



EDWARD M. KENNEDY ORAL HISTORY PROJECT

Interviewer's Briefing Materials **Edward M. Kennedy Interview, 3/28/2008**

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Miller Center Documents¹

- Edward M. Kennedy Healthcare Timeline.
- Edward M. Kennedy's Legislative Healthcare Highlights.
- Overview of National Health Insurance (NHI) Initiatives.
- Memo on Kennedy-Kassebaum legislation.

Secondary Source Materials

- Rick Mayes, *Universal Coverage: The Elusive Quest for National Health Insurance* (Ann Arbor: The University of Michigan Press, 2004) pp. 88-97, 122-127.
- Adam Clymer, *Edward M. Kennedy: A Biography* (New York: William Morrow and Co., 1999) pp. 66-68, 255-256, 269-270, 276-278, 282-284, 382-383, 585-592.
- Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc., 1982) pp. 393-397, 411-413.
- James MacGregor Burns, *Edward Kennedy and the Camelot Legacy* (New York: W.W. Norton, 1976).
- *1994 Congressional Quarterly Almanac* (Washington, D.C.: Congressional Quarterly Inc., 1994) pp. 319-355.
- *1973 Congressional Quarterly Almanac* (Washington, D.C.: Congressional Quarterly Inc., 1973) pp. 499-507.
- *2001 Congressional Quarterly Almanac* (Washington, D.C.: Congressional Quarterly Inc., 2001) pp. 12-3 to 12-7.
- *2002 Congressional Quarterly Almanac* (Washington, D.C.: Congressional Quarterly Inc., 2002) pp. 10-7 to 10-8.
- *1974 Congressional Quarterly Almanac* (Washington, D.C.: Congressional Quarterly Inc., 1974) pp. 379-382, 405-413.
- *2003 Congressional Quarterly Almanac* (Washington, D.C.: Congressional Quarterly Inc., 2003) pp. 11-3 to 11-13.
- Adam Clymer interview with Edward M. Kennedy, 4/12/1996, John F. Kennedy Presidential Library.

¹ These are original documents created by Miller Center researchers for the Edward M. Kennedy Oral History Project. Please acknowledge credit for any use of these materials.

- Adam Clymer interview with Edward M. Kennedy, 4/17/1995, John F. Kennedy Presidential Library.
- Adam Clymer interview with Edward M. Kennedy, 8/7/1996, John F. Kennedy Presidential Library.
- Adam Clymer interview with Edward M. Kennedy, 3/27/1998, John F. Kennedy Presidential Library.
- Adam Clymer interview with Edward M. Kennedy, 10/31/1997, John F. Kennedy Presidential Library.
- Natalie Jacobsen interview with Edward M. Kennedy and Vicki Kennedy, 10/29/1994, John F. Kennedy Presidential Library.
- Adam Clymer interview with Larry Horowitz, 5/29/1992, John F. Kennedy Presidential Library.
- Adam Clymer interview with Nick Littlefield, 4/5/1993, John F. Kennedy Presidential Library.
- Adam Clymer interview with Dr. Phil Caper, 5/13/1997, John F. Kennedy Presidential Library.
- Adam Clymer interview with David Nexon, 6/16/1998, John F. Kennedy Presidential Library.
- Adam Clymer interview with Benno Schmidt, 12/14/1993, John F. Kennedy Presidential Library.
- Adam Clymer interview with Charles Kahn, 12/9/1998, John F. Kennedy Presidential Library.
- Adam Clymer interview with Doug Fraser, 5/27/1997, John F. Kennedy Presidential Library.
- Adam Clymer interview with Hillary Rodham Clinton, 5/21/1998, John F. Kennedy Presidential Library.
- Adam Clymer interview with Bill Clinton, 1/29/1999, John F. Kennedy Presidential Library.

Oral History Interviews

- Max Fine interview summary, Kennedy Oral History Project, Miller Center of Public Affairs, University of Virginia, 5/25/2007.
- Jim Mongan interview summary, Kennedy Oral History Project, Miller Center of Public Affairs, University of Virginia, 5/9/2007.
- Rashi Fein interview summary, Kennedy Oral History Project, Miller Center of Public Affairs, University of Virginia, 3/21/2007.

Documents Provided by Senator Kennedy

- “Personal Background.”
- “Policy Background.”
- “Nixon Administration.”
- “Carter Administration.”
- “Clinton Administration.”
- “Future Prospects.”

Other

- Milt Gwartzman and David Nexon, National Health Insurance Timeline, 3/2/2008.
- Memo from David Nexon to Senator Edward M. Kennedy, re: top health topics for discussion/oral history project, undated.
- Memo from Dr. Phil Caper to Senator Edward M. Kennedy, re: EMK contributions to federal health care policy, 3/15/2006.
- Memo from Dr. Phil Caper to Jim Young, Eric Mogilnicki and Milt Gwartzman, re: EMK's most important initiatives in the field of health care, 10/27/2007.
- Memo from Dr. Phil Caper to Jim Young, Eric Mogilnicki and Milt Gwartzman, re: oral history project interview with EMK, 10/29/2007.
- Memo from Larry Horowitz to Milt Gwartzman, re: EMK oral history, 12/06/2007.
- Edward M. Kennedy legislative healthcare highlights.

EMK HEALTH CARE TIMELINE

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- 1930s** EMK spends much of his early years living with his mentally challenged sister, Rosemary. EMK later identifies these childhood experiences as an important influence on his political concern with health care. (Adam Clymer, *Edward M. Kennedy: A Biography*, New York: William Morrow & Co., 1999, p. 10)
- 1946** Joseph Kennedy Sr. establishes the Joseph P. Kennedy Jr. Foundation (in honor of his son who was killed in World War Two) to fund scientific research into the causes and treatments of mental retardation. The foundation, for its first contribution, gives \$600,000 to the archdiocese of Boston for a convalescent home. EMK will later serve as foundation president. (James Colgrove, *State of Immunity: The Politics of Vaccination the Twentieth-Century America*, Berkeley: Univ. of California Press, 2006, p. 296; Laurence Leamer, *The Kennedy Women: The Saga of an American Family*, New York: Villard Books, 1994, p. 388)
- 1960** JFK supports Medicare in his presidential campaign.
- 1961** EMK's father, Joseph P. Kennedy, suffers a stroke, leaving him partially paralyzed and unable to speak.
- 1962** The Kennedy Administration sends Congress Medicare legislation in February that would cover hospital costs for senior citizens under Social Security. However, the Senate tables the Medicare bill by two votes (52-48) in July. Campaigning for the Senate, EMK promises to be one of those votes needed to pass Medicare.
- 1964**
- June-Dec.* EMK's back is broken, and he sustains other serious injuries in a plane crash that kills his administrative assistant, Edward Moss, and pilot Edwin Zimny. EMK spends five months in the hospital recovering from his injuries. During his stay, he has a long talk with friend Gerard Doherty, who had suffered from tuberculosis for two years, about catastrophic illness and the steep costs associated with it. (Clymer, p. 63)
- September* The Senate passes Medicare, 49-44.
- 1965** Under the leadership of Rep. Wilbur Mills (D-AK), the House adds voluntary coverage of physician services to Medicare and expands the Kerr-Mills program of federal assistance to states to pay for the medical assistance to the low income aged (Medicaid). Medicare and Medicaid become law in July as LBJ signs the 1965 Social Security Amendments.

1966

August EMK visits a neighborhood health center funded by the Office of Equal Opportunity (OEO) in the Columbia Point public housing project in Boston. It is one of eight health centers funded by the OEO. After his visit, EMK sponsors and successfully manages community health center legislation through Congress. The \$51 million Neighborhood Health Center Amendment funds 30 health centers the first year. Over the next four years OEO helps to start about 100 neighborhood health centers and other health service projects. By 1995, there are 850 centers nationwide, serving about nine million people. According to Clymer, the neighborhood health center initiative marks the beginning of EMK's strong interest in health care. Clymer views health care as "the cause that distinguished [EMK] in the Senate." (Clymer, pp. 86-88; Paul Starr, *The Social Transformation of Medicine*, New York: Basic Books, 1992, p. 371)

1968

June Senator Robert F. Kennedy is killed in Los Angeles.

July The Kennedy Foundation holds the first Special Olympics games in Chicago for over a thousand mentally challenged participants. (Leamer, p. 638)

Winter EMK joins a national health insurance (NHI) group organized by Walter Reuther called the Committee of 100 for National Health Insurance. The Committee is made up of trade unionists, social activists, college professors, physicians, and liberal politicians dedicated to reforming the U.S. health care system and eliminating its inefficiencies. It marks the first time national health insurance receives attention in twenty years. (Clymer, p. 159; Starr, p. 382; Quadagno, p. 112)

1969

January EMK is elected Senate Whip.

Summer The Committee of 100 drafts its first national health insurance bill. The legislation would fold all private and public health plans into a single federal program called Health Security and mandate that all doctors and hospitals to operate within a federal health budget. (Quadagno, p. 112)

Chappaquiddick.

December EMK gives a speech at Boston University Medical Center in which he calls for a national health insurance program. He says: "We must begin to move now to establish a national health insurance program, capable of bringing the same amount and high quality of health care to every man, woman, and child in the United States." EMK acknowledges the high cost of the program and

recommends phasing it in gradually, covering all children by 1971 and all Americans by 1975. (Clymer, p. 159)

1970

- April* The Labor Committee reports an EMK-sponsored bill (S 2846) to extend and expand federal programs for treatment of mental retardation and other developmental diseases. The Senate passes the bill 69 to 0 and the House subsequently clears it in October. The final bill appropriates \$265 million dollars over three years for the construction and operation of facilities and other services for the developmentally disabled. (*1970 Congressional Quarterly Almanac*, Washington, D.C.: Congressional Quarterly Inc., pp. 595-596)
- Spring* Reuther arranges for EMK to take over the chairmanship of the Senate Health Subcommittee after Senator James Yarborough (D-TX) loses his primary campaign to Lloyd Bentsen.
- May* After Reuther dies in a plane crash, EMK takes the leading role in the campaign for national health insurance. At a Senate hearing on the issue he says: "The legislation we enact for national health insurance will be a living memorial to Walter Reuther." (Clymer, p. 160)
- August* EMK introduces the Committee of 100's NHI plan, the Health Security Act (S 4297), to the Senate on behalf of a bipartisan group of fifteen Senators. He tells the Senate that since most Americans could not assure themselves of quality health care: "We therefore offer today a health security program that will enable our nation to make the right to health care not merely a principle or a social goal, but a living and functioning reality." The bill would finance a comprehensive and compulsory federal health insurance program for all Americans funded through Social Security tax increases and general revenues. EMK's plan, which would cost an estimated \$60 billion, would have no deductible or co-insurance. It would abolish Medicare and would virtually eliminate the private health insurance industry. Rep. Martha Griffiths (D-MI) introduces the Committee's plan in the House. The Nixon administration does not support the bill. Nixon calls it a prescription for the "complete federal domination of our medical system" that would "actually do the most to hurt American health care." (Clymer, pp. 160, 177; *1970 CQ Almanac*, p. 604; Starr, p. 394)
- September* The Labor Committee holds hearings on NHI. During the hearings, EMK says: "The nation's health care system is in crisis.... The United States trails most of the developed nations of the western world in infant and maternal mortality, life expectancy and middle aged death rate. Americans pay more and more money for health care, but get less and less for their health dollar...." Congress does not act on national health insurance legislation in 1970. (*1970 CQ Almanac*, p. 605)

Winter EMK emerges as the leading voice in the Senate for the idea of a national effort to cure cancer after Senate Labor Committee chairman Ralph Yarborough (D-TX) is defeated in a primary. Earlier in the year, Yarborough had formed a committee to study how to achieve the goal of curing cancer. Led by investment banker Benno Schmidt and philanthropist Mary Lasker, the committee recommends quadrupling spending for cancer research and public education to \$1 billion annually in five years and creating an independent agency to carry out the research. EMK, Schmidt, and Lasker work with Elmer Bobst, chairman of Warner-Lambert pharmaceutical company and a close friend of Nixon's, to get administration support for the idea. (Clymer, p. 173)

1971

January EMK becomes chairman of the Senate Health Subcommittee; he loses his position as Senate Whip to Robert Byrd.

Nixon proposes spending an additional \$100 million on cancer in his State of the Union address but does not propose creating an independent agency to fight cancer. He says: "The time has come in America when the same kind of concerted effort that split the atom and took a man to the moon should be turned toward conquering this dread disease. Let us make a total national commitment to achieve this goal." The administration proposal is embodied in bill S 1828. EMK and Senator Jacob Javits (R-NY) introduce a separate bill (S 34) which would authorize four times more money than Nixon proposed, \$1.2 billion over three years, to fight cancer and create a new, independent agency, modeled on NASA, to conduct the research. (Clymer, p. 174)

February Nixon unveils his new health insurance legislation, the National Health Insurance Partnership Act, which proposes a major innovation in organizing, delivering, and financing health care - - Health Maintenance Organizations (HMOs). HMOs are seen as a way of reducing health care costs, improving available services, and expanding coverage, like the Kennedy-Griffiths NHI plan, without increasing government control. EMK explains that the crucial difference between his and Nixon's plan is that, in his plan, "the major part of the funds will flow through the federal government instead of through the private insurance industry." (*1971 CQ Almanac*) HMOs are an alternative to solo-practice, fee-for-service medical care. They are private insurance companies that provide comprehensive medical services in a single organization for a fixed contract rate paid in advance by subscribers. Nixon's bill would subsidize the creation of HMOs. The administration's goal is to create 1,700 HMOs by 1976, with an enrollment of 40 million people. The administration bill would also require most employers to make private insurance available to their employees and would provide government insurance to low-income families. The plan would be financed through employee-employer premiums, with employers paying 75 percent of the cost. It would have an annual \$100 deductible and 25 percent coinsurance. EMK calls the administration plan "poorhouse medicine" and a "marriage of

convenience” with the AMA. Despite his criticism of the Nixon HMO bill, EMK is determined to have a hand in the development of HMO legislation because, according to an EMK aide, EMK “saw that for the first time that the federal government would become directly involved in the organization and delivery of health care.” (Lawrence Brown, *Politics and Health Care Organizations: HMOs as Federal Policy*, Wash., D.C.: The Brookings Institution, 1983, p. 227; *1971 CQ Almanac*, pp. 33-A to 35-A; *1973 CQ Almanac*, p. 508; Starr, pp. 395-396; Clymer, p. 177)

March-June EMK, the new chairman of the Labor Subcommittee on Health, holds hearings on various cancer bills. Administration witnesses and some outside experts argue against creating a separate agency outside the National Institutes of Health (NIH) to oversee the research. EMK argues that the NIH is unsuited to fight a war on cancer. (Clymer, p. 174)

EMK holds hearings on the administration’s proposal to close some Public Health Service (PHS) facilities in 1972 and contract services with other public and private hospitals. EMK opposes the move and says: “What made the Administration think local communities were in financial shape to take over the hospitals? Evidence collected by the subcommittee indicated that medical schools, private health care organizations, and city and county health departments are running in the red.” In December, Congress clears a resolution calling for PHS hospitals and other facilities to remain open. (*1971 CQ Almanac*, pp. 538-539)

April EMK holds health crisis field hearings, which last through June.

The Finance Committee holds hearings on NHI. EMK gives testimony and the committee considers EMK’s proposal, but he is unable to convince chairman Russell Long (D-AL) to support the measure. (Clymer, p. 187; *1970 CQ Almanac*, p. 545)

May Nixon announces his support for an “independently budgeted” cancer program within the NIH that would be “directly responsible to the President of the United States.” Nixon promises to provide more money to fight cancer “if \$100 million this year is not enough.” At EMK’s urging, Schmidt talks with Nixon about supporting the Kennedy-Javits bill. Nixon agrees to do so but only if EMK’s and Javits’ names are dropped from it. EMK and Javits agree to remove their names from the bill. (Clymer, pp. 175-176; *1970 CQ Almanac*, p. 557)

June An EMK-sponsored amendment to extend nurse traineeships for a year is adopted as part of a larger bill (HR 7736) reauthorizing loans and scholarships for health care students. EMK says: “As a stopgap measure, it is essential that we pass HR 7736 in order to avoid disruption that would otherwise occur in these student assistance programs.” (*1971 CQ Almanac*, pp. 537-538)

- June-July* The Health Subcommittee passes a new cancer bill (S 1828) introduced by Senator Peter Dominick (R-CO). The Senate approves the bill 79 to 1 in July. The day before the vote, EMK says: "The conquest of cancer is a special problem of such enormous concern to all Americans. We can quote statistics, but I think every one of us in this body, and most families across the country, have been touched by this disease one way or another." (Clymer, p. 176)
- July* EMK holds hearings on HMOs. EMK presses Dr. Merlin D. Duval, the administration's newly appointed assistant secretary for health and scientific affairs, about Nixon's HMO bill. EMK challenges the bill's failure to require HMOs to cover specific medical services and its failure to require HMOs to pay medical providers a salary rather than a fee-for-service, "giving a blank check to doctors and hospitals." EMK also criticized the administration bill for its low funding levels for such an ambitious program. After Duval finished testifying, EMK says the "the subcommittee was distressed by the lack of specificity and precision in the administration's recommendations." (Brown, pp. 229-235)
- The Labor Committee reports by voice vote an EMK-sponsored bill (S 934) to extend and revise health manpower programs. Calling the health manpower shortage a "crisis," EMK's Health Professions Education Act would provide educational funding for medical students willing to serve in high-need areas, such as rural and inner city areas. The Senate substitutes the language of the EMK bill for a House-approved health manpower bill with identical financing provisions (HR 8629) and passes it with little debate 88 to 0. In the fall, the House and the Senate approve final versions of the bill and Nixon signs it. (*1971 CQ Almanac*, pp. 527, 531, 533)
- EMK wins approval by voice vote of three amendments to an omnibus appropriations bill for the Departments of Labor and HEW. The first adds \$6 million to the Health Service and Mental Health Administration for the detection and prevention of sickle cell anemia; the second authorizes \$7.5 million for the treatment of lead poisoning in children; the third authorizes \$6 million for comprehensive health centers. (*1971 CQ Almanac*, p. 236)
- Fall* EMK tours England, Finland and Israel to study the health care systems of other industrialized countries and build support for NHI.
- October* EMK and Senator John Tunney (D-CA) co-sponsor legislation (S 2676) to provide federal funds to fight sickle cell anemia. The bill authorizes \$142 million "to establish a national program to control, conduct research on and improve treatment procedures for sickle cell anemia." The Senate approves the measure, but the House takes no action on the bill. (*1971 CQ Almanac*, 1971, p. 564)
- Oct.-Nov.* The House Ways and Means committee holds five weeks of hearings on NHI. The EMK-sponsored Health Security Act (S 3) and the Nixon administration-backed National Health Insurance Partnership Act (S 1623) are among the proposals it

considers. The committee does not report a health insurance bill in 1971. (*1971 CQ Almanac*, pp. 541-544)

November The Labor Committee unanimously reports an EMK-sponsored bill (S 1163) to establish nutrition programs for the elderly. EMK says: "It is necessary now for the federal government to assume its obligations to provide decent nutrition for every elderly person." The Senate passes the bill 89 to 0. It authorizes \$250 million over two years for grants to the states to establish nutrition programs. The full House does not consider the legislation in 1971. (*1971 CQ Almanac*, p. 567)

December The House passes its version of the cancer bill. The House bill provides less independence for the cancer research program in the NIH but authorizes more money for it, \$1.5 billion over three years. In the House-Senate conference for the bill, EMK does not oppose the lack of independence afforded cancer research. EMK says the bill would "give the president the necessary tools so that he can direct his very considerable sense of urgency towards meeting the problems of cancer." The final bill is adopted by the Senate 85 to 0. Nixon signs the bill, the National Cancer Act of 1971, in a White House ceremony later in the month. EMK attends but is not given special credit for the bill. (Clymer, pp. 176-177)

1972

Feb. - Mar. EMK sponsors a \$5.2 billion bill (S 3327) to subsidize the creation of HMOs, "narrowly" defined. The bill is much more ambitious than the Nixon bill (S 1182), which proposes a \$22 million program of grants and loans for HMOs. The seventy-page bill, a great deal more detailed and specific than the administration bill, would require HMOs to provide a full range of medical services comparable to a comprehensive national health insurance plan. EMK's Health Subcommittee holds hearings on HMOs and approves S 3327 in June 17 to 0. The Labor Committee reports it in July with few changes. (Clymer, pp. 198-199; *1972 CQ Almanac*, pp. 769, 773)

April The Nixon Administration, led by HEW Secretary Caspar Weinberger, proposes an insurance bill with coverage as wide as EMK's plan, including prescription drugs. Insurance companies would write the policies and manage the program. Employers would be required to offer the plans but employees not required to purchase them.

