

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	re: SSN and DOB (1 page)	n.d.	P6/b(6)
002. invitation	re: personal (1 page)	n.d.	Personal Misfile
003. invitation	re: personal (1 page)	n.d.	Personal Misfile
004a. email	Waves to Teresa M. Jones re: Waves Confirmation (partial) (1 page)	12/18/1998	P6/b(6), b(7)(C), b(7)(E), b(7)(F)
004b. note	re: SSN and DOB (1 page)	01/06/1998	P6/b(6)
005a. note	re: SSN and DOB (1 page)	01/06/1999	P6/b(6)
005b. email	Waves to Teresa M. Jones re: Waves Confirmation (partial) (1 page)	01/06/1999	P6/b(6), b(7)(C), b(7)(E), b(7)(F)
005c. email	Waves to Teresa M. Jones re: Waves Confirmation (partial) (1 page)	01/06/1999	P6/b(6), b(7)(C), b(7)(E), b(7)(F)
005d. list	re: SSN and DOB (partial) (1 page)	12/30/1998	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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

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

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

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

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

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

In honour of the finalists for the
1999 Atlantic Fellowships in Public Policy



The British Ambassador
requests the pleasure of the company of

Mr Christopher Jennings

at a Reception

on Friday 26th February 6-7.30pm

British Embassy

*3100 Massachusetts Avenue N.W.
Washington, D.C.*

R.S.V.P.

Trace

(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.



March
of Dimes
Saving babies, together

cc: Chris

*Phoned
3/1/99
AM*

Regents

Office of Government Affairs
1901 L Street, NW Suite 200
Washington, DC 20036
Telephone (202) 659-1800
Fax (202) 296-2964



March of Dimes Office of Government Affairs

OUR FAX NUMBER: 202-296-2964

OUR PHONE NUMBER: 202-659-1800

DATE: 2/24/99

PAGES: 4

TO: Teresa

FAX NUMBER: 456-5557

FROM: Marina Weiss

Invitation to Gourmet Gala

for Chris Jennings and guest.

3/3/99 700 PM

**MARCH
TO THE
beat
OF THE
drum
FOR
Healthier
Babies**

March of Dimes Gourmet Gala 1999

Ms. Lucy Calautti (Convener)

and

Mrs. Bill Archer

Co-Chairs

and

United Sugars

and the

1999 Gourmet Gala Committee

request the pleasure

of your company

for

The 17th Annual March of Dimes

Gourmet Gala

March to the Beat of the Drum for

Healthier Babies

on

Wednesday, March 3, 1999

7:00 p.m.

The National Building Museum

401 G Street, N.W.

Washington, D.C.

Black Tie Optional Reply Card Enclosed

You can make a difference.

You are cordially invited to
"March to the Beat of the Drum for
Healthier Babies".

The evening will begin with sumptuous
hors d'oeuvres prepared by our celebrity chefs.

Dinner will be served, followed by dancing
to the music of The Wright Touch.

Enjoy all of this along with our major sponsor,
United Sugars,

a cooperative owned by
American Crystal Sugar Company,
Minn-Dak Farmers Cooperative,
Southern Minnesota Beet Sugar Cooperative and
U.S. Sugar Corporation
which markets

Pillsbury Best Sugar and other fine labels.

The proceeds from the evening will benefit the
National Capital Area Chapter,
March of Dimes Birth Defects Foundation,
Campaign for Healthier Babies.

Its message is simple: to reduce the tragic
incidence of infant mortality, low birth weight,
and birth defects.

The District of Columbia has one of the highest
infant mortality rates in the nation.

In the National Capital Area, over nine babies
out of 1,000 born die before their first birthday.

Please join our effort to help save our most
precious resource - our babies - by
participating in this deserving campaign.

1999 Celebrity Chefs and Guests

The Honorable Spencer Abraham and Mrs. Abraham
The Honorable Wayne Allard and Mrs. Allard
The Honorable Bill Archer and Mrs. Archer
The Honorable Herbert Bateman and Mrs. Bateman
The Honorable Ken Bentsen and Mrs. Bentsen
The Honorable Conrad Burns and Mrs. Burns
The Honorable John Breaux and Mrs. Breaux
The Honorable Mac Collins and Mrs. Collins
The Honorable Kent Conrad and Ms. Lucy Calautti
The Honorable Mike DeWine and Mrs. DeWine
The Honorable John Dingell and Mrs. Dingell
The Honorable Calvin Dooley and Mrs. Dooley
The Honorable JoAnn Emerson
The Honorable Elton Gallegly and Mrs. Gallegly
The Honorable Benjamin Gilman and Mrs. Gilman
The Honorable David Hobson and Mrs. Hobson
The Honorable Tim Johnson and Mrs. Johnson
The Honorable Joe Knollenberg and Mrs. Knollenberg
The Honorable Jon Kyl and Mrs. Kyl
The Honorable Trent Lott and Mrs. Lott
The Honorable Edward Markey and Dr. Blumenthal
The Honorable Robert Matsui and Mrs. Matsui
The Honorable David McIntosh and Mrs. McIntosh
The Honorable John Mica and Mrs. Mica
The Honorable Frank Murkowski and Mrs. Murkowski
The Honorable Eleanor Holmes Norton
The Honorable Michael Oxley and Mrs. Oxley
The Honorable Tim Roemer and Mrs. Roemer
The Honorable Donna Shalala
The Honorable Rodney Slater and Mrs. Slater

1999 CELEBRITY CHEFS AND GUESTS CONTINUED

The Honorable Clay Shaw and Mrs. Shaw
The Honorable John Tanner and Mrs. Tanner
The Honorable J.C. Watts and Mrs. Watts

Additional Celebrity Chefs and Guests to be announced

1999 Gourmet Gala Steering Committee

Ms. Lucy Calautti and Mrs. Bill Archer
Co-Chairs

Mr. Tad Davis
Finance Chair

Mrs. Spencer Abraham
Mrs. Herbert Batemen
Ms. Brenda Larsen Becker
Mrs. Robert Bennett
Mrs. Ken Bentsen
Mr. Leonard Bickwit, Jr.
Mrs. Michael Bilirakis
Ms. Carolyn Bond
Ms. Betty Bowers
Mrs. Larry Burton
Mrs. Mack Collins
Ms. Brenda Day
Mrs. John Dingell
Ms. Kelly Emerick

STEERING COMMITTEE CONTINUED

Ms. Rae Evans
Mrs. Bill Frist
Mr. Steve Hart
The Honorable James A. Hayes
Mrs. Ernest Hollings
Mr. Mike House
Ms. Peggy Hudson
Mr. Stan Kimmitt
Mrs. Joe Knollenberg
Mrs. Jon Kyl
Mr. Toby Lackner
Mrs. Paul Laxalt
Mrs. Trent Lott
Mr. James May
Mrs. David McIntosh
Ms. Barbara Morris-Lent
Mrs. Frank Murkowski
Mr. Robert Okun
Ms. Paulette Pidcock
Mr. James Pruitt
Mr. Ronald Reeves
Mrs. Clay Shaw
Ms. Susan Stout
Ms. Christine Warnke
Ms. Sandy Ulsh



American Association of
HEALTH PLANS

AAHP'S POLICY CONFERENCE

*Challenging Stereotypes, Shattering Myths
The 1999 Health Policy Agenda*

Register by
January 22, 1999
and save
\$150.00 off the
conference
registration fee!

February 22-24, 1999

Grand Hyatt Hotel ★ Washington, DC

Featuring:



George Will
Columnist and
Contributing Editor,
The Washington Post
and Newsweek



Gail Wilensky
John M. Olin
Senior Fellow,
Project HOPE



Derek McGinty
Host, The Derek
McGinty Show,
WAMU-FM



George Stephanopoulos
Contributing
Political Analyst,
ABC News

Cont
for P

Visit

This program is supported
by an educational grant from:



SmithKline Beecham

About the American Association of Health Plans

The American Association of Health Plans is the national trade association representing more than 1,000 health maintenance organizations, preferred provider organizations, point-of-service plans, and other similar health plans that care for more than 140 million Americans.

AAHP members embrace a Philosophy of Care that emphasizes active partnerships between patients and their physicians. AAHP members believe that comprehensive health care is best provided by networks of health care professionals who are willing to be held accountable for the quality of their services and the satisfaction of their patients. AAHP is committed to high standards of quality and professional ethics, and to the principle that patients come first.

In December 1996, AAHP and its members demonstrated their commitment to patients by developing a Code of Conduct to communicate the facts about how health plans work for the benefit of patients; to make it clear that AAHP and its member plans are listening to the concerns of patients and physicians and changing when necessary to meet their needs; and to provide a mechanism for member plans to demonstrate their commitment to high standards of accountability. Health plans joining or renewing membership in the association are required to uphold the policies of the Code of Conduct.

Continuing Education Information

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 13.75 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Continuing Education in Nursing

AAHP is approved as a provider of continuing education in nursing by the Delaware Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

AAHP designates this activity for up to 16.5 contact 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 designates this activity for up to 13.75 hours of continuing education for CMCEs.

INTRODUCTION

AAHP's 1999 Policy Conference is a nationally recognized meeting for all those interested in the development of national health care policy. Don't miss the opportunity to learn more about the most recent legislative and regulatory developments affecting your health plan. Topics to be addressed include:

- ★ What are the 1999 legislative priorities and expectations of Congress?
- ★ How will health care quality and costs be affected by pending legislation?
- ★ What is the future for Medicare and Medicaid?
- ★ How will health plans comply with new regulatory requirements under the Medicare+Choice Program?
- ★ How will partnerships between health plans, patients, and policymakers create effective health care?
- ★ How to promote evidence-based medical care and successfully deliver quality care in the current marketplace?
- ★ How will ERISA plan benefit claims procedures affect health plan operations?
- ★ How to manage data demands for the year 2000 and beyond?
- ★ What do new medical technologies and advancements mean for ethical decision-making and individual coverage decisions?

CONFERENCE FEATURES

- ★ Quality educational program focusing on health care policy, legislation, and public reaction to managed care
- ★ Interact and network with key decision-makers
- ★ Hill visits to Members of Congress
- ★ Continuing Education Credits for Physicians and Nurses

Join AAHP at this conference along with policymakers, physician leaders, federal and state representatives and senior health plan executives for three days of interactive discussion for only \$895 for AAHP members and \$1,095 for nonmembers. See page 5 for registration details.

Who Should Attend

- ★ CEOs
- ★ Directors of Government Programs/Affairs
- ★ State/Federal Representatives
- ★ Medicare/Medicaid Risk Contractors
- ★ Medical Directors
- ★ Compliance Regulators
- ★ Quality Assurance Professionals
- ★ Managed Care Executives

Invited Faculty

John Bentivoglio
United States Department of Justice

Ann Combs
William M. Mercer, Inc.

Nancy Dickey, MD
American Medical Association

Pat Feyen
PacifiCare of Texas

Mark Goodin
Strategic Communications, Ltd.

Elizabeth McGlynn, PhD
RAND

Derek McGinty
Host of Derek McGinty Show, WAMU-FM

Jerry Reeves, MD
Humana, Inc.

Robert Reischauer, PhD
The Brookings Institution

George Stephanopoulos
Contributing Political Analyst, ABC News

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

Gail Wilensky
John M. Olin Senior Fellow, Project HOPE

George Will
Columnist and Contributing Editor, The Washington Post and Newsweek

PROGRAM SCHEDULE*

*Subject to change.

Sunday, February 21, 1999

3:00 p.m. - 7:00 p.m.

Registration and Information Desk Open

6:00 p.m. - 7:00 p.m.

Wine and Cheese Reception

Monday, February 22, 1999

7:30 a.m. - 5:30 p.m.

Registration and Information Desk Open

8:30 a.m. - 10:00 a.m.

Welcome and Opening Address

1999 Policy and Politics: Inside Health Care

10:00 a.m. - 10:30 a.m.

Refreshment Break

10:30 a.m. - 12:15 p.m.

General Session

The Next Viagra: Preparing for Future Medical Technologies and Advancements

12:15 p.m. - 1:45 p.m.

Luncheon Address

Leadership for the 21st Century: Making Government Work Better

2:00 p.m. - 3:45 p.m.

Concurrent Sessions

1. *ERISA Plan Benefit Claims Procedures: Assessing the Potential Impact on Health Plan Operations*
2. *Health Plan and Treating Physician Roles in Making Coverage Decisions: A Discussion of Liability and Medical Necessity Legislation*
3. *Managing Data Demands for the Year 2000 and Beyond*

3:45 p.m. - 4:00 p.m.

Refreshment Break

4:00 p.m. - 5:30 p.m.

General Session

Fraud and Abuse: What You and Your CEO Must Know!

5:30 p.m. - 7:00 p.m.

Opening Night Reception

Tuesday, February 23, 1999

7:30 a.m. - 4:15 p.m.

Registration and Information Desk Open

8:30 a.m. - 9:30 a.m.

General Session

Medicare and Medicaid: The Future of Health Plan Participation

9:30 a.m. - 10:30 a.m.

General Session

Medicare in the Year 2000 and Beyond

10:30 a.m. - 10:45 a.m.

Refreshment Break

10:45 a.m. - 12:30 p.m.

General Session

Patient Empowerment: Developing the 21st Century Model

12:30 p.m. - 2:00 p.m.

Luncheon Address

Health Care in 1999: What Can We Expect from Congress?

2:15 p.m. - 4:15 p.m.

Post-Conference Workshops (Workshop fees included in registration price—
You must sign up in advance as space is limited to 100.)

1. *Sustaining Health Plan Participation In Public Programs*
2. *Rapid Response: Strategies and Tactics for Developing Your Message to Key Audiences (Open to AAHP Member Health Plans ONLY)*

4:15 p.m.

Adjournment

Wednesday, February 24, 1999

7:30 a.m.

Congressional Hill Visits (Open to AAHP Member Health Plans ONLY)

Join AAHP staff in visiting Members of Congress on Wednesday, February 24, 1999. 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. If you have questions about this event, please contact Tony Lamb at 202-778-8473.

9:00 a.m. - 5:00 p.m.

Medicare+Choice In-Depth Forum (Additional fee to attend, see registration information on page 6.)

Meeting the Challenges of Implementing Medicare+Choice

HOTEL AND REGISTRATION INFORMATION

THE GRAND HYATT HOTEL

1000 H Street, NW ★ Washington, DC 20001
202-582-1234

Reservation deadline January 22, 1999

This grand hotel located in the heart of the nation's Capital, is conveniently located near the White House, Smithsonian and other historic sites. A variety of dining and entertainment experiences offer choices for every taste, plus the finest museums and shopping areas are nearby. The Grand Hyatt is approximately 20 minutes from Reagan National Airport and can be reached by taxi or the Metrorail (take the "Blue Line" from Reagan National Airport to Metro Center, one block away). You are linked by subway to all there is to see in Washington.

Special room rates are available at: \$179 single and \$209 double, tax at 14.5% plus \$1.50 per room, per day occupancy tax. Regency Club accommodations are offered at an additional \$25 per room based on availability. **To make reservations, call the hotel directly at 202-582-1234** and indicate that you are calling for the **AAHP Policy Conference** rate. You must make your reservation **by Friday, January 22, 1999** to secure the special room rate.

HOTEL CANCELLATION POLICY

Deposits are refunded upon receipt of cancellation at least 48 hours prior to arrival date.

REGISTRATION POLICIES AND INFORMATION

Important! Please read before completing the registration form.

FOUR EASY WAYS TO REGISTER

1. Send check or money order (payable to AAHP) with registration form to Dept. Number 0621, Washington, DC 20073-0612.
2. Send overnight packages to AAHP/Registrar, 1129 20th Street, NW, Suite 600, Washington, DC 20036-3421.
3. Fax form with credit card order (VISA, MasterCard, or American Express) to AAHP FAX 202-778-8506.
4. Call 202-778-3269 and press #1. Have your credit card handy.

PAYMENT

To qualify for the early bird registration fees, registration forms and payment (by check or credit card) must be received by the AAHP Registration Department by **Friday, January 22, 1999**. Registrations received after this date are subject to the regular conference registration fees.

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.

SPECIAL GROUP RATES

For AAHP Members Only—special group rates are available for groups of 10 or more. Please contact the AAHP Registration Department at 202-778-3223 or 3232 for further details. There are no refunds for group rates.

CANCELLATIONS

Only written cancellations received by **Friday, January 22, 1999** will receive refunds (less a \$150 processing charge). No refunds will be issued for cancellations after this date.

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.

TRAVEL

Special air discounts to and from Washington, DC may be arranged through "our official travel company," **World Travel Service**. They can be reached at 800-633-8822 from 8:30 a.m. to 7:00 p.m. EST Monday–Friday, or in the Washington, DC area at 202-728-4040. You may also contact the airlines directly to make your reservation, but you must provide the ID # listed to obtain special rates.

American	1-800-433-1790	ID# 11307
United	1-800-521-4041	ID# 545DF
US Airways	1-800-334-8644	ID# 20120820

You can obtain a minimum 5% discount off the least expensive airfare you find and a 10% discount off full fare coach. If you book and purchase your ticket 60 days prior to your departure, you will obtain a 10% discount off the least expensive airfare you find and a 15% discount off full fare coach.

CAR RENTAL

AVIS Rental Car is the "official car rental" for all AAHP meetings and conferences for 1999. Contact them for special rates. Call **AVIS at 800-331-1600**. Please provide them with **ID # D833353** to secure a discounted rate.

POST-CONFERENCE WORKSHOPS

Tuesday, February 23, 1999

2:15 p.m. - 4:15 p.m.

Space is limited to 100 people for both of these post-conference workshops. Please be sure to register early. The price of the workshops is included in the registration fee for the conference. If you are registering individually for one of these workshops, the fee is \$100 for AAHP members and \$150 for non-AAHP members. Both of these workshops run concurrently from 2:15 p.m. - 4:15 p.m. Tuesday, February 23rd.

Choose one of these important events to enhance your conference experience.

1. Sustaining Health Plan Participation in Public Programs

This workshop will focus on the current environment of both Medicare and Medicaid managed care. Participants will learn how to prepare for future trends and strategically plan to successfully operate in a Medicare or Medicaid managed care environment.

2. Rapid Response: Strategies and Tactics for Developing Your Message to Key Audiences

(Open to AAHP Member Health Plans Only)

The effectiveness of a message is greatly dependent on how quickly and compellingly it can be communicated to appropriate audiences. This workshop will focus on campaign-style strategies and tactics health plans can use to respond rapidly to the media by delivering their message to the right people at the right time.

IN-DEPTH FORUM

Wednesday, February 24, 1999

9:00 a.m. - 5:00 p.m.

Medicare+Choice In-Depth Forum: Meeting the Challenges of Implementing Medicare+Choice

The Medicare+Choice program has implications for all Medicare contractors and health care providers participating in the Medicare program. This Medicare+Choice In-depth Forum is designed to give you the necessary information and tools to succeed as you are transitioning or entering the Medicare+Choice program. This all day forum is \$225 for AAHP members and \$325 for non-AAHP members. Be sure to register early. Space is limited to 100 people.

9:00 a.m. - 10:00 a.m.

Overview of Critical Implementation Issues

Topics to be addressed include: Medicare+Choice requirements; Implementation deadlines; Operational needs and expectations; and Impact of Medicare+Choice regulations for health plan operations.

10:00 a.m. - 12:00 Noon

Risk Adjusted Payments Under Medicare+Choice

Topics to be addressed include: Payment methodology behind HCFA's risk adjusted payments; What risk adjusted payments mean to your organization; How to prepare for health-based payment in 2000.

12:00 Noon - 1:30 p.m.

Luncheon Program: The Role of the Market and Its Impact for Health Plans

Topics to be addressed include: Insight into market growth and competition; The impact of reform on raising capital through both the equity and debt markets; and How legislative and regulatory changes impact health plans' capital structures.

1:30 p.m. - 1:45 p.m.

Break

1:45 p.m. - 3:00 p.m.

Quality Initiatives Under Medicare+Choice

Topics to be addressed include: Implementation of Quality Improvement Standards for Managed Care (QISMC) and the impact for health plans; Status of Consumer Assessments of Health Plans Study (CAHPS); Data collection and reporting demands; and Future directions for quality improvement.

3:00 p.m. - 3:15 p.m.

Break

3:15 p.m. - 5:00 p.m.

Ensuring Compliance With Medicare+Choice Requirements

Topics to be addressed include: Compliance program requirements, including certification and disclosure requirements; and Elements of an effective compliance program, including how to monitor operations, correct deficiencies, and disclose misconduct.

1999 POLICY CONFERENCE REGISTRATION FORM

February 22–24, 1999 ★ Washington, DC

Note: Each registrant must complete a separate form.

FOUR EASY WAYS TO REGISTER

1. Send check or money order (payable to AAHP) with registration form to Department Number 0621, Washington, DC 20073-0612.
2. Send overnight packages to AAHP/Registrar, 1129 20th Street, NW, Suite 600, Washington, DC 20036-3421.
3. Fax form with credit card order (VISA, MasterCard, or American Express) to AAHP FAX 202-778-8506.
4. Call 202-778-3269 and press # 1. Have your credit card handy.

REGISTRATION FEES

Early Bird Registration Fees

(Payment received **by Friday, January 22, 1999**)

- | | |
|--|---------|
| ☐ AAHP Member | \$895 |
| ☐ AAHP Non-Member | \$1,095 |
| ☐ Government | \$450 |
| ☐ Registrant Substitute Fee | \$50 |

Conference Registration Fees

(Payment received **after Friday, January 22, 1999**)

- | | |
|--|---------|
| ☐ AAHP Member | \$1,045 |
| ☐ AAHP Non-Member | \$1,245 |
| ☐ Government | \$450 |
| ☐ Registrant Substitute Fee | \$50 |

TOTAL \$ _____

(These prices include Tuesday's Workshops)

AAHP MEMBERSHIP INFORMATION

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 and press # 3.

 For special needs, please call us at (202) 778-8507.

- ☐ **YES!** Sign me up. I want to participate in Congressional Hill visits on Wednesday, February 24, 1999. (Open to AAHP Member Health Plans ONLY)

Your badge will reflect the information you give us. Please print the information or attach a business card.

Name _____
First Last

Title _____

Degree _____

(Circle one) PhD RN MD

Organization _____

Email _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

(Important: In case we have a question about your registration.)

PAYMENT METHOD (please check one)

- ☐ Check enclosed ☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number _____

Signature _____ Exp. Date _____

- ☐ Check here if first time AAHP attendee.

POST CONFERENCE WORKSHOPS

Tuesday, February 23, 1999—2:15 p.m.–4:15 p.m.

Space is limited to 100 people for both of these workshops. Please be sure to register early. The price of the workshops is included in the registration fee for the conference. There is no additional fee to attend one of these workshops, please check the box to indicate which session you plan to attend for internal AAHP planning purposes. **If you are registering individually for one of these workshops the fee is \$100 for AAHP members and \$150 for non-AAHP members.** Both of these workshops run concurrently from 2:15 p.m.–4:15 p.m. Tuesday, February 23rd.

