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# FOIA MARKER

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**OA/ID Number:** 06969  
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**Folder Title:**  
Health Care Reform - DPC Study on Quality, Access and Cost

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# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01. Memo	From Charles Kolb to Roger Porter Re: Tomorrow's Health Care meeting with Governor Sununu (3 pp.)	10/15/90	P-5	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

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 By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
<b>Re-review Case #:</b> 2005-0296-S	<b>Appeal Disposition:</b>
<b>P-2/P-5 Review Case #:</b>	<b>Disposition Date:</b>
<b>AR Case #:</b>	<b>MR Case #:</b>
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### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

- P-1 National Security Classified Information [(a)(1) of the PRA]
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THE WHITE HOUSE  
WASHINGTON  
October 15, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: CHARLES E.M. KOLB *CEMK*  
SUBJECT: Tomorrow's Health Care Meeting With Governor Sununu

Attached is a briefing book prepared by HHS staff for tomorrow's meeting with Governor Sununu, Mike Boskin, Dick Darman, Ede Holiday, Secretary Sullivan, and HHS Under Secretary Connie Horner. The subject of the meeting is to discuss the proposed process for handling health care policy by the Administration during the next several months. I attended a meeting this morning with Steve Danzansky, Richard Porter, Dan Schmalensee, Connie Horner, John Robson, Arnold Tompkin, and Bill Myers to review the issues prior to tomorrow's session.

Connie Horner outlined how she expects tomorrow's meeting to proceed:

- (1) The Political Context -- Secretary Sullivan will probably begin by emphasizing that the time is not ripe for a major initiative on health care. His belief is based on comments from Bob Teeter as well as surveys from Dick Wirthlin, Blue Cross/Blue Shield, and Gallup. That is why he will suggest the need for continued education and an extended timeline for the Administration's health policy reform.

The surveys to which Sullivan will allude indicate that while Americans (especially the elderly) generally believe in a basic entitlement to health care, they also believe that no more resources should be spent to provide it. Candidly he would admit that even if we did nothing in health policy during the next year, "the world would not come to an end." His long-term goal, however, is to expand access, particularly in light of the fact that insurance company reserves are currently high by historical comparison and that health care premiums have not been increasing as much recently as in the past. (For example, Federal employees' health benefits increased 4.5% this year compared to 12% last year and 20% in 1988.) Another factor that supports his view that there is no urgent need to decide something major now is that one or two more years of State

experimenting in the health care area may well yield some useful information. (Note: The NGA effort spearheaded by Gov. Gardner could impact this timeframe, especially if NGA's report comes out next summer when the Steelman report is anticipated.)

- (2) An Infant Mortality "Downpayment" -- Given no major initiative on the horizon at least for next year, HHS will possibly want to discuss a "downpayment" on health care initiatives to be included in the FY 92 budget and State of the Union. Under consideration is an initiative that would focus on children by expanding resources to combat infant mortality.

Since the Steelman Commission will probably postpone its report until next summer or the early autumn of 1991, HHS will suggest deferring decisions on more expansive proposals to increase access to health care.

- (3) What's A "Downpayment"? -- I asked Connie Horner how much she was contemplating when she used the term "downpayment" on infant mortality policy. She estimated an amount of \$300 million to \$500 million which could be used to target funds on infant mortality disaster areas; strengthen health care delivery systems by increasing the number of community health centers and paying their staffs higher salaries; increasing Medicaid enrollment through an expanded outreach effort that would not expand Medicaid eligibility; and targeting resources on smoking, alcohol and drug abuse among pregnant women. Some or all of these efforts could be funded for the \$300-500 million estimate (Note: the Senate Finance Committee and the House Energy and Commerce Committees are reportedly considering a first-year \$80 million Medicaid expansion for children by phasing in mandatory coverage.)

Should HHS raise this point tomorrow, you might ask how they would ensure greater accountability for outcomes by adding in these extra funds. Is this just program expansion or are there ways to pursue enhanced targeting and/or better services integration to strengthen accountability?

- (4) Access to Health Care -- HHS has already begun to study the longer term issues of access to quality health care and has under consideration a proposal that would cap or abolish the tax exclusion for employee health benefits. This obviously amounts to a wealth transfer to the poor from the middle class who would fund the Medicaid expansion. One of the rationales for doing this is that it would arguably enhance cost containment for all participants. The tax exclusion

and Medicare expansion components would presumably be phased in over several years between announcement and 2000.

This approach is somewhat less radical than the Heritage Foundation's proposal which would completely eliminate the State contribution to Medicaid. The HHS approach, by contrast, would actually raise the State contribution and is justified by HHS as the best that can be implemented in the "current world of Washington."

Here is how it would work. Abolishing the tax exclusion for employee health benefits would save an estimated \$58.6 billion the first year. A tax credit phased in at the level of 100% to 300% of the poverty level would cost approximately \$22.1 billion. Providing Medicaid expansions of 75% to 100% of poverty would cost \$21.8 billion (approximately \$8 billion of which comes from the States). Subtracting these two figures from the initial savings (\$58.6 billion) yields \$14.7 billion left that could be allocated (potentially) to offset the impact of ending the tax exclusion.

Obviously, this approach hits pretty heavily on the middle class. A family with earnings of approximately 500% of the poverty level (*i.e.*, \$60,000 to \$70,000) would pay an additional \$1140 in taxes. Politically, such a plan would be highly controversial.

(5) Process -- Tomorrow's meeting will probably take the following format:

- Secretary Sullivan will begin by discussing the current political context and the current efforts underway in HHS and the Steelman Commission. He will note that since the deadlines are longer than initially expected, final decisions can probably wait.
- He will outline his five "seminar" themes on health care policy which will be conducted in speeches around the country.
- He will then raise the possibility of focusing on the infant mortality issue as an effort to say something about health care policy in the State of the Union Address and the FY 92 budget.

Cabinet Affairs would like to avoid specifics and to emphasize process and the need to obtain political guidance before proceeding any further.

Attachment

THE WHITE HOUSE

WASHINGTON

January 31, 1990

MEMORANDUM FOR SECRETARY SULLIVAN

FROM: ROGER B. PORTER *RBP*  
DAVID Q. BATES *[Signature]*

SUBJECT: The President's State of the Union Address  
-- Directive for Health Care Study

In the President's State of the Union Address tonight, he plans to direct the Secretary of Health and Human Services to review the recommendations of the health care studies now underway that deal with health care challenges, including improving access to health care and moderating growth in health care costs.

The directive will ask that the Secretary's study be presented to the President through the Domestic Policy Council.

It is important that this study review the forthcoming reports of the Pepper Commission and the Advisory Council on Social Security, as well as other pertinent information and recommendations.

Please arrange for regular reports on the progress of this study for the Domestic Policy Council through the Working Group on Health Policy. The next working group meeting is scheduled for Monday, February 12. The Department of Health and Human Services should be prepared to present a study plan at that meeting.

Your study report should include a range of options for review by the President, through the Domestic Policy Council.

We look forward to working with you through this process. If we may be of further assistance, do not hesitate to call on us.

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
02a. Memo	From Hanns Kuttner to Roger Porter Re: Health Care Study (1 pp.)	08/03/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

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THE WHITE HOUSE

WASHINGTON

August 3, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: HANNS KUTTNER *HK*

SUBJECT: Health Care Study

The form of the health care study the President requested from Secretary Sullivan has never been made clear. Is the Secretary to provide a comprehensive report, in the pattern of the national transportation plan or the national energy strategy, or is his responsibility solely to fashion options that can be embodied in an options paper to be forwarded to the President? These two directions are fleshed out as Option A and Option B in the attachment.

A report which tries to cover a broad range of issues will provide a platform for raising issues like fitness and personal responsibility that are unlikely to be heard if the process is solely one of internal deliberations on options that concludes in a policy announcement and fact sheet.

Which option do you believe should be pursued?

Option A \_\_\_\_\_

Option B \_\_\_\_\_

Attachment

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
02b. Paper	Health Care Study - Options Paper (1 pp.)	n.d.	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

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# HEALTH CARE STUDY

ISSUE: What is the "report" requested by the President in the State of the Union address? A confidential options paper or a publicly releasable document like the National Energy Strategy?

## Option A

- o HHS internal task force chaired by Connie Horner completes its report on access to health care and financing of long term care. Possible release of paper as a public document.
- o Based on this task force report, HHS prepares an *options paper* for Secretary Sullivan to forward to the President by the DPC, centered on the **access issues of the Horner report**.
- o Working Group on Health Policy review of options paper.
- o DPC review of the options; recommendations to the President; Presidential decision.

## Option B

- o HHS internal task force completes its report.
- o Based on this report, HHS prepares a **document appropriate for public release** that covers the quality, access, and cost of our health care system. This document serves as the report requested by the President in the State of the Union address.
- o Preparation of an options paper by the Working Group on Health Policy.
- o Review of the options paper by the DPC; recommendations to the President; Presidential decision.

# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03a. Memo	From Hanns Kuttner to Roger Porter Re: Progress on the Health Care Study (1 pp.)	05/28/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
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THE WHITE HOUSE

WASHINGTON

May 28, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: HANNS KUTTNER *HK*

SUBJECT: Progress on the Health Care Study

The health care study announced in the State of the Union address has made limited progress. This memorandum reviews where we are and forwards lists of principles and issues.

To review where we are:

- o HHS has formed an internal group to consider issues arising from the study process.
- o We have both a Health Policy Working Group of the DPC and an "executive committee" of White House and key agency staff.
- o One meeting involving senior officials was held in late February. That meeting closed with a general belief that the study process would include an early effort to identify where the process is going; that has not happened.
- o Various players in the several fora are working on their own agenda for figuring out where we are going.

In order to meet the expectations created in the State of the Union address, we must:

1. Establish principles

Some principles I have drafted, as well as some drafted at HHS, are at Tab A.

2. Agree on principles/direction

Items to be discussed at a meeting of senior officials to give guidance are at Tab B.

