IN HONOUR OF THE ATLANTIC FELLOWS, THE HARKNESS FELLOWS AND THE WHITE HOUSE FELLOWS

called 2/24

The British Ambassador and Lady Meyer

request the pleasure of the company of

Mr Christopher Jennings

at a Reception

Regrets

on Friday 27 February at 6.00-7.30pm

The British Embassy
3100 Massachusetts Avenue, NW
Washington DC

Informal

R.S.V.P.
Janice
202-588-6513

Please note that this function will be held in the Ambassador's Residence at the British Embassy. The Residence is just to the South of the Embassy office block. Please enter the Residence through the main gates on Massachusetts Avenue. A Security Guard will be at the gates to direct your vehicle inside.

The Institute of Medicine was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of the appropriate professions in the examination of policy matters pertaining to the health of the public. In this, the Institute acts under both the Academy's 1863 congressional charter responsibility to be an adviser to the federal government and its own initiative in identifying issues of medical care, research, and education. Dr. Kenneth I. Shine is president of the Institute of Medicine.

THE INSTITUTE OF MEDICINE
invites you to attend a

RICHARD AND HINDA ROSENTHAL LECTURE

The State-of-the-Art of Measuring Performance in Health Care: Perspective of Providers

Wednesday, March 4, 1998
6:00 p.m. - 7:30 p.m.

Lecture Room
National Academy of Sciences
2101 Constitution Avenue, N.W.
Washington, DC

Through the generosity of the Richard and Hinda Rosenthal Foundation a lecture series was established in 1988 at the Institute of Medicine to bring to greater attention some of the critical health policy issues facing our country today. Each year a topic of special policy relevance is selected and addressed in three lectures. The lectures are later published and distributed to a wider audience.

The State-of-the-Art of Measuring Performance in Health Care: Perspective of Providers

Keynote Speaker
Samuel O. Thier, M.D.
President and Chief Executive Officer
Partners Health Care System, Inc.

Additional Commentary
Robert Galvin, M.D.
Director, Corporate Health Care and Medical Programs
General Electric Company

Moderator
Paul F. Griner, M.D.
Vice President and Director
Center for the Assessment and Management
of Change in Academic Medicine (CAMCAM)
Association of American Medical Colleges

R.S.V.P. by February 25, 1998
Marion Ein Lewin
Senior Staff Officer, (202) 334-1812

Reception and Buffet
7:30 p.m.–9:00 p.m.
Great Hall

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*** TX REPORT ***
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TRANSMISSION OK

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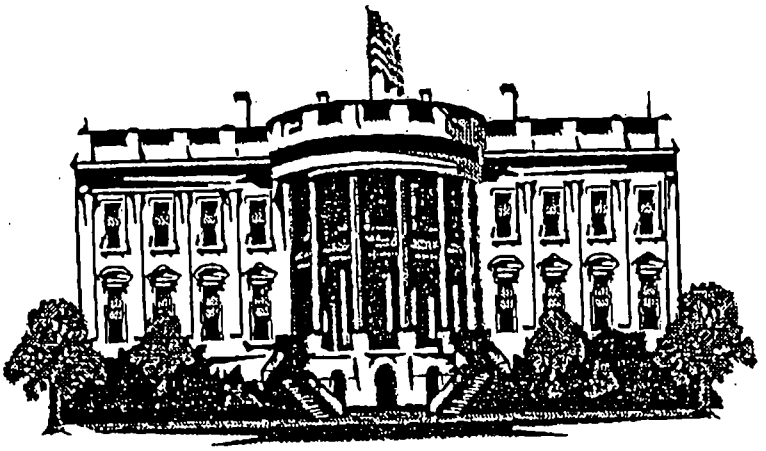
Susan
66640

THE WHITE HOUSE

1/14
1/16 again
to Amy



Christopher C. Jennings
Deputy Assistant to the President for Health Policy
216 Old Executive Office Building
Washington, DC 20502
phone: (202) 456-5560
fax: (202) 456-5557

Facsimile Transmission Cover Sheet

To: SUSAN LISS (AMY)

Fax Number: 66298

Telephone Number:

Pages (Including Cover): 3

Comments: Chris has note suggesting you speak.

Donna

NAMI

Facsimile

To: Donna for Chris Jennings

Fax Number: (202)456-7431 Billing Code:

From: Sue Medford

Re:

Date: 1-6-98

The following transmission consists of 2 pages, including this cover sheet. Should you experience any difficulty in receiving this transmission, please contact me immediately at (703)524-7600 ext. _____.

Notes:
Please call me at 703-312-7888 if you have any questions.

Thanks for your help!

Sue

National Alliance for the Mentally Ill
200 N. Glebe Rd. Suite 1015
Arlington, VA 22203-3754
(703) 524-7600
FAX (703) 524-9094
http://www.nami.org

1/9 - call Sue - will work around Chris' schedule

she has called 2x - should I ask Chris on scheduling requests?

66298

66640

January 6, 1998

Mr. Chris Jennings
Deputy Assistant to the President for Health Policy
216 Old Executive Office Building
Washington, DC 20502

Dear Chris:

I would like to invite you to speak at our Business Roundtable on Mental Illness on February 26 at 10 a.m. NAMI is sponsoring the meeting at a Capitol Hill location to be finalized shortly. We will bring together a small group of American business leaders to learn about the science based treatment of mental illness, an update on parity regulations and the consumer's bill of rights, mental illness benefits administration issues, and ways NAMI can partner with business. Dr. Steven E. Hyman, Director of NIMH, will be speaking at out meeting, and Senator Pete V. Domenici is also expected to participate.

Your 20-30 minutes presentation on mental health parity issues will bring employers up to date on the latest policies and regulations that govern mental health benefits. If 10 a.m. does not seem convenient, we can be flexible. It's important to have you on the program.

I will be in touch with you with more details as we get closer to the event. Thanks again for your tremendous contributions to NAMI's work. I look forward to seeing you soon.

Sincerely,

Laurie

Laurie M. Flynn
Executive Director

Happy New Year!

Regrets. Suggest Susan Cisi of OVP's staff.

CJ

called 1/21

1090 VERMONT AVE., N.W., SUITE 510, WASHINGTON, D.C. 20005
800-962-9008 • 202-414-0140 • FAX 202-544-3525

American Osteopathic Association

MARCELINO OLIVA, D.O., CHAIRMAN
COUNCIL ON FEDERAL HEALTH PROGRAMS

January 5, 1998

VIA FACSIMILE

Mr. Christopher Jennings
Deputy Assistant to the President for Health Policy
Old Executive Office Building Room 216
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20502

→ Can't meet HHS Saturday but willing to do some other time

Dear Mr. Jennings:

On behalf of the American Osteopathic Association (AOA) and the more than 40,000 osteopathic physicians which it represents, I am pleased to invite you to speak at the January 24, 1998 meeting of the AOA's Council on Federal Health Programs. The meeting will take place at the Crystal Gateway Marriott located at 1700 Jefferson Davis Highway in Arlington, Virginia. The Council invites you to be its keynote speaker during its luncheon which will take place between 12:00 noon and 2:00 p.m.; however, if it would be more convenient for you, the Council would be pleased to accommodate you during another time-slot on the 24th.

The Council on Federal Health Programs is the advisory committee of the AOA which evaluates federal policies, provides the profession with information about legislative and Administration actions, advises the profession about which health care policy issues it should make priority and works with Congress and the Administration to bring about appropriate reforms. The Council meeting attendees include leadership from most of the profession's specialty societies as well as representatives of the nation's osteopathic hospitals and colleges.

The January meeting of the Council will focus on the anticipated actions of the Second Session of the 105th Congress, and the profession also is interested in the Administration's plans for health care policy initiatives for 1998. Please join the AOA Council on Federal Health Programs at its January 24, 1998 meeting as your insights into the nation's changing health care system would be a valuable contribution to its discussions.

If you need additional information, please contact Stacy A. Bohlen of my Washington staff at (202) 414-0145. I look forward to seeing you on the 24th.

Sincerely,

Marcelino Oliva, D.O.

Marcelino Oliva, D.O.
Chairman, Council on Federal Health Programs

cc: John B. Crosby, J.D., AOA Executive Director
Stacy A. Bohlen, Deputy Director, Government Relations

TRANSMIT REPORT

1998.01-05 19:47
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American Osteopathic Association

Department of Government Relations

1090 Vermont Avenue, NW, Suite 510
Washington, DC 20005
202-414-0140
800-962-9008
Fax: 202-544-3525

Date: January 5, 1997

To: Chris Jennings

Fax #: 456-5557 Pages: 2 including cover sheet

From: Stacy A. Bohlen Ext.:

COMMENTS:

1/21 call her ASAP

American Osteopathic Association

Department of Government Relations

1090 Vermont Avenue, NW, Suite 510
Washington, DC 20005
202-414-0140
800-962-9008
Fax: 202-544-3525

Date: January 16, 1998

To: DONNA in chris Jennings office

Fax #: 456-5557 Pages: 3 including cover sheet.

From: Stacy A. Bohlen Ext.:

COMMENTS:

As per your message- I am Re-faxing the invitation for Chris Jennings for 1/24/98.

Please Let me Know ASAP.
Thanks!
Stacy Bohlen

SIMON
strategies

Simon Strategies, LLC
1001 G Street NW
Suite 900 East
Washington DC 20001

202.783.2205 phone
202.783.0440 fax
strategy@simoninc.com

January 13, 1998

Chris Jennings
The White House
Washington, DC 20502

Dear Mr. Jennings:

I am writing on behalf of Heartport Inc. to invite you to give a luncheon address in New Orleans on January 24, 1998 to a gathering of heart surgeons who work with new, minimally invasive surgical techniques. Brigham and Women's Hospital of Boston will sponsor the speaker.

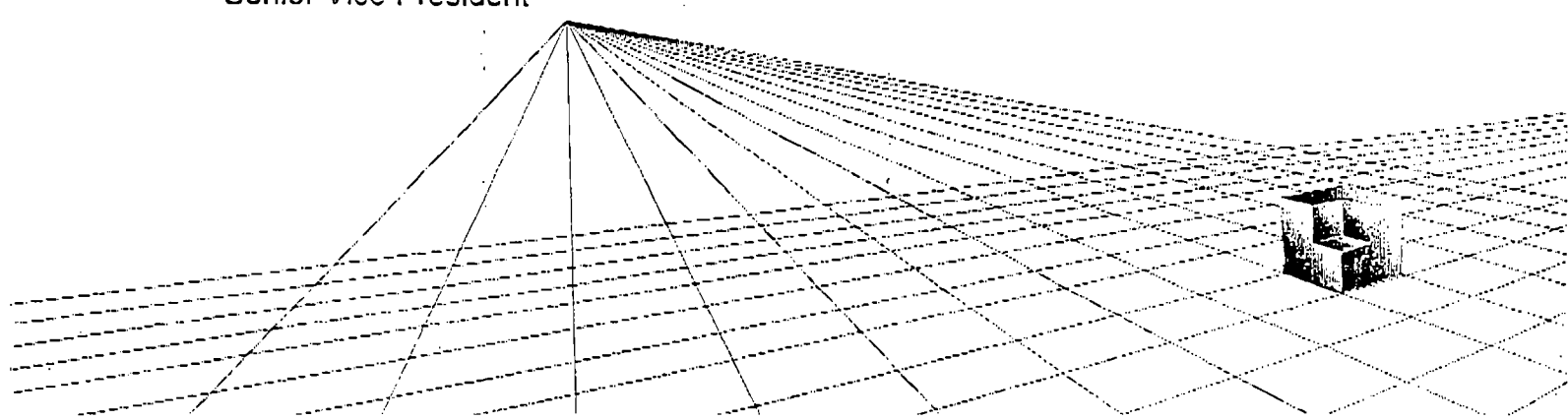
Heartport has created the greatest humanitarian advance in heart surgery this century with the development of "port-access" heart surgery technology. This "port access" technique allows surgeons to operate through small openings in the chest ("ports") and avoid the need to open the chest with a 12 to 15 inch incision in the breastbone. The results are reduced trauma, pain and scarring, as well as shortened hospital stays and lower costs.

Surgeons using port access surgery are working to promote this humanitarian procedure throughout the United States and the world. The surgeons at this conference represent institutions that operate on 50% of the nation's total heart surgery patients every year. They would be honored to hear you speak about your views on health care in general as well as on the importance of new technologies in health care.

Thank you very much for your attention to this request. I look forward to speaking to you about this in more detail at your convenience.

Sincerely,

Kristan Van Hook
Senior Vice President



SCHEDULING REQUEST

Event: Keynote Speech for the Port Access International Registry Investigators (PAIR) Meeting

Date: Saturday, January 24, 1998

Duration: Approximately One-hour (lunchtime address)

Place: The Westin Hotel
New Orleans, Louisiana

Purpose: To discuss the importance of technological innovations to the quality of healthcare and to the quality of life for patients. To discuss issues in healthcare management and reimbursement which affect the introduction of new technology.

Participants: Between 150-300 surgeons and their spouses. These heart surgeons use innovative "port access" techniques as an alternative to invasive open heart surgery. They represent institutions that perform 50% of all heart surgeries in the U.S.

Hot topics: HCFA reimbursement

Background: The objective of PAIR is to introduce these new technologies to surgeons and collect clinical data on patients who have been operated on using this new technology.

Port Access minimally invasive surgery, developed by Heartport Inc. (a cardiovascular device company), is the greatest humanitarian advance in heart surgery this century. This surgery is a new way of performing heart operations that allows surgeons to operate through small openings, or "ports," in the chest wall between the ribs. Port-Access procedures involve many of the same steps as open-chest heart surgery, but eliminate one of the most painful steps, the need to open the chest through a 12- to 15-inch incision in the breastbone. Heartport believes that its systems enable surgeons to achieve clinical outcomes equal to those of conventional open-chest heart surgery, with the added benefits of reduced trauma, pain, and scarring, shortened hospital stays and recovery times, and lower overall costs.

Background of Event:

This meeting brings together surgeons from around the world who are using, or will be using, this new technology to provide patients with more effective, less traumatic care. It will also help build a database to better evaluate these technologies and their future potential for patient care.

SIMON
strategies

phone 783-2205

Simon Strategies, LLC
1001 G Street NW
Suite 900 East
Washington DC 20001

202.783.2205 phone
202.783.0440 fax
strategy@simoninc.com

FACSIMILE

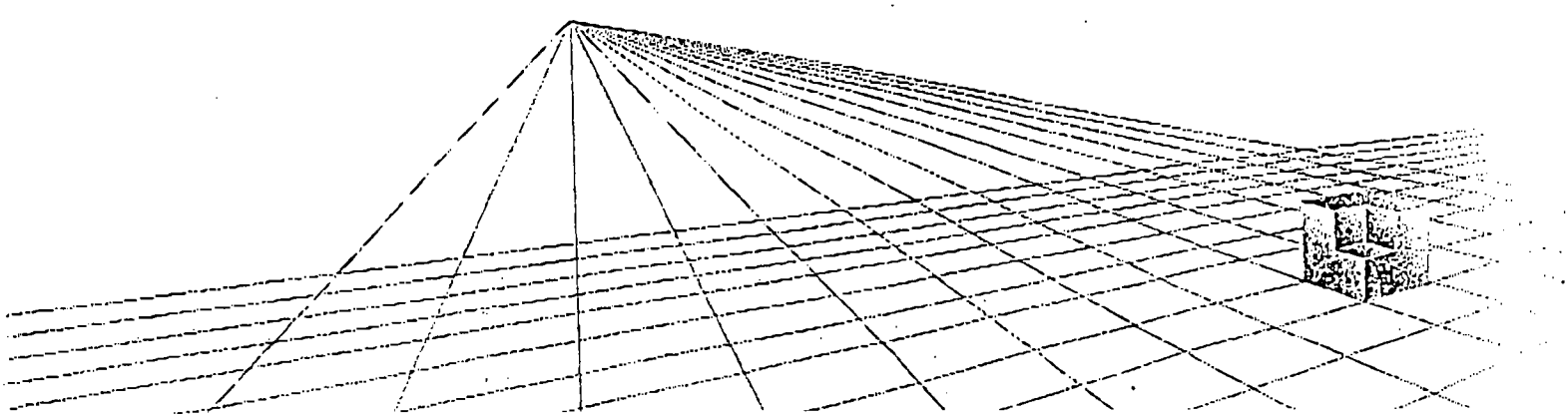
TO: Cokie Fastburn

FAX: 202 456-5557

FROM: Kristan Van Hoen

DATE: 1/13/98 PAGES: 4

MESSAGE:



REGRETS

The American Jewish Committee

The Jacob Blaustein Building
165 East 56 Street
New York, NY 10022-2746
(212) 751-4000

Robert S. Rifkind
President

David A. Harris
Executive Director

October 21, 1997

called 1/20

Mr. Christopher Jennings
The White House
1600 Pennsylvania Ave., NW
Washington, D.C. 20502

Dear Mr. Jennings:

I am writing this letter at the suggestion of my colleague, Jason Isaacson, who directs the American Jewish Committee's Washington office.

The American Jewish Committee and St. Leo College of Florida are co-sponsoring a major interreligious conference on February 9th and 10th, 1998 on the St. Leo campus. The conference theme is **Catholic and Jewish Perspectives on Bio-Ethics**. Prominent physicians, religious leaders, ethicists, and other key leaders in the field will participate in this pioneering conference.

We expect a large attendance from the fields of religion, medicine, politics, and academia. In addition, Francis George, the new Archbishop of Chicago, will be one of our keynote speakers. Other confirmed speakers include Dr. Alan Fleischman of the New York Academy of Medicine, Professor Edmund Pellegrino of Georgetown University, and Dr. Richard Frankel of the University of Rochester.

Because of your expertise and leadership in the field of bio-ethics, the American Jewish Committee and St. Leo College invite you to deliver the conference's concluding address on the afternoon of February 10th. The working title is "Government's Role in Bio-Ethics", but it can be changed to fit your needs. St. Leo is located near Tampa, a city with excellent air service.

On a personal note, I have served as a member of the New York State Task Force on Life and the Law since its establishment in 1985. I am enclosing a copy of my March 1997 U.S. Congressional testimony on assisted suicide. I hope you will find it of interest.

I hope you will be able to join us at St. Leo College in February. It promises to be an important and exciting conference. If you have any questions, please call me. My direct FAX number is 212 751-4018, and my office number is 212 751-4000 x260. I look forward to hearing from you.

Many thanks for your consideration in this matter. With every good wish, I am,

Sincerely,

Rabbi A. James Rudin
National Director
Interreligious Affairs

AJR/ch
enc.

ASSISTED SUICIDE: LEGAL, MEDICAL, ETHICAL AND SOCIAL ISSUES

HEARING

BEFORE THE

SUBCOMMITTEE ON
HEALTH AND ENVIRONMENT

OF THE

COMMITTEE ON COMMERCE
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

MARCH 6, 1997

Serial No. 105–7

Printed for the use of the Committee on Commerce

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APPENDIX TO TESTIMONY OF CARDINAL BERNARD LAW

PHYSICIAN-ASSISTED SUICIDE: A FEDERAL ISSUE

Recent federal court rulings raise the issue of assisted suicide to a new level of national concern. The issue has serious implications for Congress. Even a law allowing physician-assisted suicide in one state such as Oregon raises several questions:

Federal funding: When the nation's first and only statute allowing physician-assisted suicide was approved in Oregon in November 1994, the chairman of the state Health Services Commission announced that expenses connected with assisted suicide will be reimbursable in the state's Medicaid program [Associated Press, 11/11/94]. Lethal drugs will be covered as a form of "comfort care," which ranks as a high priority in the Medicaid rationing plan which Oregon operates under a waiver granted by the Clinton Administration. Many life-prolonging treatments for terminally ill patients rank very low on this cost-effectiveness scale and may not be available to indigent patients in the state; but lethal drugs will be offered to them free of charge. The issue of using federal funds and health facilities for assisted suicide will also arise in other federal programs: military hospitals, Medicare, Indian Health Service, federal employees' health benefits, and so on.

Civil Rights: In a preliminary injunction against Oregon's new law, a U.S. District Court said questions have been raised as to whether a law selectively allowing assisted suicide for people with AIDS and other disabilities violates the federal Americans with Disabilities Act (42 USC § 12101 et seq.). Supporters of assisted suicide argue that a person with AIDS simply receives an additional "benefit" from the Oregon law that is not available to other people. But why would a state treat as a "benefit" for this person something that remains a crime if performed on non-disabled persons? Doesn't such a policy treat the life of a person with disabilities as uniquely valueless? See *Lee v. Oregon,* 869 F. Supp. 1491, 1499 (D. Or. 1994).

Federal Drug Laws: Implementation of a law allowing assisted suicide may require the prescribing of barbiturates and other drugs for the intentional taking of human life—a purpose never approved by the Federal Food, Drug, and Cosmetic Act (21 USC § 301 et seq.) or the Controlled Substances Act (21 USC § 801 et seq.). Such use seems antithetical to these laws' stated purpose of protecting life and health. See G. Annas, "Death by Prescription: The Oregon Initiative," in *New England J. of Medicine,* 11/3/94, p. 1242.

Patient Self-Determination Act (42 USC § 1395cc (f)): As a condition for receiving Medicaid and Medicare funds, health care facilities in the United States must inform their patients upon admission regarding whatever rights they may have under state law to accept or refuse medical treatment. The Oregon case has raised the question whether this federal law will automatically "kick in" and require hospitals, including Catholic hospitals, to counsel patients on their "right" to assisted suicide if a state has legalized this practice. See Lee v. Oregon at 1500.

Religious Freedom Restoration Act (42 USC § 2000bb et seq.): Under this federal law, a state may not substantially burden the exercise of religious freedom unless this is the most narrowly drawn means of serving a compelling state interest. A law like Oregon's places a grave burden on Catholic and other religious health facilities by, among other things, forbidding them to discipline physicians and other staff who violate the facilities' ethical codes against assisting a suicide. See *Lee v. Oregon* at 1500-02.

Mr. BILIRAKIS. Thank you, Your Eminence.

Rabbi A. James Rudin is Director of Interfaith Relations with the American Jewish Committee based out of New York. Rabbi Rudin, please proceed.

STATEMENT OF RABBI A. JAMES RUDIN

Rabbi RUDIN. Thank you, Mr. Chairman, for this opportunity to testify today. I am grateful to share my views with you and your colleagues. I am the interreligious affairs director of the American Jewish Committee, and following my ordination, I served as an Air Force chaplain in Japan and Korea. I have co-authored a book on bioethics, Why Me Why Anyone.

I want to make it clear at the outset, Mr. Chairman, that my own organization has taken no position on the question of assisted suicide. However, the New York State Task Force on Life and the

Law, on which I have served since its founding in 1985, has indeed taken a unanimous public position in opposition to legalizing assisted suicide. This is a task force of 25 members. We have the responsibility for developing specific recommendations for public policy in New York State, including the determination of death, the withdrawing/withholding of life support systems, organ transplants, the treatment of the disabled newborn, surrogate parenting, do not resuscitate orders, medical power of attorneys, and of course assisted suicide.

In addition to my full text which I will leave with you of course, I am also submitting When Death is Sought, the book published by our task force in May 1994, which shows its unanimous opposition to legalizing any form of assisted suicide.

Mr. BILIRAKIS. Without objection, that is a part of the record.

Rabbi RUDIN. Thank you, sir. To paraphrase the Bible, the topic of this hearing is something that is not remote. It is not in heaven. It is not beyond the sea. It is very near to you. I can assure you that everyone in this audience has been touched or will be touched by this question.

My own experience on the task force has forced me, like many other members of the clergy, to move beyond my previous conventional thinking. It has taught me that questions like assisted suicide are much too important to be left solely to the medical community, to physicians or other members of the medical profession.