June EMK persuades Representative Wilbur Mills (D-AK), chairman of the Ways and Means committee, to support national health insurance. At the Democratic Platform Committee hearings in St. Louis, they announce: "The Federal Government should establish a system of compulsory national health insurance which covers all American with standard, comprehensive set of basic health insurance benefits." The Ways and Means committee does not consider national health insurance legislation in 1972, but Mills says that health insurance would be a priority, after tax law revision, in 1973. (Clymer, p. 187)

The Senate approves 82 to 0 an EMK-sponsored bill (S 3080) extending the Lead-Based Paint Poison Prevention Act and expanding programs to prevent lead poisoning in children. The bill would appropriate \$100 million annually for the programs. The bill's provisions were incorporated into the House's omnibus housing bill (HR 16704), but the measure was not voted on by the full House in 1972. (*1972 CQ Almanac*, p. 532)

August The Senate approves a bill (S 3762) to extend family health services to migrant workers. EMK strongly supports the bill. During floor debate, EMK says: "Today with the migrant health programs we have on the books, we are providing health services for fewer than 10 percent of the migrant workers... in spite of the fact that their health needs...are among the most critical in the country." EMK later offers an amendment to combine the migrant worker health care bill and three other health bills to a hospital construction bill (S 3716). The bills are combined and win approval 78 to 0 in September. (*1972 CQ Almanac*, pp. 528, 530)

September The Senate approves EMK's HMO bill by a vote of 60 to 14 after adopting six amendments which make only administrative changes to the bill. EMK and Javits lead a bipartisan effort to pass the bill over the objections of Senator Peter Dominick (R-CO). Dominick's amendment to redefined HMOs more broadly, however, is rejected by a very slim margin. The full House does not vote on an HMO bill in 1972. (Brown, pp. 251-252; *1972 CQ Almanac*, p. 773)

October The Senate adopts an EMK amendment to a Department of Defense (DOD) appropriations bill that prohibits DOD from conducting psychological or medical experiments involving "uninformed or non-voluntary" human beings. The amendment is part of the final bill. (*1972 CQ Almanac*, pp. 810-811)

1973

Jan.-March The Nixon administration sends its health insurance proposal back to HEW for revisions. (*1973 CQ Almanac*, p. 508)

Congress passes a bill (S 2676) authorizing \$115 million to establish "a national program for the diagnosis, prevention and treatment of sickle cell anemia." (*1973 CQ Almanac*, pp. 196-197)

EMK introduces a new HMO bill (S 14) that is almost identical to the one he sponsored in 1972. The Labor Committee reports the bill, but cuts its price tag from \$5.1 billion to \$1.5 billion and makes other more minor changes. At the same time, the administration further reduces the amount of its HMO bill to \$60 million, calling it now only a "demonstration program." (*1973 CQ Almanac*, p. 501, Brown, pp. 259-260)

- May* After two days of heated debate, the Senate passes (69 to 25) a compromise version of EMK's HMO bill (S 14). EMK fights off a number of attempts to water down the bill before first offering his own compromise substitute and then offering a joint proposal along with Javits after Javits concludes EMK's original bill is in trouble. EMK says: "While I feel the bill as reported is excellent, I am mindful of the desirability of consolidating the Senate's position with respect to this important issue to the greatest extent possible." The final EMK-Javits substitute reduces the authorization to \$705 million, broadens the definition of HMOs, and grants HEW more regulatory authority while retaining quality control provisions and earmarked grants for HMOs that enroll indigent or high risk individuals. EMK aide Phil Caper later notes that it probably was a mistake to accept Dominick's 1972 amendment broadening the definition of HMOs, as this would lead to many of the problems with HMOs that EMK would later fight in the 1990s. (*1973 CQ Almanac*, pp. 502-503)
- The Senate adopts (59-14) three EMK amendments to a supplemental appropriations bill for fiscal year 1973 allocating an additional \$100.3 million for several health programs. The money includes \$20 million for the Regional Medical Program, \$15 million for out-patient ambulatory care, and \$18.3 million for grants for nursing and medical schools. (*1973 CQ Almanac*, p. 105)
- June* EMK wins extension of 12 expiring federal health programs for one year. He successfully manages a bill (S 1136) to re-authorize all the programs through Congress despite the Nixon administration's opposition to the continuation of some of them. EMK acknowledges that some of the programs need revision and agrees to lower the authorizations from \$2.2 billion to \$1.27 billion to match the House appropriation and avoid a lengthy conference. The final bill, among other things, authorizes \$234 million for community mental health centers, \$42 million in aid for the developmentally disabled, and \$360 million for comprehensive health planning services. Nixon signs the bill into law. (*1973 CQ Almanac*, pp. 489, 491, 493)
- October* EMK tells the magazine *Medical Economics* that he is "certain" that NHI would be a reality by 1978. Three-fourths of the 110 medical experts the magazine interviews agree. In Clymer's view, this "overconfidence worked against success." (Clymer, pp. 199-200)
- November* EMK learns that his twelve year old son, Teddy, Jr., has cancer in his leg. Teddy, Jr.'s leg is amputated on the 17th. After the surgery, EMK learns that the doctors have also found more dangerous bone cancer cells, which requires further treatment. (Burns, p. 349; Clymer, pp. 205-208)
- Nixon signs the Lead-Based Paint Act of 1973 into law. EMK had first sponsored the bill in 1972.

December HEW Secretary Caspar Weinberger announces the outlines of a new administration health insurance plan to be submitted in 1974. There is no major congressional action of national health care in 1973. (*1973 CQ Almanac*, p. 508)

A House-Senate conference agrees on a compromise version of S 14. The final version authorizes \$375 million over five years for the development of HMOs, effectively limits the number of HMOs to about 100, gives special priority to HMOs that serve rural and urban populations with limited access to health care, and gives the federal government the authority to override state laws hindering the development of HMOs. Among other things, it requires HMOs to offer all members basic services and provide supplemental services (to be paid for by members at additional cost per service) and requires HMOs offer open enrollment for one month every year to all individuals regardless of their health status. It also requires employers to offer employees HMO coverage if they offer traditional health insurance coverage. Conferees drop the Senate proposal to create a Commission on Quality Health Care Assurance and its special earmarks. The Senate adopts the conference report 83 to 1, with EMK voting for it. EMK calls the final version “a sound if limited beginning.” Nixon signs the bill. (Clymer, p. 199; *1973 CQ Almanac*, pp. 505-507)

1974

February Nixon unveils his new health insurance plan, the Comprehensive Health Insurance Act, which is based on what would later become known as employer mandates. Nixon calls NHI “an idea whose time has come in America,” and would cover the entire population and provide much more comprehensive benefits than the administration had offered in 1971. The plan would require employers to offer health insurance through private companies to employees, but employee participation would be voluntary. Under the plan, which would be administered by the states, employers would be responsible for covering 75% of the premiums after three years and employees would pay 25% of the premiums, a \$450 family deductible, and a 25% co-insurance up to a \$1,500 maximum. The federal government would provide the same benefits for the poor. EMK calls the plan “serious and carefully prepared.” (Clymer, p. 218; *1974 CQ Almanac*, pp. 386, 388; Starr, p. 404)

Teddy, Jr. begins a two-year methotrexate cancer treatment. EMK spends every Friday with Teddy, Jr. at Boston’s Children’s Hospital while Teddy, Jr. receives the treatment. EMK’s experiences talking with parents who have lost their jobs after missing too much work to care for their sick children later leads EMK to co-sponsor and help pass the Family and Medical Leave Act. (Clymer, pp. 205-208; *The Nation*, 03/25/2002)

April EMK and Mills introduce their health insurance proposal, the Comprehensive National Health Insurance Act (S 3286). The Kennedy-Mills plan would require employers, employees, and the poor to participate in a standard federal health

insurance program run by the Social Security Administration. The standard benefits would include prescription drugs, vision and dental, and unlimited physician and hospital care. There would be a \$300 family deductible and a 25% co-insurance with a \$1,000 maximum. Premium rates for individuals and reimbursement rates for providers would be nationally determined and state enforced. Employers would pay a 3% and employees a 1% payroll tax to finance the program. A national Health Resource Development Board would be set up to promote continuous health planning. (1974 *CQ Almanac*, pp. 387-388; William Shonick, *Government and Health Services: Government's Role in the Development of U.S. Health Services 1930-1980*, New York: Oxford Univ. Press, 1995, p. 319-320)

Spring The Ways and Means Committee holds hearings on the Nixon and Kennedy-Mills plans, as well as other various health insurance proposals. Organized labor and senior citizens groups are critical of the Kennedy-Mills plan because it is not as broad as the plan he previously sponsored with Griffiths. Some even call EMK a "sellout" and are content to wait until the following year to enact national health care legislation because they believe Watergate will lead to the election of more liberals in November. Liberal groups favor the plan (S 3) sponsored by Griffiths and Representative James Corman (D-CA) that does not have deductibles or co-insurance. (Clymer, p. 218; 1974 *CQ Almanac*, pp. 389, 391; Starr, pp. 404-405)

Aides to EMK and Weinberger meet secretly to draft a compromise bill. In public, Nixon and EMK both call for compromise. EMK says: "A new spirit of compromise and progress is in the air. There has never been a better time to do the job." Nevertheless, they do not reach an agreement. (Clymer, pp. 218-19)

May The House Judiciary Committee begins formal hearings on the possible impeachment of Nixon. (Michael A. Genovese, *The Watergate Crisis*, Westport, CT: Greenwood Press, 1999, p. xxvii)

After holding hearings on drug industry practices and on deaths related to adverse reactions to drugs, EMK sponsors a bill (S 3441) that would outlaw promotional gifts and most free drug samples to doctors. (1974 *CQ Almanac*, pp. 432-433)

June Congress clears a biomedical research bill (HR 7724) that includes an EMK-sponsored provision establishing federal oversight over medical and behavioral experiments on humans. EMK held hearings 1973 on the abuse of human subjects in federally funded research and had sponsored a Senate version of HR 7724 that included a permanent commission to monitor the use of human subjects in biomedical research. The House bill had not addressed the regulation of biomedical research. After several months of negotiation, EMK agrees to the creation of a temporary commission (two years) and a permanent advisory panel. He calls the bill a "pioneering piece of health legislation." (1974 *CQ Almanac*, pp. 379-381)

- August* Nixon resigns from office and Gerald R. Ford is sworn in as the 38th president. Ford urges Congress to pass a health insurance bill. The Ways and Means Committee works on a compromise bill but deadlocks over whether the NHI program should be voluntary and how to finance it. (Genovese, pp. xxviii-xxix; *1974 CQ Almanac*, p. 386)
- September* The Labor Committee reports a health manpower bill (S 3585) sponsored by EMK and Javits that would extend and increase funding for health manpower programs and would require all medical students to agree to practice, if needed, in medically underserved areas for two years upon graduation. Students who fail to make themselves available for service, which would be determined by lottery, would lose federal “capitation” grants that subsidize their education. The EMK-Javits bill would establish national licensing of doctors and dentists and would effectively bar students from obtaining them if they did not agree to serve in underserved areas. The full Senate passes a milder version of the bill, requiring that 25% of medical students at each school volunteer to serve in underserved areas. EMK offers a compromise bill postponing the new service regulations until 1980, but it is rejected. The House version of the health manpower bill uses financial incentives to get students to volunteer without requiring that specific targets be met. The bill dies in conference. The programs continue to be funded through a continuing appropriations resolution. (*1974 CQ Almanac*, pp. 394-404)
- Under heavy lobbying from industry, half of the membership of the Ways and Means Committee side against Mills, the chairman, on NHI and express support for the AMA’s proposal to expand coverage by offering tax credits to those who purchase private insurance policies.
- November* After the Democratic landslide in congressional elections, House Speaker Carl Albert (D-OK) predicts health insurance would be the “first order of legislative business” in 1975. (*1974 CQ Almanac*, p. 386)
- The Labor Committee reports an EMK bill (S 2994) that would authorize \$990 million for the creation of a national system of local health planning agencies to prevent the development of unneeded hospitals and expensive specialized health facilities. Caper later suggests this bill was intended as a first step to help make the passage of NHI legislation possible by making it more affordable. The major provisions of the bill match those of a House health planning bill. During Senate debate, EMK heads off a proposed one year delay in implementing the bill. The Senate approves the EMK bill (65-18) with few changes and the House and Senate clear the bill in December. The final bill, the National Health Planning and Development Act of 1974, authorizes a little over \$1 billion. Although the bill is passed, it never receives the necessary funding and is repealed under Reagan in 1986. (*1974 CQ Almanac*, pp. 405-413)

December Mills steps down as chairman of Ways and Means after a second embarrassing episode with a stripper. Mills' successor, Senator Al Ullman (D-OR), has "no interest in health insurance." (Clymer, p. 219)

1975

January EMK returns as the chief Senate sponsor of the Health Security Act (S 3). (1975 *CQ Almanac*, p. 637)

In his State of the Union address, Ford says he would veto any new spending legislation, including NHI. Two House Subcommittees hold hearings on NHI in '75 but no action is taken. (1975 *CQ Almanac*, p. 636)

March Four congressional committees, including the Senate Health Subcommittee chaired by EMK, hold hearings on insuring the unemployed. The hearings consider two major approaches to the issue. Under the first proposal, sponsored by EMK, Representative Donald Fraser (D-MN), and others, the government would pay private insurers to continue the health coverage unemployed workers had before they lost their jobs. Under the second, the government would provide hospitalization coverage to unemployed workers under Medicare. The Labor Committee approves EMK's bill (S 625) after eliminating coverage for elective surgery. EMK's bill, which would cost an estimated \$1.5 billion, would be financed through general tax revenues. It is brought to the Senate floor for consideration on April 17 but is removed the next day to await House and Senate Finance Committee action on the bill. According to *CQ Almanac*, the consideration of EMK's bill would have "represented a serious setback to the Finance Committee's authority in health insurance affairs." A similar jurisdictional battle in the House derails efforts to bring an unemployed health insurance bill to the floor there. (1975 *CQ Almanac*, pp. 627-635)

April EMK secures Senate passage of a bill (S 510) giving the FDA the authority to regulate the safety and effectiveness of a wide range of medical devices. EMK first proposed similar legislation in 1973. The Senate passed a measure identical to S 510 in 1974, but the House did not vote on the bill. The House does not vote on S 510 in 1975. (1975 *CQ Almanac*, pp. 622-623)

July Congress overrides Ford's veto of an EMK-sponsored omnibus health services bill (S 66). The bill authorizes \$1.42 billion for grants for a variety of health centers and services, \$553 million for nurse training programs, and \$30 million for the National Health Service Corps. The Senate (77-14) approves the bill in April after a controversial amendment to bar HEW for paying for abortions is tabled. During debate of the amendment, EMK, taking a highly visible position in an abortion debate for one of the first times, leads critics of the amendment, arguing that it was illegal because courts had ordered the government must pay for abortions if it also pays for prenatal and maternity care. In the House-Senate conference on the bill, EMK agrees to the House's \$500 million lower

authorization level “in an effort to compromise with the president, and to enable him to sign this measure into law.” Ford, having pocket vetoed funding bills for the same programs the previous year, vetoes the bill anyway. The Senate (67-15) and the House (384-43) override the veto. During the Senate vote, EMK calls the bill “realistic and fiscally responsible” and says the programs it authorizes are “the backbone of our health care system.” (1975 *CQ Almanac*, pp. 591-599)

September The Ford administration announces a shift in its position on health manpower. The administration drops its opposition to the use of capitation payments as a lever to get more medical graduates to practice in underserved areas. Its proposal would require medical schools to get first 15% and then in two years 25% of their students to volunteer to practice in underserved areas or lose capitation support. EMK reacts favorably to the proposal, but the Senate does not move on it in 1975. (1975 *CQ Almanac*, p. 602)

1976

April Presumptive Democratic Presidential nominee Jimmy Carter gives a speech announcing his support for government-provided, universal health insurance. He promises to “begin implementing a national health insurance program within the first year of his administration if he is elected President.” EMK privately questions Carter’s commitment to NHI. (Clymer, p. 246)

May Along with labor leaders, EMK pressures Carter to endorse NHI. Carter responds that he is glad he does not “have to kiss your ass” to get the nomination.