- ☐ Sustaining Health Plan Participation in Public Programs \$ _____

- ☐ Rapid Response Strategies and Tactics for Developing Your Message to Key Audiences (AAHP Member Health Plans ONLY) \$ _____

Wednesday, February 24, 1999—9:00 a.m.–5:00 p.m.

- ☐ Medicare+Choice In-Depth Forum \$ _____
\$225 for AAHP Members and \$325 for Non-AAHP Members

TOTAL \$ _____

For AAHP use only—Conference Code E15



American Association of
HEALTH PLANS

1129 20th Street, NW, Suite 600
Washington, DC 20036-3421

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Upcoming Events

CEO/COO

January 27-30, 1999 ★ Scottsdale, AZ
Scottsdale Princess Hotel

Addressing Tobacco in Managed Care

January 31-February 2, 1999 ★ San Diego, CA
Wyndham Emerald Plaza Hotel

Understanding Managed Care

March 28-31, 1999 ★ Boston, MA
Westin Copley Place

Managed Care Law

April 11-13, 1999 ★ Tucson, AZ
The Westin La Paloma

Building Bridges Research Conference

April 12-13, 1999 ★ Chicago, IL
The Drake Hotel

AAHP Managed Care Institute and Display Forum

June 20-23, 1999 ★ San Francisco, CA
Moscone Convention Center

Mr. Christopher Jennings
Special Assistant to the President for Health Policy
Development
212 Old Executive Office Building
17th & Pennsylvania Avenue NW
Washington, DC 20500



American Association of
HEALTH PLANS

AAHP'S POLICY CONFERENCE

*Register by
January 22, 1999
and save
\$150.00 off the
conference
registration fee!*

*Join AAHP February 22-24, 1999
to learn how your organization may
be affected by pending federal and
state legislation. Details inside...*

February 22-24, 1999
Grand Hyatt Hotel ★ Washington, DC



OK
Feb 23
Cal: 6:30

*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 23, 1999
in the Ballroom at the
Willard Inter-Continental Washington
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 Washington on
February 23, 1999*



Name(s) _____

Address _____

Daytime phone _____

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

Aetna**Facsimile**

From: Vanda B. McMurtry
Senior Vice President
Federal Government Relations
Tel: (860) 273-0721
Fax: (860) 273-4479

15

MTG - WED - 2/17 - 300pm
BRUCE REED'S OFF

WAVE-ATTACHED

PLEASE DELIVER IMMEDIATELY

To:**Dvorah Adler (202-456-5557)****Date: 1/22/99****Cathy Mays (202-456-5542)****Fax Number:****Pages transmitted: 1****Message:**

Dvorah, I would like to schedule a meeting for my boss, Van McMurtry, to meet with Chris Jennings to discuss (1) Patient Bill of Rights, and (2) Medicare. I left a message several days ago for someone in your office to call me. At that same time, I called Bruce Reed's office to schedule a similar meeting and Cathy Mays suggested the meetings be combined and that someone from Jennings's would get back to me.

OK

Van can be available as follows:**Tuesday, January 26: 11:00-6:00****Tuesday, February 2: 9:30-12:00 and 2:00-6:00****Thursday, February 4: 9:30-10:30 and 2:00-6:00**

I appreciate your assistance in securing an appointment and letting me know as soon as possible since I may need to make some flight changes.

Thank you.**Nancy Thompson
(860) 273-0738**

Xtra
copy
attached

If you have a problem receiving this transmission,
please call Nancy Thompson at (860) 273-0738

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	re: SSN and DOB (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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

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- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Aetna

Facsimile

From: NO.253 P.1/1
Vanda B. McMurtry
Senior Vice President
Federal Government Relations
Tel: (860) 273-0721
Fax: (860) 273-4479

MTG - WED- 2/17- 300pm
BRUCE REED'S OFC

PLEASE DELIVER IMMEDIATELY

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Fax Number:		Pages transmitted: 1

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Thank you.

**Nancy Thompson
(860) 273-0738**

**If you have a problem receiving this transmission,
please call Nancy Thompson at (860) 273-0738**

January 28, 1999

Dear Colleague,

You are cordially invited to attend the next in our series of Roundtables on Global Aging with a focus on the International Year of Older Persons on **Wednesday, February 17**. Our speaker will be **Robert Blancato**, a Vice-Chair of the *U.S. Committee for the Celebration of the International Year of Older Persons*. This Committee is composed of a dedicated volunteer army of individuals drawn from the worlds of academia, advocacy and business who have taken on the job of trying to keep track of what groups around the country are doing to celebrate the Year. The Committee also offers guidance to groups wishing to celebrate the Year. Bob has more than 20 years experience working in the aging field, most recently serving as Executive Director of the 1995 White House Conference on Aging.

We also welcome learning about your activities related to the Year.

Date: Wednesday, February 17

Topic: How is the United States Celebrating the International Year of Older Persons?

Time: 12:00-1:30 pm

**Place: AARP, 601 E St., NW, Washington, D.C.
Building A, Fourth Floor, Rm. 130**

Bring your own lunch. We will provide beverages.

For your information, we have enclosed an article we wrote on the Year for the current issue of "Aging Today;" it includes a listing of useful resources. In addition, we call your attention to two interesting items related to the Year on AoA's Web site: 1) the October/November issue of "AoA Update," which is entirely devoted to the Year and international aging, and 2) information about how to order a kit for the Year developed by the Illinois Department on Aging. Visit AoA's site at:

www.aoa.dhhs.gov/international/default.htm

We hope you can come Feb. 17. Feel free to bring along interested colleagues. If you plan to come, please remember to RSVP this office by February 12. In order to clear security, we need to provide your name (and any of your invited guests) in advance to the security

desk in the AARP lobby. (There is no need to call if you are not coming.) You can confirm with Audranette Arrington at (202) 434-6221. We look forward to seeing you.

Sincerely,



Charlotte Nusberg
Coordinator for International Information,
AARP



Helen Kerschner
President, American Association
for International Aging

Enclosure

U.N.'S YEAR OF OLDER PERSONS PROMOTES SOCIETY FOR ALL AGES

By HELEN KERSCHNER
and CHARLOTTE NUSBERG

The United Nations has declared 1999 as the International Year of Older Persons to foster global recognition that the longevity revolution affects people of all ages and to facilitate collaboration across sectors and nations by reaching out to the international development community, the media, the private sector and younger generations.

In 1990, the world's population of those age 65 or older was 251 million; by 1999 this has leaped to 410 million. From 1999 to 2050 the world's older population is expected to triple. Although older people make up larger proportions of the population in developed than in developing countries, in absolute numbers, the majority live in the developing world. In 1995 alone, for example, the number of those age 60 or more grew by 12 million. Nearly 80% of this increase occurred in less developed countries. In 1999, 59% of the world's 65-plus population will live in developing countries.

U.N. PROCLAMATION

The U.N. General Assembly designated 1999 as the International Year of Older Persons when it adopted the Proclamation on Aging in 1991. The proclamation included adoption of the United Nations' Principles for Older Persons (independence, participation, care, self-fulfillment and dignity) which provide a foundation for action. In late 1997, a resolution was adopted calling for all nations to take advantage of the year to increase awareness about aging societies and to formulate policies and programs to promote the well-being of elders. The resolution designated Oct. 1, 1998, as the official launch for the year, and suggest-



ed that countries convene national coordinating efforts through both governmental and nongovernmental organizations. Four plenary meetings of the U.N. General Assembly devoted to follow-up on the year will take place during 1999.

The theme for 1999, "Towards a Society for All Ages," is meant to appeal to a broad audience, especially to policymakers and governments that have not yet started addressing issues of aging. The U.N. also has urged countries to identify national focal points to coordinate activities. The focal point in the United States is the Administration on Aging (AOA) of the federal Department of Health and Human Services. AOA head Jeannette Takamura, assistant secretary for aging, notes that

"the United States has a leadership role and a responsibility to provide the blueprint for the societal changes that need to take place to prepare the world for this gift of longevity."

Takamura chairs the federal committee convened in 1997 by AOA to involve more than 30 government departments and agencies in activities for the International Year and to discuss common issues that will affect aging populations of this country in the next century. The committee is planning a government-wide conference in June 1999.

Also formed was the U.S. Committee to Celebrate the International Year, consisting of nongovernmental organizations in aging and other fields. It was organized to encourage planning of intergenerational projects, to stimulate public and private organizations to develop educational and celebratory projects, and to build networks to publicize the year and its agenda.

INDEPENDENCE AND DIGNITY

The International Year provides the United States with opportunities to address how vulnerable elders can be helped to maintain their independence and dignity, and to discover ways to use the resources presented by the majority of older adults who are independent and healthy for the benefit of older adults themselves and society as a whole. ♦

Helen Kerschner is executive director of the American Association for International Aging in Washington, D.C., and is president of the Beverly Foundation. Charlotte Nusberg coordinates international information for the American Association of Retired Persons. Also contributing to this report and the accompanying resource information and article citing examples of activities in the United States was Vicki Thomas, president of Thomas and Partners, Westport, Conn., which consults on aging for business and nonprofits.

RESOURCES@IYOP

Here are resources for getting involved in the United Nations International Year of Older Persons (IYOP):

Key Web Sites:

U.N. Programme on Ageing: www.un.org/esa/socdev/iyop
U.S. Administration on Aging: www.aoa.dhhs.gov/international
American Association of Retired Persons International Activities: www.aarp.org/intl/strategies.html
International Programs, U.S. Census Bureau: www.census.gov/ipc/www/iyopnew.html

Important Contacts:

U.S. Administration on Aging (AOA), (202) 619-3996; fax (202) 619-7586; e-mail: mbush@ban-gate.aoa.dhhs.gov
U.S. Committee/U.N. International Year of Older Persons, Suzanne Oliver, staff director, Brookdale Center on Aging, 424 E. 25th St., New York, NY 10010; (212) 481-5142; fax (212) 481-5069.
American Association for International Aging (AAIA), 1000 L St. NW, Suite 510, Washington, DC 20036; e-mail: worldaging@aol.com
International Senior Citizens Association, 255 S. Hill St., Suite 409, Los Angeles, CA 90012.
AARP International Activities, 601 E St. NW, Washington, DC 20049; (202) 434-2397; fax (202) 434-6494; e-mail: flamontagne@aarp.org.

More Information and Materials:

U.N. Programme on Ageing—U.N. Secretariat for the 1999 International Year of Older Persons, Room DC2-1258, U.N. Plaza, New York, NY 10017. Information also available on U.N. Web site listed above. Provided are the "United Nations Principles for Older Persons"; "Local Agenda on Ageing in the 1990s" for neighborhoods, families, individuals, the business sector, schools and colleges, and the media; and a "Menu of Ideas for Activities at the National Level."

AARP is the convener of "Coalition '99," a clearinghouse of activities by nongovernmental organizations and governmental agencies around the world that relate to IYOP. It sponsors the *Coalition '99* newsletter—in English, French and Spanish—which provides worldwide updates on activities, events and

♦ continued on page 8 ♦

PUTTING 1999 TO WORK IN THE U.S.

Across the United States, organizations of many kinds are putting 1999, the International Year of Older Persons, to work. Throughout the year, government agencies, nonprofits, businesses, educational institutions and other entities will use the United Nations' focus on aging as a stimulus for many kinds of activities. The following is a sampling of the events planned around the country.

The American Association for International Aging (AAIA), Washington, D.C., is undertaking practical initiatives in conjunction with the Beverly Foundation, Pasadena, Calif. One project in cooperation with the University of Southern California, Los Angeles, and the Association for Gerontology in Higher Education aims to encourage involvement by gerontology students in projects related to global aging during the year 1999 and beyond.

The U.S. Committee—an organization of leaders in business, aging and interested organizations—is scheduling many events to bring together schools, communities and companies. For example, it is holding a conference in Rapid City, S.D., on aging and disabilities, June 17-19. Also working with the U.S. Committee, the Lighthouse International will host Vision '99, a conference in New York City, July 12-16, which will address vision rehabilitation, with a special emphasis on aging. Robert Blancato,

vice chair of the U.S. Committee, said many activities are still being planned and will be added in the coming months.

Governors from all 50 states have issued proclamations paying tribute to elders. One state agency worth highlighting is the Illinois Department on Aging, which, in partnership with state and local organizations, has developed a free resource kit designed to help organizations join the celebration. The kit contains ideas and contact information, a sheet of logos for the International Year, a poster, a sample media release, texts for public service announcements, and United Nations background information. The department also has produced a four-and-one-half minute video intended to trigger interest in the International Year by governments and organizations. These materials are available for use by other states. Contact Maralee Lindley, director, Illinois Department on Aging at (217) 785-2870; fax: (217) 785-4477.

The Aging in America Senior Center in the Bronx, N.Y., is paying tribute each month to a different culture represented by its elders. The programs will include entertainment, an ethnic meal, videos, lectures and music to honor older African Americans, Russians, Hispanics, Germans, Albanians, Jews, Poles and Italians. Aging in America serves more than 2,000 elders with its main center and four satellite programs. ♦

Brain Research Uncovers How the Mind Works

THE POWER OF EDUCATION

a one-day special offering in conjunction with ASA's 45th Annual Meeting, March 4-7, 1999

Friday, March 5, 8:30 AM-5:30 PM
Disney's Coronado Springs Resort, Orlando, Florida

Sponsored by ASA's Older Adult Education Network, Association for Continuing Higher Education, Elderhostel and University Continuing Education Association

ANTIAGING CONVENTION IS BIG ON HYPE

By MAUREEN WEST

America's biomedical community is closing in at a feverish pace on the secrets of aging and related disease. If its methodical and well-funded approach looks like a NASA moon shot, be advised that there are also others—a Wild West fringe group of antiaging treatment promoters—whose Las Vegas gathering in December at times looked more like a Star Trek convention than a serious scientific meeting.

The American Academy of Anti-Aging Medicine's (AAAAAM) annual program drew 3,000 doctors, scientists and customers from around the world. Some of the presentations and exhibits were credible and professional in tone. Some left you speechless with their daring claims and high prices.

RIGHT-BRAIN SCIENTISTS

"I consider them the creative, right-brain scientists," said Doc Gentry, a sleek 58-year-old television personality from Los Angeles. Elegant in black, with her blonde hair pulled back from a glowing face, she is a walking advertisement for successful aging. She cruised the convention in search of topics for her cable television show, "Single in L.A.," where she offers advice on resisting the aging process to a potential audience of "4 million single Southern Californians."

Although Gentry is a believer, she rolled her eyes at some of the pitches. One firm offering the latest embryonic-stem-cell injections for modest fees ranging from \$10,000 to \$25,000 made her wince. "There's a lot of hype here," she

said, adding that some observers believe money, not science, is a driving force behind the show. Compared with last year, the number of brain supplements introduced at the event suggests that they are the big new thing, Gentry said.

Many university and research-institute scientists avoid the meeting for fear of being linked with the "Las Vegas crowd." The more sober scientists criticize those on the antiaging frontier for displaying "boundless enthusiasm tempered by a little research." A word like "immortality," while appearing rarely in *Science* or *Nature*, is heard frequently at the Vegas conference.

The Vegas participants, in turn, criticize mainstream science as taking too much time to give the public the fruits of available research. One current line in the sand between the two groups is drawn over the use of human growth hormone: The AAAAM is accrediting a new medical specialty, antiaging medicine, which relies heavily on prescribing human growth hormone. The American Medical Association, by contrast, recognizes no such specialty.

Proponents' claim that it works is largely based on a 1990 study by the late Daniel Rudman of the University of Wisconsin. He reported that growth hormone injections over six months reversed aging in a group of older men. For those who want more solid evidence, a 30-year study is under way. This sort of impatience vs. caution is the primary difference between the antiaging wildcatters and traditional researchers.

CLONING AND FREEZING

Keynote speaker Richard Seed of

Chicago told the AAAAM convention that human clones will be "on the ground in two years—two and a half, tops," and said that he thinks they will be the key to the quest for rejuvenation. As he spoke, a middle-aged woman in a miniskirt hooted and howled approval, as if the six-tysomething Seed were Mick Jagger at a rock concert.

On the same panel was Fred Chamberlain of Scottsdale, Ariz., president of Alcor, a leader in the cryosuspension technology. Alcor has 35 individuals—either frozen heads or entire bodies—in its high-tech fridges, and is considering establishing a DNA archive, where people could preserve their genetic blueprints for future cloning.

Although most university scientists are notoriously tight-lipped about their research until it has been tested and peer reviewed, some Las Vegas exhibitors and conference-goers routinely claim the blue sky, giving the event a state fair atmosphere. Anecdotal stories of cancer patients who have been cured by this or that product fall like snowflakes through the exhibit halls. For sale at the conference: a headband for \$99 that gets rid of depression and insomnia; a device that massages away your double chin; a home oxidation kit to measure your oxidated stress level; a gun-shaped home acupuncture kit for \$129.

Among the skeptical but earnest shoppers was 42-year-old Thomas Grauer of Portland, Ore. "I like my present age, and I want to stay here," said Grauer, a private investigator. At the booths he was asking questions and gathering information to take home and do follow-up research on the Internet. He suggested keeping an open mind about all of this, adding that he had found good information among the bad.

Underlying all the sessions and exhibits at the AAAAM is time. "I want to die young, very late in life. I think that is what we are all searching for here," said Tom Allen of Oklahoma State University, one of the more moderate voices on the program. He reminded attendees that knowledge about medical advances doubles every three years. "Wouldn't it be great if our wisdom did as much?" he asked.

Maureen West writes on aging for *The Arizona Republic* and is the winner of the *American Society on Aging's* 1999 Media Award for local/regional coverage. This article is ©1998 The Arizona Republic reprinted with permission.

RESOURCES@IYOP

• continued from page 7 •

celebrations. It also developed a poster in partnership with the U.N. Department for Public Information to celebrate the year. The poster is available free through U.N. Information Centers or from AARP.

In addition, AARP has developed a global discussion document titled "Strategies for a Society for All Ages" which addresses the theme for IYOP from a policy and program perspective. The document is available from AARP International Activities, 601 E St. NW, Washington, DC 20049; or visit the AARP site shown above.

AAIA organized a discussion in December 1998 for the Leadership Council of Aging Organizations in Washington, D.C., to inform major leader groups in aging about IYOP, and it co-convened the Washington Roundtable on Global Aging in October 1998 with AARP. In 1999 AAIA is organizing a series of programs about the International Year and involvement and activities related to it. For details contact AAIA by e-mail at worldaging@aol.com.

Conferences

For a complete list of conferences on the International Year and for IYOP tracks within larger conferences, visit www.aarp.org/intl/calendar.html. Here are some important dates:

U.S. Federal Committee conference to consider the implications of longevity and active aging on federal programs, services and policy areas, and to develop an aging agenda for the 21st century, June 1999. Contact Maria Bush of the AOA at (202) 619-3996; e-mail: maria.bush@aoa.gov.

Pan American Congress of the International Association of Gerontology, "Aging in the Americas: Frontiers of Care, Policy and Research," Feb. 21-24, San Antonio, Texas; (850) 422-1105.

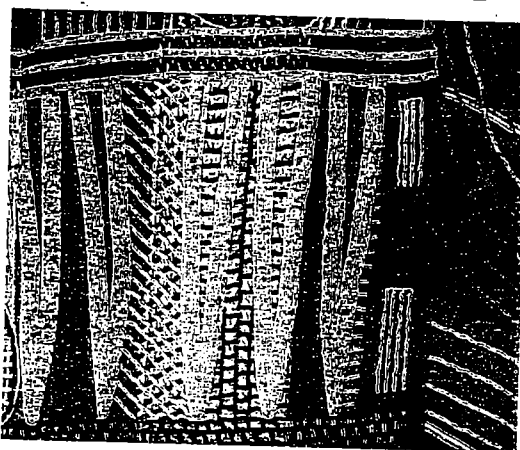
International Federation on Aging, Fourth Global Conference on Aging, "Ageing in a Society for All Ages," Sept. 5-9, 1999, Montreal, Quebec, Canada; (514) 287-1070; Web site: www.ifa-fiv.org.

Global Action

Global Action held its first conference in August 1998 in Nashville, Tenn., dealing with older women's issues. For more information write Global Action, P.O. Box 20022, Park West Station, New York, NY 10025; (212) 501-7435; e-mail: globalpolicy@igc.apc.org.

SAVE THE DATES

of Life



American Society on Aging
45th Annual Meeting
March 4-7, 1999

1999—International Year of Older Persons

Disney's Coronado Springs Resort
Orlando, Florida

For information, call (800) 537-9726 or
visit our Web site at www.asaging.org

Reminiscence and Life Review Conference 1999

October 14 & 15, 1999

Kingsborough Community College
Brooklyn, New York

Visit the Conference Web site at:
<http://staff.wvu.edu/reminec/>

This biennial conference draws presenters and participants from around the world who utilize reminiscence and life review in their work in order to further define and expand the field in the areas of research, theory, practice, education and everyday use.

Call: 800-370-9882

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UNIVERSITY of WISCONSIN

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The Cato Institute
cordially invites you to a Policy Forum

***Regulating Health Claims vs. Free Speech:
Implications of the Court's Ruling against
the FDA***

featuring

Jonathan Emord
Attorney for the Plaintiffs

Charles B. Simon
Simon Cancer Prevention Institute

David Vladeck
Public Citizen

A U.S. Court of Appeals for the District of Columbia Circuit recently struck down the Federal Drug Administration's dietary supplements health claims review process on the grounds that it was arbitrary and violated commercial speech rights under the First Amendment. Will this ruling further undermine the FDA's control over information about health products and treatments and allow greater consumer choice? Or will it open the door for fraud and abuse?

Wednesday, February 17, 1999

12:00 p.m.
(Luncheon to follow)

To register, call Jeny  Patterson by 12:00 p.m., Tuesday, February 16, at (202) 789-5229, fax her at (202) 371-0841, or e-mail to jenyep@cato.org.



NATIONAL HEALTH POLICY FORUM

January 15, 1999

Director's Note

Because the threat of domestic bioterrorism calls into question the adequacy of our public health infrastructure, the Forum, at the request of Capitol Hill staff and others, has organized the session outlined in the enclosed issue brief to begin highlighting some of the critical public health issues facing policymakers. If you would like more detail about the topics noted in this issue brief and the many issues pertaining to them, we call your attention to the upcoming *National Symposium on Medical and Public Health Response to Bioterrorism*. Presented by the Johns Hopkins Center for Civilian Biodefense Studies, DHHS, the Infectious Diseases Society of America, and the American Society for Microbiology, the symposium will take place at the Crystal Gateway Marriott in Arlington, Virginia, on February 16 and 17, 1999. Please call the center at (410) 223-1667 for more information.



Judith Miller Jones

ISSUE BRIEF

NATIONAL
HEALTH
POLICY
FORUM

Biological Terrorism: Is the Health Care Community Prepared?

