Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Antonio Martinez to Teresa Jones re: SSN and DOB (partial) (1 page)	06/03/1999	P6/b(6)
001b. resume	re: George Thomas DeVries (partial) (1 page)	06/03/1999	P6/b(6)
002a. fax	Steve Jenning to Teresa Jones re: phone number (partial) (1 page)	07/02/1999	P6/b(6)
002b. fax	Steve Jenning to Teresa Jones re: phone number (partial) (1 page)	07/09/1999	P6/b(6)
003a. list	re: SSN and DOB (1 page)	ca. 1999	P6/b(6)
003b. form	Waves requester information form re: SSN and DOB (partial) (1 page)	07/16/1999	P6/b(6)
004. memo	Jennifer Poulakidas to Teresa Jones re: Lunch meeting (partial) (1 page)	07/22/1999	P6/b(6)
005a. invitation	re: home address (partial) (1 page)	ca.1999	P6/b(6)
005b. invitation	re: home address (partial) (1 page)	07/26/1999	P6/b(6)
006. memo	Jennifer Poulakidas to Teresa Jones re: Lunch meeting (partial) (1 page)	07/22/1999	P6/b(6)
007a. memo	Gwen Gampel to Teresa Jones re: Meeting (partial) (1 page)	07/15/1999	P6/b(6)
007b. fax	Gwen Gampel to Teresa Jones and Chris Jennings re: SSN and DOB (partial) (1 page)	08/19/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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6/11/99 2:00pm
PM 2-16
Cancelled
6/11/99
(45 min)

ANTONIO C. MARTINEZ, II. P.C.
ATTORNEY AT LAW
GOVERNMENT AND PUBLIC AFFAIRS COUNSEL
8707 BRITTANY DRIVE
P.O. BOX 2069
WAYNE, NJ 07474-2069
TEL. 973 305 1235
FAX. 973 305 3983

NEW JERSEY, NEW YORK, DISTRICT OF COLUMBIA BARS
EMAIL: TONYMARTINEZ@CSI.COM

June 3, 1999

Teresa Jones
Office of Chris Jennings
The White House
Washington DC 20500

Fax 202 456 5557

Dear Teresa:

As per our conversation yesterday, please be advised that for the meeting with Chris on Thursday, June 17th at 2:00 PM, the following individuals will be at that meeting:

[001a]

1) George DeVries, DOB P6/(b)(6) Chairman American Specialty Health Plans, San Diego California.

2) Debra Bass, DOB P6/(b)(6) Attorney at Law, Of Counsel

3) Antonio C. Martinez, II, DOB P6/(b)(6) Attorney at Law
973-305-1235

Dawn to Wanda

The topic for the meeting will be the White House Commission on Alternative and Complementary Medicine (Senator Harkin) and Mr. DeVries' recommendation for appointment to the commission. Several Members of Congress and Senators have already forwarded their recommendation letters to the President. We do not anticipate the meeting taking more than 10-15 minutes in length. I have attached Mr. DeVries's curriculum vitae for your records. If you require any additional information, please do not hesitate to contact me.

Yours truly,

Antonio C. Martinez, II.

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001b. resume	re: George Thomas DeVries (partial) (1 page)	06/03/1999	P6/b(6)

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George Thomas DeVries, III
P6/(b)(6)
(Home) P6/(b)(6)
(Office) (619) 297-8100

[00167]

CURRICULUM VITAE

Education:

University of California
San Diego, California
Bachelors of Arts degree, 1984
Dean's List
Rowing Team
Freshman Rowing Team Captain

Culver Military Academy
Culver, Indiana, H.S. 1977
Blue Key Honor Society
Dean's List
Rowing Team
Non-Commissioned Officer

Honors:

Named by the San Diego Business Journal editorial department in its "Who's Who of 1998" in San Diego Business

Named 1997 San Diego Entrepreneur of the Year in Health Sciences

Relevant Experience:

1999 - present

Chairman, President and CEO of American Specialty Health and its subsidiaries, American Specialty Health Plans, American Specialty Health Networks and American Specialty Health & Wellness
(Subject to Regulatory Approval)

Manage complementary and alternative health care benefits, networks and services for 21 health plans, including eight of the 10 largest health plans in California, covering over 13 million members under various programs. ASHP, ASHN and ASHW will post approximately $75 million in revenue in 1999.

1993 – 1999 *President and CEO of American Specialty Health Plans, Inc., and American Chiropractic Networks Southwest, Inc.*

Provided chiropractic and acupuncture managed care services and benefit plans for more than 9 million members in California. Position will evolve into new role with American Specialty Health, Inc. as companies consolidate under new parent company.

1987 – 1994 *Founder, Owner of Health Management Strategies (HMS), Inc.*

Provided sales and management services for specialty managed health plans, including the American Chiropractic Network (ACN) and LifeLink. Position evolved into new role with American Specialty Health Plans (ASHP) (formally known as American Chiropractic Network Health Plans) since HMS and ACN together formed ASHP.

1986 – 1987 *Los Angeles and Orange County Regional Manager for Onsite Health Care, Inc.*

Performed various tasks, including sales and managing staff for specialty medical group. OHC provided mobile dental and ophthalmic services at approximately 120 convalescent hospitals and retirement centers in Southern California and Phoenix, Arizona.

Other Accomplishments:

Key milestones:

- Created managed care systems for chiropractic, acupuncture, naturopathy, massage therapy and herbal therapies;
- Created the nation's first licensed specialty health plan for chiropractic in 1994 and for acupuncture and traditional Chinese herbal supplements in 1997 (ASHP in California);
- Received the nation's first specialty health plan accreditation for chiropractic and acupuncture from the American Accreditation HealthCare Commission /URAC in 1998 (ASHP in California);
- Received the nation's first network and utilization management national accreditation for chiropractic and acupuncture from the American Accreditation HealthCare Commission/URAC in 1998 (ASHN, formally known as ASN);
- Created the nation's largest specialty health plan for chiropractic, covering over 3.4 million members (ASHP in California);
- Created the nation's first centralized distribution system for traditional Chinese herbal supplements to provide herbal supplements under acupuncture benefit plans;
- Created buyhealthy.com and 1-888-buyhealthy, an e-commerce and mail order catalog, for health products such as vitamins, herbal supplements, books, tapes and other products.

- Created CAM Conference Resource Center to organize, coordinate and/or sponsor educational conferences on complementary health care with universities such as Stanford University and University of Southern California.

Professional Associations:

Member of the editorial advisory board of *Alternative Medicine Business News*

Member of Children's Hospital Foundation (San Diego) Corporate and Community Development Committee

Member of Children's Hospital Foundation Executive Committee for the 1999 Miracle Maker Gala

Member of the Adaptive Business Leaders Organization

Member of University of California at San Diego Chancellor's Associates

Member of the Advisory Board of the California Association of Naturopathic Physicians

Member of the American Management Association International

Associate Member of the California Association of Health Plans

Member of HealthLink Steering Committee. HealthLink is the San Diego Public School System Superintendents' Committee on improving health care of students.

Published Articles:

"Complementary Health Care-Today's Fad or Trend for Tomorrow?" California Broker, May 1999

"Alternative Medicine One of the Fastest Growing Segments, But Must Overcome Operational Hurdles to Integrate into Managed Care," Managed Care Week, July 1998

"Integrating Alternative Health Care: What are the Obstacles?" *California Broker*, June 1998

"Alternative Health Care Paradox," *California Broker*, May 1997

"Chiropractic Benefits," *California Broker*, May 1996

"Structuring HMO-Style Chiropractic," *California Broker*, June 1995

Lectures and Presentations:

"The State of Complementary Alternative Medicine Coverage" Where are We Headed?" National Managed Health Care Congress, Los Angeles, California, October 1999 (scheduled)

"Integration of Complementary and Alternative Medicine in Managed Care," First Annual Conference on Complementary and Alternative Medicine: Practical Applications, Stanford University School of Medicine and the Harvard Medical School, Palo Alto, California, October 1999 (scheduled)

"Complementary and Alternative Therapies—Trends:" Understanding Why There is Increased Consumer Interest in Complementary and Alternative Therapies, Steps Involved in Developing a Strategy for the Inclusion of Alternative Medicine into Your Health Plan, How New Therapies Can Complement the Delivery of Traditional Medicine, and Types of Providers to Include in Your Network Ensuring Exceptional Quality of Care Member Satisfaction," 1999 American Association of Health Plans Managed Care Forum, San Francisco, California, June 1999 (scheduled)

"Critical Success Factors in Managing Alternative Health Care," National Managed Health Care Congress, Atlanta, Georgia, March 1999

"Critical Success Factors in Managing Alternative Health Care," California Association of Health Plans, Palm Springs, California, March 1999

"Creating an Environment for Committed Employees," Participated on a panel of CEOs; The Foundation for Enterprise Development and Ernst & Young, La Jolla, California, October 1998

"Integrating Complementary Health into Managed Care," Complementary and Alternative Medicine: Scientific Evidence and Steps Toward Integration Conference, Stanford University, Palo Alto, California, September 1998

"Complementary Health Care Services and Therapies: A Clinical and Risk Management Perspective," Golden Gate Association of Health Underwriters, Emeryville, California, June 1998

"Understanding the Demand and Answering the Call: The Past, Present and Future of Alternative Medicine in Managed Care," Alternative & Complementary Therapies in a Managed Care Environment Conference, Strategic Research Institute, Newport Beach, California, May 1998

"Integrating Alternative Health Care with Employee Benefits," Benefits Management Forum West, San Francisco, California, April 1998

"Integrating Complementary Care Within Managed Care," World Whole Health Forum, Los Angeles, California, March 1998

"Complementary Health Care Services and Therapies: A Clinical & Cost Management Perspective," California Association of Health Underwriters, San Diego, California, February 1998

"Integrating Complementary Health Care in Managed Care," ABL Complementary Healthcare Roundtable, San Francisco, California, November 1997

"Roundtable: Chiropractic Benefits"; Roundtable Leader; International Foundation of Employee Benefit Plans Annual Conference, Vancouver, British Columbia, Canada, October 1997

"Roundtable: Chiropractic Benefits"; Roundtable Leader, International Foundation of Employee Benefit Plans Annual Benefit Conference, San Diego, California, November 1996

"Offering Managed Chiropractic Benefits: Why Include Managed Chiropractic Benefits? How Managed Chiropractic Benefits Fit In?" National Managed Health Care Congress, Coronado, California, July 1996

"Risk Management in Chiropractic Managed Care," Inland Empire Association of Health Underwriters, Ontario, California , June 1996

"Roundtable: Chiropractic Benefits"; Roundtable Leader; International Foundation of Employee Benefit Plans Annual Benefit Conference, Honolulu, Hawaii, November 1995

References:

Provided upon request

07/12/99 MON 13:30 FAX 202 6222633 001

7/15 4:00 - 6:00 Chris Jennings 5:30 pm Chris to speak
Dvorak
456-5551

Please Join Us As We Bid

A Fond Farewell to

Mark McClellan

When: Thursday, July 15, 1999
Where: The Diplomatic Room
U.S. Treasury Department
Time: 4:00 to 6:00 p.m.
RSVP: For clearance into the building call Chris Devlin, 622-0090

Important for Chris to know:
Mark
— Stops being DAS this week
— not officially leaving Treasury yet
— staying as consultant until after Aug. recess

Is Chris doing farewell remarks?

Teresa M. Jones
07/13/99 01:08:33 PM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP

cc: Jeanne Lambrew/OPD/EOP@EOP, Sarah A. Bianchi/OVP@OVP
Subject: Mark McClellan's Farewell

Has Chris agreed to speak at Mark's farewell (Just a few words)??? It is requested for Chris to speak at 5:00 pm. I have this tentatively on his schedule.

Teresa M. Jones
07/13/99 01:10:51 PM

Record Type: Record

To: Jeanne Lambrew/OPD/EOP
cc: devorah adler, Sarah A. Bianchi/OVP
bcc:
Subject: Re: Mark McClellan's Farewell

It is scheduled for Thursday, 7/15. I assumed you already knew about it.
Jeanne Lambrew

Jeanne Lambrew
07/13/99 01:09:51 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP@EOP
cc:
Subject: Re: Mark McClellan's Farewell

are you sure that this is today?

Teresa M. Jones
07/13/99 02:45:17 PM

Record Type: Record

To: Chris jennings

cc:
Subject: Mark McClellan's Farewell

It is requested that you speak at Mark's farewell on Thursday, 7/15. Can I tell them OK???

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002a. fax	Steve Jenning to Teresa Jones re: phone number (partial) (1 page)	07/02/1999	P6/b(6)

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Fax 7/16 - 1100 AM
Conf. Call

STEELMAN HEALTH STRATEGIES

555 12th Street, N.W. - Suite 1230
Washington, D.C. 20004-1200

(202) 347-9100
FAX: (202) 347-9111

FAX COVER SHEET

Date: 7/2/99 **Time:** 5:20 PM

Fax No.: 202/456-5557 **Client No.:** 0001

To: Teresa Jones, Office of Domestic Policy Advisor

From: Steve Jenning

Number of Pages (excluding cover sheet) 0

Person Sending: Layna McConkey

Teresa: Per our conversation, today, I am faxing you a written request for a telephone conference with Chris Jennings.

I represent the National Association of Psychiatric Health Systems. These providers are deeply concerned about the impact of new HCFA requirements regarding the use of physical restraints. They would like to speak briefly with Chris about these concerns, and recommend an alternative approach that will preserve patient safety and dignity, but in a way we believe is more practical and rational than the agency's approach.

Mark Covall, executive of NAPHS, would participate with me in this telephone call. Please let me know should either you or Chris have questions concerning this request. My number is P6/(b)(6) P6/(b)(6)

C002a]

Another time later

Again, Tuesday, July 6, would be an ideal day for this conversation.

IF YOU HAVE ANY PROBLEMS RECEIVING, PLEASE CALL PERSON SENDING IMMEDIATELY

Preferably Friday

Withdrawal/Redaction Marker
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7- 9-99; 5:30PM; ;5555555 # 1/ 4

Restraints

Fax 7/16/99 - 2:30 pm
Conf. Call

STEELMAN HEALTH STRATEGIES

555 12th Street, N.W. - Suite 1230
Washington, D.C. 20004-1200

(202) 347-9100
Fax:: (202) 347-9111

FAXED

FAX COVER SHEET

Date: 7/9/99 **Time:** 6:24 PM

Fax No.: 202 456-5542 **Client No.:** 0012

To: Chris Jennings

From: Steve Jenning

Number of Pages (excluding cover sheet) 3

Person Sending: Layna McConkey

Chris: I've been trying to reach you to arrange a conversation with the executive of the National Association of Psychiatric Health Systems to discuss the final regulation on physical restraints.

As written, the new rule will have very significant cost consequences for facilities. We estimate the additional cost per year will be in the neighborhood of $250,000 per facility. As you may know, a great many providers already are operating in the red. This rule could put some out of business, and without providing a great deal of added safety to patients.

Mark Covall, the NAPHS executive director, and I would like to discuss this situation with you as soon as possible. A telephone conversation would suffice, but obviously timing is critical. The new rule is effective August 1. Attached is a paper outlining our problem with the new rule as written, and offering a couple of alternatives that we believe provide just as much protection for patients, but in a way that does not bankrupt already struggling providers. These are the options we'd like to discuss with you, hopefully next week.

Thanks for your consideration. Should you have any questions, please call me at P6/(b)(6) [002b]

IF YOU HAVE ANY PROBLEMS RECEIVING, PLEASE CALL PERSON SENDING IMMEDIATELY

The National Association of Psychiatric Health Systems

1317 F Street, NW, Suite 301
Washington, DC 20004-1105
Phone 202-393-6700
FAX 202-783-6041
Web Site: http://www.naphs.org
E-Mail: naphs@naphs.org

Issue Brief

HCFA CONDITION OF PARTICIPATION: PHYSICIAN MONITORING OF SECLUSION AND RESTRAINT (Proposed Modification)

July 7, 1999

BACKGROUND

The Health Care Financing Administration (HCFA) has issued standards on the use of restraint and seclusion in behavioral healthcare settings. The standards will take effect as "Conditions of Participation" for hospitals participating in the Medicare and Medicaid programs 30 days following the July 2, 1999, *Federal Register* notice of the Interim Final Rule.