3. Define an outcome for the study process.

Assuming we conclude the study is to go beyond access issues, an outline for a comprehensive study is at Tab C.

Attachments

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03b. Paper	Health Principles (2 pp.)	n.d.	<del>P-5</del>	

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**Series:** Kuttner, Johannes  
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## Health Principles

Keywords: balance, prudence, responsibility, investment

### *Overall*

1. A healthier America requires more responsible Americans, a more efficient system for delivering care, and the availability of necessary health care for all.
2. We must recognize mutual responsibilities:
  - that of citizens to act responsibly in making choices that affect health and
  - that of government to educate citizens about those choices.
3. As a nation, we should seek a health care service delivery system that:
  - provides all Americans with access to the health care services necessary to well-being.
  - provides access to insurance arrangements that will allow individuals to protect themselves from disastrous health care expenses.

### *Cost*

1. Americans must become both more aware of and sensitive to the cost of the health care they receive.
2. Consumers must have the tools to make effective choices.

### *Quality*

1. We must develop an understanding of quality that does not equate quality with the volume of services.
2. Consumers must have the tools to make effective choices.

*Principles for government action*

1. Any government effort must balance greater personal responsibility, controlling costs, and expanding access. An unbalanced approach can only make our problems worse, not better.
2. The federal government's resources for health should be used prudently. Prudence implies:
  - Targeting assistance to those who need it most.
  - Investing wisely, using resources in the manner that leads to the best health outcomes.
  - Not further tilting federal resources towards open ended commitments that distort spending in favor of health care over other public purposes.
3. The federal government's responsibilities are:
  - to cooperate with states in providing access to those who would otherwise lack health care.
  - to create the knowledge necessary for consumers to act responsibly with respect to their own health and to make the most efficient purchase of health care.
  - to assist the creation of knowledge that will make possible more effective efforts to prevent, combat, and cure disease.

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03c. Paper	HHS Drafted Principles (1 pp.)	n.d.	<del>P-5</del>	

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By JRD (NLGB) on 1/4/2005

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## HHS Drafted Principles

1. All people should be able to obtain necessary health care, and primary reliance for this health care should be placed on access to insurance.
2. Individuals should assume responsibility, as far as possible, for the costs of their health care. Government should concentrate resources on those most in need.
3. Health financing and delivery designs should encourage:
  - o caregiving and financial support by family members for each other;
  - o individual responsibility for health; and
  - o community support.
4. Methods of health care delivery and financing should constrain the rate of growth in health care expenditures.
5. The design of health care financing should:
  - o promote innovation;
  - o not adversely affect employment opportunities and economic growth; and
  - o promote the delivery of high-quality care in the most cost-effective and compassionate way.

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03d. Paper	Issues for a senior officials meeting (1 pp.)	n.d.	P-5	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
 (Document Follows)  
 By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
<b>Re-review Case #:</b> 2005-0296-S	<b>Appeal Disposition:</b>
<b>P-2/P-5 Review Case #:</b>	<b>Disposition Date:</b>
<b>AR Case #:</b>	<b>MR Case #:</b>
<b>AR Disposition:</b>	<b>MR Disposition:</b>
<b>AR Disposition Date:</b>	<b>MR Disposition Date:</b>

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

- P-1 National Security Classified Information [(a)(1) of the PRA]
- P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P-3 Release would violate a Federal statute [(a)(3) of the PRA]
- P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

- (b)(1) National security classified information [(b)(1) of the FOIA]
- (b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- (b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- (b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- (b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- (b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- (b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- (b)(9) Release would disclose geological or geophysical information

ISSUES FOR A SENIOR OFFICIALS MEETING

I. Current sense on mega-issues

A. Mandates

B. Tax Code

II. Timing

A. Radical Reform in 1991

B. Defer Radical Reform

III. Meeting Expectations on Sullivan Study/DPC Process

A. Ratification of "Manhattan Phonebook" Strategy

B. Discussion of outline/chapters

# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
03e. Paper	Outline for a Health Care Study (2 pp.)	n.d.	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
 (Document Follows)  
 By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
<b>Re-review Case #:</b> 2005-0296-S	<b>Appeal Disposition:</b>
<b>P-2/P-5 Review Case #:</b>	<b>Disposition Date:</b>
<b>AR Case #:</b>	<b>MR Case #:</b>
<b>AR Disposition:</b>	<b>MR Disposition:</b>
<b>AR Disposition Date:</b>	<b>MR Disposition Date:</b>

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

## Outline for a Health Care Study

### I. Current Health Status of the American People

- Lifespan
- Incidence of disease/disability
- Long term trends
- Implications for an **investment** based approach to allocating federal health resources: instead of buying services, averting their need.
- Principles for use of federal resources

### II. Preventing Disease/Promoting Health

- Risk factors and their reduction
- Promoting well being through healthy behaviors

### III. Meeting the Challenge of Disease and Illness

#### A. Access to Care

1. The relationship of access to services and health
2. Relationship of insurance and access
3. Insurance issues
  - Should all Americans have health insurance?
  - Problems faced by those without insurance: do they need financial protection in the form of an insurance product? If not insured, how do they get necessary health care services?
- Market imperfections: information advantage of providers, consumer insulation from prices, sources of aversion to price-based competition
4. Special challenges: pregnant women, rural Americans, trauma care in large cities

- B. The cost and availability of health insurance
  - Problems of small business
  - People who are uninsurable
  
- C. Cost
  - Overall cost of health care: causes and implications
  - Promoting prudent purchasing: the interaction of federal purchases and other purchasers' efforts to "buy smart"
  - Impact of federal subsidies for physician training and capital investment in hospitals
  - Role of research
    - Biomedical
    - Health services
  - Antitrust issues
  
- D. Economy and efficiency in employer-provided health benefits: the federal government as example
  - Details on our FEHBP proposal
  
- E. Quality
  - Measures
  - Improving outcomes
  - Reducing the incidence of negligence
  
- F. Malpractice
  
- G. Long Term Care
  - Campaign promises on savings vehicles

THE WHITE HOUSE

WASHINGTON

July 25, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: HANNS KUTTNER *HK*

SUBJECT: *Health Affairs* Special Issue on Promoting Health

The Summer 1990 number of *Health Affairs* is devoted to promoting health. *Health Affairs* is the premier policy analysis journal on health issues.

Attached is the editor's message, where you will see he notes that "President Bush has demonstrated his commitment to a healthy lifestyle by all manner of athletic activities; he should add to his impressive personal statement a federal policy that places greater emphasis on preventing disease."

This suggests that in preparing a health strategy, as the President suggested we are doing in his state of the union address, an emphasis on prevention will be seen as a natural for a George Bush-led Administration. By contrast, the internal work going on at HHS seems to be solely about delivering more health care. Health care is the old paradigm health issue. Prevention is the new paradigm health issue. However, because we have never defined the scope of the Sullivan study announced in the state of the union, HHS has proceeded with its self-defined concept of what the President should get.

Attachment

*HANNS —*

*WE WILL TAKE THE LEAD ON THIS IF NECESSARY.  
PLEASE WORK WITH JIM, BILL ROPER, AND OTHERS TO  
COME UP WITH SOME SPECIFICS. WE NEED GOALS AND  
SOME SPECIFIC POLICIES.*

*ROGER*

## From the Editor

Amidst the daily drumbeat of expressed concerns over the uncontrolled rise in the cost of medical care in the United States, there is a largely ignored fact; most illnesses and premature death are caused by human habits of living that people choose for themselves: alcohol and other drug abuse, tobacco smoking, nutritional preferences, and reckless driving. Experts in epidemiology and public health have concluded that nearly two-thirds of all illnesses and untimely deaths could have been prevented. Thus, preventable illness and injury is a societal problem of major proportions, claiming some 1.3 million lives per year in the United States alone. If this saga is writ large, according to a new report by the World Health Organization (WHO), an estimated 200 million people worldwide could die prematurely from preventable illnesses in the 1990s, if current global trends continue. The WHO's director-general, Hiroshi Nakajima, declared in a statement accompanying the report: "Many of the world's illnesses are preventable or treatable with inexpensive vaccines, antibiotics or oral rehydration therapy. What is needed is to mobilize the political will to make this a healthier world." In the United States, the challenge is more than political will; it is educating a citizenry that has come to believe that its health status can be instantly improved by a quick technological fix, rather than living more sensible lives. It also involves insisting on more appropriate behavior from the medical profession, which society has entrusted with the power of self-regulation. But the stronger exercise of political leadership in promoting health is a worthy starting point. President Bush has demonstrated his commitment to a healthy lifestyle by all manner of athletic activities; he should add to his impressive personal statement a federal policy that places greater emphasis on preventing disease. To demonstrate the importance we attach to the subject, we are devoting this issue of *Health Affairs* to it. The subject of health promotion/disease prevention reflects a theme that is broader and more fraught with value-laden issues over the proper role of government than any other we have undertaken. As I have suggested, changing human behavior is the heart of the matter, and perhaps no challenge is greater in a society that so values free enterprise, individualism, and a

limited role for its government in personal lives. Nevertheless, Lester Breslow asserts in his overview essay that the time has arrived for the United States to pursue health promotion more aggressively. He is followed by James Mason, who sets out a policy framework of health promotion objectives for the year 2000 that the federal government will formally unveil this fall. Next come a variety of papers that reflect the vast diversity of subject matter that comes under health promotion/disease prevention: William DeJong and Jay Winsten on the role of the mass media, Diana Chapman Walsh on alcohol policy, Kenneth Warner on well-being at the worksite, Gilbert Omenn on the elderly, Sushma Palmer on the role of food and nutrition policy, and a conversation with economist Tom Schelling. The Commentaries further underscore the diversity of issues that arise in the context of health promotion: the role of physicians by Robert Lawrence, the pursuit of healthier lifestyles among minorities by Herbert Nickens, and the role of grass-roots advocacy in relation to this subject by Richard Couto. To pursue the prevention theme, we are indebted to the support of The Henry J. Kaiser Family Foundation, which has been at the cutting edge of private philanthropy in the substantial resources it has committed to these activities. The foundation, under the leadership of Alvin R. Tarlov and Lawrence W. Green, has pressed the belief through its grant making that much of ill health can be attributed to individual behavior. As its core strategy, the foundation has invested its prevention resources in the community organization model. That is, as Tarlov explained in the foundation's 1988 annual report, "to bring together large numbers of community people and local groups, first to obtain agreement on the importance of the problem, its causes and possible remedies, then to take the necessary steps to resolve the problem, and to sustain the community's will to build a better life." To the foundation's lasting credit, and in contrast to the timidity that many like organizations demonstrate in being publicly accountable for the value of their projects, the Kaiser Family Foundation has granted the University of Washington and the Group Health Cooperative of Puget Sound nearly \$2.9 million to conduct an independent evaluation of the effectiveness of Kaiser's Community Health Promotion Grants program in western states.