Thursday, February 11, 1999

8:30 to 9:00 am - Continental Breakfast

9:00 am to noon - Discussion

210 Cannon House Office Building

A roundtable discussion with

Margaret A. Hamburg, M.D.
*Assistant Secretary for Planning
and Evaluation*
Department of Health and
Human Services

Scott R. Lillibridge, M.D.
*Director, Bioterrorism Preparedness
and Response*
National Center for Infectious
Diseases
Centers for Disease Control and
Prevention

Donald A. Henderson, M.D., M.P.H.
Director
Center for Civilian Biodefense Studies
School of Hygiene and Public Health
Johns Hopkins University

Davi M. D'Agostino
Assistant Director
National Security and International
Affairs Division
General Accounting Office

Jerome M. Hauer
Director
Mayor's Office of Emergency
Management
New York

Robert F. Knouss, M.D.
Director
Office of Emergency Preparedness
Department of Health and
Human Services

Peter Rosen, M.D.
*Professor of Clinical Medicine and
Surgery*
University of California, San Diego

Robert M. Blitzer
Associate Director
Center for Counterterrorism,
Technology, and Analysis
Science Applications International
Corporation
McLean, Virginia

Registration: Please call **Dagny Wolf** at 202/872-1392 as soon as possible.

The
George
Washington
University
WASHINGTON DC

Biological Terrorism

The nature of terrorism is changing. It is no longer only hijackers and bombs. Nor is it only chemical attacks, such as the 1995 Aum Shinrikyo Sarin gas attack in the Tokyo subway. With recent events in Iraq and elsewhere making headlines, biological agents have joined more traditional methods in the public awareness. Similar to chemical terrorism in some ways, bioterrorism differs primarily in the lag time between the terrorist event and its medical consequences. It therefore poses its own critical challenges, particularly for the public health community. Chief among these is assessing just how great a threat is posed by particular agents and improving the nation's surveillance and response capabilities.

To assist in assessing the risk, the Senate Veterans Affairs Committee and other committees have asked the General Accounting Office (GAO) to gather information on the "science behind the threat."¹ Defining the threat is particularly problematic and raises many questions: How available are biological agents? How easy would it be for terrorists to "weaponize" and use them? Are biological agents becoming the weapons of choice for terrorists? Given limited dollars, how and where and on which specific agents should preparedness experts focus their efforts and resources? While some experts disagree about the precise probability of a specific bioterrorist event, others stress that even low-probability events with high-consequence outcomes demand careful attention and planning. Even accidental exposures to biological agents and hoaxes, such as the recent California anthrax pranks, have critical implications for preparedness.

Successful preparation will depend upon the development of a well-orchestrated plan to be used by the civilian personnel first responding to an event. First responders will vary, depending upon the nature of the attack. For biological terrorism, they will be epidemiologists, infectious disease experts, emergency room personnel, and critical care unit personnel. These are the persons who are most likely to discover and need to respond initially to acts of bioterrorism because serious attacks with bioweapons would presumably cause epidemics. The traditional first responder community for chemical or explosive events—fire, police, hazardous materials (HAZMAT) teams, and emergency medical technicians—would be complementary but not central to the management of an epidemic caused by bioweapons.

Given the extreme importance attached to the readiness of civilian medical first responders and the growing appreciation for the likelihood of a biological terrorist event to occur in the United States, the U.S. Department of Health and Human Services' Office of Emergency Preparedness (OEP) asked the Institute of Medicine (IOM) in conjunction with the National Academy of Sciences' Commission on Life Sciences to:

- Collect and assess existing research, development, and technology information on detecting potential chemical and biological agents and protecting and treating both the targets of attack and health care providers.
- Provide specific recommendations for priority research and development.

The IOM report, *Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response*,

identifies more than 60 research and development projects potentially useful in minimizing damage caused by a terrorist attack, including new drugs and vaccines, faster and easier-to-use chemical detectors and diagnostic tests, and communications software to improve disease surveillance and provide information about possible attacks. The report also discusses steps that could be taken to improve the capabilities of public health departments, poison control centers and metropolitan police departments.

(See Table 1-1 at the end of the issue brief.)

ISSUE BRIEF/No. 731

Analyst/Writer
Robin Strongin

National Health Policy Forum
2021 K Street, NW, Suite 800
Washington, DC 20052
202/872-1390
202/862-9837 (fax)
nhpf@gwu.edu (e-mail)
www.nhpf.org (Web site)

Judith Miller Jones, Director
Karen Matherlee, Co-Director
Sandra M. Foote, Co-Director
Michele Black, Publications Director

NHPF is a nonpartisan education and information exchange for federal health policymakers.

This Forum session will use the IOM's study as a springboard for understanding the role the health care community must play in the event of a domestic biological terrorist attack. Speakers—focusing primarily on bioterrorism, as opposed to chemical² or radiological terrorism—will highlight the issue of threat assessment and discuss ways to improve the current level of preparedness as well as steps needed to convert the public health system into our best form of civil defense.

BIOLOGICAL WARFARE 101

The use of microorganisms and toxins as weapons of destruction has a long history, with examples of biological terrorism dating back to before the 14th century. Methods used have ranged from deliberately infecting water supplies with diseased cadavers to passing out smallpox-infected blankets to “extirpate” Native American tribes in 1763.³ Other examples include the use of fomites (objects that harbor and can transmit disease agents), as the Viet Cong did in the early 1960s when they smeared punji sticks with excrement.⁴

Diseases resulting from biological agents, whether spread person-to-person or through other means, have incubation periods of days. This means, for example, that a person infected in a mass casualty attack could unwittingly continue to spread the disease, perhaps unleashing a deadly epidemic and most likely causing a wave of panic as the death toll mounted. Terrorists count on this added psychological dimension to erode trust in the target country's government and further cripple efforts at containment and control.

Biological agents considered to be priority biological terrorism threats can be categorized into three groups: *bacteria*, *viruses*, and *toxins*. In a March 8, 1998, *New York Times* article, Tom Kuntz excerpted the following from *Jane's Chem-Bio Handbook*, a “guide for military, police, and emergency personnel responding to suspected or real chemical or germ attacks.”

Anthrax. Anthrax is an acute *bacterial* infection of the skin, lungs, or gastrointestinal tract. The skin infection can be caused by direct contact with contaminated wool, hides or [livestock] tissues. . . . As a biological weapon, it is expected that anthrax spores would be released at a strategic location to be inhaled. Inhalation anthrax results from deposition of the bacterial spores in the lungs and causes fever, shock, and eventually death. . . . Iraqi and Soviet biological warfare programs worked to develop an anthrax weapon.

Ricin. Ricin is a *toxin* made from the mash left over after processing castor beans for oil. Castor bean processing is a worldwide activity; therefore, the raw

materials for making ricin are easily available. Ricin is easy to produce and is stable. Ricin was used in 1978 by Bulgarian intelligence operatives in the “umbrella murder” of Gregori Markov, a Bulgarian dissident. A ricin-tipped bullet was discharged into the victim, and he died a day after the attack.

Ebola. Ebola *virus* is one of the most pathogenic viruses known to science, causing death in 50 to 90 percent of all clinically ill cases. . . . The Ebola virus is transmitted through direct contact with the blood, secretions, organs, or semen of infected persons. Transmission of the virus has also occurred by handling ill or infected chimpanzees. The virus has an incubation period of 2 to 21 days, and is characterized by sudden onset of fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, limited kidney and liver functions and both internal and external bleeding. . . . Ebola viruses must be considered to have a high priority as a candidate for biological warfare. . . . This virus was assigned high priority in the former offensive program of the Soviet Union.

Additional biologic agents potentially available to bioterrorists include smallpox, brucellosis, plague, Q fever, tularemia, viral encephalitides, viral hemorrhagic fevers, botulinum, and staphylococcal enterotoxin B.

DETECTING BIOLOGIC AGENTS: THE ROLE OF THE CDC AND STATE HEALTH DEPARTMENTS

Detecting and isolating biologic agents requires not only the ability of clinicians to identify and accurately diagnose uncommon diseases but also a surveillance system for collecting reports of such cases. Fortunately, the Centers for Disease Control and Prevention (CDC) operate a large number of infectious disease surveillance systems based on voluntary collaboration with state and local health departments, surveys, vital records, or registries. Unfortunately, the IOM report noted:

The best known of these systems, the National Notifiable Disease Surveillance System, currently includes several, but not all, of the diseases considered likely to be used in bioterrorism, and, like all passive surveillance systems, suffers from omissions and long-delayed reports. All of the systems depend upon confirmed diagnosis and are thus no help to a puzzled physician trying to arrive at a diagnosis. No federal funds are provided to state and local health departments to support these systems, and states' ability or willingness to support infectious disease surveillance has declined in recent years. CDC's Emerging Infections Program (EIP) is attempting to reverse this trend by making grants to state and local health departments

for improving epidemiological and laboratory capability. Expanding the activities of these centers would be an excellent way to raise both the awareness of bioterrorism and the ability to respond to it.

Bioterrorism: A Possible Scenario

In his testimony on June 2, 1998, before the Senate Committee on Labor, Health and Human Services, and Education's Subcommittee on Appropriations, Edward Thompson, M.D., the health commissioner for the State of Mississippi, explained:

The likely scenario that a few major cities have either already tested, or are planning to test, in a table top exercise unfolds as follows: A bioterrorist event occurs involving the unannounced release of anthrax spores in an open air location during a major public event. The first responsibility immediately falls to the local health department to detect that an unusual number and type of case reporting is occurring. Responsibility for diagnosis of the agent falls next to the local or state public health laboratory. Investigation, by interviewing victims, again is the responsibility of the local health department, with assistance from the state health department, in order to identify the source of the agent, when the release took place, and who might have been exposed. Other critical phases of the exercise where major responsibility falls to the local health department, with assistance from the state health department, involves the distribution of vaccine and other essential treatment resources and distribution of diseased victims around the state and region as thousands become symptomatic.

In his testimony, Thompson stated,

Essential state health department functions in preparing for and responding to a bioterrorist incident would involve the following activities: epidemiologic surveillance, laboratory analysis, epidemiologic investigation, information and communications systems, and coordination of essential equipment and treatment (including health care facilities and personnel, isolation beds, and the availability and distribution of vaccines and other necessary treatment resources).

Experts all agree that states are ill-prepared to respond to a bioterrorist event. To underscore the current lack of preparedness among state health departments, Thompson quoted from a draft document on catastrophic disaster and terrorism by the Illinois Department of Health:

The Department is mandated to protect the public health and safety of the citizens of Illinois. However, limited opportunities have been made available to adequately prepare staff for a response to a terrorist incident involving radiological, biological, or chemical materials. Therefore, the Department's response

capabilities are currently limited. Several factors have prevented the Department from attaining a higher level of preparedness. These factors include: absence of a consistent funding source for training and education programs; limited personnel in infectious diseases, environmental health and laboratory services programs; and a lack of Federal guidance and information on source standards and detection methods.

Local and state health departments cannot fight terrorism alone. Emergency medical personnel as well as hospital personnel will also play a vital role in responding to biological and chemical incidents and reducing their consequences. In an effort to improve the preparedness of medical civilian responders, Congress in 1996 established the Domestic Preparedness Program, or DPP, under the Department of Defense. DPP, also referred to as the Nunn-Luger-Domenici program, appropriated funds to help train local first responders. Estimates indicate that approximately \$92 million has been appropriated in fiscal years 1997 and 1998 to enable the U.S. Army to deliver special "train the trainer" tutoring programs, to conduct exercises to test what has been learned, and to assist in the creation of medical strike teams in some of the largest American cities.

CRISIS AND CONSEQUENCE: MANAGING TERRORIST ATTACKS

According to the September 1997 GAO report *Combating Terrorism: Federal Agencies' Efforts to Implement National Policy and Strategy*:

U.S. policy on combating terrorism has been evolving for about 25 years. In June 1995, the President issued Presidential Decision Directive 39 (PDD 39), "United States Policy on Counterterrorism," the central blueprint for the U.S. counterterrorism strategy. PDD 39 restated standing U.S. policy and elaborated a strategy for combating terrorism and measures to implement it. The U.S. strategy consists of three main elements: (1) reduce vulnerabilities and prevent and deter terrorist acts before they occur; (2) respond to terrorist acts that do occur, including managing crises and apprehending and punishing terrorist perpetrators; and (3) manage the consequences of terrorist attacks.

More recently, in May 1998, PDD 62 ("Combating Terrorism") and PDD 63 ("Critical Infrastructure Protection") were both issued. These directives establish a national coordinator for security, infrastructure protection, and counterterrorism and authorize the Federal Bureau of Investigation (FBI) to set up a National Infrastructure Protection Center to issue warnings to public and private operators of essential elements of the U.S. government and economy. In addition, the directives include a four-

part initiative focused on biological weapons. According to the IOM report,

It calls for a national surveillance system based on the public health system, provision of local authorities with necessary equipment and training, stockpiles of vaccines and specialized medicines, and a research and development program on pathogen gene mapping to guide development of new and better medicines and vaccines.

Preparing to meet the needs of civilian victims of a bioterrorist attack will require the coordination of the health care community as a whole, as well as of many other organizations, experts, and agencies at all levels of government. It has been estimated that more than 40 federal departments, agencies, and bureaus have some role in combating terrorism. Part of the challenge, not surprisingly, involves working through the complex maze of multiple bureaucracies to figure out who does what when and who reports to whom.

Generally, if an incident occurs without a warning, crisis and consequence management will be concurrent. The FBI would be in charge of crisis management (that is, controlling the crime scene and gathering evidence used to prosecute the terrorists). Primary responsibility for consequence management, however, rests with the states. The federal government supports state and local governments in domestic incidents through the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The Federal Emergency Management Agency coordinates the federal response through a generic disaster contingency plan known as the Federal Response Plan, which categorizes types of federal assistance into specific emergency support functions. Support functions include, for example, health and medical services, urban search and rescue, and information and planning.

Policy Dilemmas

In addition to organizational and chain-of-command issues, other policy quagmires need to be sorted out. For example, as Sean Paige wrote in his January 26, 1998, *Insight* cover story, "At the Eleventh Hour,"

Often the government seems to be working at cross-purposes—certain pieces of lifesaving protective gear much in demand by first responders across the country are off-limits to them because they don't meet workplace-safety standards. Yet these same items often are widely used by the military or approved for use in foreign countries.

The IOM draft report noted a similar dilemma.

With a few exceptions, treatment of a very small number of individuals exposed to any chemical or

biological agent is not beyond current medical capabilities. However, large numbers of casualties will quickly overtax those capabilities. Vaccines, drugs, antitoxins, and supportive medical equipment are generally available in small quantities. Moreover, many of the vaccines and antitoxins are not FDA [Food and Drug Administration] approved and are only available as Investigational New Drugs (INDs). This means not only that the product is only available in limited amounts, but that it can be used only in a research setting with the informed consent of the recipient. Thus, IND status effectively precludes use in a mass-casualty situation.

The final IOM report added the following:

FDA recognized the difficulty IND status presented in potential mass-casualty situations during the Persian Gulf War and passed an interim rule waiving the requirement for the United States military to obtain informed consent in using two investigational products intended to provide protection against chemical and biological warfare agents. The FDA has recently solicited comments on the wisdom of revoking this interim rule as well as on the nature of the evidence that ought to be required when products cannot ethically be tested in humans.

PAYING FOR PREPAREDNESS

Increasing the level of preparedness is not cheap. In addition to funds appropriated more generally to counter-terrorism efforts, Congress appropriated funds for bioterrorism and related public health infrastructure activities within DHHS. Specifically, the *Omnibus Consolidated and Emergency Supplemental Appropriations for FY99* allocated \$216,922,000 to the Public Health and Social Services Emergency Fund. According to the conference report, "The fund addresses the Administration request for bioterrorism and related activities as well as for bolstering public health infrastructure, conducting studies regarding health and national security, and combating certain infectious diseases."

According to the conference report, the \$216,922,000 is to be allocated as follows:

- \$154,750,000 for the CDC for a variety of activities. These include: \$1 million for the development of an overall preparedness plan, \$1 million to enhance technical capabilities to identify certain biological agents, \$51 million⁵ for the CDC to establish a pharmaceutical and vaccine stockpile for civilian populations,⁶ \$1.75 million for conducting independent studies of health and bioterrorism threats specified in the Senate report, \$2 million to assist states in developing emergency preparedness and

response plans, \$2 million to expand the CDC Epidemic Intelligence Service, \$2 million for regional laboratories for measuring chemical exposures, \$5 million to better identify potential biological and chemical terrorism agents, \$5 million to develop new sources and methods for surveillance, \$5 million to develop rapid toxic screening, \$5 million for the environmental health laboratory, \$7 million to strengthen state and local epidemiological and surveillance capacity, \$11 million for regional laboratories for detecting and measuring biological and chemical agents, \$28 million to establish a national health alert network, \$20 million for polio eradication activities, and \$8 million for measles eradication activities.

- \$12,172,000 for the Office of the Secretary, allocated as follows: \$2.5 million for the Office of Emergency Preparedness for a national disaster medical system, \$1.5 million for developing national response capabilities, \$3 million for metropolitan medical response systems, \$1.85 million for a nuclear weapons radiation study, and \$3 million in for the renovation and modernization of Fort McClellan's Noble Army Hospital in Alabama for bioterrorism training activities. The conference agreement also included \$322,000 to be provided to Calhoun County, Michigan, for reimbursement of certain expenses related to food-borne illnesses.
- The remaining approximately \$50 million is to be used "to address the HIV/AIDS crisis facing the African American community and other racial and ethnic minority communities due to the changing demographics of the disease."

THE FORUM SESSION

The Forum has invited a number of experts to help sort through how the health care community can better prepare for and contribute to the prevention of a biological terrorist attack. **Margaret A. Hamburg, M.D.**, assistant secretary for planning and evaluation within DHHS and a past commissioner of health for the City of New York, will set the stage by addressing the following: What are we preparing for? How well prepared are we? And what do we need to do in the short-term and the long-term? Dr. Hamburg has a distinguished record of scientific accomplishments and outstanding public service. She has been elected to membership in the Institute of Medicine, the New York Academy of Medicine, and the Council on Foreign Relations and is a fellow of the American Association of the Advancement of Science.

Following Dr. Hamburg's remarks panelists representing several areas of expertise will participate in a roundtable discussion focusing on the following questions:

- What are the medical and public health ramifications of a bioterrorist event?
- What are the most serious bioweapons facing the public health community today?
- How prepared or ill-prepared are various sectors of the health community to respond to a successful bioterrorist attack of any proportion?
- What kind of practical steps could be taken to reduce the risk? To minimize the consequences?
- How much would such steps cost? How should they be funded?
- What are the research needs? Who should be conducting the research?
- What are the commonalities and differences between chemical and biological terrorism? What elements need to be considered in preparedness planning and resource allocation? Should biological and chemical terrorism be linked or unlinked for planning purposes?

Scott R. Lillibridge, M.D., director of the CDC's bioterrorism preparedness and response activities, was the lead public physician during the initial U.S. Public Health Service response to the Oklahoma City bombing and was team leader for the U.S. Medical Delegation to Tokyo following the Sarin release in 1995.

Davi M. D'Agostino, assistant director of GAO's National Security and International Affairs Division, has been leading GAO's work on crosscutting counterterrorism issues for the past three years. In 1995, Ms. D'Agostino was selected to attend the Industrial College of the Armed Forces. She received the GAO Meritorious Service Award in 1997.

Robert F. Knouss, M.D., director of the DHHS Office of Emergency Preparedness, also directed the Public Health Service's refugee health activities during the Cuban-Haitian entrant and Southeast Asian refugee crisis and served as deputy director of the Pan American Health Organization.

Peter Rosen, M.D., director of the emergency medicine residency program at the University of California, San Diego and professor of clinical medicine and surgery there, also served as chair of the IOM's January 1999 study, *Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response*.

Donald A. Henderson, M.D., M.P.H., director of the Johns Hopkins Center for Civilian Biodefense Studies, is also the Johns Hopkins University Distinguished Service Professor and has appointments in the Departments of Epidemiology and International Health in the School of Hygiene and Public Health. Dr. Henderson also served as dean of the faculty of the Johns Hopkins School of Public Health and directed the World Health Organization's global smallpox eradication campaign.

Jerome M. Hauer, director, New York City's Office of Emergency Management, served on the faculty of the Northeastern University Paramedic Program, joined the Biomedical Division of IBM as clinical research coordinator, and served as a volunteer firefighter and as a member of a HAZMAT team in Connecticut. Mr. Hauer is a member of the New York City Police Department's Honor Legion.

Robert M. Blitzer, associate director of the Center for Counterterrorism, Technology, and Analysis at Science Applications International Corporation, recently retired from the Federal Bureau of Investigation, where he served as the chief of the bureau's domestic terrorism section.

ENDNOTES

1. The GAO report, due this summer, will be classified. The unclassified version will be available this fall.
2. Includes nerve agents such as Sarin, blister agents such as mustard and Lewisite, and pulmonary agents such as pulmonary phosgene.
3. E. Wagner Stearn and Allen E. Stearn, *The Effects of Smallpox on the Destiny of the American Indian* (Boston: Bruce Humphries, 1945), 44-5.
4. G. W. Christopher et al., "Biological Warfare: A Historical Perspective," *Journal of the American Medical Association*, 278 (August 6, 1997), no. 5: 412.
5. This money cannot be obligated until DHHS submits an operating plan to both the House and Senate Appropriations Committees.
6. The House bill provided for this activity at CDC as non-emergency funding while the Senate bill provided for this activity at the Office of Emergency Preparedness. Additionally, the conference agreement "assumes that within the overall increase provided for NIH, \$10,000,000 will be allocated for vaccine research and development activities in support of the bioterrorism initiative."

Table 1-1: Relative Capabilities for Response to Civilian Chemical and Biological Incidents at Four Levels of Medical Care

Capability	Local Responders		Initial Treatment Facilities		State		Federal	
	Chemical	Biological	Chemical	Biological	Chemical	Biological	Chemical	Biological
Receipt of pre-incident intelligence	L	L	L	L	S	S	S	S
Detection, identification, and quantification of agents in the environment	S	L	L	L	S	S	H	S
Personal protective equipment	S	S	L	S	L	S	S	S
Safe and effective patient extraction	S	S	N/A	N/A	N/A	N/A	S	S
Methods for recognizing symptoms and signs in patients	S	S	S	S	L	L	S	S
Detection and measurement of agent exposure in clinical samples	L	L	L	S	L	S	H	H
Methods for recognizing covert exposure in populations	N/A	N/A	S	S	S	S	S	S
Mass-casualty triage techniques and procedures	S	S	S	S	L	L	S	S
Methods/procedures for decontamination of exposed individuals	S	S	L	L	L	L	S	S
Availability, safety, and efficacy of drugs and other therapies	L	L	S	S	L	L	S	S
Prevention, assessment, and treatment of psychological effects	S	S	S	S	S	S	S	S

NOTE: H = highly capable; S = some capability; L = little or no capability; and N/A = not applicable.

Source: Institute of Medicine, *Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response* (Washington, D.C.: National Academy of Sciences, January 1999), 20.

