Box Number: 1403
Date:
To: all health care task force and working group psnl
From: John D. Podesta, asst to pres and staff secy
Title: Task Force and Working Group Records

Summary: 1. must preserve all records; 2. may not delete electronic documents; 3. all property of White House and you may not take copies for any personal use or retention with permission of Marjorie Tarmey; 4. segregate TF from agency documents; 5. return all TF documents to intake center to Mary Schuneman, OEOB 287; identify general category of docs in each box

Comment: Did Tarmey give permission to keep docs to all these people who returned them? What happened to list of categories?

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 1403
Date: 4/15/93
To:
From:
Title: Notes from meeting: speaking guidelines for HCTF members

Summary: 1. Find out concerns of group and make them feel included; 2. Stick to GOALS of the HCTF and use the talking points; 3. Speak in generalities only; 4. Assume there is a reporter in the audience; 5. Use strong consistent arguments to sell the plan; 6. Do not speak to reporters unless cleared by Bob Boorstin; 7. Timeline: meetings with Pres April to mid -May; June public education and sale of the plan; Sept, real sale of the plan

Comment: HCTF members were to be advocates not just consultants; public information to be narrowly circumscribed

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 1403
Date: 2/17/93
To: HCTF WG leaders
From: John Hart
Title: Weekly Status Reports/ Collection of Information

Summary: every WG supposed to prepare a weekly status report, including meetings attended and documents generated

Comment: Some status reports from WG IIIB found. Were they the only group who turned them in? Evidence of incomplete production?

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 1403
Date: 3/31/93
To:
From:
Title: handwritten list of White House WG on Information Simplification CLICK HERE TO VIEW DOCUMENT

Summary: 38 names and telephone numbers; affiliations include Albertine Enterprise, SMS Corp, PCS health Systems, WEDI, Travelers, Cooperative Health Care Networks, First Health, NEIC, Aenta, BC/BS, CIS, numerous "Task Force"

Comment: Not clear whether this was one of the meetings with outsiders and don't know how many meetings each attended

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 577
Date:
To:
From:
Title: Researcher's notes

Summary: big black three -ring books with names of everyone on TF/WG, includes structure of TF and listing of JHG, all participants, explains the JHG "Interactive" role; loose papers on the technology for a national health card; brown folder labeled "miscellaneous" empty except for tabs such as used for notebook dividers

Comment: Evidence of missing information?

Classification: legal

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 4/12/93
To: David Eddy
From: Sam Turner
Title: Draft clinical trials coverage language on stationery of Fox, Bennett and Turner in D.C.

Summary: "We are forwarding draft statutory language reflecting our discussion of last week including reimbursement for certain clinical trial costs as part of a minimum benefits package."

Comment: TF product used in legislation; source of money for the institutions participating

Classification: legal, substance

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/10/93
To: All HCRWG members
From: Ira Magaziner
Title: Task Group Meeting Schedule

Summary: schedule of task group meetings for the next three months

Comment: He had to know who needed a copy; structure; tight organization

Classification: legal

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/17/93
To: HCTF WG leaders
From: John Hart
Title: Weekly status reports/ collection of information

Summary: "We will collect these materials in the "war room" on the second floor of the OEOB, where we will also maintain an index of all materials. Upon receiving a request for information, we will either lead you to the relevant documents or make a request from the appropriate source."

Comment: index prepared; where is it? Did all groups prepare their reports? Did we miss them?

Classification: legal

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/24/93
To: all WG members
From: Ira Magaziner and Charlotte Hayes
Title: Approval of entertainment, travel, or other activities

Summary: "All personnel working on any working group must submit appropriate forms for prior approval of any payment by any entity, government or outside entity to White House Counsel, and Ira Magaziner (Charlotte Hayes)." all caps, big, bold print

Comment: Did anybody get paid? Where are the forms?

Classification: legal

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 3/2/93
To: cluster group leaders and task group leaders
From: Ira Magaziner and Lynn Martherio
Title: cancelled meetings

Summary: "The meeting schedule was put in place to ensure that everyone in the working group had advance notice of the meetings and could participate." asks for prior notification of cancellations

Comment: structure

Classification: legal

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date:

To:
From: Tom Pyle?
Title: Administrative Problems

Summary: 1. Understanding chain of command; 2. Poor information from central office; 3. "Communications from central office should be in writing, particularly regarding employment of consultants, ethics rules and other important issues. There should be a compendium of pertinent govt rules; 4. adding new members disruptive; 5. should have written agenda for cluster leaders meeting; 6. need communications plan incl terminals for reading restricted docs

Comment: Private entities may be required to send copies of the carrier manual regs when being subjected to govt investigations

Classification: legal

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 1185
Date: 3/24/93
To:
From:
Title: handwritten notes from LTC debriefing meeting and Pres meeting CLICK HERE TO VIEW DOCUMENT

Summary: "RWJ public/private -- ? not sure Clinton understood it.

Comment:

Classification: substance

Participant(s): Kevin J. Eckert

Box Number: 1784
Date: 5/28/93
To: Pres and HRC
From: An Informal Single Payer Group
Title: Recommendations on Natl Health Care Reform Submission to the Pres and First Lady from ...

Summary: 33 p summary plus long list of organizations supporting single payer; chairman Vicente Navarro

Comment: what role did this group play? A shadow group?

Classification: legal

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1784
Date: 2/7/93
To: Paul Starr
From: Jack Langenbrunner, OMB
Title: follow up to short -term costs controls meetings

Summary: "Ira Magaziner has done an excellent job of appointing cluster leaders with established legitimacy and authority." Several things promote single -payer expts in the states: "M ore bureaucratic and polit control in the state capitol, the appearance of 'simplification' and 'rationalization' and so on." "It is hard to think why states will prefer managed comp over single payer." Extension of an electronic hosp data base for risk mgt: MedisGRPS in PA, IA, CO or HCFA's Uniform clin data set

Comment: key members favor single payer; IM in Feb knew who he was appointing as group leaders

Classification: legal, substance

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1784
Date: 6/7/93
To: HealthDivision
From: Richard Turman
Title: Report on Ira Magaziner Talk -Fest Today

Summary: they handed out a draft speech for members of Congress; "Some have the cynical view that the Task Force ignored the work of the Working Groups. This is silly. Tollgate V, as amended by the auditors and the President, continues to form the basis of the plan."

Comment: TF advised Pres

Classification: legal

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1416
Date: 6/1/93
To: Healthcare staff
From: Ira Magaziner
Title: The Healthcare Plan

Summary: "Now that we have received some guidance on the healthcare policy, we must specify policy details in a number of areas so that final legislative drafting can proceed. I will schedule meetings this coming week with people responsible for each area. The attached schedule must be met to incorporate each of these section into the final plan." Last date on schedule is 6/13

Comment: Work extends into mid -June

Classification: legal

Participant(s): Risa Lavizzo -Mourey

Box Number: 1416
Date: 3/23/93
To: David Eddy
From: P. Tibbits
Title: Line by line comments on "Paper for the Pres and First Lady"

Summary:

Comment: interaction of TF and Pres and HRC

Classification: legal

Participant(s): Risa Lavizzo -Mourey

Box Number: 1416
Date: 3/23/93
To:
From: Henry Krakauer
Title: Comment on the Current Discussions

Summary: "The proposed hcr is a radical restructuring of the health care system with major shifts in power and responsibility carried out under the auspices of the Federal Govt." Accountability will be required. "As time goes by, these directives will go down to the minutiae of the activities of the providers to make [sure] no one does anything wrong....This is the trap that the hcs...has fallen into. Its prime manifestation is the qa/ur process used to control and constrain medical practice."

Comment: His suggestions have to do with electronic data standards for patient clinical records

Classification: substance

Participant(s): Risa Lavizzo -Mourey

Box Number: 1416
Date:
To: TF
From: AMA
Title: A proposal for using negotiations and the med profession's infrastructure to control costs, dissem infor, and bring about change

Summary: "It will take sacrifice and shared responsibility...A true and focused partnership will have to be formed between physicians and govt.

Comment:

Classification: substance

Participant(s): Risa Lavizzo -Mourey

Box Number: 1407
Date: 3/23/93
To: Marina Weiss, Alicia Munnell
From: James R. Ukockis
Title: meetings 18, 20, 22 of Cluster Groups on short -term cost controls

Summary: "One particularly important point was made by Farah Walters (the CEO of a large non -profit health system in Cleveland)." (fallacy of assuming high cost=inefficiency). "Ms. Walters is a recent, and invaluable, addition to our wg. She is perhaps the only one who is sufficiently familiar with the institutional circumstances..to be able to understand the real-world havoc the various constraining measures would entail." "Every option has fatal flaws." IM using euphemisms "a consensus is forming..."

Comment: Ukockis questions who is forming the consensus and what arguments/evidence are being considered; he may think the process is a sham and that outcome is predetermined; Also evidence of private sector participation.

Classification: legal; substance

Participant(s): Mark J. Iwry

Box Number: 1407
Date: 3/30/93
To: Marina Weiss
From: Mike Springer
Title: Activity report: working group on health policy initiatives for underserved populations.

Summary: Concerning federal grants, "there are no mechanisms to hold states accountable in terms of consumer -oriented performance standards. In other words, it is the old categorical game would be covered with a grant consolidation fig leaf." "The Pres and Mrs. C's committee will not be provided the analysis necessary to make that assessment; it appears that the decision has already been made by the leadership of a WG largely made up of agency and congressional staff whose perspectives and interests predispose them to continuation of the full array of existing categorical grant programs with as little change as possible."

Comment: WG mere window -dressing; main decisions already made to serve entrenched govt interests

Classification: substance

Participant(s): Mark J. Iwry

Box Number: 1407
Date: 2/10/93
To: all cluster leaders
From: Mike Lux, Office of public liaison
Title: working group interaction with interest groups

Summary: "Working group team leaders have the authority to schedule meetings with whatever interest groups with whom they feel they should meet; I need to get a memo at least 48 hrs in advance as to who is coming to meet on what topic." He'll add any he thinks necessary

Comment: So much for assertions that interest groups were excluded. How many meetings did each attend? Where are the memos concerning which groups are to be invited?

Classification: legal

Participant(s): Mark J. Iwry

Box Number: 852
Date: 2/9/93
To:
From:
Title: Work Plan Outline Overview, New System Organization, Agenda for Feb 9 neeting

Summary: Chair Walter Zelman. Section leader tentative assignments: Lois Quam to special issues in managed competition; Additional individuals to be consulted: Paul Starr of cluster 6; Managers of potential HIPC models (FEHBP, Ca. PERS, Minn. private sector (Xerox, Bank of America)

Comment: interest group involvement before Magaziner's affidavit

Classification: legal; substance

Participant(s): Gerlad Lindrew; Beth Schumann

Box Number: 1185
Date: 2/12/93
To: Darrel, Kevin, and John
From: Dan
Title: Health Care Briefing

Summary: "Yesterday, I attended a briefing by Ira Magaziner about the Adm's process for coming up with a health care bill...The Adm wants to complete a bill -- yes a fully drafted bill -- within the first 100 days (note -- only 80 days to go). The President's instructions are for a bill that meets the following criteria:"..."They want/expect Demo congressional staff to participate on working groups. Members of wgs must be govt employees or under contract with the govt...That's why interest groups will not be part of the wgs. We were admonished not to speak with the press. Repub will not be part of the working groups -- but will be part of the process. Interest groups will get meetings if requested."

Comment: partisanship; process

Classification: legal

Participant(s): Kevin J. Eckert

Box Number: 1186
Date: 5/3/93
To: WG leaders

From: Judy Whang and Meeghan Prunty
Title: Briefing Books

Summary: "There will be a massive effort to prepare background briefing books for the Pres and First Lady by early next week. We are going to try, in a very short time period, to put together a very comprehensive set of 20 -30 books (one book for each working group)...As these documents will be presented to the Pres and the First Lady only, please be sure to include all relevant policy issues without regard to public exposure."

Comment: WGs advised the President

Classification: legal

Participant(s): John Beverly; Sherry Glied; Diane Svenonius

Box Number: 671
Date:
To: Ira
From: Walter
Title: A few powers for the alliance

Summary: "I settled on the following. They are not the more modest powers I had thought I would request. Rather, I think it more important that the Alliance have some of the key budget powers. My fear is that if every budget -related action must go to the state, we may never get these budgets imposed by the state. All kinds of regulatory, due process issues will take effect; regulators in charge may be loathe to do anything tough."

Comment: Desire to avoid due process and increase central powers

Classification: substance

Participant(s): Carolyn Gatz

Box Number: 1187
Date: 6/4/93
To:
From:
Title: Tentative Agenda for the African -American and Hispanic health care coalition review group, the White House

Summary: schedule; including Zelman and Magaziner

Comment: note dates

Classification: legal

Participant(s): Denise Denton; Bonnie Lefkowitz; Deborah Levine; Joanne Lukomnik; Ann Zuvekas

Box Number: 1187
Date:
To:
From: Martin F. Shapiro, UCLA School of Medicine
Title: Adverse effects of managed care on the health of the poor; evidence from the health insurance expt

Summary: Adults randomized to the HMO had worse outcomes on average for 3 of these measures: more days sick in bed than FFS subjects in either the free care or copayment group; more serious symptoms than those receiving free care; higher rates of smoking than the copayment group. The Health Insurance Experiment included an HMO in Seattle (Group Health Cooperative of Puget Sound)/. "HMOs are highly effective at placing barriers in the way of use of services." Poor may be less effective at tangling with bureaucracies. This was one of the most reputable HMOs, and there was not the kind of economic pressures expected in the next few years.

Comment: WG aware of drawbacks of managed care for poor

Classification: substance

Participant(s): Denise Denton; Bonnie Lefkowitz; Deborah Levine; Joanne Lukomnik; Ann Zuvekas

Box Number: 1187
Date: 3/24/93
To: Charlotte Hayes, office of VP
From: Daniel McLaughlin, Hennepin County
Title: letter

Summary: " Thank you for allowing Ellen Benavides and myself to continue in HCR groups. I recognize that this is an exception to your normal policies, but it is the only practical way for us to participate...I have attached copies of my resignation letters from various provider associations."

Comment: Should such participation trigger FACA? Where are resignation letters (may not have been copied)? Did they go back to the organizations? How many exceptions like this were made?

Classification: legal

Participant(s): Denise Denton; Bonnie Lefkowitz; Deborah Levine; Joanne Lukomnik; Ann Zuvekas

Box Number: 1402
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "What we are doing is far more significant than Medicare/Medicaid. Will be setting in place the health care system for the next generations. Continuation of the status quo will not be allowed to happen." "Avoid media discussions" "Outside people must be made govt employees (e.g. by contract). Part -time cannot chair groups."

Comment: grandiose ambitions; awareness of procedural requirements

Classification: legal, substance

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 2/2/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: Jim Burrows/Lynn McNulty asked me to accept a 3 month assignment to the Clinton HCTF. Start almost immediately, last for 3 months.

Comment: procedure

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 2/19/93
To:
From:
Title: handwritten notes on Joint Meeting with QA group CLICK HERE TO VIEW DOCUMENT

Summary: "DDS -- emphasized the need to distinction between the health care ID and the general national." need to define the approximate amount of data, "If there is an infinite appetite for ?and???, then how can it be throttled?"

Comment: interest in ID cards

Classification: substance

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 2/26/93
To:
From:
Title: Input from Tim's short/term; handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "HK: Administrative streamlining is not the key to the savings; need info for patient care, not administrative systems. Need to make sure Ira understands that the goal is to reduce overall data collection requirements not simply to move it from the federal govt."

Comment: Goal is to get clinical data on central computer; some differences of opinion with Ira about how much data needed

Classification: substance

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 3/14/93
To:
From:
Title: handwritten notes; meeting at Commerce CLICK HERE TO VIEW DOCUMENT

Summary: John Edgel: "The president is reading the tollgate stuff."

Comment: WGs do advise the Pres

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 1402

Date:
To:
From:
Title: handwritten notes, QM path, cont. CLICK HERE TO VIEW DOCUMENT

Summary: "Ira's convinced that computerization in business has added cost; I think we need to provide evidence to the contrary. Need to find a way to illustrate how standard interfaces reduce cost (and the potential danger of 'everyone doing his own thing with his own PC's' while maintaining the opportunity for innovation. We aren't talking about everone running the same software."

Comment: Desire for central government control of computerized data even if it doesn't save money

Classification: substance

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 3/20/93
To:
From:
Title: handwritten notes about Quality Group CLICK HERE TO VIEW DOCUMENT

Summary: "Envision (in future) a computerized record...Automation will be very important to control cost. Need to focus on the infrastructure to collect the data..." Don Jackson: "Simplification should not mean data poor --more information should result as automation increases" Henry: "Need an information infrastructure to provide a report card to the govt." HK "It seems to me that we should use exactly the same data that the providers need/depend on --that way, the providers cannot cheat, or they will screw themselves." Need encounter data, QA data

Comment: more on central govt control of information; threat to privacy; cheating anticipated

Classification: substance

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 3/25/93
To:

From:
Title: handwritten notes on Hartford/CHMIS meeting; CLICK HERE TO VIEW DOCUMENT

Summary: "Special Privacy/Ethics panel is part of their structure -- to avoid these issues from going to the 'political board.'" Questions (Andrea Castell), Without personal identifiers, how to get emergency records, "to track problems -- abusers, chronics?"

Comment: govt wants way to track individuals

Classification: substance

Participant(s): Dennis Steinauer

Box Number: 1402
Date: 6/7/93
To: Dennis Steinauer, NIST, Gathersburg, MD
From: CCAPH, Michael D. McDonald, Berkeley
Title: letter

Summary: TY for contributions to 5/25 meeting on health info infrastructure. "It is likely that we will be working further with several members of Congress (e.g. Sen Burns, Bond, Congr Markey, La Rocco) on crafting legis re health informatics over the next 2 mon...I look forward to working with you further during this unique window in history for developing the health information infrastructure."

Comment: desire of govt for central data base; private contractors; after TF disbanded

Classification: legal

Participant(s): Dennis Steinauer

Box Number: 873
Date: 3/25/93
To: Robert Berenson
From: Peter N. Grant
Title: Proposed amendments to the Ethics in Patient Referral Act and Medicare Fraud and Abuse Laws to Facilitate Managed Competition

Summary: "Crucial to the success of managed competition is the reorganization of HCPs into primary care -driven medical groups and hospital-physician integrated delivery systems ('IDS'). Major impediments to this restructuring are those laws which regulate provider referrals within a fee for service system, in particular

the Stark Bill and the Medicare Fraud and Abuse Law. These laws address very real potential abuses relating to payment for referrals in America's cottage -industry hcs...However, these same laws have the perverse effect of inhibiting...,[next page not copied]

Comment: desire to change law so as to give IDS an advantage over solo, small -group FFS and independent hospitals and physicians

Classification: substance

Participant(s): Linda Grabel; Melanie Miller; Barbara Myers; Daniel Thornton; Greg Vistnes

Box Number: 1406
Date: 2/14/93
To: Cluster Groups
From: Bernie Arons
Title: General Guidance

Summary: "It is best not to talk about what you may be working on...All documents are confidential and cannot be shared. If asked about membership on various groups, you need to indicate that this is yet another thing that you cannot talk about."

Comment: secrecy

Classification: legal

Participant(s): Gregory Bloss

Box Number: 1406
Date: 6/8/93
To: Dr. Gordis
From: Gregory Bloss
Title:

Summary: "Attached are copies of promotional materials that were distributed to members of the working groups of the health care reform task force following yesterday's Q&A session with Ira Magaziner. Included are a one -page list of talking points...

Comment: HCTF not just an advisor, also the sales force

Classification: legal

Participant(s): Gregory Bloss

Box Number: 1406
Date: 6/10/93
To: PHS Agency Heads,...HCRWG members
From: Acting Asst Secretary for Health
Title: PHS staff responsibilities in health reform

Summary: TY for contribution..."We are now entering a new phase in the reform effort and your continuing excellent performance on reform activities will be needed here in PHS. We were recently notified that the HCRTF officially has ended. The reform efforts of the Dept staff will now be coordinated from within the department...We look forward to your continued assistance."

Comment: continuing effort; now intra -agency; should FOIA request be made concerning these later efforts; appropriateness of executive departments to be involved in political activities to influence legislation.

Classification: legal; substance

Participant(s): Gregory Bloss

Box Number: 1406
Date: 2/26/93
To:
From:
Title: handwritten notes, apparently from meeting, at wich Brock of Brown Univ and a number of govt employees were present CLICK HERE TO VIEW DOCUMENT

Summary: S. Stephens: "Last night 'they (Pres, Dir OMB, Secy HHS, others? ASH) bought the comprehensive plan" since cost is about the same as current global costs due to savings on inpatient costs. Assumes (1) world is in HMOs; (2) dramatic decrease in in -patient hospitalization. Current structure 'doesn't work anymore'" Mrs. Gore said "terrific" President started questions.; P Starr present at briefing in Roosevelt Room 6 -8 pm

Comment: Briefings of President and other members of TF proper; strong bias toward managed care

Classification: legal; substance

Participant(s): Gregory Bloss

Box Number: 1406
Date: 4/29/93

To:
From:
Title: handwritten notes: "All Hands, rm. 450" CLICK HERE TO VIEW DOCUMENT

Summary: Steve Neuwirth, WH Assoc Legal Counsel: rules on docs "Don't destroy; Don't take anything. Why? It is the law (Pres Records Act); also want to create a complete historical record. Finally, potential litigation...These docs are in the custody and control of the Pres. Applies to copies as well."

Comment: at least some members of TFWGs briefed about PRA

Classification: legal

Participant(s): Gregory Bloss

Box Number: 1406
Date: 6/7/93
To:
From:
Title: handwritten notes: OEOB 450, 10:20 CLICK HERE TO VIEW DOCUMENT

Summary: Ira reported that schedule slipped a bit, economic package to come first. "As of now, had 20+ meetings with cabinet officials, various meetings with President." "TF charter expired 5/31. Pres now directing process....work of TF wkg groups is NOT being ignored. Modified tollgate 5 options carried forward in briefing books." "DNC -spawned PR group back in DNC" "Lois Quam appeared on 48 hours with Sen Wellstone." "1100 initial decisions, pres very involved with many of those. Pres continues to take more control of decisions; many detailed meetings."

Comment: TF advised the President

Classification: legal

Participant(s): Gregory Bloss

Box Number: 396
Date:
To:
From: box with files of Dr. Aaron Shirley
Title: "General Overview" (handwritten notes) CLICK HERE TO VIEW DOCUMENT

Summary: "I am considered one of the outside experts if you can believe that." "We draft papers around these issues and present them to leaders from all the other working groups...[Tollgates sometimes go nonstop from 7:30 a.m. til midnight.]" "Outof this process recommendations will be developed and presented to the Task Force (Cabinet Secretaries) who will make final recommendations to the President."

Comment: TF advised the President

Classification: legal

Participant(s): Karen Paul; Aaron Shirley; Susannah Wellford

Box Number: 396
Date: 5/3/93
To: Louise (cc Monica, Tom, Elaine)
From: Felicia
Title: final long term care wg meeting

Summary: Magaziner spoke for over an hour; "At this point in time, the Cabinet Secretaries, the First Lady, and the President are evaluating what the WGs have reported through the Tollgate system."

Comment: TF advised Pres

Classification: legal

Participant(s): Karen Paul; Aaron Shirley; Susannah Wellford

Box Number: 396
Date: 3/1/93
To: Louise
From: Felicia
Title: WG 28

Summary: group of insurance company execs there to discuss market trends, RWG initiatives, etc. Reps from John Hancock, HISS, OMB, HCFA, AHCPR there

Comment: participation of industry

Classification: legal

Participant(s): Karen Paul; Aaron Shirley; Susannah Wellford

Box Number: 896

Date: 2/26/93
To: Cluster Team Leaders
From: Drafting Group
Title: Process of Preparing Drafting Outlines

Summary: list of modules and "cross -walk"

Comment: organization and structure

Classification: legal

Participant(s):

Box Number: 396
Date: 4/23/93
To:
From: Aaron Shirley
Title: Remarks prepared for the Natl Black Caucus of State Legislators, Memphis, TN

Summary: "My participation along with other real life people demonstrates a broad section of Health care providers, the business, community, and all levels of govt are involved in the process. The TF is organized in a two tier system." 1st is HRC et al. "The Second Tier is comprised of 34 technical working groups. It includes about 350 federal employees, along with over 150 outside experts including myself. The second tier is the front line team. We have been asked to develop options and gather the facts. Our group is headed by Ira Magaziner and Judy Feder . Both also sit on the first tier TF."

Comment: structure; outsider participation

Classification: legal

Participant(s): Karen Paul; Aaron Shirley; Susannah Wellford

Box Number: 393
Date: 5/5/93
To: WG members
From: Meeghan Prunty and Judy Whang
Title: Background Briefing Books for Pres and First Lady

Summary: outline; list of persons responsible for each section, including many outsiders; this briefing book then went to Legal Review Group for critique and answering specific legal questions (see also undated memo to that group_

Comment:

Classification: legal

Participant(s): Karen Paul; Aaron Shirley; Susannah Wellford

Box Number: 395
Date:
To:
From:
Title: Talking Points on HCTF and the "Tollgate" Policy Development Process

Summary: 3 page printed summary of process, including "exhaustive outreach process" and congressional consultation; meetings with various advocacy groups discussed

Comment: structure

Classification: legal

Participant(s): Michael Doonan; Karen Paul; Aaron Shirley; Thomas Trujillo; Susan Wellford

Box Number: 395
Date:
To:
From: Michael T. Doonan
Title: Notes and files of Michael T. Doonan (a journal)

Summary: he drafted two papers and showed them to Julia Paradise, who spoke with Sofaer, Rick Brown, and Gawande) "and made it possible for me to be added to the TF as a consultant." Walter Zelman:"All the options for health care are redistributive." Ira Magaziner "When all you have is a hammer, the whole world looks like a nail." "No TF information or documents could be shared with people not on the TF staff." "Parasha Patel and Tim Smith did an excellent job recounting life on the HCTF. The pressure and "finals like" atmosphere of tollgates, irreverence for weekends, wonking till the week hrs. Another colleague described the process as strip mining our brains.

Comment: Your life decisions being made by young persons like this, fresh out of college, full of idealism and Potomac fever.

Classification: substance

Participant(s): Michael Doonan; Karen Paul; Aaron Shirley; Thomas Trujillo; Susan Wellford

Box Number: 118
Date: 4/5/93
To: Mark Smith, VP KFF, Richard Brown, UCLA Pub Health
From: Mariposa Community Health Center
Title: letter

Summary: TY for opportunity to meet with you and other members of the task force

Comment: definition of "member"

Classification: legal

Participant(s):

Box Number: 1173
Date: 2/15/93
To: Ira Magaziner; Paul Starr
From: Alain Enthoven
Title: Accelerating budget savings and delivery reform

Summary: numerous suggestions re freezing Medicare payment; decrease federal support for med educ

Comment: participation by govt outsiders with strong interest in managed care

Classification: legal

Participant(s): Sean Cavanaugh

Box Number: 1173
Date:
To:
From: George Halvorson, Jan Malcom, Group Health/MedCent
Title: Issue: Selling the Concept to the American People

Summary: "President Clinton is clearly a masterful communicator with a genius -level intellect. We recommend that the President do a reprise of the economics summit, with the Pres hearing and questioning a steady stream of carefully chosen speakers over a couple of days of hearings. Most of the critical issues of hcr are not understood by the American public or the American news media. If they receive a health care reform plan before they understand

the real issues involved, they will be less open to workable solutions than if they are "pre -sold" by the weight of testimony. This is a high -risk approach -- but you have a very talented leader who could probably pull it off"

Comment: how to manipulate the American public

Classification: substance

Participant(s): Sean Cavanaugh

Box Number: 1435
Date: 3/26/93
To: David Cutler, Chairman, Interim Price Controls
From: James R. Ukockis
Title: Comments on cost Control Options

Summary: All four of the cost control options being considered involve generic problems common to any attempt to control price behavior. Non -price responses suc h as quality degradation, decreasee availability, and investment disruptions can be expected to varying degrees if price is eliminated as an adjustment mechanism to cope with changing circumstances....The need to judge the necessity of volume changes would be further confounded by the expected addition of large numbers of individuals seeking health care as the goal of universal coverage is pursued and accomplished. The surge of newly insured would make available aggregate volume data essentially noncomparable with data for the transition period....[more]

Comment: dissension within the TF

Classification: substance

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 1435
Date: 3/26/93
To:
From:
Title: Ukockis, p. 2

Summary: If the marginal tax rates are made more draconian,...it would not produce much tax revenue and would only force providers to take their income gains in nonmonetary form --particularly increased leisure...In the present circumstance, the Medicare payment rates can be tolerated without bankrupting providers

because the providers have an escape in the rates charged other payers. If the Medicare rate structure is extended to all payers, the escape is no longer available and great care would be needed to avoid financial havoc for many providers..."

Comment:

Classification: substance

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 1435
Date: 3/26/93
To:
From:
Title: Ukockis, p.3

Summary: Problems with premium regulation. "The policy looks favorably upon the prospective forced exit of many companies from the health insurance field. The scenario is hardly one to entice timid investors. Second, the long run outlook is no more attractive. In return for exposure to significant shorjt -term risk, aggressive investors demand a chance for big winnings later on. Nothing in the current policy rhetoric suggests the surviving insurance companies will have the chance to reap large profits under the new system. The result is obvious -- aggressive investors will not be attracted either. With both timid and aggressive investors excusing themselves, we are left with only crazy investors, which brings us to the government...." More on interest subsidies, drug price controls

Comment: pitfalls of price controls

Classification: substance

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 1435
Date: 3/25/93
To: Secretary Bentsen, Office Gen Counsel Rm 1410
From: Public Citizen
Title: FOIA

Summary: requested records of meetings of HCTF with outsiders. Marginal note: TF matter, Pres. record

Comment: other FOIA request, to agency rather than WH

Classification: legal

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 1435
Date: 4/12/93
To: Memo for distribution
From: Robert G. Damus, Acting Gen Counsel, Exec off pres
Title: Search for documents in response to FOIA request

Summary: For OMB to respond, it was to conduct a search for documents which concern any health care issue and were created by or circulated to Director Panetta or any other TF member....Once the docs were identified, the Gen Counsel's office was to determine whether it was responsive to the request and whether any privileges should be asserted

Comment: compare with response to other FOIA requests; What did Public Citizen eventually get?

Classification: legal

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 1435
Date:
To:
From:
Title: Guidelines for meetings with the pres to discuss hc issues; Privileged and confidential: attorney -client work product

Summary: persons attending the mtg are attending in individ capacities either as govt officials or members of the TF or WG. They are not representing the TF or WG and do not have authority to speak on behalf of the TF or WG. Persons have been invited by the President. Pres does not seek advice of the group as a whole and the group does not form a consensus opinion. No docs will normally be presented but if they are they will not be docs produced by the WG for purpose of advising Pres. Meetings in pres schedule will be designated as "mtgs with individ to discuss hcr". Guidelines are set forth in response to AAPS v Clinton, not intended to reflect requirements of FACA or to assume constitutionality of FACA

Comment: Did TF or WG advise President even if it pretended not to do so?

Classification: legal

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 603
Date: 2/26/93
To: LTC WG
From: Brenda Veazy
Title: meetings/misc

Summary: We must do weekly status reports on the LTC WG. You must give me handouts; papers; minutes; persons outside the WG you contacted; meetings you plan to hold with outside experts

Comment: maybe reports are in box 1820, Brenda Veazey's box; and reports for others in Susan Otrin's box, or George Schieber, or Ira Magaziner

Classification: legal

Participant(s): Judy Ball

Box Number: 670
Date:
To:
From:
Title: handwritten comments CLICK HERE TO VIEW DOCUMENT

Summary: "Plan to HRC tomorrow" [abbrev in orig]. Questions, #4 being: "How do you deal w/ states that don't want to play? What would fed govt do to enforce?

Comment: meetings with HRC

Classification: legal

Participant(s): Carolyn Gatz

Box Number: 1435
Date:
To:
From:
Title: General Arguments for or against interim cost controls

Summary: Interim cost controls may benefit health care consumers by reducing costs.."Whether these gains exceeds the distortions and losses attributable to the imposition of controls needs still to be demonstrated. These distortions and losses include the following: Queues may grow for pts of phys who work less ...or who refuse to take new pts; Black market payments may result...consumers bearing opera or Super Bowl tickets may get access to talented, busy doctors. Common folk, without cash or connections, would wait for care and be seen by less skilled phys. Investment in med care capacity will fall...Although some observers believe that capacity of some types of equipment...is excessive, the disincentive will apply to investment in all eqpt and to training of phys and other med personnel

Comment: effects of price controls well understood by some

Classification: substance

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 1435
Date: 1/26/93
To: Lloyd Bentsen
From: Ira Magaziner
Title: Exec Secretariat Correspondence Profile (don't know if it applies to this --Preliminary Work Plan for the Interagency HCTF

Summary: Cluster leaders to be chosen and assembled Jan 18; Comments on staffing: "While the sheer numbers probably seem daunting, remember that in all policy initiatives, there are dozens of often "faceless" staffers who do the detailed work for the secretaries and deputies who show up at meetings. In this case, however, I don't want them to be "faceless." I want to be able to manage them in a "hands on" fashion, questioning their assumptions, helping set their work plans and tracking down the sources of all their #s." "These people could be hired by HHS or OMB either on a temporary or continuing basis. We could also secure volunteered services from consulting groups?

Comment: what did IM know and when did he know it? Is the use of volunteers permitted?

Classification: legal

Participant(s): Ezekiel Emanuel; James Fish; Patricia Johnson; James Ukockis; Paul Youket

Box Number: 600
Date:
To:
From:
Title: Setting and Enforcing National Health Budgets --Major Decisions

Summary: "A national data system will need to be designed and implemented, as soon as possible, for tracking of health care spending on a national, state and sub -state basis. Accurate and timely information on prices, volumes/practice patterns, and per capita spending is essential...Major problems include (1) insurance claims forms and coding are not standardized; (2) most claims are stil paper forms, often filled out by patients...There is now a technical basis for moving ahead with a natl data system because health insurance industry in response to major criticism of excessive adm costs and paperwork agreed las tyear to adopt standardized forms and coding and electronic transmission`

Comment: Move toward central data base on all citizens

Classification: substance

Participant(s): Judy Ball

Box Number: 601
Date: 5/28/93
To: WG members of the HCTF
From: Ira Magaziner
Title: Folloiw -up meeting

Summary: "On Monday, June 7 we have scheduled a briefing mtg for the members of the WGs. We will update you on the progress of the HCR Plan and give you an opportunity to ask questions..." another mtg of the WGs planned just before the Health Care Plan is formally announced. You may want to consider this when making your travel plans. Date Monday, June 7

Comment:

Classification:

Participant(s): Judy Ball

Box Number: 601
Date: 2/28/93
To:

From:
Title: "Re: Interim 'Shock Treatment' for Health Cost Increases

Summary: Hospitals: Total revenue limits. (DRGs vulnerable to upcoding). "No reductions in charity care, no denial of emergency care, no change in 'waiting periods' for admission." "Exceptions: none". "Penalties: tough...Triple financial penalties for violations, enforceable by any affected party through the legal system, including payment of plaintiff legal expenses for successful suits. Class action suits facilitated. 'Whistle blower' protections. Personal financial liability of board members to $10,000 for failures to establish clear policies and assure compliance. Criminal penalties for conspiracies to defraud/evade controls..." [more]

Comment: draconian limits proposed.

Classification: substance

Participant(s): Judy Ball

Box Number: 602
Date: 2/28/93
To:
From:
Title: Shock treatment, p. 2

Summary: Physicians: Total revenue limits. National and statewide.. "Physicians, as with hospitals, may meet patients' needs for increased services -- just may not increase their own incomes in doing so. Enforcement: provider taxes (rebatable to providers and/or taxpayers. Impose, in effect, a 100% federal tax on provider income increases beyond the limits, enforced through a 15-20% tax on total provider revenues, with required withholding. A rebate would be obtainable only by submitting an independent auditors statement of full compliance....Burden of proof for compliance totally on the provider.

Comment:

Classification: substance

Participant(s): Judy Ball

Box Number: 601
Date: 4/29/93
To: All HCTF and WG personnel
From: John D. Podesta, asst to Pres; Stephen Neuwirth

Title: Task force and working group records

Summary: must preserve records; may not delete from computer; all ar eproperty of WH; no copies without permission

Comment: legal

Classification:

Participant(s): Judy Ball

Box Number: 601
Date: 6/7/93
To:
From:
Title: handwritten notes; "All hands RM 450 OEOB" CLICK HERE TO VIEW DOCUMENT

Summary: "TF officially ended 5/30; Pres now leading process. Debunk press accounts re process: no tug of war with WH; consensus is building; TF did not ignore work of WGs"

Comment: note date

Classification: legal

Participant(s): Judy Ball

Box Number: 600
Date: 9/4/91
To:
From: Paul Ellwood
Title: 21st Century American Health System Uniform Effective Health Benefits

Summary: "Appropriateness of services should be based on widely-held believes about the value of a service to society (e.g. public health impact, social costs, community compassion), the value of a service to the individual.,...and the extent to which a service is an essential component of a basic level of health care below which no person should fall. Public values can be periodically assessed through surveys, focus groups, public hearings, and other community meeting formats."

Comment: Subjugation of individual to collective

Classification: substance

Participant(s): Judy Ball

Box Number: 578
Date: 3/23/93
To: Hillary Clinton
From: Harris Wofford
Title: letter

Summary: Letter promotes the use of "Softstrip" technology for universal billing purposes. "The enclosed card ... contains the entire personal and medical history of its owner. The card costs only pennies to print and the scanner that decodes the card's information is relatively inexpensive."

Comment:

Classification:

Participant(s):

Box Number: 578, 1439,3021
Date: 3/2/93
To: "Jackson Hole East"
From: Clark Havighurst
Title: Re: Follow -up on Feb.2 meeting

Summary: "Nevertheless, it can hardly be doubted that many persons would choose to economize if they were given a chance to do so in acceptable ways. Under my proposal, people would have, for the first time, an opportunity to purchase something other than a health-care Cadillac, such as the American legal system currently requires all health plans, in effect, to be. Estimates of the savings achievable are highly uncertain, but some experts believe that eliminating unnecessary - not to mention marginally beneficial - care could reduce aggregate spending by more than 30%. Savings of this magnitude can be obtained, however, only if legal constraints on responsible economizing can somehow be relaxed."

Comment:

Classification:

Participant(s):

Box Number: 673
Date:
To:

From:
Title: Tollgate 2: Analysis and Resources, Working Group #6 - Benefits Coverage

Summary: Plan for collecting information for group. "Collect examples of standardized benefits for review, including benefit packages for managed care programsa. Medicare and Medicaid (particularly AZ, CA, others?)b.Minnesota Coalition designc. CalPERS design for HMO'sd. Bay Area Business Group on Healthe. Others from states and outside the U.S.

Comment:

Classification:

Participant(s): Carolyn Gatz; Michele Manowitz

Box Number: 1440
Date: 4/7/93
To: Hillary Clinton
From: James Doherty, pres. GHAA and John Ludden, MD
Title: letter

Summary: "On behalf of the Group Health Assoc. of America ... we urge you to support a reform of the medical education system to better prepare primary care physicians to practice effectively in managed care organizations and to support policies that will increase the supply of appropriately trained primary care physicians. ... The enclosed policy paper "Primary Care Physicians: Recomendations to Reform Medical Education To Increase the Supply of Physicians Trained to Practice in Managed Care" identifies the competencies that must be addressed through the medical education system."

Comment:

Classification:

Participant(s): Glen Aukerman; Mark Childress; Thomas Faletti; Paul Offner

Box Number: 1440
Date: 4/7/93
To:
From: GHAA
Title: Primary Care Physicians: Recommendations to Reform Medical Education to Increase the Supply of Physicians Trained to Practice in Managed Care

Summary: "A recent survey of HMOs found that primary care physicians are not properly prepared to practice in managed care settings (Palsbo and Sullivan 1993). ... GHAA has identified the following competencies needed by primary care physicians to practice contemporary medicine for patients and panels of patients. Appropriately trained primary care phsicians will be able to: Foster health promotion and deliver disease prevention services ... Detect, diagnose, and effectively manage common symptoms, and physical signs ... Manage common acute and chronic medical conditions ... Understand and practice the principles of effective quality improvement ... Demonstrate leadership and team building skills, including resource allocation ..."

Comment: continued in next record

Classification:

Participant(s): Glen Aukerman; Mark Childress; Thomas Faletti; Paul Offner

Box Number: 1440
Date: 4/7/93
To:
From: GHAA
Title: Primary Care Physicians: Recommendations, cont.2

Summary: "Use clinical and management information to analyze and improve practice and practice patterns ... Engage in participatory decision making with patients, families, and other providers ... Apply a general knowledge of managed care systems in evaluating the relevant medical literature. ...Recommendations for Increasing the Supply of Appropriately Trained Primary Care Physicians. ... Clinical sites need to be broadened to include ambulatory clinical sites, including managed care organizations, if more medical residents are to choose primary care and be prepared for careers in managed care settings. Medical students and residents also need to learn in a culture that encourages them to acquire the skills, knowledge, and attitudes needed to practice in a managed care setting. contsetting."cont

Comment: continued in next record

Classification:

Participant(s): Glen Aukerman; Mark Childress; Thomas Faletti; Paul Offner

Box Number: 1440
Date: 4/7/93
To:
From: GHAA
Title: Primary Care Physicians: Recommendations, cont.3

Summary: continued from previous record "GHAA's recommendation to achieve these goals [of increasing supply of managed care physicians] are the following: ... Provide loan forgiveness, loans, and scholarships to physicians choosing to practice primary care. ... Expand the National Health Service Corps. (NHSC) scholarship programs to increase the number of primary care physicians practicing in medically underserved areas. ... Develop policies to support the utilization of nonphysician primary care providers, such as nurse practitioners and physician assistants."

Comment:

Classification:

Participant(s): Glen Aukerman; Mark Childress; Thomas Faletti; Paul Offner

Box Number: 1470
Date: 6/25/93
To: Robyn Stone, Chair Long Term Care, Brenda Veazey
From: Beth Smith, Marsha Goodwin, and Thomas Yoshikawa
Title: Dept. of VA Memorandum, Final Health Care Reform Long Term Care Working Group Documents

Summary: "Congratulations on the completed long -term care project! It represents a Herculean effort on the part of you and all your staff. We will all review and study it more carefully now that we have a little more time."

Comment:

Classification:

Participant(s): Mark Smith; Mary Smith

Box Number: 1472
Date: 3/15/93
To: Members of the Future of the VA Health Care Task F
From: Tom Horvath
Title: letter

Summary: "I am sorry that I cannot be with you today or tomorrow as the weather has created some extra problems here in New York, and tomorrow I need to run my Clinical Executive Board. ... Osborne and Gabler, in their book which is, if not the bible then the breviary of some of the people in the new administration, explicitly bring up the contrast between Government's role to steer versus its role to row. They clearly prefer the steering function with its implication that the VA should not be in the direct care providing business."

Comment:

Classification:

Participant(s): Thomas Horvath; Kenneth Link

Box Number: 1472
Date: 11/15/93
To: Terry Good, Dir. WH Office of Records Management
From: Victor P. Raymond, VA Assist. Sec. for P & P
Title: Subject: White House Task Force Records

Summary: "Via verbal agreement with Jeff Gutman reached in late September, we understood that our Task Force records were to be stored here while the implementation plan of the VA was being devised."

Comment:

Classification:

Participant(s): Thomas Horvath; Kenneth Link

Box Number: 1474
Date:
To:
From:
Title: Patient Health Care Identifier Cards:

Summary: "Swipe Card: Plastic, machine readable, wallet -sized Patient Health Care Identifier Cards can be used in the reformed health care system for unambiguous, rapid identification of the patient. ... Estimates for the cost of the card are in the range of 20 to 30 cents per card. The costs will be recovered through data entry time and labor costs saved by elimination of keyboard entry and by elimination of errors associated with identifying patients. ... Smart Card: Plastic, machine readable, wallet -sized Patient Health Care Identifier Cards that contain their own computer can be

used in the reformed health care system. ... Estimates for the cost of the computer smart card are in the range of $3.00 per card."

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1482
Date:
To: Group 10
From: Shannah Koss and John Silva
Title: Subject: Issue Papers

Summary: "The Computer -based Patient Record (CPR) record. This package has the highest number of data requirements. It assumes that health care practitioners will collect clinical and administative data during patient encounters and that this data will be forwarded to the AHPs elec tronically as part of a longitudinal patient record. This record will be maintained ...by the AHP,in an electronic format....Electronic patient records would be available to any authorized user in the managed competition system . The CPR package assumes that decision support, clinical practice guidelines and medical information will be available online during patient encounters. The government role would be extensive, including the definition of data collection and reporting requirement for each entity..."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 1464
Date:
To:
From:
Title: Subject: Guidence on Participation in the White House Task Force

Summary: "The White House Task Force project is being conducted under extremely stringent security requirements. The work of the task force is completely confidential. The White House does not wish any information about the Task Force to be shared outside of the working groups, including with friends, colleagues, other governmental agencies not represented on the Task Force, or any

nongovernmental entity. The White House has indicated its intent to solicit broad input to the process but only when it decides to do so. White House public relation officials are in charge of all relations with persons outside of working participants. ... Each cluster of VA participants will have a designated leader. Each individual is asked to..."

Comment: continued in next record; D. Pratt

Classification:

Participant(s): Donald Pratt

Box Number: 1464
Date:
To:
From:
Title: Subject: Guidence on Participation in the White House Task Force.

Summary: Continued from previous record. "... Forward copies of all materials received in your clusters and task teams to the project coordinating office to be placed in our library. ... Questions should be directed to any of the project coordinating staff located in Room 751 ..."

Comment: D. Pratt

Classification:

Participant(s): Donald Pratt

Box Number: 1464
Date: 9/3/91
To:
From:
Title: The 21st Century American Health System, Overview and Accountable Health Partnerships, Policy doc. 1 of 4. Paul Ellwood and Lynn Etheredge for JHG.

Summary: "Too often, however, "managed care" has increased administrative complexity and arms -length conflict without equivalent improvements in cost and quality. Preauthorization, utilization reviews, and financial incentives intended to motivate or channel physicians' energies have too frequently generated distrust and wasted effort as insurers, payers, and providers seek to manipulate each other. The effectiveness of the current system has been further eroded by segmentation of markets, biased risk

selection and inequitable underwriting practices in the private sector, and uneven or incomplete coverage of the elderly, poor and disabled in the public sector. ..."

Comment: continued in next record; D. Pratt

Classification:

Participant(s): Donald Pratt

Box Number: 1464
Date: 9/3/91
To:
From:
Title: The 21st Century American Health System, Overview and Accountable Health Partnerships, Policy doc. 1 of 4. Paul Ellwood and Lynn Etheredge for JHG.

Summary: Cont. from last record. The success of the 20th cent. health care system, "depends on information that can facilitate better decision making regarding the selection of patients for medical interventions, and a closer,collaborative relationship between all of the components of the health system.Changing the structure & incentives in medicine has not been enough to correct the deficiencies inherent in the way...decisions are made. Well motivated physicians practicing at the stateofthe art are unable to select interventions with sufficient precision to assure the quality of the care delivered while at the same time controlling the costs. The new... system must create a mechanism by which medical practices can be contiuously updated based on robust epidemilolgical insights.

Comment: D. Pratt

Classification:

Participant(s): Donald Pratt

Box Number: 1478
Date: 3/24/93
To: Dr. Baquet
From:
Title: Re: Changes in Magaziner's Meeting for today (3/24)

Summary: "But, she said that Mr. Magaziner IS having a 6:30PM meeting TODAY in the OEOB in his office which you need to attend. Purpose of this meeting is preparatory for the next session with the President."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date: 2/16/93
To: OPDIV HEADS, STAFFDIV HEADS, REGIONAL DIRECTORS
From: Donna E. Shalala
Title: Subject: Support for the Health Care Reform Effort

Summary: "As you are aware, the President's Task Force ... is taking the lead in preparing the administration's proposal... To assist in reaching this objective, we have established the Intergovernmental Health Care Reform Work Group. The Group has approximately 15 cluster teams which will address specific topics. The Department, especially through PHS, HCFA, and ASPE, is already playing a key role in these activities. Since we have less than three months to develop the President's proposal, we will need the active participation and assistance of a variety of staff across the Department."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: "Purpose of the Proposal ... This model is the result of a consensus process and represents a signigicant departure from traditional approaches to protection of special population. Between Toll Gates IV & V representatives of multiple Task Groups (1,1A,2,8,9; Clusters VIII&XV) met to seek consensus and develop policy recommendations regarding special populations within the

context of national health reform." The system outlined below,"... capitalizes on what is new in the health care delivery system and seizes opportunities which did not previously exist(eg. establishing clear lines of accountability for and benefits of providing needed data). ... Finally it establishes an infrastructure to support assessment and improvement of health care delivery at national, state, PC, and plan levels.

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: continued from previous record "It is extremely important that this system be funded through a set -aside (e.g., a percent of premium income) rather than through a budget line item as experience teaches that such systems are vulnerable to reductions in funding when budgets get tight. ... The System of State accountablilty will require the Federal government(with input from states) to identify specific measures and standards for enrollment, access, service, satisfaction, provision of covered services, and quality of care and then to assess state performance in these areas....Assessments for each measure would focuson special subpopulationsas well as the pop. of the state as a whole. This system gives states strong incentives to use the power at their disposal..."

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:

To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: cont. from previous record "...(e.g., ...modification of state laws affecting medical practice, budget allocations, control over PC functions) to meet these objecitves. ... States not meeting the performance standard ... become subject to stricter federal controls. ... The Performance Support System is intended to facilitate state accountablilty... In it the federal government specifies ... reporting protocols for developing a nationally standardized database. ... Data could be from ... annual enrollment data collected by PCs (including info. about each enrollee's unique identifier, age, gender, zip code, perceived health status, and plan), uniform ambulatory encounter/claims data(containing info about services provided, site of service, reason for

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: cont. from previous record "...service, and provider); uniform hospital discharge data (containing information about diagnoses, complications, sevices provided, and provider(s). ... The system promotes administrative simplicity in several ways. It builds from a uniform claim form for all plans/payers (which can support practice pattern profiling, thereby decreasing need for intrusive case -by-case utilization revi ew....This model, it is felt, has significant benefits which clearly outweigh the burdens which may be associated with data collection and verification. Values accruing to the Federal government include the fact that the system documents what happens to all segments of the population during reform,and can provide "early warning" signs of needed corrective actions. ..."

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: cont. from previous record "... It also will clearly document what is accomplished in terms of cost savings and delivery goals during reform. The performance monitoring system reduces the need for the federal government to impose detailed structur/process requirements on all states, PCs, and plans. ... Those who are also low income, rural, underserver, or from inner city areas are generally the least well organized to protect their own interests. ... Data alone, however, are not sufficient to protect special populations. ... Protections for all Consumers ... Guidelines for enrollment and marketing which prohibit discrimination and preferential risk selection ... Authorize States to establish health plans if market forces do not result in acceptable bids from existing plans. ..."

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: cont. from previous record "... Requirements that all physicians and other providers are licensed or certified by the

appropriate entity in accordance with State law. ... Additional Protections for Special Populations ... Require any provider accepting any public funding (e.g., Medicare) to provide services to any government assisted person. ... States must ... certify and recertify plans that meet or exceed Federal requirements. decertify plans that fail to meet Federal and State requirements. ... Purchasing Cooperatives must ... establish governing boards of directors that include representatives of diverse segments of the consumer population, including those with experience/expertise in the needs of low income, underserved, and vulnerable populations. ..."

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: A Proposal for Assuring Equitable Access to and Quality of Health Care for Rural or Urban Low Income, Vulnerable, or Underserved Populations

Summary: cont. from previous record "... establish advertising/marketing/enrollment rules in accordance with Federal guidelines that assure against discrimination or favorable risk selection. ... The PC will be the exclusive source of standardized, comparable information on all plans for consumers. ... The Federal Government must ... establish and periodically review national personal health goals to be achieved by States, such as -- universal childhood immunization against preventable diseases."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To: Bob Borstein?

From:
Title: handwritten notes with title "Easter Cards" CLICK HERE TO VIEW DOCUMENT

Summary: "Let me make an ass of myself, so you don't have to get your self in trouble. ... Share with them attack adds. ... Share with them examples("living") of programs that are successfully implementing aspects of what we're proposing. ... Presidential Decisions - ... No new products/production for Toll Gates VI and VII- will be 1-on1's. ... Meet through next week on regular schedule; then go ad hoc. ... Advocacy: follow up? Our job isn't done until the President signs the bill. First Lady wants to keep us together."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: Briefing Paper on Health Care Reform and Underserved Populations for President and Mrs. Clinton

Summary: "We respectfully recommend that to serve the underserved, health care reform must include .. a top-down national strategy to redirect undergraduate and graduate medical education to production of primary care providers (physicians, mid-levels, and others) who will practice in rural and urban underserved areas. rigorous monitoring and enforcement of national standards governing cost, quality, equity, and access (location and hours) of primary health care. exceptional treatment (e.g., national single payer plans, supplemental insurance, etc.) for at least the following populations -- residents of Commonwealths and territories, and the US-Mex. border ... technology-dependent children, hospital "border babies", etc., migrant and seasonal workers, seasonal migrant retirees. ..."

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To:
From:
Title: Briefing Paper on Health Care Reform and Underserved Populations for President and Mrs. Clinton

Summary: cont. from previous record "..an Inter -State Compact governing out of area coverage, portability of coverage, etc. to preclude hundreds of HIPCs or thousands of health plans from having to develop separate agreements. Fully standardized and/or centrally administered consumer education, enrollment, and grievance procedures to avoid States/HIPCs developing multiple and potentially inconsistent protocols that could themselves become barriers to care."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1478
Date:
To: Paul Starr
From: Enthoven
Title: handwritten letter CLICK HERE TO VIEW DOCUMENT

Summary: "Charles Weller, a health lawyer in Ohio, (216) 586 -7254 can enlighten you on dangers of excessive and uneven regulation."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1479
Date: 9/4/91

To:
From:
Title: The 21st Cent. Amer. Health System, The Public - Private Health Partnership and the National Health Board, Policy Doc. 4of4
Lynn Etheredge JHG

Summary: "3 private sector organizations that will have key advisory and standards -setting roles a Health Standards Board (HealSB) for medical efficacy and benefit assessments; a Health Insurance Standards Board(HISB) for health insurance organization and market issues; and an Outcomes Management Standards Board(OMSB) for the new health outcomes reporting system.These new organizations would be jointly sponsored by major private sector groups, e.g.,employers, consumers, health care providers, and insurers. The charter of these boards will be to assure uniform definitions and performance measurement standards, to improve clinical effectiveness information, and to put in place the necessary ground rules so that effective competition can take place on the basis of costs, high quality, and value to the patient. ..."

Comment: continued in next record

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1479
Date: 9/4/91
To:
From:
Title: The 21st Cent. Amer. Health System, The Public - Private Health Partnership and the National Health Board, Policy Doc. 4of4
Lynn Etheredge JHG

Summary: cont. from previous record "..Appropriateness of services should be based on widely -held beliefs about the value of a service to society (e.g., public health impact, social costs, community compassion), the value of a service to the individual at risk of needing that service (e.g., personal ability to function, length of life, equity), and the extent to which a service is considered an essential component of a basic level of health care below which no person should fall. Public values can be periodically assessed through surveys, focus groups, public hearings, and other community meeting formats.

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1480
Date: 5/5/93
To: Working Group Members
From: Meeghan Prunty, Judy Whang
Title: Re: Background Briefing Books for President/First Lady

Summary: "Please find attached a list of the subject areas for which these background briefing books will be prepared. Next to each subject, we have identified the primary person who will be responsible for producing the material,... AIDS - Mark Smith ... Financing and Savings - Rick Kronick ... Long -Term Care - Robin Stone ... Rural Cross -Cutting Issues - Lois Quam ... Transition Issues ... Lois Quam..."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1479
Date:
To:
From:
Title: AAPS notes concerning contents of box 1479

Summary: "Box labeled "Health Care Task Force Dr. Claudia R. Baquet Working Group II ... Miscellaneous "Managed Competition in Health Care Financing and Delivery: History theory and Practice" Alain C. Enthoven PhD., Commissioned by the Robert Wood Johnson Foundation"

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1463
Date:
To: Bob Borstein?
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "tell to public ... Radio Talk shows ...Nazi Propaganda - Please say this don't say this ---- Get copy of the latest talking points with charts, speeches written for Congress people etc."

Comment:

Classification:

Participant(s): Marsha Goodwin; George Sheldon

Box Number: 1482
Date: 3/03/93
To: Jennifer Klein, Health Policy Working Group
From: Joan McIver Gibson, Univ. New Mexico
Title: letter

Summary: "Nancy Dubler has asked me to serve on the Bioethics Subgroup, now being convened to advise the Health Policy Working Group. I agree, although I will Have to miss the first meeting (March 8 -9). I understand that my airfare and expenses (though no honorarium) will be covered, as agreed upon. ..."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 1482
Date: 7/9/93
To: Jennifer Klein
From: Sallyanne Payton
Title: Subject: Rule Making for Transition Period

Summary: "There is no evidence that courts treat the record made on subsequent comment rulemaking any differently than they treat the record on prior notice -and comment rulemaking.... In sofar as the new National Health Board can be characterized as an "independent agency" therefore, it would be exempt from Presidential (ie, OMB) review unless that review were specifically authorized in statute. ... Here is my proposal for a legislative specification on the question of rulemaking for the transition: The statute shall be

reguarded as self executing unless agency (Board) determines that rule making is necessary. ... Where the agency (Board) determines that legislative rules are necessary, it will have authority to issue those rules as interim final rules but must invite public comment on them...."

Comment: continued in next record

Classification:

Participant(s): Lynn Margherio

Box Number: 1482
Date: 7/9/93
To: Jennifer Klein
From: Sallyanne Payton
Title: Subject: Rule Making for Transition Period

Summary: cont. from previous record. "First, the parties who are going to be challenging the rules will probably be trade associations or other fairly sophisticated litigants who are either accustomed to litigating in federal court or who have easy access to counsel who are. There is no particular reason therefore to put litigation challenging the rules into any but the most competent and sophisticated forum, which is the Court of Appeals for the D.C.Circuit. Second, the "interim final rules" should not be susceptible to challenge since they are by their own terms not final. There therefore ought not be pre -enforcment review of these rules, as there is, for example, of rules issued under the Clean Air Act. Those rules can be stayed for years while the litigation challenges their validity."

Comment: continued in next record

Classification:

Participant(s): Lynn Margherio

Box Number: 1482
Date: 7/9/93
To: Jennifer Klein
From: Sallyanne Payton
Title: Subject: Rule Making for Transition Period

Summary: cont. from previous record . "That ought not be allowed here: there ought to be no judicial review of the rules while they are still "interim", and the can be implemented while the argument

is going on. The courts ought to be forbidden to stay them or otherwise suspend their operation."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 1483
Date: 3/9
To:
From:
Title: Tollgate Notes -Handwritten CLICK HERE TO VIEW DOCUMENT

Summary: "10 -1PM - Kicked out of Pres. Meeting with CEOs in ITR. Adjourned to HRCs conf. room #100. Only 10 chairs for 50+ people. Most people on floor or in window areas. 1PM -Midnight Presentation continued ending with short term cost controls. I'm only one awake and cogent.

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 3210
Date: 4/22/93
To: Ira Magaziner
From: Paul Starr
Title: The payroll tax after a night's sleep

Summary: "You did a superb job yesterday --perhaps too good. It was only afterward that the difficulty of selling a 10% payroll tax began to sink in. If we announce that we're calling for a 10% payroll pay, people will start making simple calculations about what the program will cost them. Most will conclude that they are big losers, in part because they have no idea what their employer contributes,much less what percentage of pay that represents.From the standpoint of consumers,a premium is now and will continue to be the cost of their own personal health insurance policy,and the money will go,not to the government, but from their employer to the health plan (even if via the alliance. In other words, the payroll-based contribution, whatever you call it, will not be or look like a price.It will clearly be a a tax."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3210
Date: 4/23/93
To: Ira Magaziner
From: Paul Starr
Title: Premiums vs. percent of payroll: hidden ironies

Summary: "Why couldn't Atul's group just have proposed a premium model that did that --a payroll tax dressed up as a premium? They couldn't accept the distributive effects, insisting that there had to be some exemption of income at the bottom of the scale. I argued with them that Social Security didn't exempt any income --but it was no use. Then when they turned to the nonworking population, they became concerned about tapping every conceivable form of income, including much that is not reported on income taxes. As a result, the determination of subsidies became too complicated to do on the 1040. ... By returning to the payroll tax, you've thrown out all the complications they introduced. But you could still call it "A community -rated premium capped at 10% of pay."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3210
Date: 4/27/93
To: Payroll -based premium analysis group
From: Paul Starr
Title: Proposal for financing

Summary: "If the FFS family plan is $4,500 a year, these numbers work out to the following monthly premium contributions: HMO, $10.40; PPO, $60; FFS $97.50. All individuals premium contributions for the HMO and PPO would be tax deductible; about two thirds of the FFS premium would also be tax deductible. For a family to be eligible for the refundable tax credit, its income would have to be less than 15,000 a year."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3210
Date: 9/5/93
To: Ira, Larry, Gary
From: Paul
Title: Concerns about low -wage corporate alliances

Summary: Discusses solutions to possible opposition to thehealth plan posed by low wage corporate alliances. Of particular concern are "chicken and furniture factories" (eg. Tyson).

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3210
Date: 3/25/93
To:
From:
Title: Why Not "Medicare for All"? Here's Why, by Paul Starr

Summary: "Medicare for all would provide Americans with poor financial protection. Medicare's high cost -sharing puts it below the tenth percentile among private health insurance benefit packages. Yet to improve coverage while keeping Medicare's fee-for-service framework is spectacularly expensive. Hence the irony: If we offered Medicare for all to the public, it would be a step down for the great majority. And if we brought Medicare coverage up to par, it would break the bank --and put us on a course toward even more massive increases in health care spending than are forecast today. ... Medicare for all would undermine the progress toward integrated health systems being made among the under -65 population. ... Medicare for all has all the political drawbacks of any single payer plan" plan."

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3210
Date: 3/25/93
To:

From:
Title: Why Not "Medicare for All"? Here's Why, by Paul Starr

Summary: cont. from previous record "...For every attempt at control, there is an equal and opposite pressure group reaction. Medicare's entire history should be a lesson on how not to structure a national health program."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3283
Date: 4/7/92
To: Karen Shore, PhD
From: Ronald Fox, PhD, Pres elect American Psych. Assoc.
Title: letter

Summary: "I do not wish to identify the person who made the comment--for obvious reasons. However, he does represent one of the firms doing business in your state. What he said was "The goose has laid another golden egg that the government may take away before too long son we intend to get our share while we can." That is a pretty direct quote which I remember because it was so incredible." The following was hand written on side of letter: "Exec at a major managed care firm when Dr. Fox mentioned that the government may someday institute a National Health Insurance plan, ending the wealth brought into managed care firms."

Comment:

Classification:

Participant(s): Bernie Arons; Skila Harris

Box Number: 1767
Date: 4/19/93
To:
From:
Title: Health Care Reform Taskforce - Policy Primary Care Physicians

Summary: "Introduction ... The concept of primary care emerged in the early 1970's as a definitional and clinical response to the growing specialization of American medicine. ... Background ... The physician-to-population ratio has grown from 146 per 100 thousand

to 250 per 100 thousand during this same period. Futhermore, if all factors are held constant the physician workforce will continue to grow until the year 2020 when we will have 876,000 physicians practicing in the U.S. for a ... ratio of almost 300 per 100 thousand. ...While underrepresented minorities constitutes 22% of the population, they make up only 7% of physicians, 10% of medical students and less than 3% of medical school faculty. These trends are problematic not only for access but for cost containment."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/19/93
To:
From:
Title: Health Care Reform Taskforce - Policy Primary Care Physicians

Summary: cont. from previous record, "... A variety of estimating techniques have placed the average cost of a physician in practice at approximately a million dollars a year, one -quarter of which is salary and overhead expenses and three quarters of which are physician -generated expenses. ... Strategies for reforming graduate medical education. ... Implement an "all payor system" for graduate medical education in which all payments for medical care (public and private, including medicare) would be tapped equally to provid the GME funds. ... Outcomes ... In fact, it is estimated that a medical education system that produced 50% generalists starting in 1995 would take until the year 2030 to bring the practice sector up to 50% generalists in practice."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Medicare Coverage of Physician Assistants

Summary: "Payment for PA services may only be made to the actual employer of the PA (may be a physician, medical group, professional corporation, hospital, SNF or NF). All claims must be made on an assignment basis."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Licensure -- Defination of Practice

Summary: "Goal: Regulatory Boards promote full scope of practice by recognizing the overlapping competencies of health care providers. Premise: All practice acts are based on a definition of medical practice. Historically medical practice has been defined in ways which exclude other professionals from the practice of overlapping competencies. (Protecting turf) Intervention: Change the terminology of medical practice acts. This will enable states to implement practice acts or to promulgate regulations for other disciplines which promote automony and/or fullscope of practice. Such changes are necessary for the implementation of a national managed care model. Questions: 1. Should medical pracatice be defined nationally? --preempts states..."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Licensure Issue --Definition of Practice

Summary: cont. from previous record. "... --assures standardization within clinical scope of practice, --would become benchmard for standardizing reimbursement, insurance issues, etc. which have been

previously noted. ... Issue: Maintain State Authority for Licensure. Premise: State regulatory boards (SRB) have the capacity and authority to promote full scope of practice for health care disciplines. These boards can be motivated by federal incentives to redefine scope of practice and to promulgate regulations which will support the goals of primary care and managed competition. ... Pros: ... -maintains state r evenue ... Cons: -professional organizations within the state may exert extreme pressure to prevent needed change..."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Development of the Healthcare Workforce - Tollgate 4, Licensure Reform

Summary: "INTERVENTION: Modify the definition of medical practice to promote the autonomy and/or full scope of practice for advanced practice and primary care providers. This will enable the implementation of professional practice acts and the promulgation of regulations which will support the goals of primary care and managed competition."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Cluster III, Work Group 12: Workforce -Tollgate 4 National Health Care Workforce Commission

Summary: "Mission: Assure the appropriate health care workforce supply, mix, diversity, and geographic distribution to meet the Nation's health care needs. ... Activities: ... 3) Oversee an

Educational Investment and Innovation Fund that would include support for: ... -establishment of provider retraining programs; ... 4) Support national/state/local service programs including: - the National Health Service Corps, a National Service Corps/Health, state loan repayment programs, etc. ..."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Health Provider Workforce Inadequacies

Summary: "Reforming our health care system to improve access to care, encahce the quality of care and constrain costs cannot be accomplished without dramatic changes in our current health care provider workforce. ... Too many specialists and not enough generalists. ... - Managed care in some form is likely to play a pivotal role in the new delivery system. Managed care systems are based on the services of generalist of primary care providers."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Handwritten notes, copied from notepad CLICK HERE TO VIEW DOCUMENT

Summary: "Who's in th HIPC? Need everyone in ... Floodgates - others will want out. ... Budget ... -Should we let plans be too big to fail? ... Give HMO's a break if they have certain characteristics like: - being in business before -nature of risk shared with providers -service area ... Let the providers go bankrupt or go out of business or lower fees. ..."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1773
Date: 2/09/93
To:
From: Human Service Collaborative
Title: Groups/organizations/individuals that either have models, or have done serious thinking about, mental health and health care reform --

Summary: -Robert Wood Johnson Mental Health Program for Youth, - Prudential, - Children's Defense Fund, -Massachusetts managed care initiative in mental health, -Behavioral Sciences, Inc.

Comment:

Classification:

Participant(s): Robert Anderson; Jennifer Harvell; Nikki McNamee; Sheila Pires; Christine Williams; Ludmila Zawistowich

Box Number: 1773
Date:
To:
From:
Title: Outside Auditors: photocopies of business cards

Summary: Atkinson & Co. Inc., Tillinghast, Price Waterhouse, Coopers & Lybrand, Milliman & Robertson, Inc., The Principal Financial Group

Comment:

Classification:

Participant(s): Robert Anderson; Jennifer Harvell; Nikki McNamee; Sheila Pires; Christine Williams; Ludmila Zawistowich

Box Number: 1445
Date: 4/13/93
To: Susan M. Miskura, Cheif, Year 2000 devel. staff
From: Charlene Leggieri, US Dept. Commerce

Title: Subject: Meeting of Working Group for Electronic Data Interchange (WEDI)

Summary: "On April 1 -2, 1993, I attended a meeting of the Working Group for Electronic Data Interchange (WEDI) in Chicago,IL. This is a voluntary, public private taske force created in 1991 to streamline health care administration through standardized elect. communications....I am on the subcommittee for Uniforn Data Content and Implementation of Standards. They are requesting legislation that mandates use of ANSI X12 standards. ... The subcommittee's recommendation will be to empower industry groups/associations to define uniform data content for the major provider types ... . They are recommending that an umbrella group be formed to monitor and coordinate this work. This umbrella group might be something like a broad Health Care Board that has been discussed by the Health Care Reform Task Force."HCRT"

Comment:

Classification:

Participant(s): Charles Brock; Paul Campbell; Cynthia Taeuber

Box Number: 1445, 1424
Date: 3/30/93
To: Hillary Rodham Clinton
From: Joseph T. Brophy and Bernard R. Tresnowski (WEDI)
Title:

Summary: "Dear Mrs. Rodham Clinton: ... Although our current health care system is complex, government and the private sector can together reform health care by reducing paperwork and lowering administrative costs. These are the primary goals of the Workgroup for Electronic Data Interchange (WEDI). ... WEDI enviions a health care industry transacting all of its business electronically, using one set of electronic standards and interconnecting networks. ... That standard is the American National Standards Institute's (ANSI)X12 standard. ... Signed, Joseph T. Brophy, The Travelers, and Bernard R. Tresnowski, Blue Cross and Blue Shield Association."

Comment:

Classification:

Participant(s):

Box Number: 1445
Date:

To:
From:
Title: Preliminary Report, The Workgroup for Electronic Data Interchange, March 1993

Summary: "We recommend federal legislation mandating the implementation of the ANSI X12 standards according to these revised timeframes: Major public and private payers, hospitals, major employers and self insured plans, and clinics and groups practices of 20 or more professionals (Category I) must implement approved ANSI X12 standards one year from passage of the federal legislation or 4th quarter of 1994, whichever is earlier. All remaining health care payers, providers, employers and self insured plans and pharmacies (Catergory II) must implement approved ANSI X12 standards 2 years from passage of federal legislation or 4thquarter 1995, whichever is earlier. ... Unique Identifiers ... Payer Identifier. ..."

Comment: continued in next record

Classification:

Participant(s): Charles Brock; Paul Campbell; Cynthia Taeuber

Box Number: 1445
Date:
To:
From:
Title: Preliminary Report, The Workgroup for Electronic Data Interchange, March 1993

Summary: cont. from previous record "... We recommend that the National Association of Insurance Commissioners Co -Code be used as the payer identifier. The Co -Code should be expanded to include all HMOs, TPAs and other health care entities. -Provider Identifier. Our tentative recommendation is to charge a broadly based umbrella organization, working with professional associations and others, to maintain a unique provider identification system. ...Implementation Guides and Data Content. -Extensive EDI education at the administrative/planning level and technical level will be required. -Establish an industry group to coordinate the acti vities of professional associations and others who will be developing implementation guides and standardized data content. ..."

