

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. memo	Anne Marie Gebhart to Sara Ehrman re: SSN (partial) (1 page)	11/30/1998	P6/b(6)
001b. memo	George L. Blackburn to Andrew Mayack re: SSN and phone number (partial) (1 page)	12/01/1998	P6/b(6)
001c. memo	Kathleen Beason to Andrew Mayock re: SSN and DOB (partial) (1 page)	12/01/1998	P6/b(6)
002. memo	Laurie Sullivan to Chris Jennings re: Meeting Requests (partial) (1 page)	03/25/1999	P6/b(6)
003a. bio	re: Robert M. Berdahl (partial) (1 page)	04/1999	P6/b(6)
003b. bio	re: Albert Carnesale (partial) (1 page)	04/09/1999	P6/b(6)
004. letter	Sheila Shulman to Christopher Jennings re: phone number (partial) (1 page)	01/15/1999	P6/b(6)
005a. fax	Linda Crawford to Chris Jennings re: Wednesday Meeting (partial) (1 page)	05/18/1999	P6/b(6)
005b. form	Waves requestor information form re: SSN and DOB (partial) (1 page)	05/19/1999	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) [5]

2011-0747-S

rc417

RESTRICTION CODES

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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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was

12/14

at 1000

Call 40

reschedule

Call on
Thurs.
pm



Prudential

Prudential Securities Incorporated
1911 North Fort Myer Drive, Suite 905
Arlington, VA 22209
Tel 703 276-0055

Fax

*Call Karen Mon
at 703-276-0055
if Chris can
make between
12-233*

Prudential Securities - Washington Research

Fax: 202-456-5557

Date: 12/08/98

To: Teresa Jones

Company:

From: Barbara Dreyfuss

Pages: (including cover page)

Re:

Message:

Dear Teresa,

Here is the original letter we sent. We have Chris scheduled as the opening speaker on Dec. 14th at 10:00 a.m. When I spoke with Chris he said he probably could do it if he was not called into a meeting. I want to make sure that it actually gets put on his schedule and I wanted to see if it looks like he will be able to make our meeting. Thanks for your help.

Barbara Dreyfuss

Tel 703-276-0055

*ask for
Ken Dreyfuss
1100 or 1230
Call Karen
to tell
Chris
coming*

Please call (703) 276-0055 or (800) 905-6255 if there are any problems with this transmission. Our Fax Number is (703) 358-2977.



Barbara T. Dreyfuss
First Vice President

Prudential Securities Incorporated
1911 North Fort Myer Drive, Suite 905
Arlington VA 22209
Tel 703 276-0055 Fax 703 358-2977

August 12, 1998

To: Chris Jennings, (202) 456-5557
Deputy Assistant to the President for Health Care Policy
From: Barbara Dreyfuss, (703) 385-2977
First Vice President, Prudential Securities Washington Research
Re: Invitation

Dear Chris,

We would like to invite you again to speak at the Prudential Securities Washington Research conference. We very much appreciate your participation the last two years and we would be honored to have you speak again this year. Our conference participants have found your comments interesting, insightful and extremely useful.

The conference will be held December 14th and 15th, 1998 at the Carlton Hotel, 16th and K Streets, Washington, D.C. We would like you to speak on December 14th as either the opening speaker at 10:00 a.m. or the day's closing speaker at 4:15 p.m.

The conference will cover all aspects of health care. Topics that will be discussed include: Medicare restructuring; rising health care costs; health care fraud; and regulatory changes at the FDA.

Conference attendees will be primarily institutional investors representing major mutual funds, leading banks and corporate and union pension funds. Many, but not all, of the attendees will be experts in health care. We expect about 75 people to attend.

We look forward to hearing from you. We will send a complete agenda as soon as it is available.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Dreyfuss".

Barbara T. Dreyfuss

**PRUDENTIAL SECURITIES WASHINGTON RESEARCH
TURBULENT TIMES FOR HEALTH CARE AS WE HEAD INTO THE 21ST CENTURY**

December 14 & 15, 1998

The Carlton Hotel
16th and K Streets, NW
Washington, D. C.

Monday, December 14, 1998

- 10:00 a.m. - 10:30 a.m. **Is Radical Restructuring In Store For Medicare?**
Chris Jennings, Deputy Assistant to the President for
Health Policy, The White House
- 10:30 a.m. - 11:30 a.m. **Health Care In The Next Congress**
Howard Cohen, Majority Counsel
House Commerce Committee

Kathy Means, Chief Health Care Analyst
Senate Finance Committee

Debbie Curtis, Ways and Means Professional Staff
House Ways and Means Committee

John McManus, Legislative Assistant
Rep. Bill Thomas (R-CA)
- 11:30 a.m. - 12:30 p.m. **How Extensive Is Health Care Fraud?**
David Hoffman, Assistant U.S. Attorney
Eastern District of Pennsylvania

Alison Duncan, Partner
Porter, Wright, Morrison and Arthur
- 12:30 p.m. - 2:30 p.m. **Rising Health Care Costs Worry Employers**
LUNCH Gregg Lehman, President, Chief Executive Officer
National Business Coalition on Health
- 2:30 p.m. - 4:00 p.m. **ROUNDTABLE DISCUSSION The Changing
Relationship Among Hospitals, Doctors And Managed Care**
Craig Schub, President
Secure Horizons, PacifiCare

Michael Schundler, Chief Operating Officer, Chief Financial Officer
Sheridan Healthcare, Inc.

Stephen Rosenthal, VP Professional Services, Chief Operating Officer,
Contract Management Organization, Montefiore Hospital, New York City

David Osborn, Partner
KPMG Peat Marwick, LLP.
- 4:00 p.m. - 4:45 p.m. **Risk Adjustment: Changing Managed Care Payments**
Leslie Greenwald, Director, Division of Payment Research
Health Care Financing Administration

6:30 p.m. DINNER

The Future Of Medicare
Dr. Robert D. Reischauer
Senior Fellow
The Brookings Institute

Tuesday, December 15, 1998

- 8:00 a.m. - 8:30 a.m. **Assisted Living: Will Congress Seek Federal Regulation?**
Senator Ron Wyden, (D-OR)
United States Senate
- 8:30 a. m. - 9:00 a.m. **Assisted Living: Who Will Assure Quality Of Care?**
Bob Clark, Senior Program Analyst, Office of Assistant Secretary for Planning and Development, Department of Health and Human Services
Keren Brown Wilson, President, COO, Vice Chair
Assisted Living Concepts
- 9:00 a.m. - 10:00 a.m. **Can Nursing Homes Survive Prospective Payment?**
Tom Hoyer, Director, Chronic Care Purchasing Group
Health Care Financing Administration
- 10:00 a.m. - 11: 00 a.m. **How Will FDA Policy Change Under The New FDA Commissioner?**
Jay Hawkins, Health Policy Advisor
Senate Labor Committee

Wayne Pines, President of Regulatory Services and Director of Crisis Communication, APCO Associates
- 11:00 a.m. - 12:00 p.m. **Will Buyers For New Technology?**
Grant Bagley, M.D., Director, Coverage and Analysis Group
Health Care Financing Administration

Tom Gorrie, Vice President
Johnson & Johnson Development Corporation

Hal Kirshner, President, Chief Executive Officer
Trex Medical
- 12:00 p.m. - 12:30 p.m. **The Medicare Drug Coverage Process**
Lauren Geyer, Health Insurance Specialist
Coverage and Analysis Group, Health Care Financing Administration
- 12:30 p.m. - 2:00 p.m. **Good or Bad Times Ahead In Washington For the Biotechnology/Pharmaceutical Industries?**
Chuck Ludlam, Vice President, Government Relations
Biotechnology Industry Organization

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RR. Document will be reviewed upon request.

T. Jones

The American Society for Clinical Nutrition, Inc.

THE CLINICAL DIVISION OF THE AMERICAN SOCIETY FOR NUTRITIONAL SCIENCES



FAX TRANSMISSION

Donna Handley
Adrian Mayock
 456 555 7 66218

TO Ms Sara Ehrman
 FROM Ann Marie Gebhart
 Executive Officer
 DATE 30 November 1998

FAX 202-624-0855

FAX 301-571-1863

Pages One (1)

Dear Ms Ehrman,

Listed below are the names of the known attendees for the December 3, 1998, White House Conference on Food, Nutrition, and Health.

BLACKBURN, George L., MD, PhD
 Past President
 American Society for Clinical Nutrition
 Associate Director, Div. of Nutrition
 Harvard Medical School
 Director, Center for Study of Nutrition and
 Medicine
 Beth Israel Deaconess Medical Center
 Boston, MA 02215
 Tel 617-632-8543 Fax 617-632-0235

P6/(b)(6)

CADY, John
 President and Chief Executive Officer
 National Food Processor's Association
 Tel 202-639-5900

P6/(b)(6)

GEBHART, Ann Marie, PhD
 Executive Officer
 American Society for Clinical Nutrition
 9650 Rockville Pike, L-3300
 Bethesda, MD 20814
 Tel 301-530-7110 Fax 301-571-1863

P6/(b)(6)

PARKER, Lynne
 Director of Child Nutrition
 Programs and Nutrition Policy
 Food Research and Action Center (FRAC)
 President-elect, Society for Nutrition
 Education
 Tel 202-986-2200

P6/(b)(6)

L001aJ

ROSENBERG, Irwin, MD
 Dean, Department of Nutrition
 Tufts University School of Medicine
 Jean Mayer Professor
 Director, USDA Human Nutrition Research
 Center on Aging at Tufts University
 711 Washington Street
 Boston, MA 02111
 Tel 617-556-3330 Fax 617-556-3295

P6/(b)(6)

SARA EHRMAN

P6/(b)(6)

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001b. memo	George L. Blackburn to Andrew Mayack re: SSN and phone number (partial) (1 page)	12/01/1998	P6/b(6)

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**Beth Israel Deaconess
Medical Center****Harvard Medical School**

*Director Nutrition Support Service
Chief, Nutrition Metabolism Laboratory
21-27 Burlington Avenue*

George L. Blackburn, MD, PhD

Beth Israel Deaconess Medical Center
194 Pilgrim Road • Boston, MA 02215 USA
617 632-8543 • FAX 617 632-0235
Internet: gblackbu@bidmc.harvard.edu

*Associate Professor of Surgery
Associate Director of Nutrition
Division of Nutrition*

FAX 1 PAGE Total

To: Andrew Mayack **Fax:** 202-456-6218
From: George L. Blackburn
Re: Social Security # for additional
Attendees of 12/2/98 White House Meeting
Date: December 1, 1998

Sarah Ehrman suggested that I send these additional names and Social Security numbers to you. These people will be attending the December 2, 1998 meeting at 4:00 at the White House to discuss a White House Conference on Food, Nutrition and Health.