To define it exactly, assisted suicide for me refers to actions by one person to contribute to the death of another by providing medication or prescription. Euthanasia refers to direct measures such as lethal injection by one person to end another person's life. But like Cardinal Law, I want to say both practices are distinct from the withdrawal and withholding of life sustaining treatment in accord with accepted ethical and medical standards.

Euthanasia is barred in all 50 of our States. But neither suicide nor attempted suicide is a criminal offense in any State. Sooner or later we are all going to face this question. We are going to hear the cries and whispers of our loved ones, of our friends, who call for medical help to end their lives. How should we respond? How should Congress respond to the cries and whispers of those who beg for death? At first glance, it seems our answer should be yes. But while these calls for assisted suicide sound compassionate and reasonable, there are simply too many risks in making assisted suicides legal. Even if all the laws were carefully framed, I strongly believe that assisted suicide in the United States would be practiced unequally. Besides even ideal or good cases are not sufficient for public policy, because these cases bear little resemblance to existing medical and socio-economic practices in the America of 1997 and into the 21st century.

To legalize assisted suicide, even for compassionate reasons reminds me as a rabbi and as a Jew of the brutal excesses of the Holocaust, when Nazi physicians carried out deadly experiments on the Third Reich's surplus population, Jews, Gypsies, political prisoners, homosexuals, mental patients, and many others. There is a slippery slope, it is not rhetoric, attached to the question of assisted suicides that must be considered.

If assisted suicide becomes law in the U.S., the traditional wall of patient protection would be seriously lowered, and suicide would become more and more commonplace.

Any of us who have visited hospital rooms, either as clergy, as family, as friends, it is clear to all of us that the education of healthcare professionals about pain relief and depression must be radically improved. This is where Congress has a role to play in medical schools, nursing schools, residencies, and all forms of continuing education for the medical profession.

We can not objectively measure pain and depression. They are both very subjective. But they must never be used for justification for assisted suicide. What is clearly needed is a more aggressive approach to the treatment of pain and depression, especially among those who are seriously ill. I am profoundly concerned that legally approved assisted suicide would also be applied not just to the "terminally ill" patients, whoever they are, and that's a term we can debate because it's never clear, but it would also be applied to people who suffer from cancer, AIDS, Lou Gehrig's disease or advanced emphysema. In the real world, compassionate medical personnel, including physicians, will make no distinction between suffering patients and those who are legally defined as terminally ill.

One thing is clear for all of us to see. The hospital room has become the new frontier in addressing the moral and spiritual questions that are usually discussed in abstraction. We have to be centrally involved. It is important that Congress is involved in these difficult bioethical questions that will increase in number and complexity as advances in medical technology provide us with more and more choices.

Moses Maimonides, who was both a rabbi and a great physician, opposed all forms of passive and active euthanasia. Rabbi Joseph Caro of the 15th century said "We are not permitted to close the eyes of a person who is near death, lest we cutoff even a fraction of life." According to Moses Isserles from Cracrow, Poland, if a person is near death, he said "Do not even remove the cushion or pillow under his head, lest it speed up death."

These are serious questions we are debating. What fuels the growing interest in assisted suicide, as I conclude, is the widespread fear of loss of control, of isolation, depletion of family resources, and the pain, depression, and suffering at the end of life. But we ought to focus our attention and advocacy on addressing these problems directly by ensuring access to necessary and appropriate medical and social services, promoting healthcare decisionmaking that is respectful of parents and family values.

Legalizing assisted suicide will not solve the problems of dying patients. It may well create many more problems. Thank you, Mr. Chairman.

[The prepared statement of Rabbi A. James Rudin follows:]

PREPARED STATEMENT OF RABBI A. JAMES RUDIN, NATIONAL INTERRELIGIOUS AFFAIRS DIRECTOR, THE AMERICAN JEWISH COMMITTEE

Thank you, Mr. Chairman, for the opportunity to testify before the House Commerce Committee's Subcommittee on Health & Environment dealing with Assisted Suicide: Legal, Medical, Ethical, and Medical Issues. I am grateful for the chance to share these views with you and your colleagues.

My name is Rabbi A. James Rudin. I am the National Interreligious Affairs Director of the American Jewish Committee. Since 1968, I have been directly involved in strengthening interreligious relations in this country and throughout the world. I was raised in Alexandria, Virginia and after receiving my college education at George Washington University and rabbinical ordination at Hebrew Union College-Jewish Institute of Religion, I served as an United States Air Force Chaplain in Japan and Korea. Prior to joining the professional staff of the American Jewish Committee, I served Reform Jewish congregations in Kansas City, Missouri and Champaign-Urbana, Illinois. I am also a co-author of Why Me? Why Anyone? (St. Martin's Press: 1986 & Jason Aronson: 1994), a book dealing with religion and bioethics.

I want to make clear at the outset that the American Jewish Committee has taken no position on the question of assisted suicides. However, the New York Task Force on Life and the Law on which I have served since its founding in 1985, has taken a unanimous public position in opposition to legalizing assisted suicides.

The New York State Task Force on Life and the Law was convened by then Governor Mario Cuomo and its 25 members were given the responsibility of developing specific recommendations for public policy in New York State on a host of issues arising from recent medical advances, including the determination of death, the withdrawal and withholding of life support systems, organ transplantation, the treatment of disabled new born, surrogate parenting, do not resuscitate orders, medical power of attorneys, and, of course, assisted suicides.

In addition to my full written testimony, I am also submitting a copy of the Task Force's report, When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context, which was published in May, 1994.

To paraphrase the Bible, the topic of this hearing, assisted suicide, is not something "too remote... It is not in heaven... nor beyond the sea... No, it is very near to you..." Nor is it an issue that will simply take care of itself without attention, analysis, and debate. I can assure you that the question of assisted suicide has touched, does touch, or will touch everyone in this audience.

In January, 1997, the U.S. Supreme Court heard intensive debate about the issue of assisted suicides. Justice Sandra Day O'Connor said: "This is an issue every one of us faces, young and old, male and female..." And Justice Ruth Bader Ginsburg, whose mother died of cervical cancer at the age of 47, declared: "Most of us have parents and other loved ones who have been through the dying process, and we've thought about these things." Indeed. Now it is time that we begin to think seriously "about these things."

Because of the Task Force's work, New York State now has legislation on do-not-resuscitate orders, the determination of death, organ transplantation policy, health care proxies, and surrogate decision making for patients without capacity.

My Task Force experience and its extraordinary intellectual and spiritual demands have compelled me to move far beyond my previous conventional thinking on bio-ethical issues, and Task Force membership has clearly taught me that questions like assisted suicides are much too important to be left solely to physicians and to other members of the medical profession.

One of my most serious concerns is that if we laypeople are not prepared to confront the dilemmas that currently exist in our hospitals, clinics, and nursing homes, the critical bio-ethical decisions about life and death will surely be made by others. And that would be a tragedy.

I want to speak first in general terms about assisted suicide and then conclude with a focus on a Jewish response to the question. In these remarks assisted suicide refers to actions by one person to contribute to the death of another, by providing medication or a prescription or other steps. Euthanasia refers to direct measures, such as a lethal injection, by one person to end another person's life for benevolent motives. Both practices are distinct from the withdrawal and withholding of life sustaining treatment in accord with accepted ethical and medical standards.

Interestingly, New York is one of two states that does not currently permit the withdrawal and withholding of life-sustaining treatment from an adult patient who has not signed a health care proxy or provided clear and convincing evidence of treatment wishes. Euthanasia is barred in all 50 states, but neither suicide nor attempted suicide is a criminal offense in any state.

Sooner or later almost everyone of us will face this difficult dilemma: seriously ill relatives or friends, often in severe pain and depression, will desperately seek medical help to end their lives. No longer able to go on with life, patients usually request a lethal injection or an oversupply of pills to hasten death.

How should society, how should we respond to the cries and whispers of those who beg for death? At first glance, it seems our answer should be "yes." After all, shouldn't respect for individual choice and personal self-determination permit pa-

tients and doctors to engage in assisted suicides? Aren't individual rights one of the distinctive hallmarks of American society?

While calls for assisted suicides sound compassionate and reasonable, there are too many risks in making assisted suicides legal. Even if laws were carefully framed, I strongly believe assisted suicide in the United States would certainly be practiced unequally. Besides, even "ideal" or "good" cases are not sufficient for public policy, because they bear little resemblance to existing medical and socio-economic practices in the America of the 1990s.

Those at greatest risk to lose their lives would be our poor, minority group members, those without a family, the elderly, and especially those who have no access to good heath care... America's "surplus population."

And now let me say something that has angered many in the Jewish and medical community. The legalization of assisted suicides, even for so-called compassionate reasons, reminds me of the brutal excesses of the Holocaust when Nazi physicians carried out deadly experiments upon the Third Reich's "surplus population": Jews, Gypsies, political prisoners, homosexuals, mental patients, and others.

There is a "slippery slope" attached to the question of assisted suicides that must be considered. If assisted suicide became law in the United States, the traditional wall of patient protection would be seriously lowered, and suicide would become more and more commonplace. Most physicians do not have a long-standing relationship with their patients and inquire little about the complex personal factors relevant to evaluating a request for suicide assistance. This is especially true once a patient enters a hospital's critical or intensive care unit.

In the Netherlands, where assisted suicide is legal, a study has found that of nearly 3,300 deaths annually resulting from mercy killing, 1,100 deaths occurred without an explicit request from the patient. In some of those cases, physicians provided assisted suicide in response to suffering caused solely by psychiatric illness, including severe depression.

There is a bitter irony to what is happening in Holland. During the World War II German occupation of the Netherlands, fully 98% of that country's physicians refused to join a German-sponsored medical organization that was headed by a Nazi sympathizer and an anti-Semite. The Dutch doctors took down their shingles and refused to practice although they were aware that such actions could subject them to severe punishments.

Yet, reliable sources report that today many Dutch physicians are actively participating in assisted suicides and they are systematically ignoring the guidelines that were established when such procedures were made legal. In Holland the patient must voluntarily request death, the patient's suffering must be unbearable and irrevocable, and one other physician must be consulted.

Dr. Herbert Hendin who wrote a book on the 10 year Dutch experience with assisted suicide has said: "Virtually every guideline established by the Dutch to regulate euthanasia has been modified or violated with impunity." If such excesses have in fact taken place in a small, rather homogenous nation like the Netherlands, I can only speculate with fear and trembling how such guidelines would be violated in our increasingly diverse nation of over 260,000,000 residents, and in an America where quality medical health care often varies widely from state to state, even from county to county.

People who are in good health often believe they would want a legal means to end their lives if they became seriously ill. But clinical evidence and my own experiences as a rabbi in hospitals confirm the suspicion that when people face a dread disease, life becomes even more precious, and patients usually call for maximum medical efforts to continue life.

Pain and depression are frequently cited as reasons why a person seeks assisted suicide. But the truth is that until recently many medical professionals undertreated pain. If terminally ill patients receive too many pain killers, it was thought, they might become addicted to narcotics. But clinical evidence reveals that addiction and psychological dependence is rare among patients suffering intense pain.

As a rabbi who has, alas, visited far too many hospital rooms and as a Task Force member, it is clear to me that the education of health care professionals about pain relief and palliative care must be rapidly improved. Courses should be included in medical schools, nursing schools, residencies, and all forms of continuing education for the medical profession.

Today many experts believe that modern pain relief techniques, including opioids, can ease pain in all but extremely rare cases. Fortunately, the medical profession has changed its attitude toward pain management, and there is growing recognition that a patient should not and need not suffer unrelieved pain.

In addition, pain and depression cannot be objectively measured. Since both are subjective, they must never be used as justifications for assisted suicide. What is

clearly needed is a more aggressive approach to the treatment of pain and depression especially among the terminally ill.

If suicidal thoughts are commonplace when patients are seriously ill, the medical profession needs to fully explore and treat the factors that cause such feelings of despair. Too often, doctors do not discuss this critical subject with their patients.

In 1994 the New York State Task Force on Life and the Law issued a lengthy report on assisted suicides and euthanasia. After an intensive 18-month study, we unanimously concluded that assisted suicide should not be made legal. Such a public policy, we declared, "would pose profound risks to many patients... and would be unwise and dangerous..."

We also noted that the U.S. Constitution does not grant "individuals a 'right' to suicide assistance..." But two recent Federal court decisions dealing with the complex and emotional subject of physician-assisted suicides have raised profound issues for America.

In March, 1996, a Washington state law banning medical suicides was struck down, and a month later a similar New York State law was also struck down. While 32 states currently have legislation forbidding assisted suicides, the two court rulings have placed all such laws in legal jeopardy, and the U.S. Supreme Court is currently debating the constitutionality of the two laws and a decision is expected sometime this June or July. Not surprisingly, I have serious problems with both federal court decisions and I hope they are reversed by the High Court.

The lower court rulings were based on the constitutional rights of individuals to make decisions about terminating their own lives. The courts also protected physicians from criminal prosecution if they assist patients in ending their lives. The New York judgment stipulated that only mentally competent patients who are terminally ill are entitled to make such momentous decisions.

The reasoning, however, leaves a host of critical questions unanswered.

Who, after all, will decide whether a person is truly competent to make life-ending decisions about oneself? Because critically ill people are often severely depressed and in acute pain, it is not hard for a family member or a physician to extract the patient's wish to end it all. But is such an irreversible, irrevocable decision made by a truly mentally competent person? And many doctors agree that their patients' desire to die often end when they are effectively treated for depression and when severe pain is eased.

And what exactly is a terminal medical condition? Is it a seriously ill person who has only 6 hours, 6 days, 6 weeks, or 6 months to live? Who can guarantee the accuracy of these precise time frames?

As health costs continue to soar, insurance companies and hospitals will increasingly seek the most cost-efficient means of treating patients. Clearly, it is more expensive to treat an individual's physical pain and mental depression than it is to assist a person to die. The financial bottom line will always prefer assisted suicides over the more costly treatments for pain and depression.

And what about those family members who are eager to receive their inheritance money as quickly as possible from an acutely ill relative? We can easily guess their views about assisted suicide.

The recent court decisions presuppose careful deliberation of assisted suicide by all interested parties: patients, physicians, hospitals or nursing homes, and families. But such ideal circumstances rarely exist in intensive care units or hospital corridors.

In the real medical world the first people who will be assisted in ending their lives will be the poor, those without family or friends, the elderly, the disabled, and uninsured patients who can not pay for their medical treatment.

There is another chilling aspect as well. Everyone knows that some physicians covertly aid their patients to die. Sometimes this is done by acts of commission like prescribing certain medications to hasten death. But often death comes through acts of omission when doctors do not aggressively treat such problems as pneumonia and other deadly infections when they occur among seriously ill patients.

This furtive behavior has placed enormous strain upon the medical community, and no wonder many physicians are looking for a legal remedy for their ethical predicaments. While fully recognizing the torment of both physicians and patients, I am fearful that legalizing assisted suicides will permanently replace the traditional role of doctors as healer with that of potential killer.

I believe we can do far more for patients by improving pain relief and palliative care than by changing the law to make it easier to commit suicide or to obtain a lethal injection. And I am profoundly concerned that legally approved assisted suicide would also be applied to patients suffering severely, but who are not "terminally ill," those people with conditions such as cancer, AIDS, ALS (Lou Gehrig's disease) or advanced emphysema. In the real world, compassionate medical personnel,

including physicians will make no distinction between such suffering patients and those who are defined as "terminally ill."

I believe the Jewish religious tradition brings some special gifts and experiences to this debate. Ours is a life-affirming religion. When Jews make the toast, L'hayim, we stress our commitment to life. According to Judaism, every life is sacred, so everything possible must be done to save even a single individual. As one Talmudic sage explains: "We should disregard one Sabbath for the sake of saving the life of a person so that a person may be able to observe many Sabbaths."

Unfortunately, I do not have the time to rehearse in careful detail the long and fruitful relationship between Judaism and medicine through the long centuries. Moses Maimonides, that religious giant of the 12th century who was both a rabbi and a physician, warns us "not to live in a city that has no doctor."

Judaism stresses the natural aspect of death and teaches we should not fear the end of our lives. And since God alone determines death, it can not be hastened in any way. Indeed, according to the tradition, an individual who performs any act that may inadvertently hasten death, such a person is regarded as a shedder of innocent blood.

It seems to me that we must choose between two basic positions. Clearly, I have already made my choice, but let me attempt to lay out the salient questions. The argument hinges on an acceptable definition of life and when it stops being meaningful. One position holds that since we are created in God's image, all human life is sacred; so extending a person's life for even a few seconds is as valid and worthwhile as extending it for decades.

The other view maintains that each medical case must be reviewed individually, that the quality of life can be defined and evaluated by a set of verifiable standards, such as: Is the patient conscious, with mental capacity and reason? I call these alternative positions the "sanctity of life" argument and the "quality of life" argument.

Because Judaism teaches that every human life is infinitely valuable and we must make every effort to save it, the tradition emphasizes the first position. According to Jewish religious law, if we don't do everything possible to save or prolong life, we are shortening it, which is forbidden.

Because of medical advances, some Jews now advocate the second or "quality of life" position. They assert that the "sanctity of life" argument, while highly admirable, does not apply to every situation, arguing that God does not require us to extend a meaningless life of pain without realistic expectations of recovery.

But if we don't act to prolong life, aren't we really shortening it? Judaism is staunchly opposed to doing anything that even slightly hastens death. Life is a divine gift and it is God alone Who determines how and when death will come.

Rabbi Joseph Caro, a leading rabbinic authority (1488-1575), declared: "We are not permitted to close the eyes of a person who is near death, lest we cut off even a fraction of life." We are not permitted to remove a pillow or a cushion from a dying person if such an act will in any way speed up death. Nor can we withhold food, water, and necessary medicine from a patient.

According to Moses Isserles, a sixteenth century scholar from Cracow, Poland, "If a person is near death, do not even remove the cushion or pillow under his head, lest it speed up death." And Moses Maimonides opposed all "passive euthanasia" actions: "He who kills a healthy person, and he who kills a sick person who is dying anyway, even if he is almost dead, all are guilty of murder!"

The late Rabbi Moses Feinstein, one of this century's leading Orthodox Jewish authorities even approved dangerous radical surgery as a risk worth taking to prolong life. And in a fascinating section of the Talmud, one commentator asserts: "When we are in doubt about whether a patient will live or die, we must not allow idolaters to heal. But if the patient certainly will die, we may allow the idolaters to heal." It is a remarkable teaching given Judaism's strong antipathy to all forms of "non scientific" medical treatments.

However, the entire question of what today would call assisted suicide is carefully nuanced in the Jewish tradition. Rabbi Solomon Freehof, one of Reform Judaism's greatest Talmudic scholars, argues that while the Jewish tradition permits us to take risks to save lives, it does not allow us to prolong the natural process of dying. I stress the word "natural." Freehof rightly calls this area "murky and ambiguous", and admitting the inner contradiction of his position, says: "We must fight for every second of life actively, but we can be passive in the case of a terminally ill person." But we can not actively hasten death through assisted suicides.

Freehof and others highlight the enormous tension in Jewish thought between preserving life and not interfering with the natural process of dying. Judaism absolutely forbids killing by active intent. But what about passive euthanasia, such as removing a life-support system, refusing to resuscitate, or refusing to begin new

medical or drug therapy on a patient? Is this morally and legally a form of assisted suicide?

Two dramatic Talmudic stories provide justification to remove such systems from seriously ill patients. But even in these stories, I do not detect any justification for providing the specific means for a patient to kill oneself.

Because Rabbi Hananiah ben Teradyon taught the Torah, a severe crime in Roman times, the Roman occupation authorities executed the rabbi by burning him at the stake. To prolong the rabbi's torture, the Romans covered him with water-filled sponges to insure that death would not come quickly.

As the fire grew hotter, Hananiah's students begged him to draw the fire into his throat, and by so doing take his own life and end his suffering. The rabbi refused to allow the fire to enter his throat to hasten his own death even though he was clearly in a "terminal" situation. However, he did permit a Roman soldier to remove the sponges from him, and soon after Hananiah died.

It is a subtle but critical point. The dying man would not allow the fire to enter his throat—an active step—but he did permit the removal of the sponges, his primitive life-support system—a passive act.

The Talmudic scholars, of course, commend the rabbi for his brave martyrdom in behalf of teaching God's word, the Torah, but surprisingly they also praise the unknown Roman soldier for removing the sponges, and both Rabbi Hananiah and the soldier are accorded honored places in the world to come. For me, this complex story teaches that you are rewarded for easing the pain of a dying person. Those with no hope of escaping death can request that the dying process be shortened, although they cannot take steps themselves to shorten their lives.

In the second story, the great Talmudic authority Rabbi Yehudah Ha Nasi, Judah the Prince, lay dying in his house, while his adoring students gathered outside to pray for his recovery. Since, according to the Jewish tradition, prayers for the sick are considered just as effective as medical treatment, the students' petitions to God provided a kind of life-support system for the patient.

Judah's agony worsened. His female attendant, acutely aware of her patient's intense suffering, in desperation took a large earthen jar to the roof of the rabbi's house and hurled it to the ground below, where it shattered into many pieces. Stunned by the noise, the students momentarily stopped their prayers, thereby withdrawing the spiritual "support system." The Talmud recounts that in that brief period of silence, Judah the Prince died. It praises the attendant, even though her behavior hastened Judah's death.

I am willing to concede that based upon the Talmudic examples and my own real life experiences that there may indeed be a tiny number of cases in which physician-assisted suicide could be ethically and medically defended on very narrow grounds. But I am also convinced that there would be many, many more cases in which assisted suicides would take place in inappropriate, unethical, and medically questionable ways.

But one thing is clear for all to see: the hospital room has become the "New Frontier" in addressing the moral and spiritual questions that are usually discussed in abstraction. Today we must be centrally involved as difficult bioethical questions increase in number and complexity, and as advances in medical technology provide us with more and more choices.

Dr. Fred Rosner, a professor at Yeshiva University's Albert Einstein School of Medicine and a leading bio-ethicist, put the issue in its most graphic terms: "When physicians recognize they have no more to offer medically, they no longer have the license to treat... There is a point where we just must learn to ease pain [and depression] better."

As a society, we can do far more to benefit patients by improving pain relief and depression than by radically changing our laws to make it easier to commit suicide. Thank you.

Mr. BILIRAKIS. Thank you so much, sir.

Reverend David L. Adams is executive director of the Office of Government Information, The Lutheran Church Missouri Synod, located at headquarters here in Washington, DC.

Reverend Adams, please proceed.

STATEMENT OF REVEREND DAVID L. ADAMS

Reverend ADAMS. Thank you, Mr. Chairman, and members of the committee, for giving me the opportunity today to speak to you. The Lutheran Church Missouri Synod promotes as the teaching of

THE
ROBERT WOOD
JOHNSON
FOUNDATION

January 9, 1998

called 1/26

Donna - He would not be speaking so he probably doesn't want Jennings to go. Make sure ... & give a recommendation. Sh definitely should go. It is under what list I have a role. Thanks

Chris Jennings
The White House
Old Executive Building
1700 Pennsylvania Avenue, Room 212
Washington, DC 20502

Dear Chris Jennings:

You are invited to participate in a national conference, "Covering More Kids: Outreach, Simplification, and Coordination," being held in Washington, DC on Friday, February 27, 1998.

This meeting is being sponsored by a new initiative of the Robert Wood Johnson Foundation, "Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children." This new $13 million initiative, directed by Sarah Shuptrine, President of the Southern Institute on Children and Families, will support state and local activities that will identify and enroll low-income children into existing coverage programs.

As you know, a number of private and public sector efforts have been put in place to expand coverage for uninsured children, whose number is estimated at between 8.5 million and 11.3 million. The enactment of the State Children's Health Insurance Program, included in the Balanced Budget Act of 1997, will provide new dollars to expand coverage for low-income children. Unfortunately, creating new coverage programs doesn't guarantee that eligible children will actually get enrolled. Some three million children are currently eligible for, but not enrolled in Medicaid. Outreach and enrollment efforts clearly need to be improved.