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Office of Disability, Aging, and Long-term Care Policy

Phone: 202-690-6443 FAX: 202-401-7733

To:	Jeanne Lambrew-WH	Chris Jennings-WH
	Anne Tumlinson-OMB	Mark Miller-OMB
	Rick Werner-ASMB	Jay Anghoff-HCFA
	Frank Titus-OPM	Ed Flynn-OPM
	Ed Flynn-OPM	Janice La Chance-OPM
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From: Bob Williams

Phone:

Fax:

Date: February 2, 1999

Number of Pages, including cover: 2

Remarks:

Notes
Chris has
mtg w/ VF
on this date
From 1100-12.
will talk
to Jeanne



FEB 2 1999

Chris out sick

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

Dear Mr. Jennings:

Please join Dr. Margaret A. Hamburg, Assistant Secretary for Planning and Evaluation, and me for a briefing on the results of an ASPE-sponsored study of private long-term care insurance. Dr. Marc Cohen of LifePlans will present results from a study of the experience of 700 private long-term care insurance claimants who are receiving home care benefits financed by their insurance. Ten insurance companies, representing over 80 percent of private long-term care insurance policies sold to date, participated in the study by allowing LifePlans to interview statistically random samples of their policyholders and claimants.

Among the findings: 86 percent of claimants receiving home care were satisfied with their policies. Almost two-thirds of the claimants (62 percent) believed that they would not be able to afford their current level of paid home care without their private long-term care insurance coverage. We believe that these and other study findings are particularly timely and important as the Administration moves to implement the President's Long-Term Care Initiative, announced January 4, 1999. The initiative includes a proposal for the Office of Personnel Management to initiate a voluntary private long-term care insurance offering for federal employees.

The briefing will be held on Tuesday, February 9 from 10:00 a.m. to 11:00 a.m. in the Alice Rivlin Conference Room (416 A) in the Hubert Humphrey Building, located at 200 Independence Avenue S.W., Washington, D.C. 20201. Please call Joyce Brown-Moore or Patricia Poole at 690-6443 to RSVP.

Sincerely,

Bob Williams
Deputy Assistant Secretary for
Disability, Aging and Long-Term Care Policy

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January 11, 1999

Announcing:

"Making Coverage Decisions About Emerging Technologies" An Interactive Symposium

Thursday, February 11, 1999, Washington, D.C.

Dear Colleague:

We invite you to participate in "Making Coverage Decisions About Emerging Technologies," an interactive symposium sponsored by the National Institute for Health Care Management Research and Educational Foundation, with support from the Agency for Health Care Policy and Research.

Dr. David M. Eddy will give the keynote address on "Key Issues and Trends in the Coverage Decision Process," and will serve as moderator for the entire program. Other featured speakers will include **Dr. John M. Eisenberg**, Administrator of the Agency for Health Care Policy and Research, and **Dr. Jeffrey L. Kang**, Director of the Office of Clinical Standards and Quality at the Health Care Financing Administration.

The symposium will address the following topics and issues:

- The coverage decision process in public programs and private health plans. (How do health plans and public programs decide whether or not to cover new and emerging technologies? What criteria are applied? How are research results used? What sources of research and technology assessment are most credible? most useful?)
- Current public and private sources of analytical and research support for coverage decisions.
- Grievances, appeals and external review.
- Legislating an approach to "medical necessity" and coverage decisions.
- Where do we go from here?: a panel discussion on the future of coverage decision making.

The one-day symposium is designed to encourage active discussion and interchange among all participants. Those invited include key thought leaders representing a diverse cross-section of executives and policy makers from all health care sectors, both public and private.

The symposium will be held on **Thursday, February 11, 1999**, from 8:30 a.m. to 4:45 p.m. at the **Capital Hilton Hotel**, 16th & K Streets NW, Washington, D.C. (Registration begins at 7:45 a.m. Continental breakfast will be served.)

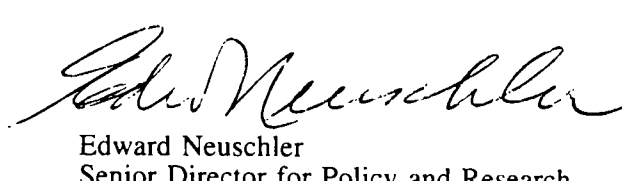
In order to encourage dialogue, **participation is by invitation only** and will be **limited to 125 registrants**. If you wish to participate, we encourage you to **register early** by **completing and faxing the enclosed form to us at 202-296-4319 immediately**.

There is no registration fee for the symposium, but please do not register unless you are sure you will attend. If you have any questions, please call us at (202) 296-4426.

We hope you will be able join us on February 11. We are looking forward to a very stimulating discussion about an issue that is central to the future of health care in America.

Sincerely,


Nancy Chockley
Executive Director


Edward Neuschler
Senior Director for Policy and Research

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(See cover memo for more detail on topics to be discussed.)

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City/State/Zip: _____

Phone: _____ FAX: _____ E-mail: _____

SPACE IS LIMITED! Please FAX this form to NIHCM at (202) 296-4319 by February 4, 1999. If you have questions, please call us at (202) 296-4426.

Hotel information: We have arranged a block of rooms at the Capital Hilton Hotel for the night of Wednesday, February 10, 1999. Please make your own reservation **before January 21** by calling the hotel directly at (800) 405-0064. Refer to the NIHCM meeting. Thank you.

BLUEPRINT

Memorandum to:

From:

Re:

Date:

DLC Friends

Andrei Cherny, Editor

Briefing

January 21, 1999

phoned
Nope

Please join us for a briefing and discussion on the next issue of *Blueprint: Ideas for a New Century*, a policy journal for the Information Age published by the Democratic Leadership Council. The details are as follows:

Date: Thursday, February 4th, 1999

Time: 10:30 a.m. - Noon

Place: Hyatt Regency Washington on Capitol Hill
400 New Jersey Avenue, NW
Columbia "A" Room
Washington, DC

In this second volume of *Blueprint*, "Winning in the New Economy," a compelling series of articles highlights the challenges of the New Economy and presents a substantive economic agenda for the 21st Century.

Many of the authors will participate in the briefing, including **Claude Fontheim**, Chair of the DLC's Project on America, the Global Economy, and Trade; **Robert Hormats**, Vice Chairman of Goldman, Sachs (International); **Robert E. Litan**, Director of the Economic Studies Program and Cabot Family Chair in Economics at the Brookings Institution; **Mark Penn**, president of Penn, Schoen & Berland Associates, Inc. and President Clinton's pollster; as well as **Congressman Cal Dooley** (D-CA), *Blueprint* Board of Advisors Chair **Bernard Schwartz**, Chairman & CEO of Loral Space and Communications; and **Al From**, DLC President.

Please RSVP to the receptionist at (202) 546-0007. If you have any questions, please call Jenifer Callahan at (202) 546-0007.

Thanks, and we hope to see you in February.

*The Board of Trustees
of the
NATIONAL RURAL HEALTH ASSOCIATION
cordially invites you to a reception honoring
our Washington friends and colleagues*

❖ ❖ ❖ ❖ ❖ ❖

6 - 7:30 p.m.—Tuesday, February 9, 1999

*Room 345 (Caucus Room),
Cannon House Office Building
Washington, D.C.*

*R.S.V.P. by February 1, 1999
National Rural Health Association
(202) 232-6200*



NATIONAL RURAL HEALTH ASSOCIATION

January 7, 1999

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Robert Tessen
Rural Health Clinics
Constituency Chair

Val Schott
State Office
Council Chair

Monnieque Singleton
Population-based
Services
Constituency Chair

Christopher Jennings
The White House
Office of Domestic Policy
Old Executive Office Building
Washington, D.C. 20502

Dear Christopher:

I would like to take this opportunity to invite you to the National Rural Health Association's 10th annual Rural Health Policy Institute. The institute will take place February 8 - 10, 1999 at the Hyatt Regency Capitol Hill. With the 106th Congress expected to take up such health care related issues as a "Patient's Bill of Rights" and additional Medicare and Medicaid reforms and the continued implementation of the Balanced Budget Act of 1997, the NRHA's Policy Institute will set the stage for many of these important legislative and regulatory issues.

Enclosed is a registration brochure for the Rural Health Policy Institute which includes a schedule of sessions and guest presenters. The registration fee is waived for invited staff of federal agencies, so I hope you will be able to attend what is sure to be a very educational and informative event. If you would like to attend the 1999 Policy Institute, please complete the attached registration form and return it to the NRHA's Kansas City, Missouri office by January 30, 1999.

In addition, the NRHA will host a congressional reception the evening of Tuesday, February 9, 1999 in the Cannon Caucus Room beginning at 6:00 p.m. The NRHA's 1998 Legislative Awards will be presented to members of Congress and their staff at the reception. Enclosed is an invitation to the event which I hope you will be able to attend. If you also plan to attend the congressional reception please RSVP to Doretha Harris by February 1, 1999 at (202) 232-6200 or by e-mail at dc@nrharural.org.

I look forward to your participation at our 1999 Rural Health Policy Institute.

Sincerely,

Darin E. Johnson
Government Affairs Director

Enclosures

Handwritten note: phoned

Handwritten note: Regrets

Donna M. Williams
Executive
Vice President

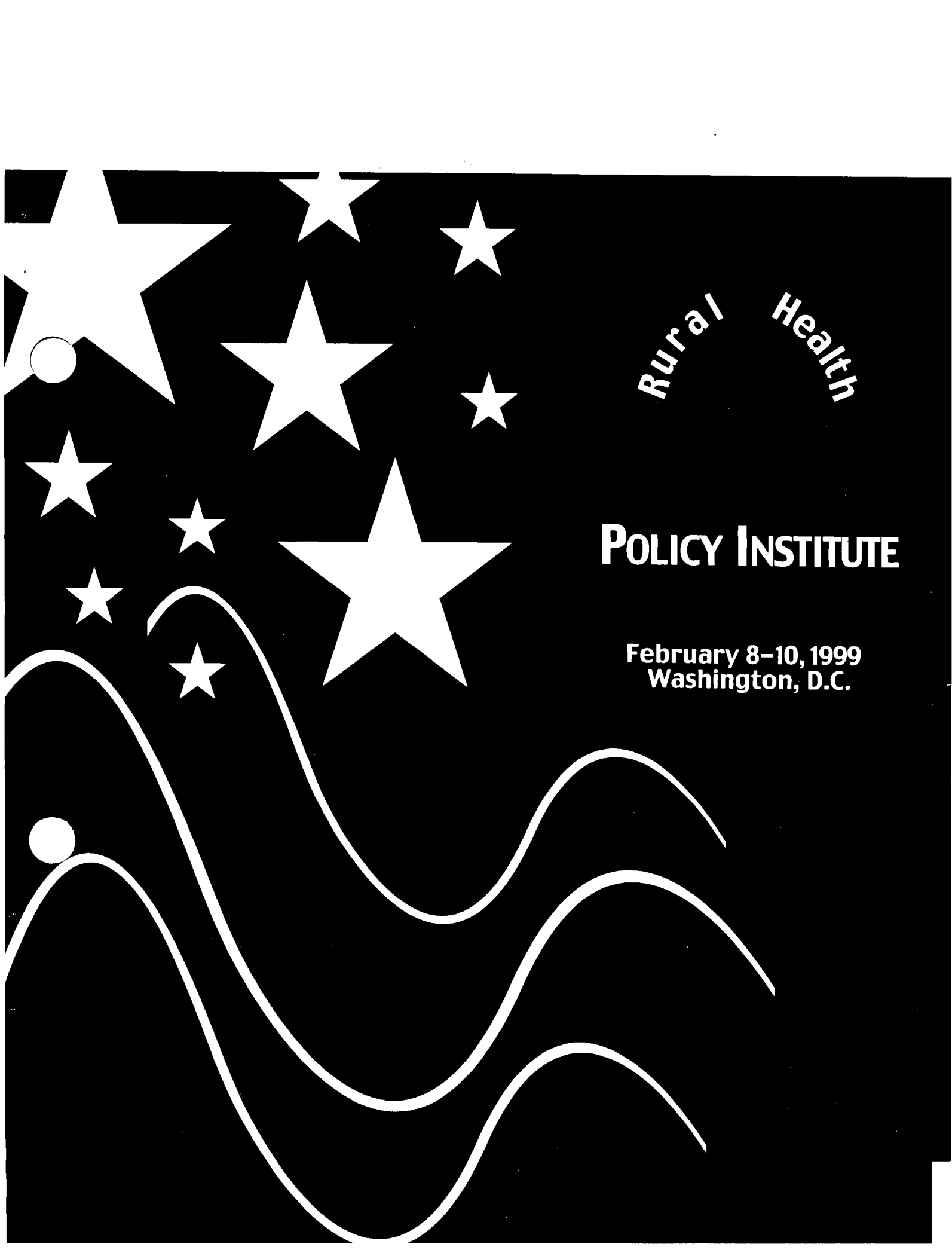
NATIONAL OFFICE

One West Armour Boulevard, Suite 203
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Telephone (816) 756-3140
Fax (816) 756-3144
E-mail: mail@nrharural.org

Internet:
<http://www.NRHarural.org>

WASHINGTON, D.C., OFFICE

1320 19th Street, N.W., Suite 350
Washington, D.C. 20036-1610
Telephone (202) 232-6200
Fax (202) 232-1133
E-mail: dc@nrharural.org

A stylized graphic of the American flag, featuring white stars of various sizes on a black background. The stars are arranged in a pattern that suggests the stars and stripes of the flag. The stripes are represented by white wavy lines at the bottom of the image. The text "Rural Health" is written in a white, sans-serif font, curving upwards from left to right.

Rural Health

POLICY INSTITUTE

**February 8-10, 1999
Washington, D.C.**



NATIONAL RURAL HEALTH ASSOCIATION

Dear Members of the Rural Health Community:

Please join us for the 10th anniversary of the National Rural Health Association's (NRHA's) Rural Health Policy Institute to be held February 8-10, 1999, in Washington, D.C. As the 106th Congress convenes and begins its work on a host of health care issues, the Bipartisan Commission on the Future of Medicare completes its recommendations on making the Medicare program solvent, and the Health Care Financing Administration (HCFA) continues to implement broad-reaching Medicare and Medicaid reforms, it has never been more important for you to have a strong and representative voice in our nation's capital. The NRHA's Rural Health Policy Institute has successfully brought members of our rural health community together to learn and teach federal policy-makers about current issues impacting our nation's rural health care delivery system.

Presenters at the 1999 Rural Health Policy Institute will highlight the ongoing implementation of provisions contained in the Balanced Budget Act of 1997 and the prospect for future legislative and regulatory reforms, including the recent introduction of the Promoting Health in Rural Areas Act. In addition, issues such as the proposed Medically Underserved Area designation, hospital and rural health clinic reimbursement reforms, Medicare telehealth reimbursement and the implementation of the Critical Access Hospital program will be discussed. If you are interested in how Medicare and Medicaid reforms are being implemented by HCFA or in learning how to take advantage of new Medicare telehealth opportunities, this institute will empower you and give you the tools to make a difference in your own community.

During the Rural Health Policy Institute, you will be briefed on the NRHA's 1999 Legislative and Regulatory Agenda, and, more importantly, you will have an opportunity to present this agenda and other rural health issues important to your state and community to your U.S. senators and representatives. Additionally, the NRHA's year-long "You Can Make A Difference!" campaign, stressing the importance of grassroots advocacy, will be kicked off during the institute.

Like us, we hope you will recognize the importance of being a part of the NRHA's 1999 Rural Health Policy Institute. It is a unique opportunity for you, your colleagues and friends to play an important role in representing the interests of rural and frontier health care providers and beneficiaries. We look forward to seeing you in Washington, D.C., and hope you will seize this chance to be a strong voice for rural health.

Sincerely,

Gail R. Bellamy
Gail R. Bellamy, Ph.D.
President

Verne Gibbs
Verne Gibbs
Chair, Rural Health Policy Board

Program Schedule



Sunday, February 7

1 – 6 p.m.

Rural Health Policy Board Meeting

The National Rural Health Association's Rural Health Policy Board will meet to consider adoption of new rural health policies and to hear from representatives of the health care community. The meeting is open to participants of the Rural Health Policy Institute.

5 – 7 p.m.

Registration

Monday, February 8

7 a.m. – 5 p.m.

Registration

8 – 8:30 a.m.

Welcome and Opening Remarks

Speakers: Donna Williams, Executive Vice President, National Rural Health Association, Kansas City, Missouri
Verne Gibbs, Chair, Rural Health Policy Board, National Rural Health Association, Olympia, Washington
Val Schott, Chair, State Office Council, and Vice Chair, Rural Health Policy Board, National Rural Health Association, Oklahoma City, Oklahoma

Legislative Overview

Speaker: Darin Johnson, Government Affairs Director, National Rural Health Association, Washington, D.C.

8:45 – 9:30 a.m.

Office of Rural Health Policy

Moderator: Gail Bellamy, President, National Rural Health Association, Temple, Texas

Speaker: Wayne Myers, M.D., Director, Office of Rural Health Policy, Rockville, Maryland

The newly appointed director of the federal Office of Rural Health Policy will discuss the implementation of the Critical Access Hospital grant program, ongoing research by the federally supported rural health research centers, and effects of broad Medicare and Medicaid reforms on our nation's rural health care delivery system.

9:30 – 10:30 a.m.

Patient Protections and Managed Care

Moderator: Tim Size, Past President, National Rural Health Association, Sauk City, Wisconsin

Speakers: Sen. Tom Harkin, D-Iowa, United States Senate, Washington, D.C. (Invited)

Rep. Dennis Hastert, R-Ill., U.S. House of Representatives, Washington, D.C. (Invited)

Mary Wakefield, Director of the Center for Health Policy, George Mason University, Fairfax, Virginia

With the debate about managed care protections postponed until the 106th Congress, lawmakers and a member of the president's Advisory Commission on Consumer Protections and Quality in the Health Care Industry will discuss the prospects for the passage of a "Patient's Bill of Rights." Panel members will discuss specific provisions being considered by Congress, including the ability of health care beneficiaries to sue managed care plans.

10:45 a.m. – noon

The Federal Budget Process

Speaker: Stanley Colander, Senior Vice President, Fleishman and Hillard, Washington, D.C.

Colander, a nationally known expert on the federal budget process, will provide conference participants with a broad overview of the federal budget and appropriations processes. He also will discuss the budget time line and who within the administration and Congress influences how limited budget dollars are spent.

HOUSING

Rooms have been reserved at the Hyatt Regency Washington on Capitol Hill (400 New Jersey Ave., N.W., Washington, D.C. 20001) for the rate of \$149 a night for a single or double room. Call the hotel at (202) 737-1234 to make reservations. Please mention that you are attending the NRHA's Rural Health Policy Institute. The deadline for hotel reservations is January 11, 1999. Reservations requested after that date will be at the prevailing rate and on the basis of availability in the NRHA's block of rooms.

GROUND TRANSPORTATION

Transportation from National Airport to the Hyatt Regency Washington on Capitol Hill by taxi is \$12 each way. Shuttle service is provided to and from the airport every 15 to 30 minutes for \$8 each way. To contact Super Shuttle call 1-800-258-3826.

Program Schedule



noon – 1:30 p.m.

Luncheon
Capitol Steps
Washington, D.C.

Sponsored in part by the National Rural Electric Cooperative



This troupe of former congressional staffers travels the country satirizing the very people and places that once employed them. The group has been featured on national television shows, such as *Good Morning America*, *NBC Nightly News*, *20/20*, *Entertainment Tonight*, *CBS Morning News* and *CNN's Inside Politics*.

1:45 – 3 p.m.

Rural Health Care Policy in Congress

Moderator: Keith Mueller, Ph.D., Director, Nebraska Center for Rural Health Research, Omaha, Nebraska

Speakers: Sen. Tom Daschle, D-S.D., U.S. Senate, Washington, D.C. (Invited)

Sen. Max Baucus, D-Mont., U.S. Senate, Washington, D.C. (Invited)

Rep. Jim Nussle, R-Iowa, U.S. House of Representatives, Washington, D.C. (Invited)

Members of the Senate Rural Health Caucus and the House Rural Health Care Coalition will discuss the prospects for rural health care legislation and broader Medicare and Medicaid reforms being addressed by the 106th Congress. In addition, the authors of the Promoting Health in Rural Areas Act, Daschle and Baucus, will outline the legislation's provisions and their plans for moving the bill through the legislative process.

3:15 – 4:30 p.m.

Concurrent Sessions

1. Underserved Area Designation and the Reauthorization of the National Health Service Corps

Moderator: Bonnie Post, Chair, Medically Underserved Population and Health Professional Shortage Area Task Force, National Rural Health Association, Manchester, Maine

Speakers: Jeri Thornburg, Director, Office of Shortage Designations, Bethesda, Maryland

Don Weaver, M.D., Director, National Health Service Corps, Bethesda, Maryland

Thornburg will discuss the proposed Medically Underserved Population and Health Professional Shortage Area designation regulation being considered by the Bureau of Primary Health Care. In addition, Weaver will discuss the work of the National Health Service Corps (NHSC) in meeting the needs of underserved rural communities and also the NHSC's preparation for reauthorization by Congress in 2000.

2. Rural Hospital Policy and Reimbursement Issues

Moderator: Marvin Cole, Chair, Hospitals and Community Health Systems Constituency, National Rural Health Association, Austin, Texas

Speakers: Nancy Edwards, Deputy Division Director, Health Care Financing Administration, Baltimore, Maryland
Jake Culp, Deputy Director, Office of Rural Health Policy, Rockville, Maryland

Anne Nicoll, Senior Vice President, Federal Relations, California Hospital Association, Sacramento, California

Presenters will discuss the many provisions contained in the Balanced Budget Act of 1997 that are affecting small, rural hospitals across the nation, including the Medicare Rural Hospital Flexibility program, Medicare+Choice opportunities, and the establishment of prospective payment systems for home health agencies.

3. Rural Health Clinics Policy Update

Moderator: Sam Tessen, Chair, Rural Health Clinics Constituency, National Rural Health Association, Austin, Texas

Speaker: David Worgo, Health Insurance Specialist, Health Care Financing Administration, Baltimore, Maryland

Worgo will discuss the ongoing implementation of reforms to the Rural Health Clinics program in the Balanced Budget Act of 1997.

4:30 – 5:30 p.m.

Constituency Group Meetings

Participants will be encouraged to join members of the NRHA's eight constituency groups to meet and discuss specific policy issues that impact each of the respective constituency groups.

Program Schedule



Tuesday, February 9

7 a.m. – noon

Registration

8 – 9 a.m.

State Delegation Meetings and Breakfast

Participants will have an opportunity to meet with other participants from their state to coordinate scheduled visits with their members of Congress and to discuss specific rural health issues that are affecting their states.

9 – 10 a.m.

You Can Make A Difference!

Speaker: Darin Johnson,
Government Affairs
Director, National Rural
Health Association,
Washington, D.C.

The NRHA's government affairs director will brief participants on how to conduct an effective Capitol Hill visit, including an overview of the NRHA's 1999 Legislative and Regulatory

Agenda. In addition, Johnson will kick off the association's year-long "You Can Make A Difference!" campaign that emphasizes the importance of grassroots advocacy in advancing public policy that supports a strong rural health care delivery system.

10 a.m. – 6 p.m.