Dr. Eileen Kennedy
Deputy Under Secretary for Research, Education and Economics
Phone: 202-720-8885
USDA (Providing her SS# on her own)

Dr. Catherine Woteki
Under Secretary for Food Safety, USDA
Phone: 202-720-0350
SS# [redacted] 0016]

William Harlan, M.D.
Office of Preventative Health, NIH
Phone: 301-496-1508
SS# [redacted]

Bernadette M. Marriott, Ph.D.
Office of Dietary Supplements, NIH
301-435-2920
SS# [redacted]

CC: S. Ehrman [redacted]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. memo	Kathleen Beason to Andrew Mayock re: SSN and DOB (partial) (1 page)	12/01/1998	P6/b(6)

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MEMORANDUM

DATE: December 1, 1998
TO: Andrew Mayock
FROM: Kathleen Beasom *Kathleen Beasom*
SUBJ: Participant at the White House Conference on Food, Nutrition and Health

James Weill, President of the Food Research and Action Center, will be attending the December 2, 1998 meeting at 4:00 pm on the White House Conference on Food, Nutrition and Health with Chris Jennings to be held at the Old Executive Office Building. His date of birth is [REDACTED] P6/(b)(6) and his Social Security Number is [REDACTED] P6/(b)(6) *[unclear]*

1/21/99 245pm ✓
Donaldson, Lufkin & Jenrette *Can Reserved*
245-330

Donaldson, Lufkin & Jenrette Securities Corporation
277 Park Avenue, New York, New York 10172 • (212) 892-3000

MIMI CUTLER WILLARD
Vice President
Equities Research
(212) 892-4245 • Fax (212) 892-8344

January 12, 1999

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

Dear Mr. Jennings:

I am looking forward very much to your participation in our January 21st DLJ Washington Health Care Services Conference. This is to be held in the Capitol Building, Room HC-5. Your time slot is a keynote address to be held 2:45-3:30 PM. I suggest that you spend 30 minutes of this on prepared comments, and expect 15-20 minutes of Q&A.

As you are a keynote speaker, I am sure that you will touch on a range of current health policy and legislative topics. Some suggestions of topics to touch on include the President's current health care initiatives; prospects for Patient Protection legislation; Medicare budget policy; and the outlook for Medicare+Choice.

The audience will consist largely of institutional investors – representatives of large mutual funds, banks, and so on. I expect 80-100 attendees. You should expect that this audience is quite knowledgeable about health care overall; reasonably informed about current reimbursement and oversight; and less familiar with the mechanics of Washington.

Enclosed is a copy of the latest agenda for the conference. Also enclosed is a speaker response form on which you should detail your AV and other needs.

Thank you in advance for participating. I am confident that you will find this a stimulating forum.

Yours sincerely,

Mimi C. Willard

Mimi C. Willard

Donaldson, Lufkin & Jenrette Washington Health Care Services Conference

January 21, 1999

9:30 a.m. - 3:30 p.m.

In the U.S. Capitol Building Room HC-5

*Note: Please enter through the Senate Wing Entrance off of Constitution Avenue (North Side of the Capitol).
A DLJ representative will be at the entrance to direct participants to the venue.*

- | | |
|--------------------|---|
| 9:30 - 10:00 a.m. | Registration and continental breakfast (following security clearance) |
| 10:00 - 10:30 a.m. | Julie James
Former Chief Health Policy Analyst, Senate Finance Committee, 1991-1998
<i>Topic: Health Legislative Process</i> |
| 10:30 - 11:15 a.m. | HCFA Official - TBA
<i>Topic: Medicare Reimbursement Policy</i> |
| 11:15 - 12:00 p.m. | Deborah Steelman
Health policy analyst
Member of the National Bi-Partisan Commission on the Future of Medicare
<i>Topic: Potential Changes to the Medicare Program</i> |
| 12:00 - 1:10 p.m. | The Honorable William M. Thomas
Chairman, Health Sub-Committee of the House Ways and Means Committee
<i>Topic: Health Legislation Outlook</i> |
| 1:10 - 1:55 p.m. | Lewis Morris
Assistant Inspector General for Legal Affairs
Office of the Inspector General, Department of Health and Human Services
<i>Topic: Oversight of Medicare Health Services Providers</i> |
| 1:55 - 2:45 p.m. | Wendy Krasner and Guy Collier
Partners, Health Law Department, McDermott Will & Emery
<i>Topic: Fraud and Abuse Compliance</i> |
| 2:45 - 3:30 p.m. | The Honorable Christopher Jennings
Deputy Assistant to the President for Health Policy
<i>Topic: White House Expectations for Health Policy in 1999</i> |

For more information or to sign up, please call Arlene Quevedo at (212) 892-3488 or Alice Usher at (212) 892-4251.

SPEAKER RESPONSE FORM

**for the
Donaldson, Lufkin & Jenrette
Washington Health Care Services Conference**

January 21, 1999

**9:30 a.m. - 3:30 p.m.
In the Capitol Building
Room HC-5**

Please Type or Print:

Name _____

Audiovisual Requirements - Please indicate your needs with a check mark:

- ☐ 35-millimeter slide projector
- ☐ Overhead projector
- ☐ P/C compatible projector
- ☐ Laser pointer
- ☐ Mobile microphone
- ☐ Other - please specify _____

you intend to ship in advance hard copy of any presentation or other materials?

☐ Yes ☐ No

yes, we need 130 copies sent to:

George Atkins
Health Reform Strategies
221 North Pitt Street
Alexandria, VA 22314
202-778-8477 phone
202-778-8486 fax

If you have further questions or specific requirements, please phone us.

Mimi Willard
Vice President
212-892-4245

Alice Usher
Administrative Assistant
212-892-4251

**PLEASE FAX THIS FORM TO
Alice Usher
Fax: 212-892-8363**

Donaldson, Lufkin & Jenrette

Donaldson, Lufkin & Jenrette Securities Corporation
277 Park Avenue, New York, New York 10172 • (212) 892-3000

To: *Teresa Jones*

From: *Oliver Usher*

Fax No.: *202-456-5557*

Comments: *For Honorable Christopher Jennings.*

Pages Including Cover Sheet: *2*

Please contact (212) 892-4251 if you have any problems with the fax.

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for the
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Mimi Willard
Vice President
212-892-4245

Alice Usher
Administrative Assistant
212-892-4251

PLEASE FAX THIS FORM TO
Alice Usher
Fax: 212-892-8363

Federation of American Health Systems

1111 19th Street, NW, Suite 402
Washington, DC 20036-3688

phone: 202-833-3090
fax: 202-861-0063
website: <http://www.fahs.com>

FAHS Fax

Date: 1/19

Page(s): 2 including cover sheet

To: TERESA / CHRIS JENNINGS

Phone: 456-5560 Fax: 456-~~7751~~ 5557

From: Tom Scully

Comments: As we discussed. Everyone on
the schedule is confirmed - including Thomas.

I have spoken to Chris 2x, but I
know this is a hectic time and I
wanted to confirm this.

If he needs to change the time
we can probably adjust it.

THANKS
Tom Scully

Donaldson, Lufkin & Jenrette Washington Health Care Services Conference

January 21, 1999

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<i>Topic: White House Expectations for Health Policy in 1999</i> |

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Federation of American

1111 19th Street, NW, S
Washington, DC 20036-5

2-833-3090

361-0063

<http://www.fahs.com>

FAHS Fax

Date:

1/19

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To:

THERESA / CHRIS JENNINGS

Phone:

456-5560

Fax:

456-7431

From:

Tom Scully

Comments:

As we discussed. Everyone on

THE SCHEDULE IS CONFIRMED - INCLUDING THOMAS.

I HAVE SPOKEN TO CHRIS 2X, BUT I
KNOW THIS IS A HECTIC TIME AND I
WANTED TO CONFIRM THIS.

IF HE NEEDS TO CHANGE THE TIME
WE CAN PROBABLY ADJUST IT.

THANKS

Tom Scully

1/21
245pm

Am HC 5
Capitol

Federation of American Health Systems

1111 19th Street, NW, Suite 402
Washington, DC 20036-3688

phone: 202-833-3090
fax: 202-861-0063
website: <http://www.fahs.com>

FAHS Fax

Date: 1/19
Page(s): 2 including cover sheet
To: TERESA / CHRIS JENNINGS
Phone: 456-5560 Fax: 456-7431
From: Tom Scully

Comments: As we discussed. Everyone on
the schedule is confirmed - including Thomas.

I have spoken to Chris 2x, but I
know this is a hectic time and I
wanted to confirm this.

If he needs to change the time
we can probably adjust it.

THANKS

Tom Scully

Topic: Oversight of Medicare Health Services Providers

1:55 - 2:45 p.m.

Wendy Krasner and Guy Collier
Partners, Health Law Department, McDermott Will & Emery
Topic: Fraud and Abuse Compliance

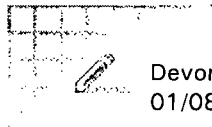
2:45 - 3:30 p.m.

The Honorable Christopher Jennings
Deputy Assistant to the President for Health Policy
Topic: White House Expectations for Health Policy in 1999

For more information or to sign up, please call Arlene Quevedo at (212) 892-3488 or Alice Usher at (212) 892-4251.

Hold

1/22 930-1030 AM LJ 160
(Reserved) Library of Congress



Devorah R. Adler
01/08/99 04:56:20 PM

Record Type: Record

To: Teresa M. Jones/OPD/EOP

cc:

Subject: please schedule this meeting

This week (Fri)

please call Tom Kahn 226 7200 and hold on Chris' calendar the time and date he suggests for the democratic freshman meeting

- left message
please call me.