In anticipation of increased attention on this issue particularly with the implementation of the State Children's Health Insurance Program, this conference is intended to provide a forum where the critical issues, opportunities, innovations, and concerns associated with outreach, administration simplification and coordination across existing coverage programs can be identified. The preliminary conference agenda is enclosed.

To register for the conference, please return the enclosed registration form to the Southern Institute on Children and Families. Because space is limited, please be sure to respond by February 9, 1998. We have reserved a block of rooms that will be available for attendees at the special rate of $160 plus tax per night until January 24, 1998. Please make your hotel arrangements directly with the Hyatt Regency at Capitol Hill in Washington, DC (202) 737-1234 by this date.

If you have any questions about the conference, please contact JoAnn Prince at the Southern Institute (803) 779-2607.

We hope you will be able to join us at what we anticipate will be a very informative, provocative and productive meeting.

Sincerely,

Steve Schroeder

Steven A. Schroeder, M.D.
President

Office of the President

Route 1 and College Road East   Post Office Box 2316   Princeton, New Jersey 08543-2316   (609) 452-8701

COVERING MORE KIDS:
OUTREACH, SIMPLIFICATION AND COORDINATION

Hyatt Regency on Capitol Hill • Washington, DC

February 27, 1998
8:30 AM - 3:15 PM

REGISTRATION FORM

PLEASE TYPE OR PRINT

Name _____

Title _____

Affiliation _____

Mailing Address _____

_____

Telephone ( ) _____ **Fax ( )** _____

E-Mail _____

Space is limited. Please fax this form by
FEBRUARY 9, 1998

Southern Institute on Children and Families
FAX: (803) 254-6301

NOTE: 1. If you need hotel accommodations, you must make them yourself by calling the Hyatt Regency on Capitol Hill directly at 202/737-1234. A block of rooms for conference attendees has been reserved at a special rate of $160 plus tax. You must call the hotel or return the enclosed hotel reservation request card by January 24, 1998 to receive this rate.

2. If you have any questions concerning the conference, please call the Southern Institute on Children and Families at 803/779-2607.

COVERING MORE KIDS
OUTREACH, SIMPLIFICATION AND COORDINATION
HYATT REGENCY ON CAPITOL HILL, WASHINGTON, DC
FEBRUARY 27, 1998
8:30 AM — 3:15 PM

TIME	EVENT
7:30 - 8:30 AM	*Registration and Continental Breakfast*
8:30 - 8:45	**Welcome and Purpose of Meeting** Presenter: Robert G. Hughes, Vice President The Robert Wood Johnson Foundation
8:45 - 9:15	**Challenges, Issues and Opportunities: Enrolling Eligible Children** Presenter: Sarah Shuptrine, Director Covering Kids
9:15 -10:30	**The Eligibility Process: Real Life Complications** Roundtable Moderator: David Helms, Director Alpha Center Roundtable Participants: Sally Richardson, Director HCFA Center for Medicaid and State Operations Bruce Bullen, Commissioner Massachusetts Division of Medical Assistance Claudia Schlosberg, Staff Attorney National Health Law Program Pat Redmond, Director Philadelphia Citizens for Children and Youth Donna Lawrence, Director Children's Defense Fund/New York

	David H. Waldrop, Director of Social Work Greenville Memorial Hospital
	Parent Representative (not confirmed)
	Private Sector Enrollment Firm Representative (not confirmed)
	Local Eligibility Worker (not confirmed)
10:30 - 10:45	**Question and Answer Period**
10:45 - 11:15	***Break***
11:15 - 11:45	**Overcoming Enrollment Barriers: Lessons from the Service Arena**
	Presenter:
	Sara Rosenbaum, Professor of Health Services, Management and Policy George Washington University School of Public Health and Health Services
11:45 - 12:00 PM	**Question and Answer Period**
12:00 - 1:15	***Lunch***
1:15 - 2:45	**Strategies to Market Health Coverage and Reduce Barriers to Enrollment**
	Moderator:
	(not confirmed)
	Presenters:
	Outreach Donna Cohen Ross, Director of Outreach Center on Budget and Policy Priorities
	Simplification
	(not confirmed)
	Coordination Rose Naff, Director Healthy Kids Replication Project

	Respondents:
	Becky Shoaf, Director Right From The Start Medicaid Program Georgia Division of Family and Children Services
	Sue Crystal, Director Governor's Office of Health Policy State of Washington
	Charles LaVallee, Executive Director Western Pennsylvania Caring Foundation for Children
2:45 - 3:00	**Question and Answer Period**
3:00 - 3:15	**Closing Remarks**
	Judith Whang, Program Officer The Robert Wood Johnson Foundation
3:15	**Adjourn**

BW 1/16

Called 1/23 declined

THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

January 12, 1998

BY FAX

Regrets

TO: Chris Jennings
Deputy Assistant to the President for Health Policy
The White House

FROM: Jack Bresch, CHA

RE: Speaking Invitation

CHA

Thank you very much for coming to Annapolis last week to speak at the congressional staff retreat. You've always been great on policy, but you are also now getting very adept at humor and political responses. I do appreciate your taking the time to be with us.

As I warned you in Annapolis, I am writing (with some trepidation) today to invite you to make a presentation at the annual meeting of CHA's System Advocacy Coordinators on *Saturday, January 31, 1998, at the Sheraton Washington Hotel, 2660 Woodley Road, NW, Washington, DC.*

Your participation last year on a Saturday was "above and beyond the call of duty." Asking you this year to speak again on a Saturday is, I know, terribly presumptuous and insensitive of me; nevertheless, I do so in the hope that you cannot resist a receptive audience to talk about the President's proposal to expand Medicare to pre-65 year olds.

If you can join us for lunch at noon and then make about 20 minute presentation and answer questions that would put you in the "congressional medal of honor" category.

Advocacy Coordinators are individuals in the 53 Catholic health care systems nationwide responsible for educating and organizing the grassroots efforts of the systems' hospitals and long-term care facilities in behalf of state and federal legislation of interest to the Catholic health care ministry. These coordinators were CHA's primary agents in the field during our participation in the national debate on systemic health care reform. They are politically savvy and expert in generating local support for CHA's legislative and regulatory agenda.

My reluctance to ask you to work on a Saturday notwithstanding, I am hopeful that you will consider CHA's invitation.

I can be reached at 202/296-3993.

cc: Barbara Woolley

WASHINGTON OFFICE
1875 Eye Street, NW
Suite 1000
Washington, DC 20006-5409
Phone 202-296-3993
Fax 202-296-3997

224-3460

Council on the Economic Impact of Health System Change

Stuart H. Altman, Ph.D.
Brandeis University
Chair

David Shactman, MPA, MBA
Project Director

January 20, 1998

Christopher Jennings
Deputy Asst. to the President - Health Policy Dev.
The White House
212 Old Executive Office Building
17th & Pennsylvania Avenue, N.W.
Washington, DC 20500

Sincere Regrets
Neal Cohen
2/26

Dear Chris:

I would like to extend an invitation to you to attend the fifth Princeton Conference that will be held from March 5th – 7th on the campus of Princeton University. The conference is co-hosted by the Council on the Economic Impact of Health System Change and Dr. Uwe Reinhardt and is sponsored by the Robert Wood Johnson Foundation. The title of this year's conference is:

THE ROLE OF REGULATION IN A MARKET ORIENTED HEALTH CARE SYSTEM

The goal of the conference is to conduct a non-partisan dialogue among all participants regarding the appropriate role and nature of regulation in a health care industry that has become increasingly market oriented. The conference is structured to maximize discussion and debate among speakers and invited guests. A wide range of perspectives will be presented by economists, health economists, academics, consumer advocates, and representatives of government and industry.

This is an invitational conference and, as such, there are no conference fees. We will reimburse you for all travel, food, and lodging expenses that you incur. In accordance with the rules regarding financial disclosure of gifts, government employees must obtain the required written authorization as specified under current law. You will find a program and reply card enclosed. Please respond at your earliest convenience, even if you cannot attend. If you plan to attend, please secure your lodging reservations from the limited number of rooms we have blocked off at The Nassau Inn (see agenda). Further information, including transportation options, will be forthcoming upon our receipt of a positive reply.

These issues are likely to be high on the public policy agenda in 1998 as policy makers, industry leaders, and consumer representatives attempt to agree on an appropriate balance between market forces and regulation. I am pleased that we have been able to put together a comprehensive program that should be well timed to contribute to the impending national dialogue. I hope that you will be able to participate.

Sincerely,

Stuart H. Altman

The Council is supported by a grant from The Robert Wood Johnson Foundation and is administered by The Institute for Health Policy,
The Heller School, Brandeis University, MS-035, Waltham, Massachusetts 02254-9110 ◆ Tel: (781) 736-3807 ◆ Fax: (781) 736-3905

DRAFT AGENDA

THE FIFTH PRINCETON CONFERENCE

THE ROLE OF REGULATION
IN A MARKET ORIENTED HEALTH CARE SYSTEM

The Nassau Inn
10 Palmer Square
Princeton, NJ 08542
Tel: (609) 921-7500
Fax: (609) 921-9385

THURSDAY EVENING MARCH 5TH (The Nassau Inn)

6:30 p.m.	Cocktails		
7:30 p.m.	Dinner		
8:45 p.m.	**Uwe Reinhardt**	James Madison Professor of Political Economy Princeton, University	Welcome
9:00 p.m.	**Janet Corrigan**	Executive Director President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry	Keynote

Report on findings of the President's commission and implications for policy and legislative initiatives.

FRIDAY MARCH 6TH (The Woodrow Wilson School)

7:30 a.m.	Breakfast		
9:00	**Steven Schroeder**	President The Robert Wood Johnson Foundation	Welcome
9:10 a.m.	**Stuart Altman**	Chair Council on the Economic Impact Of Health System Change	Introduction

Why are we here? What are the current problems brought about by changes in the finance and delivery system? What is the political climate for solving these problems?

THE ROLE OF REGULATION IN A MARKET ORIENTED HEALTH CARE SYSTEM (page 2)

SESSION I. BACKGROUND

9:20 a.m.	**Walter Zelman**	Consultant McLean, Virginia	

The latest trends in managed care and other emerging health system organizations. Why have changes in the health system brought about a heightened level of public concern and a demand for regulation? What are the implications of the most recent health system changes in regard to the perceived need for regulation?

9:40 a.m.	**Patricia Butler**	Attorney and Health Policy Analyst Boulder, Colorado	

Overview of current and proposed state and federal regulation. What specific areas have the individual states and the federal government sought to regulate? In what areas have these new regulations been proposed or adopted?

10:00 a.m.	Discussion		
10:40 a.m.	Break		

SESSION II. WHAT IS THE APPROPRIATE ROLE OF REGULATION IN A MARKET ORIENTED HEALTH CARE SYSTEM?

Theoretical perspectives on the role of regulation in addressing the perceived problems of our new health care system.

10:55 a.m.	**Robert Berenson**	Vice President The Lewin Group	Moderator
11:00 a.m.	**Mark Pauly**	Professor of Health Care Systems University of Pennsylvania	
11:20 a.m.	**Thomas Rice**	Associate Professor University of California at Los Angeles	
11:40 a.m.	**Karen Ignagni**	President and CEO American Association of Health Plans	
12:00 p.m.	Discussion		
1:00 p.m.	Lunch		

THE ROLE OF REGULATION IN A MARKET ORIENTED HEALTH CARE SYSTEM (page 3)

SESSION III. WHAT SHOULD AND SHOULD NOT BE REGULATED?

A discussion addressing five areas in which regulatory measures have been proposed. Speakers will present a five minute summary of their perspectives on a particular topic area. Each presentation will be followed by 25 minutes of discussion.

2:30 p.m.	**Uwe Reinhardt**	James Madison Professor Princeton University	Consumer choice and information
3:00 p.m.	**Brian Biles**	Executive Vice President The Commonwealth Fund	Access to coverage and care
3:30 p.m.	**Alice Gosfield**	Attorney Philadelphia, PA	Allocation of medical liability
4:00 p.m.	**William Benson**	Deputy Asst. Sec. for Gov. Affairs and Elder Rights	Administrative safeguards (external review, ombudsman)
4:30 p.m.	**William Roper**	Dean, School of Public Health University of North Carolina	Quality of care

5:00 p.m. Afternoon Session Adjourns

PRINCETON FACULTY CLUB (Prospect House)

5:30 p.m.	Cocktails \	
7:00 p.m.	Dinner	
8:30 p.m.	**Robert Blendon**	Professor Harvard School of Public Health

What do American consumers think about managed care and other new aspects of our competitive health care system?

SATURDAY MARCH 7TH (McCormick Hall)

7:30 a.m. Breakfast

THE ROLE OF REGULATION IN A MARKET ORIENTED HEALTH CARE SYSTEM (page 4)

SESSION IV. WHO SHOULD REGULATE?

What should be the locus of regulation? How should regulatory functions of rulemaking and enforcement be divided between the federal government, the states and/or some quasi-public authority?

8:30 a.m.	**Donald Moran**	Executive Vice President The Lewin Group
	Josephine Musser	Past President National Association of Insurance Commissioners
	Ronald Pollack	Executive Director Families USA Foundation

Debate format: 5 minute opening statement, followed by questions from the audience and responses from each speaker.

9:45 a.m. Break

SESSION V. POTENTIAL REGULATORY STRUCTURES

Speakers will give 20 minute presentations based on the regulatory task forces with whom they have been working. The presentations will be followed by a discussion about these models and the future role of regulation.

10:00 a.m.	**Stanley Wallack**	Director, Institute for Health Policy, Brandeis University	Moderator
10:05 a.m.	**Phillip Nudelman**	President and CEO Kaiser/Group Health of Puget Sound*	
10:25 a.m.	**Alain Enthoven/ Sarah Singer**	Professor, Stanford University Chair, CA Managed Health Care Improvement Task Force	
10:45 a.m.	Discussion		

SESSION VI. WRAP-UP

11:30 a.m.	**Uwe Reinhardt**	James Madison Professor of Political Economy Princeton University
	Stuart Altman	Chair, Council on the Economic Impact Of Health System Change

12:00 p.m. **CONFERENCE ADJOURNS** (Box Lunches Available)

* Member coalition - Kaiser, Group Health of P.S., HIP, AARP, and Families USA

Dear Marie:

Congratulations and all good wishes to you on your twentieth anniversary at The Information Center!

Here's a little gift for you to help you celebrate this happy day. Considering your outstanding record of progress and achievement, as well as the countless friends you've made, I know this is a significant occasion for you.

Everyone shares my best wishes for continued success and satisfaction in your career. Have a very happy anniversary, Marie.

Cordially,

Declination

Letters of declination should include an expression of regret and an expression of appreciation for the invitation. An explanation of the circumstances that prevent acceptance helps to show that the regret is sincere. The message must combine cordiality with tact.

Declining invitation pending further thought. When it is necessary to think about something, keep the letter brief, indicate when you'll give your answer, and close with a positive remark.

Dear Bill:

Just a short note to tell you that I have received your letter of April 24. May I have a few days to think about this?

You will hear from me further within the week, and I hope it will be possible for me to be helpful to you.

Sincerely yours,

Declining invitation to banquet, luncheon, or entertainment. Adopt a tone of sincere regret in turning dow

Dear John:

For several weeks I have expected that you wou the annual foundation banquet in June, and I've been fingers crossed in the hope that I could be present. U June 15 is out of the question for me. I'll be in Bosto attending a company sales conference.

My sincere thanks, nevertheless, for your gracio hope this year's banquet will be the best yet; under y guidance, I am sure it will be.

Cordially,

Declining a speaking invitation. It is not only flattering to the recipient for a declination to state that considered on another occasion.

Dear Ms. Connors:

It was good of you to invite me to be your gue the monthly meeting of the National Office Manage Association on March 18. I know I would very muc with you. However, on that evening I am scheduled Boston.

I appreciate your thinking of me. Should anoth arise, please call on me. I would be very happy to a members of your group another time.

Sincerely,

Declining invitation to serve on civic or prof or board. Be certain to convey the impression that

ılations and all good wishes to you on your twentieth
The Information Center!

little gift for you to help you celebrate this happy day.
our outstanding record of progress and achievement,
countless friends you've made, I know this is a
asion for you.

shares my best wishes for continued success and
your career. Have a very happy anniversary, Marie.

Cordially,

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ıt something, keep the letter brief, indicate when you'll
and close with a positive remark.

rt note to tell you that I have received your letter of
I have a few days to think about this?

ıear from me further within the week, and I hope it
e for me to be helpful to you.

Sincerely yours,

ıvitation to banquet, luncheon, or entertainment.
ncere regret in turning down a special invitation.

Dear John:

For several weeks I have expected that you would be holding the annual foundation banquet in June, and I've been keeping my fingers crossed in the hope that I could be present. Unfortunately, June 15 is out of the question for me. I'll be in Boston at that time attending a company sales conference.

My sincere thanks, nevertheless, for your gracious invitation. I hope this year's banquet will be the best yet; under your capable guidance, I am sure it will be.

Cordially,

Declining a speaking invitation. It is not only acceptable but it is flattering to the recipient for a declination to state that you would like to be considered on another occasion.

Dear Ms. Connors:

It was good of you to invite me to be your guest speaker at the monthly meeting of the National Office Management Association on March 18. I know I would very much enjoy being with you. However, on that evening I am scheduled to speak in Boston.

I appreciate your thinking of me. Should another occasion arise, please call on me. I would be very happy to address the members of your group another time.

Sincerely,

Declining invitation to serve on civic or professional committee or board. Be certain to convey the impression that the declination is not meant to suggest that the activity is unimportant.

tion

cia Meacam is a partner in the law firm of Jenkins
tly she and her firm have been in the news for their
some very important real-estate development proj
teville. She has just been invited to speak at the an
ville United, a volunteer service that supports many
the city. Meacam writes to Emilia Sheridan, the ban
that she cannot attend their banquet.

S: In writing to decline the invitation, Meacam

ieridan for the invitation, and she expresses her re
not accept the invitation. She offers a reason why
ie keeps the explanation very general.
the organization. The compliment is sincere, but it
n good feelings with the organization.
endly and cheerful note.

Jenkins and Danforth
Attorneys-at-law
One Court Street, Suite H
Stateville, ST 34533
Telephone: 512-507-1440

November 12, 19--

Ms. Emilia Sheridan
Stateville United
3700 Main Street
Stateville, ST 34534

Dear Ms. Sheridan:

Thank you very much for your invitation to speak at your annual awards banquet. Unfortunately, my responsibilities at Jenkins and Danforth prevent me from accepting any outside speaking engagements at this time.

I have always been a great admirer of the work of your organization, and I am honored to have been asked to speak to your group. I wish you well with what I am sure will be a splendid evening.

Sincerely,

Patricia J. Meacam

Patricia J. Meacam

lol

PHOTOCOPY PRESERVATION

2/9 left msg. (Bea)

ASK CHRIS

Regrets

Chairman and Mrs. Herbert Hoover III
and
Director and Mrs. John Raisian
of the Hoover Institution
cordially invite you to a reception and buffet honoring

the Board of Overseers
of the Hoover Institution
Stanford, California

Tuesday, February 24, 1998
in the Ballroom at the
Willard Inter-Continental Hotel
1401 Pennsylvania Avenue, Northwest
Washington, District of Columbia
6:30–8:30 P.M.

RSVP (650) 723-2071
or return enclosed card

☐ *(I/We) will attend*
☐ *(I/We) will not attend*

the Hoover Institution Reception and Buffet at the Willard Inter-Continental Hotel on February 24, 1998

Name(s) _____

_____

Address _____

_____

_____

Daytime phone _____

Dr. John Raisian
Hoover Institution
Stanford University
Stanford, California 94305-6010

FINAL SCHEDULE OF EVENTS

Tentative
yes

UNRIVALED ASSEMBLY OF OPINION AND POLICY LEADERS IN OUR NATION'S CAPITAL—

Don't miss this opportunity!

1998 AAHP Policy CONFERENCE

FEBRUARY 22-24, 1998

SHERATON WASHINGTON HOTEL
WASHINGTON, D.C.

Featuring Luncheon Address Speaker

The Honorable Ann Richards Former Gov. of Texas

The Challenge of Leadership:

Setting the Agenda for Patient-Driven Care

AAHP designates this program for up to 11.25 hours of Continuing Medical Education.

American Association of HEALTH PLANS

America's Health Care Education Resource
Visit our website at: http://www.aahp.org

CONTINUING EDUCATION

CME Credits for Physicians

The American Association of Health Plans is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education (CME) for physicians.

AAHP designates this continuing medical education activity for up to 11.25 hours in Category I of the Physicians' recognition Award of the American Medical Association.

CE Credits for Nurses

AAHP is an approved provider of continuing Education in Nursing by the Delaware Nurses Association. The Delaware Nurses Association is accredited as an approver of continuing education by the American Nurse's Credentialing Center's Commission on Accreditation.

AAHP designates this activity for up to 11.25 hours of continuing education in nursing credits.

CE CREDITS FOR CMCEs

AAHP offers continuing education credits to Certified Managed Care Executives (CMCE). The CMCE Certification is awarded to graduates of AAHP's Executive Leadership Program and Executive Leadership Program for Medical Directors.

AAHP designated this activity for up to 11.25 hours of continuing education credits for CMCE.

To receive CME, CE, and CE for CMCEs continuing education credit, please complete your evaluation and request for CME/CE forms.

Do I need to d/3
send forms or
anonymous for
payment. NO. F
don't think I'll go.
D CJ

SB SmithKline Beecham

SmithKline Beecham provided an educational grant in support of the 1998 Policy Conference

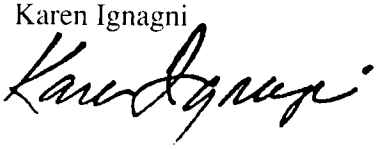
In health care, the one constant is change and we can surely expect to see more of it in the months ahead.

Health plans, as agents of constructive change in the organization and delivery of health care, know from experience that a commitment to continual quality improvement, coupled with a commitment to meet consumers' expectations in a competitive marketplace, provides the most powerful impetus for positive change. And it's this kind of change that has scripted the great success story of health care in the 1990s.

But as the decade draws towards a close, we face the risk of having to work within a much less positive scenario. Increasingly, policymakers at the state and federal level are struggling to find the balance point between competition and regulation. The outcome of this debate is uncertain and the stakes have never been higher.

Over the years, AAHP's annual policy conference has provided the ideal forum for taking stock, anticipating new challenges, and equipping ourselves to continue promoting positive change in an uncertain policy climate. Whatever policy areas are of special concern to you, participating in our 1998 policy conference will help you strengthen your own work at the leading edge of health care. Please plan to take part in this critically important and exceptionally timely conference.