John K. Iglehart  
Editor

THE WHITE HOUSE

WASHINGTON

July 25, 1990

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Attachment

*7/25*  
*cc/Hans:*  
*I'm delighted to see*  
*Health Affairs is paying attention.*  
*I'll take your word for what*  
*HHS is doing internally. My suggestion*  
*is that we F2 the attached*  
*as a way of pre-empting with*  
*the NP to had Old Paradigm*  
*subbing up thru see*  
*HHS bureaucracy.*  
*JP*

# From the Editor

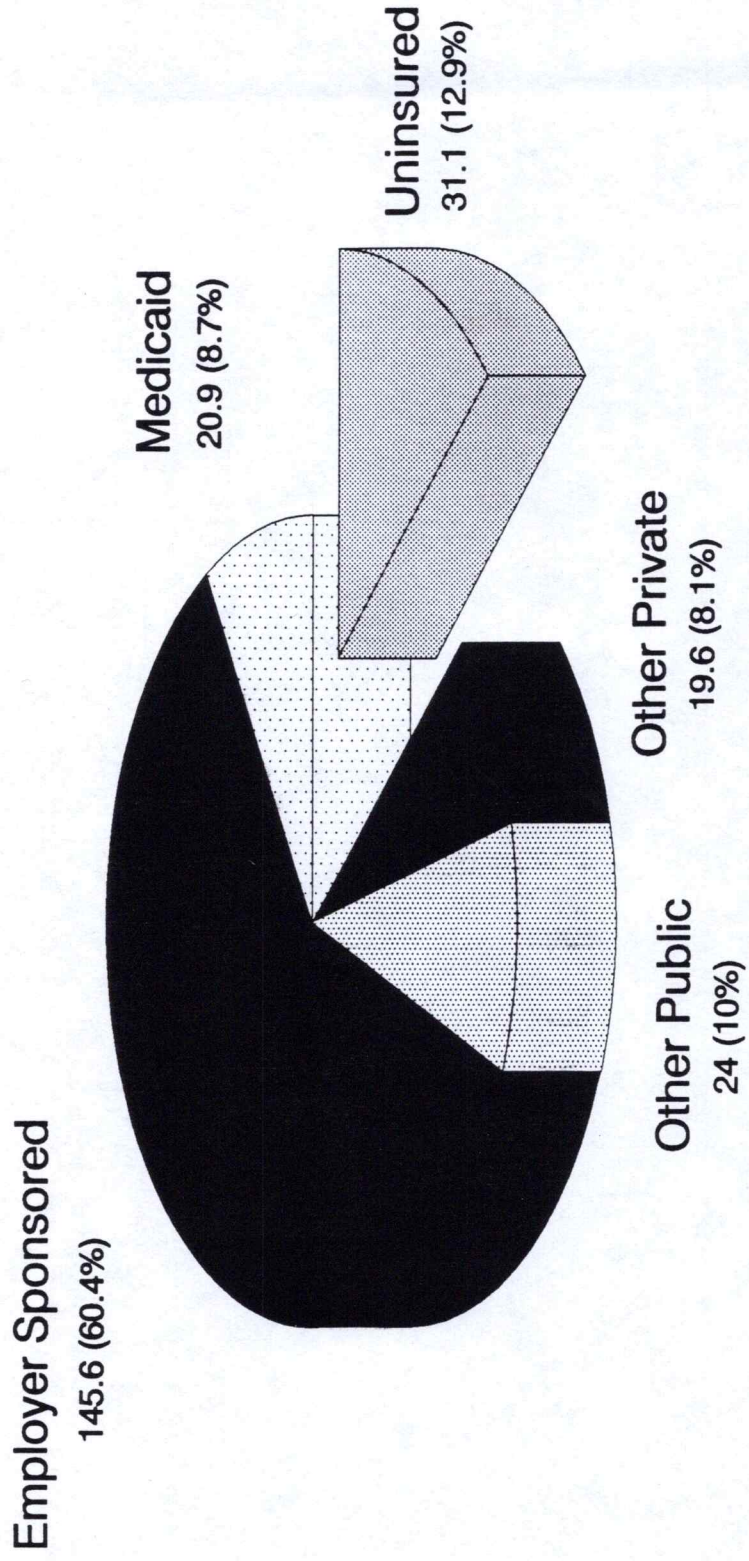
Amidst the daily drumbeat of expressed concerns over the uncontrolled rise in the cost of medical care in the United States, there is a largely ignored fact; most illnesses and premature death are caused by human habits of living that people choose for themselves: alcohol and other drug abuse, tobacco smoking, nutritional preferences, and reckless driving. Experts in epidemiology and public health have concluded that nearly two-thirds of all illnesses and untimely deaths could have been prevented. Thus, preventable illness and injury is a societal problem of major proportions, claiming some 1.3 million lives per year in the United States alone. If this saga is writ large, according to a new report by the World Health Organization (WHO), an estimated 200 million people worldwide could die prematurely from preventable illnesses in the 1990s, if current global trends continue. The WHO's director-general, Hiroshi Nakajima, declared in a statement accompanying the report: "Many of the world's illnesses are preventable or treatable with inexpensive vaccines, antibiotics or oral rehydration therapy. What is needed is to mobilize the political will to make this a healthier world." In the United States, the challenge is more than political will; it is educating a citizenry that has come to believe that its health status can be instantly improved by a quick technological fix, rather than living more sensible lives. It also involves insisting on more appropriate behavior from the medical profession, which society has entrusted with the power of self-regulation. But the stronger exercise of political leadership in promoting health is a worthy starting point. President Bush has demonstrated his commitment to a healthy lifestyle by all manner of athletic activities; he should add to his impressive personal statement a federal policy that places greater emphasis on preventing disease. To demonstrate the importance we attach to the subject, we are devoting this issue of *Health Affairs* to it. The subject of health promotion/disease prevention reflects a theme that is broader and more fraught with value-laden issues over the proper role of government than any other we have undertaken. As I have suggested, changing human behavior is the heart of the matter, and perhaps no challenge is greater in a society that so values free enterprise, individualism, and a

