HOSPITAL FINANCE AUTHORITY BONDS
MONTGOMERY, G.V.	D-MS	GLAXO INC. MERIDIAN, MS. F.G. RILEY HOSPITAL BONDS MISSISSIPPI HOSPITAL EQUIPMENT TOKOS MEDICAL
MORELLA, CONSTANCE	R-MD	TORCHMARK CORP. BRISTOL-MYERS SQUIBB CO. MERCK & CO. PFIZER INC.
NEAL, STEPHEN	D-NC	AMER. HOME PRODUCTS BRISTOL-MYERS SQUIBB CO. CORNING CORP. ELI LILLY & CO. GLAXO INC. JOHNSON & JOHNSON PROCTER & GAMBLE UPJOHN CO.
OBERSTAR, JAMES	D-MN	PHARMACEUTICAL RESOURCES
PARKER, MIKE	D-MS	MISS. HOSP. EQUIP. & FAC. AT RV. RFGD. BOND

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APPENDIX IX

MEMBERS OF CONGRESS INVESTING IN HEALTH CARE COMPANIES AND ORGANIZATIONS*

NAME		ASSET
PAYNE, DONALD	D-NJ	MERCK & CO.
PELOSI, NANCY	D-CA	CHALONE INC.
PETRI, THOMAS	R-WI	AMER. HOME PRODUCTS WALGREEN CO.
PICKETT, OWEN	D-VA	AMER. BRANDS CENTOCOR GENENTECH INC. NATIONWIDE HEALTH PROPERTIES
PORTMAN, ROBERT	R-OH	PROCTER & GAMBLE
POSHARD, GLENDAL	D-IL	MASS MUTUAL INSURANCE CO. RETIREMENT FUND
PRICE, DAVID	D-NC	MERCK & CO.
QUILLEN, JAMES	R-TN	PALL CORPORATION
RAHALL, NICK II	D-WV	AMER. HOME PRODUCTS AMER. MEDICAL RESPONSE INC. AMGEN INC. ANHEUSER-BUSCH BRISTOL-MYERS SQUIBB CO. CIGNA CORP. COLGATE-PALMOLIVE CORNING CORP. GLAXO INC. ICN PHARMACEUTICALS IMMUNOMEDICS JOHNSON & JOHNSON MERCK & CO. PFIZER INC. PHILIP MORRIS PROCTER & GAMBLE SCHERING-PLOUGH SPACELABS MEDICAL INC. UTD HEALTHCARE CORP.
RIDGE, THOMAS	R-PA	MERCK & CO.
ROBERTS, PAT	R-KS	PHP HEALTH CARE PHYSICIANS COMP. NETWORK
ROSTENKOWSKI, DAN	D-IL	ANHEUSER-BUSCH BRISTOL-MYERS SQUIBB CO. MERCK & CO. PHILIP MORRIS SCHERING-PLOUGH
ROUKEMA, MARGE	R-NJ	BECTON DICKINSON BRISTOL-MYERS SQUIBB CO. MERCK & CO. PHILIP MORRIS PROCTER & GAMBLE

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APPENDIX IX **MEMBERS OF CONGRESS INVESTING IN HEALTH CARE** **COMPANIES AND ORGANIZATIONS***