In releasing these (and other patient protection standards), HCFA noted its intent to ensure patients "freedom from the inappropriate use of restraints and seclusion" and to make its standards consistent with those of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

WHAT WE BELIEVE

The National Association of Psychiatric Health Systems (NAPHS) fully supports HCFA's issuance of the new standards. We had recently written to HCFA encouraging them to issue final Medicare and Medicaid provisions relating to the use of restraint and seclusion in proposed hospital Conditions of Participation. (These provisions had been part of a larger set of possible revisions to Conditions of Participation pending since December 19, 1997.) Upon release of the standards in the Interim Final Rule, our associations immediately issued a statement in support of the action. We have long supported strong oversight and believe the regulatory process is the appropriate way to address any concerns about restraint and seclusion. HCFA has the authority and expertise to establish appropriate standards to address and investigate any inappropriate use of restraint and seclusion. We strongly believe that HCFA's issuance of the regulations is the most effective way to provide accountability without hindering patient safety or confidentiality.

THE PROBLEM

One specific standard in the July 2, 1999, final regulation refers to physician monitoring of restraint and seclusion. This language was ***not*** in the original December 19, 1997, proposed rule on which comments were solicited. This language appeared for the first time in the July 2, 1999, Interim Final Rule, which becomes effective in 30 days. Currently, this new provision on physician monitoring of restraint and seclusion says:

(f) Standard: Seclusion and restraint for behavior management
(3) (ii) C A physician or other licensed independent practitioner must see and evaluate the need for restraint or seclusion within 1 hour after the initiation of this intervention.

We fully support the concept of physician accountability and involvement in a timely manner whenever a patient's condition requires the use of restraint or seclusion. As written, we believe this provision would create unintended, costly consequences without evidence that it will improve patient care. This provision presents several problems.

- This regulation **is not consistent with HCFA's stated intent "to revise all of the hospital Conditions of Participation" in concert with Vice President Gore's Reinventing Government (REGO) initiative"** (page 86 in 7/2/99 Interim Final Rule). The REGO initiative emphasized lessening federal regulation to eliminate unnecessary structural and process requirements, focus on outcomes of care, allow greater flexibility to hospitals and practitioners to meet quality standards, and to place a stronger emphasis on quality assessment and performance improvement.

- This regulation **is not consistent with JCAHO standards** – which was HCFA's stated intent for the new Conditions of Participation. It would require implementation almost overnight of a **substantial change in current practice** by allowing *only* a face-to-face evaluation of a patient. It is important that physicians be able to use clinical judgment in how evaluations are best accomplished based on the needs of the patient population. Evaluations can be done in ways other than a face-to-face evaluation as long as there are nurses with demonstrated competence on site to provide clinical input to inform the physician's decision.

- **It is not feasible, clinically necessary, or economically viable to require a face-to-face physician evaluation in every case.** It *is* appropriate, however, to require a timely and clinically appropriate evaluation. We support the physician's role and responsibility in the overall evaluation and assessment of the patient while providing flexibility for clinical judgment in how evaluations are conducted.

- This regulation **would increase costs** dramatically. HCFA's impact analysis contends that 80% of hospitals would not be affected by this provision because they are JCAHO accredited. In fact, **no valid cost impact analysis of this provision was conducted.** Many hospitals would be adversely impacted because this is *not* the current JCAHO standard. This would result in major increases in cost at a time when resources available for the delivery of psychiatric services are as low as they have ever been. For example, a February 1998 Health Economics Research study on the impact of the "Balanced Budget Act of 1997" payment reductions on psychiatric facilities found that the mean Medicare revenue margin would be -8.7%.

- There **is no empirical evidence** on which to base the assumption that a face-to-face evaluation by a physician or licensed independent practitioner within 1 hour will improve the outcome of care for patients who are restrained or secluded.

- The specific language in this provision was *not* included in the proposed rules upon which comments were solicited from the field. This provides **inadequate time for comment** on a new provision with dramatic impact on the field.

RECOMMENDATIONS

1. This new provision – which had never even been included in the original draft of the Conditions of Participation – will be virtually impossible to implement within the short 30-day timeframe within which the regulation becomes effective. **We urge delay of implementation of this provision** until

there has been full analysis of the real impact of this provision and the alternate proposal detailed below.

2. To ensure that this standard is consistent with JCAHO requirements and works to ensure the best interests of patients, **we suggest either of two possible modifications.**

Option 1:

The revised language could be, "A physician, or other licensed independent practitioner, must ~~see and~~ evaluate the need for restraint or seclusion within 1 hour after the initiation of this intervention." This evaluation may be done by the physician or licensed independent practitioner in consultation with a registered nurse (with demonstrated competency in the evaluation of a patient in restraint or seclusion) who is in face-to-face contact with the patient.

This language would allow for the following:

- The qualified registered nurse would, in many cases, be more readily accessible in the emergency situation that precipitated the restraint episode. Because of his/her involvement from the earliest stages of the event, the registered nurse would be able to provide added understanding of the situation. He/she would also be in a position to rapidly provide appropriate consultation so that the physician can make an informed evaluation. He/she could carry out the physician's orders and direct staff in the use of least restrictive methods and in the discontinuation of restraint or seclusion at the earliest possible time, as specified in the proposed regulations.

Option 2:

The revised language could be, "A physician, other licensed independent practitioner, or registered nurse with documented competency in assessment and evaluation of patients in restraint or seclusion must see and evaluate the need for restraint or seclusion within 1 hour after the initiation of this intervention."

This language would allow for the following:

- In discussing the reasons for the addition of this requirement (page 53) the preamble points out that, "increased vigilance is required because of the heightened potential for harm or injury as the patient struggles or resists. Furthermore, there is an immediate need for assessment of what has triggered this behavior and for continuous monitoring of the patient's condition." NAPHS agrees with this statement. However, we suggest that a registered nurse with appropriate education, training, and experience is qualified to do the required assessment and evaluation.

Woolley 7/19 - 200 fm 1809

California Medical Association
1201 K Street, Suite 1050, Sacramento, CA 95814-3906
Physicians dedicated to the health of Californians

GOVERNMENT RELATIONS

June 15, 1999

Ask Barbara W. if I should do this.

Chris Jennings, Deputy Assistant
to the President for Health Policy
The White House
1600 Pennsylvania Ave., NW
Washington, D.C. 20500

Dear Mr. Jennings:

The California Medical Association is sending its elected leadership physicians to Washington, D.C. to meet with California's congressional delegation and administration officials regarding current health care issues. Our visitation is scheduled for Monday, July 19 through the afternoon of Wednesday, July 21, 1999.

We would appreciate an opportunity to meet with you to discuss these important issues during our visit to Washington. Please contact Dianne Dunlap in CMA's Government Relations office at (916) 444-5532 at your earliest convenience to arrange a time to meet with our delegation during our July 19 - 21 visit.

Thank you in advance for your cooperation. We are looking forward to meeting with you in July.

Sincerely,

J.C. Pickett, MD
President

cc: Steven Thompson, Vice President, Government Relations
Dean Chalios, Executive Director, CALPAC

dd061499 form

California Medical Association
1201 K Street, Suite 1050, Sacramento, CA 95814-3906
Physicians dedicated to the health of Californians

GOVERNMENT RELATIONS

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Sincerely,

J.C. Pickett, MD
President

cc: Steven Thompson, Vice President, Government Relations
Dean Chalios, Executive Director, CALPAC

dd061499.form

Woolley Mon 7/19 2:00pm Km 180

Barbara D. Woolley
07/01/99 01:53:46 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP@EOP

cc:
Subject: Re: room request

calif hospital ass w/ chris for 1 hour.
---------- Forwarded by Barbara D. Woolley/WHO/EOP on 07/01/99 01:52 PM ----------

Joseph D. Ratner
07/01/99 01:32:47 PM

Record Type: Record

To: Barbara D. Woolley/WHO/EOP@EOP

cc:
Subject: Re: room request

Confirmed
Room 180
July 19, 1999
2-3

California Medical Association
Monday, July 19, 1999
2 PM
Room 180

List Of Participants:

Ronald Bangasser, Vice-Speaker, CMA House of Delegates
Teresa Hughes, California State Senator
Justus Pickett, CMA President
Robert Reid, Immediate Past CMA President
Patricia Reid, California State Senator
Marie Kuffner, CMA President-Elect
Gary Krieger, Speaker, CMA House of Delegates
Frank Staggers, Chair, CMA Board of Trustees
John Whitelaw, M.D. Vice Chair, CMA Board of Trustees
John Lewin, CMA Executive Vice President/CEO
Dean Chalios, Executive Director, California Medical Political Action Committee
Steven Thompson, CMA Vice President, Government Relations
Elizabeth McNeil, CMA Vice President, Medical Policy

Barbara D. Woolley
07/16/99 06:49:41 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP@EOP, Devorah R. Adler/OPD/EOP@EOP

cc:

Subject: 7-19 CMA participants

7-19 participants.d

7/21/99 945 AM

Callender

NAM National Association of Manufacturers

Sharon F. Canner
Vice President
Entitlement Policy

June 21, 1999

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

Dear Chris:

The NAM's Employee Benefits Policy Committee will meet Wednesday, July 21, NAM headquarters, NAM Industry Room, 1331 Pennsylvania Avenue, NW, 6th floor, Washington, DC. Room 7F

We would be delighted if you could speak to our members on the topic of prescription drug coverage for Medicare with a focus on the President's proposal. Remarks of 10-15 minutes followed by Q&A would be most welcome. We are also inviting Hill staff (Finance) to address this issue as well. No press will be present. Other meeting topics include an update on Social Security reform and the prospects for passage of pension legislation in this Congress.

The NAM Employee Benefits Policy Committee consists of representatives of small and large firms with an interest and expertise in employee benefit issues. Members are responsible for making policy recommendations to the NAM's Board of Directors. Committee members include such companies as Allied Signal, Cigna, Daimler-Chrysler, Eastman Kodak, Fiat, Ford Motor Company, General Motors, Hewlett Packard, Motorola, Intel, Pfizer, TRW, USX and Xerox. Approximately 35-40 persons are expected to attend this policy meeting. We hope your schedule will permit you to join us on July 21. Should you have questions, please give me a call at (202) 637-3040.

1/2 - 9:45 AM (15 min)
Room 2000 OEOB
637-3182 FAX

Sincerely,

Sharon

Karen Wargo
FAX 637-3182

C=Sharon Canner 637-3040

Fax Transmittal

Pennsylvania Avenue, NW Suite 1500 • North Tower Washington DC 20004-1790
637-3000 • Fax (202) 637-3182

NAM National Association of Manufacturers

Manufacturing Makes America Strong

To: Chris Jennings

Company: The White House; Attn Teresa Jones

Phone: _____ Fax: 202/456-5557

From: SHARON CANNER

Department: Vice President, Entitlement Policy

Phone: 202-637-3040 Fax: 202-637-3182

Date: 6/21 Pages: 2 (including cover sheet)

If you do not receive all of these pages, please call (202) 637-_____

Comments:

Plse call to let us know if Chris Jennings' availability for July 21 - Thank you.

Wed 7/21/99 9:45 AM

NAM National Association of Manufacturers

Sharon F. Canner
Vice President
Entitlement Policy

July 15, 1999

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

Dear Chris:

We are delighted you have accepted the invitation to address the NAM Employee Benefits Policy Committee, **Wednesday, July 21, 9:45 am, NAM Industry Room**, 1331 Pennsylvania Ave., NW, 6th floor. (You may also enter through the Shops on "F" Street between 13th and 14th Street and take the elevator to the 6th floor.)

Our members are looking forward to your remarks (approximately 15 minutes plus Q&A) on President Clinton's Proposal to Strengthen and Save Medicare for the 21st Century. Of particular interest is the prescription drug benefit and employer subsidies and efforts to make health plans and traditional Medicare more competitive. No press will be present.

In the meantime, could you please fax a copy of your bio for your introduction to (202) 637-3182. Should you have questions, I can be reached at (202) 637-3040.

Sincerely,

Sharon

Fax Transmittal

1331 Pennsylvania Avenue, NW Suite 1500 - North Tower, Washington, DC 20004-1790
(202) 637-3000 • Fax (202) 637-3182

NAM National Association of Manufacturers

Manufacturing Makes America Strong

To: Chris Jennings / ATTN: Teresa Jones

Company: White House

Phone: _____ Fax: 456-5557

From: SHARON CANNER
IC. Wargo - 637-3042

Department: Vice President, Entitlement Policy

Phone: 202-637-3040 Fax: 202-637-3182

Date: 7/15 Pages: 2 (including cover sheet)

If you do not receive all of these pages, please call (202) 637-_____

Comments:

Hi TERESA:

SEE ATTACHED letter. NOTE: the time for chris to begin at 9:45 AM.

thanks

Sharon

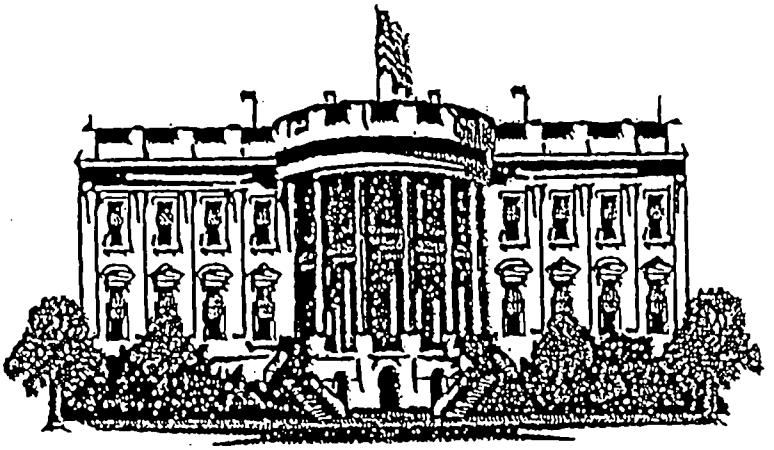
THE WHITE HOUSE

WASHINGTON

6/25/99- C/m that Chris will do this.

6/25/99 confirm mtg w/ Sharon.

THE WHITE HOUSE



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

Facsimile Transmission Cover Sheet

To: KAREN WARGO

Fax Number: 202 637-3182

Telephone Number:

Pages (Including Cover): 2

Comments: BIO FOR CHRIS JENNINGS

REQUESTS FOR Chris Jennings

No.	Req. Date	Requestor/Organization Contact/Phone#	Request/Status
704	7/21/99 9:45am	NAM – National Association of Manufacturers Contact: Sharon Canner 637-3040	LOCATION: NAM Headquarters NAM Industry room 1331 Penn. Avenue N.W. 6th floor Washington, DC

Rima Cohen

212-506-

5527

- [illegible]
- Follow up mtg
- Briefing materials for HRC Clinton

tues 7/20 pm 476
500pm
w/ Sarah & Chris

NATIONAL RURAL HEALTH ASSOCIATION

June 24, 1999

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

If can be combined w/ meeting w/ Dan/Sarah I'd be OK. If not, Let them meet w/ them.

Dear Mr. Jennings,

The National Rural Health Association (NRHA) would like to extend an invitation to you to meet with our Government Affairs Committee when it convenes in Washington, D.C. on July 20-21, 1999. The NRHA's Government Affairs Committee is made up of a diverse group of rural health providers, including hospital administrators, clinicians, representatives from community health centers and rural health clinics, and rural health researchers and educators who have a shared interest in rural health policy.

As part of our meeting, members of the Government Affairs Committee would like the opportunity to discuss with you the cumulative impact of Medicare and Medicaid reforms contained in the Balanced Budget Act on the rural health care delivery system, future funding for federally-supported rural health programs and the impact of proposals to restructure the Medicare program on rural providers and Medicare beneficiaries. I believe your interaction with our grassroots membership will provide you with unique insights and input on important policies impacting rural health care providers' abilities to provide access to health care services for Medicare beneficiaries and their families.

If your schedule permits, we would like to meet with you regarding these various rural health issues at 5:00 p.m. on Tuesday, July 20, 1999 or at any available time on Wednesday, July 21, 1999. We have also invited Sarah Bianchi and Dan Mendelson to participate. Enclosed you will find a roster of those NRHA members who would be in attendance.

Thank you for your ongoing commitment to improving our nation's rural health care system. To schedule a time to meet with our Government Affairs Committee that will be most convenient for you, please call Kristine Arnold in our government affairs office at 202-232-6200. We look forward to meeting with you next month.