Comment: continued in next record

Classification:

Participant(s): Charles Brock; Paul Campbell; Cynthia Taeuber

Box Number: 1445
Date:
To:
From:
Title: Preliminary Report, The Workgroup for Electronic Data Interchange, March 1993

Summary: cont. from previous record "...The National Uniform Billing Committee and the Uniform Claim Form Task Force should be consulted in standardizing the codes. ... EDI: The Infrastructure for Improved Patient Care and Health Care Policy Decisions -EDI will evolve to include other health care data such as clinical data. Other industry groups are looking at computerizing the patient medical record. In time, all health care financing and delivery information will be readily available, lending to better health care decision -making and overall quality of care. ..."

Comment:

Classification:

Participant(s): Charles Brock; Paul Campbell; Cynthia Taeuber

Box Number: 1445
Date: 3/03/93
To: Stuart Gerson and Webb Hubbell
From: Nancy McFadden
Title: Re: Interagency Health Care Task Force

Summary: "As we have discussed, we thought it would be beneficial to schedule a meeting with you and the attorneys from the Department who will be working with the Interagency Health Care Task Force. ..."

Comment:

Classification:

Participant(s): Charles Brock; Paul Campbell; Cynthia Taeuber

Box Number: 1752
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "So are we doing all this work for nothing? ...We definitely need Treasury #s. ... were fundamentally playing in the dark. There's no thinking ahead, and I'm leery about asking for #s when IM changes his mind every other minute. ..."

Comment:

Classification:

Participant(s): John Lantos; Helen Levy; Gregg Meyer; Charles Nelson

Box Number: 1752
Date: 1/26/93
To: Ms. Maggie Williams
From: Donald A. Nixon
Title:

Summary: "Dear Ladies: ... I know the drill at your end, appreciate your time and hope this gets into the correct hands. Please play this safe and read all of it before passing the buck. Normal routes to the NIH didn't work. The Universities have asked us for millions we don't have and drug companies are attempting to stop us. ..."

Comment:

Classification:

Participant(s): John Lantos; Helen Levy; Gregg Meyer; Charles Nelson

Box Number: 1758
Date: 3/26/93
To: Federal Smart Card User
From: Ronald A. Nervitt, Chair, Federal S.C. User Group
Title: Meeting Notice, Federal Smart Card at CardTech/ SecureTech Conference, April 21 1993.

Summary: "The objective of the meeting is to exchange views among Federl agency and private sector members about the future of smart card technology in the health field and programs of particular significance. ... Among the benefits resulting from smart card use is improving the efficiency of health care delivery as a top priority of the new administration. ... Card applications could be used much more universally in areas of health claims, prescription drug purchases, and medical records, resulting in considerable benefits."

Comment:

Classification:

Participant(s): Beatrice Rouse

Box Number: 1758
Date: 6/7/93
To:
From:
Title: Hand written notes titled "Ira Magaziner Briefing" CLICK HERE TO VIEW DOCUMENT

Summary: "Tollgate 5 modified by audit, add'l meetings -->WJC. WJC send back comments, questions for response. detailed briefing books prepared. ... legis specifications are underway. ... congressional briefing schedules TD. ... Town mtg. with Congress. ... Lois Quam on 48hrs. with Sen. Wellstone."

Comment:

Classification:

Participant(s): Beatrice Rouse

Box Number: 1765, 3288
Date: 2/15/93
To:
From: Pete Welch
Title: Free -Choice Plans in HIPCS

Summary: "Whether to require at least one free -choice plan ... PRO: Many members of the public believe they should be able to select their own physicians. ... Having free -choice plans would also mitigate physician opposition. CON: Free -choice plans are a major part of the problem that we wish to solve. In an ideal world, HIPCs might evolve to the point where they offer only prepaid group practices. ... Whether to require only one free -choice plan. ... PRO: Particularly given standard benefit packages, the rationale for competing free -choice plans is unclear. Competing free -choice plans have several problems i) they distract the consumers from more important issues, ii) they may result in competition based on risk selection, iii) they dilute the purchasing power of consumers. ..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 1765, 3288
Date: 2/15/93
To:
From: Pete Welch
Title: Free -Choice Plans in HIPCS

Summary: cont. from previous record "...CON:...A technical problem involves delineating the difference between free -choice plans and HMOs. We might require that all eligible plans (except for the single free -choice plan) have a network of physicians, that is, physicians with whom they have signed contracts. This requirement may or may not be sufficient to delineate free choice plans and HMOs. ... Requiring HIPCs to offer only one free -choice plan (where PPOs are considered free -choice plans) may be very difficult to legislate. However, we should allow HIPCs to offer only HMOs and one free -choice plan. Compromise: In lieu of proscribing certain plan types, we could prescribe how free -choice claims are submitted.

Comment: continued in next record

Classification:

Participant(s):

Box Number: 1765, 3288
Date: 2/15/93
To:
From: Pete Welch
Title: Free -Choice Plans in HIPCS

Summary: cont. from previous record "... That is, require that free-choice claims for any plan would be submitted through a single computer system (i.e., Medicare carrier). An excellent database would be established that would facilitate comparison of plans by the HIPC. Under this approach, free choice plans (including PPOs) would be indistinguishable in terms of both benefits package and claims processing, which tends to undercut the rationale for multiple free -choice plans. HMOs on the other hand, would have a clear rationale -- controlling utilization. The "funnel" is consistent with the emphasis of the Jackson Hole Group on standard claims forms and information on quality."

Comment:

Classification:

Participant(s):

Box Number: 1765
Date: 4/15/93
To:
From:
Title: Handwritten, Comparison of Document #1 (vision) and Document #2 (principles) CLICK HERE TO VIEW DOCUMENT

Summary: "Document #1 ... Case For Reform - Moral Ideals justifying - community, equality, justice, liberty, ... Document #2 ... Moral Values and Principles Shaping [reform] ... Equal benefits ..."

Comment:

Classification:

Participant(s): Sybil Goldman; Nancy Kichak; Dixon Wilson

Box Number: 1766
Date: 3/13/93
To:
From:
Title: Principles for National Health Care, Some Initial Thoughts, by Elliot N. Dorf

Summary: "What we too often forget ... is the historical context in which the documents were written. The Declaration of Independence, after all, was written with the clear political agenda of justifying a revolt against England, and so it would quite naturally stess the place of the individual as against the government. Similarly, the Constitution, written when the oppression of England was still fresh in the minds of its writers, was intended to prevent any such governmental oppression in the future. ... Moreover, people like Madison and Jefferson could stress individual rights because they wrote in a period in which most people were part of closely knit (and largely small) local communities. ... The communal context was part of the woodwork, so to speak -- ..."

Comment: continued in next record

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/13/93
To:
From:
Title: Principles for National Health Care, Some Initial Thoughts, by Elliot N. Dorf

Summary: cont. from previous record "... so much so that it may not even have been part of their consciousness. ... It is only in the last half of the 20th century, though, that Americans have in large measure lost the communal ties which previous generation assumed. With the large majority of us now living in cities which are immense by the standards of times past, and with ties to religious communities becoming all the more tenuous for many Americans, we have pushed the individualism of the Founding Fathers to its ultimate, and we have found it wanting. ... Our social contract is no longer just a pragmatic arrangement to make it possible for us to live together; it is a true covenant, in which we must, as members of an extended family, provide for each other's education, welfare, and health."

Comment: continued in next record

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/13/93
To:
From:
Title: Principles for National Health Care, Some Initial Thoughts, by Elliot N. Dorf

Summary: cont. from previous record "... As Kant pointed out, however, "can" implies "ought." That is, the more one can do, the more one must ask whether one should do what one can. ... The new realization is that sometimes it is better for everyone concerned not to use our machinery but rather to let nature take its course within the context of a warm and supporting communtiy. ... We must in other words, make triage decisions as a society if we are ever going to have a health care system which accomplishes our prime

ends and expresses our chief values. ... The nation as a whole must take on that moral burden. Second, facing this issue does not automatically involve us in immoral decisions, although it certainly will require unpleasant ones. ..."

Comment: continued in next record

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/13/93
To:
From:
Title: Principles for National Health Care, Some Initial Thoughts, by Elliot N. Dorf

Summary: cont. from previous record "We may want to provide everything for everyone, but when we cannot, we have the moral duty to decide who should get what and why. ... Even if those who make national policy must be limited, then it would be wise to build into the system some leeway for the individual patient and health care professional. ... Thus, national policies should, when possible, provide for choices of medical care, even if those choices must of necessity be limited for financial reasons. ... We should, I think adopt some version of the Oregon plan, although perhaps drawing the line as to what would be provided at earlier stages the older one gets."

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date:
To:
From:
Title: no title

Summary: "Often the health care professional and patient will agree that the test is indicated or not indicated. But intractable

disagreements will be particularly significant for the reformed health care system. Patient complaints that the new system is unresponsive to their needs or is primarily concerned with saving money may undermine acceptance of the reforms. Yet the new system, in aiming to increase access while controlling expenditures, will not be able to allocate unlimited resources to meet patient wants and needs."

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/17/93
To:
From:
Title: Discussion of options associated with Bernie's "prose draft

Summary: Issue 1. Should the process of allocating specific services be transparent to patients? 1A - Make allocation decisions implicitly, or covertly. Pro: Protects social fabric, because it remains hidden from most people that distinctions are necessarily being made among individuals. Avoids publicly debunking the myth that everything will be done for every individual. Enhances public trust in health care system. Con: Encourages misunderstanding and deceit. ... 1B - Make allocation decisions explicitly or overtly. Pro: Enhances public trust in health care system. Con: Detracts from public trust in health care system. ... 2A Individual providers at the bedside or in the office."

Comment: continued in next record

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/17/93
To:
From:
Title: Discussion of options associated with Bernie's "prose" draft

Summary: cont. from previous record "Con: Places provider in a conflict of interest between allocator of funds for plan and acting in individual patient's best interest. ... 2B Accountable Health Plan (AHP). Pro: Provides for uniformity, impartiality, and fairness. Prevents possibility of provider's discrimination on basis of age, disability, race, gender, or ethnicity."

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/04/93
To: Members of Working Group #17
From: Marian Gray Secundy, Nancy Neveloff Dubler
Title: Re: Upcoming Meeting

Summary: "Regarding travel arangements: 1. We have been trying to arrange for government travel vouchers, permitting incredible savings. However, while all of you are fast and flexible , the government is less so; thus, please proceed to book this trip on your own. Book the return for sometime in late April (be certain that you can change it). Then book all subsequent flights Washington --> home --> Washington. That gives us the benefit of a supersaver fare, and, when we add the government discount, we will spend very little. (This will be explained to Ira Magaziner, who must approve our budget.)

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date:
To:
From: Robert C. Benedict
Title: Attachment, Other Comments

Summary: "Managing Information: With regard to returning originals and copies, I and I presume others will comply. I fully appreciate the reasons for this request (states or not states). This will be treated by me in the same context. But, I think you are headed for unnecessary trouble. You want this debate to be about health care reform, not about a fight between the media or others and the White House over public information and right to know. ... The question is whether it it better to deal with this up front and get past it; or whether the White House and the Plan would be harmed to a greate degree if there is a confrontation over public information from which the White House would have to back down politically if not legally."

Comment: continued in next record

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date:
To:
From: Robert C. Benedict
Title: Attachment, Other Comments

Summary: cont. from previous record "If Such a confrontation occurs, even if you win legally, I think you loose politically, to the extent that: 1) the Plan's opponents will simply try to nail you to the wall on secrecy and/or alleged in house information indicating that it (the Plan) can't work; and/or 2) the media focuses on right to know/secrecy battles to such a degree that it overshadows the proposal and/or lends credence to those who oppose the Plan for whatever reason."

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1768
Date:
To:
From:

Title: Who Pays for Employer -provided Health Insurance

Summary: "For the most part, the costs of employer provided health insurance must ultimately be financed through reduced cash wages, other fringe benefits, reduced employment, increased productivity, or some combination thereof. ... During a period of transition, some of the increase in health insurance cost associated with a mandate may be covered by reduced profit. After the transition period, employers who cannot pass new health insurance costs onto their customers through increased prices or onto their employees through reduced cash wages and other fringe benefit growth, are likely to reduce employment or to cease production altogether."

Comment:

Classification:

Participant(s): Deborah Chang; Andrew Lyon; Michael Millman

Box Number: 1433
Date: 4/26/93
To: Brenda Dolan, US Dept. Commerce
From: Bretton G. Sciaroni, USJF
Title: Re: Freedom of Information Act Request

Summary: "Under the provisions of the Freedom of Information Act, 5 U.S.C. 552, I am requesting copies of any records, memoranda, agendas, transcripts, drafts, notes, working papers, studies, or other documents relevant to the Health Care Reform Task Force. This request pertains to employees of the Department of Commerce serving on the White House task force."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1767
Date:
To:
From:
Title: Advisory Work Group on Coverage, Benfits, and Financing Coverage and Financing Work Group

Summary: "NB: we need to be careful here; many of the estimates for administrative savings have been grossly overstated by ignoring the cost of cost containment measures and administering cost sharing.

... We should try to avoid welfare -like income detemination mechanisms and rely instead on IRS processes, eg income estimation."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 12/21/92
To: David Satcher, MD, PhD Pres. Meharry Med. Coll.
From: Linda Aiken
Title: Policy Options Regarding the Nurse Work Force by Linda H. Aiken and Claire M. Fagin

Summary: "The evidence summarized below shows the following: ... 2)advanced practice nurses have less expesive treatement preferences than physicians leading to lower per patient costs; 3) advanced practice nurses can be educated in much shorter time and at one-fifth the cost of primary care physicians and thus offer a feasible option for increasing primary care services for the nation in the short term; ... 5) nurses are key to facilitating the transition to managed care arrangements that are at the heart of national health care reform."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/19/93
To: Coalition Members
From: Robert D. Ray and Paul G. Rogers
Title: Re: Progress Report

Summary: "Our plan is viewed as the first to combine competing delivery systems with strong tools for cost control. We are now describing our proposals as a fusion strategy for reform. ... We will be talking about the essential elements of our proposal, which we believe are essential elements that should be incorporated into the reform proposal that becomes law."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: National Health Care Workforce Planning Commission

Summary: "Mission: Oversee the planning and implementation of health care workforce policies including recruitment, training, credentialing, and licensing, practice deployment and reimbursement, and short -term and long -term planning and evaluation and financing all of the above. ... Assumptions: The Commission will be either an analytic/policy making body or else combine these responsibilities with an operational and regulatory capacity.?? Monitor, forecast, and coordinate the workforce status and needs. The workforce commission purview will include the full spectrum of health care professionals, ie, physicians (MD and DOs) nurses, dentists, allied health workers, pharmacists, public health professionals, informal health workers, and others as considered relevant."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: National Health Care Workforce Planning Commission

Summary: cont. from previous record "Perform health care workforc planning in partnership with regional bodies (state -related entity). Specific Autrhorities: Provide monitoring of workforce demographics and needs. ... Manage funds to accomplish the commission's mission and objectives.??? ... Allocation of Funds. This could be done by direct formula of federal dollars for health professions education/patient care (Medicare GME, VA, DOD) or the all-payor system, or as competitive grants/contracts (NIH, AHCPR,

CDC, Titles VII and VIII), to include demonstration models. ... Oversee implementation by accreditation, licensure, and certification bodies to improve an improve health professions provider mix according to community/national needs. (Short - and long-term approaches)"

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: National Health Care Workforce Planning Commission

Summary: cont. from previous record "Sponser programs targeting the retraining of medical providers (specialists to generalists) ... Identify and eliminate inconsistencies in federal policies, inconsistent with national goals, regarding payment of health care providers (long term approach). ... Maintain a database and analysis capacity on the health professions to assure an appropriate supply, mix, distribution, and diversity of the workforce. (long term approach)"

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: 3/30/93 Meeting "tracer service" handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "HIPC would periodically assess tracer conditions like ... addiction or tracer services to determine whether CMT or SED are getting the ? they need. ... AHP: must comply with court ordered treatment."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 12/22/92
To:
From:
Title: An Architecture of Data Collection for Health Care Reform

Summary: "I. Overview. The goal of the task force is to develop a data collection strategy that can facilitate policy judgements about our health care system and the likely effects of specific reforms. ... we should answer some fundamental questions: what are the best feasible ways to establist linkages among existing surveys? (e.g., cold decking, unique identifiers, etc.) ... Judgements about efficiency in health care markets require assessments of the relative market values and resource costs of particualr health outcomes. These assessments can benefit from data about: ... quantities of specific services delivered, alternative perceptions of the quality of those services."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: "Organization of the Federal Bureaucracy ... How and who should direct and organize the bureaucracy to accomplish these responsibilities? How specific should the legislative language be in defining the organization and functions of the federal government? There are currently three models under consideration -- ... In each of these models, there will be direct accountablilty to the President as well as a need to establish new relationships with functions in a variety of existing federal departments and agencies. ... Federal Responsibilities ... Serving in a default role (i.e. operating a federal program if states/HIPCs cannot meet

minimun standards) ... Administering tax related activities and implementing an employer compliance auditing effort."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "Establishing policies on anti-trust activities,Monitoring and assessing penalties on fraud and abuse(including developing policies on kickbacks). ... The White House will direct each affected Secretary to identify staff and set aside funds for federal acquisitions to support HIPC development by May 30.... Staff will include policy experts(health insurance delivery /HMO/consumer information), OPM experts in admin. a consumer choice and enrollment program, legal counsel, procurement/ acquisition staff and support staff.It is expected that the acquisition budget for FY 1993 should be approx. $20 -100 million (?). Shortly after May 3, all affected Secretaries willbe asked to identify any existing grants or contracts that may serve as vehicles to acquire training or technical assistance..."

Comment: continue in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "services for HIPC implementation....The task force will perform the following tasks directly or through an existing contract or grant: identify all existing sources of consumer information on health care choices and collect sample materials(FEHBP, the Federally qualified HMO

program, Medicare and Medicaid contracts with plans, State employee benefits programs such as CalPers, state HMO and insurance regulators, large employers, employer coalitions and cooperatives,consumer groups, and beneficiary info. counselling programs currently operating in 50 states, private sector consumer affairs organizations)... identify software needed by the HIPCs to preform various functions ...(possible vehicle:the HCFA standard claims processing software aquisition contract could be modified)"

Comment: cont. in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "Develop a master contract/acquisition plan. Identify barriers (e.g. 23 clearance processes required for a competitive procurement) and get authority to override specific barriers that are not legislatively required. Award a consultant services contract to secure the technical services of highly qualified ADP/systems information experts and experts in new technology . Award new master contracts based on "functional performance standards" to procure second generation services/products in the following areas: ADP -information services, Consumer Information, HIPC support. THese master contracts approve a few firms who then bid on individual order contracts."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "This arrangement permits tasks to be defined over time and under an expedited process. The consumer information and HIPC support master contracts would be awarded by March 1994. The ADP would be awarded by December 1994. The individual tasks take about 3 -4 months. ... Executive Orders may be required in the following areas to expedite rulemaking: Designation of a lead agency to prepare rules, Legal basis to suspend the normal comment period and to issue an interim final rule , Waiver of all or some of the requirements for rulemaking in E.O. 12291,12498,12606,12612,12630, 12778. OMB will amend the Uniform Regulations agenda to include the regulations for health care reform."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "Training and Technical Assistance Materials: The following materials will be made available to HIPCs through clearing houses, training and technical assistance: -model RFPs on how to select qualified plans (managed care and fee -for -sevice) . The RFPs will specify minimum requirements, such as fiscal solvency, network access and performance standards; ... procedures on how to enforce a global budget."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Draft Decision Memorandum - Health Reform Data, Data systems and health care reform, department and task force differences.

Summary: "Background: There is agreement between the Task Force working group and the Department that the federal government has a role in monitoring access to care, ensuring quality of care, and monitoring the achievement of the financial goals of health reform. ... the Task Force and the Department agree on the following principles: There is a federal responsibility for developing and implementing uniform national standards for data elements, definitions and transmission of utilization, financial and enrollment data. All health plans, in and out of health alliances, will be required to maintain complete databases of encounters/claims records (utilization data). Enrollment and financial information will be maintained at the federal level, as well as in health alliances and plans."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Task Force on Comparative Value Information for Purchasers of Health Care Statement of Work

Summary: "The overall product [of the taskforce] will be a document that can be used by the policy and research communities as a "blueprint" or strategy for public and private sector initiatives and for funding priorities and over the next decade. ... Indeed, efficiency -- or comparative value -- can be assessed by comparing cost and health outcomes. In general, a specific therapy, provider of care, or health plan is more efficient that an alternative if the cost of care is less the cost for an alternative, assuming that both alternatives provide equivalent health outcomes....What is the potential of computerized medical records and electronic data networks as a means of lowcost routine capture of detailed clinical information?

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: Task Force on Comparative Value Information for Purchasers of Health Care Statement of Work

Summary: cont. from previous record "How should information flows be organized to ensure effectrive use of complex information? What is the role of government in developing and implementing a second generation information system over the next ten years?"

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/16/93
To:
From:
Title: Global Budgeting: Budget Based on Total National Health Expenditures

Summary: "What is the definition of the budget? Option: All National Health Exenditures -- including services provided under the standart benefits package, as well as non -covered services like plastic surgery and nursing home care. -- including expenditures for capital, research, medical education, and government public health. Objective: The goal of this approach would be to attempt to control spending on all health types of health care expenditures."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/16/93
To: Budget Cap Working Group
From: Randy Lutter, Ellen Samuelson, David Schulke
Title: Re: Option A: Budget for all third party payments

Summary: "What objectives would this budget accomplish? 1. Eliminate or reduce the use of medical interventions on patients for whom these interventions would be of little or no value. ... What is the nature of the budget? Overview. Concern about the potential for irrational and abusive rationing under a rigid budget cap led us to propose a two -tiered approach with: (1) a flexible budget target which has its impact at the plan level, and (2) an actual budget cap operating at the HIPC level. This approach provides for early intervention by the HIPC with plans that can't control costs, with a tougher "fallback" capitaion -based budget cap at the HIPC level that would kick in if too many plans with expenditure problems failed to respond to the HIPC's plan -level interventions."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/7/93
To: Denise Denton
From: Jane Schadle
Title: Schadle Draft, Notes on the Rural Initiative

Summary: "Additionally, federal legislation must not preclude providers by the wording or language of any bills, ie: "each citizen should be able to chose his/her own physician." This statement should read; Each citizen should be able to chose their own health care provider." Specific provider language in legislation will be interpreted to the exclusion of other providers in the real world. ... Giving each practitioner accountability for their own practice is the first step to control of the malpractice climate in America. Another is the establishment and sanction of ethics boards that can assist physicians in making very difficult decisions and thereby removing the threat of suit for situations in which there is no right answer."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 5/10/93
To: Linda Bergthold, Bob Valdez
From: David Eddy
Title: Re: Medical Appropriateness

Summary: "I am still concerned that we do not have much room to maneuver when it comes to high -cost, low benefit treatments.I have talked with David Nexon and he has agreed to the following:A.In the 5th condition for appropriateness "judiciousness" he is willing to change "approximately equal" to "similar", at the bottom of page 2. Believe it or not,that is an important difference to me... B. David Nexon also agrees that Plans, Alliances or the National Board can and will take costs into account when they design guidelines. I would like to add a line to our policy that states that.. "Nothing in this coverage policy prohibits Plans or Alliances from developing guidelines that would specify the appropriate uses of treatments in greater detail, provided the guidelines were in the best interest of the members of the Plan."th

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 5/10/93
To: Linda Bergthold, Bob Valdez
From: David Eddy
Title: Re: Medical Appropriateness

Summary: cont.from previous record"We need guideline to be able to handle 2 types of problems that are not well addressed by our criteria for appropriateness as they are currently written.One problem is that there are lots of treatments whose benefits vary continuously depending on some patient characteristic (which itself varies continuously) ...But as you move down the range, the amount of benefit gets smaller and smaller, and somewhere you need to stop using the treatment. We will have to use guidelines to draw the line, and the line will be draw based in large part on costs. The other problem is treatments that have low benefit relative to their costs,but there is no alternative treatment. So called "futile" care at the end of life is an example."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer System for All Fee -For-Service Claims

Summary: "We could go beyond that by requiring all fee -for service claims to pass through a common computer system selected by a HIPC or a state. ...We would be requiring that providers and insurers communicate with each other (at a claim level) only through this common system. In some respects this is similar to Medicares Common Working File. .Another model is the German system, which has multiple payers who use a common computer system. Advantages. -It would facilitate fraud & abuse investigations. -It would facilitate profiling providers who contract with several health plans. It would discourage the proliferation of free choice plans within a HIPC by making their similarity more obvious.Multiplefree -choice plans distract consumers from more important choices and split the purchasing power of consumers."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer System for All Fee -For-Service Claims

Summary: cont. from previous record "As long as claims of large employers outside the health plan were included, it would greatly aid in the determination of whether a global budget was exceeded and in the enforcement of that budget. ... With a common computer system, however, the state could require that providers include certain data elements (e.g. the unique physician identification number (UPIN)) before a claim was passed on to the insurer and hence before it would be paid. ... Other Issues. This proposal presumes that providers would be required to submit all claims, even claims that patients paid for out of pocket. Medicare already has such a requirement. We could also require that all claims be

submitted within 6 monts of the date of service, as medicare requires."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer System for All Fee -For-Service Claims

Summary: cont. from previous record "I suggest that claims should be submitted according to the provider location, because the immediate purpose of claims submission is to obtain reimbursement. ...However, for any population -based research, it will be necessary to link state-based databases. (I think Medicare claims are adjudicated according to beneficiary location.) The contract for the common computer system wouldbe competitively bid, and periodic rebidding would be feasible. Whereas the market for HMOs is geographically specific, the market for computer systems is truly national: firms from anywhere in the country can deliver services in a given state. The selection of Medicare hosts may be a model. These systems could be financed by a very modest charge on the claims processed, perhaps 1/5 of 1% of payments."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer System for All Fee -For-Service Claims

Summary: cont. from previous record "However, the federal government could finance the startup costs. ... The speed at which this system could be implemented would depend, in part, on how rapidly regulations on uniform billing proceedures could be promulgated."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 5/10/93
To: Bob Valez
From: Bob Wren
Title: Coverage of Specific Treatments in the Benefits Package

Summary: "Coverage Policy: Nothing in this benefit package require the coverage of any treatment that is not medically appropriate. Treatments that are not medically appropriate for the person requesting the treatment are excluded from coverage. New treatments are presumed to be investigational until shown otherwise. Treatments that are generally accepted at the time of enactment are assumed to be appropriate unless shown otherwise. ... For a treatment to be medically appropriate it must meet the following criteria: ...5) Judicious: There must be no other available treatment that is of similar of greater benefit for the individual, but substantially less costly."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/8/93
To: Ira
From: Work Group 6
Title: Subject: Treatment of non -physician professionals

Summary: "Current Recommendation. The language coming out of the tollgate (attached) presets several problems: ... --It may be inadequate to encourage use of these professionals, even with a Federal over-ride of state licensure laws. After all, in every state in which a reimbursement mandate exists, state licensure laws permit use and reimbursement of non -physician professionals. Tollgate Recommendation -Non-Physician Providers. The guidance group six received on coverage of non -physician providers was: ... -- plans should be free to use whichever providers they felt could

deliver care most cost -effectively. Alternatives. (1) Prohibit plans from discriminating against any group of licensed or certified health professionals.

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/8/93
To: Ira
From: Work Group 6
Title: Subject: Treatment of non -physician professionals

Summary: cont. from previous record "This would allow plans (except non-network plans) to pick and choose individual providers, but would prevent them from having a blanket policy of refusing to use particular catergories of non -physician health professionals. ... (3) Allow states to determine which non -professional providers are eligible for mandatory reimbursement/non discrimination (as opposed to coverage at the options of plans.)

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1751, 1760
Date: 2/12/93
To: David Cutler
From: Howard Leathers
Title: Short term cost cutting measures

Summary: "Taking you at your word that you are interested in all ideas for cutting health care costs, no matter how far fetched, I have attached a brief description of a "populist" method of reducing health care costs: requiring doctors to volunteer services as a condition for license renewal." (see next record)

Comment:

Classification:

Participant(s):

Box Number: 1751
Date:
To:
From:
Title: National Physician Licensing with a Pro Bono Service Requirement.

Summary: "The crux of this proposal is quite simple: that the private system of licensing physicians be replaced by a public licensing system. The potential advantage of a public licensing system is tham it gives the government an additional lever by which to influence physician behavior. In particular: Increased use of the threat of license suspension or cancellation to reduce medical malpractice could reduce the costs of defensive medicine and other legal costs. ... Requiring "public service" (donation of service hours) as a condition of license renewal could reduce average physician costs, and ensure increased physician availability among underserved groups. Hospitals, clinics, public health facilities could be given certificates which they use to pay physicians for volun. work"

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date:
To:
From:
Title: National Physician Licensing with a Pro Bono Service Requirement.

Summary: "cont. from previous record "A physician would be required to present a certain number of certificates with his/her license renewal application. ... I can imagine that a lot of fine tuning would be required to avoid circumvention of the intent of the law, and to provide flexibility in meeting the law's requirements."

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date:
To:
From:
Title: An "All American" Health -Reform Proposal by Uwe Reinhardt, PhD, James Madison Professor of Political Economy

Summary: "Abstract. ...it would be useful if the federal government now mandated all hospitals to price their services with the relative value scale implicit in the federal Diagnostic Related Groupins (the DRGs) and all physicians to price their services on the federal Resource -Based Relative Value Scale. During a transition period each doctor and hospital would be allowed to announce their own conversion factors for these scales. They could then be conveniently published on the local papers."

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Thurs 1:00 all part with Ira & Hillary"

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date:
To:
From:
Title: Federal Rulemaking Process

Summary: "Ways to improve usual process: -Priority at all levels (including logistics)* -Self-implementing rules where possible -Legal deadlines with hammers"

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: "The problem that you have raised to me is whether there is a way to avoid an initial bottleneck at the point of the federal governments issuing the rules, standards, and guidelines that will be necessary to implement the legislation. The apparent problem is that much of the regulatory material that must be issued will consist of what are called in administrative law, "legislative rules" -- rules that will be legally binding on the public - which are required to be published under the federal Administrative Procedure Act. The fact that such rules must be published - that is, printed in the Federal Register - does not necessarily mean that they must go through the increasingly complicated and expensive process of being issued for public notice ..."

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: cont. from previous record "and comment before publication, and have to withstand judicial review before becoming effective. Notice and comment procedures have become a nightmare

for many agencies; it is now generally agreed that the federal regulatory process in many agencies has at least become unacceptably sluggish and indeed may have "ossified" to use the current word, because of the complexity of the notice and comment. ... I am not aware of any cases involving the question of what constitutes a rule affecting a "government grant, contract or benefit", but I can imagine that there might be litigation over that issue if the government attempts to invoke the exemption in order to issue rules setting tax caps or global budgets,

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: cont. from previous record "to take action under existing regulatory statutes (such as ERISA) that would need to be harmonized with the new system, or to take other action that might be characterized as conventional requlation affectig relationships between private parties. The APA makes an implicit distinction between conventional regulation affecting the relationships between private parties within the private economy and the governments management of of its own spending programs, which involve relationships between parties and the government itself. Persons being regulated in their private market relationships are thought to have due process rights because their liberty and property interests are at stake;

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton

Title: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: cont. from previous record "while parties relating to the federal government as beneficiaries or contractors were not, at least in 1946 when the APA was enacted, thought to be entitled to the same due process rights because their private rights were not so affected."

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 4/05/93
To:
From:
Title: Health Benefits America - Cost Estimates to Provide Services to a 200,000 - Member Population

Summary: "Total = $565,540"

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1444
Date:
To: Jeffrey Guttman
From: Thomas Finigan
Title: Federal Express Airbill slip

Summary: package sent "government overnight" from Thomas Finigan to Jeffrey Guttman Dept. of Justice Attourneys via Federal Express, date 11/23

Comment:

Classification:

Participant(s): John Edgell; Thomas Finigan; Peter Kemper

Box Number: 1444
Date:
To: Ann Zuvekas
From: Tom Finigan
Title: letter

Summary: "As you requested, I am sending you some notes for your consideration as you spin the old magic on your current infrastructure draft. ... In terms of carrots and sticks, I think the political embarrassment factor has some weight. I don't think you routinely want to throw money at them, but that option should be left open to the feds. You could do something like take 5% of a state's annual total funding off the top at the beginning of the year. Then if they fail during the year and say they need money the feds would then give them some of the money that is set aside but it has to be for the specific program that is in failure. If a state goes through the whole year and meets all of its goals then they get the entire 5% set aside and spend it on health, however they see fit."

Comment:

Classification:

Participant(s): John Edgell; Thomas Finigan; Peter Kemper

Box Number: 1444
Date: 4/16/93
To: Elmer R. Gabrieli
From: Cynthia Taeuber, USDept. Commerce
Title: letter

Summary: "Thank you for the opportunity to comment on the draft proposal for a Health Identifier to be used to create automated longitudinal health record files. ... you should be aware of the activities of other groups looking at similar issues for the health care system. Namely the Working Group for Electronic Data Interchange (WEDI) and the Immunization Registry proposal made by the Center for Disease Control are relevent."

Comment:

Classification:

Participant(s): John Edgell; Thomas Finigan; Peter Kemper

Box Number: 1767

Date: 4/22/93
To: Dr. David Satcher
From: Paul Jung
Title: Community -Based Health Professions Educational Consortia

Summary: "Federal law would specify that funding for health professions education would be conditioned on meeting requirements established by a federal body, with the identity of that body, the process for establishing requirements and the total amount of funding to be determined by the Task Force based on options presented elsewhere by the Working Group. Purposes. Education. -enhance health care provider diversity (geographic (rural), ethnic/race, gender), -facilitate physician retraining in primary care settings."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/20/93
To:
From:
Title: Group 12 meeting with Nursing School Deans

Summary: "State funds going to nursing programs (2 -year and hospital based) are not divertible to BA or higher nurse training programs. Students want the fast track into nursing, so they only go to the two year programs. We should move those two year students into BA programs. In terms of student numbers, many, many students were turned away by admissions committees this year, so the interest is not low. What we need is MONEY! ... Why not teach medical students and nursing students together? Someone mentioned that since med schools are now teaching primary care to students in the first year (!), why not throw ADNs in with them? This way they can learn how the health care team is coordinated, etc. This sort of mixing will increase the possibility of nursing students getting in on..."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/20/93
To:
From:
Title: Group 12 meeting with Nursing School Deans

Summary: cont. from previous record "some funding reserved solely for medical students. ... What is the best use of funding? Give all the money to nursing schools and let them decide how it should be allocated to med schools! If primary care is the crux, then require that training and training sites accomodate primary care providers (ie, nurses AND doctors), not just primary care physicians. ... We need to stop dividing between doctors and non-doctors. ... In the Netherlands, nursing and medical students study together for the first year and as a result they know how to collaborate in their professional areans."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: handwritten statement, annotation on top says "This paper inside box" CLICK HERE TO VIEW DOCUMENT

Summary: statement reads "Reviewed by Jeff Gutman"

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1768
Date:
To:
From:
Title: Determining Eligibility for and Delivering Subsidies

Summary: "Cash Flow Problems. Because, the health system requires ongoing operating funds, employers and individuals will be required to make at least monthly (if not more frequent) payments. The cash flow problem may be more severe for non -workers who may be expected to pick up some or all of the employers share. The aim of prospective eligibility is to find a happy medium that on the one hand mitigates a cash flow problem, but on the other hand avoids providing an interest free loan or having to collect a large single payment at the end of the year. ... Reconciliation. Reconciliation is the process of determining the "right amount owed by a family at the end of the accounting period. ... Reconciliation takes into account the inherent unpredictability of job and family circumstances."

Comment: continued in next record

Classification:

Participant(s): Deborah Chang; Andrew Lyon; Michael Millman

Box Number: 1768
Date:
To:
From:
Title: Determining Eligibility for and Delivering Subsidies

Summary: cont. from previous record "... Individual Account Tracking. All financial systems under concideration require individual family accounts to track how much individuals have contributed through work (ie., payroll deductions or payroll tax). These contributions are then totalled to determine whether premium or income caps have been met. If not, available unearned income may be tapped to make up the shortfall."

Comment:

Classification:

Participant(s): Deborah Chang; Andrew Lyon; Michael Millman

Box Number: 1769
Date:
To: The Keepers of the Fate of Existing Federal Q.Reg
From: Sylvia Gaudette
Title: Re: Community and Consumer Involvement Ideas

Summary: "In our quest for consumer choice through information I submit the following ideas for "error publication" that would

enrage me if I were your average consumer. (This is of course assuming that most of the current quality regs are not scrapped. Frankly, I don't think congress will scrap any regs without more regs behind them) ... What is the problem here?: -- She is a great person who really cares about her patients -- so perhaps the regs are outrageously complicated and unnecessary. So much so that a good facility cannot comply regularly. If regs can only be complied with once a year what's the point? -- If she had a lousy facility, perhaps she would cover her tracks and not get caught because she had so much time to prepare."

Comment: continued in next record

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date:
To: The Keepers of the Fate of Existing Federal Q.Reg
From: Sylvia Gaudette
Title: Re: Community and Consumer Involvement Ideas

Summary: cont. from previous record "... I know that there is a "clinical laboratory improvement advisory committee" set up to take complaints about CLIA and perhaps motivate change if patterns are detected. But I don't think anyone believes they are anything but a place for the public to let off steam. (Much like Congress at times) If I am wrong and that panel will really help keep the law in tune with reality, then I suggest more like it. I have my doubts."

Comment:

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date: 3/11/93
To: Stephen F. Jencks, health stand. and qual. bureau
From: Mark S. Blumberg, Kaiser Permanente
Title: letter

Summary: "I don't know if this bunch of work papers will be of any value to you, but feel free to use them as you wish. However, if any items having data identified with a Kaiser Permanente source go beyond your office please make sure to remove the mentions of

Kaiser. (The numbers are OK to use.) I know the technical side of how to build a workable and useful national outcomes reporting system based on over ten years experience at Kaiser Permanente (including my QMMP work). However, it is very difficult to write it up since the difference between success and failure often depends on seemingly obscure or trivial details."

Comment:

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date: 5/5/93
To:
From: Henry Krakauer
Title: Comment on Latest Version of Consumer Report Card

Summary: " I was extremely uneasy when I first saw this proposed report card format, and remain so. As an informed consumer, I see very little that I could use with some confidence. Less well-informed consumers w ould be easily seduced by the concreteness and apparent simplicity of the data provided. A. The report card does not give any inkling of uncertainties in the measurements. ... The report card gives only values projected onto the population of the State. ... If the intent remains to use a sample of 100 cases per measure I cannot see how the projection to the population of the State can be made except in the crudest way based on the most commonly occurring risk factors."

Comment: continued in next record

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date: 5/5/93
To:
From: Henry Krakauer
Title: Comment on Latest Version of Consumer Report Card

Summary: cont. from previous record "... I can't deal with the concept of National Quality Goals at all. Something, but not much, can be said for goals for the nations as a whole, but for the State? How do you deal with resource constraints imposed by the State (e.g. NY) which will greatly distinguish it from the others

in utilization rates about which there is no firm consensus? ... I continue to have much difficulty with report cards measures of process (access and appropriateness), with only rare exceptions."

Comment:

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date: 4/30/93
To: John Williamson and Kathy Lohr
From: Linda Demlo
Title: Subject: Your paper

Summary: "... your discussion of the failures of past approaches is a fairly wide indictment, although it is not clear what programs you are criticizing. ... Similarly the discussion ... of new approaches has a decidedly advocacy pitch; again, references would help. Further, I think that we are obligated to point out that there is very little evidence that these new approaches are effective in changing behavior and promoting quality improvement over time. Examining the effectiveness of these new models and seeing what works and what doesn't work is an important component of our plan."

Comment:

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date: 3/04/93
To:
From:
Title: Notes From Conversation with Dr. Al Siu from RAND Corporation

Summary: "Question: What measures or quality measures do you think are good enough to include in a quality management system? Answer: Al has developed a group of 12 measures that were recently published along with the framework for developing these in health services research. They rely on both process and outcomes measures with a greater emphasis on process measures. ...He has attempted through the HMO contortion to implement evaluations of the HMOs based on these measures. However, he has been unable to evaluate

HMOs based on all 12 measures largely because of the high cost and the reluctance of anyone to pay for it. When asked why it is so expensive, he repliedthat getting the measures in some plans requires patient surveys or actually going back to the records for records review..."

Comment: continued in next record

Classification:

Participant(s): Nicole Simmons

Box Number: 1769
Date: 3/04/93
To:
From:
Title: Notes From Conversation with Dr. Al Siu from RAND Corporation

Summary: cont. from previous record "He added that United Health Care would be having a press conference this week to announce a report card and that they have developed this report card based on what they include in their claims system."

Comment:

Classification:

Participant(s): Nicole Simmons

Box Number: 1774
Date: 8/5/93
To:
From:
Title: Working Group Draft

Summary: " Budget. As part of the PHS infrastructure budget, $200 million will be necessary to carry out the consumer survey program. Funds to establish and operate the information system and networks will be included in the operating costs of the health care reform program. $600 million for operating data system."

Comment:

Classification:

Participant(s): Allison Eydt

Box Number: 1767
Date:
To:
From:
Title: handwritten notes, possibly written by Judith Katz -Levy, concerning Tollgate 4 CLICK HERE TO VIEW DOCUMENT

Summary: "Earl - task force "status" mentioned - Magaziner weekly meetings. President now getting taskforce briefings - no decisions - paticipation unknown,"

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1433
Date: 3/18/93
To: Members, Cluster One
From: Walter Zelman
Title: Re: Confusion and Apologies

Summary: "I also want to stress to all concerned that as we move into the "narrowing phase" of this process, we need you participation and input as much as ever. While you may not always realize it, the ideas generated in the working groups filter up and are being addressed directly at all levels of decision making. The research of our groups on, for example, the market share of the HIPC, the nature of the budget, the extent of community rating allowed the governance of the system and the needs of special populations, are all receiving intense attention."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 5/11/93
To: Ruth Shinn
From: The Alliance for Managed Competition
Title: Re: Analysis of National Health Care Reform Survey and Focus Groups

Summary: "The Alliance for Managed Competition is an ad hoc coalition formed by some of America's most able managed care companies -- Aetna, Cigna, MetLife, The Prudential and The Travelers -- to secure fundamental health care reform. ... Earlier this year the Alliance commissioned a public opinion research project on American attitudes toward "managed competition." ... The opinion research was led by Mark Mellmann of Mellmann & Lazarus, Inc. Additional analysis was provided by William McIntruff of Public Opinion Strategies. ... The focus groups were conducted between January 13 and January 25, 1993."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date:
To:
From: The Alliance for Managed Competition
Title: Americans Like Their Own Health Care Arrangements, but Want the System Changed

Summary: "Indeed, the percentage satisfied with their personal health insurance plan has increased from 69% in January 1992 to 74% now. Similarly, the percentage satisfied with their personal health care costs has increased from 48% to 57% over the past year. ... on an April 1993 Times Mirros survey, over half (55%) want the system "completely rebuilt" and an additional quarter (26%) want "fundamental changes." ... Americans favor the managed competition approach to health care reform by a wide margin. After hearing a description of managed competition, six in ten (61%) report that they would favor the reform, while only two in ten (19%) would oppose it."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 3306, 3317
Date: 5/15/93
To: Guy King
From: Richard Ostuw, Towers Perrin
Title: Members of Cost Audit Group

Summary: "Richard Ostuw, Towers Perrin, Cleveland, OH (Chair); Howard Atkinson, Jr. Atkinson & Co. Inc. Silver Springs, MD; John M. Bertko, Coopers & Lybrand, San Francisco, CA; Phyllis A. Doran, Milliman & Robertson Inc., Washington, DC; Brent Lee Greenwood, Tillingast/Towers Perrin, Minneapolis, MN; Richard L. Helms, The Principal Financial Group, Des Moines, IA; Kenneth W. Porter, The DuPont Company, Wilmington, DE; Jack Rodgers, Price Waterhouse, Wash. DC"

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 3/15/94
To: Ms. Lynn Margherio
From: Richard Ostuw
Title: letter

Summary: "The members of the Cost Audit Group appreciate the opportunity to review the three draft documents that you sent. Enclosed are the summaries of our findings. To a large degree, our findings are based on the extrapolation from a limited base of relevant experience. Because of the rapid pace of change in health care and employee benefits and the nature of the reform proposals, thorough objective analysis is not possible at this time. We believe that the broad experience of the CAG members makes this analysis useful in the developmental process. Please feel free to call any of the members of the group if you have any questions or comments. We look forward to meeting with you the week of August 30., Sincerely, Richard Ostuw"

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 10/8/93
To: Mr. Ira Magaziner
From: Cost Audit Group
Title: letter

Summary: "The members of the Cost Audit Group appreciate the opportunity to assist with the President's health care reform

proposal. ... The primary role of the Cost Audit Group is to review the methodology and assumptions used to estimate the base year cost of the standard fee -for-service benefit plan for the non -Medicare, non-Medicaid population."

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 5/28/93
To:
From:
Title: Report of the Legal Review Group, National Task Force on Health Care Reform, May 28, 1993.

Summary: Executive Summary. As a preliminary matter, however, the Legal Review Group was struck during its deliberations by how far reaching and ambitious the plans for health care reform appear to be. There appears to be no precedent for the enactment and implementation of a national reform that alters so many existing statutory, administrative, contractual, private, and moral arrangements as this reform would propose to do. Because of the extent of the alteration of these pre -existing relationships, the Group feels, strongly, that the watchword for the drafting of legislation must be caution. This caution should lead the legislations drafters to be conservative about preempting federal, state, and local laws in fields from quality of care regulation to anti trust to public health to confidentiality."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 5/28/93
To:
From:
Title: Report of the Legal Review Group, National Task Force on Health Care Reform, May 28, 1993.

Summary: cont. from previous record "Whether mandated payments by employers and individuals are characterized as percentages of payroll or as a flat capitated premium, these mandated payments may

be construed to be a tax. These issues will arise, for example, if part of the premiums to be collected will pay for health care for persons other that the employees or individuals paying the premium. ... Legal issues therefore may arise as to whether and how the states may delegate the premium of tax assussing powers to private health alliances(HAs).This issue merits furtherstudy and consultation with the National Assoc of Attorneys General(NAAG). One way to avoid such problems is that the premium of payroll percentage madate be imposed directly by federal law, rather than by state law adopted to fulfill federal directions."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 5/28/93
To:
From:
Title: Report of the Legal Review Group, National Task Force on Health Care Reform, May 28, 1993.

Summary: cont. from previous record "In that case, the federal delegation of taxing powers to "private" entities lis HAs emerges as a federal constitutional question, which could at least be addressed in one body of law, rather than in the law of all states and territories. If this alternative is adopted, steps should be taken to separate, as much as possible, the HA structure and governance from state governments;the greater the relation of th HAs directly to the federal level, the less troublesome the states' laws become.Nature of Health Alliances...Of particular concern here for the formation & operation of HAs is the necessity of maintaining open enrollment fee for service plans in each HA, that in turn would accept at least presumptively, each licensed provider as a participating provider."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 5/28/93
To:
From:

Title: Report of the Legal Review Group, National Task Force on Health Care Reform, May 28, 1993.

Summary: cont. from previous record "Failure to do this would mean that some providers, though licensed, could be denied source of livelihood, and that some patients would be denied any possibility of maintaining their regular provider. The Group therefore believes that "fee -for -service" may be an indispensable due process "safety valve."

Comment:

Classification:

Participant(s):

Box Number: 3308
Date: 3/29/93
To: Ira Magaziner, Judy Feder
From: Irwin Redlener
Title: Re: Academic Medical Centers

Summary: "Following our meeting with representatives of major institutions and organizations of academic centers and specialties, I thought some additional follow -up would be appropriate. In particular, and extended meeting - at least two hours - would be appropriate with some of the same folks that were here for the last session. This should be a focused meeting with key members of the work groups. ... Format. I would suggest that selected members of the last group be recalled to meet with relevant work group members as well as Mike Lux or whomever he recommends from his staff. They should be informed of the agenda in advance of the meeting and come prepared to discuss relevant comments as per the agenda."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Some Thoughts on Advantages of Wage -Based Approach

Summary: "Wage -based (WB) may help on budget side, make it harder to raise. Everyone will know "the number." A per -person (pp)

approach would lead to the expectation of a change each year. The WB approach may not. So raising the WB premium may be harder. ... Eases potential tensions between states and fed. government. President must be made to recognize how the pp approch -- with its large amount of federal subsidy dollars that must be protected -- has the potential to create unending conflict with the states. With the fed. gov. having much less at risk in the WB plan, the pobabilities of generating such tension are reduced. The PP approach is regressive and inappropriate for the financing of rights. ... Politics: I would suggest that this is the kind of issue that key supporters can be consulted on"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Some Thoughts on Advantages of Wage -Based Approach

Summary: cont. from previous record "I would suggest that this is the kind of issue that key supporters can and must be consulted on. I would advocate that the WB approach is clearly better, but not so much better than we should risk losing the package on it. Of all the elements in the entire reform, this may be the on that --by itself -- could sink the ship. ... Politics: It has been sugested to me that the handful of Republican Senators we need to win might well prefer WB to PP. This group, I am told, does not like progressive taxes. ... Politics: The PP approach will also be branded as a tax. However, I think we should acknowledge that the "it's a tax charge will stick much more easily to the WB approach that to the PP approach. Legislators will get past the rhetoric quickly."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:

Title: Some Thoughts on Advantages of Wage -Based Approach

Summary: cont. from previous record "They will vote on the merits. ... I.e., we should try hard to pawn this off as a WB premium. If we need to rely on that sales job to win, we should not take this route. This, obviously, is not an argument for our side. But I think you always make your case a little stronger if you confront the obvious realities."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 6/25/93
To: Ira Magaziner
From: Robert Valdez, UCLA School of Public Health
Title: Puerto Rico - Part II options and issues

Summary: "Sorry about the delay. Since returning to LA, family and UCLA problems required my undivided attention. Please distribute this information as appropriate. I will be in town Sunday - Wed noon at AHSR meetings. I will check in with you when I arrive. ... This memo lays out a set of options for health care reform in Puerto Rico."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 2/3/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: Conversation with Dick Sharpe

Summary: "Dick identified two people who could make somewhat different conrtibutions: ... Bert Tobin -- ... Tobin is best on networks for system as a whole -- works 100% of his time for Hartford and could be made available to us at no cost. ... Rapid development of an electronic information system is crucial for the introduction of both budgeting and managed competition."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: A Proposal to Achieve Universal Coverage and Expenditure Control While Minimizing Disruption for the Currently Insured

Summary: "Rationale: Limiting the subsidy to small employers will create some job loss among larger employers (retailers, textile manufacturers) who hire large numbers of low wage workers. Further, if the subsidy for small employers phases out after the transition, then job loss will occur for their employees as well. However, if we want to minimize susidies and disruption for the currently insured, this is one of the tradeoffs that must be faced. Further, limiting subsidies to those employers who currently do not provide insurance will be both administratively difficult and unfair to those employers who have been providing insurance currently. However, again, it will be minimize disruption."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/16/93
To: Ira Magaziner, Judy Feder
From: Antitrust Subcommittee of Working Group 1A_1/
Title: Re: Need For Continued Aggressive Antitrust Enforcement Under the New Health Care System

Summary: "Working Group 1A has concluded that aggressive enforcement of the antitrust laws is crucial to achieving the goals of the new health care system. ...the Working Group has concluded that: (1) providers do not need special antitrust exemptions to fully and effectively participatee in the new system, but there does appear to be a perception problem among providers that can be alleviated by providing additional guidance on antitrust enforcement policy.; (2) enacting new antitrust exemptions, as requested by provider trade associations, would result in fewer providers forming integrated networks;... In most cases, providers' conduct is reviewed under a "rule of reason" analysis. This

analysis balances the anticompetitive effects of the actions against the procompetitve efficiencies"

Comment: cont. in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/16/93
To: Ira Magaziner, Judy Feder
From: Antitrust Subcommittee of Working Group 1A_1/
Title: Re: Need For Continued Aggressive Antitrust Enforcement Under the New Health Care System

Summary: cont. from previous record "that are likely to be achieved. Health care providers are currently engaging in numerous legitimate collaborative efforst, including joint purchasing arrangements for equipment and supplies, data exchanges, mergers and joint ventures, such as Independent Practice Associations (IPAs). Very few of these activities have been investigated by the federal enforcement agencies because in general they do not harm consumers. ... Over the past 50 years, there have been numerous incidents of collective resistance by health care providers to the development of managed care system. Many of these cases are cited in the attached paper. A strong statement of support for the antitrust laws in needed to deter this type of activity and aggressive force is necessary"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/16/93
To: Ira Magaziner, Judy Feder
From: Antitrust Subcommittee of Working Group 1A_1/
Title: Re: Need For Continued Aggressive Antitrust Enforcement Under the New Health Care System

Summary: cont. from previous record "to enjoin anticompetitive conduct that could undermine restructuring under the new system."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 3/11/93
To: Ira Magaziner
From: Anne Stoline and Grayson Norquist, Cluster IX
Title: Re: Funding of Medical Education

Summary: "In 1991, 78% of all medical school graduates had debt, with an average debt of $47,088 in public schools, and $69,479 in private schools."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Proposal to cap the total number of graduate physicians, Working Group 12

Summary: "Proposal to cap the total number of graduate physicia (resident) entry (PGY -1) training positions in the USA to 110%of the annual number of graduates of US medical schools. Reasons not to cap the total number of US residency training positions for physisian graduates. While obstensibly advanced as a manpower policy, its rationale lies in economic policy. Its advocates believe that each physician in America represents a cost center. In addition to a high personal salary, each physician is able to generate health care costs by ordering tests, admitting patients to hospital and performing technical procedures. This thesis may be summarized asTO CONTROL COSTS, CONTROL THE NUMBER OF PHYSICIANS.Capitalist manpower theory would argue that controlling demand by limiting supply is perverse."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Proposal to cap the total number of graduate physicians, Working Group 12

Summary: cont. from previous record "Managed competition seeks to control demand by using physicians as the agents to manage access to services. By reversing the incentives, the same provider becomes the controller rather than the generator of costs. ... While there is agreement that the US needs a better balance in its physician production between generalists and specialists, there is not even strong evidence that there are too many specialists in practice for the actual needs of the population under current access to health care, let alone what might be needed under universal access. While the last major physician manpower study, the GEMNAC Report (1974) projected physician excess in some specialties by 1990 under unchanged access, a recent examination of only 6 specialties by COGME (1900) [?]"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Proposal to cap the total number of graduate physicians, Working Group 12

Summary: cont. from previous record "found shortages for generalist physicians, psychiatrists, child psychiatrists, and surgeons. The AAMC study (1989) concluded that current rates of production of physicians would not lead to a surplus. ... No modeling of universal access has been done. ... The total number of GME slots is not under central control, nor are they federally funded. ... To end on a philosophic note, when the proposal to cap training slots was presented to the Presidents of the major US universities last weekend, they were incredulous that the US government would advance as sound social policy a proposal to limit access to one of the three learned professions with its millenial history of achieving social good.

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Proposal to cap the total number of graduate physicians, Working Group 12

Summary: cont. from previous record "They further recognized that in America open access to careers in these professions has been a traditional path to immigrant social mobility."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To: Ira
From: Judy
Title: handwritten note CLICK HERE TO VIEW DOCUMENT

Summary: "Having been around on this during Donna's hearings, my inclination is to calm these fears with a decision in favor of covering aboriton."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 3/03/93
To: Ira Magaziner, Judy Feder
From: Linda Bergthold, Robert Valdez
Title: Re: Options to Consider for Reproductive Services

Summary: "In meeting yesterday with Ruth Katz and several members of our working group, including representatives from the Congressional Women's Caucus and Senator Mikulski's office, serious concerns were expressed about the options we are preparing related

to reproductive health servi - ces, particularly abortion coverage. They were disturbed that we were considering the inclusion of an option of "no abortion coverage" in the benefit package, even during the early stages of our process. They argued that including the "no abortion option would not mollify opponents. It will, however, alienate supporters of the Presi - dent. They assured us that when the women's con - gressional caucus meetes with Mrs. Clinton next week, they will want a reaffirmation of Presiden - tial support for coverage of abortion within"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 3/03/93
To: Ira Magaziner, Judy Feder
From: Linda Bergthold, Robert Valdez
Title: Re: Options to Consider for Reproductive Services

Summary: cont. from previous record "the core benefit package. ... Bob and I explained the tollgate process and the need to keep all the options on the table through the next tollgate. They rejected this explanation and asked us to take this issue straight to you and Mrs. Clinton for clarification befor the next tollgate. In their opinion, the viable options revolve around how to implement the commitment to abortion, not whether to do so."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/02/94
To: Ira
From: Walter
Title: RE: Large Employers

Summary: "Yesterday the ERISA Industry Committee visited me. They included Chevron, AT&T, and other large employers. ... They might be supportive of our efforts, but they have some concerns. ... They have no objections to seeing money spent paying for the uninsured, but they want to make sure that money comes from broad based taxes; i.e, presumably not primarily from them. ... They want more power

in a nation board and less power in Congress and the Administration. They fear these bodies will cave in to providers and to demands for everyone to have everything."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/14/93
To:
From:
Title: Minutes, Outreach Group, Nomintated From the White House, Congress, and Ira Magaziner

Summary: "It is understood that the academic health centers cannot be placed into the market system. ... Chris Jennings then proceeded to discuss his perspectives as the First Lady's liaison. He indicated that a single system was highly unklikely because it was too expensive. ... He mentioned that it would not be suprising to see the 1500 insurance companies diminish down to approximately 100 at the most."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/28/93
To:
From:
Title: Highlights: Meeting of Quality Patient Provider Relations Committee

Summary: "Entry to Health Care System: The use of nurses prepared at the advanced level (ie Masters) could and should be used as a point of entry to the health care system. The recognition of Nurse Practitioners should be mandated by the federal government and that provisions should be made to allow reimbursement for their services. This reimbursement should be at least equal to the medical practitioners."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/10/93
To: Ira Magaziner
From: Alain Enthoven
Title: letter

Summary: "At our May1 meeting, you asked for suggestions as to how to design and administer a limit on tax free employer contributions to employee health benefits. ... Any proposal to change the present provisions is bound to run into strong political pressures, some invalid arguments and some valid arguments. So it is important to bear in mind that the present system has intolerable defects: 1. It creates a heavy tax on cost containment. ... Under Sec. 125 of the Internal Revenue Code, the employee can tax shelter the $100 premium difference. The result is to cut in half the family's financial incentive to choose the lower - priced plan. That cuts in half Kaiser's market - place reward ... 2. The uncapped tax exclusion is costing the federal budget $70 billion this year,

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/10/93
To: Ira Magaziner
From: Alain Enthoven
Title: letter

Summary: cont. from previous record "an amount that is growing faster than national health expenditures generally. ... The Jackson Hole idea was to cover America with HIPCs, and then to tie the allowable employer/employee exclusion (ie. the individual can take it to the extent his employer does not) to the low -priced plan in each HIPC area. ... This idea runs into the following arguments: 1. It would create a precedent in the Internal Revenue Code which does not index geographic cost of living differences now. This could open Pandora's Box to the "pork barrelization" of the Internal Revenue Code (as if the IRC were now free of pork!) ... 3. This model does give a bigger tax break to citizens of states that do a relatively poor job of health care cost management."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/7/93
To: Ira Magaziner
From: Group Health Cooperative of Puget Sound
Title: letter

Summary: "Both Group Health Cooperative of Puget Sound and Health Partners are strong advocates of state and federal healthcare reform in the form of managed competition. Both plans also maintain strong commitments to offering prepaid, managed health care to seniors in our states. The future success and growth of Accountable Health Plans depend in part on financially viable government contracts for Medicare. Please contact Phil Nudelman (206) 448-6460 or George Halvorsen, CEO of AHP at (612) 623-8400. The enclosed paper is a synthesis of many points more fully articulated in the briefing papers provided in the attached binder. The binders include: 1) Mathematica's executive summary of the 4 year evaluation of Medicare risk contracting.2) Group Health Coop. demonstration project ... HPs demonstration project proposal"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To: Ira Magaziner
From: Zeke Emanuel and Member of the Ethics Cluster
Title: letter

Summary: "You stated that more extensive use of advance care documents and honoring of patients' end-of-life wishes would lead to extensive savings by reducing expenditures on end-of-life care. We thought this particularly important since many of the nation's leading experts on advance care doc-uments and end-of-life care serve on the ethics cluster and do not share the view you stated. There is no evidence substantiating your claim. Indeed, while there is little research data because of the difficulties of tracking all health care costs in the current system, what evidence does exist shows that advance care documents and other means of

refusing care actually do not save health care costs. ... We do not know definitively why refusal of advanced medical care does not actually lead to savings."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To: Ira Magaziner
From: Zeke Emanuel and Member of the Ethics Cluster
Title: letter

Summary: cont. from previous record "Possible explanations include: ... Uncertainty in medical practice means it is hard to know who will die and when life -sustaining interventions should be withheld. Supportive care of dying patients is labor intensive and still expensive even if high technology life -sustaining treatments are not used. Even if most people express a wish not to have life sustaining therapy when they are not sick, either they change their minds when they get sick or their family does not act on this wish at the end-of-life. ... Thus encouraging surrogate decision -making may result in higher use of medical services."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/16/93
To: Judy Feder and Ira Magaziner
From: Robert Valdez, Henry Montez, etal
Title: Subject: Options for defining UNIVERSAL COVERAGE

Summary: "Among the 37 million or so uninsured residents of the United States (Mrs. Clinton apparently does not knoe that our estimates of the uninsured include non -citizens and citizens alike.) include about 6 million blacks and ablut 7.1 million Latinos."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 2/08/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: Draft of preliminary work plan

Summary: "I have treid to keep the "interim controls"group small, as this is the most sensitive. I do not see how we could have done this past weekend's crash effort with a big group and certainly not with the congressional staff who are coming on board. ... There is a potential for a major screw up here. Media stories that we are considering a freeze or severe rate regulations could lead to a real run-up in prices. Even before coming here, I heard reports that hospital managers were raising rates to make sure they were in good shape for a freeze. What happens when we do the first narrow-ing of options? Do we leave the freeze on the list? Clearly, the freeze will have to come off the list even if it is the top option. So perhaps it shouldn't be on the list in the first place."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/26/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: Most recent option

Summary: "It's far better to specify a 1 percent increase in unemployment taxes that to tell middle-income people there are going to be unspecified payroll rates, which they suspect (correctly) will be used to make transfers to lower-income people. Opponents can blow up an unknown and with it the program. Besides, if you go to the Congress with a payroll system, many will pronounce it dead on arrival."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To: Ira Magaziner, etal
From: Merck
Title: Annual Pharmaceutical Costs as a Percent of Total Health Care

Summary: Germany, 21%; Italy, 20%; Japan, 18%; France, 17%; Canada, 12%; United Kingdom, 11%; United States, 8%. Source: Organization of Economic Cooperation and Development, 1991.

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 3/24/93
To:
From:
Title: National Guidelines For Accountable Health Plans

Summary: "Inevitably there will be some who have no choice among plans, and who therefore will be unable to "vote" with their dollars or their feet. AHP's are accountable to their suscribers. ... Ultimately the AHP is legally accountable for the action of its providers. Providers are accountable to patients in all ways described by the provider/patient relationship, and they likewise are bound by their professional standards and ethics."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 12/31/94
To:
From:
Title: National Guidelines For Accountable Health Plans Fair Procedures for Resolving Misunderstandings, disagreements and Disputes

Summary: "The inevitability of conflict in organizations is widely accepted. Some estimates of managers' time spent dealing with

conflict run high as 40%. The causes of conflict and tension within organizations of all types can be traced to similar society-wide issues: a rights-conscious society, greater competition, diversity, budgetary restraints to name but a few. ... We assume AHPs will have incentives to rely heavily by nurse=practitioner/physician assistants. Conflicts are inevitable."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Provider Credentialing

Summary: "Background: Physicians must be "checked out" by hospitals and plans, to avoid derivative failure-to-supervise liability. ... -"Smoking Guns" Missed/Doctors Move Out of State. - Real Credentialing Costs $150+. Proposal. - Bid Out Credentialing Once. Credentialer verifies thoroughly, takes risk of error. Others can rely."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/30/93
To: Ira Magaziner, Judy Feder
From: Robert Valdez
Title: Subject: Issues arising from Hispanic and Border Caucus

Summary: "Bi-national or Tri-national Border Health Commision that could conduct comprehensive needs assessments and monitoring, implement recommended actions to resolve public health and other health problems, and develop reimbursement methods for public and private health services. Residency requirments among states for coverage under the mew alliance configurations. Can states set up residency requirments in addition to the Federal eligibility criteria? ID card creates incentive for discrimination against "foreign looking"folks."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 2/5/93
To: Ira Magaziner
From: Secretary Robert B. Reich
Title: Re: DOL Comments on Health Care Task Force Work Plan and Request for Staff/Analytic Support

Summary: "A system of universal coverage could have a positive effect on employment in the health care sector if overall spending increases. Of course, if global budgets and price controlls are adopted, the reform plan could lead to adverse employment effects in the health care industry. The Task Force must be very sensitive to this latter possibility as health care has been one of the few fields in which there has been strong job growth over the past several years."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/10/93
To: The First Lady and Ira Magaziner
From: Bob Berenson, Kathie Hastings and Bill Sage
Title: Subject: Trial Lawyers' Briefing Book

Summary: " The main points made in the brriefing book are that malpractice and defensive medicine are not a major component of the health care cost problem, that tort reform would not make much of a dent on costs, and that the real problem is the existence of negligent injuries and lack of disciplining of responsible practitioners. The Malpractice Workgroup does not contest any of these assertions. ... Indeed, our enterprise liability proposal is intended to make Plans assume more responsibility for quality and for sanctioning substandard provider performance."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/7/93
To: Ira Magaziner
From: Mark Smith
Title: Re: Health Plans and Risk Selection

Summary: "The most egregious forms of risk selection curr - ently used - medical underwriting, experience rating, manipulation of benefits, exclusions for pre -existing conditions, etc. -will be prohibited. Nevertheless, strong incentives for risk selec -tion and manipulation will remain. Some partic - ipants felt that these incentives would be even stronger and the methods used more subtle, given the ban on the current methods. Some believe that the majority of plans will try to play the game straight but will have to respond to the tactics of those plans that do not. Everyone seemed to be in agreement that we cannot possible predict or anticipate all the ways which will be used to game the system. ... Plans would police each other, and HIPCs could reallocate funds between plans based on this reconciliation process."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/7/93
To: Ira Magaziner
From: Mark Smith
Title: Re: Health Plans and Risk Selection

Summary: cont. from previous record "... Restrictions on marketing. If ... a plan aggressively markets its devotion to healthy lifestyles and new -age therapies, it may attract a middle -class, low cost population. It might send door -to-door salespeople only to certain neighborhoods or mail to lists which are selected to yield high numbers of low utilizers. Such tactics, it is thought, contribute to inappropriate competition on risk, rather than quality. ... If the innovative, entreprenueurial spirit is being depended upon to stimulate progress and cut costs, how do you sell your better mousetrap if you can't tell any one about it? And if you allow only mass marketing, wouldn't a plan's selection of the radio station or TV show be as effective a market segmentation tool as any other?"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/26/93
To: Ira Magaziner
From: Robert Portman, Department of Labor
Title: Subject: Job Dislocation and Employment Opportunities Resulting from Comprehensive Health Care Reform

Summary: "Reform efforts and cost containment may slow the rate of job growth, but are not expected to cause long -term displacement. ... Individuals working in low wage jobs for firms not currently offering health care benefits may be seriously affected. For many of these workers, minimum wage constra - ints will preclude pay cuts and instead lead to layoffs. ... An effective strategy for addressing the employment effects of health care reform should begin with the implementation of a compre - hensive worker adjustment program prior to full phase in of universal coverage, with funding ap - propriate to the magnitude of the task at hand. ... we should strive to help workers move from lower skill, lower wage jobs clerical/service jobs to high skill well paid jobs as health care providers."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Workforce Proposal for inclusion in the Comprehensive Health Care Reform Legislation

Summary: "The health care industry accounts for 1/7 of the nations economy, is the third largest employer, and has been the largest createor of new jobs since 1980. Any changes affecting an industru this large will necessarily spill over into other areas of the economy."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 1456
Date: 3/31/93
To:
From:
Title: Handwritten notes of Larry Lehman CLICK HERE TO VIEW DOCUMENT

Summary: "Tollgates dedicated to help create legislation. ... Pres. supp[orts] sep[arate] VA."

Comment:

Classification:

Participant(s): Laurent Lehmann; Patricia O'Neil

Box Number: 1456
Date: 4/21/93
To: White House Task Force Participants
From: White House Task Force Project Meeting
Title: Subject: Final Meetin of White House Task Force Participants

Summary: "We are now moving into the implementation stage of defining VA's new role and structure in the reformation proposal. What would you say are the "key points" to pay attention to during the implementation phase? From your perspective as a Task Team member, what "key points" from you Task Team should be emphasized relative to VA's function as an Accountable Health Plan? ... What do you think are the most important issues VA should consider in the transition to a new role as an Accountable Health Plan regardless of the pace of success of a reformed national health care system?"

Comment:

Classification:

Participant(s): Laurent Lehmann; Patricia O'Neil

Box Number: 1456
Date: 4/28/93
To: Gerald Charles

From: Associate Director Phychiatry
Title: White Task Force Participants Meeting

Summary: "There remained the lingering perception that a number of the key decisions had already been made (at least in broad outline) up front and the continuing concern (probably based on good reality testing) that the results of all our efforts may suffer from the coming political process, with an end result that may be significantly different from what we crafted. ... Key points in implementation phase include the following: a. Maintain in some form, the organizational structure of the VA WH Task Force Project Management Team and the group of Participants, so that Task Force participants can be called upon to provide information, planning papers, etc. as needed."

Comment:

Classification:

Participant(s): Laurent Lehmann; Patricia O'Neil

Box Number: 1456
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer Systems for All Fee -For-Service Claims

Summary: see summary for same document in box 1767

Comment:

Classification:

Participant(s): Laurent Lehmann; Patricia O'Neil

Box Number: 1456
Date:
To:
From:
Title: Specific Federal Legislation Group Required Standards for Health Plans, For use by this official only: [Picture of Mickey Mouse]

Summary: "Delivery of Services/Access. >1. access (e.g. geographic), availability (e.g. 24 hours a day). >2. all except free choice plans and PPOs that do not claim to be able to provide the full range of service: sufficient provider network - under contract or staff - to provide specified range of comprehensive

services. >3. HMOs and PPOs that state they provide the full range of services in plan: continuity of care: health care of individual members members is responsibility of a particular health professional; adequate record - keeping system to accumulate health data and make those data useful to all health professionals within the plan. ... ">"indicates a key area over which blood will be spilled if provisions are not in the law. Note, however, that all of these provisions are suggested as required provisions."

Comment:

Classification:

Participant(s): Laurent Lehmann; Patricia O'Neil

Box Number: 1457
Date:
To: Members of Quality Work Group
From: Nicole Simmons
Title: Re: Discussion of Quality Measures

Summary: "Food for thought: What king of data would we really need to measure whether proper care is provided to nonusers of services in a given AHP in a given year. ... For instance, we could not evaluate whether all diabetics received hemoglobin A1C tests in year 1 of an AHP's existence without knowing who was a diabetic at the beginning of the year."

