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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. invitation	re:home address (partial) (1 page)	11/10	P6/b(6)
002. fax	Ed M. Desmond to Chris Jennings re: Meeting Request (partial) (1 page)	11/12/1999	P6/b(6)
003. letter	Sarah Nicholson to Chris Jennings re: phone number (partial) (1 page)	10/06/1999	P6/b(6)
004a. memo	Frank Caterinicchio to Chris Jennings re: phone number (partial) (1 page)	09/30/1998	P6/b(6)
004b. fact sheet	re: fax number (partial) (1 page)	09/30/1999	P6/b(6)
005. letter	Patti Thomas Harper to Chris Jennings re: phone number (partial) (1 page)	10/08/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (April, May, June 1999) [1]

2011-0747-S
rc419

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.

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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]
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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]

JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH LAW

Civil Rights and Human Dignity

September 7, 1999

Chris Jennings
White House Deputy Assistant to the President for
Health Policy Development
Room 216
Old Executive Office Building
17th Street & Pennsylvania Avenue, NW
Washington, DC 20502

Dear Chris:

It is my pleasure to invite you to our upcoming Mainstreaming Mental Health Symposium and Luncheon in Washington, D.C. on September 15, 1999.

The event will honor Senator James Jeffords and former Attorney General, Richard Thornburgh and his wife Virginia. We will also hear from a panel of speakers who will share with us their expertise.

Enclosed you will find your complimentary invitation. Please RSVP to Laurel Stine, Director of Federal Relations, at 202-467-5730, ext. 34. I hope you will be able to join us in honoring our guests at the Capitol Hill Washington Court Hotel from 11-2 p.m.

Sincerely,

Chris

Chris Koyanagi
Policy Director

1101 Fifteenth Street NW, Suite 1212, Washington DC 20005-5002, 202/467-5730, TDD: 202/467-4232, fax: 202/223-0409
World Wide Web: http://www.bazelon.org, e-mail: hn1660@handsnet.org

Yes, *I will participate in the Bazelon Center's event for Mainstreaming Mental Health, as listed below:*

2 complimentary tickets are reserved for you. Please RSVP to confirm your attendance.

○ **BENEFACTOR** . . . . . **$5,000 PER TABLE**
VIP table at Luncheon with tickets for 10 guests, 10 Symposium tickets, public recognition and signage, program listing and acknowledgment on Bazelon Center web page

○ **PATRON** . . . . . **$2,500 PER TABLE**
VIP table at Luncheon with tickets for 10 guests, 5 Symposium tickets, program listing and acknowledgment on Bazelon Center web page

○ **SPONSOR** . . . . . **$1,500 PER TABLE**
VIP table with tickets for 8 guests, 4 Symposium tickets, program listing

○ **CONTRIBUTOR** . . . . . **$250 PER PERSON**
Luncheon and Symposium ticket, recognition in program

○ **FRIEND** . . . . . **$100 PER PERSON**
Luncheon and Symposium ticket

○ Enclosed is my check for $_____.

○ Please charge my contribution of $_____ to my
○ American Express ○ Master Card ○ Visa

_____
NUMBER EXP DATE

_____
SIGNATURE

All contributions are tax-deductible to the extent permitted by federal law.

BAZELON CENTER FOR MENTAL HEALTH LAW, 1101 15TH STREET NW, SUITE 1212, WASHINGTON DC 20005

○ I will attend the Symposium and Luncheon
○ I will attend the Luncheon only
○ I will attend the Symposium only
○ I cannot attend but enclose my contribution of $_____ to support the work of the Bazelon Center.

_____
NAME

_____
ORGANIZATION (IF RELEVANT)

_____
ADDRESS

_____

_____
PHONE(S) DAY EVENING

_____
FAX EMAIL

THE WHITE HOUSE

WASHINGTON

9/8/79

— Simon will call back in January

Will call BK on Tues.

Christopher C. Jennings
Deputy Assistant to the President for Health Policy Development
216 Old Executive Building
17th St. and Pennsylvania Ave., NW
Washington, DC 20502

Too early to comment. If can't wait, suggest they ask someone else.

August 20, 1999

Dear Mr. Jennings,

On behalf of the American Medical Student Association (AMSA) Health Policy Standing Committee, it is my pleasure to extend an invitation to participate in AMSA's 50th Anniversary National Convention, March 15th – March 19th at the Hyatt Regency Crystal City. We expect to present a workshop on prescription drugs and Medicare and hope that you could represent the Clinton Administration. We have two available time slots available on Saturday March 18th, -- the day with peak attendance – and hope that one of them would fit your schedule. The two times are from 11:00-11:50 A.M and 1:00-1:50 P.M. We would like to have you speak for 30-40 minutes, with time for a question-and-answer period at the end.

One of the current political issues of great importance to the country is the coverage of prescription drugs. The administration's Medicare proposal would help to make sure that the nation's elderly have access to life-saving drugs. As long time proponents of universal health care, AMSA strongly supports expanding the Medicare plan to include prescription medication. We feel that this is an important topic in which medical students are very interested in, and that your perspective on the issue would be invaluable to share with future doctors. The Washington Health Policy Fellowship Program attendees that you spoke to June 14th all enjoyed your presentation, and were enthusiastic about attending the convention to see you speak again.

To celebrate our 50th anniversary, and our 50-year commitment to universal health care, this year's convention theme is "Speak Up America, Health Care Is Our Right." We expect an attendance of 1200 – 1500 pre-medical students, medical students, residents, and physicians. We are planning a rally and lobby day at the capitol on our convention theme. We will also have plenary sessions in which we will discuss options for universal health care, and a series of workshops on other health related topics.

If you have any other questions about our organization, or our mission, please call me at (703) 620-6600 ext. 211. Thank you for your attention. I hope that we will be able to hear you speak at our 50th convention this March! To assist with planning we hope to hear a response by September 7th. We apologize for the short notice. I look forward to hearing from you.

Sincerely,

Simon Antaridis
Legislative Affairs Director

Jeff Huebner
Health Policy Standing Committee Chair

50 years
of developing
physician leadership

1950 sama amsa 2000

American
Medical Student
Association/Foundation
1902 Association Drive
Reston, VA 20191-1502
703.620.6600 TEL
703.620.5873 FAX
http://www.amsa.org WEB

NAPAS National Association of Protection & Advocacy Systems

FACSIMILE TRANSMISSION SHEET

Date: 12/3/99

To: Chris Jennings

Firm: Domestic Policy Council

Fax #: 202/456-5557

From: Shelley McKane

Number of Pages to follow: 1

If you didn't receive the complete number of pages please call 202-408-9514

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

Notes: Work Incentives Meeting Request

— Time Sensitive Request

Shelly

900 Second Street, NE, Suite 211 Washington, DC 20002 (202) 408-9514
FAX: (202) 408-9520 TTY: (202) 408-9521
Website: http://www.protectionandadvocacy.com
E-Mail: napas@vipmail.earthlink.net

NAPAS National Association of Protection & Advocacy Systems

2: Ask Jeanne if she can do this and if I must be there bec. she's truly the best person for the job. Thanks JS

December 3, 1999

The White House
Chris Jennings
Deputy Assistant to the President
216 Eisenhower Office Building
1700 Pennsylvania Ave.
Washington, PA 20502

Re: December 6th Meeting Request on Work Incentives Implementation

Dear Chris,

We would like to meet with you to begin the implementation phase of the Work Incentives bill. This is very short notice, but we were hoping that you could meet with us either on Monday, December 6th or the day that President Clinton signs the final bill. Brian McDonald, from the National Council on Independent Living, lives in California and will be returning to California on December 7th but will come to Washington for the signing ceremony. He very much wishes to participate in the meeting and this is the reason for the short timeline.

Others who wish to meet with you are Sallie Rhodes, Director of Public Policy, from NAPAS, and Marcy Roth, Government Affairs from the National Council on Independent Living.

Your advise and guidance are always appreciated and you can reach me at 202/408-9514 Ext. 15.

Sincerely,

Shelley McLane
Senior Public Policy Analyst
NAPAS

900 Second Street, NE, Suite 211 Washington, DC 20002 (202) 408-9514
FAX: (202) 408-9520 TTY: (202) 408-9521
Website: http://www.protectionandadvocacy.com
E-Mail: napas@vipmail.earthlink.net

lesta.com

MEMORANDUM

DATE: **11/03/1999**

TO: **CHRIS JENNINGS**

FROM: **JUDY BUTLER**
PODESTA.COM

RE: **MEETING REQUEST**

Per Tony's suggestion, I am writing to request a meeting with the Chief Executive Officer of Ares-Serono Group, Ernesto Bertarelli, on Monday, November 22.

This would be an introductory meeting during which time Mr. Bertarelli could talk about Serono Laboratories' work. He may want to discuss the orphan drug policy issue.

Mr. Bertarelli is also the Chairman and Co-Founder of the newly established Bertarelli Foundation, which is sponsoring a global conference of 200 top clinicians regarding infertility treatments. Geraldine Ferraro has just joined the Board of the Foundation.

I certainly hope that your schedule will permit this meeting with Mr. Bertarelli. I have attached some background information on him and Ares-Serono. I will call your office regarding this meeting. Thank you.

OK if still possible
today -- or soon
thereafter

CJ

1001 G Street, NW
Suite 900 East
Washington, DC 20001
T 202.393.1010
F 3.5510
w. odesta.com

Ernesto Bertarelli
Chief Executive Officer
The Ares-Serono Group
Geneva, Switzerland

Ernesto Bertarelli is the Chief Executive Officer of The Ares-Serono Group. He is also Chairman of the company's Executive Committee and the Managing Director of the Ares-Serono Board.

Since June 1993 and in his role as CEO, Mr. Bertarelli developed a clear vision for Ares-Serono, organized the management around an Executive Committee to achieve the company's strategic direction and created a new structure to prepare the Group for the 21st century. These initiatives included the establishment of global functions, process improvements in product development and supply chain management, as well as introduction of the new value delivery processes.

He guided the rollout of Serono's new generation of products (including 3 recombinant drugs), expanded the manufacturing infrastructure to ensure adequate production capacity and managed the financial turnaround of the Group. As Ares-Serono's business expanded, so did the value of the company: the share price tripled between 1995 and the end of 1997.

Prior to his appointment as CEO in January 1996, Mr. Bertarelli served 5 years as Deputy Chief Executive Officer and Vice Chairman of the Board of Directors, where he was responsible for Finance and Operations. From 1993, Ernesto Bertarelli worked with his father, Fabio Bertarelli, to complete successfully the management transition at the top of Ares-Serono, thus providing the company with stability and ensuring continued long term growth.

Mr. Bertarelli began his career with Ares-Serono in 1985, during which time he held several positions of increasing responsibility in Sales and Marketing. He served both as a Medical Representative and Product Manager.

Mr. Bertarelli received his Bachelor of Science degree from Babson College in Boston, Massachusetts and his MBA from Harvard Busines School. He is a resident of Switzerland

He is an active sportsman whose interests include sailing, skiing and squash.

The Ares-Serono Group is a leading developer and marketer of pharmaceutical products with headquarters in Geneva, Switzerland.

11/1/99

Serono Laboratories, Inc.
100 Longwater Circle
Norwell, MA 02061

Serono Laboratories is the U.S. affiliate of Ares-Serono International, the world's foremost developer and manufacturer of pharmaceuticals for the treatment of infertility. The company also specializes in the development, production and marketing of pharmaceutical products in the areas of growth, metabolism and immunology.

The U.S. headquarters are located in Norwell Massachusetts, with over 200 employees. A state-of-the-art research facility is located nearby in Randolph and focuses on discovery of new products through modern bioengineering processes.

Worldwide, Ares Serono International produces over 1 billion dollars in sales each year. The leading hormonal products are Fertinex™, Gonal F®, Serostim®, and Saizen®.

The parent company headquarters are in Geneva, Switzerland. Subsidiaries operate in 25 countries around the world and employ over 4000 people.

The company traces its origins to 1906, when Professor Cesare Serono founded the Istituto Farmacologico Serono, S.p.A. in Rome, Italy. The company's longstanding success was based on its expertise in techniques of extraction and purification of naturally occuring substances for medical use.

Policy Issues Related to Apparent FDA Interpretation of the Orphan Drug Act

Background

FDA has promised industry representatives and NORD since last Spring that it would clarify it's policy regarding the type of marketing rights it grants to a "clinically superior" second orphan drug. This has not occurred. It appears that FDA interprets the ODA to grant only co-marketing of the second drug during the exclusivity period of the original orphan drug, but also to grant the second drug *its own* 7 year period of exclusivity. Any subsequent versions of the drug developed during this period apparently must prove superiority to *both* prior drugs. This interpretation of the ODA may be overly broad in favor of the second drug at the expense of subsequent drugs' availability to orphan drug patients. Additionally, it results in the second drug effectively extending or "evergreening" the exclusivity of the original orphan drug beyond the 7 year period intended by Congress.

Policy Questions

1) Why would FDA adopt an orphan drug policy that can needlessly limit the availability of treatment options for orphan patients, especially since this will surely keep prices higher than otherwise?

2) Why does FDA believe that a second orphan should not simply get co-marketing during the period of exclusivity granted the original orphan drug, rather than an independent 7 year period of exclusivity?

3) Even if the second orphan gains its own period of exclusivity, why should not the scope of that exclusivity be confined to the "clinically superior" aspect of the drug that won approval (as is the case in patent law), rather than to the entire drug indication?

4) Why would FDA impose a stricter requirement for marketing of the third such drug (proof of clinical superiority to two drugs) than existed for the second (proof of clinical superiority only against the original drug)?

5) Why should a policy not be adopted that prevents artificial extensions of the original orphan drug's exclusivity beyond the Congressionally-sanctioned 7 year period?

6) Why is FDA not more responsive to answering important policy questions such as these when asked by industry representatives and patient organizations, such as NORD?

Note: FDA's apparent current policy has the same limiting effects on subsequent versions of orphan drugs whether the original orphan was approved under FFD&CA Section 505 (new drug approval provisions; subject to competing NDAs and later generic competition) or under PHSA Section 351 (biologics approval provisions; subject to competing BLAs and, in the future, possibly to later generic-type competition via increased use by FDA of the FFD&CA Section 505 (b)(2) - "paper NDA" - provisions).

Pls add to CJ's book.

FACSIMILE TRANSMISSION COVER PAGE
FROM THE OFFICE OF

Congressman Peter Deutsch
204 Cannon House Office Building
Washington, DC 20515
202.225.7931

spoke to Deutsch's ofc & requested data from AAHP BEFORE agreeing to amtg.

Date:	**October 7, 1999**
To:	**Chris Jennings**
Fax Number:	**456.5557**
# of pages : (incl cover sheet)	**2**
From:	**Elizabeth Assey** **Senior Legislative Assistant**
Re:	

Comments:

Follow up meeting request with Congressman Deutsch and policy research analyst from AAHP. Purpose of this meeting is to discuss conflicting views found in data provided both by the plans and that data from MedPAC and GAO.

Rep. Deutsch can meet Chris at his office (preferably in the morning) at Chris' earliest convenience. Please give me a call at your convenience regarding this request.

PETER DEUTSCH
20TH DISTRICT, FLORIDA

COMMITTEE ON COMMERCE

SUBCOMMITTEE ON HEALTH AND ENVIRONMENT

SUBCOMMITTEE ON ENERGY AND POWER

SUBCOMMITTEE ON COMMERCE TRADE AND HAZARDOUS MATERIALS

Congress of the United States
House of Representatives
Washington, DC 20515–0920

MAILING ADDRESS
204 CANNON HOUSE OFFICE BLDG.
WASHINGTON, DC 20515
(202) 225–7931
(202) 225–8458 (FAX)
E-MAIL: pdeutsch@hr.house.gov

MAIN DISTRICT OFFICE
10100 PINES BLVD.
PEMBROKE PINES, FL 33026
(954) 437–3936
(954) 437–4776 (FAX)

DADE (305) 371–8721
KEY LARGO (305) 852–0159
BIG PINE (305) 872–3916
KEY WEST (305) 294–5815

October 7, 1999

Mr. Chris Jennings
Deputy Asst to the President for Health Policy
Old Executive Office Building
Washington, DC 20500

Dear Mr Jennings:

I would like to take this opportunity to thank you for meeting with me and my staff last week to discuss proposed 'fixes' to the Balanced Budget Agreement of 1997 (BBA). I feel strongly that our discussion provided me with some valuable insight that will be used in the upcoming weeks.

You highlighted various effects of the BBA that the Administration was researching, such as payments to nursing homes for high acuity patients in addition to reductions in outpatient hospital payments. As you may recall, I began the meeting questioning the problems that Medicare+Choice beneficiaries now face with the threat of plan withdrawl in their respective counties.

Since our meeting, I have obtained some of the MedPAC and GAO research you mentioned and recognize the difference in opinion between these matierals and those provided by the plans. In an effort to help understand the reasoning behind these conflicting reports, I would like to request a follow-up meeting with you, along with a representative from the American Association of Health Plans (AAHP) who is directly responsible for research there.

I recognize that you have a very demanding schedule and would be more than happy to meet you at your office, one morning before votes, for this discussion. I look forward to hearing from you soon.

Sincerely,

Peter Deutsch
Member of Congress

PD:ema

POWERS
PYLES
SUTTER &
VERVILLE PC
ATTORNEYS AT LAW

FILE ID:

TWELFTH FLOOR
1875 EYE STREET, NW
WASHINGTON, DC 20006-5409
PHONE: (202) 466-6550 FAX: (202) 785-1756

FAX COVER SHEET

To:	Chris Jennings (Zoe)	**From:**	Mike Hall
Fax:	456-5557	**Pages:**	
Phone:		**Date:**	November 15, 1999
Re:	Meeting		

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

Note:

The purpose of this note is to request a meeting with Chris Jennings on any one of the following dates in November:

Thursday, November 18 (afternoon)
Friday, November 19 (up to 3 pm)
Monday, November 22; Tuesday, ~~November 23; Wednesday~~, November 24;
Monday, November 29; Tuesday, ~~November 20~~. 30th

A large coalition of scientific and professional groups (see attached list) are interested in a meeting with Mr. Jennings to discuss a "Presidential declaration", declaring the first decade of the new millennium as the Decade of Behavior. Representatives of these key organizations (no more than 5 people) would like to meet with Mr. Jennings to give a rational for this declaration.

Please call Mike Hall at 466-6550 to arrange a date for this meeting.
Thank you!

DECADE of BEHAVIOR 2000-2010

Promoting research and application to enhance health, safety, and education within a more prosperous and democratic society.

Executive Director

Richard McCarty, PhD
750 First Street, NE
Washington DC 20002-4242

202-336-5938 (Voice)
202-336-5953 (FAX)
rmccarty@apa.org

Decade of Behavior Endorsers

Scientific and Professional Groups:

Academy of Behavioral Medicine Research

American Anthropological Association

American Association of Spinal Cord Injury Psychologists and Social Workers

American Educational Research Association

American Institute of Stress

American Political Science Association

American Psychological Association

American Psychological Society

American Society of Criminology

American Sociological Association

Association for Behavior Analysis

Association for the Advancement of Behavior Therapy

College on Problems of Drug Dependence

Consortium of Social Science Associations (13 member societies)

Council of Applied Masters Programs in Psychology

Council of Graduate Departments of Psychology (over 350 member departments)

Federation of Behavioral, Psychological and Cognitive Sciences (18 member societies)

Human Factors and Ergonomics Society

International Social Science Council

Linguistics Society of America

National Academy of Neuropsychology

Psychonomic Society

Public Health Institute

Research Society on Alcoholism

Society for Computers in Psychology

2000-2010
DECADE
of BEHAVIOR

Promoting research and application to enhance health, safety, and education within a more prosperous and democratic society.

Society for Judgment and Decision Making
Society for Public Health Education
Society for Research in Child Development
Society for Research on Nicotine and Tobacco
Society of Behavioral Medicine
U.S. National Committee of the International Union of Psychological Science
Virginia Psychological Association

National Advisory Committee

Council of Federal Liaisons:

Dr. Duane Alexander, Director, National Institute of Child Health and Human Development, NIH

Dr. Norman Anderson, Director, Office of Behavioral & Social Sciences Research, NIH

Dr. Bernard Arons, Center for Mental Health Services, SAMHSA

Dr. Steve Band, Chief, Behavioral Science Unit, FBI Academy

Dr. Bennett Bertenthal, Assistant Director of the National Science Foundation for the Social, Behavioral and Economic Sciences Directorate

Centers for Disease Control and Prevention

Dr. Nelba Chavez, Administrator, Substance Abuse and Mental Health Services Administration

Dr. Patricia Grady, Director, National Institute on Nursing Research, NIH

Dr. Phillip Gorden, Director, National Institute of Diabetes and Digestive and Kidney Diseases, NIH

Dr. Enoch Gordis, Director, National Institute on Alcohol Abuse and Alcoholism, NIH

Dr. Richard J. Hodes, Director, National Institute on Aging, NIH

Dr. Steven Hyman, Director, National Institute of Mental Health, NIH

Dr. Claude Lenfant, Director, National Heart, Lung and Blood Institute, NIH

Dr. Alan Leshner, Director, National Institute on Drug Abuse, NIH

Dr. Kathie Olsen, Chief Scientist, NASA

Dr. Barbara Rimer, Director, Division of Cancer Control and Population Sciences, National Cancer Institute, NIH

Jeremy Travis, J.D., Director, National Institute of Justice, U. S. Department of Justi

United States Senate

WASHINGTON, DC 20510

The Honorable William Jefferson Clinton
President
The White House
Washington, DC

Dear Mr. President:

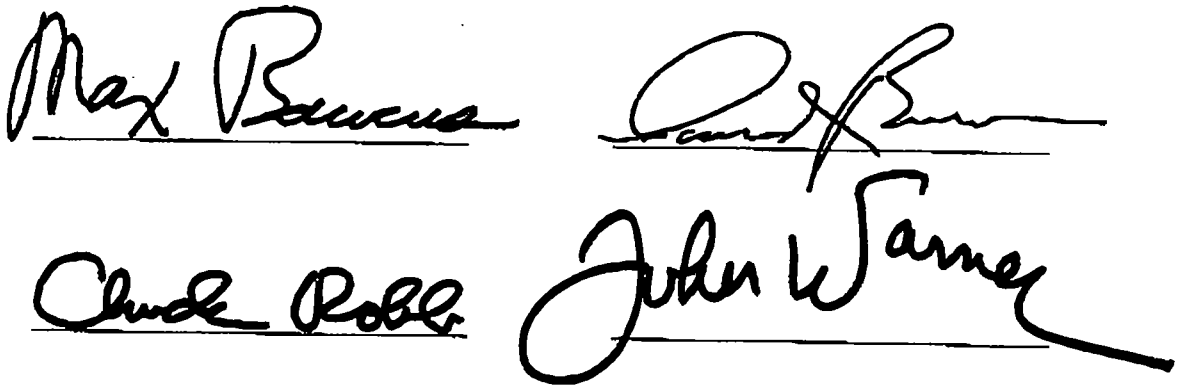
We write to request a Presidential Declaration heralding the first decade of the new millennium as the Decade of Behavior. We believe that such a declaration will complement efforts to address many significant health and societal issues.

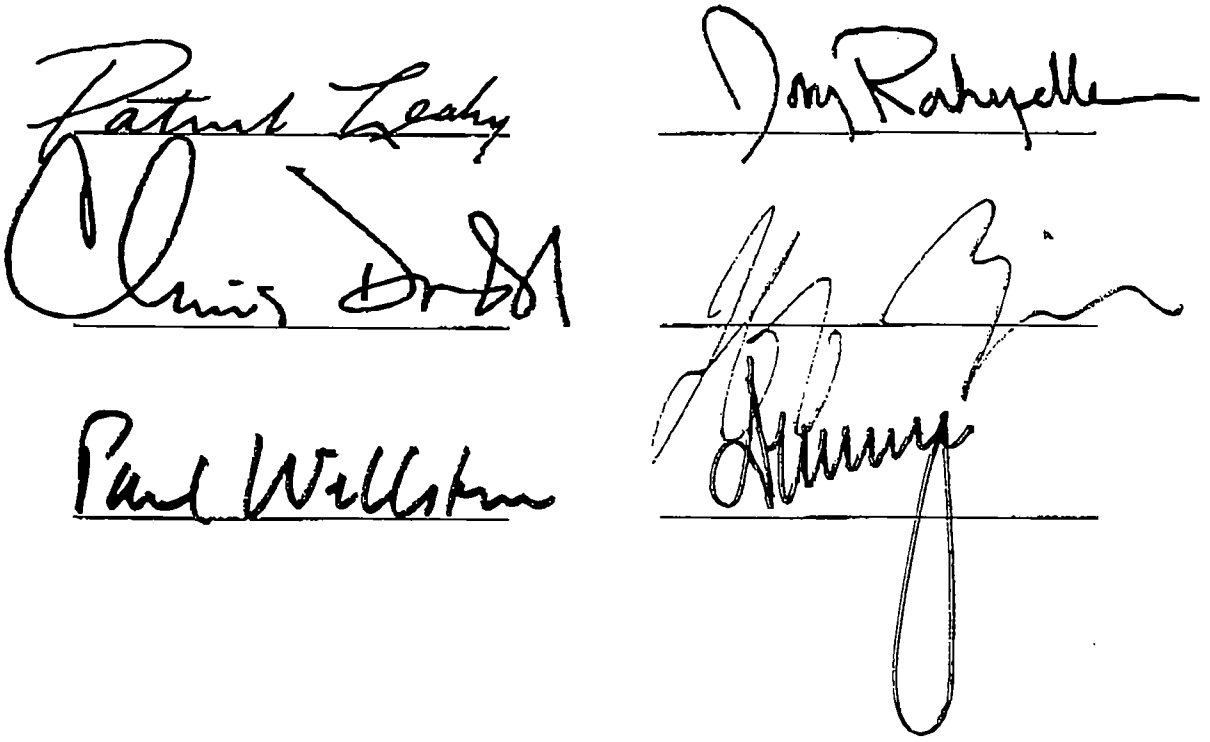
One of the Decade of Behavior initiative's chief goals is to increase public knowledge about the role of individual and group behavior in the complex problems we face as a nation. The initiative would help advance behavioral and social science research and findings to support policy solutions for these issues, which include poor health outcomes, violence, injury, poverty and illiteracy. As the twenty-first century will be a time of tremendous technological innovation, we as a nation must match this progress with appropriate applications of behavioral and social science to build stronger and healthier people and communities.

We have been impressed by the unique and broad collaboration of national professional societies representing public health, psychology, political science, economics and sociology who support the call for a Decade of Behavior.

We will appreciate your favorable response to this proposal.

Sincerely,





Mtg request before Nov. 3

FAX TRANSMISSION

AMERICAN CHIROPRACTIC ASSOCIATION
Office of Government Relations
1701 Clarendon Boulevard
Arlington, Virginia 22209
(703) 276-8800 Ext. 235
Fax: (703) 243-2593

not for Chris sent to HCFA

To: Chris Jennings **Date:** October 22, 1999

Fax #: 202-456-5557 **Pages:** 12, including this cover sheet.

From: Jay Witter IV

Subject: Meeting regarding utilization guideline

COMMENTS:

I respectfully respect a meeting to discuss utilization guidelines for chiropractic services in the Medicare program. HCFA is currently finalizing draft utilization guidelines for its Medicare carriers. A concern has arisen over the number of chiropractic visits a Medicare beneficiary may receive before a claims review is performed by the carrier – i.e. a utilization screen.

Through the input of the ACA, Carrier Medical Directors and other interested parties, HCFA staff proposed that a utilization screen of 18 visits per year most accurately reflected both a clinically and financially sound number for reviewing chiropractic claims. An 11th hour recommendation by the Office of Inspector General's Office (OIG) would lower the utilization screen to 12. This 12-visit recommendation is not based on medical necessity nor is it economically sound. I have attached information regarding the issue.

It has been reported that HCFA may make a final decision regarding this issue as soon as next Wednesday. Please let me know as soon as possible if you are available to meet to discuss this issue. Nov. 3

Thank you for your attention to this important issue.