Sincerely,

Darin E. Johnson
Director of Government Affairs

Donna M. Williams
Executive Vice President

NATIONAL OFFICE
One West Armour Boulevard, Suite 203
Kansas City, Missouri 64111
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

(202) 232-6200 Christine Arnold

Government Affairs Committee Meeting
July 20 & 21, 1999

Gail R. Bellamy, PhD
Director
Community Resource and Program Development
Scott and White Memorial Hospital
Temple, TX

Michael F. French
Kirksville College of Osteopathic Medicine
Kirksville, MO

William W. Hendrickson
President and Chief Executive Officer
Good Samaritan Health Systems
Kearney, NE

Mary Huntley
Director
Office of Community and Rural Health Services
Charleston, WV

Alice M. Jackson, PhD
Chief Executive Officer
Mid-Atlantic Association of Community Health Centers
Arnold, MD

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

Karen Main
Deputy Director
University of Kentucky
Center for Rural Health
Hazard, KY

Kenneth A. McBain
Executive Director
Nevada Rural Health Centers Inc.
Carson City, NV

Carol Miller
Frontier Education Center
Ojo Sarco, NM

George N. Miller Jr.
CHRISTUS Jasper Memorial Hospital
Jasper, TX

Keith J. Mueller, PhD
Director
Nebraska Medical Center
Omaha, NE

Bonnie Post
Executive Director
Maine Ambulatory Care Coalition
Manchester, ME

Linda Rouse
Government Affairs Special Assistant
National Rural Health Association
Washington, D.C.

Val Schott
Director
Oklahoma Office of Rural Health
Oklahoma State Department of Health
Oklahoma City, OK

Francis J. Stilp, RN, FNP
Coordinator
S.E. Georgia Migrant Health Program
Metter, GA

Anthony Wellever, MPA
Delta Rural Health Consulting and Research
St. Paul, MN

Donna M. Williams
Executive Vice President
National Rural Health Association
Kansas City, MO

Susan C. Wilson
Executive Director
Northwest Health Services Inc.
St. Joseph, MO

NATIONAL RURAL HEALTH ASSOCIATION

FAX TRANSMISSION

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

Date: July 14, 1999

To: Theresa

Fax Number: 456-5557

From:

- ☐ Darin Johnson, Government Affairs Director
- ☐ Linda Rouse, Government Affairs Special Assistant
- ☒ Kristine Arnold, Fellow
- ☐ David Hu, Fellow

Subject: Here is the list of our members who plan on attending the meeting next Tuesday at 5:00pm.

Pages (Including Cover Page): 2

NATIONAL OFFICE
One West Armour Boulevard, Suite 203
Kansas City, Missouri 64111-2087
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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003a. list	re: SSN and DOB (1 page)	ca. 1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. form	Waves requester information form re: SSN and DOB (partial) (1 page)	07/16/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

RESTRICTION CODES

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Requestor Information

Requestor Name	Jones, Teresa
Requestor Phone	4565594
Requestor Pass	WHS

Appointment Information

Appointment With	jennings, christopher
Appointment Date	07/16/99
Appointment Room	476 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (###-##-####)	U.S. Citizen	Country Of Origin
05:00:00 PM	ARNOLD	KRISTINE	P6/(b)(6)		Y	US
05:00:00 PM	BELLAMY	GAIL			Y	US
05:00:00 PM	EVANS	SARAH			Y	US
05:00:00 PM	FRENCH	MICHAEL			Y	US
05:00:00 PM	HENDRICKSON	WILLIAM			Y	US
05:00:00 PM	HUNTLEY	MARY			Y	US
05:00:00 PM	JACKSON	ALICE			Y	US
05:00:00 PM	JOHNSON	DARIN			Y	US
05:00:00 PM	MAIN	KAREN			Y	US
05:00:00 PM	MCBAIN	KENNETH			Y	US
05:00:00 PM	MILLER	CAROL			Y	US
05:00:00 PM	MILLER JR	GEORGE			Y	US
05:00:00 PM	MUELLER	KEITH			Y	US
05:00:00 PM	POST	BONNIE			Y	US
05:00:00 PM	RINEHART	CHERI			Y	US
05:00:00 PM	ROUSE	LINDA			Y	US
05:00:00 PM	SCHOTT	VALENTINE			Y	US
05:00:00 PM	TAYLOR	NORA			Y	US
05:00:00 PM	TESSEN	ROBERT			Y	US
05:00:00 PM	VANDERMEER	RUTH			Y	US
05:00:00 PM	WELLEVER	ANTHONY			Y	US
05:00:00 PM	WILHIDE	STEPHEN			Y	US
05:00:00 PM	WILLIAMS	DONNA			Y	US
05:00:00 PM	WILSON	SUSAN			Y	US
05:00:00 PM	FLOYD SUTTON	DIANE			Y	US
					Y	US

Enter This Visitor | Remove A Visitor | Edit A Visitor

[0036]

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1853
CONNECTION TEL	66791
SUBADDRESS	
CONNECTION ID	WH CONFERENCE CE
ST. TIME	07/15 14:43
USAGE T	00'34
PGS. SENT	1
RESULT	OK

OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 7/20/99
Time: 500 To: 600 pm

All reservation forms should be submitted at least 48 hours prior to events.

Name of Individual Hosting Event: Chris Jennings | Office/Agency: DPC
Staff Contact: Teresa Jones | Extension No.: [illegible] | Pager No.: — | Room No.: 216
Type of Event: X Meeting ☐ Reception ☐ Other 65560

Name/Description of Event:

Number of Outside Guests: _____
Total Number of Attendees: _____

In Attendance:
☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore

Room(s) Requested:
☐ Roosevelt Room * ☐ Room 180 ☐ Room 472 ☐ Room 474 (Indian Treaty Room)
☒ Room 476 ☐ Room 450 ☐ Room 459

General Services: ☐ Elevator Service (elevator #4)

Time Reserved: _____ ☐ Podium ☐ Flags

Special Room Arrangements for the Indian Treaty Room:

☐ Conference Style ☐ Theatre Style ☐ Other _____

Number of Chairs: _____ Number of Table(s): _____

Entrance/Gate Preferred:

☐ Pennsylvania Avenue (OEOB) ☐ East Visitors Gate
Note: the 17th & "G" Street entrance is wheelchair accessible.

OEOB CONFERENCE & ROOSEVELT ROOM RESERVATION

Date of Meeting: 7/20/99

Time: 5:00 To: 6:00 pm

All reservation forms should be submitted at least 48 hours prior to events.

Name of Individual Hosting Event: Chris Jennings | Office/Agency: DPC

Staff Contact: Teresa Jones | Extension No.: [redacted] | Pager No.: — | Room No.: 216

Type of Event: ☒ Meeting ☐ Reception ☐ Other 65560

Name/Description of Event:

Number of Outside Guests: _____

Total Number of Attendees: _____

In Attendance:

☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore

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Time Reserved: _____ ☐ Podium ☐ Flags

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☐ Conference Style ☐ Theatre Style ☐ Other _____

Number of Chairs: _____ Number of Table(s): _____

Entrance/Gate Preferred:

☐ Pennsylvania Avenue (OEOB) ☐ East Visitors Gate

Note: the 17th & "G" Street entrance is wheelchair accessible.

Additional Requirements or Requests: _____

* Roosevelt Room Reservation Forms must be returned to the West Wing receptionist (FAX # 6-1210)

OEOB Room Reservation Forms must be returned via FAX at 456-6791

All reservation forms should be submitted at least 48 hours prior to events.

REQUESTS FOR Chris Jennings

No.	Req. Date	Requestor/Organization Contact/Phone#	Request/Status
701	7/20/99 5:00pm Room 476 OEOB	National Rural Health Assoc Darin E. Johnson CONTACT: Christine Arnold 202-232-6200	Per Chris' note, he will meet with group. Note: Dan cannot make it at the time scheduled. Gina said Dan is meeting with the Rural folks on Monday 7/19 at 3:00 (B. Woolley's mtg) and she does not think he needs to meet with them again on Tuesday. - Is this the same group for Monday and Tuesday??? - Can this meeting be done with just Chris and Sarah?? NOTE: 26 persons are coming in for this meeting on 7/20.

105 *

Mon 7/26 (1230) Lunch Mtg Oval Room

UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT

Date: 30 June 1999
Pages: 1

from: Jennifer Poulakidas
Senior Legislative Analyst
University of California
Office of Federal Government Relations
1523 New Hampshire Avenue, NW
Washington, DC 20036

E-Mail: jennifer.poulakidas@ucop.edu

Originating Voice: (202) 588-0081
Originating FAX: (202) 785-2669

TO: TERESA JONES, 456.5557 (fax)
White House, Domestic Policy
Chris Jennings' office

RE: Meeting Request with Chris Jennings
26, 27, or 28 July 1999

On July 26-28, **the University of California's "Medical Chancellors" – our medical school deans and academic medical center directors** – will be in Washington, DC to meet with members of Congress and key members of the Administration. The UC health leadership **would like the opportunity to meet with Chris Jennings** at his convenience during their visit to Washington – **anytime on Monday July 26, dinner on Tuesday July 27, or the morning of Wednesday July 28.**

As Mr. Jennings probably knows, the University of California operates the largest health science and medical training program in the nation with more than 12,000 students annually enrolled in medicine, nursing, public health, pharmacy, dentistry, and other health professions. The University educates nearly two-thirds of the state's medical students each year and sponsors more than 250 residency training programs. The University has five campuses with Schools of Medicine and four academic medical centers (eight acute care hospitals) which support clinical teaching programs.

The UC medical school deans and hospital directors would very much appreciate the opportunity to discuss with Mr. Jennings issues including medical education and research, Medicare reform, implications for Graduate Medical Education and Disproportionate Share Hospitals and other related issues of interest to Mr. Jennings.

Please let me know if you have any questions or need more information. I will follow up by phone soon. Thank you for your help, Teresa!

UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT

Date: 30 June 1999
Pages: 1

from: Jennifer Poulakidas
Senior Legislative Analyst
University of California
Office of Federal Government Relations
1523 New Hampshire Avenue, NW
Washington, DC 20036

E-Mail: jennifer.poulakidas@ucop.edu

Originating Voice: (202) 588-0081
Originating FAX: (202) 785-2669

TO: TERESA JONES, 456.5557 (fax)
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UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT

Date: 15 July 1999
Pages: 4

from: Jennifer Poulakidas
Senior Legislative Analyst
University of California
Office of Federal Government Relations
1523 New Hampshire Avenue, NW
Washington, DC 20036

E-Mail: jennifer.poulakidas@ucop.edu

Originating Voice: (202) 588-0081
Originating FAX: (202) 785-2669

TO: TERESA JONES, 456.5557 (fax)
White House, Domestic Policy
Chris Jennings' office

RE: Lunch meeting - **Monday 26 July 1999, 12:30pm**
background info

Teresa,

As we discussed, I am sending you some information for the lunch meeting we scheduled earlier today with Chris Jennings and the University of California health leadership.

Following is a list of participants for the lunch who will be here from California (15 people). In addition, three people from our UC Federal Relations Office will be in attendance for a total count of 18 people.

The main topic that the UC medical school deans and hospital directors would like to discuss with Mr. Jennings is the President's recently announced Medicare proposal.

I am also re-faxing you the original request I sent over, for your reference.

Thank you for your help with this, Teresa! I look forward to talking with you to finalize the details of the meeting.

UNIVERSITY OF CALIFORNIA

"MEDICAL CHANCELLORS" FORUM

July 26-28, 1999

Vice Presidents for Clinical Affairs & Health Affairs
Medical School Deans
Academic Medical Center Directors

Attendees
(As of: July 14)

TOM CESARIO, M.D.

Dean, School of Medicine
UC Irvine

JANE CHAFFIN

Executive Director, Medical Center (Managed Care)
UC San Diego

BOB CHASON

Interim Director, Medical Center
UC Davis/Sacramento

NEAL COHEN, M.D.*

Acting Vice Dean and Medical Faculty Conference Chair
School of Medicine
UC San Francisco

MARIA FAER, DrPH

Director, Clinical Services
Office of the President

WILLIAM GURTNER

Vice President for Clinical Services
Office of the President

CON HOPPER, M.D.

Vice President for Health Affairs
Office of the President

SUMIYO KASTELIC**

Director, Medical Center
UC San Diego

MARK LARET

Director, Medical Center
UC Irvine

MARTHA MARSH

Director, Medical Center (Appointed July 1)
UC Davis/Sacramento

TOM ROSENTHAL, M.D.

Vice Provost & Director, Physicians Group
UC Los Angeles

JIM TERWILLIGER

Vice Provost, Medical Centers and Hospitals
UC Los Angeles

George Terwilliger, J.D.

Counsel, UC Clinical Services

Joy Higa

Director, Health Sciences Government Relations, UCLA

Chuck McFadden

Director, External Communications, Office of the President

* Representing Halie Debas, M.D., Dean, Medical School, UCSF, who is on sabbatical
** Representing David Bailey, M.D., appointed Interim Dean, Medical School, UCSD effective August 1

UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT

Date: 30 June 1999
Pages: 1

from: Jennifer Poulakidas
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Please let me know if you have any questions or need more information. I will follow up by phone soon. Thank you for your help, Teresa!

REQUESTS FOR Chris Jennings

No.	Req. Date	Requestor/Organization Contact/Phone#	Request/Status
705	7/26/99 12:30pm	University of California, Office of President CONTACT: Jennifer Poulakidas 202-588-0081	- They requested a dinner or maybe lunch with Chris. - Lunch is schedule at the OVAL ROOM. - List of participants is attached. - Jennifer Poulakidas made the reservations at the OVAL Room.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	Jennifer Poulakidas to Teresa Jones re: Lunch meeting (partial) (1 page)	07/22/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

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]
P3 Release would violate a Federal statute [(a)(3) 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]
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mon 7/26 1230 pm

UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT

Date: 22 July 1999
Pages: 6

from: Jennifer Poulakidas
Senior Legislative Analyst
University of California
Office of Federal Government Relations
1523 New Hampshire Avenue, NW
Washington, DC 20036

E-Mail: jennifer.poulakidas@ucop.edu

Originating Voice: (202) 588-0081
Originating FAX: (202) 785-2669

TO: TERESA JONES, 456.5557 (fax)
White House, Domestic Policy
Chris Jennings' office

RE: Lunch meeting - **Monday 26 July 1999, 12:30pm**
Details and background info

Teresa,

As we discussed, I am sending you some information for the lunch meeting currently scheduled with Chris Jennings and the University of California health leadership.

Lunch details

Where:	Red Sage Restaurant 605 14th Street NW (corner of F and 14th Streets)
When:	Monday 26 July, 12:30pm

Following is a list of participants for the lunch who will be here from California. In addition, from our UC Federal Relations Office the following people will be in attendance: Assistant Vice President Scott Sudduth who directs our Washington, DC office; Director of Health and Clinical Affairs Mick McKeown; and myself. Also joining us will be Dick Knapp, Executive Vice President of the Association of American Medical Colleges (AAMC) and Ann Nicoll, Senior Vice President of the California Hopsital Association (CHA). That brings our total count for lunch to 20 people.

The **main topic** that the UC medical school deans and hospital directors would like to discuss with Mr. Jennings is **the President's** recently announced **Medicare proposal**. Included in this fax is a three-page fact sheet on the UC academic medical centers, for Mr. Jennings' information.

In case you or Devora need to reach me on Monday, my cell phone number is P6/(b)(6) 0047

Many thanks, Teresa!!!

- Jennifer

UNIVERSITY OF CALIFORNIA

"MEDICAL CHANCELLORS" FORUM

July 26-28, 1999

Vice Presidents for Clinical Affairs & Health Affairs
Medical School Deans
Academic Medical Center Directors

Attendees
(As of: July 21)

TOM CESARIO, M.D.

Dean, School of Medicine
UC Irvine

JANE CHAFFIN

Executive Director, Medical Center (Managed Care)
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BOB CHASON

Interim Director, Medical Center
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UC Davis/Sacramento

SERGIO MELGAR

Chief Financial Officer, Medical Centers and Hospitals
UC Los Angeles

TOM ROSENTHAL, M.D.

