Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: DOBs and SSNs (2 pages)	06/13/1996	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10453

FOLDER TITLE:
Podiatry Meeting

2014-0046-S
rc1379

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.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

American Podiatric Medical Association

9312 Old Georgetown Road • Bethesda, Maryland 20814-1621 • 301-571-9200

MISSION STATEMENT

The American Podiatric Medical Association is an organization that serves the professional needs and promotes the standards and ethics of Doctors of Podiatric Medicine, and their services to the public.

VISION STATEMENT FOR APMA

The American Podiatric Medical Association aspires to be the voice and educator of the profession, and to advocate for the foot and ankle care needs of the public.

VISION STATEMENT FOR PODIATRIC MEDICINE

Podiatric Medicine aspires to achieve public recognition of the podiatric physician as the primary foot and ankle provider.

NOTE: These statements were approved by the House of Delegates of the APMA in August 1995.

Withdrawal/Redaction Marker
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American Podiatric Medical Association

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The American Podiatric Medical Association

The American Podiatric Medical Association is the premier professional organization representing the nation's Doctors of Podiatric Medicine (podiatrists). APMA began in 1912 as the National Association of Chiropodists. However it traces its roots to the New York Pedic Society, which began in 1895.

APMA represents approximately 80% of the podiatrists in the country. Within APMA's umbrella of organizations are 53 component societies in states and other territories, as well as 22 affiliated and related societies.

APMA's Council on Podiatric Medical Education is the body designated by the U.S. Department of Education to accredit the nation's podiatric medical schools. In addition the Council has the responsibility to accredit residency programs and continuing medical education programs. The Council recognizes certifying boards within podiatric medicine which meet its standards.

APMA's Fund For Podiatric Medical Education is a charitable organization dedicated to providing scholarships for podiatric medical students. Its Foot Health Foundation of America is a charitable/educational organization which is dedicated to providing information on foot health issues to the public and to promoting better foot health.

APMA provides foot health information to the public in a number of ways, including through its toll free number 1-800-FOOTCARE. There are more than three dozen different foot health brochures available at no charge. APMA has also initiated an Internet web site to provide information to the public (http://www.apma.org).

Doctors of Podiatric Medicine are physicians and surgeons who practice on the lower extremities, primarily on feet and ankles. The preparatory education of most DPMs includes four years of undergraduate work, followed by four years in an accredited podiatric medical school, followed by a residency.

APMA's national headquarters is in Bethesda, MD. Its staff of 57 professionals are dedicated to promoting foot and ankle health, to member service and to professional excellence.

AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

SUPPORT PATIENT CHOICE, QUALITY AND ACCESS IN MANAGED CARE

As managed care continues to gather momentum in the health care marketplace, APMA strongly supports efforts to guarantee patients high quality, cost effective health care services. In that regard, managed care entities, as a minimum, should be required to...

...discontinue imposing gag rule orders on their health professional staffs

...provide fair and timely appeal mechanisms for both patients and physcians

...invest a minimum of 85% of premium dollars on medical and health care costs

...discontinue providing gatekeepers with financial incentives for withholding specialty care

...make available to beneficiaries point of service options for specialty care services

...abide by non discrimination provisions, namely:

- Plans may not deny or impose limitations on care due to a patients' health status, pre-existing conditions, or past medical history

- Plans may not discriminate among health care professionals based solely on the license or certificate one possesses under applicable state law

AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

PATIENT CHOICE

The American Podiatric Medical Association (APMA) believes that individuals and their families should be free to choose the physicians and other providers of services from whom they wish to obtain their health care. Patient choice is probably best preserved by assuring that individuals and families can select from a variety of health plans in the marketplace that best meet their needs, including options to enroll in plans that offer choice of physician.

Thus, the APMA supports public policies that will encourage and facilitate the offering to workers of at least one or more health plan options that provide for patient choice of physicians or other health provider. In the event that only one health plan option is offered by an employer, such a plan should include a "point-of-service" option that allows patients, if they wish, to obtain care from a provider of their choice.

AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

PHYSICIAN DEFINITION ✓

As Congress continues to debate Medicare-Medicaid reform initiatives, issues will not be in short supply. One of those issues, which will never appear on the front page of the Washington Post, is nonetheless important for patients and their doctors. It should be equally important to policy makers, as well, who very much desire to bring consistency to public health supported programs.

Providing a consistent set of statutory definitions is what this issue is all about. Defined as a physician by Medicare, a number of other Federal statues, and a host of state laws, podiatric medicine strives for program consistency under reform. It does not choose to repeat under reform what has been experienced for 30 years under the Medicaid program.