300 NJ Se
ave

As of Jan 14th

RM 220

O'Neill
Office Bldg.
House off

Fri 22

Time Unknown
they will call us



226-7151

LJ 160
707-0350

overview

930-1030
~~400~~

~ 45 min

manly man



HOUSE BUDGET COMMITTEE

DEMOCRATIC CAUCUS

Congressman John M. Spratt, Jr., Ranking Minority Member
222 O'Neill House Office Building, Washington, DC 20515 • 202-226-7200

FAX COVER SHEET

DATE:

Jan 19

TO:

Teresa

FAX NUMBER:

456-5557

FROM:

Susan Warner

PAGES FOLLOWING THIS COVER two

SPECIAL INSTRUCTIONS:

per our conversation re: Chris Jennings

speaking to HBC Democrats re:

health programs & Budget outlook.

Susan Warner X67200

PLEASE CALL 226-7200 IF YOU HAVE PROBLEMS WITH THIS FAX.

DRAFT-1/19/99
9:30 AM

House Budget Committee
Democratic Members' Seminars
Thursday and Friday, January 21-22, 1999
Library of Congress, Jefferson Building,
Members' Room

Thursday, January 21, 1999, 9:00 AM to 4:00 PM

9:00 AM to
10:00 AM

The Budget: Looking Back to 1998 and Ahead to 1999

Robert D. Reischauer (only available on the 21st in AM), Senior Fellow,
The Brookings Institution, former Director of the Congressional Budget
Office

10:00 AM to
12:00 PM

Social Security Reform

Henry Aaron (only available on the 21st), Senior Fellow, The Brookings
Institution
Eugene Steurele, Senior Fellow, The Urban Institute

12:00 PM to
12:45 PM

Lunch Break

meal and beverages served

12:45 PM to
2:00 PM

Basic Budget Concepts and Process

Richard Kogan, House Budget Committee, Democratic Staff, Director of
Policy
Sue Nelson, Senate Budget Committee, Democratic Staff, Director of
Budget, Revenues, and Analyses

2:00 PM to
4:00 PM

Funding Discretionary Programs

Defense and Non-Defense Programs —Living Within the Caps

- **Non-Defense Programs** — Honorable Vic Fazio, former Member of
Congress and former Chairman of the Democratic Caucus (invited)

Draft
p2.

Robert Greenstein (only available on 21st before 4:00 PM),
Director, Center on Budget and Policy Priorities (can switch to 2 if
nec.) confirmed

- **Defense Programs** — William Lynn, Comptroller, Department of
Defense and Stephen Daggett, Congressional Research Service (both
confirmed)

Friday, January 22, 1999, 9:00 AM to 4:00 PM

**9:00 AM to
10:30 AM**

Health Care and the Budget

Chris Jennings, Deputy Assistant to the President for Health Policy,
Medicare, Medicaid, Children's Health Care, and Patients' Bill of Rights
(invited)

Bruce Vladeck, Professor, Health Policy, Mt. Sinai School of Medicine,
Member of the Bipartisan Commission on Medicare and former
Administrator of the Health Care Financing Administration (invited-topic
Medicare Commission and Medicare Future)

**10:30 AM to
11:30 AM**

The Economy: Questions and Answers (confirmed)

Honorable Alan Greenspan, Chairman, Board of Governors of the Federal
Reserve System

**11:30 AM to
12:30 PM**

The Administration's View of the Budget (tentative time)

Honorable Jack Lew, Director, Office of Management and Budget

**12:30 PM to
1:30 PM**

Lunch Break
meal and beverages served

**1:30 PM to
3:00 PM**

Outlook on Taxes and Tax Reform (Must Do on Friday-late pm)

John Buckley, House Ways and Means Committee, Democratic Staff,
Chief Tax Counsel

Al Davis, House Ways and Means Committee, Democratic Staff, Chief
Economist

Carol Teely m8g
wed 4/21/99
100pm

pm

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. memo	Laurie Sullivan to Chris Jennings re:Meeting Requests (partial) (1 page)	03/25/1999	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) [5]

2011-0747-S

rc417

RESTRICTION CODES

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

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

MEMORANDUM

TO: Chris Jennings
 FROM: Laurie Sullivan
 RE: Meeting Requests
 DATE: March 25, 1999

I have two meeting requests:

I am hoping we can get together in the next several days. I desperately need to better understand where the Administration is coming from on various health care issues. I am sure we can do this efficiently in about 30 minutes.

I am now representing Healthcare Leadership Council (HLC). An HLC group met with you recently on the confidentiality issue. You suggested that a technical group meet with you to more fully discuss the major issues. The group would be led by Carol Kelly. I assume we should plan on 30-60 minutes for this session.

I will call your office to see if we can set up times. See you soon.

Laurie Sullivan
 (002)
 P6(b)(6)
 P6(b)(6)
 P6(b)(6)

P6(b)(6)
 P6(b)(6)
 P6(b)(6)

OK to meeting, but want
 Gary C. & his privacy
 Bhs to attend. See
 if Dan is interested
 too. Also get Sarah
 as well.
 CJ

4/1/99 400 mtg
 500 conf call
 2/15/99

Laurie

Set up phone
 call, out

Meeting. To
 1/4 hr line
 1/2 hr line
 (CJ)

4/1/99 4:30
 4/1/99 4:30
 4/1/99 4:30

4/1/99 4:30
 4/1/99 4:30
 4/1/99 4:30

VERNER, LIIPFERT, BERNHARD, McPHERSON AND HAND CHARTERED
901-15TH STREET, N.W., SUITE 700, WASHINGTON, D.C. 20005-2301
Telex: 1561792 VERLIP UT
Telecopier: (202) 371-6279
Main Number: (202) 371-6000

TELECOPIER COVER PAGE

DATE: 3-25-99

TO: Chris Jennings COMPANY NAME: WH

FROM: Laurie Sullivan ORIGINATOR'S TEL.: (202) 371-6228

TELECOPIER NO.: (202) 456-5557 TOTAL NO. OF PAGES 2
(INCLUDING COVER PAGE)

CONFIRMATION TEL. (202) 456-5560 CLIENT/MATTER NO.: 07938.1

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SPACE FOR ADDITIONAL MESSAGE

FOR TELECOPIER OPERATOR ONLY

TRANSMITTED: DATE: _____ TIME: _____ OPERATOR: _____

FOR ASSISTANCE CALL TELECOPIER OPERATOR AT (202) 371-6245

**UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT**



Date: 7 April 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: DINNER INVITATION
Tuesday 20 April, 7pm

On Tuesday 20 April, the leadership of the University of California, including President Richard Atkinson, Chancellors from eight of the UC campuses, and system-wide Vice President for Health Affairs Con Hopper will be in Washington to meet with California delegation members and senior executive branch officials.

We are arranging intimate dinner discussion groups for Tuesday evening and the Chancellors would like for Chris Jennings to join them. One of the dinners will be with top federal health policy leaders. Topics of discussion will include the outlook for biomedical research, the future of stem cell research, graduate medical education and other issues. Currently confirmed for this dinner are NIH Director Harold Varmus and Congresswoman Nancy Pelosi.

We will advise as to the location and guest list as soon as possible. Please let me know if you have any questions or need more information. Thank you for your help, Teresa.

CASUAL CONVERSATION

UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT



Date: 7 April 1999

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from: Jennifer Poulakidas
Senior Legislative Analyst
University of California
Office of Federal Government Relations
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Washington, DC 20036

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

RE: DINNER INVITATION
Tuesday 20 April, 7pm

OK. But advise them that last second schedule change might preclude getting in time or at all.

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CASUAL Conversation

4/20/99 7pm

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OFFICE OF THE PRESIDENT**

Date: 7 April 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

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CASUAL Conversation

**UNIVERSITY OF CALIFORNIA
OFFICE OF THE PRESIDENT**

Date: 19 April 1999

No. of Pages: 2

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

Teresa,

As we discussed earlier today, I am faxing you short bios on the UC leaders who will be at the health dinner Tuesday evening with Mr. Jennings: Chancellors Bob Berdahl (UC Berkeley), Al Carnesale (UCLA), Ralph Cicerone (UC Irvine), Larry Vanderhoef (UC Davis), and system-wide Vice President for Health Con Hopper.

Our other guests are NIH Director Harold Varmus, his wife Connie Casey, and Congresswoman Nancy Pelosi. Discussion topics will probably focus on biomedical research issues, including the NIH budget, stem cell research, medical records privacy, and funding for extramural health research facilities.

Confirmation of the other details of dinner:
7pm Tuesday 20 April
701 Restaurant
701 Pennsylvania Avenue NW
202/393.0701
reservation under the name "University of California"

Thank you for your help, Teresa. We are looking forward to Mr. Jennings' participation tomorrow!

- Jennifer

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003a. bio	re: Robert M. Berdahl (partial) (1 page)	04/1999	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) [5]

2011-0747-S

rc417

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ROBERT M. BERDAHL

Robert M. Berdahl took office in July of 1997 as UC Berkeley's eighth Chancellor. He has emphasized renewing the campus' research environment, initiated efforts to rebuild the library collection, and established a comprehensive long-term seismic rehabilitation plan.

A career-long advocate of enhancing and humanizing undergraduate learning, Berdahl has expanded the highly popular Freshman Seminars in which senior faculty teach small classes. A historian himself, he is committed to teaching a Freshman Seminar on the history of UC Berkeley. Joining the campus at the initial implementation of vote-mandated admissions changes, Berdahl continues to champion the educational and societal benefits of a widely diverse student body.

Berdahl came to UC Berkeley from the University of Texas at Austin where he had served as President since January 1993.

As President of UT, Berdahl stressed undergraduate education, focusing on quality education and on university outreach to the communities, especially K-12 education in the cities. A stronger sense of community amidst diversity on the campus was a central goal of his administration. He stressed quality teaching and devised a series of small, community-oriented programs to unite disparate elements on the campus.

Before assuming his post at UT, Berdahl served as Vice Chancellor for Academic Affairs at the University of Illinois at Urbana-Champaign from 1986 to 1993. He was involved in efforts to revise undergraduate degree requirements, restructure freshman orientation and expand academic support programs. He helped enhance the role of teaching in the tenure/promotion review process and improved opportunities for minority strategic planning process and helped improve its technological capacity.