Vice Provost & Director, Physicians Group
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JIM TERWILLIGER

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Joy Higa

Director, Health Sciences Government Relations, UCLA

* Representing Halie Debas, M.D., Dean, Medical School, UCSF, who is on sabbatical
** Representing David Bailey, M.D., appointed Interim Dean, Medical School, UCSD effective August 1

UNIVERSITY OF CALIFORNIA
FACT SHEET ON ACADEMIC MEDICAL CENTERS

The University of California has five campuses with Schools of Medicine, four of which have academic medical centers owned and operated by the University to support their clinical teaching programs. These include the programs located on the Davis, Irvine, Los Angeles, and San Diego campuses. The UCSF campus has an affiliation agreement with UCSF Stanford Health Care (a non-profit organization created when the UC San Francisco Medical Center merged with the Stanford University Health Services on November 1, 1997) to support its clinical teaching programs. UC's academic medical centers include a school of medicine, one or more university teaching hospitals, and, at UCSF and UCLA, one or more other health professions schools. UC's academic medical centers have a three-part mission of teaching, patient care, and research and play a leading role in the development of health services and the advancement of medical science and research.

MEDICAL EDUCATION AND TRAINING PROGRAMS

- The University of California serves as the State's designated research university and is delegated the exclusive responsibility for public university health professions education in medicine, dentistry, and veterinary medicine.

- The University of California operates the largest health science and medical training program in the nation with over 12,000 students annually enrolled in medicine, nursing, public health, pharmacy, and other health professions.

- The instructional program in the health sciences is conducted in fourteen health sciences schools located on six campuses. These include five schools of medicine, two schools of dentistry, two schools of nursing, two schools of public health, and one school, respectively, of optometry, pharmacy, and veterinary medicine.

- UC medical schools educate approximately 2,600 medical students or nearly two-thirds of the state's total each year. Medical student instruction is conducted at UC's five medical center campuses, with four affiliated programs offered at Berkeley, Fresno, Riverside, and the Charles R. Drew University of Medicine and Science in Los Angeles.

- UC medical centers sponsor more than 250 residency training programs representing all recognized specialties and subspecialties of medicine and surgery. More than 4,300 medical residents currently train in these programs with slightly over 50% currently enrolled in the primary care specialties of family practice, internal medicine, pediatrics, and obstetrics and gynecology.

- In response to State and national physician needs, UC medical schools have assumed a leadership role in expanding primary care physician training programs. By 2000, approximately 55% of all UC residency positions are expected to be in primary care fields, with an estimated 20% in family practice.

- UC's medical students, residents, and faculty utilize an extensive clinical resource base which includes nine university hospitals and more than 100 affiliated Veterans Affairs, County, and community-based health facilities throughout California.

PATIENT CARE SERVICES

- UC medical centers include approximately 2,600 licensed beds in eight licensed acute care hospitals and one licensed psychiatric hospital. These facilities house trauma, burn, and cancer centers, neonatal intensive care units, transplant programs, and a wide range of clinical research and training programs.
- UC operates Level I trauma centers in four of its five regions and provides the physician staff to San Francisco County's General Hospital, including its Level I trauma center.
- UC medical centers provide over 650,000 days of hospital care and more than 2.7 million clinic visits annually. In support of its medical education and patient care programs, UC medical centers collectively employ more than 18,800 individuals.
- UC health facilities constitute a major component of the state's health services "safety net" serving as the major provider to uninsured and underinsured patients in San Diego, Sacramento, and Orange counties.
- UC medical centers rank second only to the Los Angeles County health care system as a provider of Medicaid services in California.
- UC medical centers serve as the largest providers of specialty care for Medicaid beneficiaries in four of their five respective counties. Within the five-county region, UC provides 8% of all Medi-Cal discharges, and 18% of all Medi-Cal outpatient visits.
- In FY 1997-98, 48% of UC hospital patient days were paid through federal Medicaid (24%) and Medicare (24%) programs. Whereas 42% of patient days were covered by private payers, including managed care (40%) and fee-for-service (2%) plans. The remaining patient days (10%) were county-reimbursed, State-supported or uninsured/self-pay.

PATIENT CARE REVENUES

- State funding contributed about 2% of UC hospitals' FY 97-98 total budget of about $2 billion. Patient care revenues make up almost all of the remainder with a small portion (2%) derived from non-clinical revenues.
- Among total net patient revenues in FY 1997-98, 47% came from private payers including managed care (43%) and fee-for-service (4%) plans. Federal program revenues represented 41%, with Medicare at 26% and Medicaid at 15%. The balance (12%) was provided through non-federal public programs (i.e., State and county) and by uninsured and self-pay patients.
- In FY 1997-98, UC medical centers were reimbursed about $209 million less than the costs of services for Medicaid beneficiaries. Including Medicaid losses, UC provided about $378 million in uncompensated care to low-income patients.
- Through its Disproportionate Share Hospital payments (DSH), Medicare reimbursed UC $52.3 million for the care provided by UC hospitals that serve as disproportionate share providers to medically indigent patients, including those patients covered by Medicaid.
- In FY 1997-98, Medicare's Indirect Medical Education (IME) adjustment provided UC $98.7 million as compensation related to the severity of patient illnesses, scope of services provided, and other costs related to medical student and resident education (excluding resident salaries).

- In FY 1997-98, Medicare's Direct Medical Education (DME) payments to UC totaled $24.7 million to cover a portion of the costs associated with resident salaries and faculty teaching and supervision. Only Medicare (IME and DME) pays for costs related to medical education.
- Medicare's medical education and medically indigent payments represent 8.5% of UC's total net revenues.

SYSTEMWIDE FACTS

MARKET SHARE:

- UC medical centers are located in the five counties of Los Angeles, Orange, San Diego, Sacramento, and San Francisco. With over 3,550 licensed beds, the five UC medical centers comprise 5% of the market in its five-county region.
- UC medical centers deliver services to approximately 115,000 patients each year, and provide over 690,000 patient care days, or approximately 7% of the five-county market share.
- More than 15% of all outpatient visits in the five-county region (almost 3.2 million) are seen at UC, of which UC sees almost a fifth of all Medi-cal visits, and a tenth of all county indigent patients.

MANAGED CARE:

- UC medical centers are located in among the most competitive healthcare markets in the nation (i.e., Sacramento, Orange, Los Angeles, San Diego, and San Francisco counties). In contrast to the 24% nationwide average, more than 42.6% of Californians (more than 18 million) are currently enrolled in HMOs.
- HMO penetration in UC's five counties far exceeds the state average. While Northern California has a penetration rate of 46%, Sacramento County's HMO penetration approximates 68.7%, and San Francisco County is at 48% penetration. Southern California region also has penetration of 40% versus Orange County at 43.5%, San Diego at 42.2%, and Los Angeles at 41.9%.
- Among California's Medicare recipients, 35% are enrolled in prepaid plans compared with the 10% national average.
- Medicare risk comprised 39% of all Medicare eligible in UC's five-county region in 1996. This number is expected to increase even more dramatically with the implementation of the Medicare Choices Demonstration project in San Diego.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005a. invitation	re: home address (partial) (1 page)	ca.1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

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]
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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)]

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Accept This is
a Complimentary — No
$5,000
Meal
from
Me

The Board of Directors

cordially invites you to join them

for dinner and discussion

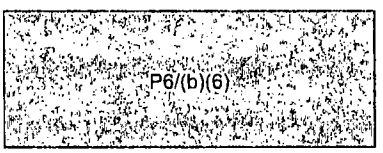
to benefit the Alliance for Health Reform

Monday, the twenty-sixth of July

nineteen hundred and ninety-nine

at the home of

Senator and Mrs. John D. Rockefeller IV



C0059]

Please respond by enclosed card
Minimum Contribution $5,000
per person

Cocktails 6:30 p.m.
Dinner 7:15 p.m.

ALLIANCE
FOR
HEALTH REFORM

Chris -

I trust that, by then, you'll be able to turn around. If you can join us, even for a bit, we'd be honored.

Thanks for everything -

EJ

Dinner Committee

Chair
Senator John D. Rockefeller IV

Co-Chair
Senator Bill Frist, MD

Members

Horace B. Deets	Carolyn Jefferson-Jenkins
Marian Wright Edelman	John J. Sweeney
Raymond V. Gilmartin	James R. Tallon, Jr.
Robert Graham, MD	Reed V. Tuckson, MD

Edward F. Howard

The Alliance for Health Reform is a nonpartisan, nonprofit group providing opinion leaders an objective source of information on the U.S. health system. The Alliance advocates no particular blueprint for reform, but pursues the goals of containing cost and extending coverage to all Americans.

Founded in 1991 by Senator Rockefeller, the Alliance is an educational organization that has convened seminars, briefings and forums around the country, issued publications and established a media resource service. Contributions to the Alliance, which is exempt from tax under section 501(c)(3) of the tax code, are deductible to the extent permitted by law. The Alliance does not accept personal contributions from registered federal lobbyists or contributions from lobbying firms.

1900 L Street NW, Suite 512, Washington, DC 20036
202-466-5626

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RSVP mailed 6/25/99.

7/26/99 6:32 pm

ALLIANCE FOR HEALTH REFORM

Chris -

I trust that, by then, you'll be able to turn around. If you can join us, even for a bit, we'd be honored.

Thanks for everything -

E

PHOTOCOPY PRESERVATION

Accept. This is a complication — no $5,000 need from me

The Board of Directors

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for dinner and discussion

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Monday, the twenty-sixth of July

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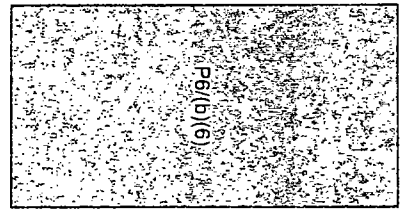

[005b]

Please respond by enclosed card
Minimum Contribution $5,000
per person

Cocktails 6:30 p.m.
Dinner 7:15 p.m.

7/26/99

6:30 pm

RSVP mailed 6/25/99.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT

Date: 22 July 1999
Pages: 6

from: Jennifer Poulakidas
Senior Legislative Analyst
University of California
Office of Federal Government Relations
1523 New Hampshire Avenue, NW
Washington, DC 20036

E-Mail: jennifer.poulakidas@ucop.edu

Originating Voice: (202) 588-0081
Originating FAX: (202) 785-2669

TO: TERESA JONES, 456.5557 (fax)
White House, Domestic Policy
Chris Jennings' office

RE: Lunch meeting - **Monday 26 July 1999, 12:30pm**
Details and background info

Teresa,

As we discussed, I am sending you some information for the lunch meeting currently scheduled with Chris Jennings and the University of California health leadership.

Lunch details

Where:	Red Sage Restaurant 605 14th Street NW (corner of F and 14th Streets)
When:	Monday 26 July, 12:30pm

Following is a list of participants for the lunch who will be here from California. In addition, from our UC Federal Relations Office the following people will be in attendance: Assistant Vice President Scott Sudduth who directs our Washington, DC office; Director of Health and Clinical Affairs Mick McKeown; and myself. Also joining us will be Dick Knapp, Executive Vice President of the Association of American Medical Colleges (AAMC) and Ann Nicoll, Senior Vice President of the California Hopsital Association (CHA). That brings our total count for lunch to 20 people.

The **main topic** that the UC medical school deans and hospital directors would like to discuss with Mr. Jennings is **the President's** recently announced **Medicare proposal**. Included in this fax is a three-page fact sheet on the UC academic medical centers, for Mr. Jennings' information.

In case you or Devora need to reach me on Monday, my cell phone number is P6/(b)(6) [006]

Many thanks, Teresa!!!

- Jennifer

UNIVERSITY OF CALIFORNIA

"MEDICAL CHANCELLORS" FORUM

July 26-28, 1999

Vice Presidents for Clinical Affairs & Health Affairs
Medical School Deans
Academic Medical Center Directors

Attendees
(As of: July 21)

TOM CESARIO, M.D.

Dean, School of Medicine
UC Irvine

JANE CHAFFIN

Executive Director, Medical Center (Managed Care)
UC San Diego

BOB CHASON

Interim Director, Medical Center
UC Davis/Sacramento

NEAL COHEN, M.D.*

Acting Vice Dean and Medical Faculty Conference Chair
School of Medicine
UC San Francisco

MARIA FAER, DrPH

Director, Clinical Services
Office of the President

WILLIAM GURTNER

Vice President for Clinical Services
Office of the President

CON HOPPER, M.D.

Vice President for Health Affairs
Office of the President

SUMIYO KASTELIC**

Director, Medical Center
UC San Diego

MARK LARET

Director, Medical Center
UC Irvine

MARTHA MARSH

Director, Medical Center (Appointed July 1)
UC Davis/Sacramento

SERGIO MELGAR

Chief Financial Officer, Medical Centers and Hospitals
UC Los Angeles

TOM ROSENTHAL, M.D.

Vice Provost & Director, Physicians Group
UC Los Angeles

JIM TERWILLIGER

Vice Provost, Medical Centers and Hospitals
UC Los Angeles

Joy Higa

Director, Health Sciences Government Relations, UCLA

* Representing Halie Debas, M.D., Dean, Medical School, UCSF, who is on sabbatical
** Representing David Bailey, M.D., appointed Interim Dean, Medical School, UCSD effective August 1

UNIVERSITY OF CALIFORNIA
FACT SHEET ON ACADEMIC MEDICAL CENTERS

The University of California has five campuses with Schools of Medicine, four of which have academic medical centers owned and operated by the University to support their clinical teaching programs. These include the programs located on the Davis, Irvine, Los Angeles, and San Diego campuses. The UCSF campus has an affiliation agreement with UCSF Stanford Health Care (a non-profit organization created when the UC San Francisco Medical Center merged with the Stanford University Health Services on November 1, 1997) to support its clinical teaching programs. UC's academic medical centers include a school of medicine, one or more university teaching hospitals, and, at UCSF and UCLA, one or more other health professions schools. UC's academic medical centers have a three-part mission of teaching, patient care, and research and play a leading role in the development of health services and the advancement of medical science and research.

MEDICAL EDUCATION AND TRAINING PROGRAMS

- The University of California serves as the State's designated research university and is delegated the exclusive responsibility for public university health professions education in medicine, dentistry, and veterinary medicine.

- The University of California operates the largest health science and medical training program in the nation with over 12,000 students annually enrolled in medicine, nursing, public health, pharmacy, and other health professions.

- The instructional program in the health sciences is conducted in fourteen health sciences schools located on six campuses. These include five schools of medicine, two schools of dentistry, two schools of nursing, two schools of public health, and one school, respectively, of optometry, pharmacy, and veterinary medicine.

- UC medical schools educate approximately 2,600 medical students or nearly two-thirds of the state's total each year. Medical student instruction is conducted at UC's five medical center campuses, with four affiliated programs offered at Berkeley, Fresno, Riverside, and the Charles R. Drew University of Medicine and Science in Los Angeles.

- UC medical centers sponsor more than 250 residency training programs representing all recognized specialties and subspecialties of medicine and surgery. More than 4,300 medical residents currently train in these programs with slightly over 50% currently enrolled in the primary care specialties of family practice, internal medicine, pediatrics, and obstetrics and gynecology.

- In response to State and national physician needs, UC medical schools have assumed a leadership role in expanding primary care physician training programs. By 2000, approximately 55% of all UC residency positions are expected to be in primary care fields, with an estimated 20% in family practice.

- UC's medical students, residents, and faculty utilize an extensive clinical resource base which includes nine university hospitals and more than 100 affiliated Veterans Affairs, County, and community-based health facilities throughout California.

PATIENT CARE SERVICES

- UC medical centers include approximately 2,600 licensed beds in eight licensed acute care hospitals and one licensed psychiatric hospital. These facilities house trauma, burn, and cancer centers, neonatal intensive care units, transplant programs, and a wide range of clinical research and training programs.
- UC operates Level I trauma centers in four of its five regions and provides the physician staff to San Francisco County's General Hospital, including its Level I trauma center.
- UC medical centers provide over 650,000 days of hospital care and more than 2.7 million clinic visits annually. In support of its medical education and patient care programs, UC medical centers collectively employ more than 18,800 individuals.
- UC health facilities constitute a major component of the state's health services "safety net" serving as the major provider to uninsured and underinsured patients in San Diego, Sacramento, and Orange counties.
- UC medical centers rank second only to the Los Angeles County health care system as a provider of Medicaid services in California.
- UC medical centers serve as the largest providers of specialty care for Medicaid beneficiaries in four of their five respective counties. Within the five-county region, UC provides 8% of all Medi-Cal discharges, and 18% of all Medi-Cal outpatient visits.
- In FY 1997-98, 48% of UC hospital patient days were paid through federal Medicaid (24%) and Medicare (24%) programs. Whereas 42% of patient days were covered by private payers, including managed care (40%) and fee-for-service (2%) plans. The remaining patient days (10%) were county-reimbursed, State-supported or uninsured/self-pay.