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John K. Iglehart  
Editor

HPWG.  
2.28.90

# Insurance Status of U.S. Population (Millions)

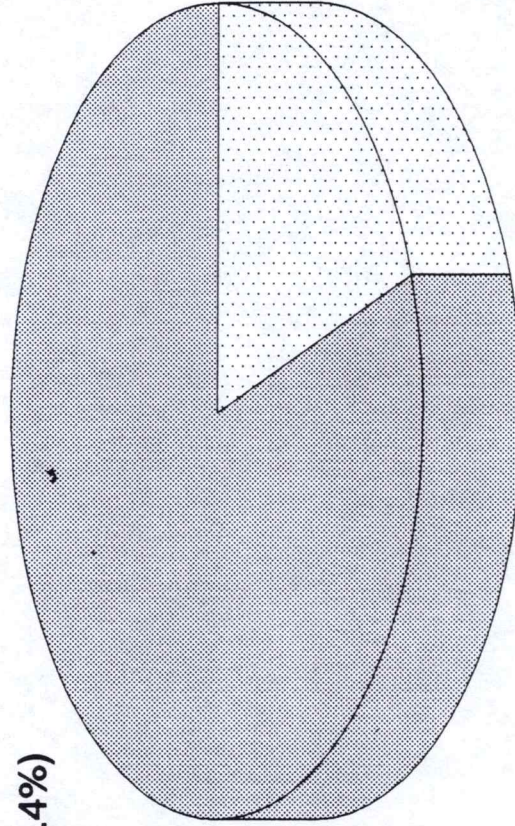


**Total - 241.2 M**

1987  
CPS

# The Uninsured: Employment Status

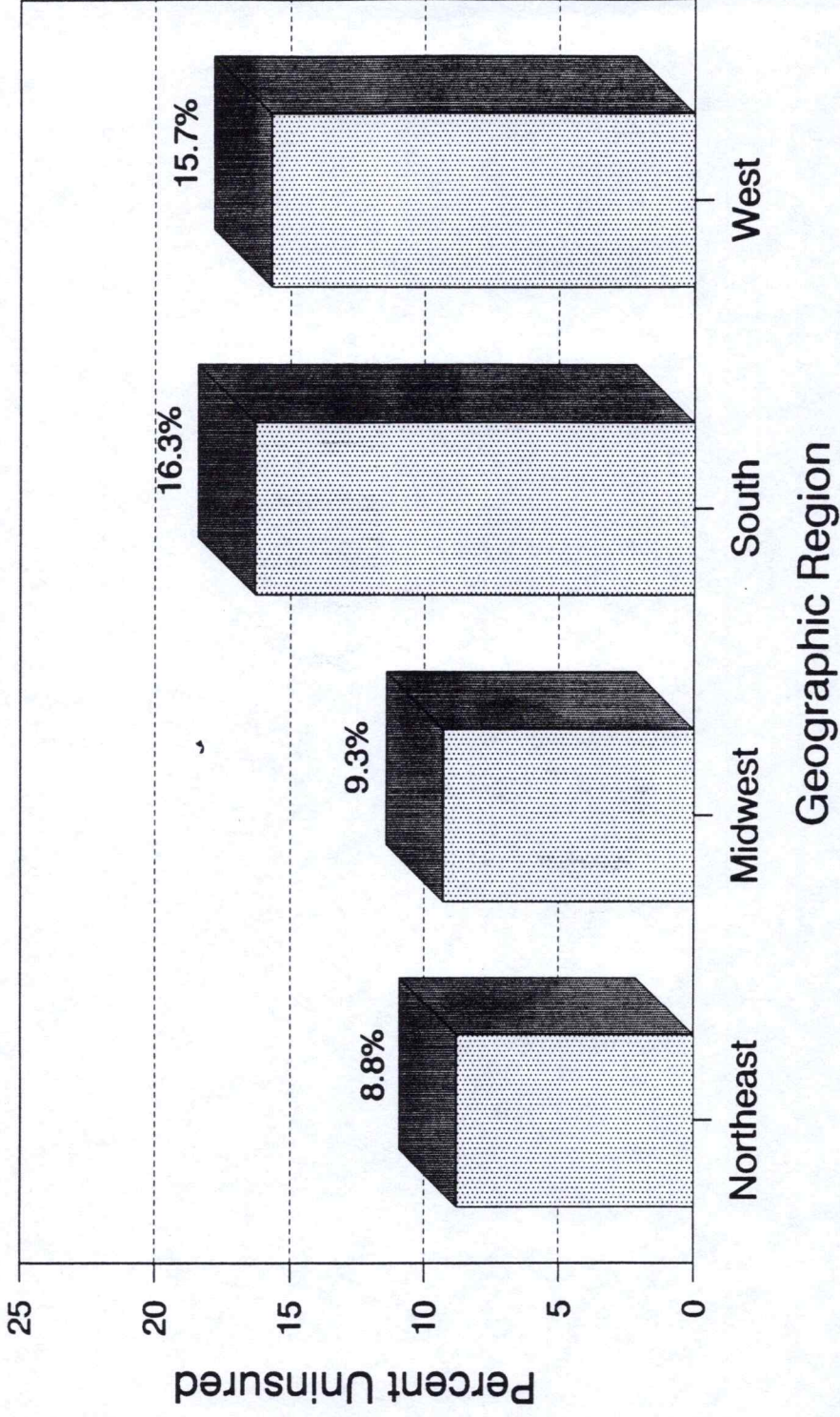
Employed  
25.1 m (80.4%)



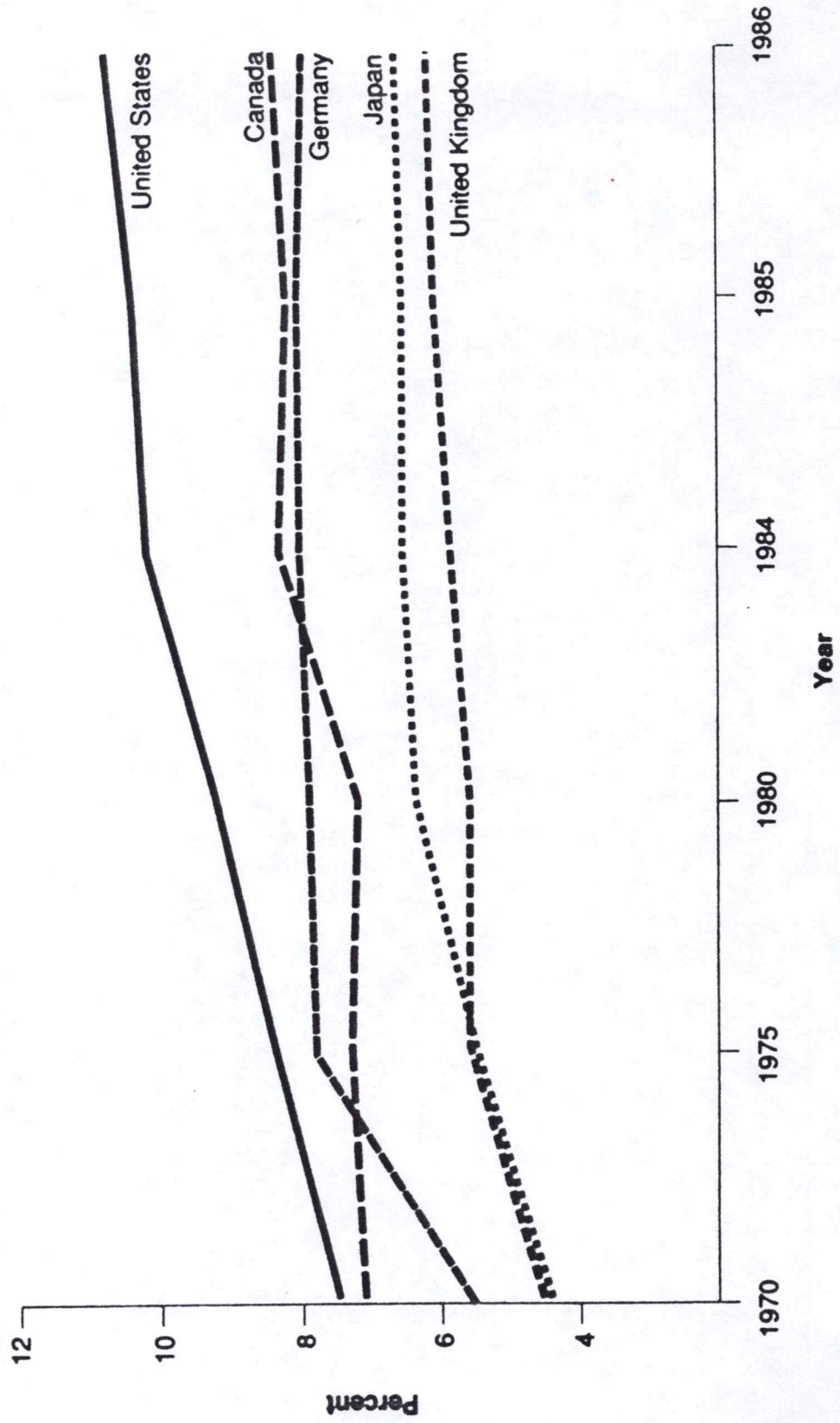
Unemployed  
6.1 m (19.6%)

*Total - 31.1 M*

# Percent Uninsured Within Geographic Region

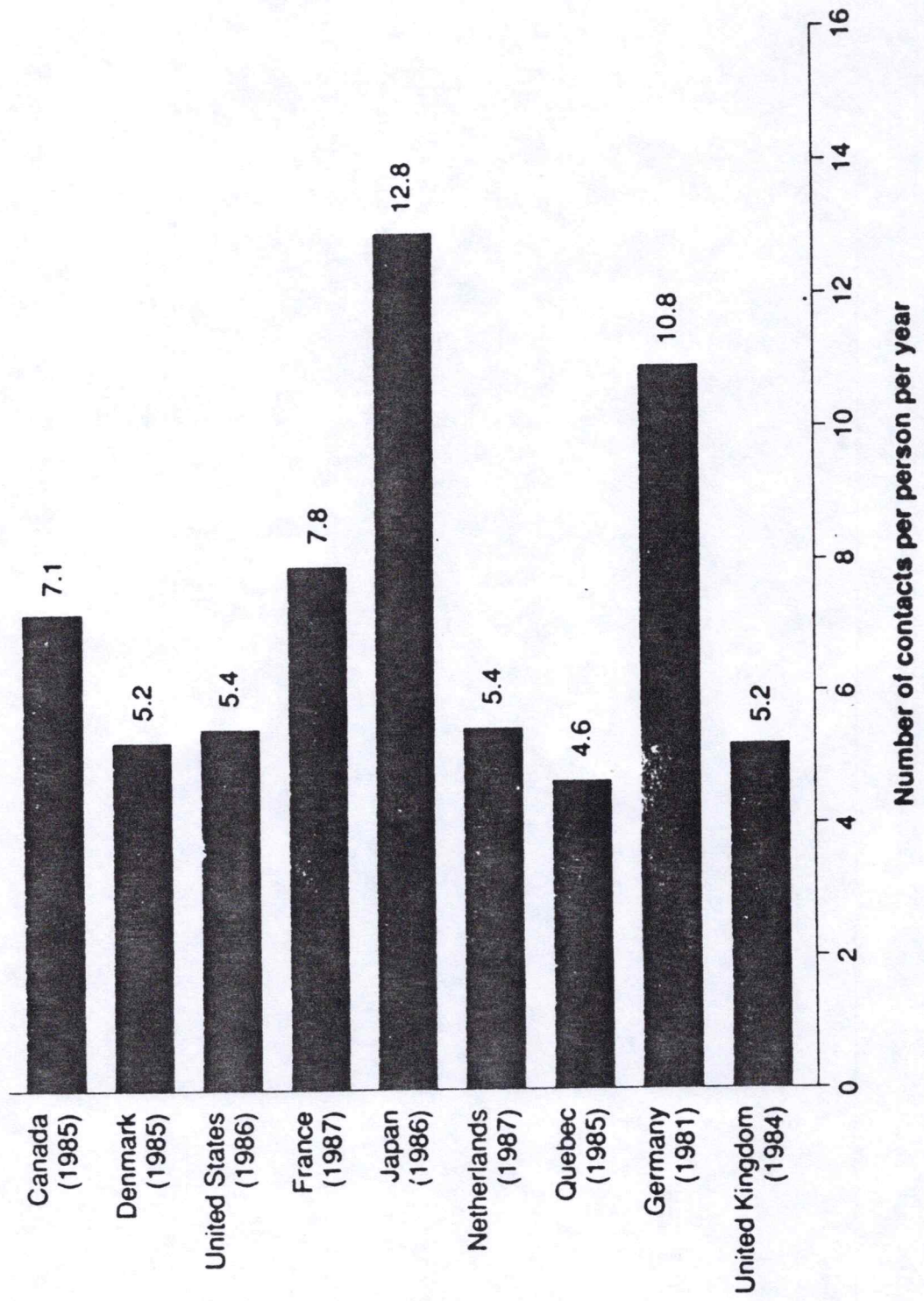


**Figure 1**  
**Total health expenditures as a percent of gross domestic product: Selected countries, selected years 1970-86**