Karen Ignagni



President and CEO
American Association of Health Plans

SCHEDULE OF EVENTS

Invited Faculty

Larry Atkins, PhD
Corporate Health Care Coalition

Charlotte Carpenter
Harris Methodist Health Plan

Deborah Chang
Health Care Financing Administration

The Honorable Lawton Chiles
Governor of Florida

President William J. Clinton

The Honorable Thomas Daschle (D-SD)
United States Senate

Alain Enthoven, PhD
Stanford University

Shelly Gehsahn
National Conference of State Legislatures

Speaker of the House Newt Gingrich
United States House of Representatives

The Honorable Rudolph Giuliani
Mayor of New York

The Honorable Joseph Lieberman (D-CT)
United States Senate

The Honorable Connie Mack (R-FL)
United States Senate

Kip May
Ohio Department of Insurance

Janet Newport
PacifiCare Health Systems

Paul Olenick
Health Care Financing Administration

The Honorable Ann Richards
Former Governor of Texas

Mary Beth Senkewicz
National Association of Insurance Commissioners

Secretary Donna Shalala, PhD
U.S. Department of Health and Human Services

The Honorable William Thomas (R-CA)
United States House of Representatives

The Honorable Trent Lott (R-MS)
United States Senate

The Honorable Henry Waxman (D-CA)
United States House of Representatives

Lu Zawistowich
Health Care Financing Administration

Sunday, February 22, 1998

3:00 pm–7:00 pm	**REGISTRATION AND INFORMATION**
7:00 pm–8:30 pm	**RECEPTION**

Monday, February 23, 1998

7:00 am–5:30 pm	**REGISTRATION AND INFORMATION**
8:15 am–9:15 am	**WELCOME AND OPENING ADDRESS** What 1998 Holds for Health Care
9:15 am–9:45 am	**Coffee Break**
9:45 am–10:30 am	**GENERAL SESSION** Health Care Reform in 1998: What Can We Expect from the 105th Congress?
10:30 am–12:00 Noon	**GENERAL SESSION PANEL DISCUSSION** What is the Appropriate Role of Government in Regulation of the Health Care Industry?
12:00 Noon–1:30 pm	**LUNCHEON PROGRAM** Report on the President's Commission on Quality
1:30 pm–2:00 pm	**Break**
2:00 pm–3:00 pm	**CONCURRENT SESSIONS** ***(To be repeated)*** **1) Changes in the Large and Small Group Marketplace Due to HIPAA** This session will discuss various implementation issues of the Health Insurance Portability and Accountability Act (HIPAA) and how they will affect health plans and their business operations. **2) Implementation Issues and Policy Implications of the Children's Health Care Program** With the passage of the State Children's Health Insurance Program (SCHIP), states are quickly developing their plans to include expanded health insurance coverage for children. This session will provide an overview of the program, eligibility requirements, state plan amendments, benefits, and the implications for health plans.

(CONCURRENT SESSIONS *continues on next page*)

SB SmithKline Beecham

SmithKline Beecham provided an educational grant in support of the 1998 Policy Conference

SCHE ULE F EVENTS

(CONCURRENT SESSIONS *continues from previous page*)

2:00 pm–3:00 pm **CONCURRENT SESSIONS (to be repeated)**

3) Medicare Payment for Health Plans: What the Future Holds?
This session will review changes to the payment mechanism for health plans enacted in the Balanced Budget Act. Faculty will discuss the implications of these changes for health plans contracting in the Medicare risk program.

3:05 pm–4:05 pm **CONCURRENT SESSIONS *(Repeated)***

4:05 pm–4:30 pm **Refreshment Break**

4:30 pm–5:30 pm **GENERAL SESSION PANEL DISCUSSION**
Public and Private Perspectives on Managed Care

5:30 pm–7:00 pm **OPENING NIGHT RECEPTION**

Tuesday, February 24, 1998

7:30 am–4:30 pm **REGISTRATION AND INFORMATION**

8:00 am–8:30 am **GENERAL SESSION**
The 1998 Legislative Agenda: What Can We Expect from the 105th Congress?
A Democratic View from the Senate

8:30 am–9:00 am **GENERAL SESSION**
The 1998 Legislative Agenda: What Can We Expect from the 105th Congress?
A Republican View from the Senate

9:00 am–9:30 am **Coffee Break**

9:30 am–10:30 am **GENERAL SESSION PANEL DISCUSSION**
ERISA: Implications for Employers and Health Plans

10:30 am–11:30 am **GENERAL SESSION PANEL DISCUSSION**
Meeting the Public Health Challenges of our Nation's Cities

11:30 am–1:00 pm **LUNCHEON PROGRAM**

1:00 pm **Adjournment**

2:00 pm **POST CONFERENCE FORUMS**

ACCESS THE INFORMATION YOU NEED

Visit AAHP's web site **http://www.aahp.org** or
use AAHP's Fax On Demand **(1-888) AAHP-FAX**

SB SmithKline Beecham

SmithKline Beecham provided an educational grant in support of the 1998 Policy Conference

POST CONFERENCE FORUMS

Invited Faculty

Stephen Balcerzak
Health Care Financing Administration

David Cade
Health Care Financing Administration

Bruce Fried
Health Care Financing Administration

Wendy Krasner
McDermott, Will, and Emery

Kathleen Pellegrino
Humana

Susan Poor
Health Plan of San Mateo

Richard Potter
The Arizona Health Care Cost Containment System and Chair of Managed Care Technical Advisory Group of The National Association of State Medicaid Directors

Patsy Riley
Allina Health System

D. McCarty Thornton
Office of Inspector General

Steve Tucker
PacifiCare Health Systems

Tuesday, February 24, 1998

2:00 pm–5:00 pm

POST CONFERENCE FORUMS

(**Note:** *Space is limited for all of these post-conference forums. Please check appropriate box on the registration form and note additional fee.*

Medicare: What Your Plan Can Expect in 1998

This three hour forum will examine key regulatory and policy initiatives of the Health Care Financing Administration affecting Medicare managed care contractors in areas such as:

- Application, monitoring and compliance issues
- Quality oversight
- Beneficiary education and oversight

Medicaid: What Your Plan Can Expect in 1998

This three hour forum will examine key issues affecting Medicaid managed care contractors including:

- Activities of the Health Care Financing Administration
- Priorities of the National Association of State Medicaid Directors
- Issues and trends in risk adjustment

Fraud and Abuse: What You Must Know

This three hour forum will focus on current developments in fraud and abuse law and oversight of significance to health plans including:

- Overview of the fraud and abuse provisions of HIPAA and the Balanced Budget Act of 1997
- Priorities of the HHS Office of Inspector General
- OIG, HCFA and health plan perspectives on development of compliance plans

Wednesday, February 25, 1998

CONGRESSIONAL HILL VISITS
(Open to AAHP Member Health Plans ONLY)

Join AAHP in visiting Members of Congress on Wednesday, February 25. If you are interested in participating, please check the box on the conference registration form. AAHP Grassroots staff will contact you with more information on your visit.

1998 AAHP

Policy CONFERENCE

CONFERENCE REGISTRATION FORM

FEBRUARY 22-24, 1998

SHERATON WASHINGTON HOTEL
WASHINGTON, D.C.

❑ **YES!** I want to participate in Congressional visits! Sign me up for Congressional visits on Wednesday, February 25, 1998 (Open to AAHP Member Plans Only).

TO REGISTER

- Read registration policies before completing this form.
- **Space is limited.** If you plan to register on-site or after the advance registration, please call (202) 778-3269 to check on space availability; registrations will be taken over the telephone if you are paying by credit card.
- Make checks payable to AAHP.
- Mail checks and registration forms to: **AAHP, Department Number 0612 Washington, DC 20073-0612**
- Mail VISA, MasterCard or American Express payments and overnight mail packages to: **AAHP/Registrar 1129 20th Street, NW, Suite 600 Washington, DC 20036-3421**
- Registrations may be faxed ONLY if paying by VISA, MasterCard or American Express. The AAHP fax number is (202) 778-8506.

Please cut here and return to AAHP.

Please check the appropriate box below:

ADVANCE CONFERENCE REGISTRATION FEES

(Payment received by ***Friday, January 23, 1998***)

❑ AAHP Member $895.00 ❑ Non-AAHP Member $1,095.00 ❑ Government $450.00
❑ AAHP Member—Group Rate (per registrant, 3 or more needed) $760.00

ON-SITE CONFERENCE REGISTRATION FEES

(Payment received after ***Friday, January 23, 1998***)

❑ AAHP Member $1,045.00 ❑ Non-AAHP Member $1,245.00 ❑ Government $450.00

OPTIONAL POST CONFERENCE FORUMS

Note: Space is limited for all of these post-conference forums. Please indicate the forum you are interested in attending—note additional fee.

1. **Medicare: What your plan can expect in 1998**
   ADVANCE REGISTRATION FEE: Payment received by **1/23/98** ..... ❑ $100
   ON-SITE REGISTRATION FEE: Payment received after **1/23/98** ..... ❑ $150
2. **Medicaid: What your plan can expect in 1998**
   ADVANCE REGISTRATION FEE: Payment received by **1/23/98** ..... ❑ $100
   ON-SITE REGISTRATION FEE: Payment received after **1/23/98** ..... ❑ $150
3. **Fraud & Abuse: What you must know**
   ADVANCE REGISTRATION FEE: Payment received by **1/23/98** ..... ❑ $100
   ON-SITE REGISTRATION FEE: Payment received after **1/23/98** ..... ❑ $150

Your badge will reflect the information you give us. Use the peel-off address label, OR print or type your name below, OR attach your business card.

Name _____
First *Middle* *Last*

Title _____ Degree _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail: _____
Telephone and fax numbers are very important

PAYMENT METHOD ❑ VISA ❑ MasterCard ❑ American Express *(no other credit cards will be accepted)*

_____
Expiration Date *Signature as it appears on the Credit Card* *Credit Card Number*

For special needs call us at (202) 778-3233.

AAHP MEMBERSHIP INFORMATION

For information on how you or your organization can become a member of the American Association of Health Plans, call (202) 778-3269.

❑ Check here if first time AAHP attendee

For AAHP use only–Conference Code D10

A1 A4 A24 B15 B18

REGISTRATION POLICIES AND INFORMATION

PLEASE READ

PAYMENT

To qualify for the advance registration fees, registration forms and payment (by check or credit card) must be received by the AAHP Conference Office by **Friday, January 23, 1998.** Registrations received after this date are subject to the on-site registration fees.

CANCELLATIONS

Only written cancellations received by **Friday, January 23, 1998** will receive refunds (less a $150 processing charge). No refunds will be issued for cancellations after this date. Registration fees for canceled registrants **cannot be applied or credited for future conferences.**

NO-SHOWS

Registrants who do not cancel prior to the conference and do not attend will be responsible for the full registration fee.

SUBSTITUTIONS

Registrant substitutions will be accepted only with written notification from the original registrant, accompanied by a processing charge of $50.00. Substitution may only occur once per registrant.

GOVERNMENT RATE

To receive the Government rate, you must be a full-time employee of the federal government, a state government, or the U.S. Military.

SPACE LIMITATIONS

Space is limited. Before you make travel arrangements or purchase non-refundable airline tickets, please contact the AAHP Conference Registration Office at (202) 778-3269 to check for space availability.

SPECIAL GROUP RATES

Special group rates are available for 1998 Policy conference registrants. **AAHP Member Health Plans** may take advantage of these special group discounts. You must register 3 or more from your organization. All registrants must have the same company, name and address, and all forms must be submitted together with payment. Group discounts are non-refundable. The deadline for submitting group registrations is **Friday, January 23, 1998.** No group registration will be accepted after this deadline. Please contact AAHP Registration Department at (202) 778-3223 for further details.

TRAVEL

Special air discounts to and from Washington, DC may be arranged through Metro World. For further information, call (800) 633-8822. In the DC metropolitan area, call (202) 728-4040. You may also contact the airlines directly at the following numbers. Please be sure to reference your ID# for each airline.

American (1-800) 433-1790	ID#S10121
United (1-800) 521-4041	ID#5190K
USAirways (1-800) 334-8644	ID#22630346
Delta (1-800) 241-6760	ID#104707A

*If you purchase a ticket through Metro World Travel 60 days prior to your departure date you will receive 10% off the least expensive airfare, otherwise you will receive a 5% discount.

HOTEL

Sheraton Washington Hotel
2660 Woodley Road
Washington, D.C. 20008
(202) 328-2000

The Sheraton Washington Hotel, renowned as the largest hotel in the Nation's Capital, is the premier choice for business executives, and continually earns accolades for its meetings' services and facilities. Conveniently located in the heart of the nation's Capital, the Sheraton Washington is near the White House, Zoo and other historic sites. The hotel is about 20 minutes from National Airport and can be reached by taxi or the Metrorail (take the "Red Line" from National Airport to Sheraton/Woodley Park/Zoo stop).

The special room rates for the conference are $176.00 for a single room and $193.00 for a double room in Park or Center Tower. Rooms in the Wardman or Towers are $198.00 for a single and $220.00 for a double. **To make room reservations, please fill out the attached hotel reservation form and mail directly to The Sheraton Washington Hotel, 2600 Woodley Road, Washington, DC 20008. The form must be returned by no later than Friday, January 23, 1998.**

1998 AAHP

Policy CONFERENCE

HOTEL RESERVATION FORM

FEBRUARY 22-24, 1998

SHERATON WASHINGTON HOTEL
WASHINGTON, D.C.

To make room reservations, please fill out this hotel reservation form by Friday, January 23, 1998 and mail directly to:

Sheraton Washington Hotel
2660 Woodley Road
Washington, D.C. 20008
(202) 328-2000

ROOM DESIRED	
Park or Center Tower	**Wardman or Towers**
❑ Single ..... $ 176.00	❑ Single ..... $ 198.00
❑ Double ..... $ 193.00	❑ Double ..... $ 220.00

The above rates are subject to D.C. sales tax and occupancy tax which currently run 13% and $1.50 respectively.

Please type or print in black ink.

Name _____
First *Middle* *Last*

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____

ARRIVAL Date: _____ Time: _____ a.m./p.m.

DEPARTURE Date: _____

PAYMENT METHOD

❑ American Express
❑ VISA
❑ MasterCard
❑ Diners

Credit Card Number _____

Expiration Date _____

Signature as it appears on the Credit Card _____

NOTE: To guarantee the special AAHP group rate, the hotel must receive your reservation no later than **Friday, January 23, 1998.** A deposit of one night's rate via cash or credit card (American Express, VISA, MasterCard, or Diners) is required to guarantee reservations for arrival after 6:00 p.m.

Hotel Cancellations: Refunds will be given if guests notify the Sheraton Washington Hotel at least 72 hours prior to arrival.

Please cut here and return to Sheraton Washington Hotel.

American Association of
HEALTH PLANS
AAHP Conference Office
1129 20th Street, NW, Suite 600
Washington, DC 20036-3421

COMING EVENTS

Understanding Managed Care
Hilton at Walt Disney World Village
Lake Buena Vista (Orlando), FL
March 26–28, 1998

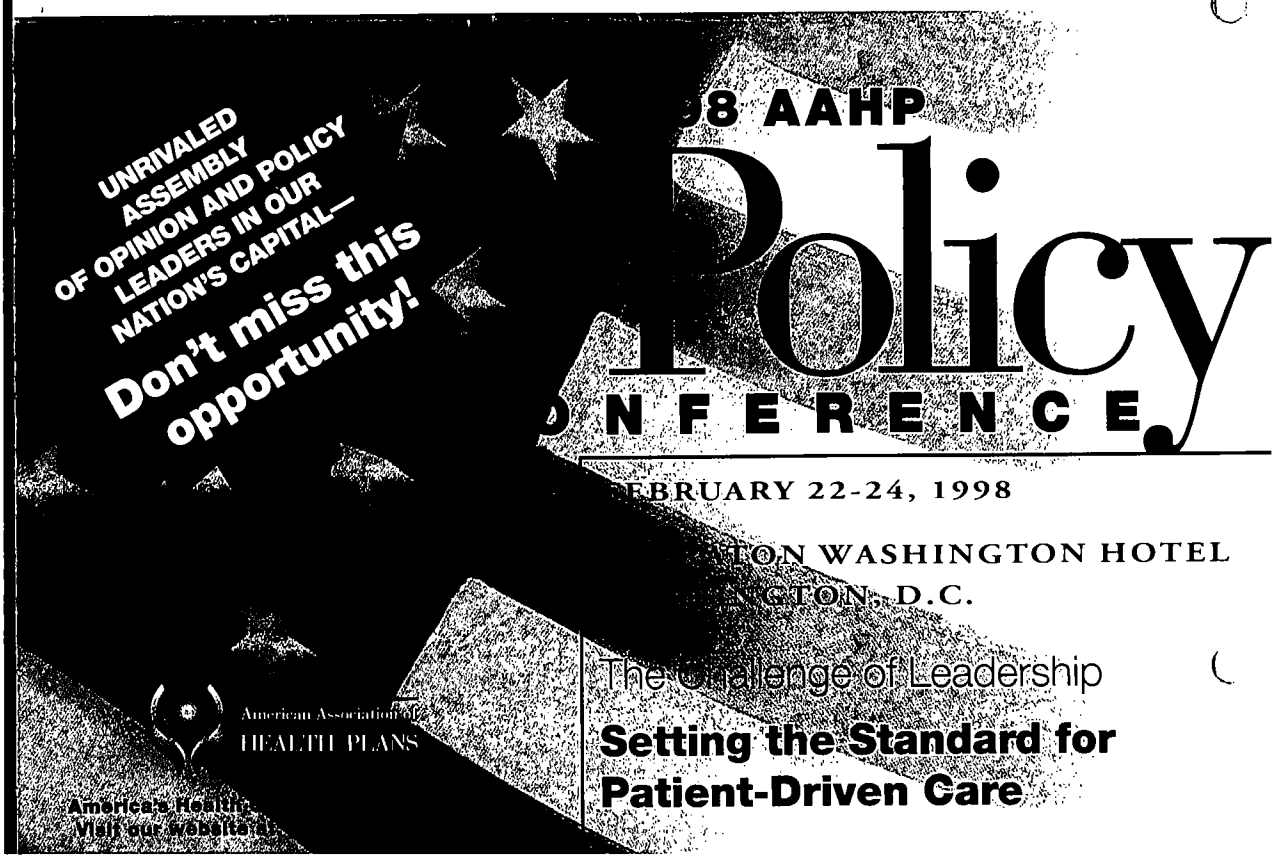
AAHP/AHCPR/HMO
Network Research Conference
Oakland Marriott at City Center
Oakland, CA
May 7–9, 1998

AAHP INSTITUTE AND
DISPLAY FORUM
John B. Hynes Veterans
Memorial Convention Center
Boston, MA
June 14–17, 1998

Christopher Jennings
Special Assistant to the President
Room 212 Old Executive Office
17th And Pennsylvania Ave NW
Washington, DC 20500

for Health Care Polic

First Class Mail



3/25

Carlos is setting up a panel for 4/28 re: Health Care Trends from 3:30-5:00 Would like to know if you are available

Sim Regard

NEBI

NATIONAL EMPLOYEE BENEFITS INSTITUTE

FOUNDATION, INC.

An educational foundation serving the employee benefits interests of large employers.

March 16, 1998

Christopher Jennings
Deputy Assistant to the President for
Health Care Policy
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. Jennings:

Re: NEBI Spring Legislative Conference, April 28-29, 1998

I invite you to address the Spring Legislative Conference of the National Employee Benefits Institute (NEBI). The conference will be held April 28-29 at The Madison Hotel at 15th & M Streets, N.W.

NEBI's members would be honored if you would address our conference. This year, Congress is addressing issues of critical importance to employers, such as consumer protection in health care, Medicare expansion, tax reform and pension issues. Given your role in assisting President Clinton on health care issues, NEBI's members would be eager to hear your general views on managed health care and patient rights.

NEBI is a nonprofit organization which analyzes and summarizes legislative and regulatory developments which impact the employee benefit plans of large, multistate employers. NEBI's member companies sponsor comprehensive employee benefit plans for hundreds of thousands of workers throughout the nation. NEBI's members are committed to providing quality health and pension benefits for the employees of America's largest corporations. We appreciate your efforts to foster the benefit plans of America's workers.

NEBI has an excellent reputation for timely and informative conferences. The enclosed list of speakers includes several of your colleagues who have spoken at our conferences.

You would be speaking to corporate benefits managers, human resources vice presidents and corporate policymakers. Your discussion would help them gain a better understanding of the problems and issues facing employee benefits policymakers.

I hope that you will be able to join us on Tuesday, April 28 or Wednesday, April 29, 1998. Please call me at your convenience at 202-737-9656. If I am unavailable, please contact Debbie Pillar at 800-558-7258, extension 2275.

Yours very truly

Carlos Maxwell,
Director of Government Affairs

MW3\35089CM:DP

Enc.

PAST NEBI CONFERENCE SPEAKERS INCLUDE

CURRENT AND FORMER SENATORS

Jeff Bingaman (D-NM)
John Chafee (R-RI)
Tom Daschle (D-SD)
Charles Grassley (R-IA)
Jim M. Jeffords (R-VT)
Don Nickles (R-OK)
David Pryor (D-AR)
Paul Simon (D-IL)
Alan Simpson (R-WY)
Steve Symms (R-ID)

CURRENT AND FORMER REPRESENTATIVES

Bill Archer (R-TX)
Cass Ballenger (R-NC)
John A. Boehner (R-OH)
Philip M. Crane (R-IL)
Harris W. Fawell (R-IL)
Peter Hoekstra (R-MI)
Nancy Johnson (R-CT)
Scott Klug (R-WI)
Jim McDermott (D-WA)
Jim Kolbe (R-AZ)
Jim Nussle (R-IA)
Collin Peterson (D-NM)
Earl Pomeroy (D-ND)
Charles B. Rangel (D-NY)
Marge Roukema (R-NJ)
Dan Rostenkowski (D-IL)
Pete Stark (D-CA)
William M. Thomas (R-CA)
Peter J. Visclosky (D-IN)

ADMINISTRATION

Olena Berg, Secretary, Pension and Welfare Benefits Administration, Department of Labor

Mark Iwry, Benefits Tax Counsel, Department of the Treasury

Chris Jennings, Special Assistant to the President for Health Care Policy

Kenneth Kies, Chief of Staff, Joint Committee on Taxation

Louis Sullivan, former-Secretary, Health and Human Services

Bruce Vladeck, Administrator, Health Care Finance Administration

3/25 HC Panel - 4/28 3:30-5:00 - panel
H.C Trucks

MW3\18578

Charles setting up panel

The Conference Board

845 Third Avenue
New York, NY 10022-6679
Telephone 212 759 0900
Fax 212 980 7014
E-mail: info@conference-board.org

KEVIN –
THIS IS HARD COPY OF THE LETTER I FAXED YESTERDAY.
LYNN

9:10 4/27

November 10, 1997

Mr. Christopher Jennings
Deputy Assistant to the President
for Health Policy Development
The White House
Old Executive Office Building
Room 216
Washington, DC 20502

Dear Mr. Jennings:

In April of 1998 The Conference Board will be introducing a major new conference on the state of healthcare in the United States. As the President's key domestic policy adviser on healthcare, we feel your participation as the keynote speaker would give our audience important insights into the future of healthcare in this country.

I have spoken to your assistant a couple of times about the possibility of having you speak at the conference and he suggested that I fax you a copy of the agenda as it currently stands so you can get a sense of the topics we will be discussing and the flow of the conference. Please review it and then feel free to call me if you have any questions (703) 534-3401.

The Conference will be held at the Waldorf Astoria in New York City on April 27 and 28, 1998. Your speech would be at approximately 9:00AM on the 27th. If possible, we would like for you to remain through the morning session and participate in a panel discussion at the end of the morning.

Although it is not the policy of The Conference Board to pay an honorarium, we would cover any expenses for your hotel, meals and travel to and from New York.
I understand from your assistant that you recently became a new Dad and that you would probably want to minimize your overnight stays away from home so you could easily come up that morning if you wish. (By six months from now you may welcome an opportunity to spend the night in a hotel just to get a full nights sleep!) Either way would be fine from our viewpoint.

I hope this information will assist you in making an affirmative decision about participating as the keynote speaker in the Healthcare Conference. Your participation would definitely add an important dimension to the Conference. We look forward to hearing from you at your earliest convenience.

Sincerely,

Lynn Ackerson- Smith
Program Director

Draft 11/7/97 Confirmed speakers - for distribution

ORGANIZATIONS CAUGHT IN THE MIDDLE :
WALKING THE LINE BETWEEN QUALITY CARE AND MANAGING COST

The 1998 Health Care Conference
Monday, April 27, 1998 (9:00 am - 5:00 pm)

KEYNOTE SPEECH:

REDESIGNING AMERICA'S HEALTH CARE SYSTEM FOR THE 21ST CENTURY

As the 21st century approaches, health care organizations, employers and the government continue to struggle with developing a system that will deliver quality health care at an affordable cost. What role will the government play? Will quality truly differentiate the care of tomorrow? How will the system respond to the challenges of an aging America and medical technology that daily challenge medical ethics? These and other issues will be used as a framework to discuss how our health care system might be structured very differently in the future.