American Chiropractic Association

DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF AMERICA, NATURALLY.

October 21, 1999

Jeff Kang, M.D.
Director
Office of Clinical Standards and Quality
Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21207

Re: Utilization Guidelines for Chiropractic Services

Dear Dr. Kang:

Permit me to express the appreciation of the American Chiropractic Association (ACA) for your time spent meeting with us on October 19, 1999. We especially appreciate your time in listening to our concerns relative to the issue of specific treatment screening parameters.

It seems clear that you were unaware of much of the information that the ACA provided and we hope it will substantiate our position. Permit me to restate the ACA's opposition to any specific screening parameter for chiropractic services, but if such a procedure is to be adopted by HCFA, we believe it should be an effective means to screen for medical necessity based on clinical criteria and not serve to deny appropriate beneficiary access to covered care. The ACA believes that the 12-visit utilization screening number proposed by the Office of Inspector General (OIG) fails on both of these bases. The 12-visit screen has no clinical foundation, but rather, is a relic of the historical practice of 29 carriers. The fact that many of the carriers are moving away from the 12-visit screen is, in our view, evidence that the 12-visit screen is outmoded and it is time to get things right.

On the other hand, the "18+6" screening parameter proposed by the ACA:

(a) was derived from a Lewin consensus based panel meeting utilizing procedures generally recognized by HCFA (this panel had the advantage of input from both Dr. Bagley and Ms. Honemann and were quite cognizant of both HCFA's concern for financial constraints as well as the concern for appropriate beneficiary access to care);

(b) reflects the consensus of the chiropractic profession through its submission by the ACA, and also through the participation of various chiropractic state associations;

ACA 1701 Clarendon Boulevard, Arlington, VA 22209
(703) 276-8800 Fax: (703) 243-2593 www.amerchiro.org Email:memberinfo@amerchiro.org

(c) was reviewed and modified by the Medicare Carrier Medical Directors, who, according to Dr. Bagley, viewed an 18-visit review screen as "the best balance between the cost of the review process itself and effectively identifying services which are not reasonable and necessary."

As you are aware, the OIG's Office has expressed the concern that an 18-visit screen may create a perceived "entitlement" of that number of treatments. However, the analysis of the Lewin Group in its letter of October 18, 1999 (copy attached), clearly indicates that no such "entitlement" mentality currently exists in those states that have an existing utilization screen in excess of 12 visits. Indeed, the numbers reflect that utilization in those states are well within the range of and close to the national average number of visits per patient.

Further, the recommendations made through the ACA Lewin Consensus Process specifically outline criteria in addition to treatment parameters, designed specifically to identify and test for medical necessity. This addresses the OIG's second concern that an 18-visit review screen would result in an increase of unnecessary services. Indeed, the process followed by the consensus panel process was designed to identify appropriate means to document the existence of a subluxation from a medical necessity standpoint through the use of the "P.A.R.T." process, along with identification of specific diagnostic codes, both primary and secondary. Again, all of this was done with the valuable input from Dr. Bagley and Ms. Honemann with the panel voting at all times mindful of HCFA's dual concerns for fiscal restraints and appropriate access to care.

We are also mindful of the OIG concern that maintenance care be properly controlled. The consensus panel specifically addressed the issue in the "Medicare Chiropractic Utilization Review Protocol" (copy attached) contained in its final recommendation. This protocol contains a listing of four specific review criteria to guard against payment for maintenance care. Specifically, these criteria provide that additional care may be authorized for "patients slow to recover, complications, exacerbations or new conditions." Services outside these criteria may be considered maintenance and therefore, not covered. This is the first time such criteria has been proposed or been reflected in any review criteria. While this proposal was not included in HCFA's final draft, we believe it is a more appropriate and effective method to identify and control maintenance care than the 12-visit screen.

The history of the 12-visit screen is that it has become a de facto cap on chiropractic services. This was acknowledged during our October 19 meeting by HCFA representatives, and substantiated by the statistics cited by the OIG's Office. Specifically, it was stated by Dr. Bagley and other HCFA representatives that the 12-visit screen, in many instances, becomes a hard cap or limit on services. In addition, the OIG stated that in those states that have 12-visit screens, fully 87 percent of services fall below the "12-visit" screen, and only 12% of services are paid above that limit. We believe this is prima facie evidence that the 12-visit screen is in fact a 12-visit cap in 87% of all instances and that many of those beneficiaries are being denied access to needed chiropractic care.

From the standpoint of effective administration of the review process itself, we believe that the Carrier Medical Directors' position on the 18-visit screen reflects an attempt to strike a balance

between the need for appropriate reviews and the required resources to review claims that will subsequently be approved. Thus, a streamlined and cost effective review process is one that refines its reviews to the point where most reviews are actionable i.e., either reduced or denied. Referring a large number of cases into a manual or electronic medical review process is labor intensive and expensive and adds to administrative delays in processing claims. Indeed, the OIG's own numbers, as discussed at our recent meeting, reflect a 5% approval with an 18-visit screen, is more in line with an efficient review process where the actionable/approval ratios sits around 96%/4% in private industry. HCFA and the OIG have announced that they are seeking to model private industry to develop a more effective medical review process. We would submit that the 18-vist screen is just such a process and, from an administrative standpoint, is most cost effective in meeting the needs of the program.

In conclusion, the ACA would like to reiterate that the 12-visit screen has become an arbitrary cap of services that does not take into account the needs of the patient. On the other hand, the 18-visit screening parameter used in connection with the extensive recommendations made in the ACA Lewin Consensus Process is designed to identify and describe reasonable and necessary chiropractic care, as well as to identify a screening parameter which in the view of the carrier medical directors is high enough to ensure a reasonable workload of cases and at the same time, is able to control utilization of uncovered services.

We would be most happy to respond to any additional question or concern. I would appreciate knowing the next step of the process as well as your reaction to our comments.

Sincerely,

Jerilynn S. Kaibel, DC

Jerilynn S. Kaibel, D.C.

THE LEWIN GROUP

The Lewin Group
3130 Fairview Park Drive
Suite 800
Falls Church, VA 22042
703 269 5500/Fax 703 269.5501

October 18, 1999

Dr. Jerilynn Kaibel and Dr. Christine Goertz
American Chiropractic Association
1701 Clarendon Boulevard
Arlington, Virginia 22209

Dear Drs. Kaibel and Goertz:

As you requested we analyzed Medicare Part B physician claims for calendar year 1997 using the Medicare Standard Analytic File five-percent sample in order to examine the average number of Chiropractic visits for Medicare beneficiaries who use these services. We limited our analysis to services provided by Chiropractic specialists and for CPT-4 codes A2000, 98940, 98941, and 98942. The attached tables present the results of our analysis. These results have been weighted to the entire Medicare Fee-For-Service (FFS) population in 1997 and exclude beneficiaries outside of the fifty states and the District of Columbia.

In 1997 about 1.3 million Medicare FFS beneficiaries used Chiropractic services or 4.43 percent of all Medicare FFS beneficiaries (**Table 1**). A total of 14 4 million chiropractic services were allowed by Medicare for an average of 10.6 services per user. Total Medicare allowed charges for Chiropractic services were $367 million in 1997 for an average allowed charge per service of $25 42 **Table 1** also presents these data for each state. The average number of Medicare allowed Chiropractic services per user ranged from 7.3 in New Mexico to 14.1 in Arkansas

Table 2 shows the distribution of the average Chiropractic visits per user across the 50 states and the District of Columbia. Separate symbols are used on the graph to identify certain states that apply a 12-visit limit, and certain states that apply a limit of more than 12 visits.

Tables 3 through 6, display information similar to **Table 1** for each of the four individual CPT-4 codes.

If you have any questions regarding this analysis please call me at (703)269-5546 or Allen Dobson at (703)269-5590.

Sincerely,

Randall Haught
Senior Manager

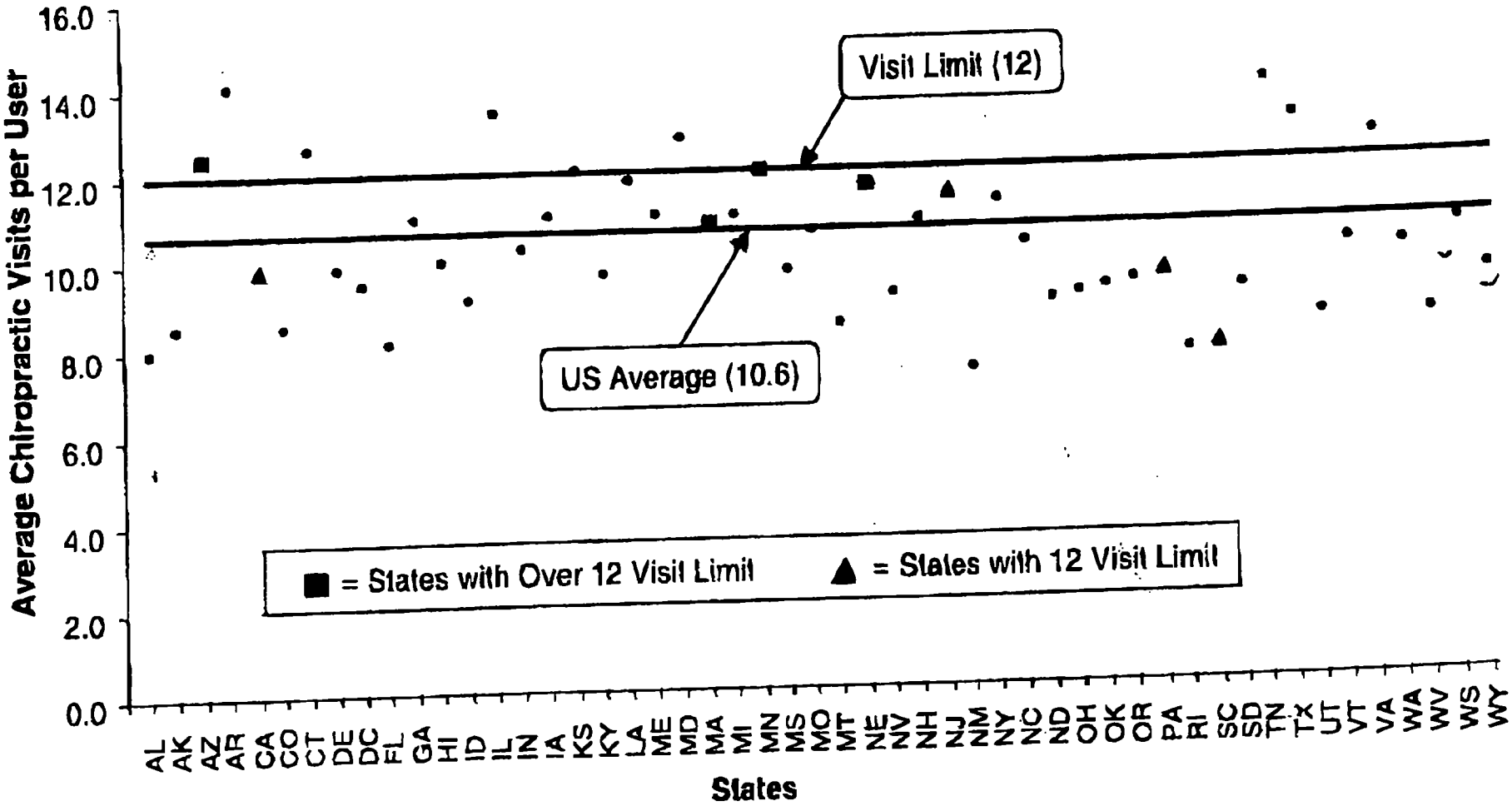
Table 1: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for Chiropractic Specialists (including CPT-4 codes A2000, 98940, 98941, and 98942)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficianes Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	1,359,231	4 43%	14,436,075	10 6	$366,978.0	$25 42
Alabama	603,004	15,971	2 65%	126,690	7 9	$2,816.5	$22 23
Alaska	33,608	2,232	6 64%	18,984	8.5	$543 7	$28.64
Arizona	383,169	25,619	6.69%	320,107	12.5	$8,530 9	$26.65
Arkansas	405,824	15,871	3.91%	223,337	14.1	$5,400 3	$24.18
California	2,118,186	96,984	4.58%	980,988	9 9	$25,869.8	$26 92
Colorado	293,727	13,450	4 58%	114,289	8.5	$2,851.8	$24 95
Connecticut	444,073	13,055	2 94%	164,946	12 6	$4,606.9	$27 93
Delaware	92,989	3,890	4 18%	38,248	9 8	$1,049.1	$27 43
Dist. Of Columbia	59,968	258	0.43%	2,418	9.5	$63 0	$26 04
Florida	2,005,770	91,013	4.54%	736,597	8.1	$19,107 3	$25.94
Georgia	815,322	30,056	3.69%	329,498	11.0	$8,329 7	$25.28
Hawaii	95,220	1,667	1 75%	16,609	10.0	$490.0	$29.50
Idaho	142,998	10,844	7.58%	98,503	9 1	$2,339.5	$23.75
Illinois	1,402,746	67,954	4 84%	909,289	13.4	$22,088.2	$24 29
Indiana	774,407	28,977	3.74%	297,240	10.3	$6,842 5	$23.02
Iowa	444,650	57,546	12.94%	634,383	11 0	$14,958 7	$23.58
Kansas	354,856	26,675	7 52%	321,611	12 1	$8,181.8	$25.44
Kentucky	556,572	14,376	2.58%	138,653	9.6	$3,006.0	$21.68
Louisiana	498,585	9,831	1.97%	116,003	11.8	$2,766.7	$23 85
Maine	198,664	8,496	4.28%	93,570	11.0	$2,320 5	$24 80
Maryland	517,545	8,711	1 68%	111,060	12.8	$2,864 2	$25.79
Massachusetts	710,579	21,177	2.98%	229,707	10 8	$6,418.0	$27.94
Michigan	1,287,844	78,833	6.12%	864,327	11.0	$23,820 9	$27 56
Minnesota	503,493	37,409	7 43%	450,695	12 0	$11,028 5	$24.47
Mississippi	390,717	6,170	1.58%	59,565	9.7	$1,308.7	$21 97
Missouri	730,261	30,007	4 11%	318,395	10.6	$7,619 2	$23.93
Montana	127,395	7,977	6 26%	67,058	8.4	$1,533 0	$22.86
Nebraska	231,589	16,868	7 28%	196,712	11.7	$4,782.1	$24.31
Nevada	137,430	6,805	4.95%	61,737	9 1	$1,649.6	$26 72
New Hampshire	146,058	5,483	3.75%	59,260	10.8	$1,584.6	$26 74
New Jersey	997,752	48,493	4.86%	557,883	11.5	$16,502.2	$29 58
New Mexico	168,038	5,946	3.54%	43,276	7 3	$1,033 0	$23.87
New York	2,123,334	84,189	3 98%	944,725	11 2	$27,028.6	$28.61
North Carolina	1,024,322	31,409	3 07%	321,356	10 2	$7,522.9	$23.41
North Dakota	98,463	10,985	11.16%	97,596	8.9	$2,238 9	$22 94
Ohio	1,458,705	55,215	3 79%	497,855	9.0	$12,048 1	$24.20
Oklahoma	444,592	15,513	3 49%	142,086	9.2	$3,228.2	$22.72
Oregon	279,366	21,053	7.54%	195,854	9.3	$4,749 5	$24 25
Pennsylvania	1,587,361	89,477	5.64%	856,673	9.6	$22,145.0	$25.85
Rhode Island	134,042	3,212	2.40%	24,502	7.6	$854 9	$26.73
South Carolina	511,251	13,3[illegible]	2 60%	104,685	7 9	$2,351.2	$22.46
South Dakota	112,955	10,727	9.50%	97,543	8.1	$2,276 7	$23.34
Tennessee	752,458	24,238	3.22%	334,108	13.8	$8,015.2	$23.99
Texas	1,852,491	62,282	3.36%	807,323	13 0	$19,884 4	$24.63
Utah	159,068	8,244	5 18%	68,323	8 4	$1,752.5	$25.28
Vermont	80,409	4,010	4 99%	40,459	10 1	$1,031.7	$25.50
Virginia	779,853	17,007	2.18%	213,240	12 5	$5,271.3	$24.72
Washington	509,808	41,942	8.23%	418,857	10.0	$10,630.6	$25.38
West Virginia	296,945	5,812	1.96%	48,519	8.3	$1,111.1	$22 90
Wisconsin	714,766	48,809	6.83%	510,227	10.5	$12,021 0	$23.56
Wyoming	58,392	3,170	5 43%	29,514	9.3	$676 2	$22 81

Source: The Lewin Group analysis of the Medicare Standard Analytic File (5% sample)

Table 2: Average Chiropractic Visits per User in 1997 by State

The Lewin Group



Source: The Lewin Group analysis of the Medicare Standard Analytic File (5% sample).

Table 3: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for CPT-4 code A2000 (Chiropractic Manipulation of Spine)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	159,841	0 52%	570,089	3 6	$12,938.2	$22.70
Alabama	603,004	721	0 12%	2,124	2 9	$44.2	$21.11
Alaska	33,608	79	0.24%	158	2.0	$3 5	$22.17
Arizona	383,169	2,444	0.64%	8,573	3.5	$199 8	$23.32
Arkansas	405,624	2,350	0 58%	9,804	4 2	$210.5	$21.47
California	2,118,186	13,214	0.62%	50,345	3.8	$1,215.8	$24 15
Colorado	293,727	1,634	0.56%	4,324	2.6	$97 8	$22 62
Connecticut	444,073	1,096	0.25%	5,461	5.0	$142 8	$26.15
Delaware	92,989	314	0 34%	963	3.1	$23 3	$24.20
Dist Of Columbia	59,988	79	0 13%	236	3 0	$5 8	$24.71
Florida	2,005,770	5,755	0.29%	20,980	3.6	$484 8	$23.11
Georgia	815,322	3,280	0 40%	10,774	3.3	$244 0	$22.65
Hawaii	95,220	99	0 10%	139	1 4	$3 6	$25.83
Idaho	142,898	1,086	0.76%	3,318	3 1	$70.2	$21.15
Illinois	1,402,746	7,519	0.54%	27,904	3 7	$628.9	$22 54
Indiana	774,407	3,168	0.41%	9,182	2.9	$194 8	$21 22
Iowa	444,650	17,040	3.83%	57,127	3.4	$1,225.9	$21.46
Kansas	354,858	2,774	0.78%	11,297	4.1	$248.2	$21 97
Kentucky	556,572	501	0 09%	1,722	3.4	$37 4	$21.72
Louisiana	498,585	1,612	0.32%	6,648	4 1	$140 9	$21.20
Maine	198,654	1,197	0.60%	3,929	3.3	$90.6	$23.07
Maryland	517,545	1,259	0 24%	6,173	4.9	$144.9	$23.48
Massachusetts	710,578	3,579	0 50%	12,178	3.4	$296.1	$24 31
Michigan	1,287,844	12,191	0 95%	38,322	3.1	$920 1	$24 01
Minnesota	503,483	3,811	0.76%	14,763	3.9	$334 4	$22.65
Mississippi	390,717	599	0.15%	1,857	3 1	$38.6	$20.81
Missouri	730,261	2,265	0.31%	9,862	4.3	$202.0	$20.91
Montana	127,395	1,329	1 04%	4,351	3.3	$91 3	$20 98
Nebraska	231,589	1,098	0.47%	5,250	4 8	$115.9	$22.07
Nevada	137,430	510	0.37%	1,238	2.4	$29.7	$24.04
New Hampshire	146,058	484	0 33%	867	1.8	$20 0	$23 07
New Jersey	997,752	4,728	0.47%	19,370	4.1	$488 9	$25.24
New Mexico	168,038	319	0.19%	658	2.1	$14.7	$22.40
New York	2,123,334	5,756	0 27%	23,644	4.1	$595 8	$25 20
North Carolina	1,024,322	5,603	0 55%	22,954	4.1	$487.5	$21 24
North Dakota	88,463	1,690	1 72%	4,044	2.4	$87 9	$21 74
Ohio	1,458,705	6,640	0 46%	20,678	3 1	$469 8	$22.72
Oklahoma	444,592	1,102	0.25%	4,409	4 0	$94.7	$21.48
Oregon	279,386	2,082	0.75%	6,255	3.0	$140.6	$22.48
Pennsylvania	1,587,381	8,537	0 54%	26,653	3.1	$595.7	$22 35
Rhode Island	134,042	162	0.12%	424	2.6	$9 3	$22 03
South Carolina	511,251	961	0.19%	3,084	3 2	$65 2	$21.15
South Dakota	112,955	643	0 57%	2,390	3.7	$49 5	$20 71
Tennessee	752,456	3,057	0.41%	12,049	3 9	$254 1	$21.09
Texas	1,852,491	9,000	0.49%	39,100	4 3	$859.8	$21.99
Utah	159,068	674	0 42%	3,668	5.4	$78.5	$21 42
Vermont	80,409	834	1.04%	2,283	2 7	$49.2	$21.55
Virginia	779,853	2,250	0.29%	10,236	4 5	$230.7	$22.54
Washington	509,908	6,228	1 22%	17,377	2.8	$406.8	$23.41
West Virginia	296,945	301	0.10%	822	2.7	$17.9	$21.82
Wisconsin	714,766	5,917	0 83%	19,564	3 3	$416 3	$21.28
Wyoming	58,392	261	0 45%	762	2.9	$16 6	$21.76

Source The Lewin Group Analysis of the 1997 Medicare Standard Analytic File (5% sample).

Table 4: Medicare Beneficiaries, Users, Allowed Services and Allowed Charges in 1997 for CPT-4 code 98940 (Chiropractic Manipulation)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	912,763	2.98%	8,080,258	8.9	$184,081.3	$22.78
Alabama	603,004	12,946	2.15%	96,731	7.5	$2,029.4	$20.98
Alaska	33,608	1,324	3.94%	10,786	8.1	$277.9	$25.77
Arizona	383,169	15,504	4.05%	147,665	9.5	$3,433.2	$23.25
Arkansas	405,624	9,744	2.40%	111,096	11.4	$2,356.3	$21.21
California	2,118,186	68,861	3.25%	598,226	8.7	$14,734.3	$24.63
Colorado	293,727	7,931	2.70%	57,528	7.3	$1,292.7	$22.47
Connecticut	444,073	9,646	2.17%	113,485	11.8	$2,955.8	$26.05
Delaware	92,989	1,886	2.03%	16,580	8.8	$403.7	$24.35
Dist. Of Columbia	59,968	177	0.30%	1,632	9.2	$40.3	$24.72
Florida	2,005,770	57,365	2.86%	409,869	7.1	$9,537.6	$23.27
Georgia	815,322	19,818	2.44%	172,740	8.7	$3,891.8	$22.53
Hawaii	95,220	1,131	1.19%	6,985	6.2	$177.8	$25.45
Idaho	142,998	6,637	4.64%	51,790	7.8	$1,104.2	$21.32
Illinois	1,402,745	48,846	3.48%	553,045	11.3	$12,266.5	$22.18
Indiana	774,407	21,814	2.82%	191,138	8.8	$4,052.1	$21.20
Iowa	444,650	40,685	9.15%	324,983	8.0	$6,964.4	$21.43
Kansas	354,856	14,614	4.12%	120,431	8.2	$2,647.1	$21.98
Kentucky	556,572	12,714	2.28%	120,693	9.5	$2,535.8	$21.01
Louisiana	498,585	7,172	1.44%	72,286	10.1	$1,584.5	$21.92
Maine	198,654	6,581	3.31%	62,201	9.5	$1,434.3	$23.06
Maryland	517,545	5,974	1.15%	70,424	11.8	$1,683.8	$23.91
Massachusetts	710,579	11,838	1.67%	100,926	8.5	$2,513.0	$24.90
Michigan	1,287,844	43,564	3.38%	358,633	8.2	$8,482.4	$23.68
Minnesota	503,493	30,288	6.02%	304,589	10.1	$6,944.6	$22.80
Mississippi	390,717	5,531	1.42%	51,038	9.2	$1,084.1	$21.24
Missouri	730,261	18,261	2.50%	161,984	8.9	$3,427.6	$21.16
Montana	127,385	6,104	4.79%	43,752	7.2	$933.7	$21.34
Nebraska	231,589	10,201	4.40%	85,281	8.4	$1,827.6	$21.43
Nevada	137,430	4,373	3.18%	37,144	8.5	$892.9	$24.04
New Hampshire	146,058	3,124	2.14%	25,256	8.1	$582.9	$23.08
New Jersey	997,752	22,290	2.23%	214,177	9.6	$5,431.5	$25.36
New Mexico	168,038	4,150	2.47%	27,294	6.6	$585.5	$21.45
New York	2,123,334	45,544	2.14%	433,817	9.5	$10,866.4	$25.06
North Carolina	1,024,322	20,524	2.00%	173,731	8.5	$3,716.1	$21.39
North Dakota	98,463	9,436	9.58%	70,537	7.5	$1,523.6	$21.60
Ohio	1,458,705	43,789	3.00%	355,420	8.1	$8,078.7	$22.73
Oklahoma	444,592	12,687	2.85%	107,912	8.5	$2,323.3	$21.53
Oregon	279,386	16,535	5.92%	127,425	7.7	$2,850.5	$22.37
Pennsylvania	1,587,361	53,125	3.35%	427,184	8.0	$9,615.9	$22.51
Rhode Island	134,042	2,101	1.57%	14,988	7.1	$363.2	$24.23
South Carolina	511,251	11,193	2.19%	82,378	7.4	$1,746.4	$21.20
South Dakota	112,955	7,533	6.67%	55,059	7.3	$1,162.3	$21.11
Tennessee	752,456	16,685	2.22%	184,008	11.6	$4,213.8	$21.72
Texas	1,852,491	41,753	2.25%	444,568	10.6	$9,784.9	$22.01
Utah	159,068	4,400	2.77%	32,363	7.4	$715.2	$22.10
Vermont	80,409	2,065	2.57%	14,433	7.0	$322.6	$22.35
Virginia	779,853	11,391	1.46%	120,859	10.6	$2,710.9	$22.43
Washington	509,908	33,113	6.49%	262,642	7.9	$6,109.0	$23.26
West Virginia	296,945	4,770	1.61%	34,811	7.3	$739.4	$21.24
Wisconsin	714,766	42,569	5.96%	387,109	9.1	$8,648.0	$22.34
Wyoming	58,392	2,368	4.05%	20,847	8.8	$451.7	$21.67

Source: The Lewin Group Analysis of the 1997 Medicare Standard Analytic File (5% sample)