Berdahl served as a member of the history faculty at the University of Oregon from 1967 until 1986. From 1981 to 1986, he was Dean of the College of Arts and Sciences at Oregon.

He received his B.A. degree from Augustana College, Sioux Falls, South Dakota; M.A. degree from the University of Illinois; and Ph.D. from the University of Minnesota in 1965 as well as an honorary Doctorate of Science in 1997. He is the recipient of numerous honors and awards: 1993 Distinguished Alumnus Award from Augustana College; American Philosophical Society Fellow; Fulbright Research Fellowship, Germany; National Endowment for the Humanities Independent Study and Research Fellowship; Research Associate, the Institute of Advanced Study in Princeton and at the Max-Planck Institute for History in Göttingen, Germany. He is currently a member of the Association of American Universities. Berdahl is the co-editor or author of two books and has written numerous articles dealing with German history. He was granted an honorary Doctorate of Science, University of Minnesota in 1997.

Berdahl, 61, was born in [REDACTED] P6(b)(6) [003a] He is married to Margaret "Peg" Berdahl. They have three married daughters — Daphne, Jennifer and Barbara.

April 1999

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. bio	re: Albert Carnesale (partial) (1 page)	04/09/1999	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

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ALBERT CARNESALE

On July 1, 1997, Albert Carnesale became chancellor of UCLA, the eighth chief executive in the university's history. He also holds faculty appointments in the Department of Policy Studies, part of the School of Public Policy and Social Research, and in the Department of Mechanical and Aerospace Engineering, part of the School of Engineering and Applied Science.

At UCLA, Carnesale heads an institution with nearly 35,000 students, 3,300 faculty members, a staff of more than 18,000, and an operating budget of \$2.1 billion. Educating more students than any other college or university in California, UCLA's academic enterprise includes the College of Letters and Science and 11 professional schools. In addition, UCLA operates a renowned medical center that treats more than 300,000 patients a year and performing arts programs that draw 500,000 audience members annually. UCLA began in 1919 as a two-year teachers college in downtown Los Angeles and is now regarded in many quarters as the youngest of the best research universities in America.

When Carnesale's appointment was announced in March 1997, he said: "Just how a university could achieve this level of excellence in so short a time is amazing. My objective is to build on that excellence and move UCLA to the next level. When informed people around the world ask 'What are the world's great universities?' that list will include UCLA."

Before joining UCLA, Carnesale was provost of Harvard University and Lucius N. Littauer Professor of Public Policy & Administration. As provost, he coordinated the work of Harvard's central administration, supervised its information technology activities and oversaw academic programs that involved two or more of the university's schools.

His research and teaching have focused on international relations and national security policy, with an emphasis on issues associated with nuclear weapons and arms control. (6036]

Carnesale was born [P6(b)(6)] and grew up in a tenement in the [P6(b)(6)]. He has said his ambition as a young man was "to have a job in which you enjoy your work, and wear a white shirt and tie."

Carnesale earned B.S. and M.S. degrees in mechanical engineering at Cooper Union (1957) and Drexel University (1961) and a Ph.D. in nuclear engineering at North Carolina State University (1966). He holds honorary degrees from Harvard University (A.M.), New Jersey Institute of Technology (Sc.D), and Drexel University (LL.D.).

Carnesale has held positions in industry (Martin Marietta Corporation, 1957-62) and government (U.S. Arms Control and Disarmament Agency, 1969-72).

In academia, Carnesale was a professor at North Carolina State University from 1962-69 and 1972-74. He went to Harvard in 1974. In addition to teaching and research, he served at the John F. Kennedy School of Government as academic dean from 1981 until 1991, and dean from 1991-1995.

Carnesale has consulted widely on foreign and defense policy matters, with private firms and for government agencies, including: the Executive Office of the President; the Departments of Defense, Energy, and State; the U.S. Arms Control and Disarmament Agency; the Director of Central Intelligence; and the Congressional Office of Technology Assessment.

He participated in the U.S. delegation to the Strategic Arms Limitation Talks (SALT I, 1970-72) and led the U.S. delegation to the International Nuclear Fuel Cycle Evaluation (1978-80), a 66-nation study of the relationship between civilian nuclear power and proliferation of nuclear weapons.

Carnesale has written extensively on international affairs, defense policy, and nuclear energy issues, and has testified often before Congressional committees. He is co-author of *New Nuclear Nations: Consequences for U.S. Policy* (1993); *Fateful Visions: Avoiding Nuclear Catastrophe* (1988); *Superpower Arms Control: Setting the Record Straight* (1987); *Hawks, Doves and Owls: An Agenda for Avoiding Nuclear War* (1985); and *Living with Nuclear Weapons* (1983). His work has been published in *Foreign Affairs*, *International Affairs*, *International Security*, *Washington Quarterly*, and other journals, and he was a founding editor of the quarterly journal *International Security*. He is a fellow of the American Academy of Arts and Sciences and a member of the Council on Foreign Relations and of the International Institute for Strategic Studies.

He is a member of Phi Kappa Phi, Sigma Pi Sigma and Sigma Xi honorary societies.

Carnesale succeeds Charles E. Young, who served as UCLA chancellor for 29 years. He lives on the UCLA campus in the university residence, a Florentine-style house that was built in 1929.

April 1999

Ralph J. Cicerone, Ph.D.
Chancellor, University of California, Irvine
Daniel G. Aldrich Chair in Earth System Science
Professor of Chemistry

An internationally acclaimed atmospheric scientist and former dean of the UCI School of Physical Sciences, Ralph J. Cicerone became UCI's fourth chancellor in 1998. His research interests in atmospheric chemistry and climate change have involved him in shaping science policy at the highest levels, with a host of national and international agencies.

In 1997, he received a prestigious United Nations Environment Program Ozone Award for research in protecting the earth's fragile ozone layer. His research was also recognized on the citation for the 1995 Nobel Prize in chemistry awarded to UCI colleague F. Sherwood Rowland. Most recently, The Franklin Institute recognized his outstanding contributions to the understanding of greenhouse gases, ozone depletion and his research in biogeochemistry by selecting Cicerone as the 1999 laureate for the Bower Award and Prize for Achievement in Science. One of the richest and most prestigious American awards in science, the Bower also recognizes his public policy leadership in protecting the global environment.

Cicerone is a member of the National Academy of Sciences and the American Academy of Arts and Sciences. He has served as President of the American Geophysical Union, the world's largest society of earth scientists, and he received its James B. Macelwane Award in 1979 for outstanding contributions to geophysics. Currently, he serves on the Council of the National Academy of Sciences and is a Fellow of the California Council on Science and Technology.

Cicerone joined UC Irvine in 1989 as the founding Chair of the Department of Geoscience (now Earth System Science). He was appointed the Daniel G. Aldrich Professor of Earth System Science in 1989 and chaired the department of Earth System Science from 1989-94. While serving as Dean of Physical Sciences for the next four years, he brought outstanding faculty to the school and strengthened its curriculum and outreach programs.

During his early career at the University of Michigan, he was a research scientist and held faculty positions in electrical and computer engineering. In 1978 he joined the Scripps Institution of Oceanography at UC San Diego as a research chemist. Immediately prior to joining UCI, Cicerone was a senior scientist and Director of the Atmospheric Chemistry Division at the National Center for Atmospheric Research in Boulder, Colorado.

He received his bachelor's degree in electrical engineering from the Massachusetts Institute of Technology and both his master's and doctoral degrees from the University of Illinois.

Chancellor Cicerone is a native of Pennsylvania and the first in his family to attend college. He is married to Carol Cicerone, UCI Professor of Cognitive Sciences, and they have one daughter, Sara, who works as a structural engineer for a company based in New York City.

LARRY N. VANDERHOEF

Biographical Statement

Larry Vanderhoef was born in 1941 in the northwest reaches of Minnesota. While he frequently returned to Minnesota with his parents to visit relatives (especially on his mother's side -- a family of nine children), he was reared in Wisconsin from age two after his father moved to South Milwaukee to work in a war machinery factory.

After declaring majors in about everything, including at different times mathematics, English and chemistry, he finally settled on biology and received his B.S. and M.S. degrees in 1964 and 1965 from the University of Wisconsin, Milwaukee. He moved to West Lafayette, Indiana in 1965 with his wife of two years, Rosalie Slifka Vanderhoef, to pursue a Ph.D. in plant biochemistry with Joe L. Key at Purdue University, finishing in 1969. He then returned to Wisconsin for one post-doctoral year of study at the University of Wisconsin, Madison. He worked with biochemist Robert Burris for most of that year and for the subsequent three summers.

In 1970, Larry Vanderhoef was appointed Assistant Professor of Biology at the University of Illinois. He became Professor and Head of his department in 1977.

In 1980, Larry and Rosalie moved with their two children, Susan and Jonathan, ages 10 and 7 at the time, to Maryland where he became Provost at the University of Maryland, College Park.

Four years later he was hired by Chancellor Jim Meyer at UC Davis as the Executive Vice Chancellor and one-person Governing Board of the UC Davis Medical Center campus in Sacramento. During the course of his service as the Executive Vice Chancellor, Vanderhoef established the Office of University Relations and at times pinch hit as Acting Vice Chancellor for Academic Affairs and Acting Vice Chancellor for Research. In 1991, after permanently assuming responsibility for Academic Affairs, Vanderhoef was named Executive Vice Chancellor and Provost. On April 6, 1994, The Board of Regents named Vanderhoef the fifth Chancellor of UC Davis. UC Davis, 25,000 students, is one of the nine campuses of the University of California. The campus was invited to membership in the Association of American Universities in 1996.

Larry Vanderhoef's research interests lie in the general area of plant growth and development, and he has taught classes at levels from freshman to advanced graduate study.

During the course of his career, Larry Vanderhoef has served on various review committees for national granting agencies, including the Department of Energy and the National Science Foundation, as well as on numerous advisory boards, executive committees, and a board of trustees, for professional societies, biotechnology institutes, international development institutes, and University accreditation organizations.



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CORNELIUS L. HOPPER, M.D.