PANEL DISCUSSION: (THREE SPEAKERS AND Q & A SESSION)

A panel of distinguished speakers will address the critical challenge of delivering quality care at an affordable cost from the standpoint of the insurer, the physician and the government.

THE NEXT GENERATION OF MANAGED CARE: RHETORIC OR REALITY?

Managed care enrollment continues to expand rapidly. Employers and governments are increasingly turning to managed care as the answer. And yet, there appears to be a "managed care problem" in this country. Will the next generation of managed care truly improve our ability to define and deliver quality care, or will financial pressures continue to thwart industry's efforts. A senior executive from a leading managed care organization will address how the industry is attempting to make the next generation of managed care a reality. (Confirmed: Ed Hanway -- CEO of Cigna)

REFORMING MEDICARE AND MEDICAID STEP-BY-STEP

Sweeping reform was categorically rejected four years ago. The Medicare and Medicaid programs were sacred territory. However, the financial realities of the federal budget could not be ignored, hence, the recently passed Balanced Budget Act of 1997. This session will address how the government is attempting to address the cost issue while ensuring quality care and patient protection.

THE ART AND SCIENCE OF THE MEDICAL PROFESSION

The physician serves as an essential access point for many consumers of health care. As a result, many industry players suggest different ways in which the physician should contribute to solving the cost/quality problem. Underlying this assumption is another, perhaps more intense debate. How much of the medical profession is truly a science that can be quantified and thus controlled? And how much of the medical profession is an art relying on the judgment of both the individual physician and the consumer. These and other issues will be explored by a leading member of the medical profession.

MAKING THE NEW DELIVERY SYSTEM WORK

As the health care industry continues to converge, many organizations are finding that the work of transforming disparate services, physicians, hospitals and managed care relationships into an effective delivery system is extraordinarily complex. To achieve sustainable competitive advantage they must optimize clinical services, care management capabilities, and infrastructure. Through the use of case studies, this session will focus on identifying the critical elements of implementing a successful delivery system. (Confirmed: Gail Warden -- President and CEO of Henry Ford Health System)

THE EMPLOYER: A CRITICAL CHANGE AGENT

Increasingly, employers are demanding both cost and clinical accountability for their dollar. In many markets, employers have effectively assisted in shaping and focusing the industry's evolution. What role should the employer play today and will this role change in the future? Who controls corporate America's health care purchases? Are the roles of the CFO, VP of Benefits and Corporate Medical Director changing to accommodate these new imperatives? An executive from a large corporate employer will share their perspective on these and other issues.

CONCURRENT SESSIONS (Three sessions running simultaneously. Participants will choose two.)

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(Confirmed: Dr. Peggy Geimer -- CMO of Olin.)

ENTERPRISE, INTEGRATE, INTERFACE, INTERNET,INTRANET...CONNECT THE DOCS!

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ACHIEVING TOTAL HEALTH MANAGEMENT

Though well-intended, most managed care efforts have focused on managing payments. But managed care increasingly requires managing the total health care needs and related costs of an entire patient population. True care management requires a comprehensive, population-based approach that focuses on the management of risk, access, and care. Organizations capable of achieving this goal are still relatively new. This session will emphasize the essential elements of effective care management programs highlighting the successes of the more advanced managed care markets.
(Confirmed: George Isham -- CMO of Health Partners.)

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Is technology the savior of our health care system? Many senior executives appear to believe so. But how, and how much? A leading investor in technology-based solutions for health care will share their view on how technology can effectively be utilized to help redesign our health care system. (Confirmed: Jim Clark -- Founder of Healtheon)

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What role will the health insurer play in the future? Will health insurers continue to serve in their current role of network development, care management and financial management? Or will providers and employers assume many of the traditional roles of health insurers. A senior executive from a leading health insurer will discuss what type of role the health insurer might play in the future.

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(Following topic may be added)

CREATING THE NEW HMO

The Conference Board

To: Chris Jennings Fax Number (202) 456-5557

From: Lynn Ackerson-Smith

Date: Nov. 6, 1997

Number of pages (including this page) 5

Message: Letter follows . . .

(Kevin - we expect to go to press no later than November 26th)

LAS

If there are any problems with this transmission, please contact Lynn Ackerson-Smith at (703)534-3401.

The Conference Board

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Draft 11/7/97 Revised

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(Following topic may be dropped if we can't resolve speaker)

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(Following topic may be added)

CREATING THE NEW HMO

The Conference Board

presents

The 1998 Conference on Healthcare:

Walking the Line Between Quality Care and Managing Cost

April 27-28, 1998
The Waldorf-Astoria Hotel
New York, NY

Sponsored by: Deloitte & Touche

Join your colleagues to explore and discuss:

- Creating the next generation of managed care
- Making the new healthcare delivery system work
- Changing the role of the corporate employer in healthcare
- Using technology to improve our healthcare system

In association with:

CIGNA HealthCare

Bayer

The collective wisdom of executives worldwide.®

About The Conference Board

The Conference Board is the world's leading business membership organization, connecting companies in more than 60 nations. Founded in 1916, the Board's twofold purpose is to improve the business enterprise system and to enhance the contribution of business to society.

A not-for-profit, non-advocacy organization, The Conference Board's membership includes over 2,800 companies and other organizations worldwide.

Why Our Meetings Are Different

For more than 80 years, The Conference Board has been providing senior executives from around the world with opportunities to share practical business experience. This focus on actual business experience, rather than theory, and a superior level of networking with peers are the distinguishing features of Conference Board meetings.

The Conference Board's meetings are rated as one of America's leading speaking platforms for top management. More than 50 CEOs address the Board's 10,000 meeting participants each year.

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This brochure is printed on recycled paper.

The Conference Board

Dear Colleague:

Who is determining the future direction of our healthcare system? Will the next generation of managed care truly improve our ability to deliver affordable, quality care? Can the industry harness the power of technology to achieve cost/quality harmony? Will all the controversy in healthcare ever lead to significant legislative change?

The Conference Board's first Healthcare Conference is designed to provide you with insight into how today's healthcare leaders are addressing these issues. You will hear senior executives from different segments of the industry—employers, payors, providers, and government—debate the underlying dynamics of our pluralistic healthcare system. The conference will explore how buyers and suppliers alike are working to achieve the right balance between quality and cost.

If you are struggling with that "middle ground"—providing quality care at reasonable cost—you will benefit from hearing all sides of the issues discussed. Opinions and options are shifting...come hear the next wave of ideas for the 21st century.

We hope to see you in New York on April 27th and 28th.

Sincerely,

Lynn Ackerson-Smith
Conference Program Director

Robert Go
Managing Director, Healthcare Practice
Deloitte & Touche LLP

Monday, April 27, 1998

Keynote Session

Designing America's Healthcare System for the 21st Century

Session A: 9 – 10 am

As the 21st century approaches, healthcare organizations, employers, and the government continue to work toward developing a system that will deliver quality healthcare at an affordable cost. What role will the government play? Will quality truly differentiate the care of tomorrow? How will the system respond to the challenges of an aging America and emerging medical technologies? These and other issues will be used as a framework to discuss how our healthcare system might evolve in the future.

Thomas F. Frist, Jr., MD
Chairman and Chief Executive Officer
Columbia/HCA Healthcare Corporation

Networking Coffee Break

10 – 10:30 am

General Session

Panel Discussion

Session B: 10:30 am – 12:30 pm

A panel of distinguished speakers will address the critical challenge of delivering quality care at an affordable cost from the standpoint of the insurer, the physician, and the government.

Moderator:
Robert Go
Managing Director, Healthcare Practice
Deloitte & Touche LLP

The Next Generation of Managed Care: Rhetoric or Reality?

Managed care enrollment continues to expand rapidly. Employers and governments are increasingly turning to managed care as the answer. And yet, there appears to be a "managed care problem" in this country. Will the next generation of managed care truly improve our ability to define and deliver quality care, or will financial pressures continue to thwart industry's efforts? This session will address how the industry is attempting to make the next generation of managed care a reality.

H. Edward Hanway
President
CIGNA HealthCare

Reforming Medicare and Medicaid Step-by-Step

Sweeping reform was categorically rejected four years ago. The Medicare and Medicaid programs were sacred territory. However, the financial realities of the federal budget could not be ignored, hence, the recently passed Balanced Budget Act of 1997. This session will address how the government is attempting to address the cost issue while ensuring quality care and patient protection.

Lawrence Goldberg
Director, Washington National Affairs for Healthcare
Deloitte & Touche LLP

The Art and Science of the Medical Profession

The physician serves as an essential access point for many healthcare consumers. As a result, many industry players suggest different ways in which the physician should contribute to solving the cost/quality problem. Underlying this assumption is another, perhaps more intense debate: How much of the medical profession is truly a science that can be quantified and thus controlled? And how much of the medical profession is an art relying on the judgment of both the individual physician and the consumer? These and other issues will be explored by a leading member of the medical profession.

Robert Margolis, M.D.
CEO
HealthCare Partners

Networking Luncheon

12:30 – 1:30 pm

General Session

Making the New Delivery System Work

Session C: 1:30 – 2:15 pm

As the healthcare industry continues to converge, many organizations are finding that the work of transforming disparate services, physicians, hospitals and managed care relationships into an effective delivery system is extraordinarily complex. To achieve sustainable competitive advantage they must optimize clinical services, care management capabilities, and infrastructure. Through the use of case studies, this session will focus on identifying the critical elements of implementing a successful delivery system.

Gail Warden
President and Chief Executive Officer
Henry Ford Health System

General Session

The Employer: A Critical Change Agent

Session D: 2:15 – 3 pm

Increasingly, employers are demanding both cost and clinical accountability for their dollar. They are also getting more organized to protect their interests. In many markets, employers are banding together to effectively use their influence to shape and focus the industry's evolution. Consumer and provider empowerment are common emerging concepts being pursued by many of the nation's leading employers. An executive from a large Midwest healthcare coalition will share his perspective on how employers and other group purchasers can use their influence to create a consumer-driven healthcare marketplace that addresses shared employer, consumer, provider, and policy maker concerns.

Steve Wetzell
Executive Director of Policy and Public Affairs
Buyers Health Care Action Group

Coffee Break

3 – 3:15

Concurrent Sessions (E1-E3)

Enterprise, Integrate, Interface, Internet, Intranet...Connect the Docs!

Session E1: 3:15 – 4 pm

A myriad of healthcare players are demanding expanded access to physician information for the purposes of clinical care, reimbursement, and care management. Many healthcare organizations are struggling with how to capture this information from a wide range of disparate individual and group practices that are typically not owned (and thus not controlled) by the healthcare enterprise. What information management models work and what models have failed? Will the investment in the electronic medical record be successful? What works for the practicing physician? This session will use several case studies to illustrate successful physician information management models.

William Tincup
Chief Information Officer
FPA Medical Management

Achieving Total Health Management

Session E2: 3:15 – 4 pm

Though well-intended, most managed care efforts have focused on managing payments. But managed care increasingly requires managing the total healthcare needs and related costs of an entire patient population. True care management requires a comprehensive, population-based approach that focuses on the management of risk, access, and care. Organizations capable of achieving this goal are still relatively new. This session will emphasize the essential elements of effective care management programs and highlight the successes of the more advanced managed care markets.

George Isham
Chief Health Officer
HealthPartners

Partnerships for Profits: The New Business of Customer–Supplier Alliances in Healthcare

Session E3: 3:15 – 4 pm

As healthcare payors demand greater economic value, every step of every healthcare value chain is under pressure. This pressure is compelling a new type of business relationship in the healthcare industry: customer-supplier alliances. In these relationships, cooperation between firms or groups of firms produces more value (or lower cost) than can be achieved in ordinary market transactions. The characteristics of this new form of "collective competition" in healthcare—together with examples of customer-supplier relationships in other industries—will be described.

Len LaBonia
Vice President
Bayer Health Care Partners

Concurrent Sessions (F1-F3)

4:15 – 5 pm

Sessions E1 - E3 are repeated to give you an opportunity to attend another session.

F1: Enterprise, Integrate, Interface, Internet, Intranet...Connect the Docs!

F2: Achieving Total Health Management

F3: Partnerships for Profits: The New Business of Customer Supplier Alliances in Healthcare

Tuesday, April 28, 1998

General Session

The Vision of the Future Through the Power of Technology

Session G: 8 – 8:45 am

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Jim Clark
Founder and Chairman
Healtheon Corporation

General Session

Health Insurers: The Endangered Species of the Future?

Session H: 8:45 – 9:30 am

What role will the health insurer play in the future? Will health insurers continue to serve in their current role of network development, care management, and financial management? Or will providers and employers assume many of the traditional roles of health insurers? A senior executive from a leading health insurer will discuss what type of role the health insurer might play in the future.

Steven Shulman
President & Chief Executive Officer
Prudential HealthCare

Coffee Break

9:30 – 10 am

General Session

Creating Accountability for Quality Healthcare

Session I: 10 – 10:45 am

How do we instill accountability for delivering quality healthcare? Will the market ever be able to define quality of care as something other than the friendliness of the receptionist and the length of time in the waiting room? Will the Internet finally allow the consumer to be directly involved in the purchase of healthcare? This session will focus on how the healthcare industry is working to improve the market's ability to intelligently purchase quality healthcare.

Peggy O'Kane
President
National Committee for Quality Assurance

General Session

The Kinetic Organization

Session J: 10:45 – 11:30 am

Healthcare, perhaps more than any other industry, understands the fact that we can no longer predict the future. In this industry, the best-laid plans often prove inadequate. How do we build an organization that can instantly respond to new customer demands and seize new opportunities every day of the week? One critical component of such an organization is the ability to quickly access valuable information across all segments of the healthcare enterprise. This session will use a case study of a large West Coast insurer to demonstrate the power of data warehousing and data mining to successfully respond to the rising tempo of customer expectations and critical strategic opportunities.

Wayne Moon
Chief Executive Officer
Blue Shield of California

The Conference Board on the Web

Visit our Web site at
www.conference-board.org
for the most up-to-date
conference information.

The 1998 Conference on Healthcare

Unconditional Guarantee

For more than 80 years, The Conference Board has been providing senior executives worldwide with opportunities to share practical business experience. If for any reason you are not satisfied with this conference, please let us know. We will immediately credit your attendance to another conference of your choice, or, if you prefer, promptly refund 100% of your registration fee.

Electronically Register on-line at:
www.conference-board.org

By Phone Call Customer Service at 212-339-0345
8 am to 6 pm ET Monday through Friday.

By Fax Complete the registration form and fax to:
212-980-7014

By Mail Complete the registration form and mail to:
The Conference Board, Inc.
P.O. Box 4026, Church Street Station
New York, NY 10261-4026

Cancellation Policy

Full refund until three weeks before the meeting. $250 administration fee up to two weeks before the meeting. **No refund later than two weeks before the meeting. Confirmed registrants who fail to attend and do not cancel prior to the meeting will be charged the entire registration fee.**

Hotel Accommodations

Fees do not include hotel accommodations. For reservations, contact the hotel directly no later than four weeks before the meeting and mention The Conference Board's 1998 Conference on Healthcare.

The Waldorf-Astoria
301 Park Avenue
New York, NY 10022
Tel: 212-355-3000

Airline Information

For special airline discounts, please call our Customer Service Department at 212-339-0345.

Program subject to change.

March 1998

Registration Form

The 1998 Conference on Healthcare
April 27-28, 1998
New York, NY
Project #98A20-3

Please type or attach a business card; duplicate form for additional registrants.

Name _____

Title _____

Functional Area _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone ( ) _____ Fax ( ) _____

Please check your preferred Concurrent Sessions:
Monday, April 27, 1998

❑ E1 **or** ❑ E2 **or** ❑ E3 *choose one*
❑ F1 **or** ❑ F2 **or** ❑ F3 *choose one*

Registration Fees *payable in advance in U.S. dollars*

Conference Board Associates $1,150
Non-Associates $1,375

Team Discounts

For a team of three or more registering **from the same company at the same time,** take **$50 off** per person.

Payment

❑ Check payable to The Conference Board for $_____ enclosed.
❑ Charge to my: ❑ MasterCard ❑ Visa ❑ American Express

Acct. No. _____ Exp. Date _____

Signature _____ Date _____

❑ Please send me more information on Conference Board events.

(Please do not send this form to confirm telephone registration.)

Agenda Code BA3 BB3

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April 8, 1998

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Deputy Assistant to the President
for Health Policy Development
The White House
Old Executive Office Building
Room 216
Washington, DC 20502

Dear Mr. Jennings:

I contacted you several months ago about the possibility of having you speak at our first annual Healthcare Conference. Regrettably, you were unable to participate due to your personal calendar.

One of our goals for the Conference is to encourage a dialogue among providers, insurers, physicians and the government that will lead to solving the urgent healthcare problems the nation faces. As you can see from the enclosed agenda, the Conference has attracted many of the leaders in the healthcare industry as speakers. The list of organizations attending the Conference is equally impressive. We feel it would be of benefit to have you participate in the Conference and therefore would like to offer you a complimentary pass for all sessions.

If your schedule now permits you to attend, please call me and I will arrange for the pass. I can be reached at (703) 534-3401. I hope to see you at the Conference.

Sincerely,

Lynn Ackerson-Smith
Conference Program Director

FACSIMILE COVER PAGE

To : **Christopher Jennings** **From :** Mary Wakefield

Sent : 4/14/98 at 9:38:28 AM **Pages :** 3 (including Cover)

[redacted]ject :

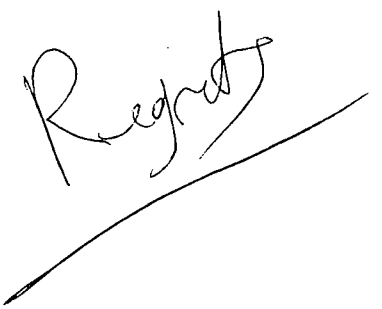
Capital Area Rural Health Roundtable

Following is an updated program for the Roundtable's Forum on April 29, 1998. If you have already RSVPd, we appreciate hearing from you and look forward to seeing you at the forum. If you have not yet RSVPd, we hope that you can take the opportunity to do so this week.

Thank you.

Mary Mooney

Phone: (703) 993-1907
FAX: (703) 993-1555 or (703) 993-1953



Capital Area Rural Health Roundtable

To: Roundtable Participant

From: Mary Wakefield, Director, Capital Area Rural Health Roundtable

Date: April 13, 1998

Subject: **Updated Program Invitation**

The Children's Health Insurance Program: $8 Billion for Uninsured Rural Children

Date: **Wednesday, April 29, 1998**

Time: **3:00 PM to 4:45 PM (reception to follow)**

Place: **Dirksen Senate Office Building, Room 628**

Over 3 million rural children in America are uninsured. The Children's Health Insurance Program (CHIP) is a capped entitlement for states to initiate and expand child health assistance to uninsured, low-income children in general. This forum is designed to explore ways to extend that outreach specifically to rural children.

PROGRAM

- **Overview of the Children's Health Insurance Program**

  Senator John Kerry (D-MA) (invited)

  Rob Foreman, Deputy Director, Health Policy, Office of Orrin Hatch (R-UT)
- **Uninsured Children: Challenges and Opportunities** - Earl Fox, MD, Acting *Administrator of Health Resources and Services Administration, DHHS*
- **Barriers to Outreach** – *Greg Haifley, Children's Defense Fund*
- **Model Outreach Programs**

  Joan Henneberry, Program Director, National Governors' Association

  Brian Webb, Deputy Director, Office of Governor Pete Wilson (CA)

  Sarah Shuptrine, President, The Southern Institute on Children and Families
- **Specific Policy Recommendations to Promote Rural Children's Access to CHIP**

RSVP *for*:

Capital Area Rural Health Roundtable Forum

The Children's Health Insurance Program: $8 Billion for Uninsured Rural Children

•WEDNESDAY, APRIL 29, 1998 • 3:00 PM – 4:45 PM (Reception to follow) •
DIRKSEN SENATE OFFICE BUILDING, ROOM 628

Over 3 million rural children in America are uninsured. The Children's Health Insurance Program is a capped entitlement for states to initiate and expand child health assistance to uninsured, low-income children in general. This forum is designed to explore ways to extend that outreach specifically to rural children.

☐YES, I will attend.

☐NO, I will not attend.

☐No, I cannot attend. _____ from my organization will be attending in my place.

Name: _____

Organization: _____

Phone number: _____

Ask Us Your Children's Health Insurance Program Questions:
We would like this session to be as informative to you as possible by giving you an opportunity to pose questions you may have now *before* the session. Please indicate your question(s) below and the speaker to whom you would like it directed. We will share it with the presenter(s) and make sure it is addressed in the Q&A session at the forum:

_____

_____

_____

Please fax this response to: 703-993-1555, or if busy, to: 703-993-1953. Our phone number is: 703-993-1907.

RMA's Annual Second Health Care Conference

The Dollars and Sense of Integrated Health Care

April 27-29, 1998, Omni Rosen Hotel, Orlando, Florida

March 2, 1998

Mr. Christopher C. Jennings
Deputy Assistant to the President for Health Policy
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

FAX: 202-456-5557

Dear Mr. Jennings:

Robert Morris Associates (RMA), a nonprofit association of credit and lending professionals, serving more than 3,000 commercial banks, thrifts, and financial institutions hopes that you will consider being its closing speaker at RMA's Second Annual Health Care Conference to be held April 27 - 29, 1998 in Orlando, Florida.

We expect approximately 300 bankers involved in credit and lending issues for the health care market. The session you would address is:

Topic: The Legislative Outlook on Integrated Health Care

Day: April 29th

Time: 12:15 - 1:00 p.m. (25-30 minute speech with a question and answer period)

You will receive complimentary conference registration, travel, food not covered at the conference, and up to two night's lodging at the Omni Rosen Hotel. If you would like to bring your family, I will arrange for you to stay in one of the Omni Rosen's spacious suites.

I have enclosed a conference schedule and some information about RMA. If you have any questions or if I can be of assistance, please feel free to contact me at 215-446-4076.

It is our sincere hope that you will consider this request. RMA would be honored to have you as its closing speaker.

Sincerely,

Corliss J. Harrell
Project Manager
Lending/Finance

rma
THE ASSOCIATION
of lending & credit risk professionals

One Liberty Place
1650 Market Street, Suite 2300
Philadelphia, PA 19103

215-446-4076
Fax 215-446-4101
e-mail charrell@rmahq.org
www.rmahq.org

CORLISS J. HARRELL
PROJECT MANAGER, LENDING/FINANCE

About RMA

RMA was founded in 1914 for the exchange of credit information among commercial lenders. Today, RMA is the only financial services trade association that specializes in lending and credit risk information, education, and training. More than 3,000 commercial banks, thrifts, and other financial firms are members of RMA, represented in the association by more the 18,500 financial professionals (called Associates).

One hundred and sixty-two local chapters provide RMA's Associates with a unique opportunity for peer-sharing and deliver a number of specialized training programs. Chapters in Mexico City, Singapore, and Hong Kong have joined the international presence RMA has already established in Canada.

RMA's active monitoring of emerging industry trends serves as an early warning system for the industry and regulators alike. For the past two years, we have closely monitored credit underwriting standards, stressing the need to guard against declining credit quality. RMA also works with member institutions to develop new risk management techniques, innovative products, and training programs.

RMA Mission Statement

- RMA is an association committed to supporting the increased profitability of its member financial institutions and to serving professionals who require a comprehensive understanding of credit risk identification and management.
- RMA is committed to being the premier provider of products, services, and networking opportunities for lending and credit professionals.
- RMA is committed to sponsoring quality standards for credit practices.
- RMA is committed to fostering a high-involvement, diverse, member-centered culture.