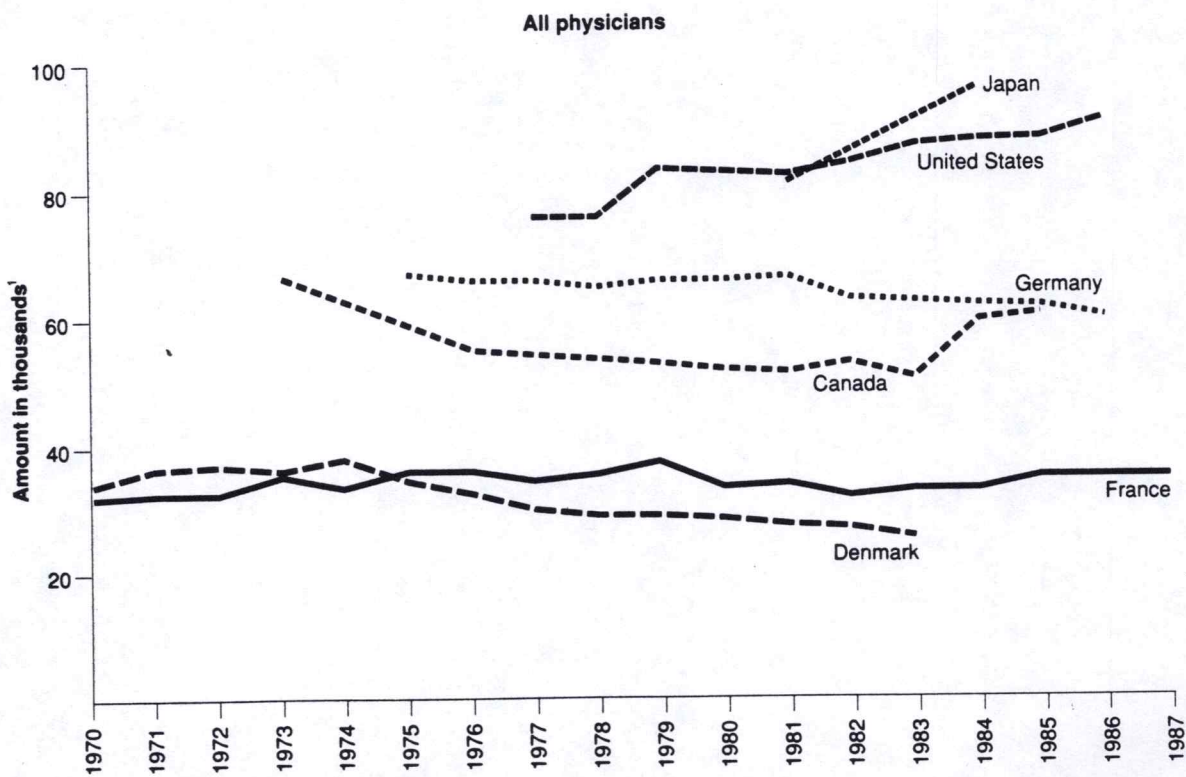
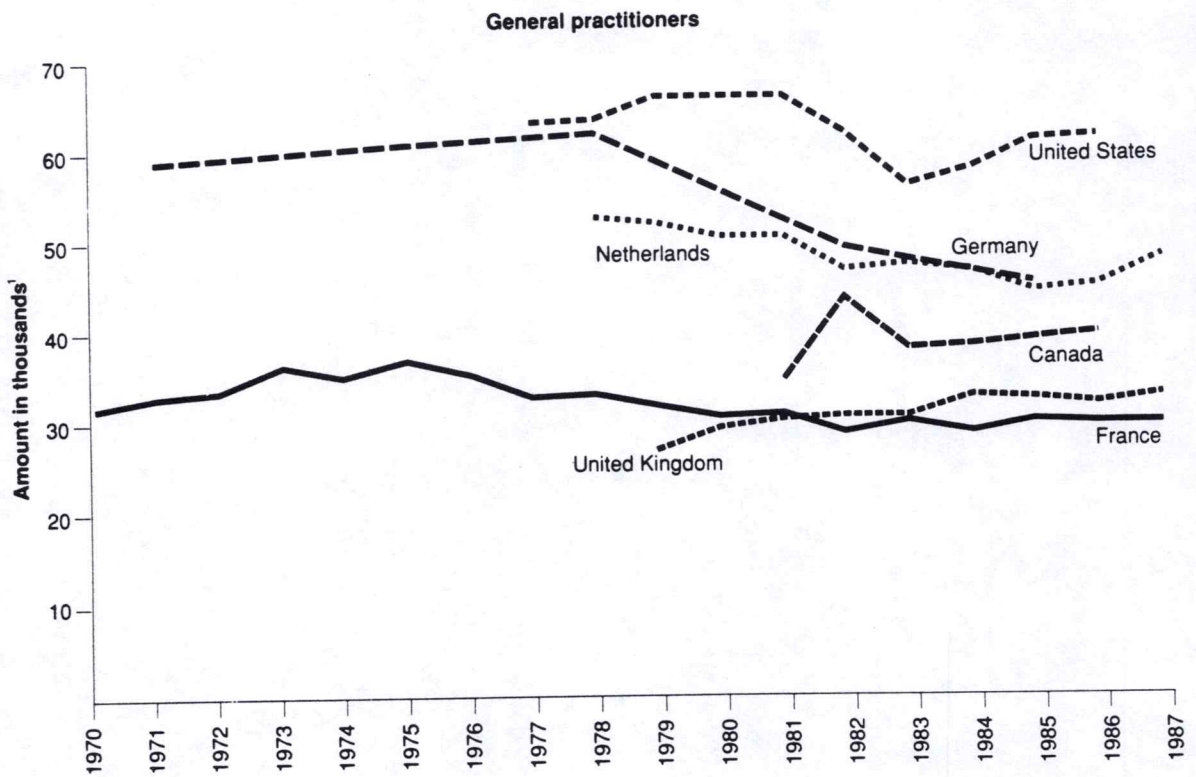


SOURCE: (Schieber and Poulhier, 1986; National Center for Health Statistics, 1989).

**Figure 2**  
**Utilization of physician services: Selected countries, selected years 1981-86**



**Figure 6**  
**Income per physician in relative terms for general practitioners and all physicians:**  
**Selected countries, selected years 1970-87**



<sup>1</sup> Income deflated by gross domestic product deflator is shown in U.S. dollars adjusted for 1980 purchasing power parities.  
 SOURCE: (Sandier, 1989).

Table 1

**Total and public health expenditure as a percent of gross domestic product:  
Organization for Economic Cooperation and Development countries, 1975-87**

Country	Total expenditure					Public expenditure					
	1975	1980	1985	1987	1975	1980	1985	1987	1980	1985	1987
Australia	5.7	6.5	7.0	7.1	3.6	4.0	5.0	5.1	4.0	5.0	5.1
Austria	7.3	7.9	8.1	8.4	5.1	5.5	5.4	5.7	5.5	5.4	5.7
Belgium	5.8	6.6	7.2	7.2	4.6	5.4	5.5	5.5	5.4	5.5	5.5
Canada	7.3	7.4	8.4	8.6	5.6	5.6	6.4	6.5	5.6	6.4	6.5
Denmark	6.5	6.8	6.2	6.0	6.0	5.8	5.3	5.2	5.8	5.3	5.2
Finland	6.3	6.5	7.2	7.4	5.0	5.1	5.7	5.8	5.1	5.7	5.8
France	6.8	7.6	8.6	8.6	5.2	6.2	6.9	6.7	6.2	6.9	6.7
Germany	7.8	7.9	8.2	8.2	6.2	6.2	6.4	6.3	6.2	6.4	6.3
Greece	4.1	4.3	4.9	5.3	2.5	3.5	4.0	4.0	3.5	4.0	4.0
Iceland	5.9	6.4	7.3	7.8	5.3	5.7	6.4	6.9	5.7	6.4	6.9
Ireland	7.7	8.5	8.0	7.4	6.4	7.8	7.1	6.4	7.8	7.1	6.4
Italy	5.8	6.8	6.7	6.9	5.0	5.6	5.4	5.4	5.6	5.4	5.4
Japan	5.5	6.4	6.6	6.8	4.0	4.5	4.8	5.0	4.5	4.8	5.0
Luxembourg	5.7	6.8	6.7	7.5	5.2	6.3	6.0	6.9	6.3	6.0	6.9
Netherlands	7.7	8.2	8.3	8.5	5.9	6.5	6.6	6.6	6.5	6.6	6.6
New Zealand	6.4	7.2	6.6	6.9	5.4	6.0	5.6	5.7	6.0	5.6	5.7
Norway	6.7	6.6	6.4	7.5	6.4	6.5	6.1	7.4	6.5	6.1	7.4
Portugal	6.4	5.9	7.0	6.4	3.8	4.2	4.0	3.9	4.2	4.0	3.9
Spain	5.1	5.9	6.0	6.0	3.6	4.4	4.3	4.3	4.4	4.3	4.3
Sweden	8.0	9.5	9.4	9.0	7.2	8.7	8.6	8.2	8.7	8.6	8.2
Switzerland	7.0	7.3	7.7	7.7	4.8	5.0	5.2	5.2	5.0	5.2	5.2
Turkey	—	—	—	3.5	—	—	—	1.4	—	—	1.4
United Kingdom	5.5	5.8	6.0	6.1	5.0	5.2	5.2	5.3	5.2	5.2	5.3
United States	8.4	9.2	10.6	11.2	3.6	3.9	4.5	4.6	3.9	4.5	4.6
Mean	6.5	7.0	7.4	7.3	5.0	5.5	5.7	5.6	5.5	5.7	5.6

<sup>1</sup>Includes Turkey. 1987 means excluding Turkey are 7.5 percent for total expenditure and 5.8 percent for public expenditure.