Table 5: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for CPT-4 code 98941 (Chiropractic Manipulation)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	551,673	1 80%	5,183,337	9 4	$147,953.1	$28.65
Alabama	603,004	3,767	0 62%	24,669	8 5	$653.7	$26.50
Alaska	33,608	1,027	3 06%	6,736	6 6	$219.0	$32 51
Arizona	383,169	12,900	3.37%	147,725	11.5	$4,318.0	$29 23
Arkansas	406,624	7,051	1.74%	89,379	12.7	$2,396 3	$26 81
California	2,118,186	30,813	1 45%	282,729	8.5	$8,047 4	$30.63
Colorado	293,727	6,137	2 09%	49,557	8 1	$1,364.3	$27.53
Connecticut	444,073	4,524	1 02%	41,894	9 3	$1,344.4	$32.09
Delaware	92,989	2,023	2.18%	17,328	8.6	$505.2	$29 16
Dist. Of Columbia	59,968	79	0.13%	551	7.0	$16 8	$30 55
Florida	2,005,770	38,483	1.92%	267,145	6.9	$7,728.5	$28 93
Georgia	815,322	13,775	1 69%	128,949	9.4	$3,605 4	$27.96
Hawaii	95,220	913	0 98%	7,937	8.7	$248 8	$31.35
Idaho	142,998	5,136	3 59%	39,010	7 6	$1,028 7	$26.37
Illinois	1,402,748	25,091	1 79%	308,196	12 3	$8,490 8	$27.55
Indiana	774,407	9,484	1.22%	83,968	8.9	$2,192.3	$26 11
Iowa	444,650	26,877	6.04%	242,585	9.0	$6,472 4	$26 68
Kansas	354,858	15,418	4.34%	173,480	11.3	$4,725 6	$27.24
Kentucky	556,572	1,982	0.35%	14,036	7.2	$373.5	$26 61
Louisiana	498,585	3,264	0 65%	34,954	10 7	$969 3	$27 73
Maine	188,654	3,071	1.55%	26,025	8 5	$751.1	$28.86
Maryland	517,545	3,177	0.61%	30,467	9 6	$888.7	$29.17
Massachusetts	710,579	10,738	1.51%	105,565	9.8	$3,219.7	$30.50
Michigan	1,287,844	40,672	3 16%	413,224	10.2	$12,413 2	$30 04
Minnesota	503,493	12,577	2 50%	125,988	10.0	$3,562 9	$28.28
Mississippi	390,717	819	0 21%	6,550	8.0	$181 8	$27.76
Missouri	730,261	13,611	1.86%	132,438	9.7	$3,530 8	$26.66
Montana	127,395	2,256	1.77%	16,860	7 5	$441.9	$26.21
Nebraska	231,589	9,043	3 90%	101,989	11 3	$2,701.7	$26.49
Nevada	137,430	2,922	2 13%	18,356	6.3	$545 2	$29.70
New Hampshire	146,058	2,943	2.01%	28,924	9.8	$838.5	$28 99
New Jersey	997,752	26,323	2 64%	261,340	9.9	$8,224.4	$31.47
New Mexico	168,038	2,075	1.23%	14,186	6 8	$400.0	$28.20
New York	2,123,334	41,312	1.95%	431,271	10.4	$13,403.9	$31.08
North Carolina	1,024,322	13,114	1.28%	115,051	8.8	$3,016.6	$26.22
North Dakota	98,483	3,440	3 49%	22,513	6.5	$610.3	$27 11
Ohio	1,458,705	16,431	1 13%	109,134	6.6	$3,059 0	$28.03
Oklahoma	444,592	3,387	0 76%	27,760	8 2	$745.9	$26 87
Oregon	279,368	7,123	2 55%	57,892	8.1	$1,626 2	$28 09
Pennsylvania	1,587,361	42,123	2.65%	342,517	8 1	$9,778.9	$28.55
Rhode Island	134,042	1,353	1.01%	8,322	6 1	$256.3	$30 80
South Carolina	511,251	2,563	0.50%	17,801	6 9	$491.3	$27.60
South Dakota	112,955	5,042	4.46%	38,326	7 6	$1,009.9	$26.35
Tennessee	752,456	9,715	1.29%	117,632	12.1	$3,193.7	$27 15
Texas	1,852,491	23,386	1 26%	280,864	12.0	$7,791 1	$27 73
Utah	159,068	4,003	2 52%	28,795	7.2	$805 1	$27.96
Vermont	80,409	2,581	3.18%	22,394	8 7	$614.5	$27.44
Virginia	779,853	6,811	0.87%	70,337	10.3	$1,968.7	$27 99
Washington	509,908	16,176	3.17%	131,931	8.2	$3,865.6	$29 30
West Virginia	296,845	1,583	0.53%	12,225	7.7	$330.4	$27.03
Wisconsin	714,768	11,573	1.62%	98,785	8 5	$2,791.7	$28.26
Wyoming	58,392	1,043	1 79%	6,942	6.7	$182 5	$26.28

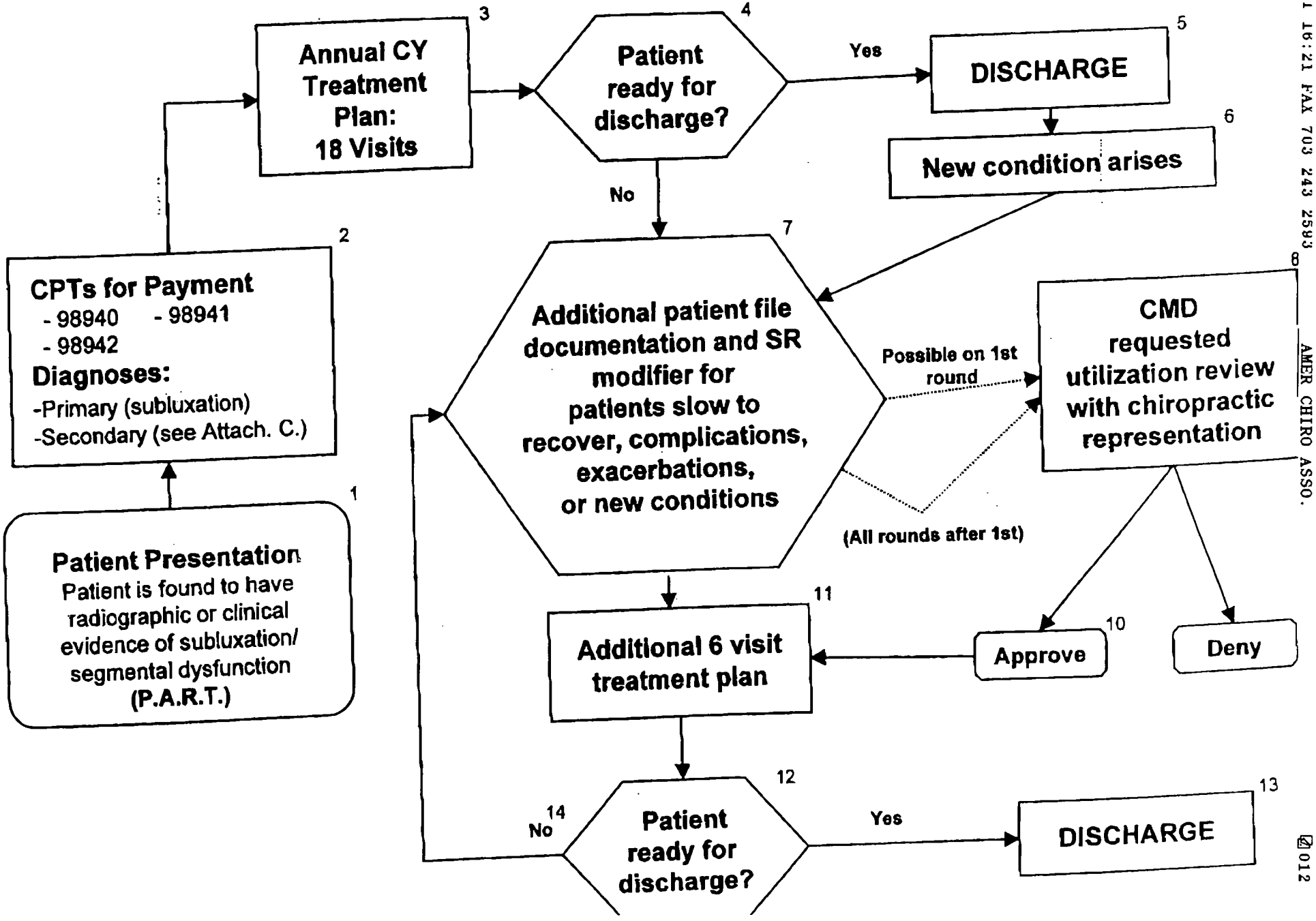
Source: The Lewin Group Analysis of the Medicare Standard Analytic File (5% sample)

Table 6: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for CPT-4 code 98942 (Chiropractic Manipulation)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	76,178	0 25%	622,394	8.2	$22,003 9	$35.35
Alabama	603,004	561	0 09%	3,166	5.6	$88 0	$27.80
Alaska	33,608	237	0.71%	1,304	5.5	$43.3	$33 22
Arizona	383,169	1,582	0.41%	16,145	10 2	$578.3	$35 82
Arkansas	405,624	1,085	0.27%	13,058	12 0	$437.6	$33 51
California	2,118,186	5,341	0 25%	49,688	9.3	$1,869 3	$37.62
Colorado	293,727	578	0 20%	2,889	5.0	$97 0	$33.56
Connecticut	444,073	359	0.08%	4,126	11 5	$164 1	$39.78
Delaware	92,989	354	0.38%	3,379	9.6	$118 8	$34 60
Dist. Of Columbia	59,968	-	0 00%	-	n/a	n/a	n/a
Florida	2,005,770	6,614	0.33%	38,603	5.8	$1,354.6	$35 09
Georgia	815,322	2,167	0.27%	17,035	7 9	$589.9	$34 63
Hawaii	95,220	79	0.08%	1,548	19.5	$59 9	$38.68
Idaho	142,998	790	0 55%	4,385	5.6	$136.4	$31.11
Illinois	1,402,746	2,234	0.16%	20,125	9 0	$697.3	$34 65
Indiana	774,407	1,231	0 16%	12,955	10.5	$402 8	$31.09
Iowa	444,650	1,457	0.33%	9,677	6.6	$294.7	$30.45
Kansas	354,858	1,709	0.48%	16,403	9 6	$562.6	$34.30
Kentucky	556,572	340	0.06%	2,202	6.5	$60.2	$27 33
Louisiana	498,585	363	0 07%	2,115	5.8	$71 7	$33.90
Maine	198,654	259	0 13%	1,416	5.5	$44 8	$31.44
Maryland	517,545	579	0 11%	3,998	6.9	$146 2	$36.58
Massachusetts	710,579	1,520	0.21%	11,038	7.3	$390 1	$35 34
Michigan	1,287,844	5,985	0.46%	54,148	9 1	$1,894.3	$36 83
Minnesota	503,493	943	0.19%	5,356	5 7	$186.1	$34 75
Mississippi	390,717	60	0 02%	120	2.0	$4 1	$33.84
Missouri	730,281	1,744	0.24%	14,312	8 2	$456.6	$31 90
Montana	127,395	282	0 22%	2,095	7 4	$66.2	$31.62
Nebraska	231,589	619	0.27%	4,192	6.8	$136.7	$32 60
Nevada	137,430	412	0.30%	5,001	12 1	$181.7	$36.33
New Hampshire	148,058	302	0 21%	4,213	13.9	$143 3	$34.01
New Jersey	997,752	7,549	0 76%	62,896	8.3	$2,355 4	$37.39
New Mexico	168,038	160	0.09%	1,137	7 1	$32.9	$28 97
New York	2,123,334	6,237	0.29%	58,193	9.0	$2,169.0	$38 60
North Carolina	1,024,322	1,526	0.15%	9,618	6 3	$300.2	$31.21
North Dakota	98,463	181	0.18%	503	2.8	$17.1	$34 07
Ohio	1,458,705	1,855	0.11%	12,622	7.6	$444 7	$35.23
Oklahoma	444,592	441	0 10%	2,004	4.5	$64 7	$32.29
Oregon	279,366	829	0.30%	4,282	5.2	$133 3	$31.13
Pennsylvania	1,587,361	8,078	0.51%	60,319	7.5	$2,154.6	$35 72
Rhode Island	134,042	202	0.15%	768	3 8	$26.1	$33 94
South Carolina	511,251	200	0 04%	1,422	7.1	$49 2	$34.61
South Dakota	112,955	321	0.28%	1,768	5 5	$54 6	$30.89
Tennessee	752,456	1,207	0.16%	10,419	8.6	$354 5	$34.02
Texas	1,852,491	3,877	0.21%	42,692	11.0	$1,445.5	$33 86
Utah	159,068	813	0 51%	4,499	5.5	$153 5	$34.13
Vermont	80,409	278	0 35%	1,350	4.9	$45 4	$33.66
Virginia	779,853	956	0.12%	11,809	12.4	$361 0	$30.57
Washington	509,908	1,181	0.23%	6,907	5 8	$248.4	$36 11
West Virginia	296,945	80	0.03%	661	8.3	$23 3	$35.22
Wisconsin	714,766	463	0 06%	4,770	10.3	$167 5	$35.12
Wyoming	58,382	181	0 31%	863	5.3	$25 5	$26.51

Source The Lewin Group analysis of the 1997 Medicare Standard Analytic File (5% sample)

Medicare Chiropractic Utilization Review Protocol



regrets

DATE: 10/27/99

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
ROOM 406G, HUMPHREY BUILDING
200 INDEPENDENCE AVENUE, SW
WASHINGTON, D.C. 20201

PHONE: (202) 690-6786 *FAX: (202) 690-6351*

OFFICE OF THE DEPUTY ASSISTANT SECRETARY FOR LEGISLATION
CONGRESSIONAL LIAISON OFFICE

TO: C Jennings / Theresa

OFFICE: _____

ROOM: _____

PHONE: _____

FAX: 202-456-5557

TOTAL PAGES (INCLUDING COVER): 2

[ ] HELEN MATHIS

[ ] MARION ROBINSON

[ ] LORENA E AHUMADA

[X] TAMBI McCOLLUM 690-7414

[ ] BEATRICE BUTLER Regrets phoned in

[ ] CYNTHIA JOYCE

[ ] TIJUANA TRIPPLET

[ ] STACEYE ARRINGTON

[ ] EDWARD WHITLEY

REMARKS:

The Secretary is unable to do this event.
would Chris Jennings be Available ?

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Washington, DC 20515

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SUITE 1006
BROOKLYN, NY 11241
(718) 222-5019

Copies Given to Don Johnson & Paul Sollan

October 19, 1999

Donna E. Shalala.
Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Shalala:

We must protect every American's ability to provide affordable and adequate health care for themselves and their family. For many Americans their health care plans provide insufficient coverage of prescription medication or none at all. Meanwhile, these costs are rising. This important issue must be addressed. For this reason, I am sponsoring a town meeting in my district to discuss the effect the high cost of prescription medication and possible solutions to this problem. This meeting will take place at 10:30 in the morning on November 8th, at St. Charles Jubilee Senior Center, 55 Pierre pont Street, Brooklyn, NY. I hope that you can attend.

As you know, an overwhelming number of Americans are enrolled in health care plans that do not provide adequate coverage for prescription medication. In light of the various bills currently being debated in Congress that would effect these Americans, it is crucial that we address the issue of the present limits on health care coverage of high cost prescription medication.

Your participation in this event would be appreciated. Your expertise and experience on this issue would provide all of us with further insight into how to approach these complicated issues. I look forward to seeing you on November 8th. If you have any questions or concerns, please do not hesitate to contact my Legislative Director, Carol Richardson at (202) 225-2361.

Sincerely,

Nydia M. Velázquez
Member of Congress

Monday, November 8

MUTUAL of OMAHA COMPANIES

Address all correspondence to

FEDERAL GOVERNMENT AFFAIRS OFFICE
Suite 500
1700 Pennsylvania Ave. NW
Washington, DC 20006
Phone (202) 393-6200

WILLIAM C. MATTOX
Executive Vice President

November 2, 1999

Regrets why?

Mr. Chris Jennings
Office of Domestic Policy Council
Old Executive Office Building
Room 216
The White House
1700 Pennsylvania Avenue, NW
Washington, D.C. 20502

Dear Mr. Jennings: Revised to: Tuesday, Nov. 9 only in afternoon

Cecil Bykerk, Mutual of Omaha's Executive Vice President and Chief Actuary, will be in town on ~~Monday, November 8~~th. We would appreciate a few minutes of your time to discuss Medicare and Medigap. We are available to meet with you anytime after 11:30 AM on November 8th.

I hope that we will have the opportunity to visit with you while Cecil is in town. Please call me or Jill Boocock in my office to follow-up this week to determine if you might have some time available.

Best personal regards,

William C. Mattox

William C. Mattox

Kelly -
202-393-6200

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. invitation	re:home address (partial) (1 page)	11/10	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (April, May, June 1999) [1]

2011-0747-S
rc419

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.
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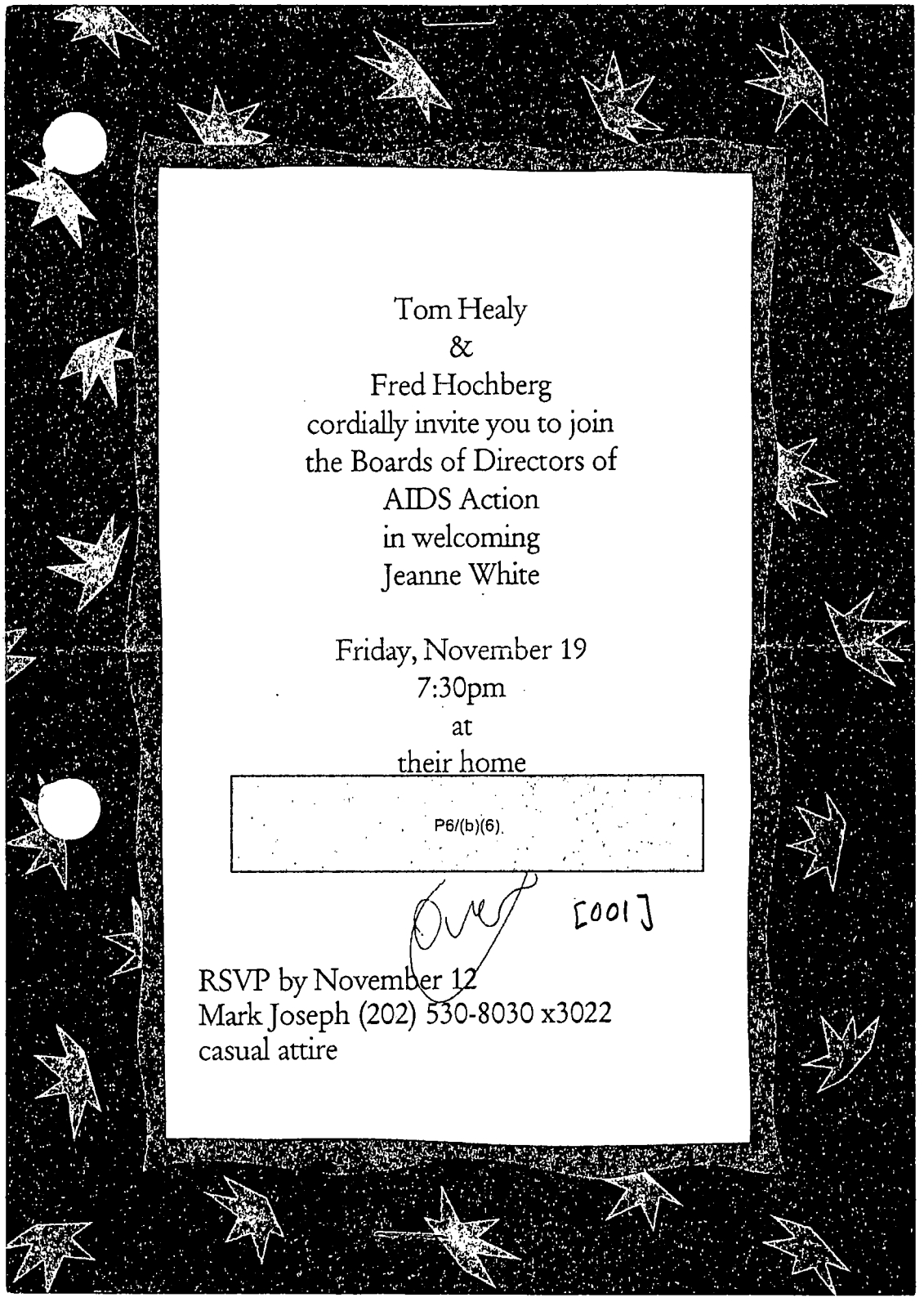
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



Tom Healy
&
Fred Hochberg
cordially invite you to join
the Boards of Directors of
AIDS Action
in welcoming
Jeanne White

Friday, November 19
7:30pm
at
their home

P6/(b)(6).

Over [001]

RSVP by November 12
Mark Joseph (202) 530-8030 x3022
casual attire

FAX TRANSMISSION

AMERICAN CHIROPRACTIC ASSOCIATION
Office of Government Relations
1701 Clarendon Boulevard
Arlington, Virginia 22209
(703) 276-8800 Ext. 235
Fax: (703) 243-2593

P.K. ask Pervosh to check out status of this coverage decision. Also, advise Jay that it may be difficult to get me. Perhaps Dan Mendelson?

To: Chris Jennings **Date:** October 22, 1999

Fax #: 202-456-5557 **Pages:** 12, including this cover sheet.

From: Jay Witter IV

Subject: Meeting regarding utilization guideline

COMMENTS:

I respectfully respect a meeting to discuss utilization guidelines for chiropractic services in the Medicare program. HCFA is currently finalizing draft utilization guidelines for its Medicare carriers. A concern has arisen over the number of chiropractic visits a Medicare beneficiary may receive before a claims review is performed by the carrier – i.e. a utilization screen.

Through the input of the ACA, Carrier Medical Directors and other interested parties, HCFA staff proposed that a utilization screen of 18 visits per year most accurately reflected both a clinically and financially sound number for reviewing chiropractic claims. An 11th hour recommendation by the Office of Inspector General's Office (OIG) would lower the utilization screen to 12. This 12-visit recommendation is not based on medical necessity nor is it economically sound. I have attached information regarding the issue.

It has been reported that HCFA may make a final decision regarding this issue as soon as next Wednesday. Please let me know as soon as possible if you are available to meet to discuss this issue.

Thank you for your attention to this important issue.

American Chiropractic Association

DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF AMERICA, NATURALLY.

October 21, 1999

Jeff Kang, M.D.
Director
Office of Clinical Standards and Quality
Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21207

Re: Utilization Guidelines for Chiropractic Services

Dear Dr. Kang:

Permit me to express the appreciation of the American Chiropractic Association (ACA) for your time spent meeting with us on October 19, 1999. We especially appreciate your time in listening to our concerns relative to the issue of specific treatment screening parameters.

It seems clear that you were unaware of much of the information that the ACA provided and we hope it will substantiate our position. Permit me to restate the ACA's opposition to any specific screening parameter for chiropractic services, but if such a procedure is to be adopted by HCFA, we believe it should be an effective means to screen for medical necessity based on clinical criteria and not serve to deny appropriate beneficiary access to covered care. The ACA believes that the 12-visit utilization screening number proposed by the Office of Inspector General (OIG) fails on both of these bases. The 12-visit screen has no clinical foundation, but rather, is a relic of the historical practice of 29 carriers. The fact that many of the carriers are moving away from the 12-visit screen is, in our view, evidence that the 12-visit screen is outmoded and it is time to get things right.

On the other hand, the "18+6" screening parameter proposed by the ACA:

(a) was derived from a Lewin consensus based panel meeting utilizing procedures generally recognized by HCFA (this panel had the advantage of input from both Dr. Bagley and Ms. Honemann and were quite cognizant of both HCFA's concern for financial constraints as well as the concern for appropriate beneficiary access to care);

(b) reflects the consensus of the chiropractic profession through its submission by the ACA, and also through the participation of various chiropractic state associations;

ACA 1701 Clarendon Boulevard, Arlington, VA 22209
(703) 276-8800 Fax: (703) 243-2593 www.amerchiro.org Email:memberinfo@amerchiro.org

(c) was reviewed and modified by the Medicare Carrier Medical Directors, who, according to Dr. Bagley, viewed an 18-visit review screen as "the best balance between the cost of the review process itself and effectively identifying services which are not reasonable and necessary."

As you are aware, the OIG's Office has expressed the concern that an 18-visit screen may create a perceived "entitlement" of that number of treatments. However, the analysis of the Lewin Group in its letter of October 18, 1999 (copy attached), clearly indicates that no such "entitlement" mentality currently exists in those states that have an existing utilization screen in excess of 12 visits. Indeed, the numbers reflect that utilization in those states are well within the range of and close to the national average number of visits per patient.

Further, the recommendations made through the ACA Lewin Consensus Process specifically outline criteria in addition to treatment parameters, designed specifically to identify and test for medical necessity. This addresses the OIG's second concern that an 18-visit review screen would result in an increase of unnecessary services. Indeed, the process followed by the consensus panel process was designed to identify appropriate means to document the existence of a subluxation from a medical necessity standpoint through the use of the "P.A.R.T." process, along with identification of specific diagnostic codes, both primary and secondary. Again, all of this was done with the valuable input from Dr. Bagley and Ms. Honemann with the panel voting at all times mindful of HCFA's dual concerns for fiscal restraints and appropriate access to care.

We are also mindful of the OIG concern that maintenance care be properly controlled. The consensus panel specifically addressed the issue in the "Medicare Chiropractic Utilization Review Protocol" (copy attached) contained in its final recommendation. This protocol contains a listing of four specific review criteria to guard against payment for maintenance care. Specifically, these criteria provide that additional care may be authorized for "patients slow to recover, complications, exacerbations or new conditions." Services outside these criteria may be considered maintenance and therefore, not covered. This is the first time such criteria has been proposed or been reflected in any review criteria. While this proposal was not included in HCFA's final draft, we believe it is a more appropriate and effective method to identify and control maintenance care than the 12-visit screen.

The history of the 12-visit screen is that it has become a de facto cap on chiropractic services. This was acknowledged during our October 19 meeting by HCFA representatives, and substantiated by the statistics cited by the OIG's Office. Specifically, it was stated by Dr. Bagley and other HCFA representatives that the 12-visit screen, in many instances, becomes a hard cap or limit on services. In addition, the OIG stated that in those states that have 12-visit screens, fully 87 percent of services fall below the "12-visit" screen, and only 12% of services are paid above that limit. We believe this is prima facie evidence that the 12-visit screen is in fact a 12-visit cap in 87% of all instances and that many of those beneficiaries are being denied access to needed chiropractic care.

From the standpoint of effective administration of the review process itself, we believe that the Carrier Medical Directors' position on the 18-visit screen reflects an attempt to strike a balance

between the need for appropriate reviews and the required resources to review claims that will subsequently be approved. Thus, a streamlined and cost effective review process is one that refines its reviews to the point where most reviews are actionable i.e., either reduced or denied. Referring a large number of cases into a manual or electronic medical review process is labor intensive and expensive and adds to administrative delays in processing claims. Indeed, the OIG's own numbers, as discussed at our recent meeting, reflect a 5% approval with an 18-visit screen, is more in line with an efficient review process where the actionable/approval ratios sits around 96%/4% in private industry. HCFA and the OIG have announced that they are seeking to model private industry to develop a more effective medical review process. We would submit that the 18-vist screen is just such a process and, from an administrative standpoint, is most cost effective in meeting the needs of the program.

In conclusion, the ACA would like to reiterate that the 12-visit screen has become an arbitrary cap of services that does not take into account the needs of the patient. On the other hand, the 18-visit screening parameter used in connection with the extensive recommendations made in the ACA Lewin Consensus Process is designed to identify and describe reasonable and necessary chiropractic care, as well as to identify a screening parameter which in the view of the carrier medical directors is high enough to ensure a reasonable workload of cases and at the same time, is able to control utilization of uncovered services.

We would be most happy to respond to any additional question or concern. I would appreciate knowing the next step of the process as well as your reaction to our comments.

Sincerely,

Jerilynn S. Kaibel, DC

Jerilynn S. Kaibel, D.C.

THE LEWIN GROUP

The Lewin Group
3130 Fairview Park Drive
Suite 800
Falls Church, VA 22042
703 269 5500/Fax 703 269.5501

October 18, 1999

Dr. Jerilynn Kaibel and Dr. Christine Goertz
American Chiropractic Association
1701 Clarendon Boulevard
Arlington, Virginia 22209

Dear Drs. Kaibel and Goertz:

As you requested we analyzed Medicare Part B physician claims for calendar year 1997 using the Medicare Standard Analytic File five-percent sample in order to examine the average number of Chiropractic visits for Medicare beneficiaries who use these services. We limited our analysis to services provided by Chiropractic specialists and for CPT-4 codes A2000, 98940, 98941, and 98942. The attached tables present the results of our analysis. These results have been weighted to the entire Medicare Fee-For-Service (FFS) population in 1997 and exclude beneficiaries outside of the fifty states and the District of Columbia.

In 1997 about 1.3 million Medicare FFS beneficiaries used Chiropractic services or 4.43 percent of all Medicare FFS beneficiaries (**Table 1**). A total of 14 4 million chiropractic services were allowed by Medicare for an average of 10.6 services per user. Total Medicare allowed charges for Chiropractic services were $367 million in 1997 for an average allowed charge per service of $25 42 **Table 1** also presents these data for each state. The average number of Medicare allowed Chiropractic services per user ranged from 7.3 in New Mexico to 14.1 in Arkansas

Table 2 shows the distribution of the average Chiropractic visits per user across the 50 states and the District of Columbia. Separate symbols are used on the graph to identify certain states that apply a 12-visit limit, and certain states that apply a limit of more than 12 visits.