The Labor Committee reports a bill (S 1926) easing some of the requirements for HMOs in a “second attempt to foster the growth of HMOs.” The committee rejects (5 to 10) an EMK amendment to retain the requirement that all HMOs offer open enrollment for a month every year to all individuals regardless of their health status. Among other things, the bill narrows the open enrollment requirement, applying it to only large and profitable HMOs; it allows HMOs the option of making patients wait up to ninety days after enrollment before becoming eligible for benefits; it drops preventive dental care for children from the list of required services; it requires HMOs to adopt a “community rate” method for setting premiums, making the fees the same for all families regardless of health status, but delays its implementation for three years for existing HMOs. The House passes a similar bill (HR 9019) except that it eliminates the requirement for open enrollment and also drops alcohol and drug addiction treatment from the list of required benefits. (1976 *CQ Almanac*, pp. 544-546)

The Labor Committee reports an EMK-sponsored health manpower bill (S 3239). The bill authorizes a total of \$2.7 billion in federal support to continue and expand financial assistance for medical students and other health students and to aid training programs. Among other things, the measure would expand the federal loan program but would end the general scholarship program for students,

limiting eligibility to those willing to practice in underserved areas and those with exceptional financial need. It would require medical schools to set aside an increasing percentage of their slots for students who accept scholarships in return for practicing in underserved areas for two years. Unlike EMK's 1974 health manpower bill, medical schools, not students, would lose federal "capitation" support for not fulfilling the requirement. The bill would give HEW the power to allocate hospital residency positions based on medical specialty and geographic region. EMK and other supporters of the bill argue that this approach would allow for the training of more primary care physicians who are in short supply. (1976 *CQ Almanac*, pp. 528-529)

June Despite EMK's strong objection, the Senate votes 80 to 8 to ease federal restrictions on HMOs. EMK calls the bill (HR 9019) a "giant step backwards" in providing care for the chronically ill. Although EMK still supports the HMO concept, he argues that HMO's have "the potential for almost unlimited mischief" without proper federal oversight. EMK blames HEW for HMO's slow rate of growth: "I personally believe that the greatest barrier to success of the HMO program has been the disgracefully slow, disorganized, and fragmented manner in which the law has been implemented by the Department of Health, Education, and Welfare." The Senate makes no major changes in the HMO bill reported by the Labor Committee and passes HR 9019 after amending it to contain the provisions of Labor Committee bill. (1976 *CQ Almanac*, p. 546)

Congress passes a health bill (S 1466) containing EMK language renewing federal funding to combat lead poisoning in children, banning lead paint in toys and other consumer goods, and limiting lead content in interior paints. The Senate originally approves a \$91.5 million lead paint bill (S 1664), but it is folded into S 1466 during the House-Senate conference and the authorization amount is reduced to \$36 million. (1976 *CQ Almanac*, pp. 537-539)

July After dropping the allocation scheme for doctors, and making other minor changes, the Senate passes the health manpower bill 88 to 0. The Senate adopts an amendment offered by Senator J. Glenn Beall Jr. (R-MD) creating a national council to set goals for residency positions by specialty. EMK calls the proposal "just really another study" of a subject that "has been studied to death. Practically every group...has recognized that we have too many surgeons. When we have too many surgeons, the result is too much surgery is done. The one who ends up paying for excessive surgery is the American taxpayer." Nonetheless, EMK votes for the bill. The Senate passes the House version of the health manpower bill (HR 5546) after amending it to contain the final version of the Senate health manpower bill. (1976 *CQ Almanac*, pp. 531-533)

September Congress gives final approval to the bill (HR 9019) easing requirements for HMOs. The new measure permits HMOs to offer less extensive benefit packages, exempts some HMOs from having to enroll patients with health problems and places a cap on the number of enrollees for the HMOs that do, and requires

HMOs to charge the same premiums for all families regardless of their health. Ford signs the bill into law in October. (1976 *CQ Almanac*, p. 547)

House and Senate conferees, which include EMK, reach a compromise health manpower bill (HR 5546). House conferees refuse to accept service scholarship quotas for every medical school. Leading House conferee Harley O. Staggers (D-WV) says: "Every [medical school] dean in the country is against it. I can't buy that." EMK agrees to drop the scholarship requirement in exchange for a quota requirement for primary care residencies in hospitals with medical schools. This is a modified version of the provision that was dropped during Senate floor debate. Congress clears the bill by the end of the month. (1976 *CQ Almanac*, pp. 533-534)

November Carter wins the 1976 presidential election.

1977

January Joe Califano is confirmed as Secretary of Health, Education and Welfare and becomes the Administration's chief point man on NHI.

Spring With EMK pressing Carter to move ahead with NHI, Carter reportedly tells EMK, "If you come up with a program, that's fine and you'll have my support if it preserves a role for the insurance companies." (Jill Quadagno, *One Nation, Uninsured: Why the U.S. Has No National Health Insurance*, New York: Oxford Univ. Press, 2005, p. 124)

April Carter proposes legislation to limit hospital cost increases to 9 per cent in 1978, with smaller increases in subsequent years, until a new system for paying hospitals can be implemented. Carter advocates NHI but says it cannot be enacted until health care costs are contained. The bill would be limited to inpatient services in acute care hospitals. Hospitals run by HMOs would be exempt. EMK, Senator William D. Hathaway (D-ME), and Senator Wendell R. Anderson (D-MN) introduce the administration bill (S 1391) in the Senate. EMK has reservations about the bill. He thinks the cost control proposal should have more incentives to encourage outpatient procedures and better methods for reducing overused services and encouraging doctors not to order expensive tests. Senator Herman E. Talmadge (D-GA), chairman of the Senate Finance Subcommittee on Health, which has jurisdiction over Carter's hospital cost containment bill, introduces his own bill (S 1470). The bill would change the reimbursement system under which hospitals and practitioners are paid by Medicare and Medicaid. (1977 *CQ Almanac*, pp. 499, 503)

May EMK, HEW Secretary Joe Califano, Representative Jim Corman (D-CA), UAW President Leonard Woodcock, and others meet at EMK's home in McLean to discuss the administration's plans for NHI. Califano tells the group the administration needs time to study the issue and formulate a new program. EMK

tells Califano: “The issue isn’t working up a new program. We already have a program we have been working on for years. What we need is political negotiation.” Califano assures EMK he will move as fast as he can. Two weeks later, EMK tells a UAW convention that “health reform is in danger of becoming the missing promise of the administration’s plans.” EMK demands the administration introduce a national health insurance proposal in 1977. Carter, speaking before the convention the next day, says he will put forth a proposal early in 1978. (Clymer, p. 256; Starr, p. 412)

August The Senate Labor and Human Resources Committee, formerly the Labor and Public Welfare Committee, reports a revised version of S 1391. EMK, chairman of the Subcommittee on Health and Scientific Research, formerly the Health Subcommittee, strongly backs it. The modified Senate bill places a moratorium on new hospital construction and the purchase of expensive medical equipment until September of 1980, but broadens the exemption of the new law to include smaller hospitals. It also allows hospitals to raise wages for certain personnel without it counting against the cap. No other committee in the House or Senate reports a hospital cost containment bill in 1977. (1977 *CQ Almanac*, pp. 499, 506-507)

Fall To encourage Carter to endorse NHI, you persuade Lane Kirkland (AFL-CIO) and Don Fraser (UAW) to drop labor’s insistence on a single payer system and accept a role for private insurance as long as coverage is universal and mandatory. Despite this significant concession, the Carter Administration says its first priority is going to be hospital cost containment and to stem rapid escalation in health care costs before considering any form of NHI.

1978

May The Labor Committee reports an EMK bill (S 2474) providing funding for various new and existing health facilities and disease prevention programs. Among other things, the measure continues and extends funding for community and migrant health centers and lead-based paint poisoning prevention. It also funds two new grant programs. The first program supports primary care facilities run by hospitals. The second funds research and demonstration projects on behavioral and health aspects of smoking and programs to discourage teenage smoking. EMK’s original proposal includes tough new regulations and taxes on cigarettes and a ban on smoking in all federal buildings but fails to make it out of the Commerce Committee. (1978 *CQ Almanac*, p. 614)

July EMK publicly breaks with the Carter over NHI after Carter unveils his health care plan to EMK at a White House meeting with Califano. The plan would achieve universal coverage in stages over a number of years, provided inflation and fiscal conditions permit. The first phase would cover all low income children and provide “catastrophic” care for the aged for expenses not covered by Medicare. The new plan would not go into effect until 1983. Although EMK and labor leaders accept Carter’s incremental approach, they oppose the contingency built

into the expansion of coverage and refuse to support the administration proposal. EMK calls a press conference, calling Carter's approach "unacceptable." The administration publicly announces its commitment to various health care "principles" but does not propose a bill in 1978. (Clymer, pp. 269-270; Quadagno, 129-130)

October Congress approves a \$2.9 billion Health Services and Centers Act (S 2474) to continue and extend funding for various health facilities and programs, including new initiatives to prevent unwanted pregnancies through counseling and other services and a new water fluoridation program. EMK, Senate sponsor of the bill, agrees to cut funds from the omnibus health bill on the floor and in conference in order to win passage. (1978 *CQ Almanac*, p. 615)

December EMK gives a speech at a "Workshop on Health Care" at the Democrats' midterm convention in which he calls national health care "the great unfinished business on the agenda of the Democratic Party." EMK talks about what access to the best health care has meant to his family. He talks about his son's cancer, his father's stroke, and his own broken back. "We were able to get the very best in terms of health care because we were able to afford it. It would have bankrupted any average family in this nation But I want every delegate at this convention to understand that as long as I am a vote, and as long as I have a voice in the United States Senate, it's going to be for the Democratic platform plank that provides decent quality health care, North and South, East and West, for all Americans as a matter of right, not of privilege, for all." (Clymer, pp. 276-277)

1979

January EMK becomes chairman of the Senate Judiciary Committee.

May EMK, working with labor leaders and other liberals, proposes his own NHI plan, the Health Care for All Americans Act. Under the plan, health insurance would be required for all Americans. The plan would establish a comprehensive package of benefits at the time of enactment, but they would be phased in over a number of years. Employers would pay about 65% of the cost of insurance premiums for employees and the government would cover the aged, disabled, and poor, not covered by Medicare or Medicaid. Five national health consortia would be formed to market health plans subject to regulation by a national health board. Hospital charges and doctors fees would be reimbursed at fixed negotiated rates. EMK acknowledges that selling his plan will be an "uphill battle" but says NHI is "the last, best chance" to bring health care costs under control. EMK's plan does not go anywhere in 1980. (1979 *CQ Almanac*, pp. 538-539; Quadagno, p. 130)

June Carter finally unveils his national health insurance plan, Healthcare, which would make catastrophic health insurance mandatory. It would require employers to offer health insurance to employees, with employees paying up to \$2,500 in medical bills and a portion of their premiums, or face tax penalties. Healthcare

would cover the aged, disabled, and poor, combining Medicare and Medicaid, and would be contingent on the passage of separate cost containment legislation. EMK criticizes the plan as unfair to low-income families who could not afford the initial \$2,500 “deductible,” perpetuating the “separate but unequal” health care system in America. He also criticizes the Carter plan for being potentially very expensive as it contains no provisions to contain costs for doctor’s fees in the private sector. Nevertheless, EMK and Carter continue to negotiate behind the scenes and agree on a compromise plan that would create two national consortia of insurance carriers that would control costs through a national budget and other mechanisms. But the compromise agreement is not acted on. (*1979 CQ Almanac*, pp. 539-540; Quadagno, pp. 130-131)

July Carter gives a national television address, later dubbed the “malaise speech,” in which he focuses on the energy crisis, not health care. A few days later Carter fires several administration officials, including Califano, who is Carter’s point man on health care and EMK’s friend. The speech and the firing of Califano help convince EMK that Carter is not serious about NHI. Years later EMK says Carter’s speech convinced him: “We were losing what I thought was our most powerful and important issue and opportunity of our time. I was convinced that under different leadership we would be able to get this [national health insurance] passed.” EMK calls NHI the “motivating, driving force” behind his decision to challenge Carter in 1980. (Clymer, pp. 283-284; Quadagno, p. 131)

November EMK announces he will challenge Carter for the Democratic presidential nomination.

Iranian militants storm the U.S. Embassy in Tehran and take 70 Americans hostage. The crisis dominates the Carter administration for the next year and pushes national health care off the national agenda. (Quadagno, p. 131)

1980

August EMK withdraws his bid for the presidency in a powerful speech to the Democratic National Convention.

November Reagan wins the 1980 presidential election. The Republicans win control of the Senate and EMK loses chairmanship of the Judiciary Committee.

1981

June The Labor Committee approves a watered-down version of Reagan’s block grant proposal (HR 3982) for health program spending. Reagan had proposed combining 25 categorical health programs into two block grants, giving states complete control over funding, and cutting the funding level 25 percent. The compromise measure combines most of the targeted health programs into two block grants and reduces funding for them. But it also requires states to follow

federal guidelines. For example, the bill contains an EMK-provision barring states from closing any federal health center for two years. EMK criticizes Reagan's proposals because they "contain no assurance that federal dollars will be spent to meet key health needs." Congress subsequently passes a health bill that creates 4 block grants and cuts health spending by twenty-five percent, while retaining some federal control over spending and providing separate funding for migrant health centers and other programs. (*1981 CQ Almanac*, pp. 483-488)

July Congress passes a health manpower bill (HR 3982) that cuts by about half federal spending for the education of health professionals. The bill contains a number of EMK committee amendments that reduce some of the budget cuts. (*1981 CQ Almanac*, p. 475)

December Congress passes an extension of the Older Americans Act for three years after consolidating some programs and loosening federal regulations on others. The measure contains an EMK floor amendment that prohibits states from cutting their share of money spent on home-delivered meals for the elderly. (*1981 CQ Almanac*, p. 496)

1982

December Congress passes a bill to promote the development of more drugs for rare diseases that contains EMK-provisions directing HHS to honor congressionally mandated specifications for health care block grants. The provisions seek to protect funding levels for community health centers and research into sickle cell disease. EMK calls the proposed cuts in sickle cell research: "an ominous message to America's black community, a message which says that a disease which affects primarily blacks is of little interest to Congress." (*1982 CQ Almanac*, pp. 492-493)

1983

October EMK proposes an amendment to provide \$900 million for health care for the unemployed during Senate debate over an omnibus funding bill for the Departments of Labor, HHS, and Education. EMK agrees to withdraw the amendment after Senator Lowell Weicker (R-CT), chairman of the subcommittee with jurisdiction over health care funding, assures him that he would support a program to provide health care for the unemployed. Two Senate committees had passed measures to create a temporary health insurance program, but the Senate had not acted on them. (*1983 CQ Almanac*, pp. 408, 508)

1984

Spring Rose Kennedy suffers a debilitating stroke. She spends much of the next year recovering at the family's home in Hyannis Port.

1985

June EMK and Representative Pete Stark (D-CA), chairman of the Health Subcommittee of the House Ways and Means Committee, hold a press conference to propose legislation that would require group insurance plans to pay for a laid-off worker's insurance coverage for eighteen months. Their bill would allow widows and divorcees and their children to continue a former spouse's health insurance coverage for five years, if they could pay for it. They also call for legislation to prohibit hospitals from refusing to provide emergency medical care for people who lack insurance or who are indigent. (Clymer, p. 382)

September EMK introduces legislation (S 1615) to provide health insurance to laid-off workers and their families and to impose new penalties on hospitals for refusing to provide emergency treatment for people without insurance as part of the Labor Committee's portion of an omnibus budget reconciliation bill (S 1730). The Labor Committee approves both the health insurance provision for laid-off workers and the hospital antidumping measure. In November, the Senate passes the budget reconciliation bill, including EMK's two provisions. (Clymer, pp. 382-383; *1985 CQ Almanac*, pp. 508-509)

December Over the protests of business groups and the health insurance industry, EMK's health insurance provision for laid-off workers survives the House-Senate conference for the budget bill. The so-called COBRA health insurance measure, named after the acronym for the whole budget bill, requires private employers with 20 or more workers to continue health insurance coverage for 18 months for laid-offs employees and for three years for the families of workers who die. The laid-off worker or the surviving family would have to pay the combined personal and employer premiums, but could do so at a low group rate. EMK coordinates with Stark and Waxman in the House to help his legislation to be passed. (Clymer, p. 383; *1986 CQ Almanac*, p. 229)

EMK announces in a televised statement that he will not run for president in 1988. He acknowledges the following day at a news conference that his decision may mean that he will never again run for president.

1986

April Reagan signs the Comprehensive Omnibus Budget Reconciliation Act of 1986 (COBRA) into law, which includes an EMK provision allowing employees who have left their jobs or been laid off to extend their health insurance benefits for 18 months. (*The Washington Post*, 3/29/1986)

May The Labor Committee approves legislation requiring health warning labels on alcoholic beverages. EMK votes for the bill after voting against a similar bill in 1979. The bill goes no further. (*1986 CQ Almanac*, p. 266)

- June* The Labor Committee approves EMK-sponsored legislation (S 2345) to improve services for AIDS victims. The bill, which calls AIDS the nation's "No. 1 public health priority," authorizes \$40 million in grants to public and private organizations for the development and expansion of support systems for AIDS victims. EMK says the measure would help "develop alternatives to long-term hospital inpatient services, which are proving inefficient and cost ineffective." The measure goes no further. (*1986 CQ Almanac*, p. 261)
- October* Congress passes omnibus health care legislation (S 1744). Rep. Henry Waxman, (D-CA), Rep. Edward Madigan (R-IL), Senator Orrin Hatch (R-UT), and EMK put together the final package of health care bills. The legislation, among other things, creates a no-fault compensation system for the families of children injured by vaccines, takes steps to limit medical malpractice, allows for the export of drugs not yet approved in the U.S., requires states to create plans to meet the needs of the mentally ill, expands funding for Alzheimer's research, and creates a national commission on infant mortality. The bill also repeals national health planning legislation EMK sponsored in 1974. Despite "serious reservations" about the vaccine provisions, Reagan signs the bill into law. (*1986 CQ Almanac*, pp. 238, 241)
- November* The Democrats regain control of the Senate in the mid-term elections.
- The Iran-Contra scandal breaks in the media.
- 1987**
- January* EMK becomes chairman of the Labor Committee.
- EMK introduces a bill designed to make the provision of "minimum" health care a requirement like that of minimum wage. (Clymer, p. 409)
- May* During a Labor Committee hearing on AIDS, EMK prods administration witnesses on the need to publicize how AIDS is spread. EMK holds several hearings on AIDS in 1987. (Clymer, p. 415)
- June* The Labor Committee unanimously approves an EMK-sponsored bill for AIDS treatment, research, and education (S 1220). The bill authorizes \$635 million for treatment and education and unlimited funding for research. Although Hatch backs the bill, it never reaches the floor. Senator Jesse Helms (R-NC) vows to introduce a number of amendments, including proposals for mandatory AIDS testing of certain populations, if the bill reaches the floor. Helms' own AIDS bill goes nowhere. Congress does increase funding for AIDS research and prevention to about \$1 billion under a continuing appropriations bill. (Clymer, p. 416; *1987 CQ Almanac*, p. 516)
- Fall* EMK leads the fight in the Senate to defeat the Bork nomination.