NAME		ASSET
ROYCE, EDWARD	R-CA	SIOUX CITY IA HOSP. REV.
	D-TX	UNIVERSITY OF MEDICINE AND DENTISTRY 401K
SARPALIUS, BILL		PROCTER & GAMBLE
		BELL COUNTY TX HEALTH FACS. DEV. CORP. REVENUE BONDS
SCHENK, LYNN	D-CA	AGOUROU PHARMACEUTICALS
		MEDI-MAIL INC.
SCOTT, ROBERT	D-VA	NORTHWESTERN NAT'L. LIFE
		ABBOTT LABS
		ANHEUSER-BUSCH
		COLGATE-PALMOLIVE
		MYLAN LABS
SENSENBRENNER, JAMES	R-WI	PROCTER & GAMBLE
		ABBOTT LABS
		KIMBERLY-CLARK CORP.
		MERCK & CO.
		MONSANTO INC.
		PHILIP MORRIS
SISISKY, NORMAN	D-VA	WARNER-LAMBERT CO.
		ABBOTT LABS
		ANHEUSER-BUSCH
		BAUSCH & LOMB
		BAXTER INT'L.
		CHESAPEAKE VA HOSPITAL
		AUTHORITY BOND
		EASTERN VA MEDICAN AUTHORITY
		GENERAL REVENUE BOND
		IMMUNE RESPONSE CORP.
		JOHNSON & JOHNSON
		LIDAK PHARMACEUTICALS
		LOEWS CORP.
		MERCK & CO.
		PFIZER INC.
		PHILIP MORRIS
		PROCTER & GAMBLE
		RJR NABISCO
		U.S. SURGICAL CORP.
		U.S. TOBACCO
SKAGGS, DAVID	D-CO	UNIVERSITY VA HOSP. REVS. BOND
SKEEN, JOE	R-NM	SOMATOGEN INC.
SLAUGHTER, LOUISE	D-NY	BRISTOL-MYERS SQUIBB CO.
SMITH, NICK	R-MI	PROCTER & GAMBLE
STUDDS, GERRY	D-MA	BRISTOL-MYERS SQUIBB CO.
TALENT, JAMES	R-MO	CARIOVASCULAR IMAGING SYSTEM
		HEALTH-CHEM CORP.

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NAME		ASSET
UPTON, FRED	R-MI	MO STATE HEALTH & ED. FAC. BONDS KIMBERLY-CLARK CORP. PFIZER INC. UPJOHN CO. WARNER-LAMBERT
VALENTINE, TIM	D-NC	WELLCOME CORP.
VUCANOVICH, BARBARA	R-NV	AMER. BRANDS PROCTER & GAMBLE
WALSH, JAMES	R-NY	MERCK & CO.
WATT, MELVIN	D-NC	BRISTOL-MYERS SQUIBB CO.
WILLIAMS, PAT	D-MT	COLUMBUS HOSPITAL MT, STATE HEALTH BOND DEACONESS MEDICAL CENTER MT, STATE HEALTH BOND ST. PATRICK'S HOSPITAL STATE HEALTH BOND
YATES, SIDNEY	D-IL	AON CORP. NEW CASTLE, PA HOSP AUTH BOND
ZIMMER, DICK	R-NJ	JOHNSON & JOHNSON JOHNSON & JOHNSON 401K JOHNSON & JOHNSON PENSION

SENATE

BOND, CHRISTOPHER	R-MO	MERCK & CO.
BOXER, BARBARA	D-CA	ALZA CORP. AMER. MEDICAL RESPONSE INC. BARD C.R. INC. BAXTER INT'L. CA HEALTH FACs. FING. AUTHORITY REG. GENENTECH INC. HAEMONETICS CORP. HEALTH EQUITY PROPERTIES INC. MEDITRUST SH. BEN. INT'L. MERCK & CO. PFIZER INC. PROCTER & GAMBLE SCHERER R.P. CORP. TEVA PHARMACEUTICAL UNITED HEALTHCARE CORP.
CHAFEE, JOHN	R-RI	CYTOTHERAPEUTICS MERCK & CO. SCHERING-PLOUGH

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APPENDIX IX

MEMBERS OF CONGRESS INVESTING IN HEALTH CARE COMPANIES AND ORGANIZATIONS*

NAME		ASSET
COVERDELL, PAUL	R-GA	GLAXO INC. (IRA) RJR NABISCO T2 MEDICAL (IRA) U.S. TOBACCO
D'AMATO, ALFONSE	R-NY	SMT HEALTH SERVICE INC.
DANFORTH, JOHN	R-MO	AETNA LIFE & CASUALTY CO. AMER. HOME PRODUCTS BRISTOL-MYERS SQUIBB CO. GENESIS HEALTH VENTURES (DEBENTURE) HOSPITAL CORP. OF AMER. JOHNSON & JOHNSON KIMBERLY-CLARK CORP. MERCK & CO. MONSANTO CO. PFIZER INC. PHILIP MORRIS PROCTER & GAMBLE U.S. TOBACCO
DOLE, BOB	R-KS	AMER. GENERAL CORP. BAUSCH & LOMB BRISTOL-MYERS SQUIBB CO. COLGATE-PALMOLIVE KIMBERLY-CLARK CORP. SARASOTA FL HOSPITAL BOND SCHERING-PLOUGH
FEINSTEIN, DIANNE	D-CA	ALCIDE CORP. DIAGNOSTEK INC. GENESCO INC. HOSPITAL CORP. OF AMER. PHILIP MORRIS PROTECTIVE LIFE UNIVERSAL HEALTH REALITY
GRAHAM, BOB	D-FL	AMGEN INC. DADE COUNTY HEALTH FAC. AUTH. MUNICIPAL BOND
HARKIN, TOM	D-IA	MERCK & CO. AMGEN INC. IOWA HOSPITAL REVENUE BOND JOHNSON & JOHNSON
HATCH, ORRIN	R-UT	PHARMICS INC.
HEFLIN, HOWELL	D-AL	ALFA CORP. TORCHMARK CORP.
HELMS, JESSE	R-NC	RJR NABISCO
HUTCHISON, KAY BAILEY	R-TX	AMER. HOME PRODUCTS EL PASO HOSPITAL DJST. BOND