Earn your CPEs by Taking RMA Courses

Here are two more very compelling reasons to make RMA your one-stop resource for professional development and continuing education.

Many RMA courses are now approved by the Institute of Certified Bankers and registered with the National Association of State Boards of Accountancy.

As you read through the 1998 *Professional Development Catalog*, look for the two symbols that follow. They indicate that the RMA course satisfies the requirements of these two organizations for continuing professional education credits.

ICB

This RMA course has been approved by the Institute of Certified Bankers for certification eligibility and continuing education credit for the Certified Lender-Business Banking™ (CLBB) designation. For additional information regarding ICB-approved courses or study material, please call Willie Docto at 202-663-5377.

NASBA National Registry of CPE SPONSORS

Registered with the National Association of State Boards of Accountancy as a sponsor of continuing professional education on the national Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses. Complaints regarding sponsors may be addressed to NASBA, 380 Lexington Avenue, New York, NY 10168-0002, 212-490-3868.

Note: please contact your state board of accountancy to determine if it accepts NASBA credits for a particular event. If so, submit your application directly to the state board of accountancy. RMA's sponsor number is 95-00675-99.

The Second Annual

RMA Health Care Conference

The Dollars and Sense of Integrated Health Care

For lenders or credit officers involved in community and regional health care lending

Omni Rosen Hotel • Orlando, Florida • April 27-29, 1998

You are cordially invited to attend RMA's Health Care Conference
The Dollars and Sense of Integrated Health Care

Dear Colleague:

As health care continues to be a price-driven market, new cost-effective, quality integrated health care models and arrangements keep evolving. Provider sponsored networks not only are consolidating but also are expanding into new continuum-of-care settings such as assisted living, ambulatory care centers, rehabilitation centers, and home health care. As a lender or credit officer involved in community and regional health care lending, it is critical to stay on top of these emerging trends. As the premier provider of leading-edge information for your industry, RMA is proud to bring these issues to you.

Our keynote speaker this year is Peter Salgo, M.D., an experienced medical correspondent, professor, practicing physician, and one of this country's most respected health care futurists. Salgo writes, produces, and anchors CNBC's *America's Vital Signs*, and has served for the past 10 years as a correspondent with WCBS-TV News in New York. He is a practicing physician at Presbyterian Hospital in New York City and teaches at Columbia University College of Physicians.

Salgo also moderates a panel of industry experts, including John Nickens, a hospital CEO for Tenet Health Systems. The panel addresses "what keeps them awake at night" concerning the changes in health care and what they would like lenders to know about their business.

Our luncheon speaker is Louis Goodman, executive vice president and CEO of the Texas Medical Association.

Before the conference closes with a speech by Senator Bob Graham of Florida (invited), two senior credit officers discuss their views on the health care market.

During the day-and-a-half conference, a wide variety of industry experts and bankers discuss such issues as:

- Integrated health care from a variety of perspectives
- Assisted living
- Home health care
- Rehabilitation centers
- Health care segmentation strategies for lenders

In addition, there are four preconference activities on April 27: *Lending to Long-Term Care Facilities*, a one-day seminar for bankers with little to no experience lending in the long-term care market and a half-day *Introduction to Health Care* for those who want some background in the health care market before attending the conference. For experienced health care lenders, there are two round table discussions—one on medical practices and the other on post-acute care.

And then there's Orlando. RMA has secured a great rate with the Omni Rosen for attendees—$147/night—and great discounts for some of the many attractions in Orlando. It's going to be a terrific conference! You won't want to miss it.

The complete conference program follows. If you plan to attend, please register promptly. Last year's conference was a sell out. Space is limited, and all registrations will be accepted on a first-come, first-served basis.

Sincerely,

H. Robert Neinken
Conference Chair
Senior Vice President
SunTrust Bank, Central Florida, N.A.
Orlando, Florida

Allen W. Sanborn
President and CEO
RMA

rma
THE ASSOCIATION
of lending & credit risk professionals

The Program

MONDAY, APRIL 27

Preconference Activities

8:30 a.m.-4:30 p.m.

Lending to Long-Term Care Facilities
Stephen Monroe, Irving Levin Associates, Inc.
During this introductory course, participants learn trends affecting the long-term care market, identify credit needs of assisted living communities, nursing homes, and continuing care retirement communities, and understand the credit risks involved for structuring loans.

1:30-4:00 p.m.

Introduction to Health Care Workshop
Michael Stara, Consultant
This workshop is designed as a primer for bankers with little or no experience lending to the health care market to help them get the most out of the conference.

1:30-4:30 p.m.

Round Tables (for experienced health care lenders and credit officers)
- Medical Groups
- Post-Acute Care

Participants join other health care lenders and credit officers to explore common problems, challenges, and concerns. The program is structured to allow both formal and informal times for participants to meet and exchange views.

4:00-8:00 p.m.

Registration

6:00-8:00 p.m.

Pool-Side Cocktail Reception and Welcome

TUESDAY, APRIL 28

7:00-8:00 a.m.

Registration/Continental Breakfast

8:00-8:15 a.m.

Opening Remarks
Allen W. Sanborn, President and CEO, RMA
H. Robert Neinken, Conference Chair

8:15-9:00 a.m.

Keynote Address
Trends in Health Care
Peter Salgo, M.D., CNBC; WCBS-TV-New York, Presbyterian Hospital, Columbia University

9:00-10:00 a.m.

Panel Discussion
Moderator: Peter Salgo
Representatives from various disciplines of health care discuss what keeps them awake at night and what they would like lenders to know about their business.

10:00-10:30 a.m.

Break

10:30-11:45 a.m.

Concurrent Tracked Sessions

Physician Groups
Consolidation/Evolution of Medical Practices
John Bigalke, Partner and Head of the Managed Care Industries Group, eastern region, Price Waterhouse, LLP

Hospitals
The For-Profit Hospital Perspective on Integrated Health Care
John Nickens, CEO, Century City Hospital and Midway Hospital and Medical Center, Tenet Health Systems

Post-Acute Care
Mergers and Acquisitions
Stephen Monroe, Irving Levin Associates, Inc.

General
Capitation
Mark Dietrich, CPA, Dietrich & Wilson, PC

12:00-1:45 p.m.

Luncheon Address
Louis J. Goodman, Ph.D., CAE, Executive Vice President and CEO, Texas Medical Association

2:00-3:15 p.m.

Concurrent Tracked Sessions

Physician Groups
Valuation
Mark Dietrich, CPA, Dietrich & Wilson, PC

Hospitals
Legislative, Regulatory, and Reimbursement Issues
Teresa Brooks, Esq., Jones, Day, Reavis & Pogue

Post-Acute Care
Understanding and Solving Problem Credits
Joan Dugan, President Sage Health Services, Inc.

General
Noncredit Services
Lorraine Waters, First Vice President and Sales Manager, Treasury Management Services, SunTrust Bank

3:15-3:45 p.m.

Break

3:45-5:00 p.m.

Concurrent Tracked Sessions

Physician Groups
Legal Issues
Cheryl Freed, Esq., Oppenheimer, Blend, Harrison & Tate

Hospitals
Mergers, Acquisitions, and Consolidations
speaker to be announced

Post-Acute Care
Assisted Living: Overview, Risks, and Lending Opportunities
Michael Doyle, CEO, Wellspace

General
Home Health: Overview, Risks, and Lending Opportunities
Allan Ginsberg, COO and Executive Director, Heritage Hospice, L.L.C.

5:00-6:00 p.m.

Wine and Cheese Reception

WEDNESDAY, APRIL 29

7:00-8:00 a.m
Continental Breakfast

8:00-9:15 a.m.
Concurrent Tracked Sessions
Physician Groups
Underwriting Physician Groups
Melinda McIntire, President and CEO, Network Health Financial Services, and Interim President, First Professional Bank
Hospitals
The Nonprofit Perspective on Integrated Health Care
David Marcellino, Chief Financial Officer, Botsford General Hospital
Post-Acute Care
Rehabilitation: Overview, Risks, and Lending Opportunities
Steven W. Garfinkle, The Prism Health Group, Inc.
General
The Payor Perspective on Integrated Health Care
Speaker to be announced

9:30-10:45 a.m.
Concurrent Tracked Sessions
Physician Groups
Capitation
Mark Dietrich, CPA, Dietrich & Wilson, PC
Hospitals
Underwriting Hospitals
Fred Martucci, Fitch IBCA, Inc.
Post-Acute Care
Nursing Homes: Overview, Risks, and Lending Opportunities
Edward L. Kuntz, former Chairman and CEO of Living Centers of America
General
Strategic Segmentation
Joseph Resor III, Senior Vice President, KeyBank, and Ginger Siegel, Senior Vice President, Citicorp

10:45-11:15 a.m.
Break

11:15 a.m.-12:15 p.m.
Senior Credit Officer Panel Discussion
Health Care Credit Policy Issues
Robert J. Mueller, Senior Executive Vice President, Bank of New York; William L. Perotti, Executive Vice President and Head of Credit Administration, Frost National Bank

12:15-1:00 p.m.
Closing Address
The Legislative Outlook on Integrated Health Care
Senator Bob Graham, Florida (invited)

1:00 p.m.
Conference Adjourns

Health Care Conference [redacted]

Registration Fee: **RMA member institutions $725**, nonmembers $1,025 (500801-98)
Discount for early registration by March 20: **RMA member institutions: $625**, nonmembers $925
Preconference Concurrent Activities (check one only) ❒ *Lending to Long-Term Care Facilities* $145 (301818-98) ❒ *Introduction to Health Care* $95 (500853-98) ❒ *Medical Groups Round Table* $145 (500851-98) ❒ *Post-Acute Care Round Table* $145 (500852-98)
Registration includes conference materials, kickoff cocktail reception Monday, wine and cheese reception Tuesday, continental breakfast Tuesday and Wednesday, and lunch Tuesday.
Cancellation policy. Full refunds will be available on all cancellations mailed or faxed to the registrar up to 15 working days prior to the start of the event. Reservations cancelled 6-14 working days prior to the event are subject to a service fee equal to 50% of the registration fee. Registrants who cancel reservations 5 working days or less prior to the event will forfeit the entire fee. Registrants failing to attend the event—no shows—will not be eligible for refunds.

Name _____ Nickname (for badge) _____

Title _____ Institution _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

You can register three ways
By mail: Send your check or VISA or MasterCard information to: Registrar, RMA, P.O. Box 8500 S-3860, Philadelphia, PA 19178.
By fax: Fax your registration with your credit card number and siganture to RMA at 215-446-4100. Please call RMA 48 hours after faxing to confirm registration. **By phone:** Call 800-677-7621 and charge your registration to your VISA or MasterCard.

What track(s) are you most interested in attending at the conference?
❒ Medical Groups ❒ Hospitals ❒ Post-Acute Care ❒ General

How much health care lending experience do you have?
❒ None ❒ 1-2 years ❒ 2-5 years ❒ 5-10 years ❒ 10 years+

❒ check enclosed or ❒ charge to my credit card ❒ VISA ❒ MasterCard

Card No. _____ Exp. Date _____ Signature _____

code HCC/00 [redacted]

Featured Speakers

Keynote Speaker

Peter Salgo, an experienced medical correspondent, professor and practicing physician, and one of this country's most respected health care futurists writes, produces, and anchors CNBC's *America's Vital Signs*, and has served for the past 10 years as a correspondent with WCBS-TV News in New York. He is a practicing physician at Presbyterian Hospital in New York City and teaches at Columbia Universty College of Physicians.

Luncheon Speaker

Louis J. Goodman, Ph.D., CAE, is Executive Vice President and CEO of the Texas Medical Association, a professional membership organization of more than 34,000 physicians and medical students. Goodman previously served 11 years with the American Medical Association. He is an adjunct associate professor at the University of Texas, serves on the board of directors of the American Association of Medical Society Executives, and has written more than 70 articles on health and medicine.

General Information

The Conference City

We all associate Orlando with Disney—the Magic Kingdom, Epcot, and MGM Studios. And although this is more than enough to keep anyone busy, central Florida offers much, much more: Universal Studios, more than 100 championship golf courses, water sports, horseback riding, and bass fishing are just a few of the other attractions in Orlando. If you book some extra time before or after the meeting, you'll have plenty to do! For more information, contact:

Central Florida
Convention & Visitors Bureau
600 North Broadway, Suite 300
Bartow, FL 33830
800-828-7655

Orlando/Orange County
Convention & Visitors Bureau
6700 Form Drive, Suite 100
Orlando, FL 32821-8087
407-363-5800

Conference Hotel

The Omni Rosen, 9840 International Drive
Orlando, FL 32819-8122, 407-354-9840
Fax: 407-351-2659

The Omni Rosen is located on exciting International Drive, close to Seaworld, and the new Pointe Orlando, featuring interactive museums, nightclubs, theme restaurants, specialty retailers, a 20-screen movie theater, and IMAX 3-D theater. You might also want to walk across the street to see the world-famous Peabody ducks do their march at 11:00 a.m. and 5:00 p.m. each day. Buses (I-Ride) run continuously throughout the day along International Drive —there is a minimal charge.

Booking a Room

Rooms are available at a group rate of $147 per night single or double occupancy, if booked by March 26, 1998. Rooms booked after the cut-off will be based on availability and cannot be guaranteed at the discount rate. Check-in time is 3:00 p.m.; check-out is 11:00 a.m.

There are a limited number of rooms available for Saturday, April 25. If you are coming in early for the conference to enjoy some R&R in Orlando, make sure to book your room early!

To make reservations call the Omni at 800-THE-OMNI or 407-354-9840 before March 26, 1998, and request the group rate for the RMA Health Care Conference.

Any changes to reservations need to be handled directly with the hotel.

Recommended Dress

Dress for the conference (business sessions and social events) is business casual. Khakis, golf shirts, or button-down shirts without ties, docksiders, loafers, etc., for men, and those items plus skorts or casual skirts or dresses for women.

Travel Discounts

Delta Airlines is offering discounts on regularly priced fares. Discounts are greater for tickets booked 60 days or more in advance. To take advantage of these discounts, please call (or have your travel agent call) Delta Meeting Network Reservations at 800-241-4760, weekdays 7:30 a.m. - 11:00 p.m. or weekends 8:30 a.m. - 11:00 p.m. eastern time. Refer to meeting identifier code DMN110381A. (Note to travel agents—this identifier code must appear in the tour code box on all tickets issued in conjunction with this event.)

These discounts are only available through the Delta Meeting Network Reservations toll-free number and valid only for travel in the continental U.S., Hawaii, Alaska, Canada, Mexico, Bermuda, San Juan, Nassua, and the U.S. Virgin Islands.

Avis Rent-a-Car is also offering reduced rates. Please call (or have your travel agent call) Avis at 800-331-1600 and refer to the Avis Worldwide Discount (AWD) number J948426.

rma
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4/3

NATIONAL ASSOCIATION OF URBAN CRITICAL ACCESS HOSPITALS

Private, Not-For-Profit Hospitals Working In Partnership With Government

April 1, 1998

Mr. Christopher C. Jennings
Special Assistant to the President
for Health Policy Development
212 R Old Executive Office Building
Washington, DC 20502

Dear Mr. Jennings:

I am writing on behalf of the National Association of Urban Critical Access Hospitals (NAUCAH). As you know, NAUCAH represents a group of large, non-profit, urban hospitals. These hospitals are particularly concerned about government health care policy because at least 60% of their patient days are attributable to Medicare and Medicaid.

Once a year, NAUCAH's Board of Directors hold a Legislative Day here in Washington so that the members can meet with their Representatives and Senators. This year's Legislative Day is scheduled for April 30, 1998, and we would be delighted if you would consider speaking to our members. We would be happy to schedule any time that would accommodate your schedule.

I have attached an overview which will provide a brief summary of NAUCAH and our issues. Thank you in advance for your time and consideration in this matter.

If you have any questions or need any additional information, please call me, or Tim Wexler at (202) 371-0916.

Sincerely,

Ellen Kugler
Associate Director

Attachment

1212 New York Avenue, NW • Suite 310 • Washington, DC 20005 • (202) 371-0916

Introducing...

The National Association of Urban Critical Access Hospitals

Urban Critical Access Hospitals Defined

Urban critical access hospitals are located in cities; they are private and non-profit; they have no automatic or statutory access or entitlement to direct local or state funds for general operating purposes; at least 60 percent of their patient days are reimbursed by Medicare and Medicaid; at least 10 percent of their patient days are Medicaid days; and they are big and busy, [defined by a bed size of over 250 or their total hospital days must be at or above the 60th percentile of hospitals in comparably sized Metropolitan Statistical Areas (MSAs)]. They also provide significant amounts of charity care.

Of more than 6000 acute-care hospitals in the U.S., fewer than 300 meet all of these criteria.

The manner in which urban critical access hospitals are reimbursed gives them a special relationship with the federal government because they are, in effect, almost totally dependent on government for their reimbursement - and for their survival.

Urban critical access hospitals are not public hospitals and should not be confused with public hospitals. While they can be found in similar communities, providing similar services to similar people for similar compensation, they lack the similar ability to draw directly on public resources for financial assistance. On average, over 25 percent of public hospitals' general operating funds come from direct local or state subsidies; critical access hospitals enjoy no such subsidies.

The National Association of Urban Critical Access Hospitals advocates for the special needs of these hospitals and promotes the adoption of federal policies that benefit its members and the communities they serve.

The Problems That Urban Critical Access Hospitals Face

Today's health care environment has left urban critical access hospitals in critical financial condition. The adequacy of Medicare payments varies greatly, depending on a given hospital's case mix and geographic location, and Medicare is constantly in danger of federal cutbacks; many states significantly under-reimburse providers for Medicaid services; and, hospitals in low-income communities are not reimbursed at all for care they provide to many people who turn to them for help. Urban critical access hospitals have little opportunity to engage in the cost-shifting that enables hospitals with greater numbers of privately insured patients to survive government's historically inadequate reimbursement - and no opportunity to have their compensation for those inadequate payments supplemented by a public benefactor.

As a result, many critical access hospitals work with much smaller operating margins than their counterparts with more favorable payer mixes; frequently, those operating margins are too small to meet their capital needs. Some of these hospitals survive only with the help of dwindling endowments, bequests, gifts, and contributions.

These hospitals suffer many financial hardships precisely because they are urban. They are located in areas with high crime rates and must devote significant resources to security and building repairs; they pay larger insurance premiums; and they lose privately insured patients because of their location. The lengths to which they must go to recruit and retain qualified staff often are overlooked in the labyrinthian calculation of Medicare wage indexes, insurance industry rate formulas, and other such measures that determine how they are paid - and, too often, underpaid - for the care they provide.

Inadequate reimbursement and operating losses make it difficult for urban critical access hospitals to find the capital that they need to fund improvements. Potential lenders, wary of unfavorable payer mixes, uncertain locations, and unmanageable uncompensated care burdens, view critical access hospitals as high-risk borrowers to whom funds should be denied or offered only at impossibly high rates of interest. As a result, critical access hospitals frequently carry unusually large outstanding debts for their capital improvements.

This, in turn, further damages the ability of urban critical access hospitals to attract the privately insured patients they need to improve their finances and to introduce improvements needed to serve their communities better. Physical plants get older and can no longer meet the growing demands of modern medicine. Cost-saving measures that would enable the hospitals to compete for managed-care contracts cannot be implemented. New services needed by their communities cannot be introduced, further impairing the hospitals' ability to serve their communities and attract new patients. For American hospitals, capital funds are like basic nutrition: deprived of them for a brief period of time, they will struggle but probably endure; denied access to them altogether, they will certainly die.

Critical Access Hospitals - Too Important to Lose

And what if some hospitals die? Many people do not view this as a problem - after all, America has thousands of hospitals, some of which close their doors every year. Surely the loss of a few more would not matter.

But it would - if they were urban critical access hospitals.

By definition, urban critical access hospitals are the health care providers of last resort for many of their patients. Because of where they are located and the specific services that they offer, critical access hospitals often are the only providers to whom residents of their communities can turn when they are sick. In this sense, the qualifying criterion that critical access hospitals' total patient days must be at or above the 60th percentile of hospitals in comparably sized MSA's speaks to the importance of these urban hospitals within their communities. It signifies that they are large and heavily used, and that the residents of their communities depend on them to an unusual degree in comparison to other providers. The loss of such hospitals would be a devastating blow that other providers may not be able to absorb.

What makes these communities different or special? They are in economic and social disarray, reeling from the effects of high rates of poverty, low rates of educational attainment, and few employment prospects. They suffer from major health problems, most notably high rates of infant mortality, AIDS, substance abuse, violence, and mental illness.

The hospitals that serve these communities also are different and special. Often, they are their community's leading employer. Most important, they offer services that are critically needed and otherwise unavailable - prenatal and obstetric care, pediatrics, health screenings, AIDS and tuberculosis services, drug and alcohol detoxification, psychiatric services, and emergency care. They often provide extensive and numerous outpatient and primary care services - a form of care for which government reimbursement has historically been even more inadequate than for inpatient care. In many cases, neighboring hospitals have abandoned such services because of the patients - and the payers - whom they attract. If urban critical access hospitals were to close, the financial problems that caused their demise would simply follow their former patients to other hospitals.

Finally, urban critical access hospitals are essential for the training of future medical professionals - not just doctors, but also nurses and the scores of other allied health professionals that constitute the American health care delivery system. Historically, health care professionals who work in urban environments were trained in such settings, and without these training programs, urban critical access hospitals would face an even greater shortage of qualified professional help than they encounter today.

Unique Hospitals, Unique Needs

Urban critical access hospitals are a vital, irreplaceable part of the American health care system. In a very real sense, they are partners of government that shoulder all of the responsibilities of their public counterparts without enjoying any of the special privileges that come with such status. Their role in the delivery of care in this nation is unique, and the needs that arise from this special role are unique as well. Whether in weighing the merits of individual pieces of legislation or as part of the debate on the future direction of the health care system in this country, the special needs of these hospitals must be satisfactorily addressed if the communities they serve are to continue receiving the health care services they need.

2/19 - 5043635554
Reece
Debra wants picture
& Bio -
1 800 354 6267

On agenda as
invited —

LOUISIANA TRIAL LAWYERS ASSOCIATION

442 Europe Street
Baton Rouge, LA 70802-6490

P.O. Drawer 4289
Baton Rouge, LA 70821-4289

800/354-6267
504/383-5554

Fax: 504/387-1993
Fax: 800/380-6267

message center: 800/895-2529

January 28, 1998

Mr. Chris Jennings
Department Assistant to the President for Health Policy
Room 216, Old Executive Office Building, 1700 Pennsylvania Avenue
Washington, DC 20502

Dear Mr. Jennings:

The Louisiana Trial Lawyers Association would like to invite you to address our Health Law Conference being held on Thursday, April 30 and Friday, May 1 in New Orleans. The site of the seminar will be the Omni Royal Orleans Hotel, located in the historic French Quarter. The dates of the conference fall during the New Orleans Jazz Fest and coincide with a meeting in New Orleans of the Democratic Leadership Council.

Our conference will focus on various aspects of health law, including issues of the delivery of health care and the coordination between state and federal programs, to which you are uniquely qualified to speak. We have also invited Senator John Breaux to speak, as well as Bobby Jindal, Secretary of the State Department of Health and Hospitals. Other speakers will be regulators, consumer advocates, attorneys practicing in various fields of health care law and health care providers.

We look forward to having you speak at our conference and hope that this opportunity will coincide with your busy schedule.

Sincerely,

Leah Guerry

Leah Guerry

P.S. The topic below is suggested since you have spoken on it before, but if you would like to change it, please let us know.

"The Future of Health Care Compliance"

2/6 Renée called - let her know.

