

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: SSNs and DOBs [partial] (6 pages)	n.d.	b(6)
002. schedule	re: HRC Line Block schedule [partial] (2 pages)	05/04/1999	b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 19581

FOLDER TITLE:

Medicare

2013-0436-S

rc1288

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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RR. Document will be reviewed upon request.

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Medicare
Scanner
99

FAX COVER SHEET

TO: Gary Mark McL ^{cc. to} Dan M
Bonnie Mark Miller Bob Schoen
Rich Sarah B.
Jane Neera T

FROM: Jeanne + Chris

Here's the Draft presentation
for Principals' meeting. plus
some backup.

Comments by 11:30 please (to Jeanne),

Thanks.

P.S. We'll recirculate Competitive
presentation for final round of
edits later today.

Tomorrow's Deputies Meeting will be
on FFS Modernization proposals and planning.

MEDICARE PRINCIPALS' MEETING

DRAFT: MAY 5, 1999

- I. Update on Drug Estimates**
- II. Budget Changes in Medicare**
- III. Cost Sharing**

I. UPDATED DRUG ESTIMATES

	2001 Premium	5-Yrs	10-Yrs
• \$0 Deductible, 50% copay up to \$4,000 in spending (\$2,000 cap)			
◦ 50% Premium Subsidy	\$30/mo	\$49 b	\$142 b
◦ 75% Premium Subsidy	\$15/mo	\$73 b	\$213 b
• \$0 Deductible, 50% copay up to \$10,000 in spending (\$5,000 cap)			
◦ 50% Premium Subsidy	\$33/mo	\$54 b	\$162 b
◦ 75% Premium Subsidy	\$16/mo	\$81 b	\$242 b
• \$0 Deductible, 50% copay phasing up to \$10,000 in spending (\$5,000 cap)*			
◦ 50% Premium Subsidy	\$24/mo	\$43 b	\$149 b
◦ 75% Premium Subsidy	\$12/mo	\$65 b	\$223 b
• \$100 Deductible, 20% copay up to \$1,350 in spending (\$1,000 cap)			
◦ 50% Premium Subsidy	\$27/mo	\$42 b	\$122 b
◦ 75% Premium Subsidy	\$14/mo	\$63 b	\$183 b
• \$200 Deductible, phasing in 20% copay up to \$1,700 in spending (\$1,200 cap)**			
◦ 50% Premium Subsidy	\$30/mo	\$36 b	\$123 b
◦ 75% Premium Subsidy	\$15/mo	\$54 b	\$185 b
• \$200 Deductible, 20% copay up to \$1,700 in spending, catastrophic (\$1,200 cap, coverage > \$4200)***			
◦ 50% Premium Subsidy	\$xx/mo	\$68 b	\$201 b
◦ 75% Premium Subsidy	\$xx/mo	\$102 b	\$305 b

would like \$200/20%
\$1200 - in no phase-in or catas

Note: Some estimates imputed from HCFA actuaries' estimates / not official. Fiscal years, cash basis, dollars in billions. Include Medicaid effect * Phases in cap: \$1000 in 2001; \$2000 in 2002-03; \$3000 in 2004-05; \$4000 in 2006-07; \$5000 in 2008; indexed to inflation in subsequent years. ** Phases in copay: 50% in 2001; 40% in 2002; 30% in 2003; 20% in 2002 and subsequent years. *** Excludes Medicaid wrap around in Kennedy-Rockefeller meeting.

II. MEDICARE BASELINE CHANGES

	CHANGE IN FEDERAL MEDICARE SPENDING FROM POST-BBA TO 1999	
	1998-2002 / 1998-2007	2000-04 / 2000-09
CBO BASELINE Jan. 97 to BBA BBA to 1999	-\$115 / -386 billion -\$81 / -238 billion	-\$180 / (na) billion -\$106 / (na) billion
MEDICARE TRUSTEES' 1997 to 1998 1998 to 1999	-\$156 / -\$530 billion -\$36 / -166 billion	-\$254 / (na) billion -\$55 / -241 billion

NOTE: The baseline changes cannot be attributed solely to the BBA. Other factors include:

- Reduced spending due to Medicare fraud reduction efforts
- Lower general and health inflation
- Slower claims processing time
- Lower than expected utilization

III. MEDICARE COST SHARING CHANGES

(Dollars in billions, fiscal years)