Comment:

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1457
Date: 5/26/93
To: Ira Magaziner and QA
From: Ken Thorpe, David Cutler, and Len Nichols
Title: Re: Next Steps

Summary: "Six tasks seem to merit the highest priority for the estimating agencies' resources in the near term. ... 2. Develop a subdsidy cost crosswalk, similar to premium estimate crosswalk, between HCFA, AHCPR, and Urban. Assigned to: QA personages (e.g., David Cutler)"

Comment: cost of contract with Urban Instituue

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1457
Date: 4/30/93
To: White House Task Force on Health
From: Gerry Charles
Title: Subj: Task Force and Working Group Documents and Records

Summary: "...attached is a query from Toby Graff concerning willingness to "educate" about the plan. As you reply, be aware of restrictions covering Executive Branch employees concerning "lobbying". If you have questions about ethics law contact Audley Hendricks at 202 -633-7081; about information law contact Neal Lawson at 202 -523-3603."

Comment:

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1457
Date: 1/19/93
To:
From:
Title: Stategic Options Related to Quality Assurance in the Administration's Health Care Reform Proposal Executive Summary

Summary: "We propose that a comprehensive reform package should do the following. ... 4. Develop an integrated system with the following three levels of activity: -APHs involved in a wide array of QA/QI activities and especially vigilant about quality problems due to over -treatment and inappropriate care; -Regional entities involved in oversight of AHPs, monitoring for under -treatment and poor substandard clinical activities practices; and -A national entity focused on health care and outcomes research, technology assessment, and comparison of regional performance on a minimum set of quality indices. 5. Support the integrated quality system by earmarking premium contributions and Medicare trust fund revenues."

Comment:

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1457
Date:
To:
From:
Title: Handwritten notes of Kendall Posey CLICK HERE TO VIEW DOCUMENT

Summary: "3/17 Patty's Meeting (Vic), Met with Ms. Clinton last week. She's still committed to having VA as part of reform plan. ... 3/31 Patty's Meeting. Vic's comment on VA's future - Prez made clear he is pleased with how VA plans to go. Prez says VA should be able to be a AHP to deliver care for vets first and if we become efficient can market to non -vets. We should be allowed to keep some of the $'s."

Comment:

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1457
Date: 2/17/93
To:
From:
Title: Subject: Guidance on Participation in the White House Task Force

Summary: "The White House Task Force project is being con - ducted under extremely stringent security require -ments. The wo rk of the task force is completely confidential. The White House does not wish any information about the Task Force to be shared out -side of the working groups, including with fri - ends, colleagues, other governmental agencies not represented on the Taskforce or any nongovernment -al entity. The White House has indicated its in -tent to solicit broad input to the process but only when it decides to do so. White House public relations officials are in charge of all relati - ons with persons outside of work ing participants. ...Each individual is asked to:...review original material to be presented to your clusters & task teams with projet coordinating staff, Patty's office, prior to presentation."

Comment:

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1457
Date:
To:
From:
Title: handwritten notes of Kendall Posey, Tab "Patty O'Neill meetings + instructions" CLICK HERE TO VIEW DOCUMENT

Summary: "Don't be pressured to make policy deciciosns. VACO primary coordinators: Patty O'Neill, Rob Gordon, Judy Garman. Order of Process: Task Force to Prez, Work Groups, Clusters, Task Teams."

Comment:

Classification:

Participant(s): Galen Barbour; Elwood Headley; Larry Levitt; Kendall Posey

Box Number: 1821
Date: 10/26/93
To: Andy Allison
From: Terry Good
Title: Task Force and Working Group Document Certification

Summary: "Note: this is the reverse of Andy Allison's signed form; note how he signed a form previously signed by Victor Zafra, signed August 3, 1993. Mr Zafra's signature had been whited out, + Mr. Allison signed and dated on the white out."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date:
To:
From:

Title: Cynthia F. Alpert, The President's Health Care Reform Task Force

Summary: "The following douments were generated by Cluster Group 4. Integrating Government Programs Task Group on Veteran Affairs: ... 14. Briefing for the President, March 24, 1993. 15. Biographical Sketches of VA Working Group Members -- Background for Ira Magaziner for March 24, 1993, Briefing for the President."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 7/30/93
To: Terry W. Good, WH Office of Records Management
From: Linda K. Jankov, Princeton Theological Seminary
Title: Re: memorandum for all members of Health Care Working Group dated July 19, 1993

Summary: "Dr. Evans is currently out of the country working on a research project. Since she is presently unavailable, it is not possible to return the material received from or created for the Health Care Task Force until after this date. Additionally, she would like to speak to you about the possibility of using some of this material in a course she is teaching this upcoming Fall semester at Princeton Theological Seminary. Please advise us of how we should proceed on both matters. ... The Reverend Abigail Rian Evans, Ph.D., Director of Field Education and Associate Professors of Practical Theology."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 12/14/93
To:
From:
Title: Working Group Document Certification of Helen Levy, Princeton University Graduate College.

Summary: "When I left the task force working groups, I left in my office a box containing all such materials clearly labelled as

working group documents to be delivered to the archivist at the time that such documents were collected from our area, (many other people in the same area were combining to work for the Task Force.)"

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 11/14/93
To:
From:
Title: Working Group Document Certification of Daniel L.Maloney

Summary: "Note: As instructed by the VA, I gave all documents to Cliff Patrick. He was to coordinate pick up and delivery to Terry Good at OEOB. I turned over one xerox box of materials in late July."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 8/17/93
To: Terry W. Good
From: Dan McLaughlin, Ellen Benavides, Hennepin County
Title: letter

Summary: "Enclosed are the documents you requested in your recent letter. They are indexed in Table A. ... We were invited to join the task force on March 12, 1993 when Ira Magaziner asked the National Association of Counties (NACO) to send representatives to the Task Force to provide a local government perspective. ... We returned to Minneapolis in June and continue to work with the Task Force by giving numerous presentations to the public and health care community about the process."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date:
To:
From:
Title: Table A - Documents, List of task force related documents sent returned from Hennepin County

Summary: in form :;number, title, description, author; 8, Quam, Managed Care Plan for Medical Assistance, General Assistance & MinnesotaCare, A Report to the Minnesota Legislature, MN Health Care Commission; 9, Quam, What is Metropolitan Health Plan, John Bluford;.

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 7/30/93
To: Terry Good
From: Melanie A. Miller
Title: handwritten letter CLICK HERE TO VIEW DOCUMENT

Summary: "I have enclosed my organized files from my involvement with the Medicare Working Group. At that time I was on the staff of Cong. Mike Andrews. Currently, I am working on the staff of Senator Paul Simon and can be reached at 224 -7114 through August 13, 1993. At that time my Congresional Fellowship will be over, and I will be returning to the US Nuclear Regulatory Commission."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 8/6/93
To:
From:
Title: Task Force and Working Group Document Certification of Laura S. Radack, Trial Attorney

Summary: "After consultation with Robert S. Whitman of the Federal Programs Branch, Civil Division, Dept. of Justice, this is to advise that I am in possession of documents relating to the interdepartmental working group on health care reform. At the present time, work relating to health care reform is continuing at the Department of Justice which requires reference to, or the use of, those documents from time to time. Accordingly, it does not seem to be efficient of practical to return them at this time. When my work on health care reform is completed, I will be pleased to return all of the documents."

Comment:

Classification:

Participant(s):

Box Number: 1821
Date: 11/07/93
To:
From:
Title: Working Group Document Certification of Walter A. Zelman

Summary: "Virtually all of the documents that came into my possession during the period in question are still relevant to my work. I make regular use of them and want to keep them in my possession for the time being. Walter A. Zelman"

Comment:

Classification:

Participant(s):

Box Number: 3305
Date: 2/10/93
To: Ira Magaziner
From: David Cutler
Title: Subject: Short Term Cost Controls

Summary: "The major risk to seeking legislation is the prospect of inducing price increases by providers anticipating the application of the controls. Anticipatory price increases could be a problem even if the controls are never actually imposed. If the standby authority exists in current law, the President would only have to issue an Executive Order invoking them. Complete surprise could be achieved, avoiding the occurrence of anticipatory price increases. Suprise could only be achieved however, by incurring a different

kind of risk. Protecting the element of surprise would limit the amount of preparation which could be undertaken, increasing the chances of a poor start for the effort."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 5/13/93
To: Secretary Bentsen, Undersecretary Altman
From: Bob Kazdin, Office of Thrift Supervision
Title: Subject: Health Reform Policy Options to Limit the Growth in National Health Expenditures Through Increased Consumer Cost Awareness

Summary: "The basid theory behind the Administration's health reform initiative is that capitation can control the growth in the price and volume of medical services. ... Require a small amount of cost sharing for people under 200% of poverty. ... If the reform were modified to increase the cost -sharing for these individual s, the resultant use of health care services would decrease. Estimates by the HCFA actuary indicate that compared to the scenario in the previous para - graph,national health expenditures would decrease slightly less than $10 billion annually if low income individuals would reduce this number. ... By requiring the use of after -tax dollars to purchase supplemental insurance,nation -al health expenditures could be reduced by rough -ly $10 to $20 billion annually according to the HCFA."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date:
To:
From:
Title: An Option to Freeze and Control Provider Prices

Summary: "Officials from Carter's Council on Wage and Price (CWPS) state that an inflexible freeze of longer that 5 -6 months would lead to rapidly declining compliance. ... General Design. As with all price control options, ban increases in balance billing and

limit balance billing, e.g., to 20%. To facilitate billing guidelines for triple damages. To combat anticipatory price hikes, begin the freeze by requiring that prices be rolled back a constant percentage. For administrative simplicity, donot control wages of input prices."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date:
To:
From:
Title: Marginal Revenue Taxes

Summary: "Summary: Impose temporary revenue surtaxes on providers whose revenue growth exceeds a target. ..Despite the extensive experience of the IRS the extent of compliance is uncertain, because provi -ders would try to shelter revenue.Accounts recei -vable could be given to collection agencies with understandings to undertake longterm investments. Medical practices could be reorganized and bill -ings collected by entities without visible con nections to the practices.In addition thrid party payers could by required to report to the IRS summaries of payments made to particular pro -viders. Effects: Unlike Price controls, marginal revenue taxes would not increase the volume and intensity of services.

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date:
To:
From:
Title: Marginal Revenue Taxes

Summary: cont. from previous record "By causing physicans to take more leisure, they may lead physicians to cutback either patient load or the intensity of service. Prices may rise. A graduated revenue tax allows some flexibility to all providers. ... Health

Insurance Premium Regulation as an Interim Measure. Why? ... Compatible with capitated payment systems;"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/23/93
To: Ira C. Magaziner
From: Towers Perrin
Title: letter

Summary: "Towers Perrin is excited and honored to have the opportunity to assist the administration to develop its national health reform proposal. The purpose of this letter is to confirm our understanding of Towers Perrin's role in the auditing process, and to provide the background information requested by Charlotte Hayes. ... You indicated that by serving in the intermittent consultant role we will not be permitted to: Divulge the details of the Task Force's proposals ,as well as TP's role in the audit process, to outside sources prior to the public announcement of the ... Plan. ... We expect the results of our audit to be a brief written report presented to you. This report will summarize analysis and conclusions and identify areas for further consideration by you Task Force."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/23/93
To: Ira C. Magaziner
From: Towers Perrin
Title: letter

Summary: cont. from previous record "We would expect to present this report shortly before the state of the 6th "Toll Gate" session currently scheduled for the week of April 19, 1993. Finally, we acknowledge that time and expenses incurred by Towers Perrin staff for this audit will be assumed by Towers Perrin."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/4/93
To:
From: Karen Davis, The Commonwealth Fund
Title: An Alternative Model of Managed Competition

Summary: " The version of managed competition as developed by The Jackson Hole group, and as modified by proponents such as Paul Starr, is subject to serious flaws: Cost Control. ... - By forcing providers to merge into large plans to serve major areas, the barganing power of providers is likely to be substantially enhanced; ... most economists believe that if four or fewer firms control as much as 50% of the market, price competition will not work, yet this would be the situation in virtually all areas; Impact on Americans. -It imposes a new tax or an erosion of health benefits for many workers who now have good coverage; - It will force many people to give up their physician or change their current source of care, even if they much prefer to maintain such care;"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 1810
Date: 4/15/93
To:
From:
Title: Summary of Recommendations to the Health Care Reform Task Force Made By Participants in Meeting on April 15, 1993

Summary: "Marketing: Do not allow the AHP's to market directly; this undermines quality. Enacting criminal sanctions (with strong enforcement mechanism and funding therefor) for marketing abuses is a less attractive alternative, but if allow AHP's to market, such sanctions are a must. There has been a pattern and practice of serious abuses by Medicaid HMO's and similar providers, e.g. in door to door marketing characterized by deceptive enrollment practices. State agencies have not stepped in to prevent and sanction abuses. Caution: Supreme Court cases on free speech rights of commercial enterprises this year may preclude any

restrictions on the ability of AHP's to market to the poor. ... [handwritten] If someone is not locked in for a year, it lessen the impact of the marketing question."

Comment:

Classification:

Participant(s): Bonnie Lefkowitz; Julia Tillman

Box Number: 1812
Date:
To:
From:
Title: Health Care Reform Action Plan for Rural America

Summary: "A tax on revenue growth for practitioners would help control the anticipated volume increases associated with price controls."

Comment:

Classification:

Participant(s): Sally Richardson

Box Number: 1812
Date:
To:
From:
Title: Summary of Proposals for Health Care Fraud Initiatives

Summary: "There is a federal statutory basis for private parties to sue in federal court if they have suffered from a pattern of racketeering activity, i.e., two acts of mail fraud or wire fraud. However, the United States has no forfieture remedy for fraud offenses in general. Proposal and Rationale. Create a federal statue for forfeiture of the proceeds of health care fraud offenses. Rationale: The potential for foreiture of the proceeds of criminal activity has a substantial deterrent effect. Forfeiture remedies give the government the ability to act decisively using either criminal or civil remedies to seize assets."

Comment:

Classification:

Participant(s): Sally Richardson

Box Number: 1813
Date:
To:
From:
Title: Enrollment Profiles: How Enrollment Will Work

Summary: "Option B: April and Andrew the Deadbeats. April somehow avoids selection of a health plan at work. She is raising two children, and does not want to pay the extra money she would lose from her paycheck each week. Andrew likewise avoids enrolling in a plan. April and Andrew are, however, basically law abiding citizens. When tax time comes along they file like everybody else. When filing out their 1040, they discover a new box: a certification of health coverage. Unable to certify, April and Andrew are assessed the back premium for their coverage for the previous year, and the HIPC is notified of their delinquency so that they can ensure future enrollment and collection of premiums. Bob. Bob retired early from his job. His pension income brings in about $24,000."

Comment: continued in next record

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date:
To:
From:
Title: Enrollment Profiles: How Enrollment Will Work

Summary: cont. from previous record "On top of that he earns $14,000 from self -employed income. Bob was contacted about joining a HIPC through a special enrollment outreach program geared toward self employed people. The program is one of many which HIPCs have designed to meet community needs for increasing enrollment. Other programs include outreach through vehicle registration, benefits programs, community centers, and other community institutions. Carolyn. Carolyn has two young children. She is now divorced, and her only income is the $9,600 she receives from child support and AFDC benefits. She has no work at all. Carolyn had received some information in the mail about joining a health plan, but had not had the chance to select a health plan before his arm playing on a neighborhood swing set."

Comment: continued in next record

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date:
To:
From:
Title: Enrollment Profiles: How Enrollment Will Work

Summary: cont. from previous record " She took her son to the local hospital, where her son was treated. While the doctor saw her son, a benefits manager representing the local HIPC explained how she could choose a health plan and how to find out if she qualified for subsidy. If not, the she might owe back premiums for as much as a year."

Comment:

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date: 3/2/93
To:
From:
Title: Cluster Group II: Working Group for Low -Income and Non-Working Families. Individual Mandates

Summary: "Reasons for an Individual Mandate. -The system of subsidies that will be used in a reformed health care system should make the financial burden imposed on individuals by an individual mandate socially acceptable and one that can be easily met. -Even for individuals that would be eligible for fully subsidized health insurance coverage, an individual mandate is useful as a message of what constitutes socially acceptable behavior and as an inducement to them to take the steps necessary to obtain coverage. Specific Form of the Mandate. -Each individual who is a resident of the United States or who is a citizen of the United States but is residing outside of the country and who is 22 years of age or older, and their legal dependents, must be enrolled in an acceptable health insurance or health plan,"

Comment: continued in next record

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date: 3/2/93
To:
From:
Title: Cluster Group II: Working Group for Low -Income and Non-Working Families. Individual Mandates

Summary: cont. from previous record "and will be liable for their share of any applicable premium payments that such enrollment entails. ... Implementation. We list five components of a compliance system with the pros and cons for each. None of the compliance mechanismes will be able to induce all individuals to comply, but all of them together would constitute a strong compliance system. ... (1) Employers will be required to inform employees that they must accept one of the employer offered health insurance plans to cover themselves and their dependents unless they are covered by an alternative plan. If the employee does not show proof at the time employment commences, or during an open enrollment period, employers will be required to automatically enroll the employee"

Comment: continued in next record

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date: 3/2/93
To:
From:
Title: Cluster Group II: Working Group for Low -Income and Non-Working Families. Individual Mandates

Summary: cont. from previous record "in an employer provided plan and to withhold the applicable premium from the employees wages. ... When individuals file their income tax returns, they will be required to verify for which months of the year that they and each of their dependents were covered by an acceptable health insurance plan. ... Pros -Enlists the income tax filing system in the compliance effort. Deliberately misleading the Internal Revenue Service (IRS) constitutes tax fraud, enlisting existing IRS procedures to reduce such fraud. For example, anyone subject to IRS audits for any reason will also be subject to verification of compliance to this health coverage provision as well. -Sends a

strong social message to individuals that health insurance coverage for themselves and their"

Comment: continued in next record

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date: 3/2/93
To:
From:
Title: Cluster Group II: Working Group for Low -Income and Non-Working Families. Individual Mandates

Summary: cont. from previous record "dependents is socially responsible behavior. Cons. -Puts an additional enforcement burden on an already overburdened IRS. - Adds an additional complication to our income tax laws and to the process of filing income tax returns. -Not all individuals file income tax returns. ... (4) States will either be required or encouraged and allowed to institute additional individual requirements for health insurance coverage. For example, States may require individuals who apply for drivers licenses, automobile registrations, and marriage licenses to show proof of health insurance coverage. Pros. -States have many more points of contact with individuals than does the federal government."

Comment: continued in next record

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date: 3/2/93
To:
From:
Title: Cluster Group II: Working Group for Low -Income and Non-Working Families. Individual Mandates

Summary: cont. from previous record "(5) Individuals who present themselves to a health care provider for treatment and who do not have health insurance coverage, either under their own plan or under a plan as a dependent of some other individual, will at the point of services given the option of enrolling in a choice of plans (however not as a precondition for receipt of treatment). If

they are unwilling or incapable of choosing a plan, they will be automatically enrolled in a plan. Cons. -Making the elected or assigned plan be responsible for the treatment costs of these uncovered individuals shifts the burden of these costs and their possible recovery from health care providers to health care insurers. Recovery of these costs from treated individuals will be difficult (just as it is now)."

Comment:

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date: 3/2/93
To:
From:
Title: Cluster Group II: Working Group for Low -Income and Non-Working Families. Individual Mandates

Summary: cont. from previous record "... Either assign or contract out subsidy determinations to governmental agencies that have some experience and facility for subsidy determinations, e.g., the AFDC or welfare agencies or the agencies that administer food stamps. ... Cons. -Health insurance premium subsidies may reach further up in the income distribution than existing income subsidy programs do. Many individuals who might be defined as middle class may be eligible for health insurance premium subsidies. These people are not familiar with these welfare type agencies and may be uncomfortable with using them."

Comment:

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1813
Date:
To:
From:
Title: Individual Mandates

Summary: "Presumptive Coverage. Presumptive coverage assumes that everyone eligible for participation in the new health care system is automatically covered by an approved health plan from the moment of implementation. ... Enforcement: The presumptive coverage

mandate would be enforced through the tax code. Individuals would be required to verify on their tax form that they have health insurance. Those who do not have insurance would be required to pay back premiums for up to one year: this will cover the costs of their presumptive coverage, while not imposing an overwhelming financial burden."

Comment:

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1815
Date: 3/22/93
To: Judith Feder, Dept. of Health and Human Services
From: Michael H. Cook
Title: letter

Summary: "The provisions of subacute care in nursing facilities makes sense under virtuallly any form of health care reform that has been discussed. Where resources are at a premium it is incumbent on the system to be innovative, and to place patients in the lowest "capital intense" setting that is medically correct. Yet, there is a potential for unintentionally precluding this type of care. For example, if the Administration were to freeze prices on nursing home care without providing exceptions, those facilities that were in the process of developing subacute units, or that were considering such units, would be precluded from doing so because of the likelihood that they would be paid at the rates that they were charging or being reimbursed for residents whose condition required far fewer"

Comment: continued in next record

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date: 3/22/93
To: Judith Feder, Dept. of Health and Human Services
From: Michael H. Cook
Title: letter

Summary: cont. from previous record "resources that subacute patients. Alternatively, setting a global budget that did not account for these services similarly would act as a virtual bar to

the provision of these services, thus depriving the system of material savings that could otherwise be utilized to enhance the minimun benefit package or to increase coverage."

Comment:

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date:
To:
From:
Title: notes, possibly of Robyn L. Henderson, American Lung Association

Summary: "Options. 1. (S/HMO and Onlok) Combining acute and LTC in one system (S/HMO and OnLok). Advantages: Ability to transfer costs from acute care into LTC, to provide integrated systems that promote most efficient use of services. Disadvantages: Acute care is the big bucks; big power; tail wagging dog. In a combined system LTC is kikely to be in a weakened position, at the "effect" of the high tech, doctor driven, high cost tertiary and acute care. SHMO experience demonstrates the failure of managed care systems to adequately treat/care for the sickest old patients (less time from doctors; worse morbidity and mortality outcomes than (fee-for-service). ... 3. Challenge to managed care systems offering LTC to elders. Managed care systems are not designed for sick people!"

Comment:

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date:
To:
From:
Title: Long-Term Care Work Group Information

Summary: "We are now in the process of mailing copies of Toll Gate 5 and the Briefing Book to those Work Group members who requested them and have not picked them up in person. We are marking the envelopes PERSONAL so that they do not get lost on the secretary's / receptionist's desks. REMINDER: THESE DOCUMENTS ARE NOT FOR

PUBLIC VIEWEING. IF YOU ARE CONTACTED BY ANYONE WHO WOULD LIKE TO SEE THESE MATERIALS, THEY MUST CONTACT THE TASK FORCE OFFICE AT 456-6406!!!!

Comment:

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date:
To: Long-Term Care Work Group
From: Brenda Veazey
Title: Subject: Meetings/Misc.

Summary: "Susan Otrin (from the Task Force staff) and I both must do weekly status reports on the Long -Term Care Work Group. Susan's goes to Ira Magaziner and mine to George Schieber of HHS. In order to do this efficiently, copies of the following must be given to me ...: - Any handouts from subgroup meetings or papers done by members of the subgroups (even if they are done for informational purposes only). - Minutes of meetings which you are liason, and any information that may be handed out at that meeting. - A list of persons outside of the Work Group you have contacted for information ... - Any meetings (outside of our meetings) that you are planning to hold with outside experts (when and where they will be held)."

Comment:

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date: 5/13/93
To: Peter Kemper
From: John Wilkin
Title: Re: Risks In A Voluntary Government LTC Program

Summary: "Claims adjudication that does not follow the intent of the law. This is usually in the direction of being too liberal, but it could also be too strict. There is a tendency for programs that pay benefits based on an assessment of physical abilities to cost more than estimated and for that cost to gradually increase through time. This is because the number of individuals with physical problems is much greater that the number at which the

program is aimed. There will always be many individuals who are on either side of and close to the dividing line between eligible and not eligible. If too many individuals are awarded benefits the program will lose public support. The Disability Insurance program under Social Security is a good example of what can happen."

Comment: continued in next record

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date: 5/13/93
To: Peter Kemper
From: John Wilkin
Title: Re: Risks In A Voluntary Government LTC Program

Summary: cont. from previous record "During the early 1970s, the cost of the program began to rise rapidly. The benefit formula paid benefits that were often as much as or more than the beneficiaries were earning while working."

Comment:

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1815
Date: 4/8/93
To: Long -Term Care Work Group
From: Brian Burwell
Title: Re: Revisions to CHRONCARE Proposal

Summary: "This memo specifies some modifications to the CHRONCARE proposal ... The major modifications are as follows: 1. FFP on the mandatory population would not be 100%. It was felt that this created too large an incentive for states to keep people out of institutions, even at very high cost, in order to have their care paid for by the Federal government. Also, it creates large incentives for states to decerify ICFs -MR and nursing homes and finance them as group homes and "assisted living centers."

Comment:

Classification:

Participant(s): Sharman Stephens; Robyn Stone; Beth Stroul

Box Number: 1819
Date: 1/13/93
To: David Satcher, Pres. Meharry Medical School
From: Steven A. Schroeder, Robert Wood Johnson Found.
Title: letter

Summary: "One of you asked about receiving the other papers from the Transition Team. I checked with the staff of the Team, and they informed me not only that those papers were not for distribution, but even our paper was not to be distributed to you. Sorry! Most important is that we have had the opportunity to influence health policy. Let's hope that our seeds bear fruit. It was fun working with you, and let's look for opportunities to continue to push for health care reform. Steven A. Schroeder, M.D."

Comment:

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: "Situation Analysis. ... Currently the United States has no national policy on the national workforce. ... This paper covers eight critical issues relating to the medical workforce: 1) Physician distribution according to specialty, 2) The overall supply of physicians, 3) The geographical distribution of physicians, 4) Minority representation among physicians, 5) The overall supply of nurses, 6) The training of advanced practice nurses and physicians' assistants, 7) The distribution of nurses by specialty, 8) The overall lack of national data on the health professions. It is important to emphasize the interconnectedness of these workforce issues. A rational national workforcepolicy must address simultaneously each of these components,"

Comment: continued in next record

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: cont. from previous record "and must adjust, for example, overall physician supply to reflect specialty distribution of physicians and the availability of the nurse practitioners, nurse midwives, and physician assistants. This Executive Summary provides a brief description of each of the eight issues, the authors' recommendations for government action to address each issue, and the estimated cost to government to follow that particular recommendation. Because of the paramount concern about the Federal budget deficit, the authors suggest that all recommendations that contain expenditures, especially direct Medicare payments for graduate medical education (GME), and possiblu a portion of indirect GME payment, if these are continued under new health reform proposals. Issue #1 ..."

Comment: continued in next record

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: cont. from previous record "Policy Recommendation I: First-Line Approach. A public and private sector partnership that would stimulate the market for generalist physicians and encourage medical schools to promote more interest in becoming a generalist physician. ... we think it unlikely that such a strategy would work. It is a political question whether one should let the private sector attempt to do a course correction, knowing that it will fail, or move directly to Policy Option II. A more direct regulatory approach in the workforce would have a much greater

chance of successbut would also stimulate a great deal of political opposition, especially from academic medicine. Many of the members of our group felt that the government should proceed directly to Policy Recommendation II,"

Comment: continued in next record

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: cont. from previous record "but others were concerned that there may not be sufficient political capital to proceed along this line if at the same time the campaign for fundamental health care financing reform is being waged. ... Issue #2 ... Policy Recommendation. Stabilize current supply of physicians by limiting support for residency positions to 110% of U.S. graduating medical students. ... Cost: ... additional costs would be required to pay for non physician substitutes for those missing residents . These costs would exceed the savings, and would have to come from professional practice fees or hospital revenues. ...Issue #8. ...Policy Recom - mendation. A cooperative joint venture between the public and private sectors. If cooperative efforts fail to establish a quality database,"

Comment: continued in next record

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: cont. from previous record " the Federal government could become more involved in requiring state, for example to collect uniform health profession data. ... Specialty Distribution ... Possible Strategic Options: ... C. A systematic governmental strategy. ... a national manpower authority would be created ... Create a national workforce authority that would: ... Work with the National Health Service Corps to monitor placements of generalist physicians and set the terms of loan forgiveness. ... Pros: A comprehensive workforce strategy has the best chance of achieving the desired specialty mix. ... Cons: Designating a strong Federal role in physician supply is sure to activate the familiar indictments of heavy -handed government as an ineffecive social instrument."

Comment: continued in next record

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: cont. from previous record "Recommended Options: The members of theis work group were unanimous in recommending that, political circumstances aside, Option C: A Systematic Governmental Strategy, was by far the most effective. Some members of the working group, however, were concerned that this option would generate a tremendous amount of political oppositions by very powerful interest groups, especially the teaching hospitals, one of which is located in virtually every congressional district. One attractive strategy might be to recommend Option B as a firstline strategy, linking support for the strategy with a specific time line. If the voluntary sector is not able to achieve residency redistribution by a fixed date (e.g., 1997) then the move to option C might be more feasible."

Comment: continued in next record

Classification:

Participant(s): David Satcher

Box Number: 1819
Date: 1/11/93
To:
From:
Title: Policy Options to Address Medical Workforce IssueExecutive Summary, David Satcher(Meharry Medical College & Steven A. Schroeder (RWJ)

Summary: cont. from previous record "Underrepresented Minorities. ... Possible Strategic Options: A. Status Quo. Under this option no additional action would be taken ... Con: Very little has changed with the current programs in place. In fact, between 1990 -1992, African-American enrollment declined slightly. Most majority schools have not made minority enrollment a high priority and do not provide educational and social support services to these students. Active work on this issue is the morally right thing to do."

Comment:

Classification:

Participant(s): David Satcher

Box Number: 2438
Date:
To:
From:
Title: Medicare Outpatient Presciption Drug Benefit

Summary: "Formulary Option 1: Under this option, the Secretary would be charged with developing a national formulary of drugs and biologicals that are reimburseable under Medicare. ... -Generic Drug Dispensing Incentives: The legislation would require that the physician write "brand medically necessary" on all innovator multiple source prescriptions, the pharmacist to submit a hard copy to the carrier to permit the dispensing of an innovator multiple source drug, or a process for the physician to obtain a PA number from the intemediary to be submitted with the electronic claim by the pharmacist. -Reimbursement incentives to pharmacists would be structured so that they would dispense generic drugs, rather that 150% of the lowest AWP. Establishment of Prescription Drug Payment Review Commission:"

Comment: continued in next record

Classification:

Participant(s): Lynn Margherio

Box Number: 2438
Date:
To:
From:
Title: Medicare Outpatient Presciption Drug Benefit

Summary: cont. from previous record "To monitor program outlays and make recommendations to Congress and the Secretary on program financing and operations, an 8 -member RxPRC would be established, and appointed by the Director of the Office of Technology Assessment (OTA). This Commission would function similar to ProPAX and PPRC. Reimbursement to Pharmacists: ... - Pharmacists could not charge Medicare beneficiaries any more than they charge cash-paying customers for perscriptions before and after the deductible is reached. Participating pharmacies would have to accept assignment on all prescriptions.

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 2438
Date:
To:
From:
Title: Therapeutic Eqivalence Information

Summary: "The most critical problem with creating a Board to perform cost -effectiveness and cost/benefit analyses is that is extremely difficult to place a value on the savings associated with improvements in quality of life (i.e., side effects, death, etc.). Measurments of these values that do not accurately reflect the relative values that individuals place on these improvements could severely distort the final deteminations of the Board. ... Legislative Specifications. - Require the Food and Drug Administration (FDA) to categorize FDA -approved drugs into therapeutic classes,and if appropriate categorize drugs within therapeutic classes by pharmacological activity. (Some drugs will of course be included in more than one therapeutic class.);"

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 2441
Date:
To:
From:
Title: typed notes

Summary: "Include everyone in alliance, Medicare, big employers, Medicaid. CUrrent plan only includes 40% of money. Separation of SQP from line management of operations is flaw, no clear linkage between data to be gathered and action path. Data resource center is another repository of information which is scary. ... bureaucracy promoting plan (SQP, NQP, HA, DATA RESOURCE CENTER). Use measures that put boundries on the responsibility of the healthcare system. Inadequate attention to elimination of current infrastructure (failure to learn from current infrastructure). ... capacity of government to analyze data in a timely fashion to fine tune payment system seems necessary to this plan, yet there is no evidence that current system can do that."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 2441
Date:
To:
From:
Title: typed notes of Gary Claxton?

Summary: Overall concerns: There is concern about the meaning of "improve quality." We suggest that improved quality means reducing the impact and burden of illness in America. There may be too much state flexibility. We urge that everyone be included (e.g. Medicare). The groug feel quite strongly that unless everyone is included, there will be cost shifting. ... There is also concern about what happens if all plans refuse to bid at the cost containment level. This could be another Medicaid. It is also possible that these alliances will be like 50 departments of HHS."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 2441
Date: 5/28/93
To:
From:
Title: Memorandum to files, Medicare Streamlining

Summary: "Attached are preliminary recommendations from the audit group on how to streamline Medicare. ... Reimbursement Process: ... Reduce billing payment cycle time by 1/2. CUrrent situation: The group extimated that current accounts receivable averaged between 50-90 days. ... Physicians and their representatives should be allowed to submit evaluations and information concerning the carrier's performance; this information should be considered in the annual carrier performance evaluation. HCFA did a pilot in 5 states that surveyed 2500 physicians about carrier performance. ... We might explore the results of the pilot to determine if carriers have an incentive to loosen coverage standards if their performance was measured in part by a provider evaluation."

Comment: continued in next record

Classification:

Participant(s): Lynn Margherio

Box Number: 2441
Date: 5/28/93
To:
From:
Title: Memorandum to files, Medicare Streamlining

Summary: cont. from previous record "Simplify the "Important Letter to Medicare Patients" Current situation: requires considerable staff time to explain very complicated letter and obtain patient signature. The concern here is balancing beneficiary's rights in legal terms with simplicity. ... Regulatory Processes: 1) Reduce PRO budget by 50%, or redirect PRO funds to physician profiling. ... The fourth scope of work began in January 1992 and ends December 1995. For this contracting period, $892 million was appropriated. ... 2) Eliminate prebilling physician attestateion. ... There's concern that the federal government needs to have the physician's signature on record to prove liability. ... 4) Replace chart-based reviews with on -site review of medical charts."

Comment: continued in next record

Classification:

Participant(s): Lynn Margherio

Box Number: 2441
Date: 5/28/93
To:
From:
Title: Memorandum to files, Medicare Streamlining

Summary: cont. from previous record "Current situation: Hospitals incur significant photocopying expenditures for which they are not compensated. One example cited is the PRO in Florida which owes Florida hospitals $600,000 in photocopying charges. ... Surveys/Inspections: ... 3) Use a single set of standards for provider inspections; refine UCDS and CDAC (in collaboration with JCAHO) to eliminate costly duplication and data management practices. Current situation: providers have to follow PRO scope of work requirements, fiscal intermediary medical reviews, HCFA policy interpretations, Medicare Conditions of Participation and JCAHO standards."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 3306
Date: 4/19/93
To:
From:
Title: Report to Health Care Task Force from the Outreach panel on Medical Malpractice Tort Reform and Fraud and Abuse

Summary: "Those prosecuted for fraud and abuse should be limited to the true bad guys. Because of the difficulties of separating out true fraudulent billing, everyone can be accused of fraud. Insurance commissioners are able to interpret the regs for their own states. How to distinguish intentional from unintentional fraudulent billing ; there is no good precedent. CPT billing categories is another example of perverse incentives. The threat of being accused of fraud because of minor billing errors, while perhaps overrated, is sufficient to chill interest in caring for Medicare patients. A three expert panel should screen these cases. Fraud and abuse is different from overutilization and self referral. The legislation aimed at the "few bad apples" is making it crazy for the rest of us.

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 4/19/93
To:
From:
Title: Report to Health Care Task Force from the Outreach panel on Medical Malpractice Tort Reform and Fraud and Abuse

Summary: cont. from previous record "The fraud prosecutor on the panel responded, in part, that the fraud her office sees is so blatant and overworked as to be universally obvious. Civil judicial penalties make the system worked and should be strengthened, as opposed to criminal penalties and civil litigation. She hopes for specific injunctive relief statutes, the ability to enjoin mail fraud, and to force joint venture disclosures of the shell game maneuvers in use. Information management will be needed in the future. ... Utilization decision makers must be protected from liability if we are to save costs. We need alternate decision makers for end -of-life concerns. The system must decide before the need arises what will be done and not done, vis -a-vis heroics."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 4/19/93
To:
From:
Title: Report to Health Care Task Force from the Outreach panel on Medical Malpractice Tort Reform and Fraud and Abuse

Summary: cont. from previous record "Extraordinary care decisions face-to-face for one patient are appropriately determined by patient advocacy considerations; whereas the group/system decisions in the abstract should have more influence. Incentives in premium should be offered those who sign living wills. Nothing should be authorized for payment if it doesn't add value. Too often, when these decisions go tocourts, the outcome is prolonged needless expense. We might even have to consider disallowing suit by those over some age who are aggrieved because they don't have access to

some specific procedure or test. Those who decide that the end has come and its time to let people go must be protected, but we want physicians to be able to advocate for patients."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 4/19/93
To:
From:
Title: Report to Health Care Task Force from the Outreach panel on Medical Malpractice Tort Reform and Fraud and Abuse

Summary: cont. from previous record "No high tech procedure should be paid for unless it is proven effective by prospective randomized trials. These trials do not have to all be government funded; if the trial protocol is peer reviewed and approved (such as by FDA and NIH), then insurance plans can pay for the protocol's application to an insured. Too often now these procedures are being done with too little hope of success or cost effectiveness, but rather under threat of lawsuit."

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 4/30/93
To: Dr. John Hatch
From: Elaine Hart -Brothers
Title: letter

Summary: "There is a potential threat of eliminating the small primary care practitioner, particularly of ethnic minority background. If large industries (even who employ a high percentage of black workers) only use large organized private practice groups or HMO's, the minority physician may lose his or her black clientele. The patient will therefore lose their preference of a physician. It has been shown that minority patients prefer to have an ethnic bond and a good communication with a provider of their same race or background."

Comment:

Classification:

Participant(s):

Box Number: 3661
Date:
To: Walter Zellman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising out of Governance Options. Do Not Quote or Release for Any Purpose

Summary: "The HIPC and the Market. The American legal system tends to distinguish between govenment and private markets, and to distribute the powers and rights of entities accordingly. Government is required to be run pursuant to processes that satisfy requirements for political representation and due process because government has coercive powers; private market entities are entitled to pursue their own interest without requirements for fairness vis -a-vis other market participants and are bound only by the ordinary requirements imposed on private market actors. ... It is therefore useful to harmonize the form of the HIPC with the functions that it must exercise: there is no point in creating an HIPC as a governmental entity, with all of the government's duties of openness, political responsiveness,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date:
To: Walter Zellman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising out of Governance Options. Do Not Quote or Release for Any Purpose

Summary: cont. from previous record "and substantive and procedural fairness, if it is only to behave in the end as a powerless private market participant like any other private party. ... may the federal government use other actors in the governmental system and the private sector as its agents and give them orders as though they were parts of a prefectorial system? The short answer is "no". State governments are independent, although subordinated, sovereignties, not subdivisions of the federal government.

Although the federal government may regulate many of their functions directly (as where, for example, it subjects state wate districts to the Clean Water Act), it may not require them to exercise their own governmental powers in a manner dictated by federal law."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date:
To: Walter Zellman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising out of Governance Options. Do Not Quote or Release for Any Purpose

Summary: cont. from previous record "The states may be encouraged, bribed or threatened into entering into joint federal -state programs of various sorts, from unemployment insurance to Medicaid; but they may not be commanded directly to use their own governmental apparatus in the service of federal policy. There is modest jurisprudence of the 10th Amendment that seems to have settled on this proposition. ... It is clear that the Congress may not delegate to private parties the task of developing rules and standards that are legally binding upon their issuance by private parties; nor may the government delagate to private parties the power to issue legally binding interpretations of federal law or adjudicate disputes arising under federal statutes."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date:
To: Walter Zellman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising out of Governance Options. Do Not Quote or Release for Any Purpose

Summary: cont. from previous record "... On the other hand, it is possible to delegate to private parties a range of advisory and even standard setting functions so long as their output must be

acted upon by entities holding Article II power. The jurisprudence of this area is quite underdeveloped. ... There is very little case law on this point precisely because legislative draftspersons who have developed relationships between federal government and private entities have avoided raising the delegation issue by characterizing the powers of the non -governmental entity in a way that does not make them appear to be powers to make or enforce law. ... It is possible to bypass the states and deal directly with regional associations of governments or with entities that must be created at the regional"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date:
To: Walter Zellman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising out of Governance Options. Do Not Quote or Release for Any Purpose

Summary: cont. from previous record "level. In order to invoke this option, it would be necessary to consider federal legislation to charter regional HIPCs, to assure appropriate representation, and so on. This option would require the creation of an entirely new governmental infrastructure, which would afford considerable freedom."

Comment:

Classification:

Participant(s):

Box Number: 3279
Date: 7/29/93
To: Ira
From: Walter
Title: Re: State Implementation of Reform

Summary: "We have generally assumed that states will enact appropriate legislation quickly; and we have studied means of encouraging them or forcing them to do so. However, I think we must consider that while the federal has, in the past, encouraged states to enact or mandated (via threat of penalty) that states

enact various programs, no program enacted in these ways compares with what we are now talking about in terms of: 1. Complexity of the program involved. 2. Level of controversy expected at both federal and state levels. 3. Amount of money involved. 4. Time frame within which action is expected."

Comment:

Classification:

Participant(s): Walter Zelman

Box Number: 3307
Date: 5/19/93
To: Ken Thorpe
From: Janet Holtzblatt and Gillian Hunter
Title: Subject: Phasing -in health reform -- Estimates of Plan A and Plan B Phase -in Rules

Summary: "Common Features of Plans A and B: Under both Plan A and B, health reform is assumed to be enacted before the end of 1993. Starting in January 1995,health alliances can be established. The Federal government will encourage states to establish health alliances in 1995 by offering financial incentives (e.g. start -up funds). "Carrots" are not available to states beginning health reform after 1995. Beginning in 1997, states will become subject to financial penalties if they have not yet established health alliances . Global budgeting would begin the year after the state implements health reform. Under a variant of these plans, health providers would be subject to short term"voluntary" cost controls beginning in 1994. These cost controls would be effective until the implementation of global budgeting."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 3/31/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: A budget -neutral plan

Summary: "At the time the Canadians introduced national health insurance, they had an across -the-board reduction in physician fees on the grounds that charity care was now being compensated.

Similarly, we ought to be planning an across -the -board rate reduction. ... instead of setting the conversion factors so that private rates continue at 30% above costs (while Medicare is 10% below), we could cut private rates to offset the windfalls the providers would otherwise experience. Note that if we implement rate-setting as part of short -term cost -controls, it will be exceedingly difficult to reduce the conversion rates only a year or two later. This is one of the best reasons to put off rate -setting until implementation of the new system."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/13/93
To: Ira Magaziner
From: Janet Holtzblatt - Office of Tax Analysis
Title: Subject: Estimating the Effects of the Wage -Based Premium Model on Tax Liabilities

Summary: "Nominal GDP cannot deviate from the levels projected in the President's budget, regardless of the proposed change in law. As a consequence, when employers are required to pay a mandatory health insurance premium on behalf of their workers, they will reduce other payments to workers by an offsetting amount. To the extent that taxable wages are replaced with non -taxable health insurance premiums, income and employment taxes will fall. ... Under the proposal, many workers will find it advantageous to shelter a portion of their income in cafeteria plans. ... Workers who will pay a significantly higher premium under the proposal will be a strong lobbying force within firms for the establishment of cafeteria plans."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/13/93
To: Ira Magaziner
From: Janet Holtzblatt - Office of Tax Analysis
Title: Subject: Estimating the Effects of the Wage Based Premium Model on Tax Liabilities

Summary: cont from previous record "The income offset ultimately implies that the financing needs are greater than they might initially appear to be. For example, Treasury has been asked to analyze a proposal which would replace the current system of employer provided health insurance with a wage based premium. ... Treasury estimates that tax liabilities would decline by $52 billion as a consequence of the income offset, combined with the effects of tax sheltering of the employee share of the wage based premium. To maintain budget neutrality, these lost revenues will have to be financed by new revenue sources or spending reductions. One option would be to set the payroll tax rate at a rate sufficiently high enough to pay for the gross costs of the proposal (inclusive of the income offset)."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/12/93
To: Ira Magaziner
From: The Quantitative Group
Title: Subject: Distribution Tables in Payroll v. Premium

Summary: "Excluding tax and other offsets, the per person approach requires $65 billion in new Federal Funds to fund the HIPC and $14 billion in new Federal funds for out of picket subsidies. All figures that follow are from the Urban Institute runs ... On net, including new health spending costs and Federal offsets, the wage based premium approach leads to an increase in the Federal deficit of $24 billion. ... Under the per person approach, if the goal is to (a) fund the HIPC and (b) hold the Federal deficit to the same level in both cases, then the amount of additional revenue that must be raised (through new taxes) is approximately $32 billion. ... can put off the discussion of this issue for a day, ..., while the Urban Institute does additional runs for us."

Comment: how much was paid to Urban Institute to compute runs

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/17/95

To: Bob Rubin
From: Bob Kazdin (HCTF Working Group Member)
Title: Subject: Summary of Presentation of Medicare Proposals for Health Reform

Summary: "There are three major reasons for reforming the Medicare program. First, half of the growth in Federal budget expenditures over the next five years are projected to result from the rapid growth in the Medicare and Medicaid programs. ... Second, to credibly argue that the health reform initiative will create incentives to control the growth in the volume of medical services in the private sector, the Federal Government has to show that it can control the rapidly growing volume in Medicare. ... Between 1970 and 1990, Medicare costs grew at 14.4% per year. The major reason for this increase is due to technological innovation and increases in the volume of services, which represented 50% to 60% of this growth. Only 25% to 35% of the growth was due to price increases."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/17/95
To: Bob Rubin
From: Bob Kazdin (HCTF Working Group Member)
Title: Subject: Summary of Presentation of Medicare Proposals for Health Reform

Summary: cont. from previous record "Three proposals to move Medicare towards managed care and control volume growth were developed. First, post -acute hospital services, which are the fastest growing part of Medicare, would be bundled into the hospital payment. Second, payment limitations would be placed on the hospital medical staffs that performed more services than the average medical staff. Third, HMOs would be offered a three -year guaranteed Federal contract to encouage them to participate in Medicare. Savings from these proposals are projected to be $10 billion over the next five years. Three cost consciousness proposals were developed. First, the Medicare monthly premium would be increased for new enrollees who choose fee -for-service Medicare,"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/17/95
To: Bob Rubin
From: Bob Kazdin (HCTF Working Group Member)
Title: Subject: Summary of Presentation of Medicare Proposals for Health Reform

Summary: cont. from previous record "and decreased for new enrollees who join HMOs. This is based on the fact that most people on fee-for-service Medicare have supplemental plans that cause increased use of services and, as a result increased Medicarecosts. Second, the hospital insurance deductible would be decreased by $100 and the physician deductible increased by $100. This would move the deductible burden from sicker beneficiaries to healthier ones. Finally, the Medicare premium would be income-tested for beneficiaries who earn over $100,000. Savings from these proposals are projected to be $11 billion over the next five years."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/10/93
To: Hillary Rodham Clinton
From: Ira C. Magaziner
Title: Subject: Quantitative Analysis

Summary: "This memo is a response to your request for a description of the process we are going through to verify health care "numbers." ... We have been working with modelers at HCFA, AHCPR, CRS, Treasury and the Urban Institute throughout this time period. ... The NEC group will meet intensively from May 13th to May 17th to prepare a set of options for the president. The group will discuss these options with the President on May 17th, 18th, 19th, etc. for as long as he wishes. The quantitative group will be prepared after May 12th/13th to continue to run scenarios and options -- for example, new distributorial tables on who benefits or who loses under different ways of doing payroll premiums. ...

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/10/93
To: Hillary Rodham Clinton
From: Ira C. Magaziner
Title: Subject: Quantitative Analysis

Summary: cont. from previous record "In addition, an audit group of actuaries and health economists (Exhibit 2) is now reviewing all of the work to offer advice and judgements on the methodologies and assumptions. ... Exhibit 1. Quantitative Analysis Group. ... Name: Richard Kronick, Affiliation: Task Force. ... Name: Paul Starr, Affiliation: Task Force."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date:
To:
From:
Title: Table: Employment Loss Due to Financing

Summary: Table of Employment Loss Due to Financing, Long -run assumptions, 20th percentil wage based. Source: The Urban Institute's TRIM2 model, based on the March 1992 Current Population Survey.

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 4/12/93
To:
From: Health Care FInancing Administration
Title: Table: Proposed Law - 20th Percentile Plan

Summary: Table of aggregate expenditures for selected types of health care Non -Medicare, non -SSI, non -institutionalized population 1994 SPAM file.

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3661
Date: 9/19/94
To: Mr. Terry W. Good
From: Sallyanne Payton
Title: letter

Summary: "Enclosed are the documents that I produced during the Health Care Reform Task Force. Since I stayed on after the Task Force officially ended, I am not quite certain when the official ending date was. I am therefore enclosing copies of all documents produced by myself from February 1993, when I joined the Task Force, until June 1. I joined the Task Forc on 19 February. My principle assignment was to talk to and listen to the New Systems Design Team (Cluster 1) with an eye toward keeping the design of the program free of constitutional error and in accordance with sound practices of regulatory design. I had no responsibility for producing the official documents of the Task Force, being the Tollgate papers, and indeed did very little writing during the taskforce because I was in Washington only"

Comment: continued in next record; a private person who worked after official end of T.F.

Classification:

Participant(s):

Box Number: 3661
Date: 9/19/94
To: Mr. Terry W. Good
From: Sallyanne Payton
Title: letter

Summary: cont. from previous record "only four of the seven days in any given week. All of my written work consisted of analytical papers produced for the benefit of the cluster group leaders who were responsible for program design. After plowing through all of the documents in all of the boxes I brought back with me from

Washington, I can say with confidence that I retained nothing produced by others during the course of the Task Force."

Comment:

Classification:

Participant(s):

Box Number: 3661
Date:
To:
From:
Title: Separting Policy and Administration: The New National Health Board

Summary: "A major question is how the Board would handle disputes over its methodology in setting the budget goals and between itself and the states over whether the states were out of compliance with the budget targets. The obvious technique would be for the Board to engage in regular notice -and-comment rulemaking over its methodology and calculations. The Board would be well advised to hold some public meetings and use additional techniques of soliciting input and consultation, in order to make certain that the affected parties have sufficient opportunity to present their points of view. The budget -setting rules themselves would be subject to judicial review as any other agency action. The Board would have authority to decide when a state was in or out of compliance."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date:
To:
From:
Title: Separting Policy and Administration: The New National Health Board

Summary: cont. from previous record "This is essentially an adjudicatory function. The Board would therefore want to reserve for itself a judicial role, delegating to its staff or to the staff of one of the agencies the task of reviewing state performance under the budget and recommending that the Board take corrective

action when indicated. The Board would have to maintain an internal separation of function between its policy setting, rulemaking function and its judicial function, in order to make certain that the courts would respect its decisions in its judicial role. If the Board structure includes an internals appeal boare, ..., it could allow that board to develop the record and make the initial findings."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date:
To:
From:
Title: Separting Policy and Administration: The New National Health Board

Summary: "Litigants are generally anxious to have an impartial professional factfinder when all of the other actors in the system have policy objectives that may influence their view of the situation. Interpreting the Benefit Package. It is absolutely critical to have a lead agency for this function; the Board is the obvious candidate, since the interpretation of the benefit package will drive the cost of the system."

Comment:

Classification:

Participant(s):

Box Number: 3661
Date: 4/22/93
To: Ira Magaziner, Bob Berenson
From: Sallyanne Payton
Title: Subject: Antitrust Exemptions for Integrated Provider Networks

Summary: "Last week I had an intriguing discussion with some lawyers who represent physicians' groups in coporate matters. ...They believe that unless the physicians position themselves to be the organ -izers of provider networks the will very quickly wind up selling their services to the hospitals' or insurers' AHPs,and professional control of the practice of medicine will be at an end.

... They also think that the guild model, insofar as it would tend to freeze the existing styles and org - anization of care, is unrealistic as a long term solution and therefore will only be a stopgap on the way to some sort of regulatory environment in which real competition and innovation will be discouraged, prices will continue to rise and eventually physicians will be absorbed into corporations or paid directly by the government"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date: 4/22/93
To: Ira Magaziner, Bob Berenson
From: Sallyanne Payton
Title: Subject: Antitrust Exemptions for Integrated Provider Networks

Summary: cont. from previous record "The lawyers have, however, a very practical slant on the question of regulation. From the point of view of a health care provider, there is very little difference between a government regulatory agency and a powerful purchaser, such as a HAP with market power: both can effectively set prices. ... An official government regulatory system would, however, provide for them the antitrust exemption they seek because all of their activities attendant to arriving at a common barganing position to be presented to the regulatory agency would become "political action" and therefore exempt under the Noerr -Pennington doctrine which allows even commercial entities to organize to petition the government."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date: 4/22/93
To: Ira Magaziner, Bob Berenson
From: Sallyanne Payton
Title: Subject: Antitrust Exemptions for Integrated Provider Networks

Summary: cont. from previous record "The Noerr -Pennington exemption applies to political action aimed at persuading the government to do something; it does not permit providers to collaborate to with - hold services from a government health care provider such as a Medicaid agency. ... Nor, if the physicians failed to persuade the government of their position, would they be able to use their formal disciplinary powers to forbid their members to comply with whatever requirements the government had created. The Noerr-Pennington exemption is limited to action that can be reguarded as participation in the political process; ... These lawyers had not the slightest doubt that they could deal with any regulatory system successfully to protect the collective well being of the physicians,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date: 4/22/93
To: Ira Magaziner, Bob Berenson
From: Sallyanne Payton
Title: Subject: Antitrust Exemptions for Integrated Provider Networks

Summary: cont. from previous record "which is to say that they anticipated being able to capture any regulatory regime presented to them. The reason why they do not prefer the regulatory option even with the likelihood that they would capture the regulators is that they view the regulatory option as inherently unstable and not in the interest of their individual clients, whom they believe could prosper in a competitive regime, nor in the true interests of the medical profession as a whole. The most interesting aspect of this conversation was the lawyers' interest in real competition, and their worry that the HAPs might become local cartel managers. ... The way for a firm to prosper in a regulatory regime is to satisfy the regulators, not necessarily to produce the greatest efficiencies"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661

Date: 4/22/93
To: Ira Magaziner, Bob Berenson
From: Sallyanne Payton
Title: Subject: Antitrust Exemptions for Integrated Provider Networks

Summary: cont from previous record "or innovations. The regulators typically do not understand how the product is produced or what the alternatives are and thus do not regulate in a manner designed to bring about an increase in economic efficiency. Moreover, the regulators are under pressure to produce those results that will satisfy the political coalition that brought about enactment of the regulatory scheme or that has the power to change it. ... The regulatory scheme therefore tends to stimulate not greater efficiency but rather politicization of the distribution of the prices and outputs of the regulated industry. These characteristics of a regulated industry tend to deter new entry, since new entrants mainly offer price competition and service innovation ..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3661
Date: 4/22/93
To: Ira Magaziner, Bob Berenson
From: Sallyanne Payton
Title: Subject: Antitrust Exemptions for Integrated Provider Networks

Summary: cont. from previous record "There is no reason to think that the new managed competition scheme would be immune to these dynamics. ... The construct of the ideas that underlies the managed competition approach is thus likely to push toward the kinds of regulatory behaviors that have been observed in other regulatory arenas. That is, it is likely that inefficient producers will tend to be kept in business because of their perceived necessity of their services to interests that the government is especially interested in protecting or promoting. ... These lawyers are therefore just looking for enough antitrust relief and other forms of encouragement to get their physician -organized networks started while the legislation is pending,which is exactly what the hospitals and insurers are doing."

Comment:

Classification:

Participant(s):

Box Number: 577
Date: 4/12/93
To: David Eddy, M.D., Ph.D.
From: Sam Turner
Title: Re: Draft Clinical Trials Coverage Language

Summary: "We are forwarding draft statutory language reflecting our discussion of last week on including reimbursement for certain clinical trial costs as part of a minimum benefits package."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 1755, 1403
Date: 3/5/93
To: Experts and Consultants Health Care Working Group
From: Jack M. Kress, Special Counsel for Ethics
Title: Subject: Post -Employment Restrictions Applicabl e to "Special Government Employees;" Rule for seeking Concurrent and Subsequent Employment

Summary: "There are basically three restrictions in a criminal statute (18 U.S.C. 207), that are relevant to your service on the Health Care Working Group: The lifetime ban prohibits any former government employee from representing another person or entity before a Federal agency on any particular matter involving specific parties, if the matter is one in which the former employee participated personally and sustantially as a government employee, and in which the United States has an interest. The 2 -year ban on representational contracts applies to those particular matters involving specific parties in which you were not personally invovled, but were simply pending under you official responsibility during you last year of government service."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 1755, 1403
Date: 3/5/93
To: Experts and Consultants Health Care Working Group
From: Jack M. Kress, Special Counsel for Ethics
Title: Subject: Post -Employment Restrictions Applicable to "Special Government Employees;" Rule for seeking Concurrent and Subsequent Employment

Summary: cont. from previous record "The 1 -year "cooling - off" period prohibits former senior employees from representing anyone to the agency (or component) in which they served for a period of one year after termination from government employment. (The 5 -year "cooling -off" period prescribed by E.O 12834 of January 22, 1993, is applicable only to full -time, non -career senior appointees who have executed a pledge.)"

Comment:

Classification:

Participant(s):

Box Number: 1755
Date: 4/29/93
To: Health Care Task Force Members
From: Albert A. Cutino, HHS
Title: Subject: Completion of Tour of Duty With HHS

Summary: "It is very important that prior to completion of your tour of duty with the Health Care Task Force, you contact Gloria Gatewood in the ASPE Administrative Office (690 -6863). As part of your separation procedure, certain clearance forms must be completed so that your final salary checks are not delayed. This will ensure that your W -2s are mailed to correct addresses at the end of the year. Also, any outstanding travel/salary advances must be cleared; and badges, keys, and parking permits must be turned into the ASPE Administrative Office."

Comment:

Classification:

Participant(s): Gary Claxton

Box Number: 1755
Date:
To: Mr. Curtis

From:
Title:

Summary: Memo giving instructions concerning the use of the DHHS computer network.

Comment:

Classification:

Participant(s): Gary Claxton

Box Number: 1755
Date:
To:
From:
Title: Computer Support Services

Summary: "Hardware and software support services are provided to members of the Health Care Reform Group located on the first and third floors of the Hubert Humphrey Building through ASPE's computer support contract with Management Systems Applications (MSA). Around the clock services are provided on a seven day per week basis. On weekdays, from 8:00AM to 6:00PM, please call ASPE computer support at 690 -7155 to place all requests for service. After 6:00PM, on weekends and holidays, please call Ed Yates at (202) 265 -2855. If you are unable to reach Mr. Yates, you should then place a call to MSA's beeper number. Dial (703) 816 -9629, at the sonund of the beep, punch in your telephone number. An MSA staff person will call you back as soon as possible." -

Comment:

Classification:

Participant(s): Gary Claxton

Box Number:
Date:
To:
From:
Title: -

Summary:

Comment:

Classification:

Participant(s):

Box Number: 3209
Date: 2/03/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: Conversation with Dick Sharpe

Summary: "Dick identified two people who could make somewhat different contributions: David Eddy ... --currently in charge of designing Kaiser's internal management system, but Dick thinks he could take leave. ... Bert Tobin ... --works 100% of his time for Hartford and could be made available to us at no cost."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3209
Date: 1/27/93
To:
From:
Title: Subject: information support services for task force

Summary: "The physical infrastructure can probably be borrowed from the National Library of Medicine, where there are computers, modems, accounts with proprietary databases and access to the Internet."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 1479
Date: 4/1/93
To: Buck
From: Stephen T. Moskey, AEtna
Title: handwritten letter CLICK HERE TO VIEW DOCUMENT

Summary: "Not knowing what confidentiality restriants there might be, our file copies of this letter do not include you name/address, hence no inside address or salutation."

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1479
Date: 3/15/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Wed. afternoon meeting w/ Mrs. Clinton. groups to go will be 20-25"

Comment:

Classification:

Participant(s): Claudia Baquet; Warren Buckingham, III; Marilyn Gaston; Gary King; Lacey Loretta; Katherine Marconi; Jess Montes; Nancy Simpson; Roylinne Wada

Box Number: 1462
Date: 5/05/93
To: Joel Slackman, Karen Walters, Barbara Cooper,...
From: Josh Wiener
Title: Subject: Briefing Books

Summary: Faxed from (202) 797 -6004 "Brookings"

Comment:

Classification:

Participant(s): Charlotte Beason; Alline Norman

Box Number: 1754
Date: 5/14/93
To: Mr. Gary Claxton
From: S. Hubert Mayes
Title: letter

Summary: "Chris Jennings suggested that you might want to see a copy of this." attached - letter to Hillary Clinton Re: Alliance of American Insurers' position on Health Care Reform

Comment:

Classification:

Participant(s): Gary Claxton

Box Number: 1754
Date: 5/13/93
To: Karen Ignagi and Meredith Miller
From: AFL -CIO, M. Berzon, D. Silberman, and Larry Gold
Title: Re: "Employee" Status and Health Care Reform,

Summary: "The point of this memorandum is that the line of distinction between an employment relationship and other types of contractual relationships in which an economic entity procures needed services from third persons is indistinct at best and is becoming increasingly so. A national health care plan built upon this distinction would have the likely effect of inducing economic entities to restructure their legal relationships in a way that would reduce the number of "employees" and increase the number of "independent contractors" ... Against this background, we suggest that the "employer" obligation to pay health care premiums should extend beyond employment relationships to at least some forms of "near employment" relationships."

Comment:

Classification:

Participant(s): Gary Claxton

Box Number: 1753
Date: 4/08/93
To: Gary Claxton
From: Susan E. Palsbo, Dir. R&A GHAA
Title: letter

Summary: "I am writing to provide you my initial reaction to the meeting on risk adjustments that was held last Friday. I will be sending specific comments soon. ... most of the participants are researchers who have spent a considerable amount of effort thinking about these issues and developing models. For the most part they are not practitioners and -- with the exception of Jonathan Weiner -- have not tried to apply their methods broadly. The other thing

to be kept in mind is that each researcher stands to profit financially through royalties, if his or her model is selected as "the method". That may be one reason why they did not really try to specify a particular method as being the furthest along or the best."

Comment: note conflits of interest

Classification:

Participant(s): Gary Claxton

Box Number: 1753
Date:
To:
From:
Title: Notebook labeled Claxton 4/24 - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Problems with First Lady options. FFS -> Access to consultation w/o gatekeeper. Access to any primary. Free to join if abide by conditions + fees"

Comment:

Classification:

Participant(s): Gary Claxton

Box Number: 1753
Date: 4/09/93
To: Gary Claxton, Michelle Huckaby, Sherif Lotfi, etc
From: Randall P. Ellis, Assoc. Prof. Boston Univ.
Title: Re: RIsk Adjusters for Managed Care

Summary: "Thank you for inviting me to your meeting on Risk Adjusters last Friday April 2, 1993. ... With regard to Ira Magaziner's comment about not wanting something that will be "laughed at," I agree. That should indeed be among your highest objectives. It is OK to put forward something that people might disagree with on philosophical or political grounds, but not something that will simply be infeasible, or will require dramatic change immediately after implementation. A "not laughed at" criterion seems a useful one."

Comment: "not laughed at"

Classification:

Participant(s): Gary Claxton

Box Number: 875
Date: 3/18/93
To:
From: Pete Welch
Title: Subj: National Enrollment Database

Summary: "There are at least three federal agencies that could collect data on who is in a household: U.S. Postal Service, U.S. Bureau of the Census, and the Social Security Administration (SSA). The simplest approach would be to send out a mass mailing, as the Surgeon General did with his AIDS message. Households would fill out and return the forms. Alternatively, the Census Bureau could conduct a mini -census to obtain this information. The advantage of the Census Bureau is that it has the expertise to identify and locate people who lack addresses (e.g., the homeless). The disadvantage of the Census Bureau is that its bureaucratic habits may yield an approac that is very expensive. ... Regardless of how household data is obtained, there are several problems:"

Comment: continued in next record

Classification:

Participant(s): Margery Gehen; Lauren Kelley; Marian Secundy

Box Number: 875
Date: 3/18/93
To:
From: Pete Welch
Title: Subj: National Enrollment Database

Summary: cont. from previous record "i) SSA must encourage all parents to obtain SSN for their children. ii) A very large computer will be necessary to process this information. (SSA and Census Bureau presumably have such a computer.) iii) The letter and spirit of the Privacy Act may require both legislative and administrative action before the household data and UI data can be matched. iv) It would be difficult to update household data, although SSA would be the most promising option there."

Comment:

Classification:

Participant(s): Margery Gehen; Lauren Kelley; Marian Secundy

Box Number: 1441
Date: 4/08/93
To:
From:
Title: Summary of Ira Magaziner's Announcements April 8,1PM, OEOB

Summary: "The major product of the task force will be a comprehensive POLICY BOOK. This book will contain the major policies, decisions, explanations, etc. that will serve as the source for crafting legislative language. Paul Starr and Carolyn Getz will lead this effort. ... Toll Gates 6 -7 will not be open chats but directed, probing, and questioning by outside "auditors" looking for legal, financial, structural consistency. Their job is find errors. Groups should not be defensive. These are the final tests from outsiders who bring fresh eyes to the process."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 2/18/93
To: Bernie Arons, Peter Brock, etc.
From: Lisa Scheckel
Title: Interagency Task Force on Health Care Reform, Substance Abuse Module, February 18, 1993; 12:30 p.m. Summary

Summary: "Lewin -VHI document distributed; eyes only"

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/9/93
To: Kathy Buto
From: Bernie Patashnik and troops
Title: Re: Interim Shock Treatment for Physicians

Summary: "Across the board price limits. ... -need limits on other providers as well -- labs, medical equipment suppliers, etc. Total revenue limits. -how would we know how much service volume increase

is appropriated, justifiable; ... - where will we get timely data for revenues -- self funded plans, patient direct payments, lags in data -- Aetna and BCBSA indicated 9 months after service they only have 95%. Who will collect data? ... Enforcement. -how will we withhold for self funded and patient payments? ... -for a specialty/supplier with low profit margins, this combined with Fed and State tax withholding will be a killer. ... -auditors should be asked only to certify that charges for given codes have not risen more than allowed;"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/9/93
To: Kathy Buto
From: Bernie Patashnik and troops
Title: Re: Interim Shock Treatment for Physicians

Summary: cont. from previous record "impossible for auditors to identify upcoding, measure charity care, etc. ... -capacity of auditors to find creative accounting strategies to help physicians /providers evade pric controls should not be discounted; physicians would be desperate for relief from these strictures. ... -why not less intrusive system ... Could let patient look after himself for balance billing -- shop around, whistleblow if think abuse, although not all benes are equally able to fend for themselves in this fashion. ... -What was experience with Wage and Price controls in the 60's re compliance need for audits, etc? ... Penalties. -tar and feather? air drop of food to Bosnia? -exclusion from Medicare could have detrimental effect on beneficiary access to service in some instances."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/9/93
To: Kathy Buto
From: Bernie Patashnik and troops
Title: Re: Interim Shock Treatment for Physicians

Summary: cont from previous record " - this could be attorneys' full employment act like audit requirement is CPA full employment act."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/04/93
To: Mr. Vic Zafra, Health Financing Branch
From: James S. Todd, AMA
Title: letter

Summary: "In the spirit of a new partnership with government on health system reform, the American Medical Association is offering a number of concrete proposals to address near and long term goals. Recently, we met with Ira Magaziner to discuss options under consideration by the White House Task Force chaired by Mrs. Clinton. The enclosed letter to Mr. Magaziner outlines our current views on the most effective methods to attain access, cost, and quality objectives."

Comment: ama

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/30/93
To:
From:
Title: Group 6 -- Benefits, 4/30/93 meeting report, OMB staff: Erik Johnson

Summary: "The objections to an explicit endorsement of costs as a coverage criterion are familiar: such a criterion will lead to rationing, the measurement of benefits from given treatments can be highly inaccurate, and it would provide a huge political target for opponents of the plan. These considerations led most of the Hill staffers in attendance to refuse steadfastly efforts to include a statement on costs."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/18/93
To:
From:
Title: Group 6 -- Benefits, 3/18/93 meeting report, OMB staff: Erik Johnson

Summary: "It is unclear whether AHPs will be required to cover experimental treatments for conditions like AIDS of cancer. One step would be to have the National Health Board (NHB) establish guidelines for determining what constitutes experimental treatment. A second step would be to require coverage of group trials, such as those performed by the National Cancer Institute. ... without a legislative mandate, appeal mechanisms would likely vary across plans, in effect negating the purported uniformity of the benefit package. Nexon strongly advised against making the NHB the final appeals "court." Practice Guidelines. One method for determining exclusions from coverage would be the establishment of practice guidelines.