Tables 3 through 6, display information similar to **Table 1** for each of the four individual CPT-4 codes.

If you have any questions regarding this analysis please call me at (703)269-5546 or Allen Dobson at (703)269-5590.

Sincerely,

Randall Haught
Senior Manager

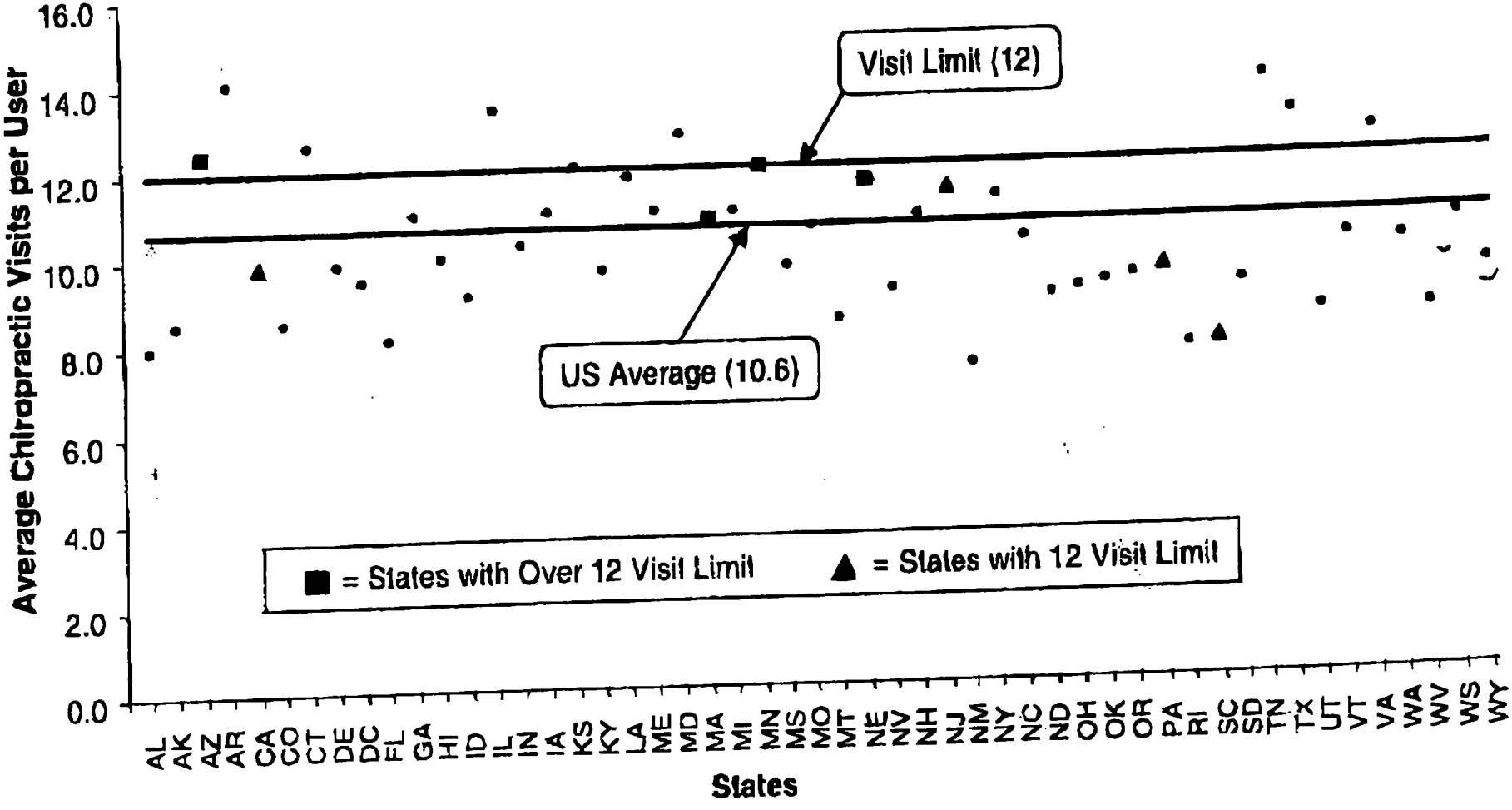
Table 1: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for Chiropractic Specialists (including CPT-4 codes A2000, 98940, 98941, and 98942)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficianes Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	1,359,231	4 43%	14,436,075	10 6	$366,978.0	$25 42
Alabama	603,004	15,971	2 65%	126,690	7 9	$2,816.5	$22 23
Alaska	33,608	2,232	6 64%	18,984	8.5	$543 7	$28.64
Arizona	383,169	25,619	6.69%	320,107	12.5	$8,530 9	$26.65
Arkansas	405,824	15,871	3.91%	223,337	14.1	$5,400 3	$24.18
California	2,118,186	96,984	4.58%	980,988	9 9	$25,869.8	$26 92
Colorado	293,727	13,450	4 58%	114,289	8.5	$2,851.8	$24 95
Connecticut	444,073	13,055	2 94%	164,946	12 6	$4,606.9	$27 93
Delaware	92,989	3,890	4 18%	38,248	9 8	$1,049.1	$27 43
Dist. Of Columbia	59,968	256	0.43%	2,416	9.5	$63 0	$26 04
Florida	2,005,770	91,013	4.54%	736,597	8.1	$19,107 3	$25.94
Georgia	815,322	30,056	3.69%	329,498	11.0	$8,329 7	$25.28
Hawaii	95,220	1,667	1 75%	16,609	10.0	$490.0	$29.50
Idaho	142,988	10,844	7.58%	98,503	9 1	$2,339.5	$23.75
Illinois	1,402,746	67,954	4 84%	909,289	13.4	$22,086.2	$24 29
Indiana	774,407	28,977	3.74%	297,240	10.3	$6,842 5	$23.02
Iowa	444,650	57,546	12.94%	634,383	11 0	$14,958 7	$23.58
Kansas	354,856	26,675	7 52%	321,611	12 1	$8,181.8	$25.44
Kentucky	556,572	14,378	2.58%	138,653	9.6	$3,006.0	$21.68
Louisiana	498,585	9,831	1.97%	116,003	11.8	$2,766.7	$23 85
Maine	198,654	8,496	4.28%	93,570	11.0	$2,320 5	$24 80
Maryland	517,545	8,711	1 68%	111,060	12.8	$2,864 2	$25.79
Massachusetts	710,579	21,177	2.98%	229,707	10 8	$6,418.0	$27.94
Michigan	1,287,844	78,833	6.12%	884,327	11.0	$23,820 9	$27 58
Minnesota	503,493	37,409	7 43%	450,695	12 0	$11,028 5	$24.47
Mississippi	380,717	6,170	1.58%	59,565	9.7	$1,308.7	$21 97
Missouri	730,281	30,007	4 11%	318,395	10.6	$7,619 2	$23.93
Montana	127,395	7,877	6 26%	67,058	8.4	$1,533 0	$22.86
Nebraska	231,589	16,868	7 28%	196,712	11.7	$4,782.1	$24.31
Nevada	137,430	6,805	4.95%	61,737	9 1	$1,649.6	$26 72
New Hampshire	146,058	5,483	3.75%	59,260	10.8	$1,584.6	$28 74
New Jersey	997,752	48,493	4.86%	557,883	11.5	$16,502.2	$29 58
New Mexico	168,038	5,948	3.54%	43,276	7 3	$1,033 0	$23.87
New York	2,123,334	84,189	3 98%	944,725	11 2	$27,028.6	$28.61
North Carolina	1,024,322	31,409	3 07%	321,356	10 2	$7,522.9	$23.41
North Dakota	98,463	10,985	11.16%	97,598	8.9	$2,238 9	$22 94
Ohio	1,458,705	55,215	3 79%	497,855	9.0	$12,048 1	$24.20
Oklahoma	444,592	15,513	3 49%	142,086	9.2	$3,228.2	$22.72
Oregon	279,366	21,053	7.54%	195,854	9.3	$4,749 5	$24 25
Pennsylvania	1,587,361	89,477	5.64%	856,673	9.6	$22,145.0	$25.85
Rhode Island	134,042	3,212	2.40%	24,502	7.6	$854 9	$26.73
South Carolina	511,251	13,[illegible]	2 60%	104,685	7 9	$2,351.2	$22.46
South Dakota	112,955	10,727	9.50%	97,543	9.1	$2,276 7	$23.34
Tennessee	752,456	24,238	3.22%	334,108	13.8	$8,015.2	$23.99
Texas	1,852,491	62,282	3.36%	807,323	13 0	$19,884 4	$24.63
Utah	159,068	8,244	5 18%	68,323	8 4	$1,752.5	$25.28
Vermont	80,409	4,010	4 99%	40,459	10 1	$1,031.7	$25.50
Virginia	779,853	17,007	2.18%	213,240	12 5	$5,271.3	$24.72
Washington	509,808	41,942	8.23%	418,857	10.0	$10,630.6	$25.38
West Virginia	296,945	5,812	1.96%	48,519	8.3	$1,111.1	$22 90
Wisconsin	714,766	48,809	6.83%	510,227	10.5	$12,021 0	$23.56
Wyoming	58,392	3,170	5 43%	29,514	9.3	$676 2	$22 91

Source: The Lewin Group analysis of the Medicare Standard Analytic File (5% sample)

Table 2: Average Chiropractic Visits per User in 1997 by State

The Lewin Group



Source: The Lewin Group analysis of the Medicare Standard Analytic File (5% sample).

Table 3: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1987 for CPT-4 code A2000 (Chiropractic Manipulation of Spine)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	159,841	0 52%	570,089	3 6	$12,938.2	$22.70
Alabama	603,004	721	0 12%	2,124	2 9	$44.8	$21.11
Alaska	33,608	79	0.24%	158	2.0	$3 5	$22.17
Arizona	383,169	2,444	0.64%	8,573	3.5	$199 8	$23.32
Arkansas	405,624	2,350	0 58%	9,804	4 2	$210.5	$21.47
California	2,118,186	13,214	0.62%	50,345	3.8	$1,215.8	$24 15
Colorado	293,727	1,634	0.56%	4,324	2.6	$97 8	$22 62
Connecticut	444,073	1,096	0.25%	5,461	5.0	$142 8	$26.15
Delaware	92,989	314	0 34%	963	3.1	$23 3	$24.20
Dist Of Columbia	59,968	79	0 13%	236	3 0	$5 8	$24.71
Florida	2,005,770	5,755	0.29%	20,980	3.6	$484 8	$23.11
Georgia	815,322	3,280	0 40%	10,774	3.3	$244 0	$22.65
Hawaii	95,220	99	0 10%	139	1 4	$3 6	$25.83
Idaho	142,898	1,088	0.76%	3,318	3 1	$70.2	$21.15
Illinois	1,402,746	7,519	0.54%	27,904	3 7	$628.9	$22 54
Indiana	774,407	3,168	0.41%	9,182	2.9	$194 8	$21 22
Iowa	444,650	17,040	3.83%	57,127	3.4	$1,225.9	$21.46
Kansas	354,858	2,774	0.78%	11,297	4.1	$248.2	$21 97
Kentucky	556,572	501	0 09%	1,722	3.4	$37 4	$21.72
Louisiana	498,585	1,612	0.32%	6,648	4 1	$140 9	$21.20
Maine	198,854	1,197	0.60%	3,929	3.3	$90.6	$23.07
Maryland	517,545	1,259	0 24%	6,173	4.9	$144.9	$23.48
Massachusetts	710,578	3,579	0 50%	12,178	3.4	$296.1	$24 31
Michigan	1,287,844	12,191	0 95%	38,322	3.1	$920 1	$24 01
Minnesota	503,493	3,811	0.76%	14,763	3.9	$334 4	$22.65
Mississippi	390,717	599	0.15%	1,857	3 1	$38.6	$20.81
Missouri	730,261	2,265	0.31%	9,662	4.3	$202.0	$20.91
Montana	127,395	1,329	1 04%	4,351	3.3	$91 3	$20 98
Nebraska	231,589	1,098	0.47%	5,250	4 8	$115.9	$22.07
Nevada	137,430	510	0.37%	1,238	2.4	$29.7	$24.04
New Hampshire	146,058	484	0 33%	867	1.8	$20 0	$23 07
New Jersey	997,752	4,728	0.47%	18,370	4.1	$488 9	$26.24
New Mexico	168,038	319	0.19%	658	2.1	$14.7	$22.40
New York	2,123,334	5,756	0 27%	23,644	4.1	$595 8	$25 20
North Carolina	1,024,322	5,603	0 55%	22,954	4.1	$487.5	$21 24
North Dakota	88,463	1,690	1 72%	4,044	2.4	$87 9	$21 74
Ohio	1,458,705	6,640	0 46%	20,678	3 1	$469 8	$22.72
Oklahoma	444,592	1,102	0.25%	4,409	4 0	$94.7	$21.48
Oregon	279,388	2,092	0.75%	6,255	3.0	$140.6	$22.48
Pennsylvania	1,587,361	8,537	0 54%	26,653	3.1	$595.7	$22 35
Rhode Island	134,042	162	0.12%	424	2.6	$9 3	$22 03
South Carolina	511,251	961	0.19%	3,084	3 2	$65 2	$21.15
South Dakota	112,955	643	0 57%	2,390	3.7	$49 5	$20 71
Tennessee	752,456	3,057	0.41%	12,049	3 9	$254 1	$21.08
Texas	1,852,491	9,000	0.49%	39,100	4 3	$859.8	$21.98
Utah	159,068	674	0 42%	3,668	5.4	$78.5	$21 42
Vermont	80,409	834	1.04%	2,283	2 7	$49.2	$21.55
Virginia	779,853	2,250	0.29%	10,236	4 5	$230.7	$22.54
Washington	509,908	6,226	1 22%	17,377	2.8	$406.8	$23.41
West Virginia	296,945	301	0.10%	822	2.7	$17.9	$21.82
Wisconsin	714,766	5,917	0 83%	19,564	3 3	$416 3	$21.28
Wyoming	58,392	261	0 45%	762	2.9	$16 6	$21.76

Source The Lewin Group Analysis of the 1997 Medicare Standard Analytic File (5% sample).

Table 4: Medicare Beneficiaries, Users, Allowed Services and Allowed Charges in 1997 for CPT-4 code 98940 (Chiropractic Manipulation)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	912,763	2.98%	8,080,258	8.9	$184,081.3	$22.78
Alabama	603,004	12,946	2.15%	96,731	7.5	$2,029.4	$20.98
Alaska	33,608	1,324	3.94%	10,786	8.1	$277.9	$25.77
Arizona	383,169	15,504	4.05%	147,665	9.5	$3,433.2	$23.25
Arkansas	405,624	9,744	2.40%	111,096	11.4	$2,356.3	$21.21
California	2,118,186	68,861	3.25%	598,226	8.7	$14,734.3	$24.63
Colorado	293,727	7,931	2.70%	57,528	7.3	$1,292.7	$22.47
Connecticut	444,073	9,646	2.17%	113,485	11.8	$2,955.8	$26.05
Delaware	92,989	1,886	2.03%	16,580	8.8	$403.7	$24.35
Dist. Of Columbia	59,968	177	0.30%	1,632	9.2	$40.3	$24.72
Florida	2,005,770	57,365	2.86%	409,869	7.1	$9,537.6	$23.27
Georgia	815,322	19,818	2.44%	172,740	8.7	$3,891.8	$22.53
Hawaii	95,220	1,131	1.19%	6,985	6.2	$177.8	$25.45
Idaho	142,998	6,637	4.64%	51,790	7.8	$1,104.2	$21.32
Illinois	1,402,746	48,846	3.48%	553,045	11.3	$12,286.5	$22.18
Indiana	774,407	21,814	2.82%	191,138	8.8	$4,052.1	$21.20
Iowa	444,650	40,665	8.15%	324,983	8.0	$6,984.4	$21.43
Kansas	354,856	14,614	4.12%	120,431	8.2	$2,847.1	$21.98
Kentucky	556,572	12,714	2.28%	120,693	9.5	$2,535.8	$21.01
Louisiana	498,585	7,172	1.44%	72,286	10.1	$1,584.5	$21.92
Maine	198,654	6,581	3.31%	62,201	9.5	$1,434.3	$23.06
Maryland	517,545	5,974	1.15%	70,424	11.8	$1,683.8	$23.91
Massachusetts	710,579	11,838	1.67%	100,828	8.5	$2,513.0	$24.90
Michigan	1,287,844	43,564	3.38%	358,633	8.2	$8,482.4	$23.68
Minnesota	503,493	30,288	6.02%	304,589	10.1	$6,944.6	$22.80
Mississippi	390,717	5,531	1.42%	51,038	9.2	$1,084.1	$21.24
Missouri	730,261	18,261	2.50%	161,984	8.9	$3,427.6	$21.16
Montana	127,385	6,104	4.79%	43,752	7.2	$933.7	$21.34
Nebraska	231,589	10,201	4.40%	85,281	8.4	$1,827.6	$21.43
Nevada	137,430	4,373	3.18%	37,144	8.5	$892.9	$24.04
New Hampshire	146,058	3,124	2.14%	25,256	8.1	$582.9	$23.08
New Jersey	997,752	22,290	2.23%	214,177	9.6	$5,431.5	$25.36
New Mexico	168,038	4,150	2.47%	27,294	6.6	$585.5	$21.45
New York	2,123,334	45,544	2.14%	433,817	9.5	$10,886.4	$25.06
North Carolina	1,024,322	20,524	2.00%	173,731	8.5	$3,716.1	$21.39
North Dakota	98,463	9,436	9.58%	70,537	7.5	$1,523.6	$21.60
Ohio	1,458,705	43,789	3.00%	355,420	8.1	$8,078.7	$22.73
Oklahoma	444,592	12,687	2.85%	107,912	8.5	$2,323.3	$21.53
Oregon	279,366	16,535	5.92%	127,425	7.7	$2,850.5	$22.37
Pennsylvania	1,587,361	53,125	3.35%	427,184	8.0	$9,615.9	$22.51
Rhode Island	134,042	2,101	1.57%	14,988	7.1	$363.2	$24.23
South Carolina	511,251	11,193	2.19%	82,378	7.4	$1,746.4	$21.20
South Dakota	112,955	7,533	6.67%	55,059	7.3	$1,162.3	$21.11
Tennessee	752,456	16,685	2.22%	184,008	11.6	$4,213.8	$21.72
Texas	1,852,491	41,753	2.25%	444,568	10.6	$9,784.9	$22.01
Utah	159,068	4,400	2.77%	32,363	7.4	$715.2	$22.10
Vermont	80,409	2,065	2.57%	14,433	7.0	$322.6	$22.35
Virginia	779,853	11,391	1.46%	120,859	10.6	$2,710.9	$22.43
Washington	509,908	33,113	6.49%	262,642	7.9	$6,109.0	$23.26
West Virginia	298,945	4,770	1.61%	34,811	7.3	$739.4	$21.24
Wisconsin	714,766	42,569	5.96%	387,109	9.1	$8,648.0	$22.34
Wyoming	58,392	2,368	4.05%	20,847	8.8	$451.7	$21.67

Source: The Lewin Group Analysis of the 1997 Medicare Standard Analytic File (5% sample)

Table 5: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for CPT-4 code 98941 (Chiropractic Manipulation)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficianes Using Services	Percent of Beneficianes Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,506	551,673	1 80%	5,183,337	9 4	$147,953.1	$28.85
Alabama	603,004	3,767	0 62%	24,669	8 5	$653.7	$26.50
Alaska	33,608	1,027	3 06%	6,736	8 6	$219.0	$32 51
Arizona	383,169	12,900	3.37%	147,725	11.5	$4,318.0	$29 23
Arkansas	405,624	7,051	1.74%	89,379	12.7	$2,396 3	$26 81
California	2,118,186	30,813	1 45%	282,728	8.5	$8,047 4	$30.63
Colorado	293,727	6,137	2 09%	49,557	8 1	$1,364.3	$27.53
Connecticut	444,073	4,524	1 02%	41,894	9 3	$1,344.4	$32.09
Delaware	92,989	2,023	2.18%	17,328	8.6	$505.2	$29 16
Dist. Of Columbia	59,968	79	0.13%	551	7.0	$16 8	$30 55
Florida	2,005,770	38,483	1.92%	267,145	6.9	$7,728.5	$28 93
Georgia	815,322	13,775	1 69%	128,949	9.4	$3,605 4	$27.96
Hawaii	95,220	913	0 96%	7,937	8.7	$248 8	$31.35
Idaho	142,998	5,136	3 59%	39,010	7 6	$1,028 7	$26.37
Illinois	1,402,748	25,091	1 79%	308,196	12 3	$8,490 8	$27.55
Indiana	774,407	9,484	1.22%	83,968	8.9	$2,192.3	$26 11
Iowa	444,650	26,877	6.04%	242,595	9.0	$6,472 4	$26 68
Kansas	354,858	15,418	4.34%	173,480	11.3	$4,725 8	$27.24
Kentucky	556,572	1,962	0.35%	14,036	7.2	$373.5	$26 61
Louisiana	498,585	3,264	0 65%	34,954	10 7	$969 3	$27 73
Maine	198,654	3,071	1.55%	26,025	8 5	$751.1	$28.86
Maryland	517,545	3,177	0.61%	30,467	9 6	$888.7	$29.17
Massachusetts	710,579	10,738	1.51%	105,565	9.8	$3,219.7	$30.50
Michigan	1,287,844	40,672	3 16%	413,224	10.2	$12,413 2	$30 04
Minnesota	503,493	12,577	2 50%	125,988	10.0	$3,562 9	$28.28
Mississippi	390,717	819	0 21%	6,550	8.0	$181 8	$27.76
Missouri	730,261	13,611	1.86%	132,438	9.7	$3,530 8	$26.66
Montana	127,395	2,256	1.77%	16,860	7 5	$441.9	$26.21
Nebraska	231,589	9,043	3 90%	101,989	11 3	$2,701.7	$26.49
Nevada	137,430	2,922	2 13%	18,356	6.3	$545 2	$29.70
New Hampshire	146,058	2,943	2.01%	28,924	9.8	$838.5	$28 99
New Jersey	997,752	26,323	2 64%	261,340	9.9	$8,224.4	$31.47
New Mexico	168,038	2,075	1.23%	14,186	6 8	$400.0	$28.20
New York	2,123,334	41,312	1.95%	431,271	10.4	$13,403.9	$31.08
North Carolina	1,024,322	13,114	1.28%	115,051	8.8	$3,016.6	$26.22
North Dakota	98,483	3,440	3 49%	22,513	6.5	$610.3	$27 11
Ohio	1,458,705	16,431	1 13%	109,134	6.6	$3,059 0	$28.03
Oklahoma	444,592	3,387	0 76%	27,760	8 2	$745.9	$26 87
Oregon	279,368	7,123	2 55%	57,892	8.1	$1,626 2	$28 09
Pennsylvania	1,587,361	42,123	2.65%	342,517	8 1	$9,778.9	$28.55
Rhode Island	134,042	1,353	1.01%	8,322	6 1	$256.3	$30 80
South Carolina	511,251	2,563	0.50%	17,801	6 9	$491.3	$27.60
South Dakota	112,955	5,042	4.46%	38,326	7 6	$1,009.9	$26.35
Tennessee	752,456	9,715	1.29%	117,632	12.1	$3,193.7	$27 15
Texas	1,852,491	23,366	1 26%	280,864	12.0	$7,791 1	$27 73
Utah	159,068	4,003	2 52%	28,795	7.2	$805 1	$27.96
Vermont	80,409	2,561	3.18%	22,394	8 7	$614.5	$27.44
Virginia	779,853	6,811	0.87%	70,337	10.3	$1,968.7	$27 99
Washington	509,908	16,176	3.17%	131,931	8.2	$3,865.6	$29 30
West Virginia	296,945	1,583	0.53%	12,225	7.7	$330.4	$27.03
Wisconsin	714,768	11,573	1.62%	98,785	8 5	$2,791.7	$28.26
Wyoming	58,392	1,043	1 78%	6,942	6.7	$182 5	$26.28

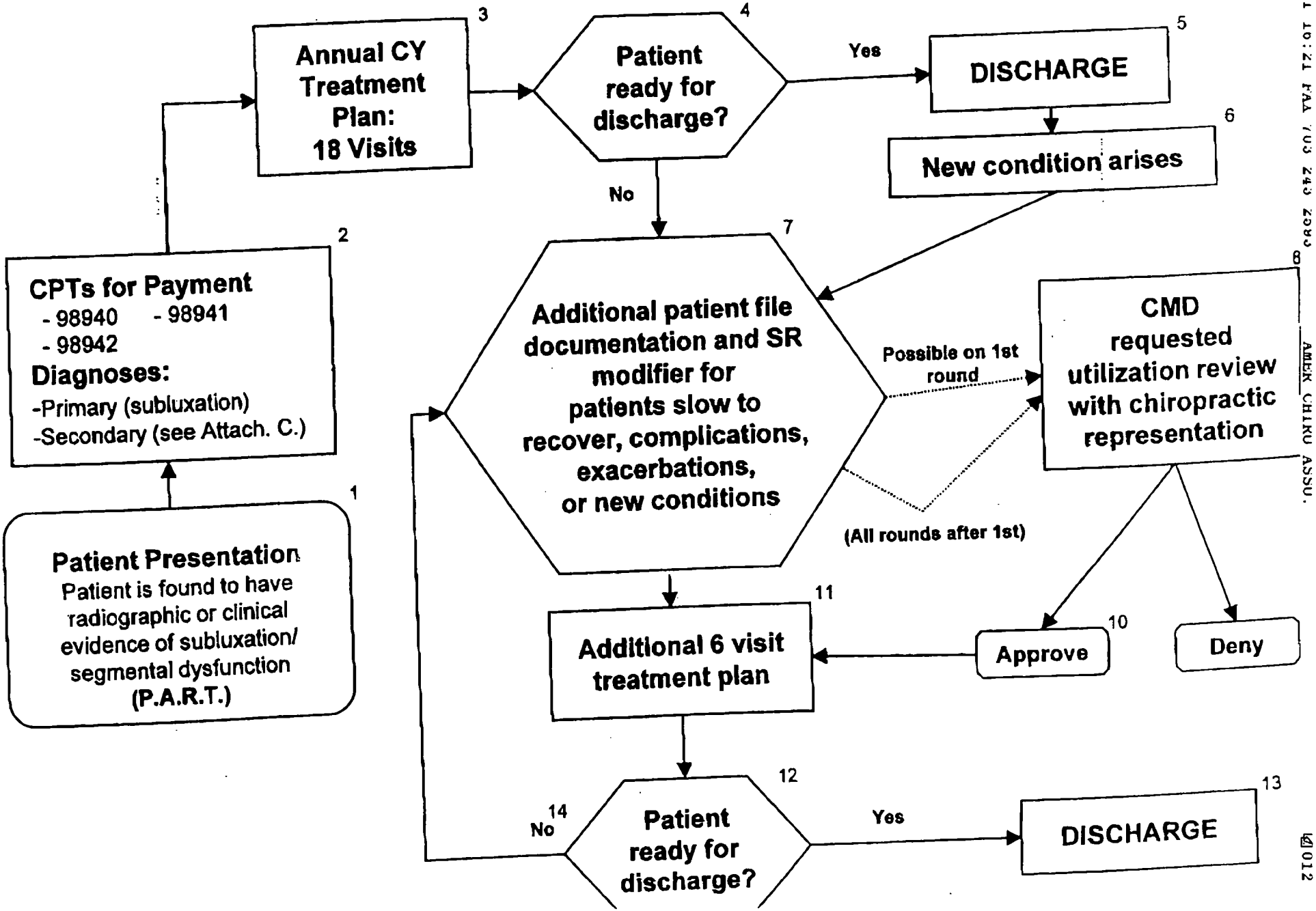
Source: The Lewin Group Analysis of the Medicare Standard Analytic File (5% sample)