MEDICARE COMMISSION		BUDGET-NEUTRAL RATIONALIZATION		SAVINGS FOR PRESCRIPTION DRUGS	
<i>Increases:</i>		<i>Increases:</i>		<i>Increases:</i>	
10% uncapped home health	-22	10% home health copay w/ cap	-11	10% home health copay w/ cap	-11
20% lab copay	-8	20% lab copay	-8	20% lab copay	-8
20% nursing facility copay	-17	10% nursing facility copay	-8	10% nursing facility copay	-8
	<u>-47</u>		<u>-27</u>		<u>-27</u>
<i>Decreases:</i>		<i>Decreases:</i>		<i>Decreases:</i>	
Eliminate preventive cost sharing	+2	Eliminate preventive cost sharing	+2	Eliminate preventive cost sharing	+2
Eliminate hospital limits & copays	+10				
Combined deductible: \$400*	+4	Combined deductible: \$300**	+25		
	<u>+16</u>		<u>+27</u>		
<i>Medigap Changes:</i>		<i>Medigap Changes:</i>		<i>Medigap Changes:</i>	
Prohibits deductible coverage	-11	Dropped		Dropped	
TOTAL*	-42	TOTAL	0	TOTAL	-25

NOTE: All estimates are preliminary and draft / subject to change. Not from HCFA actuary.

*The Commission's policy is to index the deductible to program growth, but the Actuaries assumed that the policy did not increase the deductible over time. As such, the Commission staff did not know that they were savings this much.

**Deductible would be set as low as possible given available funds. This is a very rough approximation

MAJOR OPTIONS FOR COST SHARING

- **DO NOTHING**

Pros:

- Avoids potential controversy with some beneficiary and provider groups that could distract from our primary goal of dedicating the surplus and adding a prescription drug benefit to Medicare.
- Proposing our own package could open the door to more and/or unacceptable options.

Cons:

- Cost sharing rationalization was recommended by the Commission and our appointees. Not including it makes the plan more vulnerable to validators' criticism that this is not real reform.
- Bypasses source of financing that will likely be needed for prescription drugs.

- **RESTRUCTURING IN A BUDGET-NEUTRAL PACKAGE:**

Pros:

- Avoids criticism of imposing cost sharing for revenues.
- Experts like Reischauer, Moon, Tyson, Altman all recommend making Medicare cost sharing more like private cost sharing thus reducing the demand for expensive and inefficient Medigap.

Cons:

- If Medigap reform or catastrophic coverage aren't included, may not be validated as reform.
- Reduced cost sharing may not be worth the disruption or cost.

- **REINVESTING IN PRESCRIPTION DRUGS**

Pros:

- Helps provide revenue needed to offset the costs of the drug benefit.
- Direct link to drugs may enhance both conservative support for drugs and aging advocates' support for cost sharing changes.

Cons:

- Would result in close to half of total savings coming from beneficiaries (including income-related premium).
- Vulnerable to Republican critique of Democratic hypocrisy – Democrats support cutting benefit, but only in their own plan.

COST SHARING: BACKGROUND DRAFT

This will be a separate document / Not presented. Since we all need to work on this, will be labelled "Draft"

- **HOME HEALTH:** 3.6 million beneficiaries used home health in 1997; cost: \$15 billion in 1999

Currently: No cost sharing.

Proposal: Unlimited 10% coinsurance or \$5 per visit, limited to the first 60 visits

Facts:

- 25% annual average growth in Medicare spending per beneficiary between 1987-97
- Number of visits per user tripled in last decade (from 23 visits/user to 73 visits)
- Used by older benes (those over age 85 are 4 times more likely to use services), women (65%)
- Some beneficiaries have many home health visits:
 - Over 1 million beneficiaries have more than 60 home health visits in a year
 - Rural users average 81 visits versus 69 visits on average for urban beneficiaries

Issues:

- Recommended by Medicare Payment Advisory Commission, most experts. With cap, can be acceptable to some advocates (particularly if in a bill with prescription drug benefit).
- Home health industry has strongly asserted that the BBA payment changes are having an adverse effect on viability of agencies and access to care.
- In 1997, the Senate passed a \$5 home health copay capped at the hospital deductible (\$768).
- Moving to prospective payment system, where copays are less important in controlling use.