4/8

200 Commons Road
Dayton, OH 45459-2799
937-434-7300
FAX 937-439-9804

6 East 39th Street
(9th Floor)
New York, NY 10016
212-686-7016
FAX 212-889-3461

444 North Capitol Street, NW
Suite 434
Washington, D.C. 20001
202-393-4478
FAX 202-393-7644

Kettering Foundation

April 3, 1998

Dear Colleague,

This letter extends an invitation to you to join a specially selected studio audience for the video-taping of:

A Public Voice ... '98
Thursday, April 30, 1998
8:00 - 10:00 am
National Press Club (13th Floor Auditorium)
14th and F Streets NW, Washington, DC
Continental breakfast will be served

A Public Voice ... '98, moderated by David Gergen, *U.S. News & World Report*, will this year address one of the nation's most perplexing challenges ... the governing of America. Most Americans believe that our government is not working. But there is little agreement as to how to change things for the better. What are our choices? And which way should we go?

In the format that has made the *Public Voice* series so popular over the past six years, a panel of distinguished nationally known political leaders, commentators, columnists, and members of the public will again react to prerecorded segments that contrast the voices of American citizens in serious discussion, with sound bites and headlines from news programs, newspapers, and the floor of the U.S. Congress. Like earlier *Public Voice* programs, this one will present the public deliberating in National Issues Forums in all regions of the country. (A brochure describing the National Issues Forums, now being convened by thousands of community-based organizations across the country, is enclosed.)

A Public Voice ... '98, produced by Milton B. Hoffman Productions, will be aired nationwide on public television this summer, and then broadly distributed to cable systems and educational networks, as well as to individuals through videotapes.

Seating at the taping is limited. And because the studio audience is an essential feature of the television program, you or your designee will be expected to be present for the full taping period, beginning promptly at 8:00 am. **Please call Diane U. Eisenberg at (301) 562-9260 by April 23rd to confirm attendance.** We look forward to welcoming you and having you be part of a television program that will be significant to everyone who cares about the role of the public in the setting of public policy.

Sincerely,

David Mathews
President

Enclosure

What Is NIF?

National Issues Forums **(NIF)** are a voluntary, nonpartisan, nationwide network of forums and study circles rooted in the simple notion that citizens need to comc together to deliberate about common problems in order to act on them. Indeed, democracy requires an ongoing deliberative dialogue about challenging public policy issues.

How Does It Work?

Each year, major issues of concern are identified. Issue books, clearly written and nonpartisan, are prepared to frame the choice work. Prepared in a standard edition and an abridged edition at an easier reading level, these deliberation guides provide an overview of the subject and present several choices.

Forums are sponsored by thousands of organizations and institutions within many communities. Forums offer citizens the opportunity to join together to deliberate, to make choices with others about a range of options or ways of approaching difficult issues.

Experience indicates no two forums are alike. They range from small study circles to large gatherings modeled after town meetings, but all are different from everyday conversations and adversarial debates.

What Is Public Deliberation?

Public deliberation is simply people coming together to talk about a community problem that is important to them. Participants deliberate with one another — eye-to-eye, face-to-face, exploring options, weighing others' views, considering the costs and consequences of public policy decisions.

Citizens have an undelegable responsibility to make choices about how to solve problems because government alone cannot solve them all. Citizens' views often differ from officeholders'. Deliberation may reveal new possibilities for action that neither citizens nor officeholders saw before.

Forums enrich participants' thinking on public issues. The process helps people — who use choice work in their discovery — to see issues from different points of view. At their best, forums help participants move toward shared, stable, well-informed public judgments, based on what is valuable to them about important issues. Through deliberation participants move from making individual choices to making choices as a public.

Who Participates?

Forums are organized by civic, service, and religious organizations as well as by libraries, colleges, universities and high schools, literacy and leadership programs, prisons, businesses, labor unions, and senior groups. The network of convening institutions is both large and diverse. **NIF** participants vary considerably in age, race, gender, economic status, and geographic location. Studies of public deliberation tell us that every type of citizen seeks out and participates in these public forums.

Each year, more than 20 Public Policy Institutes **(PPIs)** are held at institutions all across the country to train **NIF** moderators and convenors. **PPI** participants receive training and practice in moderating forums, become

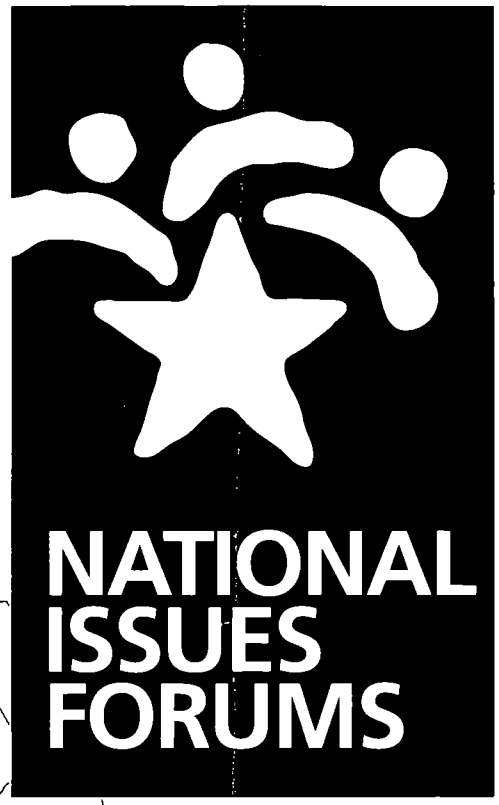
acquainted with **NIF** materials, discuss how to organize **NIF** programs in their communities and learn to appreciate the importance of deliberation in identifying the public's perspective on public policy issues.

So What?

Often citizens are seen as clients or customers of government but **NIF** forums operate on the premise that citizens must take responsibility for and act on their problems. However, citizens cannot act together until they decide together. Public deliberation is a precondition for public action. Forums result in defining the area between agreement and disagreement called common ground for action. That provides a general direction in which to move.

By making choices, the public defines what it considers to be in the public interest in a democracy.

The health of this nation's democratic enterprise depends on the active participation of citizens who have the responsibility to deliberate about public policy choices and to set the public agenda. By offering citizens a framework for deliberative forums, the **NIF** network is helping the public take an active role in policy decision making.



AN OVERVIEW

For more information, contact:
National Issues Forums Research
100 Commons Road
Dayton, Ohio 45459-2777
1-800-433-7834

L1/18

The Economist

Mr. Chris Jenings
Deputy Assistant to the President for Health Policy
The White House
Old Executive Office Building
Room 216
Washington D.C. 20502

Madrid, March 24th 1998

Dear Sir,

Two years ago we organised the Seminar "Modernisation of Public Healthcare around the world", which took place in Madrid on the 23rd and 24th of September 1996, as we also held last year the Conference " Healthcare Reform: Risks and Possibilities" . This Seminars opened a very important debate that, still today, represents a big issue. Considering this fact and the present situation of our Healthcare systems, The Economist believes that the time has come to treat this subject once more, on this occasion focused on the Hospitals Management issue.

Thus, The Economist is very pleased to introduce you the programme of our International Conference **"Hospitals in challenging times all over the world"** that we are preparing with the co-operation of Arthur Andersen, to take place the next 1st and 2nd of June in Madrid.

This Conference will develop along two mornings, and for this debate we aim to have a representation of countries with a very different experience in their Hospitals Management and their experience on Healthcare systems.

The Economist, c/ o ALCESTIS - Serrano, 46 - 1.° 28001 Madrid. Tel. 34.1.576 25 07 - Fax: 34 1 431 14 24

The Economist

Bringing up to date the contents of the two years ago discussion, we have invited Healthcare Ministers and Secretaries as well as many important personalities from France, Germany, Great Britain, Holland, and Hungary whose contribution will be very helpful in our study. We will try to analyse, in the most efficient way, the different challenges that have emerged in the lasts years related with the Healthcare systems and particularly in the Hospitals Management all over the world.

The Economist and Arthur Andersen are very pleased to invite you officially to take part in this International Conference. We would be deeply honoured if you would accept to come and participate as a speaker, introducing our 300 delegates to your opinions and analysis of the present situation of the Hospitals and Healthcare system in your country.

In a few days we will get in touch with your Secretariat to offer any additional information you might require.

Yours sincerely,

Flora Peña
President

The Economist

International Seminar

HOSPITALS IN CHALLEGING TIMES ALL OVER THE WORLD

Ritz Hotel, Madrid 1st and 2nd of June

Provisional Programme

First day

9:00.- Welcome.

Alexandra Wyke, Managing Editor. Healthcare Unit, The Economist.

Enrique Alvarez, Chairman, Arthur Andersen.

Eduardo Rodríguez Rovira, Chairman, Foundation SB.

9:30.- Official Opening.

José Manuel Romay de Beccaría Minister of Healthcare, Spain

10:15.-Second Session.

Bernard Kouchner, Minister of Healthcare, France

11:00.-Coffee break

11:30.-Sponsor introduction.

12:00.-Third Session.

Frank Dobson, Health Secretary of the United Kingdom.

12:45.-Fourth Session

Chris Jenings, Deputy Assistant to the President for Health Policy , United States.

13:15.-Fifth Session.

Horst Seehofer, Minister of Healthcare, Germany.

13:55.-Sixth Session.

E. Borst- Eilers, Minister of Welfare, Health and Sports, Holland.

14:30.- Lunch. Presided by a non confirmed personality.

The Economist

Second day

9:00.- Opening Session.

Julio Villalobos, General Director of the Hospital Universitario Canario.

9:30.- First Session.

Gerard Vincent, General Delegate of the French Federation Hospitalière.

10:00.- Second Session.

Representative of the United Kingdom (not identified yet).

10:30.- Coffee break.

11:00.- Third Session.

Ferenc Varga President of the Hungarian Hospital Association.

11:30.- Fourth Session.

Jörg Robbers Representative of the German Hospitals Federation.

12:00.- Fifth Session.

A.T.J. Krol Representative of the Dutch Hospitals Association.

12:30.- Sixth Session.

Richard Davison, President of the American Hospital Association.

13:00.- Closure.

Alexandra Wyke, Managing Editor. Healthcare Unit, The Economist.

Eduardo Rodríguez Rovira, President of Fundación SB, Spain.

cc: CJ 4/15

American Academy of Orthopaedic Surgeons

317 Massachusetts Avenue, N.E. - 1st Floor • Washington, D.C. 20002
Phone 202/546-4430 • Fax 202/546-5051

March 9, 1998

Regrets
Done 5/1

Mr. Christopher C. Jennings
Special Assistant to the President
for Health Policy Development
Room 216, Old Executive Office Building
Washington, D.C. 20502

Dear Mr. Jennings:

It is with pleasure that I invite you to participate in the panel discussion *"Are Patient Protections Needed in the Current Health Care Marketplace"* being held at the Academy's National Orthopaedic Leadership Conference (NOLC) on Friday, May 1, 1998 from 10:30 a.m. to 11:45 a.m. The NOLC will be held at the ANA Hotel, located at 2401 M Street, N.W., Washington, D.C.

We would like you to address the Administration's point of view on patient protections. The other invited panelists include: Mr. Michael Naylor of AlliedSignal, who will give the business perspective; Mr. Peter Thomas, speaking on behalf of the Consortium for Citizens with Disabilities, will represent the patient's viewpoint; and Dr. Donald Parsons of Kaiser Permanente will represent the managed care industry. Each panelist will have 10-15 minutes to make their presentation. Time will also be allowed for questions and answers.

The National Orthopaedic Leadership Conference, which is held annually in Washington, D.C., provides a forum for more than 300 orthopaedic surgeons to discuss national issues with their congressional representatives and representatives from the Executive Branch. The participants include the Academy's Board of Councilors, which is composed of elected representatives from every state; representatives from each state orthopaedic society; officers of the Academy; and other invited guests.

We hope that your schedule will allow you to join us in this discussion. We look forward to hearing from you at your earliest convenience.

Ms. Joyce Briscoe of our Washington Office is prepared to assist your staff in finalizing the arrangements. She can be reached at (202) 546-4430.

Sincerely,

Scott B. Scutchfield

Scott B. Scutchfield, M.D.
Chairman-Elect
Board of Councilors

Cc: Nicholas G. Cavarocchi

PHONE MEMO

TO Donna Joyce Briscoe
DATE 4/15
TIME 10:30 AM PM
FROM American Academy of Surgeons
AREA CODE
NO. 202 546 4430
OF
EXT.

MESSAGE
panel discussion
May I
participation of Chris ?
wants to know status
to check & your instructions

SIGNED J.SE

PHONED ☐ CALL BACK ☐ RETURNED CALL ☐ WANTS TO SEE YOU ☐ WILL CALL AGAIN ☐ WAS IN ☐ URGENT ☐

Integrated Healthcare Symposium
27303 Peninsula Drive
P.O. Box 839
Lake Arrowhead, California 92352-0839
(909) 336-1586 FAX (909) 336-1567

RE: The First Annual Symposium on Integrated Healthcare Strategies for the Next Generation of Medicare and the Coming Seniors' Boom ■ May 11-12, 1998 ■ The Phoenician Hotel ■ Scottsdale (Phoenix), Arizona

Dear Healthcare Leader:

The year 1998 may go down in history as the **transition year for Medicare risk and PSOs**. There is no topic more important to health care providers then the next generation of Medicare programs and the coming boom in the seniors market brought on by the baby boomers. The Medicare population will double in the coming years because of the "**Boomers**" aging. There are 79 million of us "Baby Boomers" that were born between 1946 and 1964. Every 8 minutes, a "boomer" turns 50. As they age further, they will cross the line into Medicare territory. The population over 65 is expected to more then double, increasing from 33.8 million in 1996 to 69.4 million in 2030.

In the twilight of the 90s and at the dawn of the next century, health providers must plan and learn to reach out to this group that is presently consuming 70% of all health services consumption.

Age-Wave innovators believe that the Boomers are going to be a different group to deal with than past seniors' groups. This is the group that had a coming-out party at Woodstock and has grown-up on managed care. This is the group that will be your largest market over the next 30 years. How are you going to reach them?

Integrated healthcare systems are positioned perfectly to capture this market. At the present time over 70% of the workers age 50 to 65 have already shifted into managed care plans. Many observers are predicting that Medicare managed care enrollments will accelerate from 15% of eligible Medicare enrollees to 50% within just a few years. The question is, do healthcare providers understand the magnitude of the coming "age-wave" and its impact on the way healthcare will be financed and delivered in the 21st Century? Who are these consumers that are turning 50? What do they want? What will they accept?

Organizations that have pursued an integrated delivery system strategy will have the competitive advantage. With the Balanced Budget Act and the Medicare+Choices program, we will have new drivers of integrated healthcare system strategies. Provider Sponsored Organizations, or PSOs, are an opportunity to more fully express the benefits and values of integration.

We have again put together an all-star faculty to educate and stimulate us in how to prepare for the coming boom in the seniors market. As we alluded to earlier, do not underestimate the size and power of this coming force. The Boomers are coming. Will you be ready?

In keeping with our tradition of excellence, we anticipate the May Symposium to be an unparalleled learning experience for innovators in many diverse health industry sectors. We are privileged, again, to extend this invitation to you and your management team to join us at this outstanding event. The program will be conducted at The Phoenician in Scottsdale, Arizona. The Phoenician is the flagship of The Luxury Collection and a member of The Leading Hotels of the World. We hope to see you there. Become one of our over 7,500 Alumni that have learned the benefits of an Integrated Healthcare Symposium experience.

Sincerely,

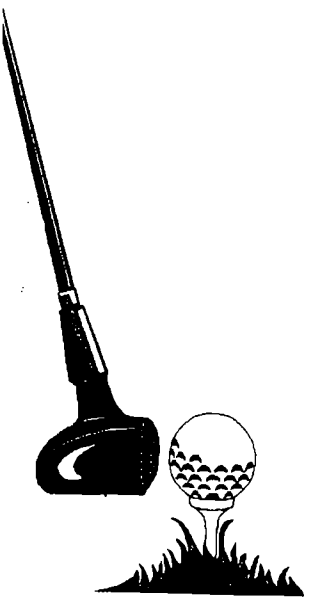
John D. Cochrane, Editor
Integrated Healthcare Report
Co-Director
Integrated Healthcare Symposium

Jerry F. Pogue, Publisher
Integrated Healthcare Report
Co-Director
Integrated Healthcare Symposium

GOLF REGISTRATION

NETWORKING GOLF TOURNAMENT – WEDNESDAY, MAY 13, 1998 – 8:00 A.M.

THE PHOENICIAN Golf Course – SCRAMBLE



Please reserve _____ golf registrations for me. I understand that the cost is $ 150.00 per individual playing golf.

Please charge my credit card for $ 150.00 X ____ (Number of participants) = $ _____

☐ VISA ☐ Mastercard ☐ American Express

Card Holder Name _____

Card Number _____ Expiration Date _____

Signature _____

Must include signature of cardholder to be processed

Golf Participants:

_____ _____

_____ _____

The fee of $ 150.00 will include green fees and golf cart. If you would like to play in the golf tournament, please fax or mail with your registration. If you have any questions, please call our office at (909) 336-1586. Register early, participation will be based upon availability

Integrated Healthcare Symposium

HELP US UPDATE OUR MAILING LIST

- ❑ NAME/TITLE/ADDRESS CORRECTION
- ❑ ADDITIONAL NAME TO BE ADDED
- ❑ PLEASE DELETE MY NAME FROM THE MAILING LIST

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY & STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

COMMENTS/SUGGESTIONS: _____

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UNITED STATES

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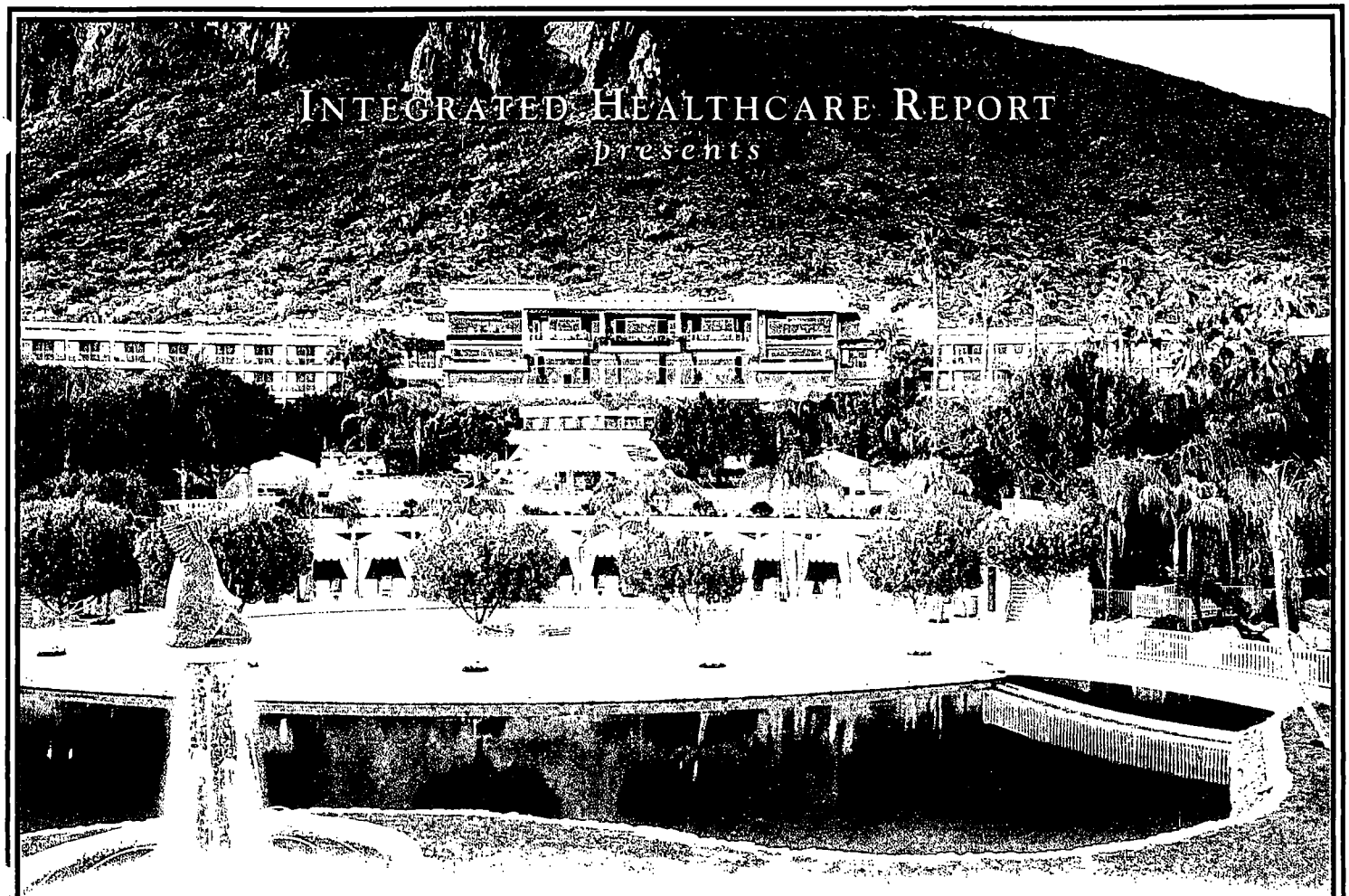
INTEGRATED HEALTHCARE SYMPOSIUM
P.O. BOX 839
LAKE ARROWHEAD CA 92352-9900



THE *First Annual Symposium* ON

Integrated Healthcare Strategies for the Next Generation of Medicare and the Coming Seniors' Boom

"Baby Boomers" include 79 million Americans who were born between 1946 and 1964. Every 8 minutes a "boomer" turns 50. As they age further, they will be rapidly crossing the line into Medicare territory. The population over 65 is expected to more than double, increasing from 33.8 million in 1996 to 69.4 million in 2030. Over 70% of the 50-65 age workforce is currently enrolled in managed care plans. Overall, the 50+ age group account for over 70% of health services consumption today. In the twilight of the 90s and the dawn of the next century, if you can't bond with this group, you may be out of the picture.

This is a Summit Meeting for 21st Century Age-Wave Innovators

May 11-12, 1998

Early Registration for Reduced Rate Deadline March 31, 1998

A Transition Year for Medicare Risk and PSOs

Golf Tournament Wednesday!

THE PHOENICIAN
Scottsdale (Phoenix), Arizona

Vision

The leaders of emerging integrated healthcare systems are about to see their investment of time and money pay off. The ticking bomb of America's "baby boomers" reaching age 50 has begun the final countdown. At the same time, over 70% of the workers age 50 to 65 have already shifted into managed care plans. And, most observers are predicting that Medicare managed care enrollments will accelerate from 15% of eligibles to 50% within just a few years. The question is, do we understand the magnitude of the coming "age wave" and its impact on the way healthcare will be financed and delivered in the 21st Century? Who are these consumers turning 50? What do they want? Will they continue to shift into the for-profit health plans in view of the consumer backlash and red ink? Will they migrate to provider-owned plans? How can we best meet their expectations? What are the risks and opportunities for physicians, hospitals and integrated healthcare systems, using either a "wholesale" strategy where we are continually trying to attract the attention of the "middleman," or a "retail" strategy where we market and deliver the entire continuum of care directly?

Today, 27% of the population is over 50. Every eight minutes, a baby boomer (born from 1946 to 1964) turns 50. There are 79 million boomers who will turn 50 between 1996 and 2016. By the year 2001, there will be 80 million people over 50, consuming 70% or more of all healthcare services in this country.

By the year 2011, the futurists say that the 50+ age group will expand by 60%. The 65+ age group will more than double. The 65+ population is 13% of the American population today. In little more than a decade, the 65+ age group will be 20% of our population and it's clear that most will be enrolled in some form of managed care. More than likely, the bulk of this population will migrate into some form of managed care that puts providers at risk, whether it is global capitation, case rates, bundled pricing packages, or other risk products. Even now, the movement toward risk arrangements is well under way and legislation at the state level is being passed to permit provider groups to assume the risk without a full HMO license.