PATIENT CARE REVENUES

- State funding contributed about 2% of UC hospitals' FY 97-98 total budget of about $2 billion. Patient care revenues make up almost all of the remainder with a small portion (2%) derived from non-clinical revenues.
- Among total net patient revenues in FY 1997-98, 47% came from private payers including managed care (43%) and fee-for-service (4%) plans. Federal program revenues represented 41%, with Medicare at 26% and Medicaid at 15%. The balance (12%) was provided through non-federal public programs (i.e., State and county) and by uninsured and self-pay patients.
- In FY 1997-98, UC medical centers were reimbursed about $209 million less than the costs of services for Medicaid beneficiaries. Including Medicaid losses, UC provided about $378 million in uncompensated care to low-income patients.
- Through its Disproportionate Share Hospital payments (DSH), Medicare reimbursed UC $52.3 million for the care provided by UC hospitals that serve as disproportionate share providers to medically indigent patients, including those patients covered by Medicaid.
- In FY 1997-98, Medicare's Indirect Medical Education (IME) adjustment provided UC $98.7 million as compensation related to the severity of patient illnesses, scope of services provided, and other costs related to medical student and resident education (excluding resident salaries).

- In FY 1997-98, Medicare's Direct Medical Education (DME) payments to UC totaled $24.7 million to cover a portion of the costs associated with resident salaries and faculty teaching and supervision. Only Medicare (IME and DME) pays for costs related to medical education.
- Medicare's medical education and medically indigent payments represent 8.5% of UC's total net revenues.

SYSTEMWIDE FACTS

MARKET SHARE:

- UC medical centers are located in the five counties of Los Angeles, Orange, San Diego, Sacramento, and San Francisco. With over 3,550 licensed beds, the five UC medical centers comprise 5% of the market in its five-county region.
- UC medical centers deliver services to approximately 115,000 patients each year, and provide over 690,000 patient care days, or approximately 7% of the five-county market share.
- More than 15% of all outpatient visits in the five-county region (almost 3.2 million) are seen at UC, of which UC sees almost a fifth of all Medi-cal visits, and a tenth of all county indigent patients.

MANAGED CARE:

- UC medical centers are located in among the most competitive healthcare markets in the nation (i.e., Sacramento, Orange, Los Angeles, San Diego, and San Francisco counties). In contrast to the 24% nationwide average, more than 42.6% of Californians (more than 18 million) are currently enrolled in HMOs.
- HMO penetration in UC's five counties far exceeds the state average. While Northern California has a penetration rate of 46%, Sacramento County's HMO penetration approximates 68.7%, and San Francisco County is at 48% penetration. Southern California region also has penetration of 40% versus Orange County at 43.5%, San Diego at 42.2%, and Los Angeles at 41.9%.
- Among California's Medicare recipients, 35% are enrolled in prepaid plans compared with the 10% national average.
- Medicare risk comprised 39% of all Medicare eligible in UC's five-county region in 1996. This number is expected to increase even more dramatically with the implementation of the Medicare Choices Demonstration project in San Diego.

THE HENRY J. KAISER FAMILY FOUNDATION

July 21, 1999
MEDIA ADVISORY

For More Information Contact:
Missy Krasner (650) 854-9400 or
Matt James, ext. 204

A VIEW FROM BED-SIDE: A SURVEY OF DOCTORS AND NURSES ON THEIR PATIENT'S EXPERIENCES WITH HEALTH PLANS

A Briefing for Health Care Journalists and Policymakers

As the Congressional debate over patients' rights legislation continues and physicians push for the right to unionize, there is renewed interest in the conflicts between physicians and insurance plans and their consequences for patients. How frequently do physicians and nurses clash with health plans over what is the appropriate care for their patients? What types of services are most at issue? What are the consequences of these disagreements for patients? How do health providers view managed care? What are its downsides for patients? What are its upsides?

To get beyond the anecdotes and shed new light on these issues, the **Kaiser Family Foundation** is releasing a *Survey of Physicians and Nurses* conducted by researchers at the Kaiser Family Foundation and Harvard University's School of Public Health. The survey provides quantitative information about the experiences of doctors and nurses with health plans, and the impact these experiences have on patients. The survey findings will be discussed at a briefing for health care journalists and policymakers:

When:	**Wednesday, July 28, 1999, 8:30 a.m. - 11:00 a.m., Continental Breakfast Served**
Where:	**National Press Club, West Room, Washington, DC**
RSVP:	**Please call (410) 758-4809 or e-mail LynnNpf@aol.com to RSVP for the event**

Drew Altman, Ph.D., President of the Kaiser Family Foundation, **Larry Levitt**, Director of the Kaiser Family Foundation's Changing Health Care Marketplace Project and **Karen Donelan**, Sc.D., Assistant Professor at Harvard University's School of Public Health will present an overview of the survey findings. A panel of leading experts and stakeholders, including: **J. Edward Hill**, M.D., Trustee of the American Medical Association, **Beverly Malone**, Ph.D., RN, President of the American Nurses Association and **Don Young,** M.D., Chief Operating Officer and Medical Director of the Health Insurance Association of America will discuss the survey results in the context of the current state of the health care industry and ongoing health policy debates.

Tuesday 7/27/99 5-7pm
Farewell - Treasury

Please come celebrate the departure from every Federal agency of

Bob Boorstin

Tuesday, July 27, 1999
5 – 7 p.m.

The Cash Room
Department of the Treasury, 2nd Floor
Enter on 15th Street at F Street, N.W.

A Silent Auction

will be held of a fine selection of doodles produced during six years of fascinating meetings

Proceeds to the National Alliance for Research on Schizophrenia and Depression
So bring your checkbook

Please respond, acceptances only, by fax to (202) 622-0073
or by calling Rowena at (202) 622-0357

Name: _____

Date of Birth: _____ Social Security Number: _____

This information required for security and future tracking purposes.

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Mozelle Thompson	326-3442f
Kevin Thurm	690-6133o/690-7755f
David Vandivier	395-5174p/395-6818f
Melanne Verveer - 1st lady's office	456-6244f
Lorraine Voles	301-652-0950h/973-5858f
Carter Wilkie	617 635 3483o/635-2858f
Dave Williams - IRS	x5440p/5067f
Natalie Wymer	586 4940o/586-9987f
Wendy Gray	456-9370f
Jordon Tamagni	456-5709f
Ted Widmer	456-9370f
Chris Jennings	456-5557f
Melissa Green	456-2878f
Jack Lu	395-1005f

DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

Fax

To: See attached list From: Rowena Holloway

Fax: Date: 7/15/99

Phone: Pages: Cover + 2

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007a. memo	Gwen Gampel to Teresa Jones re: Meeting (partial) (1 page)	07/15/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

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

8/20/99 - 100 pm
Pm 2/6

Congressional Consultants

444 North Capitol St., NW, Suite 532
Washington, D.C. 20001

Tel. (202) 544-6264 E-Mail ccgampel@erols.com FAX (202) 544-3610

July 15, 1999

Memorandum

TO: Teresa Jones

FR: Gwen Gampel 8/20/99 - 100 pm

RE: Meeting with Chris Jennings on ~~July 22 at 2:30 pm~~
****

Attending the meeting will be :

Gwen Gampel, President of Congressional Consultants and Executive Director for the Renal Leadership Council, date of birth P6/(b)(6) [0078]

Mats Wahlstrom, President and CEO of GAMBRO Healthcare Inc., date of birth P6/(b)(6) social security number P6/(b)(6) **Dr. Steven Bander**, Chief Medical Officer of GAMBRO, date of birth P6/(b)(6) social security number P6/(b)(6) GAMBRO Healthcare is the second largest worldwide provider of dialysis services and has 448 dialysis facilities in 33 states and D.C.

Barry Cosgrove, Senior Vice President and General Counsel of Total Renal Care, date of birth P6/(b)(6) social security number P6/(b)(6) Total Renal Care is the second largest domestic and largest independent worldwide provider of dialysis services with 522 dialysis facilities in 34 states and D.C.

Dan Moldando is a partner in Marc Associates and is a lobbyist for the Renal Leadership Council.

P6/(b)(6)

We are coming on behalf of the Renal Leadership Council (RLC), which is an association representing the interests of renal dialysis providers. The RLC members provider renal replacement therapy services in over 1,000 dialysis facilities in 42 states and the District of Columbia to approximately 35,000 individuals with End Stage Renal Disease.

Purpose of Meeting

The purpose of the meeting is to discuss gaining Administration support for a 2.9% inflation update in Medicare reimbursement for dialysis facilities for FY 2000, which is based on MedPAC's recommendation. Further, to discussion a Medicare annual inflation update formula for dialysis reimbursement, similar to the hospital update formula.

8/20/99
10:30 AM
Lbby

Congressional Consultants

444 North Capitol St., NW, Suite 532
Washington, D.C. 20001

Tel. (202) 544-6264 E-Mail ccgampel@erols.com FAX (202) 544-3610

FAX COVER SHEET

DATE: July 16, 1999
TIME:

maybe sometime in August / late August / early Sept

TO: Teresa Jones - Chris Jennings

TELEFAX: (202) 456-5557 **CLIENT CODE: 12**

FROM: Gwen Gampel (202)-544-6264

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 3

COMMENTS:

Attached is the information you requested for our meeting with Chris on July 22 at 2:30 pm.

Please let me know if you need anything else. Thanks for your assistance.

Deborah

IF YOU DO NOT RECEIVE ALL PAGES, OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL (202) 544-6264

7/21 - Called Gwen Gampel to cancel tentative date for tomorrow. She would still like to meet with Chris, maybe next week.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007b. fax	Gwen Gampel to Teresa Jones and Chris Jennings re: SSN and DOB (partial) (1 page)	08/19/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (January - August 1999) [3]

2011-0747-S
rc415

RESTRICTION CODES

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8/20 1:00 pm

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Washington, D.C. 20001

Tel. (202) 544-6264 E-Mail ccgampel@erols.com FAX (202) 544-3610

FAX COVER SHEET

NAVE INFO

DATE: August 19, 1999
TIME: 10:45 AM, EST

TO: **Teresa Jones/Chris Jennings**

TELEFAX: **456-5557** **CLIENT CODE:** 12

FROM: Gwen Gampel

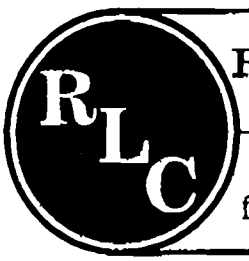
NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

COMMENTS: Per your request, attached you will find some background material for our meeting with Chris Jennings on Friday, August 20 at 1:00 p.m.

The information you requested for Dan Maldonado is:
Date of Birth - P6/(b)(6)
Social Security Number - P6/(b)(6)

[00 76]

IF YOU DO NOT RECEIVE ALL PAGES, OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL (202) 544-6264



RENAL LEADERSHIP COUNCIL

Providers of Quality Dialysis
for the Nation's ESRD Community

MEDICARE INFLATION PAYMENT UPDATE NEEDED FOR DIALYSIS FACILITIES

PROPOSAL

Provide a 2.9% inflation increase to the Medicare composite rate payment to both hospital-based and freestanding dialysis facilities.

BACKGROUND

When coverage for end-stage renal disease (ESRD) began in 1972, Medicare paid hospital-based and freestanding dialysis facilities their reasonable costs and reasonable charges, respectively, limited to $183 per treatment.

Beginning in 1983, the payment methodology was changed to a prospective rate per dialysis treatment. The prospective payment, called the composite rate, covers the bundle of services, tests, and supplies routinely required for a dialysis treatment whether it is provided in a facility or performed by the beneficiary at home. When established in 1983, the composite rate presented the estimated median cost for treatment. Over the years, previously separately reimbursed services and supplies have been added to the composite rate without any corresponding rate increase. According to MedPAC data, freestanding dialysis facilities received in 1996 an average of 80% of $122 per treatment and the average hospital-based facility received 80% of $126 per treatment from Medicare.

RATIONALE FOR INFLATION UPDATE FOR DIALYSIS PAYMENTS

Medicare Payments Have Been Frozen- In contrast to other Medicare providers--such as hospitals, physicians, skilled nursing facilities, --reimbursement to dialysis facilities has essentially been frozen since 1983. Despite the substantial inflation over the past 15 years, the composite rate is less then it was in 1983. In fact, according to the House Ways and Means Committee Green Book, adjusted for inflation, the current composite rate is now worth $45 as compared with the $138 payment rate in 1983. Dialysis facilities are entitled to payment increases to keep pace with inflation for the same reasons as for all providers.

MedPAC Recommendation- MedPAC, in its March 1999 **Report to the Congress: Medicare Payment Policy** stated that, "The Medicare Payment Advisory Commission continues to be concerned that, without an increase in the payment (i.e. compose rate), the quality of dialysis services may decline. Therefore, an update to the composite rate is recommended....in the range of 2.4% to 2.9%. Specifically, MedPAC determined a 2.2% increase represented the "marketbasket" adjustment required to cover the increased costs of goods and services provided dialysis patients and the other .2% to

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misperceptions about the growth and profitability of the dialysis industry. For example, according to MedPAC, "Between 1995 and 1996, the number of freestanding facilities grew by 9.7%, as the industry attempted to keep pace with 10% annual increase in the number of dialysis beneficiaries." In fact the growth in the number of dialysis units is now about equal to the number of new dialysis patients. And, we believe profit margins as a whole and specifically for the Medicare component for dialysis facilities are now less than for other segments of the health care industry. This is supported by MedPAC's analysis which found that Medicare payments to cost ratio fell from 1.03 in 1995 to 1.00 in 1996 (MedPAC 1998). Moreover, these profit margins will further erode with the reduced ability to shift costs to other payers and contain costs through increased efficiency. Further, costs of complying with Y2K and demands of payers to "quantify" quality have added additional costs to dialysis facilities this year.

Summay – we urge the Congress to serlously consider MedPAC's recommendation for an inflation adjustment to the composite rate for FY 2000 of 2.9% for free-standing and hospital-based dialysis facilities.

Payment-to-Cost Ratios for Dialysis Facilities 1992-1996

	1992	1993	1994	1995	1996
All	1.12	1.11	1.04	1.03	1.00
Urban	1.12	1.12	1.05	1.03	1.03
Rural	1.12	1.08	1.01	1.02	0.97
Non-Profit	1.02	1.05	1.03	0.97	0.95
Proprietary	1.14	1.12	1.04	1.04	1.01
Small	1.03	1.00	0.95	0.93	0.89
Medium	1.10	1.09	1.02	1.01	0.99
Large	1.16	1.16	1.08	1.06	1.03

According to MedPAC, the majority of dialysis units, particularly the small, medium, non-profit and rural facilities, **LOSE** money.

Source: MedPAC Report

Congressional Consultants

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Washington, D.C. 20001

Tel. (202) 544-6264 E-Mail ccgampel@erols.com FAX (202) 544-3610

FAX COVER SHEET

DATE: August 19, 1999
TIME: 1:54 PM, EST

TO: **Teresa Jones/Chris Jennings**

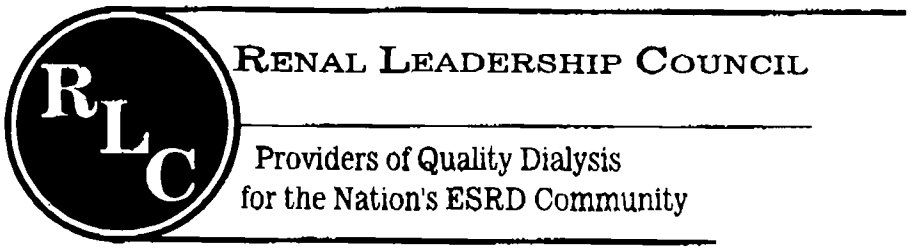
TELEFAX: **456-5557** **CLIENT CODE:** 12

FROM: Gwen Gampel

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): **3**

COMMENTS: Attached are talking points on the Inspector General's Safe Harbor for Medigap Premium Payments by Dialysis Providers. We would also like to discuss this issue with Chris Jennings during our meeting tomorrow at 1:00 p.m.