- **LAB SERVICES:** 24 million benes used diagnostic lab service in 1997; cost: \$5 billion in 1997

Currently: No cost sharing.

Proposal: 20% coinsurance

Facts:

- Recommended by Medicare Payment Advisory Commission, most experts.
- About 14 services per person served in 1997
- Total program payments per person served in 1997: \$200

SKILLED NURSING FACILITIES: 1.4 million beneficiaries used SNF in 1997; cost: \$13 billion in 1999

Currently: No copay on days 1-20, \$96/day for days 21-100, 100% for additional days.

Proposal: Replace copays with 10% coinsurance on all days

Facts:

- 30% annual average growth in Medicare spending per beneficiary between 1990-97.
- Cost per day – not an increase in the number of days or users – has driven rapid cost growth.
- The average SNF admission lasts for 24 days.
- Over 60% of admissions last less than 20 days, when the large copay begins.
- The average Medicare cost per SNF day was \$230 in 1997.
- The average coinsurance per person in a SNF for over 20 days was well over \$1,000.
-

Issues:

- Helps the sickest beneficiaries; rationalizes the copay.
- Saves government money since most users do not pay copays now.
- SNFs are the most vocal provider group concerned about the BBA cuts. This could be perceived as an additional cut if they cannot collect the coinsurance.
- Probably does not reduce inappropriate use, since admission to a SNF is not usually optional.
- Could be viewed as encouraging Medicare to become more of a long-term care program.

PREVENTIVE SERVICES: [Information not yet available since new benefits in 1998]

Currently: Some preventive benefits count toward Part B deductibles; some have copays

Proposal: Eliminate deductible and copays for all preventive services

Facts:

- Studies show that cost sharing can discourage people from using preventive services.
- The only reason why cost sharing was included with these new benefits in the BBA was cost.

HOSPITAL COPAYS & LIMITS: About 0.4% of beneficiaries qualify for the copay

Currently: \$192/day for days 61-90; \$384/day for days 91-150 (limited to 60); 100% > 150 days

Proposal: Eliminate copays and day limits

Facts:

- Virtually all experts acknowledge that these copays do not limit unnecessary use.

Issues:

- Could be viewed as an attempt to protect against catastrophic health costs.
- Many beneficiaries have supplemental coverage to pay for this cost.
- Since rarely used, most beneficiaries don't even know about the copays or limits.

COMBINED PARTS A & B DEDUCTIBLE:

Currently: \$768 deductible per hospital admission within limits indexed to program growth

\$100 Part B deductible not indexed (services like home health, some prevention don't count)

Proposal: Create single deductible for all Medicare services (e.g., \$350)
Indexed to inflation

Facts:

- Separate deductibles were created in the 1960s when hospital insurance was usually separate
- Typical private plans have single deductibles in the \$250 range (e.g., FEHBP Blue Cross Blue Shield standard option has a \$200 deductible for most services plus a \$50 deductible for drugs).

Issues:

- Advocated by a number of experts, especially in the context of merging Parts A & B
- Would likely be perceived as a big increase by beneficiaries who do not use hospital care
- Budget neutral amount (\$418) is probably too high; costs to reduce.

MEDIGAP REFORM: About 11 million beneficiaries purchased Medigap in 1996.

Currently: Regulation determines the nature of the benefits offered.

Proposal: Prohibit Medigap plans from covering Medicare's deductible.

Facts:

- First-dollar coverage tends to increase over- and unneeded use of services.
- Beneficiaries with Medigap were found to have Medicare expenditures that were 30 percent higher.
- The average beneficiary payment for Medigap premiums is over \$1,000 /yr.

Issues:

- Reforming Medigap to prevent its effect on utilization would be considered a serious reform
- Could be viewed as over-regulation – especially since beneficiaries seem to want insurance coverage for their Medicare deductibles.
- If made optional (e.g., plans have to offer one option with / one option without deductible coverage), no savings.