October The Senate passes a bill to provide the elderly with insurance against catastrophic illness. The measure entitles Medicare beneficiaries to increased nursing home coverage, an outpatient drug benefit, and places limits on out of pocket expenses. The bill includes an amendment offered by EMK and Senator Barbara Mikulski (D-MD) that guarantees that if one spouse enters a nursing home, the other would not be left impoverished. The amendment enables the at-home spouse to keep up to \$12,000 in assets and \$750 a month without those assets being counted in determining Medicaid eligibility. EMK argues that if the amendment is not passed: "150,000 spouses will be bankrupt, lose all their life savings." (*The Washington Post*, 10/28/1987, 11/08/1987)

1988

February The Labor Committee (10-6) passes an EMK-bill (S 1265) that would require virtually all employers to provide health insurance to their workers. This is the first NHI bill to ever pass out of any congressional committee. According to *CQ*, this bill marks a change in tactics for EMK in his pursuit of national health insurance from a government-financed approach to a mandated-benefits approach. EMK explains the bill's rationale this way: "For more than half a century, we have required employers to pay a minimum wage, to participate in Social Security, to contribute to unemployment compensation, and to purchase workman's compensation insurance. In 1988, it is time to require basic health-insurance coverage as well." EMK's proposal, which serves as a model for a Massachusetts law supported by Governor Michael Dukakis, generates heated debate between Dukakis and George Bush during the presidential campaign. The bill does not reach the floor. (1988 *CQ Almanac*, pp. 313-314)

April The Senate (87 to 4) passes EMK's AIDS research and treatment bill (S 1220). The measure authorizes almost \$600 million for AIDS education and treatment and unspecified amounts for research. EMK and Hatch try but fail to reach an agreement with Helms before bringing the legislation to the floor. Helms succeeds in attaching several amendments to the bill. One amendment, adopted after "furious exchanges" between EMK and Helms, prohibits federal funds from going to organizations that "promote or encourage" homosexual relations. Another requires mandatory AIDS blood testing for those convicted of drug- or sex-related crimes. Hatch supports an EMK-amendment that would encourage education programs to stress the value of a "single, monogamous relationship" but not prohibit education programs for homosexuals. Helms attempts to kill it but fails 29 to 61. After the vote, EMK says: "Finally we have declared war on the virus and not on the victims in our battle against AIDS." Congress subsequently passes an omnibus health bill (S 2889) that authorizes \$270 million for AIDS education and \$400 million for testing, counseling, and health services for AIDS patients. After urging by Hatch, Reagan signs the bill in November. (Clymer, pp. 437- 439; 1988 *CQ Almanac*, pp. 296, 302-303)

June The Labor Committee approves an EMK bill (S 2231) authorizing almost \$300 million for nurse-education programs. EMK argues that the bill is needed because “hospitals around the country have been forced to close beds and patient wards due to the nursing shortage.” Congress passes a compromise nurse-education bill but Reagan vetoes it saying it duplicates provisions in the omnibus health bill. (1988 *CQ Almanac*, pp. 308-309)

Reagan and Democratic congressional leaders create the Bipartisan Commission on Comprehensive Health Care Reform. EMK is named as one of the 15 members of the commission, which is chaired by Senator John Rockefeller (D-WV). It is later renamed the Pepper Commission for Senator Claude Pepper (D-FL), who dies in 1989. The commission issues its report in March, 1990. (*The New York Times*, 3/3/1990)

Summer Reagan signs the Medicare Catastrophic Coverage Act, which includes EMK’s and Mikulski’s spousal impoverishment amendment guaranteeing that when one spouse goes to a nursing home the other does not need to become impoverished before Medicaid coverage will begin. The law is repealed in 1989, but the spousal impoverishment amendment is retained.

1989

July The Labor Committee (9-7) approves EMK’s Basic Health Benefits for All Americans Act, which would require virtually all employers to provide health insurance to their workers and their dependents. The bill would also create a new joint-federal program along the lines of Medicaid to provide the unemployed with health care coverage by 2000. The measure would cost the government an estimated \$3.3 billion and businesses an estimated \$18 billion a year. Although the bill never reaches the floor, EMK says he is “more hopeful and optimistic than I’ve been in years” that universal health coverage will become a reality. (1989 *CQ Almanac*, p. 171)

December EMK takes four day trip across the nation to hold hearings on and generate publicity for national health insurance and other health issues. He visits Boston, New York, Los Angeles, St. Louis, and Sparta, Georgia. The hearings focus on AIDS, the growing number of uninsured patients, lack of rural health care, overcrowding, and other issues. EMK listens to doctors, patients, and hospital administrators. EMK opens one session by stating that health care “should be a basic right for all, not an expensive privilege for the few.” (Clymer, pp. 459-461)

Congress repeals the Medicare Catastrophic Coverage Act after widespread opposition develops among retirees who are already paying premiums for private Medigap policies. However, EMK’s and Mikulski’s spousal impoverishment amendment is retained.

1990

- March* A sharply divided Pepper Commission issues its report on universal health care access and long-term care. Though employer mandates remain controversial, the commission supports a plan that would require employers to either provide health insurance for their employees or contribute to a government insurance fund. EMK is one of the members to support NHI, though the commission could not agree on how NHI should be funded. (*The New York Times*, 3/3/1990)
- April-May* The Labor Committee passes an EMK-sponsored bill, the Ryan White Comprehensive AIDS Resources Emergency Act, to combat AIDS. The bill (S 2240) authorizes \$1.2 billion to help state and local governments coordinate and fund various types of care for AIDS victims. EMK implements a major public relations strategy to get the bill through the Senate. EMK compares the AIDS epidemic to a natural disaster: "In terms of pain, suffering, and cost, AIDS is a disaster as severe as any earthquake, hurricane, or drought." EMK enlists Elizabeth Taylor as an advocate. He also dedicates the bill to Ryan White, teenager who contracted AIDS through a blood transfusion in 1984 and dies a few days after the Labor Committee reports the bill. White's mother writes to every Senator to urge them to vote for the bill. In May, the Senate passes the bill 95 to 4. On the Senate floor, Hatch takes on Helms who heads the opposition to the bill. Behind the scenes, EMK blocks several Helms' amendments. The Senate does adopt a few amendments, but EMK offers the final version of some them. One amendment requires states to set up programs to notify sexual partners of those with HIV. But EMK's version allows the states to decide whether to implement the program. Another amendment seeks to block money from being spent on needles for intravenous drug users and bleach, which is used to clean dirty needles. But EMK manages to block the provision against funding for bleach. EMK also blocks a Helms amendment that would have made it a federal crime for anyone who knew they had AIDS to sell blood or other tissues or fluids. EMK's amendment requires states to make it a crime in order to get funding. (*1990 CQ Almanac*, pp. 582-583)
- May* The Senate Labor Committee passes (10-4) an EMK-sponsored bill (S 1883) that would authorize \$110 million to publicize the health risks of smoking and create a federal agency to implement it. It would also require tobacco companies to disclose additives in cigarettes and empower HHS to regulate them. EMK calls it an "extremely modest bill" that "addresses something that is public health enemy No. 1." EMK's original bill would have authorized \$185 million. In September, the House Energy and Commerce Subcommittee approves an anti-smoking bill which, among other things, would have banned most cigarette sales by vending machine. Neither bill reaches the floor. (*1990 CQ Almanac*, pp. 592-594)
- June-July* In June, the House (408-14) passes its version of the AIDS bill. The House bill authorizes more money than the Senate bill, targets more of the money to hard hit cities, and provides the funding for specific programs rather than in large block grants. In July, House-Senate conferees reach a compromise bill that combines

both funding approaches and includes extra money for select metropolitan areas. The final bill authorizes a total of \$875 million a year to fight AIDS. Despite misgivings, Bush subsequently signs the bill into law. (Clymer, p. 475; *1990 CQ Almanac*, pp. 588-589)

September The Senate Appropriations Subcommittee with jurisdiction over health care fails to provide any money for the AIDS bill for 1990, though it provides \$490 million dollars for 1991. EMK appeals to committee chairman Tom Harkin (D-IA) without success. EMK issues a critical public statement in which he says: "The real tragedy is for the thousands of people with AIDS in desperate need of treatment and care, who do not have time to wait." Ultimately, a House-Senate conference allocates \$221 million. (Clymer, p. 476)

1991

Spring EMK's nephew, William Kennedy Smith, is charged with sexual battery in Palm Beach, Florida. EMK, who had been with Smith earlier in the night in question, is called to testify in Smith's trial later in the year.

July During debate over an omnibus spending bill for various federal departments, the Senate approves an amendment (99-0) offered by EMK, Dole, Mitchell, and Hatch requiring states to adopt guidelines for health care workers who have AIDS. The amendment is offered after passage of a Helms amendment (81-18) that calls for prison terms for health care workers with AIDS who fail to notify patients. EMK says the Helms amendment would "do more harm than good" by discouraging medical workers from being tested for AIDS. In conference, the Helms amendment is dropped in favor of the bipartisan amendment. (*1991 CQ Almanac*, p. 591)

The Labor Committee approves an EMK-sponsored bill (S 493) to improve access to immunizations for poor children and provide various other types of health care for pregnant women and young children. The legislation, which has no specific spending level, is not voted on by the full Senate. (*1991 CQ Almanac*, p. 387)

October The Senate holds confirmation hearings for Clarence Thomas.

1992

January The Labor Committee approves an NHI bill (S 1227) cosponsored by EMK and Mitchell by a party line vote (10-7). EMK had tried to "woo Hatch" to develop bipartisan health insurance legislation, but in the end Hatch refuses to support employer mandates. The so-called Health America bill embraces the "play or pay" approach to health insurance, requiring employers to either provide insurance to workers and their dependents or else pay a tax to fund a new government plan. The original bill is first introduced by Mitchell in 1991 and

referred to the Finance Committee. EMK helps redraft it for consideration by the Labor Committee. Among other things, he changes its cost containment provisions. The revised bill includes more than a dozen separate provisions for slowing rising health care costs. Some Democrats on the Labor Committee, who favor a national single-payer system, criticize the bill for not going far enough. EMK defends the bill saying: "There will be universality in the program. Everyone will be covered." Although EMK tells committee members that Mitchell has promised him that the bill will reach the Senate floor, the bill is never voted on by the full Senate. Several other health insurance bills are debated but none of them wins congressional approval. (Clymer, pp. 508-509; 1992 *CQ Almanac*, pp. 401-412; Clymer interview with Nick Littlefield, Cambridge, Mass., 1/31/1999)

April Congress passes legislation (HR 2454), crafted by a bipartisan group that includes EMK, that increases the authority of the FDA to regulate the generic drug industry. Under the bill, the FDA can punish firms that abuse the abbreviated review process for generic drugs. Bush subsequently signs the legislation. (1992 *CQ Almanac*, pp. 430-431)

July EMK marries Vicki Reggie in McLean, Virginia.

After three years of debate, Congress approves an EMK-sponsored bill (S 1306) to overhaul federal substance abuse and mental health programs and require states to enforce laws barring the sale of tobacco to minors. The legislation disbands the Alcohol, Drug Abuse, and Mental Health Administration (ADAMA), folding its research arms into the NIH and reconstituting its remaining programs, which administer funds to states for drug treatment and prevention, as the Substance Abuse and Mental Health Services Association (SAMSA). Among other things, Members fight over whether to continue favoring cities over rural areas in the allocation of funds. The EMK bill shifts considerable funding to rural areas. The final version provides more funding for rural areas but less than the original EMK bill. The bill also includes a provision mandating that states enforce laws banning tobacco sales to minors. EMK wins acceptance of the provision after agreeing not to introduce other anti-smoking legislation. EMK calls the agreement an "extraordinarily painstaking effort." (1992 *CQ Almanac*, pp. 422-426)

The Labor Committee approves an EMK-sponsored bill (S 2141) regulating health insurance for long term care. To gain Republican support, EMK drops a provision that would have required all policies to include protections against inflation. The bill goes no further. (1992 *CQ Almanac*, p. 434)

In his acceptance speech at the Democratic National Convention, presidential nominee William J. Clinton promises to "take on the big insurance companies to lower costs and provide health care to all Americans." EMK supports Clinton and defends his health care positions throughout the general campaign. (Clymer, p. 514)

October Congress, on voice votes, passes an EMK-sponsored bill (HR 6181) requiring manufacturers of most prescription drugs to pay, for the first time, some of the costs of federal reviews. Staffers for EMK, Waxman, Members of the Appropriations Subcommittee on Agriculture, which has jurisdiction over the FDA, and representatives from the FDA and the drug industry work out the agreement over the summer. The new law has a five year life and is expected to raise more than \$300 million over that time to pay for more scientists for reviews. According to EMK: "Without the additional funds user fees will provide, the FDA faces the prospect of being unable to keep up with scientific advances, and needed new drugs will be delayed in reaching the public." Bush subsequently signs the legislation. (Clymer, pp. 516-517; *1992 CQ Almanac*, p. 418)

Congress passes a measure (HR 6183) sponsored by EMK, Hatch, and Representatives Ron Wyden (D-OR) and Nancy L. Johnson (D-CT) to reduce the costs of medical practice insurance of federally funded community and migrant health centers. The bill directs the Justice Department to defend doctors and nurses at the clinics as though they were members of the U.S. Public Health Service. Sponsors argue that the bill will save the centers \$45 million a year and allow them to treat an additional half a million people annually. (Clymer, p. 516; *1992 CQ Almanac*, p. 435)

November Clinton wins the 1992 presidential election.

1993

January Clinton appoints Hillary Rodham Clinton to head Health Care Reform Task Force to overhaul the nation's health care system. Despite misgivings, EMK publicly supports Clinton's decision to scrap the national health care plan the administration's transition team had been working on and put his wife and policy specialist Ira Magaziner in charge of the issue. EMK had hoped that the Clinton team would adopt the Senate Democrat's "play or pay" approach. EMK and his staff are granted access to the Clinton health insurance task force and press the White House on the need to move quickly on health care reform introduce a bill as soon as possible. Various congressional committees take up the issue of health care reform and for the rest of the year struggle to draft versions of a health care bill. (Clymer, pp. 523-525; *1994 CQ Almanac*, pp. 320-321)

February At Democratic Senators' retreat in Jamestown you urge earliest possible consideration of national health care reform. EMK is reportedly concerned that action needs to be taken before Clinton's popularity wanes and special interests can bog the bill down.

March-April Concerned by large deficit and recession, Clinton is faced with the question of whether to present its budget reconciliation proposals to Congress, with their tax increases, before presenting a health care package. To avoid having to make this

choice, EMK and Clinton first try to get Byrd to waive the “Byrd rule” to allow health care reform to be considered as part of the budget reconciliation bill, but Byrd rebuffs EMK. After considerable internal debate, Clinton decides to give first priority to the budget.

- April* Magaziner tells a health care reform conference organized by EMK that the administration task force has reached an agreement on the basic principles of a national health insurance plan and is working on filling in the details. He restates that the plan will allow for universal coverage and projects that the legislation will be submitted by the end of May. (*The Washington Post*, 4/6/1993)
- May* The White House health care task force disbands after failing to meet its deadline.
- Spring* The National Federation of Independent Business, composed of 600,000 small businesses across the country, launches a sophisticated public relations and grass roots lobbying campaign in opposition to employer mandates, a central feature of the Clinton program.
- A series of highly publicized scandals distract the Clinton Administration from moving health care ahead. Attorney General Reno appoints Robert Fiske as special prosecutor in Whitewater.
- Summer* An insurance industry trade group HIAA (Bill Gradison, Chip Kahn) which had previously endorsed the goal of universal coverage with employee mandates as the financing mechanism, changes its position and launches the “Harry and Louise” TV ads to oppose Clinton’s health care plan.
- August* EMK goes sailing with Jacqueline Kennedy Onassis, President Clinton, and the First Lady off Martha’s Vineyard but does not talk about health care, although he is carefully briefed on the issue. (Clymer, pp. 529-530)
- The Budget Reconciliation Act passes the House by just one vote and Vice President Gore is needed to break a tie to get the bill through the Senate.
- September* Clinton gives a national televised address on his national health care plan. He makes a commitment to “giving every American health security, health care that can never be taken away, health care that is always there.” EMK congratulates Clinton on his speech and tells reporters that 1994 could bring “the most far-reaching improvement in social policy in this country since the New Deal.” (Clymer, p. 530)
- November* On the 20th, the last day of the congressional session, Clinton’s 1,342 page universal health care bill (HR 3600, S 1757) is introduced in Congress. The plan would require all Americans to enroll in a health care plan offered through new quasi government health alliances. Employers would pay about 80% of the cost of the plan and employees the rest. The government would insure the unemployed

and subsidize low income individuals and families and small businesses. All plans would be required to offer comprehensive benefits. The bill would also create a federal entitlement program for long term care, and a new prescription drug benefit under Medicare. The bill would create a new National Health Board to oversee the new system. There would be various cost control mechanisms, including a cap on premiums. A new tobacco tax and changes in the tax code would raise money to help pay for the new system. In the Senate, Finance Committee chairman Daniel Patrick Moynihan (D-NY) and Labor Chairman EMK cannot agree on which committee should have primary jurisdiction over the bill, and the Senate leadership decides to refer the Clinton bill directly to the floor in 1994. In the meantime, both committees work on their own bills to be introduced as amendments to the Clinton bill. EMK holds “dozen of hearings” to generate support for the plan. (Clymer, pp. 530-531; *1994 CQ Almanac*, pp. 321-323; C. Lawrence Evans, “Committees and Health Jurisdictions in Congress,” Thomas E. Mann and Norman J. Ornstein, eds., *Intensive Care: How Congress Shapes Health Policy*, Wash, D.C.: A.E.I. and The Brookings Institution, 1995, p. 43)

1994

- February* NAM, Business Round Table and Chamber of Commerce announce their opposition to the Clinton health care plan. The Administration had reportedly hoped to get the support of big business because the large costs being incurred for employees and retirees had become a major burden.
- March* The House Ways and Means health subcommittee under Pete Stark votes by narrow margin to fund the Clinton plan through a new “Part C” of Medicare, financed by a large increase in the cigarette tax (\$1.25 per pack).
- House Energy and Commerce Committee Chairman John Dingell, whose father had been a chief proponent of NHI when in Congress, weakens the Clinton health care bill in his chairman’s mark to soften opposition of Committee Democrats.
- The Senate passes a bill (HR 2659) aimed at increasing the number of organs available for transplant operations and making more immunizations available for children. Before passing the bill, the Senate substitutes the language contained in EMK’s organ transplant measure (S 1597). EMK’s bill directs HHS to provide grants to organizations that procure organs for transplant. The bill moves to conference but goes no further. (*1994 CQ Almanac*, p. 361)
- April* House Ways and Means Chairman Dan Rostenkowski reiterates his support for employer mandate but says Clinton plan will need a larger payroll tax increase because cigarette taxes will not be sufficient to pay for it.
- May* House Ways and Means chairman Dan Rostenkowski, a strong supporter of NHI, steps down amid charges of corruption. The new chairman, Sam Gibbons (D-FL)

charts his own course. The starting date for long term care coverage is postponed. To secure support of thirty Members of Congress from tobacco districts, he agrees to cut Stark's recommended tobacco tax in half. Liberal and senior groups are incensed by Gibbons' deals.