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/18/93
To:
From:
Title: Group 6 -- Benefits, 3/18/93 meeting report, OMB staff: Erik Johnson

Summary: cont. from previous record "The Agency for Health Care Policy Research (AHCPR) is currently developing clinical practice guidelines that could be used. Nexon cautioned against useing a single set of clinical guidelines; instead several sets of practice guidelines, e.g., guidelines developed by medical societies, could be sanctioned by legislation as appropriate for plans to use in determining exclusions. ... The benefits offered will be uniform, but the cost sharing will vary across plan types. ... Basic services such as physician visits,preventive care , hospital stays, prescription drugs,and rehabili -tative care comprise the bulk of health care expenditures;additional services add a relatively small

amount to an individual's preimium cost and the expense of the reform effort."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/04/93
To:
From:
Title: Group 20 -- Interim Cost Containment, Drug Pricing, 3/04/93 meeting report, OMB staff: Andy Allison and Jill Blickenstein

Summary: "The chairs developed a model to guide discussion of how the pharmaceutical market works. The model includes the following: -Drug supply is inelastic in the short term (because drugs cost very little to produce), but highly elastic in the long term (because drugs can cost a great deal to develop). -Drug companies have more market power than they should because doctors have very little reliable information about cost -effectiveness and therapeutic equivalence. ... FDA regulation and malpractice costs both increase manufacturer costs -- and both can be changed by the government. -Drug companies spend too much money on marketing/advertising. The group went through the items above ... and came up with the preferred option:"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/04/93
To:
From:
Title: Group 20 -- Interim Cost Containment, Drug Pricing, 3/04/93 meeting report, OMB staff: Andy Allison and Jill Blickenstein

Summary: cont from previous record "The US should take steps to equalize foreign and US drug prices by establishing prices in selected countries as a standart to which US prices must decline by 1997. Sometime during 1993, drug companies would be required to post their average US prices as well as their average prices in a set of countries (UK, France, Germany, Australia). They would have

to post those prices again on Jan. 1, 1994, at which point two things should have happened: (1) the difference between US and foreign prices must have narrowed and (2) average prices may not have increased by more than the CPI (or some other index). ... The group appears headed to support some version of a Price Board, perhaps as a subset of the National Health Board, and a proposal to equalize foreign and US prices."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/02/93
To:
From:
Title: Group 21 -- Financing, 3/02/93 meeting report, OMB staff: Andy Swire

Summary: "The financing Cluster (Cluster VII, Work Group #21) is chaired by Marina Weiss, Deputy Assistanst Secretary for Health and Retirement Issues for Treasury. ... The Financing workgroup is charged with developing savings and revenue options for two purposes: - to finance increased access to insurance / services; and - to slow the growth in Federal , and potentially State and local, health outlays. ... Participation in group has leveled off at about 12 members from the Hill (Pryor, Moynihan, Woffard, Waxman, Senate Finance, Ways and Means), HCFA, Treasury, CEA, OPM, DoD, VA, NGAm and OMB (Swire, Patel, and Lyons). The general frustration level in the group is fairly high because of a perceived lack of work group charter."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/02/93
To:
From:
Title: Group 21 -- Financing, 3/02/93 meeting report, OMB staff: Andy Swire

Summary: cont from previous record "The department members are extremely cautious about presenting any major proposals. Several group members have privately expressed concern that this process might be driven by a "slash and burn" mentality that would gut their programs. They do not want to put their programs at risk. Most of the ideas put forward are restated proposals from previous budgets. Ray Scheppak, the NGA representative , is increasingly frustrated that this group will not produce the access he desires in the shaping of financing proposals."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/07/93
To:
From:
Title: Group 8 -- New System Coverage, Low -Income and Non -Working Families, 3/07/93 meeting report, OMB staff: Cheri Rice

Summary: "To the extent that low income individuals would be enrolled in health plans through the HIPCs, rather than cared for by Medicaid or publicaly -funded providers, they would need subsidies to obtain care. The question remains, however, of how to define eligibility for these subsidies. Specifically, at what level would an individual's income be so low that they would be unable to afford coverage in the new system? How this question is answered will have a tremendous impact on the public costs of the reform plan. ... The accepted wisdom in the group is that all eligible low -income people would be subsidized for up to at least the value of the lowest cost premium. The group is now fleshing out options for subsidizing beyond this level:

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/07/93
To:
From:
Title: Group 8 -- New System Coverage, Low -Income and Non -Working Families, 3/07/93 meeting report, OMB staff: Cheri Rice

Summary: cont from previous record " -- to give low -income individuals a viable choice of plans, we may wish to subidize premiums beyond the lowest -cost plan. One member of the group has suggested that low -income individuals be subsidized for any plan, regardless of cost; -- patient cost -sharing is likely to be a significant component of most plans. Should these cost -sharing expenses be subsidized as well? -- the standart benefit package almost certainly will not cover all of the services now provided to some low -income individuals through Medicaid and other publicaly -funded programs. Should low -income individuals receive subsidies for services outside of the standard benefit package? ..."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/07/93
To:
From:
Title: Group 8 -- New System Coverage, Low -Income and Non -Working Families, 3/07/93 meeting report, OMB staff: Cheri Rice

Summary: cont. from previous record "Subsidy mechanisms. During Tollgate #2, Ira Magaziner stressed his desire to move away from the current welfare model for distributing assistance to the low -income and avoid the need to conduct individual income eligibility determinations. He stressed that, to the extent possible, the system should be "simple." ... the group is now pivoting off of the work of the employer mandate group to build implicit subsidies into the contribution system. ...Participation in the group has leveled off at about 25 members from the Hill (Kennedy, Kerrey, Riegle, Wofford), HHS, HCFA, HRSA, Labor, and Treasury. ...The co-chairs have fundamentally different analytic approac hes,which has caused some tension. ... the group is making progress toward fleshing out two or three unified models"

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441

Date: 3/12/93
To:
From:
Title: Group 27 -- Long-Term Care, 3/12/93 meeting report, OMB staff: Nicole Sanderson

Summary: "Magaziner expressed general support for mandatory, universal coverage of long term care benefits. ... When members of the Long-Term Care cluster estimated the costs of such coverage as $40 to $70 billion annually, Magaziner's enthusiasm waned. The Long-Term care cluser was hoping for guidance from Tollgate #3; however, Magaziner's response did not help to narrow its range of options. At this point, most members of the group have determined that it will be impossible to reach consensus on key features of a long-term care proposal. Splits in opinion have occurred over several issues: - public versus private financing ... - universal versus means-tested coverage; -voluntary versus mandatory participation; and - incremental versus fundamental reforms to the current system."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/12/93
To:
From:
Title: Group 27 -- Long-Term Care, 3/12/93 meeting report, OMB staff: Nicole Sanderson

Summary: cont from previous record "... Group members are becoming increasingly frustrated over what they see as an impossible charge from Ira Magaziner: universal, mandatory long -term care coverage without huge projected costs. There appears to be growing concern that the Administration will shelve all but the most incremental options proposed by the group. In addition, group members feel constrained without guidance on how much the Administration is willing to spend on long -term care."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/14/93
To:
From:
Title: Short -Term Cost Containment, 3/14/93 meeting report, OMB staff: Erik Johnson

Summary: "One possiblity is for the AMA to establish an 800 number, which individuals could call and receive a referral to a physician in the area. Physicians that do not participate would pay a tax on revenue. The AMA would have to monitor who called, how many people actually received care and how many were denied care, in order to ensure only eligible individuals received care. Eligibility would have to be closely monitored to effectively contain the scope of the program. For example, employers could submit records of which, if any, employees have health coverage as of a specific date. Such coverage proposals, however, could overwhelm a system with out the infrastructure to meet the goals immediately. In addition the system would have little incentive to build infrastructure"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/14/93
To:
From:
Title: Short -Term Cost Containment, 3/14/93 meeting report, OMB staff: Erik Johnson

Summary: cont from previous record "if health care is reformed two years later. ... Potential price controls in general and all -payor ratesetting (APRS) in particular scared shareholders of publicaly -traded HMOs into a massive sell -off in February, during which these HMOs lost about 24% of their share value. ... Magaziner apparently has the impression that another $10 billion of savings can be squeezed out of the Medicare program in 1997 as a means of financing health care reform. This could hasten the bankruptcy of the Part A Trust Fund, as well as limit deficit reduction options in the out -years. The impact of health care reform on Medicare -- and the demands that could be made on Medicare for financing general reform -- should be closely monitored by OMB and HCFA."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/12/93
To:
From:
Title: Benefit Package Group, 3/12/93 meeting report, OMB staff: Erik Johnson

Summary: "The third Tollgate left the Benefits Cluster with just two impressions: more "creative solutions to discouraging consumption -- beyond coinsurance and deductible options -- should be developed, and a model in which fee -for-service is phased out entirely should be considered. The group expects to have two or three options for the next Tollgate, March 19th. ... The RAND studies demonstrated consumer sensitivity to cost -sharing requirements; without consumer cost -sharing, it could be very difficult to control volume and, by extension, costs. ... Eddy's first paper was a two -page attempt to define "medically effective, necessary, and appropriate," word by word. The phrase is a proposed starting point for determining criteria for exclusion and inclusion.

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/12/93
To:
From:
Title: Benefit Package Group, 3/12/93 meeting report, OMB staff: Erik Johnson

Summary: cont from previous record "As Eddy pointed out, any of the last three words can be struck in order to change the criteria. The discussion was highly semantic, by necessity, with several participants arguing by anecdote and example to demonstrate the deficiencies and/or scope of a particular word. One discussant pointed out that the Ethics working group should also be addressing some of these issues, though it was not clear if it actually had."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/15/93
To:
From:
Title: Group 8 -- New System Coverage, Low Income and Non -Working Families , 3/15/93 meeting report, OMB staff: Cheri Rice

Summary: "In a recent meetin with Atul Gawande and other Task Force participants, the President expressed two concerns: 1) How will a system of low -income subsidies be operationalized? 2) How will the funding burden for low -income subsidies be distributed between the Federal and State governments? ... This analysis assumes that the objective of holding States to a maintenance -of- effort requirement is to capture what States would have spent on Medicaid in the absence of national health care reform. Given the President's desire to reduce States' fiscal burdens, a State maintenance -of-effort standard is likely to act as a ceiling on State contributions as well as a floor. ... The tremendous volatility in recent Medicaid spending makes an "accurate" estimate of what States"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/15/93
To:
From:
Title: Group 8 -- New System Coverage, Low Income and Non -Working Families , 3/15/93 meeting report, OMB staff: Cheri Rice

Summary: cont. from previous record "would have spent almost impossible. ... The Prospective "Block Grant." Under this scenario, each State would pay to the Federal Government a fixed amount annually. This amount would be determined by growing the State's current Medicaid spending by certain inflation factors, e.g., population growth, some measures of medical inflation, trends in State Medicaid spending. Four elements of this approach should be highlighted: -- First, any prospectively -determined measures of baseline spending is extremely sensitive to the inflation factors that are used. Moreover, the process for choosing these factors would be highly subjective and very controversial. For example,

should States' contributions be inflated according to recent meteoric growth rates"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/15/93
To:
From:
Title: Group 8 -- New System Coverage, Low Income and Non -Working Families , 3/15/93 meeting report, OMB staff: Cheri Rice

Summary: cont. from previous record "in Medicaid spending, historic growth rates, or some other measure entirely? Second, keying off current State Medicaid spending freezes the relative distribution of State contributions State contributions and would penalize generous States and reward "stingy" States. States like Wisconsin and Minnesota, for example, that have choosen to cover virtually all optional services and eligibility categories would pay more relatively than States such as Alabama or Idaho. Third, States now use provider -tax and donations programs to draw down additional Federal funds to finance their share of State Medicaid spending. As a result, State spending is artificially inflated. With the elimination of the Federal - State matching formula, States would no longer"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/15/93
To:
From:
Title: Group 8 -- New System Coverage, Low Income and Non -Working Families , 3/15/93 meeting report, OMB staff: Cheri Rice

Summary: cont from previous record "be able to use provider -tax and donations programs to draw down Federal dollars to finance their contributions and, as a result, would have to finance the full State contribution with their own dollars. ... An alternative approach would be to require States to contribute a per capita

amount for each individual that otherwise would have been eligible for Medicaid."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/28/93
To:
From:
Title: Group 40 -- Academic Medical Centers, 4/28/93 meeting report, OMB Staff: Erik Johnson

Summary: "Attendance. Dr. Elizabeth Short from the VA chaired the meeting. FItzhugh Mullan from the Bureau of Health Professions in HRSA, David Eddy from Duke, and Greg Meyer, among others, were also in attendance. ... The Group appears to have reached a consensus that all payors would pay into an aggregate pool that would finance graduate medical education (GME). ... The Group has yet to reach a conclusion on the level at which the funding would be collected and distributed. ... State and regional solutions, however, would present policy makers with a problem of geographic cross -subsidies. The rationale for spreading the financing across all payors rests on the belief that all recipients of health care services benefit from medical education; thus, the costs should be socialized."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/28/93
To:
From:
Title: Group 40 -- Academic Medical Centers, 4/28/93 meeting report, OMB Staff: Erik Johnson

Summary: cont from previous record "The Group consensus ... appears to be in favor of a formula driven approach. ... Some of these advantages [of a formula approach] are questionable. A formula can be adjusted quickly only insofar as the political will exists to make changes that will have both positive and negative distributive effects. Moreover,the IME example demonstrates that political

considerations can restrain changes in a statutory formula, even after it is shown to overpay for certain effects. ... The Group... has reached a consensus that all expenses, including research, that are incurred by AMCs as a result of their mission should be bundled into a single formula. Finally, the Group supports the direct funding of all health professional education, not simply ...residents."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/28/93
To:
From:
Title: Group 40 -- Academic Medical Centers, 4/28/93 meeting report, OMB Staff: Erik Johnson

Summary: cont from previous record "Requiring the coverage of routine medical costs could lead to adverse selection as AHPs would likely avoid contracting with providers that perform research. ... Risk selection on the part of the plan could have the effect of discouraging research, or at least could eliminate any new incentives to conduct investigations. ... From the AMC perspective, the measures proposed in this Group would "level the playing field," but a non teaching hospital may view these measures as barbed wire fences erected against competitive market dynamics."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/16/93
To:
From:
Title: Group 6 -- Benefits, 3/16/93 meeting report, OMB Staff: Erik Johnson

Summary: "... there is some debate about whether to require coinsurance for all services offered under a plan, or whether to exempt certain benefits. Needed services, for example, could be exempted from cost -sharing requirements, while physician -controlled

visits would be subject to copayments. ... such a policy may also discourage regular physician visits, needed follow -up care, and general preventive health measures. A balance should be struck between encouraging preventive health and discouraging overutilization. Subsidizing the cost -sharing of those under %200 of the Federal poverty line will be a highly complex effort... Further complicating the picture is the potential for different cost- sharing requirements across different types of plans. Issues that need addressing include."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 3/16/93
To:
From:
Title: Group 6 -- Benefits, 3/16/93 meeting report, OMB Staff: Erik Johnson

Summary: cont from previous record "How will the system treat individuals and families whose income increase / decrease during the year? How can income be verified at the point of service? ... Will there be a look -back mechanism, using tax data, to verify eligibility? If so, how will the Federal government recoup monies spent in error? Would the low -income population be limited in their choice of plans, e.g., only managed care plans would be available to them?"

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/07/93
To:
From:
Title: Group 20 -- Interim Cost Containment, Drug Pricing, OMB Staff: Andy Allison and Jill Blickstein

Summary: "David Cutler (CEA, NEC) is no longer group leader. Chris Jennings named Louise Rodriquez of the VA as group coordinator. Chris has experience with drug pricing issues from his days as a

chief staffer for Sen. Pryor. Chris has attended several meetings personally to provide leadership. ... Operating Assumptions. In the long run, managed competition will lead to formulary -based group purchasing in most markets. Purchasers with substantial market share who can influence prescribing behavior and target drug use towards individual drugs will be able to negotiate competitive prices. ... Recommended Interventions. ... Short term price controls. ... The group will recommend some variant of the voluntary price constraints manufacturers such as Merk have offered to impose on themselves,"

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/07/93
To:
From:
Title: Group 20 -- Interim Cost Containment, Drug Pricing, OMB
Staff: Andy Allison and Jill Blickstein

Summary: cont from previous record " ... Permanent Board to monitor drug pricing. There is concern that price controls on new drugs will squelch investor interest in research and development. Neverthe - less, the group will recommend that a National Price Board collect and publish information on the prices of new and existing drugs. A critical remaining issue is whether the Board should attempt to influence the price of new drugs through moral suasion and negative publicity or whether the Board should be given powers to more directly influence prices. The group may propose giving the Federal government the option to refuse payment for drugs considered to be too costly. The group has not yet decided who should appoint the members of the Board. Marketing limitations."

Comment: continued in next record

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date: 4/07/93
To:
From:

Title: Group 20 -- Interim Cost Containment, Drug Pricing, OMB
Staff: Andy Allison and Jill Blickstein

Summary: cont from previous record "The group is still considering limiting the negative influence of manufacturer marketing practices by banning or strictly limiting sampling. ... National Therapeutic Committee. ... This panel will begin by evaluating treatments for the most common diseases. Establishing a common set of guidelines on therapeutic value and interchange will also help alleviate concern that formulary - based purchasers, e.g., Medicaid and AHPs, will operate overly restrictive formularies."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date:
To:
From:
Title: Alternative Medicare Volume Performance Standards

Summary: "... individual physicians, have little incentive to modify their behavior if they feel that, as individuals, they have little or no effect on meeting the overall national standard rate of increase. Options: ... - Group specific MVPS ... - State MVPS - Specialty MVPS - Type of Service MVPS. Group spec ific MVPS: Qualified physicians groups could have their own MVPS and receive payment updates based on their own performance rather than based on the performance of physicians generally. ... Pros: The largest 3% of group practices account for about 40% of Medicare physician spending."

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 1441
Date:
To:
From:
Title: Minding Your Q's but Not Your P's

Summary: "... what short term strategies are available which do not create incentives to increase volume in the interim? The following is a preliminary list: 1) changing physician compensation arrangements to salaries 2) primary care gatekeeping ... 4) broadening payment units 5) substituting lower cost inputs for higher cost ones (e.g. nursing time for physician time) ... 8) dissemination of practice guidelines ... 12) profiling practice patterns -- identifying deviants 13) smart cards -- electronic exchange of medical information -- reduces need for repeat tests.

Comment:

Classification:

Participant(s): Andrea King; Frank Tims; Victor Zafra

Box Number: 3308
Date: 3/24/93
To:
From:
Title: National Guidelines for Accountable Health Plans

Summary: "There should be opportunities for consumer representation in real decision making activities. It is at the AHP level that consumer representation should be strongest. Inevitably there will be some who have no choice among plans, and who therefore will be unable to "vote" with their dollars or their feet. ... Ultimately the AHP is legally accountable for the action of its providers. Providers are accountable to patients in all ways described by the provider patient relationship, and they are likewise bound by their professional standards and ethics."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Fair Procedures for Resolving Misunderstandings, Disagreements and Disputes

Summary: "The inevitbility of conflict in organizations is widely accepted. Some estimates of managers' time spent dealing with conflict run high as 40%. The causes of conflict and tension within

organizations of all types can be traced similar society -wide issues: a rights -conscious society, greater competition, diversity, budgetary restraints to name but a few. ... Categories of Complaints: ... Professional -Professional ... Interprofessional (We assume AHPs will have incentives to rely heavily by nurse=practitioner / physician assistants. Conflicts are inevitable"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Provider Credentialing

Summary: "Background: Physicians must be "checked out" by Hospitals and Plans, to avoid derivative failure -to- supervise liability, -"Smoking Guns" Missed/Doctors Move Out of State -"Real Credentialing Costs $150+, Proposal: -Bid out credentialing once. Credentialer verifies thoroughly, takes risk of error. Others can rely."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/30/93
To: Ira Magaziner, Judy Feder
From: Robert Valdez
Title: Subject: Issues arisings from Hispanic and Border Caucus

Summary: "Bi -national or Tri -national Border Health Commission that could conduct comprehensive needs assessments and monitoring, implement recommended actions to resolve public health and other health problems, and develop reimbursement methods for public and private health services. Residency requirements among states for coverage under the new alliance configurations. ... ID card creates incentive for discrimination against "foreign looking folks."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 2/05/93
To: Ira Magaziner
From: Secretary Robert B. Reich
Title: Re: DOL Comments on Health Care Task Force Work Plan and Request for Staff/Analytic Support

Summary: "A system of universal coverage could have a positive side effect on employment in the health care sector if overall spending increases. Of course, if global budgets and price controls are adopted, the reform plan could lead to adverse employment effects in the health care industry. The Task Force must be very sensitive to this latter possibility as health care has been one of the few fields in which there has been strong job growth over the past several years."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/10/93
To: The First Lady and Ira Magaziner
From: Bob Berenson, Kathie Hastings and Bill Sage
Title: Subject: Trial Lawyers' Briefing Book

Summary: "The main points made in the briefing book are that malpractice and defensive medicine are not a major component of the health care cost problem, that tort reform would not make much of a dent on costs, and that the real problem is the existence of negligent injuries and lack of disciplining of responsible practitoners. The Malpractice Workgroup does not contest any of these assertions. ... Our proposal is not specifically intended to reduce health care costs. Indeed, our enterprise liability proposal is intended to make Plans assume more responsibility for quality and for sanctioning substandard provider performance."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/07/93
To: Ira Magaziner
From: Mark Smith
Title: Re: Health Plans and Risk Selection

Summary: "At your request Tom Pyle and I met with representatives of a number of interested groups to discuss the problem of risk selection by health plans. ... The group seemed generally agreed on the following points: ... The most egregious forms of risk selection currently used ... will be prohibited. ... Nevertheless, strong incentives for risk selection and manipulation will remain. Some participants felt that these incentives would be even stronger and the methods used more subtle, given the ban on the current methods. Some believe that the majority of plans will try to play the game straight but will have to respond to the tactics of those plans that do not. Everyone seemed to be in agreement that we cannot possible predict or anticipate all the ways which will be used to game the system."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/07/93
To: Ira Magaziner
From: Mark Smith
Title: Re: Health Plans and Risk Selection

Summary: cont from previous record "Risk-adjustment of premiums paid to plans is absolutely necessary for concentrations of those with severe, costly, chronic disease. Risk-adjustment will involve three mechanisms: ... HIPC-managed reconciliation between plans. ... Plans would police each other, and HIPCs could reallocate funds between plans based on this reconciliation process. ... Areas for Further Discussion. ... Restrictions on marketing. ... If, for instance, a plan aggresively markets its devotion to healthy life-styles and new-age therapies, it may attract a middle-class, low-cost population. It might send door-to-door salespeople only to certain neighborhoods or mail to lists which are selected to yield high numbers of low utilizers."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 4/07/93
To: Ira Magaziner
From: Mark Smith
Title: Re: Health Plans and Risk Selection

Summary: cont from previous record "Such tactics, it is thought, contribute to inappropriate competition on risk, rather than quality. Others find marketing restrictions philosophically and operationally difficult to reconcile with competition. How do small, new plans attract attention and enrollees? If the innovative entrepreneurial spirit is being depended upon to stimulate progress and cut costs, how do you sell your better mousetrap if you can't tell anyone about it? And if you allow only mass marketing, wouldn't a plans selection of the radio station or TV show be as effective a market segmentation tool as any other?"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/26/93
To: Ira Magaziner
From: Robert Portman, Deptartment of Labor
Title: Subject: Job Dislocation and Employment Opportunities Resulting from Comprehensive Health Care Reform

Summary: "Non -Physician Health Care Providers. ... Reform efforts and cost containment may slow the rate of job growth, but are not expected to cause long - term displacement. ... Other Occupations and Industries. ... Individuals working in low wage jobs for firms not currently offering health care benefits may be seriously affected. For many of these workers, minimum wage constraints will preclude pay cuts and instead lead to layoffs. ... An effective strategy for addressing the employment effects of health care reform should begin with the implementation of a comprehensive worker adjustment program prior to full phase in of universal coverage, with funding appropriate to the magnitude of the task at hand."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date: 5/26/93
To: Ira Magaziner
From: Robert Portman, Deptartment of Labor
Title: Subject: Job Dislocation and Employment Opportunities Resulting from Comprehensive Health Care Reform

Summary: cont from previous record "... Properly crafted, health care reform can be perceived as creating improved employment opportunities for American workforce rather that down -sizing and unemployment. Specifically, we should strive to help workers move from lower -skill, lower -wage clerical/service jobs to high -skill, well paid jobs as health care providers."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3308
Date:
To:
From:
Title: Workforce Proposal for Inclusion in the Comprehensive Health Care Reform Legislation

Summary: "The health care industry accounts for 1/7 of the nation's economy, is the third largest employer, and has been the largest creator of new jobs since 1980. Any changes affecting an industry this large will necessarily spill over into other areas of the economy."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3311
Date:

To:
From:
Title: The Kaiser Commission on the Future of Medicaid. The Medicaid Cost Explosion: Causes and Consequences, Feb 1993

Summary: "Medicaid growth has come at the expense of critcal state functions outside the health care system. Figure 3 -3. Average Annual Percent Change in State Expenditures, by Budget Category, 1987-1990. Medicaid 13.9%, Corrections 12.8% Elementary and Secondary Education 7.5%, Higher Education 7.1%, Cash Assistance 6.1%, Transportation 4.8%. Source: Miller, 1992."

Comment:

Classification:

Participant(s):

Box Number: 3311
Date: 3/05/93
To:
From: Drew E. Altman
Title: Cover overviewing Marilyn Moons' (Urban Institute) analysis of tax funding for the health care program

Summary: "Information on the public's perception of different taxes for health care reform was obtained from an election night public opinion survey of voters conducted by Louis Harris and Associates for the Kaiser Family Foundation and the Harvard University School of Public Health. The survey questioned voters' willingness to pay higher taxes for a national health program. Results found that half of all voters were willing to pay a modest amount -- an addidional $20 per month -- to support a national program."

Comment:

Classification:

Participant(s):

Box Number: 1738
Date: 6/01/93
To:
From: Atul Gawande
Title: Re: Simplification and subsidies in a premium system

Summary: "This memo was prepared after initail consultation with my working group members, David Ellwood, Treasury officials, Paul

Starr and David Cutler, and is based on their suggestions. ... "Any premium systems will have the following mechanisms: ... The enrollment forms includes a section for subsidies on which an EE certifies that their annual family income is expected to be below the subsidy threshold (e.g., $30,000). ... how carefully do we want to check these self declaration for unearned income? The more carefully, the more complex. ... Option 2. Computer Check on Unearned Income. The alliance or an agency assisting the alliance has access to the IRS 1099 database and other sources of unearned income for the previous tax year..."

Comment:

Classification:

Participant(s): Robert Claypool; James Duggan; Gillian Hunter; Steven Sheingold; Richard Veloz

Box Number: 1746
Date:
To:
From:
Title: Financing Group Meeting, 2/16/93. Incidence Issues: Who Really Pays for Health Care?

Summary: "The purchase of medical care and health insurance is sensitive to price. -RAND Health Insurance Experiment: the elasticity of medical expenditures with respect to the coinsurance payment is -0.2, which means that if the coinsurance payment is raised by 10%, medical expenditures fall by 2%. @% of $800 billion is $16 billion. Univ Minn School of Public Health: Choice of health plan is very sensitive to the out -of pocket premium cost. ... Burden of existing health care taxes. ... It is generally agreed that payroll taxes are borne completely by workers in the form of lower wages. That is, workers have wages 2.9% lower than they would otherwise be as a result of the HI payroll tax."

Comment:

Classification:

Participant(s): Robert Gillingham; Marina Weiss

Box Number: 1746
Date: 2/28/93
To: Cluster One Group Leaders
From: Zelman
Title: Re: Research Needs

Summary: "These are some issues that I believe we need to address in more detail; some we must address by toll gate three. Some might wait. ... 1. Constitutional and other issues surrounding the federal-state-HIPC relationship. What, if any, are the Constitutional boundaries on delegation of various powers, especially the delagation of various powers to potential forms of HIPCs?"

Comment:

Classification:

Participant(s): Robert Gillingham; Marina Weiss

Box Number: 1746
Date: 3/24/93
To: Marina Weiss
From: Bill Dinkelacker and Bob Rafuse
Title: Subject: Health Care Group #31 February 21 Meeting

Summary: "The February 21 meeting of the Economic Impacts working group was devoted to a discussion of developing a "baseline" for the health care task force that HHS would produce. Part of the effort would be to stimulate the economy to the year 2000. The estimated baseline would then be used to measure potential savings from the Administration's health care proposal presumed to be dependent heavily on a HMO type delivery system. The validity of such a proposal baseline estimate was questioned, however, because the historical data on which the baseline estimate would be dependent was minimally related to HMOs. It would be equivalent to making estimates about apples on information about oranges."

Comment:

Classification:

Participant(s): Robert Gillingham; Marina Weiss

Box Number: 3209
Date: 2/08/93
To: Ira Magaziner
From: Consumers Union
Title: letter

Summary: "As you know, Consumers Union believes that a single payer health care system is the most certain way to achieve the five principles for health care reform that we consider to be essential

to meet consumers' health care needs. ... To meet the standards of consumers, any health care reform plan must offer: universal, quality health care ... ; cost containment ... ; fair -share financing ... ; public accountability ... and; consumer choice.

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3209
Date:
To:
From:
Title: Health Care Reform in Rural Areas, An Invitational Meeting Sponsored by RWJ, AR Dept. of Health, March 10 -12 1993, Little Rock, AR

Summary: Preliminary Agenda. Welcome and Overview: Jocelyn Elders, Steven A. Schroeder, RWJ. Overview of Managed Competition/Networks in Health Reform. Content: "This session will review the theory of managed competition and how it would reorganize the financing and delivery system." Presenters: Alain C. Enthoven, Paul Ellwood. Other presenters: Lynn Etheredge, Dan E. Beauchamp, PhD, State Univ. NY; Dena Puskin, ScD, Federal Office of Rural Health Policy; Ira Moscovice, PhD, Univ. Minn; Steve Rosenberg, PhD, Rosenberg and Associates; Sandral Hewlitt, MD, West AL Health Service; Tim Size, Rural WI Hosp. Coop.; John Coombs MD, Univ of WA; Kevin Fickenscher MD, MSU Kalamazoo; Roland Gardner, Beaufort Jasper Comprehensive Health Service, Dian Pecora, S. Humbolt Comm. Hosp;"

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3209
Date:
To:
From:
Title: Health Care Reform in Rural Areas, An Invitational Meeting Sponsored by RWJ, AR Dept. of Health, March 10 -12 1993, Little Rock, AR

Summary: cont from previous record "James Bernstein, NC Office of Rural Health; Denise Denton, CO Rural Health Resource Center;

Charles McGrew, AR Dept of Health; Sally Richardson, WV Public Employees Insurance Agency."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3307
Date: 3/31/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: A budget -neutral plan

Summary: "If we want to create a (federal) budget neutral plan for universal insurance and the start -up of the purchasing cooperatives, we don't need to make extravagant assumptions about savings from managed competition. We need ... to recapture savings to providers and insurers... I am not referring here to a recapture tax in the sense of recapturing savings from short -term cost controls. Rather, providers stand to reap windfalls from several of the policies we are discussing: (a) coverage of the uninsured, whose costs have been shifted to the privately insured; (b) full reimbursement of Medicaid; (c) shifting of malpractice liability from individual providers to plans; and (d) administrative simplification."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 3/31/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: A budget -neutral plan

Summary: cont from previous record "At the time the Canadians introduced national health insurance, they had an across -the-board reduction in physician fees on the grounds that charity care was now being compensated. Similarly, we ought to be planning an across the board rate reduction. One way to go about this would be to introduce a Medicare -like rate schedule for physicians and other providers at the time the purchasing cooperatives start up, so that we could set the conversions factors at a reduced level."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 3/24/93
To: Ira Magaziner
From: Paul Starr
Title: Subject: Minimizing the costs of universal coverage

Summary: "Are all the various subsidies that have been proposed -- and in some cases plugged into the models for projecting the costs of universal coverage -- genuinely necessary? Should we also assume that the reform brings about major windfalls to states and localities and to providers? If we take those subsidies and windfalls as given, costs will rise to staggering levels. As a result, we will need to scale back the program or string out the phase-in. And each of those alternatives will create seriou s problems of its own."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3307
Date: 5/12/93
To: Ira Magaziner
From: The Quantitative Group
Title: Subject: Distribution Tables in Payroll v. Premium

Summary:

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3661
Date:
To:
From:

Title: Separating Policy and Administration: The New National Health Board

Summary: "The plan calls for the creation of a new National Health Board consisting of seven members appointed by the President and confirmed by the Senate. Only the Chairman's term will be concurrent with that of the President; the rest are staggered, creating a situation in which a majority of the Board may have been appointed by the predecessor of the President then in office and may be removed only for "neglect of duty or malfeasance". The Board will consequently be "independent" in the sense that its members will not be subject to the President's ordinary power to remove his appointees at will." ... This new Board will have a complex relationship to the executive agencies that will also be responsible for administering the reformed health care system."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 10/2/93
To: Walter Zelman
From: Margaret Farrell
Title: Three Models for a New National Health Board: The Hybrid, Arbitrator and Inside an Agency Models

Summary: "There are at least three problems posed by the hybrid model. On the one hand, if the Board is to carry out its functions by itself, it must have a large staff of full time employees to meet its responsibility to administer the budget, refine benefit definitions and oversee state performance. However, the prospect of creating another large new bureaucracy in the federal government has little political appeal,... On the other hand, if the staff of the Board is kept small, the Board must have authority to direct other executive agencies to implement its policy in these areas. But, coordination between the Board and executive agencies through contract or regulation is problematic and the interposition of an independent board between the President and his cabinet secretaries raises constitutional"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 10/2/93
To: Walter Zelman
From: Margaret Farrell
Title: Three Models for a New National Health Board: The Hybrid, Arbitrator and Inside an Agency Models

Summary: cont from previous record "questions about the separation of powers and the President's responsibility to execute the law. Although these constitutional issues may not prove fatal, they provide opponents to the plan a legal basis for challenging and stalling its implementation. The arbitrator model. The disputes that will arise under the new plan include disputes between executive agencies, between federal agencies and the states, between states, and between private actors (subscribers and providers), or between private actors and Alliances, states and the federal government. Only some of these disputes will need to be settled with the expertise and prestige of an independent board. ... The Board would then be in a position to shape policy through its adjudication of critical aspects of"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 10/2/93
To: Walter Zelman
From: Margaret Farrell
Title: Three Models for a New National Health Board: The Hybrid, Arbitrator and Inside an Agency Models

Summary: cont from previous record "plan's implementation. If the Board were to have only adjudicatory authority, it may function like an Article I court, i.e. a court created by Congress pursuant to its power under Article I to regulate interstate commerce and spend for the public welfare, as opposed to its authority to create a federal judiciary of judges with life time tenure under Article III. Appeals from the Board or Arrticle I court would be to a federal circuit court of appeals. ... In addition, there seem to be no constitutional questions raised by the creation of a specialized court for matters arising under the health care legislation, like the tax court. However, there is strong sentiment in some circles that resists the creation of specialized courts and is in favor"

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 10/2/93
To: Walter Zelman
From: Margaret Farrell
Title: Three Models for a New National Health Board: The Hybrid, Arbitrator and Inside an Agency Models

Summary: cont from previous record "of retaining a system of generalist judges and lay juries for the resolution of even scientific disputes. ...It would be possible to create an expert health board and house it in HHS, rather than establish it as an independent regulatory agency. Such an arrangement would meet the twin objections that a board would require the creation of a large new federal bureaucracy and that it would usurp the President's power to enforce the laws of the United States. Housed in HHS, the board could perform the same budgetary, benefit, data collection, standard setting, and supervisory functions anticipated in the hybrid model, but its actions would be subject to the approval of the Secretary. In that sense, the Board's determinations would be advisory."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 5/28/93
To: Russell Wheeler
From: Margaret Farrell
Title: Subject: Expansion of federal claims under health care reform proposals

Summary: "Several provisions of the proposal would preempt state laws and substitute federal causes of action -- malpractice reform provisions being the principle ones. ... As reported in the newspapers, serious consideration is being given to requesting federal legislation that would enact "enterprise liability." This proposal would preempt state malpractice laws as they apply to providers (doctors, hospitals, nurses, clinics, etc.) that are paid by insurers (HMOs, PPOs, IPAs, and perhaps Blue Cross and indemnity insurers) under the new system. Instead, victims of negligent

medical practices would have a federal cause of action against insurers for compensation (presumably the legislation will indicate the applicable standard of care). Insurers would be precluded from seeking"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/28/93
To: Russell Wheeler
From: Margaret Farrell
Title: Subject: Expansion of federal claims under health care reform proposals

Summary: cont from previous record "indemnification from providers. The theory is that if they are made responsible for the torts of the providers they pay (e.g. as Kaiser pays its doctors), insurers will control doctors practices in order to minimize their liability. This will increase incentives to enhance "managed care" practices, to hire and fire medical personel on the basis of competence, to monitor theri practice patterns, to pay for diagnostic tests, etc. necessary to avoid liability. Some argue that it will lower the standart of care as HMOs and other insurers make cost benefit determinations to eliminate some procedures currently thought necessary to avoid liability - defensive medicine. Interestingly, the AMA opposes it. It has been suggested that instead of creating a federal"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/28/93
To: Russell Wheeler
From: Margaret Farrell
Title: Subject: Expansion of federal claims under health care reform proposals

Summary: cont form previous record "cause of action, that states be required to enact enterprise liability as a matter of state law, as a condition to their participation in the new system. ...

Furthermore, unless the new legislation expressly provides otherwise, there may be viable claims made by individuals, plans and providers, that they have a cause of action under 42 U.S.C. Sec 1983 for the enforcement of rights provided in the statute. Thus, just as hospitals successfully alleged a 1983 action to enforce Medicaid provisions that they be paid "reasonable rates," providers (Wilder v. Virginia Hospital Assoc., 496 U.S. 498) and others may make Sec 1983 claims under the new act. This could easily be precluded by making administrative remedies the exclusive means of enforcing its provisions,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/28/93
To: Russell Wheeler
From: Margaret Farrell
Title: Subject: Expansion of federal claims under health care reform proposals

Summary: cont from previous record "with judicial review available under the APA. There may be some constitutional issues raised if this is done, with regard to due process requirements for the adjudication of constitutional claims."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Esq.
From: Margaret G. Farrell
Title: letter

Summary: "The memorandum briefly discusses some constitutional issues that could arise if Congress eliminates section 1983 jurisdiction without providing certain other opportunities for dispute settlement. It recommends that, in an effort to provide informal adjudication, federal enforcement of state obligations, and nationally uniform policy, new legislation should (1) create new, individual, private, federal causes of action to enforce the

obligations of states, Alliances and plans; (2) vest jurisdiction to hear those actions exclusively in state and/or federal administrative agencies, with a voluntary non -binding alternative; (3) expressly provide for federal judicial revies on a APA section 706 standard. This approach amounts to leaving section 1983 actions but imposing an exhaustion"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Esq.
From: Margaret G. Farrell
Title: letter

Summary: cont from previous record "requirement and would leave causes of action asserting constitutional rights to be tried de novo in federal court under section 1983."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: "... a great number of disputes will arise in the first years of the reform program. Nationally uniform standards will be developed in these years through adjudication as well as rulemaking. Therefore, unless there is federal administration at some level and/or federal judicial review, the diversity of decisions produced in state agencies and state courts may delay implementation and obstruct basic uniformity. Without federal control over adjudication as well as rulemaking, we would run the serious risk that the pieces of this system will simply not fit together. ... Unless expressly modified by new legislation, 42 U.S.C. Section 1983 would permit individual subscribers, enrollees

and patients to bring suit in the federal courts against individuals (for personal liability) who have,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "under the color of state law, deprived them of a right secured by the laws of the United States, including the new health care reform laws. In each suit, the court would be required to determine (1) whether the defendant acted under the color of state law; (2) whether the defendant could invoke good faith, qualified immunity; (3) whether the plantiff is among the class of persons Congress meant to benefit directly by the legislation and (4) whether there are sufficient standarts provided in the legislation, in light of its history, to permit enforcement of the right. ... Private individuals as well as state public officials may be held personally liable under section 1983 so long as their actions are taken under color of state law."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "Actions "under the color of state law" include more those that would constitute "state action" for purposes of the fourteenth amendment. Thus, the actions of private persons which do not constitute constitutionally defined state action may still be actionable under section 1983. Enforceable rights have been held to arise under the Hill - Burton

Act, the Medicaid Act, the Education of the Handicapped Act, and the AFDC provisions of the Social Security Act. Section 1983 remedies have been held to be available despite adequate state remedies. And exhaustion of state administrative remedies is not required before a section 1983 action will lie. Where administrative process is followed, there is debate as to whether administrative findings"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "are conclusive in later section 1983 actions. ... Apart from causes of action provided by sec. 1983, persons claiming rights under the Constitution have an implied cause of action against federal agents, ... Bivens v. Six Unknown Agents, 403 US 388 (1971) (federal officials sued for damages flowing from their violations of plaintiff's constitutional rights); Davis v. Passman, 442 US 228 (1979) (congressional staff employee had an implied cause of action directly under the due process clause of the Fifth Amendment for gender discrimination); and Halperin v. Kissinger, 606 F. 2d 1192, 1207 -08 (D.C. cir. 1979) ... There can be no question that Congress can eliminate implied causes of action to enforce new health care rights under Cort v. Ash precedents."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "Similarly, there would seem to be little question that Congress may also eliminate causes of action provided by sec. 1983. Nevertheless, some questions are presented by the due process clause, the seventh amendment, Article II and the separation of powers doctrine, if individual claimants are not provided certain alternatives. 1. Article III courts. While Congress has power to limit the appellate jurisdiction of the Supreme Court through its power to extablish inferior courts, there is considerable debate about whether it can preclude such jurisdiction altogether, particularly where constitutional claims are made, for instance in abortion cases. ... If the new federal law were to preempt and replace state common tort law (for instance, by replacing common law provider"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "negligence with enterprise liability or by requiring binding arbitration of some malpractice claims) and contract causes of action, the question might arise whether constitutional guarantees of trial by jury are abridged. Some courts have found such state laws did violate constitutional guarantees of trial by jury. ... If Congress were to eliminate Sec. 1983 causes of action and provide that individuals may submit to final arbitration claims made under the new federal law, challenges might be brought based on the argument that federal laws must be carried out by executive branch officials and such enforcement may not be delegated to non -executive branch officials such as private arbitrators. In testimony beore Congress,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93

To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "the Office of Legal Counsel commented on proposed federal legislation that would have permitted private parties and executive agencies to engage in voluntary binding arbitration before neutral arbitrators and avoid adjudication through an administrative ALJ process. OLC opposed the legislation for several reasons: it was unnecessary because ALJ's already provided informal adjudication; it was unnecessary because the agency already provided expertise in the subject area of the dispute; it would not lead to the development of legal principles and precedents; and because arbitrators with powers to finally adjudicate disputes between claimants and the agency, could be viewed as officers of the United States engaged in execution of the laws,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "but not appointed in the manner required by the appointments clause and not accountable through the executive. Such arguments should be further explored before a binding arbitration option is included in health care reform for the adjudication of individual claims against the federal government. ... Whether reform legislation could preclude judicial review of any kind for the determinations of arbitrators and/or administrative agencies is not clear. If federal administrative adjudication were provided, judicial review could be invoked under Sec. 701 (a)(1) of the APA, except "to the extent that ... statutes preclude review." Usually the courts have required more than congressional silence to indicate legislative preclusion of review."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/12/93
To: Sara Rosenbaum, Sallyanne Payton, and J. Kline
From: Margaret Farrell
Title: Re: Section 1983 Actions and Adjudication of the Claims of Individuals Arising Under Health Care Reform Legislation

Summary: cont from previous record "The question of the extent to which Congress may constitutionally preclude judicial revies is a complicated one."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 4/01/93
To: Walter Zelman
From: Margaret G. Farrell, Esq.
Title: Legislative Vetos and Congressional Control Over Agency Rulemaking

Summary: "Although Congress will legislate important principles and some specific provisions necessary to establish managed competition reform, detailed standards, rules and requirements having the force of law will necessarily be promulgated by an authorized federal agency and/or board. You have asked the extent to which Congress can control that rulemaking. For example, if broad rulemaking authority were given to an independent national health board to set standards for benefit packages, HIPCs and health plans, to what extent could Congress control the substance of the agency's rules with after the fact action. The short answer to that question is, Congress may control the exercise of agency rulemaking directly only through bicameral legislation with presentment to the President as required in"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 4/01/93
To: Walter Zelman
From: Margaret G. Farrell, Esq.
Title: Legislative Vetos and Congressional Control Over Agency Rulemaking

Summary: cont from previous record "Articles I and II of the Constitution. ... Administrative agencies, including the independent regulatory commissions, have the attributes of all three branches of government -- legislative when they engage in rulemaking, judicial when the engage in adjudication, and executive when they engage in enforcement activities. A a result, each branch has an interest in maintaining its position in the balance of powers by controlling the actions of administrative agencies. With the decline in the non delegation doctrine, Congress has increasingly ceded broad plenary powers to independent regulatory commissions to make laws "in the public interest" and then tried to control the exercise of that discretion through a variety of "legislative veto" provisions. ..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 4/01/93
To: Walter Zelman
From: Margaret G. Farrell, Esq.
Title: Legislative Vetos and Congressional Control Over Agency Rulemaking

Summary: cont from previous record "Despite the widespread use of "legislative vetos" to offset the grant of rulemaking authority to executive and independent agencies, the Supreme Court made it clear in Chadha v. Immigration and Naturalization Service that such arrangements were constitutionally defective."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 5/27/93

To: Walter Zelman
From: Margaret Farrell
Title: Re: An Independent National Health Board

Summary: "The regulation of private markets, directly or through the states, will be conducted by a multi -member, independent agency, located outside of an executive department. ...A separate executive body -- one located outside an existing executive department -- will provide a more suitable forum for the resolution of difficult disputes between government and private individuals involving moral issues and between the federal government and the states regarding monetary trade offs and budget, than is provided by the Congress or a cabinet level department. EPA is an example. ... Composition of the Board. Five to seven board members will be appointed by the President with the advice and consent of the Sentate. Limited size of the board enhances the stature of its members."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date: 5/27/93
To: Walter Zelman
From: Margaret Farrell
Title: Re: An Independent National Health Board

Summary: cont from previous record "No more than three of five or five of seven members may be of one political party. Bipartisanship enhances the public's perception of the board's independence and objectivity. ... Board members may be removed only for cause - inefficiency, neglect of duty, or malfeasance in office. ... Powers of the Board. ... Establish data collection standards for outcome research, practice parameters, cost effectiveness evaluation and access. ... Determine whether new technology will be: excluded from the benefit package, included in the benefit package, or may be included in the benefits offered by plans. ... Determine whether each state is meeting its budget. ... Determine what legislation what legislative authority given to the board should be used to enforce state"

Comment:

Classification:

Participant(s):

Box Number: 3318
Date: 5/27/93
To: Walter Zelman
From: Margaret Farrell
Title: Re: An Independent National Health Board

Summary: cont from previous record "budget including: Loss of preferential tax treatment for health benefits, stricter maintenance of effort requirements, loss of access to federal tax revenues provided by all taxpayers, federal take over of the state's managed competition program. ... Negotiated Rulemaking. ... Experience indicates that persons and organizations affected by agency rulemaking are less likely to challenge rules in court if they have been provided an opportunity to participate in the development of the rule. ... In order to maximize the independence of the board, its own budget will be derived from assessments and not dependent on Congressional appropriations."

Comment:

Classification:

Participant(s):

Box Number: 3318
Date:
To:
From:
Title: The National Health Board and Administrator

Summary: "Standard setting is performed well by a independent, bipartisan, multi -membered board located outside a cabinet level agency. ... However, an independent board is not well suited to administering large public programs. Rationale: -Capture by special interests. Boards are subject to capture by the special interests they were created to regulate, because interest representatives appear before the boards regularly, have essential expertise and employ board members before or after their tenure. -Inefficiency. A board is not an efficient mechanism for administration since direction and responsibility for agency action is diffused through its several members, their respective fiefdoms and their separate agendas. Lack of accountability."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date:
To:
From:
Title: The National Health Board and Administrator

Summary: cont from previous record"An independent board or commission is not accountable to the electorate trough the President of the Congress because its members can be removed only for cause -- actual dereliction of duty. The Civil Aeronautics Board, ICC, SEC and NRC are examples. Implementation and administration is well performed by a single headed agency.Rationale: Efficient administration. ... Leadership. ... Accountable. ... EPA is an example. ... However, a single administrator is not well suited to formulate policy through rule making and standard setting, particularliy in areas of great perdonal and national concern. Rationale:... Political influence.

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3318
Date:
To:
From:
Title: The National Health Board and Administrator

Summary: cont from previous record "A single administrator directly responsible to the President, who may be dismissed at will, is necessarily influenced by the political consequences of his or her actions."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date:
To:
From:

Title: Single Payer: Some Concerns

Summary: "The government would also establish payment rates for all physicians and other providers and prohibit them from billing patients for covered services. ... Total spending would be strictly limited by a national health budget, which would grow no more rapidly than the economy. ... But we cannot support the single payer health care proposal because, among other reasons, it would require raising and redistributing as mush as half a trillion dollars in new federal taxes."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 10/16/93
To: Memorandum for Message Meeting
From: Subject: Substantive Changes to Policy
Title:

Summary: "Soften language describing National Health Board as board of directors,etc. ... Add doctors to list of qualifications for possible appointment to the National Health Board. -Soften regulatory language in state role section. -Soften regulatory language re alliances. Make all non -profit, not state agency."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 5/28/93
To: Jeff Eller, Bob Boorstin, Lisa Caputo
From: Carolyn Gatz
Title: Subject: Conclusion of Task Force on Health Reform and Working Group

Summary: "Becuase the task force on health reform is ending, it is important that the White House signal that its work was valued and meaningful. A statemet delivered by the President or First Lady in an appropriate forum touching on the following points would draw this process to a close on a positive note: ... On a number of topics, as the American people will see when the president unveils

his final proposal on health reform, the working group broke new ground in its analysis of health care issues and their implications. The working group on health reform broke precedents about how policy development occurs in the executive branch. It brought together more than 500 people from all across the country with expertise in a wide range of occupations -- "

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 5/28/93
To: Jeff Eller, Bob Boorstin, Lisa Caputo
From: Carolyn Gatz
Title: Subject: Conclusion of Task Force on Health Reform and Working Group

Summary: cont from previous record "combining policy experts with people who have real -world experience in more that two dozen work groups focused on various topics under health care. ... They came through brilliantly. Their briefings for the President, the development of a wide range of options, analysis and papers laid a solid foundation upon which the President is constructing the comprehensive proposal he will present to the American people."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 4/06/93
To: Ira
From: Carolyn
Title: Subject: Time Magazine

Summary: "If you've invested your career in the issue of health care, you want to be where the action is -- and once we pass health reform, the action is going to be where we're implementing reform. ... Laugh at accusations -- particularly personal accusations -- Shrug them off as beneath you. Don't forget: Assert your point of view: We did two years worth of work here in three months -- we brought together people of wide expertise and many different points of view from all across the country and we fashioned those

disparate thoughts into a coherent plan that will fundamentally change the direction of health care in America. What we have accomplished here is a phenomenal piece of work that will stimulate the comprehensive reform of health care in the United States."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date:
To: Carolyn / Ira
From: Christine / Lois
Title: Re: Positive Task Force Stories

Summary: "The following is a list of potential good press contacts; but we are not certain of their feelings about the process or Ira at this point, and they need some feeling out. Our strategy will be for Lois to call and say that she is concerned about the negative press the task force has gotten, and feels it could undermine the whole effort if it is not addressed. ... AMA -Considering the initial story on limited access, it would be good to have the AMA raise the Task Force's openness and they are likely to do so. Jim Todd has corrected the initial story many times -- in public statements and letters -- saying they have good access to the process and good discussions."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 5/26/93
To: Risa Lavizzo -Mourey
From: Tim Hill
Title: Administrative Simplification

Summary: "Require, by July 1, 1994, all providers, plans and public programs to use the claim forms, enrollment data sets and utilization review standards set forth by the Secretary. ... Plans that continue to use other forms, instructions, or UR proceedures that are not consistent with those promulgated by the Secretary shall be subject to civil monetary penalties. ... Authorize the

Secretary of HHS to, after December 1, 1995, mandate the automation of transactions for which she has promulgated standards."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 5/20/93
To:
From:
Title: Summary of the Working Group on Quality Proposal

Summary: "When a significant reduction in services to a patient is planned, the plan/practitioner shall obtain informed consent or shall provide written notice of the plan's intention to reduce services without the patient's consent. Whether or not the patient consents, the patient shall receive a written plan for care after the reduction, which shall include notice of the right to appeal and a telephone number to call for an appeal. ... A decision by a plan to terminate or reduce coverage or payment for an ongoing product or service shall be stayed, pending resolution of an enrollee's appeal of such termination or reduced coverage or payment, for a period of time to be defined by the Secretary in regulation, when termination or reduction of coverage or payment of the product or service would substantially"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 5/20/93
To:
From:
Title: Summary of the Working Group on Quality Proposal

Summary: cont from previous record "increase the likelihood of the enrollee's death or loss of function. ... Disenrollment for Cause. Depending on plan contracts with purchasers, enrollees may be "locked in" to a given health plan for a year of other period of time. Under this standart, and enrollee may disenroll from one health plan at any time, for cause (e.g., inability to obtain an appointment for primary care, inability to obtain acutely -needed

medical services, or discrimination). ... Standards for Health Care Facilities. The NQMP shall oversee a transition from the current program of Federal certification of health care facilities participating the Medicare and Medicaid programs to a program of State licensure according to performance based standards for facilities."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 5/20/93
To:
From:
Title: Summary of the Working Group on Quality Proposal

Summary: cont from previous record "... All other standards except in the areas of fire safety, sanitation and patients rights will be phased out."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 8/04/93
To: All OPDIV and STAFFDIV Heads
From: The General Counsel
Title: Subject: Documents Relating to Health Care Reform Task Force -- ACTION

Summary: "In consultation with the Department of Justice, we developed the attached guidelines to assist you and your employees in carrying out the White House directives and in responding to the FOIA requests. ... Guidelines on Producing Records Relating to Health Care Reform Task Force. ... Please note that "Task Force Records" under the Presidential Records Act include "personal or private records" -- "memory joggers," and other records that an employee creates for his or her own personal use that are not circulated to other employees and are not filed in agency files. (The FOIA does not cover such records.)"

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 3/17/93
To: Nicole Simmons
From:
Title: Subject: Comments on "Quality Management System Model C"

Summary: "There should be equal difficulty in justifying inclusion in the approved guidelines (or benchmark benefits package) of treatments aimed at these difficult to measure endpoints. If our ability to associate an outcome measure with the intervention is solid,what was used in the medical literature to lead providers to believe that it is worthwhile? Also, if the difficulty is adequate risk adjustment, this brings up the question of medical knowledge itself: are our dignostic classifications schemes good en ough? Do we collect and report data about patients for management purposes that is so different from clinical classification schemes that the reported data and clinical data do not characterize the patient into the same risk (prognostic) categories? ... "

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 3/17/93
To: Nicole Simmons
From:
Title: Subject: Comments on "Quality Management System Model C"

Summary: cont from previous record "Outcome measures may also be difficult to interpret..." If a risk adjustment is difficult for the QMS, then it is equally difficult for the individual practitioner. Under such circumstances we should establish the most effective and efficent guidelines that science and consensus can do; Include no treatment in approved (for tax -advantage status) guidelines beyond the best guess of the experts; measure adherence to process and measure outcome as acheck on the process consensus, with a published confidence interval around the expected value. Should Federal regulations (FDA) allow such treatment to be discussed prior to completion of the evaluating of it for inclusion in approved guidelines? If evidence of maximum efficiency"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 3/17/93
To: Nicole Simmons
From:
Title: Subject: Comments on "Quality Management System Model C"

Summary: cont from previous record "is lacking, should we allow consumers to decide that they want to pay (have their employer pay) for the proceedure anyway? Isn't this the heart of the question for controlling the percentage of GDP that health care represents? ... "Enrollee RIght and Responsibilities. The AHP..." I would add something like "If the treatment offered to the patients is not established in approved Federal guidelines for the patient's condition, the lack of such approval must be discussed with the patient, also with the reasons for offering it". I would add this only if the NB would allow such treatments to be offered. I think it is preferable to change FDA rules or public law such that no such treatments could be offered at any price."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 3/17/93
To: Nicole Simmons
From:
Title: Subject: Comments on "Quality Management System Model C"

Summary: cont from previous record "To offer such treatments but not include them in the benchmark benefits plan would sound like discrimination based on income, since the rich could buy the treatment, even though its comparative effectiveness and efficiency had not been shown to be better than the approved approach."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 3/16/93
To: Barbara Gagel
From:
Title: Subject: Comments onthe Rural QMS

Summary: "How can consumers and providers "choose" which plan they join when there will be no plans or only one in these regions? How can "real competiton" occur among "smaller primary care facilities" when there will be one or none for miles around? ... Should we require that patients sign some type of informed consent sheet that describes the standard treatment (Federal guideline) for the patient's condition? Should the provider be required to explain and justify to the patient any deviations from the Federal guideline for the patient's condition? What about requiring that consumer -oriented educational material be required to be given to the patient relative to the management oftheir condition, the paper (rural) analogue of the programs to educate patients about the pros"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 3/16/93
To:
From:
Title: Subject: Comments onthe Rural QMS

Summary: cont from previous record "and cons of surgical management of BPH?" ... While providers selection by AHPs is important, aren't we better off by requiring AHPs to accept all providers who meet the publicly - defined criteria of the AHPs for joining,... How can practitioners act as gatekeepers if there is no health care plan? Gatekeepers for what? If there is no plan, what will prevent patients form going directly for specialty care? Distance? Lack of knowledge about what specialty care is? The "gatekeeper function" in my view implies the existence of some sort fo AHP/HIPC/arrangement, outside of which some particular benefit is not available (like a prearranged price for service). What am I missing? ... I do not understand how (why) "voluntary participation" will happen."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date: 3/16/93
To:
From:
Title: Subject: Comments onthe Rural QMS

Summary: cont from previous record "Also, restricting QMS to local hypothesis generation will preclude us from giving assurance to Americans that the level of health care quality is uniform throughout the country, not variable. A variable level of quality is probably not acceptable? Who will volunteer to be the state (region) on the low end?"

Comment:

Classification:

Participant(s):

Box Number: 3810
Date:
To: Charlotte Hayes
From: Risa Lavizzo -Mourey
Title: Re: Meeting with the Coalition on 6/7/93

Summary: "The level of concern among these providers is high and the need for their support is also higher that ever. Because I have observed the same pattern of venting followed by thoughtful suggestion in other groups, I believe the emotions are dying down enough to provide constructive suggestions. ... I'll list the concerns that I heard. 1. Not enough attention and specific language addressing discrimination. What is there appears to be scattered and vague. Again, the sanctions for discrimination should be strong, such as withholding payment. ... 4. There must be balanced representation of women and minorities on ALL decision making boards. ... 6. The problem of too few specialists was raised again, along with the fear that as these rediencies are downsized minority residents"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3810
Date:
To: Charlotte Hayes
From: Risa Lavizzo -Mourey
Title: Re: Meeting with the Coalition on 6/7/93

Summary: cont from previous record "will disappear. Competitive specialties already argue that they have difficulty finding "qualitied candidates" and as downsizing intensifies the competition the problem is exacerbated. 7. Proposed mechanisms for increasing the diversity of the workforce are the same ones that have been in place for 20 years and have not worked. Augmenting these programs is not likely to fix the problem."

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 6/10/93
To: Arnold Epstein, MD
From: Donald A> Senhauser, Pres., College of Amer. Path.
Title: letter

Summary: "Refinements can be made that will significantly reduce the burden and cost of CLIA without compromising our common goal: patient access to quality laboratory services"

Comment:

Classification:

Participant(s):

Box Number: 3810
Date: 6/15/93
To: Judy Feder, Ken Thorpe
From: Long term care work group
Title: Re: Potential Budget impact of voluntary public insurance

Summary: "Attached is a memo prepared by Lewin/VHI concerning the budget impact of voluntary public insurance if it were treated on

budget. The highlights are: If treated on budget, the net annual deficit reduction in billions is as follows ... : 1994 $1.2, 2000 $3.5, 2020 $5.5. Substantial trust fund balances accumulate well into the future; claims do not start to exceed premiums until around 2035."

Comment:

Classification:

Participant(s):

Box Number: 1475
Date: 3/17/93
To: Ira Magaziner
From: Chales Cagliostro, Gemplus Card Int. Corp.
Title: letter

Summary: "Germany has passed a law mandating all 80 million citizens to have health insurance smart card by the end of 1994. ... France has implemented a system which integrates a payment mechanism, medical data, and administrative data. In all cases the card holder must present a Personal Identification Number (PIN) before sensitive data can be read from or written to the card. The smart card is a portable database. It is far easier to control a database which resides in one's pocket rather than some remote main frame. It is not possible for the doctors' computer to view any information on the card until the card holder presents his PIN. If the doctor modifies any data in the card, his ID will be recorded with the modified data."

Comment: continued in next record

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date: 3/17/93
To: Ira Magaziner
From: Chales Cagliostro, Gemplus Card Int. Corp.
Title: letter

Summary: cont from previous record "Smart cards are a rapidly emerging technology which can be of great benefit to the health care industry. Gemplus currently produces smart cards for both the German and French health care programs as well as numerous other applications including banking, pay TV, ID cards, and pay

telephones. Visa International is in the process of finalizing smart card specification for their world wide members, and several large US financial institutions are actively pursuing smart card projects."

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date: 2/15/93
To: John Hart, Office of Intergovenmental Affairs
From: Hosea Mitchell, BCM Health Management Systems
Title: Re: National/Regional/Local Computerized Immunization Tracking

Summary: "BCM NOMAD cam provide any community, state or the Nation with the means of monitoring and improving the level of community wellness (i.e. track a child's immunization history, compile information on vaccines and locations of vaccine sites, and referral procedures), quality of health care delivery services and establish cost controls and achieve cost containment."

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date: 11/27/92
To: Assistant Sec. of the Army for Manpower etc.
From: Jack O. Lanier, Principal Deputy Assistant Sec.
Title: Subject: Personal Recognition Application for Multi-Technology Automated Reader Card (MARC) in a Medical Setting

Summary: "The MARC project is a multi -service effort sponsored by the Director, Defense Information (DDI) to develop an automated, multi-media card. MARC will be capable of working in several functional areas while meeting the standards of the DoD Information Technology Policy Board (ITPB).

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date:
To:
From:
Title: Description of a Proposed Medicare Plastic Card Pilot

Summary: "At his forum on administrative costs, Secretary Sullivan set forth his vision of an integrated health insurance administrative system that is transparent to beneficiaries and providers. ... A pilot using plastic cards would be the centerpiece of a cooperative standardization effort by several private and public payers in a small geographic territory. ... We estimate that total pilot startup costs will be $2.3 million, and that it would be practical to implement the eligibility and billing enhancement applications within 14 months from the time the location is selected. ... Eligibility data electronically sent to a participating physician in response to an inquiry should include: Part B entitlement/ termination dates, Part B deductible remaining, Medicare secondary payer information,"

Comment: continued in next record

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date:
To:
From:
Title: Description of a Proposed Medicare Plastic Card Pilot

Summary: cont from previous record "HMO identification and enrollment dates, Representative payee and address, Immunosuppresive drug data, Covered transplant discharge data, Mammography data. ... Ultimately the entire card system would be managed by the Health Care Financing Administration, in cooperation with the Social Security Administration."

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date: 4/29/93
To: Daniel Maloney
From: Stephan Seidman
Title: Smart Card Monthly, "Smart Cards in the French Health Sector"

Summary: "For 1988, the French health and social budget was 1,300 billion francs. The health expenditure alone was over 450 billion francs, which represents 8,300 francs per person per year, 8.8% up from the year before, increasing three times faster than inflation. France's health expenditures (9.3%) of its GNP) puts it third worldwide behind the USA and Sweden. By the year 2000, it might well absorb 20% of the disposible income of each French citizen, becoming the first priority before housing and food."

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date: 3/01/93
To:
From: Thomas L. Lincoln, Daniel J. Essin, Willis Ware
Title: The Electronic Medical Record, A Challange for Computer Science to Develop ... Computer Systems to Coordinate Information for Patient Care ...

Summary: "Creating a Patient Centered Infomation System (PCIS) or Electronic Medical Record System (EMRS) -- the former terminology emphasizing the clinical purpose, the latter the missing product -- is now viewed by the health care community as necessary to coordinate modern patient care in a manner that can control costs. However, despite 25 years of significant effort, the distance between the information systems available today in health care and what will be needed to fulfill this promise in the future remains very large. Success depends upon achieving three goals that are generally in conflict: 1) giving the users the full scope of features and detail needed to create and use electronic clinical records for decision making; 2) providing the speed and reliability necessary for their on -line use; and"

Comment: continued in next record

Classification:

Participant(s): Daniel Maloney

Box Number: 1475
Date: 3/01/93
To:
From: Thomas L. Lincoln, Daniel J. Essin, Willis Ware
Title: The Electronic Medical Record, A Challange for Computer Science to Develop ... Computer Systems to Coordinate Information for Patient Care ...

Summary: cont from previous record "3) preserving system security and patient confidentiality. ... Theirpresent software platforms have serious technological shortcomings. ... it is in the U.S. Government's (or any government's) best interest to facilitate needed research on identifiable new technologies. This will require a serious investment in medical informatics research, which must be supported under national or international rather than corporate auspices. An agenda for such research is outlined."

Comment:

Classification:

Participant(s): Daniel Maloney

Box Number: 1796
Date: 2/16/92
To: George and Nancy
From: Walt
Title: Subject: Organization of Health Insurance Purchasing Cooperatives

Summary: "You asked for my help in rounding up literature on the strengths and weaknesses of alternative models for organizing Health Insurance Purchasing Cooperatives. I have found precious little literature in point, partly because very little exists ... As a precondition, why do we care? What is it about Health Insurance Purchasing Cooperatives that you want to select an organizational model for? You have been unable to tell me, so let me try several variants. ... Health Insurance Purchasing Cooperatives do not require monopoly powers to function effectively. While there are significant economies of scale (OPM requires only about 150 people to operate a nationwide wholesale service covering 9 million people), these probably fall off rapidly above enrollments of a few hundred thousand people"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 2/16/92
To: George and Nancy
From: Walt
Title: Subject: Organization of Health Insurance Purchasing Cooperatives

Summary: cont from previous record "and become an infinitesimal cost factor before that. For example, the OPM overhead, which is comparable to HIPC functions, costs about $1 a covered person annually. ... Those who argue in favor of monopoly face a heavy burden of argument, which I cannot imagine them winning on the merits. ... Let us presume that you want a model that will insulate Health Insurance Purchasing Cooperatives from either State of Federal control (while preserving responsiveness to their customers). ... If the program is designed so that levers for interference are few or nonexistent, such insulation is far easier. ... Thus, deliberately organizing the program without complete standardization of benefits -- indeed, on the premise that plans will an should innovate in"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 2/16/92
To: George and Nancy
From: Walt
Title: Subject: Organization of Health Insurance Purchasing Cooperatives

Summary: cont from previous record "benefits --is certainly a necessary condition and possilby a sufficient condition to avoid much tampering. ... Draft Boards. ... I once wrote a paper extolling this model as an example of "democratic administration." It was nothing of the sort. It was a cynical veneer. ... School Boards. ... School systems are, in fact, very well insulated from parental control. ... In practice, local educational bureaucracies and the state educational authorities are in substantial control and the Boards are something of a foil. A great sounding. popular model, is also largely a cynical veneer. ... Private Corporations. These organizations, whose governance details (stockholders and

all that) are presumably familiar to all, are by far the most versatile"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 2/16/92
To: George and Nancy
From: Walt
Title: Subject: Organization of Health Insurance Purchasing Cooperatives

Summary: cont from previous record "form of organization ever created. Virtually all goods and services not provided directly by the government and not involving solo proprietors or partnerships are run by corporations, including services regulated by government. They are successful around the world. ... Private non-profit Corporations. These are identical in almost all respects to for profit corporations."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 12/24/94
To: Lynn Etheredge
From: Bruce Vladeck
Title: Subject: Enforcing Accountability Among HPCCs (HIPCs)

Summary: "If you take HR 5936 seriously, you really don't have to worry too much about the HPCCs, since all the power and decision-making really lies with the National Health Board. Indeed, I've never seen a proposal for such a powerful ageny with so much discretion. ... I think it's also important that the HIPC be subject to ordinary civil liability, although in order to get direction at all you probably have to indemnify them for actions taken in good faith, leaving them liable for gross negligence, misconduct, or self -dealing . Since the HIPC has, in effect, the power to tax, in order to minimize its liability it will have to establish proceedures and processes (and keep records of them) to

demonstrate the extent to which it seeks to exercise normal, prudent business judgement, rather that acting"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 12/24/94
To: Lynn Etheredge
From: Bruce Vladeck
Title: Subject: Enforcing Accountability Among HPCCs (HIPCs)

Summary: cont from previous record "corruptly. I'm not a lawyer, as you know, but it seems to me that the legislation should also address such issues as giving consumers standing to sue the HIPC, limiting the extent to which they can sign away such standing by agreeing in advance to arbitration, and legislating criteria for decision-making which, if observed, immunize the HIPC from liability. There's all kinds of financial hanky -panky that one can imagine with HIPCs, so you probably also need to require both an appropriate agency of state government (probably not the insurance department, generally a state auditor's office when there is one) to regularly audit and monitor the HIPC's financial affairs, and you need to require the HIPCs ... to finance such activities from their own revenue."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/04/93
To:
From:
Title: National Health Board Models

Summary: "Model --#1 Weak Powers. ... Since this board would be less powerful than HHS or other cabinet level departments it could do less to control federal health care costs appropriately. It could also be easily undermined by these agencies and Congress. It would be more responsive to the kind of special interest political forces and less responsive to the average person's needs and desires. It could be held hostage by interest groups. Model 2. Structure:

Subagency within Cabinet -level de partment. ... Moderate -level powers. ... Rule making process more cumbersome because Cabinet -level department has authority to review proposed regulations. ... Ability to change policy gears quickly could be impeded by Cabinet level agency. ... It could have less credibility with public, employers, states,"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/04/93
To:
From:
Title: National Health Board Models

Summary: cont from previous record "providers than other models if it is seen as captured by political forces in Cabinetlevel agency or the White House. ...Interest groups could use pressure on Congress and President to pressure subagency. ... National Board Model 4. ...The Board would assume a legal structure similar to the Tennessee Valley Authority, assuming a quasi -governmental body with independence from the day -to-day workings of any branch of the federal government. ... The health care sector under this Board structure would strike a balance between a proactive federal role and a"bottom -up" consumer preference system. The Board's real authority would be in the rules and standards that would "frame" the health care delivery sector to have actors and providers respond in cost effective ways. ... "

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/04/93
To:
From:
Title: National Health Board Models

Summary: cont from previous record "If developed correctly, rules and incentives would be enormously effective in changing behavior. If not correctly, there could be an issue of problems persisting

or being created without strong central authority to address them in conjunction with Presidential and congressional authority. ... National Board Model 6. ... The board would assume a legal structure similar to the Environmental Protection Agency - an independent regulatory body in Washington with broad oversight and responsibilities. ... Powers. Strong powers, through standards and establishment of regulations and rules and moderate involvement with financing and administration. standards. -- would determine and set the standard/uniform benfit package,"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/04/93
To:
From:
Title: National Health Board Models

Summary: cont from previous record "using cost -effective analysis; -- would data standards for collection and reporting by AHPs and by the HIPCs; ... functions. -- budgets would be set and states would be given targets, with possible sanctions (e.g. provider excess tax) for states unable to meet targets; ... The "tilt" under this system would be for a national health care system that favors a more centralized approach. Some discretion would be left to the states, but clearly substantial powers would fall under the purview of the Agency. The Agency could flex its muscles in developing budget targets and in overseeing compliance of states' budgets and default assumption of the states' health care systems when unable to control growth in costs. ... The Administrator and Commission structure"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/04/93
To:
From:
Title: National Health Board Models

Summary: cont. from previous record "and independent agency aspect of this model would insulate the Board from political influence. However, the tendency towards centralized authority under this model would encourage politicization of functions and standard setting. Regulatory capture could be a concern under this model. Certification functions could also slow in responding relative to the crush of applications in the early years. This model would probably tend to absorb greater authority and powers over time; ... National Board Model 7. ... The board would assume a hierarchic agency structure as a non -profit government corporation based in Washington. ... The health care sector under this Board would be a very centralized, nationalized system. Budgets and policymaking would tend to be "top -down" and"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/04/93
To:
From:
Title: National Health Board Models

Summary: cont from previous record "reliant on supply -side or provider -based controls. Budget and rates for services would be centrally developed and set. ... Other decisions would tend to be centralized -- technology coverage and reimbursement, data and information standards, certification of plans and HPICs. There would be little direct involvement by consumers or patients on an individual basis. ... The Board, based on its structure and representativeness, would tend to be politicized and factionalized. Because of its formidable powers, the Board would spend a great part of its time being accountable to lobbying and special interest groups; substantive decision making could be watered down by political considerations as well."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 3306
Date:
To:

From:
Title: Report of the Working Group on Clinical Research on Health Outcomes and Quality of Care

Summary: "Patient participation in responsibility for reporting of information (especially health outcomes, as well as ratings of interpersonal care/satisfaction) must be encouraged if not mandated as part of the social contract for receiving care. ... "Outcome creep" may occur as managed care organizations learn to manipulate outcomes data."

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 4/28/93
To:
From:
Title: Minutes of Quality Patient Provider Relations meeting

Summary: "The recognition of Nurse Practitioners should be mandated by the federal government and that provisions should be made to allow reimbursement for their services."

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 4/14/93
To:
From:
Title: Recommendations to the White House Health Reform Task Force Reduction of Bureaucracy Group

Summary: "American health reform must build a national administrative infrastructure to ensure uniform care for paitents and standards for providers across the United States. The challenge is to phase -in a program which avoids creation of a new bureaucracy and builds on current systems and capabilities. ... It is in the spirit of cooperation and participation in change that we submit the following recommendations. ... Ensure common standards of paitent care. To ensure consistent application of medical

criteria and care review across the nation. .. Build uniform automation capabilities. To design information systems that gater, retrieve and analyze national health data, improve treatment patterns and measure outcomes of care."