MEDICARE PRINCIPALS' MEETING

MAY 5, 1999

- I. Update on Drug Estimates**
- II. Baseline Changes in Medicare**
- III. Cost Sharing**

Prescription drug benefit
\$10k-

→ voluntary

I. UPDATED DRUG ESTIMATES

Medicaid savings
w/o
estimate

OPTIONS:

	2001 Premium	2000-04	2000-09
• \$0 Deductible, 50% copay up to \$4,000 in spending (\$2,000 cap)			
◦ 50% Premium Subsidy	\$32/mo	\$42 b	\$136 b
◦ 75% Premium Subsidy	\$16/mo	\$64 b	\$204 b
• \$0 Deductible, 50% copay up to \$10,000 in spending (\$5,000 cap)			
◦ 50% Premium Subsidy	→ \$33/mo	\$45 b	\$154 b
◦ 75% Premium Subsidy	\$17/mo	\$70 b	\$232 b
• \$0 Deductible, 50% copay phasing up to \$10,000 in spending (\$5,000 cap)*			
◦ 50% Premium Subsidy	→ \$29/mo	\$42 b	→ \$147 b
◦ 75% Premium Subsidy	\$15/mo*	\$64 b	<u>\$222 b</u>
• \$100 Deductible, 20% copay up to \$1,350 in spending (\$1,000 cap)			
◦ 50% Premium Subsidy	\$37/mo	\$40 b	\$124 b
◦ 75% Premium Subsidy	\$18/mo	\$61 b	<u>\$185 b</u>
• \$200 Deductible, phasing in 20% copay up to \$1,700 in spending (\$1,200 cap)**			
◦ 50% Premium Subsidy	\$23/mo**	\$35 b	\$124 b
◦ 75% Premium Subsidy	\$11/mo	\$54 b	\$185 b
• \$200 Deductible, 20% copay up to \$1,700 in spending, catastrophic (\$1,200 cap, coverage > \$4200)***			
◦ 50% Premium Subsidy	\$36/mo	\$49 b	\$170 b
◦ 75% Premium Subsidy	\$18/mo	\$75 b	\$257 b

potentially
able to
purchase
through
Medicaid
now

no
copay
after
\$4200

Assume start of July 1, 2001. Premiums based on all beneficiaries. Assume that Medicaid will cover premiums for beneficiaries up to 120% of poverty and cost sharing up to 100% of poverty. Fiscal years, cash basis, dollars in billions.

* Phases in cap: \$1000 in 2001; \$2000 in 2002-03; \$3000 in 2004-05; \$4000 in 2006-07; \$5000 in 2008; indexed to inflation in subsequent years. Premium when fully phased in in 2008: \$25/mo for 75% subsidy.

** Phases in copay: 50% in 2001; 40% in 2002; 30% in 2003; 20% in 2002 and subsequent years.

*** Excludes Medicaid wrap around in Kennedy-Rockefeller package.

II. MEDICARE BASELINE CHANGES

	CHANGE IN PROJECTED FEDERAL MEDICARE SPENDING: FROM 1997 TO 1999	
	1998-2002 / 1998-2007	2000-04 / 2000-09
CBO BASELINE		
From Jan. 97 to BBA	-\$115 / -386 billion	-\$180 / (na) billion
From BBA to 1999	-\$81 / -238 billion	-\$106 / (na) billion
From Jan. 97 to 1999	-\$196 / -624 billion	-\$286 / (na) billion
MEDICARE TRUSTEES		
From 1997 to 1998	-\$156 / -\$540 billion	-\$254 / (na) billion
From 1998 to 1999	-\$36 / -166 billion	-\$55 / -241 billion
From 1997 to 1999	-\$192 / -706 billion	-\$309 / (na) billion
MEDICARE TRUSTEES		
HI Trust Fund Spending Only		
From 1997 to 1998	-\$134 / -\$474 billion	-\$228 / (na) billion
From 1998 to 1999	-\$20 / -67 billion	-\$24 / -89 billion
From 1997 to 1999	-\$154 / -541 billion	-\$252 / (na) billion

NOTE: The baseline changes cannot be attributed solely to the BBA. Other factors include:

- Reduced spending due to Medicare fraud reduction efforts *→ over*
- Lower general and health inflation *→ how coding has changed*
- Slower claims processing time
- Lower than expected utilization

→ protect fr. Soc. Sec.