The Finance Committee deadlocks on employer mandate and seeks other ways to finance expanded coverage. House Republican leadership, stimulated by Gingrich, tells its members not to try to improve the bill.

EMK's Labor Committee votes 11-6 to approve a health care bill modeled on Clinton's plan, with a three-year phase-in of universal coverage. It is the first congressional committee to act on health care reform. Senator James Jeffords (R-VT) is the only Republican to vote for it, but the bill does reflect Republican input. Like the Clinton plan, the legislation (S 1757) provides universal coverage and requires employers to pay for the bulk of the cost. The bill also includes premium caps to control costs, although EMK originally opposes them. But it departs from it in three important ways. It provides significant exemptions and subsidies for small businesses. It does not require participation in health alliances. And it calls for a more comprehensive benefit package. EMK insists on expanded benefits, which include special care for women, adolescents, the disabled, and the elderly. A national health board would review the benefit package to determine its fiscal impact and recommend changes. The bill also contains an EMK-Kassebaum amendment to fund clinics in public schools. EMK calls the bill "really the beginning" of the process of drafting a health care reform bill. He acknowledges that winning Republican votes for final passage is "still an uphill battle." He continues to stir public interest in universal health insurance through hearings and press conferences. (Clymer, p. 543; 1994 *CQ Almanac*, pp. 336-337)

June Forty Republican Senators, led by Minority Leader Bob Dole and ranking Finance Committee member Bob Packwood, announce support for a health care plan offering insurance reforms and subsidies for low income workers, but no mandates, premium caps or price controls. The next day, the House Ways and Means reports out its version of a health insurance bill 20-18.

Summer With no consensus emerging behind any single health care reform bill, Mitchell proposes his own bill which would delay employer mandates and drops price controls but provide coverage for the unemployed. Despite misgivings, EMK supports the bill saying it is "designed to achieve" universal coverage. A bipartisan group of Senators under the leadership of John Chafee, known as the Mainstream Group, emerges to oppose the Mitchell plan and propose their own compromise bill. Clinton announces he would now be willing to accept 95% coverage after the Senate Finance Committee rejects the Clinton plan. Mitchell introduces his bill which aims at 95% coverage, but health care reform is still held up as the Mainstream Group fails to make deadlines to announce its bill. At a caucus luncheon, EMK, who is excluded from the group's meetings, calls out group member Bob Kerrey (D-NE) saying: "... we are watching the self

destruction of all of us because the Mainstream Group can't make up their minds. How long do we have to wait? How long do you have to take while we are out there taking hits?" The next day the group produces its plan, which calls for insuring over 90 % of Americans by 2004, but does not specify whether the poor would receive full government coverage. On August 25th, Mitchell removes his bill. (1994 CQ Almanac, p. 321)

September After Gingrich uses the crime bill to stall movement on health care reform, Sam Gibbons tells reporters health care reform "is dead for now." On Senate side, EMK keeps working with Mitchell and Chaffee on a package based on the Mainstream Coalition bill. Dole starts working to assemble enough Republican votes to ward off cloture and make sure no bill of any kind will pass the Senate.

On the 26th, Mitchell declares health care reform dead after failing to attract enough votes for a compromise bill he and EMK negotiate with the Mainstream Group. On the Senate floor, EMK vows not to give up saying: "I will never give up the fight for health reform until the working men and women of this country know that years of effort and hard won savings cannot be wiped out by a sudden illness. The drive for comprehensive health reform will begin next year. We are closer than ever to our goal and I am confident that we will prevail." (Clymer, pp. 547-548; 1994 CQ Almanac, p. 321)

October The Senate passes a by voice vote an EMK-bill (S 2433) to authorize \$67 million in fiscal 1995 and unspecified sums in 1996 and 1997 to train nurses, nurse practitioners, and midwives. The bill goes no further. (1994 CQ Almanac, p. 363)

Senate Republicans block the consideration of a House-Senate conference report on a minority health bill (S 1549) co-sponsored by EMK and Hatch. The bill would have authorized more than \$1.1 billion for a variety of minority health programs. (1994 CQ Almanac, pp. 358-359)

November The GOP wins control of both the House and Senate in the "Republican Revolution." EMK loses his chairmanship of the Labor Committee.

EMK narrowly defeats Mitt Romney to win reelection to the Senate. Health care reform was a centerpiece of his campaign. (Clymer, pp. 554)

1995

January Rose Kennedy dies.

June EMK votes against a massive budget reconciliation bill (HR 2491) that would reduce government spending on Medicare by \$270 billion through higher premiums and lower payments to doctors and hospitals and by providing seniors with the option of choosing managed care or other insurance options. The bill also

would cut \$182 billion from Medicaid. The Senate passes the measure 54 to 46, but Clinton subsequently vetoes it. (1995 CQ Almanac, pp. S-49, 7-3)

August The Labor Committee unanimously approves a bipartisan health insurance bill (S 1028) sponsored by EMK and Kassebaum. The bill is part of EMK's efforts to keep health insurance reform moving forward after the collapse of Clinton's health care reform by refocusing on a smaller initiative that can gain bipartisan support. The measure aims to guarantee health insurance "portability" by enabling people to keep their health insurance when they get sick or change jobs. The measure would bar insurers from denying medical coverage for more than 18 months to people with pre-existing medical conditions if they had been covered previously by a group plan. After 18 months a person with a pre-existing condition could change jobs without penalty. The bill would create incentives for small businesses and individuals to form voluntary groups to buy health insurance. It would also recommend the creation of tax deferred medical savings accounts to help people pay for health expenses. EMK opposes medical savings accounts, but the amendment passes 9 to 7. In the past, EMK had opposed a piece-meal approach to health care. In an interview with health reporters he explains his change of heart saying: "I'm eating a little bit of crow about incremental health care." Republicans threaten to filibuster the bill, and it does not reach the Senate floor in 1995. (Clymer, p. 570; 1995 CQ Almanac, pp. 7-24 to 7-25)

November The Labor Committee approves a bill (S 1324) co-sponsored by EMK that would strengthen programs that match organ and bone marrow donors with people suffering from various diseases through new regulations and fees. The bill goes no further. (1995 CQ Almanac, p. 7-34)

1996

January In his State of the Union address, Clinton announces support for the EMK-Kassebaum health insurance portability bill. (1996 CQ Almanac, p. 6-28)

On the Senate floor, EMK and Kassebaum call for action on their health insurance bill. Senate Majority Leader Dole, a presumptive presidential contender, agrees to move on the bill. (Clymer, pp. 572-573)

April After the House passes its version of the health insurance bill (HR 3103) in March, the Senate unanimously approves it (100-0) after substituting an amended version of the EMK-Kassebaum bill (S 1028). EMK and Kassebaum initially work out an agreement with other Senators to oppose any amendments, but Dole offers a broad amendment that includes the creation of medical savings accounts and various health insurance tax deductions. In the end, EMK and Kassebaum strip the medical savings accounts provision from Dole's amendment 52-46. The House bill would create medical savings accounts. The House bill also includes a \$250,000 cap on psychological damages for medical malpractice claims and an

incentive for small businesses to form insurance pools through exemption from many state regulations. The final Senate bill contains other Dole provisions, including a provision requiring health plans to provide the same coverage for mental health conditions as physical ones, and a provision protecting volunteer health care workers from lawsuits. (1996 *CQ Almanac*, pp. 6-28, 6-33 to 6-34)

EMK criticizes Dole's list of conferees for the House-Senate conference to reconcile the health care portability bill. EMK accuses Dole of "stacking the deck" in favor of medical savings accounts. Democrats use various procedural motions to prevent Dole from appointing conferees. Republicans complain that EMK is blocking health insurance reform. (Clymer, p. 579; 1996 *CQ Almanac*, pp. 6-34, 6-37 to 6-38)

June House and Senate Republicans unveil a compromise health insurance bill. House Republicans agree to drop the medical malpractice cap and incentives for small business to establish insurance pools. Senate Republicans agree to drop mental health parity and accept a scaled-down medical savings pilot program. Democrats object to the number of people eligible for the pilot program, and its automatic extension in four years unless Congress voted against extension. EMK calls the compromise "a travesty" and adds: "I regret very much that Senator Kassebaum has bowed to the pressure of . . . the House Republican leadership." (1996 *CQ Almanac*, p. 6-38)

July EMK and Ways and Means chairman Bill Archer (R-TX) reach an agreement on medical savings accounts. Their compromise would make medical savings accounts available on a limited basis for four years, with the number of policies capped at about 750,000. Congress then could vote to make eligibility universal. Anyone who started an account in the first four years could continue it regardless of whether Congress voted to extend the program. EMK won several concessions to protect consumers who enroll in medical savings plans and to prevent them from being used as tax shelters. (1996 *CQ Almanac*, p. 6-39)

August After conferees agree to drop mental illness and medical malpractice provisions, the House and Senate approve the health insurance measure and Clinton signs it. The final bill, known as the Kassebaum-Kennedy Health Insurance Portability and Accountability Act of 1996, guarantees that most workers could maintain insurance coverage if they left or lost their jobs. HIPAA also includes a provision making premiums for long term care insurance tax deductible, leading to a dramatic increase in the sale of long term care insurance. HIPAA does not, however, guarantee that individuals would not be rejected for coverage because of health. It is the first bill in thirty-four years with EMK's name on it. (Clymer, p. 581; Quadagno, p. 196; 1996 *CQ Almanac*, p. 6-39)

October EMK and Senator John Kerry (D-MA) propose a bill designed to provide health insurance to all uninsured children in America. The plan would be paid for through an increase in the cigarette tax. (Clymer, p. 585)

1997

February

EMK introduces his Health Insurance Bill of Rights Act, which would give managed care patients greater access to specialists, allow them to get emergency room treatment without prior approval from their plan, give them greater rights to appeal denials of payment and allow those patients under plans covered by ERISA to bring medical malpractice suits in state courts, where judgments were not limited to economic damages only. Dingell introduces the bill in the House. Later in the year, Representative (and Dr.) Charlie Norwood (R-GA) develops and introduces his own, less comprehensive Patient's Bill of Rights bill.

Spring

EMK, Hatch, and seven other Republican co-sponsors introduce child health insurance legislation. The bill would raise \$30 billion over five years through a 43 cents cigarette tax hike, with \$20 billion going to children's health insurance and \$10 billion for deficit reduction. Four of the Republicans withdraw their support after Senate Majority Leader Trent Lott (R-MS) and others pressure them. Conservative groups attack Hatch for his sponsorship of the bill. In the meantime, Senators John Chafee (R-RI) and Jay Rockefeller (D-WV) propose a \$16 billion expansion of Medicaid to cover more uninsured children. EMK and Hatch agree to support the measure. But EMK and Hatch also propose their bill as amendment to the budget resolution being negotiated by Clinton and Republicans. EMK and Hatch help launch a public campaign to generate support for the amendment. The campaign pits tobacco companies against kids' health. After EMK and Hatch get enough votes, Lott threatens to scuttle the budget deal he had finally negotiated with Clinton unless the EMK-Hatch amendment is pulled. The Clinton administration removes its support for the amendment and immediately sends Vice President Al Gore and several aides to apologize to EMK. Lott wins the vote 55 to 45, with the support of eight Democrats. Clinton later says the episode was one big misunderstanding. EMK calls the administration "mistaken" for siding with Lott and vows to offer the child care proposal "again and again until we prevail." (Clymer, pp. 585-590; *The Boston Globe*, 5/22/1997)

June

The Labor Committee (14 to 4) approves a bill (S 830) to reauthorize the drug user fee act and streamline the FDA regulatory process over EMK's strong objections. EMK says: "Timely reauthorization is tremendously important, but it is not so important that Americans should accept the threats to public health included in this bill." EMK's opposition focuses on two provisions offered by Judd Gregg (R-NH). The first would allow companies to make health claims that are approved by scientific agencies other than the FDA on food labels. EMK's amendment to strike the provision fails 5 to 13. The second would establish a national standard for warning labels on non-prescription drugs and cosmetics. EMK's amendment to block the provision fails 3 to 15. EMK is also unable to block a provision that would expand a pilot program that uses outside contractors for reviews of low-risk medical devices. EMK offers an amendment that would

impose civil penalties on companies that do not complete required drug trials, but it is rejected 6 to 12. (1997 *CQ Almanac*, pp. 6-19 to 6-20)

- June-July* Hatch introduces the child health insurance plan to the Finance Committee and wins its approval after agreeing to reduce the tax increase to 20 cents over five years. The increase would raise an estimated \$15 billion, with \$8 billion to be spent on children's health. This is \$12 billion less than the original EMK-Hatch bill. But when it is added to the \$16 billion proposal to expand Medicare to cover uninsured children it brings the total increase in spending on children's health care to \$24 billion. Nevertheless, EMK initially criticizes the compromise. On the Senate floor he tries to raise the tax to 43 cents but fails, 30 to 70. Hatch votes against the amendment. But EMK works with the Clinton administration and outside groups to preserve funding for child insurance in conference. In the end, conferees approve a \$24 billion, five year block grant. After the Senate approves the measure EMK calls it "the most far-reaching step that Congress has ever taken to help the nation's children and the most far-reaching advance in health care since the enactment of Medicare and Medicaid a generation ago." Clinton signs it. (Clymer, pp. 591-592)
- September* On the 24th, the Senate finally approves the FDA overhaul bill 98 to 2, with EMK and Jack Reed (D-RI) opposing, after EMK, almost single-handedly, manages to delay the vote for weeks. In the end, EMK allows the vote to be taken, but not before he succeeds in modifying dozens of provisions. During floor debate, EMK argues that the establishment of national standards for warning labels on non-prescription drugs and cosmetics would endanger the health of women, the main consumers of cosmetics. He says the FDA has neither the legal authority nor adequate staffing to regulate cosmetics and that the job should be left to the states. EMK, Gregg, and the Clinton administration eventually agree on a compromise that allows the states to continue regulating cosmetics, but authorizes the FDA to issue warning labels. EMK also voices his opposition to narrowing the criteria by which the FDA evaluates the safety of low-risk medical devices. EMK co-sponsors an amendment to alter the medical device language, but it is rejected 35 to 65. (1997 *CQ Almanac*, pp. 6-20 to 6-21)
- November* The House and Senate reconcile their FDA bills and the Senate approves the conference report by a voice vote. EMK praises the final version of the bill. He says: "I am convinced that as a result of this legislation the health of the American people will be enhanced through faster availability of pharmaceutical drugs and medical devices." Among other things, the final bill limits the scope of an FDA medical device review to the intended use described on the manufacturer's label, but authorizes the FDA to require manufacturers to include warning labels on the product if they agency believes the device could cause harm if used in another way. It also limits the types of medical devices that could be reviewed by outside contractors. (1997 *CQ Almanac*, pp. 6-20 to 6-21)

1998

March EMK and other Democratic sponsors introduce a managed care reform bill (S 1890) designed to give patients greater access to specialists, to emergency care, and to a speedy appeals process to resolve disputes with insurers over medical care. The measure would give patients the right to sue health plans under state law for malpractice. This is one of several bills introduced in Congress in 1998 to reform managed care. The Democrat's bill comes on the heels of Clinton's proposal for a patient's "bill of rights." (1998 *CQ Almanac*, pp. 14-4, 14-10 to 14-11)

By Executive Order, Clinton extends many of the patient's rights proposed under EMK's bill to those whose health care is financed by the federal government-- federal employees and recipients of Medicare and Medicaid, whose health care is either insured by or overseen by the federal government. Clinton calls on Congress to enact a Bill of Rights that would apply to all health care policies.

July Minority Leader Tom Daschle (D-SD) introduces the Senate Democrats' managed care bill as an amendment to an appropriations bill (S 2168) for the departments of Veterans Affairs, Housing and Urban Development and other agencies. Daschle introduces the plan as an amendment because Republicans would not allow an open debate on managed care. Daschle does not consult EMK before making the move, but EMK defends the managed care bill on the Senate floor. Majority Leader Lott responds by pulling the appropriations bill from consideration. The Senate never votes on the managed care bill in 1998. The House passes (216-210) a Republican managed care bill (HR 4250) but Daschle's motion to bring it to the Senate floor is defeated 47-50. (1998 *CQ Almanac*, pp. 2-105, 14-3)

The Republicans counter with their own Patient's Bill of Rights bill, with Nickles as the lead sponsor, but omits many of the most important rights, including the right to sue in state courts. It also offers no rights to the one-third of the population covered by plans where the employers, not the insurers, bear the financial risk (self-insured plans).

October A motion by Daschle to have the Senate consider Patient's Bill of Rights loses by one vote.