Capitol Hill Visits

Participants will use this time to meet with their congressional delegations and staffs to discuss the NRHA's 1999 Legislative and Regulatory Agenda and rural health issues relevant to their states. Packets including the NRHA's policy agenda will be provided to participants to distribute to members of Congress and their staffs.

6 – 7:30 p.m.

Capitol Hill Reception and Presentation of Rural Health Awards

This annual reception provides another opportunity for participants to meet members of Congress, congressional staff and other leaders in the rural health care community. In addition, the NRHA's annual Legislative Awards will be presented during the reception.

Wednesday, February 10

8 – 9 a.m.

Y2K Compliance Issues

Speaker: Joe Broseker, Senior Advisor, Health Care Financing Administration, Baltimore, Maryland

Broseker, a member of the Health Care Financing Administration's Y2K team, will present an overview of the agency's ongoing work in making its computer systems compliant for the year 2000. He also will discuss the many infrastructure and software issues that rural health care providers need to be addressing to ensure Medicare and Medicaid reimbursement in 2000.

9 – 10:15 a.m.

State Rural Health Policy Issues: CHIP and Medicaid

Moderator: Diane McSwain, Special Assistant to the Director, Department of Health and Human Services, Washington, D.C.

Speakers: Marsha Brand, Special Assistant to the Administrator, Health Resources and Services Administration, Rockville, Maryland

Tracey Orloff, Senior Policy Analyst, National Governors' Association, Washington, D.C.

Shelly Gehshan, Project Manager, National Conference of State Legislatures, Washington, D.C.

This session will focus on rural health issues being addressed at the state level with a particular focus on the impact of Medicaid reforms on the delivery of health care services to low income populations in rural areas and rural-specific outreach to those eligible to participate in the Children's Health Insurance Program.

10:45 a.m. – noon

Telehealth Policy Update

Moderator: Neal Neuberger, Senior Partner, Center for Public Service Communications, Arlington, Virginia

Speakers: Dena Puskin, Director, Office for the Advancement of Telehealth, Rockville, Maryland

Lee Bailey, President and CEO, Rural Health Care Corp., Washington, D.C.

Craig Dobyski, Health Care Financing Administration, Baltimore, Maryland (Invited)

Presenters will discuss the implementation of Medicare telehealth reimbursement, the universal service fund, federally supported telehealth grant programs, and other policies impacting the advancement of telehealth and telemedicine services.

noon

Adjourn

Capitol Hill Visits & Contacts



CAPITOL HILL VISIT INSTRUCTIONS

If you plan to attend the NRHA's 1999 Rural Health Policy Institute, please contact the NRHA member from your state listed below prior to scheduling any meetings with your U.S. senators or representatives. Your state contact is responsible for maintaining a master schedule of appointments so that all participants attending the Rural Health Policy Institute from your state can visit your congressional delegation as a group. This will assist you and those from your state in presenting a uniform message on Capitol Hill. If there is not a contact for your state listed below, or if you have any questions, please contact Linda Rouse, government affairs special assistant, in the NRHA's Government Affairs office at (202) 232-6200 or by e-mail at rouse@NRHArural.org.

STATE	CONTACT	TELEPHONE	E-MAIL
ALABAMA	Jeanette VanderMeer	(205) 348-9873	JVanderM@nursing.ua.edu
ARIZONA	Alison Hughes	(520) 626-7946	ahughes@cclt.arizona.edu
ARKANSAS	Charles McGrew	(501) 661-2160	cmcgrew@mail.doh.state.ar.us
CALIFORNIA	Herrmann Spetzler	(707) 826-8779	herrmanns@aol.com
COLORADO	Denise Denton	(303) 832-7493	crhrc@ix.netcom.com
FLORIDA	Carol Gormley	(352) 955-2264	ncfhpc@atlantic.net
GEORGIA	Francis Stilp	(912) 685-6811	fstilp@pineland.net
IDAHO	Robert LeBow	(208) 466-7869	lebo101w@cdc.gov
ILLINOIS	Debra Phillips	(217) 224-9484	dphilli@adams.net
INDIANA	Rob Clark	(317) 233-7830	rclark@isdn.state.in.us
IOWA	Bill Assell	(515) 437-3410	stjocvil@se-iowa.net
MAINE	Bonnie Post	(207) 621-0677	bdpmacc@mint.net
MARYLAND	Alice Jackson	(410) 974-4775	
MASSACHUSETTS	Philip Dunlap	(508) 650-9097	dunlap@binah.cc.brandeis.edu
MICHIGAN	Jody Ross	(517) 432-0166	
MISSOURI	Susan Wilson	(816) 442-5416	susanwilson@msc.net
MONTANA	Tom Robertson	(406) 323-3337	Robsmrhi@midrivers.com
NEBRASKA	Neva Burroughs (Keith Mueller's office)	(402) 559-5260	
NEVADA	Kenneth McBain	(702) 887-1590	kenmcbain@aol.com
NEW MEXICO	Carol Miller	(505) 689-2361	
NEW YORK	Janet Ivory	(607) 547-6023	jivory@lakenet.org
OKLAHOMA	Val Schott	(405) 271-8750	val@health.state.ok.us
OREGON	Karen Whitaker	(503) 494-4450	whitakek@ohsu.edu
PENNSYLVANIA	Ken Martin	(814) 863-8214	martin@pu.aers.psu.edu
SOUTH DAKOTA	Bernie Osberg	(605) 773-3364	bernieo@doh.state.sd.us
TENNESSEE	Bruce Behringer	(423) 929-6423	BehringerB@etsu.etsu-Tn.edu
TEXAS	Gail Bellamy	(254) 724-4427	gbellamy@swmail.sw.org
VIRGINIA	Kenneth Studer	(804) 786-4891	kstuder@vdh@bit.net
WASHINGTON	Verne Gibbs	(360) 236-4616	VAG0303@doh.wa.gov
WEST VIRGINIA	Mary Huntley	(304) 558-3210	maryhuntley@wvdhhr.org
WISCONSIN	Fred Moskol	(608) 265-3601	femoskol@facstaff.wisc.edu
WYOMING	Douglas Thiede	(307) 777-6918	dthiede@guest.state.sy.us

Registration



To register for the Rural Health Policy Institute, send payment and completed registration form to the National Rural Health Association, One West Armour Blvd., Suite 203, Kansas City, MO 64111. No fax registrations please. (Become an NRHA member by completing the membership application below and receive the member rate for this conference!)

COMPLIMENTARY

Conference registration deadline: January 30, 1999 • NRHA Member Rate—\$225 • Nonmember Rate—\$295

NAME _____		TITLE _____
ORGANIZATION _____		
ADDRESS _____		CITY, STATE, ZIP _____
TELEPHONE _____	FAX _____	E-MAIL _____

Refund Policy: Cancellations for the conference must be received in writing by the NRHA by February 8, 1999, to receive a refund. A \$50 administrative fee will be charged for each cancellation.

Save \$70 on the Rural Health Policy Institute registration fee by becoming an NRHA member today!

TYPE OF MEMBERSHIP

Check one:

- ☐ Individual (one vote) \$125
- ☐ Organization (two votes)

Based on annual expenses. Please check appropriate amount below.

Budget **Dues**

- ☐ Less than \$500,000 \$330
- ☐ \$500,000 - \$1 million \$460
- ☐ \$1 million - \$2 million \$595
- ☐ \$2 million - \$3 million \$735
- ☐ \$3 million - \$4 million \$865
- ☐ \$4 million - \$9 million \$1,025
- ☐ \$9 million or more \$1,160
- ☐ Supporting (two votes) \$1,470
- ☐ Student (one vote) \$40

Student identification required.

2nd Contact (for Organizational and Supporting Members Only):

CONSTITUENCY GROUP AFFILIATION

Indicate the constituency with which you wish to affiliate.

- ☐ Clinical Services
- ☐ Community-operated Practices
- ☐ Frontier
- ☐ Hospitals and Community Health Systems
- ☐ Population-based Services
- ☐ Research and Education
- ☐ Rural Health Clinics
- ☐ Statewide Health Resources

Contact the NRHA's Member Services Department for more information about each constituency group: (816) 756-3140; e-mail: members@NRHArural.org

NAME _____ TITLE _____

NUMBER OF EMPLOYEES REPRESENTED _____

Payment: ☐ NRHA member Rural Health Policy Institute fee (\$225): \$ _____

☐ Nonmember Rural Health Policy Institute fee (\$295): \$ _____

☐ New Member Rural Health Policy Institute fee (\$225) plus membership fee \$ _____ (selected from above) = total: \$ _____

Total Enclosed: \$ _____

☐ Check or money order enclosed (payable to the NRHA).

Credit Card (Please complete the form below):

☐ Visa ☐ MasterCard

☐ American Express ☐ Discover

ACCOUNT NUMBER _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____



NATIONAL RURAL HEALTH ASSOCIATION
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Kansas City, MO 64111

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**You
Can
Make A
Difference!**



To encourage NRHA members to participate in the association's advocacy efforts, the NRHA is kicking off a year-long "You Can Make A Difference!" campaign during its 1999 Rural Health Policy Institute. The purpose of the campaign is to educate NRHA members about the importance of being actively involved in grassroots advocacy directed at all levels of government, both legislative and regulatory. Each part of the campaign serves as a tool to strengthen the participation of NRHA members in the association's educational and advocacy work. Additionally, the campaign will reinforce the responsibility of the rural health community to be a strong voice and an advocate for all providers and beneficiaries of health care services in rural and frontier America. The campaign will include tools such as a grassroots advocacy manual, a congressional directory, and a grassroots advocacy honor roll. Additionally, information about the campaign will be on the NRHA web site (www.NRHArural.org) and a series of articles will be published in the NRHA's news magazine, RURAL HEALTH FYI.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

THE
ROBERT WOOD
JOHNSON
FOUNDATION

November 10, 1998

*Faxed Repts from
11/29/98*

- Tentative yes

Christopher Jennings
Special Assistant to the President
Health Policy Development
The White House
Old Executive Office Building
Room 212
Washington, DC 20500

Dear Chris:

On January 20, 1999, The Robert Wood Johnson Foundation is sponsoring an invitational meeting in Washington, DC, entitled, *The Evolution of the Individual Insurance Market: Now and in the Future*. The purpose of this meeting is to bring together key public and private actors involved in the policy process to explore the role of the individual insurance market as we experience a changing group market. We have commissioned leading researchers and players in the field to stimulate discussion among participants and to better understand this market and the needs it does and can serve. In addition, the conference will address how the individual market might respond to the various policy options for purchasing health care coverage that are currently being discussed.

I would like to invite you to participate in this important and timely meeting. Mark Pauly will open the meeting with an overview of the individual insurance market, highlighting why it is important both in terms of its demographics and trends as well as with respect to how various potential policy interventions have spurred more attention to this market. This overview will be followed by Deborah Chollet's presentation of a commissioned paper providing a description of the individual market, including who is covered and what products they are purchasing, with Jeffrey Burman of Guarantee Trust Life Insurance Company reacting from the perspective of the industry.

A panel discussion, moderated by David Abernethy will bring life to the interrelationships between insurer, consumer and regulator behavior in the individual insurance market. Representing commercial insurers, the Blues, agents, and regulators, panelists will be asked to share their perceptions of how the market works and how it has been shaped by state regulations.

After lunch, case studies of the impacts of individual reform insurance market reform efforts in Kentucky, Massachusetts, New Jersey, New York, Vermont, and Washington will be presented by Mark Hall, Adele Kirk, and Kathy Swartz. Len Nichols will moderate the session, and present his commissioned synthesis of the lessons learned from state efforts. Discussants who have participated in state reform efforts also will be asked to comment.

November 10, 1998

Page Two

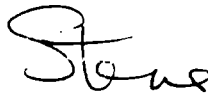
The final panel, moderated by Mark Pauly, will examine proposed policy interventions under discussion at the federal level. HIPAA rating reform, tax preferences for consumers in the individual market, Medigap, and Health Marts will be among those discussed. To conclude the conference, Jack Ebeler will elicit participant reactions to the meeting with the goal of reiterating and summarizing information discussed throughout the day. Following the meeting, you are invited to a reception where you can continue informally the discussions of the day with the presenters and audience participants.

This meeting is being conducted by the Alpha Center, which serves as the national program office for the Foundation's Changes in Health Care Financing and Organization (HCFO) initiative. It will be held at the The Wyndham Hotel in Washington, DC. Room reservations may be made by calling 800-847-8232 or 202-429-1700. A block of rooms has been reserved for participants in this meeting. However, all reservations must be made by **Tuesday, December 29**. After that date, the rooms will revert to general sale by the hotel.

There is no reservation fee for this meeting, but since space is limited, the meeting will be filled on a first-come, first-served basis. We ask that you register for this workshop by mailing or faxing the enclosed registration form to the Alpha Center **no later than January 8, 1999**. If you have any questions about the content of the meeting, please contact Anne Gauthier, Program Director, Debbie Rogal, Deputy Director, or Tanya Alteras, Associate, at the Alpha Center, 1350 Connecticut Avenue, N.W., Suite 1100, Washington, DC, 202-296-1818. For questions concerning logistics, please contact Kelly Thompson, Meetings Coordinator, or Gerald Wilson, Program Associate, also at the Alpha Center.

I hope you will be able to join us on January 20th.

Sincerely,



Steven A. Schroeder, M.D.
President

Enclosures: Agenda
Registration Form

cc: Nancy L. Barrand
Anne K. Gauthier

**THE EVOLUTION OF THE INDIVIDUAL INSURANCE MARKET:
NOW AND IN THE FUTURE**

**An Invitational Meeting Sponsored by The Robert Wood Johnson Foundation
under its
Changes in Health Care Financing and Organization (HCFO) Initiative**

conducted by Alpha Center

January 20, 1999

**The Wyndham Washington DC Hotel
Washington, DC**

Goal Statement

What is the role of the individual insurance market as we experience a changing group market? With choice of health plan and provider emerging as a priority for consumers, should the individual market still be considered a “residual” market? Conventional wisdom holds that those who have group coverage enjoy certain market advantages, including lower premiums, economies of scale, a more diverse risk pool, and better provision of information about benefit packages, prices, available providers, and a variety of other factors important to health care coverage and delivery. These advantages occur when the coverage is provided through an employer, and sometimes through an association. However, those purchasing insurance in the individual market sometimes enjoy more choice among insurance products, and their plan choice is not controlled by where they choose to work.

Traditionally actuaries and others in the insurance industry have viewed this market as a residual market, believing that those who purchase insurance in the individual market are unable to purchase through a group, either because they are unable to work (due to illness, age, or disability) or because they are self-employed. Therefore, premiums in the individual market are higher than those in the group market for similar sets of benefits. In addition, tax subsidies are greater for those in the group market. These factors render individual insurance products unaffordable to many, possibly increasing the ranks of the uninsured.

Recently reported data on possible declines in employer-based insurance and insurer responses to HIPAA have highlighted deficiencies in the individual insurance market and catalyzed policy discussions about how the individual market might be reformed or augmented to better serve those purchasing coverage in that market. For example, recent debate has included talk of

enacting incentives for encouraging healthier employed individuals to purchase insurance in the individual market, including increasing the premium tax deduction for individuals to make it comparable with the tax incentives accorded employment-based policies. In addition, many states have implemented reforms to address problems of access (including risk selection) and affordability. These reforms range from rules governing insurance product pricing and guaranteed issue to facilitating pooling mechanisms. The federal HIPAA legislation also took a modest step to address problems of access (but not affordability) for people leaving group coverage.

The purpose of this conference is to bring together senior level policy makers, researchers, and industry experts to develop a better understanding of the individual insurance market, the needs it should serve, and the impact that reforms implemented to date have had. In addition, the conference will address how the market might respond to the various policy options currently being discussed. Commissioned papers and research describing the individual market will be presented. In addition, the conference will include discussion of the desirability and likely impact on the individual market of policy proposals recently enacted or currently being discussed, including enhancing HIPAA by requiring rate regulation, increased premium deductions for the self-employed and individuals, Health Marts, Medicare + Choices, and offering individual purchasers under age 65 a plan with benefits similar to those offered under Medicare.

The conference and papers would attempt to address the following questions:

1. What does the individual market look like now? Who is buying? What benefits are included? How much choice does the purchaser have in the individual market? What are the deficiencies, e.g., risk selection, price, etc., in the market? In general, what factors drive individuals' participation rates in the market, and what kinds of reforms will improve participation?
2. How is the individual market different from other insurance markets — from the small group market? from the employer-based market? Are choices in the individual market curtailed by insurance carriers' moves toward less-risky "niche" markets? Why do insurers behave differently with respect to the individual market? Is there evidence of adverse selection in the individual insurance market? What are the extent and implications of high turnover (churning) in this market?
3. What attempts have been made to improve the individual market and what are the impacts to date of federal reform (HIPAA) and state reform efforts in NJ, NY, and WA, etc.? Is there evidence that these types of reform are addressing the identified deficiencies and/or the needs of the uninsured? What are the effects of state-wide reforms on insurance agents and brokers working in the individual market?

4. What is/can be the role of managed care in individual market reform? What are the differences in purchasing, benefits, etc. between managed care and indemnity plans offered in the non-group market? Why is there relatively little managed care in the individual market? What would motivate managed care enterprises to participate in this market more extensively?
5. What are the possible impacts of recently discussed policy interventions, e.g., rate regulation addition to HIPAA, increased tax deductions for the self-employed or enactment of a tax deduction for other individual purchasers, Health Marts, or individual purchase of benefits similar to those offered under Medicare by those under 65? What problems are likely to be fixed by moving people into the individual market?

NARRATIVE AGENDA

8:15 - 8:45 a.m. *Registration and Continental Breakfast*

8:45 - 9:00 a.m. 1. **Welcome and Purpose of Meeting**

Presenters:

David C. Colby
Senior Program Officer
The Robert Wood Johnson Foundation
Princeton, NJ

Anne K. Gauthier
Program Director, HCFO Initiative
Vice President, Alpha Center
Washington, DC

9:00 - 9:45 a.m. 2. **Why is the Individual Insurance Market Important?**

This session is designed to provide an overview of the individual insurance market. The presenter will first address why this market, traditionally regarded as a residual one, is perceived to be of increasing policy importance. This overview will include a description of the current demographics and trends of the individual insurance market, as well as how they might be influenced by trends in the employer insurance market. The presenter will also discuss the importance of the market in today's political and policy debate, including how various policy interventions, such as Medicare+Choice, Health Marts, and increased premium tax deductions, have spurred more attention to this market. The session will also summarize the regulatory framework, the impact of HIPAA, and state and federal roles with respect to the individual insurance market. Some issues to be addressed include:

- Is there evidence that the individual market is growing, both in size and in importance in terms of health care coverage?*
- What is the role of HIPAA in the evolving individual insurance market?*
- How are the changing roles of the federal and state governments affecting this market?*

Presenter:

[Commissioned Paper]

Mark V. Pauly, Ph.D.
Bendheim Professor, Department of Health Care Systems
Wharton School
University of Pennsylvania
Philadelphia, PA

9:45 - 10:45 a.m. 3. The Individual Insurance Market: Who is Covered, What Products are They Purchasing?

This session will focus on the demographics, trends, and structure of the individual insurance market. The presenter will examine who is in the market and how they compare demographically with the uninsured and employer-insured populations. She will present differences between the operation of the individual and group markets, including differences that may be consumer-driven or related to differences in regulation. This session will be interactive, with a researcher presenting what is known from available data and an industry representative offering the insurance industry's perspective. Issues to be raised will include:

- *Who buys insurance in the individual market?*
- *Is there evidence of adverse selection in the individual insurance market?*
- *What are the extent and implications of high turnover (churning) in this market?*
- *What kinds of insurers offer products in the individual market?*
- *How do the states regulate the individual insurance market relative to the small group market?*
- *What else should legislators and regulators know about the individual market to improve public policy making?*

Presenter: Deborah J. Chollet, Ph.D.
[Commissioned Paper] Vice President
 Alpha Center
 Washington, DC

Discussant: Jeffrey Burman
 Vice President, Product Development
 Guarantee Trust Life Insurance Company
 Glen View, IL

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

11:15 - 12:15 p.m. 4. Dynamics of the Individual Insurance Market: How Does it Really Work and Why?

This session will focus on the interrelationships between insurer, consumer, and regulator behavior in the individual insurance market. Panelists will offer insights on underwriting practices, product offerings, and risk segmentation. They will examine the

DRAFT – November 10, 1998

incentives of state regulations that have shaped the current structure and function of the market. This moderated panel discussion will include industry representatives sharing their perceptions of how the market works in response to questions designed to elicit their insights. Issues to be raised will include:

- *How have states traditionally regulated the market?*
- *How do administrative and marketing costs in the individual market effect its functioning?*
- *Why do insurers behave differently towards the individual market than they do towards the group market?*
- *What are the differences in eligibility requirements in the individual and group markets, and how have they led to product differentiation between the group and non-group markets?*
- *What conditions are necessary for insurance companies to do less medical underwriting?*

Moderator: David Abernethy
Senior Vice President, Public Policy and
Regulatory Affairs
Health Insurance Plan of New York
Washington, DC

Panelists: Pat Carmody (*Invited*)
Vice President, Insurance Department Services
Mutual of Omaha
Omaha, NE

William Lindsay
President
Benefits Management and Design, Inc.
Denver, CO

Susan Voss
Project Director
Iowa Department of Commerce, Insurance Division
Des Moines, IA

John Berry (*Invited*)
Senior Vice President
Trigon Blue Cross Blue Shield
Roanoke, VA

12:15 - 1:15 p.m. *Lunch*

1:15 - 3:00 p.m. 5. **Beyond HIPAA: Lessons from Reforms of the Individual Insurance Market**

For certain states, attention to problems in the non-group market – and subsequent attempts at regulatory reform – have been on the legislative agenda for years. Presenters will share results from research that has examined states' experiences with individual market reforms and discuss what these experiences imply for policymaking at the federal level. In addition, an overview paper, synthesizing the lessons learned in several states, will be presented. State-level reforms will be compared to reforms stemming from HIPAA and their relative consequences will be discussed. Questions regarding research into this area may include:

- *What types of state-level reform have been considered and implemented?*
- *What has been the impact? How has the impact been measured? How are data on the insurance market collected, and how does this affect research and analysis?*
- *In states where regulatory reform was not successful at improving access to health coverage for those in the individual market, what could have been done differently?*
- *What lessons can be learned/reforms adopted by other states?*
- *What lessons can be learned/utilized by federal policy makers?*

Presenters: Len Nichols, Ph.D.
[Overview/Synthesis Paper] Principal Research Associate
 The Urban Institute
 Washington, DC

[Case Studies] Mark Hall, J.D. (NY, VT)
 Professor of Law and Public Health
 Bowman Gray School of Medicine
 Wake Forest University
 Winston-Salem, NC

Adele M. Kirk (MA,WA, KY)
Associate
Alpha Center
Washington, DC

B. Katherine Swartz, Ph.D. (NJ)
Associate Professor
School of Public Health
Harvard University
Boston, MA

Discussants: George Nichols (*Invited*)
Commissioner
Kentucky Department of Insurance
Frankfort, KY

TBA

3:00 - 3:15 p.m. *Break*

3:15 - 4:45 p.m. 6. **Implications for the Future: Policy Options and the Individual Market**

This session will examine proposed policy interventions under discussion at the federal level. HIPAA rating reform, tax preferences for consumers in the individual market, Medigap, and Health Marts, will be among those discussed. Panelists will address their feasibility and desirability, within the context of the information and discussion of the prior meeting sessions. Questions to be raised may include:

- *How can group market delivery systems and financing structures be applied to the individual market, in order to better distribute risk?*
- *What is the optimal policy solution... "fixing" the individual market, thereby reducing or eliminating risk selection, or providing incentives for movement (e.g., the formation of associations) into groups?*
- *What implications might individual market reforms have for the uninsured? who will not be able to afford to purchase coverage even in an expanded group market?*
- *How will these proposals be financed? How would individual tax preferences be supported? What would be the impact of the revenue reductions?*
- *What lessons have the federal government and the states learned from HIPAA implementation?*

Moderator: Mark Pauly

Panelists: Gary Claxton (*Invited*)
Deputy Assistant Secretary for Health Policy
U.S. Department of Health and Human Services
Washington, DC

DRAFT – November 10, 1998

Lynn Etheredge
Health Policy Consultant
Insurance Reform Project, George Washington University
Washington, DC

Dean Rosen (*Invited*)
Vice President, Policy and Information
Health Insurance Association of America
Washington, DC

Kathleen Means (*Invited*)
Chief Health Analyst
Senate Committee on Finance
Washington, DC

4:45 - 5:15 p.m. 7. Summary

To conclude the conference, a moderator will ask audience participants to state their sense of the “take away” message(s) from the meeting. This should provide a dynamic session, whose goal is to reiterate and summarize key information discussed throughout the day.