IF YOU DO NOT RECEIVE ALL PAGES, OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL (202) 544-6264



Safe Harbor For Medigap Premium Payments By Dialysis Providers

Request

Please ask Secretary Shalala and the Office of Management and Budget to quickly approve the safe harbor language the Inspector General's Office is proposing to eliminate the prohibition on dialysis facilities subsidizing the medigap premiums for some of their indigent End Stage Renal Disease (ESRD) patients. The proposed safe harbor was sent to Secretary Shalala earlier this summer.

Background

Prior to the enactment of a provision in the Health Insurance Portability and Accountability Act (HIPAA), the majority of dialysis facilities subsidized the medigap premiums of some of their indigent patients. Section 231 (H)(1)(C)(5) of HIPAA amended the anti-kickback statute's definition of remuneration and imposes civil monetary penalties on any provider who makes payments, grants, or loans to pay Medicare Part B and medigap premiums on behalf of low income patients including those with End Stage Renal Disease (ESRD). As a result of the enactment of HIPAA, all dialysis providers suspended the purchase of medigap policies for their patients effective January 1, 1997.

Hardship Created By Premium Subsidization Prohibition

The HIPAA prohibition has resulted in extreme medical, financial and emotional hardship for some low income ESRD patients. For some patients, the absence of medigap insurance has meant lack of access to needed medical care. The absence of medigap coverage has also negatively impacted dialysis providers as few patients can afford to pay the approximately $5,000 in dialysis treatment coinsurance costs. Further, Medicare's bad debt payments will increase as more providers claim the lack of coinsurance payments as bad debt on their cost reports.

While the Inspector General has granted the American Kidney Fund permission in the interim to make medigap premium payments for ESRD patients, this arrangements has proven a hardship on ESRD patients and providers and has not met the needs of all of the ESRD patients requiring premium subsidization.

Congress Overturns Unintended Consequence of HIPAA

Congress did not understand when they included Section 231 in HIPAA that they would be inadvertently prohibiting a very long standing practice of dialysis facilities subsidizing the medigap premiums of some of their low income patients. This practice was sanctioned by HCFA as the agency allowed dialysis providers to include in their cost reports the amounts they spent on medigap premiums.

Because the application of Section 231 to dialysis providers was an unintended consequence, the Chairmen and Ranking Members of both House Health Subcommittees (Reps. Thomas, Stark, Bilirakis and Brown) along with every member of the Ways and Means Health Subcommittee, introduced a bill to allow the Inspector General to eliminate the prohibition on dialysis facilities subsidizing medigap premiums. This bill, H.R. 3511, was approved on an unanimous vote in both the House Ways and Means Health Subcommittee and Full Committee. The bill was then packaged with two other Medicare related provisions and approved on a 412-2 vote in the House.

Ultimately, Section 6201 was included in last year's massive Omnibus Consolidated and Emergency Supplemental Appropriations Act for Fiscal Year 1999," H.R. 4328, (P.L. 105-277), to allow the Inspector General of HHS to promulgate a rule authorizing the lifting of the prohibition against dialysis providers subsidizing the medigap premiums of some of their indigent patients.

The Inspector General has drafted a new safe harbor which provides protection for health care providers and dialysis facilities that subsidize the medigap premiums of financially needy Medicare beneficiaries with ESRD under certain circumstances and protects them from criminal prosecution and civil sanctions under the anti-kickback and civil money penalty provisions of the statute.

Why HIPAA Should Not Apply to Dialysis Providers Purchasing Medigap Premiums for Needy ESRD Medicare Patients

Establishment of a safe harbor will increase the access of financially needy ESRD patients to health care services that they otherwise could not obtain and without which their condition is fatal. Further, because the payment of medigap premiums for ESRD beneficiaries was a long standing practice of dialysis facilities, establishment of a safe harbor to protect that activity would have no effect on competition among health care providers or on patient freedom of choice. Nor will a safe harbor increase or decrease the potential utilization of health care services by ESRD patients, as they receive services in accordance with strict treatment regimens that do not lend themselves to indiscriminate over or under utilization of services. Consequently, the cost to Federal health care programs of the services and supplies required by ESRD patients will not be increased as a result of the creation of a new safe harbor for subsidizing medigap premiums of ESRD beneficiaries.

Copy

August 2, 1999

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton:

On behalf of the more than 73,000 physical therapist and physical therapist assistant members of the American Physical Therapy Association (APTA), I want to thank you for your comments of July 27, 1999, at a White House conference on Women and Medicare. Specifically, APTA appreciated your acknowledgement of the problems caused by the $1,500 cap on outpatient physical therapy services under the Medicare program, which was imposed as part of the Balanced Budget Act of 1999.

APTA shares your concern with this policy and wishes to work with your Administration to remedy this issue in 1999. To that end, I am writing to request an opportunity to meet with you to discuss this matter in greater detail. Please contact me at 703/933-0020 to make arrangement should such a meeting be possible. The members of APTA appreciate your attention to this request.

Sincerely,

Patrick Cooney
Senior Policy Advisor

they want to meet w/ POTUS — not us.

8/17/99

1111 N. Fairfax Street
Alexandria, Virginia 22314
Phone: 703/933-0020
Fax: 703/933-0021
Patrick_Cooney@msn.com

American Physical Therapy Association

Fax

To:	Chris Jennings/Teresa Jones	**From:**	Patrick Cooney, Senior Policy Advisor
Fax:	(202) 456-5557	**Date:**	August 17, 1999
Phone:		**Pages:**	2
Re:	Meeting Request on $1,500 Cap	**CC:**	

☐ **Urgent** ☐ **For Review** ☑ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

Just wanted to follow up on this letter that the American Physical Therapy Association had sent to President Clinton requesting an opportunity to meet with him and/or his advisors on matters relating to the delivery of physical therapy services under the Medicare program.

Thank you for your time. I look forward to hearing from you at your convenienc.

DAUGHTERS
OF
CHARITY
NATIONAL HEALTH SYSTEM

4600 Edmundson Road
St. Louis, Missouri 63134
314·253·6700

Post Office Box 45998
St. Louis, Missouri 63145-5998

August 13, 1999

they want Gary! not us.

Dear Chris -
I wanted to copy you on this - Katherine, Pat, and I enjoyed meeting with you - I will be getting a follow-up to you & may ask if there is any chance you could talk to our CEOs over dinner wed, Sept 15 -
Thanks!
Susan

Gary Claxton
Deputy Assistant Secretary for Health Policy
United States Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
200 Independence Avenue, S.W.
Room 442E
Washington, DC 20201

Dear Gary:

It was a pleasure speaking with you last week regarding the Daughters of Charity National Health System and our role as a safety net providing access to health care for the working poor. In order to continue this discussion, we would appreciate any opportunity to meet with you when our local Chief Executive Officers are in Washington D.C. next month. Specifically, we will be in Washington the afternoon of Thursday, September 16 and the morning of Friday, September 17 and could be available during this time for an appointment, if that fits your schedule.

I will follow up with you during the week of August 16 to confirm an appointment. Should you have any questions, please do not hesitate to call me at (314) 253-6466. Thank you for your consideration of this request.

Sincerely,

Susan E. Nestor
Senior Vice President, Advocacy and External Relations, DCNHS

Donald A. Brennan
President/CEO, DCNHS

Douglas D. French
Executive Vice President/COO, DCNHS

Charles Barnett
Senior Vice President, South Division, DCNHS and President/CEO, Seton Healthcare Network, Austin

8/16/99

Robert J. Henkel
Senior Vice President, Central/Southeast
Division, DCNHS

Matthias Maguire
Senior Vice President, New York
Division, DCNHS

Robert E. Pezzoli
Senior Vice President, Mid-Atlantic
Division, DCNHS

Katherine Hayes
Director, Public Policy, DCNHS

cc: Chris Jennings
Deputy Assistant to the
President for Health Policy

#602 6/2/99 HM

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

Washington, D.C. 20201

February 22, 1999

Mr. Chris Jennings
Special Assistant to the President for
Health Policy Development
Old Executive Office Building, Room 216
1700 Pennsylvania Ave., N.W.
Washington, D.C. 20502

Dear Mr. Jennings: Chris

Enclosed is a copy of my letter to you, dated February 3, inviting you to speak at an upcoming two-day conference in June at the National Institutes of Health. This conference is a highlight of the United Nations International Year of the Older Person celebration, and will be attended by 300 federal employees representing over 40 federal departments and agencies.

Recent modifications to the conference structure has necessitated changes to the agenda as well. Most significant of these changes is the compression of the conference into a one-day event which will be held on June 2, 1999. Therefore, I would like to invite you to speak during the afternoon session at 4:00 p.m. Approximately thirty minutes have been reserved for your remarks.

Please accept my sincerest apologies for any inconvenience that this change may cause you and your staff. I do hope that you are able to join us at this very important event. Your confirmation would be greatly appreciated before March 4. If you have any questions, please contact my Special Assistant, Sunday Mezurashi at 401-2137.

Sincerely,

Jeanette C. Takamura
Assistant Secretary for Aging

Enclosure

cc: Elizabeth Summy, OS

6/2/99

COMING OF AGE:
Federal Agencies and the Longevity Revolution
An Invitational Symposium for Federal Leaders
Convened by the Federal Committee for the International Year of Older Persons 1999
June 2, 1999
Natcher Center - NIH Campus - Bethesda, MD

7:30-8:30 a.m.	Registration	
8:30 a.m.	Welcome	Jeanette C. Takamura Assistant Secretary for Aging
		Donna Shalala Secretary, Department of Health and Human Services
	Keynote	Yasuhiro Suzuki, M.D., Ph.D. , World Health Organization, Geneva (**Confirmed**)
9:15 a.m.	Plenary Session	
	Meeting Health and LTC Needs in 2010	
	Rich Burkhauser, Cornell U (**Confirmed**) - *Maintaining Economic Security*	
	Speaker - *America's Elderly as a Civic Resource*	
10:45 -11:00	Break/Snack	
11:00 - 12:30	POLICY ROUNDTABLES (1 - 8)	
12:30 - 1:30	Lunch (Box Lunch)	
1:30 - 2:00	Gene Cohen - *Creativity and Aging* (**Confirmed**)	
2: 00-3:45	POLICY ROUNDTABLES (9-16)	
3:45-4:00	Break	
4:00-4:30	Chris Jennings (~~Invited~~ Confirmed) - *White House Perspective*	
4:30-5:00	*Summary and Wrap-Up* - Jeanette Takamura	
5:00	Reception	

#1602

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Administration on Aging

Washington, D.C. 20201

February 3, 1999

Mr. Chris Jennings
Special Assistant to the President for Health Policy Development
Old Executive Office Building, Room 216
1700 Pennsylvania Ave., N.W.
Washington, D.C. 20502

Dear Chris:

I am pleased to invite you to speak at the opening session of an upcoming conference entitled, "Longevity and Active Aging," to be held June 1-2, 1999 at the Natcher Center on the campus of the National Institutes of Health in Bethesda, Maryland. This conference is a highlight of the United Nations International Year of the Older Person celebration, and will be attended by 300 federal employees representing over 40 federal departments and agencies. The Secretary of Health has also been invited to speak during the opening session, which begins at 9:00 a.m. on June 1. Approximately 15-20 minutes have been reserved for your remarks.

The purpose of the conference is to advance the federal policy and program agenda related to older Americans and their families that meets the needs of a changing aging population in the 21st century. Through the sharing of information across federal agency lines on aging-related programs, policies, and best practices, we hope to develop a vision for meeting the needs of an aging, active, dynamic older population, and to begin to identify the strategies and resources needed to translate the vision into reality.

The conference is organized around five major themes: (1) health care, (2) disability and long-term care, (3) economic security, (4) aging in place (community-based supports and services such as housing and transportation), and (5) older people as a resource.

Please let me know at your earliest convenience of your decision to participate in this very important event. Your confirmation would be greatly appreciated before February 26. If you have any questions, please contact my Special Assistant, Sunday Mezurashi at 401-2137.

Sincerely,

Jeanette C. Takamura
Assistant Secretary for Aging

c: Elizabeth Summy, OS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

April 23, 1999

Dear Colleague:

I am pleased to invite you to participate in the upcoming symposium entitled, "Coming of Age: Federal Agencies and the Longevity Revolution," to be held June 2, 1999 at the Natcher Center on the campus of the National Institutes of Health in Bethesda, Maryland. This symposium is a highlight of the United Nations International Year of the Older Person celebration. Three hundred representatives from over 40 federal departments and agencies will be invited to participate.

The purpose of the symposium is to advance the federal policy and program agenda related to older Americans and their families that meets the needs of a changing aging population in the 21st century. Through the sharing of information across federal agency lines on aging-related programs, policies, and best practices, we hope to develop a vision for meeting the needs of an aging, active, dynamic older population, and to begin to identify the strategies and resources needed to translate the vision into reality.

The symposium is organized around the major themes of health promotion and care, disability and long-term care, economic security, aging in place (community-based supports and services such as housing and transportation), and older people as a resource. An attached agenda and fact sheet provide you additional information about the content and structure of the symposium.

Please confirm your participation in this very important event by completing the Conference Registration Form and returning it to Brenda Alford at 301-565-3012 (fax) as soon as possible. If you have any questions, please contact Marla Bush at (202) 619-3996 or Marla.Bush@aoa.gov. Your contribution to this effort is greatly appreciated.

Sincerely,

Jeanette C. Takamura
Assistant Secretary for Aging
And
Chair, Federal Committee for the
International Year of Older Persons

Enclosures

Conference Registration

COMING OF AGE: Federal Agencies and the Longevity Revolution

An Invitational Symposium for Federal Leaders

Convened by the Federal Committee for the International Year of Older Persons 1999

June 2, 1999 - Natcher Center - NIH Campus - Bethesda, MD

Please type or print one registration form for each person

Name _____

Title _____

Agency/Organization _____

Address _____

City/State/Zip _____

Telephone _____ FAX _____

E-mail _____

Roundtable preference:

Morning session (select one)

- ❑ Roundtable #1
- ❑ Roundtable #2
- ❑ Roundtable #3
- ❑ Roundtable #4
- ❑ Roundtable #5
- ❑ Roundtable #6
- ❑ Roundtable #7
- ❑ Roundtable #8

Afternoon session (select one)

- ❑ Roundtable # 9
- ❑ Roundtable #10
- ❑ Roundtable #11
- ❑ Roundtable #12
- ❑ Roundtable #13
- ❑ Roundtable #14
- ❑ Roundtable #15
- ❑ Roundtable #16

Registration fee $25 (Includes box lunch, reception, beverage breaks, and all conference materials.)

Lunch: Check box for ❑ deli sandwich or ❑ vegetarian sandwich

Method of payment (**Check, MasterCard or Visa**) due by May 12, 1999

_____ Check enclosed, make checks payable to Information Data Systems

_____ Payment will be forwarded by due date

_____ ❑ MasterCard ❑ Visa Account # _____ Exp. date _____

Name on credit card _____ Signature _____

Cancellation must be in writing and received by May 19, 1999

Return payment and completed registration form to: Information Data Systems, 8737 Colesville Road, Suite 500, Silver Spring, MD 20910
(301) 565-5910, Fax: (301) 565-3012, ids@radix.net

COMING OF AGE: FEDERAL AGENCIES AND THE LONGEVITY REVOLUTION

An Invitational Symposium for Federal Leaders

Convened by the Federal Committee for the International Year of Older Persons 1999
June 2, 1999
Natcher Center, National Institutes of Health, Bethesda, MD

PURPOSE: The purpose of the conference is to advance a federal policy and program agenda related to older Americans and their families that meets the needs of a changing aging population in the 21st century.

INTENDED OUTCOMES: Establishment of an infrastructure for government-wide interagency follow-up planning and implementation activities related to the aging of the U.S. population

A commitment from participating agencies for continued government-wide collaboration.

The identification of viable collaborative federal initiatives and activities.

CONFERENCE STRUCTURE: The symposium will include presentations by expert speakers on a variety of topics as well as working sessions with experts and federal agency planners. Five general themes will be addressed through a variety of policy roundtable discussions. Symposium participants will be requested to select the specific roundtables in which they are interested in participating.