1999

March The Senate Health, Education, Labor, and Pensions (HELP) Committee, formerly Labor and Human Resources, approves by a party-line vote (10-8) a Republican managed care bill (S 326). EMK and other Democrats offer 18 amendments, which are all defeated by party-line votes. EMK vows to introduce the amendments on the Senate floor. He calls the bill "a bill of wrongs, not rights" for not offering enough patient protections. EMK criticizes the bill for not establishing a legal definition of "medical necessity" and for extending some

federal protection to subscribers of self insured health plans that are exempt from state regulations but not HMO subscribers. (1999 *CQ Almanac*, pp. 16-4 to 16-5)

June

HELP Committee Chairman James Jeffords (R-VT) announces his failure to broker bipartisan agreement on medical confidentiality legislation. The committee debates an EMK and Leahy bill (S 573), among others. Their bill, supported by patient advocacy groups, would make federal law a “floor” not a “ceiling” for privacy protections. It would establish new federal protections for medical information, but allow states to enact stricter protections. It would require patients to give additional authorization for any use of their records beyond payment and treatment. It would also allow patients to sue health care providers and others who intentionally disclose their records. EMK opposes a compromise to cap non-economic damages for illegal disclosure at \$50,000. (1999 *CQ Almanac*, pp. 16-38 to 16-39)

The Senate approves (99 to 0) a bill (S 331) introduced by EMK, William Roth Jr. (R-DE), Daniel Patrick Moynihan (D-NY), and Jeffords to allow individuals receiving Social Security Disability Insurance and Supplemental Security Income to keep their Medicare and Medicaid benefits if they go back to work. After the vote, EMK tells reporters: “If America means anything, it means not leaving people out or leaving them behind. Today’s unanimous action is a real invitation . . . to be a part of the American dream.” Senator Phil Graham (R-TX) agrees not to block the bill after supporters drop a package of tax increases meant to pay for its \$1.7, 10-year cost. Graham says the agreement he worked out requires the bill to be paid for through cuts in other entitlement programs, but EMK disputes it. (1999 *CQ Almanac*, pp. 16-42 to 16-43)

July

The Senate passes 53-47 a GOP managed care bill (S1344) after four days of partisan debate. Every Democrat and two Republicans vote against the bill. EMK leads Democratic debate of the floor. Republicans defeat every Democrat amendment aimed at expanding protections for patients. Clinton vows to veto the bill. (1999 *CQ Almanac*, pp. 16-12 - 16-15)

During Senate debate over a omnibus tax cut bill (S1429), EMK proposes an amendment to send the bill back to the Finance Committee until it includes a prescription drug benefit for Medicare beneficiaries. The amendment is defeated. However, EMK plays an important role in 1999 and 2000 in building support for a Medicare prescription drug bill within the drug industry and Clinton White House. (1999 *CQ Almanac*, p. 21-19)

Fall

The House passes (412-9) its version of legislation (HR 1180) to expand federal health benefits for the disabled. The House bill has a smaller price tag (\$800 million) than the Senate bill. The House bill would offset much of the bill’s cost through doing away with fraud in the Supplemental Security Income program, imposing a surcharge on attorney’s fees in Social Security benefit cases, and altering the formula for calculating the interest rate on federal guaranteed student

loans. During conference negotiations, EMK threatens to work against the bill unless the offsets, which include a provision that would eliminate a federal mortgage insurance rebate for low-income borrowers, are dropped. EMK appeals to disability advocates to write letters to the White House asking Clinton to veto the bill. EMK draws upon the relationships he and his senior advisor on disability policy, Connie Garner, had developed over the last few years with a network of disability groups. Clinton proposes new offsets, including changes in the earned income tax credit. EMK throws his support behind the bill. The House (418-2) and the Senate (95-1) adopt the conference report and Clinton signs the bill. The final bill extends the period disabled individuals can retain Medicare coverage after returning to work from 4 to 8 ½ years and permits states to extend Medicaid coverage to workers with disabilities and others. It also creates a voucher like system to permit disabled individuals to purchase job training and rehabilitation services to prepare them to return to work. (1999 *CQ Almanac*, pp. 16-45 to 16-49, S-74)

The House passes (227-205) the Norwood-Dingell managed care reform bill (HR 2990) and sends it to the conference committee. EMK is critical that Speaker Hastert goes on to appoint conferees that are mostly opposed to Patient's Bill of Rights. (1999 *CQ Almanac*, pp. 16-3)

2000

September The Senate passes by voice vote a children's health bill (HR 4365) sponsored in the Senate by EMK and Bill Frist (R-TN). The bill reauthorizes and revises various physical and mental health programs for children, substance abuse prevention and treatment programs, and day care. EMK and Frist negotiate a compromise bill with the House before bringing it to the floor. The House clears the bill soon after the Senate and Clinton signs it into law. (2000 *CQ Almanac*, pp. 12-41 to 12-42)

March Managed care conferees, including EMK, begin negotiations over the House and Senate managed care bills. There are considerable differences between the two measures. While the House bill would apply to all Americans in private insurance plans, the Senate bill would apply to only those plans exempt from state regulations. The House bill would permit patients to sue their health plans for damages in state courts; the Senate bill would not. The House bill also contains provisions allowing for the creation of purchasing groups to help make insurance more affordable for individuals. The Senate bill does not contain this. EMK calls the House bill the "right benchmark against which to measure any conference report." But Democrats oppose many of the tax provisions, including the expansion of medical savings accounts, contained in both bills. Conference chairman Senator Don Nickles (R-OK) strongly opposes the new federal HMO regulations included in the House plan. Nickles sets a March 31 deadline for an agreement but none is reached. (2000 *CQ Almanac*, pp. 12-3 to 12-4)

- April* The HELP Committee approves 16-0 legislation (S 2366) sponsored by EMK and Frist to reform the current system for the allocation organs for transplant. The bill would create a board of medical experts and patients to establish organ transplant and allocation policies, authorize a private contractor to administer the policies, and the HHS to review them. It would establish an appeals panel to settle disputes between the policy board and HHS. The board would be charged with eliminating disparities among “socioeconomic status, race, ethnicity, geographic area or region of residence or transplantation.” The bill does not make it to the floor in 2000. (2000 *CQ Almanac*, pp. 12-35 to 12-37)
- June* EMK tries to attach the House managed care bill, minus several tax provisions, to a defense authorization measure (S 2549), but the amendment is tabled by Nickles 51-48. Nickles calls EMK’s actions “regrettable” and “political theater.” EMK says his amendment has “moved the process and moved the bill.” Republicans refuse to work with Democrats after EMK’s move. But four Senate Republicans go on record for the first time in support of expanding patient’s rights, under limited circumstances, to sue managed care plans that delay or deny coverage. The Senate votes 51-47 for the expansion on the 29th. No agreement is reached on managed care in 2000. (2000 *CQ Almanac*, pp. 12-3, 12-12/13)
- November* George W. Bush defeats Al Gore in a bitterly contested presidential election. The Democrats pick up seats in the Senate to force a 50-50 split.
- December* As part of negotiations with Republicans over how to boost payments for Medicare providers, the White House announces its support for legislation (S 2272) sponsored by EMK and Senator Charles Grassley (R-IA) to increase Medicaid coverage for children with disabilities. In the end, the language to broaden Medicaid eligibility for children with disabilities is not adopted. (2000 *CQ Almanac*, p. 12-32)
- 2001**
- January* The Democrats regain control of the Senate for 17 days until Gore, who has been the tie-breaking vote in the evenly split Senate as Vice President, is replaced by Dick Cheney, giving the GOP control of the House, Senate, and White House.
- May* The Democrats regain control of the Senate when Jeffords leaves the Republican Party to caucus with the Democrats as an Independent. EMK becomes chairman of the HELP Committee, as well as the Judiciary’s Immigration and Refugee Affairs Subcommittee.
- Summer* The Senate passes 59-36 managed care/patients’ rights legislation (S1052) sponsored by EMK, John McCain (R-AZ) and John Edwards (D-NC). The bill is similar to the Norwood-Dingell bill passed by the House in 1999. The House approves 226-203 a GOP-backed bill (HR 2563) in a near party-line vote. In a reverse of last year, the Senate bill now contains greater patient protections than

the House bill. Once again, the legal right of patient's to sue their health plans is the biggest difference between the bills. (*2000 CQ Almanac*, pp. 12-3 to 12-7)

Norwood, a Republican, is called to the White House to negotiate with Bush on behalf of EMK and the other Patient's Bill of Rights cosponsors. Norwood reportedly generates anger amongst Democrats when he makes a deal offering concessions to Bush on the spot, including a key concession on the issue of liability. Noneconomic damages are reportedly low. EMK is unable to get the White House to make further concessions.

August The Norwood–Bush compromise Patient's Bill of Rights amendment to an underlying bill passes the House 218-213. It is reportedly fairly close to Norwood-Dingell on everything but liability. However, all movement on Patient's Bill of Rights in 2001 stops after 9/11.

September 9/11 terrorist attacks strike New York and the Pentagon.

November The Senate approves 89-10 an omnibus appropriations bill (HR3061) for HHS and other departments after adopting by voice vote an amendment offered by EMK, Paul Wellstone (D-MN), and Pete Domenici (R-NM) requiring health plans to provide equal coverage for mental and physical illnesses. The amendment would be a significant expansion of previous "mental health parity" and would mandate equal co-pays and an equal number of doctor's visits. The language is eventually dropped during the House and Senate conference for the bill. (*2000 CQ Almanac*, p. 2-36)

2002

June The House passes legislation (HR4954) that would add a prescription drug benefit to Medicare, allowing Medicare beneficiaries to buy new private insurance policies for prescription drugs. The Senate debates three prescription drug proposals, including a bill (S 2625) sponsored by EMK, Bob Graham (D-FL), and Zell Miller (D-GA), for a government prescription program to be run by HHS. The plan would have a \$25 monthly premium and a \$10 co-pay for generic drugs and a \$25 co-pay for brand names with no deductible and a \$4,000 maximum per year. The bill would cost an estimated \$594 billion over 10 years. The Senate does not pass a Medicare prescription drug benefit in 2002. (*2002 CQ Almanac*, pp. 10-3 to 10-7)

August After EMK, McCain, and Edwards and the Bush administration fail to reach agreement on a patients' rights bill after months of informal negotiations, Daschle moves to appoint conferees to reconcile the Senate (S 1052) and House (HR 2563) versions. Republicans object to the move and neither chamber ends up appointing conferees in 2002. (*2002 CQ Almanac*, pp. 10-7 to 10-8)

November In a speech at the Harvard School of Public Health, EMK renews his call for universal health care and says he plans to introduce legislation next year that would require all employers with more than five workers to provide health insurance for their employees and their dependents. (*The Associated Press*, 12/21/2002)

The Republicans regain control of the Senate in the midterm elections, returning to the GOP control of the House, Senate, and White House. EMK loses chairmanship of the HELP Committee.

2003

April Congress clears a compromise bill (HR1770) to compensate health and emergency care workers who suffer adverse effects from smallpox vaccines after EMK successfully lobbies to raise or remove restrictions on compensation. The final bill, among other things, provides lifetime compensation for individuals who are permanently disabled from the vaccines. (*2003 CQ Almanac*, p. 11-17)

June Unable to get his preferred bill through Congress, EMK supports a compromise Medicare prescription drug bill (S1) sponsored by Grassley and Max Baucus (D-MT). EMK calls the proposal “not the bill we would have written, but to finally get something moving is a major step forward.” The bill would allow Medicare beneficiaries to stay with the traditional fee-for-service program or switch to a Medicare Advantage program through a private insurer that includes prescription drug coverage. Seniors would also have the option of a government run “fallback” prescription plan in areas without private plans. The drug benefit would require seniors to pay an average monthly premium of \$35 and a \$275 annual deductible. The government would pay for ½ of drug costs from \$276 to \$4,500 and then stop until the beneficiary paid \$3,700 out-of-pocket. It would pay 90% after that. On the 27th, the Senate passes the bill 76 to 21, with EMK voting for it, after adopting an amendment that split \$12 billion in funding between Republican and Democratic priorities. Half of the money would help private insurance companies attract seniors and half would pay for benefits for seniors who stay in traditional Medicare. EMK, who reportedly plays an important role in securing Democratic support for the bill in the Senate, supports the amendment: “Republicans say the private sector can do a better job of providing health care for seniors, and we say Medicare can. This amendment tests both.” The House approves (216-215) its prescription drug benefit measure (HR 1) the same day. The House bill offers no government “fallback” plan, but it provides incentives to private insurers to provide coverage in underserved markets. The bill also would require Medicare to compete with private plans starting 2010. Under the Senate plan and the House plan until 2010, Medicare and private insurers would have to offer the same coverage. (*2003 CQ Almanac*, pp. 1-8 to 1-9, 11-3 to 11-8, S-49)

November The Republican leadership in the House and Senate announces an agreement on a Medicare prescription drug bill. Senators Max Baucus (D-MT) and John Breaux

(D-LA) are the only Democrats to play a role in the conference negotiations. The House (220-215) and the Senate (54-44) approve the conference report. EMK votes against the conference report after his attempt to filibuster it is defeated in a 29-70 cloture vote. EMK calls the bill “a calculated program to unravel Medicare, to privatize it, to voucherize it, and to put seniors in the cold arms of HMOs.” The final bill offers seniors a prescription drug benefit through participating managed care plans. Among other things, it creates a pilot program beginning in 2010 in which Medicare and private insurers would compete on price in six metropolitan areas for six years; it provides \$86 billion in tax breaks and subsidies to encourage employers not to drop existing drug coverage for their retirees and creates health savings accounts to allow Americans to save for medical costs; the bill also includes \$14 billion that private insurers can tap to provide health insurance for Medicare recipients in unprofitable markets and provides \$25 billion for rural hospitals and providers. (2003 *CQ Almanac*, pp. 11-7 to 11-13, S-82; *The Bergen Record*, 11/26/2003)

2004

Fall During his reelection campaign, Bush blames frivolous medical malpractice lawsuits for rising health care costs and proposes to limit jury awards to reduce doctors’ insurance premiums. (Kant Patel and Mark Rushefsky, *Health Care Politics and Policy in America* (Third Edition), Armonk, N.Y.: M.E. Sharpe, Inc., 2006, p. 298)

2005

January EMK and Leahy introduce a bill designed to counter the Republican push to cap jury awards for malpractice suits. Their bill would aim to lower doctors’ insurance premiums by removing health insurers’ antitrust exemption. The bill would ban price fixing, bid rigging, and market allocations. (Patel and Rushefsky, p. 298)

November The Senate, by unanimous consent, passes the Wired for Health Care Quality Act of 2005 sponsored by EMK and Senator Mike Enzi (R-WY). The legislation would provide incentives and standards for the use of information technology to improve the quality and reduce its costs of health care. (EMK Website, <http://kennedy.senate.gov/>)

EMK gives an address before community activists, doctors, nurses, and other medical professionals at the JFK Library in Boston in commemoration of the 40th anniversary of the first community health center at Columbia Point. EMK tells the audience: "Even since my first visit to Columbia Point Health Center in the 1960's, I've been inspired by the work that you do and the indispensable services you provide. Day in and day out, you're on the front lines, offering hope to millions of Americans who have no place else to go for good medical care." According to the National Association of Community Health Centers, there are

more than 1,000 community health centers nationwide serving over 15 million people. (EMK Website, <http://kennedy.senate.gov>)

November The Democrats regain control of the House and Senate. EMK regains chairmanship of the HELP Committee.

2007

January In his first hearing as chairman of Senate Health, Education, Labor, and Pensions Committee, EMK listens to testimony from various witnesses on health care reform. Topics include making health care more affordable and how Massachusetts can be used as a model for building universal health care nationwide. (*The Associated Press*, 6/18/2002)

February EMK holds a press conference with Waxman, Senator John Cornyn (R-TX), and Representative Tom Davis (R-VA) on the Family Smoking Prevention and Tobacco Control Act (S625). The legislation would give the FDA the authority to regulate tobacco products. (*Federal News Service*, 2/15/2007)

April On the 18th, the HELP Committee approves EMK's bill (S1082) to expand the powers of the FDA. The bill not only reauthorizes the FDA to collect fees to pay for the review of new drugs and medical devices, but it allows the FDA to periodically review the safety of drugs that are already on the market. (*2007 CQ Almanac*, p. 12-9)

May On the 9th, the Senate passes EMK's FDA bill (S1082) with a 93-1 vote. (*2007 CQ Almanac*, p. 12-9)

June EMK introduces the Wired for Health Care Quality Act on the 26th. The HELP Committee passes it the next day, but it does not reach the Senate floor. (*CQ Weekly*, 7/9/2007; THOMAS on S1693)

August On the 1st, the HELP Committee approves EMK's bill (S625) to give the FDA authority over tobacco advertising and regulate the ingredients in cigarettes. However, it never reaches the Senate floor. (*2008 CQ Almanac*, pp. 3-14 – 3-15)

September Congress passes the FDA reauthorization and drug safety bill after EMK and Rep. John Dingell (D-MI) work on a compromise bill through the summer. The bill contains the core features of EMK's earlier bill. Bush signs it into law on the 27th. (*2007 CQ Almanac*, pp. 12-8, 12-10)

The Senate passes a mental health parity bill (S588) that requires private insurance companies to offer mental health benefits equal to standard medical and surgical benefits. It is a culmination of almost two years worth of negotiations led by EMK and Senator Pete Domenici (R-NM). (*2007 CQ Almanac*, p. 12-14)

- October* EMK's son, Rep. Patrick Kennedy (D-RI), leads the effort to pass a House version of the mental health parity bill (HR1424), but it does not reach the floor. The big controversy is that the House bill specifies which mental illnesses are to be covered based on the recognized disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). The healthcare industry supports the Senate bill, which allows the industry to decide which illnesses to cover. (2007 *CQ Almanac*, 12-15; *CQ Weekly*, 10/22/2007)
- Oct.-Nov.* On two separate occasions, Bush vetoes an EMK-supported bill that expands the SCHIP program by \$35 billion. Bush calls it going "too far toward federalizing health care." (*CQ Weekly*, 10/1/2007) Both chambers cannot override his vetoes. (*The Boston Globe*, 104/2007, 10/19/2007)
- 2008**
- January* EMK announces his support for Democratic presidential candidate Barack Obama.
- April* EMK successfully negotiates with Senator Olympia Snowe (R-ME), Tom Coburn (R-OK), the Department of HHS, and the White House to pass legislation that prohibits employers from using genetic screening results, like for cancer or heart disease, in hiring, assignment or promotion decisions. (2008 *CQ Almanac*, pp. 9-15 – 9-16)
- May* EMK is diagnosed with a brain tumor.
- July* Patrick Kennedy, Obama, Dodd, and Kerry are by EMK's side as he enters the Senate chamber for a cloture vote on a bill that would prevent a cut in Medicare payments to physicians. Kerry and EMK vote for cloture as it passes 69-30. (*CQ Weekly*, 7/9/2008)
- July-Nov.* Michael Myers, staff director for the HELP Committee, confirms in November that EMK has held a series of private roundtable discussions at his Hyannis Port home with various health care stakeholders like labor unions, the Business Roundtable, and the National Federation of Independent Business. (*Modern Healthcare*, 11/10/2008)
- August* EMK makes a surprise appearance and speech at the Democratic National Convention.
- October* Congress passes legislation on mental health parity. After three months of negotiations with EMK and other congressional leaders, Patrick Kennedy drops the specific list of conditions to be covered. Bush signs it on the 3rd. (2008 *CQ Almanac*, 9-5 – 9-7; *CQ Weekly*, 12/8/2008)

Nov.-Dec. Obama nominates Daschle for Secretary of HHS and tasks him to lead his transition health-policy working group. Daschle organizes informal and town hall meetings, including meetings with Baucus and EMK. Baucus, EMK, and their staffs conduct meetings that continue through 2009 to go over strategy for health care reform. (*The Washington Post*, 12/8/2008; *The Boston Globe*, 12/26/2008, 2/4/2009, 7/11/2009; *CQ Weekly*, 11/10/2008)

2009

January EMK steps down from the Judiciary Committee to focus on his work as HELP Committee Chairman to pass health care reform.