III. MEDICARE COST SHARING CHANGES

(FY 2000-2009 costs/savings, dollars in billions)

MEDICARE COMMISSION	BUDGET-NEUTRAL RATIONALIZATION	SAVINGS FOR PRESCRIPTION DRUGS
<i>Increases:</i>	<i>Increases:</i>	<i>Increases:</i>
10% uncapped home health -22	\$5 home health copay w/ cap -11	\$5 home health copay w/ cap -11
20% lab copay -8	20% lab copay -8	20% lab copay -8
20% nursing facility copay -17	10% nursing facility copay -8	10% nursing facility copay -8
-47	-27	-27
<i>Decreases:</i>	<i>Decreases:</i>	<i>Decreases:</i>
Eliminate preventive cost sharing +2	Eliminate preventive cost sharing +2	Eliminate preventive cost sharing +2
Eliminate hospital limits & copays +10	Eliminate hospital limits & copays and/or combine deductible of \$350** +25	
Combined deductible: \$400* +4	+27	
+16		
<i>Medigap Changes:</i>	<i>Medigap Changes:</i>	<i>Medigap Changes:</i>
Prohibits deductible coverage -11	Dropped	Dropped
TOTAL* -42	TOTAL 0	TOTAL -25

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**Deductible would be set as low as possible given available funds. This is a very rough approximation

MAJOR OPTIONS FOR COST SHARING

- **DO NOTHING**

Pros:

- Avoids potential controversy with some beneficiary and provider groups that could distract from our primary goal of dedicating the surplus and adding a prescription drug benefit to Medicare.
- Proposing our own package could open the door to more and/or unacceptable options.

Cons:

- Cost sharing rationalization was recommended by the Commission and our appointees. Not including it makes the plan more vulnerable to validators' criticism that this is not real reform.
- Bypasses source of financing that will likely be needed for prescription drugs – whose relief to beneficiaries will far exceed the effects of cost sharing changes for most beneficiaries.

- **RESTRUCTURING IN A BUDGET-NEUTRAL PACKAGE:**

Pros:

- Avoids criticism of imposing cost sharing for revenues.
- Experts like Reischauer, Moon, Tyson, Altman all recommend making Medicare cost sharing more like private cost sharing thus reducing the demand for expensive and inefficient Medigap.

Cons:

- If Medigap reform or catastrophic coverage aren't included, may not be validated as reform.
- Reduced cost sharing may not be worth the disruption or cost.

- **REINVESTING IN PRESCRIPTION DRUGS**

Pros:

- Helps provide permanent revenue source to offset part of the costs of the drug benefit.
- Direct link to drugs may enhance both conservative support for drugs and aging advocates' support for cost sharing changes.

Cons:

- Would result in close to half of total savings coming from beneficiaries (including income-related premium).
- Vulnerable to Republican critique of Democratic hypocrisy – Democrats support cutting benefit, but only in their own plan.

→ good prescription drug benefit
→ surplus → if use something
along 3-

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→ email groups
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Withdrawal/Redaction Marker

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002. schedule	re: HRC Line Block schedule [partial] (2 pages)	05/04/1999	b(6)
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COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
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FOLDER TITLE:

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RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 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.

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RR. Document will be reviewed upon request.

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- 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]
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- 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 concerning wells [(b)(9) of the FOIA]

**HRC LINE BLOCK
AS OF 5/4/99**

**Wednesday, May 5, 1999
Scheduler: Evan Ryan**

***** Self Scheduling Day *****

Prev Ron Washington, DC

10 am Conference Call

5 pm Wheels up from Washington, DC
 [Flight Time: approx 1 hour]

6 pm Wheels down at McGuire

6:15 pm Briefing - TENTATIVE

6:30 pm Speak to Refugees

7 pm Meet and Greet w/Fort Dicks Community

7:30 pm Wheels up from McGuire Air Strip
 [Flight Time: approx. 1 hour]