Moderator: Jack Ebeler
Consultant
Washington, DC

5:15 - 6:30 p.m. Reception

REGISTRATION FORM

By Invitation Only

Faxon
11/24/98

The Robert Wood Johnson Foundation's
Changes in Health Care Financing and Organization (HCFO) Initiative

An Invitational Meeting

THE EVOLUTION OF THE INDIVIDUAL INSURANCE MARKET:
NOW AND IN THE FUTURE

January 20, 1999

Wyndham Washington DC Hotel
1400 M Street, N.W.
Washington, DC

Please respond early, as there are more invitations than space available. Registrations received after January 8, 1999 will be considered on a space available basis only. Please write legibly.

Name: CHRISTOPHER JENNINGS
Title: DEPUTY ASSISTANT to the PRESIDENT FOR HEALTH Policy
Organization: THE WHITE HOUSE
Address: 216 OLD EXECUTIVE OFFICE BLDG
WASHINGTON, DC 20502
Phone #/Fax #: (202) 456-5560 , (202) 456-5557
E-mail Address: _____

Do you have a special meal requirement: ☐ Yes ☒ No If so please indicate: N/A

RECEPTION INFORMATION

Please indicate below whether you plan to attend the reception following the meeting so that we may estimate an appropriate amount of food.

☒ YES, I plan to attend the reception. ☐ NO, I do not plan to attend the reception.

HOTEL RESERVATIONS

To obtain the special single/double occupancy rate of \$160.00 per night, you must reserve your hotel room by **December 29, 1998**. Call the Wyndham Washington, DC at 1.800.847.8232 or 202.847.8232 and specify that you are attending The Robert Wood Johnson Foundation meeting.

MEETING REGISTRATION DEADLINE: January 8, 1999

Confirm your registration by FAXING your completed form to:

Gerald Wilson, Program Assistant
Alpha Center, 1350 Connecticut Avenue, N.W., Suite 1100
Washington, DC 20036
(202)296-1818 x-233 (202)296-1825 (fax)

PHOTOCOPY
PRESERVATION



Collier, Shannon,
Rill & Scott, PLLC

*Please Join Us
for a Reception to Welcome*

Honorable Doris O. Matsui

Senior Advisor

and

Director of Government Relations and Public Policy

Thursday, January 21, 1999

6:00 to 8:00 p.m.

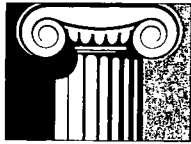
Willard Inter-Continental Hotel

1401 Pennsylvania Avenue, N.W., Washington, D.C.

Business Attire

RSVP: 202.342.8418

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GEORGETOWN COMMUNICATION SERVICES

HUBERT W. DELANO (CEO)
MEG MULLERY

DORIS O. MATSUI

Formerly
Deputy Assistant to the President
and
Deputy Director of Public Liaison
The White House

Doris Matsui served in The White House from the early days of the Clinton Administration. As Deputy Assistant to the President and Deputy Director of Public Liaison, she coordinated White House outreach to the private and public sectors to build support for the Administration's economic and budget packages, NAFTA, the Uruguay Round, the expansion of NATO, and other domestic and international initiatives.

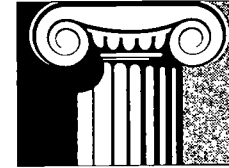
Also during her White House tenure, Ms. Matsui chaired the Nonprofit Liaison Group, comprised of officials from federal agencies and Cabinet departments, that sought to improve relations between the federal government and nonprofit community. Before joining The White House, Ms. Matsui was a Board Member of the Presidential Transition Team.

Ms. Matsui joins the firm as Senior Advisor and Director of Government Relations and Public Policy. She will be instrumental in developing legislative strategy, coordinating issue management, and dealing with the Executive Branch and Congress. While her focus will be on government relations in Washington, D.C., she will also work closely with the firm's international trade, antitrust, environmental, and intellectual property sections on government policy issues facing U.S. companies.

In the Government Relations and Public Policy area, Ms. Matsui joins more than 25 lawyers and non-lawyers who have experience on Capitol Hill and served in senior positions in Republican and Democratic Administrations.

Founded in 1963, Collier, Shannon has 115 attorneys and government relations specialists practicing in the areas of Antitrust and Trade Regulation, Consumer Protection and Advertising, Energy, Environmental, and Health and Safety, Government Relations and Public Policy, Intellectual Property, International Trade and Customs, Labor and Employment, Litigation, Telecommunications, and Trade Associations. Collier, Shannon offers economic and public relations consulting through its two partnership subsidiaries, Georgetown Economic Services and Georgetown Communication Services.

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Collier, Shannon,
Rill & Scott, PLLC

*Please Join Us
for a Reception to Welcome*

Honorable Doris O. Matsui

Senior Advisor

and

Director of Government Relations and Public Policy

Thursday, January 21, 1999

6:00 to 8:00 p.m.

Willard Inter-Continental Hotel

1401 Pennsylvania Avenue, N.W., Washington, D.C.

Business Attire

RSVP: 202.342.8418

Valet Parking

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



GOVERNMENT RELATIONS AND PUBLIC POLICY

What distinguishes law practice in Washington, D.C. is the challenge and the opportunity to solve clients' problems in the governmental arena. Collier, Shannon, formed in 1963 by two attorneys coming off Capitol Hill, has always maintained its commitment to a first-rate practice in the area of government relations and public policy, addressing legislative and regulatory issues through negotiation and lobbying, as well as through litigation in courts and administrative agencies. Our firm of 115 lawyers includes more than 25 lawyers and government relations specialists who have worked on Capitol Hill and in senior positions for Democratic and Republican Administrations alike, including the White House, the Departments of Justice, State, Commerce, and Labor, the Office of the United States Trade Representative, the Federal Trade Commission, and the Overseas Private Investment Corporation.

We pride ourselves on the ability to join experience in the legislative and executive process with substantive expertise in our core areas of antitrust, international trade, environmental law, consumer protection, and intellectual property to bring about successful outcomes for our clients. While our government relations efforts focus on Washington, as our clients' problems have become more global, Collier, Shannon has begun to see government relations and public policy as an international practice. It has become increasingly common to deal with problems facing our clients by simultaneously working with the U.S. government and governments in foreign capitals, such as Brussels, Tokyo, Ottawa, Mexico City, Caracas, and Beijing. Several of our former senior government officials at Collier, Shannon brought extensive background in international negotiation and diplomacy, which has proven invaluable in dealing with international government relations and public policy problems.

Collier, Shannon's Government Relations and Public Policy Group includes:

Michele S. Ballantyne	Kathleen Clark Kies	Robert W. Porter
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R. Timothy Columbus	Donna J. Loop	Gregory M. Scott
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COLLIER, SHANNON, RILL & SCOTT, PLLC
3050 K STREET, N.W.
SUITE 400
WASHINGTON, D.C. 20007 U.S.A.

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MEMORANDUM

Via Telecopy

DATE: January 5, 1999
TO: Christopher Jennings
FROM: Ellen Stovall *Ellen*
RE: Invitation to Attend the Cancer Leadership Council Meeting on January 12

As you know, the Cancer Leadership Council (CLC) has consistently and aggressively advocated that cancer patients be guaranteed access to care in a clinical trial. As the 106th Congress begins, the CLC is launching a renewed effort to secure enactment of the Medicare Cancer Clinical Trials Coverage Act and to support other policies that ensure cancer patients have access to high quality care.

The group -- now 18 organizations strong -- would like to hear from you regarding the Administration's health care priorities, particularly related to guaranteeing quality care for those with serious and life-threatening illnesses. I wrote to you in late November regarding the CLC's January 12 meeting, and I have called you recently to confirm your ability to meet with us on that date. I understand that this is a busy time for you, but the CLC includes all the major

cancer advocacy organizations, and I believe attending the meeting would be a productive use of your time. We would like to meet with you in the morning of the 12th, because the group will spend the afternoon in Hill visits.

I will call you again tomorrow to determine your availability.

Attachment

November 30, 1998

Via Telecopy

Christopher C. Jennings
Deputy Assistant to the President
For Health Policy Development
216 Old Executive Office Bldg.
Washington, D.C. 20500

Dear Chris:

The Cancer Leadership Council (CLC) is identifying its primary policy objectives for the 106th Congress and refining its strategy for accomplishing its goals. Guaranteeing cancer patients access to care in clinical trials remains at the top of our agenda, and we will redouble our efforts on this issue in 1999.

We would like to invite you to attend the January 12 meeting of the CLC to discuss the Clinton Administration's commitment to initiatives that would ensure access to clinical trials for cancer patients. The CLC would also like to hear from you on other Clinton health initiatives. We would like to begin a constructive dialogue on health policy issues early in the new year so that we can maximize our effectiveness and achieve our shared objectives.

In the last several months, the CLC has expanded its membership and includes most cancer patient advocacy groups, research organizations, and scientific and medical organizations that are active on policy issues in Washington, D.C. We meet on a monthly basis to discuss cancer policy issues and plan and execute our joint advocacy efforts.

Christopher C. Jennings
November 30, 1998
Page 2

I will give you a call to confirm your availability in January.

Sincerely,

A handwritten signature in cursive script that reads "Ellen Stovall".

Ellen Stovall
for the

Cancer Leadership Council

American Cancer Society
American Society of Clinical Oncology
Cancer Care, Inc.
Cancer Research Foundation of America
Cure For Lymphoma Foundation
Kidney Cancer Association
Leukemia Society of America, Inc.
National Alliance of Breast Cancer Organizations
National Breast Cancer Coalition
National Coalition for Cancer Survivorship
North American Brain Tumor Coalition
Oncology Nursing Society
Ovarian Cancer National Alliance
Susan G. Komen Breast Cancer Foundation
US-TOO International
Y-ME National Breast Cancer Organization

Contact:

Ellen Stovall
Executive Director
National Coalition for Cancer Survivorship
1010 Wayne Avenue - Suite 500
Silver Spring, Maryland 20910
Phone: 301/650-9127
Fax: 301/565-9670



American
Clinical Laboratory
Association

January 4, 1999

Christopher Jennings
Assistant to the President for Health
Policy Development
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Chris:

I am writing on behalf of the American Clinical Laboratory Association (ACLA), to invite you to address our annual meeting on Thursday, February 4, 1999. As you know, ACLA is a not-for-profit organization representing the nation's leading independent clinical laboratories. Our member companies provide more than 60% of the independent clinical laboratory services throughout the United States. The topic we would like for you to address is, "The President's Health Agenda for 1999." We hope to have a Republican Senator speak prior to you, and we would like you to provide the Administration's perspective.

Our meeting will be held at The Grand Hyatt Hotel (1000 H Street, NW, Washington, DC), and if possible, we would like for you to speak from 9:45-10:30am. If this particular time is not possible, I would be pleased to consider adjusting our program to accommodate your schedule.

Chris, I realize there are great demands on your time; however, our members would very much benefit from your insight and perspective. If you would like additional information about this request, or about our organization, please do not hesitate to call. I look forward to hearing from you.

Sincerely yours,

David N. Sundwall, M.D.
President

Please respond by completing a registration form on HSC's web site—www.hschange.com—by **January 22, 1999**.

WEDNESDAY, JANUARY 27, 1999
9:30 AM-12 NOON

**GRAND HYATT HOTEL at METRO CENTER
CONSTITUTION B**

If you do not have Internet access, please complete and return the registration form by fax to: (202) 484-9258.

PHONE: FAX:

Special Needs

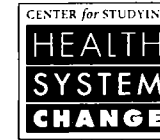
Space Limitations: Space is limited, and registrations will be accepted on a first-come, first-served basis. Please be sure to respond by completing a registration form on our web site or by fax by Friday, January 22, 1999.

Address and Directions to the Hotel: Grand Hyatt Hotel, 1000 H Street, NW, Washington, DC 20001, (202) 637-4776. The Grand Hyatt Hotel is located at the Metro Center stop on the Red, Orange and Blue lines. Use the 11th Street exit when leaving Metro Center. You will see the underground entrance to the Grand Hyatt leading directly from the Metro.

Questions: For questions concerning conference logistics, please contact Roland Edwards at (202) 484-4514.



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Washington, DC 20024



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Chris Jennings
Deputy Asst. to the President for
The White House
Old Executive Office Building
Room 21b
The White House
Washington DC 20502

[illegible]

Independent No More:

**How effective
have physician
organizations been
in responding to
managed care?**

Wednesday, January 27, 1999
9:30 AM-12 Noon
Washington, DC

Independent No More: How Effective Have Physician Organizations Been in Responding to Managed Care?

Wednesday, January 27, 1999

9:30 AM–12 Noon

Continental Breakfast at 9 AM

Grand Hyatt Hotel at Metro Center
Constitution B

Roundtable Participants

David Blumenthal, M.D., M.P.P.
Director, Institute for Health Policy
MGH/Partners Health Care System, Inc.

Joseph Davis, Ph.D.
Chief Executive Officer, Medimatrix

J.D. Kleinke, M.S.B.
Chairman, Health Strategies Network, Inc.

Jacob Kuriyan, Ph.D.
Chief Executive Officer, Physmark

Other Participants

Paul Ginsburg, Ph.D.
President, Health System Change,
and Session Moderator

Joy Grossman, Ph.D.
Health Researcher, Health System Change

Hosted by Health System Change (HSC), this roundtable will allow panelists to offer their perspectives on what is motivating physicians to move from small practices into larger organizations, and what they hope to achieve in the process. Although much experimentation has taken place—driven mostly by physicians' desire to regain leverage with health plans—no model of physician organizations has emerged as completely successful. In fact, many models—among them medical groups, IPAs, MSOs and PHOs—have not been able to deliver care more effectively or have not proven to be financially successful.

Roundtable participants will discuss what has gone wrong for these organizations and why, and will highlight areas where organizations have achieved success. This diverse group, which includes consultants, practitioners and researchers, will also discuss its views about how physician organizations will evolve in the future.

Topics To Be Covered Include:

- **How have organizations financed their formation?** Which of the various approaches has proven successful over the longer term, from the perspective of the physicians and sponsoring organizations? How might physician organizations' financing needs be changing?
- **What kinds of governance structures have physician organizations set up?** What are the implications for delivery of care?
- **What objectives are they trying to achieve through their contracting relationships?** How have these evolved? How are regulations—such as the Stark law prohibiting self-referrals and antikickback laws—influencing the contracting environment?
- **How are physicians approaching medical management within these various organizations?** Why are some organizations integrating care delivery processes while others are carving out populations or disaggregating care in other ways? Which approaches are optimum for physicians and patients?

These broad topics will be considered by the panelists against the backdrop of three organizational scenarios provided to the conference attendees. These scenarios will be located in three of the 12 communities that HSC is studying intensively to understand how the U.S. health system is changing and the implications of those changes on consumers. HSC also conducts surveys every two years in those 12 communities, as well as 48 others, which enables it to provide a national and a market perspective about health system change.

The last part of this conference will be devoted to a discussion about what attributes the optimum physician organizations should possess, and how external demands by purchasers, consumers and regulators may shape the physician organizations of the future.

Who Should Attend:

Policy makers who need to have a current understanding of how physician organizations are evolving and the role of regulation

Industry leaders who would like to understand the range of objectives that physician organizations are attempting to achieve, where they are succeeding or failing and why

Employers and their proxies who may themselves be considering contracting directly with physician organizations or want a better understanding of how they operate

Researchers who would like a current national perspective about the evolution of physician organizations along with examples from local markets

About HSC

Health System Change—a research organization funded exclusively by The Robert Wood Johnson Foundation—provides objective, timely analyses about changes in the nation's health care system and their impact on consumers to private and public decision makers. HSC, based in Washington, D.C., is affiliated with Mathematica Policy Research, Inc.

*Sinner Reynolds**1/13/99*

January 4, 1999

American
Clinical Laboratory
Association

Christopher Jennings
Assistant to the President for Health
Policy Development
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Chris:

I am writing on behalf of the American Clinical Laboratory Association (ACLA), to invite you to address our annual meeting on Thursday, February 4, 1999. As you know, ACLA is a not-for-profit organization representing the nation's leading independent clinical laboratories. Our member companies provide more than 60% of the independent clinical laboratory services throughout the United States. The topic we would like for you to address is, "The President's Health Agenda for 1999." We hope to have a Republican Senator speak prior to you, and we would like you to provide the Administration's perspective.

Our meeting will be held at The Grand Hyatt Hotel (1000 H Street, NW, Washington, DC), and if possible, we would like for you to speak from 9:45-10:30am. If this particular time is not possible, I would be pleased to consider adjusting our program to accommodate your schedule.

Chris, I realize there are great demands on your time; however, our members would very much benefit from your insight and perspective. If you would like additional information about this request, or about our organization, please do not hesitate to call. I look forward to hearing from you.

Sincerely yours,

David N. Sundwall, M.D.
President



American
Clinical Laboratory
Association

FAX COVER SHEET

Date: 1/4/98

To: Chris Jennings
Attention:
Theresa Jones

Phone: _____

Fax: 456-5557

From: David N. Sundwall

Phone: 202-637-9466

President

Fax: 202-637-2050

Re: Speaking engagement

Message:

Chris, I hope you will be able to
join us again. If another time
is preferable, we will be flexible
HAPPY NEW YEAR.

David

Number of pages including cover: 2

OK

CC Sam
 Called
 regret 1/6/98
 Ask Sarah! Mr!

November 30, 1998

Via Telecopy

Christopher C. Jennings
 Deputy Assistant to the President
 For Health Policy Development
 216 Old Executive Office Bldg.
 Washington, D.C. 20500

Dear Chris:

The Cancer Leadership Council (CLC) is identifying its primary policy objectives for the 106th Congress and refining its strategy for accomplishing its goals. Guaranteeing cancer patients access to care in clinical trials remains at the top of our agenda, and we will redouble our efforts on this issue in 1999.

We would like to invite you to attend the January 12 meeting of the CLC to discuss the Clinton Administration's commitment to initiatives that would ensure access to clinical trials for cancer patients. The CLC would also like to hear from you on other Clinton health initiatives. We would like to begin a constructive dialogue on health policy issues early in the new year so that we can maximize our effectiveness and achieve our shared objectives.

In the last several months, the CLC has expanded its membership and includes most cancer patient advocacy groups, research organizations, and scientific and medical organizations that are active on policy issues in Washington, D.C. We meet on a monthly basis to discuss cancer policy issues and plan and execute our joint advocacy efforts.

(I might be able to do this if it is late in the afternoon, but I think it is unlikely b/c of the disability event on the 12th & another event on the 13th.)

13th
 13th

Christopher C. Jennings
November 30, 1998
Page 2

I will give you a call to confirm your availability in January.

Sincerely,



Ellen Stovall
for the

Cancer Leadership Council

American Cancer Society
American Society of Clinical Oncology
Cancer Care, Inc.
Cancer Research Foundation of America
Cure For Lymphoma Foundation
Kidney Cancer Association
Leukemia Society of America, Inc.
National Alliance of Breast Cancer Organizations
National Breast Cancer Coalition
National Coalition for Cancer Survivorship
North American Brain Tumor Coalition
Oncology Nursing Society
Ovarian Cancer National Alliance
Susan G. Komen Breast Cancer Foundation
US-TOO International
Y-ME National Breast Cancer Organization

Contact:

Ellen Stovall
Executive Director
National Coalition for Cancer Survivorship
1010 Wayne Avenue - Suite 500
Silver Spring, Maryland 20910
Phone: 301/650-9127
Fax: 301/565-9670

CANCER LEADERSHIP COUNCIL

NAME: Christopher C. Jennings

FIRM: The White House

RECEIVING TELECOPIER: 456-5557

FROM: Ellen Stovall for the Cancer Leadership Council

DATE: November 30, 1998

TIME: 5:23 pm

TOTAL NUMBER OF PAGES: 3
(INCLUDING COVER SHEET)

IF TRANSMISSION PROBLEMS OCCUR, CALL: (202) 778-2325

REGARDING:

Invitation —

please
add to list.

Teresa
pls have

w/ Chris discuss



SELF-INSURANCE INSTITUTE OF AMERICA, INC.

phoned 11/13/99

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Medical Risk Managers
South Windsor, CT

CHIEF EXECUTIVE OFFICER

James A. Kinder

* also serves as a Director

November 24, 1998

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

Thanks for
getting this

Dear Mr. Jennings:

I am delighted to extend this cordial invitation to you to address the Thirteenth Annual Legislative Conference of the Self-Insurance Institute of America, Inc. (SIIA) which will be held February 23-25, 1999 at the Washington Court Hotel in Washington, D.C.

SIIA is a national association with over 1200 members from across the country including employers, third party administrators, managing general underwriters, reinsurance companies and other interested parties dedicated to the advancement of self-insurance. SIIA is the only association in the United States which represents firms, professionals and organizations which participate in the broad spectrum of self-insurance, including employer-sponsored group health plans.

Your comments on "The Administration's Health Care Agenda for 1999" would be most welcome.

If convenient, your presentation could be scheduled either on Wednesday, February 24 or Thursday, February 25. We would be flexible as to the time of your presentation to assist with your scheduling needs.

If you or your staff have any questions concerning the meeting or your participation, please do not hesitate to call me or Ashley Williams directly in Washington, DC at (202) 463-8161.

We hope your schedule will permit you to participate in SIIA's Thirteenth Annual Legislative Conference.

We look forward to your confirmation and to your participation at our meeting.