On the 8th, EMK presides over Daschle's first confirmation hearing. Daschle promises action to reform health care and states the Clinton healthcare plan taught him the importance of getting cooperation between Congress, the White House, and insurance companies. (*The New York Times*, 1/9/2009)

February On the 3rd, Daschle withdraws his name from consideration for HHS Secretary after it is learned he paid \$146,000 in back taxes and interest. Daschle reportedly calls EMK afterwards. (*The Washington Post*, 2/4/2009; *The Boston Globe*, 2/15/2009)

Obama signs the Children's Health Insurance Program Reauthorization Act of 2009 which adds 4 million more children to the program. (*The Associated Press*, 2/4/2009)

March EMK attends a White House health care forum. (*CQ Weekly*, 4/6/2009)

April EMK attends a HELP Committee hearing on Obama's nomination for Secretary of HHS, Kathleen Sebelius. (*The Boston Globe*, 4/1/2009)

Mark Childress, former aid to Daschle, staff member on Obama's transition team, and since December 2008, chief of staff at HHS and deputy director of the White House office of Health Reform, becomes a senior advisor for health care reform on the HELP Committee. (*The Washington Post*, 12/18/2008; *Modern Healthcare*, 4/20/2009)

May On the 5th, EMK introduces a bill to give the FDA authority over tobacco products. On the 20th, the HELP Committee approves his bill. (THOMAS on S982; *CQ Weekly*, 5/22/2009)

On the 28th, *The Boston Globe* publishes EMK's opinion piece on health care reform. He talks about five elements: better choices for health insurance with a mix of private and public insurance programs and making them affordable; bringing down health care costs by reducing fraud, waste, and abuse; emphasizing preventive medicine; supporting the elderly to live at home and function

independently; and investing in training for medical professionals. (*The Boston Globe*, 5/28/2009)

June

Dodd steps in to run the HELP Committee while EMK recovers from a new round of treatment. Dodd unveils a draft of his healthcare reform bill for the committee to debate and mark-up. The bill, which EMK's staff had helped to draft, includes a government-sponsored healthcare option with employer mandates. Republicans do not support the \$1 trillion price tag and charge that it only covers one-third of the 46 million uninsured. (*CQ Weekly*, 6/22/2009)

Congress passes legislation to give the FDA authority to regulate tobacco products. It reflects EMK's Senate bill by regulating nicotine levels, barring flavor additives, and imposing stronger warning labels. Obama signs it into law on the 22nd. (*CQ Weekly*, 6/15/2009; *The Wall Street Journal*, 6/22/2003)

July

It is reported that EMK holds weekly conference calls with the HELP Committee to work on a health care reform bill. (*The Boston Globe*, 7/11/2009)

On the 2nd, Dodd and EMK unveil a revised health care bill. The new proposal would cost \$611 billion, down from \$1 trillion by scaling back on the subsidies for the poor to buy insurance. It still includes a public option with a private one in an insurance exchange, and fines for the uninsured and companies that don't insure its employees. Both fines could generate \$88 billion over the next ten years. In a statement, Obama welcomes the revised legislation. (*The Boston Globe*, 7/3/2009; *The New York Times*, 7/3/2009)

On the 15th, the HELP Committee passes its health care bill by a party-line vote of 13-10. (*The New York Times*, 7/16/2009)

By the 27th, with delays over the Finance Committee's deliberations, Senate Majority Leader Harry Reid (D-NV) states that the Senate will wait until September to take up health care legislation on the floor. (*The New York Times*, 7/16/2009; *CQ Weekly*, 7/27/2009)

August

Appearing on ABC's "This Week with George Stephanopoulos" to discuss health care reform, McCain talks about the impact that the loss of EMK would have on the legislative process. "He had a unique way of sitting down with the parties at a table and making the right concessions, which really are the essence of successful negotiations." (*The Boston Globe*, 8/24/2009)

EMK dies at his home in Hyannis Port on the 25th.

September

EMK's memoir, *True Compass*, is released. He calls improving health care as "the great cause of my life." (Edward M. Kennedy, *True Compass: A Memoir*, New York: Twelve, 2009, p. 506)

On the 9th, Senator Tom Harkin (D-IA) takes over the chairmanship of the Senate HELP Committee officially replacing EMK. (*The Washington Post*, 09/09/2009)

Baucus unveils his health care reform bill. It would incorporate a new excise tax on insurance companies selling high-end policies. Like the HELP Committee bill, it creates an insurance exchange where consumers can shop for private policies, but there is no competing federal government insurance plan, an idea supported by EMK. Medicaid would expand to cover more of the uninsured, and individuals could buy insurance through the help of subsidies. People who go without insurance and employers who do not offer coverage could face penalties. (*The New York Times*, 9/17/2009)

On the 25th, Paul Kirk becomes Massachusetts' junior senator to fill in until the special election next January. Kirk is a former EMK staffer and family friend, and is reportedly closely aligned to EMK's views on health care reform. He is assigned to the Armed Services and Homeland Security Committees. (*The New York Times*, 9/25/2009; *Boston Herald*, 9/29/2009)

October On the 13th, the Finance Committee approves its \$829 billion health care reform bill by a vote of 14-9 with one Republican, Snowe, voting in favor. (*The Washington Post*, 10/14/2009)

It is reported that Senator Charles Schumer (D-NY) reportedly pressures Reid during negotiations with Baucus and Dodd to keep a public option in the final health care bill. (*The Washington Post*, 10/18/2009)

November On the 8th, the House passes its version of \$1.1 trillion health care reform by a vote of 220-215. It would create a federal exchange where individuals and businesses can purchase insurance including a government-run insurance plan, impose penalties on the non-insured, allow the government to negotiate rates with health care providers, and create a mandate that all Americans must obtain coverage. The plan does not include a tax on high-cost health plans. (*CQ Weekly*, 11/8/2009)

On the 18th, Reid unveils the Senate's \$848 billion health care reform bill. It would expand Medicaid for the poor, tax high-cost health plans, impose penalties on the non-insured, and like the House bill, it would include a government-run insurance plan, but in a state insurance exchange. (*The New York Times*, 11/21/2009; *CQ Weekly*, 11/23/2009)

December Dodd helps defeat a GOP amendment which would have stripped the Senate health care bill of the CLASS Act provision authored by EMK and Dodd. CLASS Act, which was passed as part of EMK and Dodd's health care bill by the HELP Committee in July, is a national, voluntary insurance program for long-term care. (*The New York Times*, 12/4/2009)

Reid drops the public option in the Senate bill in favor of a privately run insurance plan monitored by the Office of Personnel Management and expanding Medicare for people between the ages of 55-64. (*The Washington Post*, 12/10/2009)

On the 24th, the Senate passes its health care reform measure, the Patient Protection and Affordable Care Act, along party lines, 60-39. The bill reflects some provisions from the EMK/Dodd HELP Committee bill. Vicki Kennedy is in the Senate gallery. (*The New York Times*, 12/25/2009)

2010

January On the 7th, House Democrats meet to strategize over health care reform. They are reportedly worried about the Senate bill's inclusion of a state run insurance exchange vs. a federal one, more lenient language on abortion funding, and a tax on high-cost plans that they expect labor unions to oppose. (*The Washington Post*, 1/8/2010)

On the 7th, Senator Bob Nelson (D-NE) unveils his plan to increase federal funding for Medicaid to all states. In exchange for his vote on the Senate bill in December, Nelson had a line inserted in the bill that Nebraska will receive an exemption for its share of expanding Medicaid. This deal is seen by critics as the "Cornhusker Kickback" and 13 Republican attorney generals see the measure as being unconstitutional and threaten to sue. (*The Washington Post*, 1/1/2010, 1/8/2010; *Christian Science Monitor*, 1/13/2010)

On the 19th, Obama, Reid, and House Speaker Nancy Pelosi (D-CA) meet at the White House to discuss health care strategy before the Massachusetts election results come in. Reid tells Pelosi that the House should adopt the Senate bill. She reportedly says no, because the bill must be amended by the Senate before they would pass it. (*The Washington Post*, 3/23/2010)

On the 19th, Republican challenger Scott Brown defeats Democratic challenger and Massachusetts Attorney General Martha Coakley in a special election to finish EMK's term. In his campaign, Brown argues that Massachusetts has its own health care plan and it is unfair for the state to support a nationwide plan. Brown is sworn in on February 4th. As a result, the Senate Democrats lost its 60 vote majority. (*The Washington Post*, 1/21/2010)

In a speech in Ohio on the 22nd, Obama promises to continue to push for health care reform as Congressional Democrats figure out the best strategy to move the reform bills in the wake of the Massachusetts election. (*The Washington Post*, 1/21/2010, 1/24/2010)

Reid and Pelosi meet on the 26th to discuss whether to pass health care reform piecemeal or with fixes to the Senate bill. Congress recesses without a plan. (*The Washington Post*, 1/27/2010, 1/29/2010)

February On the 3rd, Obama speaks at a Senate Democrats retreat saying “We've got to finish the job, even though it's hard.” In private, Senator Al Franken (D-MN) tells David Axelrod that he is reportedly disappointed in Obama's lack-luster leadership on this issue. (*The Washington Post*, 2/4/2010, 3/23/2010)

On the 9th, Obama meets with Congressional Republicans to discuss health care reform. After the meeting, Obama accuses the Republicans of “obstruction,” especially in the Senate. (*The Washington Post*, 2/10/2010)

On the 25th, Obama holds a televised Bipartisan Health Care Summit at Blair House to get Republican and Democratic ideas on the table. Congressional Democrats reportedly hope this is another step in Obama taking charge of the health care debate. As Rep. Anthony Weiner (D-NY) states, “He's now out there being Ronald Reagan, Bill Clinton, Abe Lincoln -- which, you know, is what we've needed all along...” (*The Washington Post*, 2/25/2010) The summit highlights the major differences between Republicans and Democrats on this issue. Instead of the Senate and House bills, Republicans support modest changes within the private marketplace or incremental changes. (*The Washington Post*, 2/25/2010, 2/26/2010)

March On the 3rd, Obama delivers a speech asking Congress to pass the Senate's version of the health care bill in a few weeks rejecting Republican calls to start the process over again. (<http://www.whitehouse.gov/the-press-office/remarks-president-health-care-reform>)

On the 21st, the House passes the Patient Protection and Affordable Care Act by a 219-212 vote and a series of fixes by 220-211. The “fixes” bill goes back to the Senate. Vicki Kennedy visits EMK's grave at Arlington National Cemetery before watching the historic vote on television. For the past seven months, she has worked behind the scenes talking with key members of Congress in support of the bill. (*The Washington Post*, 3/22/2010, 3/24/2010)

Obama signs the bill into law on the 23rd. Obama invites several Kennedy family members to the signing ceremony. Vicki and Patrick Kennedy present Obama with an original copy of EMK's first health care bill from 1970. At the ceremony, Obama mentions EMK and Vicki in his speech, and Obama, Vice President Joseph Biden, and other members of Congress wear blue bracelets inscribed “TedStrong.” (*The Washington Post*, 3/24/2010)

On the 25th, Congress passes some “fixes” on the health care bill that includes closing the “doughnut hole” in Medicare drug benefits where seniors pay the full cost of drugs between \$2,830 and \$6,440, voiding the Nebraska Medicaid deal,

and delaying the tax on high insurance plans from 2013 to 2018. The bill is written under special budget reconciliation rules, so it is protected from a Republican filibuster. (*The Washington Post*, 3/26/2010)

EMK'S LEGISLATIVE HEALTH CARE HIGHLIGHTS

Prepared by Rob Martin

Miller Center of Public Affairs, University of Virginia, 3/13/2008

- 1961** *EMK's father, Joseph P. Kennedy, suffers a stroke, leaving him partially paralyzed and unable to speak.*
- 1964** *EMK's back is broken in a plane crash. He spends much of the next six months recovering in a hospital Stryker frame.*
- 1967** **Neighborhood Health Centers:** After visiting a neighborhood health center in the Columbia Point public housing project in Boston in 1966, EMK sponsors legislation creating a nation-wide network of neighborhood health centers, providing medical care for mostly low-income families. Clymer identifies this as the beginning of EMK's work on the "cause that distinguished him in the Senate - healthcare." EMK sponsors legislation creating neighborhood mental health centers in 1970 and continues sponsoring legislation to strengthen both programs over the years.
- 1969-74** **NHI initiatives during Nixon Administration:** After joining Reuther's Committee of 100 to help develop and support the groups' national health insurance (NHI) plan, EMK goes on to take the leading role in the campaign for NHI after Reuther dies in a plane crash in 1970. Set to become the next chairman of the Senate Health subcommittee, EMK introduces the Committee of 100's bill in the Senate that summer and proposes an NHI bill again in 1971. During this time, the Nixon Administration presents its own NHI plan, which is largely based on employer mandates. With the Committee of 100 committed to a single-payer system, EMK works with House Ways and Means Chair Wilbur Mills in 1972 to develop a plan that is more in line with the Nixon proposal. However, labor remains unwilling to compromise, as Watergate promises to give the Democrats a big win in the next midterm elections. Stan Jones holds secret talks with Assistant HEW Secretary Stu Altman on NHI in the spring of 1974 after the Administration and Kennedy-Mills both introduce new proposals, but no agreement is reached. Momentum is lost when Mills loses support for his plan on Ways and Means to a weak, AMA-backed plan and, later in the year, Mills is forced to resign. His successor, Al Ullman, does not support NHI.
- 1971** *EMK becomes chairman of the Senate Health Subcommittee after James Yarborough (D-TX) loses his primary campaign to Lloyd Bentsen in 1970.*
- EMK holds health crisis field hearings in the spring and tours England, Finland and Israel in the fall to study the health care systems of other industrialized countries.*
- The National Cancer Act of 1971:** As the new chairman of the Senate Health Subcommittee, EMK continues Yarborough's work fighting cancer. EMK and Jacob Javits work with Mary Lasker to build support within the Nixon Administration for their legislation to increase funding for cancer research and to create a new, independently-budgeted cancer program within the NIH.

- 1971-74 The Health Professions Education Acts of 1971 and 1974:** EMK authors legislation to provide educational funding for medical students willing to serve in high-need areas, such as rural and inner city areas.
- 1972 Health care for migrant workers:** EMK strongly supports legislation to extend family health services to migrant workers.
- 1973** *EMK's son, Teddy, Jr., is diagnosed with cancer. EMK spends much time over the next two years in hospitals speaking with the parents of other sick children, who are forced to take unpaid leave from work while struggling to pay high medical bills. These experiences later lead EMK to support new legislation, including the Family and Medical Leave Act.*
- 1973 The Lead-Based Paint Act of 1973:** EMK passes legislation regulating the use of lead-based paint, which can cause severe health problems for children.
- 1973 The Health Maintenance Organization Act of 1973:** EMK champions legislation to create non-profit staff and group model HMOs that would provide a wide range of medical services comparable to a comprehensive NHI plan while controlling costs. EMK fights Nixon's efforts to limit funding and Peter Dominick's AMA-backed efforts to broaden the definition of HMOs to include "independent practice associations." A compromise bill is passed which includes Dominick's broadened definition. (Caper later notes this was probably a mistake.) Congress also later passes legislation over EMK's strong objections to ease federal restrictions on HMOs.
- 1974 The National Health Planning and Development Act of 1974:** EMK sponsors a bill to create a national system of local health planning agencies, which would help contain costs by preventing the overdevelopment of unneeded hospitals and expensive specialized health facilities. Caper later suggests this bill was intended as a first step to help make the passage of NHI legislation possible by making it more affordable. Although the bill is passed, it never receives the necessary funding and is repealed under Reagan in 1986.
- Mid '70s EMK's oversight hearings:** EMK holds hearings to examine ethical guidelines and set regulations for human experimentation, as well as medical malpractice and the pharmaceutical industry.
- 1977-80 NHI initiatives during Carter Administration:** Working with HEW Secretary Joe Califano, Rep. Jim Corman (D-CA) and labor, EMK spends much of 1977 pushing Carter to start moving on NHI. EMK convinces labor to drop their demand for a single payer system, but Carter is unwilling to drop cost containment as his first priority. Carter presents his proposed health insurance plan to EMK at a White House meeting in mid-1978, which would be implemented in phases contingent on economic conditions. EMK and Carter continue private negotiations on a compromise plan, but no agreement is reached. EMK breaks with Carter, unveiling his NHI plan with Rep.

Henry Waxman (D-CA) in May 1979. Carter unveils a new proposal limited to mandatory catastrophic coverage in June 1979, which is never acted on. Historic opposition from organized medicine, business, and the insurance industry continues to block forward progress on NHI, as does Reagan's victory in the 1980 presidential election.

1980 *Reagan wins the 1980 presidential election, the Republicans win control of the Senate, and EMK loses chairmanship of the Judiciary Committee.*

Early 80s EMK fights **Reagan's budget cuts for health care spending**, including Reagan's 1981 health block grant proposal which would cut funding by 25%. EMK is unable to prevent many of the cuts but is able to limit their scope.