Table 6: Medicare Beneficiaries, Users, Allowed Services, and Allowed Charges in 1997 for CPT-4 code 98942 (Chiropractic Manipulation)

State	Number of Medicare Fee-For-Service Beneficiaries	Number of Beneficiaries Using Services	Percent of Beneficiaries Using Services	Number of Medicare Allowed Services	Number of Medicare Allowed Services Per User	Total Medicare Allowed Charges ($1,000s)	Average Allowed Charge Per Service
United States	30,651,508	76,178	0 25%	622,394	8.2	$22,003 9	$35.35
Alabama	603,004	561	0 09%	3,166	5.6	$88 0	$27.80
Alaska	33,608	237	0.71%	1,304	5.5	$43.3	$33 22
Arizona	383,169	1,582	0.41%	16,145	10 2	$578.3	$35 82
Arkansas	405,624	1,085	0.27%	13,058	12 0	$437.6	$33 51
California	2,118,186	5,341	0 25%	49,688	9.3	$1,869 3	$37.62
Colorado	293,727	578	0 20%	2,889	5.0	$97 0	$33.56
Connecticut	444,073	359	0.08%	4,126	11:5	$164 1	$39.78
Delaware	92,989	354	0.38%	3,379	9.6	$118 8	$34 60
Dist. Of Columbia	59,968	-	0 00%	-	n/a	n/a	n/a
Florida	2,005,770	6,614	0.33%	38,603	5.8	$1,354.6	$35 09
Georgia	815,322	2,167	0.27%	17,035	7 9	$589.9	$34 63
Hawaii	95,220	79	0.08%	1,548	19.5	$59 9	$38.68
Idaho	142,988	780	0 55%	4,385	5.6	$136.4	$31.11
Illinois	1,402,746	2,234	0.16%	20,125	9 0	$687.3	$34 65
Indiana	774,407	1,231	0 16%	12,955	10.5	$402 8	$31.09
Iowa	444,650	1,457	0.33%	9,677	6.6	$294.7	$30.45
Kansas	354,856	1,709	0.48%	16,403	9 6	$562.6	$34.30
Kentucky	556,572	340	0.06%	2,202	6.5	$60.2	$27 33
Louisiana	498,585	363	0 07%	2,115	5.8	$71 7	$33.80
Maine	198,654	259	0 13%	1,416	5.5	$44 5	$31.44
Maryland	517,545	579	0 11%	3,998	6.9	$146 2	$36.58
Massachusetts	710,579	1,520	0.21%	11,038	7.3	$390 1	$35 34
Michigan	1,287,844	5,985	0.46%	54,148	9 1	$1,994.3	$36 83
Minnesota	503,493	943	0.19%	5,356	5 7	$186.1	$34 75
Mississippi	390,717	60	0 02%	120	2.0	$4 1	$33.84
Missouri	730,281	1,744	0.24%	14,312	8 2	$456.6	$31 90
Montana	127,395	282	0 22%	2,095	7 4	$66.2	$31.62
Nebraska	231,589	619	0.27%	4,192	6.8	$136.7	$32 60
Nevada	137,430	412	0.30%	5,001	12 1	$181.7	$36.33
New Hampshire	148,058	302	0 21%	4,213	13.9	$143 3	$34.01
New Jersey	997,752	7,549	0 76%	62,996	8.3	$2,355 4	$37.39
New Mexico	168,038	160	0.09%	1,137	7 1	$32.9	$28 97
New York	2,123,334	6,237	0.29%	58,193	9.0	$2,169.0	$38 60
North Carolina	1,024,322	1,526	0.15%	9,618	6 3	$300.2	$31.21
North Dakota	98,463	181	0.18%	503	2.8	$17.1	$34 07
Ohio	1,458,705	1,855	0.11%	12,622	7.8	$444 7	$35.23
Oklahoma	444,592	441	0 10%	2,004	4.5	$64 7	$32.29
Oregon	279,366	829	0.30%	4,282	5.2	$133 3	$31.13
Pennsylvania	1,587,381	8,078	0.51%	60,319	7.5	$2,154.6	$35 72
Rhode Island	134,042	202	0.15%	768	3 8	$26.1	$33 94
South Carolina	511,251	200	0 04%	1,422	7.1	$49 2	$34.61
South Dakota	112,955	321	0.28%	1,768	5 5	$54 6	$30.89
Tennessee	752,456	1,207	0.16%	10,419	8.6	$354 5	$34.02
Texas	1,852,491	3,877	0.21%	42,692	11.0	$1,445.5	$33 86
Utah	159,068	813	0 51%	4,499	5.5	$153 5	$34.13
Vermont	80,409	278	0 35%	1,350	4.9	$45 4	$33.66
Virginia	779,853	956	0.12%	11,809	12.4	$361 0	$30.57
Washington	509,908	1,181	0.23%	6,907	5 8	$248.4	$36 11
West Virginia	296,945	80	0.03%	661	8.3	$23 3	$35.22
Wisconsin	714,766	463	0 06%	4,770	10.3	$167 5	$35.12
Wyoming	58,392	181	0 31%	863	5.3	$25 5	$26.51

Source The Lewin Group analysis of the 1997 Medicare Standard Analytic File (5% sample)

Medicare Chiropractic Utilization Review Protocol



MILLER & CHEVALIER
CHARTERED

655 FIFTEENTH STREET, N.W., SUITE 900
WASHINGTON, D.C. 20005-5701
(202) 626-5800 FAX: (202) 626-0858

ROBERT K. HUFFMAN
(202) 626-5824
INTERNET: RHUFFMAN@MILCHEV.COM

September 15, 1999

Bentivoglio
5142707

Regrets.
How about someone from the HHS IG's office or John Bentivoglio from Justice?

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

Dear Mr. Jennings:

At Bruce Reed's suggestion, I am writing to invite you to participate in a health care seminar that will be held Tuesday, December 7, 1999, at the Ritz Carlton Hotel in Pentagon City, Virginia. The seminar, entitled "TEMPTATION, SIN, REDEMPTION: ENSURING FISCAL AND OPERATIONAL INTEGRITY IN THE MEDICARE PROGRAM," is being co-sponsored by my law firm, Miller & Chevalier, the Women's Educational Health Care Roundtable (a multi-disciplinary membership organization for women health care executives and professionals), and the Tidings Corporation (a company specializing in designing programs that unite decision-makers from a variety of industries to address cutting edge issues). The seminar will be presented through three interactive panels and will address the full spectrum of health care concerns, including the economic issues facing health care entities, how these issues and other factors influence behavior that gives rise to allegations and/or findings of fraud, and the aftermath of such behavior.

We would like you to participate on the first panel, which will examine the economic pressures facing health care entities, and how these pressures influence behavior. Joining you would be representatives from a hospital and a health plan, and we anticipate a lively discussion that crystallizes the economic policy concerns framing today's health care debate. This session will begin at 9:15 am and conclude at 10:45 am.

The second session will examine the behavior that gives rise to allegations and/or findings of health care fraud through hypotheticals and case studies that reveal some of the thorny issues concerning hospital cost reports. Finally, the third session will examine what often is the aftermath of these forces -- the Corporate Integrity Agreement (CIA). This panel will provide an in-depth analysis of the CIA and its operational implications.

It is anticipated that the conference audience will be drawn from hospitals, health plans, clinical laboratories, intermediaries and carriers. Within these entities, we hope to attract those persons with responsibilities in the areas of compliance, law, finance, and both clinical and administrative operations. Dr. Gail Wilensky, the John M. Olin Senior Fellow at Project HOPE and the current Chair of the Medicare Payment Advisory Commission (MedPAC), will be our luncheon keynote speaker.

We are very hopeful that you will be able to join us. Your insights will provide an invaluable perspective to our audience.

We look forward to hearing from you soon. In the meantime, should you have any questions please feel free to contact me at (202) 626-5824.

Sincerely,

Robert K. Huffman

MILLER & CHEVALIER
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ROBERT K. HUFFMAN
(202) 626-5824
INTERNET: RHUFFMAN@MILCHEV.COM

November 3, 1999

VIA FACSIMILE

Ms. Sarah Brau
The White House
216 Old Executive Office Building
Washington, D.C. 20502

Re: December 7, 1999 Conference On Ensuring Fiscal and Operational Integrity In The Medicare Program

Dear Ms. Brau:

Anna Nardone asked that I send you another copy of our September 15, 1999 letter to Mr. Jennings inviting him to speak at the above-referenced conference.

Thank you for your attention to this matter.

Sincerely,

Bob Huffman

Robert K. Huffman

Enclosure

cc: Ms. Anna Nardone (w/encl.)

TIDINGS
CORPORATION

FAX TRANSMITTAL

DATE: Nov. 17, 1999

TO: Ms. Zoe Tamis

FAX NUMBER: (202) 456-5557

PHONE NUMBER: (202) 456-5557

FROM: Anna Naidoo

PHONE NUMBER: (703) 578-1177

FAX NUMBER: (703) 578-1166

NUMBER OF PAGES: 4 (Including Cover Page)

COMMENTS: Many Thanks!
Anna

P.O. Box 6486 • Arlington, VA 22206 • Phone (703) 578-1177 • Fax (703) 578-1166

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. fax	Ed M. Desmond to Chris Jennings re: Meeting Request (partial) (1 page)	11/12/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (April, May, June 1999) [1]

2011-0747-S
rc419

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]

Fax Cover Sheet

Regrets. Tell them that we are now in intensive FY 2001 budget discussions that preclude many meetings. However, tell them I appreciate his desire. I'll do a quick telephone call w/ them

Roche

To: MR. CHRIS JENNINGS (c/o ELIZABETH)

Copies:

From:
- Dolly A. Judge
- ✓ Ed M. Desmond
- Sara L. Franko
- Deirdre M. Gomez
- Karen P. Schinnerer

Hoffmann-La Roche Inc.
1300 I Street NW Suite 520W
Washington, DC 20005
Tel. (202) 408-0090
Fax (202) 408-1750

Called 11-15 to follow-up

Date: 11/12/99

No. of pages: 3 (incl. coversheet)

Subject: MEETING REQUEST

P6/(b)(6)

[002]

Chris - John Coster has requested a meeting with you for us to discuss our issue with HCFA. I thought you would like a written request as well. Thanks very much and I hope we have a chance to meet soon.

Ed Desmond

Edward M. Desmond
Director

Roche

November 12, 1999

Mr. Christopher Jennings
Assistant to the President
The White House
Old Executive Office Building
Washington, D.C. 20500

Dear Chris:

Since we last met with you on August 30, 1999, there have been a number of significant developments surrounding our request of HCFA for Medicaid coverage of Xenical, our new treatment for obesity and obesity-related comorbidities. I am contacting you to request a meeting to update you on these developments. As you recall, we are requesting Medicaid coverage for Xenical, a new lipase inhibitor, which was recently approved by the FDA for the treatment of clinical obesity. Our request is currently under review by HCFA.

Since our initial meeting with you, there are several new developments that we believe warrant consideration by you and the Department of Health and Human Services. For example:

- Several new studies have been published in the Journal of the American Medical Association, the New England Journal of Medicine, and by the American Obesity Association (AOA) about the health risks and societal costs of an increasing incidence of obesity and obesity-related comorbidities in the United States;

- The President issued a statement in September for the AOA meeting, calling obesity "a major risk factor for many serious diseases and conditions, including hypertension, diabetes and heart disease...and a major contributor to high health care costs in our nation." At this same conference, the U.S. Surgeon General, Dr. David Satcher, provided the keynote address and discussed the increasing public health concern caused by the dangerous rise in obesity and obesity-related conditions;

- Bipartisan support from Members of Congress for Medicaid coverage of Xenical has increased. We will share with you new letters of support from a bipartisan group of Senators, including key Committee Chairmen and other members closely associated with public health issues, such as Senators Rockefeller, Breaux, Graham, Murray and Jeffords;

- Letters have been sent to you from a number of individuals in states where Xenical is covered. These letters cite the rationale behind the decisions to cover Xenical, including its effectiveness in treating obesity and its proven positive effect on the comorbidities associated with obesity. The letters are from a state Medicaid pharmacy program director, state health department officials, a state legislator, and important physician advisors, indicating their support for Medicaid coverage of Xenical; and

- Xenical Medicaid utilization data from the second quarter of 1999 indicating usage of Xenical in states already covering the product is being well managed. In other words, the drug is not a "budget buster" in those states covering the product.

Hoffmann-La Roche Inc. 1300 I Street, N.W., Suite 520 W. Federal Government Affairs Tel. 202-408-0090
Washington, D.C. 20005-3314

Also, since our meeting with you, we have met with Medicaid officials on two occasions, including Tim Westmoreland, the new Medicaid Director. We appreciate the opportunities we have had to explain our position, and to answer questions about Xenical as the issue is considered.

We look forward to meeting with you again, and, in the interim, we will be happy to answer any questions or provide additional information. Thank you.

Sincerely,

Ed Desmond

Ed Desmond

MUTUAL of OMAHA COMPANIES

Address all correspondence to

FEDERAL GOVERNMENT AFFAIRS OFFICE
Suite 500
1700 Pennsylvania Ave. NW
Washington, DC 20006
Phone (202) 393-6200

November 19, 1999

Mr. Chris Jennings
Office of Domestic Policy Council
Old Executive Office Building
Room 216
The White House
1700 Pennsylvania Avenue, NW
Washington, D.C. 20502

Sorry got back late. I'll call Cecil if I think the phone conversation. CJ

Dear Mr. Jennings:

Cecil Bykerk, Mutual of Omaha's Executive Vice President and Chief Actuary, will be in town on Wednesday, December 1st. We would appreciate a few minutes of your time to discuss Medicare and Medigap. We are available to meet with you anytime in the morning on December 1st.

I hope that we will have the opportunity to visit with you while Cecil is in town. Please call me or Kelly Douglas in my office at (202) 393-6200 to follow-up this week to determine if you might have some time available.

Best personal regards,

William C. Mattox

POWERS PYLES SUTTER & VERVILLE, P.C.

CORDIALLY INVITES YOU TO

A RECEPTION IN CELEBRATION OF

THE HOLIDAY SEASON AND THE NEW MILLENNIUM

THURSDAY, DECEMBER 9, 1999

FROM 5:30 UNTIL 8:30

INTERNATIONAL SQUARE

TWELFTH FLOOR

1875 EYE STREET, N.W.

IN THE CITY OF WASHINGTON

Regrets

ACCEPTANCES ONLY PLEASE
(202) 466-6550 OR WWW.PPSV.COM

BUSINESS ATTIRE
LIVE HOLIDAY JAZZ

POWERS PYLES SUTTER & VERVILLE PC
ATTORNEYS AT LAW

Hope you can

PETER W. THOMAS
ATTORNEY AT LAW

Drop by, Chris

TWELFTH FLOOR
1875 EYE STREET, NW
WASHINGTON, DC 20006-5409

TELEPHONE: (202) 466-6550
FAX: (202) 785-1756
INTERNET: pthomas@ppsv.com

MILLER & CHEVALIER
CHARTERED
655 FIFTEENTH STREET, N.W., SUITE 900
WASHINGTON, D.C. 20005-5701
(202) 626-5800 FAX: (202) 626-0858

Tues, Dec. 7
9:15 - 10:45 am
Ritz Carlton

ROBERT K. HUFFMAN
(202) 626-5824
INTERNET: RHUFFMAN@MILCHEV.COM

November 3, 1999

VIA FACSIMILE

See personal Note. I think John B. of DoJ or HHS d/ FC would better

Ms. Sarah Brau
The White House
216 Old Executive Office Building
Washington, D.C. 20502

Re: December 7, 1999 Conference On Ensuring Fiscal and Operational Integrity In The Medicare Program

Dear Ms. Brau:

Anna Nardone asked that I send you another copy of our September 15, 1999 letter to Mr. Jennings inviting him to speak at the above-referenced conference.

Thank you for your attention to this matter.

CJ

Sincerely,

Bob Huffman

Robert K. Huffman

Enclosure

cc: Ms. Anna Nardone (w/encl.)

11-3

Chris -

They thought you had agreed to do this already, but I found no confirmation.

SBrau

MILLER & CHEVALIER
CHARTERED
655 FIFTEENTH STREET, N.W., SUITE 900
WASHINGTON, D.C. 20005-5701
(202) 626-5800 FAX: (202) 628-0858

ROBERT K. HUFFMAN
(202) 626-5824
INTERNET: RHUFFMAN@MILCHEV.COM

September 15, 1999

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

Dear Mr. Jennings:

At Bruce Reed's suggestion, I am writing to invite you to participate in a health care seminar that will be held Tuesday, December 7, 1999, at the Ritz Carlton Hotel in Pentagon City, Virginia. The seminar, entitled "TEMPTATION, SIN, REDEMPTION: ENSURING FISCAL AND OPERATIONAL INTEGRITY IN THE MEDICARE PROGRAM," is being co-sponsored by my law firm, Miller & Chevalier, the Women's Educational Health Care Roundtable (a multi-disciplinary membership organization for women health care executives and professionals), and the Tidings Corporation (a company specializing in designing programs that unite decision-makers from a variety of industries to address cutting edge issues). The seminar will be presented through three interactive panels and will address the full spectrum of health care concerns, including the economic issues facing health care entities, how these issues and other factors influence behavior that gives rise to allegations and/or findings of fraud, and the aftermath of such behavior.

We would like you to participate on the first panel, which will examine the economic pressures facing health care entities, and how these pressures influence behavior. Joining you would be representatives from a hospital and a health plan, and we anticipate a lively discussion that crystallizes the economic policy concerns framing today's health care debate. This session will begin at 9:15 am and conclude at 10:45 am.

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It is anticipated that the conference audience will be drawn from hospitals, health plans, clinical laboratories, intermediaries and carriers. Within these entities, we hope to attract those persons with responsibilities in the areas of compliance, law, finance, and both clinical and administrative operations. Dr. Gail Wilensky, the John M. Olin Senior Fellow at Project HOPE and the current Chair of the Medicare Payment Advisory Commission (MedPAC), will be our luncheon keynote speaker.

We are very hopeful that you will be able to join us. Your insights will provide an invaluable perspective to our audience.

We look forward to hearing from you soon. In the meantime, should you have any questions please feel free to contact me at (202) 626-5824.

Sincerely,

Bob Huffman

Robert K. Huffman

MILLER & CHEVALIER
CHARTERED

655 FIFTEENTH STREET, N.W. SUITE 900
WASHINGTON, D.C. 20005-5701
(202) 626-5800 FAX: (202) 628-0858

TO: Ms. Sarah Brau
The White House

FROM: Robert K. Huffman

DATE: November 3, 1999

PHONE: (202) 626-5824

TRANSMITTAL CONSISTS OF THIS COVER PAGE, PLUS 3 PAGE(S)

COMMENTS

CONFIDENTIALITY NOTE

M&C FAX ROOM: Please return this fax to the desk of **VIRGINIA PITTMAN-WILLIAMS** after transmission.

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ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS
1275 K Street, N.W., Suite 800, Washington, D.C. 20005-4006
(202) 371-9090 FAX (202) 371-9797

October 19, 1999

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

Dear Mr. Jennings:

On behalf of the Association of State and Territorial Health Officials (ASTHO) I am writing invite you to present the first-day luncheon address at the Second National Conference on Genetics and Disease Prevention at the Hyatt Regency in Baltimore, Maryland. This seminal conference co-sponsored by Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Health Resources and Services and Administration (HRSA), and ASTHO, has been convened to address public health opportunities and challenges presented by advances in human genetics research. The dates of the meeting are Monday, December 6 through Wednesday, December 8, 1999. The session in which we would like you to speak is the first-day luncheon, scheduled to take place on Monday, December 6 from 12:00 p.m. to 1:30 p.m.

In your address, we hope that you will provide your thoughts on the Administration's leadership role in assuring the beneficial use of genetic information for the improvement of health. ASTHO is aware that you will be addressing the Secretary's Advisory Committee on Genetic Testing at the end of this month. As you may be aware, this Committee's final report is due to the Surgeon General on December 1st. Your presentation at the Conference a week later may provide a prime opportunity for the Administration to present this Committee's findings and recommendations to a large audience of public health professionals, researchers, policymakers, academicians, and the public.

A question/answer period with the audience will follow your remarks. To allow for ample discussion, your presentation should be limited to 45 minutes. Heather Pierce, M.P.H., ASTHO's Senior Analyst for Genetics Policy, will be your contact in connection with your participation in this session and will assist you with any necessary preparation. She can be reached at (202) 371-9090 ext. 248 or hpierce@astho.org. A Preliminary Program for the Conference has been enclosed for your reference.

We are hopeful that your schedule will permit you to be with us at the Second National Conference on Genetics and Disease Prevention. Thank you for your consideration of this invitation. We look forward to your positive response.

Sincerely,

Patricia A. Nolan, MD, MPH

Patricia A. Nolan, M.D., M.P.H.
President

Enclosure

cc: Barbara Woolley, Associate Director for Public Liaison

ASTHO The Association of State and Territorial Health Officials

THE SECOND NATIONAL CONFERENCE ON GENETICS AND DISEASE PREVENTION

Integrating Genetics into Public Health Policy, Research, and Practice

PRELIMINARY PROGRAM

DECEMBER 6-8, 1999
HYATT REGENCY BALTIMORE
BALTIMORE, MD

Conference Partners:

CDC
The Centers for Disease Control and Prevention

HRSA
Health Resources & Services Administration

NHGRI
The National Human Genome Research Institute

In Collaboration with:

DHMH
Maryland Department of Health and Mental Hygiene

The Johns Hopkins School of Hygiene and Public Health

Conference Partners:

Association of State and Territorial Health Officials

The Association of State and Territorial Health Officials (ASTHO) is a non-profit public health organization that represents the leaders of State and Territorial health agencies. Our members work collectively to formulate and influence sound national health policy and to develop and implement state programs and policies to promote health and prevent illness and disability to improve quality of life.

Centers for Disease Control and Prevention, HHS

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability. In 1997 CDC established the Office of Genetics and Disease Prevention (OGDP) to provide a coordinated focus for CDC-wide, cross-cutting genetics efforts with particular emphasis on communication, training, and program and policy development.

Health Resources and Services Administration, HHS

The Health Resources and Services Administration's (HRSA) mission is to increase access to basic health care for those who are medically undeserved through support of community health centers, maternal and child programs, and health professional training programs. HRSA administers the Maternal and Child Health State Block Grants, supporting State public health agency infrastructure. The Genetic Services Branch's (Maternal and Child Health Bureau, HRSA) mission is to facilitate the early identification of children with genetic conditions to integrate them into population and community-based, family centered systems of care.

National Human Genome Research Institute, NIH, HHS

The National Human Genome Research Institute (NHGRI) is one component of the National Institutes of Health. It is one of the lead agencies responsible for the U.S. contribution to the Human Genome Project (HGP). When completed, the HGP will provide genetic information and technologies that will result in a better understanding of genetic contributions to health and disease and allow for the development of better and more targeted treatments and prevention interventions. One critical element of the HGP has been the exploration of the ethical, legal, and social implications of the discovery and use of this information and these technologies.

This conference is being held in collaboration with the **Maryland Department of Health and Mental Hygiene** and the **Johns Hopkins University School of Hygiene and Public Health.**

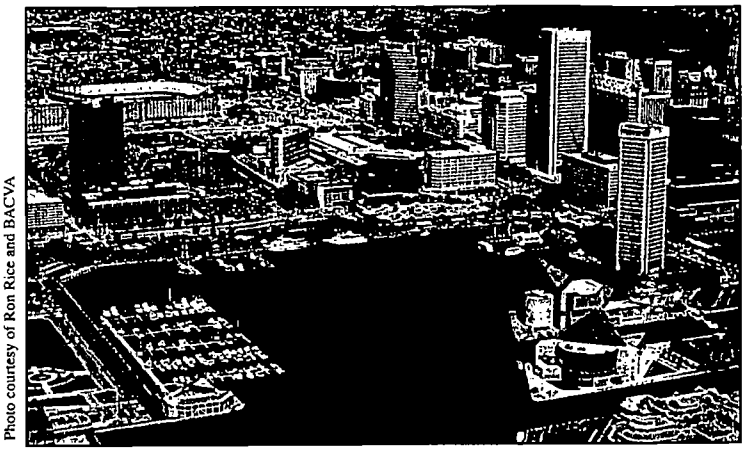


Photo courtesy of Ron Rice and BACVA

Inner Harbor Aerial

The Second National Conference on Genetics and Disease Prevention

Integrating Genetics into Public Health Policy, Research, and Practice

Baltimore, Maryland • December 6-8, 1999

Scientific advances in genetics are creating both exciting opportunities and tremendous challenges for public health. When the Human Genome Project is completed in 2003, all of the estimated 100,000 human genes will have been sequenced. The purpose of the Second National Conference on Genetics and Disease Prevention is to address public health opportunities and challenges presented by these advances in human genetics research.

Who Should Attend:

- Public health practitioners, researchers, and policymakers at the local, state, and federal levels;
- Interested parties from academia, industry, and the public.

Scheduled Sessions Include:

- Genetics from a Public Health Perspective
- Developing Genetics Capacity within Public Health Infrastructure
- Emerging Genetic Technologies - Implications for the Future
- A Diverse Community Perspective on Genetics Research and Testing
- Enlisting the Community as a Resource
- Preventing Disease through Genetic Knowledge: A Look at Colon Cancer
- Privacy and Confidentiality
- Financing of Public Health Functions
- Challenges for the Future: Partnerships to Improve Health

Other Program Highlights:

- Presented papers and poster sessions from competitive abstracts.
- Concurrent sessions addressing six themes related to the use of genetics to improve health.
- Demonstrations from on-line resources such as HuGE Net, OMIM, Helix, GenLine, and InfoGen.

General Information

Baltimore, Maryland

Baltimore is known as "Charm City" you, too, will be charmed by all that Baltimore has to offer! From its famous city center, Inner Harbor, which offers fantastic shopping, dining and attractions, to its historic sites, homes and museums, to quaint neighborhoods and ethnic restaurants, Baltimore has successfully blended the old with the new.

Hotels

Please contact the hotel of your choice directly to make reservations. There are no housing forms to fill-out. The cut-off date for room reservations is November 10, 1999. After that date, the rates are set at the discretion of the hotels. Make sure to request the group rate for the Second National Conference on Genetics and Disease Prevention.

Hyatt Regency Baltimore on the Inner Harbor

300 Light Street, Baltimore, MD 21202

The Hyatt Regency Baltimore is the official headquarters hotel for the Second National Conference on Genetics and Disease Prevention. Rates: $139/single, $159/double plus tax (currently 12.5%). Call 410-528-1234, or 800-233-1234 for reservations.

A limited number of government rate rooms are available on a first-come, first-served basis. Ask for the Second National Conference on Genetics and Disease Prevention Government block.

Sheraton Inner Harbor Hotel

300 South Charles Street, Baltimore, MD 21201

The Sheraton Inner Harbor Hotel is located directly across the street from the Hyatt Regency Baltimore. Rates: $125/single or double plus tax (currently 12.5%). Call 410-962-8300, or 800-325-3535 for reservations.

A limited number of government rate rooms are available on a first-come, first-served basis. Proper identification is required.