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 4/14/93
To:
From:
Title: Minutes, Outreach Group, Nominated from the White House, Congress, and Ira Magaziner

Summary: "Following the discussion, questions were asked. ... What is the status of the academic health centers? It is understood that the academic health centers cannot be placed into the market system. ... Where is the cost increase in health care coming from? It is felt that new technology with its increased cost and increased volume even with frozen fees is causing the increase in costs."

Comment:

Classification:

Participant(s):

Box Number: 3306
Date: 4/19/93
To: Dr. Gleason
From:
Title: letter

Summary: "We applaud the planned floor, which will establish a minimum health care package available to everyone. Please note, that there is a ceiling also! In 1992 the fringe rate at Columbia University went from 27 to 33 per cent, as a result of the steep increases in health care costs for faculty and staff. We have undertaken to set up a managed care option for the faculty and staff. From July 1, 1993 Aetna Plan A or the equivalent can no longer be purchaced through the University - Hence the ceiling! ... A health care reform package must begin to establish a health manpower policy. Such a health manpower policy is likely to stress

the Nation's need for well -trained generalist gate keepers, and these should probably make up half of all physicians. ...

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3306
Date: 4/19/93
To: Dr. Gleason
From:
Title: letter

Summary: cont from previous record "Health care is not provided by one single physician working in isolation. Increasingly, health care is provided by a team of health care workers, which may include physicians, nurse practitioners, dentists, social workers, billing specialists and others. ... Intensive Care Unit experience suggests that it is the very ill paitent, arriving in the Emergency Room as an unknown, who is the high cost user of care. Being unknown, the patient is given the benefit of the doubt and an all out effort is made. ... It is a plausible hypothesis that very large savings can be realized, if these patients can be enrolled in managed care and become known patients, whose coures can be managed without ER and ICU.

Comment:

Classification:

Participant(s):

Box Number: 1796
Date: 3/23/93
To: Nancy Delew
From: Dave Kendall
Title: Re: Health Board Member Qualifications

Summary: "The board should not have designated slots for providers, labor and consumer groups because organizations like the AMA and AFL - CIO will see these people as their representatives. Instead the board should have members who have proven commitment to the public welfare. ... They must be able to balance health care spending against health previntion and all other categories of spending in the economy. Scope of decisions. The national health board will be a vehicle for capturing public values."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/15/93
To:
From: Pete Welch
Title: Subj: Intergovernmental Financing and a Cap on the Federal Subsidy

Summary: "HIPCs with low -income subsidies would create a new entitlement. ... no matter how well federal legislation is written, there should be no presumption that all HIPCs will be operated by competent, public spirited people. In fact, the presumption must be that some HIPCs will be poorly managed. ... The subsidy cap could pertain either to the level or the growth rate of the per beneficiary subsidy. ... Regardless of the subsidy cap approach, distributional issues would be raised. High -cost states would benefit from a growth subsidy, low -cost states would benefit from a level subsidy."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 5/03/93
To: Ken Thorpe
From: Mary Dewane
Title: Re: Estimated Costs of Administrative Start -up Under the New System

Summary: "We estimate that the administrative costs for States for Start-up of the new system will be $3.5 billion. ... Assumptions: 1) For new systems development - We estimate that the costs for all States would be $1.6 Billion, and that this amount would be a fixed amount, each State getting $30 millions. These numbers were derived by assuming that information systems development would amount to 25% of 4% of total estimated new health system costs (for our purposes here, we assumed $150 billion)."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 4/02/93
To: Paul Starr, Louis Quam, W.H. Health Care T.F.
From: Douglas Letter, etal. Appel. Lit. Counc. D of J.
Title: Memorandum

Summary: "In all of these cases the courts have upheld schemes that employed the same basic principle you have proposed: inducing states to adopt a federally approved program so that their citizens are able to take advantage of a federal benefit that is rationally related to the underlying federal program. The fact that the Federal Government cam be said under these schemes to penalize individual citizens if their states fail to accept the federal inducement has apparently not mattered, as these schemes have survived constitutional attack."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 4/09/93
To: Walter Zelman
From: Margaret G. Farrell
Title: Re: The National Health Board

Summary: "Since many independent regulatory agencies, such as the ICC and the FTC, exercise quasi - legislative, quasi -judicial and quasi-executive powers, a strict, formalistic interpretation of constitutional restraints might logically lead to a determination that they are prohibited by the Constitution. Nevertheless, several private challenges to the enforcement of actions of such regulatory agencies, such as the FTC and the SEC, have been unsuccessful. In Federal Trade Commission v. American National Cellular, Inc., the private defendant argued that since FTC commissioners are removable only for cause and thus are not officers of the United States (construed in Meyers) and the delegation of executive enforcement powers to such commission - ers violates the separation of powers doctrine."

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 4/09/93
To: Walter Zelman
From: Margaret G. Farrell
Title: Re: The National Health Board

Summary: cont from previous record "Similarly, in Friedlander v. United States Postal Service, private defendants challenged the Postal Service's cease and desist order as a violation of the separation of powers because the Reorganization Act had attempted to vest executive enforcement powers in an independent business agency. ... enforcement of the laws by the same agencies that adjudicate disputes, creates serious tensions between prosecutorial and judicial functions that Chinese walls are only partially effective in eliminating. If these observations were to serve as the basis for an allocation of health care reform functions, the independent board would be assigned functions that require adjudication but not rulemaking or enforcement. An existing administrative"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 4/09/93
To: Walter Zelman
From: Margaret G. Farrell
Title: Re: The National Health Board

Summary: cont from previous record "structure that implements this division of functions is found in OSHA ... and the ... OSHRC. ... There are many models of non -independent executive agencies, such as HHS, headed by a cabinet official removable at the pleasure of the President, that set standards for pricate action, such as conditions for provider participation in Medicare. In addition, they adjudicate the application of those standards and enforce their decisions directly by imposing penalties without DOJ approval. Independence for such activities is usually justified as first, necessary to the avoid of inappropriate political pressure;

second necessary to the exercise of objective economic, technical or scientific expertise rather than value judgements;

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 4/09/93
To: Walter Zelman
From: Margaret G. Farrell
Title: Re: The National Health Board

Summary: cont. from previous record "and third, necessary to provide continuity despite the changes in the political ideologies of the President."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: "It is important to remember that the procedural constraints imposed by the Due Process Clause concern how a governmental decision is reached, not whether it can be made in the first instance. These procedural requirements are essentially intended to insure fairness and accuracy in the decision, but they do not impose a substantive limitation on the government's authority to carry out a particular policy of objective. ... Other constitutional doctrines, however, may impose substantive limitations on whether the government can legislate in a given way. Principles of "substantive" due process, for example, could conceivably bar the government from limiting an individual's ability to make certain basic medical decisions absent a particularly strong justification. We have alluded to this in our"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "earlier memo. See March 5, 1993 memorandum at p. 4. Substantive due process principles might also preclude the government from entirely or severely foreclosing a competent physician's future professional employment opportunities, no matter what procedures are employed in arriving at such a decision. Schware v. Board of Bar Examiners, 353 U.S. 232, 238 (1957); Truax v. Raich, 239 U.S. 33 (1915). This limitation might, for example, come into play if the HIPC exercises total monopoly power and if a physician were not able to become affiliated with any health plan offering care through the HIPC, thereby losing any meaningful ability to practice his or her profession. ... In a related vein, another federal court of appeals has just rejected a due process "takings""

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "challenge to limitations placed on the fees non -participating physicians can charge Medicare beneficiaries. Garelick v. Sullivan, No. 92 -6100 (2d. Cir. March 5, 1993). In doing so, however, the court again stressed that treatment of Medicare patients is voluntary and distinguished the situation from that involving a utility which is required to provide services. ... The central due process concern is that HIPCs may ultimately negotiate arrangements that destroy or substantially impair existing license rights and contractual arrangements among health insurers, their participating providers, and consumers. ... It is firmly established that Congress has considerable authority to adjest the benefits and burdens of economic life, and legislation that affects"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "existing statutory or contractual rights will not violate the Due Process Clause if rationally related to a legitimate governmental purpose. United States v. Locke, 471 U.S. 84, 105 (1985). The Supreme Court has thus sustained congressional legislation that retroactively imposes new requirements on parties to existing contracts (PBGC v R.A. Gray Co., 467 U.S. 717, 728 -31 (1984)) or that impairs existing contract rights. National R. Passenger Corp. v. A.T. & S.F. R. Co., 470 U.S. 451, 476 -77 (1985). ... Retroactive application of a statute is not unconstitutional per se, but recent case law indicates that Congress must explicitly and expressly state its intent to apply legislation or delegated legislative power retroactively."

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "Bowen v. Georgetown University Hospital, 488 U.S. 204, 208 (19). ... First, it is reasonable to conclude that a HIPC will not have to provide notice and an opportunity to be heard to every individual provider or beneficiary whose existing rights are affected by the formation of the cooperative. ... In O'Bannon, for example, a group of Medicaid beneficiaries who resided in a nursing home asserted that they each had a due process right to a hearing before the government could revoke the nursing home's authority to provide care paid for by the Medicaid program. ... The Supreme Court held that the individual

patients were not entitled to a hearing. ... Second, the notice and opportunity to be heard need not take the form of a "trial" type or "evidentiary" hearing."

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "... The Supreme Court has repeatedly stressed that individuals have a liberty interest in practicing their professions that is protected by the Due Process Clause against deprivation. These concerns are particularly pronounced where governmental action effectively bars any reasonable opportunity of exercising one's profession and means of earning a livelihood. FDIC v. Mallen, 486 U.S. 230 (1988); see also Greene v. McElroy, 360 U.S. 474, 492 (1959). The inclusion of at least one "free choice" option that would permit an individual to get medical care from any physician, regardless of the physician's affiliation, would substantially ameliorate these concerns. ... If it is desired to exempt HIPCs from the federal Administrative Procedure Act, Freedom of"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "Information Act, and the like, the following language would suffice: "Health Insurance Purchasing Cooperatives shall not be subject to the provisions of the [Administrative Procedure Act] [Freedom of information Act]." To overcome coverage of state FOIA - or APA -type statutes, it would be best for Congress to provide a clear expression of an intent to

preempt those state laws. ... Generally speaking, the FOIA's reach does not extend to private corporations that are neither chartered nor controlled by the federal government. But an entity that exercises some federal authority could fall within the Act's purview. ... Some of the functions of the proposed HIPCs, such as negotiating health insurance rates, may arguably be merely proprietary and might not define"

Comment: continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/18/93
To: Walter Zelman, Paul Starr
From: Douglas Letter, Barbara Biddle, DOJ
Title: Memorandum

Summary: cont from previous record "the HIPC as an "agency" for FOIA purposes. But other functions, such as setting maximum lawful premiums or enforcing budgetary restraints, are more "governmental." Accordingly, the Task Force should proceed on the assumption that the FOIA could apply to the HIPCs as "agencies," and a policy choice should be made about whether to override that requirement."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93
To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: "Past systems of wage and price controls have been designed to assure that transactions take place at a reasonable price, rather that to prevent certain transactions from taking place at all. A health care system that imposes a cap on total costs could operate, overtly or as a practical matter, to prevent certain types of medical treatment from taking place at all. The courts may find that distinction significant. Where the restriction is on medical treatments that the Government will pay

for out of public funds, there is ample precedent to uphold the limitation. Indeed, the courts have sustained even limitations on the amounts a physician can charge a Medicare patient over and above the government reimbursement. However, where a restriction on the availability of treatment at"

Comment: delagation of government power to private entities, continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93
To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: cont from previous record "any price goes beyond protracting the integrity of a government reimbursement system -- and the restriction imposed is for economic reasons (rather than health and safety, as in the case of FDA regulations) -- there could be a constitutional problem. ... This is an uncharted area of the law. The right to medical treatment has been given constitutional protection in the area of abortion; but that is for reasons that are not generally applicable to other types of treatment. Where the treatment sought is medically necessary -- and particularly where a life -threatening condition is involved -- it is entirely possible that the courts would impose some constitutional limits on the Government's ability to impose, for economic reasons, restrictions on a patient's"

Comment: delagation of government power to private entities, continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93
To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: cont from previous record "ability to obtain treatment for which he or she is willing to pay. There are two ways of

protecting a system against constitutional vulnerability on this score. ... First, doctors could be offered strong incentives to come "voluntarily" within the system, but not be faced with an absolute requirement -- thus preserving some opportunity for doctors to practice, and patients to obtain care, outside the system, while guaranteeing that the vast bulk of medical transactions occur within the system. Although court rulings have sustained the Government's right to control prices charged by private physicians, part of the justification for that has been the doctors' ability to opt out of the system. See Whitney v Heckler, supra. Where all or virtually all medical services were"

Comment: delagation of government power to private entities, continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93
To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: cont from previous record "required to be provided within the government regulated system, a very limited "escape hatch" would not necessarily carry the day. But if there is some reality to the escape opportunity, we believe it would contribute substantially to a legal defense of the system. An alternative would be to build in some kind of variance procedure, where medical treatment outside the restrictions of a cost cap would be allowed if it met some criteria of significant medical necessity. It must be recognized that any such escape hatch might become very difficult to control, since the governing criteria would probably have to be general and thus subject to expansive administrative and judicial interpretation. ... The courts have uniformly sustained federal"

Comment: delagation of government powers to private entities, continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93

To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: cont from previous record "price controls againstconstitutional challenge, even though they force providers of goods and services either to conformto the federal limitations or go out of business. ... The Supreme Court has allowed private entities to become very heavily involved in federal regulatory schemes without becoming governmental actors subject to due process restrictions. ... Clearly, the Federal Government (or a health care cooperative operating under federal legislation) can limit the services for which it will reimburse the patient. But a more difficult issue is raised if an individual willing to forego reimbursement of the fee is unable to choose his or her own physician. ... In order to insure that the legislation survives constitutional challenge in an area where the"

Comment: delagation of government powers to private entities, continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93
To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: cont from previous record "law is highly uncertain, it would be preferable to afford some option on the part of individuals to choose physicians at their own expense outside the cooperative's list. ... The Supreme Court has also held that even delegations of fundamental governmental functions such as taxation do not receive heightened scrutiny. Consequently, there is no necessary legal impediment to delagating comprehensive authority over health insurance and related matters. ... You also asked about the authority of the Federal Government to impose spending limits on health care cooperatives established in the states or regions. If the question is whether the Federal Government can stop a state from spending its own revenues, the answer appears to be "no.""

Comment: delagation of government powers to private entities, continued in next record

Classification:

Participant(s): Nancy Delew

Box Number: 1796
Date: 3/05/93
To: Walter Zelman
From: Douglas Letter, DOJ
Title: Memorandum

Summary: cont from previous record "However, the Government can achieve the same objective by creative use of restrictions on receiving federal grants or benefits; ... If the question is the power of the Federal Government to limit spending by a private health care cooperative, the answer is likely that it can so regulate, although, as noted above, there may be limits on the Government's ability to stop individuals from obtaining and paying for health care that is medically necessary."

Comment:

Classification:

Participant(s): Nancy Delew

Box Number: 1745
Date:
To:
From:
Title: Lessons Learned from the Medigap Market for a Core Benefit Package

Summary: "Decide in advance whether, for diversity's sake, some non-insurable items should be included. ... Consumer groups wanted some benefits that are scarcely insurable risks. Because of the insurers' pricing needs, the preventive services and at home recovery benefits are so specified that they amount to mere dollar-trading. The Part B deductible costs most insurers more to offer that the benefit is worth, but many elderly want the amount budgeted over the year."

Comment:

Classification:

Participant(s): William E. Dinkelacker; Robert Gillingham; Marina Weiss

Box Number: 1791

Date: 3/9/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Constitutional issues: 1. Fed/state: How do you require states to do this? You cannot tell states to do health care this way. You can attach regs as condition of funding. If you don't regulate according to these parameters, we will. ... The Tollgate/Tollhouse Crispy Cookie Budget Caper. Crispy, Crunchy, Chewy --> budgets. Total net expences: data not available. No other country caps total exps. But, could be used as target and cap parts of it. Enrollment issues: Minnesota Care: ask applicants to report income last 4 months. Randomly audit."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Oregon Health Services Commission; Methodology: A combination of Values and Data

Summary: "Abstract. The prioritization methodology uses data and values. Data were supplied by health care providers. Values were contributed by the general public through public hearings, in community meetings, in a telephone survey, and by the Commissioners. This information was integrated in a three -step process. Step 1 -- creation and ranking of health service categories and classification of services; Step 2 -- generation of net benefit used to rank condition/ treatment pairs within health service categories; and, Step 3 -- Commission judgement used in creating the methodology and making adjustments to the prioritized list of health services. ... Category Ranking Process. To begin, each Commissioner gave a relative weight from zero to 100 to the attributes of: -- value to society;"

Comment: continued in next record

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Oregon Health Services Commission; Methodology: A combination of Values and Data

Summary: cont from previous record " -- value to an individual at risk of needing the service; and, -- essential to a basic health care package. ... The Commissioners used a "reasonableness" test when they adjusted the objectively ranked health services. ... Commissioners also observed that it was not reasonable -- logically or economically -- to rank preventable or readily treatable conditions in relatively unfavorable positions. In other words, where severe or exacerbated conditions were ranked in a relatively favorable position compared to prevention of disease, disability or exacerbation, these occurrences were reversed.

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From: Strosberg, Wiener, Baker, Fein
Title: Brookings Dialogues on Public Policy, Rationing America's Medical Care: The Oregon Plan and Beyond

Summary: Brookings Dialogues on Public Policy, Rationing America's Medical Care: The Oregon Plan and Beyond. Edited by Martin A. Strosberg, Joshua M. Wiener, Robert Baker, with I. Alan Fein.

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Medical Management Bulletin

Summary: "SPN physicians are frequently contacted by hospital emergency departments (E.D.) seeking "authorization" for a patient that has been presented to the E.D. for evaluation and/or treatment. The exact definition of a medical emergency varies by HMO, but all have things in common. The presenting condition must be threatening life or limb, likely to result in permanent disability, or include severe pain and the appearance of the illness or injury must be unforseen. SPN recommends that when you take a call from the emergency department requesting authorization to see one of your patients (for whom you are on call), and you are concerned that the condition does not meet the above definition, give the following response: "Authorization is not being granted for the visit."

Comment: continued in next record

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Medical Management Bulletin

Summary: cont from previous record "The claim will be reviewed later, and will be paid if retroactive analysis shows the care was for a bona fide emergency. ... A $1,000,000 of your SPN dollars a year are at stake -- thank you for your cooperation."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Statement of the American College of Emergengy Physicians

Summary: "In the managed competition model, it is likely that some of these patients will no longer receive urgent and primary care services in emergency departments, but will be referred to their HMO provider clinics. If all non -emergency care visits are removed from our nation's EDs, several problems would arise. Unless

additional funding is provided to make up for lost urgent care revenue, the nation's emergency safety net could collapse."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Current Coverage for Specific Reproductive Services

Summary: "No recent comprehensive data on provision of abortion services by private insurers is known. The Pregnancy Discrimination Act provided that employers may exclude abortion services in their health insurance policies offered to employees except in the case of life endangerment. ... Ten states (CO, ID, IL, KY, MA, MO, NE, ND, PA, RI) have laws that require the exclusion of abortion from at least some health insurance. Four of these states (ID, KY, MO, ND) prohibit coverage by private insurance unless the employee pays for a separate rider. The insurance plans offered to Federal employees cover abortions only in cases of life endangerment. According to the Commission for Professional Hospital Activities, in 1985, 62% of all abortions performed in hospitals were to be covered by private"

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Current Coverage for Specific Reproductive Services

Summary: cont from previous record "insurance. Data on the percentage of abortions performed at abortion clinics that were paid by private insurance is not available. Last year there were approximately 1.6 million abortions. ... Thirty states and the District of Columbia do not provide Medicaid funding using state or local funds for abortions except in the case of life endangerment."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date: 4/08/93
To: Cluster Leaders and Participating Work Group Mem.
From: Irwin Redlener
Title: Re: Feedback from first Health Professionals Review Group meeting

Summary: "Health care reform must be able to supersede state scope of practice laws and increase prescriptive authority of mid -level practitioners through the use of protocols, mandated supervision, and site-specific approval. Nurses should be allowed to act as primary care gatekeepers and hospitals must be forced to offer admitting priveleges for nurses. Nurses in advanced practice must be directly compensated by third parties. Must prepare for layoffs of skilled personnel caused by short -term price controls. Will there be funds for retraining in to community -based care?"

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To: 4/8/93
From:
Title: Mtg. w/ Ira - Room 450, handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "next Tues - series of mtgs w/ Pres. , mtg schedule stay thru next week and beyond schedule on ad hoc basis only. Auditors? Outside process but sympath. "I'm not above belittling you", Mrs. C: Keep this network together."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Behavioral Medicine, Mind body techniques: yoga, meditation. Once alternative now mainstream. Reduction in office visits. Therap. not paid for now that are effective. ... Alt med: don't create a dualism -Focus on multi modal approaches"

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Coverage of Costs of Research on "Investigational" Treatments, Workgroups 6 (Benefits), and 40 (Academic Medical Centers)

Summary: "New treatments are considered investigational for an indication until there is sufficient evidence to conclude that the treatment is effective for that indication. The intention of this definition is that treatment is investigational if it is not known whether it is effective and if additional investigation is required to conclude whether it is effective. ... Old treatments are considered not -investigational for an indication unless after public notification and a reasonable discovery period, the Secretary of HHS specifically determines that there is not sufficient evidence that the treatment is effective for that indication. ... For all new treatments, the burden of proof is to show that the treatment is not investigational."

Comment: continued in next record

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:

Title: Coverage of Costs of Research on "Investigational" Treatments, Workgroups 6 (Benefits), and 40 (Academic Medical Centers)

Summary: cont from previous record "For old treatments, the burden of proof is initially on the Secretary to show that the effectiveness of the treatment has not been established (through an assessment of existing evidence). ... At the beginning of each year, the Secretary will publish a list and brief description of all approved trials currently in progress. The Secretary will also develop and publish a ranked list of priorities for trials needed to evaluate both investigational treatments (new and old), and flagged treatments. The list of priorities should include approximately the number of trials that, if each were funded, would cost 1% of the total annual premium revenue for the country. ..."

Comment: continued in next record

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Coverage of Costs of Research on "Investigational" Treatments, Workgroups 6 (Benefits), and 40 (Academic Medical Centers)

Summary: "To cover the health costs associated with research on investigational treatments, health alliances will add a "research premium" to every member's annual premium, calculated after adjustment for risk."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: David Letterman's Ten Top Reasons for Including this Benefit in the Core Benefit Package

Summary: "10. My chiropractor will break my back if I don't include him, 9. My Parents won't let me in the house, 8. The Taxi driver won't let me out of the cab until I cover him, 7. My old age will be miserable, 6. Bill wants it in, 5. Tipper wants is in, 4. Hillary wants it in, 3. The AARP will picket the White House, 2. Millions of people will lose their jobs if we don't include it, 1. Because it's there."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1791
Date:
To:
From:
Title: Far Side Cartoon with modified caption

Summary: "Sorry your highness but you're really not the dictator of Tollgate, a small European republic. In fact, there is no Tollgate. The hordes of admirers, military parades, this office -- We faked it all as an experiment in human psychology. In fact, your highness, your real name is Irascible Magazier, you're from Rhode Island and it's time to go home, Rasty."

Comment:

Classification:

Participant(s): Linda Bergthold

Box Number: 1460
Date: 4/07/93
To:
From: Steve Miles, Group #17
Title: Ethics Issues for a New Health Care System, Ethics Hot Spots in Tollgate 5 Reports

Summary: "The report distinguishes guaranteeing universal access from having universal participation which, in turn, should be distinguished from universal participation without meaningful access. Many issues are raised: 1. The for an elusive balance between the need of these people and a reluctance to use strong measures to drive plans to areas they do not want to service, while avoiding inadvertently allowing there to be disincentives to service such areas. ... Two types of stronger accountability are

suggested but not amplified: Plans must demonstrate that they are not "redlining." ... Should states be empowered to secure universal access to services that is comparable to other residents by requiring unwilling AHPs to open facilities to serve communities? WHat kinds of power is this?"

Comment: continued in next record

Classification:

Participant(s): Cynthia Alpert

Box Number: 1460
Date: 4/07/93
To:
From: Steve Miles, Group #17
Title: Ethics Issues for a New Health Care System, Ethics Hot Spots in Tollgate 5 Reports

Summary: cont from previous record "When is it justified? How is it enforced?"

Comment:

Classification:

Participant(s):

Box Number: 1781
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer System for All Fee - For-Service Claims

Summary: "Uniform billing practices have been widely discussed and will be presumed here. We could go beyond that by requiring all fee-for-service claims to pass through a common computer system selected by a HIPC or a state. ... There are several advantages for passing all FFS claims through a single computer system: - It would cut administrative costs. ... - It would facilitate profiling providers who contract with several health plans. ... - It would discourage the proliferation of free -choice plans within a HIPC by making their similarity more obvious. ... - As long as the claims of large employers outside the health plan were included, it would greatly aid in the determination of whether a global budget was exceeded and in the enforcement of that budget."

Comment: continued in next record

Classification:

Participant(s): Roger Berry; Kristina Emanuels; Nancy Goodman; Shannah Koss; Michael Miller

Box Number: 1781
Date: 2/20/93
To:
From: Pete Welch
Title: Common Computer System for All Fee - For-Service Claims

Summary: cont from previous record "This proposal presumes that providers would be required to submit all claims, even claims that patients paid for out of pocket. Medicare already has such a requirement. We could also require that all claims be submitted within 6 months of the date of service, as Medicare requires. ... Patients sometimes cross statelines to receive health care. When the do, which computer system must the claim be submitted to: the patient's residence or the provider location, because the immediate purpose of claims submission is to obtain reimbursement."

Comment:

Classification:

Participant(s): Roger Berry; Kristina Emanuels; Nancy Goodman; Shannah Koss; Michael Miller

Box Number: 1760
Date:
To:
From:
Title: handwritten comments CLICK HERE TO VIEW DOCUMENT

Summary: "I've figured out why Ira scares me --. He thinks he's been hired as a consultant to the health care industry, but they don't really want him. Let's tell them [consultants] how to do claims forms"

Comment:

Classification:

Participant(s): David Cutler; Dan Ermann; Grayson Norquist; Caroline Taplin

Box Number: 1760
Date:
To:
From:
Title: Price Controls

Summary: "Author's Warning: The existence of this paper does not necessarily imply that the topic that it discusses can be described as"underconstruction". The authors warn that the policy options describ -ed below may be bad ideas...The classic economic consequence of price controls are shortages,black markets and reductions in investment. Controls also promote favoritism and corruption, are diffi -cult to enforce and generally misallocate resour -ces.(Baumol and Blinder, p66 -71) ... Even severe price controls may do little to reduce use of high -tech medical equipment whose use is costly relative to its expected effect on health out - comes,because such equipment may have alternative uses of little value. Thus price controls would reduce the role of prices as a signal of efficiency, hampering efforts to reduce waste."

Comment:

Classification:

Participant(s): David Cutler; Dan Ermann; Grayson Norquist; Caroline Taplin

Box Number: 1760
Date: 3/08/93
To: Robert A. Berenson, Kathleen E. Hastings
From: Alice G. Gosfield
Title: letter

Summary: "Assuming a common basic benefit, some minimal definition of medical necessity in association with that benefit ought pertain or we will end up with the same variability that exists today. The absence of sufficient clinical practice guidelines to make these determinations is an obstacle to this theory. This problem goes directly to Clark's insistence on a free market in benefits and guidelines. My concern is that if the entire universe of care is permittted, we will have not advanced the state of the art with regard to a minimal benefit package."

Comment:

Classification:

Participant(s): David Cutler; Dan Ermann; Grayson Norquist; Caroline Taplin

Box Number: 1762
Date: 6/7/93
To:
From:
Title: handwritten notes, Mtg. w/ Ira M. CLICK HERE TO VIEW DOCUMENT

Summary: "Change from May to June (22nd). This is delayed. Pres. to go to tollgate. 20+ meetings with Cabinet. Task Force presented options to President. Sending back instructions with items of [???]"

Comment:

Classification:

Participant(s): David Goldwater; Mary Harper; Yvette Joseph -Fox; David Schulke; Ellen Shaffer

Box Number: 1763
Date: 1/26/93
To: Donna E. Shalala
From: Edward H. O'Neil, Pew Health Professions Commis.
Title: letter

Summary: "The Pew Health Professions Commission has spent the last two years studying ways to promote the education of more primary care providers, who are more appropriately trained, more accessible to the public, more responsive to community needs, and more cost-effective. The Commission has concluded that policy changes at the federal level are an integral part of that process."

Comment:

Classification:

Participant(s): Karen Davenport; Marcy Gross; Craig Obey; Lisa Tomlinson; Mary Uyeda

Box Number: 1770
Date:
To:
From:
Title: Ira Magaziner 10:25 a.m.

Summary: "Job to be as finished as can by mid -June timeframe, ... Twenty plus meetings with Cabinet officials and ongoing; many with President re: plan; Task Force officially ended 5/30; ... Rumors to repeal CLEA - silliness. Try to seriously simplify it - especially for complex tests. Try to make enforcement and administrative mechanisms work better. Now causing nightmare for doctors and States on simple tests - want to modify... very emotional on both sides... angry about microregulation reCLEA."

Comment:

Classification:

Participant(s): Phyllis Borzi; Van Dunn; Morgan Jackson; Darrel Regier

Box Number: 1772
Date: 4/30/92
To: Janet D. Steiger, Chairman Federal Trade Commis.
From: J. Painter, J. Todd, K. Johnson, AMA
Title: letter

Summary: "In our view; concerted action designed in good faith to promote quality of care and undertaken with appropriate procedural safegards should not be found to violate the antitrust laws. ... We call upon the commission to recognize that professional self-regulation designed to promote quality of care and conducted in accordance with due process promotes competition. ... in light of widespread antitrust litigation involving credentialing decisions, many physicians are reluctant to serve on credentials and peer review committees of medical staffs. This is so in part because the Health Care Quality Improvement Act of 1986, 42 U.S. Section 6101 et. seq., does not extend to injunction actions and,

Comment: continued in next record

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1772
Date: 4/30/92
To: Janet D. Steiger, Chairman Federal Trade Commis.
From: J. Painter, J. Todd, K. Johnson, AMA
Title: letter

Summary: cont from previous record "in any event, has not yet had enough judicial interpretation to give physicians comfort that it will shield them from protracted antitrust proceedings."

Comment:

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1772
Date:
To:
From:
Title: State Refusal to Participate in a Program

Summary: "While the precise role of state government in the administration and financing of national reform is under development, it has been assumed that states would be willing participants in the final model. ... And while it is unlikely that a state would refuse to participate, there are conditions in which a state might exercise such an option. ... Refusal to participate would not eliminate the state's obligation to participate in funding the system."

Comment:

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1772
Date:
To:
From:
Title: no title, re: National Governors, Association

Summary: "The National Governors Association is actively involved in The Presidential Task Force on National Health Care Reform. The task force is seeking input from various state, city, and county officials in developing a comprehensive health care reform proposal. ... The NGA has formed a bi -partisan coalition of governors to work with the task force. Governors Carroll Campbell Jr., Howard Dean, George Mickelsonm and Roy Romer have been designated by the NGA to represent the governors. They are working closely with the task force to ensure that the concerns of the states are addressed."

Comment:

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1772
Date:
To: Pete Welch
From: Curt Smith
Title: Out the FEHBP

Summary: "The following is a summary of the problems to be faced and decisions to be made as the FEHBP phases out to State based purchasing alliances. Political and Public Relations Problems. Four Million Unhappy Enrollees plus Six Million Unhappy Beneficiaries. ... The program could be held hostage to the current contractors. As the phaseout period begins existing contractors will become increasingly unreliable and hostile. ...The $6 Billion FEHBP Reserves Should Be Distributed for the Benefit of the Enrollees and the Government as an Employer. The reserves could be used to smooth premiums fluctuations as the current pool shrinks. This may overcompensate the last members in the FEHB while shorting the first members out."

Comment:

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1772
Date:
To:
From: Shannah Koss
Title: Work Group: 19) Short -term Steps to Administrative Simplification, OMB staff participants, S. Koss and Allison Eydt

Summary: "One option raised in the last tollgate that presents some concerns was the elimination of utilization review (UR) activities and replacing them with physician profiling and post payment adjustments. Although current approaches to UR are inadequate, they are used by private payors as a prepayment screen."

Comment:

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1772
Date: 5/03/93
To: Working Group Leaders
From: Judy Whang and Meeghan Prunty
Title: Re: Briefing Books

Summary: "As you learned this morning, there will be a massive effort to prepare background briefing books for the president and the First Lady by early next week. ... As these documents will be presented to the President and the First Lady only, please be sure to include all relevant policy issues without regard to public exposure. ... All leaders should have, at least, the outlines to us by Wednesday (May 5), and a draft (and your disk -- WordPerfect Please) by Friday (May 7)."

Comment:

Classification:

Participant(s): David Cade; Peter Nakahata; Jane Schadle

Box Number: 1775; 1451
Date: 4/14/93
To: The Bioethics Working Group
From: Marian Gray Secundy and Nancy Dubler
Title: Re: Future Plans

Summary: "As those of you who ventured to Washington this week discovered, the working group structure is winding down. This came as much of a surprise to the two of us as to all of you. Unfortunately, for those of you who planned ahead, as you were asked to do, this curtailment of the tollgate/ eport process leaves a lot of loose ends and a feeling of lack of closure. Some of you may have delicate explanations to prepare for your home institutions and we will be happy to help you. But, to begin with the most important message: the work of this group has been central to the work of the task force....The bioethical analyses of issues ... are being incorporated into the report to Congress. ... If they survive the next phase of the process we shall have left an impor - tant mark on health policy for decades to come."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 1775; 1451
Date: 4/14/93
To: The Bioethics Working Group
From: Marian Gray Secundy and Nancy Dubler
Title: Re: Future Plans

Summary: cont from previous record "There is some chance that we will receive a request, in the future, to provide a specific analysis of or to critique some new issue that might arise out of the deliberation of the President and the cabinet task force. If so we might be calling specially for support. We have no idea if this will, or will not, occur."

Comment:

Classification:

Participant(s):

Box Number: 1775
Date:
To: Ira Magaziner
From: Zeke Emanuel and Members of the Ethics Cluster
Title: Living Wills and Health Care Costs

Summary: "Several members of the ethics group wanted to respond to some of your comments during our last tollgate regarding the use of living wills and their effect on health care costs. You stated that more extensive use of living wills and honoring of patients' end-of-life wishes would lead to extensive savings by reducing expenditures on end -of-life care. We thought this particularly important since many of the nation's leading experts on living wills and end - of-life care serve on the ethics cluster and do not share the view you stated. To put it bluntly, there is no evidence substantiating your claim. Indeed, while there is little research data because of the difficulties of tracking all health care costs in the current system,"

Comment: continued in next record

Classification:

Participant(s): Deirdre Duzor; Abigail Evans; Randolph Lyon; Robert Wren

Box Number: 1775

Date:
To: Ira Magaziner
From: Zeke Emanuel and Members of the Ethics Cluster
Title: Living Wills and Health Care Costs

Summary: cont from previous record "what evidence does exist shows that living wills and other means of refusing care actually do not save health care costs. ... The only study in the medical literature on living wills and costs demonstrates no health care savings from the use of living wills."

Comment:

Classification:

Participant(s): Deirdre Duzor; Abigail Evans; Randolph Lyon; Robert Wren

Box Number: 1775
Date: 4/7/93
To: Ira Magaziner
From: Ethics Working Group
Title: Subject: Wise Resource Allocation and Limits to Care

Summary: "The plan's critics will undoubtedly raise the issue lo limitations on care -- it will be given the inflamatory label of rationing and cannot be swept under the rug in the political debate -- and the plan's defenders will need to be able to respond directly to it. ... Many people believe that if we simply reduce waste in the health care system it will be unnecessary to address limits on resources. They believe that achieving administrative simplicity will save billions in high administrative costs, that giving people control ober their end of life care will produce savings on unwanted treatment, and that changing perverse economic incentives and providing appropriate care guidelines will eliminate unnecessary treatments. ..."

Comment: continued in next record

Classification:

Participant(s): Deirdre Duzor; Abigail Evans; Randolph Lyon; Robert Wren

Box Number: 1775
Date: 4/7/93
To: Ira Magaziner
From: Ethics Working Group

Title: Subject: Wise Resource Allocation and Limits to Care

Summary: cont from previous record "There is a kernel of truth in each of these points ... It is controversial, however, what the level of these savings will be, especially in an untested system, and many believe that advances in technology are the major factor driving up health care costs. But even with these cost savings, we do not now and would not want in the future to provide every beneficial health care service to all, regardless how small its benefit and how great its costs."

Comment:

Classification:

Participant(s): Deirdre Duzor; Abigail Evans; Randolph Lyon; Robert Wren

Box Number: 1775
Date: 4/21/93
To:
From:
Title: Contract with SysteMetrics Inc.

Summary: "Subcontract support for "Issues Involved In Developing A Standartized Benefit Package", Quantity: 1 lot, Total Price: $74,882, Ref. A"

Comment:

Classification:

Participant(s): Deirdre Duzor; Abigail Evans; Randolph Lyon; Robert Wren

Box Number: 1782
Date: 4/9/93
To:
From:
Title: Summary of Ira Magaziner's Announcements April 8, 1pm, OEOB

Summary: "Toll Gates 6 -7 will not be open chats but directed, probing, and questioning by outside "auditors" looking for legal, financial, structural consistency. Their job is find errors. Groups should not be defensive. These are the final tests from outsiders who bring fresh eyes to the process."

Comment:

Classification:

Participant(s): Theresa Alberghini; Elaina Goldstein; Caroline Luttbeg; Andrew Swire

Box Number: 1783
Date: 3/3/93
To: Michael Fitzmaurice
From: John Diebold
Title: letter

Summary: "On behalf of The Johnson Foundation and the The Diebold Institute, I am pleased to be able to extend an invitation to you to take part in a conference on "Information -based Infrastructure: Making it a Reality Through Public/Private Partnerships" to be held April 12-14 at the Frank Lloyd Wright designed Wingspread conference center of The Johnson Foundation in Racine, Wi. The conference will explore the appropriate roles of the public and private sector in developing such systems. Health care, communication systems and intelligent vehicle/highway systems will reveive particular attention. We are inviting the heads of the various U.S. and European information -based infrastructure projects together with key Congressional and Executive Branch staff, plus some other leading private..."

Comment: continued in next record

Classification:

Participant(s): Isabel Almendarez; Michael J. Fitzmaurice; Mary Frasche; Michelle Huckaby; Jacqueline Morgan; William Olsen

Box Number: 1783
Date: 3/3/93
To: Michael Fitzmaurice
From: John Diebold
Title: letter

Summary: cont. from previous record "...sector figures. ... Since attendance at the meeting is limited to a total of 35 participants, it would be most helpful to know as soon as possible whether or not you will be able to attend. As the result of two years of study of the public policy issues involved in this area, supported by the Alfred P. Sloan Foundation, The Diebold Institute has formulated tentative recommendations which will be discussed at the Wingspread Conference, as well as Clinton/Gore and other proposals. We expect to include in the guest list those individuals who will be most

directly involved in formulation of U.S. policy. The Diebold Institute Commission: The project is being advised by a Commission of influential individuals from the public and private sectors in Europe and the U.S.

Comment: continued in next record

Classification:

Participant(s): Isabel Almendarez; Michael J. Fitzmaurice; Mary Frasche; Michelle Huckaby; Jacqueline Morgan; William Olsen

Box Number: 1783
Date: 3/3/93
To: Michael Fitzmaurice
From: John Diebold
Title: letter

Summary: cont. from previous record "...The Commission is also concerned with focusing attention on the findings and recommendations of the project. The members of the Commission are: United States: Dr. Craig I Fields,...MCC Corporation; Robert W. Galvin,... Motorola Inc.; Maurice R. Greenberg, ... American International Group, Inc.; John D. Macomber, Chairman,... Export-Import Bank of the U.S.; H. Ross Perot,... The Perot Group; Dr. P.Roy Vagelos,... Merck & Co, Inc. Europe: Dr. Karlheinz Kaske, ... Siemens AG; Jaques Maisonrouge,... IBM World Trade; Dr. Heinz Riesenhuber, Minister for Research and Technology, Federal Rep. of Germany; The Rt. Hon Lord Sharp,...; Dr. Werner Ungerer, Rector, College of Europe."

Comment:

Classification:

Participant(s): Isabel Almendarez; Michael J. Fitzmaurice; Mary Frasche; Michelle Huckaby; Jacqueline Morgan; William Olsen

Box Number: 1783
Date: 3/31/93
To:
From:
Title: Health Care Information System and Administrative Simplification Workgroup Session, March 31, 1993

Summary: "Attendees: NEIC, SMS Corp, WEDI/The Travelers Ins. Co, ANSI ASC X12/Aetna Ins. Co., PCS Health Systems, Cooperation Health Care Networks, First Health, WEDI/Blue Cross Blue Shield Assn., CIS

Technologies. United Healthcare, Galen (formerly Humana), Medstat Systems, Kaiser Permanente, HFMA (Healthcare Financial Management Assn.) Intermountain Health Systems, Brigham and Woment's Hospital, Regenstreif Institute/AMIA/ CPRI, Institute for Medical Information and Technology, Institute for Clinical Systems Integration"

Comment:

Classification:

Participant(s): Isabel Almendarez; Michael J. Fitzmaurice; Mary Frasche; Michelle Huckaby; Jacqueline Morgan; William Olsen

Box Number: 1784
Date:
To:
From: Nancy -Ann Min
Title: Subject: Support to the PAD for Health Care Reform (HCR)

Summary: "In addition to the Lewin/ICF table depicting why $11 billion of added health services for the uninsured costs about 5 times that under reform, there are key areas that once understood permit analysis on mayny HCR concepts."

Comment:

Classification:

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1433
Date: 5/11/93
To: Ruth Shinn
From: The Alliance for Managed Competition
Title: Re: Analysis of National Health Care Reform Survey and Focus Groups

Summary: "The Alliance for Managed Competition is an ad hoc coalition formed by some of America's most able managed care companies -- Aetna, Cigna, MetLife, The Prudential and The Travelers -- to secure fundamentals health care reform. The founding members of the Alliance provide health coverage for over 60 million Americans."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 3/18/93
To: Members, Cluster One
From: Walter Zelman
Title: Re: Confusion and Apologies

Summary: "I also want to stress to all concerned that as we move into the "narrowing phase" of this process, we need your participation and input as much as ever. While you may not always realize it, the ideas generated in the working groups filter up and are being addressed directly at all levels of decision -making ."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1767
Date: 12/22/92
To:
From:
Title: Policy Options to Address Medical Workforce Issues

Summary: "Linda H. Aiken, RN, Ph.D., Univ. of PA School of Nursing; Jack Colwill, M.D. Univ. of Mo. - Columbia, School of Medicine.; Ruth S. Hanft, Ph.D., George Washington Univ.; David Satcher, M.D. (co-chair) Dean of the Meharry School; Steven A. Schroeder, M.D. (co-chair) The Robert Wood Johnson Foundation; Richard Veloz, M.Ph.J.D., Staff Director, U.S. House of Rep. Select Committee on Aging. ... The concept of managed competition is based on an adequate supply of generalists; right now, we don't have enough generalists to make the plan work, and we have too many specialists, which continues to drive up health care costs. ... The policy option paper covers eight critical medical workforce issues: physician distribution according to specialty; the overall supply of physicians;"

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 12/22/92
To:
From:
Title: Policy Options to Address Medical Workforce Issues

Summary: cont. from previous record "the geographical distribution of physicians; minority representation among physicians; the overall supply of nurses; the training of advanced practice nurses and physicians' assistants, the distribution of nurses by specialty; and the overall lack of national data on the health profession."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/22/93
To: Valda Crowder
From: David Satcher
Title: hand written comments CLICK HERE TO VIEW DOCUMENT

Summary: "Enclosed are the action papers we submitted to Bill Seye. I thought you may be interested in seeing the PEW Commission Report so that is also included. Interestingly, it comes to a lot of the same conclusions we have!"

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To: Hillary R. Clinton and the President's TF
From: Pew Health Professions Commission
Title: Primary Care Workforce 2000, Federal Healhth Policy Strategies, Executive Summary, Hon. Richard D. Lamm, Chairman

Summary: "The nations ten million health care practitioners have an enormous impact on the cost, quality and access of the health care system. By changing the numbers, competencies, and practice and payment regulations of America's health care providers, our professional workforce can become the foundation for an efficient, high quality and equitable new system. ... Regardless of its ultimate structure, be it managed competition or single payer, a reformed system can only be successful with a srong workforce of primary care providers - family physicians, general pediatricians, general internists, nurse practitioners, physician assitants, and certified nurse midwives. The creation of this primary care workforce by the year 2000 is a critical step toward meeting out health care goals."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date:
To:
From:
Title: National Health Care workforce Planning Commission

Summary: "2. Allocation of federal (and nonfederal funds) to support community -based training, health professions curricula, and programs targeting placement of providers in underserved areas. [Long-term approach]. 3. Oversee implementation by accreditation, licensure and certification bodies to improve an improve health professions provider mix according to community/national needs. [Short and long term approaches]. 4. Sponsor programs targeting the retraining of medical providers (specialists to generalists) [short term approach]; increasing the supply of advanced practice nurses, ... 9. Rectify inadequacies in workforce issues, ie lack of work force representation of the areas and populations to be served, through legislative directives and performance funding mechanisms."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767

Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: "This model identifies the responsibilities of the federal government and proposes a preliminary workplan in two areas to facilitate HIPC start up: (1) organization of the federal bureaucracy to perform federal tasks and (2) development and issuance of training materials and technical assistance services to assist the HIPCs in start up. The model assumes that the rulemaking will be completed by March 31, 1994 and that training and technical assistance materials for the purch -asing cooperatives will be available as soon as possible, but not later than July 1, 1994.To meet the 1994 and 1995 deadlines, work must begin now using existing federal expertise and resources while a parallel effort is undertaken to secure legislative authority and appropriations for new organizational structures and new functions."

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "... The task force will perform the following tasks directly or through an existing contract or grant: +identify all existing sources of consumer information on health care choices and collect sample materials ... + develop model consumer information materials and formats ... + identify software needed by the HIPCs to perform various functions ... + identify all materials currently used to operate existing HIPC like organizations and health plan selection ... + Develop a master contract/acquisition plan. ... + Award a consultant services contract to secure the technical services of highly qualified ADP/ systems information experts and experts in new technology. ... +Award new master contracts based on "functional performance standards""

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/28/93
To:
From:
Title: Federal Government Implementation of Health Reform

Summary: cont. from previous record "to procure second generation services/products in the following areas: + ADP -information services, + Consumer Information, + HIPC support ... The consumer information and HIPC support master contracts would be awarded by March 1994. The ADP would be awarded by December 1994. The individual tasks take about 3 -4 months. ... Executiber Orders may be required in the following areas to expedite rulemaking: + Designation of a lead agency to prepare rules, + Legal basis to suspend the normal comment period and to issue an interim final rule, + Waiver of all or some of the requirements for rulemaking in E.O. 12291, 12498, 12606, 12612, 12612,12630, 12778."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 5/10/93
To: Linda Bergthold, Bob Valdez
From: David Eddy
Title: RE: Medical Appropriateness

Summary: "David Nexon also agrees that Plans, Alliances or the National Board can and will take costs into account when they design guidelines. I would like to add a line to our policy that states that. It would be inserted as a final sentence in the first paragraph that describes the coverage policy, and would say something like: "Nothing in this coverage policy prohibits Plans or Alliances from developing guidelines that would specify the appropriate uses of treatments in greater detail, provided the guidelines were in the best interest of the members of the Plan." ... One problem is that there are lots of treatments whose benfits vary continuously depending on some patient characteristic (which itself varies continuously).

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/8/93
To: Ira
From: Susan Wood
Title: Subject: Treatment of non -physician professionals

Summary: Background: Many states have established mandatory third-party reimbursement for services provided by non -physician professionals, including chiropractors, psychologists, various categories of advanced practice nurses, podiatrists, optometrists and social workers. These mandates apply to insured plans but, under ERISA pre -emption, do not apply to self -insured plans. Most non-physician professional groups are prepared to work hard to pass health care reform, but only if it includes mandatory reimbursement. If this is not included in the bill, they will spend all their energy lobbying for it to be included. The most important groups from a political point of view are the nurses, chiropractors, and psychologists, with the podiatrists, optometrists, and social workers"

Comment: continued in next record

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 4/8/93
To: Ira
From: Work Group 6
Title: Subject: Treatment of non -physician professionals

Summary: cont. from previous record "also pulling some weight. ... Alternatives (2) Sepcify in the legislation the non -physician providers to which a mandatory reimbursement/non -discrimination clause would apply. Specifying a limited number of groups (essentially the list above) would satisfy our political needs, and would result in coverage of the non -physician proveder for which coverage is clearly appropriate. It might also, however, lead to

pressures for inclusion of additional groups. A non -discrimination clause, unless carefully drafted, could result in legal complications for network plans."

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1767
Date: 3/11/93
To: Judy Feder, Ira Magaziner
From: Linda Bergthold, Robert Valdez
Title: Subject: First Order Issues for Narrowing Process

Summary: "The benefit package design can be used to achieve several goals: delivery systems integration, move to organized systems of care, and perhaps even cost savings in the long run. In our model building exercise for Tollgate III, we made a number of assumptions. Which of these assumptions should be considered "hard" (e.g. you agree and it is unlikely to change) and which "soft" (e.g. you disagree and think we should assume something else)? ... Pure indemnity plans will not be offered within any HIPC arrangement; ... What is the range of consumer premium contribution that would be politically acceptable to the middle class American?"

Comment:

Classification:

Participant(s): Christy Bayne; Molly Frantz; Judith Katz -Leavy; David Satcher; Michael Werner; Susan Wood

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Subject: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: " The problem that you have raised to me is whether there is a way to avoid an initial bottleneck at the point of the federal government's issuing the rules, standards, and guidelines that will be necessary to implement the legislation. The apparent problem is that much of the regulatory material that must be issued will consist of what are called in administrative law "legislative

rules" -- rules that will be legally binding on the public -- which are required to be published under the federal Administrative Procedure Act. The fact that such rules must be published -- that is, printed in the Federal Register - does not necessarily mean that they must go through the increasingly complicated and expensive process of being issued for public notice and comment"

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Subject: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: cont. from previous record "before publication, and have to withstand judicial review before becoming effective. Notice and comment procedures have become a nightmare for many agencies; it is now generally agreed that the federal regulatory process in many major agencies has at least become unacceptably sluggish and indeed may have "ossified", to use the current word, because of the complexity of notice -and- comment. However, Section 553 of the Administrative Procedure Act specifically exempts from public notice-and-comment procedures rules affecting "public grants, contracts and benefits". The Department of Health and Human Services has waived this exemption globally in order to allow wide participaiton in the develop - ment of rules affecting major programs;"

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Subject: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: cont. from previous record " but the statutory exemption is still very much on the books and can be invoked. ... The APA makes an implicit distinction between conventional regulation affecting the relationships between private parties within the private economy and the government's management of its own spending programs, which involve relationships between parties and the government itself. Persons being regulated in their private market relationships are thought to have due process rights because their liberty and property are at stake; ... In light of the fact that some of the implementing regulations for the new program might have to be done through notice and comment, it might be advisable to think about particularizing the legislation itself sufficiently that it would"

Comment: continued in next record

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 1751
Date: 3/6/93
To: Paul Starr
From: Sallyanne Payton
Title: Subject: Administrative Procedure Act Requirements Applicable to Transition to New System

Summary: cont. from previous record "be regarded as self executing so that agencies could take action directly under it without having to issue an intermediate layer of regulations."

Comment:

Classification:

Participant(s): Jennifer Boehm; Deann Friedholm; Karen Morrissette; Kimberly O'Neill; Peter Reinecke; William Welch

Box Number: 3021
Date:
To: Walter Zelman
From: Douglas Letter
Title: letter

Summary: addresses constitutionality of ceratin options concerning regulation and delivery of health care services. Full text in file f:/scanfin/zelman.wpf

Comment:

Classification:

Participant(s):

Box Number: 3021
Date:
To: Paul Starr
From: Barbara Biddle
Title: letter

Summary: letter addresses "what can be done to expedite the rapid implementation of the new legislation" full text of letter in file f:/scanfin/biddle.wpf

Comment:

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Consultive Health Care Meetings (Organizations)

Summary: list of organizations that participated in health care meetings

Comment:

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Devereux Foundation Summary Health Care Reform Recommendations

Summary: Devereux, founded in 1912, is a nationwide non - profit network providing high quality treatment to children, adolescents, and adults who have a wide range of emotional disorders, developmental disabilities, or both. ... This broad continuum of least restrictive settings makes Devereux the largest, most comprehensive non -profit provider of its kind in the nation. ... Devereux has no objection to the concept of "managed care," however, to avoid arbitrary regulation and entirely proven, tested measurement instruments in enforcing universal standards of care. Such instruments would: 1) identify at an early stage children who may be at risk of serious emotional disorders. ... The newly revised Devereux Behavior Rating Scales, recently reviewed and endorsed by the Department of Education, is an"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Devereux Foundation Summary Health Care Reform Recommendations

Summary: cont. from previous record "effective and economical treatment planning tool and screening device used to ensure that proper treatment is given to each child. ... Devereux has noted a trend in recent years toward greater control of education funds by local school districts. Our concern is that local school districts could impose artificial, economically driven restrictions on necessary services, because of their incentive to cut costs in all aspects of the public education system."

Comment:

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:

Title: Priorities in Mental Health Recommendations and Conclusions. The Hastings Center Project

Summary: "1) The setting of formal prioities within a health care system in general, or within particular parts of a system, is increasingly both sensible and necessary. 2) Setting formal priorities requires a health care system to focus not only on individual patient's needs but also on the health needs of the population as a whole. 3) Mental and physical health should be fully integrated in any priority -setting plan; mental health research and services should not be discriminated against in favor of physical health. ... 5) Priority setting should take place in a way that best ensures a good balance - even tension: political, social, and moral considerations on the one hand, and scientific evidence on the other. 6) A priority system should attmept to provide a full evaluation"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Priorities in Mental Health Recommendations and Conclusions. The Hastings Center Project

Summary: cont. from previous record " of important aspects of health measurements, including the burdens and prevalence of a condition, the effectiveness and cost of treatment, patient satisfaction, and the ability of the combined measures to meet society's goals. ... 8) In setting priorities, it is vital that the American health care system give a higher place to caring for those who cannot readily be cured, and a lower place to the traditional effort to curing -reducing mortality rates. ... 10) Priorities should be set by a mechanism that is accountable, ensures objectivity, and allows for a public, participatory process. 11) The method for setting priorities ought to accommodate some degree of discretion by those ultimately responsible for the process."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Priorities in Mental Health Recommendations and Conclusions. The Hastings Center Project

Summary: cont. from previous record " 12) After priorities have been set, an appeals process must be developed to consider those cases where the priority setting has excluded services. 13) Plans to set priorites must evaluate the services' strengths and weaknesses at each level of government - federal, state and local - and ensure that a unified set of services is offered and no population is overlooked or slighted."

Comment:

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Health Plan Accountability and Private Enforcement Under National Health Reform Legislation

Summary: "Health plans and providers must be held accountable for meeting the standards imposed upon them by the statute. Merely predicating these obligations with the word "shall" does nnot automatically create a right for private individuals to seek judicial revies ("private right of action") or otherwise to enforce their entitlements to benefits and services. Courts have refused to find a private right of action not expressly provided for in a statute (despite the presence of obligatory language such as "shall"). ... The internal appeal procedures of group and/or risk-based plans cannot be relied upon as the exclusive check on inappropriate decisionmaking. Internal appeal procedures vary plan to plan, and often do not provide individuals with a fair, impartial and timely"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3302
Date:
To:
From:
Title: Health Plan Accountability and Private Enforcement Under National Health Reform Legislation

Summary: cont. from previous record " forum for addressing grievances. ... Health care reform legislation must extablish an exclusive civil enforcement mechanism. This mechanism must include, at minimum, the following five elements: authorization of individual civil actions in state and federal court; authorization of a de novo standard of judicial review; authorization of awards of attorney's fees; authorization of the use of individual remedies currently available under existing provisions of state law and authorization for all beneficiaries of procedural protections currently afforded recipients of Medicaid pursuant to Goldberg v. Kelly."

Comment:

Classification:

Participant(s):

Box Number: 3809
Date: 10/5/93
To: Simone Rucschemeyer
From: Rick Brown
Title: letter

Summary: Enclosed is the memo for Ira, a follow -up to our meetin on Sept. 17. This version, replacing the copy we handed him at the time, includes our notes abour his resopnses to our concerns and recommendations. I would appreciate very much your giving it to Ira and letting him know that I, as well as our group, would also appreciate an opportunity to read and comment on the next draft before it goes to the Congress for submission as a bill. If you or Ira has any questions, please call me at (310) 825 -5491. Thanks very much.

Comment:

Classification:

Participant(s):

Box Number: 3809
Date: 9/21/93
To: Ira Magaziner
From: E. Richard Brown, Vicente Navarro, et al.
Title: letter, From: E. Brown, V. Navarro, E. Shaffer, F. Clemente, R. McGarrah, C. Hurwit, C. Miller, J. Lukomnik, L. Novotny

Summary: "We are glad to see that the President has kept his commitment to enable states to choose freely the single -payer option. It is unclear, however, how many waivers a state must obtain to choose the single -payer option. ... Recommendation: States that choose the single -payer option must apply only for a waiver to include Medicare beneficiaries. The Secretary of HHS must act on a state's application within 180 days of its submission. No other waivers are required. Ira's Response: Agreed ... Marketing regulations are somewhat weak. There should be more specification of review of marketing materials. E.g., "All marketing materials must be reviewed for accuracy by the ombudsman."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 7/30/93
To: Hillary Rodham Clinton
From: Chris Jennings, Steve Edelstein
Title: Re: Meeting with House and Senate Leadership

Summary: Tommorrow you are scheduled to attend a two -part meeting with the House and Senate Leadership. The first half of the meeting will focus on the sensitive issue of health reform and will be attended by Speaker Foley, Majority Leader Gephardt and Majority Leader Mitchell. There is a three -part agenda for the second half of the meeting. ... 3) To give the Members a draft copy of the August recess Congressional health care talking point notebook for them to review and make suggestions before it goes to the rank and file on Thursday. The Members would love to get a sense of where we stand on the development of the plan and to receive a short briefing on how its financing will affect businesses and their employees. Attached is a chart show that you can use for this purpose.

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/8/93
To:
From: Paul Starr
Title: Six steps towrd an affordable capped premium system.

Summary: "But some employees will have additional nonwage income, and some benefiting from the 3% cap will also be affluent. We can reduce the cost of subsidies if we are willing to add some administrative complexity for the sake of lower subsidy costs. ... Here is how it would work: Individuals who get a subsidy by virtue of a payroll -based cap would receive a form from the alliance to verify whether they have additional wage or nonwage income to pay more of the premium. The form would have a strong warning against false representation. Most people would acknowledge additional income and agree to have their employers make higher payroll deductions to pay the full premium they owe. Periodically, the alliance would cross -check income declarations with the IRS. The IRS would notify the alliance"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 6/8/93
To:
From: Paul Starr
Title: Six steps towrd an affordable capped premium system.

Summary: cont. from previous record "when information from an individual regarding nonwage income deviated sharply from past tax returns. Because nonwage income tends to be relatively stable, past tax returns provide an adequate basis for directing alliances and states toward non -complying individuals. The system I am describing does not require any federal tax collection. It does not require certification of 100 million people for subsidies. It does not involve the welfare system. It is based on voluntary self-reports, with highly targeted cross -checks to identify those with significant nonwage income."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/4/93
To: Peter Kemper
From: Larry Jacobson
Title: letter

Summary: "I thought you would be interested in a draft paper by OMB Budget Review staff on what should and should not be included in the budget. It provides number of examples of decisions over the past decade, including the Thrift Plan, GSEs, employer mandates, etc. I still think that it would be difficult, but not impossible, to set up voluntary public insurance off -budget, particularly if were administered directly by HHS. As the examples in the paper show, however, Congress always makes the final determination, and it is probably biased toward off -budget."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date:
To:
From:
Title: OMB Budget Review Staff report: Scope of the Budget

Summary: "Because the budget is the Government's central mechanism for allocating resources, both between the private and Federal sectors and within the Federal Government, the rules governing budget scorekeeping issue is the determination of what programs or activities are properly part of the Federal budget. ... The Constitution specifies certain powers that are reserved only for the Federal Government as the sovereign. An entity that uses any of the sovereign powers of the Government should be classified as a Government entity, regardless of its other characteristics, and should be included in the budget. This includes privately - owned entities that have been delegated Sovereign powers. For example, the activities of a privately owned entity that is authorized by statute to exercise the"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date:
To:
From:
Title: OMB Budget Review Staff report: Scope of the Budget

Summary: cont. from previous record " Government's sovereign power to levy and collect taxes should be included in the budget. One caveat to this rule concerns the government of the District of Columbia, which is excluded from the budget even though its authority to raise and spend local taxes derives from Federal law. Where ownership and control of an entity are either totally by the Government or totally by the private sector, ther rules for inclusion in the budget are clear. Federally owned and controlled entities clearly belong in the budget. Privately -owned and controlled entities do not, even if the entity is federally chartered or it its viability depends on Federal contracts or subsidies. An equally established priciple is that a privately owned entity belongs in the budget if the Federal"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date:
To:
From:
Title: OMB Budget Review Staff report: Scope of the Budget

Summary: cont. from previous record "Government exercises so much control over its operations that ownership is in name or form only. In practice it often is difficult to apply these two criteria, because there are many attributes of ownership and control that may or may not be present in each instance. In such cases, a variety of characteristics are considered and weighed, with none of them being conclusive. These include: Are the owners' assets really at risk, or is the Federal Government a risk ultimately if the entity fails?; Whose credit rating really stands behind the enterprise's borrowing?; Can the owners commit the Government finiancially?; Are the entity's objectives established by the owners, the Federal Government or someone else?"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date:
To:
From:
Title: OMB Budget Review Staff report: Scope of the Budget

Summary: cont. from previous record "Who selects the managers of the entity?; Do the owners and managers exercise discretion over the operations of the entity, and if so, how much?; Did the owners become owners by choice or because of Federal law or Federal coercion?; Can the owners actually transfer titly to willing buyers or use the assets as collateral for a loan?; Is the entity "private" only because it is designated as such in law or by an Executive Branch decision that is contrary to budget principles?; Are the entity's employees Federal employees? ... The Rail Passenger Service Act of 1970 created AMTRAK as a quasi -private corporation. The Federal Government owns 98.4% of the preferred stock of AMTRAK, which can only be purchased by non -railroad entities. (Participating railroads"

Comment:

Classification:

Participant(s):

Box Number: 3813
Date:
To:
From:
Title: OMB Budget Review Staff report: Scope of the Budget

Summary: cont. from next record "are authorized to purchased by non-railroad entities. (Participating railroads are authorized to purchase common stock.) The President appoints all 9 of it Board members. It is viable only because of Federal subsidies -- of AMTRAK's FY 1991 total revenue of $1.747 billion, $475 billion was a Government subsidy payment from Federal appropriations."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date:
To: Peter Kemper, John Drabek
From: Lisa Alecxih
Title: Subject: Summary of Voluntary Public Insurance Meeting

Summary: "This memo summarizes the key points made during a meeting to discuss the concept of voluntary public long term care insurance."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/23/93
To: Attendees of 6/24 financing admin meeting
From: Atul Gawande
Title: Re: What we are doing

Summary: "Ira Magaziner asked Len Nichols to convene the 6/24 meeting for the purpose of pulling together a simplified payment and subsidy administration system. Len asked me to provide previous work that we had done through my working group on Coverage. That is submitted in the series of attachments that follow. He also asked me to provide a little more focus to what we could accomplish. ... Ultimately, the administrative mechanisms rest on political decisions about: How much information we could force individuals to provide to employers and other private entities. ... How much intrusions and burden we were willing to put on individuals in order to get at certain sources of income (e.g., unearned income, assets, spouse's wages). Which agencies and mechanisms were more palatable for the public."

Comment:

Classification:

Participant(s):

Box Number: 3813

Date: 9/3/93
To: Secretary Brown
From: Jonathan M. Silver, Assit. Dep. Sec.
Title: Subject: Health Care - Outreach to the Business Community

Summary: "You asked for some thoughts on what the infrastructure should look like to do outreach to the private sector properly. It seems to me that, at a minimum, the Task Force would need the following: ... - lists of all senior political appointees in the government who came from the private sector (broken out by type of company, geography, etc.) with calendar and tracking mechanism for outreach to those companies; - a senior coordinating council made up of the liasons who can move certian business outreach strategies through their Department's quickly ... - a surrogate speakers program which will: support your activities as lead spokesperson, provide appropriate -level outreach (senior political/junior political/senior business); -outreach teams in each major media market whose

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 9/3/93
To: Secretary Brown
From: Jonathan M. Silver, Assit. Dep. Sec.
Title: Subject: Health Care - Outreach to the Business Community

Summary: cont. from previous record "role would be not to get the message out (the role of the communications staff), but to get support stories in; -a coordinating council which would ensure that the CEO's being targeted are in important swing vote areas. ... The question is: what happens if they don't put togethher an outreach effort you feel comfortable with. What role should we play in managing the process? Do you want the ability/authority to redirect/redisign part of the operation if you don't feel comfortable with it? Similarly, what happens if, in the course of public debate, the discussion moves away from the plan's economic ethics/etc.) These may be issues you would want to raise with the First Lady."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/29/93
To: BBK
From: PAT
Title: Re: Clinton Health Care Plan

Summary: "BBK, Colin sent this up from Verneer, Liphert. It is the latest on the Clinton health plan they got from someone on Stark's staff. I have highlighted those sections that are new or different from what we already know and tried to offer comments below. There is also a rumor that there is a 200 page White House summary of the final plan. Dave and I have calls in and are trying to get a copy."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 7/1/93
To: Democratic Staff
From: DPC Staff
Title: Re: Wall Street Journal -- Wrong!

Summary: "The Wall Street Journal reported on June 16th that "a flow chart, a convoluted mass of boxes, circles, arrows and crisscrossing lines ..." was put together by "an OMB official" to show "what a new health system might look like." The facts about the chart are: No one in the Clinton administration asked for or participated in the development of this chart. Discussions with OMB officials indicate that it was put together by a yound budget examiner, who was hired by the Bush Administration. The young Bush hire put it together very early in the year -- before the White House Task Force had even held its first round of meetings on health care reform. No high ranking Clinton Administration official had ever seen the chart before it appeared in the Wall Street Journal."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 7/1/93
To: Democratic Staff
From: DPC Staff
Title: Re: Wall Street Journal -- Wrong!

Summary: cont. from previous record "This chart has absolutely no relevance to the Clinton health plan. It has not and will not be used a OMB, in the work of the task force, or anywhere else in the Administration. ... The current health care system is complicated. There are 1500 different insurance firms, each with its own set of complex forms, full of fine print and loopholes that can strip you of coverage when you really need it. The system is fraught with waste, duplication and abuse. What you are being charged is rising out of control. And on top of all that -- you cannot be sure the benefits you have today will still be yours tomorrow. One in four Americans will lose their isn't really an insurance system in the true sense of the word. Let's remeber that for most Americans, security is the real issue."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 7/1/93
To: Democratic Staff
From: DPC Staff
Title: Re: Wall Street Journal -- Wrong!

Summary: cont. from previous record "The only "chart" that really matters is the one that shows that they and their families are safe in a system that guarantees they will never lose their health insurance."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 7/8/95
To: BBK
From: Dave, Pat
Title: Re: Health Care Task Force

Summary: "As you know, we attended an Ira Magaziner briefing on the current status of the health reform task force on June 7. Although there was a lot of information that was not exactly news, there are a couple of major things we'd like to make you aware of. In addition, I (DAVE) attended a briefing the next day by Magaziner for the leadership and relevant committee and subcommittee staffs. The sections to follow which are denoted with an asterisk are facts garnered from a hand out at that briefing. Unfortunately they would not let us take this paper out of the room. At the end of this briefing, they mentioned that there will be a document for "internal use" which will be made available for the members of the leadership early next week.

Comment:

Classification:

Participant(s):

Box Number: 3813
Date:
To: John Edgell, confidential assistant EDA
From: Gordon B. Fields, Chief, General Law Division
Title: Subject: President's Task Force on National Health Care Reform

Summary: "On June 15, 1993, U.S. District Judge Royce C. Lamberth entered an Order that directs, among other matters, that the records of the interdepartmental working group of the President's Task Force on National Health Care Reform are to be preserved and not destroyed. Although this is consistent with instructions working group members have previously received, Department of Commerce members should be aware that those obligations are now subject to a court order."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 7/9/93
To: Peggy Irving et al. (see comment section)
From: Jeff Gutman
Title: Re: AAPS v. Clinton, No. 93 -399 (D.D.C.) and agency FOIA requests

Summary: "Several of you have asked about whether Task Force and working group documents that are regarded as responsive or could later be determined to be responsive to outstanding FOIA requests should be transferred to the White House Office of Records Management ("ORM") for storage. I earlier advised you that the White House would be sending a letter to working group members requesting transfer of those documents not already sent to the ORM. When I receive a copy of that letter, I will fax it to you. ... To enhance our litigation position should a requeston file suit, we offer a number of suggestions. First, your Task Force and working group members should write memos while boxing up documents or transfering documents onto computer discs that explain how the records were"

Comment: continued in next record; this memo sent to: Peggy Irving (DoJ), John Casciotti (DoD), Roland Halstead (VA), Steve Aitken (OMB), Dick Galgay (Labor), Nicole Jenking, Peter Bieger (Treasury), Eileen Bradley, Richard Friedman (HHS), Gordon Fields (Commerce), Keith Golden (FTC), Stephanie Peters (OPM)

Classification:

Participant(s):

Box Number: 3813
Date: 7/9/93
To: Peggy Irving et al. (see comment section)
From: Jeff Gutman
Title: Re: AAPS v. Clinton, No. 93 -399 (D.D.C.) and agency FOIA requests

Summary: cont. from previou record "segregated from agency documents. ... On a related subject, I have been asked whether it is acceptable for working group members to delete documents from their hard drive after copying the document on a disc that will be sent to ORM. That is a tricky question and one to which I do not yet have a definitive answer. In the interim, the safer view is not to delete any computer records. When discs are sent to ORM, make sure that any visible labels or inventories say that discs are included. ORM may preserve discs in a manner different from paper records."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 7/12/93
To: John Edgell, Confidential Assist. Econ. Dev. Ad.
From: Gordon B. Fields, Chief Gen. Law Division, DoC
Title: Subject: Task Force on National Health Care Reform

Summary: "Attached is a letter from the Department of Justice attorney who is handling litigation challenging the President's Task Force on National Health Care Reform. There is a degree of ambiguity in the letter resulting from the absence of a request as yet from the White House Office of Records Management (ORM) for the delivery of Task Force and working group documents to ORM. I have clarified that Justice wishes this process to begin and be completed as quickly as possible without waiting for the ORM request."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date:
To: Secretary Brown
From: Jonathan Silver, John Edgell
Title: Subject: White House Task On Health Care

Summary: The meeting with the President this Sunday (5/16) is to discuss five fundamental key strategic decisions necessary to build the foundation of a health care reform plan. They include: ... how to finance the federal share. The following are serious revenue sources, as scored by Treasury: Option: Annual $(billions); Tobacco by $1 per pack: $13 -14; All alcohol to $16/gallon: $5; Ammunition and guns to 25%: $.1; 1% increase in HI tax (assume wage cap is repealed): $29; 1% increase in FUTA wage base to social security wage base: $9; 5% VAT tax (exempt food, housing, rent): $60 -80; Provider taxes: $10 -12. Note: the above includes some politically undesirabl, if not stupid, proposals."