Unlike Medicare, Medicaid defines the term "physician" to include only the MD and DO. This lack of consistency has unnecessarily produced over the years serious problems for Medicaid carriers, administrators, and program beneficiaries. How is it possible to satisfactorily explain to Medicaid recipients that their podiatric care under Medicare is covered whereas that rendered under Medicaid may or may not be? This dilemma could have been prevented had both programs subscribed to a common terminology, including a singular definition of the term "physician"

- Not sympathetically
- if we do consolidate reform again — keep that in mind
- generally don't do massive reforms
- don't recreate for yrs for so broader reform

AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

PRIMARY CARE IN PODIATRIC MEDICINE

Since FY'89, Congress has authorized and appropriated funds under Title VII, Public Health Service Act, permitting DHHS/HRSA to support primary care post doctoral residency training programs for doctors of podiatric medicine. Sponsored by the colleges of podiatric medicine, the University of Texas Health Science Center, San Antonio, and a Veterans Administration Hospital, these programs not only lead to board certification in primary care, but they also prepare doctors of podiatric medicine to better assess and manage total patient care.

Patients who seek podiatric medical services are very frequently those who lack an ongoing relationship with a family physician or a general internist, or who have not encountered such a physician for a year or longer. Professionally trained and licensed in every jurisdiction to medically and surgically diagnose and treat conditions affecting the lower extremities, the doctor of podiatric medicine often encounters in practice the pedal manifestations of systemic diseases, including diabetes, arthritis, neurological disease and circulatory and kidney disorders. These systemic conditions are frequently first identified in the podiatrist's office which makes the DPM a regular source of referral to a wide variety of medical specialists and a member of a variety of disease management teams.

Primary care post doctoral training in podiatric medicine serves to enhance not only the doctor's diagnostic and treatment skills of intrinsic lower extremity problems, but also to recognize the early stages of systemic disorders that affect the feet. Emphasis is also placed on the regular monitoring of important health indices and constitutional measures, including blood pressure and temperature levels, dietary habits, weight losses and gains, and other health promotion and disease prevention activities.

In its primary care programming, podiatric medicine does not seek a broadened scope of practice. But given the educational training leading to licensure in podiatric medicine and surgery, the podiatrist can be appropriately prepared to play an improved and needed role in diagnosing systemic diseases and managing patient care.

AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

HEALTH CARE LIABILITY SYSTEM REFORM NEEDED!

As a member of the National Medical Liability Reform Coalition, APMA believes that Congress should enact effective medical liability reform. Cost containment and health care access objectives cannot be achieved without meaningful medial liability reform. As a minimum, the association supports the adoption of the following tort reforms:

A $250,000 ceiling on the recovery of non-economic damages

A "collateral source rule" reform to stop double recovery

A limit on attorney contingent fees

Periodic payment of future damage awards

Statute of limitations reform to provide some outside limit on the time in which a lawsuits may be filed

"Joint and several liability reform" to hold defendants liable for non-economic and punitive damages in proportion with their degree of fault

Punitive damages reform, including fair limits on awards and a clear and convincing evidence requirement

Federal tort reform provisions should pre-empt corresponding provisions of state law unless the latter are more effective

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: ~~CHR~~ Drupe/Pyszkiewicz/Dawson

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: ✓

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : ☐ Accept ☐ Pending ☐ Regret

Designee to attend: _____

Remarks: Congrats!

American Podiatric Medical Association, Inc.

President 1995-1996
H. F. Brown, III, DPM
2001 Georgia Avenue
Little Rock, Arkansas 72207

June 14, 1996

Carol Rasco
Assistant to the President
Domestic Policy Council
The White House, WW, 2nd Floor
Washington, D.C. 20500

Dear Carol:

All of us at APMA are extremely grateful to you and your staff for providing our leadership with a special briefing yesterday. We appreciate, most of all, your willingness to listen to our perspectives. Beyond official thanks, I am personally most thankful for your kindness.

Our Executive Director, Frank Malouff, asked me to mention the kindness of several of your staff members in this project, particularly Elizabeth Drye, Jill Pizzuto, Julie Demeo and an ex-staffer Pat Romani. They are wonderful people.

If I may add a little "message from home," let me say that all of the Brown family look forward to seeing you in Little Rock the next time you are there.

Best wishes,

H.F. Brown, III, DPM
President

c: Frank J. Malouff, MSHA

9312 Old Georgetown Road Bethesda, Maryland 20814-1698 (301) 571-9200 Fax (301) 530-2752

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

14-May-1996 05:08pm

TO: Elizabeth E. Drye

FROM: Jill Pizzuto
Domestic Policy Council

SUBJECT: RE: me / email

EED: thanks.

Re: Frank, I did forget to ask him to put something in writing. If you want me to call him, I will. He was pretty nice - is expecting a staffer to call him back to further arrange. His number if you need it: 301-571-9259. Again, we're confirmed for Thursday, June 13th from 1:30-2:30 (but I'll allow an hour & half on schedule). let me know if I need to call him.

- Maternal
- 28 people -

- American Podiatric Medical Assn.
- Health Access to Insurance
- Managed Care -
  - Credentialing of physicians by
- Medicare administration - consistency nationally -
  - Legislative initiatives - Ron-Kassebaum
  - What is coming up - What we'll we do next. -
- briefing and discussion -
  - Health Care -

Health Care Agenda -

Dr. Bunny Brown