SOURCE: Organization for Economic Cooperation and Development, alth Data File, 1989.

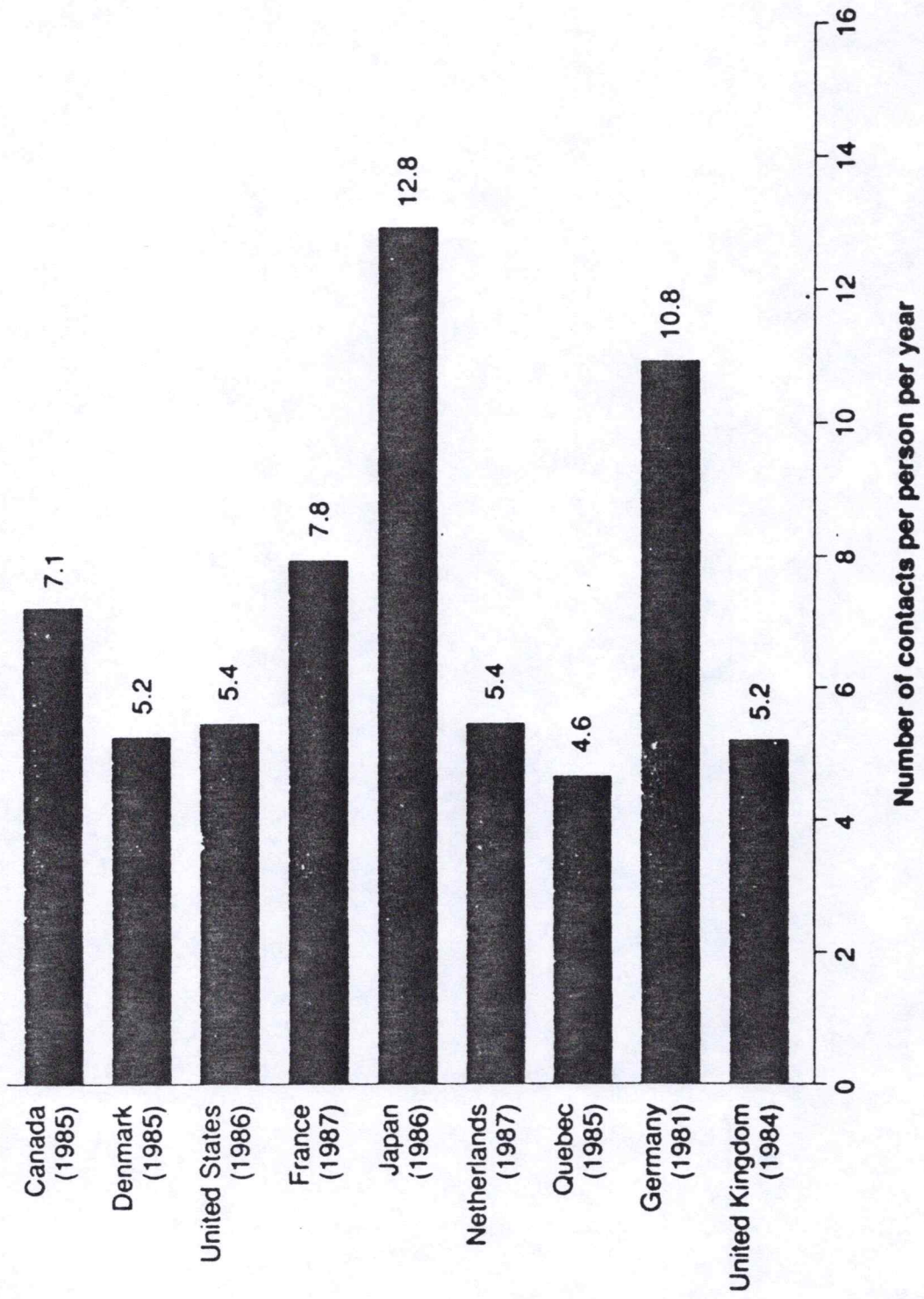
**Table 10**

**Number of extracorporeal shock wave lithotripsy units in operation: Selected countries, May 1989**

Country	Total	Per 1 million inhabitants
	Number of units	
Belgium	11	1.10
Germany	57	0.93
Spain	34	0.88
Italy	48	0.84
Sweden	5	0.60
Ireland	2	0.56
Netherlands	8	0.55
France	29	0.53
Greece	5	0.50
Denmark	2	0.39
Portugal	3	0.30
United Kingdom	12	0.21
United States	225	0.88

SOURCE: Jönsson, B.: Linköping University, Linköping, Sweden, 1989.

**Figure 2**  
**Utilization of physician services: Selected countries, selected years 1981-86**



NOTE: General practitioners and specialists are included.  
SOURCES: A list of sources is provided in the "Technical note."

THE WHITE HOUSE  
WASHINGTON

February 6, 1990

MEMORANDUM FOR THE VICE PRESIDENT  
THE SECRETARY OF THE TREASURY  
THE SECRETARY OF DEFENSE  
THE SECRETARY OF AGRICULTURE  
THE SECRETARY OF LABOR  
THE SECRETARY OF HEALTH AND HUMAN SERVICES  
THE SECRETARY OF VETERANS AFFAIRS  
THE DIRECTOR OF THE OFFICE OF MANAGEMENT  
AND BUDGET  
THE CHAIRMAN OF THE COUNCIL OF ECONOMIC ADVISORS  
THE ASSISTANT TO THE PRESIDENT FOR SCIENCE AND  
TECHNOLOGY  
THE ASSISTANT TO THE PRESIDENT AND SECRETARY TO  
THE CABINET  
THE ASSISTANT TO THE PRESIDENT FOR ECONOMIC AND  
DOMESTIC POLICY


SUBJECT: Health Policy Working Group

The Health Policy Working Group will continue, as in the past, to coordinate health policy and formulate policy options for consideration by the Domestic Policy Council. In addition, the President stated in his State of the Union address that the Secretary of Health and Human Services will lead a Domestic Policy Council review of recommendations on the quality, accessibility and cost of our nation's health care system.

The Secretary of Health and Human Services or his designated representative will chair the Health Policy Working Group. Working Group activities will be coordinated with the Executive Secretary to the Domestic Policy Council.

Please advise Sara Sumner (456-6722) if you wish to continue to be represented on this Working Group. Please also forward to Sara the name of your agency's representative, at the Assistant Secretary level or above, by the close of business on Monday, February 12, 1990.

Thank you very much for your cooperation.

  
\_\_\_\_\_  
Dick Thornburgh  
Chairman Pro Tempore  
Domestic Policy Council

it assures that future benefits will be funded as well. The last thing we need to do is mess around with Social Security. (Applause.)

There's one more problem we need to address. We must give careful consideration to the recommendations of the health care studies underway now. That's why tonight, I'm asking Dr. Sullivan -- Lou Sullivan -- Secretary of Health and Human Services, to lead a Domestic Policy Council review of recommendations on the quality, accessibility and cost of our nation's health care system. I am committed to bring the staggering costs of health care under control. (Applause.)

The "state of the government", does indeed depend on many of us in this very chamber. But the state of the Union depends on all Americans. We must maintain the democratic decency that makes a nation out of millions of individuals. I've been appalled at the recent mail bombings across this country. Every one of us must confront and condemn racism, antisemitism, bigotry and hate. Not next week, not tomorrow, but right now -- every single one of us. (Applause.)

The state of the Union depends on whether we help our neighbor -- claim the problems of our community as our own. We've got to step forward when there's trouble -- lend a hand, be what I call a point of light to a stranger in need. We've got to take the time after a busy day to sit down and read with our kids. Help them with their homework. Pass along the values we learned as children. That's how we sustain the state of the Union. Every effort is important. It all adds up -- it's doing the things that give democracy meaning. It all adds up to who we are and who we will be.

Let me say, that so long as we remember the American idea -- so long as we live up to the American ideal -- the state of the Union will remain sound and strong.

And to those who worry that we've lost our way -- well, I want you to listen to parts of a letter written by James Markwell -- Private First Class James Markwell, a 20-year old Army medic of the 1st Battalion, 75th Rangers. It's dated December 18th -- the night before our Armed Forces went into action in Panama. It's a letter servicemen write -- and hope will never be sent. And sadly, Private Markwell's mother did receive this letter. She passed it along to me out there in Cincinnati.

And here is some of what he wrote: "I've never been afraid of death, but I know he is waiting at the corner. I've been trained to kill and to save, and so has everyone else. I am frightened what lays beyond the fog, and yet, do not mourn for me. Revel in the life that I have died to give you. But most of all, don't forget the Army was my choice. Something that I wanted to do.

"Remember I joined the Army to serve my country and insure that you are free to do what you want and live your lives freely."

Let me add that Private Markwell was among the first to see battle in Panama, and one of the first to fall.

But he knew what he believed in. He carried the idea we call America in his heart.

I began tonight speaking about the changes we've seen this past year. There is a new world of challenges and opportunities before us. And there's a need for leadership that only America can provide.

Nearly 40 years ago, in his last address to the Congress, President Harry Truman predicted such a time would come. He said: "As our world grows stronger, more united, more attractive to men on both sides of the Iron Curtain, then inevitably there will come a time of change within the communist world."

B. Health Care Reform

The President directed Secretary of Health and Human Services Sullivan to review the recommendations of the health care studies now underway that deal with health care challenges, including improving access to health care and moderating growth in health care costs. The Secretary's study will be presented to the President through the Domestic Policy Council.

C. A Commitment to Civil Rights For Every American

The President called on all citizens to confront and condemn racism, anti-semitism, bigotry, and hate.