On-Site Registration Hours

If you have registered in advance you may pick up your registration materials during the following hours:

Monday, December 6	7:30 am - 5:00 pm
Tuesday, December 7	7:30 am - 5:00 pm
Wednesday, December 8	7:30 am - 10:00 am

Exhibit Hours

The Conference Planning Committee is building ample time into the Conference schedule to allow conference participants the opportunity to visit the exhibits. The tentative schedule is:

Tuesday, December 7	7:30 am – 1:00 pm
Wednesday, December 8	7:30 am - 1:00 pm

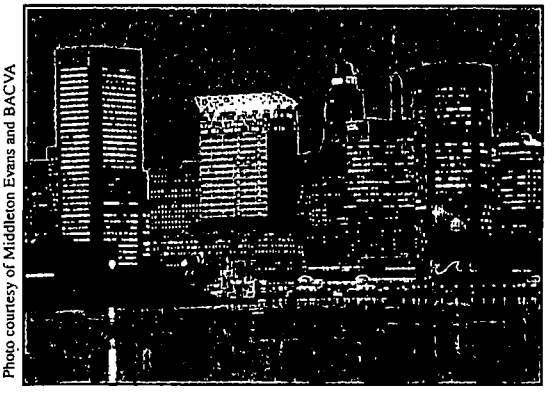


Photo courtesy of Middleton Evans and BACVA

Inner Harbor Skyline

Airline Discounts

US Airways has been designated as the official carrier for the attendees of The Second National Conference on Genetics and Disease Prevention in Baltimore, Maryland. Additional service is available into Washington DC's Reagan National and Dulles airports. US Airways agrees to offer an exclusive low fare for the attendees. This special fare will offer a 5% discount off First or Envoy Class and any published US Airways promotional round trip fare. A 10% discount off unrestricted coach fares will apply with 7 day advance reservations and ticketing required. **Plan ahead and receive an additional 5% discount by ticketing 60 days or more prior to departure.** These discounts are valid provided all rules and restrictions are met and are applicable for travel from all points on US Airways' route system.

To obtain these discounts, you or your professional travel consultant must call US Airways' Group and Meeting Reservation Office toll free at (877) 874-7687; 8:00 am - 9:30 pm Eastern Time. Refer to Gold File No. **62661146**.

Ground Transportation

The Baltimore/Washington International Airport (BWI) is approximately a fifteen minute ride to the city center. The taxi fare from the airport to downtown is approximately $18.00 and the BWI Super Shuttle is approximately $11.00 one way.

Car Rental

Alamo Rent-A-Car is offering special discounted rates for The Second National Conference on Genetics and Disease Prevention. For reservations, call (800) 732-3232 or visit alamo.com and refer to Group ID Number **603967,** Rate Code **GR**.

Maryland Science Center

Monday, December 6, 7:00 pm - 10:00 pm

Three floors of fun and fascinating interactive exhibits, the best view of Baltimore's skyline and a larger-than-life five story IMAX movie theater await you at the Maryland Science Center. Enjoy a strolling buffet dinner and cash bar in this exciting setting which is within walking distance of the hotels.

AGENDA

Monday, December 6

8:30 - 10:00

Opening Session/Keynote Address
Welcoming Remarks

Patricia Nolan, MD, MPH, *President, ASTHO and Director, Rhode Island Department of Health*

Parris Glendening, *Governor, Maryland (Invited)*

Barbara Mikulski, *U.S. Senator, Maryland (Invited)*

Jennie Forehand, *State Senator, Maryland*

Margaret Hamburg, MD, *Assistant Secretary for Planning and Evaluation, Department of Health and Human Services*

Keynote Speaker
Overview of Advances in Human Genetics

Francis Collins, MD, PhD
Dr. Collins will report on the accelerating pace of the Human Genome Project and the implications of its completion by the year 2003. The impact of new genetic technologies and information on the future of public health will be discussed.

10:30 - 12:00

Plenary Session
Genetics from Public Health Perspective

The panelists will discuss the challenges and opportunities in integrating genetics into health policy and research that must be met by public health agencies and schools of public health, and will serve as a reactive session to the vision presented by Dr. Collins in the morning's keynote address.

Muin Khoury, MD, PhD, *Director, Office of Genetics and Disease Prevention, CDC*

Sam Shekar, MD, MPH, *Associate Administrator, Field Operations, HRSA*

Georges Benjamin, *Secretary, Maryland Department of Health and Mental Hygiene (Invited)*

Scott Zeger, PhD, *Professor and Chair of the Department of Biostatistics, Johns Hopkins School of Hygiene and Public Health*

12:30 - 2:00

Luncheon
Leadership Role of Genetics and Public Health

David Satcher, MD, PhD, *Assistant Secretary for Health and U.S. Surgeon General (Invited)*
Surgeon General Dr. David Satcher will highlight the pivotal role genetics will play in the health of the public.

2:30 - 4:00

Plenary Session
Developing Genetics Capacity within Public Health Infrastructure

Speakers will discuss strategies to enhance public health's capacity improve health through the application of genetic advances and to assure access to appropriate genetic services.

Peter van Dyck, MD, MPH, *Acting Associate Administrator, Maternal and Child Health Bureau, HRSA*

James Marks, MD, MPH, *Director of the National Center for Chronic Disease Prevention and Health Promotion, CDC*

William Raub, PhD, *Deputy Assistant Secretary for Science and Policy, DHHS*

4:15 - 5:45

Concurrent Sessions

1. **The Continuity of Research: From Discovery to Utility**
   Using hemochromatosis as an example, this session will explore the translation of genetic discovery into public health research and practice.

2. **Legislative and Policy Developments**
   Panelists will discuss the integration of genetic advances in the policy and legislative arenas, at both the national and state levels.

3. **Education and Information Dissemination**
   Speakers will provide an update and strategies for educating professionals and informing the public about the uses of genetic knowledge, with current examples.

4. **Laboratory Technology: Quality Assurance and Policy Implications**
   The key laboratory issues in genetics, including the lab's role, its operations, opportunities & challenges, and needs, such as technologies, training, and partnerships will be discussed.

5. **Assessing and Expanding Genetics and Disease Prevention Capacity**
   Panelists will highlight strategies for assessing and expanding the effective use of genetics information to improve health and prevent disease through pubic health practice.

6. **Public Health Performance Measurement**
   Information needs presented by the integration of genetics into public health research and practice, including quality assessment, registries, integrated data systems, and informatics issues will be highlighted.

7:00 - 10:00

Maryland Science Center Social Event

Check out the conference website:
www.cdc.gov/genetics/temporary/Conference.pdf

Tuesday, December 7

7:30 - 8:00
Continental Breakfast

7:30 - 1:00
Exhibit Hall Open

■ Plenary Sessions

8:00 - 9:15
Emerging Genetic Technologies: Impact on the Future
Panelists will highlight the latest trends in genetic technologies and their implications across the life span.

John Lumpkin, MD, MPH, *Director, Illinois Department of Health*

Elliott Hillback Jr., *Senior Vice President, Corporate Affairs, Genzyme Pharmaceuticals*

Michael S. Watson, PhD, *Professor of Pediatrics, Washington University in St. Louis*

9:15 - 10:30
A Diverse Community Perspective on Genetics Research and Testing Community Reactor Panel
Panelists will share their perspectives on issues of genetics research and testing as they relate to their particular communities.

Judy Gobert, *Dean, College of Math and Sciences, Salish Kootenai College*

11:00 - 12:00
Enlisting the Community as a Resource
Panelists will describe their efforts to engage communities in discussions about genetics issues.

Larry Hudkins, *Past President, National Association of Local Boards of Health*

Toby Citrin, JD, *Director, Office of Community-Based Public Health, School of Public Health, University of Michigan*

Morris Foster, *Associate Professor, Department of Anthropology, University of Oklahoma*

12:30 - 2:00
Luncheon - National Policy and Program Development: Appropriations and Laws on the Horizon

2:15 - 3:45
■ Concurrent Sessions
Papers will be presented from competitive abstracts.

4:00 - 5:30 **Continued presentation of selected papers.**

Special Sessions and Meetings

6:00 - 9:00
On-line resources such as HuGE Net, OMIM, Helix, GenLine, and InfoGen will be demonstrated.

HuGE Net Meeting

Wednesday, December 8

7:30 - 8:30
Continental Breakfast

7:30 - 1:00
Exhibit Hall Open

■ Plenary Sessions

8:30 - 9:30
Preventing Disease through Genetic Knowledge
Using colon cancer as an example, panelists will present the development of knowledge from basic research through public health research, clinical utility, and, finally, to clinical integration into clinical and preventive medicine.

Paul Wiesner, MD, *Director, DeKalb County Board of Health*

Ken Kinzler, PhD, *Associate Professor of Oncology, Johns Hopkins Oncology Center*

Wylie Burke, MD, PhD, *Director, Women's Health Care Center, University of Washington*

Ellen Gritz, PhD, *Professor and Chair, Department of Behavioral Science, MD Anderson Cancer Center*

9:30 - 10:15
Privacy and Confidentiality
The myriad of privacy and confidentiality issues presented by genetics related to medical record privacy will be discussed, as will activities currently underway to assess effective policy options.

James Hodge, Jr., LLM, *Principal Investigator, Genetics Legislation: Syntax, Science, & Policy - Analyzing State Legislation, Georgetown University Law Center*

10:30 - 11:30
Financing of Public Health Functions
Panelists will present strategies to finance the essential public health functions of assessment, assurance, and policy development, particularly as genetics advances place increased pressure on public health's infrastructure.

11:30 - 12:30
Closing Plenary
Challenge for the Future: Partnerships to Promote Health
The leadership of two public health agencies, CDC and HRSA, will discuss the importance of collaboration to optimally improve health. The session will emphasize not only the importance of collaboration between public health agencies, but also the necessity of public-private partnerships.

Jeffrey Koplan, MD, MPH, *Director, Centers for Disease Control and Prevention*

Claude Earl Fox, MD, MPH, *Administrator, Health Resources and Services Administration*

CALL FOR ABSTRACTS
DEADLINE EXTENDED TO AUGUST 30, 1999!

How to Submit a Presentation Proposal

Conference participants are invited to submit an abstract for platform presentation or for a poster. Abstracts can be submitted either by E-mail or by regular mail. No faxes, please.

- Complete the call for presentation form.
- Attach a 250 word, or less, abstract of your research or project presentation.
- Formatting instructions: One page, single spaced, font size no smaller than 10 point.
- Mail or email (no faxes) 8 copies of your proposal. Faxed copies will not be accepted.
- Submissions must be received by August 30, 1999.
- Descriptions of each accepted presentation will be reproduced in the conference materials exactly as submitted.

Selection Process

The Abstract Subcommittee will complete an in-depth review of all proposals that follow the proposal preparation guidelines. Notification: The Program Committee will notify individuals submitting presentations of the results of the review in September 1999.

Complete this form and send it with your abstract. Complete one form for each presentation.

Name _____

Degree _____

Affiliation _____

Mailing Address _____

Phone _____

FAX _____

E-mail _____

Abstract Title _____

Authors _____

Please check one of the following:

Category

- ❑ 1. Translation: the continuity of research from genetic discovery to public health utility.
- ❑ 2. Legislative and policy issues related to genetics and public health.
- ❑ 3. Education of professionals and the public about genetic knowledge.
- ❑ 4. Laboratory issues: technologies, assurance functions, etc.
- ❑ 5. Genetics and disease prevention capacity: assessment and expansion.
- ❑ 6. Public health performance measurement: informatics, data needs, registries, etc.
- ❑ 7. Other: for submissions which do not fit the 6 categories listed.

Preferred type of presentation:

❑ Platform ❑ Poster ❑ No preference

Abstract deadline is August 30, 1999. Please prepare the abstract according to the sample found at http://www.cdc.gov/genetics/temporary/call4abstracts.htm and send to the address or E-mail address below.

Where to contact us:

Genetics@cdc.gov
OR write:
Abstract Subcommittee - 2nd Annual Conference, CDC, Office of Genetics and Disease Prevention, 4770 Buford Highway, Mailstop K-28, Atlanta, GA 30341

REGISTRATION INSTRUCTIONS

Please fill out the attached registration form completely (type or print clearly.)

Payment: Registration will not be considered complete until payment is received in full. The Second National Conference on Genetics and Disease Prevention will accept checks made payable to ASTHO (Federal ID #35-1044487), and signed Government Purchase Orders or Training Orders.

Mail to: ***(checks and purchase orders)***
Genetics Conference Registration Coordinator
6220 Montrose Road
Rockville, MD 20852

Fax to: ***(purchase orders and training orders only)***
Genetics Conference Registration Coordinator
(202) 371-9797

Please do not mail your form after you have registered by fax. To receive the Early Bird registration rate, the Registration Coordinator must receive your form and complete payment no later than **October 8, 1999**.

For the Advance discount rate, registration and payment must be received no later than **November 19, 1999**.

Registration Confirmation: Confirmation of your registration will be mailed within 3 weeks of receipt of your registration. If you have not received confirmation within this time frame, or if there is an error, please contact Jennifer Leo, Registration Coordinator, at (301) 530-1619, extension 16, or by email at jenniferleo@conferencemanagers.com.

Registration Materials: Name badges, tickets, programs, etc. will not be mailed in advance. Attendees who have registered in advance may pick up their registration materials on-site at the Advance Registration area in the Atrium of the Hyatt Regency Baltimore.

Cancellation Policy: 50% of the full registration amount will be refunded if cancellation is received in writing by the Registration Coordinator no later than October 15, 1999. Refunds will not be available for cancellations received after October 15, 1999.

Special Needs: If you require vegetarian meals, special assistance or handicapped accessibility in order to fully participate in the meeting, please check the "Special Needs" box on the registration form, and the Second National Conference on Genetics and Disease Prevention Convention Manager will get in touch with you to discuss your specific needs.

Second National Conference on Genetics and Disease Prevention

December 6 - 8, 1999 • Hyatt Regency Baltimore • Baltimore, Maryland

ADVANCE REGISTRATION FORM

Registration Fees

Early Bird $150
(registration and payment must be received by October 8, 1999)

Advance $200
(registration and payment must be received by November 19, 1999)

After November 19, 1999 and On-Site $250

Important Dates

October 8, 1999	Early Bird deadline
October 15, 1999	Last day to receive 50% cancellation refund
November 19, 1999	Advance Discount deadline
December 6, 1999	Conference begins!

Please type or print all requested information:

❑ Dr ❑ Mr ❑ Mrs ❑ Ms

First Name

Last Name

Degree (MD, PhD, MPH, etc.)

Nickname/how your name should appear on your badge

Title

Organization

Address

City

State

Zip

Country

Phone (include area code)

Fax (include area code)

E-mail address

❑ Please contact me to discuss my special needs. I prefer to be contacted by phone/fax/e-mail (circle one).

Your conference registration fee includes the following social events:
Maryland Science Center (Monday, December 6, 7:00 pm -10:00 pm)
Monday Lunch (Monday, December 6, 12:30 pm - 2:00 pm)
Tuesday Lunch (Tuesday, December 7, 12:30 pm - 2:00 pm)

You may purchase additional tickets for your spouse or other guest (see below).

Registration fee (please check one) $_____
❑ Early Bird (before October 8, 1999) $150
❑ Advance (before November 19, 1999) $200
❑ After November 19, 1999 and on-site $250

Additional Maryland Science Center Tickets ($40 per person)
#_____ Total $_____

Additional Monday Lunch Tickets ($25 per person)
#_____ Total $_____

Additional Tuesday Lunch Tickets ($25 per person)
#_____ Total $_____

Total Due $_____

PAYMENT

Registrations without complete payment will be returned. Please make checks and Purchase Orders/Training Orders payable to ASTHO (Federal ID# 35-1044487).

Amount Enclosed $_____

❑ Check enclosed
❑ Signed Government Purchase Order or Training Order enclosed

By what type of agency are you employed?
❑ Health Department
❑ Federal Agency
❑ Academia
❑ Public Interest
❑ Industry
❑ Other_____

Is receiving continuing education credits important to you?
❑ Yes
❑ No

If offered, for which continuing education credits would you apply?
❑ CME
❑ CEU
❑ Other_____

Monday, December 6

7:30 am - 5:00 pm
Registration

8:30 am - 10:00 am
Welcome Remarks and Keynote Address

10:00 am - 10:30 am
Break

10:30 am - 12:00 pm
Plenary Session

12:00 pm - 12:30 pm
Break

12:30 pm - 2:00 pm
Luncheon Speaker

2:00 pm - 2:30 pm
Break

2:30 pm - 4:00 pm
Plenary Session

4:00 pm - 4:15 pm
Break

4:15 pm - 5:45 pm
Concurrent Sessions

5:45 pm - 7:00 pm
Break

7:00 pm - 10:00 pm
Maryland Science Center Social Event

Tuesday, December 7

7:30 am - 8:00 am
Continental Breakfast

7:30 am - 1:00 pm
Exhibit Hall Open

7:30 am - 5:00 pm
Registration

8:00 am - 10:30 am
Plenary Sessions

10:30 am - 11:00 am
Break

11:00 am - 12:00 pm
Plenary Session

12:00 pm - 12:30 pm
Break

12:30 pm - 2:00 pm
Luncheon Speaker

2:00 pm - 2:15 pm
Break

2:15 pm - 3:45 pm
Concurrent Sessions

3:45 pm - 4:00 pm
Break

4:00 pm - 5:30 pm
Concurrent Sessions

5:30 pm - 6:00 pm
Break

6:00 pm - 9:00 pm
Demonstrations of Online Resources
HuGE Net Meeting

Wednesday, December 8

7:30 am - 8:30 am
Continental Breakfast

7:30 am - 10:00 am
Registration

7:30 am - 1:00 pm
Exhibit Hall Open

8:30 am - 10:15 am
Plenary Sessions

10:15 am - 10:30 am
Break

10:30 am - 11:30 am
Plenary Session

11:30 am - 12:30 pm
Closing Plenary

The Second National Conference on Genetics and Disease Prevention

Conference Headquarters
6220 Montrose Road
Rockville, MD 20852
www.cdc.gov/genetics/temporary/Conference.pdf

Council on the Economic Impact of Health System Change

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

David Shactman, MPA, MBA
Brandeis University
Project Director

November 3, 1999

Dear Friend,

I would like to extend an invitation to you to join us on December 17th for our Winter Council meeting. The meeting will examine proposals to use tax policy to reduce the number of uninsured. We will critically assess the tax plans being proposed and hear how leading presidential candidates plan to attack the problem of the uninsured.

Prominent members of Congress, leading health industry groups, and health policy analysts have increasingly been focused on using tax policy to increase health insurance coverage. Our current system provides substantial tax subsidies for participants in employer-based health plans. These subsidies, however, are seen by many as tilted towards higher-income Americans, and they leave out many who cannot access employer-provided coverage. Policy makers in Congress have filed a variety of tax plans, and presidential candidates have included tax-based reforms in their campaign proposals.

As you can see from the enclosed agenda, we are fortunate to have a number of outstanding and thoughtful speakers to address these issues. The initial session will focus on incremental proposals to extend tax incentives to encourage the purchase of health insurance. Mark Pauly and Gail Shearer will analyze the policy issues involved, and Jonathan Gruber will present the findings of new research simulating the impact of these plans. The next session will examine broader proposals to fundamentally restructure the health insurance system through tax law changes. Stuart Butler will present his comprehensive plan, and Henry Aaron will provide his perspective. As always, we have built in substantial blocks of time for discussion and dialogue.

During lunch, we will hear from representatives of the presidential candidates, and discuss with them their candidates' plans for the uninsured.

The meeting will be held at the Washington Monarch Hotel (formerly the ANA) and a block of rooms has been reserved for conference participants (call 202-429-2400 for reservations). This meeting is by invitation only, and limited space will be reserved in the order that replies are received. We ask that you reply at your earliest convenience and request that you reply by November 19 even if you cannot attend. If there have been recent changes in your contact details, please fill out the additional information so we can update our database for future meeting invitations. There are no conference fees, but you will be responsible for your own transportation, lodging, and incidental expenses. I hope you will be able to participate in this exciting program.

Sincerely,

Stuart H. Altman, Ph.D.

The Council is supported by a grant from The Robert Wood Johnson Foundation and is administered by the Schneider Institute for Health Policy, The Heller School, MS-035, Brandeis University, 415 South St., Waltham, MA 02454-9110
◆ Tel: (781) 736-3807 ◆ Fax: (781) 736-3306 ◆ http://sihp.brandeis.edu/council

Council on the Economic Impact of Health System Change

USING TAX POLICY TO REDUCE THE NUMBER OF UNINSURED

December 17, 1999
The Washington Monarch Hotel
2401 M Street, N.W.
Washington, DC
(202) 429-2400

9:00 a.m. **Stuart H. Altman, Ph.D.,** Sol C. Chaiken Professor of National Health Policy, Brandeis University and chair, Council on the Economic Impact of Health System Change

Introduction and Welcome

Session I. Incremental Expansion of Tax Benefits to Encourage the Purchase of Health Insurance

9:15 a.m. **Mark V. Pauly, Ph.D.,** Professor of Health Care Systems, The Wharton School, University of Pennsylvania

Design Options for Insurance Tax Credits for Working Families: Evaluation and Effects
How should policymakers consider the design issues than can be specified (and traded off) in tax credit proposals, including the amount of the credit, the degree of specification of eligible insurance policies, which types of insurance markets may be used, and which population subgroups will be eligible? Empirical estimates will be used to illustrate the design tradeoffs as they apply to workers and their dependents.

9:30 a.m. **Gail Shearer, M.A.,** Director, Health Policy Analysis, Washington, DC Office of Consumers Union

Is the Individual Market Ready for Tax Credits?
Tax credit proposals — from both the left and the right — abound. Although tax credits for individuals can provide some financial relief to those who lack access to employer-provided coverage, they may also accelerate erosion of insurance coverage. What policies should be paired with tax credits to ensure that high risk consumers are not harmed, and that tax credits provide relief, not greater problems, for the health care system?

9:45 a.m. **Discussion**

10:15 a.m. **Jonathan Gruber, Ph.D.,** Professor of Public Finance, Department of Economics, Massachusetts Institute of Technology

Simulation analysis of tax credit proposals and the implications for policy
A simulation can model the impact of prototypical tax credit schemes similar to those being proposed in Congress. Examining the results of this modeling, we can gain insight into a tax credit's likely effects on employer offer rates, employee take-up rates, and the number of uninsured. How should analysis of the simulation inform policymaking? Could experimental research in this area provide better data for this purpose?

10:30 a.m. **Discussion**

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

Session II. Using Tax Policy to Implement Structural Change in the U.S. Health Care System

11:15 a.m. **Stuart Butler, Ph.D.,** Vice President, Domestic And Economic Policy Studies, The Heritage Foundation

Transcending Employment-Based Insurance
The employment-based health system continues in America largely because of a tax preference, but its enormous drawbacks make it inappropriate as the basis for a health insurance coverage for a new century. It is possible to envision a very different system, however, which would incorporate in reality the supposed advantages of employment-based coverage, yet give real control over health insurance to workers and their families. To be sure, such a new system poses many practical challenges, but we should focus on solving these challenges — not on trying to maintain a system that is increasingly impractical.

11:30 a.m. **Henry Aaron, Ph.D.,** Senior Fellow, The Brookings Institution

Assessing Employment-Based Insurance and its Alternatives
Probably no one at this meeting would have chosen to design a national health insurance system built on employer sponsorship. But the employment-based system, warts and all, is the bedrock of health insurance for most nonaged, nonpoor adults and children. Movement away from this system — when and if it happens — is likely to come

conservatively, in gradual evolutionary steps, not through radical redesign, particularly one that threatens large cost shifts or loss of coverage for sizeable groups in the population.

11:45 a.m. **Discussion**

Session III. The Presidential Candidates and the Uninsured

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

Representatives of major presidential campaigns will discuss their candidates' plans for reducing the number of uninsured.

Discussion

2:00 p.m. **Meeting adjourns**

Council on the Economic Impact of Health System Change

USING TAX POLICY TO REDUCE THE NUMBER OF UNINSURED

December 17, 1999 – Washington Monarch Hotel

Please RSVP by November 19, 1999

Name _____

Yes, I will attend (please list any dietary restrictions below)

☐ No, I will not be able to attend

Please fill out information below if required to correct or update our records:

Organization _____ Title _____

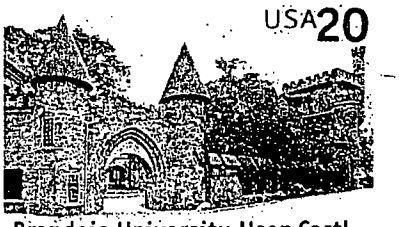
Address _____

City _____ State _____ Zip _____

Telephone ( ) _____ Fax ( ) _____

Email Address _____

PHOTOCOPY PRESERVATION



Pat Aloise
Council on the Economic Impact of Health System Change
Brandeis University, MS-035
Heller Graduate School
Schneider Institute for Health Policy
P.O. Box 9110
Waltham, MA 02454-9110

THE BROOKINGS INSTITUTION

1775 MASSACHUSETTS AVENUE, N.W. WASHINGTON, D.C. 20036-2188
TELEPHONE: 202/797-6000 FAX: 202/797-6000
WORLD WIDE WEB: http://www.brook.edu/

E.J. DIONNE, JR.
SENIOR FELLOW

October 8, 1999

Mr. Chris Jennings

VIA FAX: 456-5570

This is terrific & what I would. Please put EJ. on my calendar

Dear Mr. Jennings:

I would like to invite you to join as a guest at Friday Lunch on October 15. We plan to have a healthcare discussion including the healthcare bill of rights and would welcome your insight in particular.

Just so you have some background: Friday Lunch is a weekly gathering for informal, off-the-record --or if our guest prefers, on-the-record-- conversations involving both Brookings and outside scholars, public officials, journalists, and others interested or active in politics. Friday Lunch, as the name implies, takes place here at Brookings every Friday at the same time, from 12:15 until 1:45. We usually ask our guest to speak for about five minutes or so on any topic of his or her choosing. Then it's an open discussion with questions and comments.

Please give Staci Simmons a call at 202-797-6405 if you have any questions and to respond. I very much hope you will be able to join us.

thanks EJ

Sincerely,

E.J.

E.J. Dionne, Jr.

THE BROOKINGS INSTITUTION

Governmental Studies

1775 Massachusetts Avenue, N.W.
Washington, D.C. 20036-2188
Sixth Floor

Phone: 202/797- 6405
FAX: 202/797-2973

Date: 10/08/99 Total number of pages incl. coversheet: 2

FAX TO: Teresa Jones & Chris Jennings

Organization:

FAX Number: 456-~~5570~~-5557

FROM: Staci Simmons

Comments:

American Medical Association

Physicians dedicated to the health of America

E. Ratcliffe Anderson, Jr., MD 515 North State Street 312 464-5000
Executive Vice President, CEO Chicago, Illinois 60610 312 464-4184 Fax

October 6, 1999

Mr. Christopher C. Jennings
Deputy Assistant to the President for
Health Policy Development
Executive Office of the President
1600 Pennsylvania Avenue, Northwest
Washington, DC 20500

Dear Mr. Jennings:

Approximately fifty of the most significant and influential members of America's health sector are invited to participate in an inaugural Assembly convened by the American Medical Association (AMA) with the support of the additional inaugural benefactors listed below. This event will be held Friday afternoon, October 29, 1999, through Sunday noon, October 31, at the beautiful and renowned Stein Eriksen Lodge in Park City, Utah.

The AMA conceived the Health Sector Assembly to develop meaningful dialogue between the creative thinkers and dynamic activists who will shape the future of America's health care. Clearly, there are great, universal challenges facing health care. It is incumbent on the leadership of the health sector to become the truly seminal force for meaningful and visionary movement into the new century by shaping the agenda, issuing a determined call for action, and driving toward consensus.

Those invited to participate in the Inaugural Health Sector Assembly include individuals regarded as key leaders in the medical profession, the health delivery universe, the financial and insurance arena, and key political leaders from all strata who are willing to tackle these challenges. It is important that leading policy figures focusing on health, as well as commenting journalists, join this enhancing discussion. In addition, consumer and patient advocates, along with organized labor leaders, will be at the table with key industrial and business leaders from whom creative stimulus has occurred over the past decade.

On behalf of the Officers and trustees of the AMA, and the inaugural benefactors, I sincerely invite you to be a participant in this Inaugural Assembly. This invitation, which is extended to you personally, is a signal recognition of your standing within the health sector as well as your reputation as a creative and stimulating thinker.

I very much hope you will be the guest of the AMA and our benefactors for the three-day period. You will be met at the Salt Lake City Airport by a representative of the Assembly Secretariat for transportation to the lodge, approximately a forty-minute drive from the airport. At the Assembly, your lodging, meals and related expenses will be underwritten, although your travel costs to Salt Lake City are your own responsibility.

The enclosed brochure describes the Assembly in fuller detail. You can see our plan is for a series of challenge addresses and responses followed by extensive and in-depth discussion so that all participants are full, active members of the event. We hope that a general statement of agreement on the scope of the challenges facing America can be reached on the final day and that specific solutions or action plans can be adopted.