Sincerely,

James A. Kinder
Chief Executive Officer

YOU'RE INVITED

SAME SESSIONS



REGISTER TODAY!

What: 1999 Communitarian Summit, held only once every five years, will take place in conjunction with the Association for Practical and Professional Ethics.

Featuring: **Deborah Tannen** and **Francis Fukuyama**; Deputy Secretary of Treasury **Lawrence Summers**; Senior Presidential Advisor **Ira Magaziner**; **Sen. Sam Brownback** (R-KS); **Stephen Carter**; Internet guru **Esther Dyson**; Senior Advisor to Tony Blair **Geoff Mulgan**; creator of PBS's *Think Tank* **Benjamin Wattenberg**; theologian **Thandeka**; **Amitai Etzioni** and many more! Invited speakers include **Vice President Albert Gore, Jr.**; **Sen. John McCain** (R-AZ); and **Sen. Joseph Lieberman** (D-CT).

When: February 27-28, 1999.

Where: The Hilton in Arlington, VA.
Next to Washington, DC Nat'l. Airport.

COMMUNITARIAN PUBLIC POLICIES

William Galston of the Univ. of Maryland; **Robert Reischauer** of The Brookings Institution, invited; **Sen. Judd Gregg** (R-NH), invited; and **Sen. John Breaux** (D-LA), invited, will explore **Social Security**.

COMMUNITY JUSTICE

Jeremy Travis, Director of the National Institute of Justice, will lead a session on **Community Perspectives on Crime and Justice**.

FUTURE OF THE FAMILY

Don Browning of the Univ. of Chicago, will chair a session on the **Family in a Comparative Perspective**.

COMMUNITARIAN ECONOMICS

South Shore Bank's President **Mary Houghton** and The Enterprise Foundation's Chairman and CEO **Barton Harvey** will examine **Community Development Organizations**.

and many more...

Visit our web site at <http://www.gwu.edu/~ccps> for Summit updates and details!

Discount Expires Soon !

- ☐ **Early Registration before Dec. 15** \$ 90.00
- ☐ **Registration** \$ 120.00
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TOTAL: \$ _____

Join us for a celebratory dinner featuring dancing to the sounds of klezmer music. Regrettably, registration fees are not refundable, as they are needed to cover conference costs.

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CreditCard(Visa,MC,Amex)#: _____

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Signature: _____

Please make checks payable to The Communitarian Network.

For more information, please contact Vanessa Wight at 202.994.9790 or by e-mail at vwight@gwu.edu. To register for the **1999 Communitarian Summit**, please return this form to:

The Communitarian NETWORK

2130 H STREET, NW • SUITE 703 • WASHINGTON, DC 20052
202.994.7997 PHONE • 202.994.1606 FAX • COMNET@GWU.EDU

Visit our web site at <http://www.gwu.edu/~ccps> for Summit updates and details!

PROGRAM HIGHLIGHTS

COMMUNITARIAN THINKING

Hans Joas of Freie Universität Berlin and **Philip Selznick** of the Univ. of California, Berkeley will examine **Communitarian Thinking**.

PRIVACY

Alan Westin of Columbia Univ. and **Marc Rotenberg**, Director of Electronic Privacy Information Center will study **Privacy**.

PROFESSIONAL RESPONSIBILITY

William Doherty of the Univ. of Minnesota will examine **Responsibility of Therapists**; **David Luban** of Georgetown Univ. does the same for **Lawyers**.

THE GOOD SOCIETY

Senior policy advisor to Vice President Gore **Elaine Kamarck**; **T. Alexander Aleinikoff** of the Carnegie Endowment for International Peace; and **Richard Harwood** of The Harwood Group will discuss **New Approaches to Civil Society**.

VIRTUAL COMMUNITIES

Eli Michael Noam of Columbia Univ. and **Magid Igbaria** of Claremont Graduate Univ. will explore **Democracy, Community, and the Internet**.

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February 4-5, 1999

HEALTH CARE 2000: A NEW PARADIGM

*Presented by
Health Care Management Program
Graduate School of Management
University of California, Irvine*

*Sponsored by the University of California, Irvine
College of Medicine*



1999 HEALTH CARE FORECAST CONFERENCE

A National Forum for the Discussion and Dissemination of a Short Term Health Care Economic and Political Forecast, from Both a Public and Private Sector Perspective

The conference provides a unique venue for dialogue among government and business leaders, and academicians, who will share their perspectives and forecasts on key economic and political issues which impact health care in this country. Health care policies and research data in a number of different areas will be reviewed and their impact on health care expertly assessed. This is an excellent opportunity to participate in a review of public and private sector health care trends and policies, and gain an insight into how the economics and politics of health care will impact one's business organization and constituents.

The "Managed Care Revolution" has plateaued in terms of cost savings, and the overall public backlash at managed care has resulted in development and enactment of legislation both at the State and Federal level. The next Congress is expected to consider new legislation affecting the managed care industry. Employer coalitions are likely to increase their pressure on providers and insurers by focusing on quality and outcomes on care. The industry is beginning to reassess its strategic direction in terms of cost savings, consolidation, and coping with new legislation as it moves into the twenty-first century. The cost for providing health care for seniors, the fastest growing segment of the population, will continue to provide challenges for a managed care as it copes with reduced Federal reimbursements.

Health plans and providers are evaluating Medicare risk contracts. Given the change in Medicare reimbursement, will the profitability of such risk contracts decline? What are the prospects for health plans, physician practice management companies and for-profit hospitals in the equity markets as the industry becomes more affected by legislation and declining reimbursements? What is the sentiment in the new Congress, and what legislation is likely to be enacted which impacts managed care plans, providers, and patient care?

The 1999 Health Care Forecast Conference addresses these issues and evaluates the strategic options available to building the paradigm for health care in the new millennium.

WHO SHOULD ATTEND

CEO's, Trustees and senior management from provider and insurer organizations.

Physicians and nurses in administrative positions, and those in private, group or clinical practice.

Senior executives in pharmaceutical, medical device and other health care organizations who define strategy and policy.

Employers who deal with the problem of ever-increasing health care costs while attempting to increase employee choice and access.

Those in government who define and implement health policy.

ABOUT THE GRADUATE SCHOOL OF MANAGEMENT

The Graduate School of Management (GSM) at the University of California, Irvine, was founded in 1968. Since then it has become a leader in research, education and community involvement. GSM provides a demanding, multifaceted approach to graduate management education and superior preparation for a variety of management careers. The School offers the Master of Business Administration (M.B.A.) degree and the Doctor of Philosophy (Ph.D.) in Administration, as well as a Health Care Executive M.B.A. designed for health care professionals, an Executive M.B.A. program for executive level managers, an M.B.A. for the fully employed, and an MBA for full time students.

The Health Care Management Program (HCM) at GSM was established in 1988 by an endowment from the FHP Foundation, which created an endowed chair in Health Care Management. Under the direction of Professor Paul J. Feldstein, Ph.D., the Robert Gumbiner Chair in Health Care Management, the Program has established an academic program which prepares students to assume management positions in complex health care organizations. The HCM Program offers students the option of an emphasis in health care within their M.B.A. program. This combines health care management with the most essential management and leadership skills and knowledge. In addition, the HCM Program focuses on continuing education, research and community service which provide information and strategic options on health care issues to the business community, from both a public and private sector perspective.

In January 1996 the Health Care Executive M.B.A. program was launched. It is specifically designed for the needs of health care professionals who wish to acquire an M.B.A. degree while continuing with their careers. This two-year program, which meets one long weekend a month, is the first of its kind offered by a major educational institution in the United States. The first and second classes graduated in December 1997 and 1998 respectively. The Class of 2000 starts January 1999.

1998 CONFERENCE

Major Benefactors

KPMG Peat Marwick LLP
St. Joseph Health System of Orange County
Mission Hospital Regional Medical Center
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The Three Toshiba Companies of Orange County
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Contributing Co-Benefactors

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Orange County Medical Association
UCI Medical Center

KEYNOTE SPEAKER

Norm Ornstein, Ph.D., Resident Scholar, American Enterprise Institute, Television News Commentator

As mandated by the ACCME, all Faculty participating in continuing medical education programs sponsored by the University of California Irvine, College of Medicine are expected to disclose to the program audience any real or apparent conflict of interest related to the content of their presentation.

SPEAKERS

Tom L. Anderson, Vice President, Medicare Programs, United HealthCare Corporation
Robert S. Berenson, Health Care Financing Administration (invited)
Susan Bratton, Vice President, Wasserstein Perella & Co., Inc.
Thomas C. Cesario, M.D., Dean, UC Irvine College of Medicine
Paul J. Feldstein, Ph.D., Professor and Robert Gumbiner Chair in Health Care Management, Graduate School of Management, UC Irvine
Rich Foster, Director, Office of the Actuary, Health Care Financing Administration
Jon R. Gabel, Director, Employee Benefits Research, KPMG Peat Marwick LLP
Paul B. Ginsburg, Ph.D., President, Center for Studying Health System Change
James E. Glassman, Ph.D., Senior Economist, Chase Securities, Inc.
Timothy Hoechst, Vice President, Oracle Corp.
Wilfred Jaeger, M.D., General Partner, Three Arch Partners
Andie King, Domestic Policy Advisor, House Democratic Policy Committee, U.S. Congress
Kathleen E. Means, Chief Health Analyst, Senate Finance Committee, U.S. Congress
Arnold Milstein, M.D., M.P.H., National Physician Practice Leader, William M. Mercer, Inc.
Murray N. Ross, Ph.D., Executive Director, Medicare Payment Advisory Commission
R. Clark Schenz, Principal, Wilkerson Group, IBM Health Care Consulting
Sheryl Skolnick, Managing Director, BancBoston Robertson Stephens
D. McCarty Thornton, Deputy Inspector General, Office of Counsel to the Inspector General, Department of Health and Human Services (invited)

PROGRAM

Day One: Thursday, February 4, 1999

7:00 AM - 8:00 AM Registration/Breakfast

8:00 AM - 8:15 AM Conference Welcome and Introductions

8:15 AM - 5:30 PM Conference Sessions in Main Auditorium

Session 1

Forecasts: U.S. Economic Forecast, Health Care Forecast, Federal Budget, Health Care Expenditures, Medicare and Medicaid Projections

The national economic and employer health care forecasts will be presented. In addition, the federal budget and health care expenditures will be discussed, along with Medicare and Medicaid projections, policy, issues and implications.

Session 2

Paying HMOs and Providers for Quality

Consumer satisfaction and quality measurements in addition to premiums determine with whom employers contract for health care services. Health care providers and health plans are under pressure to provide quantifiable measurements for quality and outcomes. The ability to gain and

sometimes even maintain market share is becoming dependent on the ability to demonstrate superior health care services and delivery. In this session, the most updated quality and satisfaction measurements and reporting trends will be renewed, including how employer coalitions are paying health plans based on outcomes measures.

Session 3

Medicare + Choice

A new and yet untested program designed by the Health Care Financing Administration to provide additional health care service options to seniors will be discussed from these perspectives: HCFA, non-partisan Congressional advisory committee, and private sector implementation. The impact on the seniors it is meant to serve and operational issues and concerns will be discussed.

Session 4

Keynote Speaker: Health Politics and Policies in the New Congress

The new Congress will be pressured by the President to enact patient rights legislation including the right to sue health plans. These changes, if enacted, could have a negative financial impact on health plans and providers. The Keynote Speaker, an astute and well regarded political "pundit," will address the issues as he sees them from an "inside the beltway" perspective.

Session 5

Health Legislation in the New Congress

Democrat, Republican and an independent viewpoint will be presented to explain the priorities of both political parties. Specific partisan agendas, and the politics behind the scenes will be shared by Capitol Hill staff members who are directly involved in the legislative process.

Session 6

Innovations in the Health Care Marketplace

As managed care has spread across most markets, dramatic changes have occurred in relationships between health care providers, payors, insurers, manufacturers of medical equipment and pharmaceuticals. What are the key elements of success and failure in supplier relationships? In addition, the use of information technology and the Internet have offered the opportunity to reduce costs and increase revenues. However, for many, the investment in equipment and software has not delivered the expected benefits. These issues and others will be thoroughly and insightfully discussed in this conference session.

5:30 PM - 7:00 PM

Reception and dinner style hors d'oeuvres buffet

Day Two: Friday, February 5, 1999

7:00 AM - 8:00 AM

Breakfast

7:30 AM - 8:30 AM

**Special Presentation by KPMG Peat Marwick LLP
"Consumerism in Health Care, Follow-up Study"**

8:30 AM - 12:30 PM

Conference Sessions in Main Auditorium

Session 1

Impact of Managed Care, a National and Orange County Perspective

This presentation will feature research data gathered from select managed care markets from across the nation, including Orange County. This will be presented by the President of the Center for Studying Health Systems Change, which is based in Washington, DC.

Session 2

Fraud and Abuse - A Perspective from the Office of the Inspector General, DHHS

Fraud and abuse penalties on health care organizations have increased at a rapid rate, in part fueled by whistle blowers who stand to reap millions in rewards. The Office of the Inspector General will present its view of the law, types of compliance programs that should be implemented, and the consequences of breaking the law.

Session 3

Wall Street Perspectives on the Health Care Industry

Several physician practice management companies have gone bankrupt, others are moving into different lines of business. HMOs have been losing money, and health plans have been exiting the Medicare risk market. Medicare is also reducing provider payments, and new legislative mandates are being imposed on health plans. How is Wall Street viewing these trends? Which stocks are still viewed as sound investments, and what kinds of organizations is venture capital most likely to fund? These issues will be discussed from a Wall Street perspective.

REGISTRATION FORM

Registrations by mail will be accepted with a postmark no later than January 25, 1999. After this date registrations can be accepted by FAX-Mastercard or VISA only FAX to the attention of Margaret Wong at (949) 824-7349.

For further information, call (949) 824-2494.

Name _____
 Title _____
 Organization _____
 Address _____
 City _____
 State _____ Zip Code _____
 Business Phone _____ FAX _____
 Email address _____

I have read and accept the stated cancellation policy.

Fee Per Person	# Persons	Total Fees
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Registrations postmarked or faxed Jan. 15 or earlier:

\$395 (Postmarked or faxed) _____

\$365 (2 or more from one org.) _____

\$295 (UC faculty and staff, students, county, federal or state government) _____

Registrations Postmarked or faxed after Jan. 15:

\$495 _____

Please make check payable to UC Regents.

Note: One registration form should be completed for each individual conference attendee. (copies of this form are acceptable)

☐ Check ☐ VISA ☐ Mastercard

Card Number _____

Expiration Date _____

Signature _____

Date _____

Mail to: Margaret M. Wong, Director, Program Development
 UCI Graduate School of Management
 3300 Berkeley Place
 Irvine, CA 92697-3130
 FAX (949) 824-7349

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 15, 1999.

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 74.**

1999 HEALTH CARE

A National Forum for the Discussion and Dissemination of a Short-Term Health Care Economic and Industry Forecast, from Both a Public and Private Sector Perspective

The conference provides a unique venue for among government and business leaders, economists, who will share their perspectives and key economic and political issues which impact in this country. Health care policies and regulations in a number of different areas will be reviewed and their impact on health care expertly assessed. The conference provides an excellent opportunity to participate in a review of public and private sector health care trends and policies and to gain insight into how the economics and politics will impact one's business organization and

The "Managed Care Revolution" has resulted in terms of cost savings, and the overall backlash at managed care has resulted in the development and enactment of legislation at the State and Federal level. The next Congress is expected to consider new legislation that will impact the managed care industry. Employers and insurers are likely to increase their pressure on health plans and insurers by focusing on quality of care. The industry is beginning to reassess its strategic direction in terms of savings, consolidation, and coping with legislation, as it moves into the twenty-first century. The cost for providing health care services to seniors, the fastest growing segment of the population, will continue to provide challenges for managed care as it copes with reduced reimbursements.

Health plans and providers are evaluating Medicare risk contracts. Given the decline in Medicare reimbursement, will the prospects for health plans, physician management companies and for-profit providers in the equity markets as the industry is more affected by legislation and decreased reimbursements? What is the sentiment in Congress, and what legislation is likely to be enacted which impacts managed care, providers, and patient care?

The 1999 Health Care Forecast Conference addresses these issues and evaluates the strategic options available to building the future for health care in the new millennium.

TO ASSIST US IN CONFERENCE PLANNING, PLEASE COMPLETE THIS QUESTIONNAIRE.

Please check the appropriate descriptions:

Position

☐ Manager/Executive

☐ Consultant

☐ Practicing Clinician

☐ University Faculty

☐ Government

☐ Other _____

Hospital Size (Please check one)

☐ Under 100 Beds

☐ 100-300 Beds

☐ 300-600 Beds

☐ Over 600 Beds

Hospital Type

☐ Teaching

☐ Non-Teaching

Non-Hospital Setting

☐ HMO

☐ Health Center/Clinic

☐ Private Office

☐ Other _____

Type of Business

☐ Pharmaceutical

☐ Medical Device

☐ Biotech

☐ Insurance

☐ Other _____

Industry

Type of Business _____

Annual Revenues \$ _____

#Employees _____

Government Agency

Name _____

☐ County Level

☐ State Level

☐ Federal Level

ACCREDITATION

Continuing Medical Education Credits (ACCME)

The University of California, Irvine, College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The University of California, Irvine, College of Medicine designates this continuing medical education activity for 12 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

American College of Healthcare Executives

Participants in this Program who wish to have it considered for Category II (Non-ACME education) credit should list their attendance when they apply to the American College of Healthcare Executives for advancement or re-certification.

CEU's for Nurses

Application has been made to the California Board of Registered Nursing for 12 Nurses CEUs.

Department of Insurance, Sacramento, California

Application has been made for approval of 12 CEUs for this conference

CONFERENCE SITE

The 1999 Health Care Forecast Conference is being held at the Arnold and Mabel Beckman Center of the National Academies of Sciences & Engineering, Irvine, California. (Adjacent to the University of California, Irvine campus.)

The University of California, Irvine campus is located three miles from the John Wayne Airport in Orange County, California, which is accessible via most major airlines. An airport shuttle is available for transportation between the Sheraton Newport Beach and the airport. Daily transportation service between the Sheraton and the Beckman Center will be provided.

There are many opportunities for recreation in the immediate area, including Newport Beach with its world class restaurants, and Laguna Beach with its fine art galleries. Skiing is available a short two-hour drive away. The pleasant balmy "winter" weather in Palm Springs is just 90 minutes away.

HOTEL ACCOMMODATIONS

A block of rooms has been reserved at the Sheraton Newport Beach, Newport Beach, California, for the nights of Wednesday through Friday, February 3-5, 1999, at the special rate of \$109.00 per night for single or double occupancy plus taxes. This rate may be extended to Saturday and Sunday nights, February 6-7, 1999, based upon prior request and room availability.

Each registrant who needs hotel reservations should call the Sheraton Newport Beach for room reservations. The number is (949) 833-0570, Ext. 7600. Please specifically request the \$109.00 rate for the "GSM Health Care Conference group blocking."



REGISTRATION AND FEES

Please reserve early — Space is limited!

Registration fee is per person, includes all sessions, breakfasts, luncheons, coffee breaks, buffet reception, and Conference materials.

Registrations must be postmarked with payment, or faxed with credit card information, by January 15, 1999.

Registration \$395.00 per person

Registration \$365.00 per person
for two or more persons from
the same organization

Registration \$295.00 per person
for UC Faculty and Staff, Students,
County, Federal and
State Governments

Registrations postmarked or
faxed after January 15, 1999 \$495.00 per person

*****Registrations by mail must be postmarked no later than January 25, 1999. After January 25, 1999, only faxed registrations with credit card payment will be accepted.*****

CANCELLATIONS AND REFUNDS

All cancellations must be in writing. Cancellation deadline is **January 15, 1999.**

The fee, less a 15% cancellation charge, will be refunded if the written cancellation is received with a postmark of January 15, 1999, or earlier.

No refunds will be made for written cancellations postmarked after January 15, 1999, but a substitute may be admitted to the Conference. Refunds will be processed after the Conference.

HOW TO REGISTER

To register for the Conference, complete the registration form and return it along with your check, made payable to **UC Regents**, or credit card number, to:

Margaret M. Wong
Director, Program Development
Graduate School of Management
3300 Berkeley Place
Irvine, CA 92697-3130
Tel (949) 824-8474
Fax (949) 824-7349
Email: mwong@uci.edu

For additional information, please call (949) 824-2494.



UCI
Graduate School of Management
University of California, Irvine
3300 Berkeley Place
Irvine, CA 92697-3130

23



CHRIS JENNINGS
DEP ASST TO THE PRESIDENT, HC
WHITE HOUSE
17TH PENNSYLVANIA AVENUE, NW
OLD EXEC OFF BLDG, ROOM 215
WASHINGTON DC 20503

REGISTER EARLY – SPACE IS LIMITED!



1/17/99
phoned

The Board of Trustees of the Foundation for Accountability

requests the pleasure of your company

at its annual recognition dinner

on Thursday, the 28th of January

from six o'clock until nine-thirty o'clock in the evening

Dumbarton House

2715 Que Street, Northwest

Washington, D.C.

Rogatz

Speaker

John C. Sawhill

President of the Nature Conservancy

R.s.v.p. by enclosed card

Semi-formal



Date: Saturday, December 19, 1998

To: Christopher Jennings
Fax: 202-456-5557

From: Foundation for Accountability
David Lansky
Phone: 503-223-2228
Fax: 503-223-4336

Pages: 1

I hope you will save the evening of January 28th to attend the FACCT Annual Recognition Dinner in Washington DC at the Dumbarton House. This is our third annual dinner, which we hold every January in Washington, DC, to thank our supporters. Last year, we initiated the Ellwood Awards to honor organizations for their outstanding efforts in the field of quality measurement performance and accountability.

As is our custom, we will hold the dinner at an historical site. This year it will be at the Dumbarton House in Georgetown. Our speaker this year is John C. Sawhill, President of the Nature Conservancy. You may have seen his guest editorial in the Washington Post on October 11. From his work with the Nature Conservancy and the environmental and energy fields, we have asked Mr. Sawhill to speak to the challenge of educating and activating the public to understand the magnitude of environmental issues and their role in shaping a solution. This dinner meeting gives us an opportunity to look outside the health care arena for models.

The dinner will begin at 6 p.m. with the program ending at 9:30 p.m. On street parking is available on Que Street and on adjacent 27th and 28th Streets. A formal invitation will be sent shortly. This is only an early alert to get the date on your calendar. If you have any questions, please call Louise Dunn or Fay Reynolds at 503-223-2228.



NATIONAL
HEALTH
COUNCIL

BREAKFAST BRIEFING

Priorities and Challenges at CDC

A Breakfast Briefing with
CDC Director Jeffrey Koplan, M.D., M.P.H.

The Washington Court Hotel
Atrium Room
525 New Jersey Avenue, NW
Washington, DC 20001

Wednesday, January 20, 1999
8:30 AM to 9:30 AM



The National Health Council is honored to host Jeffrey Koplan, M.D., M.P.H., Director of the Centers for Disease Control and Prevention, at a Breakfast Briefing on January 20. Recently appointed to this position, Dr. Koplan will offer his views on the priorities and challenges for the agency today.