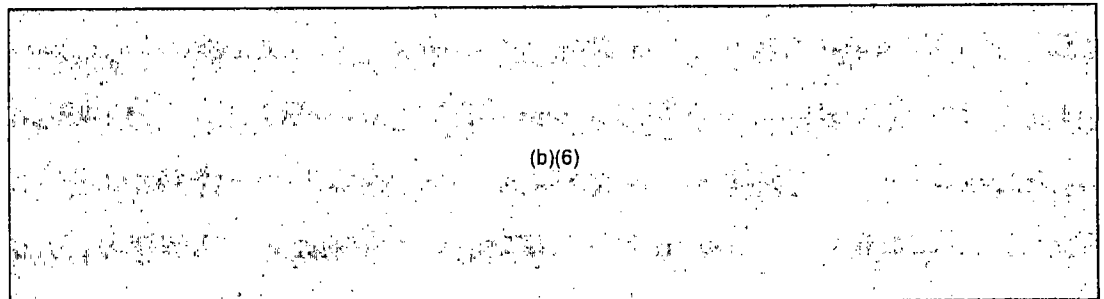
8:30 pm Wheels down in Washington, DC

Ron Washington, DC

**Thursday, May 6, 1999
Scheduler: Wendy Arends**

Prev Ron Washington, DC

10 am



Ron Washington, DC

**Friday, May 7, 1999
Scheduler: Evan Ryan**

Prev Ron Washington, DC

9:45 am Wheels up from Washington
 [Flight Time: 1 hour]
10:45 am Wheels down in Buffalo
11:15 am LaFalce \$
12:30 pm Ask Working Women Event
3 pm Wheels up from Buffalo
 [Flight time: 45 minutes]
3:45 pm Wheels down at Teterboro
5:30 pm Rothman Event - rel. hrs
7:30 pm Wheels up from Teterboro
 [Flight Time: 1 hor]
8:30 pm Wheels down in Washington, DC
Ron Washington

8 am tour / for anyone
Grisham Schl

rec. line

by B.H. State College
Haston Gymnasium

Saturday, May 8, 1999

Scheduler: Wendy

Prev Ron Washington
1:30 pm Mother's Day Guns and Kids Event

with grt w/ Leah's

~~2:30 pm~~
3 pm James Bennett

4 pm Wheels up from Washington
 [Flight Time: 1 hour]
5 pm Wheels down in New York

6:30 pm Ellis Island Award 17 p/1 sep

10:30 ish 945-10 Wheels up from New York
 [Flight Time: 1 hour]

Arrival or tour

11:30 pm Wheels down in Washington, DC

Ron Washington, DC

Sunday, May 9, 1999

Scheduler:

***** Mother's Day *****

Prev Ron Washington, DC

6:30 pm

7:30 pm

(b)(6)

Ron

Washington, DC

Monday, May 10, 1999

Scheduler: *Wenny*

Prev Ron

Washington, DC

xxx am

10:30?

Guns Strategy Meeting w/4 Principals

2 pm

Madiera School

Contact: Kate Hillas

Xxx

Music Museum People

Ron

Washington, DC

Wendo Franky

Fletcher Oelimo

Tuesday, May 11, 1999

Scheduler: Evan Ryan

Prev Ron

Washington, DC

Xxx

morning

Wheels up from Washington

Xxx

Wheels down in Galway

Ron

Galway

Wednesday, May 12, 1999

Scheduler: Evan Ryan

Prev Ron

Galway

11 am

Univ. of Galway Speech

xxx pm

Wheels up from Galway

xxx pm

Wheels down in Belfast

5 pm

Vital Voices

Ron

Belfast

Thursday, May 13, 1999

Scheduler: Evan Ryan

Prev Ron Belfast
Xxx am Playground Event
Xxx pm Wheels up from Belfast
3 ish Wheels down in London
4:15 pm London Speech
xxx Dinner w/Blairs
xxx pm Wheels up from London
xxx pm Wheels down TBD
Ron TBD

Friday, May 14, 1999
Scheduler: Evan Ryan

***** Possible Travel *****

Saturday, May 15, 1999
Scheduler: Evan Ryan

***** Possible Travel *****

Sunday, May 16, 1999
Scheduler:

Prev Ron Washington, DC
Ron Washington, DC

Monday, May 17, 1999
Scheduler:

****** Self-Scheduling Day *****

Tuesday, May 18, 1999
Scheduler:

Prev Ron Washington, DC
10 ish Coffee w/Mrs. Jordan
xxx pm Gore Women Event
Ron Washington, DC

Wednesday, May 19, 1999
Scheduler: Wendy Arends

Prev Ron	Washington, DC
xxx am	Millenium Grans event
xxx am	Sculpture Garden Event
1:30 pm	Wheels up from Washington [Flight Time: 5 hours -3]
3:30 pm	Wheels down in Grand Canyon
4:15 pm	Grand Canyon Event
7 pm	Wheels up from Grand Canyon [Flight Time: 20 min]
7:20 pm	Wheels down at Flagstaff Airport
7:45 pm	Lowell Observatory
9:30 pm	Wheels up from Flagstaff [Flight Time: 1 hour +1]
11:30 pm	Wheels down in Albuquerque
Ron	Albuquerque