Comment:

Classification:

Participant(s):

Box Number: 3813

Date: 6/22/93
To: Dan L. Maloney
From: Clifford H. Patrick
Title: e -mail message Subject: WHTF Records

Summary: "Dan, court case decided last friday gives us 10 days to inventory and collect records related to WH health care reform task force. Please try to get these to me as soon as possible. Call me if you need help, or just want to dump them on me to inventory which will probalbly mean I am calling you to determine what is what and thus more time consuming than if you just plow through it, numbering and listing as you go. To summerize, we have 10 days to meet court ordered deadline so please try to get info to me. Let me know how I can assist you. Cliff Patrick 535 -8904."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/14/93
To: Dan Maloney, Director ISC
From: Clifford Patrick (PHD Central Office)
Title: e -mail, Subj: WH health care reform documents

Summary: "The White House has asked Vic Raymond to inventory, catalog, and collect centrally all electronic and paper records which were part of the VA effort for the Task Force. Please inform me as soon as possible on this and I will collect and catalog your records. I must have a response from all participants, even if it is negative. Thank you for all your work for the Task Force."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/9/95
To:
From: Paul Starr
Title: The Guarantee Problem: How Do We Guarantee Employees a Plan for No More than a Fixed Percent of Income

Summary: "The problem is the same for the self -employed and nonworkers: How we ensure that they have the opportunity to enroll in a plan whose premium does not exceed 9 percent of income? After some discussion with Larry and Gary, I conclude that we need to introduce a slight modification into the plan, which I will describe as a "bumping" subsidy. If you are "bumped" from a lower-cost to a higher -cost plan because of capacity limits during the open enrollment, you get a subsidy for the difference to the extent your premium contribution for the second plan exceeds 1.8 % of income."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date: 6/16/93
To: Drafting Group
From: Ed Grossman
Title: Re: Legal Issues. This is my summary (and proposed disposition) of issues raised by the Report of the Legal Review Group, of May 28, 1993

Summary: "State Taxing Authority and Collection of Premiums. If mandated payments treated as tax (particularly if a portion is used for health care for other people or other purposes) and State assess and collect these payments - (A) limitations in State law on taxes ... may apply and (B) there are legal issues in delegating authority to "private" Health Alliances. Group suggests ... (B) could avoid some of issues by imposing tax as a matter of Federal law (or laying out in detail the computation of the amount of the premium as a matter of Federal law or use a Federal fall -back mechanism as a tool for compliance) and by making Health Alliances creatures of Federal law; and (C) dilemma of State restrictions on taxing and spending not applying to a non -profit, private Alliance,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/16/93
To: Drafting Group

From: Ed Grossman
Title: Re: Legal Issues. This is my summary (and proposed disposition) of issues raised by the Report of the Legal Review Group, of May 28, 1993

Summary: cont. from previous record "but delegation of power to "tax" (and other regulatory powers) to such an entity becoming a problem. (2) Nature of Health Alliances. - (IV (Alliances)) If Alliances are governmental creatures, this will trigger various requirements, including - (A) due process on denials of provider participation or patient choice of provider, particularly in context of any mandated "fee -for-service" plan, [Group Suggestion: use "fee-for-service" as a safety valve, so specialties cannot challenge denial of access through managed care plans.] (B) open meetings, (C) freedom of information, and (D) constitutional limits on composition of government boards. Group suggests States be given broad discretion in the establishment and delegation of authority to Alliances."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/16/93
To: Drafting Group
From: Ed Grossman
Title: Re: Legal Issues. This is my summary (and proposed disposition) of issues raised by the Report of the Legal Review Group, of May 28, 1993

Summary: "Group describes 2 models likely: (A) A private entity (with few regulatory functions but limited application of State action doctrine). (B) A more public entity with regulatory functions and the application of the State action doctrine, including antitrust exemption, but also implicating State administrative procedure acts, freedom of information acts, anti-deficiency acts, and procedural due process. In addition, there are issues of - (A) delegation of budget enforcement responsibility to Alliances; (B) exercise of authority over large employer plans; ... (D) issue of Alliance acting to "take" property by denying offering of a plan because premium is too high; ... Federal government establishes standards of care (with States authorized to establishing stricter standards"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/16/93
To: Drafting Group
From: Ed Grossman
Title: Re: Legal Issues. This is my summary (and proposed disposition) of issues raised by the Report of the Legal Review Group, of May 28, 1993

Summary: cont. from previous record "with Federal authority to reverse if principal effect is increasing costs and not quality of health care [not always easy to discern). Alliance and plans can specify quality expectations in Alliance -plan or plan -provider agreements. ... Enforcement of Standards. States should enforce standards (subject to Federal fall -back, and not concurrent, authority), with a range of sanctions and with due process protections. Alliances and plans should have contractual remedies to compel plan and provider compliance, respectively, subject to specified due process protections. Group sugggests not having particular religious exemptions or exceptions at the outset (namely, ignore the potential problem for now). What about issue of individual liberty not to sign"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/16/93
To: Drafting Group
From: Ed Grossman
Title: Re: Legal Issues. This is my summary (and proposed disposition) of issues raised by the Report of the Legal Review Group, of May 28, 1993

Summary: cont from previous record "up with plan? Does this prevent up from requiring paying for plan anyway? ... Group also suggests removing Federal limits on taxes and fees imposed on less than an entire class and limits on medicaid as payer of last resort. ... Group suggests specifically making section 1983 remedies unavailable for violations of the Health Care Act: particular problems are no exhaustion required and attorneys fees: these limitations would not apply to Constitutional challenges and

civil rights violations. Instead there should be an alternative comprehensive specific system for dispute resolution for different types of disputes. ... Issues Identified as Requiring Addressing by Us. The following issues also were identified as being legal issues that were not"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/16/93
To: Drafting Group
From: Ed Grossman
Title: Re: Legal Issues. This is my summary (and proposed disposition) of issues raised by the Report of the Legal Review Group, of May 28, 1993

Summary: cont. from previous record "thoroughly covered in the report (though most are covered above): (1) Delegation of taxing and enforcement powers from the Federal Government to the States and Health Alliances for premium collection.] (2) Constitutional substantive due process claims for patients and providers (including abortion, family planning, maintenance of rights of professional livelihood and practice). (3) General Federal procedural due process. (4) Contracts and taking clause issues related to the potential disturbanceof a multitude of pre -existing contractual arrangements for services. (5) First Amendment commercial speech rights of providers and health plans. (6) Potential gerry mandering practices related to the formation of Health Alliance areas."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/1/93
To:
From:
Title: Essential Providers

Summary: "Definition of Essential Providers (EPs) ... Special service primary care providers: public and private non profit

grantees under Title V of the Social Security Act furnishing prenatal and pediatric care and ambultory services to children with special health care needs; programs funded under Title X of the PHS Act; school health clinics; community mental health centers; ... clinics funded under Ryan White; other private non -profit and public providers designated by states as special service EPs

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 8/31/93
To: Policy Group
From: Paul Starr
Title: Status of the rationale book

Summary: "I have edited large portions of the rationale book and am eagerly looking for feedback. Attached is an updated outline, which is more detailed for Parts I, II, and III because those are the sections that I've been through in detail. I also am attaching an edited draft of Part III. I hope to distribute Parts I and II later this week. ... Note draft text is 65 pp."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 8/12/93
To:
From:
Title: Health Care Reform and Health Research Initiatives

Summary: "New funding for health research is focused in two areas: -Prevention research related to biomedical and behavioral research to promote health and prevent the onset of disease. -Health services research related to quality and outcomes measures, access and financing, efficiency and cost effecitveness, consumer choice and decision making research, primary care, and evaluation of health care reform. ... In addition, greater efforts in prevention can help remedy the special health problems and needs of women, minorities, and the elderly. ... The Prevention Research Initiative proposes an additional 1.5 billion investment in NIH prevention

research to augment existing efforts. This investment would support prevention research in 13 priority areas: child health, reproductive health, chronic diseases,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 8/12/93
To:
From:
Title: Health Care Reform and Health Research Initiatives

Summary: cont. from previous record "mental health, substance abuse, AIDS, tuberculosis, infectious diseases, nutrition, physical activity, environmental health, research foundations, and resource development. ... Environmental Health. ... Research would include: - Comprehensive investigations of diseases and disorders with known or suspected environmental causes; - Studies to determine the biological effects of pollutants, stressors, radiation, nutrients, and other environmental agents on human health; ... Health Services Research. ... The result of patient outcomes research and the development of clinical practice guidelines is integral to the health care reform objective of cost containment. Implementing health care reform provisions for quality management will also require a concerted"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 8/12/93
To:
From:
Title: Health Care Reform and Health Research Initiatives

Summary: cont. from previous record "program of research, demonstrations, evaluation, and technical assistance focused on quality assurance and improvement. ... Development of clinical practice guidelines promotes quality, appropriateness, and effectiveness of health care by assisting health care practitioners and educators, as well as consumers, in determining how diseases,

disorders, and other health conditions can most effectively and appropriately be prevented, diagnosed, treated, and managed clinically. The Practice Guidelines are critical for the development of medical review criteria, performance measures, and standards of quality, which health care providers can use to assess or review the provision of health care."

Comment:

Classification:

Participant(s):

Box Number: 3817
Date:
To:
From:
Title: Quality Management and Improvement

Summary: "To promulgate information about best practices and effective treatment approaches, the National Quality Management Program: Develops the surbey intrument; states may add quality measures of local interest. Develops clinical practice guide - lines, methodology standards, and an evaluation and voluntary certification process developed by the private sector. ... Regulations continues for labs that engage in critical testing (a test is critical is an answer is needed quickly or an error can result in serious harm to an individual); or conduct testing to monitor care while it is being delivered. Exempt laboratories perfoming waived tests and microscopy from all requirements under CLIA, including registration and payment of fees to the Department of Health and Human Services. Approx 79,000 labs."

Comment:

Classification:

Participant(s):

Box Number: 3817
Date: 3/24/93
To:
From:
Title: TITLE I -Assuring Health Care Security Through Universal Coverage

Summary: [(** CONFIDENTIAL: for use of Drafting Group ONLY!**] ... Sec. 101. Entitlement to Comprehensive Health Security

Comment: IWG involved in drafting legislation

Classification:

Participant(s):

Box Number: 3817
Date: 4/22/93
To:
From:
Title: Decision Memos

Summary: "What Remedies should the federal government use if states do not fulfill the requirements of health reform? Recommend: Sanctions must be sufficient to strongly encourage states to fulfill requirements. A federal "back -up" mus t be in place if states fail, but states should ultimately run the system. ... If states failed to correct failures after financial sanctions were imposed, the federal government would put the state program into "receivership"."

Comment:

Classification:

Participant(s):

Box Number: 3817
Date: 4/16/93
To: Drafting group (Grossman, Wofsy, Fleishman,Lawler)
From: SR
Title: Moving back into bill drafting

Summary: "Beginning on Monday, we will convene every day next week (except Tuesday) in the Cannon Building. Ed will call with the schedule. We will use these meetings to go over assigned specification memos for any omissions/errors and to review the actual drafts. Each meeting will last no more than two hours so that people's time can be spent on the development of comprehensive and accurate specifications for Ed. Frequently this can be done by using the Tollgate materials. At other time it may involve consultation with work group leaders. Since the bill reflects literally thousands of decisions that are highly related, the most expeditious way to assist HRC and Ira to review, change and add decisions is to commit as much to actual draft language as possible."

Comment:

Classification:

Participant(s):

Box Number: 3817
Date: 3/23/93
To:
From:
Title: handwritten notes, Drafting Meeting CLICK HERE TO VIEW DOCUMENT

Summary: "Donna, HRC, ICM to meet w/ comm. chairs and some rank and file. Chris, Howard to discuss jurisdiction process."

Comment:

Classification:

Participant(s):

Box Number: 3817
Date:
To:
From:
Title: Legislative Executive Summary. Information Infrastructure and systems

Summary: "The National Information Infrastructure, described in the recently introduced Senate Bill 4, will create low -cost electronic data highways for all uses throughout the nation. Managed competition information systems (those services and information systems designed specifically to meet the unique data needs of managed competition) must use these highways to reduce administrative costs and provide timely health care information to practitioners and patients. ... Use of the National Information Infrastructure by managed competition entities. 1. Authorize industry-government consortium to develop (a) common services (e.g., electronic commerce security) for managed competition which are to be shared across all managed competition entities;..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3817
Date:
To:
From:
Title: Legislative Executive Summary. Information Infrastructure and systems

Summary: cont. from previous record "The basic information system requires that information exchanges at the management level i.e., among Accountable Health Plans (AHPs), the Health Insurance Purchasing Cooperatives (HIPCs) and the National Health Boards (NHBs) be specified through legislation. ... AHPs and provider entities would be required to exchange patient data electronically using standardized sets of data. AHPs would exchange data electronically with HIPc and the NHB. Practitioners will be required to collect patient data eletronically at the point of care. Competitive pressures on practitioners and providers would move them to efficient information systems."

Comment:

Classification:

Participant(s):

Box Number: 3817
Date: 2/22/93
To:
From: Kathie Hastings, and Robert Berenson
Title: III.C. Malpractice and Tort Reform, Work Plan

Summary:

Comment:

Classification:

Participant(s):

Box Number: 1765
Date: 2/15/93
To:
From: Pete Welch
Title: Subj: Free -Choice Plans in HIPCS

Summary: "PRO: Many members of the public believe they should be able to select their own physicians. (It is unclear to me whether

this means primary care physicians only or also includes specialists.) With a requirement like this, the health care reform package would guarantee that people would have the opportunity to select their own physicians. Having free -choice plans would also mitigate physician opposition. Con: Free -choice plans are a major part of the problem that we wish to solve. In an ideal world. HIPCs might evolve to the point where they offer only prepaid group practices. However, most parts of the country are far from that point."

Comment:

Classification:

Participant(s): Sybil Goldman; Nancy Kichak; Dixon Wilson

Box Number: 1766
Date: 3/13/93
To:
From: Elliot N. Dorff
Title: Principles for National Health Care. Some Initial Thoughts

Summary: "Since absolutely everyone is affected by health care policy, some choices as to whom to consult must obviously be made. It is simply impractical to ask everyone. Moreover,as Aristotle saw, wise and good people -- that is, those with much exper -ience in a given area and those known to live admirable lives --are key people to be consulted. Even if those who make national policy must be limited, then, it would be wise to build into the system some leeway for the individual patient and health care professional. This will enhance the sense of the patient of being respected as a per son and the sense of the professional of being acknowledged for his or her expertise: ... Thus, national policies should, when possible, provide for choices of medical care,even if those choices must of necessity be limited for finan. reasons"

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/17/93
To:
From:

Title: Discussion of options associated with Bernie's "prose" draft

Summary: "Should the process of allocating specific services be transparent to patients? 1A - Make allocation decisions implicity, or convertly. Pro: Protects social fabric, because it remains hidden from most people that distinctions are necessarily being make among individuals. Avoids publicly debunking the myth that everything will be done for every individual. Promotes belief that physician is acting as advocate for individual patient. Enhances public trust in health care system. Con: Undercuts the ability of the patient to make an informed choice, and so patient cannot participate meaningfully in decisionmaking process. Encourages misunderstand -ing and deciet. Increases chance of decision that is not in the best interest of an individual patient. Detracts from public trust in health"

Comment: continued in next record

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1766
Date: 3/17/93
To:
From:
Title: Discussion of options associated with Bernie's "prose" draft

Summary: cont. from previous record "care system. 1B - Make allocation decisions explicitly, or overtly. [CONVERSE OF 1A] Pro: Enhances public trust in health care system. Con: Detracts from public trust in health care system."

Comment:

Classification:

Participant(s): Robert Benedict; Joel Cohen; Janice Crump; Dean Farley; Donald Goldstone; William May; Jonathan Moeller; Ruth Purtilo; Jonathan Witter

Box Number: 1768
Date:
To:
From:
Title: Who Pays fo Employer -provided Health Insurance

Summary: "For the most part, the costs of employer provided health insurance must ultimately be financed through reduced cash wages, other frimge benefits, reduced employment, increased productivity, or some combination thereof. During periods of high or moderate inflation, it is likely that most insurance costs are ultimately paid through reduced growth in cash wages or other fringe benefits. During periods of low inflation, increases in health insurance coverage are more likely to be accompanied by reductions in cash wages or other fringe benefits. To the extent that employers cannot induce their employees to accept lower cash wage growth (or reductions in cash wages during periods of low inflation), employers are likely to reduce employment."

Comment:

Classification:

Participant(s): Deborah Chang; Andrew Lyon; Michael Millman

Box Number: 1447
Date: 8/4/93
To: Alan Trachtenberg NIDA
From: Beatrice Rouse OAS
Title: Subject: health care reform

Summary: "Today, Mac Horton, Pat Rosenman, and I met with the ATOD co-chair (Kathy Magruder) and newsletter co -editors (Laura Flinchbaugh and bob Vollinger) to plan a background piecee on health care reform issues for the September ATOD section newsletter. The draft is due August 12. The idea is to provide information which supports the cost benefits and effectiveness of including treatment for alcohol and other drug abuse in the health care reform benefits package. As you know, the section membership numbers close to 900 with a variety of disciplines and levels of involvement in treatment. "

Comment:

Classification:

Participant(s): Reginald Govan; Jane Molloy; Alan Trachtenberg

Box Number: 1745
Date: 3/25/93
To: Distribution
From: Kurt Lawson
Title: Re: HIPC Tollgate IV and meetings March 22, 23 and 24

Summary: "At the Cluster I meeting on March 23, we agreed to hold a mini-tollgate on Friday to discuss a number of Cluster I issues that Zelman considers still open. Zelman also raised two issues regarding standardization of benefit packages and global budgets. The issue under standardization was whether all benefit packages, including those of fee -for-service plans, should be required to have low (or no) deductibles and low co -payments. The argument in favor of such a requirement is that consumers would otherwise not realize the high cost of fee -for-service plans. The hoped -for result is presumably the withering -away of fee -for-service plans."

Comment:

Classification:

Participant(s): William E. Dinkelacker; Robert Gillingham; Marina Weiss

Box Number: 3813
Date: 9/10/93
To:
From: Ira C. Magaziner
Title:

Summary: "We are finally going to release our plan for health care reform to the nation! The quality of this plan is directly related to the time, care and energy invested in the process by members of the working groups. We could not have done it without you."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 10/28/93
To: John
From: Beth Hadley
Title: hand written note CLICK HERE TO VIEW DOCUMENT

Summary: "Better late than never! Hope this document is worth a fortune someday - for both our sakes! Please give my best to Laura. Let's keep in touch. Best - Beth Hadley 690 -7699." following page ... "This document represents a preliminary draft of the president's health reform proposal. This document will be revised to reflect refinements of the policy as the policy is

reviewed. The numbers presented in this document are preliminary and are under review by the White House, the office of management and budget and relevant departments."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/8/93
To:
From:
Title: The Premium Restaurant - Today's Sample Re venue Menu

Summary: "Revenue from smoking prohibited in this restaurant. Health System Diet Specials: Uncompensated care recapture (jumbo) (small), Tax cap. Side dishes: FUTA wage cap increase, 1% payroll tax on self-insured, .5% unemployment health security tax, 3% premium tax. $30-35 billion dinners. Combo No. 1. Uncompensated care recapture -- jumbo portion ($22 billion) Tax cap ($10 billion). Combo No. 2. Uncompensated care recapture -- jumbo portion ($22 billion) 1% percent payroll tax on self-insured only ($10-13 billion). Combo No. 3. Uncompensated care recapture -- small portion ($13 billion), tax cap ($10 billion), 1% payroll tax on self-insure only ($10-13 billion) ..." 8 more "combos"

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 5/21/93
To: VA Health Care Task Force, Working Group and Clus
From: Victor Raymond
Title: Policy on White House Task Force and Working Group Records

Summary: "1. On April 19, 1993, a memo from Ira Magaziner defined what are records of the Task Force and Working Groups, how they are to be maintained and how they will be handled when you work on Task Force matters is completed (attached). On April 29, 1993, a memo from the White HOuse (J. Podesta and S. Neuwirth), sent to you by Gerry Charles on April 30, further articulated the policy to be followed on disposition of all records (paper and electronic) used in VA support of the Task Force activity. 2. The policy

articulated by the White House in these memos is summarized below: a. All records in your possession related to the work of the Health Care Task Force are subject to the Presidential Records Act, are the property of the White House, are to be kept separate and distinct from agency papers. b. The definition of "

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 5/21/93
To: VA Health Care Task Force, Working Group and Clus
From: Victor Raymond
Title: Policy on White House Task Force and Working Group Records

Summary: cont. from previous record "records is specified below. All documents meeting they definition of White House records are to be preserved, boxed and provided to the White House Task Force Project Office (TW Room 751) at the completion of your participation in the work of the Task Force, Working Group, clusters and teams. c. Records are defined as paper or electronic documents which were either received by you or created by you in your role as a participant in the White House Health Care Reform Task Force effort. d. The documents include notes, drafts, working papers, charts, graphs, books, publications including journals and magazines, and incomplete documents. Only duplicate copies of documents can be destroyed; all other records will be provided to the White House."

Comment:

Classification:

Participant(s):

Box Number: 3813
Date: 6/18/93
To: Paul Starr
From:
Title: Getting Prices Right in Health Reform

Summary: "One of the more subtle but far reaching provisions of the approach put forward by Gary and Larry is a proposal that would redistribute funds within alliances from low -cost to high -cost areas. On the surface, the proposal looks harmless: employees

would be guaranteed that "they would pay no more than 20% of the weighted average premium in the alliance for a plan that is at or below the weighted average premium in the employee's community rating area. "But this proposal would have the following effects: The reward for a community that has high enrollment in low -cost plans is to receive less money from the health alliances, and to raise the cost of plans in that community. The reward for an area with high enrollment in high -cost plans is to receive more money from the alliance and to"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 6/18/93
To: Paul Starr
From:
Title: Getting Prices Right in Health Reform

Summary: cont. from previous record "receive more money from the alliance and to reduce consumer incentives to enroll in low cost plans. I will call this the perverse economic incentive problem. People who live in affluent high spending areas will receive more funds from the alliance than those who live in poor, low -spending areas. I will call this the Beverly Hills problem. The premiums that consumers will face for the same plan will vary from one local area to another. Co -workers will be asked to pay more or less depending on their address. I will call this the horizontal equity problem. Premiums for the same plan will bounce up or down depending on local shifts in enrollment among other plans. When they bid, plans will be unsure what consumers will actually pay for their"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3813
Date: 6/18/93
To: Paul Starr
From:
Title: Getting Prices Right in Health Reform

Summary: cont. from previous record "premium in any given area. I will call this the market confusion problem. Local -area variations in consumer premiums will confuse public discussion of what plans cost. Newspapers will not be able to publish a table showing the premiums their readers will pay for plans. I call this the public confusion problem.

Comment:

Classification:

Participant(s):

Box Number: 3812
Date: 8/3/93
To:
From:
Title: New System Structure - State Responsibilities

Summary: "For areas where no health plan applies to serve, the state must assure that at least one health plan is available for every eligible individual residing within its service area. ... A state must designate an agency that assumes control if a health plan fails. Procedures established by states to handle the failure of health plans assures continutity of coverage for consumers enrolled in the plan. If a health plan cannot meet its financial obligations to health care providers, the providers have no legal right to seek payment from patients for any services covered in the comprehensive benefit package other than the patients' obligations under cost -sharing arrangements. If a health plan fails, health providers are required to continue caring for patients until they are enrolled in"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 8/3/93
To:
From:
Title: New System Structure - State Responsibilities

Summary: cont. from previous record "a new health plan. ... If a state chooses to establish a state -wide single -payer system, the

state may request the federal government -- ... to waive the federal rules requiring a guaranty fund for health plans;"

Comment:

Classification:

Participant(s):

Box Number: 3812
Date: 6/3/93
To: H. Clinton, C. Rasco, I. Magaziner and J. Feder
From: S. Rosenbaum, D. Rowland, P. Budetti, G. Lawler,
Title: Re: Legislative specifications for President's national health reform plan

Summary: "The notebook which accompanies this memorandum contains legislative specifications for the President's national health reform bill. This memorandum sets out our schedule over the next six weeks, provides an overview of the matierials found in the notebook, and highlights issues which need your particular attention. ... The specificaitons are based on our review of the Tollgate 5 papers, as well as extensive discussion held over the past 6 weeks with work group staff and administration officials. ... Because of the complex and potentially controversial nature of certain elements of the new law, it will be important for the President to demonstrate that he has considered all of the ramifications of each of the structural, policy and legal proposals he makes."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/3/93
To: H. Clinton, C. Rasco, I. Magaziner and J. Feder
From: S. Rosenbaum, D. Rowland, P. Budetti, G. Lawler,
Title: Re: Legislative specifications for President's national health reform plan

Summary: cont. from previous record "To minimize and stay on top of jurisdictional issues will require very intensive collaboration among drafters, White House policy, political and Congressional staff, and members of Congress and their staff. ... Jurisdiction: Our preliminary recommendation is that the basic guarantee of

health care for all Americans be crafted as a new law rather than as amendment to the Social Security Act, or some other existing law. ... Our draft benefit package is based on the original task force recommendations. ... While legal issues arising from malpractice reforms were extensively addressed by the Task Force, other issues were not. These are: legal rights between individulsand states, alliances, plans and providers; legal rights between plans on the on hand and"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 6/3/93
To: H. Clinton, C. Rasco, I. Magaziner and J. Feder
From: S. Rosenbaum, D. Rowland, P. Budetti, G. Lawler,
Title: Re: Legislative specifications for President's national health reform plan

Summary: cont. from previous record " alliances and states on the other; and legal rights between providers and plans, and between providers and alliances and states. ... These rights and duties reflect the sweeping changes in federal law created by national health reform. ... Other matters will arise as you read the specifications. For example, we had to make certain assumptions about the delegation of Congressional authority. There are enormous jurisdictional implications from changing current patterns of Congressional delegation of legislative authority."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date: 5/27/93
To: Files
From: Sara
Title: Re: Treatment of abortion

Summary: "From my experience with abortion as a health law issue, I can provide two basic legislative options. 1. Remain silent. Under this option, abortion would be treated like any other medical item or procedure under the new benefit plan. That is, our

package would cover all medically appropriate abortions., [FN1 Provisions suc as the Hyde amendment are needed when lawmakers want to single abortions out for specific, differential treatment.] The term "medically appropriate", as we define it, is probably broader than the term "medically necessary". [FN2 The first Hyde amendment was enacted because of early federal court rulings that medicaid covered elective abortions. These rulings probably were incorrect, given Medicaid's medical necessity standard.] That is, a medical appropriateness"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 5/27/93
To: Files
From: Sara
Title: Re: Treatment of abortion

Summary: cont. from previous record "judgement might take in a broader view of a patient's overall health and psychosocial needs than a more narrow medical necessity standard. Under an "appropriateness" standard, women who desire abortions for physical , psychological, or other reasons considered appropriate in the judgement of their provider, [FN 3 If we include a conscience clause, my suggestion is that we draft it to provide that any individual provider can elect not to perform the service but to also make clear that the AHP either has to find the woman another participating provider who does offer the service or else pay for the procedure on an "out -of-plan" basis. In other words, we do not want AHP corporate entities to be let off the hook simply because they enroll individual providers who"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 5/27/93
To: Files
From: Sara
Title: Re: Treatment of abortion

Summary: cont. from previous record "refuse to honor a provision in their patients' contracts.] would be covered. Absolutely elective abortions would not be covered. Overrride the medical appropriateness standard for abortions. ... "Except in the case of termination of pregnancy, which shall be at the election of the patient, no item or service shall be covered unless medically appropriate". This language would achieve coverage, but would place abortion in a category not commonly found in health insurance. It is common for private health insurance plans to contain medical appropriateness standards. To the extent that abortions are paid for, this probably is because a physician notes in the woman's record that there is some type of medical need. In other cases, abortions get paid for"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date: 5/27/93
To: Files
From: Sara
Title: Re: Treatment of abortion

Summary: cont. from previous record ""under the table" as dialation and currettage because of suspected problems. In other words, someone basically misrepresents the woman's condition in order to cover her procedure."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date: 4/21/93
To: Judy Feder, Ira Magaziner, Sara Rosenbaum
From: Rox Lasker and cross -cutting group on special pop
Title: Subsidy payments for low income persons

Summary: Below are some thoughts about implicaitons of the decision to: provide subsidies for low -income persons equal to the premium of the lowest cost plan offered in a health alliance, reguardless of availability; and require plans to: enroll an undetermined number of low -income persons at the premium cost of the lowest

plan, - enroll as above or pay a tax. ... However, to the extent that the subsidy payment is insufficient to cover the cost of providing care to low -income persons (and plans cannot or do not identify ways to provide such care more efficiently), plans will have incentives to fill their quota with the "cream" (e.g. lowest-risk of the income population. Plans will also have incentives to provide low -income persons with a lower quality of service and care."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date: 5/24/93
To:
From:
Title: Specifications. Fraud and Abuse

Summary: "Health care fraud would be a federal crime as follows -- ... waive routine copayments where copayments are required under the plan, claims a higher code for purposes of reimbursement that the one the person knows or should know is correct, ... fail to cooperate with quality or wuilization review, kickback unlawfully, submit a claim for an item or service provided by an excluded person, fail to report violations of federal criminal law. The penalty amount would be $10,000 per item or service and an assessment of no more that treble the amount claimed. There would be pre-judged interest on penalties and assessments imposed by an Administrative Law Judge. The standard of knowledge in all cases would be "knew of should have known". (Look at Medicare and Medicaid)"

Comment:

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, State Responsibilities

Summary: "Guaranty Funds. ... If a health plan cannot meet its financial obligations to service providers, they have no legal right to seek payment from patients for any services covered in the comprehensive benefit package other that patients' obligation under cost-sharing arrangements. If a health plan fails, health care professionals participating in the health plan are required to continue providing care until their patients are enrolled in a new health plan. All plans must participate in a guaranty fund, and the fund is liable for all claims against they plan by health care providers, contractors, employees, governments or any other claimants. The guaranty fund stands as a creditor for any payment made on behalf of a plan. ... Additional Benefits."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, State Responsibilities

Summary: cont. from previous record "No health plan, insurer, or any other person may offer an eligible person a health insurance policy that duplicates coverage in the comprehensive benefit package. Any health plan that does so will be disqualified from participating in alliances, and any firm or individual who offers such policies will be subject to loss of license required to sell insurance. ... No later than 24 months after enactment, the National Board develops, in consultation with the state, no more than five standard additional benefit policies. When the standard policies become available, the sale of all other policies. The Secretary of HHS also develops in consultation with the states, minimum standards that prohibit marketing practices by insurance companies and agents"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:

From:
Title: Working Group Draft, State Responsibilities

Summary: cont. from previous record "to prevent a health plan from: ... Providing compensation to an agent selling supplemental benefits for promoting or otherwise encouraging the purchaser of supplemental benefits."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Regional Health Alliances

Summary: "Alliances control direct marketing to consumers by health plans. Marketing rules include at least the following requirements: The alliance must approve marketing materials used by health plans. If a health plan uses direct marketing, it cannot limit distribution to an area smaller than the geographic area is serves within the alliance. Health plans and their agents are prohibited from attempting to influence an individual's choice of plans to deliver the nationally guaranteed benefit package in conjunction with the sale of supplemental benefits. ... An alliance brochure published annually makes this information available in a format and languages that make it accessible to the major segments of the population served by the alliance."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Budget Development and Enforcement

Summary: "If all else fails, the budget ensures that health care costs do not rise faster than other sectors of the economy. ... If an alliance's anticipated weighted average premium exceeds its

budget target, the National Board may take any of the following actions to restrain spending prior to the open enrollment period for the next year: Require the alliance to re -negotiate premiums with health plans. Freeze new enrollment in high -cost health plans. Surcharge high -cost plans and provide rebates for low -cost plans."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Creating a New Health Workforce

Summary: "Approximately 40 specialty review committees make recommendations related to the allocation of positions in their respective specialties. Positions are awarded for a three -year period. The review panel for each specialty consists of 15 members: Seven board -certified physicians in the specialty, One physicians trained in another specialty, Seven members who are not physicians, including nurses, hospital administrators and others. The Criteria for allocating residency positions to individual training programs are published annually for each specialty and include: Appropriateness of training for future needs of the health care system, Geographic distribution, Contribution to creating and maintaining access to primary and specialized health care for populations and regions that"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Creating a New Health Workforce

Summary: cont. from previous record "traditionally have had inadequate health services. ... To increase the diversity of the health care workforce, support is provided to programs that

increase the number ot health professionals among racial minority groups and disadvantaged persons. The goal of these programs is to double the level of underrepresented minorities enrolled in the first year of medical school to a level of 3,000 students by the year 2000."

Comment:

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Fraud and Abuse

Summary: "In a capitated system, that put providers ordering services at financial risk for their costs, ther is little incentive to file false claims or to over -utilize services. This is different that today's fee -for-service world where providers profit by filing claims for services not rendered or by ordering unnecessary services. ... The program will be jointly directed by DOJ which has primary law enforcement responsibility for the federal government, and HHS, which has the most experience in enforcement of civil, criminal and administrative remedies pertaining to health care programs. Trust Fund. Annual fines, and penalties, forfeitures and damages (other than restitution imposed on those entities and individuals who defraud or abuse health care delivery or beneficiaries would"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Fraud and Abuse

Summary: cont. from previous record "be deposited in a trust fund. Exception would be made to the extent that current law directs that the money be given to other parties (such as the states) or deposited in other trust funds (such as the Medicare Trust Fund).

The trust fund would be used, in addition to appropriate amounts, to supplement the cost of federal efforts to combat health care fraud and abuse. ... The forfeiture remedy gives the government the ability to use either criminal or civil remedies to seize assets derived from fraudulent or otherwise illegal activities. A new health care fraud statute will be created, modeled after existing mail and bank fraud statutes to specifically penalize schemes that defraud either public or private health care programs. ..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Fraud and Abuse

Summary: cont. from previous record. "The following actions would be the basis for Civil Monetary Penalties under this proposal: ... Failing to report information or reporting inaccurate information that is required to be submitted to a data bank. ... A plan failing substantially to provide medically mecessay items of services that are required ... A plan acting to expel or to refuse to re -enroll an individual in violation of the provision of law. ... A plan engaging in any practice that would reasonably be expectied to have the effect of denying or discouraging enrollment by eligible individuals with the organization whose medical condition or history indicates a need for substantial future medical services. In the case of a plan, employing or contracting with any individual or entity that

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Fraud and Abuse

Summary: cont. from previous record "is excluded from participation for the provision of health care, utilization review, medical social work or administrative services or employing or contracting with any entity for the provision (directly or indirectly) through such an excluded individual or entity of such services. ... Failure to cooperate with quality or utilization review. ... Submitting a claim for an item or service submitted by an excluded person. ... Failure to report violations of federal criminal law. ... The penalty amount will be $10,000 per item claimed (consistent with the Civil False Claims Act ... and an assessment of no more that triple the amount claimed. The law will provide for pre -judgement interest or penalties and assessments imposed by an administrative law"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3812
Date:
To:
From:
Title: Working Group Draft, Fraud and Abuse

Summary: cont. from previous record "judge. The standard of knowledge in these cases will be the "knows and should know" standard."

Comment:

Classification:

Participant(s):

Box Number: 1760
Date: 2/16/93
To: David Cutler
From: Lois Quam
Title: Several Cost Control Ideas

Summary: "The FDA's role could be expanded in several ways to facilitate more cost -effective delivery of care. These changes have been under discussion but I am not aware of the details. One change would be to expand the criteria for FDA review of therapies beyond efficacy to cost -effectiveness. The FDA's approval process would then consider some criteria of cost effectiveness in its

review. Another option would broaden the type of therapies under FDA review. Currently, surgical and diagnostic procedures are not reviewed for efficacy. Review and approval would certainly diminish the amount of unnecessary care. ... Encouragement of the preparation and filing of advance directives by patients on the termination of life -support and other end -of-life treatment is another means of reducing cost."

Comment: continued in next record

Classification:

Participant(s): David Cutler; Dan Ermann; Grayson Norquist; Caroline Taplin

Box Number: 1760
Date: 2/16/93
To: David Cutler
From: Lois Quam
Title: Several Cost Control Ideas

Summary: cont. from previous record "The extent of participation is highly dependent on how easy it is. Medicare does something in this area, but I don't know how effecitive it has been."

Comment:

Classification:

Participant(s): David Cutler; Dan Ermann; Grayson Norquist; Caroline Taplin

Box Number: 1748
Date:
To:
From:
Title: Creating Electronic Patinet Records Systems: Will the United States Government Force Providers to Use Computer Based Patient Record Systems?

Summary: "In June 1992, the Department of Health and Human Services (DHHS) announced its plans to introduce the "Medical and Health Insurance Information Reform Act of 1992." It laid out a time table for developing standards and guidelines for confidentiality, and intended to empower the Secretary of DHHS to impose such if the organizaitons failed to reach a consensus. It also would have forced a fast track toward computerization, as all providers participating in Medicare programs were required to have

computerized patient record system by January 1, 1996. It is important to understand the five centers of activities and their role in the process. They are 1) the Federal Government, 2) WEDI, 3) HISPP and ANSI, 4)the Computier based Patient Record Institute, and 5) others."

Comment:

Classification:

Participant(s): Robert Gillingham; Timothy Hill

Box Number: 1748
Date:
To:
From:
Title: Maryland's Proposal to the Robert Wood Johnson Foundation States Initiatives in Health Care Financing

Summary: "Establishing a Maryland Uniform Health Information Communication Infrastructure. The $2 million will be used to complete business planning and start -up a state wide infrastructure for unifor definition capture and communicaiton of health information ... Through collaboration of the State, the State's Universities, the business community and health care providers, the casic initial infrastructure would grow into capabilities modeled after concepts in the Institute of Medicine report: "The Computer Based Patient Record - An Essential Technology For Health Care" ... With the data available, and assuming fees based on savings potential to providers and third party payors, revenue estimates for the services above are about $100 million."

Comment: continued in next record

Classification:

Participant(s): Robert Gillingham; Timothy Hill

Box Number: 1748
Date:
To:
From:
Title: Maryland's Proposal to the Robert Wood Johnson Foundation States Initiatives in Health Care Financing

Summary: cont. from previous record "Roles and Responsibilities: Maryland Department of Health and Mental Hygiene. Coordinate the Governor's designation of MaryCHI as Maryland's RWJ applicant.

Provide guideance and assistance in obtaining support for the RWJ proposal. Assist in development and coordination of legislative suuport for the establishment of the infrastructure, legislative mandates, Privacy and Confidentiality considerations, etc., Assist in preparing the RWJ proposal. Participate in RWJ project (roles and resources to be determined), Coordinate empowerment of MaryCHI to oversee and coordinate DHMH activities in the RWJ project. Assist in identifying and arrange matching funds ($666,660).

Comment:

Classification:

Participant(s): Robert Gillingham; Timothy Hill

Box Number: 1783
Date: 3/31/93
To:
From:
Title: Health Care Information System and Administrative Simplification Workgroup Session

Summary: "Attendees: NEIC, SMS Corp., EDS, WEDI/The Travelers ins. Co., ANSI ASC X12/Aetna Ins. Co., PCS Health Systems, Cooperative Health Care Networks, First Health, WEDI/Blue Cross Blue Shield Assn., CIS Technologies. United Healthcare, Galen (formerly Humana), Medstat Systems, Kaiser Permanente, HFMA (Healthcare Financial Management Assn.) Intermountain Health Systems, Brigham and Women's Hospital,Regenstreif Institute/AMIA/CPRI, Institue for Medical Information and Technology, Institute for Clinical Systems Integration. ... WEDI has 200 people in technical advisory groups whose jobs are to develop and obtain agreement on one electronic data interchange standard ..."

Comment:

Classification:

Participant(s): Isabel Almendarez; Michael J. Fitzmaurice; Mary Frasche; Michelle Huckaby; Jacqueline Morgan; William Olsen

Box Number: 1748
Date:
To:
From:
Title: Mock up of hypothetical health card.

Summary: "Elements and Features: Blood Type and Citizenship Flags ... Digitized Photo and Signature ... Metallic Kinegram that seals a shallow cavity in the plastic card and contains DNA matierial ... hair, blood, skin sample. ... Listed allergies, Microprocessor Chip."

Comment:

Classification:

Participant(s): Robert Gillingham; Timothy Hill

Box Number: 1749
Date:
To:
From:
Title: National Committe on Vital Statistics and Health Statistics Subcommittee on Ambulatory and Hospital Care Statistics

Summary: "The most vulnerable part of the health care market (lacking data) are those services provided in the ambulatory setting (outpatient, physician); this is also the fastest growing sector of the health care market for intensity of services. One possible solution would be to collect baseline data from the primary physician and link that data to health plan (bring resources to needs) and consumer (summary data) or benefit manager (like portfolio manager) for education and decision making. ... Additional data on patient is necessary; need to establish uniform Encounter Form. Add to claim form (supplemental)."

Comment:

Classification:

Participant(s): Timothy Hill

Box Number: 1749
Date:
To:
From:
Title: Roadblocks to Electronic Processing

Summary: "Large number of third -party payers with no or very limited electronic capability (currently, CIS can send 65% of provider claims electronically -- lower in California, Washington State, and Washington, DC -metro, where large numbers of managed care contracts are held by small payers with limited capability.

Percentage of claims electronic in California is only 35% compared to 65% nationally, for example)"

Comment:

Classification:

Participant(s): Timothy Hill

Box Number: 1749
Date:
To:
From:
Title: Presentation Program

Summary: "The New York Single Payer Demonstration Program (35 min.) Presented at the Automated Medical Payments Conference II. December 1992 in San Francisco, CA. State of New York, Department of Health, CIS technologies, inc."

Comment:

Classification:

Participant(s): Timothy Hill

Box Number: 1749
Date: 7/6/93
To: Philip R. Lee, Dept. HHS
From: Harold S. Luft, PhD. Prof. Health Econ. UCSF
Title: letter

Summary: "The imposition of global budgets for hospitals and other providers during this period could be quite disruptive for several reasons. ... The second major problem is that global budgets and price freezes will vastly complicate and slow down the development of managed care plans. For example, suppose a hospital is interested in joining or developing an HMO. ... Instead of mandatory price-fixing and global budgets, two other more attractive options were raised at the meeting. The basic strategy would be the establishment of a universal nomenclature and pricing structure for fee-for-service. This would be done by requiring the use of the RBRVS for all physician services and DRGs for all hospital admissions. Some additional work would be necessary to extend these systems to cover"

Comment: continued in next record

Classification:

Participant(s): Timothy Hill

Box Number: 1749
Date: 7/6/93
To: Philip R. Lee, Dept. HHS
From: Harold S. Luft, PhD. Prof. Health Econ. UCSF
Title: letter

Summary: cont. from previous record "exempted services (e.g. pediatric admissions). In conjunction with this change, I would recommend universal use of a common claim form and the switchover to electric billing. Simultaneously, universal identification numbers would be assigned to everyone so that data can be aggregated across individuals and providers. This will allow the development of accurate measures of health care use in order to establish risk adjustment measures. ... I would not require providers to use the DRGs and RBRVS rates for actural billing if they have other contractual arrangements, such as with an HMO or PPO which may use capitation or other methods. Providers, however, would have to code services useing the universal nomenclature. (A patrial exemption may be needed for"

Comment: continued in next record

Classification:

Participant(s): Timothy Hill

Box Number: 1749
Date: 7/6/93
To: Philip R. Lee, Dept. HHS
From: Harold S. Luft, PhD. Prof. Health Econ. UCSF
Title: letter

Summary: cont. from previous record "integrated health plans, such as Kaiser, which do not use service based claims. However, most such plans already have the capability of reporting major tests and procedures; the minor things can be bundled into summary categories.) ... It is also likely that the forced transition will lead many of the smaller carriers to voluntarily drop out of the system of form consortia to simplify administrative arrangements. This consolidation will help in the establishment of a single fee - for-service plan under each Health Alliance. ... At one extreme, providers could set their own multipliers. ... At the other extreme, the multipliers could be set legislatively."

Comment:

Classification:

Participant(s): Timothy Hill

Box Number: 1801
Date: 10/9/92
To: George Stephanopolous
From: Harold Ickes
Title: Re: Right to Die

Summary: "Enclosed is a proposed position statement for Bill Clinton re "Right to Die" issues which was sent to me by David Smith, formerly of our firm, who is now the counsel to the organization "Choice in Dying" which is headquartered in New York City. Having heard some of Bill Clinton's remarks in this area, David thought this position paper might prove useful."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date:
To:
From:
Title: Proposed Position Statement for Gov. Clinton Concerning "Right to Die" Issues

Summary: "The U.S. Supreme Court has held that every competent adult American has a fundamental right to be free of unwanted life-sustaining medical treatment [Cruzan v. Director, 110 S. Ct. 2841 (1990)]. ... Federal legislation needed to assure that such documents [living wills, health care power of attorney] that are valid in the state where they are made will be honored in all states. However, it is noteworthy that proposals to legalize physician aid in dying have received substantial support in several states. This phenomenon is almost certainly based in large part on the feeling of many Americans that our health care system has utterly failed to serve them ..."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 11/11/92
To: Atul Gawande and Bruce Fried
From: Mark Gibson
Title: Re: The Oregon Plan and the ADA

Summary: "Consider this as an opening try at getting you what you need to defend Governor Clinton's position and that we will do what ever is necessary to get you anything else you need. ... If you are trying to placate the Washington D.C. advocates for persons with disabilities, then you have a difficult task ahead. While some of them will be resonable, and will respond positively to the Oregon plan once they have the facts, many others will be satisfied only if Mr. Clinton reserves his position. As you said Bruce, they will not hear nor believe the facts surrounding the plan. In any case, it would be horrible for Governor Clinton to reverse himself, not only for the thousands of people in Oregon who are depending on his action as President to clear the way for them to gain dependable access to the"

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 11/11/92
To: Atul Gawande and Bruce Fried
From: Mark Gibson
Title: Re: The Oregon Plan and the ADA

Summary: cont. from previous record "health care system, but also for the campaign. I think it would be damaging for Gov. Clinton to be seen as folding to special interest pressure from inside Washington. ... The advocates think that there is a way to reach a painless solution to the health care crisis through a single payor systenm, and they fear a successful "play or pay" precedent would diminish their chances of getting the system they want."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 11/17/92
To: Judy Feder/ Atul Gawande
From: D. Nexon, M. Isokowitz, R. Weich, D. Jodrey et al.
Title: First hundred days health agenda/Labor Committee perspective

Summary: "School -based clinics/comprehensive social service centers. ... Moving this bill as a freestanding initiative increases the likelihood of amendments dealing with teenage sexuality, condoms in the schools, abortion, etc. However, this is an issue that the President -elect discussed frequently during the campaign. He was an active player in the development of the Arkansas program -- the model for our effort. ... Possible Executive Orders and Administrative Actions / Health ... - New surgeon general should make a finding, pursuant to authority contained in the FY93 Labor -HHS Appropriations bill that needle exchange programs reduce the spread of AIDS and do not encourage drug abuse. Such a finding will permit states to use Federal ADMS Block Grant funds for needle exchange programs."

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 11/17/92
To: Judy Feder/ Atul Gawande
From: D. Nexon, M. Isokowitz, R. Weich, D. Jodrey et al.
Title: First hundred days health agenda/Labor Committee perspective

Summary: cont. from previous record "Remove content restrictions ("offensiveness standards") on HIV prevention and education materials funded through the CDC conformance with Federal Court order. FDA and food safety. - Restore FDA authority to issue regulations. Until the Reagan era, the FDA Commissioner was delegated authority from the HHS Secretary to issue all regulations implementing the laws for which FDA was responsible. In 1981, the Administration required two levels of review above the FDA Commissioner for the issuance of all regulations.The blue ribbon Edwards Committee on FDA reform cited the redelegation of authority to the FDA Commissioner to issue regulations as the most important measure available to HHS to restore the Commission's prrestige, enhance the FDA's effectiveness and improve employee morale."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1806
Date:
To:
From:
Title: Revisions to Nurse Practice Acts

Summary: "Option 1: Authority Given to State Board of Nursing ... Supervision: Notwithstanding any provisions of law to the contrary, no state shall require that an Advnanced Practice Nurse, as defined by the State Board of Nursing, be supervised by a physician or be subject to formalized collaboration or practice agreements between Advanced Practice Nurses and physicians. ...Notwithstanding any provision of state law to the contrary, the State Board of Nursing shall have sole authorityu to promulgate regulations authorizing Advance Practice Nurses, as defined by the State Board of Nursing, to prescribe drugs and devices."

Comment:

Classification:

Participant(s): Elizabeth Hadley

Box Number: 1806
Date: 3/8/93
To: Robert A. Berenson and Kathleen E. Hastings
From: Alice G. Gosfield
Title: letter

Summary: "It was not until much later in the day in a side bar conversation between Tom Pyle and Ken Abraham that I began to understand that the folks sitting at the table see malpractice reform as a tradeoff to garner the support of organized medicine. Given the fact that organizeed medicine has already said they want to trade at the table, and given concerns reguarding the wrath of the organized bar, I remian convinced that it is important to focus on those features of a managed competition environment that create special liability issues. For example, the cost - contained utilization management controls which can deny services, limit services or limit access to care, combined with the restrictive choice of providers available to the subscriber are essential aspects of a managed competition

Comment: continued in next record

Classification:

Participant(s): Elizabeth Hadley

Box Number: 1806
Date: 3/8/93
To: Robert A. Berenson and Kathleen E. Hastings
From: Alice G. Gosfield
Title: letter

Summary: cont. from previous record. "setting for which some malpractice reform is appropriate. ... To the extent that guidelines are available I believe that providers following them must be protected from the impact of them. Of course this will not eliminate litigation, but it will narrow the boundaries of the litigation as Randy so succiently put it. ... The issue of which guidelines are legitimate in a world of conflicting guidelines is an essential aspect of realigning the system. Therefore, I strongly favor an assessment methodology and body to rate guidelines."

Comment:

Classification:

Participant(s): Elizabeth Hadley

Box Number: 1801
Date: 8/25/92
To: Atul Gawande
From: George S., James C., Bob B., Gene S.
Title: Re: Updated analysis of Bush acceptance speech re: health care.

Summary: "Ken Thorpe ... calculated the impact on the Bush Medicare cuts on physician and hospital fees and cost -shifting to the private sector (reflected in job loss and more loss of insurance). He found the following. ... Reimburse cuts lead to denial of access for elderly. Phasing in over five yeats the $507 billion Medicare cuts outlined in Gene's memo will slash Medicare reimbursement to hospitals and doctors. In 1993, their payments would be less than 70% of cost. At these levels, access for the elderly would fall to Medicaid levels at which 3 out of 4 doctors refuse to see patients. If Bush were honest about his promises, by 1997, these payments would fall to less than 20% of costs, effectively ending Medicare. ... Cost -shifting leads to a loss of 5.6 million jobs as the private sector absorbs"

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 8/25/92
To: Atul Gawande
From: George S., James C., Bob B., Gene S.
Title: Re: Updated analysis of Bush acceptance speech re: health care.

Summary: cont. in next record "the $507 billion in Medicare cuts. ... .Cost -shifting leads to drama - tically higher private health costs. Under the Bush plan,costs per employee would rise from 4606 in 1993 to nearly $11,000 by FY 1996. ... Table 1. Medicare Payment Levels Under Bush Entitlement Cap, Tax Cuts, and Spending; year, cuts, hospital payments as % of Cost, physician payments as % of cost; 1993, $14, 82.1%, 81%; 1994, $25, 77.1%, 75%; 1995, $39, 71.9%, 70%; 1996, $56, 66.4%,64%; 1997, $76, 61.4%, 59%. Experience from the Medi - caid program shows that when you get payments to physicians in the range of 70% or below, only one in four physicians will agree to see a patient. This means the elderly will be turned away by most physicians if payments get this low. Medicare will become second class medical care."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 10/14/92
To:
From:
Title: Press Advisory - Nation's Health Leaders Endorse Clinton/Gore

Summary: "According to NHLC [National Health Leadership Council] founder and Chairman, Irwin Redlener, M.D. Associate Professor of Pediatrics and Chief of Community Pediatrics at the Albert Einstein College of Medicine -Montefiore Medical Center, " For many of us, a decision to become active supporters of the Democratic ticket came last August when President Bush and his surrogates began suggesting that Bill Clinton supported socialized medicine, rationing,

grid-locked waiting rooms and government intrusion. " ... Finally according to Dr. Redlener, the NHLC has recognized how horrendus the past 12 years have been for the practice of medicine affecting patients as well as doctors. "Americans are starting to see that it's not only costs that have been a problem."

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 10/14/92
To:
From:
Title: Press Advisory - Nation's Health Leaders Endorse Clinton/Gore

Summary: cont. from previous record "The runaway insurance industry bureaucracy and an avalanche of regulations and paperwork from the past two Republican administrations are suffocating good medical practice and frustrating people seeking to get essential medical services for themselves or their loved ones."" NHLC Steering Committee: Christine Cassel, Univ. Chicago; Joycelyn Elders; H. Jack Geiger, CUNY; Ron Anderson, Parkland Hosp.; Arthur L. Caplan Univ. MN; William C. Hsiao, Harvard; Alexander Leaf, MA Gen. Hosp.; Jennifer Leaning, Harvard Com. Health Plan; John C. Lewin, Dir. Health HI; Fred Plum, Cornell; Michael I. Posner, Univ. OR; Arthur S. Relman, Harvard; Victor Sidel, Montefiore Med. Ctr.; Paul Starr, Princeton."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 9/7/92
To: George S, James C., Bob B., Susan T., et al.
From: Atul
Title: Health Care Strategy

Summary: "We are getting either bad press or the wrong press on health care. For example, this weekend the McGlaughlin Group debated the two candidate's plans. They did a set of on -screen bullets on our plan which included among them, as if it were fact,

"7% payroll tax" and language that implied price controls. Our message is not getting through. A Kaiser Foundation/Louis Harris poll shows we dropped from a 71 -14 lead on health care on July 19 to a 55 -27 lead on August 31."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 12/29/92
To: Judy Feder, Atul Gawande
From: Larry Atkins
Title: Re: Project on Business Support for Health Care Reform

Summary: "As you know, I have been working with corporations over the last few years to broaden business support for health care reform legislation. As part of this effort, Winthrop, Stimson is sponsoring a project, in conjunction with Towers Perrin (formerly TPF&C) that I think you may find interesting, and will, I hope, be able to participate in. The overall project is intended to help senior corporate executives define their interests and role in health care reform --"

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 2/11/93
To:
From:
Title: Health Care Reform: Will Business Get Value?, 2/11/93, Hotel Macklowe, New York, NY, List of Attendees

Summary: David J. Andrews - Planned Parenthood, Robert C. Barker - Heublein, Inc., Jack M. Benton - Bank of Tokyo, Kevin Bergin - Grey Advertising, H.W. Brown - Consolidated Rail Corp., Franklyn A. Caine - United Technologies Corp. - Michael E. Campbell - Olin Corp., William Collumbien - RC Cement Co., Inc., William D. Davis - Commonwealth Bancshares, Louis DiMaria - Merrill Lynch & Co., Steve Dover - Warner -Lambert Co., Lawrence F. Doyle - Praxair, William F. Emswiler - Perkin -Elmer Corp., Susan M. Engle - Ketchum Communications, Donald W. Faul - American NuKEM Corp., Peggy

Faylich - PNC Financial Corp., Raymond Fino - Warner-Lambert Co., Dermdt Flynn - Cosmair, Inc., Margaret M. Gagliardi - American Express TRS Co., M. George H. Groves - Keystone Financial Inc.,"

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 2/11/93
To:
From:
Title: Health Care Reform: Will Business Get Value?, 2/11/93, Hotel Macklowe, New York, NY, List of Attendees

Summary: cont. from previous record "Charles J. Hamm - Independence Savings Bank, Walter L. Harris - Tanenbaum - Harber Co., Wiley L. Harris - GE Capital Corp., Eugene H. Harrison - RC Cement Co. , Robert W. Holowiak - Keyes Fibre Co., Lou Kaucic - DAKA International Inc., Edward Klingele - Staten Island Savings Bank, Bryan Knapp - Shearson Lehman Bros., Ralph E. Knupp - Reed Publishing (USA) Inc., Andres N. Kukk - Ensign-Bickford Industries, Jeffrey Lundberg - Keyes Fibre Co., Michael F. MacKay - Connecticare, Inc., Mike Makris - Warner-Lambert Co., Richard E. McFeeley - Supermarkets General Corp., Patricia W. McGuire - U.S. Trust Co. of NY, Maureen McGurl - Supermarkets General Corp., Robert J. Niemiec - Liberty Financial Co., James P. O'Brien - Consolidated Edison Co."

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1801
Date: 2/11/93
To:
From:
Title: Health Care Reform: Will Business Get Value?, 2/11/93, Hotel Macklowe, New York, NY, List of Attendees

Summary: cont. from previous record "Timothy C. O'Brien - Reed Publishing (USA) Inc., Clare F. Pisani - Reed Publishing (USA) Inc., Kenneth J. Reifert - Merrill Lynch & Co., Richard A. Rogers - Tetley Inc., Selden T. Russell - Cosmair, Thomas J. Santorelli -

Hertz, Paul H. Satori - Ciba-Geigy Corp., Carolyn F. Sessa - Cushman & Wakefield, Laura Stolarski - Bank of Tokyo, Thomas J. Sullivan - McGraw Hill Inc., James A. Sutton - UGI Corp., J. Thomas VanBerkem - ADVO, Inc., Greg Waldron - Burson-Marsteller, James Welch - Ciba-Geibby Corp., Eugene J. Zurlo - New York Blood Center"

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 3299
Date:
To:
From: American Medical Association (AMA)
Title: CLIA Clinical Laboratory Improvement Amendments of 1988

Summary: "For moderately complex laboratories, the QC requirement should be reduced from twice to once per day and that PT events (the number of times the laboratory is tested) should be reduced from three to two per year. This would save approximately $110 million per year. Since most of the financial burden of CLIA will be borne by physicians who provide in office testing, this would alleviate much of the financial burden for these physicians. ... Enact amendments to the PRO law that would repeal the authorizing legislation. ... As currently drafting, the Fourth Scope of Work does not require PROs to reveal the identities of PRO physician reviewers. ... Physicians remain frustrated by the anonymity granted to PRO reviews by HCFA and their inability to confront their accusers (a basic"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3299
Date:
To:
From: American Medical Association (AMA)
Title: CLIA Clinical Laboratory Improvement Amendments of 1988

Summary: cont. from previous record "tenet of American due process). ... Consider a private sector alternative such as the service of the Federationof State Medical Licensing Boards. Review its operation focusing on cost - effectiveness and matters relating

to confidentiality. Establish a $30,000 threshold for reporting of medical liability payments. Prevent the creation of a user fee requiring physicians to pay for self queries. ... There is a conflict between the bloodborne pathogens recordkeeping requirements and the general OSHA recordkeeping requirements that makes it impossible to fully comply with both regulations. ... Develop a national uniform electronic billing format and software package. Provide that at low or no cost to practitioners."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3299
Date:
To:
From: American Medical Association (AMA)
Title: CLIA Clinical Laboratory Improvement Amendments of 1988

Summary: cont. from previous record "Provide tax credits or other incentives to assist in the purchase of necessary equipment for electronic billing. (An effort should also be make to expand the use of this format and software for all health insurance claims processing.) ... Create a national commission to review the multiple regulatory burdens that impact on the health care system and physicians."

Comment:

Classification:

Participant(s):

Box Number: 3299
Date: 3/23/93
To: Arnold Epstein
From: W. Allen Schaffer
Title: letter

Summary: "At your request we are submitting the following response to the questions posed at our meeting on Monday, March 23. ... What data should the Federal Government mandate that Aetna collect? Should it be reported in entirety or in summary for to HIPC, or the Federal Government? ... How realistic is electronic connectivity and can it be a part of the transition? What are our positions? What is our capacity? ... What does the "whole spectrum" of managed

care look like? Should they focus on staff model and make us comply or should they focus on other "distributed delivery" forms of managed care which have data, and make staff models catch up? ... Aetna supports federally mandated collection of elemental health care transaction data and standardization reporting formats."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3299
Date: 3/23/93
To: Arnold Epstein
From: W. Allen Schaffer
Title: letter

Summary: cont. from previous record "This transaction data can simply be characterized as five elements: face: the patient treated, finger print: the provider treating, map: the site of treatment, clock: the time/date of treatment, code: the description of treatment (diagnosis and procedure). ... Electronic Connectivity ... WEDI effort gaining momentum; needs legislative "push" to force quicker consensus on data elements, transfer protocols, and connectivity guidelines. Aetna getting 15% of non -Medicare claims electronically now; shooting for 70% by 1996. Task Force should consider industry capacity to absorb electronic claims to be unlimited. ... Federal establishment of single, unique indentifier for members, patients, providers, payors, and employers. Federal standards for"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3299
Date: 3/23/93
To: Arnold Epstein
From: W. Allen Schaffer
Title: letter

Summary: cont. from previous record "uniform coding, including diagnostic and procedure codes. Federal requirements mandating use of electronic data interchange facility."

Comment:

Classification:

Participant(s):

Box Number: 3299
Date: 3/24/93
To: Ms. Sandy Robinson
From: Michael E. Herbert, Charles W. Steller AMCRA
Title: letter

Summary: "The scope of managed care encompasses the provision of health care services to more than 125 million Americans, including 56 percent of all employed Americans. Within these arrangements, some 39 million persons are enrolled in HMOs, comprising: 26 million (69%) persons enrolled in community -based plans known as IPAs and Mixed model arrangements; 9.6 million (25%) persons enrolled in Group model HMOs and 2.4 million(6% enrolled in Staff model HMOs. ... The vast managed care network provides : ... in a majority of plans, full transaction and encounter health care data is available for immediate use. Over 90% of managed care organizations provide full transaction reporting; administrative databases containing medical and pharmacy claims, enrollment data and provider"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3299
Date: 3/24/93
To: Ms. Sandy Robinson
From: Michael E. Herbert, Charles W. Steller AMCRA
Title: letter

Summary: cont. from previous record "information for utilization and quality of care analysis; and a national system for reporting on chart and claims review, transaction data, and encounter data.

Comment:

Classification:

Participant(s):

Box Number: 3300
Date: 3/10/93
To:
From:
Title: Health Care Reform in Rural Areas, Summary of an Invitational Conference, 3/10 -3/12, Sponsored by RWJ and AR Dept. Health; Prepared by Alpha Center

Summary: from Rural Implications of Health Care Reform briefing book. "On March 10 -12, the Robert Wood Johnson Foundation and the Arkansas Department of Health sponsored an invitational conference on health care reform for rural areas. ... A background paper was commissioned by the Federal Office of Rural Health Policy to guide the conference deliberations. This paper, Health Care Reform: Issues for Rural Areas, was prepared by Jon Christianson and Ira Moscovice of the Rural Health Research Center at the University of Minnesota. ... Presentations by Alain Enthoven and Paul Ellwood provided an overview of managed competition and networks in health care reform. Lynn Etheredge and DanBeauchamp followed with an overview of expenditure caps and global budgets. John Wennberg also discussed the potential roles"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 3/10/93
To:
From:
Title: Health Care Reform in Rural Areas, Summary of an Invitational Conference, 3/10 -3/12, Sponsored by RWJ and AR Dept. Health; Prepared by Alpha Center

Summary: cont. from previous record "of population based health care planning and consumer choice in shaping a reformed health care system."

Comment:

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: "You have asked us to discuss provisions for judicial review for the new health care legislation, with particular focus on measures to expedite judicial review of the initial federal rulemaking so that the program can be made operational without excessive delay. ... For the most part, the provisions we discuss would probably be a good idea for all federal rule -making under the new legislation, regardless of when it is conducted. ... Under the Administrative Procedure Act (which applies unless a special review provision is written into the statute), suits challenging federal agency action are brought in federal district court. 5 U.S.C. 703. We believe it would be perferable to write a provision into this legislation specifying that suit must be brought directly in"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: cont. from previous record "a court of appeals. ... Thus when reviewing agency rules, courts of appeals generally have less propensity than district courts to engage in fact -finding that both undermines the administrative decision and entails very substantial delay. Finally, the Administrative Procedure Act imposes no deadline for bringing suit to challenge agency rules, while special statutes requiring suit in a court of appeals typically impose tight deadlines. ... We recommend following the Clean Air Act model and eliminating the "home" circuit option for two reasons. First in a national rulemaking, the regulated industry could typically find a plaintiff (for example, a hospital located in any state. Thus the "home" circuit option has the effect of allowing an industry to shop for the"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: cont. from previous record "court that it considers most favorable. Designating a single court eliminates forum shopping by either side. Second, designating a single court eliminates the confusion and delay that results when different courts disagree with one another. A single court will sometimes agree with us and sometimes with the industry; but at least its decisions will usually settle the issue. And in those rare cases where we think the decision is clearly wrong and the issue is very important, we can always seek Supreme Court review. If a single court is designated, the District of Columbia Circuit is the logical choice. ... Its judges are of high quality and reputation, and we do not view the court as having any particular bias in this area, either "pro-government" or"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: cont. from previous record "anti-government." Moreover, its location at the seat of government makes it the logical choice; by contrast, there would be no good reason to pick any one of the regional circuits over any other. ... it might be advisible to include in the legislation a provision like that found in the Clean Air Act, stating that for certain types of regulation, "no court shall grant any stay, injunctive or similar relief before final judgement by such court in such action" 42 U.S.C. 7607(g). This provision is somewhat unusual, but its constitutionality has been sustained by the Supreme Court. Yakus v. United States, 321 U.S. 414, 440-43 (1944). Yakus involved wartime price control legislation; but its reasoning is not limited to that situation. Instead, the Court reasoned that,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: cont. from previous record "under traditional law, interim stays depend heavily on a determination of the public interest, and Congress can legislatively determine that in some situations there is a strong public interest against stays. ... The provision should state that the jurisdiction of the court of appeals to review the federal rules is exclusive. In addition, consideration should be given to a provision like that in the Clean Air Act, stating that "[a]ction of the Administrator with respect to which review could have been obtained under [this section] shall not be subject to judicial review in civil or criminal proceedings for enforcement." ... The Clean Air Act provision was criticized by Mr. Justice Powell, in a concurring opinion, as unfair and possibly unconstitutional"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: cont. from previous record ", in the context of a small contractor who might not have been expected to have been aware of the regulation at issue withing the 30 days required for judicial review. Adamo Wrecking Co. v. United States, 434 U.S. 275 289 -91 (1978). However, no court has so held; and the presence of such a provision would discourage any organization from thinking that it might reserve its challenges until an enforcement action was brought. ... A model for a special provision addressed to the standard of review is the Clean Air Act, which 1) leaves out the "substantial evidence" test (a test which might be viewed as giving

courts more freedom to second guess the agency decision), and 2) provides that procedural errors are not a basis for invalidating a rule unless they were "so serious"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/01/93
To: Paul Starr
From: R. Zener, D. Letter
Title: Department of Justice Federal Rulemaking Memo

Summary: cont. from previous record "and related to matters of such central relevance to the rule that there is a substantial likelihood that the rule would have been significantly changed if such errors had not been made" 42 U.S.C. 7607 (d)(8)."

Comment:

Classification:

Participant(s):

Box Number: 3300
Date: 4/13/93
To: Paul Starr, Lois Quam
From: Douglas Letter, Robert Zener
Title: Department of Justice State -by-State Implementation Memo

Summary: "The Supreme Court has explained that the Fifth Amendment Due Process Clause contains a silent component guaranteeing equal protection of the laws. See Vance v. Bradley. 440 U.S. 93, 94 -95 n.1 (1979). However, the Court has made clear that "[t]he equal protection obligation imposed by the Due Process Clause of the Fifth Amendment is not an obligation to provide the best governance possible. *** Unless a statute employs a classification that is inherently invidious or that inpinges on fundamental rights, areas in which the judiciary then has a duty to intervene in the democratic process, this Court properly exercises only a limited review power over Congress, the appropriate representative body through which the public makes democratic choices among alternative solutions to social and"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3300
Date: 4/13/93
To: Paul Starr, Lois Quam
From: Douglas Letter, Robert Zener
Title: Department of Justice State -by-State Implementation Memo

Summary: cont. from previous record "economic problems." Schweiker v. Wilson, 450 U.S. 221, 230, (1981). Thus, so long as legislation does not utilize a suspect classification nor impinge unpon a fundamental right, it "is to be upheld against equal protection attack if it is rationally related to the achievement of legitimate governmental ends." G.D. Searle & Co. v. Cohn, U.S. 404, 409 (1982). ... No suspect classifications would be involved here because this term has generally been used to include such aspects as race, ethnicity, gender, alienage, and illegitimacy. ... Consequently, assuming that a sufficiently rational logic would exist for phasing in the new federal health care scheme, the transition provision you propose should survive an equal protection attack."

Comment:

Classification:

Participant(s):

Box Number: 3300
Date: 4/2/93
To: Paul Starr, Lois Quam
From: Douglas Letter, Robert Zener
Title: Department of Justice Taxability of Health Benefits as a Penalty Memo

Summary: "You asked for the advice of the Department of Justice on the following question: are there constitutional problems if Congress passes a statute under which it provides some type of credit of deduction from federal income taxes to employers for amounts they pay for employee health benefits, but the employers are entitled to the credit or deduction only if the individual employer's state has a regulatory system in place concerning delivery of health care and that state system meets federal requirements for such plans. As we explained when we net with you yesterday, such legislation would very likely survive a

constitutional challenge as long as the tax credit or deduction for employer health care payments can be tied rationally to the federal scheme designed to encourage the states to adopt"

Comment:

Classification:

Participant(s):

Box Number: 3300
Date: 4/2/93
To: Paul Starr, Lois Quam
From: Douglas Letter, Robert Zener
Title: Department of Justice Taxability of Health Benefits as a Penalty Memo

Summary: cont from previous record "health care regulatory programs that meet federal requirements. This memorandum explains the reasons for our oral advice. Because of your need for this information quickly, this memorandum has not been cleared through the Attorney General's Office."

Comment:

Classification:

Participant(s):

Box Number: 3286
Date: 2/12/93
To: Carolyn Chambers
From: Mary Dewane
Title: Re: My quick thoughts on cost -containment strategies to mandate/encourage/induce enrollment into managed care.

Summary: "Impose a tax on health care benefits of individuals who do not belong to a managed care entity/ and or provide incentives to those who do. ... Expand 1973 HMO Act to require employer to offer managed care plans as an option to their employees beyond federally qualified HMOs"

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date:
To:
From:
Title: No title [limiting enrollment in high -cost plans]? 1st Draft

Summary: "The California Public Employees Retirement System (CalPERS) recently used this approach to stop new enrollment in the Kaiser health plan because Kaiser refused to reduce its planned premiums increase. Kaiser is the largest HMO in the system. ... In addition to freezing a plan's enrollment more savings could be achieved by reducing it. ... A high cost plan could be denied the ability to offer through the HIPC, or it could simply be made illegal. ... By requiring amounts above the cap to be paid in after-tax dollars, a tax cap has th e effect of making those amounts cost 20%-50% more (depending on one's tax bracket and state income taxes). ... Limiting the tax subsidy is a tool which could be used to discourage any type of health care spending"

Comment: continued in next record

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date:
To:
From:
Title: No title [limiting enrollment in high -cost plans]? 1st Draft

Summary: cont. from previous record "(except out -of-pocket spending, which, with the exception of catastrophic expenses, cannot be deducted anyway)."