The topic for the Inaugural Assembly is *UNIVERSAL COVERAGE*. This is a befitting subject for consideration since it constitutes the gravest public health issue facing America today. Accordingly, it is a subject deserving the collective wisdom of those invited as the Inaugural Assembly's participants.

I hope you will be a part of this major new undertaking and have your name enrolled as an inaugural participant. Your positive response before September 10, 1999 by the enclosed form is appreciated. (Any questions may be addressed to our Inaugural Assembly Vice-Chair, Roy Pfautch, longtime consultant to the AMA and known to many in the health sector, at 202/785-2070.)

We much look forward to your contribution to the interactive discussion at the Inaugural Health Sector Assembly.

Sincerely,

E. Ratcliffe Anderson, Jr., MD

Enclosures

INAUGURAL HEALTH SECTOR ASSEMBLY BENEFACTORS

AMERICAN MEDICAL ASSOCIATION

AMGEN

PFIZER, INC

PURDUE PHARMA L.P.

1999 HEALTH SECTOR ASSEMBLY — TENTATIVE AGENDA

Friday, October 29, 1999

2:30pm Assembly Convenes

D. Ted Lewers, MD
Chair, Board of Trustees
American Medical Association
Presiding Convenor

General Session:
MISSION, MESSAGE AND MANDATE

The Current Situation in Health Care:

Steven A. Schroeder, MD
President and Chief Executive Officer
Robert Wood Johnson Foundation

The Honorable Donna E. Shalala
Secretary, United States Department of Health and Human Services

Roundtable Discussion

8:00pm Dinner & Entertainment

Saturday, October 30, 1999

8:00am Breakfast

9:00am General Session:
UNIVERSAL COVERAGE: WHAT??

Overview Address:

Stuart H. Altman, PhD
Sol C. Chaikin Professor of National Health Policy, Institute for Health Policy
Heller Graduate School, Brandeis University

Response Addresses:

Linda F. Golodner
President
National Consumer's League

The Honorable Michael O. Leavitt
Governor of Utah
Chair, National Governor's Association

Thomas R. Reardon, MD
President
American Medical Association

Roundtable Discussion

Break-out Sessions

12:30pm Luncheon

2:00pm General Session:
UNIVERSAL COVERAGE: WHO AND HOW??

Overview Address:

The Honorable Louis W. Sullivan, MD
President, Morehouse School of Medicine
Former Secretary, United States Department of Health and Human Services

Response Addresses:

Oliver A. Goldsmith, MD
Medical Director and Chair of the Board
Southern California Permanente Medical Group

Karen L. Katen
Senior Vice President
Pfizer, Inc

A Member of Congress (Invited)

Roundtable Discussion

Break-out Sessions

7:30pm Social Event/Outing

NOTE: During the evening, the breakout session facilitators, assisted by professional staff, attempt to bring together the various strains of thoughts and produce a working document for presentation as the statement of consensus or solution alternatives.

Sunday, October 31, 1999

8:00am Breakfast & Optional Church Services

9:00am General Session:
REVIEW AND CHALLENGE

Review of Saturday Break-out Sessions

Presentation of Statement of Consensus or Solution Alternatives

Roundtable Discussion

Adoption of Assembly Proceedings or Statement(s)

Challenge Address:

Nancy W. Dickey, MD
Immediate Past President
American Medical Association

12:00pm Assembly Concludes

1999 Health Sector Assembly

OCTOBER 29–31, 1999
STEIN ERIKSEN LODGE
PARK CITY, UTAH

Response Form

PLEASE RESPOND PRIOR TO OCTOBER 8, 1999

Remember, due to the interactive nature of this conference, participation is limited to the first fifty individuals who respond
via facsimile to (202) 785-1102
or by mailing to:
AMA Health Sector Assembly Secretariat
c/o 1050 Connecticut Avenue, NW
Suite 870
Washington, DC 20036

Dear Dr. Anderson:

☐ I accept your invitation to join the 1999 Health Sector Assembly to discuss the important issues surrounding the subject of Universal Coverage.

(All participants will be the guest of the AMA and the inaugural benefactors for lodging and meals from Friday afternoon, October 29, 1999, through Noon on Sunday, October 31, 1999. As transportation from Salt Lake City International Airport to Stein Eriksen Lodge is provided, a member of the Secretariat will interact with your office to finalize the arrangements.)

☐ Thank you for your invitation. However, my schedule does not allow for my participation in the 1999 Health Sector Assembly.

Name/Title

Organization

Address

Phone Facsimile

Contact Person (if different the registrant) Phone

The American Medical Association

convenes the

1999 Health Sector Assembly

in association with the following

Inaugural Benefactors

Amgen

Pfizer, Inc

Purdue Pharma L.P.

The above listed organizations support the Health Sector Assembly as a forum for meaningful, creative and highly visible activity in addressing the challenges facing the United States and the health of its citizens.

For more information, please contact:

Health Sector Assembly Secretariat
c/o Civic Service, Inc.
1050 Connecticut Avenue, Northwest
Suite 870
Washington, DC 20036

Telephone: 202-785-2070
Facsimile: 202-785-1102

1999 HEALTH SECTOR ASSEMBLY

Fifty Leaders in Health Policy :
A Forum for
Ideas and Action

October 29 – 31, 1999
Stein Eriksen Lodge

Park City, Utah

1999 HEALTH SECTOR ASSEMBLY — TENTATIVE AGENDA

Friday, October 29, 1999

- Assembly Convenes (2:30 p.m.)
- General Session:
  Mission, Message and Mandate
  - Keynote Address
  - Response Addresses
  - Roundtable Discussion
- Dinner & Entertainment

Saturday, October 30, 1999

- Breakfast
- General Session:
  Universal Coverage: What??
  - Overview Address
  - Response Addresses
  - Roundtable Discussion
- Break-out Sessions
- Luncheon
- General Session:
  Universal Coverage: Who & How??
  - Overview Address
  - Response Addresses
  - Roundtable Discussion
- Break-out Sessions
- Social Event/Outing

NOTE: During the evening, the break-out session facilitators and team representatives, assisted by professional staff, attempt to bring together the various strains of thoughts and produce a working document for presentation as the statement of consensus or solution alternatives.

Sunday, October 31, 1999

- Breakfast
  - Optional Church Services
- General Session:
  Review and Challenge
  - Opening Remarks
  - Review of Saturday Break-out Sessions
  - Presentation of Statement of Consensus or Solution Alternatives
  - Roundtable Discussion
  - Adoption of Assembly Proceedings or Statement(s)
  - Challenge Address
- Assembly Concludes (12:00 p.m.)

1999 HEALTH SECTOR ASSEMBLY

OCTOBER 29 – 31, 1999
PARK CITY, UTAH

A LEADERSHIP FORUM FOR IDEAS AND ACTION

PURPOSE

The Health Sector Assembly is a forum allowing leaders from virtually every segment of American society to share their expertise, knowledge and understanding of the health system. By facilitating a confluence for distinguished leaders, policy analysts and decision makers, the Assembly provides a unique situation for individuals who possess a range of understanding to explore potential solutions for problems confronting America and its health care delivery system.

Ideas and creative thinking are seminal to imaginative and constructive development in a free society. Clearly there is a need for the best and the brightest to join together to meet the challenges posed by trying to achieve the equitable and cost-effective provision of health care services. Accordingly, the convenors envision that over the coming years, the Assembly will serve as the initiating national forum for creative, meaningful and visionary discussion on and hopefully, resolution of health sector issues.

THEME

The theme for the 1999 Health Sector Assembly is *Universal Coverage.*

FORMAT

The Assembly features major addresses including a keynote, several in-depth presentations on the subjects of consideration and a concluding challenge address. There will be opportunities for responses and critiques. The Assembly also divides into smaller, interactive groups for in-depth consideration of key issues.

During the sessions, every attempt will be made to encourage each participant to be an active, creative and visible member of the Assembly, with a free and open exchange as the ultimate goal. The Assembly seeks to encourage consensus building around key issues and solutions. Nonetheless, unanimity of thought is not necessary to provide meaningful and stimulating outcomes from the Assembly deliberations. In each instance, post Assembly publications will include representative thinking that highlights the significant perspectives shared by the participants.

SETTING

The Assembly will convene at the world renowned Stein Eriksen Lodge in Park City, Utah, conveniently and scenically located a short trip from the Salt Lake City International Airport. While providing a secluded and enormously beautiful setting, the Lodge is still very accessible, and the time frame of the Assembly precedes the onset of the major snow season in Utah.

ELIGIBILITY

To ensure the highest level of discussion, participation is by invitation only to identified health sector, corporate, academic and governmental leaders. The combination of shared purpose, leadership and expertise is designed to generate useful and purposeful discussion. Participation at the conference is limited to fifty individuals.

COSTS

Participants will be guests of the AMA and the inaugural benefactors during the Assembly. Transportation to Salt Lake City is the responsibility of each participant, although a limited number of transportation scholarships are available. For more information on transportation scholarships, please contact the Assembly Secretariat at (202) 785-2070.

ASSEMBLY CHAIR

D. Ted Lewers, MD
Chair, Board of Trustees
American Medical Association

HONORARY CO-CHAIRS

Gordon M. Binder
Chairman and Chief Executive Officer
Amgen

Karen L. Katen
Senior Vice President, Pfizer, Inc
Executive V.P., Pfizer Pharmaceuticals Group
President, U.S. Pharmaceuticals Group

Mortimer D. Sackler, MD
Founder and Chairman
Raymond R. Sackler, MD
Founder and President
Purdue Pharma L.P.

MTG

FROM THE WASHINGTON OFFICE OF
CIVIC SERVICE INCORPORATED
SUITE 870
1050 CONNECTICUT AVENUE, NW
WASHINGTON, DC 20036

202-785-2070 TELEPHONE 202-785-1102 FAX

FAX COVER PAGE

TO: Ms. Jones

ORGANIZATION: Office of Policy Dev

FAX NUMBER: 202- 456- 5557

FROM: James Cuba

SUBJECT: HSA 99

CONFIDENTIAL? ____ YES ____ NO **URGENT?** ____ YES ____ NO

NOTES/COMMENTS:

I do hope Ms. Jennings can participate in this program

Thank you.

National Committee to
Preserve Social Security
and Medicare

Hope to get 10/20/99

September 23, 1999

Would like to but can't since I will still be in session & it could go so long

Christopher C. Jennings
Deputy Assistant to the President for Health Policy Development
216 Old Executive Office Building
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. Jennings:

On behalf of the National Committee to Preserve Social Security and Medicare, I invite you to participate in a session on Medicare reform at the Gerontological Health Section of the American Public Health Association's annual meeting in Chicago on November 9, 1999 at 12:15 p.m.

The session is a one and one half-hour forum entitled "What Path Should Medicare Reform Pursue." The audience may include physicians, nurses, social workers, health service researchers, public health officials, health policy analysis and educators in these fields.

We would like you to make a ten-minute presentation on what you see as the future direction of the program, followed by general discussion among the panel and a question and answer period.

We would be honored if you would participate in the panel discussion and question and answer exchange with the audience. Your experience in developing the Administration's Medicare policy and in implementing the changes to Medicare required by the Balanced Budget Act of 1997 would be especially valuable for this discussion. We will be inviting Senator Bill Frist (R-TN) and Senator Jay Rockefeller IV (D-WV) to be the other two panelist at the session.

Please let me know if you will be able to participate in this forum. You may reach me at (202) 216-0420.

Hope you can participate

Sincerely,

Martha A. McSteen

Martha A. McSteen
President

10/19/99
Confirmed
RSVP

The David A. Winston Health Policy Fellowship

Cordially Invites You to

The First Annual David A. Winston
Health Policy Lecture

OV

Awarded to

The Honorable Willis B. Gradison, Jr.

Addressing

The Roles of the Public and Private Sectors in Health Care

Tuesday, October 19, 1999
6:00 p.m.

Reserve Officers Association
of the United States
1 Constitution Avenue, N.E.
Washington, D.C.

Reception to follow R.s.v.p.202/721-8100

Sponsored in part by Pfizer, Inc

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	Sarah Nicholson to Chris Jennings re: phone number (partial) (1 page)	10/06/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (April, May, June 1999) [1]

2011-0747-S
rc419

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]

K H A

An Association of Kentucky Hospitals and Health Systems

October 6, 1999

Mr. Chris Jennings
Assistant to the President
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500
Attention: Teresa Jones

Dear Mr. Jennings:

Key members of the Kentucky Hospital Association will be in Washington, D.C. on Wednesday, October 13, 1999, to visit with our Congressmen. Our group is very interested in discussing key health care issues with you. The members of the group are Steve Williams, President and Chief Executive Officer, Norton Healthcare, a system which owns 20 hospitals in Kentucky, Indiana and Illinois, and Norton Trustees Albin B. Hayes, Jr., Rick K. Guillaume, Dr. Larry N. Cook, and Dr. Richard Wolf. KHA President Mike Rust and myself will also be in attendance.

We respectfully request 15-20 minutes of your time on the afternoon of October 13th.

Please let me know of your availability and we look forward to having the opportunity to meet with you.

Sincerely,

Sarah S. Nicholson

Sarah S. Nicholson
Vice President/Government Relations

Sorry I couldn't meet. If

SSN:da

they need a phone call it will do

Oh

Directions

C003

P6/(b)(6)

Wife Carol

2501 Nelson Miller Parkway
Post Office Box 436629
Louisville, Kentucky 40253-6629
502-426-6220
FAX 502-426-6226

KHA

An Association of Kentucky Hospitals and Health Systems

2501 Nelson Miller Parkway * P.O. Box 436629 * Louisville, Kentucky 40253-6629 *
(502) 426-6220 * FAX (502) 992-4390
KHA / Coverage Options Associates

Fax Cover Sheet

DATE: OCTOBER 6, 1999	**TIME:** 4:31 PM
TO : Mr. Chris Jennings **COMPANY:** ATTN: Teresa Jones	**PHONE:** ( ) - x **FAX:** (202) 456-5557
FROM: Sarah S. Nicholson	**PHONE:** (502) 426-6224 x 334 **FAX:** (502) 426-6226
RE: Appointment Request with Chris Jennings on October 13, 1999	
Number of pages including cover sheet: 2	
Message:	

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: RLCR DATE: 08/26/11
2011-0747-S

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. memo	Frank Caterinicchio to Chris Jennings re: phone number (partial) (1 page)	09/30/1998	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
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MEMORANDUM

TO: **Chris Jennings**
Chief Health Care Policy Advisor

FROM: Frank Caterinicchio
United Agricultural Benefit Trust/California

DATE: September 30, 1998

SUBJECT: **Meeting Request**

United Agribusiness League President Bill Goodrich, Board Chairman Glen Miller and myself would like to schedule a meeting with the Congressman to discuss current federal health care issues as they relate to ERISA and agribusiness employers.

The sweeping health care package signed into law recently by California Governor Gray Davis will result in increased health care costs for many ag employers -- and the only thing saving many of them is ERISA plans.

Goodrich oversees the United Agricultural Benefit Trust based in Irvine, CA. It is an association-sponsored plan which covers more 50,000 agribusiness employees statewide. He is an expert on health care issues having testified before numerous Congressional committees many times.

Based in Oxnard, Miller serves on the Sunkist Board of Directors. He heads Saticoy Lemon Association, Sunkist's largest lemon producer.

If possible we would like to schedule a meeting at any time between these dates:

Tuesday, October 12, between 9:00 a.m. and 4:00 p.m.
Wednesday, October 13, between 9:00 a.m. and 1:00 p.m.

Please contact me directly to confirm a meeting time at P6/(b)(6) Thank you for your consideration.

PS Enclosed is some information about United Agricultural Benefit Trust.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004b. fact sheet	re: fax number (partial) (1 page)	09/30/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (April, May, June 1999) [1]

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FACTS ABOUT AGRICULTURE'S PREMIER HEALTH CARE ALLIANCE
UNITED AGRICULTURAL BENEFIT TRUST

• Established:	March 1, 1983
• Address & Phone:	54 Corporate Park, Irvine, CA 92606-5105 (949) 975-1424, or (800) 223-4590, Fax (949) 975-1671
• Stop-Loss Insurer:	Pacific Mutual Life Ins. Co.–700 Newport Center Drive, Newport Beach, CA 92660
• Corporate Trustee:	Bank of America–555 South Flower Street, Los Angeles, CA 90071
• Accounting Firm:	Conrad & Associates, L.L.P., 1100 Main Street, Irvine, CA 92714
• Actuarial Consultant:	Ben Mulkey, FSA, MAAA–3161 Lucas Drive, Lafayette, CA 94549-5544
• Claims Administrator:	Tayson Insurance Administrators–54 Corporate Park, Irvine, CA 92714-5105

UABT was organized by members of United Agribusiness League under the provisions of the Employee Retirement Income Security Act of 1974. The Trust is managed by a Board of Trustees made up of agricultural industry leaders who all are current members of the Trust. The Trust is not an insurance company but rather an agricultural employer health care "Co-op" that operates on a non-profit basis for the exclusive benefit of its participants. Through this "Co-op", our members have the opportunity to choose from a large number of health plans specifically designed to meet the needs of their industry.

EMPLOYEE AND DEPENDENTS COVERED: Since 1983, approximately 350,000 participants have received the benefits associated with Trust participation.

CONTRIBUTIONS: Since inception, a total of more than $235,000,000 has been contributed to the Trust by participating employers. Current annual Trust contributions are in excess of $25,000,000.

BER OF CLAIMS: The Trust has paid out over $200,000,000 in health, life, dental and vision claims. On an annual basis, UABT receives, processes and pays over 100,000 claims.

COST CONTAINMENT PROGRAMS: Most UABT health plans include discounted contracts with one of California's leading preferred provider organizations, the California Foundation for Medical Care. This program affords participants the choice of approximately 32,000 doctors and 400 hospitals who have agreed to provide medical services at discounted rates. In areas not served by these organizations, UABT maintains direct contracts with thousands of physicians and hospitals throughout the United States. UABT plans also provide pre-admission testing, case management, outpatient surgery, hospice, convalescent hospitals, and home health care.

DOCTOR PANEL IN MEXICO: The Trust maintains long-standing negotiated fee arrangements with some of the finest full-service medical hospitals, clinics and doctors in Mexico. Offices are located in Mexicali, San Luis, and Tijuana, Mexico. Participants using this panel are charged a minimal co-pay for each doctor visit. The overall savings are passed on to our employer participants.

GROUP LIFE INSURANCE BENEFITS: PAULA Assurance Company, 300 North Lake Ave., Suite 300, Pasadena, CA 91101

PRESCRIPTION DRUG PROGRAMS: Express Scripts: 4700 Nathan Lane, North Plymouth, MN 55442

BENEFIT COMMITTEE MEMBERS:
Allan Teixeira (Committee Chairman), Teixeira Farms, Santa Maria, CA
David Donlon (Committee Vice Chairman), Donlon Ranch, Somis, CA
Mike Dillard, Saticoy Lemon Association, Santa Paula, CA
Mack Ramsay, Calberi, Inc., Santa Ana, CA
Don Regan, Regan Distributors, Inc., Santa Ana, CA
Jim Rossi, Rossi Transport Service, Templeton, CA
John Turco, Turco Desert Company, San Jose, CA

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. letter	Patti Thomas Harper to Chris Jennings re: phone number (partial) (1 page)	10/08/1999	P6/b(6)

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

FOLDER TITLE:
Speaking Engagements (April, May, June 1999) [1]

2011-0747-S
rc419

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CHRISTUS
SCHUMPERT
Health System

October 8, 1999

Mr. Chris Jennings
The White House
1600 Pennsylvania Avenue
Washington, D. C. 20500

Dear Mr. Jennings:

As a representative of CHRISTUS Health System, I am writing to request an opportunity to meet briefly with you at your convenience on Thursday, October 14 to discuss the provider prospective on the BBA problems and potential administrative options in achieving relief in this health care crisis. Members of our Senior Leadership team attending the meeting will include

Dr. Tom Royer	CEO	CHRISTUS Health
Peter Maddox	Sr. Vice President	CHRISTUS Health
Dan Rissing	Sr. Vice President	CHRISTUS Health Louisiana
Deborah Randolph	Vice President, Government Affairs	
Patti Harper	Vice President, Government Affairs	
Janie Carver	CEO	Dubuis Long Term Care System
Jack Bresch	Catholic Health Association	
Dr. Milton Chapman	Vice President, Medical Staff	

(Dr. Chapman's sister is Milli Alston , White House Director of Personal Communications)

I know that during this hectic week of markups and debates your schedule is extremely tight, and if another day or week is more convenient, we would certainly make every effort to be available. We are, however, already scheduled to be in Washington Tuesday through Thursday next week for Congressional meetings. If you have questions, or should need to contact me, I can be reached at my office (318-681-6702), cell phone P6/(b)(6) or home number P6/(b)(6) [006]

Sincerely yours,

Patti Thomas Harper
Vice President,
Government Affairs

I should meet with them, right?

One Saint Mary Place | Government Affairs and Public Policy | Shreveport | LA 71101
Tel 318-681-6702 Fax 318-682-6999

CHRISTUS Health

Fact Sheet

CHRISTUS Health – An Overview

BACKGROUND

CHRISTUS Health was formed in February 1999 and consists of virtually all the hospitals and services that once made up Incarnate Word Health System, based in San Antonio, and the Sisters of Charity Health Care System, based in Houston. CHRISTUS Health is sponsored jointly by the Congregations of the Sisters of Charity of the Incarnate Word in Houston and the Sisters of Charity of the Incarnate Word in San Antonio.

MISSION & VISION

The CHRISTUS Health Mission is: To extend the healing ministry of Jesus Christ.

The CHRISTUS Health Vision is to:

- Strengthen current ministries and expand into new locations and services
- Implement innovative approaches to caring for the whole person
- Increase access to health care for the poor and underserved through advocacy and other initiatives
- Make significant contributions to creating healthy communities
- Create a work environment filled with hope, dignity and mutual respect.

FACT & FIGURES

CHRISTUS Health includes more than 30 hospitals and other health care ministries in more than 60 communities in Texas, Louisiana, Arkansas, Utah and Oklahoma.

CHRISTUS Health has more than 23,000 employees and nearly 8,000 staffed beds, with assets of $3.4 billion and annual revenues in the range of $2 billion.

CHRISTUS is one of the 10 largest Catholic health systems in the country and one of the 20 largest of all health systems in the nation.

6363 North Highway 161, Suite 450 | Irving | Texas 75038
Tel 877-980-01000 | Fax 214-273-5030

CHRISTUS Health is headquartered in Dallas, with system support centers located in Houston and San Antonio.

CHRISTUS HEALTH LEGACY

The shared mission of the two sponsoring religious congregations of CHRISTUS Health dates back to 1866, when three young women came to Texas from France in response to a call from the Catholic Bishop of Texas Claude Dubuis. His call, "Our Lord Jesus Christ, suffering in the persons of a multitude of sick and infirm of every kind, seeks relief at your hands," was answered by three brave Sisters from Lyons, France.

Those Sisters opened the first Catholic hospital in the state in Galveston, Tx., and founded the Sisters of Charity of the Incarnate Word.

In 1869, three members of the congregation traveled to San Antonio, again in response to a call from the Bishop, and established Santa Rosa Hospital and a separate Sisters of Charity of the Incarnate Word congregation.

The health ministries of each congregation ultimately grew to become the Sisters of Charity Health Care System and Incarnate Word Health System.

OUR NAME & SYMBOL

CHRISTUS is Latin for "Christ," and proclaims publicly the core of our Mission. Our name choice also recognizes the heritage of our two congregational sponsors, the Houston and San Antonio congregations of the Sisters of Charity of the Incarnate Word. Jesus Christ is the Incarnate Word, the word of God made flesh. It is, therefore, only fitting that it is in another form of His name that our health ministries are called together.

The healing ministry of Jesus Christ is reflected in our symbol -- a combination of a medical cross and a religious cross. The flowing banner on the cross is a common symbol of the risen Christ, while the royal purple signifies Christ. The flowing banner also conveys a sense of motion as we move forward into a new era of continued service to our communities.

CHRISTUS HEALTH FACILITIES AND SERVICES

Texas Facilities

CHRISTUS St. Catherine Health and Wellness Center,

West Houston -- 60 beds *(opening February 2000)*

CHRISTUS St. Elizabeth Hospital, Beaumont – 474 beds

CHRISTUS St. John Hospital, Nassau Bay – 140 beds

CHRISTUS St. Joseph Hospital, Houston – 838 beds

CHRISTUS St. Joseph's Health System, Paris – 212 beds

CHRISTUS St. Mary Hospital, Port Arthur – 270 beds

CHRISTUS St. Michael Health System, Texarkana – 239 beds

CHRISTUS St. Michael Rehabilitation Hospital, Texarkana – 80 beds

CHRISTUS Jasper Memorial Hospital, Jasper – 95 beds

CHRISTUS Santa Rosa Hospital, San Antonio – 402 beds

CHRISTUS Santa Rosa Children's Hospital San Antonio – 262 beds

CHRISTUS Santa Rosa Medical Center, San Antonio – 172 beds

CHRISTUS Santa Rosa Rehabilitation Hospital, San Antonio – 34 beds

CHRISTUS Spohn Hospital Shoreline, Corpus Christi – 458 beds

CHRISTUS Spohn Hospital Memorial, Corpus Christi – 397 beds

CHRISTUS Spohn Hospital South, Corpus Christi – 102 beds

CHRISTUS Spohn Hospital Beeville, Beeville – 70 beds

CHRISTUS Spohn Hospital Kleberg, Kingsville -- 100 beds

CHRISTUS Spohn Hospital Alice, Alice – 50 beds

CHRISTUS The Regis/St. Elizabeth Centers, Waco – 325 beds

Rice Medical Center, Eagle Lake – 47 beds *(managed facility)*

Baptist St. Anthony Health System, Amarillo -- 380 beds

(two-hospital system owned 50 percent with Baptist Community Services, Amarillo)

Covenant Behavioral Health, San Antonio -- 160 beds

(joint venture)

Louisiana Facilities

CHRISTUS Coushatta Health Care Center, Coushatta – 60 beds

CHRISTUS St. Frances Cabrini Hospital, Alexandria – 265 beds

CHRISTUS Health Overview - 4

CHRISTUS St. Patrick Hospital, Lake Charles – 396 beds

CHRISTUS Schumpert Health System, Shreveport – 601 beds

CHRISTUS Schumpert Bossier, Bossier – 170 beds

CHRISTUS St. Joseph's Home, Monroe – 132 beds

Natchitoches Parish Hospital, Natchitoches – 98 beds *(managed facility)*

Arkansas Facility

Magnolia Hospital, Magnolia – 65 beds *(managed facility)*

Utah Facility

CHRISTUS St. Joseph Villa, Salt Lake

Long-Term Acute Care Centers

The Dubuis Hospital for Continuing Care, Inc. long term acute care facilities are located in the following cities :

Beaumont, Tx. – 36 beds

Alexandria, La. – 35 beds

Houston, Tx. – 30 beds

Port Arthur, Tx. – 19 beds

Texarkana, Tx. – 34 beds

Lake Charles, La. – 20 beds

Shreveport, La. – 24 beds

Physicians' Services and Medical Groups

CHRISTUS Medical Group – 100 physician group sites in Texas and Louisiana

CHRISTUS Primary CareNet of Texas – 153 physicians, over 600 specialists and 15 business clients

(September 1999)

CHRISTUS SCHUMPERT Health System

FACSIMILE MESSAGE

VIA
Government Affairs and Public Policy
Phone: (318) 681-7183
FAX : (318) 681-6999

NUMBER OF PAGES, INCLUDING COVERSHEET 6

(X) URGENT **( ) CONFIDENTIAL**

To: Chris Jennings
Attn: Theresa

From: Patti T. Harper

Date: October 8, 1999

Re: Appointment

#1001

10/18/99 1000 AM

PCMA
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION
National Organization for Managed Care Pharmacy

JAMES F. SMITH
Chairman of the Board
DELBERT D. KONNOR
President & CEO

April 5, 1999

Let's hold until later to confirm pending

Mr. Christopher C. Jennings
Assistant to the President for Health
Old Executive Office Building
Washington, DC 20500

Dear Mr. Jennings:

I am very excited to extend you an invitation to share your expertise with the members of our association at the 1999 Annual Membership Meeting and Conference to be held at the Sheraton El Conquistador Resort & Country Club in Tucson, Arizona, October 15-19, 1999. This year's theme for the meeting is: "***Our Millennial Challenge: Communicating the Value of Pharmaceutical Care***". Our annual meeting is attended by over 350 senior executives from pharmacy benefits management firms (PBMs), pharmaceutical manufacturers, and other managed-care-pharmacy providers.