Themes:

Health Promotion/Health Care

Disability and Long-Term Care

Aging in Place (including community supports such as transportation and housing)

Older People as a Resource

Economic Security

COMING OF AGE:

Federal Agencies and the Longevity Revolution

An Invitational Symposium for Federal Leaders

Convened by the Federal Committee for the International Year of Older Persons 1999

June 2, 1999

Natcher Center - NIH Campus - Bethesda, MD

7:30 a.m. - 8:30 a.m.	Registration/Continental Breakfast	
8:30 a.m. - 9:15 a.m.	Welcome	Jeanette C. Takamura, Ph.D Assistant Secretary for Aging
		Kevin Thurm, Deputy Secretary U.S. Department of Health and Human Services
	Keynote	Yasuhiro Suzuki, M.D., Ph.D. , World Health Organization, Geneva, Switzerland
9:15 a.m.- 10:45 a.m.	Plenary Session	
	Karen Davis, Commonwealth Fund, *Meeting Health and LTC Needs in 2010*	
	Rich Burkhauser, Cornell University - *Maintaining Economic Security*	
	Mathilda Riley, National Institue on Aging - *Older Persons as a Resource*	
10:45 a.m - 11:00 a.m.	Break	
11:00 a.m. - 12:30 p.m.	POLICY ROUNDTABLES #1 to 8	
12:30 p.m. - 1:30 p.m.	Lunch (Box Lunch)	
1:30 p.m. - 2:00 p.m.	Gene Cohen - Washington Center on Aging - *Creativity and Aging*	
2: 00 p.m. - 3:45 p.m.	POLICY ROUNDTABLES # 9 to16	
3:45 p.m. - 4:00 p.m.	Break	
4:00 p.m - 4:30 p.m.	Chris Jennings - *White House Perspective*	
4:30 p.m. - 5:00 p.m.	*Summary and Wrap-Up* - Jeanette Takamura	
5:00 p.m.	Reception	

POLICY ROUNDTABLES

Roundtable #1. Retirement Benefits, Savings, and Investments - This roundtable will address various issues having to do with personal economic security, particularly how Social Security benefits, private pensions, personal savings, and continued investment are likely to work together in ensuring economic security. The "financial literacy" of the older population will also be addressed. The discussion will center around interagency collaborative efforts to produce information and educate the public about these issues.

Speakers:

Susan Grad, Special Assistant to the Director, Social Security Administration Office of Research, Evaluation, and Statistics, Washington, DC

Cynthia Hounsel, Women's Institute for a Secure Retirement, Washington, DC

Roundtable #2. Becoming and Staying Employed: New Work Arrangements for Older Workers - The Social Security retirement age is rising. Many older people will need to work in the future. Others choose to do so or would choose to do so if work opportunities were available. This roundtable will discuss trends in employment, changes in the workplace, senior employment programs, issues of age discrimination and other issues related to the employment of older people. Participants will consider how collaborative interagency activities can address these issues.

Speakers:

Cynthia Costello, Radcliffe Public Policy Institute, Bethesda, MD

Betsy Myers, (Invited) Associate Deputy Administrator for Entrepreneurial Development, Small Business Administration, Washington, DC

Barney Olmstead, New Ways to Work

Roundtable #3. Aging of the Federal Workforce - The Federal workforce, perhaps even more than other segments of the workforce, includes a rapidly aging population. What can be done to dismiss popular stereotypes about aging and older workers? How can we address the need for lifelong education and retooling of the workforce? How can we better prepare federal workers for retirement? Can we offer more alumni opportunities for volunteer/part-time work?

Speakers:

Anice Nelson, Family Life, OPM, Washington, DC

Steward S. Remer, Human Resource Division, Bureau of the Census, Washington, DC

Roundtable #4. Promoting Active Aging through the Arts, Life-Long Learning, and Recreation - The aging of the population has implications for leisure, educational, and recreational pursuits. Increased longevity and economic prosperity allow greater numbers of older people to travel and to pursue cultural, educational, and recreational activities. Given the many changes which occur with an aging society, new questions will arise regarding access, traffic safety, signage and labeling standards, marketing of products, protections from fraud and many other questions about how federal programs serve and safeguard an aging population. Will we promote lifelong learning through changing public school systems; encourage re-entry into colleges and universities; develop new policies regarding public parks and recreational facilities? This Roundtable will examine the changes needed in federal programs to accommodate this demographic shift to an older population who still want to be active and productive in their environment.

Speakers:

Susan Perlstein, Elders Share the Arts, New York, NY

Carrie Raiford, Story Teller, Elders Share the Arts, New York, NY

Stephen Richard, President, Elderhostel, Boston, MA

Roundtable #5. Long-Term Care Services Options - The vast majority of older people prefer to receive long-term care services in their homes rather than in institutional settings. Despite these expressed desires, there is an institutional bias in publicly supported long-term care programs.This roundtable will address long-term care service options including various types of home and community-based long-term care services.

Speakers:

Bob Applebaum, Ph.D, University of Miami - Oxford, OH

Kevin Mahoney, Ph.D, University of Maryland, College Park, MD

Roundtable #6. Financing Long-Term Care: Public and Private Financing Alternatives - Despite the willingness of our nation to pay for medical services for the older population, public financing for long-term care have proved an elusive goal. The Medicaid program pays for services only for the poor. Medicare does not pay for long-term care covering only short-term recuperative care following a hospitalization. The Clinton administration's Health Security Act proposed funding of home and community-based long-term care, services for persons of all ages needing substantial assistance with basic activities of daily living, but these reforms were not supported. This roundtable will address various alternatives for financing long-term care including private long-term care insurance.

Speakers:

Bob Friedland, National Academy on Aging, GSA,Washington, DC

Marc Cohen, LifePlans, Waltham, MA

Roundtable #7. Support for Family Caregivers - The vast majority of care provided to older people in need of long-term care services is provided by family and friends through informal unpaid caregiving. Recent surveys indicate that 52 million Americans are informal caregivers. This roundtable will address such issues as employer-sponsored eldercare information and referral, resources, and activities

Speakers:

Diane Justice, Deputy Assistant Secretary for Aging, US Adminstration on Aging, Washington, DC

Tom Pugh, Center for Employee Services, Social Security Adminstration, Baltimore,MD

Roundtable #8. Overcoming Disparities in Access to and Use of Health and Mental Health Care Services - Although the last two decades have seen a trend toward improved health for the population as a whole, minority groups have not shared equally in this improvement. Differences in health status are due to many factors, but among them is differential use of the health care system. This roundtable will discuss use of the system by minority and majority group members and the factors related to differential use. Such factors include differences in health beliefs and practices related to seeking care, the ways in which fragmentation of services is related to differential use of services, the actual availability of services, and attitudes toward particular services including psychiatric services will be discussed.

Speakers:

Barbara W.K. Yee, Ph.D, University of Texas, Galveston,TX

Nolan Penn, Ph.D,University of California at San Diego, La Jolla,CA

Roundtable #9. Interagency Strategies for Promoting Health and Preventing Disease and Disability - The research community is producing increasing evidence that health and well-being can be improved among older people, even among those who are already chronically ill. This workshop will address the what we know about the efficacy of particular activities such as exercise, diet, nutritional supplementation, immunization, avoidance of polypharmacy, activities that promote good mental health, and other hp/dp activities and barriers to and opportunities for increasing knowledge among older people and their active engagement in health promoting activities. The topic lends itself well to federal interagency collaborative activity because of the need to provide information to older people in a variety of different setting and because older people can engage in these activities in many different settings.

Speakers:

Terrie Wetle, Ph.D., Deputy Director , National Institute on Aging , Bethesda, MD

Richard W. Besdine, M.D., Senior Advisor and Director, Healthy Aging Project, University of Connecticut, Farmington, CT

Roundtable #10. Innovation in Health Care Systems - What will the health care and related social service work force look like in the 21st century? How will our health care systems be organized? Is the system really prepared for an aging population? Will the workforce have expertise in promoting successful aging? How can new and already practicing personnel be trained about aging processes? How can they be trained to work in teams that provide integrated social service and medical care? Participants in this roundtable will discuss these issues and consider how interagency federal programs and policies can address the need for a well-trained and practicing health care workforce.

Speakers:

Nancy A. Whitelaw, Ph.D., Associate Director, Center for Health System Studies, Henry Ford Health System, Detroit, MI

Donna Regenstreif, Ph.D., Senior Program Officer, John A. Hartford Foundation, New York, NY

Roundtable #11. The Federal Role in Promoting Older Persons as a Resource: Volunteerism and MeetingCommunity Needs - As community resources, especially funds, are decreasing rapidly, there is one valuable resource that is increasing -- the number of older individuals who are willing and able to contribute their skills, energy, and time in their local communities. This growing group of older Americans represents an untapped resource pool that can help to offset the shortage of monetary resources in communities around the country and protect and enhance vital community resources -- the children who represent the future of our country as well as the environment that surrounds our communities. Several million of the 30 million Americans over the age of 65 serve their communities as volunteers, and according to a study by the U.S.Administration on Aging, another "14 million Americans over the age of 65 (more than one third of the senior population) would like to become involved in volunteer service." Organizations utilizing senior volunteers are challenged to develop new types of activities that draw on the volunteers' high educational backgrounds and professional skills and offer them meaningful opportunities to continue to contribute to the well-being of their communities. This roundtable will discuss those federally sponsored activities that promote and recognize volunteerism activities undertaken by older people and will examine how federal policies and programs can facilitate volunteer activities.

Speakers:

Betty Friedan, Writer, Washington, DC
Jose Colon, Operations Restore Trust Volunteer,
Florida Department of Elder Affairs, Tallahassee, FL

Roundtable #12. Protecting the Vulnerable: Crime, Fraud and Abuse - Older people are unfortunately often the victims of crime, fraudulent activities, and abuse in various settings. This roundtable will address federal interagency activities designed to reduce crime, fraud, and abuse through education and other protective activities.

Speakers:

Sandra McCullough, Police Gerontologist, Davie, FL

Connie Wagner, Federal Trade Commission, Washington, DC

Roundtable #13. Creating Mobility Options and Alternatives - This Roundtable will address issues related to keeping older persons mobile and independent. America's "love-affair" with the family automobile as our primary means of transportation adds ever greater complexities to our daily lives. With the urbanization of our population, this preferred means of traveling to essential destinations becomes increasingly more difficult. Roadways are more crowded and safety issues abound. Time, energy and money spent on traveling to the work-place, the grocery store, the doctor, visiting with family and friends, are increasingly more bothersome. Mobility issues for persons with disabilities and a growing senior population are of continued concern in spite of the many innovations implemented in recent years. Caregivers, who must make many trips in various directions, are subjected to added stress and new questions surface almost daily as to the appropriate treatment of older drivers. Limited public transit in rural America leave few options beyond the family car.

Speakers:

Jon E. Burkhardt, President, Ecosometrics Incorporated, Bethesda, MD

Richard Marottoli, M.D., M.P.H., Yale University, West Haven, CT

Roundtable #14. Community Living Arrangements - Housing options for older people continue to grow. The housing continuum contains alternatives such as remaining in their own homes, apartments for the elderly, congregate housing facilities, assisted living facilities, continuing care, and nursing home facilities. This roundtable will discuss ways of increasing linkages between elderly housing and the home and community-based supportive services network to assure that housing and long-term care needs are integrated as we enter the twenty-first century.

Speakers:

Jon Pynoos, Ph.D., University of Southern California, Los Angeles, CA

Catherine Hawes, Ph.D., Myers Research Institute, Beechwood, OH

Roundtable #15. Universal Design and Independent Living - This roundtable focuses on the concept of universal design. As distinguished from accessible design (products and buildings that are accessible and usable by people with disabilities), universal design means products and buildings that are accessible and usable by everyone, including people with disabilities. Federal agencies can take the lead in encouraging the use of universal design wherever possible.

Speakers:

Richard Duncan, Center for Universal Design, North Carolina State University, Raleigh, NC

Ishi Masaaki Shiraishi, Japan Productive Aging Research Center, Tokyo, Japan

Roundtable #16. Older Persons Raising Children - Grandparents raising grandchildren, or kinship care, is becoming a commonplace occurrence throughout the nation. The 1995 U.S. Census Bureau Report estimates that 4 million children live in a household headed by a grandparent, a 40 percent increase during the past decade. For almost 1.3 million children, a grandparent, often the grandmother, is their primary caregiver. Older persons raising grandchildren often face a myriad of challenges, such as their own declining health or the need to provide support to the absent parent of the grandchild. Other challenges include lack of support and respite services, affordable housing and access to medical care, dealing with children on drugs, as well legal constraints and other physical, emotional and family strains. This roundtable will explore how federal government programs and policies can support them in their role as parents.

Speakers:

Donna Butts, Generations United, Washington, DC

Sharon West, Buffalo Municipal Housing Authority, Buffalo, NY

Administration on Aging

Honor the Past, Imagine the Future: Towards a Society for All Ages

Older Americans Month, May 1999

Department of Health and Human Services
Office of the Assistant Secretary for Aging

Date: ~~4-27-99~~ 4-28-99

To: Theresa Jones

Phone: 456-5594

Fax: 456-5557

FROM:

Phone: (202) 401-4634 or (202) 401-4541

Fax: (202) 401-7741

Jeanette C. Takamura
_____ Assistant Secretary for Aging

Diane Justice
_____ Deputy Assistant Secretary for Aging

____ Moya Benoit Thompson
____ Dave Bunoski
____ Emily Kelly
____ Nadine Langon
____ Ana Carricchi Lopez

_X_ Sunday Mezurashi
____ Chris Rhatigan
____ Melanie Starns
____ Evelyn Yee

Comments: Theresa, please complete the speaker confirmation form for Chris Jenning's speech at our June 2 event and return it to (301) 565-3012.

Please call me if you have any other questions.

Number of Pages (including cover sheet): 2

COMING OF AGE: Federal Agencies and the Longevity Revolution

Convened by the Federal Committee for the International Year of Older Persons 1999

June 2, 1999 - Natcher Center - NIH Campus - Bethesda, MD

Speaker Confirmation Form

Make the necessary corrections and complete the information requested

Speaker Information

Name:
Title:
Agency/organization:
Address:
City/state/zip:
Telephone:
Fax:
E-mail:

Conference Information

Session: **"Roundtable "**

Audio-Visual and Supplies Needed (list equipment needed for presentation)

- ☐ Slide projector/screen:
- ☐ VCR/Monitor:
- ☐ Other: (specify) _____
- ☐ Overhead projector/screen:
- ☐ Flip chart and pens :

Travel Arrangements

Preferred airport:

Preferred airline:

Preferred airline seating:

Frequent flyer #:

Preferred departure date and time from your city:

Preferred date and departure time schedule from Washington area airport:

Hotel Accommodations (circle the arrangements needed)

- ☐ Single ☐ double occupancy guest room
- ☐ Double beds ☐ king/queen
- ☐ Smoking ☐ non-smoking guest room
- ☐ Special hotel arrangements

Conference Box Lunch

- ☐ Deli sandwich
- ☐ Vegetarian sandwich

Special Needs

- ☐ Sign Language Interpreter
- ☐ Wheelchair/Other

Please attach one-half page biography and return this form to Information Data Systems, Inc., fax 301.565.3012 or e-mail the information IDS@radix.net

COMING OF AGE: FEDERAL AGENCIES AND THE LONGEVITY REVOLUTION

An Invitational Symposium for Federal Leaders

Convened by the Federal Committee for the International Year of Older Persons 1999
June 2, 1999
Natcher Center, National Institutes of Health, Bethesda, MD

PURPOSE:

The purpose of the conference is to advance a federal policy and program agenda related to older Americans and their families that meets the needs of a changing aging population in the 21st century.

INTENDED OUTCOMES:

Establishment of an infrastructure for government-wide interagency follow-up planning and implementation activities related to the aging of the U.S. population

A commitment from participating agencies for continued government-wide collaboration.

The identification of viable collaborative federal initiatives and activities.

CONFERENCE STRUCTURE:

The symposium will include presentations by expert speakers on a variety of topics as well as working sessions with experts and federal agency planners. Five general themes will be addressed through a variety of policy roundtable discussions. Symposium participants will be requested to select the specific roundtables in which they are interested in participating.