Organizations that have pursued an integrated delivery system strategy will have the competitive advantage. Not only will they have the infrastructure to mange Medicare risk, they will also have the systems in place to quantify and demonstrate "value." That will be their distinction. With the new and expanded choices for Medicare beneficiaries, an organization that is delivering superior quality, access, patient satisfaction at less cost will have a powerful message. In fact, the name of the new Medicare program, Medicare+Choices, is a clear signal of what it will take to be successful in this arena.

It's show time! With the Balanced Budget Act and the Medicare+Choices program, we will have new drivers of integrated healthcare systems strategies. Provider Sponsored Organizations, or PSOs, are an opportunity to more fully express the benefits and value of integration. But, both markets and organizations will differ in how successful they will be with a PSO strategy. What are the key success criteria? How do you evaluate the potential for being successful in your marketplace?

PSOs are just one weapon in your arsenal for preparing to meet the challenges of the coming seniors' explosion. What will be needed is a comprehensive senior strategy. We can't afford to wait until people are 65 before we develop ways to bond with them. We need to consider ways to reposition our physician-hospital networks to create sustainable relationships with this group extending across the entire spectrum, from health status improvement, wellness, prevention, education to disease management, acute intervention and chronic long-term care.

The Program

In designing this new symposium, we are drilling down to the key success criteria for realizing the full benefits of integrated healthcare strategies with respect to the 50+ age group. In a sense we are going to the next level in our continuing, popular Aspen symposium series on Integrated Healthcare. Some estimate that over 90% of the larger hospitals (and their related physician groups) in the country have been hard at work developing integrated systems. But, once you've built the network, how will you use it? "If you build it, will they come?"

This program is a practical examination of the characteristics of a population segment that is literally exploding with opportunity for all healthcare providers, and particularly for integrated healthcare systems. Through a combination of specialized experts and front line leaders, we anticipate presenting a "showcase" for innovation.

This is a summit meeting for the leaders of 21st century healthcare organizations. The program includes two intensive, full days of instruction, a networking reception during the first evening and, of course, participants are encouraged to take advantage of days either before or after the symposium to enjoy one of the finest hotels in America, THE PHOENICIAN. As the rest of the country is just beginning its spring thaw, Scottsdale will be *the place to be* for one of the finest, cutting edge educational experiences to be offered this year.

The objectives of this conference are:

- To examine the key characteristics of the exploding 50+ age group and the implications for 21st century healthcare financing and delivery.
- To present real world case studies of emerging PSOs, the lessons learned and their visions for the next steps in their evolution.
- To report on the progress of advanced PSOs and examine the issues and challenges they are facing.
- To understand the new rules impacting the formation and operation of PSOs.
- To understand the clinical, operational, financial and marketing challenges in making a PSO strategy work.

Who Should Attend?

This program is specifically designed as a high-level summit meeting for physician and health system leaders, who have launched their organizations down the path toward integrated healthcare. It is also designed to explore the opportunities for making this strategy pay off. But, unlike many other conferences, it is not designed solely for any one constituency and there is no intent, either through sponsorship or program design, to promote a single-constituency perspective. The sponsors for this program have one interest: to increase knowledge through high-level dialogue about community-based, market-based, grass roots efforts to truly reform and improve the future delivery and financing of healthcare.

Symposium Program

DAY ONE MONDAY, MAY 11, 1998

7:00 AM CONTINENTAL BREAKFAST

8:00 AM *WELCOME AND INTRODUCTIONS*
JERRY F. POGUE
Publisher and Associate Editor
Integrated Healthcare Report

8:15 AM *PROGRAM INTRODUCTION AND OVERVIEW*
JOHN D. COCHRANE (MODERATOR)
Editor
Integrated Healthcare Report

8:30 AM *The Clinical Equation: Solvency, Sanity and Centenarians*
WALTER M. BORTZ, II, M.D.
(Past President American Geriatrics Society, a Senior and a Marathon Runner)
Internist
Palo Alto Medical Foundation
Palo Alto, California

9:30 AM *How Will the Seniors Demographic Revolution Redefine Healthcare Technology, Financing and Delivery in the 21st Century?*
RUSSELL C. COILE, JR.
Senior Vice President
Chi Systems Division
Plano, Texas

10:15 AM COFFEE BREAK

10:30 AM *The Remaking of American Healthcare Policy in the Late 1990s*
GAIL WILENSKY, PH.D.
Chairman
Medicare Payment Advisory Committee
Washington, D.C.

11:15 AM *PSO Politics: What to Expect from the Hill in the Immediate Future*
DONALD W. FISHER, PH.D., CAE
Chief Executive Officer
American Medical Group Association
Alexandria, Virginia

12:00 PM LUNCH - PROVIDED

AFTERNOON MODERATOR:
JAMES E. ORLIKOFF
President
Orlikoff & Associates
Chicago, Illinois
Contributing Editor
Integrated Healthcare Report

1:00 PM *The Marketing Equation: What Makes the Next Generation of Seniors So Different?*
BRUCE CLARK, DR.P.H.
Co-Founder and Senior Vice President
Age Wave Health Services, Inc.
Emeryville, California

2:00 PM *Medicare Risk Demographics: Where is it Growing? Where are the "Opportunity" Markets? Where are Providers Starting Their Own HMOs?*
RICHARD HAMER
Director
InterStudy Publications
Minneapolis, Minnesota

2:45 PM AFTERNOON BREAK

3:00 PM *Health Alliance Medical Plans: An Emerging Physician-Driven Medicare Choices PSO*
JEFFREY INGRUM
Chief Executive Officer
Health Alliance Medical Plans
Urbana, Illinois

3:45 PM *Medica/Allina: Critical Success Factors for HMOs in Integrated Health Care Systems*
DAVID R. STRAND
President, Medica Health Plans
Allina Health System
Minneapolis, Minnesota

4:30 PM *AUDIENCE PARTICIPATION AND FACULTY Q&A*

4:45 PM *ADJOURNMENT*

6:00 PM HOSTED CONFERENCE RECEPTION

Symposium Program

DAY TWO Tuesday, May 12, 1998

7:00 AM Continental Breakfast

8:00 AM *Announcements and Opening Remarks*
Jerry F. Pogue (Moderator)
Publisher and Associate Editor
Integrated Healthcare Report

8:15 AM *What to Expect as HCFA Forges Ahead With the Medicare+Choices Program. How Can Providers Get Their Act Together?*
Bruce M. Fried, J.D.
(Former Director of HCFA)
Partner
Shaw, Pittman, Potts & Trowbridge
Washington, D.C.

9:15 AM *Models for Successful PSO Development: The Latest on What it Will Take to Gain Approval to Launch Your PSO and is it Worth the Effort?*
Peter N. Grant, J.D., Ph.D.
Partner
Davis Wright Tremaine
San Francisco, California

10:15 AM Coffee Break

10:30 AM *AAPCC Dynamics: How Reimbursement Will Redecorate the Medicare Landscape?*
Jacque J. Sokolov, M.D.
Chief Executive Officer
Jacque J. Sokolov, Inc.
Los Angeles, California

11:30 AM *Faculty Q&A Panel*

12:00 PM Lunch - Provided

Afternoon Moderator:
James E. Orlikoff
President
Orlikoff & Associates
Chicago, Illinois
Contributing Editor
Integrated Healthcare Report

1:15 PM *Mount Carmel Health Plan: How We Succeeded With Our Medicare Choices PSO*
Mark Richardson
Chief Executive Officer
Mount Carmel Health Plan
Westerville, Ohio

2:00 PM Afternoon Break

2:15 PM *HealthPartners Health Plans: Key Success Factors in Making Medicare Risk Pay Off*
Thomas C. Sounhein
President and Chief Executive Officer
HealthPartners Health Plan
Phoenix, Arizona

3:00 PM *Health Dimensions: To Be a PSO... Or Not To Be... That is the Question*
Brian E. Keeley
President and Chief Executive Officer
Baptist Health Systems
Miami, Florida

3:45 PM Audience Participation and Faculty Q&A (Faculty for the PM)

4:00 PM Closing Remarks
John D. Cochrane
Editor
Integrated Healthcare Report

4:15 PM Adjournment

Application

The First Annual Symposium On
Integrated Healthcare Strategies for the Next Generation of Medicare and the Coming Seniors' Boom

May 11-12, 1998
The Phoenician, Scottsdale, Arizona

Apply early, as space is limited. Submission of an application does not guarantee a space.
Symposium registration is confirmed upon full payment only. For information call (909) 336-1586.
(please type or print)

Name _____ ❑ Mr. ❑ M.D. ❑ Ms./Mrs. ❑ D.O. ❑ Ph.D. ❑ _____

Nickname for Badge _____

Title _____

Name of Organization _____

❑ Healthcare System ❑ Hospital – *Number of Beds* _____

❑ Other (Please specify) _____ ❑ Medical Group – *Number of Physicians* _____

Mailing Address _____

_____

City _____ State _____ Zip _____

Telephone (_____) _____ FAX (_____) _____

Person in Charge of Arrangements _____ Title _____

Fee:

❑ ALUMNI*		❑ NON-ALUMNI	
Through March 31, 1998		*Through March 31, 1998*	
First Person	_____ $995	First Person	_____ $1,095
Each Additional Person	_____ $895	Each Additional Person	_____ $995
After March 31, 1998		*After March 31, 1998*	
First Person	_____ $1,095	First Person	_____ $1,195
Each Additional Person	_____ $995	Each Additional Person	_____ $1,095

**Alumni are individuals who have attended a previous IHS Symposium or are current subscribers of* The Integrated Healthcare Report.

ATTENTION GROUPS: ***For groups of 10 or more, please contact the IHS office for a special rate.***

ATTENTION: ***If you are interested in a golf tournament on Wednesday, May 13, 1998, at 8:00 AM, please call the IHS Office at (909) 336-1586.***

Make checks payable to *Integrated Healthcare Symposium* or charge your registration fee to:

❑ VISA ❑ Mastercard ❑ American Express For the amount of $_____

Card Holder Name _____

Card Number _____ Expiration Date _____

Signature _____

Must include signature of cardholder to be processed

Please return your application and full payment to:

INTEGRATED HEALTHCARE SYMPOSIUM
27303 Peninsula Drive, P.O. Box 839, Lake Arrowhead, CA 92352-0839
(909) 336-1586 FAX (909) 336-1567
Office Hours: 8:00 a.m to 5:00 p.m. (Pacific Time) Federal ID #33-0540230
Visit our Web Site at: http://www.ihr-ihs.com

Conference Facility

The Symposium will be held at THE PHOENICIAN hotel, the flagship of The Luxury Collection and a member of The Leading Hotels of the World. The Scottsdale area (a suburb of Phoenix) has long been a destination resort area. THE PHOENICIAN is a world class hotel of unparalleled elegance.

Brightened by the rich colors and textures of the great American southwest, THE PHOENICIAN offers accommodations of uncommon beauty and style; as well as the most exciting array of amenities, recreation and pleasures. Indulge in the pure joy of golf on the bent grass greens and lush fairways of the 27-hole course. Unwind in one of the nine shimmering pools. Invigorate yourself with a match at the Tennis Garden. Or simply savor a moment of peaceful reflection at the spa, The Centre for Well-Being. *Travel & Leisure* says: "...the hotel pours it on. You're in for an over-the-top experience."

Hotel Reservations

Hotel reservations must be made directly with THE PHOENICIAN. Your symposium application fees do not include hotel accommodations.

THE PHOENICIAN: (800) 888-8234
(602) 941-8200

THE PHOENICIAN has a special room rate of $285 per room, per night for INTEGRATED HEALTHCARE SYMPOSIUM attendees. Please mention that you are attending this event to receive the discounted rate. Accommodations at THE PHOENICIAN may be limited, so make your reservations early. Due to a destination resort, hotel cancellation policies are strict.

Air Reservations

INTEGRATED HEALTHCARE SYMPOSIUM has selected **Delta Air Lines** as our national air carrier, and **America West Airlines** as our regional air carrier for our symposium in Scottsdale, Arizona on May 11 and 12, 1998. Both airlines serve Sky Harbor International Airport in Phoenix. Delta and America West are offering special discounted meeting fares! To take advantage of these savings, travel on Delta or America West round-trip from anywhere within the U.S., Canada, Bermuda, Nassau, San Juan, St. Croix and St. Thomas to the meeting.

To take advantage of **Delta's** quality service, convenient schedules and special fares, call **Delta** at **(800) 241-6760** between 7:30 AM and 11:00 PM Eastern Time Monday through Friday (between 8:30 AM and 11:00 PM Eastern Time Saturday and Sunday) and reference the **File Number 100700A.**

To take advantage of **America West's** many regional flights, convenient schedules and special fares, call **America West** at **(800) 548-7575** and reference the **Tour Code Number 6209**.

Ground Transportation

THE PHOENICIAN is nine miles from Sky Harbor International Airport in Phoenix. Because of the distance, one can either take a taxi or rent a car.

Rental Car Information

Avis has been selected to provide INTEGRATED HEALTHCARE SYMPOSIUM attendees with discounted rates for car rentals in the Scottsdale and Phoenix area for this Symposium. To take advantage of this special offer, you or your travel agent should call **Avis** at **(800) 331-1600** and refer to the **Avis Worldwide Discount (AWD) number: J948657.**

Application

We encourage you to apply early. Submission of an application does not guarantee a space in this Symposium and registration is confirmed with full payment only.

Tuition

The Symposium fee includes tuition, course materials, selected meals, and a conference reception.

Early Registration Discount

To receive the early registration discount, application must be postmarked by March 31, 1998. After this date, fees increase by $100.

Cancellation

All cancellations must be submitted in writing. For cancellations received on or before March 31, 1998, tuition will be returned, less a processing fee of $150 per attendee. After March 31, 1998, only 50% will be refunded. After April 15, 1998, no refunds will be made, although registration is transferable to another person from the same organization.

Networking Golf Tournament

There will be a post-symposium golf tournament starting at 8:00 AM on Wednesday, May 13, 1998 at THE PHOENICIAN Golf Course. The fee will be $150.00 per golfer. If you are interested, please call the INTEGRATED HEALTHCARE SYMPOSIUM office at (909) 336-1586

Upcoming Symposia

August 10-11, 1998
Sixth Annual Symposium on Integrated Healthcare
Summer Edition
The Broadmoor Hotel
Colorado Springs, Colorado

January 11-13, 1999
Fourth Annual Symposium on Governing Integrated Healthcare Systems
The Phoenician
Scottsdale (Phoenix), Arizona

Liability Waiver

By registering for attendance at this conference, participants acknowledge the risks of participating in any active sports or recreational activities accessible around the Phoenix area, and agree to waive any rights they may have for recourse against sponsors and/or Symposium organizers in the event of injury.

Symposium Staff

John D. Cochrane
Symposium Co-Director

Jerry F. Pogue
Symposium Co-Director

Sheila R. Keizer
Symposium Coordinator

Jean L. Hickok
Assistant Symposium Coordinator

About The Integrated Healthcare Report

The Integrated Healthcare Report is a monthly practical resource for innovators in physician-hospital group practice development and integrated healthcare. The *Report* is more than just a chronicle of events in integrated healthcare. John D. Cochrane, the editor, has an uncanny ability to go below the surface of an issue to report and analyze what is surely happening to an industry in turmoil.

The *Report* also provides important "how-to" information in addition to being an important guide to entering the arena of integrated healthcare.

"We approach each issue with the goal of providing timely, valuable, critical information that would usually be acquired by retaining consultants and attorneys," says John Cochrane.

If your organization is planning to be a survivor, then *Integrated Healthcare Report* will be an invaluable tool for you.

For a free sample, contact:
Michèle Swedlow
Integrated Healthcare Report
P.O. Box 839
Lake Arrowhead, California 92352-0839
(909) 336-1586 Fax (909) 336-1567

Done

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

1050 MASSACHUSETTS AVENUE, CAMBRIDGE, MASSACHUSETTS 02138-5398

Tel: (617) 868-3900 Fax: (617) 868-2742

April 9, 1998

Mr. Christopher Jennings
Special Assistant to the President for
Health Policy Development
Office of Policy Development
Executive Office of the President
1600 Pennsylvania Avenue, N.W.
OEOB 216
Washington, D.C. 20500

Regrets

Dear Mr. Jennings:

On Thursday, June 11, 1998, the National Bureau of Economic Research will be sponsoring its second conference in a new series called "Frontiers in Health Policy Research." The series is designed to highlight and analyze recent economic issues that affect health care policy. The purpose of the conference is to give policy makers direct access to the latest health care research. The presentations will be geared toward the important health policy decisions that are being made today and designed to make the research results useful to policy makers and government officials.

Distinguished economists from Stanford University, Harvard University and Duke University will present their latest findings on issues such as managed care and access to medical technology, hospital competition and hospital services, hospital ownership and cost and quality of care, the economic value of health, and medical care at the end of life.

The conference will be held at the Hyatt Regency in Bethesda for a full day. A copy of the agenda is enclosed. We are confident that the conference will stimulate productive discussion, as policy makers hear and respond to policy-directed presentations of new results from some of the most innovative investigators in health policy research today. We hope that the conference will provide you with answers to some of the health policy questions that you are facing and that it will also raise provocative new questions.

Space at this conference is limited, so please respond by May 11, 1998 in order to reserve your place. Responses can be made by mailing the enclosed response form in the envelope provided, or by e-mail to confer@nber.org. If you cannot attend, please feel free to pass this invitation to a colleague in your office. Should you have any questions, please contact Liz Cary at lcary@nber.org or Paula Oliveira at anapaula@nber.org. All in all, it should prove to be an enjoyable, stimulating, and insightful day. We look forward to seeing you there.

Sincerely,

Alan M. Garber

Alan M. Garber

NATIONAL BUREAU OF ECONOMIC RESEARCH

Frontiers in Health Policy Research

Alan M. Garber, Organizer
Director, Health Care Program

June 11, 1998

Hyatt Regency Bethesda
One Bethesda Metro Center

9:00 a.m. **Registration and Continental Breakfast**

9:20 a.m. **Opening Remarks**
ALAN M. GARBER
Stanford University and NBER

9:30 a.m. **Hospital Ownership and Cost and Quality of Care: Is There a Dime's Worth of Difference?**
FRANK SLOAN, Duke University, DONALD TAYLOR, Duke University, GABRIEL PICONE, University of South Florida, SHIN-YI CHOU, Duke University

Managed Care and Access to Medical Technology
LAURENCE BAKER
Stanford University and NBER

11:00 a.m. **Coffee Break**

11:30 a.m. **Does Hospital Competition Raise the Price of Hospital Services?**
DANIEL KESSLER and MARK MCCLELLAN
Stanford University and NBER

12:15 p.m. **Reception and Luncheon**

2:00 p.m. **Medical Care at the End of Life: Diseases, Treatment Patterns, and Costs**
ALAN GARBER, THOMAS MACURDY, and MARK MCCLELLAN
Stanford University and NBER

Your Money and Your Life: The Value of Health and What Affects It
DAVID CUTLER and ELIZABETH RICHARDSON
Harvard University and NBER

3:30 p.m **Adjourn**

NATIONAL BUREAU OF ECONOMIC RESEARCH

Frontiers in Health Policy Research

Alan M. Garber, Organizer

June 11, 1998

Hyatt Regency Bethesda
One Bethesda Metro Center
Bethesda, MD

TO: National Bureau of Economic Research
1050 Massachusetts Avenue
Cambridge, MA 02138
Conference Department
(617) 868-3900; FAX (617) 864-1825
E-MAIL: CONFER@NBER.ORG

NAME: _____

ADDRESS: _____

_____

_____

PHONE: _____

FAX: _____ E-MAIL: _____

_____ I will attend the conference on June 11th.

_____ I am unable to attend the conference.

_____ I will attend the lunch on June 11th.

_____ I am unable to attend the luncheon.

Special Dietary Requirements: _____

Fax Transmittal

Regional Programs

Area Health Education Centers Program
Rural Hospital Program
Delta Health Education Center Program
Telemedicine Program

University of Arkansas for Medical Sciences
1123 South University Avenue - Suite 400
Little Rock, AR 72204-1611
(501) 686-2590 (Voice) (501) 686-2585 (Fax)

Date 11-7-97 Cover page plus 1 pages transmitted

To Chris Jennings

Organization

Fax # 202-456-5557 Voice #

From Jennifer Hui for Dr Rick Guyton

Message Per Dr Rick Guyton's request, I am sending a copy of the original Sept 15 invitation letter

Guyton → 501-521-8269

Sen. Pryor & Sen Bumpers have already committed. Pres. Clinton has been invited as the keynote.

-Jen.

g:\core\template\faxcover.wpd

5/1 Jennifer Hog Regrets

UAMS
University of Arkansas for Medical Sciences

REGIONAL PROGRAMS

1 West Markham, Slot 599
e Rock, Arkansas 72205-7199
501/686-5260
501/686-8506 (fax)
CRANFORD@AHECLAN.UAMS.EDU

Office of the
Vice Chancellor

September 15, 1997

1/9/98 REGRETS
(NOT FOR a while)
EF

Mr. Chris Jennings
Assistant to the President for Health Policy Development
212 Old Executive Office Building
17th and Pennsylvania, N.W.
Washington, D.C. 20504

Dear Chris:

A statewide conference to address rural health issues and honor the volunteer spirit of Arkansans who have contributed to rural health care will be held in Little Rock on June 11-13, 1998. This letter is to invite you to be a speaker at the conference, *"University of Arkansas for Medical Sciences in partnership with Communities: Incorporating the Volunteer Spirit"*, on Friday, June 12, from 11:15 a.m. to noon.

The conference will be hosted by the UAMS Area Health Education Centers (AHEC) which will be celebrating 25 years of service to the state of Arkansas. The AHEC Program emphasizes collaboration between academic health science centers and hospitals, private practitioners, public school systems, community health centers, health departments and other community organizations. The major focus of the conference will be Friday, and your presence as a conference speaker would be a special honor for those who are dedicated to quality health care and are contributing many hours of volunteer service through the AHECs and other UAMS regional programs. We would like you and Senator David Pryor to provide a team presentation on federal policies which support and impact rural health care delivery. A letter of invitation is also being sent to Senator Pryor. A copy of the proposed agenda is enclosed.

We anticipate an audience of 500 physicians and other health professionals representing a wide array of organizations dedicated to improving the health of the citizens of this state. Participants will be from hospitals throughout the state, the Arkansas Department of Health, Community Health Centers, the University of Arkansas Cooperative Extension Service, the Arkansas Farm Bureau, and many other community-based organizations.

If you have any questions, do not hesitate to call. A member of our staff will follow up with a phone call to verify your reply.

Yours most sincerely,

Charles Cranford, DDS
Vice Chancellor for Regional Programs
Executive Director, AHEC Program

cc: Ann Bynum, EdD
Yvonne Lewis, EdD

encl: proposed agenda

Renal Physician's Association
Chaim Charyton, M.D., President

Request you as a speaker at April 26-28 Renal Physician's Association and Research Foundation 1998 Annual Meeting, "The Shrinking Health Care Dollar and Its Effect on Nephrology Patient Care." The meeting will be held at the Capitol Hilton in Washington, D.C. Want you to speak on "Legislative Initiatives Affecting Nephrology Practice."

Regrets

University of Arkansas for Medical Sciences

Invite you to speak in Little Rock on June 12 from 1115 to noon, at the conference, "University of Arkansas for Medical Sciences in partnership with Communities: Incorporating the Volunteer Spirit"

→ NOT Done

Regrets, but not for a while.

Notify -
Jennifer Hoy
501 686-2590
Confirmation

Bonnie Worley for
Dot Thee