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date:
To:
From:
Title: How is the Budget Enforced? Preliminary staff working paper for illustrative purposes only

Summary: "Health resource planning might be used by HIPCs as part of their normal cost control efforts. ... For example, excess hospital beds or technology centers could be shut to reduce expenses. The provision of complex services could be restricted to designated "Facilities of Excellence.." Provider payment rates or taxes could be adjested so that those serving over -served populations receive lower reimbursement or pay higher taxes. ... The experience with health resource planning at the State level has not been altogether promising. In many cases, planning decisions serve political purposes or provide benefits to large, existing providers at the expense of smaller newer, entrants."

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date: 2/22/93
To:
From:
Title: Tax Cap - Draft

Summary: "Under current law, employer -paid premiums for health insurance are excluded from taxable income and from the FICA wage base. The resulting subsidy lowers employee premium costs by about 31%. The Federal subsidy lowers costs by about 28% while the exclusion from state and local income taxes adds an additional 3%. From a more rigorous economic perspective, the full subsidy might be thought of as even higher than 31% -- the cost of insurance should be measured as the gross premium cost net of the insured's expected health spending. Thus, the true cost reflects the administrative loading fee charged by the insurer plus some (or all) of the additional spending from moral hazard. Estimates for a Federal income tax revenue loss range from approximately $41.3 to 90 billion per year"

Comment: continued in next record

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date: 2/22/93
To:

From:
Title: Tax Cap - Draft

Summary: cont. from previous record "(Joint Committee On Taxation, 1991; Starr, 1993). In 1991, OMB staff also estimated $17.98 billion in lost FICA revenues and an additional $6.1 billion on lost state income tax revenue (1991 dollars). ... inequitable and poorly targeted; 66% of the total goes to people with incomes over 300 % of poverty; only 14% goes to individuals under the 200 % threshold; "

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date: 11/10/92
To:
From:
Title: Spending Restraint Ideas - Aetna Health Issues Unit

Summary: "For Clinton's purposes, need to construct "four layer cake." First layer includes scoreable proposals that reduce federal health spending. By scoreable, we mean proposals that either/both CBO and OMB analysts declare will reduce spending. Second layer includes scorable proposals that reduce national health spending, while not disrupting economic recovery. Third layer includes non -scorable proposals that have the potential to reduce national spending in the short term. Fourth layer includes non-scorable proposals that have the potential to reduce national health spending in the long -term. ... Fourth Layer: Non -scorable Long term national savings: National health professions policy, ... Convert excess military health capacity to community health centers. "

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date: 3/26/93
To: Chris Jennings
From: Sharon Graugnard - Iameter
Title: letter

Summary: "To duplicate the results that Iameter and others have achieved we must change physician behavior to reduce variations in practice patterns. This cannot be achieved through price controls alone. In addition, we have to protect against significant increases in volume and units of service rendered which may result with price controls."

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 3286
Date: 3/12/93
To: Hillary Rodham Clinton
From: Lawrence J. Frye, President Iameter
Title: letter

Summary: "We are participants in an exciting program demonstrating the benefits of managed competition. ... The four firms, The Proctor & Gamble Company, GE Aircraft Engines, The Kroger Company and Cincinnati Bell Telephone Company, structured the project to produce a cooperative eggort among the physician, hospitals and themselves. ... The entire process was driven by the use of clinically credible outcome and cost information, shared among all parties, providing the information necessary to create a competitive market in health care. Each hospital's existing existing patients discharge data were used to initiate and sustain a physician led "Continuous Quality Improvement" (CQI) process."

Comment:

Classification:

Participant(s): Caroline Chambers

Box Number: 4000
Date:
To:
From:
Title: Attributes of a Malpractice System under National Health Care.

Summary: "The New Malpractice System. 1. Enterprise Liability. Federal rules require accountable health plans to assume sole legal liability for the care they finance. Direct providers of care,

such as physicians, are not subject to suit. ... Plans can't require providers to indemnify plans for any libility."

Comment:

Classification:

Participant(s):

Box Number: 3814
Date:
To: The President
From:
Title: Short -term cost controls

Summary: "Fee schedule protect beneficiary out -of-pocket costs. Without a fee schedule to act as an objective baseline for payment, a balance-billing by pro viders cannot be effectively controlled. Interim cost controls, whether through fee schedules of premium regulation, will not be defendable unless individuals are protected from an increase in balance -billing by providers. ... Under rate-setting, a substancial number of privately negotiated prices and well over 1.5 billion private transactions will come under direct control of the government. Additional federal employees would be required to monitor and enforce the controls. ... Actuaries assume that a reduction in prices outside of the hospital sector will lead to a significant increase in the volume of services."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3814
Date:
To: The President
From:
Title: Short -term cost controls

Summary: cont. from previous record "Imposing rate -setting prior to health care reform will exacerbate the misallocation of current resources towards providers who promote excess utilization."

Comment:

Classification:

Participant(s):

Box Number: 3814
Date:
To: The First Lady
From: Donna Shalala
Title: Health Reform

Summary: "We have yet to be given the details of the financing scheme, but from what we have heard, the system currently being developed looks so complex that I despair when I think about trying to explain it to my mother or the Congress. The system of family and individual based premiums, extensive reconciliation, subsidy schemes administered by alliances (presumable giving them access to confidential financial information and requiring complex reporting, verification and tracking structures), the possibility that families might move between Medicaid coverage, employer alliances, regional alliances, and self - employment premiums over the course of one or several years, along with a host of other complexities, all combine to make the system seem extremely perplexing."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3814
Date:
To: The First Lady
From: Donna Shalala
Title: Health Reform

Summary: "... I can just imagine two administation witnesses publically disagreing over what happens to a particular family. ... Currently the plan seems to force low income families into managed care systems because it only subsidizes the cost sharing levels we prescribe for those plans. ... Certainly our record with price and wage freezes is spotty at best."

Comment:

Classification:

Participant(s):

Box Number: 3814
Date: 3/17/93
To:
From:
Title: Ehtical Foundations Working Group, Benefits Subgroup, 3/17/93, Draft Document, Ethical issues regarding the quality of health care

Summary: "Unless patients believe they will receive high - quality care, they will not fell secure about the new system. On the other hand, patients may feel anxious and insecure if their plan receives poor marks on the quality of care report card. Similarly, patients' confidence in the system will be shaken if many AHPs are closed down and they need to change plans frequently."

Comment:

Classification:

Participant(s):

Box Number: 3814
Date: 9/28/93
To: William J. Clinton
From: American Association of Nurse Anestheists
Title: letter

Summary: "The American Association of Nurse Anesthitists (AANA) is pleased to convey our support for the concepts of reform embodied in your proposed health care plan."

Comment:

Classification:

Participant(s):

Box Number: 3814
Date: 6/7/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Probably 3rd week of July Mtgs. with Pres. - charter of task force ended 5/30 - Clinton now head - Tollgate 5 pdtw w/ audits are the ? with Clinton's options. Briefing Books now done."

Comment:

Classification:

Participant(s):

Box Number: 3815
Date: 5/3/93
To:
From:
Title: Health Care Comprehensive Calendar - Priveleged and Confidential

Summary: "American College of OBGYN's 8:00AM ... National Medical Assoc. Luncheon Meeting 12:30PM"

Comment: There are more of these but they are pre 5/31

Classification:

Participant(s):

Box Number: 3815
Date:
To:
From:
Title: June 1993 Health Care Talking Heads , Calendar

Summary: 1st U.S. Catholic Conf. IM, 3rd CDF Dinner -Sec. Shalala, 8th AARP Board Directors, Harvard Medical School Sec. , Med. Group Management, Harvard Com. Health Plan -DR.

Comment:

Classification:

Participant(s):

Box Number: 3815
Date:
To:
From:
Title: August 1993 - Schedule for Secretary Shalala

Summary: calendar with Donna Shalala's schedure for August 1993

Comment:

Classification:

Participant(s):

Box Number: 3815
Date: 8/12/93
To: B. Burwell, S. Clauser, P. Doty, J. Drabek
From: Dave Kennell, Lisa Alecxih
Title: Memorandum

Summary: "Attached is a revised draft of the decision/issues memo that we discussed Wednesday."

Comment: also sent to M. Harahan, D. Johnson, R. Stone, J. Wiener

Classification:

Participant(s):

Box Number: 3815
Date: 8/12/93
To:
From: Department Work Group on LTC
Title: Unresolved Issues in the LTC Proposal

Summary: "At our meeting on August 5, 1993 we identified two major issues that needed to be resolved. ... The first issue is how much integration there should be between the new program for the severely disabled and the residual "Medicaid" program. There is a strong sonsensus that the Federal government's LTC programs should appear seamless to beneficiaries. This is an area that was not addressed sufficiently in the Work Group's proposal. While the Work Group thinks that the program for the severely disabled and the residual "Medicaid" programs should be standardized."

Comment:

Classification:

Participant(s):

Box Number: 1797
Date:
To:
From: Consortium for Citizens with Disabilities
Title: Principles for Health Care Reform from a Disability Perspective

Summary: "... while 43 million is the official number cited for persons with disabilities, the CCD believes that, in actuality, this number is an under -estimation. Therefore, it is also no wonder that any discussion of reform of the nation's health care system must include not only the generic consumer perspective but also the unique perspective of citizens with disabilities."

Comment:

Classification:

Participant(s): Pamela Doty

Box Number: 3317
Date: 4/2/93
To: Guy King
From: Ross H. Arnett, III
Title: Modeling an immediate short -term freeze of insurance premiums

Summary: "The Proposed policy is to cap insurance premiums at their current levels. Insurers could not raise premiums, and would be precluded from reducing coverage. [FN1 It is not clear what this means. Does this refer to services covered, or to cost sharing provisions? What about the addition of lives to plans: is exclusion for pre - existing conditions prohibited? How are new policies priced?] The objectives of the proposal are to reduce health care costs through controls at "prepayment" time, and to use the private market to create pressure for cost reductions. ... Effective use review takes time and effort to design and implement, and is costly enough to make the return marginal. In any case, it is clear that insurers without use review would not have time to implement a plan immediately."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3317
Date: 4/2/93
To: Guy King
From: Ross H. Arnett, III
Title: Modeling an immediate short -term freeze of insurance premiums

Summary: cont. from previous record "As a result, we suspect that most use reduction will result from claims denial. ... Another potential way to reduce claims liability is to reduce reimbursement rates. This requires that the insurer have some form of oligopsonist market power (to command volume discounts). At present, the Blues have this power to some extent , but other carriers may have trouble enforcing a discount. Those with the market power to do so have already done so, through PPOs. ... It is possible to model a freeze on insurance premiums. To do so would require perhaps two or three days of analyst time to specify the first round changes and then push them through the projection model. We suspect that this could be done in a spreadsheet, as was done for the price freeze"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3317
Date: 4/2/93
To: Guy King
From: Ross H. Arnett, III
Title: Modeling an immediate short -term freeze of insurance premiums

Summary: cont. from previous record "scenario requested earlier. Second round effects would require a more extensive effort, perhaps on the order of two weeks. However, the freeze scenario would be driven almost exclusively by assumptions. Our arbitrary assignment of savings to carrier profits, provider profits, prices, and use would dictate how the system would respond. Further, we would need to make heroic assumptions about the implementation of the freeze: how to guard against reduced coverage, how to handle new entrants to the market, how to monitor and -- indeed measure the freeze. This is an exercise that does not warm my heart."

Comment:

Classification:

Participant(s):

Box Number: 3021
Date: 4/22/93
To:
From:

Title: Malpractice and Tort Reform

Summary: "Some academic medical centers, such as the University of California hospital systems and the Jewish Philanthropic Hospital Association, and some managed care entities, such as Kaiser Pemanente of California, also assume sole liability for all malpractice occurring within their systems. No individual is faulted for the adverse event nor reported to the NPDB. Rationale . Enterprise liability is predicated on the premise that the enterprise can more easily absorb the cost of liability insurance -- a small proportion of the overall operating revenues -- and distribute the burden of liability across the broad pool of the enterprises constituencies. By assigning liability to a single entity and thereby eliminating multiple defendants, the"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021
Date: 4/22/93
To:
From:
Title: Malpractice and Tort Reform

Summary: cont. from previous record "administrative costs of litigation are reduced. Currently, almost 25 % of malpractice claims have two or more defendants. ... Enterprise liability compliments the goals and concepts of managed care competition. The combination of enterprisee liability and strict reporting requirements work toward improved health care quality. ... Practice Guidelines. ... At present, four states -- Maine, Vermont, Florida, and Minnesota -- are engaged in demonstration projects to inter alia evaluate their potential usefulness in the resolution of claims arising from situations where there was compliance with appropriate practice guidelines. Maine's 5 -year project, effective January 1, 1992, allows defendant practitioners, who have agreed in advance to follow particular practice"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021

Date: 4/22/93
To:
From:
Title: Malpractice and Tort Reform

Summary: cont. from previous record "guidelines, to assert compliance with guidelines as an affirmative defense. The other projects provide different legal rules and procedures for governing their use in litigation, such as rebuttable presumption and strong evidence of appropriate standard. ... Currently, there is little evidence that practice guidelines can be developed with sufficient specificity to serve as an effective defense in malpractice cases. ... Scientifically grounded guidelines are expensive and time consuming to develop (AHCPR guidelines for discreet areas of practice average $500,000 in cost and eighteen months in duration). Little is known regarding the cost impact of their use. Short and long- term evaluation is needed through demonstration projects. ..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021
Date: 4/22/93
To:
From:
Title: Malpractice and Tort Reform

Summary: cont. from previous record "Private Contracting in Medical Malpractice Claims. ... "In the past, courts have struck down or severely limited attempts by health care providers to use written contracts to reduce their liability by changing the standard of care, for example. These contracts were viewed as one -sided and the result of disparate bargaining power. Where courts have considered a less one -sided contractual alternative -- an agreement by the patient to arbitrate all claims against the health care provider -- courts have been far more receptive. [FN 64 W.H. Ginzberg et al., Contractual Revisions to Medical Malpractice Liability, 49 L. & Contemp. Probs. 253 (Spring 1986)."

Comment:

Classification:

Participant(s):

Box Number: 3021
Date: 4/6/93
To: Dr. Robert Berenson
From: P. Weiler, K. Abraham - Harvard Law School
Title: letter

Summary: "The two of us are pleased to hear that "Enterprise Liability" is a reform of the present medical liability system that is being seriously considered by your Liability Working Group for the President's Health Care Task Force. The shift from individual to enterprise (or organizaitional) medical liablilty was an idea we first started discussing in 1987 with our colleagues in the American Law Institute's Tort Reform Project. ... Our proposal for hospital based liability is designed to focus litigation on an entity whose assets are large enough to make self insurance viable or whose flow of claims are large enough to make experience rating of their insurance actuarially credible. In addition these tangible liability incentives will directed at an institution with the capacity"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021
Date: 4/6/93
To: Dr. Robert Berenson
From: P. Weiler, K. Abraham - Harvard Law School
Title: letter

Summary: cont. from previous record "and resources to devise new fail-safe measures that help avoid the fateful consequences of inevitable human error on the part of even the most conscientious providers. The hospital is the prime candidate for this quality assurance function because it not only plays an important role in granting and controlling admitting privileges of affiliated physicians, but the hospital directly employs and supervises an even larger number of residents, nurses, technicians and support staff who make up the team that delivers health care to patients via more and more sophisticated hospital equipment and technology."

Comment:

Classification:

Participant(s):

Box Number: 3021
Date: 3/25/93
To:
From:
Title: Sharing Information On Providers (Other than anti -trust issues)

Summary: "Provide a centralized data base containing information on "final adverse actions" such as civil judgements, settlements, criminal convictions, administrative proceedings (such as those resulting in fines or exclusions from program participation from either governmental or private insurance programs) and disciplinary actions against providers and other types of health care entities. ... Provide a centralized data base containing information on adverse actions resulting in denials, losses or restrictions of clinical privileges taken by hospitals or other health care entities and information on incedence of malpractice claims or settlements. ... Provide a centralized data base containing information as to the existence of on - going criminal or civil investigations."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021
Date: 3/25/93
To:
From:
Title: Sharing Information On Providers (Other than anti -trust issues)

Summary: cont. from previous record "This information would be available only to law enforcement agencies. PROS a. Would help provide comprehensive, current information on health care fraud investigations. b. Would be a source of tips for initiating other investigations or instituting intensified claims review. c. Would facilitate cooperation and prevent needless overlap of investigative efforts. ... CONS a. Would be viewed by many health care providers as an "assumption of guilt until proven innocent" approach. b. Could be viewed as creating overly burdensome reporting requirements depending on whether HIPCs, AHPs, insurers, licensing boards, hospitals, and other health care entities are required to report open investigations. c. Could create more pressure on State licensing boards"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021
Date: 3/25/93
To:
From:
Title: Sharing Information On Providers (Other than anti -trust issues)

Summary: cont. from previous record "not to initiate actions against health care providers except in the most extreme circumstances or to delay the initiation of such investigations. d. Law enforcement agencies would likely be unwilling to report their open investigations for fear of compromising on -going investigations. 4. Provide a centralized data base on providers containing information concerning a provider's credentials, e.g. education and training, licensure, employment and affiliations or privileges. ... Many providers would object to the creation of central files containing personal and confidential information. Would require substantial resources to establish and maintain. It would be difficult to sageguard the confidentiality of the information and ensure"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021
Date: 3/25/93
To:
From:
Title: Sharing Information On Providers (Other than anti -trust issues)

Summary: cont. from previous record "that it was not used for improper purposes. 5. Provide a centralized data base on providers containing information concerning a provider's practice patterns and utilization profiles. ... Providers are likely to strenuously object due to the possible detrimental effects on their continuing ability to effectively pursue their chosen professions. ... b. Would facilitate the dissemination of information about quality and

utilization issues that may be largely subjective, open to varying interpretation, and that would not be subject to challenge or explanation by the provider."

Comment:

Classification:

Participant(s):

Box Number: 3021,578, 1439
Date: 5/12/93
To: "Jackson Hole East"
From: Clark Havighurst
Title: Re: Follow -up on Feb. 2 meeting

Summary: "Observe first that no consumption to the right of point o in the diagram is justified solely on the basis of the medical benefit derived. (After that point, derived from the slope of the cost curve, the benefits of adding "inputs" are less than the cost of those inputs.) Most spending beyond point o is therefore an artifact, not of the strength of people's preferences, but of the so-called "moral hazard" associated with health insurance. All such care is legitimate potential object of cost -containment programs. ... Neverthe less, al health services falling to the right of point o should be regarded as legitimate targets for economizing efforts if a health plan can devise cost -effective measures to attack them. My examination of health plan (including HMO) contracts in use today reveals that plans"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3021,578,1439
Date: 5/12/93
To: "Jackson Hole East"
From: Clark Havighurst
Title: Re: Follow -up on Feb. 2 meeting

Summary: cont. from previous record "generally commit themselves, explicitly or implicitly, to paying for all care to the left of point x, rather than covering only care up to point o (even as plan subscribers, rather than society as a whole, might value the benefits of that care)."

Comment:

Classification:

Participant(s):

Box Number: 3021
Date: 3/16/93
To: The Attorney General
From: Stuart M. Gerson, Assistant Attorney General
Title: Weekly Report for the Week of March 21, 1993

Summary: "Relying on a declaration we submitted by Task Force member Ira Magaziner, the court also heald that the working group was not subject to FACA."

Comment:

Classification:

Participant(s):

Box Number: 1799
Date: 3/31/93
To:
From:
Title: Working List (Do not distribute), Health Professional Review Group

Summary: List of participants. Members classified by race, gender, location, political contributions. 46 members on list."

Comment:

Classification:

Participant(s): Leonard Drabek; Judy Feder; Atul Gawande; Megan Toohey

Box Number: 1804
Date: 2/17/93
To: Health Care Task Force Working Group Leaders
From: John Hart
Title: Re: Weekly Status Reports/Collection of Information

Summary: "The Office of Intergovernment Affairs will be briefing state and local organizations and officials on a weekly basis to

apprise them of progress being made by the Health Care Task Force and of new issues and developments. To this end we ask that you designate one member of your Working Group to prepare a weekly status report for our office. ... Each status report should also have attached to it specific requests for data concerning health care reform in the fifty states. Our office is now in the process of collecting such data from each state and we will, in turnm make that information available to the Working Groups. ... We will collect these materials in the "war room" on the second floor of the OEOB, where we will also maintain an index of all materials."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1804
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Elizabeth Schnell at BC/BS Ass'n 312 440 -5843, they did bigger study. ... "we know Ken Thorpe" WHAT IS THIS GUY' S N Steve Jenkins 312 440 -5790 ... Judy Waxaran, Families USA know what states hand down 202 -628-3030 ... big rate savings if dont allow age/sex rating. Catch -22: if you say pure community rating good risk (low price) carriers team bad risk carriers can't write business. ... Community rating = "death knell" of indemnity"

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1814
Date:
To:
From:
Title: Specific Federal Legislation Group Required Standards for Health Plans

Summary: "Claims Processing - one year limit for members and (for HMOs and PPOs: out of plan) providers to file claims with the health plan. Rationale: if a standard benefit package is assumed to create a level playing field among risk -bearing health plans, a

way of avoiding additional risk is to impose unreasonable time limits for the filing of claims against the health plan (e.g. 30 days) - require payment of "clean" claims from non -plan (if H MO or PPO) providers within 30 days. Rationale: same a s above; also serves as an early warning signal of financial problems at a plan if providers begin to complain that their claims are not being paid on a timely basis."

Comment:

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1814
Date:
To:
From:
Title: Revised Consensus Position. Issue #6: Should certain organizations and individuals be designated as essential community providers?

Summary: "Certain classes of Federally funded programs (e.g. family planning programs; school - based clinics; community and migrant health centers; federally qualified health centers) will be identified by the Federal government as essential community providers of primary care and preventive health services that meet quality standards. ... To encourage integration of services, each PC will be authorized to require that one or more health plans in its area contracts with each designated essential provider."

Comment:

Classification:

Participant(s): Shoshana Sofaer

Box Number: 1818
Date: 4/2/93
To: Linda Bergthold and Bob Valdez, Co -chairs, Group6
From: Erik Johnson
Title: Income -relating the out -of-pocket expenditure cap

Summary: "Out of pocket expenditure limits are intended to protected individuals from impoverishing themselves to pay for health care. Extending this principle, one arrives at the conclusion that wealthier individuals should have a higher cap."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1818
Date:
To:
From:
Title: On Designing the Initial Uniform Effective Health Benefit Plan. A Draft Discussion Paper From the Jackson Hole Group, March 1993

Summary: "But doctor bashing isn't the answer. You have to look at the system where the incentives make bad guys our of good guys." Young: "The more [the public] examine[s] this garbage called managed competition, the more they become certain they want a simple, national health insurance with controls. ... No one understands managed care. They change the definition every day. ... I call it the insurance company rescue plan." ... "PHYSICIAN BANK: " Johns Hopkins' Michael E. Johns writes in the Balto. SUN, "The 'Physician Bank' is a dramatic new idea that could reduce U.S. health care expenditures." Similar to the "soil bank," the "physician bank" would pay physicians not to practice. Johns: "Whilte physician payment accounts for less than 20% of current health care expenditures,"

Comment: continued in next record

Classification:

Participant(s): Robert Valdez

Box Number: 1818
Date:
To:
From:
Title: On Designing the Initial Uniform Effective Health Benefit Plan. A Draft Discussion Paper From the Jackson Hole Group, March 1993

Summary: cont. from previous record "physicians' professional activities account for more than 80% of every health care dollar. Thus, by paying physicians not to practice medicine, the program will generate $3 of savings for every $1 paid to those who enter the physician bank." Johns notes the program could save over $100B in its first year (4/1)."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 3020
Date: 1/27/93
To: MMI Companies, Inc.
From: Lewin -VHI, Inc.
Title: Estimating the Costs of Defensive Medicine

Summary: "Roger Reynolds of the AMA Center for Health Policy Research used Socioeconomic Monitoring System Survey data to develop two much -discussed estimates of the impact of Professional Liability (PL) on the cost of physicians' services. The two estimates of the total cost of PL in 1984 are, respectively, $13.7 and $12.1 billion, or approximately 15 percent of the total expenditures on physicians' services. ... Other Estimates of Physician -Practices Defensive Medicine ... American College of Surgeons (1984 Survey): $52 billion. Casper Weinberger (HEW Secretary, 1975): $7 billion. Sen. Orrin Hatch (R -UT; based on estimates by Joe Califano, 1977): $20 billion. Rep. Nancy Johnson (R-CT; based on AMA figures, 1991): 15 -30 percent of costs."

Comment:

Classification:

Participant(s):

Box Number: 3020
Date:
To:
From: Clark C. Havighurst
Title: Prospective Self -Denial: Can Consumers Contract Today to Accept Health Care Rationing Tomorrow?by Clark C. Havighurst

Summary:

Comment:

Classification:

Participant(s):

Box Number: 4003
Date: 8/25/93
To: Ira Magaziner
From: Lynn Etheredge
Title: Re: Managed Competition & Budgets

Summary: "At last weekend's Jackson Hole meetings, I was asked - as a supporter of the Clinton plan - to give a technical briefing on design problems & enforcement options for a nationally - determined state-by-state budgeting system if managed competition does not work out. Governor Dean represented the nation's governors. I thought you might like to have a copy of the design -problem handouts. They illustrate that nationally -set budgets may not be as simple and easy a backup system for the health cost problem as some would like the President to believe - even if there were nationally - imposed price controls and utilization review/administrative structures 'a la Medicare."

Comment:

Classification:

Participant(s):

Box Number: 4003
Date: 1/14/93
To: President -elect Bill Clinton
From: representatives of 30 major health care plans
Title: letter

Summary: "Today the representatives of 30 major managed health care plans and a group of consumers and business committed themselves to the development of a system of comparable quality information. ... The group envisions a "report card" that would provide information on various aspects of the accessibility and quality of care." List of 46 names and addresses follow letter. "Inquiries regarding this initiative should be directed to the National Committee for Quality Assurance, Washington, DC. Phone (202) 628 -5788."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date:
To:

From:
Title: from folder labled Urban Development. Political Considerations

Summary: "It is easier to pin the tax label on the wage based premium, but it would be foolish to believe that it is going to make a major difference in the debate. ... Under a per person approach, a large pool of money will have to be explicitly and specifically allocated to the politically unattractive population of low income Americans. Opting for the per person premium approach ignores the painful political lessons of the past. Democrats always lose when the middle class perceive they get a worse deal than the poor. An equal percentage contribution -- as has been the case with medicare -- is much more likely to avoid this problem than is a per person premium with specific and visible set-aside subsidies for the poor. ... Since it will be hard for the public to decipher the arguments about"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date:
To:
From:
Title: from folder labled Urban Development. Political Considerations

Summary: cont. from previous record "any reform plan, there is much to be gained by winning over opinion leaders who will serve as judges of the plan. Most quotable experts, as well as most informed editorial writers, are more likely to choose wage based premium as the "right"thing to do. This could make the difference between winning and losing the public."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 3/10/93
To: Ira Magaziner & Judy Feder
From: Drafting Group

Title: Re: Process for Preparation of Presidential Decisoin Memoranda

Summary: "This memorandum reflects the Group's recommendations on the process for preparing the Presidential decision memoranda on the national health insurance proposal.

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 2/5/93
To: Ira Magaziner
From: Chris Jennings
Title: Congressional Strategy for Health Reform

Summary: "Following up on your request is an outline of a proposed strategy for garnishing sufficient support in the Congress for the Clinton health reform initiative. ... In the recent history of the U.S. Congress, it has been virtually impossible to pass any large and potentially controversial initiative without identifying, getting to know, educating, stroking, and responding to an ideologically diverse and ego sensitive Congress that, individually and collectively, has become more and more independent. ... In meetings between Members of Congress, individually and in groups, and the First Lady, Ira, Judy, the White House Legislative Affairs, and Chris, we must continually target and update what appear the hottest concerns with our potential swing"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 2/5/93
To: Ira Magaziner
From: Chris Jennings
Title: Congressional Strategy for Health Reform

Summary: cont. from previous record "Congressional voters. We must then share these concerns with the Task Force and the Working Groups on a regular basis. ... A number of important Congressional outreach initiatives have already been implemented, including:

This week's decision to incorporate Democratic Members' staff with expertise on particular issues into the Work Group process. ... Consider encouraging particular Committees to hold substantive hearings focusing on the negative traits of interest groups who will be opposed to health reforms. Coordinate this effort with Public Affairs. ... Chris needs to be constantly accessible and will have to be mobile to and for Mrs. Clinton, Melanne, Steve R., the HHS Department, Ira, Judy, and the numerous Members of Congress and their staffs"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 2/5/93
To: Ira Magaziner
From: Chris Jennings
Title: Congressional Strategy for Health Reform

Summary: cont. in previous record "who will be calling. ... Chris will therefore need a staff pass for around -the-clock access into the OEOB and the White HOuse, a parking pass for the OEOB and the Congress, a beeper and perhaps a mobile phone, a C -Span Cable compatible TV to monitor Congressional developments, and access to support staff."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 2/05/93
To: Mrs. Clinton
From: Alexis Herman, Mike Lux
Title: Office of Public Liaison Plan for Health Care Reform Campaign.

Summary: Per your request, attached is our department's plan for activities around the health care issue. This plan includes sections on: ... An overall strategy plan for tracking and relating to targeted interest groups: ... a. A targeted outreach strategy. b. An interest group data base. c. The role of the DNC, including the formation of an independent coalition staffed by the DNC. d. A

plan for surrogates. ... I think we should put together interdepartmental teams with assignments to focus on five key sectors in the health debate. Each team will have a different primary goal, depending on the nature of the sector they deal with: 1. A team of people assigned to work with the major industry players on health care - AMA, Hospital Association, Insurance Association and the"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 2/05/93
To: Mrs. Clinton
From: Alexis Herman, Mike Lux
Title: Office of Public Liaison Plan for Health Care Reform Campaign.

Summary: cont. from previous record "biggest insurance companies. Their goals would be to gather intelligence on what these groups would be most upset about, and try to keep at least some of them from being opposed to the final package. ... The DNC clearly has a critically important role to play in the campaign. I would suggest the following roles: ... The DNC can be instrumental for us in itelligence gathering and opposition research. Their staff will hear talk about things that may never reach us inside these walls. ... There are two viable options for doing mass public education on health care via public participation events. ... Health Reform Summit. ... There should be at least two or three people with specific horror stories, but there should also be several middle class people with decent"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 2/05/93
To: Mrs. Clinton
From: Alexis Herman, Mike Lux
Title: Office of Public Liaison Plan for Health Care Reform Campaign.

Summary: cont. from previous record "benefits who are feeling squeezed and worried. 5. Small business people should be prominently featured. There should also be at least one Fortune 500 CEO."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 5/26/93
To: Hillary Rodham Clinton
From: Jay Rockefeller
Title: Health Care Reform Communications - Confidential

Summary: "To Undermine Opponents, they must be: - Shown as perpetrators and beneficiaries of the problem. - Exposed as divorced from the interests of average Americans. - Exposed as promoting delay to subvert reform. - Isolated from each other to prevent increased credibility through combination. ** LOSE by allowing them even one day without scrutiny. The Task Force: -Seen as cabal of policy "wonks" - Motivations and methods are mysterious and divorced from the experiences of Average Americans - This strength has been turned into a liability. Before the official unveiling, the Administration has the upper -hand. Opponents must try to attack without a clear target, and are vulnerable to being exposed as selfish, short -sighted and callous -- divorced from the interests of average Americans.

Comment: cont. in next record

Classification:

Participant(s):

Box Number: 3818
Date: 5/26/93
To: Hillary Rodham Clinton
From: Jay Rockefeller
Title: Health Care Reform Communications - Confidential

Summary: cont. from previous record "A tremdendous opportunity will have been lost if the following steps are not taken before the plan is unveiled. This period must be used to: ... Build trust in the reformers: - Continue to give WJC and HRC opportunities to empathize with the real -life struggle of average Americans with the

current health care system, and show WJC and HRC keeping the focus on real-life practical solutions. ... Build trust in the reform process: - Demonstrate independence by publicly challenging ideologues and characterizing those excluded from the working groups as "professional lobbyists." Aggressively market stories about thoroughness and integrity (show examples of contrarian process, data-base research, consultation process, number crunching, etc.) to reassure"

Comment: cont. in next record

Classification:

Participant(s):

Box Number: 3818
Date: 5/26/93
To: Hillary Rodham Clinton
From: Jay Rockefeller
Title: Health Care Reform Communications - Confidential

Summary: cont. from previous record "public that all options were exhausted before sacrifice was even considered. Expose opponents as "professional lobbyists" with values and interests divorced from average Americans (document salaries, perks, ideological extremism, and provide all to the media). -Use classic opposition research to expose their selfish and short-sighted motivations, and obstructionist tactics (collect mailings, track ad campaigns, investigate expenditures, and provide to the media). ... Use slick presentations, slide shows, poll numbers, the whole nine yards, and chose the"salesmen" for their sales talent -- this is no place fo anyone with an arrogant or secretive approach. ... WJC and HRC media events (network and/or local) CANNOT succeed alone -- there must be a chorus"

Comment: cont. in next record

Classification:

Participant(s):

Box Number: 3818
Date: 5/26/93
To: Hillary Rodham Clinton
From: Jay Rockefeller
Title: Health Care Reform Communications - Confidential

Summary: cont. from previous record "of supporting voices. Deliver message with a fire hose, not an eye dropper. ... Prepare events, language, etc. that highlight policy concepts that: ... INOCULATE against main attacks - which are (1) reform will cause layoffs (small business); (2) we cannot afford reform (deficit/taxes); (3) reform will ruin what is lest of the system (choice/quality). ... After the official unveiling, opponents could gain the upper hand if they are able to determine which concepts and details the Administration becomes absorbed in explaining and defending."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 5/10/93
To: Ira Magaziner
From: Alain Enthoven
Title: letter

Summary: "At our May 1 meeting, you asked for suggestions as to how to design and administer a limit on tax -free employer contributions to employee health benefits. I appreciate that this is a problem invented by the devil. Any attempt to balance the demands of equity and efficiency is bound to lead to complexity. That is part of the reason the tax code is so complex. Any proposal to change the present provisions is bound to run into strong political pressures, some invalid arguments and some valid arguments. So it is important to bear in mind that the present system has intolerable defects: 1. It creates a heavy tax on cost containment. For example, consider a family that gets its coverage through Stanford University and that earns around $40,000. Combining federal and state income and payroll"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 5/10/93
To: Ira Magaziner
From: Alain Enthoven
Title: letter

Summary: cont. from previous record "taxes, they will be in about the 50 percent marginal income tax bracket on their wages. They have a choice of health plan that includes Kaiser Permanente at $420 and the Blue Shield PPO at $520 per month. Stanford makes a defined contribution that is less than $420. Under Sec. 125 of the Internal Revenue Code, the employee can tax shelter the $100 premium difference. The result is to cut in half the family's financial incentive to choose the lower -priced plan. That cuts in half Kaiser's marketplace reward - more subscribers - for reducing its price, cuts in half the number of such families that will choolse the less costly plan to save money. 2. The uncapped tax exclusion is costing the federal budget $70 billion this year, an amount that is growing"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 5/10/93
To: Ira Magaziner
From: Alain Enthoven
Title: letter

Summary: cont. from previous record "faster than national health expenditures generally. ... Finally when you think about the "benchmark," I would encourage you to bear in mind an essential economic principle: for the price competition dynamic to work to drive down costs, it must be the case that the low -priced plan can always take business away from the higher -priced plans by further price reduction. If you set the tax cap at a benchmark price higher that the lowest, you create an incentive for the lowest-priced plan to "shadow price" the benchmark. It has taken people a lot of time and experience to learn that principle. It would be a shame if you ignored it."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 6/9/93
To: The Policy Group
From: Lynn and Christine

Title: memo

Summary: "This is the workplan that came out of yesterday's meeting. We included some specific questions in the detail to the workplan that were flagged yesterday. ... We don't have a broader group meeting scheduled with Ira for this afternoon. He has some time available this evening from 6:30 - 8:30 pm. Please let one of us know if you would like to meet with Ira to discuss your sections."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 6/18/93
To:
From:
Title: A Critique of Our Plan

Summary: "However, the most heavy handed part of the program is the budget, and we may not have any credible way of making it more palatable. It has now become a centerpiece of the new system, not a backup; and yet none of us knows whether we can make it work well or at all, or whether public would tolerate restrictions on so much private spending. I can think of parallels in wartime, but I have trouble coming up with a precedent in our peacetime history for such broad and centralized control over a sector of the economy. Is the public really ready for this? The polls all show people think we should be spending more money on health care; Of course, people don't see how much health care is costing them. But, whatever they cause, the foundation in public opinion may not exist for as rigid as budget on"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 6/18/93
To:
From:
Title: A Critique of Our Plan

Summary: cont. from previous record "health expenditures as this would be. And if we are too far out front of public opinion, we won't find support for the rest of our plan. Our opponents will characterize this as rationing -- and that charge won't be easy to answer. ... It was one thing to talk about short -term controls until the new system could be created. Some of us argued it would give providers as incentive to help build the new system, since they would escape from price controls. But this program effectively makes price controls permanent."

Comment:

Classification:

Participant(s):

Box Number: 3818
Date: 8/18/93
To: The First Lady
From: Donna E. Shalala
Title: Medical Cuts Under Reform

Summary: "Serious further cuts in Medicare are necessary to make health reform work, provided these cuts are captured for reform purposes as opposed to deficit reduction. We can then use savings rather than substantial new revenues to help form the centrist coalition of Democrats and Republicans necessary to pass health reform. If Medicare cuts can serve the dual purpose of meeting entitlement caps and financing a portion of reform, the liberal Democrats could be mollified somewhat. The lesson of budget reconciliation is that a balanced financing package is essential. As Exhibit 1 shows, however, Scenario 1 Medicare cuts would exceed the cost of expanded Medicare benefits by $88 billion; Scenario 2 cuts exceed expansion by $62 billion. We believe both numbers are much too"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3818
Date: 8/18/93
To: The First Lady
From: Donna E. Shalala
Title: Medicare Cuts Under Reform

Summary: cont. from previous record "high. The danger is that a proposal to use Medicare to finance so large a part of reform will raise a firestorm of immediate protest from our strongest supporters. Supportive physician groups such as the American College of Physicians and the American Academy of Family Physicians will face enraged members who view further Medicare payment cuts as another broken government promise. ... Almost 2/3 of all hospitals currently have negative Medicare margins -- that is, they spend more on Medicare patients that Medicare pays them. In 1991, Medicare losses nearly equaled losses for uncompensated care."

Comment:

Classification:

Participant(s):

Box Number: 3305
Date: 2/20/93
To: Ira Magaziner
From: David Cutler
Title: Short Term Cost Controls

Summary: "The magor risk to seeking legislation is the prospect of inducing price increases by providers anticipating the application of the controls. Anticipatory price increases could be a problem even if the controls are never actually imposed. If standby authority exists in current law, the President would only have to issue an Executive Order invoking them. Complete surprise could be achieved, avoiding the occurence of anticipatory price increases. Suprise could only be achieved, however, by incurring a different kind of risk. Protecting the element of suprise would limit the amount of preparation which could be undertaken, increasing the chances of a poor start for the effort. The problem is not a minor one, as the discussion of program structure which makes up the rest of this section illustrates."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 5/13/93
To: Secretary Bentsen, Undersecretary Altman
From: Bob Kazdin

Title: Health Reform Policy Options to Limit the Growth in National Health Expenditures Through Increased Consumer Cost Awareness

Summary: "The basic theory behind the Administration's health reform initiative is that capitation can control the growth in the price and volume of medical services. ... If the reform were modified to increase the cost -sharing for these individuals [people under 200% of poverty], the resultant use of health care services would decrease. Estimates by the HCFA actuary indicate that compared to the scenario in the previous paragraph, national health expenditures would decrease by slightly less than $10 billion annually if low income individuals were given no subsidy. ... By requiring the use of after -tax dollars to purchase supplemental insurance, national health expenditures could be reduced by roughly $10 to $20 billion annually according to the HCFA actuary."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/4/93
To:
From: Karen Davis - The Commonwealth Fund
Title: An Alternative Model of Managed Competition

Summary: "By forcing providers to merge into large plans to serve major areas, the bargaining power of providers is likely to be substantially enhanced; over time HIPCs could be in an untenable position of risking loss of health care for major segments of the population or accepting major premium hikes; most economists believe that if four or fewer firms control as much as 50% of the market, price competition will not work, yet this would be the situation in virtually all areas;...Impact on Americans. ... - It imposes a new tax or an erosion of health benefits for many workers who now have good coverage; -It will force many people to give up their physicians or change their current source of care, even if they much prefer to maintian such care; Availability of Plans. -It is unlikely to ever work in rural areas;"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/4/93
To:
From: Karen Davis - The Commonwealth Fund
Title: An Alternative Model of Managed Competition

Summary: cont. from previous record "Keep a tightly controlled free choice of provider option. Under this option the government would set prices for providers using the Medicare prospective payment system for physicians, hospitals and other providers. ... Replace the HIPCs with a public entity."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/22/93
To:
From: Paul Starr
Title: Karen Davis's "Alternative Model"

Summary: "Here is a point -by-point res ponse to Karen Davis's March 4 memo on managed competition. ... The proportion of the premium dollar going to administrative overhead runs from as high as 40% in the for employers with below five employers to 5 -6 percent in the largest employers; the average is 14%. ... A system that not only insures all Americans but gives them a single source of coverage with a uniform benefit package can eliminate much of the complex paperwork now concerned with coverage limitations and "cordination of benefits." ... Price controls penalize conscientious, conservative practitioners who hold down volume and reward those who jack up the number of inappropriate tests and procedures. ... To say that insurers might refuse to come down in price is to"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/22/93
To:
From: Paul Starr
Title: Karen Davis's "Alternative Model"

Summary: cont. from previous record "misunderstand the nature of this relationship. An auto insurer can leave a state -- but a network of health care providers can't. To be sure, a purchasing cooperative might lack the "will" to control costs. ... This "alternative model of managed competition" is actually a Medicare-for-all program. Like Medicare, it has no mechanism to give providers an interest in controlling unnecessary or inappropriate services."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 4/16/93
To:
From: Michael P. Ross
Title: The Berkeley Plan

Summary: "Perhaps the most unique features of The Berkeley Plan is its distribution system. Both to ensure that insurers can't discriminate and to ensure universal coverage, all health insurance contracts will be cleared through the IRS. ... By April 15, every American must select one Official Plan and as many Private Plans, in choice order, as he might prefer to the Official Plan. Because of capacity limitations at a local HMO, acceptance to any particular Private Plan cannot be guaranteed. ... The Berkeley Plan boasts the most comprehensive computer system of any health plan. The Price Information Claim Ssystem (PICS) is a legal tender standardized claim system for indemnity plans; all indemnity insurers must accept claims processed through PICS and no insurer may request claims otherwise."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 5/10/93
To: Ira Magaziner
From: Leonard Abramson
Title: Re: Health Task Force

Summary: "After some additional reflection on the elements of the reform proposal which our Auditing Group considered last week, I want to reiterate the following: ... For there to be effective competition, there must be competitiors. Yet the current plan would allow the states to select on initial competitor to be the sole AHP. Once that selection is made, the other AHPs will wither and die, with the winning AHP having a regional or statewide monopoly - a de fa cto single payer system. ... The Health Alliances should not be allowed to bear risk. If they do, they will become both the regulator and the insurer."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 4/6/93
To: David Watkins
From: Marjorie Tarmey
Title: Subject: Travel

Summary: "Early in February the First Lady requested that our office set up some meetings for her with some noted Health Care Experts. I forwarded invoices from some of those individuals who requested reimbursement to Catherine Cornelius of your office as you instructed. Professor E. Richard Brown has joined us as a member of the Working Group. He was also among those experts who briefed the First Lady and he has asked me on several occasions about being reimbursed for those expenses. I have not heard from the other participants. Please let me know how to handle this issue."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 2/15/93
To: Ira Magaziner
From: E. Richard Brown
Title: letter

Summary: "Please reimburse me for travel expenses to attend the meeting with Ms. Clinton, per your invitation."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 12/16/92
To: Ira Magaziner
From: Paul Starr
Title: letter

Summary: "I should thank you for whatever you may have done to help steer the transition group in the right direction. ... I understand that they are going to write up options for the President -elect and that he will be addressing these questions in the next several weeks. But who will present the arguments on each side directly to him? I think I could make a positive contribution if I could join that discussion to make a positive contribution if I could join that discussion to make the "strong" case for a budgeted, managed competition strategy based on HIPCs. ... Now to the final point: I am doing fine freelance. I could continue to do it. But I also honestly believe that I can help the President -elect make this happen. I am prepared to take leave from Princeton as of January --"

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 2/7/93
To: First Lady Hillary Clinton
From: Christine Heenan
Title: Resource Requirements for the Health Care Working Group

Summary: "The policy working groups require interns (voluntary) to provide administrative support to each working group, including recording minutes of the meetings, ensuring that necessary supplies are provided, and flagging questions which need to be addresses by the departmental designees and working group senior staff. Working groups will meet between 6 -12 hours each week. The Intake Center will serve as the nerve center of all outreach activity and the hub of support for the outreach efforts of Communication, Intergovernmental, Congressional Affairs and Office of Public

Liaison. The database will also be developed and maintained here. To run the center requires: ... Position. Data Entry (2)."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 5/6/93
To: David Watkins
From: Marjorie Tarmey
Title: Subject: Travel Expenses

Summary: "Several members of the Ethics Working Group (7 of the 32 members) are expecting to be reimbursed for travel expenses. ... As we approach the end of the Working Group Process we will need to set up a procedure to both reimburse as well as identify the source of the money. If we expect HHS to pay their travel expense we will need to be sure that they are on the roster of DHHS Special Government Employees. I suggest that these expenses come from the $50,000 travel budget that was included in the recent Budget Memo that I sent you."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 1468
Date:
To:
From:
Title: list of papers collected by Robert M. Kolodner, MD

Summary: "Listing of papers collected by Robert M. Kolodner, MD as part of activities related to participation on Work Group #10 (formerly Cluster 3, Group B) on Information Infrastructure of the President Clinton's Task Force on National Health Care Reform from February through May, 1993."

Comment:

Classification:

Participant(s): Robert Kolodner; Elizabeth Short

Box Number: 1783
Date: 3/31/93
To:
From:
Title: Health Care Information System and Administrative Simplification Workgroup Session

Summary: "Attendees: NEIC, SMS Corp, EDS, WEDI/The Travelers Ins. Co., ANSI ASC X12/Aetna Ins. Co., PCS Health Systems, Cooperative Health CAre Networks, FIrst Health, WEDI/Blue Cross Blue Shield Assn., CIS Technologies. United Healthcare, Galen (fornerly Humana), Medstat Systems, Kaiser Permanente, HFMA (Healthcare Financial Management Assn.) Intermountain Health Systems, Brigham and Women's Hospital, Regenstreif Institute/AMIA/CPRI, Institute for Medical Information and Technology, Institute for Clinical Systems Integration. ... Description: On March 31, the Information Systems and the Short -term Administrative Simplification Working Groups held an all -day session of three panels of persons knowledgeable about the data, systems, technologies, and business expertise required"

Comment: continued in next record

Classification:

Participant(s): Isabel Almendarez; Michael J. Fitzmaurice; Mary Frasche; Michelle Huckaby; Jacqueline Morgan; William Olsen

Box Number: 1468
Date: 3/31/93
To:
From:
Title: Health Care Information System and Administrative Simplification Workgroup Session

Summary: cont. from previous record "for health care administrative and clinical systems. ... Comments: WEDI has 200 people in technical advisory groups whose jobs are to develop and obtain agreement on one electronic data interchange standard (out of 458 existing protocols) for data sets for specific insurance transactions."

Comment:

Classification:

Participant(s): Robert Kolodner; Elizabeth Short

Box Number: 1468
Date:
To:
From:
Title: Estimated Travel for Robert M. Kolodner, MD for Task Force

Summary: "Grand Total: $5,050"

Comment:

Classification:

Participant(s): Robert Kolodner; Elizabeth Short

Box Number: 1471
Date:
To:
From:
Title: Central Principle #4. Streamlining the FDA drug approval process

Summary: "In the past five years, FDA has acted on about 283 new drug applications per year. Review times vary greatly, depending on the type of drug and the method of calculating the total review time. For most drugs approved in 1992, the median total approval time was 26.7 months; for drugs that constituted a significant therapeutic advance, the median time was 16.8 months. ... The only way to significantly shorten drug review times without compromising safety and efficacy standards is to provide the FDA with more resources for the review or prescription drugs."

Comment:

Classification:

Participant(s): Louise Rodriguez

Box Number: 1471
Date:
To:
From:
Title: Biotechnology is Fragile

Summary: "The biotech industry clearly has not had excessive returns. Iit has lost a cumulative amount of $9 billion during the 1988 through 1992 period. the losses are a result of its large

investment in R & D. ... Using the OTA methodology and adjusting for these factors alone results in a negative net present value for a biotech product of over $350 million based on the OTA's assumptions (Exhibit I)."

Comment:

Classification:

Participant(s): Louise Rodriguez

Box Number: 1471
Date: 4/5/93
To:
From: The Working Group on Pharmaceuticals
Title: Interim Report - The Gift of Panakeia: Expanding Access To Pharmaceuticals & Ensurings Fair Prices

Summary: "The Working Group on Pharmaceuticals & National Health Care Reform is an independent, ad hoc commmittee of academics, consumer advocates and policymakers who have a broad range of expertise on the subjects of access to pharmaceutical products and their pricing. WIth funding from the Henry J. Kaiser Family Foundation, the group came together in March, 1993 to develop recommendations to be considered by the national commission on health care reform. This report is the result of the Working Group's deliberations. ... Summary of Recommendations. - Impose an immediate, temporaryu freeze on the price of all pharmaceutical products while long -term cost control s trategies are developed. Take immediate steps to substitute lower prices therapies for their costlier alternatives and to use generic"

Comment: continued in next record

Classification:

Participant(s): Louise Rodriguez

Box Number: 1471
Date: 4/5/93
To:
From: The Working Group on Pharmaceuticals
Title: Interim Report - The Gift of Panakeia: Expanding Access To Pharmaceuticals & Ensurings Fair Prices

Summary: cont. from previous record "products instead of brand -name drugs. - Include pharmaceuticals in a minimum benefit package of health care services to be made available to all Americans. -

Establish an independent National Pharmaceutical Assessment Board to determine the relative effectiveness of new and competing therapies and to disseminate that knowledge. ... Promote the use of provider-based or payer-based formularies and local drug utilization review (DUR) boards to encourage the appropriate and economical use of prescription drugs. ... Limit marketing and advertising expenditures by reducing their tax deductibility or imposing a cap based on a percentage of sales."

Comment:

Classification:

Participant(s): Louise Rodriguez

Box Number: 1471
Date: 4/21/93
To: Thomas Blate, Editor LA Times
From: Peter S. Arno
Title: letter

Summary: "I would like to clarify several misperceptions in "Health Care Task Force Weighing Freeze on Drug Prices" (article LA Times, 4/20/93). Author, Edwin Chen, suggests that the report I forwarded to him, The Gift of Panakeia: Expanding Access to Pharmaceuticals & Ensuring Fair Prices, was an internal White House document. This is incorrect. The report was developed by an independent, ad hoc committee of academics, consumer advocates and public policy experts who have a broad range of expertise on the subjects of access to pharmaceutical products and their pricing. With funding from Henry J. Kaiser Family Foundation, the group came together in March 1993 to develop recommendations to be cosidered by the Administration's taskforce."

Comment:

Classification:

Participant(s): Louise Rodriguez

Box Number: 1471
Date: 4/20/93
To: Chris Jennings
From: Joseph C. Connors, Schering-Plough
Title: Re: Pharmaceutical Pricing/"G-7 Group"

Summary: "In France, for example, the Ministry of Health, the Social Security Administration and the Trasnparency Commission have

the authority to adjust the "therapeutic value factor" which is the major determinant of the French price level. Generally this is done in private negotiations with each company. It is our understanding that the "therapeutic value factor" can be biased upward by the Ministry of Health or the Social Security Administration depending on the level of the company's research and employment in France. In Italy the price approval mechanism follows a "cost plus" approach but, like the French system, is administered in favor of companies that make a "commitment" (non public and unwritten) to research in Italy. ... Schering -Plough believes that it would be exceptionally unwise to link"

Comment: continued in next record

Classification:

Participant(s): Louise Rodriguez

Box Number: 1471
Date: 4/20/93
To: Chris Jennings
From: Joseph C. Connors, Schering -Plough
Title: Re: Pharmaceutical Pricing/"G -7 Group"

Summary: cont. from previous record "U.S. drug prices to employment in France, research in Italy or capital investment in the United Kingdom. Nor is our concern fanciful. ... If, despite the unsuccessful history of price controls in the U.S., the government determines to impose price controls, it should at least do so in pursuit of its own political and economic agenda and not in reliance on the presumed expertise of other countries."

Comment:

Classification:

Participant(s): Louise Rodriguez

Box Number: 3305
Date: 3/1/93
To: Ira Magaziner
From: Zelman
Title: Re: Vincente Navarro

Summary: "Charlotte informed me today that Dr. Navarro had met with the First Lady, as part of a Jesse Jackson contingent. ... Apparently, he is a real left winger has extreme distaste for the approach we are pursuing. ... I do not know the man, but can only

report that the reaction of others has been extremely negative. ... I have really been struck by the reactions of others and think that perhaps he might be better used as one of your "contrarians." In a second conversation he make clear that he is a strong single payer advocate and wants to have that view heard in our deliberations."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date:
To:
From:
Title: Questions and Answers about Managed Competition. Carolyn M. Clancy, David U. Himmelstein, Steffie Woolhandler.

Summary:

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 2/4/93
To:
From: Joseph White - The Brookings Institute
Title: Health Care Reform and the Budget

Summary: "Of course there are ideological objections to such a visible increase in total spending and taxes, even if voters are better off as a result. It is also hard to imagine a tax source that would rise automatically at the needed rate. In practice, also, an American system would probably resembel Canada's in retaining substantial state management. It had better, given the size of this country. The federal government will be extremely tempted to structure the system as a state -based plan with federa l standards and contributions. And it would be very tempted to squeeze the transfer grants from year to year -- as the Canadians and Australians have done. That is good for the federal deficit, but not so great for either states of the health system. Neverthe less, the federal/state relationship may be no"

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 2/4/93
To:
From: Joseph White - The Brookings Institute
Title: Health Care Reform and the Budget

Summary: cont. from previous record "more tense than efforts to regulate giant private insurers. If the administration is willing to confront the tax issue, it should consider the Canadian model. ... The analysisi to this point indicates the direction of the effects of a wide range of choices about cost control and the financing of the health care system. Hopefully, it has shown that explicit discussion of the relationship between health care reform and the deficit does not lead to proposals that are irresponsible on eotjer account, even though the question sounds like one of political convenience. ... Controlling Costs While Delaying Coverage Expansion. It would only be called a delay, of course. Coverage would be "phased in" after cost controls began to work."

Comment: continued in next record

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 2/4/93
To:
From: Joseph White - The Brookings Institute
Title: Health Care Reform and the Budget

Summary: cont. from previous record "Liberals might be excused a bit of skepticism. Whenever coverage expansions phased in, the would increase the deficit. Even if they were legislated in advanced, the temptation to postpone them would be great. ... Further, if cost controls were indeed effective, so businesses no longer feared losing their own insurance, coverage expansion would depend on their generosity. Right now it dependes on their fear they could be next to be without insurance. On the whole, generosity is less reliable. Under some arrangements, such as percentage of income premiums, there is no basis for excluding anyone."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/18/93
To: Ira Magaziner
From: Paul M. Ellwood
Title: letter

Summary: "As the Genie of health care reform, please grant me one with: make the new health care organization accountable for their impact on people's health."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date:
To:
From: D. Lansky, K. Knudsen, H. Wetzler
Title: Health Outcomes Accountability: Methods for Demonstrating and Improving Health Care Quality, Jackson Hole Implementation Team

Summary: "We propose three data collections methods: 1) an annual sample survey of plan members to assess health behavior, health status, and satisfaction with services, 2) tabulations of selected provider activity records to document performance of desirable services such as mammograms and immunizations, and 3) prospective collection of standardization clinical and outcomes data for selected conditions. ... We propose creation of a private sector board to establish standard for data collection and reporting, subject to approval by the National Health Board."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 3305
Date: 3/23/93

To: H. Clinton, Magaziner, Boorstin, Lux, Feder
From: Steve Gleason
Title: Re: White House Health Progessions Advisory Committee (HPAC) and Briefing Teams

Summary: "HPAC will meet or hold events on the following dates. Please note requests for appearance: ... Week of May 3rd: Deliver statement of support to the President (in Rose Garden?). ... Briefing Teams are made up of prominent, supportive health professionals who with to meet with Hillary Rodham Clinton and/or Ira Magaziner and/or others for discussion of a single topic on a single occasion."

Comment:

Classification:

Participant(s): Ira Magaziner

Box Number: 1429
Date:
To:
From:
Title: Role of a National Health Board in Establishing Insurance Coverage: Legislative Versus Board Determination/Services Versus Treatments

Summary: "The proponenets of board discretion in the design of a benefit package argue that it insulates what should be scientific judgements from political pressures. Some also believe that it will shield the Congress and Administration from having to make some difficult coverage decisions, e.g., on abortion services. ... The arguments against this view include: --The American people have a right to know what benefits they can expect to have covered. It will be difficult to defend the Administration proposal if even the moset elementary questions about the insurance protection the plan will offer can not be answered. ... The lack of specificity probably hurts us more with potential supporters than it disarms potential propnents. The opponents are predominantly against employer"

Comment: continued in next record

Classification:

Participant(s): Susan Albert; Marthe Gold; Stanley Jones; Marmaduke McCloud; Keith Powell; Paul Seltman

Box Number: 1429
Date:
To:
From:
Title: Role of a National Health Board in Establishing Insurance Coverage: Legislative Versus Board Determination/Services Versus Treatments

Summary: cont. from previous record "mandates or strong cost controls. Their interest in the specifics of the benefit package is generally not very high. By contrast, our natural allies--women's groups, the disability community, disease - oriented groups, some of the provider groups -- have very specific interests in the content of the benefit package. If they are not satisfied with this part of the bill, all their energy will go into fighting to get their special interest included, rather than working for the passage of legislation as a whole. ... The board could play a role in determining that specific treatments in particular patient conditions were not medically necessary and therefore not covered. It could also be an authoritative source for classifying treatments as experimental or non -experimental."

Comment:

Classification:

Participant(s): Susan Albert; Marthe Gold; Stanley Jones; Marmaduke McCloud; Keith Powell; Paul Seltman

Box Number: 1429
Date:
To:
From:
Title: Recommendation: Coverage of Non -Physician Providers

Summary: "These groups [non -physician providers] groups all have members of Congress responsive to their views. In general, these groups will lobby hard for passage of comprehensive reform if they are included. If coverage is not mandated for them, however, all their energy will be used to lobby for their explicit inclusion in the bill. ... State determination of coverage on non -physician professionals wouls avoid the problem of over -turning existing state laws. ... In effect, as in some of the Congressional bills, all non- physician providers acting within the scope of their licensure or registration would be covered. The problem with this approach is that the Bureau of Health Professions has identified over 100 health professions (including athletic trainer, cardiology technologist, dental assistant,"

Comment: continued in next record

Classification:

Participant(s): Susan Albert; Marthe Gold; Stanley Jones; Marmaduke McCloud; Keith Powell; Paul Seltman

Box Number: 1429
Date:
To:
From:
Title: Recommendation: Coverage of Non -Physician Providers

Summary: cont. from previous record "hearing instrument specialist, etc.) Most of these health professions are technical specialties that no one believes should be in the position of billing insurance companies directly, but there is no obvious way of discriminating between these health professionals and those health professionals that might have a legitimate claim to perform services independently and bill directly."

Comment:

Classification:

Participant(s): Susan Albert; Marthe Gold; Stanley Jones; Marmaduke McCloud; Keith Powell; Paul Seltman

Box Number: 1429
Date: 4/15/93
To: Bob Valdez
From: Marthe Gold
Title: note

Summary: "If you intend to attach this document, I think it would be prudent to remove the Oregon Health Service Commission language. There was too much politics and not enough science in their final process, and I would not like to build the "effectiveness" criteria argument on preventive services based on their methodology."

Comment:

Classification:

Participant(s): Susan Albert; Marthe Gold; Stanley Jones; Marmaduke McCloud; Keith Powell; Paul Seltman

Box Number: 1429
Date: 3/8/93
To: Health Reform Task Group 16A
From:
Title: Re: Summary of 1PM meeting and assignments

Summary: "We are held to a high standard for preventing leaks. Staff are not allowed to copy or keep work materials on a permanent basis."

Comment:

Classification:

Participant(s): Susan Albert; Marthe Gold; Stanley Jones; Marmaduke McCloud; Keith Powell; Paul Seltman

Box Number: 1455
Date: 11/12/93
To: Participants in Interdepartmental Working Group
From: Ira Magaziner
Title: Re: Agendas, Minutes, Sign -in Lists and Participant Lists

Summary: "On November 9, a United States District Judge entered an order in Association of American Physicians and Surgeons v. Clinton that requires defendants to produce to the plaintiffs withing 20 days all agendas, minutes, sign -in lists and participant lists created by the interdepartmental health care working group, its cluster groups or any of its subgroups or working groups. Pursuant to that Court Order, you must locate and forward any such documents still in your possession by November 19 to: Terry W. Good"

Comment:

Classification:

Participant(s): Jason Altmire; Kenneth Cox; Bernard Friedman; Melinda Hatton; Robert Rozen

Box Number: 1455
Date: 8/21/95
To:
From:
Title: Health Care Workforce Development. Workplan for Tollgate 2

Summary: "What impact does "professionalism" have on expediting or impeding this process? For instance, licensure, accredittation, Boards and other "guild" controls? ... To what extent will

Americans be willing to train for new career paths? What stimuli would be needed to affect change? ... To what extent will current health care workers be willing to alter their career paths? What stimuli would be needed for them to do so?"

Comment:

Classification:

Participant(s): Jason Altmire; Kenneth Cox; Bernard Friedman; Melinda Hatton; Robert Rozen

Box Number: 1455
Date: 9/26/93
To:
From:
Title: Issue 7: Antitrust Issues

Summary: "Although providers often complain that the antitrust laws severely limit what they can do collectively, few actions of many collective activities without risk of violating the antitrust laws. For example under the antitrust laws, medical societies can petition the government for changes in laws including changes in the Medicare and Medicaid payment systems. In addition, providers groups can in most cases collect and disseminate useful nonprice information to their members if the exchange is carefully structured. ... Because these types of collective actions generally do not raise antitrust issues, they are not specifically discusses in this paper. Hospital trade associations have advocated that a special antitrust exemption needs to be given to"

Comment: continued in next record

Classification:

Participant(s): Jason Altmire; Kenneth Cox; Bernard Friedman; Melinda Hatton; Robert Rozen

Box Number: 1455
Date: 9/26/93
To:
From:
Title: Issue 7: Antitrust Issues

Summary: cont. from previous record "hospitals, especially hospitals in rural areas, to allow them to enter into mergers and joint ventures, e.g. to own and operate an MRI scanner. Basically, they argue that hospitals are prevented or at least deterred from

entering these types of transactions out of fear of challenges by federal or state antitrust authorities. ... Advocates for exemption argue cost-containing mergers and joint ventures are inhibited because of perceived uncertainty about possible antitrust action by the Federal antitrust enforcement agencies. ... Over the years, only a small number of the hundreds of hospital mergers that have occurred have been investigated by the Federal Trade Commission and the Antitrust Division of the Justice Department. Because of their role as the managers of"

Comment: continued in next record

Classification:

Participant(s): Jason Altmire; Kenneth Cox; Bernard Friedman; Melinda Hatton; Robert Rozen

Box Number: 1455
Date: 9/26/93
To:
From:
Title: Issue 7: Antitrust Issues

Summary: cont. from previous record "competition in their areas, HIPCs may have unique perspectives on both the competitive and efficiency-enhancing potential of proposed mergers and joint ventures. Therefore, it has been suggested that they be allowed to review these transactions either in addition to or instead of the federal antitrust authorities. ... Agreements between independent physicians to fix prices or collectively refuse to deal with either a HIPC or a managed care system would be per se violations of the antitrust laws. Such agreements are per se because they are unlikely to benefit consumers and could significantly increase the prices that health plans would have to pay for physician services. Groups of physicians could, however, collectively negotiate with health plans if they"

Comment: continued in next record

Classification:

Participant(s): Jason Altmire; Kenneth Cox; Bernard Friedman; Melinda Hatton; Robert Rozen

Box Number: 1455
Date: 9/26/93
To:
From:

Title: Issue 7: Antitrust Issues

Summary: cont. from previous record "were joined in an integrated joint venture and were not so overinclusive as to be able to exercise market power. ... Options: 1. Repeal McCarran -Ferguson exemption. ... Cons: McCarran -Ferguson applies to all insurers not just those in the health care industry. ... The antitrust laws recognize that most data exchanges are procompetitive."

Comment:

Classification:

Participant(s): Jason Altmire; Kenneth Cox; Bernard Friedman; Melinda Hatton; Robert Rozen

Box Number: 1433
Date:
To:
From:
Title: Subject: Outreach to the Business Community

Summary: "Divide and Conquer. One obvious consideration is a "divide and conquer" strategy of recruiting businesses, large and small, that support real reform. ... March and April are traditionally the months the various business membership groups --. ... It is critical that this cluster group engage these groups, particularly the legislative councils or Boards of Directors, in informal discussions to explain possible options and to seek input."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 4/29/93
To:
From:
Title: Remarks by the President and the First Lady in Reception for the Health Care Task Force

Summary: "The President: Thank you very much. Let me say how pleased I am that one of the things that even people who care about health care can't control -- the weather, cooperated with us today (Laughter.) How delighted we are to have you here to just say a

simple thank you for all the work you've done. ... it was obvious that we needed to dramatically overhaul our education system and I asked her [Hillary] to chair this committee. And she looked at me as if I had lost my mind because we knew we had to make everybody in the state mad to do what needed to be done. ... And so I hope that you think she did a good job as she thinks you did, because I think you were both pretty great. ... Mrs Clinton: ... And what we found out after we actually got the names of everyone is that contrary to the press"

Comment: continued in next record

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 4/29/93
To:
From:
Title: Remarks by the President and the First Lady in Reception for the Health Care Task Force

Summary: cont. from previous record "reports, there are more than 1,000 people who have actually worked over the last several months in a regular way. ... But I know that a number of you have to return to your real lives as of the end of this week, and I didn't want you to get away going back to agencies and to states and to practices and other work settings without our at least being able to thank those of you who have given so much, but who have to leave the permanent effort you've been involved in to become part - time soldiers on behalf of health care reform. ... It would have been very difficult for us to make the progress that we have made without the help of Tipper Gore. ... Mrs. Gore: ... You have been a part of history in the making and I think you should think of yourselves as being modern"

Comment: continued in next record

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 4/29/93
To:
From:

Title: Remarks by the President and the First Lady in Reception for the Health Care Task Force

Summary: cont. from previous record "day warriors in a peaceful revolution because that's what health care reform, which was mandated by this election, is all about. ... Mrs. Clinton: I want to thank especially the cluster leaders, the people who pulled all of this together on all of the issue groups that we have worked on. I want to thank Ira Magaziener and Judy Feder for their leadership in this extraordinary effort. ... And I guess there's never been anything quite like this in Washington, at least on the domestic front. Someone said to me the other day that the last thing like it was the planning for the Normandy invasion, in terms of the numbers of people involved. ... We will also in the next few weeks be sending out certificates of appreciation to each of you individually as a small token ..."

Comment: continued in next record

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 4/29/93
To:
From:
Title: Remarks by the President and the First Lady in Reception for the Health Care Task Force

Summary: cont. from previous record "The President: ... You know, I wish there were something more I could do for all of you. I think you deserve a medal just for putting up with Ira's toll gates. (Laughter.) I can't believe Ira's hiding back there. He's probably sharpening darts or something. ... I want to say a special word of thanks to Ira. ... Ira and I were at Oxford together back in the late 60's, and we alway used to say when Ira walked into a room he doubled the IQ of whoever was in there, however many people were in there. ... And the last five days, I see all these articles complaining that I'm trying to do too much. ... I plead guilty to that. ... You know, when this group began to get together, I kept reading all this stuff about secrecy. And, you know, shoot, I've read more about"

Comment: continued in next record

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 4/29/93
To:
From:
Title: Remarks by the President and the First Lady in Reception for the Health Care Task Force

Summary: cont. from previous record "everything you've done in the press than anything else I've seen. (Laughter.) If you can't keep a secret in Washington with two people, you sure can't keep a secret with 1,000. ... Don't let all your work have been in vain. This is a magic moment in the history of this issue. People have been working for decadesjust to have the circumstances which exist now. ... I need your help now to carry the fight to the floors of the Congress, both chambers and both parties."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1433
Date: 4/27/93
To: Chris Crofton, OPD
From: Ira E. Raskin, Forum
Title: Subject: Information for Health Care Reform Task Force

Summary: "On April 23, you asked for information "concerning numbers of articles used in the development of guidelines." This was requested by the Health Care Reform Task Force."

Comment:

Classification:

Participant(s): William Dorotinsky; Richard Turman; Vivek Varma

Box Number: 1431
Date: 4/1/93
To: David Cutler
From: Randall Lutter
Title: Re: Volume Offsets

Summary: "In the meeting with the President yesterday afternoon there was some confusion about whether the volume of medical

services provided rises or falls as prices paid to providers are lowered through regulation."

Comment:

Classification:

Participant(s): Randall Lutter

Box Number: 1442
Date: 9/14/93
To:
From:
Title: Potential Advantages and Disadvantages for Counties and Localities

Summary: "The President's plan will reduce the burden on many county and local programs that now fill gaps in health coverage for the uninsured and underinsured. These programs include bothe various forms of direct service provision as well as General Assistance/General Relief insurance -style programs."

Comment:

Classification:

Participant(s): Kathleen Buto, Barbara Cooper; Cheri Rice

Box Number: 1442
Date:
To:
From:
Title: Medicaid Tollgate 6 Issues

Summary: Major Issues: State Financing, Services - Core and Supplemental Services, Long term care, Eligibility Criteria, Eligibility Determination, Provider Payments, Quality Assurance, Medicare Beneficiaries, Territories, Information/Data Systems, Transition Implementation."