Themes:

Health Promotion/Health Care

Disability and Long-Term Care

Aging in Place (including community supports such as transportation and housing)

Older People as a Resource

Economic Security

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7:30-8:30 a.m.	Registration	
8:30 a.m.	Welcome	Jeanette C. Takamura Assistant Secretary for Aging
	Keynote	Yasuhiro Suzuki, M.D., Ph.D., World Health Organization, Geneva (**Confirmed**)
9:15 a.m.	Plenary Session	
	Karen Davis, Commonwealth Fund, *Meeting Long-Term and LTC Needs in 2010* (**Confirmed**)	
	Rich Burkhauser, Cornell U (**Confirmed**) - *Maintaining Economic Security*	
	Mathilda Riley, NIA (**Confirmed**) - *Older Persons as a Resource*	
10:45 -11:00	Break/Snack	
11:00 - 12:30	POLICY ROUNDTABLES (1 - 8)	
12:30 - 1:30	Lunch (Box Lunch)	
1:30 - 2:00	Agnes Hahen - *Creativity and Aging* (**Confirmed**)	
2: 00 - 3:45	POLICY ROUNDTABLES (9-16)	
3:45 - 4:00	Break	
4:00 - 4:30	Chris Jennings (**Confirmed**) - *White House Perspective*	
4:30 - 5:00	*Summary and Wrap-Up* - Jeanette Takamura	
5:00	Reception	

POLICY ROUNDTABLES

1 **Retirement Benefits, Savings, and Investments** - This roundtable will address various issues having to do with personal economic security, particularly how Social Security benefits, private pensions, personal savings, and continued investment are likely to work together in ensuring economic security. The "financial literacy" of the older population will also be addressed. The discussion will center around interagency collaborative efforts to produce information and educate the public about these issues.

Speakers:

Susan Grad, Special Assistant to the Director (**Confirmed**)
Office of Research, Evaluation, and Statistics, Social Security Administration

Cynthia Hounsel, Women's Institute for a Secure Retirement (**Confirmed**)

2. **Becoming and Staying Employed: New Work Arrangements for Older Workers** - The Social Security retirement age is rising. Many older people will need to work in the future. Others choose to do so or would choose to do so if more opportunities were available. This roundtable will discuss trends in employment, changes in the workplace, senior employment programs, issues of age discrimination, and other issues related to the employment of older people. Participants will consider how collaborative interagency activities can address these issues.

Speaker:

Cynthia Costello, (**Confirmed**) Metcalfe Public Policy Institute

Barry Myers, (Invited) Associate Deputy Administrator for Entrepreneurial Development, Small Business Administration

Barney Olmsted, (Invited) New Ways to Work

3. **Aging of the Federal Workforce** - The Federal workforce, perhaps even more than other segments of the workforce, includes a rapidly aging population. What can be done to dismiss popular stereotypes about aging and older workers? How can we address the need for lifelong education and retooling of the workforce? How can we better prepare federal workers for retirement? Can we offer more alumni opportunities for volunteer/part-time work?

Speakers:

Anice Nelson, Family Life, OPM (**Confirmed**)

Stewart S. Remer, Human Resource Division, Bureau of the Census (**Confirmed**)

4. **Promoting Active Aging through the Arts, Life-Long Learning and Recreation.** The aging of the population has implications for leisure, educational, and recreational pursuits. Increased longevity and economic prosperity allow greater numbers of older people to travel and to pursue cultural, educational, and recreational activities. Given the many changes which occur with an aging society, new questions will arise regarding access, safety, signage and labeling standards, marketing of products, protections from fraud and other questions about how federal programs serve and safeguard an aging population. How to promote lifelong learning through changing public school systems; encourage recruitment into colleges and universities; develop new policies regarding parks and recreational facilities? This Roundtable will examine the changes needed in federal programs to accommodate this demographic shift to an older population who will want to be active and productive in their environment.

Speakers:

Susan Perlstein, Elders Share the Arts (**Confirmed**)
Carrie Raiford, Story Teller, Elders Share the Arts (**Confirmed**)

Stephen Richards, President, Elderhostel (**Confirmed**)

5. **Long-Term Care Service Options** - The vast majority of older people prefer to receive long-term care services in their homes rather than in institutional settings. Despite these expressed desires, there is an institutional bias in publicly supported long-term care programs. This roundtable will address long-term care service options including various types of home and community-based long-term care services.

Speakers:

Bob Applebaum, Ph.D, Univ. of Miami, Ohio (**Confirmed**)

Kevin Mahoney, Ph.D University of Maryland (**Confirmed**)

6. **Financing Long-Term Care: Public and Private Financing Alternatives** - Despite the willingness of our nation to pay for medical services for the older population, public financing for long-term care have proved an elusive goal. The Medicaid program pays for services only for the poor. Medicare does not pay for long-term care covering only short-term recuperative care following a hospitalization. The Clinton administration's Health Security Act proposed funding of home and community-based long-term care, services for persons of all ages needing substantial assistance with basic activities of daily living, but these reforms were not supported. This roundtable will address various alternatives for financing long-term care

including private long-term care insurance

Speakers:

Bob Friedland, National Academy on Aging, GSA **(Confirmed)**

Marc Cohen, LifePlans **(Confirmed)**

7. **Support for Family Caregivers** - The vast majority of care provided to older people in need of long-term care services is provided by family and friends through informal unpaid caregiving. Recent surveys indicate that 52 million Americans are informal caregivers. This roundtable will address such issues as employer-sponsored eldercare [illegible] and referral resources, and activities

Speakers:

Diane Justice, Deputy Assistant Secretary for Aging **(Confirmed)**

Tom Pugh, Center for Employee Services, SSA **(Confirmed)**

8. **Overcoming Disparities in Access to and [illegible]h and Mental Health Care Services** Although the last two decades have seen a trend toward improved health for the population as a whole, minority groups have not shared equally in this improvement. Differences in health status are due to many factors, but among them are differences in use of the health care system. This roundtable will discuss use of the system by minority and majority group members and the factors related to differential use. Such factors include differences in health beliefs and practices related to seeking care, the way in which fragmentation of services is related to differential use of services, the actual availability of services, and attitudes toward particular services including psychiatric services will be discussed.

Speakers:

Speaker: [illegible] W. Ye[illegible], University of Texas Medical Branch, **(confirmed)**

Speaker: Nolan [illegible], Ph.D., University of California at San Diego **(Confirmed)**

9. **Interagency Strategies for Promoting Health and Preventing Disease and Disability** - The research community is producing increasing evidence that health and well-being can be improved among older people, even among those who are already chronically ill. This workshop will address the what we know about the efficacy of particular activities such as exercise, diet, nutritional supplementation, immunization, avoidance of polypharmacy, activities that promote good mental health, and other hp/dp activities and barriers to and opportunities for increasing knowledge among older people and their active engagement in health promoting activities. The topic lends itself well to federal interagency collaborative activity because of the need to provide information to older people in a variety of different setting and because older people can engage in these activities in many different settings.

Speakers:

Terrie Wetle, Ph.D. (**Confirmed**)
Deputy Director , National Institute on Aging (NIA)

Richard W. Besdine, M.D., Healthy Aging Project Senior Advisor and Director, Center on Aging, University of Connecticut (**Confirmed**)

10. **Innovation in Health Care Systems** - What will the health care and related social service work force look like in the 21st century? How will our health care system be organized? Is the system really prepared for an aging population? Will the workforce have expertise in promoting successful aging? How can new and already practicing professionals be trained about aging processes? How can they be trained to work in teams that provide integrated social service and medical care? Participants in this roundtable will discuss these issues and consider how interagency federal programs and policies can address the need for a well-trained and practicing health care workforce.

Speakers:

Nancy A. Whitelaw, Ph.D. (**Confirmed**)
Associate Director. Center for Health Systems Research
Henry Ford Health System

Donna Regenstreif, Ph.D. (**Confirmed**)
Senior Program Officer, John A. Hartford Foundation

11. **The Federal Role in Promoting Older Persons as a Resource: Volunteerism and Meeting Community Needs** - As community resources, especially funds, are decreasing rapidly, there is one valuable resource that is increasing: the number of older individuals who are willing and able to contribute their skills, energy, and time in their local communities. This growing group of older Americans represents an untapped resource pool that can help to offset the shortage of many resources in communities around the country and protect and enhance vital community resources -- the children who represent the future of our country as well as the environment that surrounds our communities. Several million of the 30 million Americans over the age of 65 serve their communities as volunteers, and according to a study by the U.S. Administration on Aging, another "14 million Americans over the age of 65 (more than one third of the senior population) would like to become involved in volunteer service." Organizations utilizing senior volunteers are challenged to develop new types of activities that draw on the volunteers' high educational backgrounds and professional skills and offer them meaningful opportunities to continue to contribute to the well-being of their communities. This roundtable will discuss those federally sponsored activities that promote and recognize volunteerism activities undertaken by older people and will examine how federal policies and programs can facilitate volunteer activities.

Speakers:

Betty Friedan **(Confirmed)**

Jose Colon, Operation Restore Trust Volunteer **(Confirmed)**

12. **Protecting the Vulnerable: Crime, Fraud and Abuse** - Older people are unfortunately often the victims of crime, fraudulent activities, and abuse in various settings. This roundtable will address federal interagency activities designed to reduce crime, fraud and abuse through education and other protective activities.

Speakers:

Sandra McCullough, Police Gerontologist **(Confirmed)**

Connie Wagner, Federal Trade Commission **(Confirmed)**

13. **Creating Mobility Options and Alternatives.** This Roundtable will address issues related to keeping older persons mobile and independent. America's "love-affair" with the family automobile as our primary means of transportation adds greater complexities to our daily lives. With the urbanization of our population, this problem magnifies as traveling to essential destinations becomes increasingly more difficult. Roadways are more crowded and safety issues abound. Time, energy and money spent on traveling to the work-place, the grocery store, the doctor, visiting with family and friends, are increasingly more bothersome. Mobility issues for persons with disabilities and a growing senior population are of continued concern in spite of the many innovations implemented in recent years. Caregivers, who must make many trips in various directions, are subjected to added stress and new questions surface almost daily as to the appropriate treatment of older drivers. Limited public transit in rural America leave few options beyond the family car.

Speaker:

Joel E. Burkhardt, Gerontometrics **(Confirmed)**

Richard A. Marottoli, M.D., M.P.H., Yale University **(Confirmed)**

14. **Community Living Arrangements.** Housing options for older people continue to grow. The housing continuum contains alternatives such as remaining in their own homes, apartments for the elderly, congregate housing facilities, assisted living facilities, continuing care, and nursing home facilities. This roundtable will discuss ways of increasing linkages between elderly housing and the home and community-based supportive services network to assure that housing and long-term care needs are integrated as we enter the twenty-first century.

Speakers:

Jon Pynoos, Ph.D., U. of Southern California **(Confirmed)**.

Catherine Hawes, Research Triangle Institute **(Confirmed)**

15. **Universal Design and Independent Living.** This roundtable focuses on the concept of universal design. As distinguished from accessible design (products and buildings that are accessible and usable by people with disabilities), universal design refers to products and buildings that are accessible and usable by everyone, including people without disabilities. Federal agencies can take the lead in encouraging the use of universal design wherever possible.

Speakers:

Richard Duncan (Confirmed)
Center for Universal Design
North Carolina State University

: **Ishi Shiraishi**, Japan Productive Aging Research Institute **(Confirmed)**

16. **Older Persons Raising Children.** Grandparents raising grandchildren, or kinship care, is becoming a commonplace occurrence throughout the nation. The 1995 U.S. Census Bureau Report estimates that 4 million children live in a household headed by a grandparent, a 40 percent increase during the past decade. Of these, 1.3 million children, a grandparent, often the grandmother, is the primary caregiver. Older persons raising grandchildren often face a myriad of challenges, such as their own declining health or the need to provide support to the absent parents of the grandchildren. Other challenges include lack of support and respite services, affordable housing and access to medical care, dealing with children on drugs, as well legal constraints and social, physical, emotional and family strains. This roundtable will explore how federal government programs and policies can support them in their role as parents.

Speakers:

Donna Butts, Generations United (Confirmed)

Sharon West, Buffalo Housing Agency (Confirmed)

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Information Data Systems, contractor for the U.S. Administration on Aging will assist you with travel management, hotel reservations, audio-visual request and other arrangements. Please complete the Speaker Conformation Form, the arrangements will be made and the confirmation returned for your review and approval.

The cost associated with your hotel and airfare will be paid in advanced of your participation in the conference. Arrangements will be made for your stay at the Bethesda Ramada Hotel, 8400 Wisconsin Avenue, Bethesda, Maryland (two blocks from the Natcher Center). Expenses for meals and local transportation will be reimbursed after the conference. As a reminder, the federal government per diem is $153, $115 for hotel and $38 for meals daily.

The per diem rate is calculated from the date/time you leave home or office until the date/time you return to your home or office. A day is divided into four quarters:

First quarter	12:00 midnight - 5:59 am
Second quarter	6:00 - 11:59 am
Third quarter	12:00 noon - 5:59 pm
Fourth quarter	6:00 - 11:59 pm

Receipts are not required for meals and incidentals such as tips to total $38 daily according to federal regulations. Receipts are needed for airport parking, shuttle service, taxi and other transportation to be reimbursed.

Complete the enclosed Expense Voucher Form and attach receipts after returning from the conference. **Please keep a copy of the receipts and Expense Voucher Form for your records.**

Please return this form to the conference contractor, Information Data Systems, by facsimile 301.565.3012 or e-mail ids@radix.net. Thank you for your participation.

Expense Voucher

(FOR USE BY NON-IDS PERSONNEL)

MAIL TO: **Information Data Systems, Inc.**

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Silver Spring, MD 20910
301.565.5910, Fax 301.565.3012
E-mail: ids@radix.net, www.radix.net/~ids

Attention: Accounting Dept.

Name: Last, First, Middle	Date Submitted
Street Address	IDS Project # 4112
City, State, ZIP Code	

Event Dates	Purpose of Visit		Telephone
Departure City, State	Destination City, State		Fax

Transportation

Travel Start Date ____ / ____ / ____ Travel End Date ____ / ____ / ____

Travel Start Time _____ (00:01 - 23:59) Travel End Time _____ (00:01 - 23:59)

_____ Miles @ $0.30 (personal Auto) $ _____

*Air Fare _____

*Other (Bus, Train) _____ _____

*Ground Transportation _____ _____

Total Transportation _____ $ _____

Living Expenses

Meals and Incidental Expenses:

Number of Days _____ @ $ _____ $ _____

*Hotel Paid *(Not to exceed $_____ per day)* _____

Total Living Expenses _____ $ _____

Other Allowable Expenses (Specify)

_____ $ _____

_____ _____

_____ _____

Total Allowable Expenses $ _____ $ _____

TOTAL EXPENSES $ _____

***ATTACH ORIGINAL RECEIPTS**

Participant's Signature | Social Security Number ___ - __ - ____

Date Received at IDS | Project Manager Approval Date

ACCOUNTING USE

Date Rec.	Date Paid	Check Amt.	Check No.	Bank	Notes

REQUESTS FOR Chris Jennings

No.	Req. Date	Requestor/Organization Contact/Phone#	Request/Status
602	6/2/99 4:00 – 4:30pm SPEAKING ENGAGEMENT	NIH Jeanette Takamura CONTACT: Sunday Mezurashi 401-2137	Chris agreed to speak at conference at NIH Location: Natcher Center Campus of NIH in Bethesda, MD - attached is agenda listing other participants - waiting to get actual room number for event. 5/25/99 – room location - Auditorium

6/2/99

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7:30-8:30 a.m.	Registration	
8:30 a.m.	Welcome	Jeanette C. Takamura Assistant Secretary for Aging
		Donna Shalala Secretary, Department of Health and Human Services
	Keynote	Yasuhiro Suzuki, M.D., Ph.D. , World Health Organization, Geneva (**Confirmed**)
9:15 a.m.	Plenary Session	
	Meeting Health and LTC Needs in 2010	
	Rich Burkhauser, Cornell U (**Confirmed**) - *Maintaining Economic Security*	
	Speaker - *America's Elderly as a Civic Resource*	
10:45 -11:00	Break/Snack	
11:00 - 12:30	POLICY ROUNDTABLES (1 - 8)	
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