University of California Vice President for Health Affairs



Cornelius L. Hopper, M.D., came to the University of California in 1979 as the Special Assistant to the President for Health Affairs. When he was appointed Vice President for Health Affairs of the University of California in 1983, he assumed responsibility for long range planning, policy oversight, and governmental relations for the University's fourteen health sciences education and related clinical programs. In addition, he became the liaison to the Board of Regents on health sciences policy matters.

Since 1983, Dr. Hopper has organized and administered four major, statewide research programs that award grants to California researchers to study AIDS, Breast Cancer, Tobacco-Related Diseases, and Geriatrics. To date, these programs have awarded more than \$150 million in state funds to researchers in California's public and private universities and colleges, nonprofit agencies, and, in the case of Breast Cancer research funds, private businesses as well. Moreover, Dr. Hopper has played a key role in the development and administration of the Wellness Lectures Series, a program which is funded by a grant from the Wellness Foundation. This program provides grants to University of California faculty to conduct research on a wide variety of topics and give public lectures on their research findings. As Vice President, Dr. Hopper has also directed the reorganization of the University's state-funded Occupational and Environmental Health Centers, revised the University's Uniform Clinical Compensation Plan for clinical faculty, and coordinated the development of a plan to expand primary care training opportunities at the University of California.

Prior to joining the University of California, Dr. Hopper spent eight years as Vice President for Health Affairs at Tuskegee Institute in Alabama. In this capacity, he introduced the National Health Service Corps into the Southeastern United States, organized the nation's first rural, community-based Area Health Education Center (AHEC), and pioneered a three-county primary care telemedicine system under the auspices of the Robert Wood Johnson Foundation. During that period, he has also held an Assistant Clinical Professorship in the Department of Neurology at the University of Alabama in Birmingham.

A graduate of Ohio University in Athens, Ohio, and the University of Cincinnati College of Medicine, Dr. Hopper received training in Internal Medicine at Marquette University in Milwaukee, Wisconsin. He then moved to the University of Wisconsin in Madison to complete a residency in Neurology and a NIH Special Research Fellowship in Demyelinating Diseases. He joined the faculty of the University of Wisconsin Neurology Department in 1967 and subsequently served as the Director of the University of Wisconsin's Multiple Sclerosis Clinics.

Dr. Hopper has served on numerous national and state commissions and task forces, including the State of California Health Manpower Policy Commission. He has been an active member of the Association of Academic Health Centers (AAHC) since 1979, served as Chair of the AAHC National Task Force on Health Workforce Policy and Planning in 1994-95, and is currently a member of the Board of Directors of the organization. He also was one of editors of *The U.S. Health Workforce: Power,*

Politics, and Policy, which was published by the AAHC in 1996. His international work has included consulting on health care organization in West Africa.

Dr. Hopper is the recipient of numerous awards for his contributions to medicine and community health, including the Alabama Regional Medical Program's Distinguished Service Award (1973), the Robert Wood Johnson Foundation Medallion (1980), and the Ohio University Medal of Merit (1985).

▲ [Top of Page](#)

◀ [Return to Office of Health Affairs Home Page](#)

Please send questions, comments, and suggestions to nilo.sarmiento@ucop.edu

Last updated: April 3, 1998

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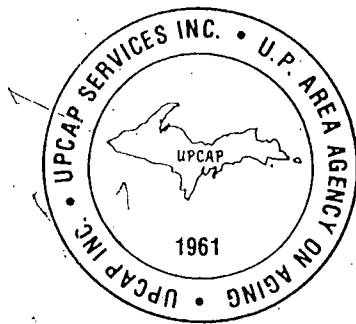
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CC: Devora 4/12
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AREA PROGRESS SERVICES INC.**

P.O. Box 606
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Phone (906) 786-4701
FAX (906) 786-5853
EXECUTIVE DIRECTOR
Jonathan S. Mead

March 29, 1999

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

*pl give for
personal for
response from me*
CT
RE: OASIS Assessment Issue

Dear Mr. Jennings:

On March 22, I had the privilege of hearing your presentation at the National Association of Area Agencies on Aging "Legislative Briefings" in Washington. During the question/answer period, someone from the audience brought up the issue of the HCFA requirement of OASIS assessments for all individuals being served by certified agencies. You indicated that you were familiar with the issue and that you had heard both sides of the issue.

There is a third side to this issue, however, which you may not have heard of.

The State of Michigan received its Home and Community-Based Medicaid Waiver from HCFA in 1992. Since that time, it has operated an extremely successful program using a case management/managed care approach with the "Waiver Agent" (AAA's in Michigan) serving as the care manager and the care purchaser. The Care Management process includes a comprehensive assessment/reassessment process which now utilizes a "Minimum Data Set for Home Care (MDS-HC)" component in order to compare the "at-home" population with those individuals institutionalized. The data set developed for home care is similar to the Minimum Data Set for Nursing Facilities (MDS-NF) required by HCFA for use by all nursing homes in the U.S.

Here is where the third side of the OASIS issue comes in. The AAA's, both as care manager and care purchaser, conduct regular assessments, establish service need, and purchase services from a wide variety of home care agencies, including the private wings of certified home health care agencies. In order to assure control of care plan costs, and at the same time to reduce potential frustrations on the part of program participants, home care agencies are prohibited from conducting duplicate assessments and are required to accept the assessment conducted by the AAA's. The HCFA requirement for the OASIS

assessment forces home care agencies to violate their contract with AAA's or lose their certification. It also results in many additional in-home assessments, potentially increasing frustration and confusion on the part of the participant.

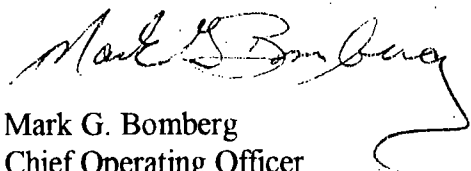
Further, the client being served is not a typical home care client, but rather a long-term care client who, without the Waiver program, would likely reside in a nursing facility. This is why the State of Michigan adopted the MDS-HC assessment process; so that comparisons could be made with a similar population. The OASIS assessment is an excellent tool for comparing home care clients served through the Medicare Home Health system. It should not, however, be used on a non-traditional home care client.

The Federal Register, in announcing the use of OASIS, set forth a waiver from the OASIS requirement on a State-by-State basis relative to home and community-based clients. Thus far, however, no one in Michigan has been able to get HCFA representatives to acknowledge this waiver option, nor approve it, thus exempting home care agencies from completing the OASIS assessment. We are all at a loss as to what to do next.

To further complicate the issue, the region of Michigan served by UPCAP covers the entire Upper Peninsula of Michigan. This area represents approximately 1/3 of the State's land mass but is extremely rural in terms of population density. UPCAP has approximately 18 vendors enrolled into its Waiver Program. Of these, at least 8 are also certified home care agencies who must now decide whether to continue providing services through our Waiver program and ignore the OASIS requirement and thereby risk losing their Medicare certification, provide the OASIS assessment and risk being found out of contract and required to repay reimbursements, or terminate service provision to Waiver clients. This last option could have a significant impact upon our ability to provide needed in-home services.

Any help you can provide in bringing this issue to a speedy resolution will be much appreciated. If you need additional information, I can be reached via E-Mail at MARK_BOMBERG@STATE.MI.US or by phone at (906) 786-4701. This is an important issue which needs immediate resolution. Thank you in advance for your assistance.

Sincerely,



Mark G. Bomberg
Chief Operating Officer

cc: Mary James, Director, LTC Health Plan Division
Michigan Department of Community Health

CC: Deborah 4/12



UNITED STATES DEPARTMENT OF AGRICULTURE

Office of Communications

Stop 1330

Room 412-A, Whitten Building

Washington, D.C. 20250-1330

FAX (202) 690-2164

FAX

Pl. give this document
to Deborah. Have her

TO: Chris Jennings

see me.

FAX #: 456-5557

FROM: Pat Lewis

CJ

DATE: 3/31/99

SUBJECT: WH Conference on Food & Nutrition

PAGES: 3 (including cover)

NOTE: Attached is a follow-up memo on the
proposed conference.



United States
Department of
Agriculture

Office of
Communications

1400 Independence
Avenue, SW

Washington, DC
20250-1300

March 31, 1999

MEMORANDUM

TO: Chris Jennings

CC: Ann Lewis

FROM: Eileen Kennedy, Deputy Under Secretary, Research, Education & Economics
Pat Lewis,
Director, Public & Media Outreach

SUBJECT: Proposed White House Millennium Conference on Food & Nutrition

This is an updated proposal outlining the way in which the USDA and HHS working group could develop all the components of a one-day conference that would be held at the White House in September. A September date would give us enough time to plan an event; it also takes advantage of the tendency in the Fall to pay more attention to food issues.

Background:

In the 1960s, Nobel Prize winner Dr. Robert Fogel proved conclusively that much of Western Europe's leap in productivity during the Industrial Revolution was a direct result of better nutrition.

Now, as we approach a new millennium, researchers are looking to answer equally important questions about nutrition:

- Can B vitamins slow the aging process? Mitigate the harsh effects of Alzheimers?
- Will prenatal nutrition pay off 40 years later?
- Could the right foods prevent cancer?

We have made tremendous strides in understanding the role of food and nutrition in the last 30 years, the time of the last White House Conference on Nutrition. That conference also defined a public policy agenda that has resulted in far-reaching programs that include food labeling requirements and the school lunch program.

It seems that there are new findings daily about the critical role that food and nutrition plays in our lives. But are we incorporating these findings into public policy? Are we doing enough to make sure people get this information in a way they can use to improve health and fight disease, for themselves and their children?

Conference:

A White House Millennium Conference on Food and Nutrition would help answer these questions.

One possible format is to hold a morning panel with food supply and nutrition experts answering questions about the latest findings in nutrition, changes in the nutritional content of foods, and other key areas. In the afternoon, a different panel could discuss whether we should be more aggressive in incorporating these changes into public policy, and whether we need to change the way we provide nutrition information to the public.

Both panels would be available by satellite at various sites, hosted by key administration officials, around the country. Transcripts of the proceedings would also be available shortly after the event.