Due to the popularity of your presentation at one of our previous meetings, this year's annual meeting would be greatly enhanced by your participation during the Legislative Overview Session Monday, October 18, from 10:00am – 11:00am. Specifically, this session would cover Medicare and patient privacy issues, and other significant healthcare issues of importance to the White House.

I look forward to your favorable reply. You can reach me at (703) 920-8480, extension 147.

Sincerely,

Linda Thomas

Linda L. Thomas, CMP
Director of Meeting

520-1474
D 1853

cc: Delbert D. Konnor, PharmMS
President & CEO
John Coster, PhD, RPh

2300 NINTH STREET SOUTH • SUITE 210 • ARLINGTON, VIRGINIA 22204-2320 • 703-920-8480 • FAX: 703-920-8491

To: **Christopher Jennings**
Domestic Policy Council

From: **Mary Wakefield, Capital Area Health Roundtable**
Phone #:703-993-1907
Fax #: 703-993-1555

Message:

Invitation to the Capital Area Rural Health Roundtable forum: "Rural Health Research and Policy: From CAHs to CHIP and More." October 7, 1999, Hart Senate Office Buildig, Room 216, 3:00 pm.

Please RSVP yes or no to fax 703-993-1555 or by phone to 703-993-1907

Rural Health Research and Policy: From CAHs to CHIP and More

Date: Oct. 7, 1999
Place: Hart Senate Office Building, Room 216
Time: 3:00 pm to 5:00 pm (reception to follow)

This October 7th **Capital Area Rural Health Roundtable** brings leading researchers to Washington to feature the latest in rural services research on key policy fronts:

- rural home health care
- rural hospitals under the BBA
- rural children's health insurance
- development of quality measures
- Critical Access Hospitals

Rural health research focuses on 20 percent of the U.S. population. In the past decade, a substantial capacity in rural health services research has been developed with support from federal and foundation grants. This research is informing current national policy issues such as Medicare reform, and examining the status of new programs in rural areas, such as the State Childrens' Health Insurance Program.

This research has also identified relationships heretofore unexamined by policymakers, such as the role of health services in the rural economy. It is also identifying new departure points for policy, such as in quality measurement. The Roundtable's October forum will feature findings by six research centers currently funded by the HRSA Office of Rural Health Policy.

- **Rural Home Health: Alive or Not?**
  Curt Mueller, Ph.D., Director, Project HOPE Walsh Center for Rural Health Analysis, Bethesda, Maryland

- **Life under the BBA: A Rural Hospital Case Study**
  Gary Hart, Ph.D., Director, WAMI Rural Health Research Center, Seattle, Wash.

- **Critical Access Hospitals: Who's Converting?**
  Tom Ricketts, Ph.D., Director, North Carolina Rural Health Research Center, U. of North Carolina, Chapel Hill.

- **Is 'Premium Support" Medicare Viable in Rural Areas?**
  Keith Mueller, Ph.D., Panel Chair for the Rural Policy Research Institute (RUPRI), U. of Missouri.

- **Needed: Rural-Relevant Quality Measurement**
  Ira Moscovice, Ph.D., Director, U. of Minnesota Rural Health Research Center, Minneapolis.

- **Covering Rural Uninsured Kids: The S-CHIP Program and Beyond**
  Andy Coburn, Ph.D., Director, Maine Rural Health Research Center, Muskie Institute for Public Affairs, U. of Southern Maine, Portland.

Capital Area Rural Health Roundtable
George Mason University, Center for Health Policy & Ethics
www.gmu.edu/departments/chp/rhr

RSVP *for*:
Capital Area Rural Health Roundtable Forum
Rural Health Research and Policy:
From CAHs to CHIP and More

•October 7, 1999 • 3:00 PM – 5:00 PM (Reception to follow) •
SENATE HART OFFICE BUILDING, ROOM 216
When you arrive, please register and pick up your badge and packet.

This October 7th ***Capital Area Rural Health Roundtable*** *brings leading researchers to Washington to feature the latest in rural services research on key policy fronts: rural home health care, rural hospitals under the BBA, rural children's health insurance, development of quality measures, and Critical Access Hospitals. Rural health research focuses on 20 percent of the U.S. population. In the past decade, a substantial capacity in rural health services research has been developed with support from federal and foundation grants. This research is informing current national policy issues such as Medicare reform, and examining the status of new programs in rural areas, such as the State Childrens' Health Insurance Program. This research has also identified relationships heretofore unexamined by policymakers, such as the role of health services in the rural economy. It is also identifying new departure points for policy, such as in quality measurement. The Roundtable's October forum will feature findings by six research centers currently funded by the HRSA Office of Rural Health Policy.*

1. ___YES I will attend.
   ___NO I will not attend.
   ___No I cannot attend. _____ from my organization will be attending in my place.
2. Name: _____
   - Organization: _____
   Phone number: _____
   Fax number: _____
3. **Ask Us Your Questions:** We would like this session to be as informative to you as possible by giving you an opportunity to pose questions you have now before the session. Please indicate your question(s) below and the speaker to whom you would like it directed. We will share it with the presenter(s) and make sure it is addressed in the Q&A session at the forum:

_____

_____

_____

4. ***Please fax this response to: 703-993-1555, or if busy, to: 703-993-1953. Our phone number is: 703-993-1907.E-mail responses can be sent to:*** *carhr@gmu.edu*
*website:*www.*gmu.edu/departments/chp/rhr*

George Mason University, Center for Health Policy & Ethics

First Union Capital Markets Corp.
Member NYSE, NASD, SIPC
WF2240
Equity Research Department
901 East Byrd Street
Richmond, Virginia 23219
804 782-3339
Fax 804 782-3636

FIRST UNION

9/20/99

Ms. Denise Henry of The Legislative Strategies Group suggested that you might find this seminar of interest. I hope you will find the time to join us.

Joel M. Ray
Assistant Director Research

Regards

First Union Capital Markets

Disease Management Conference

Welcome to the First Union Capital Markets Disease Management Conference

Disease Management, the most recent initiative in the health-care marketplace, is showing tremendous promise on the operations side, and we believe these initiatives will translate into strong financial performance. Don't miss the opportunity to listen as top executives discuss their strategies for capitalizing on the nationally growing demand for disease management services. First Union Capital Markets' Disease Management Conference, the first conference solely focused on this emerging niche, will feature 26 leading public and private companies including disease management vendors as well as information technology/internet, managed care and distribution companies.

We hope to see you there.

October 5-6, 1999

Boston Harbor Hotel
70 Rowes Wharf
Boston, Massachusetts
02110

FIRST UNION®
Capital Markets

FIRST UNION® Capital Markets

First Union Capital Markets

Disease Management Conference

October 5-6, 1999

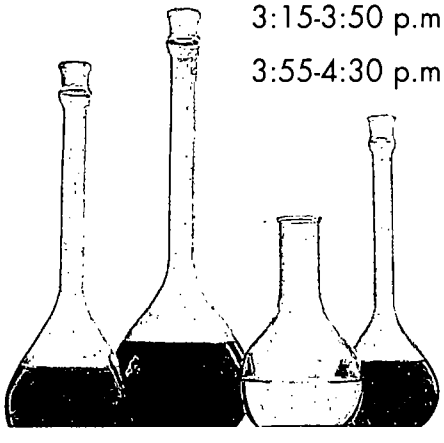
Boston Harbor Hotel
70 Rowes Wharf
Boston, Massachusetts 02110

Tuesday, October 5, 1999

6:00 p.m.	Dinner in the Wharf Room with Guest Speaker Holly G. Atkinson, M.D. Dr. Atkinson is an award-winning medical journalist and one of the leaders in medical education of the American Public. She is currently the editor of *HealthNews* as well as President and CEO of Reuters Health Information Inc.

Wednesday, October 6, 1999

7:30 a.m.	Continental Breakfast	
	John Foster Room	**John Rowes Salon**
8:00-8:35 a.m.	IMPATH	Bergen Brunswig
8:40-9:15 a.m.	American Healthcorp	DIANON Systems
9:20-9:55 a.m.	Paradigm Health	drkoop.com
10:00-10:35 a.m.	Prometheus	PolyMedica
10:40-11:15 a.m.	Trigon Healthcare	CORE
11:20-11:55 a.m.	LifeMasters Online	Matria Healthcare
12:00-1:15 p.m.	Lunch in the John Rowes Salon. Panel discussion with Humana, Accordant Health Services, Cardiac Solutions (a Ralin Medical Company) and Confer Software.	
1:15-1:50 p.m.	Priority Healthcare	@Outcome
1:55-2:30 p.m.	CareMark	Mediconsult.com
2:35-3:10 p.m.	LifeChart.com	US Oncology
3:15-3:50 p.m.	Avandel	E-MEDx.com
3:55-4:30 p.m.	qmed	Patient Infosystems



See you in Boston!

REGISTRATION

First Union Capital Markets Disease Management Conference
October 5-6, 1999 • Boston Harbor Hotel

All conference attendees must register. Please complete the following registration form and **fax to (804) 782-3627 by Friday, September 24, 1999**. If you have any questions or need more information, please call your First Union contact or Joe Ann Harlow at (804) 782-3494.

Name

Company

Address

City | State | Zip

E-mail | Phone

Rooms are available at the Boston Harbor Hotel for $350.00/night. If you would like us to make your reservation, please include arrival/departure dates and complete credit card information. (This rate only applies for reservations made through the First Union Capital Markets conference team.)

❑ No Accommodations Needed

Arrival Date | Departure Date

Credit Card (check one) ❑ MC ❑ Visa ❑ Amex

Exp. Date | Card No.

Special Requests

Please check which functions you plan to attend.

- ❑ Dinner Tuesday
- ❑ Breakfast Wednesday
- ❑ Lunch Wednesday

Because of limited space, we cannot guarantee accommodations for late registrants. Cancellations must be made 72 hours prior to your arrival date in order to guarantee refund of your $350.00 deposit. Cancellations made after that date forfeit the entire deposit amount. No-Show reservations will be billed to your credit card. It is our understanding that each guest is responsible for his/her own room, tax and incidental charges upon departure.

Fax this form to 804-782-3627 by Friday, September 24, 1999 to register.

FIRST UNION®
Capital Markets

INSTITUTE GOALS

Will the Internet fundamentally change the way your industry does business?

Is the Internet the key to exponential growth or a costly diversion?

Will you reach new customers or compete with yourself and cannibalize your market?

Which Internet business model is right for you?

Are your current Internet operations consistent with your long-term business strategy?

How can you best manage the legal, regulatory and business risks of your on-line activities?

Those are some of the critical questions facing anybody using the Internet as a business tool. **Shaw Pittman's Institute on Internet Business Strategies and Risk Management** will provide you with practical and provocative answers. Join us to hear experiences and recommendations of senior executives in leading companies and organizations from sectors as diverse as the financial services, publishing, health and travel industries, as well as from the Securities and Exchange Commission. These veterans of e-commerce, together with Shaw Pittman's experienced Internet lawyers, will offer valuable insights for all businesses seeking to devise and implement the Internet business model most suitable to their particular industry and circumstances. Internet technology companies will find the presentations particularly useful to understand the needs and concerns of their customer base.

Key strategic considerations for doing business on-line

The Internet as a financing tool

Regulated industries and the Internet

Specific techniques to reduce legal and business risk

Legislative initiatives

PROGRAM

8:15 am **Registration and Continental Breakfast**

8:45 am **Introduction:**
The Convergence Of Business, Law and Technology In Cyberspace
Institute Chair: Harry Rubin, *Partner, Shaw Pittman*

9:00 am **Testing The Waters Or Ruling The Waves? - Internet Business Models**
Moderator: Harry Rubin

Chris Schroeder, *President and COO, Washingtonpost.Newsweek Interactive*
Mark Willard, *Vice President/New Product Development, HCIA Inc.*
Peter Korda, *Vice President, Business Development, Interactive Delivery, Bank One Corp.*
Lorraine Sileo, *Vice President of Information Services, PhoCusWright, Inc.*

10:30 am **Coffee Break**

10:50 am **Raising Capital Through The Internet**
Moderator: Robert Robbins, *Partner, Shaw Pittman*

Martin Dunn, *Associate Director, Division of Corporation Finance, Securities and Exchange Commission*
Suzanne Richardson, *President, FBR.com*
Robert Robbins

12:00 pm **Lunch**
Representative Tom Davis, R-VA, *Co-Chair of the House Information Technology Working Group and Member, House Government Management, Information and Technology Subcommittee*

1:30 pm **Regulated Industries On-Line: The Illusion Of Freedom?**
Moderators: Scott Anenberg and Bruce Fried, *Partners, Shaw Pittman*

Electronic Banking
Scott Anenberg
Richard Whiting, *Executive Director and General Counsel, The Financial Services Roundtable*

Health Care Issues
Mark Boulding, *General Counsel, MedScape*
Bruce Fried

Legislative Policy Overview
Thomas Spulak, *Partner, Shaw Pittman*

Privacy and Data Protection - *US and EU Standards*
Akiba Stern, *Counsel, Shaw Pittman*
Alistair Maughan, *Partner, Shaw Pittman*

Security and Encryption
Stephan Becker, *Partner, Shaw Pittman*

4:00 pm **Coffee Break**

4:20 pm **Managing Legal and Commercial Risk**
Moderator: Harry Rubin

Risk Factors:

Liability and Jurisdiction
Ralph Taylor and Tom Knox, *Partners, Shaw Pittman*

"Cyber-smear"
Gadi Weinreich, *Partner, Shaw Pittman*

Proprietary Rights
Harry Rubin

Tax Issues
Richard Donaldson, *Partner, Shaw Pittman*

Domain Names
Eric Fingerhut, *Counsel, Shaw Pittman*

EU Update
Alistair Maughan

Risk Reduction Techniques
Harry Rubin and Ralph Taylor

5:45 pm **Questions and Answers**

INSTITUTE SPONSOR:

Shaw Pittman assists clients worldwide with their business and technology needs. From offices in Washington, DC, New York, London and the Northern Virginia technology corridor, the firm's 300 lawyers counsel a wide range of clients, from high-tech start-up businesses to *Fortune* 500 companies, as well as governmental entities and non-profit organizations. Shaw Pittman has over 100 lawyers concentrating on complex technology transactions. The firm's interdisciplinary Internet group includes over twenty lawyers and represents numerous domestic and foreign clients in the full range of Internet operations and transactions.

REGISTRATION

Location:
Westin Grand Hotel
2350 M Street, NW
Washington, DC

Date & Time:

Tuesday, October 19, 1998

8:00 am - 8:30 am
Registration and Continental Breakfast

8:30 am - 6:00 pm
Program

Registration:

- $175 per individual.
- $100 per individual for existing Shaw Pittman clients.

Make check payable to and mail to Shaw Pittman.
(Price includes continental breakfast, lunch and written materials.)

To register, complete this form and

- fax to 202.663.8007 or
- mail to Shaw Pittman
  2300 N Street, NW
  Washington, DC 20037
  Attn: Elliott Dritch

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

For further information, please contact Elliott Dritch at 202.663.8125
or visit www.shawpittman.com/home.nsf/client/index.htm.

ShawPittman
A Law Partnership Including Professional Corporations
2300 N Street, NW, Washington, DC 20037

20500-0003

Christopher Jennings
Special Assistant to the President for Domestic Policy
The White House
212 Old Executive Office Building
17th & Pennsylvania Avenue, NW
Washington, DC 20500

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INSTITUTE ON INTERNET BUSINESS STRATEGIES AND RISK MANAGEMENT

HOW MUCH BUSINESS SHOULD YOU BE DOING ON-LINE AND HOW SHOULD YOU GO ABOUT DOING IT?

- Internet Business Models
- Raising Capital
- Regulated Industries
- Risk Management

Tuesday, October 19, 1999

The Westin Grand Hotel
2350 M Street, NW
Washington, DC

FEATUR
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REPRESENTA
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The

AMERICAN PSYCHIATRIC ASSOCIATION

and the

NATIONAL ALLIANCE FOR THE MENTALLY ILL

in conjunction with the

SENATE WORKING GROUP ON MENTAL HEALTH

and the

HOUSE WORKING GROUP ON MENTAL ILLNESS AND HEALTH ISSUES

Invite you to attend the

MENTAL ILLNESS AWARENESS WEEK SYMPOSIUM

BUILDING HOPE FOR OUR CHILDREN'S MENTAL HEALTH

Wednesday, October 13, 1999

Noon until 2 p.m.

In the

Rayburn Gold Room

(2168 Rayburn House Office Building)

Speakers:

U.S. Surgeon General David Satcher, M.D., Ph.D. (invited)

NIMH Director Steven Hyman, M.D.

R.S.V.P. to APA at 202/682-6060

AM. PSYCHIATRIC ASSOCIATION

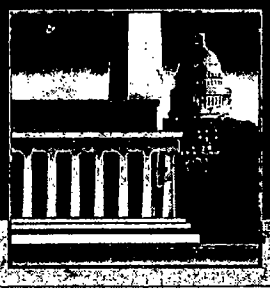
BENJAMIN RUSH, M.D.

1844

NAMI

The Nation's Voice on Mental Illness

THE ROBERT WOOD JOHNSON HEALTH POLICY FELLOWSHIPS PROGRAM



MARION EIN LEWIN, DIRECTOR

September 19, 1999

Christopher Jennings
Special Assistant to the President for Health Policy
The White House
Old Executive Office Building
1700 Pennsylvania Avenue, NW, Room 212
Washington, DC 20502

Dear Mr. Jennings:

This letter is to confirm your meeting with the 1999-2000 Robert Wood Johnson Health Policy Fellows on Wednesday, September 22. The meeting is scheduled from 2:30 p.m. to 3:30 p.m. at your office.

Enclosed is a list of the new Fellows with their affiliations together with brief biographical sketches.

Please call me if you have any further questions. Also, if you would like the Fellows to review any materials or to read a specific article before the meeting, please forward it to me.

With many thanks,

Sincerely,

Kari McFarlan
Deputy Director

Enclosures

INSTITUTE OF MEDICINE, 2101 CONSTITUTION AVENUE, N.W., WASHINGTON, DC 20418
TEL 202-334-1506 FAX 202-334-3862 EMAIL HPPF@NAS.EDU
WEB WWW4.NAS.EDU/IOM/HPPF/RWJ/MAIN.NSF

THE HEALTH POLICY FELLOWSHIPS PROGRAM IS A NATIONAL PROGRAM SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION AND CONDUCTED BY THE INSTITUTE OF MEDICINE, NATIONAL ACADEMY OF SCIENCES

THE ROBERT WOOD JOHNSON HEALTH POLICY FELLOWSHIPS PROGRAM

MARION EIN LEWIN, DIRECTOR

1999–2000 Robert Wood Johnson Health Policy Fellows

Charleta Guillory, M.D., F.A.A.P.
Assistant Professor of Pediatrics
Section of Neonatology
Baylor College of Medicine
Associate Director of Level II Nurseries
Texas Children's Hospital
Houston, Texas

Sally Phillips, R.N., Ph.D.
Associate Professor
University of Colorado School of Nursing
Denver, Colorado

Mark M. Rasenick, Ph.D.
Professor
Departments of Psychiatry
and Physiology and Biophysics
University of Illinois at Chicago
Chicago, Illinois

David A. Russell, D.M.D., F.I.C.D., F.A.C.D.
Assistant Dean of Clinical Affairs
Tufts University School of Dental Medicine
Boston, Massachusetts

Jeff K. Shornick, M.D.
Medical Director, Medical Review Unit
Group Health Cooperative of Puget Sound
Group Health Permanente
Clinical Associate Professor of Dermatology
University of Washington
Seattle, Washington

Karen Edison Zanol, M.D.
Assistant Professor of Dermatology
Department of Internal Medicine
University of Missouri at Columbia
Chief, Dermatology Section
Harry S. Truman Memorial Veterans Hospital
Columbia, Missouri

INSTITUTE OF MEDICINE, 2101 CONSTITUTION AVENUE, N.W., WASHINGTON, DC 20418
TEL 202-334-1506 FAX 202-334-3862 EMAIL HPPF@NAS.EDU
WEB WWW4.NAS.EDU/IOM/HPPF/RWJ/MAIN.NSF

THE HEALTH POLICY FELLOWSHIPS PROGRAM IS A NATIONAL PROGRAM SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION AND CONDUCTED BY THE INSTITUTE OF MEDICINE, NATIONAL ACADEMY OF SCIENCES

1999-2000 Robert Wood Johnson Health Policy Fellows

BIOGRAPHICAL STATEMENTS

Charleta Guillory, M.D., F.A.A.P., is an assistant professor of pediatrics in the Section of Neonatology at Baylor College of Medicine and associate director of Level II Nurseries at Texas Children's Hospital. She earned her bachelor of science degree from the University of Southwestern Louisiana, her doctor of medicine degree from the Louisiana State University Medical School, completed her pediatric residency at Louisiana State Medical Center and the University of Colorado, and received her post-doctoral fellowship training in neonatal-perinatal medicine at Baylor College of Medicine. Board certified in both pediatrics and neonatal-perinatal medicine, Dr. Guillory is completing a master of science degree in public health at the University of Texas School of Public Health. Her main research has focused on factors that contribute to lowering infant mortality and morbidity. Dr. Guillory has led advocacy efforts to ensure that more children in Texas are insured under the State Children's Health Insurance Program. In addition to her membership in the Texas Gulf Coast Chapter of the March of Dimes Birth Defects Foundation Board of Directors and Executive Committee, she has recently been appointed to the Texas Pediatric Society Fetus and Newborn and Legislative Committees, National Perinatal Association and Academy of Pediatrics Perinatal Section. Dr. Guillory has written numerous textbook chapters in *Contemporary Diagnosis and Management of Neonatal Respiratory Diseases*, co-edited several issues of *Infant Mortality Update,* and was chairperson of the March of Dimes *Perinatal Health Needs Assessment* (1995—1997). She recently received national recognition in *The Best Doctors in America*.

Sally Phillips, R.N., Ph.D., is an associate professor at the University of Colorado Health Sciences Center School of Nursing. She earned her bachelor of science in nursing from Ohio State University, a master's of science from the University of Colorado in maternal and child health/high-risk newborns, and a doctor of philosophy in nursing with an emphasis in executive/administration from Case Western Reserve University. Over her career, she has practiced nursing in a variety of settings. While her early years

were spent in community/mental health nursing in Ohio, the majority of her career has focused on pediatrics/perinatal and neonatal nursing. She joined the faculty at the University of Colorado School of Nursing in 1978. Since that time, Dr. Phillips has taught extensively across all programs in the School of Nursing as well as in the School of Medicine and in interdisciplinary courses. She has served in administrative roles as associate dean for administration and program director of the undergraduate and clinical doctorate programs. In addition, Dr. Phillips has consulted extensively with schools of nursing throughout the country. Her contributions to nursing have been recognized through numerous awards at the state and national level, including the prestigious Carnegie Foundation Colorado Professor of the Year Award. Dr. Phillips has been actively involved in legislative efforts including recognition for advanced practice nursing and prescriptive authority. She most recently completed a sabbatical leave studying health policy at the state level with the Colorado State Legislature.

Mark M. Rasenick, Ph.D., is currently professor of physiology and biophysics, professor of psychiatry, and director of the Biomedical Neuroscience Training Program at the University of Illinois at Chicago College of Medicine, where he has been a faculty member since 1983. In addition, he was director of graduate studies for the Department of Physiology and Biophysics from 1990 to 1996. He received his bachelor of arts in biology and political science from Case Western Reserve University in 1971 and his doctor of philosophy in developmental biology from Wesleyan University in 1977. From 1977 to 1983, Dr. Rasenick was at Yale serving as a postdoctoral fellow; a research associate in the Department of Pathology at the Yale University School of Medicine; and an associate research scientist in the Department of Neurology. Dr. Rasenick has extensive experience in teaching, supervising, and advising students. He received the 1998 Distinguished Faculty Award by the UIC College of Medicine and was University of Illinois Scholar from 1989 to 1992. Dr. Rasenick has been active in biomedical research and since 1982 he has received continuous federal research grant support from the NIH and NSF. He has been the recipient of a National Research, Research Scientist Development, and Research Scientist Service Awards. His research involves G proteins, the interface between receptors for hormones or neurotransmitters and the intracellular effects of these compounds that may prove to be fundamentally important in the etiology and treatment of diseases of the brain (e.g., Alzheimer's disease) and mind (depression). Dr. Rasenick is currently attempting to link global political outreach and

biomedical science through his efforts as the principal organizer of a meeting of American and Cuban neuroscientists. The intent of this is meeting is to develop cooperative research and education programs.

David A. Russell, D.M.D., F.I.C.D., F.A.C.D., is the assistant dean for clinics at Tufts University School of Dental Medicine, having joined the full time faculty in 1991. A 1987 graduate of the school, Dr. Russell was in private dental practice prior to 1991. He is an assistant professor of restorative dentistry and lectures in the dental anatomy, operative dentistry, and oral diagnosis courses, in addition to maintaining a clinical dental practice. Dr. Russell was named a Fellow of the American College of Dentists and the International College of Dentists. He is active in the field of infection control and OSHA compliance issues with the blood-borne pathogen standard, and he has lectured extensively on the subject. Dr. Russell's interests include medication-induced xerostomia and he has presented papers on this topic at several international meetings. In his practice, he continues to see clinical research patients and oral cancer patients. In addition, he developed the Tufts-Middlesex student-run satellite dental clinic in a local underserved community. Besides health policy, Dr. Russell's interests include quality assurance in health care delivery, dental education and graduate dental education, accreditation, public health, and world health issues. He is currently completing a master's degree in public health.

Jeff K. Shornick, M.D., M.H.A., is currently medical director of the Medical Review Unit (which oversees contracts, medical necessity, and coverage issues) and chairman of the Pharmacy and Therapeutics Committee for the 540,000 members of Group Health Permanente. He has particular expertise in medical necessity, technology assessment, drug formularies, and managed care. Dr. Shornick is an associate clinical professor in dermatology at the University of Washington, where he also earned his master's degree in health administration in 1999. He earned a doctor of medicine degree from the University of California at San Francisco in 1976, then trained in medicine and dermatology at Dartmouth-Hitchcock Medical Center before doing an Immuno-dermatology Fellowship at the University of Texas at Dallas. Dr. Shornick spent 10 years in academics and clinical dermatology at the University of Connecticut before moving in 1992 to Group Health Cooperative of Puget Sound, the oldest and largest staff model HMO in Washington. While at Group Health, Dr. Shornick began a transition from

clinical to administrative responsibilities. He is the author of numerous articles and chapters, primarily in dermatology, and was named a "Best Doctor in America" by Woodward and White, Inc., in 1998.

Karen Edison Zanol, M.D., is an assistant professor of dermatology at the University of Missouri Health Sciences Center in Columbia. She is also program director for the Residency Program in dermatology and is chief of dermatology at the Harry S. Truman Memorial Veterans Hospital, where she was recently named "Physician of the Year." She had held leadership positions on all of the major curriculum committees of the School of Medicine and is active in institutional planning and policy regarding the undergraduate and graduate medical education programs. A 1989 graduate of the University of Missouri – Columbia, School of Medicine, she has won numerous teaching awards and has become a sought-after lecturer on dermatology since joining the faculty in 1993. Dr. Zanol has a strong interest in the delivery of medical care to patients who live in remote areas with limited access to health care services and has been recognized by the university for excellence in outreach management. She has extensive experience in the use of telemedicine for the care of people living in rural areas and is interested in the impact of telecommunications law on health care delivery.