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APPENDIX IX

MEMBERS OF CONGRESS INVESTING IN HEALTH CARE COMPANIES AND ORGANIZATIONS*

NAME		ASSET
		HEALTHTRUST INC. JOHNSON & JOHNSON MERCK & CO. MONSANTO CO. BRISTOL-MYERS SQUIBB CO.
JUDD, GREGG	R-NH	CENTOCOR
KENNEDY, EDWARD	D-MA	PFIZER INC.
LIEBERMAN, JOSEPH	D-CT	HEALTHTRUST INC.
MATHEWS, HARLAN	D-TN	HEALTHWISE AMERICA ORNDAL HEALTHCORP SURGICAL CARE AFFILIATES ANHEUSER-BUSCH ANHEUSER-BUSCH (DEBENTURE) INTEGON CORP. CIGNA CORP. MERCK & CO. AMGEN INC. BAXTER INT'L. BRISTOL-MYERS SQUIBB CO. COLUMBIA HEALTHCARE CORP. GALEN HEALTH CARE INC. GENENTECH INC. PHARMACEUTICAL MKTG. SVCS. ALPHA 1 BIOMEDICAL INC. ANHEUSER-BUSCH BAXTER INT'L. BLOCK DRUG INC. BRISTOL-MYERS SQUIBB CO. CAREMARK INT'L. CHUBB CORP. COASTAL HEALTHCARE GROUP COLGATE-PALMOLIVE CORNING ELECTROMEDICS FOUNDATION HEALTH CORP. GENENTECH INC. GENETICS INSTITUTE HAEMONETICS CORP. HORIZON HEALTHCARE CORP. JOHNSON & JOHNSON JOSEPH E. SEAGRAM & SONS INC. KIMBERLY-CLARK CORP. MARINERS HEALTH GROUP INC. MARSAM PHARMACEUTICALS MERCK & CO. MYLAN LABS PACIFIC PHYSICIANS SVCS. INC.
MCCAIN, JOHN	R-AZ	
MOYNIHAN, DANIEL	D-NY	
MURKOWSKI, FRANK	R-AK	
NICKLES, DON	R-OK	
PELL, CLAIBORNE	D-RI	

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APPENDIX IX MEMBERS OF CONGRESS INVESTING IN HEALTH CARE COMPANIES AND ORGANIZATIONS*

NAME	ASSET
ROTH, WILLIAM JR	R-DE
SHELBY, RICHARD SIMPSON, ALAN	D-AL R-WY
	PHARMACEUTICAL RESOURCES PHARMACEUTICAL TECHNOLOGY CORP. PHARMAKINETICS LABORATIES PHILIP MORRIS PROCTER & GAMBLE QUANTUM HEALTH RES INC. RHODE ISLAND HOSPITAL RJR NABISCO ROBERTS PHARMACEUTICAL CORP. U.S. HEALTHCARE INC. UNIVERSAL STANDARD MEDICAL LABS VALUE HEALTH INC. ZOLL MEDICAL CORP. UNITED HEALTH CORP. JOHNSON & JOHNSON PROCTER & GAMBLE SCHERING-PLOUGH GENENTECH INC. BRISTOL-MYERS SQUIBB CO. GLAXO INC.

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THE CENTER FOR PUBLIC INTEGRITY

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Charles Lewis
Charles **Piller**
Allen **Pusey**
Paula Walker

Advisory Board

James David Barber
Owen Bieber
James MacGregor Burns
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Kathleen Hall **Jamieson**
Lane Kirkland
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