This panel would be an ideal event at which to unveil any timely nutrition-related studies, and to announce any proposed research or other partnerships among federal departments or with the private sector. For example, if USDA and NIH were to develop a needed research project on nutrition that uses the expertise and resources of both agencies, this would be an ideal place to make the announcement. The working group would also try to identify any non-profit nutrition studies underway that would be ready for release around that time, review studies in the USDA/NIH pipeline, or develop a new study that would help emphasize the issues of the conference.

USDA is prepared, working with HHS, to plan this event, identifying potential panelists, outlining the topics to be discussed, working on participation, preparing materials, etc. As planning proceeded, and before each critical decision point along the way - date, time, format, participation, announcements, etc. - the working group would get whatever clearance is required from the White House.

At USDA, the planning would be coordinated among the various agencies through the Office of the Secretary and Office of Communications. The staff at USDA and HHS are excited about this event, and ready to go to work.

Dr. Kennedy - 720-8885
Pat Lewis - 720-6571

Friday, April 16, 1999

8:00-8:30 AM REGISTRATION

8:30-9:15 AM KEYNOTE ADDRESS

CHRISTOPHER JENNINGS
Deputy to President Clinton for Health Policy
A FEDERAL POLICY PERSPECTIVE

Session V:

**9:15-10:30 AM CANADA'S APPROACH TO
INTEGRATING OUTCOMES, PRICING
AND REIMBURSEMENT**

Session Chairperson
Aslam H. Anis, PhD
Assistant Professor of Health Economics
Department of Health Care and
Epidemiology, University of British Columbia

Canada has a long history of regulating the pharmaceutical industry. The type of regulation faced by industry has changed from "compulsory licensing" to "price regulation" at the federal level and from "generic substitution" to "cost-effectiveness" based reimbursement policies at the provincial level. This session will begin with an overview of the Canadian setting and three perspectives from the three major players, regulator, buyer and industry, on the most recent developments and trends affecting the industry.

Canada's Patented Medicine Prices Review Board:
New Approaches

Dr. Robert G. Elgie
Chairperson, Patented Medicine
Prices Review Board, Ottawa

New Drug Reimbursement Trends in Canada

Alan B. Bootes
President and CEO
Pfizer Canada Inc., Quebec

Pharmaceutical Pricing in Canada: Impact on a
Publically-Funded Treatment Program

Dr. Michael V. O'Shaughnessy
Centre Director, British Columbia
Centre for Excellence in HIV/AIDS
St. Paul's Hospital, Vancouver

10:30-10:50 REFRESHMENT BREAK

Session VI:

**10:50-12:15 PM BROAD INTERNATIONAL
PERSPECTIVES ON REIMBURSEMENT
OF PHARMACEUTICALS**

Session Chairperson
John Hutton
Vice President, European Operations
MEDTAP International, UK

The session will examine the recent experience of European and other countries with reimbursement policy and highlight the fac-

tors likely to be influential in the future, including economic information. Speakers will cover the experience of Australia in using economic data reimbursement decisions, and the varied experience of European countries in using economics in pricing and reimbursement. The impact of European Union policies and the effect of the Single European Market also will be covered.

Assessing the Realities of the Single European
Pharmaceutical Market

Donald MacArthur
Editor, Pharma Pricing Review
PPR Communications, Ltd., UK

Economic Information in European Pricing and Reimbursement Decisions: Past Experience and Future Developments

Professor Claude Le Pen
Université Paris IX Dauphine, France

The Australian Experience of Using Economic Data in
Pharmaceutical Reimbursement Decisions

Deborah A. Freund, MPH, PhD
Vice Chancellor, Academic Affairs
Indiana University

Luncheon Address

12:15-1:45 PM JAMES G. SHEEHAN, ESQ.

Assistant U.S. Attorney
Chief, Civil Division, U.S. Department
of Justice, Pennsylvania

**FRAUD AND ABUSE IN PHARMAC
BENEFIT MANAGEMENT**

Session VII:

**1:45-3:30 PM DEBATE - IS THERE A ROLE FOR THE
FEDERAL GOVERNMENT IN OVERSEEING
THE PRICING OF PHARMACEUTICALS?**

Moderator
Dr. Alan Hillman
Director, Center for Health Policy
University of Pennsylvania

CON Position:

Mark Pauly, PhD, Wharton School
University of Pennsylvania

Lisa Raines, Esq., Vice President, Government Relations
Genzyme Corporation

PRO Position:

Stephen W. Schondelmeyer, PhD, Director
PRIME Institute, University of Minnesota
Representative (Invited), Managed Care Organization
or U.S. Congress

3:30-3:45 PM Wrap-Up and Final Remarks

Michael Halpern, MD, PhD
Vice President, Clinical Research
MEDTAP International

3:45 PM WORKSHOP ADJOURNED

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	Sheila Shulman to Christopher Jennings re: phone number (partial) (1 page)	01/15/1999	P6/b(6)

COLLECTION:

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Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
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FOLDER TITLE:

Speaking Engagements (January - August 1999) [5]

2011-0747-S

rc417

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7/16

#402

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STATE UNIVERSITY OF NEW YORK

OK

School of Law
John Lord O'Brien Hall
North Campus
Box 601100
Buffalo, New York 14260-1100
FAX: (716) 645-2064
(716) 645-3683

January 15, 1999

Christopher Jennings
Deputy to the President for Health Policy

Dear Mr. Jennings:

I am writing to invite you to participate in an April 1999 meeting sponsored by the Drug Information Association in Washington, D.C. on pharmaceutical pricing and reimbursement issues. I have enclosed the advance announcement of the two-day program, which will provide an international perspective on issues that once again are resurfacing with broad health policy implications. The program will be of interest to a wide range of public and private payers, the pharmaceutical and biotech industry, and to others working in the healthcare field.

The meeting is scheduled for Thursday and Friday, April 15th - 16th, 1999, at the Washington Marriott. The session in which I hope to interest you is on Friday, the 16th, and will take the form of a debate on whether there is a role for the federal government in overseeing the pricing of certain categories of prescription drugs. The two debaters on the con side will be Dr. Mark Pauly of the Wharton School, University of Pennsylvania and Lisa Raines, Esq., Vice President of Government Relations, Genzyme Corp. We would like you to consider putting forth the arguments on the pro side. A number of people are being considered for the second spot on the pro team.

As you can see from the enclosed program announcement, the sessions will cover, among other things, the new regulatory issues raised by the FDA's anticipated standards for pharmacoeconomic claims; the perspectives of public and private payers on what gets paid for and why; international perspectives from Canada and Europe, including remarks from the Chairman of Canada's Patented Medicine Prices Review Board; and what role, if any, pharmacoeconomic studies are beginning to play in pricing and reimbursement decisions from both the payers' and industry's vantage point.

I hope we can interest you in joining us in what should be an interesting and fun session. I can be reached directly at my office at 716-645-3683, at home [redacted] or by e-mail sshulman@acsu.buffalo.edu. With best regards,

Sincerely,

Sheila R. Shulman
Sheila R. Shulman
Clinical Associate Professor

encl

Marriott Hotel
1221 225th N.W.

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005a. fax	Linda Crawford to Chris Jennings re: Wednesday Meeting (partial) (1 page)	05/18/1999	P6/b(6)
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Chris Jennings (Meetings, Trips, Events)
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PATTON BOGGS LLP
ATTORNEYS AT LAW

2550 M Street, NW
Washington, DC 20037-1350
202-457-6000

Facsimile 202-457-6315

To: **Teresa w/Chris Jennings**

Company:

Fax Number: 202-456-5557

Phone Number: 202-456-5560

Total Pages

Including Cover: 1

From: **Linda Crawford**

Sender's Direct Line: 202-457-6503

Date: May 18, 1999

Client Number:

Comments:

Re: Wednesday, May 19, 1:30 p.m. meeting with Chris Jennings in 216 OE0B

ANCHORAGE

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SEATTLE

WASHINGTON, D.C.

Jonathan R. Yarowsky of Patton Boggs LLP

DOB: [REDACTED] SSN: [REDACTED] *[COOSA]*

Karen L. Marangi of Patton Boggs LLP

DOB: [REDACTED] SSN: [REDACTED]

Michele Mitchell Larios of Retractable Technologies, Inc.

DOB: [REDACTED] / SSN: [REDACTED]

Thomas Jefferson Shaw of Retractable Technologies, Inc.

DOB: [REDACTED] / SSN: [REDACTED]

Thanks for all of your help!

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PATTON BOGGS LLP
ATTORNEYS AT LAW

2550 M Street, NW
Washington, DC 20037-1350
202-457-6000

Facsimile 202-457-8315

To: **Chris Jennings, Deputy Asst. to the President for
Health Care Policy**
Company:
Fax Number: **Attn: Teresa Jones**
Phone Number: **456-5557**
456-5560

Total Pages:
Including Cover:

8

From: **Karen Marangi**
Sender's Direct Line: **202-457-5664**
Date: **May 17, 1999**
Client Number: **10944-100**

OK - 20 minutes

Comments:

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WASHINGTON, D.C.

Chris, we would love to set up a meeting with you and our clients from Retractable Technologies who are here from Texas to discuss the problems they've faced trying to market their superior needle - which is retractable - because of the power of group purchasing organizations.

I am attaching a couple of articles which discuss the problems these innovative health care producers are currently facing and the effectiveness of their product.

Please call or leave me a message and let me know if you have any time tomorrow to meet with the President and Legislative Director from Retractable. They are only in town today and tomorrow (5/17 and 18). Elena Kagan rec'd that we contact you about this.

Thanks! Karen Marangi and Jon Yarowsky

My # is 457-5664. We could meet you here or at your office if your schedule allows.

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ENVIRONMENTAL SERVICES

by Michael Garvin



On point

NEW SAFETY SYRINGES AND THE FACTS ABOUT CHANGE-OUTS

News from the sharps front: A second generation of safety syringes has eliminated the problems—namely, cost and performance—associated with the first round of safety syringes to hit the market. The new syringe—VanishPoint[®]—relies on a spring to retract the needle into the barrel of the needle after it is

extracted from the patient, virtually eliminating the possibility of a needlestick. Another plus: Since the needles do not detach, "change-outs"—using one needle to draw the medication, and switching needles to inject the patient—aren't possible with the new syringe.