The President is dedicated to the principle that the enjoyment of basic civil rights is the birthright of every American. Each citizen must have the opportunity to go as far as his or her abilities and ambition will allow. In 1990, the President will work for:

- o Passage of the Americans with Disabilities Act to extend to the disabled the civil rights already guaranteed to millions of Americans by existing civil rights laws.
- o Strengthening of the Civil Rights Act of 1968, as it relates to the interference by force, or threat of force, with an individual who is exercising, or encouraging others to exercise, rights protected by the Fair Housing Act.
- o Quick action by the Congress on the Hate Crimes Statistics Act.

D. Child Care

Parental choice is the core of the President's approach to child care. The President called for action on legislation to implement the child care plan he advanced last year. The President's plan includes a new child tax credit that would provide for a refundable credit of up to \$1,000 per child under age four for low-income working families and make the current Dependent Care Tax Credit refundable to taxpayers who have no tax liability.

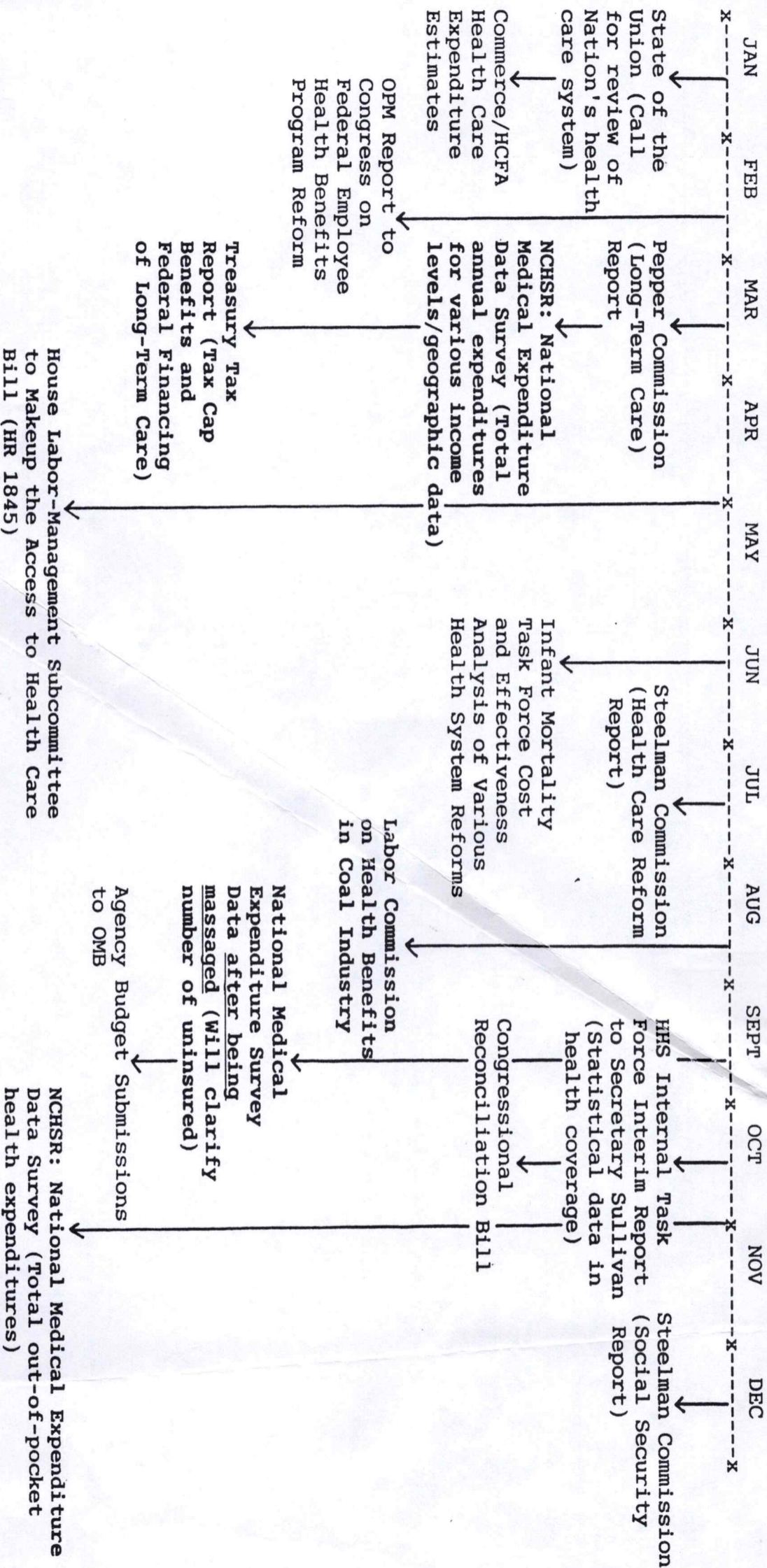
While flexible on the legislative details, acceptable legislation must reflect the President's four principles: parental choice, non-discrimination against parents who work at home, offering parents the fullest range of choices, and targeting assistance to those who need it most.

E. H.O.P.E.

The President has put forward a comprehensive agenda of Homeownership and Opportunity for People Everywhere, in order to bring basic shelter and affordable housing within the reach of millions of Americans. Elements of H.O.P.E. include:

KNOWN HEALTH EVENTS ON THE HORIZON

1990



# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
04a. Memo	From Hanns Kuttner to Roger Porter Re: Meeting on Secretary Sullivan's Health Care Review (1 pp.)	02/01/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
 (Document Follows)  
 By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
<b>Re-review Case #:</b> 2005-0296-S	<b>Appeal Disposition:</b>
<b>P-2/P-5 Review Case #:</b>	<b>Disposition Date:</b>
<b>AR Case #:</b>	<b>MR Case #:</b>
<b>AR Disposition:</b>	<b>MR Disposition:</b>
<b>AR Disposition Date:</b>	<b>MR Disposition Date:</b>

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

- P-1 National Security Classified Information [(a)(1) of the PRA]
- P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P-3 Release would violate a Federal statute [(a)(3) of the PRA]
- P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

- (b)(1) National security classified information [(b)(1) of the FOIA]
- (b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- (b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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THE WHITE HOUSE  
WASHINGTON  
February 1, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: HANNS KUTTNER *H.K.*  
SUBJECT: Meeting on Secretary Sullivan's Health Care  
Review

Before Bill left, we discussed holding a meeting involving all those perceive themselves as players on the health care review Secretary Sullivan will conduct to produce common expectations of how this process will work. Without such an organizational meeting we risk chaos; I already have the sense that more than one party perceives him/herself as really in charge of the exercise.

The principals of the meeting would be yourself as the chair, David Bates, Secretary Sullivan, and Under Secretary Horner. Other attendees would be Bill Roper, myself, Ken Yale, Dan Heimbach, Arnold Tompkins (co-ordinator of the HHS staff doing the extant HHS internal review), and Tom Scully to represent OMB. Key issues to discuss would be a tentative timetable and reinforcement of the word options.

Recommendation

I recommend that you discuss this matter with David Bates and after consultation with him, call such a meeting. I will prepare a set of talking points to explain how the process will work and, after your approval, work for a consensus at the staff level to be ratified by the principals at the meeting.

# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
04b. Memo	From Michael Klausner to Roger Porter Re: Remaining Visits (1 pp.)	02/01/90	(b)(6)	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

<b>Date Closed:</b>	1/4/2005	<b>OA/ID Number:</b>	06969-006
<b>FOIA/SYS Case #:</b>	1999-0118-F	<b>Appeal Case #:</b>	
<b>Re-review Case #:</b>	2005-0296-S	<b>Appeal Disposition:</b>	
<b>P-2/P-5 Review Case #:</b>		<b>Disposition Date:</b>	
<b>AR Case #:</b>		<b>MR Case #:</b>	
<b>AR Disposition:</b>		<b>MR Disposition:</b>	
<b>AR Disposition Date:</b>		<b>MR Disposition Date:</b>	

### RESTRICTION CODES

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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

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# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
05. Memo	From Hanns Kuttner to Roger Porter Re: Meeting on Secretary Sullivan's Health Care Review (1 pp.)	02/01/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
(Document Follows)  
By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
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<b>AR Disposition:</b>	<b>MR Disposition:</b>
<b>AR Disposition Date:</b>	<b>MR Disposition Date:</b>

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

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THE WHITE HOUSE

WASHINGTON

February 1, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM:

HANNS KUTTNER *H.K.*

SUBJECT:

Meeting on Secretary Sullivan's Health Care Review

Before Bill left, we discussed holding a meeting involving all those perceive themselves as players on the health care review Secretary Sullivan will conduct to produce common expectations of how this process will work. Without such an organizational meeting we risk chaos; I already have the sense that more than one party perceives him/herself as really in charge of the exercise.

The principals of the meeting would be yourself as the chair, David Bates, Secretary Sullivan, and Under Secretary Horner. Other attendees would be Bill Roper, myself, Ken Yale, Dan Heimbach, Arnold Tompkins (co-ordinator of the HHS staff doing the extant HHS internal review), and Tom Scully to represent OMB. Key issues to discuss would be a tentative timetable and reinforcement of the word options.

Recommendation

I recommend that you discuss this matter with David Bates and after consultation with him, call such a meeting. I will prepare a set of talking points to explain how the process will work and, after your approval, work for a consensus at the staff level to be ratified by the principals at the meeting.

*Shore —*

*Let's discuss what you have in mind about how the process will work.*

*Boye*

2-2-90

# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
06a. Memo	From Hanns Kuttner to Roger Porter Re: Meeting on Secretary Sullivan's Health Care Review (1 pp.)	02/01/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

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<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
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<b>AR Disposition:</b>	<b>MR Disposition:</b>
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THE WHITE HOUSE  
WASHINGTON  
February 1, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: HANNS KUTTNER *HK*

SUBJECT: Secretary Sullivan's Health Care Study

Secretary Sullivan testifies next week before the House Ways and Means Committee as part of a budget overview hearing. His testimony, now in clearance, obviously contains no reference to the President's assignment in the state of the union address. HHS has asked for guidance on how the Secretary should explain the assignment to the committee.

A proposed insert on this subject is attached for your review. OMB would like to complete the clearance process by mid-day tomorrow.