Registrations and cancellations must be received by **noon, Monday, January 18, 1999**. Registrants canceling after the deadline will not receive refunds and will be responsible for any unpaid fees. Checks should be made payable to the National Health Council.

Sponsored through an educational grant from the Arthritis Foundation.

RETURN TO: **National Health Council**, 1730 M Street, NW, Suite 500, Washington, DC 20036;
FAX: (202) 785-5923

KOPLAN BREAKFAST BRIEFING

Name _____ Title _____
(as you wish it to appear on your badge)

Organization _____

Address _____

City, State, Zip _____

Phone (____) _____ Fax (____) _____

____ MEMBER (\$20-one free registration per member organization) ____ NON-MEMBER (\$30 enclosed)

☐ CHECK ☐ MasterCard ☐ Amex ☐ Please send me membership information ☐ Visa

Card Number _____ Expiration Date _____

Cardholder Name _____ Signature _____

1730 M Street, NW • Suite 500 • Washington, DC 20036-4505

(202) 785-3910 • FAX (202) 785-5923

E-MAIL: info@nhcouncil.org

1730 M Street, NW • Suite 500 • Washington, DC 20036-4505

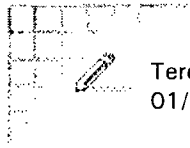
Chris Jennings
Special Assistant to the President
The White House
1600 Pennsylvania Avenue
Washington DC 20036

20006/0001

THE UNIVERSITY OF CHICAGO

|||...||...||...||...|||...||...||...||

1/8/99 10 AM
Room 100



Teresa M. Jones
01/05/99 01:41:48 PM

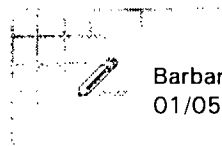
Record Type: Record

To: Jeanne Lambrew/OPD/EOP, Sarah A. Bianchi/OVP @ OVP, Devorah R. Adler/OPD/EOP

cc: Christopher C. Jennings/OPD/EOP

Subject: 1 Hour Briefing w/Senior Groups on LTC

Per Barbara Woolley - This is scheduled for Friday, 1/8/99 from 10:00 am to 11:00am in Room 100.



Barbara D. Woolley
01/05/99 12:18:48 PM

10-11

Room 100

Record Type: Record

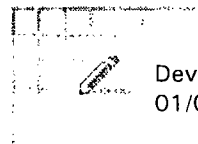
To: Teresa M. Jones/OPD/EOP

cc:

Subject: briefing on LTC

Can you get me a time on friday, jan. 8, 1 hour for briefing w/ senior groups on LTC. Thanks.

----- Forwarded by Barbara D. Woolley/WHO/EOP on 01/05/99 12:19 PM -----



Devorah R. Adler
01/05/99 12:16:37 PM

Record Type: Record

To: Barbara D. Woolley/WHO/EOP

cc: Teresa M. Jones/OPD/EOP

Subject: briefing on LTC

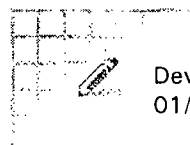
Hello --

Chris thinks it is a great idea to talk to your folks on Friday. Can you talk to Teresa and pick a time to set it up?

Right now, the invite list internally is Chris, Jeanne, Sarah, you, and me. Chris will work on other internal invites, and if you have suggestions, you should let me know.

THANKS.

Devorah



Devorah R. Adler
01/05/99 12:16:37 PM

Record Type: Record

To: Barbara D. Woolley/WHO/EOP
cc: Teresa M. Jones/OPD/EOP
Subject: briefing on LTC

Hello --

Chris thinks it is a great idea to talk to your folks on Friday. Can you talk to Teresa and pick a time to set it up?

Right now, the invite list internally is Chris, Jeanne, Sarah, you, and me. Chris will work on other internal invites, and if you have suggestions, you should let me know.

THANKS.

Devorah

1/7/99 Km 106
200pm

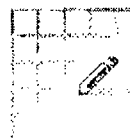
 Emory L. Mayfield
01/06/99 05:33:47 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: See the distribution list at the bottom of this message
Subject: cost allocation mtg

This is to confirm that the cost allocation meeting with HHS, DPC, OMB and IGA is set for 2:00 tomorrow in Room 106. Attendees will include Lance Simmens (HHS), John Callahan (HHS), Chris Jennings, Cynthia Rice, Dan Mendelson, Fred DuVal and Bill White. Barbara Chow will join the meeting late. Thanks.

----- Forwarded by Emory L. Mayfield/WHO/EOP on 01/06/99 04:24 PM -----

 Emory L. Mayfield
01/06/99 10:07:48 AM

Record Type: Record

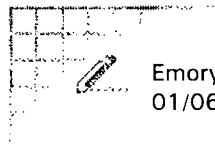
To: Cynthia A. Rice/OPD/EOP, Jeanne Lambrew/OPD/EOP, Daniel N. Mendelson/OMB/EOP, Barbara Chow/OMB/EOP
cc: Fred DuVal/WHO/EOP, William H. White Jr./WHO/EOP, Christopher C. Jennings/OPD/EOP
Subject: cost allocation mtg

Lance Simmens and John Callahan from HHS would like to come over and brief you all on the state by state cost allocation/TANF numbers before they are released. Does 2:00 tomorrow in room 106 work?

Message Sent To:

Cynthia A. Rice/OPD/EOP
Jeanne Lambrew/OPD/EOP
Daniel N. Mendelson/OMB/EOP
Christopher C. Jennings/OPD/EOP
Barbara Chow/OMB/EOP

Message Copied To:



Emory L. Mayfield
01/06/99 03:54:34 PM

Record Type: Record

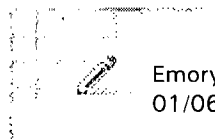
To: Teresa M. Jones/OPD/EOP

cc:

Subject: cost allocation mtg

per my voice mail, can you see if Chris can attend this meeting? Thanks.

----- Forwarded by Emory L. Mayfield/WHO/EOP on 01/06/99 02:56 PM -----



Emory L. Mayfield
01/06/99 10:07:48 AM

Record Type: Record

To: Cynthia A. Rice/OPD/EOP, Jeanne Lambrew/OPD/EOP, Daniel N. Mendelson/OMB/EOP, Barbara Chow/OMB/EOP

cc: Fred DuVal/WHO/EOP, William H. White Jr./WHO/EOP, Christopher C. Jennings/OPD/EOP

Subject: cost allocation mtg

Lance Simmens and John Callahan from HHS would like to come over and brief you all on the state by state cost allocation/TANF numbers before they are released. Does 2:00 tomorrow in room 106 work?



Cynthia A. Rice

01/06/99 01:46:31 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP
cc: Christopher C. Jennings/OPD/EOP, Jeanne Lambrew/OPD/EOP
Subject: Re: cost allocation mtg

Can you guys make a 2:00 meeting tomorrow? I want toknow before I start shifting things around

----- Forwarded by Cynthia A. Rice/OPD/EOP on 01/06/99 01:47 PM -----



Emory L. Mayfield
01/06/99 01:27:00 PM

Record Type: Record

To: Cynthia A. Rice/OPD/EOP
cc:
bcc:
Subject: Re: cost allocation mtg

HHS and OMB are o.k. w/ 2:00. If you could shift your schedule around it would be helpful. Although, if it's a problem we'll work something else out - thanks.

Cynthia A. Rice



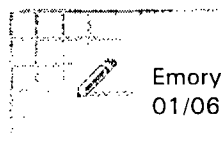
Cynthia A. Rice

01/06/99 01:22:02 PM

Record Type: Non-Record

To: Emory L. Mayfield/WHO/EOP
cc: See the distribution list at the bottom of this message
bcc:
Subject: Re: cost allocation mtg

I have a conflict, but one I could change if I had to
Emory L. Mayfield



Emory L. Mayfield
01/06/99 10:07:48 AM

Record Type: Record

To: Cynthia A. Rice/OPD/EOP, Jeanne Lambrew/OPD/EOP, Daniel N. Mendelson/OMB/EOP, Barbara Chow/OMB/EOP

cc: Fred DuVal/WHO/EOP, William H. White Jr./WHO/EOP, Christopher C. Jennings/OPD/EOP

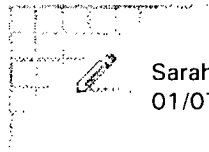
Subject: cost allocation mtg

Lance Simmens and John Callahan from HHS would like to come over and brief you all on the state by state cost allocation/TANF numbers before they are released. Does 2:00 tomorrow in room 106 work?

Message Copied To:

Jeanne Lambrew/OPD/EOP
Daniel N. Mendelson/OMB/EOP
Barbara Chow/OMB/EOP
Fred DuVal/WHO/EOP
William H. White Jr./WHO/EOP
Christopher C. Jennings/OPD/EOP

1/8/99 1130
Conf Call AM



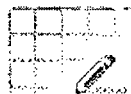
Sarah A. Bianchi @ OVP
01/07/99 12:07:11 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP
cc: Devorah R. Adler/OPD/EOP
Subject: mental health parity - quick conference call

can we set up with Chris, Gary C, dan MacGuire at DOL and me for tomorrow morning? thanks

sb



Gina C. Mooers
01/07/99 04:15:10 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: See the distribution list at the bottom of this message
Subject: Children's GME

This meeting will be held tomorrow at 1 pm in room 240.

----- Forwarded by Gina C. Mooers/OMB/EOP on 01/07/99 04:12 PM -----

Daniel N. Mendelson

01/06/99 09:05:12 AM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: See the distribution list at the bottom of this message
Subject: Children's GME

We have begun to think about design for this program. Attached are initial thoughts. We will set up an EXOP meeting for later this week to discuss. I would like to do this before we go to HHS. Please let Gina know if others should be invited. Thanks.

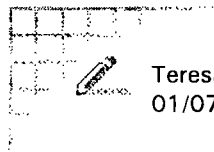


KIDSGME2.W

Message Sent To:

Christopher C. Jennings/OPD/EOP@EOP
Jennifer L. Klein/OPD/EOP@EOP
Sarah A. Bianchi/OVP@OVP
Jeanne Lambrew/OPD/EOP@EOP
David W. Beier/OVP@OVP

Message Copied To:



Teresa M. Jones
01/07/99 04:07:43 PM

1/8/99 1:00 pm
Dan ofc
Jeanne/Sarah
will attend

Record Type: Record

To: Jeanne lambrew, Sarah A. Bianchi/OVP

cc: devorah adler, chris jennings

Subject: Children's GME meeting

There will be a Children GME meeting tomorrow 1/8/9 at 1:00pm in Dan Mendelson's office.
Since Chris has a lunch appointment, Jeanne and Sarah were asked to attend this meeting for him.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. email	Waves to Teresa M. Jones re: Waves Confirmation (partial) (1 page)	12/18/1998	P6/b(6), b(7)(C), b(7)(E), b(7)(F)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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

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

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

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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



WAVES_CONF @ PMDF.EOP.GOV
12/18/98 01:56:15 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP

cc:

Subject: WAVES Confirmation

ADDRESSEES: TERESA_M._JONES

SUBJECT: CONFIRMATION: APPT. REQUEST FOR JONES, TERESA

FROM: WAVES OPERATIONS CENTER - ACO:

P6/(b)(6), (b)(7)(c), (b)(7)(e), (b)(7)(f)

Date: 12-18-1998

Time: 13:53:11

This message serves as confirmation of an appointment for the
visitors listed below.

Appointment With: JONES, TERESA

Appointment Date: 12/21/98

Appointment Time: 11:00:00 AM

Appointment Room: 216

Appointment Building: OEOB

Appointment Requested by: JONES TERESA

Phone Number of Requestor: 65594

WAVES APPOINTMENT NUMBER: U32561

If you have any questions regarding this appointment,
please call the WAVES Center at 456-6742 and have the
appointment number listed above available to the
Access Control Officer answering your call.

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

RODGERS, MICHAEL

P6/(b)(6)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004b. note	re: SSN and DOB (1 page)	01/06/1998	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

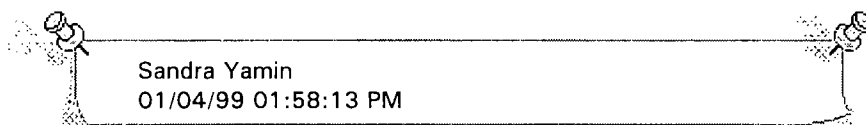
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

1/5 4pm Km 260



Record Type: Record

To: Christopher C. Jennings/OPD/EOP, Daniel N. Mendelson/OMB/EOP, Jeanne Lambrew/OPD/EOP

cc: See the distribution list at the bottom of this message

Subject: Meeting re: Long-term Care

We have scheduled a meeting for Tues., 1/5 at 4:00PM in Barbara Chow's office (Rm 260) to discuss Long-term Care design details. Jeannette Takamura and Diane Justice will be attending from AoA.

Message Copied To:

Teresa M. Jones/OPD/EOP
Gina C. Mooers/OMB/EOP
Jack A. Smalligan/OMB/EOP
Michele Ahern/OMB/EOP
Barry White/OMB/EOP

1/5 - 300pm
Rm 260

Sandra Yamin
01/04/99 12:36:42 PM

Record Type: Record

To: Christopher C. Jennings/OPD/EOP, Daniel N. Mendelson/OMB/EOP, Jeanne Lambrew/OPD/EOP
cc: See the distribution list at the bottom of this message
Subject: Meeting on Kennedy/Jeffords and BRIDGE

We have scheduled a meeting for Tues., Jan 5 at 3:00PM in Barbara Chow's office (Rm 260) to discuss Kennedy/Jeffords and BRIDGE. Please let me know if you are unable to attend. Thank you.

Message Copied To:

Teresa M. Jones/OPD/EOP
Gina C. Mooers/OMB/EOP
Jack A. Smalligan/OMB/EOP
Joanne Cianci/OMB/EOP
Larry R. Matlack/OMB/EOP
Lori Schack/OMB/EOP
Barry White/OMB/EOP

**PHOTOCOPY
PRESERVATION**

 Teresa M. Jones
01/04/99 12:37:37 PM

Record Type: Record

To: Sandra Yamin/OMB/EOP

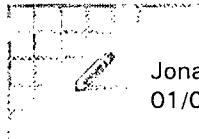
cc:

Subject: Re: Meeting on Kennedy/Jeffords and BRIDGE

Yes, Chris Jennings is available.

**PHOTOCOPY
PRESERVATION**

*Jeanne will attend
for Chris*



Jonathan M. Young
01/06/99 12:06:25 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: Wednesday Meeting on Jeffords-Kennedy/Bridges

Thanks Chris and Barbara for your work today on the Jeffords-Kennedy proposal, and to all of you for the work you have been doing outside today's meeting.

Barbara and I met briefly this evening to discuss outstanding issues relating to the Jeffords-Kennedy proposal and the Presidential Task Force proposal for coordination of services. Barbara has a window from 2-4 pm, and a less-desirable but possible window of 12-1 pm. Please let me know as soon as possible (Chris and Becky) if and when you can meet during these windows. (Jeanne will be off-site but will try to join by phone whenever we meet.) Unless otherwise noted, we will plan to meet in Barbara's office in OEOP 260. My direct line is 456-7032. Thanks. I look forward to our meeting.

Message Sent To:

Jeanne Lambrew/OPD/EOP
Barbara Chow/OMB/EOP
Sandra Yamin/OMB/EOP
Christopher C. Jennings/OPD/EOP
Teresa M. Jones/OPD/EOP
ogle-becky @ dol.gov

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005a. note	re: SSN and DOB (1 page)	01/06/1999	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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

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

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

PRM, Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005b. email	Waves to Teresa M. Jones re: Waves Confirmation (partial) (1 page)	01/06/1999	P6/b(6), b(7)(C), b(7)(E), b(7)(F)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

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rc409

RESTRICTION CODES

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WAVES_CONF @ PMDF.EOP.GOV
01/06/99 10:47:18 AM

Record Type: Record

To: Teresa M. Jones/OPD/EOP

cc:

Subject: WAVES Confirmation

ADDRESSEES: TERESA_M_JONES

SUBJECT: CONFIRMATION: APPT. REQUEST FOR JONES, TERESA

[0056]

FROM: WAVES OPERATIONS CENTER - ACO:

P6/(b)(6); (b)(7)(c); (b)(7)(e); (b)(7)(f)

Date: 01-06-1999

Time: 10:43:45

This message serves as confirmation of an appointment for the
visitors listed below.

Appointment With: JONES, TERESA

Appointment Date: 1/6/99

Appointment Time: 2:00:00 PM

Appointment Room: 476

Appointment Building: OEOB

Appointment Requested by: JONES TERESA

Phone Number of Requestor: 65594

WAVES APPOINTMENT NUMBER: U36585

If you have any questions regarding this appointment,
please call the WAVES Center at 456-6742 and have the
appointment number listed above available to the
Access Control Officer answering your call.

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

DAVIS, LYNNE

P6/(b)(6)

**PHOTOCOPY
PRESERVATION**

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005c. email	Waves to Teresa M. Jones re: Waves Confirmation (partial) (1 page)	01/06/1999	P6/b(6), b(7)(C), b(7)(E), b(7)(F)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

Event Invitations (November 1998 - February 1998)

2011-0747-S

rc409

RESTRICTION CODES

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WAVES_CONF @ PMDF.EOP.GOV

01/06/99 10:51:15 AM

Record Type: Record

To: Teresa M. Jones/OPD/EOP

cc:

Subject: WAVES Confirmation

ADDRESSEES: TERESA_M._JONES

SUBJECT: CONFIRMATION: APPT. REQUEST FOR JONES, TERESA

FROM: WAVES OPERATIONS CENTER - ACO:

P6/(b)(6), (b)(7)(c), (b)(7)(e), (b)(7)(f)

Date: 01-06-1999

Time: 10:49:14

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: JONES, TERESA

Appointment Date: 1/6/99

Appointment Time: 2:00:00 PM

Appointment Room: 476

Appointment Building: OEOB

Appointment Requested by: JONES TERESA

Phone Number of Requestor: 65594

WAVES APPOINTMENT NUMBER: U36590

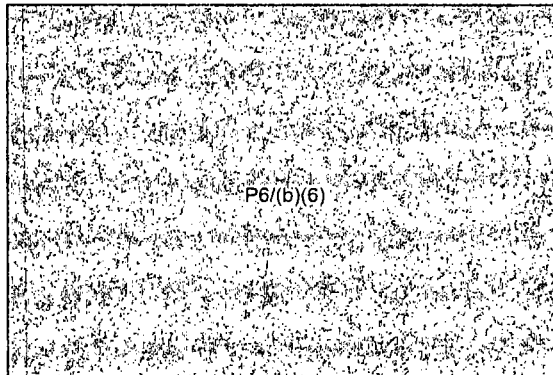
If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the

Access Control Officer answering your call.

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 10

TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 10

BERDAHL, ANNE
BRESCH, JACK
BROWN, FELICIEN
DEBRUNNER, CHARLES
EYMAN, BARBARA
GOLDMAN, PATRICIA
GOODMAN, EDWARD
KUGLER, ELLEN
LESLEY, BRUCE
REAGAN, MARGARET



THE
CATHOLIC HEALTH
ASSOCIATION
OF THE UNITED STATES

FAX TRANSMITTAL FORM



DATE : December 29, 1998
TO : Theresa Jones
FAX: 456-5557
SUBJECT : Wednesday, January 6, 2:00 PM Meeting With Chris Jennings

FROM : Fish Brown (202-296-3993)

COMMENTS :

Here is the list of participants that you requested. Thanks.

Fish

1875 Eye St, NW #1000
Washington, DC 20006-5409

Phone 202-296-3993
Fax 202-296-3997

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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005d. list	re: SSN and DOB (partial) (1 page)	12/30/1998	P6/b(6)
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COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17045

FOLDER TITLE:

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**CHRIS JENNINGS MEETING WITH HOSPITAL GROUPS
ON MEDICARE DISPROPORTIONATE SHARE HOSPITAL (DSH)
PAYMENTS**

WEDNESDAY, JANUARY 6, 1999

2:00 P.M.

OEOB

LIST OF PARTICIPANTS

[005d]

<u>Name</u>	<u>Organization</u>	<u>Date of Birth</u>	<u>Social Security #</u>
Jack Bresch	Catholic Health Association		
Felicien J. Brown	Catholic Health Association		
Barbara Eyman	National Association of Public Hospitals and Health Systems		
Anne E. Berdahl	Federation of American Health Systems		
Lynne Davis	Association of American Medical Colleges		
Charles DeBrunner	Coalition of Private Safety Net Hospitals DeBrunner & Associates		
Edward N. Goodman	VHA		
Ellen Kugler	Coalition of Private Safety Net Hospitals DeBrunner & Associates		
Bruce Lesley	National Association of Children's Hospitals		
Margaret Reagan	Premier, Inc.		

P6(b)(6)

*Fabian K.
Goldman*

THE
CATHOLIC HEALTH
ASSOCIATION
OF THE UNITED STATES

December 10, 1998

TO: Chris Jennings, The White House

FROM: Jack Bresch and Fish Brown, CHA

SUBJECT: Hospital Groups Concerned About Medicare DSH Payments

On behalf of a hospital coalition, we are writing to request a meeting with you regarding Medicare payments to disproportionate share hospitals.



During its public meeting last week, the Bipartisan Medicare Commission considered an option to eliminate Medicare DSH. As you know, the idea is not a new one, but it could pick up steam if the Commission supported such an approach in its recommendations due March 1, 1999. Needless to say, the Catholic Health Association of the United States (CHA) and other hospital associations are very concerned about the potential negative consequences to "safety net" hospitals and to the Medicare beneficiaries whom they serve.

Recently CHA convened a group consisting of the American Hospital Association, American Association of Medical Colleges, National Association of Public Hospitals, Premier, Federation of American Health Systems, Cleveland Clinic, and National Association of Children's Hospitals to advocate for maintaining Medicare DSH payments. We have been meeting with staff of Commission members regarding DSH and are troubled by the direction in which the Commission seems to be going.

Our message is that Medicare DSH payments are essential to safety net hospitals' ability to provide care to Medicare beneficiaries. Moving these payments out of Medicare and into the annual appropriations process would effectively scale them back substantially and make them unpredictable. As you know, there are 43.6 million uninsured and the number is growing at a rate of 1 million each year. We respect the Commission's need to "think big" and recommend broad structural changes in Medicare; however, the DSH shift would represent shortsightedness and an unwillingness to see the overall picture of services to the uninsured in the larger health care market.

CHA, and most of the associations in our DSH coalition, also support a "carve out" for DSH from Medicare + Choice payments. We would like to get a sense of the Administration's support for this proposal in 1999 and any suggestions you might have for us in pursuing this further, particularly in light of the recent shake-up in Medicare managed care participation.

Please call Jack at 202/296-3993 to set up the meeting.

WASHINGTON OFFICE

1875 Eye Street, NW
Suite 1000
Washington, DC 20006-5409

Phone 202-296-3993
Fax 202-296-3997

4565542, # 27/2
Please 1/6/98
Schedule 200 pm
Rm 476