That's good, considering that needle change-outs are dangerous and often unnecessary. Just 1 percent of the syringes used in hospitals legitimately require a needle change-out to avoid medication interactions, while the remaining 99 percent may not be required at all. One common misconception: Needle change-outs are required any time a needle is used to penetrate a rubber vial stopper. Studies show no differences in sharpness between a needle that has penetrated a rubber stopper and one that is yet to be used. And clinicians have seen no difference in the discomfort reported by patients.

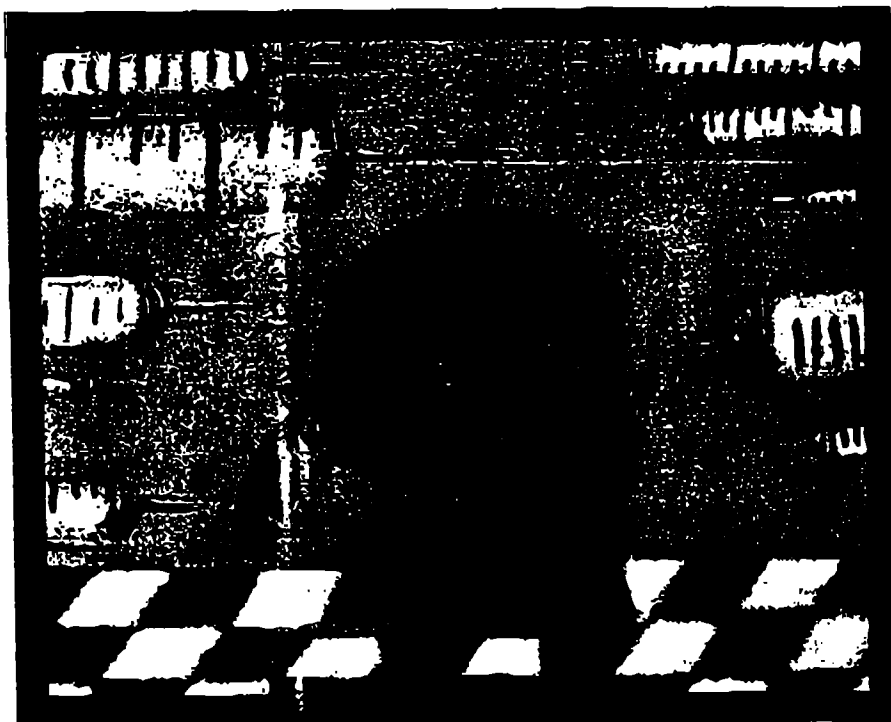
Why 'change-outs'?

In the past, nurses and physicians have been encouraged by needle manufacturers to change out the needle on the syringe they are using. But as a matter of practice most clinicians report infrequent changing out of needles, and, in fact, studies show that the need for

changing out needles because of size is required for only about 1 percent of all injections given in hospitals. And there is growing evidence that even infrequent changing out of needles is too often, and that it increases the chance of an accidental needlestick and needlessly increases the costs of supplies. The nee-

Good timing

The evolution of the safety syringe comes at a fortunate time—needlesticks are on the rise. In recent years, the health care industry has pursued the development of needles and syringes that reduce



the risk of needlesticks. But the number of clinicians who contract blood-borne diseases from accidental needle injuries is increasing.

Alarmed health care officials and regulators are encouraging medical supply companies to provide safety syringes that effectively reduce the chances of

ENVIRONMENTAL SERVICES

There is growing evidence that even infrequent needle changing is too often.

needle injuries. A number of safety syringe prototypes have been tested in the clinical setting. Most of these safety syringe designs incorporate a second hub surface that can be advanced forward to sheath the needle, protecting the health care worker from an accidental injury.

But there are well-documented problems with this type of design. The standard safety syringe design requires a second tube over the original tube, which

eliminated. In contrast, studies at the University of Iowa Hospitals and Clinics show that the majority of sharps injuries using standard non-automated retracting devices occur during retraction of the needle. This is usually caused by the rebound of the syringe point, which can strike the clinician's hand. In clinical trials and actual use of almost a million second-generation safety syringes, not one needlestick has been reported.

months," the clinician says. "The device is extremely easy to use and so much safer than regular syringes. We have not reported one sharps injury in the past three months in my unit. The 'change-out' issue has not been a problem at all."

This clinician has discovered that necessary needle change-outs are infrequent. Most needle change-outs occur when medication is extracted from a vial and before the medication is in-

jected. Studies show that using the same needle for vial medication extraction and injection does not increase the patient's discomfort, since high-grade lubricated stainless steel needles are not damaged when inserted into medical-grade vial stoppers.

Joanna Ross, a city occupational health nurse in Denton, Texas, agrees. "I've given hundreds of injections at the city, but the VanishPoint is what I use

exclusively when I draw up medication from rubber-stoppered bottles. On the upside of that 'ouch' thing, I don't have complaints from employees about these syringes, as I do sometimes with prefills."

In fact, needle change-outs have been identified as a potential source of infection transfer in patient populations. Tests using simulated bacteria under black light show that changing needles or removing needles for use in needleless systems spreads infection. This shifts the danger of disease transfer from the health care worker to the patient.

A change-out is also very expensive. Approximately 75 percent of the cost of a syringe is the needle. So every time a needle change-out occurs, the cost of the procedure almost doubles. Hospital staff note that the cost of the needle is often not recovered in the procedure, resulting in a loss of revenue. It should also be noted that using medium-gauge needles—a size available on the VanishPoint syringe—to draw up an injection of high-

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produces a thicker, wider syringe and affects the feel of the device to the clinician. A second major problem: The outer syringe hub has to be advanced forward to sheath the needle, which means the clinician's hand could slip off the sheath and get stuck by the needle. In fact, during a safety demonstration at the University of Iowa Hospitals and Clinics, a clinician was struck while demonstrating a double-hub sheathing device.

These first-generation safety syringes have had very limited acceptance in the marketplace, primarily due to their cost and performance. Clinicians say these syringes are hard to use, and hospitals often find that the safety device is never activated.

New and improved

But VanishPoint automatically retracts the needle so fast that the clinician is never exposed to the tip of the needle after it is extracted from the patient, and the chance of a needlestick is virtually

So how is the issue of needle change-outs related to the second-generation safety syringe? Careful reevaluation of the injection process during design of the new automated technology revealed that needle change-outs should not occur.

The retraction devices are inherently more complex, particularly at the needle end. Interchangeability would be confusing if devices retracted with some needles but not with others. If interchangeability was limited to only retraction needles, then more expensive retraction needles would be wasted on procedures that did not require retraction. The simplest solution in terms of convenience, cost and safety was to design the needle as an integral part of the safety device.

The danger of change-outs

Is this a problem for clinicians? One infection control practitioner in Alexandria, La., says no. "I've been using the VanishPoint safety syringe for three

BusinessWeek

Social Issues

HEALTH CARE

LOCKED OUT OF THE HOSPITAL

Are medical buying consortiums squelching innovation?

In 1998, Dallas engineer Thomas J. Shaw and his colleagues came up with a striking innovation. They designed a hypodermic that promised to slash the incidence of accidental needle pricks, which each year cause about 640,000 injuries among health-care workers. Safety-conscious hospitals, Shaw figured, surely would flock to his fledgling Retractable Technologies Inc., a closely held outfit in Little Elm, Tex.

He was wrong. In fact, Shaw says now, his salespeople can't even get inside most U.S. hospitals to demonstrate their syringes and blood-collection devices. Why? Thousands of hospitals are obliged to buy from big suppliers that have negotiated long-term, multibillion-dollar sales contracts with Premier Inc. and VHA Inc.'s Novation, two of the nation's largest health-care group purchasing organizations (GPOs). Smaller companies, such as Retractable, are often locked out.

CHOKENOLD. GPOs, which help hospitals save millions of dollars on medical supplies by buying in bulk, have thrived for decades. In the past few years, though, these for-profit companies, typically owned by member hospitals, have consolidated rapidly into hugely powerful buying consortiums. The six largest GPOs now administer contracts for at least 80% of the nation's approximately 5,400 acute-care hospitals. That adds up to about \$25 billion of supplies, according to SMG Marketing Group in Chicago. San Diego-based Premier, created by a three-way merger in January, 1996, alone controls buying for about a third of U.S. hospitals. Novation was formed in Janu-



ary '98 when VHA and University HealthSystem Consortium merged their supply operations.

Boosters claim that GPOs have saved hospitals about 5% of spending on commodity products and over 25% for high-tech equipment—a godsend for institutions battling declining reimbursements from insurers and escalating prices. Yet critics argue that these big consortiums, by removing purchasing decisions from clinicians and discouraging product innovation, may in fact be jeopardizing quality and safety and putting medical

professionals and patients at risk. GPOs are "making it more difficult for small companies to get their products into the marketplace," says Dr. Janine Jagger, director of the University of Virginia's International Health Care Worker Safety Center. Market concentration, she adds, is "not good for the safety field."

STIFF RULES. GPOs squeeze out savings for hospitals by negotiating hundreds of exclusive deals with medical-gear and supply vendors for a broad array of products. To qualify for discounts, member hospitals typically must buy a minimum portion of their supplies from GPO-contracted vendors. In the past two years, that portion has risen to as high as 95%. If they buy from more than a few nonapproved vendors, the hospitals lose the discount and can face ejection from the consortium.

Retractable Technologies charges that such practices amount to exclusionary restraint of trade. Aided by

"NO THANKS" TO SAFETY? Most U.S. hospitals won't use Retractable Tech-

nologies' safer syringe (top) and blood collector (bottom) because of long-term supplier contracts

Representative Dick Arney (R-Tex.), it has complained to the Federal Trade Commission about Premier's and VHA's relationships with Becton Dickinson & Co. and Sherwood Davis & Geck, the market leaders in syringes. The FTC confirms that the case is under review.

GPOs say such scrutiny is unwarranted. "The process is quite fair both to

ENVIRONMENTAL SERVICES

With second generation syringes, the chance of a needlestick is virtually eliminated.

ly viscous fluid is faster and more efficient than changing needles.