Recommendation

That you review and revise the insert and return it to me for submission to OMB.

Attachment

# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
06b. Paper	Insert on Health Care Study (1 pp.)	n.d.	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
 (Document Follows)  
 By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
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Freedom of Information Act - [5 U.S.C. 552(b)]

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Insert on Health Care Study

Also part of our program for the coming year is a review of the means by which we may address the quality and accessibility and cost of our nation's health care system. The President charged me in his State of the Union address with leading a review of the recommendations being made in the several health care studies underway and recently completed. Several of you are aware of this activity through your service on the U.S. Bipartisan Commission on Comprehensive Health Care. This review will lead to the consideration of options by the President.

Quality, accessibility and cost are not a list of separate issues. They are one issue. As I conduct this review I look forward to the cooperation of this Committee and others who are devoted to improving the health of the Nation to make the American people aware of the significance of this issue and their stake in it. For without the understanding of the American people, progress will not be possible.

# Withdrawal/Redaction Sheet

## (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
07a. Memo	From Hanns Kuttner to Roger Porter Re: Health Care Policy Review (1 pp.)	02/07/90	P-5	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
 (Document Follows)  
 By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
<b>Re-review Case #:</b> 2005-0296-S	<b>Appeal Disposition:</b>
<b>P-2/P-5 Review Case #:</b>	<b>Disposition Date:</b>
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THE WHITE HOUSE

WASHINGTON

February 7, 1990

MEMORANDUM FOR ROGER B. PORTER

FROM: HANNS KUTTNER *HK*

SUBJECT: Health Care Policy Review

The Domestic Policy Council review of recommendations on the quality, accessibility and cost of our nation's health care system began this afternoon with a meeting in Steve Danzansky's office.

In attendance were Steve Danzansky, Ken Yale, myself, Bill Diefenderfer and Frank Hodson from OMB, Hollis McLaughlin from Treasury, Bill Myers from the Attorney General's office, and Connie Horner and Arnold Tompkins from HHS.

Ken began by passing out a memorandum from the Attorney General re-chartering the Health Policy Working Group.

The meeting focused on identifying where all the studies the President alluded to stand. Connie Horner, as the new chair of the Health Policy Working Group, plans meetings with some of those responsible for the studies. The notion that some of these individuals might present to the Domestic Policy Council was favorably received. Hollis McLaughlin discussed a report to Congress Treasury owes on the tax code and long-term care. Connie indicated she was not familiar with the study. Upon expression of concern that Treasury be advised as to whether or not the working group wished to review the report, Connie promised to give it her earliest attention.

Ken Yale had characterized the meeting as a strategy session in his invitation to me. Steve Danzansky elaborated on this, saying the group would serve as a "deputies committee" to keep the critical organizations in synch on critical events. Steve noted the need to keep meetings quiet and private in response to Bill Myers' noting that the Attorney General has heard complaints from Cabinet members that "my guy was not in on the deal" and that the Attorney General expected the working group to be the forum for the substantive consideration of issues.

Attachment

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
07b. Memo	From Dick Thornburgh to Distribution Re: Health Policy Working Group (1 pp.)	02/06/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
(Document Follows)  
By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
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THE WHITE HOUSE  
WASHINGTON

February 6, 1990

MEMORANDUM FOR THE VICE PRESIDENT  
THE SECRETARY OF THE TREASURY  
THE SECRETARY OF DEFENSE  
THE SECRETARY OF AGRICULTURE  
THE SECRETARY OF LABOR  
THE SECRETARY OF HEALTH AND HUMAN SERVICES  
THE SECRETARY OF VETERANS AFFAIRS  
THE DIRECTOR OF THE OFFICE OF MANAGEMENT  
AND BUDGET  
THE CHAIRMAN OF THE COUNCIL OF ECONOMIC ADVISORS  
THE ASSISTANT TO THE PRESIDENT FOR SCIENCE AND  
TECHNOLOGY  
THE ASSISTANT TO THE PRESIDENT AND SECRETARY TO  
THE CABINET  
THE ASSISTANT TO THE PRESIDENT FOR ECONOMIC AND  
DOMESTIC POLICY

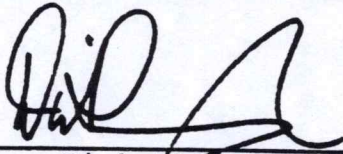
SUBJECT: Health Policy Working Group

The Health Policy Working Group will continue, as in the past, to coordinate health policy and formulate policy options for consideration by the Domestic Policy Council. In addition, the President stated in his State of the Union address that the Secretary of Health and Human Services will lead a Domestic Policy Council review of recommendations on the quality, accessibility and cost of our nation's health care system.

The Secretary of Health and Human Services or his designated representative will chair the Health Policy Working Group. Working Group activities will be coordinated with the Executive Secretary to the Domestic Policy Council.

Please advise Sara Sumner (456-6722) if you wish to continue to be represented on this Working Group. Please also forward to Sara the name of your agency's representative, at the Assistant Secretary level or above, by the close of business on Monday, February 12, 1990.

Thank you very much for your cooperation.

  
\_\_\_\_\_  
Dick Thornburgh  
Chairman Pro Tempore  
Domestic Policy Council

✓ memo

Chip Yost ▷ after 3 years with Hoffman-La Roche - goes to Treasury

where we've been / where we're going.

- report written by Jim Duggan

'Where we are / how we got here.

Purpose: • Give Sid Jones a sense of where we are.

a few specifics

• Allied Signal

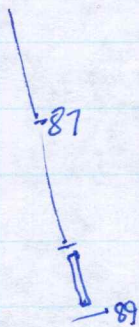
- unsatisfied employees.

- giving up dr. X.

- Hoffman-La Roche

▷ post catastrophic - planned to restructure - get out of responsibility where cat kicks in.

▷ now back to old plan.



2/15

CH What is Treas report?

Admin's?

> after March 1 Pepper Comm report

Dif Is there premium that LTC is  
problem?

IF pro-cap, P should see.

Jid This has become the foremost  
priority tax expend

Dif Get a seat in there - also going to  
be DPC - to be part of their  
review.

Hollis  
Dief Frank H  
Danz  
Counitt  
Arnold T.  
Bott Meyer.

Ming in Steve Dr's of.

Reviewing how the process will work.

Dief - Earlier effort - ~~the options~~ do this or  
do nothing.

my group.  
Portugis of DRC.

(H) - First order of business, perhaps,  
what everyone likes + doesn't like.

Hollis Treasury has economic impact  
analysis out in next 2 months.

Dief Hill looks at this as road map →  
- Corp + finance LTC

Hollis - To make sure it circulates.

Use this as a # 2 group

myer - AG cognizant of "my guy not in or the  
deal"

Danz Best to keep these private.

Ky What are the desires of the  
Chair?

Dief We are Treas a go/no go.

Hollis to  
get together  
- Hollis.

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
08a. Memo	From Roger Porter to Jim Muir Re: HHS Testimony: Secretary Sullivan and the Health Care Study (1 pp.)	02/02/90	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

Open on Expiration of PRA  
(Document Follows)  
By JRD (NLGB) on 1/4/2005

<b>Date Closed:</b> 1/4/2005	<b>OA/ID Number:</b> 06969-006
<b>FOIA/SYS Case #:</b> 1999-0118-F	<b>Appeal Case #:</b>
<b>Re-review Case #:</b> 2005-0296-S	<b>Appeal Disposition:</b>
<b>P-2/P-5 Review Case #:</b>	<b>Disposition Date:</b>
<b>AR Case #:</b>	<b>MR Case #:</b>
<b>AR Disposition:</b>	<b>MR Disposition:</b>
<b>AR Disposition Date:</b>	<b>MR Disposition Date:</b>

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

- P-1 National Security Classified Information [(a)(1) of the PRA]
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THE WHITE HOUSE

WASHINGTON

February 2, 1990

MEMORANDUM FOR JIM MUIR

FROM: ROGER B. PORTER *RBP*

SUBJECT: HHS Testimony: Secretary Sullivan and the Health Care Study

Hanns Kuttner informs me that HHS has asked for guidance on how the Secretary should explain the assignment the President gave him in his State of the Union Address Wednesday night with respect to his testimony next week before the House Ways and Means Committee.

He should emphasize:

1. That he has been asked to review the recommendations coming from the Pepper Commission, the Steelman Commission, and other studies now underway. This obviates the need for us to respond in detail when these recommendations are produced in the spring and the summer.
2. HHS will also lead an interagency Domestic Policy Council review that will study such issues as cost, access, and quality.
3. There is no timetable or expected completion date. We do not want to tie ourselves down to some arbitrary date with a set of expectations. In my view he does not need to include this in his written testimony. It can come out in answer to questions.

If you have any questions, or we can help in any other way, please let me know.

A possible insert that Hanns Kuttner drafted is attached that may be of some use. If you have any questions, please contact him directly.

Attachment

cc: Hanns Kuttner

# Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
08b. Paper	Insert on Health Care Study (1 pp.)	n.d.	<del>P-5</del>	

**Collection:**

**Record Group:** Bush Presidential Records  
**Office:** Policy Development, Office of  
**Series:** Kuttner, Johannes  
**Subseries:**  
**WHORM Cat.:**  
**File Location:** Health Care Reform - DPC Study on Quality, Access, and Cost

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Insert on Health Care Study

Also part of our program for the coming year is a review of the means by which we may address the quality and accessibility and cost of our nation's health care system. The President charged me in his State of the Union address with leading a review of the recommendations being made in the several health care studies underway and recently completed. Several of you are aware of this activity through your service on the U.S. Bipartisan Commission on Comprehensive Health Care. This review will lead to the consideration of options by the President.

Quality, accessibility and cost are not a list of separate issues. They are one issue. As I conduct this review I look forward to the cooperation of this Committee and others who are devoted to improving the health of the Nation to make the American people aware of the significance of this issue and their stake in it. For without the understanding of the American people, progress will not be possible.