1986 **Comprehensive Omnibus Budget Reconciliation Act of 1986 (COBRA):** EMK sponsors a provision allowing employees who have left their jobs or been laid off to extend their health insurance benefits for 18 months. EMK coordinates with Stark and Waxman in the House to help his legislation to be passed.

1986 *The Democrats regain control of the Senate in the mid-term elections; EMK becomes chairman of the Labor and Human Resources Committee in January, 1987.*

1987 **Spousal impoverishment provision:** EMK and Barbara Mikulski sponsor a spousal impoverishment amendment to the Medicare Catastrophic Coverage Act, which guarantees that when one spouse goes to a nursing home the other does not need to become impoverished before Medicaid coverage will begin. The spousal impoverishment provision is passed, and is also retained after the catastrophic coverage act is repealed in 1989.

1980s/90s **AIDS Legislation:** EMK plays a leading role in fighting discrimination towards people with HIV, and works to pass legislation to fund AIDS research, health services and treatment, including the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990.

1988-92 **The Pepper Commission and the "Play or Pay" approach to NHI:** After becoming chairman of the Labor Committee in 1987, EMK sponsors the first NHI bill ever to be passed out of a committee. EMK is named to the Bipartisan Commission on Comprehensive Health Care Reform, created by Reagan and Democratic congressional leaders in 1988, which issues recommendations on universal access and long-term care. Though employer mandates remain controversial, the commission supports a plan that would require employers to either provide health insurance for their employees or contribute to a government insurance fund. EMK works with Senate Majority Leader George Mitchell to build on the commission's recommendations and sponsor a "play or pay" bill in 1992, which is passed by the Labor Committee. The "play or pay" approach is similar to Nixon's NHI proposals.

- 1993-94 Clinton and Health Care Reform:** EMK works closely with the Clinton Administration on the development of its health care reform proposal and is a lead Senate sponsor of the Administration's plan. Progress is reportedly impeded by Clinton's initial decision to give first priority to deficit reduction, inept Administration management of the political process, Rostenkowski's resignation from House Ways and Means, opposition from the insurance industry, organized medicine and business, and controversy in the Senate over employer mandates. A number of Senate committees develop their own plans, including EMK's HELP Committee, which passes a plan with some bipartisan support. However no consensus emerges behind any single plan. Mitchell proposes a modified plan in the summer, 1994, to expand coverage to 95% of the population without requiring an employer mandate, which Clinton says would now be acceptable. EMK negotiates on behalf of the Mitchell plan with John Chafee's bipartisan "Mainstream Coalition" to produce a compromise agreement, but Mitchell declares health care reform dead on September 26th after failing to attract enough votes for the new proposal. The GOP goes on to win control of both houses in the midterm elections; no health care reform legislation is passed.
- 1994** *The GOP wins control of the House and Senate in the 1994 mid-term elections. EMK loses chairmanship of the Labor Committee.*
- Mid-90s Blocking the Gingrich cutbacks:** EMK works to prevent the Republicans, who have just won control of the House and Senate in the "Republican Revolution," from cutting funding for numerous programs including Medicare, Medicaid and the FDA.
- 1996 The Kennedy-Kassebaum Health Insurance Portability and Accountability Act of 1996 (HIPPA):** EMK and Labor chairman Nancy Kassebaum cosponsor legislation protecting health insurance coverage for workers and their families when they change or lose their jobs. HIPPA is part of EMK's efforts to keep health insurance reform moving forward after the collapse of NHI by refocusing on a smaller initiative that can gain bipartisan support. It is passed after EMK battles Dole over Medical Savings Accounts, which EMK is able to keep limited to a small, temporarily pilot program.
- 1996-97 State Children's Health Insurance Program (SCHIP) of 1997:** EMK works with Orin Hatch and Hillary Clinton to pass legislation creating federal coverage of children's health care. The bill is passed as part of the Balanced Budget Amendment and is funded in part by a cigarette tax increase. SCHIP, along with HIPPA, is one of the proposals that EMK pulls from the various failed NHI proposals to keep health insurance reform moving forward.
- 1997-02 Patients' Bill of Rights:** EMK makes repeated attempts to enact legislation to strengthen patients' rights including giving patients the right to sue their HMOs to hold their health plans accountable for harm done. The Senate passes the McCain-Edwards-Kennedy Patients' Bill of Rights after the Democrats retake the Senate in 2001 but, unlike in 2000, the House bill contains weaker provisions. Negotiations with the Bush White House are unable to resolve the issue of damages and no legislation is enacted.

- 2001** *EMK regains chairmanship of the HELP Committee in May when Jeffords leaves the Republican Party to caucus with the Democrats as an Independent, giving the Democrats control of the Senate for a year and a half, until the GOP retakes the Senate in the 2002 midterm elections.*
- 2003** **Medicare prescription drug bill:** Starting in the late 1990s, EMK plays a leading role in the fight to add prescription drug coverage to Medicare. EMK works to build support within the drug industry and Clinton Administration, and fights to have prescription drug provisions attached to various tax bills. Unable to get his preferred plan through the Senate, EMK ultimately supports Baucus-Grassley compromise legislation in 2003. EMK works to bring Democrats on board to gain passage in the Senate, but changes made in conference lead EMK to oppose the conference report. EMK's attempted filibuster fails and the legislation is passed and signed by Bush into law.
- 2003** *EMK's daughter, Kara, is treated for lung cancer.*
- 2006** *The Democrats regain control of the House and Senate. EMK regains chairmanship of the HELP Committee.*

OVERVIEW OF NATIONAL HEALTH INSURANCE (NHI) INITIATIVES

Compiled by Rob Martin

Miller Center of Public Affairs, University of Virginia, 2/20/2008

Initiatives during Theodore Roosevelt Administration:

In 1912, President Theodore Roosevelt's Progressive Party calls for a new system of social insurance, drawing on European models, to protect "home life against the hazards of sickness, irregular employment and old age." Roosevelt is supported by the American Association of Labor Legislation (AALL), which is an organization of economists, lawyers, and other reformers that has been calling for health insurance reform since 1910. The AALL forms a Committee on Social Insurance recommending a compulsory plan to cover most workers. It produces a model bill in 1915, forges alliances with other organizations, including for a brief time the AMA, and lobbies state legislatures. However, support for social insurance begins to fade at the state level, as organized medicine and insurance companies mount powerful opposition. Organized labor also comes to oppose social insurance, as labor leaders like Samuel Gompers prefer to gain health benefits through negotiations which cannot be repealed like legislation. While the AALL continues to call for insurance reform until 1942, this initial movement effectively ends in 1920 when a committee of the New York State Assembly kills the final AALL compulsory health insurance bill.

Initiatives during Coolidge Administration:

In 1927, President Calvin Coolidge appoints a Committee on the Cost of Medical Care, funded by a number of foundations led by Carnegie and Millbank, to study the access most Americans have to health care. The committee calls for group practice health care for Americans to be funded by insurance or taxation. The AMA strongly opposes the proposal, calling it socialism and communism. No further progress is made, despite the fact that the Great Depression would soon greatly increase the number of Americans left without access to health care.

Initiatives during FDR Administration:

In 1935, FDR's Committee on Economic Security, chaired by Labor Secretary Frances Perkins, debates whether to include health insurance in its Social Security bill. Facing strong opposition from organized medicine, FDR and the committee decide not to include health insurance because it would threaten the passage of the broader social security bill. The committee instead recommends that the Social Security bill call for a study of health care options. The Social Security Board subsequently calls for a number of health care programs that later form the basis of the Murray-Wagner-Dingell bill.

Initiatives during Truman Administration:

Two months after taking office, President Truman endorses the Murray-Wagner-Dingell bill and proposes a NHI plan to cover all Americans, including those not covered by Social Security. He says he favors "the broadest possible coverage for this insurance system," and proposes to fund the plan through payroll deductions. The AMA calls his plan socialized medicine and kills the bill. Congress takes no action. Truman's subsequent attempts to pass NHI legislation also fail, but Truman is able to develop a plan to provide 60 days of free hospital care for Social Security beneficiaries, which later leads to the Medicare.

Initiatives during Nixon Administration:

On the eve of the 1968 presidential contest, Walter Reuther asks Senator Edward Kennedy (EMK) to join the Committee of 100 being formed to advocate NHI for all citizens, and EMK quickly takes the initiative and becomes the leading proponent of comprehensive NHI in Congress. He introduces legislation with Rep. Jim Corman (D-CA) in 1969 and, after becoming chairman of the Senate Health Subcommittee in 1971, again with Rep. Martha Griffiths (D-MI). EMK's bill is a single-payer system along the Canadian model that would cover the medical costs of almost all Americans and be financed through an increase in the payroll tax and by federal subsidies. Prospects for passage of NHI are bolstered when the Nixon Administration, led by HEW Secretary Caspar Weinberger, proposes its own NHI bill with equally wide coverage in 1971/72. EMK and Rep. Wilbur Mills (D-AR), chairman of House Ways and Means, work out a new plan attempting to bridge the gap between EMK's past NHI proposals and the Administration's proposal. However the labor movement, which opposes EMK's efforts to negotiate with the Nixon White House, rejects the plan, hoping to get a better deal in a post-Watergate veto-proof Democratic Congress. In the spring of 1974, EMK aide Stan Jones enters talks with Assistant HEW Secretary Stuart Altman on the Nixon Administration's latest NHI proposal, but momentum is soon lost. Nixon resigns in August and support builds within the House Ways and Means Committee for an alternative AMA-backed proposal to expand coverage by offering tax credits to those who purchase private insurance policies. The window for NHI effectively closes when scandal forces Mills to resign.

Initiatives during Carter Administration:

In 1976, Jimmy Carter wins the presidential election on a campaign that includes calls for "universal and mandatory" health insurance. EMK begins working with HEW Secretary Joe Califano to push Carter to introduce an NHI plan. In an effort to compromise with Carter, EMK persuades Lane Kirkland (AFL-CIO) and Don Fraser (UAW) in 1977 to drop labor's insistence on a single payer system and accept a role for private insurance, as long as coverage is universal and mandatory. However, Carter continues to hold cost containment as his first priority. In July 1978, Carter and Califano meet with EMK at the White House to present the Administration's NHI plan, which would "phase in" NHI in incremental legislative steps and be contingent on economic conditions and success in health care cost containment. EMK rejects the plan and publicly breaks with Carter, unveiling his own comprehensive NHI plan in May 1979 with Rep. Henry Waxman (D-CA). The Carter Administration counters in June with its own plan, which EMK criticizes as too expensive, particularly for low-income families. Historic opposition from organized medicine, business, the insurance industry, and conservative Republicans further blocks progress on NHI. Reagan goes on to win the 1980 presidential election, ending the debate.

Initiatives during Clinton Administration:

Momentum for NHI returns when William Clinton wins the 1992 presidential election. He designates his wife and Ira Magaziner to head up a health care task force and present a comprehensive NHI bill to Congress in 100 days. EMK works closely with the Administration and urges Clinton to present a plan quickly, but efforts are complicated when Clinton decides to give first priority to deficit reduction. The White House task force disbands in May after failing to meet its deadline. Amidst a series of mounting White House scandals, Clinton announces a universal and comprehensive "Health Security" plan in September 1993. EMK's HELP

Committee and Moynihan's Finance Committee begin consideration of the Clinton proposal, which Senate leadership later refers to the Senate floor. Progress on NHI is reportedly impeded by inept Administration management of the political process, opposition from the insurance industry, organized medicine and business, and controversy in the Senate over employer mandates. A number of Senate committees pass their own plans, including EMK's HELP Committee, with no consensus emerging behind any single plan. Mitchell proposes a modified plan in the summer, 1994 to expand coverage to 95% of the population without requiring an employer mandate, which Clinton says would now be acceptable. EMK negotiates on behalf of the Mitchell plan with John Chafee's bipartisan "Mainstream Coalition" to produce a compromise agreement, but Mitchell declares health care reform dead on September 26th after failing to attract enough votes for the new proposal. The Republicans maneuver to prevent any further progress before the mid-term elections, and the GOP goes on to win control of the House and Senate. Neither the House nor Senate is able to pass any NHI legislation.

KENNEDY-KASSEBAUM BILL

Prepared by Anne Mariel Peters

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In August 1996, Congress passed the Kennedy-Kassebaum health insurance bill after a battle over provisions for medical savings accounts, which were favored by Senate Majority Leader Bob Dole (R-KS) and House Republicans as a stimulus for private-sector health insurance competition, yet opposed by President Bill Clinton and congressional Democrats for their potential use as tax havens for the wealthy. The final bill provided for both individual and group insurance portability and established a four-year MSA pilot program.

After the failure of his national health insurance plan in 1994, President Bill Clinton shifted his focus to supporting a narrower bipartisan health insurance initiative being developed by retiring Senator Nancy Landon Kassebaum (R-KS) and EMK. On August 2, 1995, the Senate Labor Committee approved 16-0 the Kennedy-Kassebaum initiative (S 1028) with the following key provisions:

- Group health insurance portability: Limited to twelve months the period in which a group insurer could refuse or limit coverage of a new enrollee for a health condition that was diagnosed or treated in the six-month period before the enrollment.
- Individual health insurance portability: Required insurers offering individual coverage to issue an individual policy to anyone who met three criteria: (1) had coverage for at least eighteen months; (2) was not eligible for coverage under any group plan; and (3) has exhausted COBRA coverage.
- Following a 9-7 partisan vote on an amendment proposed by Senator Bill Frist (R-TN), language encouraging the creation of medical savings accounts (MSAs) was inserted. The creation of MSAs would allow individuals with high-deductible insurance plans (catastrophic plans) to make tax-deductible contributions to a special medical savings account. The account was to be used to pay for medical expenses, and employees could save what they did not use. Concerned that they could be used as tax havens for the wealthy, EMK opposed MSAs, which Republicans touted as a means to encourage private-sector competition.

It took months to bring S 1028, which subsequently became the target of interest groups, presidential campaigns, and partisan politics, to the Senate floor. The health insurance industry, which was crucial to the defeat of the 1994 Clinton initiative, vehemently opposed individual insurance portability. Clinton called for the passage of Kennedy-Kassebaum in his 1996 State of the Union address. And Senate Republicans concerned about group-to-individual portability requirements placed holds on the bill.

In the meantime, the House passed its own version of the bill (HR 3103) by a party line vote of 267-151 on March 28, 1996. The House bill included the following key provisions:

- Group insurance portability
- Individual insurance portability

- Provisions for MSAs
- Exemption from state regulations for small businesses forming insurance pools

Dole did not persuade his GOP colleagues to lift their holds on the bill until February 7, 1996, when debate was scheduled for late April. On April 23, the Senate approved the House bill 100-0 after substituting an amended version of S 1028, a vote that masked the degree of controversy over the inclusion of MSAs in the bill. Dole had led the fight for MSAs in the Senate, going against the wishes of Kassebaum and EMK, who had already built a broad coalition for the bill on the basis that no provision for MSAs and no additional amendments would be added. On April 17, Dole proposed a broad amendment that included the controversial MSA program and an array of politically desirable tax provisions designed to lure other senators from Kassebaum's no-amendment strategy. However, Kassebaum and EMK succeeded in stripping the MSA provision from the Dole amendment 52-46, with Vice President Al Gore present in the case of a tie vote. Five Republicans, including Kassebaum, joined Democrats in opposing the MSA provision. Dole tried to persuade Republican colleagues to switch to his side, but after winning over Frist and Senator William Cohen (R-ME), Dole gave up. The Senate voted 98-0 to accept the rest of Dole's amendment, with the exception of revenue programs intended to fund the MSAs. Key provisions of the Senate bill included:

- Group insurance portability
- Individual insurance portability
- Dole amendment, minus MSAs and MSA revenue programs
- Mental health parity provision

Dole had a second chance to insert MSAs into the bill during conference committee, although White House Chief of Staff Leon Panetta and Gore informed him that Clinton would veto the bill if it contained MSAs. When Dole sought approval of his proposed conferees in late April, EMK objected, accusing Dole of "stacking the deck" in favor of MSAs; Democrats then used procedural motions to block Dole from appointing conferees, insisting that Dole appoint conferees who reflected the Senate position on MSAs. Kassebaum, according to her spokesman, deferred to Dole on this issue due to his status as majority leader. In addition to the MSA provision, other difficult issues included mental health coverage provisions only in the Senate bill, and small business health insurance pools and a medical malpractice cap only in the House bill.

Just before Dole's departure from the Senate on June 11, Kassebaum reached a compromise with House Ways and Means Chairman Bill Archer (R-TX). The compromise included:

- A scaled down MSA program in exchange for an expansion of the program, subject to congressional vote, three years later
- No cap on malpractice awards
- No incentives for small-business health insurance pools
- No mental health parity provision

The Kassebaum-Archer compromise was met coldly by Democrats, and EMK expressed disappointment that Kassebaum had “bowed to the pressure of... the House Republican leadership.”

After Dole left the Senate to focus on his presidential campaign, Senator Trent Lott (R-MS) took his place as majority leader. On July 25, EMK and Archer unveiled a new compromise, the focus of which was a pilot MSA program that would expand after four years, subject to congressional vote. This requirement for congressional approval of MSA expansion was a victory for EMK, who also won several other provisions considered crucial for consumer protection, including restrictions on catastrophic coverage deductibles and limits on annual contributions to MSAs. Lott subsequently appointed conferees, and negotiations began.

After dropping the mental health and medical malpractice provisions, the Kennedy-Kassebaum bill (HR 3103/ S 1028, formally “The Health Insurance Revisions Act of 1996”) was passed by the House on August 1 and by the Senate 98-0 on August 2, 1996. Key provisions of the bill included:

- Group insurance portability
- Individual insurance portability
- MSA pilot program: The MSAs were to be made available to a limited population of roughly 750,000 for four years, beginning January 1, 1997. After that, Congress was to vote on whether to expand eligibility to everyone. Included in the pilot were workers at companies with fewer than fifty employees, self-employed workers, and the uninsured.
- Required enrollment: Required group insurers to enroll employees who initially declined coverage because they were covered under another group plan that they had since lost.
- Exclusions based on health: Prohibited insurers from refusing coverage because of an employee’s health status.
- Availability of group coverage: Required insurers that sold policies in the small group market to offer health plans to all employers in that market.
- Guaranteed renewability: Required insurers to renew most policies, with cases of fraud and non-payment exempted.

On August 21, 1996, Clinton signed the bill (PL 104-191).