"We are saving money by using the VanishPoint syringe," says Virginia Thomas, infection control nurse at the Quentin Burdick Health Care Facility,

Bolcourt, N.D. "We don't have syringe-related injuries anymore, so we don't have the cost of injury treatment. The peace of mind to our staff is immeasurable. It is the best benefit and insurance policy that the center gives to the staff."

Staff know where the job risks are, and that's another argument against changing needles. Many uncontaminated needlesticks occur while changing needles. While these injuries do not pose the threat that contaminated needles do, they do take up valuable staff time.

Another problem: Most needle change-outs require the needle to be recapped, even though OSHA regulations strictly forbid recapping of needles. This violates the major rule of sharps handling; that is, never place a clinician's hand in front of the needle tip, whether it is a clean needle or contaminated. As explained by the infection control practitioner, "We used to have staff routinely recap needles. With the VanishPoint syringe, there is never a reason to recap a needle. The staff wouldn't even think of recapping now. Why should they? It is far easier to be safe than to recap."

The final argument against change-outs is the effect on medical waste costs, which are increasing. Needles that have been changed out have to be placed in sharps containers. This only increases waste disposal, since a single syringe doesn't take up much space, but hundreds or thousands of extra needles do. The new syringe retracts the needle into its own barrel and requires even less container space than a standard syringe.

No more needlesticks?

Needle change-outs raise the possibility of infection transfer and are not required since there is no dulling during stopper penetration. If, by avoiding change-outs, we could eliminate all syringe injuries, wouldn't it be worth it?

But in the end, clinicians who use syringes will determine whether products such as the VanishPoint syringe will be accepted as the standard. They will also decide the level of safety they require in the work environment. ■

Michael Garvin is safety engineer at the University of Iowa Hospitals and Clinics, Iowa City.

Social Issues

[suppliers] and to health-care organizations that use our group contracts," says Pat Poston, a Premier senior vice-president. Says VHA's John M. Burks, vice-president for contract services: "We're customer-driven. If the customer told us they wanted this stuff, we would be stupid not to get it on contract." Special clauses in contracts preserve VHA's right to buy new technology, he says.

Retractable isn't alone in complaining that it's locked out by GPOs. Remel Inc., a Lenexa (Kan.) unit of Sybron International that makes culture mediums used for identifying various bacteria, has already been dropped by some 200 Premier-supplied hospitals in favor of Becton Dickinson products, and more hospitals are under orders to do so by Apr. 1—even though the Food & Drug Administration, in a Dec. 18 letter, admonished the Becton unit for poor quality control.

In fact, when defective batches of Becton's chocolate agar—used to test for deadly meningitis bacteria—showed up in hospital labs last year, some hospitals that depended on the product had to scramble for emergency supplies, says Dr. Alice S. Weissfeld, president

CONTRACT HELL

A product from Becton keeps Bio-Plexus' Punctur-Guard blood collection needle out

of Microbiology Specialists Inc., a Houston diagnostic lab. "The potential for something horrible to happen was certainly there,"

she says. Becton says it has solved the quality problem; a Premier spokesperson says: "We followed up with Becton Dickinson and the hospitals to see that the appropriate actions were taken."

Another product apparently stymied by the GPOs: a needleless intravenous system made by ICU Medical Inc. in San Clemente, Calif. After Premier negotiated a \$7 billion, seven-year contract with giant Baxter International Inc. in 1996, member hospitals were under pressure to buy Baxter's competing IV. That irked the infection-control director at one Louisiana hospital, where the ICU device was found to be safer, more convenient, and more patient-friendly. "I just question whether bigger is always better," she says. Bio-Plexus Inc.'s blood-collection device also competes head to

SEVEN-YEAR HITCH

Premier's pact with Baxter means its hospitals won't use ICU's needleless intravenous connector

head with a Baxter product, and it, too, has seen its prospects sour. The long-term contracts make it tough to "try to make a brand out of an idea," says Bio-Plexus marketing chief Thomas K. Sutton.

Like Remel, ICU Medical, and Bio-Plexus, Retractable appears to offer a product with distinct advantages. Inspired by a news report Shaw saw in the late 1980s of a physician who accidentally stuck himself, the VanishPoint's spring-loaded needle collapses back into the syringe chamber after an injection. The syringe, developed with funding from the National Institutes of Health, won FDA approval and enthusiastic receptions at trade shows. "We examined all known products and found this to be the best. It's technologically superior," says Dr. Leslie M. Beitsch, assistant secretary at the Florida Health Dept., where RTI syringes are being used at more than 100 public-health facilities.

Retractable's outlook seemed bright—but its timing proved terrible. In December, 1996, Premier Inc. announced a \$1.8 billion, 7½-year supply contract with Becton Dickinson. Suddenly, every Premier hospital—including some of Retractable's hottest prospects—essentially was required to buy Becton's syringes. Some hospitals affiliated with Premier and VHA, which had been buy-

ing from Sherwood for nine years, declined to consider Retractable's VanishPoint syringe at all.

One of those was Shannon Medical Center in San Angelo, Tex., which stands to lose "incentive payments" of more than \$100,000 a year if it fails to buy 95% of its products under 13 different VHA contracts. "Sherwood offers a shielded syringe that, as far as I'm concerned, is a competitive product," says Carolyn Tegeler, Shannon's director of materials management. But she admits that the medical center's nurses who tried Sherwood's safety syringes "felt as if they caused needlesicks," so they aren't using them. If Retractable's product had been under VHA contract, she says, "we might have come closer to looking at it."

Some hospitals that decline to buy Retractable's syringe cite its price of about 50¢ per unit, more than double that of competing products. But because the use of Retractable's Vanish-

UNEARNED BUSINESS

Agar maker Remel lost buyers to a Becton unit cited by the FDA for poor quality control

Point results in lower disposal costs and lower workers' compensation insurance premiums, the overall cost is less, says Sally Peerbolt, an employee-health nurse at Riverside County Regional Medical Center in Riverside, Calif., a Retractable customer. And using Retractable's syringe, she adds, "cuts down on anxiety and stress" among health-care workers.

Rather than trying to break into the GPO game, Retractable retreated, focusing on public facilities, including veterans' and prison hospitals, about a 10% slice of the market. In 1997, Retractable sold about a half-million units, generating \$250,000 in revenues but no profits, Shaw says.

Shaw is pinning his hopes largely on regulatory, legal, and legislative relief. Those remedies may win Retractable broader access to hospital contracts. But it's not clear that they will address the bigger question about group-purchasing organizations—whether they constitute a system of exclusive long-term contracts that reduces hospitals' costs at the risk of stifling medical innovation and impairing patient care.

By Phillip L. Zwisig in New York and Wendy Zellner in Little Elm, Tex.

THE QUIET HOSPITAL GIANTS	
Leading hospital group-purchasing organizations (GPOs) and the number of hospitals they supply	
PREMIER INC.	1,400
AMERICAN HOSPITAL ASSOCIATION	1,400
EDUCON SERVICES CORP.	1,400
HEALTH SERVICES CORP.	1,400
POINT PURCHASING CORP.	1,400

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Safer Needles Save Money, Report Says Lost work time, counseling, liability costs would drop

William Carlsen, Chronicle Staff Writer

Friday, December 18, 1998

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URL: <http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/1998/12/18/MN44912.DTL>

California health care facilities could save more than \$100 million a year by using safety needles to protect their workers from accidental needle sticks, according to a state study released yesterday.

The study by top state worker safety officials found that the new devices will cost more but that the cost will be offset by the savings from the reduced need for testing and treatment of needle injuries, which can transmit HIV, hepatitis and other serious diseases.

In September, California became the first state in the nation to pass legislation mandating the use of safe needle technology to prevent an epidemic of needle injuries that have struck down tens of thousands of health care workers over the past decade.

Yesterday, the seven-member Occupational Safety and Health Standards Board, the rule-making body for worker safety, formally adopted emergency regulations based on the legislation by Assemblywoman Carole Migden, D-San Francisco.

Migden introduced her bill after a series of stories by The Chronicle in April that found that 1 million health care and public safety workers each year are injured by needle sticks -- more than 100,000 of them in California.

Migden's bill requires state medical facilities to switch by August from conventional needles to syringes with safety features like sliding sheaths or self-blunting needles. Syringes with safety features have been on the market for years but have rarely reached the hands of workers.

The projected savings from the use of safety needles are considered "conservative," the study said, because they do not account for the full cost of needle stick injuries -- ranging from the additional costs of emergency room visits, lost work time, counseling, lost productivity, managerial and personnel expenses and liability costs.

The state's landmark regulations could also result in a small increase in the num-

ber of health care personnel in the state, the board's staff said, "as it becomes known that the California health care industry provides better worker protection than the rest of the nation."

Under the emergency regulations adopted by the board yesterday, health care facilities will have to start next month to collect needle injury information, including the type and brand of needle involved.

The standards board, which unanimously approved the emergency regulations without discussion, will hold additional meetings next year, including a public hearing in February, before making the regulations permanent.

"This is a love-fest," said Shannon Sutherland of the California Nurses Association after representatives from the state health department and the hospital association praised the new regulations in comments before the board.

Roger Richter, who represented more than 600 hospital members of the California Healthcare Association, told the board that his group strongly supported the new regulations even though they "would add considerable costs."

Allan LoFaso, Migden's representative at the meeting, said afterward that the new regulation "will save a lot of lives in the workplace." Speaking for Migden, he said, "she hopes that other states and the federal government will now follow suit and protect workers throughout the country."

The report released yesterday estimates that each needle stick costs employers between \$2,234 and \$3,832, while the median increase in the cost of a safer needle device is 24 cents.

The agency estimated that over time, as the price of the safety devices falls because of their increased production, the savings benefits will increase.

The staff of the standards board estimated that the increased cost of the safer needle technology will cost employers about \$104 million a year. Employers will also have increased record-keeping costs of \$81 million a year for their required needle stick injury logs.

The savings on screening and treatment of needle stick injuries, however, were estimated at \$291 million, for a net savings of \$106 million each year.

The staff estimated that private businesses, such as hospitals, laboratories, nursing care facilities, dentist's offices and funeral services, will save about \$95 million annually, while state and local hospitals and emergency services will save about \$10 million.

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REQUESTS FOR Chris Jennings

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