Comment:

Classification:

Participant(s): Kathleen Buto, Barbara Cooper; Cheri Rice

Box Number: 1458

Date:
To:
From:
Title: M. Petenson's notes - hand written notes CLICK HERE TO VIEW DOCUMENT

Summary: "triumuirate - pt - public provider sector consumer ... Organized in 1 spot - July next mtgs "

Comment:

Classification:

Participant(s): Marvelu Peterson

Box Number: 1469
Date: 12/3/92
To:
From:
Title: Discussion Paper on Managed Competition

Summary: "By definition and necessity, any participating provider will have to adhere to clinical/practice guidelines if their outcomes are to be effectively measured and not found to be significantly out -of-line with the expected norm. Such guidelines are currently under development be various groups throughout the country. ... there is no evidence to suggest that consumers will actually pick the low -cost option. Many may be willing to pay more out-of-pocket to maintain their current arrangements. If this occurs in sufficient numbers then the anticipated savings will be hampered. ... they seemingly discount the adverse affect of major changes in the tax treatment of employers' health insurance contributions on middle - and high-income, well insured individuals,"

Comment: continued in next record

Classification:

Participant(s): Lewis Mantell; Thomas Yoshikawa

Box Number: 1469
Date: 12/3/92
To:
From:
Title: Discussion Paper on Managed Competition

Summary: continued from previous record "Many believe that without government regulations the JHG assuptions require an extraordinary leap of faith as to the extent of voluntary cooperation that would be exercised and maintained by the various participants. The critics of the government controls generally view them as forms of rationing of care, or fear they'll be treated as floors to which costs will rise. Moreover, the controls are seen as bieng in complete opposition to the concept of market economy and competition. ... Initially, the Rochester hospitals voluntarily operated under budget caps, but when they experienced significant financial losses the cooperative attitude among the hospitals began to fray. Ultimately, the hospitals refused to operate under the community -wide budgets and"

Comment: continued in next record

Classification:

Participant(s): Lewis Mantell; Thomas Yoshikawa

Box Number: 1469
Date: 12/3/92
To:
From:
Title: Discussion Paper on Managed Competition

Summary: cont. from previous record "their use ended. ... In assessing the possible effectiveness of governmentally -required price controls or expenditure limitations, we can look back on the experience of the Economic Stabilization Program in the early 1970s. During the first year of the program the controls on physicians' prices resulted in the number of services delivered to Medicare patients increasing by 10% in the second year this increase in volume continued. ... the results of the Medicare Prospective Payment System (PPS) for reimbursing for hospital services suggest that price controls may be effective in that sector of the health care market. As a result of PPS, hospitals had significant incentive to operate more efficiently and to reduce lengths of patient stays. ..."

Comment: continued in next record

Classification:

Participant(s): Lewis Mantell; Thomas Yoshikawa

Box Number: 1469
Date: 12/3/92

To:
From:
Title: Discussion Paper on Managed Competition

Summary: cont. from previous record "Similarly, CBO believes that only if global budgets and expenditures caps are strictly applied and if no other source of financing is available to the providers will they be successful in controlling costs. Other observers suggest that global budgeting would give the government needed control over the diffusion of high technology and over grouwth in service colume in health care. It has also been suggested that the administrative simplification of dealing with a single -setter (the government) would be a sufficient advantage to providers as to offset their basic resistance to price controls. ... many individual physicians are taking issue with the inference that the quality of their services is driven by the price. ..."

Comment: continued in next record

Classification:

Participant(s): Lewis Mantell; Thomas Yoshikawa

Box Number: 1469
Date: 12/3/92
To:
From:
Title: Discussion Paper on Managed Competition

Summary: cont. from previous record "many individual physicians are taking issue with the inference that the quality of their services is driven by the price. ... Most supporters of managed competition accept the criticality of outcomes management and practice guidelines. ... But the proponents quickly note that this is a process well underway and that many guidelines already exist and can probably be accepted, endorsed and disseminated as is or with very little modification. Finally, many observers, particularly those in the benefits field in business, note that the presence of these guidelines will enable the consumers and providers to address costs without making value -laden (and potentially litigious) judgements on the trade -offs between costs and"

Comment: continued in next record

Classification:

Participant(s): Lewis Mantell; Thomas Yoshikawa

Box Number: 1469
Date: 12/3/92
To:
From:
Title: Discussion Paper on Managed Competition

Summary: cont. from previous record "benefits of various services. To be effective in a national, state -based system, the guidelines will probably have to contain explicit statements of desired patient outcomes, appropriate clinical measures and target values as guides for the therapy, and the benefits, risks and costs of difference approaches to possible forms of care/treatment. ... Because of the enormity of this task, the various managed competition proponents generally see these guidelines being required, reviewed, and disseminated by a government board. The CDF plan indirectly comtemplates the existence of the guidelines to assist in the annual definition of the standard benefits package which requires an assesment of various treatment procedures, practice variations, medical technology, etc."

Comment:

Classification:

Participant(s): Lewis Mantell; Thomas Yoshikawa

Box Number: 1476
Date: 5/17/93
To: Carol Rasco
From: Bruce Vladeck
Title: Negotiations with States on Health Care Reform

Summary: "As I understand the current thinking about the phasing -in of the states into Health Care Reform, there is no immediate fiscal relief for the states, except for some modest "incentives" for those that agree to early implementation. ... I know that it has been suggested that the inflation of state Medicaid expenditures by provider tax and donation and an inflated base for purposes of calculating "maintenance of effort" levels, thus effectively hoisting the states on their own petards. ... Not only are we proposing to maintain those obligations, and increase them over time for "residual" populations, but we have also talked about constaining their ability to use provider tax or similar arrangements - in part because we want to reserve provider tax revenues for financing"

Comment: continued in next record

Classification:

Participant(s): Larry Levitt

Box Number: 1476
Date: 5/17/93
To: Carol Rasco
From: Bruce Vladeck
Title: Negotiations with States on Health Care Reform

Summary: cont. from previous record "what would otherwise be the federal share of coverage expansion of the uninsured and underinsured. In short, unless I'm unaware of something, I don't think we're in a position to put very much on the table financially for the states. Perhaps that is why some of the governors now seem to be eyeing the Medicare trust funds. Global Budgets. As I understand the current thinking, states will be entirely at risk for any spending (other than Medicare) in excess of what appear likely to be reasonable stringent global budget caps, while they are able to "share" some proportion of the savings. Frankly, I don't know why any governor would want to take that deal. The equation gets significantly worse if there is some effort to move, over time, to some equalization of per"

Comment: continued in next record

Classification:

Participant(s): Larry Levitt

Box Number: 1476
Date: 5/17/93
To: Carol Rasco
From: Bruce Vladeck
Title: Negotiations with States on Health Care Reform

Summary: cont. from previous record "capita spending across states. Under those circumstance, half the states, by definition, would have to enforce budget caps involving growth rates below the national average. As a practical matter, enforcement of the global budget caps on the states is likely to involve protracted back -and- forth between the federal government and the states, requiring some kind of administrative due process proceedings, undoubtedly followed by extensive negotiation, efforts to induce Congressional interventions, and litigation - none of which is likely to foster or contribute to a friendly and productive partnership. Further, it seems likely to me that states that exceed budget caps, and don't escape federal enforcement of those caps, are likely to seek"

Comment: continued in next record

Classification:

Participant(s): Larry Levitt

Box Number: 1476
Date: 5/17/93
To: Carol Rasco
From: Bruce Vladeck
Title: Negotiations with States on Health Care Reform

Summary: cont. from previous record "to pass the entire risk onto those payors who can't escape the shift; ... We have already concluded, within HHS, that much of the data collection, editing, compilation, and analysis that will be necessary for this extremely data-intensive system will need to be carried out at the federal level, ... We have talked about various financial sanction, followed in the extreme case by federal "trusteeship" or "receivership," but it seems to me that, rather than creating a real division of labor between state and federal governments, we are giving the state most of the hard work, and planning to punish them if they don't do it well."

Comment:

Classification:

Participant(s): Larry Levitt

Box Number: 1476
Date:
To: Larry
From: Walter
Title: A review of your outline of a federally imposed budget on Alliances suggests the following

Summary: "The notion of a federally imposed budget can create considerable governance problems for the Alliance. I find it difficult to see how Alliance directors can serve two masters -- the state that created and appointed them, to whom they are dependent, and the federal government whose budget will dominate so much of Alliance prodeedings. ... The budget you've outlined will also force the federal government into the kind of intensive regulation and intrusion I had thought we wanted to avoid. ... We may hope the new federal regulators develop a better image than HCFA? But what should make us confident? ... If we really want a

federally imposed budget, I suggest we have the Alliance set up by the federal government."

Comment:

Classification:

Participant(s): Larry Levitt

Box Number: 1476
Date: 3/25/93
To: Health Care Task Force Members
From: Manager Special Initiatives
Title: Reimbursement For Travel

Summary: "We are now processing reimbursement vouchers for transportation costs for one round trip fair between your point of origin and Washington D.C. Please give a copy of your airline, train, etc., ticket to the administrative support person (Marion or Shandon). Do not give them the original. Ground transportation, other than commuting from point of origin to Washington, will not be reimbursed."

Comment:

Classification:

Participant(s): Larry Levitt

Box Number: 1477
Date: 4/7/93
To: Ira Magaziner
From: Mark Smith
Title: Health Plans and Risk Selection

Summary: "At your request Tom Pyle and I met with representatives of a number of interested groups to discuss the problem of risk selection by health plans. This memo summarizes that discussion. ... The most egregious forms of risk selection currently used - medical underwriting, experience rating, manipulation of benefits, exclusions for pre -existing conditions, etc. - will be prohibited. Nevertheless, strong incentives for risk selection and manipulation will remain. Some participants felt that these incentives would be even stronger and the methods used more subtle, given the ban on the current methods. Some believe that the majority of plans will try to play the game straight but will have to respond to the tactics of those plans that do not. ... Risk-adjustment of premiums paid to"

Comment: continued in next record

Classification:

Participant(s): Larry Levitt

Box Number: 1477
Date: 4/7/93
To: Ira Magaziner
From: Mark Smith
Title: Health Plans and Risk Selection

Summary: cont. from previous record "plans is absolutely necessary for concentrations of those with severe, costly, chronic disease. In some sense this is not actually "insurance" at all but, rather, prospective payment at a level adequate to cover high -quality care, but not so high as to eliminate incentives for efficiency. ... Reinsurance. This is likely to play more of a role than we would like in the first few years, because of the imprecision of currently-available risk-adjustment schemes. ... If the innovative, entrepreneurial spirit is being depended upon to stimulate progress and cut costs, how do you sell your better mousetrap if you cnat tell anyone about it? And if you allow only mass marketing, wouldn't a plan's selection of the radio station of TV show be as effective a market segmentation"

Comment: continued in next record

Classification:

Participant(s): Larry Levitt

Box Number: 1477
Date: 4/7/93
To: Ira Magaziner
From: Mark Smith
Title: Health Plans and Risk Selection

Summary: cont. from previous record "tool as any other? Enrollment caps. At least one paper has suggessted the prohibition of plan enrollment caps, so as to avoid their filling up their quota with low-cost people and then closing. The participants in our meeting found this suggestion impractical and undesirable, but did have some thoughts on fair ways to allocate enrollees when demand for space in a plan exceeds supply."

Comment:

Classification:

Participant(s): Larry Levitt

Box Number: 1477
Date: 5/26/93
To: Bill Clinton
From: Roy Romer - Governor Colorado
Title: letter

Summary: "My goals are two -fold. First, I would like to facilitate the activities necessary to make governors eager to support your plan. ... I have pursued a bipartisan approach through the NGA. However, the DNC, in setting up the National Health Care Campaign, is relying very heavily on the Democratic structures in place within each state."

Comment:

Classification:

Participant(s): Larry Levitt

Box Number: 3206
Date: 4/1/93
To: Ira Magaziner
From: Paul Wellstone
Title: Employer opt -out

Summary: "As we discussed, I am deeply disturbed about the health care task force's consideration of a proposal to allow companies with 1,000 or more employees to opt out of obtaining coverage through a purchasing cooperative."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/11/93
To:
From: Paul Starr
Title: Medicare and other options for fee -for-service under the HIPCs

Summary: "The original managed -competition models did not forsee any conventional insurance being offered; all plans would consist of networks of providers competing on quality as well as cost. By structuring a national program on these lines has never been realistic. For one thing, in many parts of the country network based managed care plans are underdeveloped; it is inconceivable that the entire marketplace could be transformed immediately or even over several years. Moreover, it would be impossible to get the program passed by Congress if the only choices offered were network based managed care plans. The opposition would be overwhelming. ... (By conventional insurance I mean a health insurance or preferred network, although it may have some kind of utilization management). ... "

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/11/93
To:
From: Paul Starr
Title: Medicare and other options for fee -for-service under the HIPCs

Summary: cont. from previous record "If there is no control on FFS, there is no way to enforce a budget. To be sure, if we hold down FFS costs, we reduce the incentive for people to enroll in more efficient plans. ... Kurt Smith of the federal employees plan estimated that FEHB could save $200 million if it could consolidate and competitively bid FFS. ... So the case for one and only one FFS plan is very strong. But should that one plan be Medicare of a private insurer that bids competitively to get the HIPC's contract to run its one FFS plan? ... If the benefit package for the under 65 poplulation is in any way more generous that Medicare (and most of us assume it will be), the use of Medicare as the FFS option will make it impossible to withhold the same benefits from the elderly"

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/11/93
To:
From: Paul Starr
Title: Medicare and other options for fee -for-service under the HIPCs

Summary: cont. from previous record "population. This will greatly increase the costs of the program we are proposing. ... there are some terrific advantages to using the FFS option. It would make possible a more rapid startup of the entire program -- whatever happened with development of managed care plans, Medicare would be available as the default option. Second, if Medicare rates were used for all FFS under the HIPCs, it would bring about a sharp reduction in payments to hospitals and doctors -- so large that it could finance the extension of coverage to the uninsured. ... Finally many people will see this as a back door to a single payer system -- Medicare for all, at least for all who want it. Pete Stark should be delighted. Those who have opposed single payer will see it as an"

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/11/93
To:
From: Paul Starr
Title: Medicare and other options for fee -for-service under the HIPCs

Summary: cont. from previous record "insidious device to get everybody into a government plan."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/2/93
To: Ira Magaziner
From: Paul Starr

Title: Conversation with Walter Dellinger (deputy White House legal Counsel).

Summary: "Walter suggested an unorthodox solution: After submitting the legislation on May 3, the administration should immediately set up a team to draft the regulations on the same kind of intense schedule that we're following. Then, in late summer, the regulations would "catch up" with the legislation and be included in the bill. This could short -circuit the entire process so that the day after enactment, the administration would stand ready to carry out the program. This idea suggests that you might begin thinking about a "phase two" after May 3rd, which might consist of this regulation -writing effort and other "advance implementation," as well as all the work needed to sell the program. I also raised with Walther the concept of the kind of offbudget process envisioned by the Cooper bill for"

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/2/93
To: Ira Magaziner
From: Paul Starr
Title: Conversation with Walter Dellinger (deputy White House legal Counsel).

Summary: cont. from previous record "spreading the costs of low-income subsidies among health plans. ... Finally, I've begun arranging a meeting for later this week with Marina Weiss and state-level health care fiscal experts."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 5/25/93
To: Paul Starr
From: William J. Cox - The Catholic Health Assoc.
Title: letter

Summary: "Some interest groups make the assumption that a global budget can only be administered through rate -setting or some other form of regulated prices. In our view, this paper demonstrates that a more promising approach is managed competition based on capitation (i.e, an annual payment per person) payments to integrated delivery networks."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/3/93
To:
From: Paul Starr
Title: Insurance Liability Reduction Tax

Summary: "If the reform program is genuinely to overcome the current fragmented, administratively cumbersome system of health care payment, the benefit package should cover health services regardless of where an illness or injury originates -- for example, whether or not the cause is related to work, an auto accident, a product defect, or even medical malpractice. Universal health insurance will cover the costs of health care that are paid for today through many other insurance systems, including workers' compensation (approximately $20 billion nationally for health care), auto insurance ($12 billion), product liability insurance and malpractice insurance. The financing package could explicitly take recognition of these reductions in other insurance costs by including"

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/3/93
To:
From: Paul Starr
Title: Insurance Liability Reduction Tax

Summary: cont. from previous record "a specific measure identified as the Insurance Liability Reduction Tax. ... A unified health insurance system will certainly redistribute burdens in society.

... Federal legislation could take several approaches to the states. One approach would be simpley to cover all forms of health care regardless of origin of the medical problem, and include the Insurance Liability Reduction Tax as explicit recognition of that fact in the financing package. The states would then be given a period of time -- say, until January 1, 1995 -- to rewrite their laws and change their insurance regulation to avoid paying twice for the same thing. ... Another approach might be for the federal legislation to override existing state laws in these areas and to set deadlines for"

Comment: continued in next record

Classification:

Participant(s): Paul Starr

Box Number: 3206
Date: 3/3/93
To:
From: Paul Starr
Title: Insurance Liability Reduction Tax

Summary: cont. from previous record "the states to comply with a federal mandate to rewrite their workers' compensation and insurance laws and adjust rates accordingly. ... The politics of an Insurance Liability Reduction Tax. Trail lawyers and some unions will obviously not be enthusiastic supporters of this approach."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 3207
Date: 2/1/93
To:
From: Troyen A. Brennan
Title: An Application to the Robert Wood Johnson Foundation

Summary: "Others have argued that alternative dispute resolution should be used in malpractice litigation. While alternative dispute resolution could theoretically decrease administrative costs (it does not in any way effect compensation or deterrence) this has not been the case in the various states that have tested varieties of alternative dispute resolution. ... The American Medical Association has proposed an administrative alternative to

tort litigation which retains fault as the basis for compensation. ... In place of tort litigation, the AMA would create a state medical board with its leadership appointed by the Governor. ... The problem with approaches like the Swedish system are that deterrence is not integrated into the compensation plan. Since there is no finding"

Comment:

Classification:

Participant(s): Arnold Epstein

Box Number: 3207
Date: 2/1/93
To:
From: Troyen A. Brennan
Title: An Application to the Robert Wood Johnson Foundation

Summary: cont from previous record "of fault, there is no identification of potential quality problems. ... In that vein, we offer a strict liability / no fault program that has been advocated by some authors of the Medical Practice Study, particularly our colleague Paul Weiler."

Comment:

Classification:

Participant(s): Arnold Epstein

Box Number: 3207
Date: 4/5/93
To:
From:
Title: Summary: Working Group on Quality Assurance & Quality Inprovement, Conference on Health Care Reform

Summary: "The lively and productive discussion of the 22 - member Working Group on Quality Assurance and Quality Inprovement (QA/QI) identified problems and opportunities facing health care reform with respect to QA/QI ... we have inadequate information in longitudinal clinical databases to accurately identify appropriate, effective, efficient and beneficial care practices and processes. ... We recommend that 1 % (approx. $8 billion) of current health care expenditures be set aside to invest in QA/QL. Of this .25% should be allocated to basic research on measures and mehtods of evaluating and improving quality (including outcomes measures) ...

We recommend that accountability for quality be shared throughout the system at all levels ... establish a standing quality commission"

Comment:

Classification:

Participant(s): Arnold Epstein

Box Number: 852
Date:
To:
From:
Title: Work Plan Outline: Overview, New System Organization

Summary: Agenda for February 9 Meeting and Outline of Work Plan.

Comment:

Classification:

Participant(s): Gerlad Lindrew; Beth Schumann

Box Number: 1407
Date: 3/23/93
To: Marina Weiss, Alicia Munnell
From: James R. Ukockis
Title: March 18, 20 and 22 Meetings of the Health Care Working Group -- Cluster Group on Short -term Cost Controls

Summary: "One particularly important point was made by Farah Walters (the CEO of a large non -profit health system in Cleveland) after the presentations. ... Ms. Walters is a recent, and invaluable addition to our working group. She is perhaps the only one who is sufficiently familiar with the institutional circumstances in the health care area to be able to understand the real world havoc the various constraining measures would entail. Her skepticism concerning all of the options being put forth by the interim cost control working group should make even the most ardent fan of constraints hesitate. ... Much detail has been added to the plans over the past few weeks, and it is easy to see how those with only a superficial knowledge of the target sec -tors might be persuaded as to their viability."

Comment: continued in next record

Classification:

Participant(s): Mark J. Iwry

Box Number: 1407
Date: 3/23/93
To: Marina Weiss, Alicia Munnell
From: James R. Ukockis
Title: March 18, 20 and 22 Meetings of the Health Care Working Group -- Cluster Group on Short -term Cost Controls

Summary: cont. from previous record"Every option has fatal flaws, which, although passed off as problems "still under examination", are actually major roadblocks to successful implementation. Yet, because this adversarial process ahs been missing one adversary -- the con side -- there is substan -tial risk at least one of the cost containment options may become part of the May 3 reform pack -age by default. ... Mr. Magaziner is employ ing euphimisms such as "... the current thinking is ...", and " ... a consensus is forming around ... " to indicate certain policy choices are winning out. But, who makes up the consensus, and what arguments/ evidence are being considered? We need to press these issues or the Secretary may find he is confronted by a fait accompli when he is finally brought into the health policy process."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1407
Date: 3/30/93
To: Marina Weiss
From: Mike Springer
Title: Activity Report: Working Group on Health Policy Initiatives for Underserved Populations

Summary: "There are no mechanisms to hold states accountable in terms of consumer -oriented performance standards. In other words, it is the old categorical game owuld be covered witho a grant consolidation fig leaf. ... The President and Mrs. Clinton's committee will not be provided the analysis necessary to make that assessment. It appears that the decision has already been made by the leadership of a working group largely made up of agency and Congressional staff whose perspectives and interests predisposes them to continuation of the full array of existing categorical grant programs with as little change as possible."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1418
Date:
To: C. Alpert [see comment for continuation]
From:
Title:

Summary: "As discussed in the Wednesday, 24, 1993 "White House Task Force Participants Meeting", the attached is a summary of currently available documents and other data sources originating from the deliberation of the Internal Work Groups. This information is maintained in the Project Team Office (Rm. 751). The data being gathered are growing daily and new summaries will be distributed on a regular basis. Please call Julie Catellier (535 -8904) if you have questions about the attachment or want copies of any of the materials."

Comment: sent also to: G. Barbour, C. Beason, J. Clay, M. Goodwin, A. Hammerschlag, E. Headley, T. Horvath, S. Jones, R. Kolodner, L. Lehman, K. Link, D. Maloney, L. Mantel, L. Nichols, A. Norman, J. Ogden, B. Peterson, K. Posey, D. Pratt, L. Rodriguez, R. Roswell, G. Sheldon, E. Short, B. Smith, P. Steele, R. Suchinsky, T. Trujillo, K. Walters, J. Williamson, T. Yoshikawa.

Classification:

Participant(s): Todd Grams

Box Number: 1784
Date: 6/7/93
To:
From:
Title: Report on Briefing by Ira Magaziner on Status of Health Care Reform (HCR)

Summary: "Our job is to continue finalizing the documents by mid-June, and start a 3 -4 week consultation process with Congress and the Governors, so we can advise the President of their input before the final decisions are made. The charter of the Task Force has expired, and it presented its options to the President. These were primarily the Tollgate V papers, as modified by meetings with the President and some of the audit groups. The Task Force phase of the process is complete, and the President is now directing the

process and will do so up through its release. ... some have the cynical view that the Task Force ignored the work of the Working Groups. This is silly. Tollgate V, as amended by the auditors and the President, continues to form the basis of the plan."

Comment:

Classification:

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1784
Date: 2/7/93
To: Paul Starr
From: Jack Langenbrunner, OMB
Title: Re: Comments/follow -up to Friday's Short -Term Costs Controls meeting

Summary: "Parenthetically, Ira Magaziner has done an excellent job of appointing cluster leaders with established legitimacy and authority. ... We have several micro -management regulations and control types from the bureaucracy. ... Additions [to the group] Dean Farley, AHCPR who worked on Nixon Wage and Price Controls Board. ... Several things promote single payer experiments in the States -- the largesse of Medicare and Medicaid dollars, more bureaucratic and political control in the state capitol, the appearance of "simplification" and "rationalization" and so on. ... From my vantage point, it is hard to think why states will prefer managed competition over single payer. But regardless, the real problem is more fundamental ... Accelerated Investments in Information Systems. ... Several initiatives are"

Comment: continued in next record

Classification:

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1784
Date: 2/7/93
To: Paul Starr
From: Jack Langenbrunner, OMB
Title: Re: Comments/follow -up to Friday's Short -Term Costs Controls meeting

Summary: cont. from previous record "possibly right now: extension of a electronic hospital data system for risk adjustment and costs and outcomes -- one is private, for profit: MedisGRPS already in place in three states -- Pennsylvania, Iowa, and Colorado. The other is public: HCFA's Uniform Clinical Data Set."

Comment:

Classification:

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 1784
Date: 5/28/93
To: The President and First Lady of the United States
From: An Informal Single Payer Group
Title: Recommendations on National Health Care Reform

Summary: "The Informal Single Payer Group was established to provide consultation to the President on the development of National Health Care Reform. Its members include: Co -Chair and Rapporteur, Vicente Navarro, Professor, Health Policy and Management, The Johns Hopkins University."

Comment:

Classification:

Participant(s): Michele Adler; Lawrence Gostin; Peter Hickman; Erik Johnson; Fitzhugh Mullan; Vincente Navarro

Box Number: 577
Date:
To:
From:
Title: Notes taken by AAPS volunteers

Summary: "Evidence of missing material? Loose papers on the technology for a national h/care card. Brown Folder marked "Miscellaneous" - Empty except for little white tabs of paper - the kind used as notebook divider tabs marked."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 4/22/93
To: David Eddy
From: Sam Turner
Title: Draft Clinical Trials Coverage Language

Summary: "We are forwarding draft statuatory language reflecting our discussion of last week on including reimbursement for certain clinical trial costs as part of a minimum benefits package."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/10/93
To: All Health Care Reform Working Group Members
From: Ira C. Magaziner
Title: Task Group Meeting Schedule

Summary: " This is the schedule of task group meetings for the next three months. Please be sure to check in Room 213 for the room assignments. Please try to adhere to this schedule. If you would like to schedule additional meetins with your task groups, please let Marjorie Tarmey at 456 -6406 know at least 48 hours in advance."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/26/93
To:
From:
Title: Weekly Status Report, Working Group IIIB - Information Infrastructure

Summary: "The working group now consists of approximately 11 regular members."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/27/93
To:
From:
Title: Quality Measurement and Improvement Work Group Status Report

Summary: "Activity this week: THe workgroup completed and presented Tollgate II. These materials included issues related to structuring a quality management system (QMS), and a set of information flow diagrams that systematically identify the main processes that must be performed in a new health care system.. The issues section delineated a range of regulatory and market options for accomplishing the goals of the QMS and used these as models for exploring options to address several of the listed issues."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/17/93
To:
From:
Title: Group III New System Infrastructure Task Group Leakers Meeting

Summary: "Agenda. 1. Group membership/leadership"

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date: 2/23/93
To:
From:
Title: Group III New System Infrastructure Task Group Leakers Meeting

Summary: "Agenda. 1. Consultants -- have they all been identified?"

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 577
Date:
To: Cluster and Working Group Leaders
From: Ira C. Magaziner
Title: Tollgate IV

Summary: "You will notice that some of the groups that have presented individually in past Toll Gates have been combined with other groups for this Toll Gate discussion. We would like to begin to synthesize efforts between and among clusters and task groups."

Comment:

Classification:

Participant(s): Robert Berenson; Kathleen Hastings; James Jorling; Linda Reeves; William Sage

Box Number: 1416
Date: 3/9/93
To:
From:
Title: Quality Working Group Partial Transcript

Summary: "Ira - have concerns about a theory of quality control that will tend to become bureaucratic, a system of checkers checking other checkers rather than something that really helps people on the front lines. Why do you need to collect so much information? ... I worry about that because those are process measures, those are measures that can be gained. ... I'm uncomfortable with stating that we can't really measure what we

want to measure so we'll measure something else. ... Pyle - Modern Healthcare points out that we could move to having as many computer systems as there are doctors."

Comment:

Classification:

Participant(s): Risa Lavizzo -Mourey

Box Number: 1403
Date:
To: John Edgel
From: Dennis D. Steinauer
Title: Health Care Reform Task Force - Status Report

Summary: "It is too early in the process to discuss major alternatives, but we believe they could range from minor government involvement (basic data exchange standards, etc.) to a highly integrated, technology -rich system built on the emerging national information infrastructure. I believe, therefore, that the involvement of NIST and DARPA on the working group should be a valuable contribution to the effort."

Comment:

Classification:

Participant(s): Dennis Steinauer

Box Number: 1425
Date:
To: T. Hill, J. Silva, S. Koss, R. Kuzmack, et al.
From: Max Buffington
Title: Information Systems Workgroup Issues from our 2/12/93 Meeting

Summary: "I do not believe that it is our job to crystal ball new technologies and plan for their introduction into the health care delivery system. ... I believe that we should plan to let the market take care of this job for us and concentrate instead on government's traditional role, i.e. provide infrastructure to support the marketplace."

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1425
Date: 3/18/93
To:
From:
Title: Short Term Step Toward Administrative Simplification. Contains handwritten annotation.

Summary:

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1425
Date:
To:
From:
Title: National Health Care Reform: Data Systems -- An Issue of Interest for OSHA and the Occupational Safety and Health Community

Summary: "How can this database be linked with other databases such as the Social Security work history data?"

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1425
Date:
To:
From:
Title: Responce of CIS Technologies, Inc. to Health Care Information System Vendor Interrogatories, Work Group on Information Systems

Summary: "New York State has chosen CIS to be one of two vendors responsible for implementing that state's unitary payment program, effectively a planned state -wide Community Health Management Information System (CHMIS). This statewide program is in place and working today."

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1427
Date: 3/23/93
To: Risa Lavizzo -Mourey
From: David Schulke
Title: Some comments on "Paper for the President and First Lady

Summary: "The first part of the paper is perfect for its audience -- logical, simple, uses straightforward language. Later it gets harder for a rube like me to follow. It's possible this could be an issue for the President and HRC, as well."

Comment:

Classification:

Participant(s): Henry Krakauer

Box Number: 1424
Date:
To:
From:
Title: Package 1: Administrative Cost Reductions

Summary: "Federal data needs, always burdensome, are seen as ill-defined or duplicative. burdens include, for example: 1,283,33 hours per year for hospitals to comply with state survey reporting requirements; 2,747,125 hours per year for home health agency plans of treatment for Medicare; various lab requirements for OSHA and CLIA are nearly 19,000,000 per year; and Medicare Secondary Payor data match activities cost employers roughly 2,293,450 hours per year. Any changes to streamline or eliminate some of the federal data demands would likely not only save money, but reduce hassle."

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1424
Date:

To:
From:
Title: The White House Dream for Regional EDI Networks

Summary: "The White House plan bears a striking resemblance to a series of prototype regional health care electronic data interchange information networks the Hartford Foundation is funding. The regional network plan was unveiled to a select number of electronic claim processors and providers during a March 31 meetin of the health care reform task subcommittee looking into administrative simplification and technology issues."

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1425
Date: 3/20/93
To:
From:
Title: Automated Medical Payment News; The White House Awaits Some Answers to Its WEDI Questions.

Summary: "And if the Clinton Administration gets its health care reform plans through Congress this summer, health care providers, payers and processors could be required to use standardized claim forms and uniform data processing standards next year, possibly starting in January."

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1424
Date:
To:
From:
Title: Workgroup on Computerization of Patient Records

Summary: list of participants - 30 names

Comment:

Classification:

Participant(s): Max Buffington

Box Number: 1422
Date:
To:
From:
Title: Long Term Care/ Personal Assistance Services for Non -Elderly Populations

Summary: "The cost of maintaining people with disabilities dependent is staggering and has been increasing at an alarming rate. In FY 1970, total disability expenditures in the public and private sectors amounted to $19.3 billion. By FY 1986, the total had risen to $169.4 billion. Public transfer payments increased by a very substantial 500%, but private transfer payments increased by an astounding 1,000%."

Comment:

Classification:

Participant(s): Mark Wasserman

Box Number: 1414
Date: 3/1/93
To: Walter A. Zelman
From: Clark C. Havighurst
Title: HIPCs and the Antitrust Laws

Summary: "This memo presents some preliminary thoughts about how the antitrust laws might constrain HIPCs in performing their anticipated functions and about what, if anything, should be done about such constraints in the legislation being drafted. ... The discussion here proceeds on the assumption that HIPCs will generally be engaged in concerted action of the kind that is subject to scrutiny under section 1 of the Sherman Act."

Comment:

Classification:

Participant(s): David Narrow

Box Number: 1414
Date: 6/7/93
To:

From:
Title: undecided issues - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: Undecided issues: short term cost control, large employer's m/out of HAs, fixed premiums vs. % of payroll, financing awaits budget reconciliation.

Comment:

Classification:

Participant(s): David Narrow

Box Number: 1405
Date:
To: Bill Sage
From: Nancy Baum
Title: note

Summary: "I've attached a disc of this draft since I'm obviously playing a guessing game about how long I'll be around (the big plan is to deliver 6/24)."

Comment:

Classification:

Participant(s): Nancy Baum

Box Number: 1405
Date: 3/11/93
To:
From:
Title: handwritten notes of Nancy Baum? CLICK HERE TO VIEW DOCUMENT

Summary: "Destroy old drafts"

Comment:

Classification:

Participant(s): Nancy Baum

Box Number: 1405
Date: 2/8/93

To:
From:
Title: Preliminary Work Plan for the Health Workforce Reform Subgroup of the New System Infrastructure and Support Cluster

Summary: "Purpose of Subgroup: Develop a strategy for assuring an adequate, supply, mix, demographic composition, geographic distribution of well -prepared providers to meet the nation's health care needs in the context of a health care reform strategy that features universal coverage and cost containment. ... The initial scope of consideration for this task group will be the entire health workforce, although time and practicality will require an early decision as to the key disciplines relevant the health care reform omnibus proposal."

Comment:

Classification:

Participant(s): Nancy Baum

Box Number: 1404
Date:
To:
From:
Title: Handwritten notes of Everett R. Rhoades - Issue of health care for non -Indian family members CLICK HERE TO VIEW DOCUMENT

Summary: " In Group: ... Art Caplan, Minnesota. ... Can the Task Force chaired by Hillary conduct a regional hearing paid for by an outside organization? ... Ethical and Legal Clearance for state people. ... Written statement -- I will be acting as a consultant. I am not paid by the taskforce. Not privy to non -public privileged information."

Comment:

Classification:

Participant(s): Nancy Dubler; Jennifer Klein; Steven Miles

Box Number: 1404
Date: 3/27/93
To: Nancy Neveloff Dubler
From: Norman Frost
Title: letter

Summary: "I need a letter confirming my appointment to the Health Care Task Force so that I can obtain reimbursement from University accounts for my expenses. If possible, it would be helpful to clarify why my name (along with others) was not on the official list published in the NY times today, or at least to state the omission was an error. Not everyone is pleased at my absence from work, and the list as published could create several problems for me. For future reference, my expenses for the project through May 1 are likely to be around $7,000."

Comment:

Classification:

Participant(s): Nancy Dubler; Jennifer Klein; Steven Miles

Box Number: 3288
Date: 4/6/93
To:
From:
Title: New System Coverage -- Option 2: Kids -First Coverage

Summary: "On July 1994, all children 0 -18 years of age will be covered by a standardized benefit package as difined by the Benefits Workgroup. Employees currently covering children will be required to bring plans up to the standard benefit package."

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date: 9/6/94
To:
From: Stephen E. Finan
Title: Task Force and Working Group Document Certification

Summary: "I certify that I had previously retained some documents created or received by any member of the working group including myself, in my possession, but am now forwarding all such documents that remain in my possession." Signed 9/6/94"

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date: 3/10/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Task Force - form advice/giving advice to Congr cannot be covd by FACA this would mean Cong is reg Pres powers when T.F. is receiving infor, FACA applies"

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date: 4/28/93
To: Ira Magaziner
From: Marjorie Tarmey
Title: Reception for the Health Care Working Group

Summary: "The purpose of this event is to thank the members of the Health Care Working Group, Policy Assistants, Intake/mail room staff and others. They have worked seven days a week, as many as 24 hours a day since February 1st trying to keep up with Ira Magaziner and draft details of all aspects necessary to help you decide on a Health Care Reform Plan for the nation. ... The working group is divided into 12 Clusters and 33 sub -groups. You have met with some of the Cluster Leaders. III. Participants. Mrs. Clinton, Mrs. Gore."

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 1454
Date: 2/16/93
To: Secretary Brown
From: Jonathan Silver
Title: White House Task Force on Health Care Reform

Summary: "The Task Force itself has been broken into nine cluster groups and some 30 issue -specific working groups. ... The White House media team has informally suggested Commerece might play a key role in a "divide and conquer" strategy of recruiting businesses, large and small, that support real reform. Two groups will play key roles in this effort: The National Business Leadership Coalition on Health Care Reform (led by Marty Dunleavy) and the Business Roundtable."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 3/29/93
To: Secretary Brown
From: Jonathan Silver
Title: Update on Health Care Task Force Activity

Summary: "The Task Force (which includes 12 Commerce career staff) has developed an extensive series of policy options which have been presented to the President in a series of briefings and consultations."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 2/25/93
To: BBK, Mike, Ross, Pat
From: Dave
Title: Insurance Cluster Meeting Update

Summary: "To make this whole process even more interesting a complete embargo has been placed on the paper that is produced by the clusters. This includes everything, meaning that I, nor anyone else in the insurance cluster is permitted a copy of the document we are attempting to refine."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 3/22/93
To: BBK
From: Dave
Title: Health Care Task Force

Summary: "Attached is a copy of a Task Force working group paper which was printed in BNA Daily last week."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 3/26/93
To: BBK
From: Pat
Title: Health Care Cluster Update

Summary: "The various clusters are meeting with the President virtually every night to discuss options."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 3/31/93
To: BBK, Mike, Ross, Pat, Ranit
From: Dave
Title: Caucus Meeting with Ira Magaziner

Summary: "Everyone in the country will get a health security card which guarantees them care."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 4/8/93
To: BBK
From: Pat, Dave
Title: Update on Health Care Task Force

Summary: "Ira Magaziner met with all the task force participants today to talk about where we go from here. ... We are now in what they call the audit process. ... The President wants to keep the task forces intact until the bill is signed into law."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 4/12/93
To: BBK
From: Dave
Title: Health Care Update

Summary: "My Group, (the insurance group) is preparing a serices of papers which will be presented to the Task Force, and discussed at this tollgate."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 4/12/93
To: BBK
From: Pat
Title: Update on Health Care Working Group

Summary: "Our group has completed the first of its three major tasks -- setting forth all possible outlay reductions government - wide in the health care area. ... The other two tasks, a comprehensive set of tax recommendations and a reconciliation of all the financing accounting issues, are still underway. In order to get a handle on how much money we need to raise, we have been meeting with the other working groups to see where they are going so we have a sense of where the conflicts in policy are and how much money we eventually are going to have to raise.

Comment: Note: BBK = Barbara B. Kennelly (D. Conn.), Dave = Dave Buonora, Pat = Patricia Kerry

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 2/16/93
To: BBK
From: Pat
Title: Update on Hillary Clinton Health Meetings

Summary: "BBK, you will recall that you and I talked briefly last week when you were in the car with Bob about the memo we sent up suggesting that we try and have you include in the 20 member group assigned to help the Administration write the health care proposal. ... There is no private sector involvement, rather, the clusters are composed of relatively few hill people, agency experts, high level Administration officials and academics. Meetings are strictly off the record and we are basically forbidden from sharing paper with the outside world ... Dave and I have talked with Jayne and Kathleen at Ways and Means and apparently the Chairman has told Clinton that he wants this to be Clinton's proposal and to the extent that members don't associate it with Rostenkowski it may be easier to pass.

Comment: continued in next record

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 2/16/93
To: BBK

From: Pat
Title: Update on Hillary Clinton Health Meetings

Summary: cont. from previous record "They have been very closed mouthed about who is on the task force. there is some reason for concern, however, in that Phyllis Borze is heading the task force. She works for Pat Williams and is the author of Pilot Life and not exactly considered a friend to the industry."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 2/18/93
To: BBK
From: Pat
Title: Health Care Cluster Meeting Today

Summary: "At last night's meeting with Magaziner, he informed the group that a VAT is now off the table and should not appear in any of our options per the President. ... The product will take the form of a briefing book, or should I say two books -- one for the President and one for Mrs. Clinton, from each group. There will be no other copies. They are very concerned about security and are talking about using a computer program to code documents so they can tell who leaks things. ... we can make policy comments but not comments like " a tax cap holds the potential for a backlash not unlike that experience in the wake of Catastrophic Health Care."..A note on process, it would appear that the critical group of people include the Clintons, Magaziner, the relevant Cabinet secretaries and 22 cluster leaders."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 1454
Date: 4/20/93
To: John Silva
From: Dennis D. Steinauer
Title: Papers

Summary: "Since the policy paper is supposed (we understand) to state and resolve the various issues in support of the ultimate recommendations, this (earlier) paper is really the appropriate basis for the policy paper."

Comment:

Classification:

Participant(s): David Buonora; Mark Freeland; Patricia Kery; John Silva; Jonathan Silver

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - table of contents

Summary: "Finding "Real People" for Health Reform Stories Tips and sources on finding the victims of the health care crisis for the anecdotes that make health reform stories readable and compelling. By the Alliance for Health Reform."

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - USA Today chart: Tracking you health care dollars.

Summary: "The estimated $618 billion spent for health care in the USA last year amounts to about $6,750 for each of the nation's 91.5 million households. How it moved through the economy:"

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - National Health Expenditures

Summary: Chart tracks the growth of national health expenditures from $31.6 billion in 1962 to an estimated $1,739.8 billion in 2000.

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - Existing Cost Control Efforts

Summary: "What follows is excerpted from Controlling Health Care Costs, by Mark Merlis, a comprehensive review of existing cost-control efforts and the scientific studies and other objective evidence gathered to assess the efforts' effects. Merlis is a specialist in social legislation with the Congressional Research Service, for whom his 1990 report was prepared."

Comment: see next record for summary of Merlis.

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - Controlling Health Care Costs by Mark Merlis

Summary: "One alternative is to use the results of outcomes research as the basis for mandatory, rather than voluntary, guidelines - that is, as a way of strengthening or broadening

current utilization control programs. ... Some studies have found very high rates of unneccessary care. For example, Chassin et. al., in a thirteen -site study, found that 17 of all coronary angiographies were unnecessary; for other procedures, the rate of inappropriate use was as high as 32%. ... Precisely because there is uncertainty about the relative efficacy of many treatments, it may be too early to say whether optimal medical treatment would involve more or fewer services than are currently furnished. ... Given the political problems health planners in the United States have experienced in trying to"

Comment: continued in next record

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - Controlling Health Care Costs by Mark Merlis

Summary: cont. from previous record "close hospitals, it seems unlikely that British Columbia's efforts could be reproduced here, with government regulators telling new medical school graduates to find some other profession. However, there are proposals to achieve the same goal through private means."

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 3288
Date:
To:
From: Alliance for Health Reform
Title: Reforming Health Care: A Sourcebook for Journalists - Incremental Reforms

Summary: "Outcomes research and practice guidelines SOURCES -- ... U.S. Quality Algorithms (Subsidiary for outcomes research and practice guideline development of U.S. Healthcare Inc. a large HMO system.) President Dr. Steven Zatz. ... Kaiser Permanente (national HMO, long active in development of practice guidelines). ... Aetna

Health Plans, Dr. Allen Schaffer, head of quality management & training."

Comment:

Classification:

Participant(s): Steven Finan; Marjorie Tarmey; Alan Weil

Box Number: 1336
Date: 2/12/93
To: National Health Care Task Force
From: Peter N. Grant, Davis Wright Tremaine
Title: National Health Care Reform, Health Care Delivery System Restructuring from the Bottom Up: Medical Group Formation and Integrated Delivery System

Summary: "Little, if any, sophisticated analysis is taking place regarding the fundamental reorganization of the infrastructures of the health care provider community which must occur if managed competition is to be a financial, clinical and political success."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 1336
Date:
To:
From: Peter N. Grant and Davis Wright Tremaine
Title: Competition, Collaboration and Change: The Emergence of California's New Integrated Delivery Systems

Summary: "These new organized delivery systems are being called many names ... [h]owever, all of these concepts share certain basic characteristics: ... 1. A reliance on and wmpowerment of primary care physicians in organizational governance and as case managers, ... 3. The Creation of a single system encompassing community -based primary care through inpatient tertiary care, 4. The acceptance by these new integrated provider organizations of economic risk for the cost of care provided to identified patient populations."

Comment:

Classification:

Participant(s): Paul Starr

Box Number: 1438
Date: 3/6/93
To: Walter Zelman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising Out of Governance Options

Summary: "Govt is required to be run pursuant to processes that satisfy requirements for political representation and due process because govt. has coercive powers; private market entities are entitled to pursue their own interests without requirements for fainess visavis other market participants and are bound only by the ordinary requirements imposed on private market actors. ... there is no point in creating an HIPC as a govt. entity, with all of the govt.'s duties of openness,political responsiveness,and substantive and procudural fairness, if it is only to behave in the end as a powerless private market participant like any other private party. ... "

Comment: continued in next record

Classification:

Participant(s): Parashar Patel

Box Number: 1438
Date: 3/6/93
To: Walter Zelman
From: Sallyanne Payton
Title: Subject: Legal Issues Arising Out of Governance Options

Summary: cont. from previous record "Conversely, to create an HIPC as a private market participant and then to authorize it to exercise what are in effect the powers of government would create endless difficulties."

Comment:

Classification:

Participant(s): Parashar Patel

Box Number: 1453
Date: 4/15/93
To: Nancy
From: Bob Anderson

Title: handwritten note CLICK HERE TO VIEW DOCUMENT

Summary: "This is a copy of the briefing materials that went to the President yesterday with Ira." Attachment: Stepdown of National Health Expenditures to Current Law Expenditures"

Comment:

Classification:

Participant(s): Lauren Gross; Nancy -Ann Min; Jess Montes; Lisa Scheckel; Frank Titus

Box Number: 1438
Date:
To:
From:
Title: New SYstem Organization Decision Memo - A Nation Governing Board

Summary: "However, large numbers of public administration analysts assert that an agency with a single administrative head is the preferred governance structure. ... Above all, it could serve to assure the public, key interest groups and even state government officials that certain decisions were being made outside of a political or partisan framework. Additionally, a NHB might be charged with making certain controversial decisions (e.g. budget allocation, adjustments in benefits, technology assesment) which might be better placed outside of political arenas. In sum, the key liabilities of a board may lie in administrative efficiency and accountability. The key strengths of a board approach may lie with issues of legitimacy and public confidence."

Comment:

Classification:

Participant(s): Parashar Patel

Box Number: 1451
Date: 4/9/93
To: Ethics Working Group #17
From: Larry O'Connell
Title: Re: Preamble

Summary: "After extended conversation Ira determined that it would be best to create two documents. The first document, which will contain a set of priciples aimed at initial guidance and subsequent

evaluation of the reform, will be directed at policy makers and legislators. The second document, which will be inspirational and motivational in tone, will be directed at the wider American public. ... Each document will be used in appropriate contexts and at the discretion of various decision -makers. For example, the policy-oriented piece will probably be used by Paul Starr as part of the policy document he is creating. The inspirational piece may be used by President and Mrs. Clinton in their initial announcement of the proposal."

Comment: continued in next record

Classification:

Participant(s): Ellen Benavides; Rima Cohen; Linda Demlo; Leonard Fleck

Box Number: 1451
Date: 4/9/93
To: Ethics Working Group #17
From: Larry O'Connell
Title: Re: Preamble

Summary: cont. from previous record "According to Ira, he would like to see both documents find their way into the final legislative proposal."

Comment:

Classification:

Participant(s): Ellen Benavides; Rima Cohen; Linda Demlo; Leonard Fleck

Box Number: 1451
Date: 4/17/93
To: Terry W. Good
From: Dan McLaughlin, Ellen Benavides Hennepin County
Title: letter

Summary: "Enclosed are the documents you requested in your recent letter. They are indexed in Table A. In addition we have included a disk with these documents and others that we generated during the time we served on the Clinton Health Care Task Force. The documents are in WordPerfect 5.1 format and are indexed in Table B. ... We were invited to join the task force on March 12, 1993 when Ira Magaziner asked the National Association of Counties (NACO) to send

representatives to the Task Force to provide a local government perspective."

Comment:

Classification:

Participant(s): Ellen Benavides; Rima Cohen; Linda Demlo; Leonard Fleck

Box Number: 1450
Date:
To: Robert Berenson
From: Donald W. Fisher - American Group Practice Assoc.
Title: letter

Summary: "Please know the executive officers of our membership believe your efforts are critical to the refinement of a comprehensive proposal.. ... AGPA members such as the Mayo Clinic, The Permanente Medical Group, the Cleveland Clinic, the Ochsner Clinic, Sharp Rees -Stealy Medical Group, Park forefront revolutionizing the delivery of health care in their communities. These clinics and many others are already delivering high quality, cost effective care through Accountable Health Partnerships."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date:
To:
From:
Title: Model Regulation Service - July 1989, HMO Producer Model Regulation

Summary: List of Legislation by state. 16 states listed.

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 4/13/93
To:
From:
Title: Fraud and Abuse Vulnerabilities in New Health Care System

Summary: "Currently, no forfeiture remedy exists with respect to the proceeds of health care fraud. B. Proposals. 1. Amend current federal forfeiture authorities to cover the proceeds derived from health care fraud. ... The penalty amount should be $10,000 per item or service claimed (which is consistent with the Civil False Claims Act (31 U.S.C. 3729) and an assessment of no more than treble the amount claimed. The law should provide for pre-judgement interest on penalties and assessments imposed by an Administrative Law Judge. The standard of knowledge in these cases would be the "knows or should know" standard. [Note: Many of these actions are already the basis for a CMP with respect to Medicare and Medicaid. ... The following actions would be the basis for a CMP under this proposal: ... "

Comment: continued in next record

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 4/13/93
To:
From:
Title: Fraud and Abuse Vulnerabilities in New Health Care System

Summary: cont. from previous record "Failing substantially to provide medically necessary items of services that are required (under law of contract) to be provided to an individual under the contract. ... Acting to expel or to refuse to re -enroll an individual in violation of the provisions of law. ... Failing to report any information required to be submitted to a data bank. ... Claiming a higher code for purposes of reimbursement than the one the person knows or should know is correct."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date:
To: Cluster and Working Group Leaders
From: Ira C. Magaziner
Title: Subject: Toll Gate IV

Summary: "We would like to begin to synthesize efforts between and among clusters and task groups. To prepare for the Toll Gate, task groups should begin to build consensus around two to four (or more) options/packages."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 3/9/93
To: All of you listed
From: Molly Brostrom
Title: Workgroup Meetings with Representatives of the AMA, Tuesday, March 16 -- Room 488

Summary: "The AMA has requested the opportunity to discuss several issues with members of the workgroup."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 4/1/93
To: Roz Lasker
From: W. Allen Schaffer - AEtna
Title: letter

Summary: "I met with another Cluster Group a few days ago and they touched upon a couple of items which might be related to areas of concern to your Cluster as well."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 4/28/93
To: Working Group Members
From: Toby Graff
Title: Educating the Public After Introduction of the Plan

Summary: "Although many of you are planning to pack up and desert the OEOB, do not think that you are off the hook yet! WE are still going to be receiving requests for Working Group members to speak to the public and representatives of organizations."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 3/19/93
To: Gail Daumit
From: Lucy Hand
Title: fax message

Summary: "Sorry for the day's delay. I was going to update the following looking for work resume but something has wiped my disk!"

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 5/28/93
To: Working Group Members of the Health Care TF
From: Ira C. Magaziner
Title: Follow -Up Meeting

Summary: "On Monday, June 7 we have scheduled a briefing meeting for the members of the Working Groups."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1450
Date: 9/10/93
To:
From: Ira C. Magaziner
Title: memo

Summary: "We are finally goin to release our plan for health care reform to the nation! The quality of this plan is directly related to the time, care and energy invested in the process by members of the working groups. We could not have done it without you. On Saturday September 18, 1993 from 10:30 - 12:30 we would like to have a briefing of the plan for all of the working group members. I realize this is short notice, but I hope that you can make it and that we can finally have all of the people who made this possible come back, regroup and be briefed on what we all worked together to create."

Comment:

Classification:

Participant(s): Richard Frank; Lucy Hand; Roz Lasker; William Schultz

Box Number: 1449
Date: 3/18/93
To:
From:
Title: Re: Recommendation for Partial Preemption of State Laws Prohibiting or Curtailing the Corporate Practice of Medicine

Summary: "The corporate practice of medicine doctrine generally prohibits not only the ownership of professional corporations by lay interests, but also the acquisition by lay interests of the intangible assets of a medical practice, the employment of physicians by hospitals and other lay organizations, and any kind of lay control over physicians that is perceived as interfering unduly with professional prereogatives. ... In the early and

mid-2oth century, with the growth of the medical specialties, and the development of more complex and costly ancillary services and equipment, the corporate practice ban has become an ever -greater impediment to the integration of medical practice, the affiliation of hospitals and physicians and access to capital by such integrated entities."

Comment: continued in next record

Classification:

Participant(s): Mary Dewane; Theodore Einhorn; Laurence Jacobson; Gregory Levine; Lisa Rovin

Box Number: 1449
Date: 3/18/93
To:
From:
Title: Re: Recommendation for Partial Preemption of State Laws Prohibiting or Curtailing the Corporate Practice of Medicine

Summary: "ont. from previous record "We conclude that the limitations imposed by the corporate practice ban are inimical to managed competition, and will significantly inhibit its successful implementation. Accordingly, we recommend the following alternative strategies for preempting or superseding the state law corporate practice ban by federal law: 1. Preemption to allow the employment of physicians by health plans. ... A much more likely scenario is the development of group model HMOs, which capitate providers. Under this approach, it is the providers that generally must reorganize themselves. ... It would be relatively easy to draft statutory language that would completely preempt and repeal state-law prohibitions on the corporate practice of medicine. This would allow any sort of"

Comment: continued in next record

Classification:

Participant(s): Mary Dewane; Theodore Einhorn; Laurence Jacobson; Gregory Levine; Lisa Rovin

Box Number: 1449
Date: 3/18/93
To:
From:
Title: Re: Recommendation for Partial Preemption of State Laws Prohibiting or Curtailing the Corporate Practice of Medicine

Summary: cont. from previous record "organization to acquire or own the assets of professional practices and to employ physicians, with all the control that the employment relationship entails. ... First, taken to its extreme, this would allow unqualified,unlicensed persons to dictate matters of progessional judgement to employed physicians. Second, this creates a risk that the employed physician may be pressed to commit what he or she views as medical malpractice or unethical or unprofessional conduct, in a situation from which the physician may have difficulty extracting him - or herself from the employment and equity holding relationship..These concerns may be substantially ameliorated through the accountability or regulatory aspects of the HIPCs and their relationships with contracting health plans."

Comment:

Classification:

Participant(s): Mary Dewane; Theodore Einhorn; Laurence Jacobson; Gregory Levine; Lisa Rovin

Box Number: 1449
Date: 3/5/93
To: Walter Zelman
From: Douglas Letter
Title:

Summary: "The Tenth Amendment difficulty arises, however, when the Federal Government requires states to exercise regulatory authority over private employers and employees. There are two ways to avoid Tenth Amedment limitation on compelling states to implement federal legislation. First, requirements that would otherwise violate the Tenth Amendment may be imposed as conditions on federal funding. The Supreme Court has squarely held that the Federal Government may utilize the device of attaching conditions to federal funding as a means of ..."

Comment:

Classification:

Participant(s): Mary Dewane; Theodore Einhorn; Laurence Jacobson; Gregory Levine; Lisa Rovin

Box Number: 1449
Date: 4/19/93
To: Mark A. Wasserman, Robert B. Anderson

From: Laurence R. Jacobson, OMB
Title: Lewin -VHI Work Progress

Summary: "I spoke to Dave Kennell of Lewin -VHI. They are trying to get a number of things finished by Wednesday. First, there is more work being done on redefining and refining options; they still are getting requests for program changes for certain options. Note that the fouth option (phased in comprehensive social insurance) was only created late last week. They plan to have all 4 basic options priced out through 2020 by Wednesday, including year by year projections over the near term, as requested by the quantitative group. They also plan to have a first pass at the age breakout (over 65 vs. under 65) and income distribution effects. Medicare will also be broken out of the cost estimates in each option."

Comment:

Classification:

Participant(s): Mary Dewane; Theodore Einhorn; Laurence Jacobson; Gregory Levine; Lisa Rovin

Box Number: 1437
Date: 4/8/93
To:
From:
Title: HCR - General Conference, Handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Bob Borsten: Communication Implications of Harrowing Options: -Do not speak to the press ... Ira Magaziner: Deadline, May 3 delayed 10 days to 2 weeks ... Tasks. had written policy document to support the legislation ... Auditors will be coming in for tollgate 6 and 7. ... May need to contribute to legislative language."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 5/28/93
To: Working Group Members of the Health Care TF
From: Ira C. Magaziner

Title: Subject: Follow -Up Meeting

Summary: "On Monday, June 7 we will have scheduled a briefing meeting for the members of the Working Groups. We will update you on the progress of the Health Care Reform Plan and give you an opportunity to ask questions. ... You should also be aware that we are planning on scheduling another meeting of the Working Groups just before the Health Care Plan is formaly announced. You may wnat to consider this when making your travel plans."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 1/6/93
To: Colleague
From: J. Wiener, L. Illston The Brookings Institution
Title: memo

Summary: Please find enclosed our recent paper on health care reform. It attempts to frame the health care choices facing President -elect Clinton. Comments are welcome."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 2/16/93
To:
From: Roger S. Berry
Title: Who's In/Who's Out: The Pro's and Con's of Selection Size

Summary: " Is is generally assumed that in order to be effective in restructuring the delivery of health care and to contain costs, a HPPC must control a dominant share of the local health care market. ... If ending cost shifting is a primary goal of health care legislation, then only those employers who are capable of truly lowering health care costs through proper managed care and not through negotiated discounts should be exempted. ... If the primary policy aim is only to giver HPPCs dominant market clout, then

legislators could set the cutoff anywhere abouve 100 employees. A nation-wide cutoff of 100 employees would give HPPCs control over 53.8% of the market."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 4/9/93
To: G. Claxton, M. Hucaby, S. Lotfi, J. Lubitx, Means
From: Randall P. Ellis, Boston University
Title: Risk Adjusters for Managed Competition

Summary: "With regard to Ira Magaziner's comment about not wanting something that will be "laughed at," I agree. That should indeed be among your highest objectives. ... Publically acknowledge that you are extremely concerned about potential for biased selection and that you have a plan to deal with it. Do not take the alternative strategy of trying to hide, deemphasize or ignore the likely importance of it. ... My perception is that you will not find a consensus on the degree to which biased selection will be a "fatal" versus a "damaging" feature of enrollment competition between health plans in the absence of good risk adjustors."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date:
To:
From:
Title: Top Ten Ways to Reduce Health Care Costs in the Short Run

Summary: "10. Require that all bandages be used for three days. 9. Permit gas stations to test for cholesterol and pregnancy. 8. Lock 1,000 doctors and 1,000 trial lawyers in a very small room every ten days. 7. Substitute dental floss for all sutures and locate all MRIs and CAT scans in Cuba. 6. Impose a two -year ban from physician meetings any where by but Bosnia. 5. Limit triple by-pass surgery to winners of Publishers Clearinghouse Sweepstakes

(and make them pay for it). 4. Recycle urine from hospital bed pans for ambulance car wash. 3. Ship chiropodists, osteopaths, podiatrists and chiropractors to military bases scheduled for closing. 2. Permit only in -laws to execute living wills. 1. Do organ transplants only on even -numbered days."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 3/25/93
To: Paul Starr
From: Farah M. Walters
Title: Re: Iameter Project in Cincinnati

Summary: "During the Tollgate meeting of Saturday, March 20, 1993, much interest was expressed by Ira Magaziner in the Cincinnati Iameter project." Skepticism in Iameter results

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 4/29/93
To:
From:
Title: Final Briefing - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Do not destroy any documents created or received, Do not take anything with you."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1437
Date: 4/29/93
To:
From:
Title: Coordinating Group - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Bernie ... to stay on for a few weeks. Oncall responsibilities. ... Federal enforcement procedures - Walter Zelman working on classification, penalties, transition takeover ... Budget ... Federal govt. will be held harmless. ... "If its not on a disk, it doesn't exist" ... Malpractice. Enterprise liability - suing the health plan not the individual. If V AT then 17% VAT."

Comment:

Classification:

Participant(s): Fred Hellinger; Donald Johnson; James Lubitz; Frederick Osher; Farah Walters

Box Number: 1484
Date: 4/7/93
To: Ira Magaziner
From: Ethics Working Group
Title: Wise Resource Allocation and Limits to Care

Summary: "Many discussions in the Task Force's work on the new reform plan assume that cost savings from the new reforms will be sufficient to make unnexessary any significant limitation on beneficial care ("no waste, no scarcity, all beneficial treatments"). We believe this assumption is false, and most of this memo tries to support our belief and offer suggestions about how to address the issue. ... First, once the President formally makes the proposal, many of its critics in the political process will focus on the limitaitons on care it will produce. To put the plan forward denying that it will have this effect will put its champions in an unnecessarily defendive position. The plans critics will undoubtedly raise the issue of limitations on care -- it will be given the"

Comment: continued in next record

Classification:

Participant(s): Denise Boerum; Laird Burnett; Leslie Greenwald; Colleen Kepner; Richard Kuzmack; John Langenbrunner; William Schultz

Box Number: 1484
Date: 4/7/93
To: Ira Magaziner
From: Ethics Working Group
Title: Wise Resource Allocation and Limits to Care

Summary: cont from previous record. "inflamatory label of rationing and cannot be swept under the rug in the political debate - ... There is a kernel of truth in each of these points -- there are large cost savings to be achieved by reducing waste in the health care system. It is controversial, however, what the level of these savings will be, especially in an untested system, and many believe that advances in technology are the major factor driving up health care costs. But even with these cost savings, we do not now and would not want in the future to provide every beneficial health care service to all, regardless of how small its benefit and how great its costs. ... A crucial issue will be whether these limits [in health care spending] are to be addressed and applied covertly, ... The National Health"

Comment: continued in next record

Classification:

Participant(s): Denise Boerum; Laird Burnett; Leslie Greenwald; Colleen Kepner; Richard Kuzmack; John Langenbrunner; William Schultz

Box Number: 1484
Date: 4/7/93
To: Ira Magaziner
From: Ethics Working Group
Title: Wise Resource Allocation and Limits to Care

Summary: cont. from previous record "Board will have two pricipal responsibilities. First, its determination of overall global budgets and the rate of growth in health care expenditures, where resource needs for health care must be weighed against the claims of other important goods, should employ a process reflecting the political nature of this decisions. Second, the definition of the national benchmark benefit package which must be available to all will have to combime expert data about the efficacy of different types of health care services with procedures sensitive to general public attitudes about the relative importance of these services. ... But there can be little doubt that a reasonable and just health care system, operating, like all health care systems under resource constraints, will place"

Comment: continued in next record

Classification:

Participant(s): Denise Boerum; Laird Burnett; Leslie Greenwald; Colleen Kepner; Richard Kuzmack; John Langenbrunner; William Schultz

Box Number: 1484
Date: 4/7/93
To: Ira Magaziner
From: Ethics Working Group
Title: Wise Resource Allocation and Limits to Care

Summary: "some limits on the availability of high cost/low benefit services and care. Because this is a sensitive political issue, we raise it in this memo rather than in the more public tollgate context. Many of us believe strongly that the issue of limitations on care should be addressed both for ethical and political reasons. We would , of course, be happy to meet with you to discuss this issue further if you think that would be helpful."

Comment:

Classification:

Participant(s): Denise Boerum; Laird Burnett; Leslie Greenwald; Colleen Kepner; Richard Kuzmack; John Langenbrunner; William Schultz

Box Number: 1484
Date: 3/16/93
To:
From:
Title: The Benefits Package, Work Group #17 Draft #1

Summary: "Definition of health. ... Two principles of justice, both of which we want to affirm: the greatest good for the greatest number; and making lives better for the least well -off. ... Assuming that it must of will come from society as a whole, to what extent and how will we allow individuals to opt otherwise? That is, how will we balance communal action and individual choice?"

Comment:

Classification:

Participant(s): Denise Boerum; Laird Burnett; Leslie Greenwald; Colleen Kepner; Richard Kuzmack; John Langenbrunner; William Schultz

Box Number: 1409
Date: 11/18/93
To:
From: Sandra K. Robinson
Title: Note to the record

Summary: "Box two contains the draft and final briefing books, reference materials and the policy papers prepared by the Qualtiy Working Group."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date: 2/12/93
To:
From:
Title: Quality Measurement Work Group - Minutes

Summary: "Objective of QA/I Criteria: Adherence to Protocols/ Appropriateness: Incentives (rewards, Penalties), structure and who is responsible."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date:
To: Sheila Leatherman, United HealthCare Corp.
From: Arnold M. Epstein, Risa Lavizzo -Mourey
Title: letter

Summary: "As you know the Interagency Task Force on Health Care Reform is trying to gather the broadest possible range of opinions and information from a variety of groups and individuals. This input is critical for the Task Force to draw upon in developing the

President's health care reform strategies, including the strategy to assure and improve the quality of care."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date: 2/18/93
To:
From:
Title: Top Down Group - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Our job is to take new logical and build a physical with a focus on developing legislation."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date: 3/11/93
To:
From:
Title: Tollgate Debrief - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Ira said to get first level question for the presidents review and decisions"

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date: 4/8/93
To:
From:
Title: Taskforce mtg. - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "There will be increased interest of the press. Do not speak to the press! Contact Boorsten if you would like to speak to the press. it is helpful also to let him know the story the press is chasing. ... If you have examples of ads, materials of h.care reform send to room 164 OEOB."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Ira and bill are beginning to meet informally with small groups from the working areas. The drafting group is beginning to develop skeletons."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date:
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: " Next steps - ... need written policy document ... as decisions are made, we may need more detail re policy area ... will be asked to assist in legislation drafting ... there will be proper celebration at the end. ... As legislation is drafted, groups will review for accuracy. ... Will maintain potential for bringing workgroups together through passage of the bill."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1409
Date: 6/7/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "President is making decisions and asking for change. .. task force work is basis of health care plan .. briefing books are used heavily ... congressional breifings have been delayed until options named."

Comment:

Classification:

Participant(s): Sandra Robinson

Box Number: 1421
Date: 4/26/93
To:
From:
Title: Payroll Tax: Subsidies and Transition

Summary: "Ira raises the notion of a 10% payroll tax divided 80/20 er/ee, phased in over several years starting with the percentage the er now pays."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1421
Date: 4/9/93
To: Group 7 people helping with administrative ques.
From: Atul
Title: memo

Summary: "The design is intended to parallel a payroll tax collection mechanism (such as FICA) to the greatest extent possible (although it will need to be drafted as a mandate so as to avoid being counted as a tax). Think of it as a payroll tax capped by an amount that we will call a premium. ... This amount goes on the 1040 and if it is out of line with overall income (need a definition) then taxes are adjusted accordingly. Non filers are

allowed to get away since they are paying through any workplace they have."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1421
Date: 4/10/93
To: Atul Gawande
From: Janet Holtzblatt
Title: Comments on Minimalist Approach Towards Premium System

Summary: "Recall the "duck test" from a previous administration. If it looks like a tax ... It is hard to imagine that a premium system, with an explicit role for the IRS, is going to evade the public or budgetary perception of being a tax. (2) Using the IRS as the reconciling agent effectively means trying the subsidy to the IRS definitions of tax filing unit and income. ... Adjusted gross income (AGI) does not include most transfer payments (other than unemployment insurance and social security benefits received by high-income persons) and other forms of non - taxable income. It is also not a measure of family income. AGI measures only the income of the taxpayer and her spouse. The income of dependents is generally not included in AGI, nor is the income of other members of the residence"

Comment: continued in next record

Classification:

Participant(s): Mark J. Iwry

Box Number: 1421
Date: 4/10/93
To: Atul Gawande
From: Janet Holtzblatt
Title: Comments on Minimalist Approach Towards Premium System

Summary: cont. from previous record "who are not dependents. Yet, the income of all family members may affect their common ability to purchase health insurance. Using AGI as the income measure also ties the subsidy to an annual measure of income (with no assets test). Most other subsidies for low income persons are tied to monthly income measures. ... Creating a system in which "some people get away" (your reference to non -filers) is not good public

policy. If some persons can get an excessive subsidy by not filing a return, the tax filing population will rightly perceive this as unfair. Non-compliance -- both in terms of the "premium" and income taxes, more generally -- will increase as taxpayers judge the system to be unfair and punitive to those who comply with the law."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1421
Date: 2/24/93
To:
From:
Title: Outline for Tollgate 2 Presentation, Cluster II: Working Group 7 Coverage for Working Families

Summary: "A case can be made for not subsidizing employers (that is, a case on the merits, politics aside) on the ground that, at the end of the day, employers by and large won't bear the cost of an employer mandate -- employees will bear the cost. At leas after some transition period, most employers for whom the mandate creates additional costs generally could be expected to reduce wages or employees' non-health benefits as much as possible in order to offset the increased costs of the health care mandate."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1421
Date: 2/25/93
To:
From:
Title: Work Group Mtg. - handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "HIPC would collect all info and would enforce. ... RH: This is big govt! If part time ee is getting coverage, why does er need to share infor with HIPC? Steve: There will be a massive uniform info system anyway."

Comment:

Classification:

Participant(s): Mark J. Iwry

Box Number: 1419
Date:
To:
From:
Title: Pharmaceutical Pricing in the Context of Health Care Reform

Summary: "Despite its popularity as one quick fix in the face of the daunting challenge of health care reform, drug price regulation may not be as effective -- or as clearly beneficial -- as it may first appear. In fact, in the absence of careful analysis and prudent decisionmaking, regulating the prices of drugs could indeed backfire, resulting in a net increase rather than a decrease in overall health care costs. ... The "industrial genocide" practiced by Australia and Canada against their domestic pharmaceutical industries has long since wiped out any competitive significance of Australian or Canadia drug companies, ensuring negative trade balances and nearly nonexistent global sales in this industry for these 2 nations."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date:
To:
From:
Title: Work Plan for Cluster 3 - Information Systems

Summary: "Health Care data must be captured effortlessly and on time at the point of care or decision making. Redundant entry of data must be mercilessly eliminated throughout the system. ... Other Issues. ... Priorities/Preemption"

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 2/15/93
To:
From: Robert M. Kolodner
Title: Task force #10 - Brainstorming ideas

Summary: "Research Problems -Need to link same provider across data sources for longitudinal and complete data (vs. privacy) -Need to link biological and rearing family members together for genetic studies. -Need for ad hoc sampling capability from patient population."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 4/2/93
To: Shannah McCallum -Koss
From: Doreen Denitz Garcia
Title: letter

Summary: Thank you for meeting with Elizabeth Ward and me during our visit to Washington, D.C. We were honored to share information about efforts to reform the health system in Washington state and the nation as a whole. We also want to thank you for helping us arrange potential meetings with Ira Magaziner or the Clintons! Enclosed is the latest version (as of March 30, 1993) of health reform legislation. It may be voted on this weekend or early next week. I will send you the final version when it is ready. Please feel free to contact either one of us anytime if we can be of additional help. We wish you continued energy and inspriation as you nove through your deadlines!"

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 6/2/93
To: Shannah Koss
From: Alan Hoffman - dircector of scheduling
Title: letter

Summary: "While you official duties on the Task Force are concluded, the scheduling office is still here trying to spread the gospel and bring the President's health care plan to the people."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 1/12/93
To:
From:
Title: Setting and Enforcing National Health Budgets - Major Decisions

Summary: "There is now a technical basis for moving ahead quickly with a national data system, because the health insurance industry -- in response to major criticisms of excessive administrative costs and paperwork -- agreed last year to adopt: standardized claims forms and coding: and electronic transmission of claims."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 3/4/93
To:
From:
Title: Standards - data Elements, Data dictionaries, EDI

Summary: "Unfortunately for the public good, if each successful device ha its own proprietary protocol for transmitting data, it is difficult for many different devices to exchande informationwith each other or with a central information system. ... Another reason for the lack of resources devoted to developing publically available, mutually compatible standards is that no one company can usually capture sufficient private gain from developing such a standard. The preferred process is the US is a national standard arrived at by a voluntary consensus of the public, primary users and developers. ... The CEN [Commite de European Normalisation] has liaison with SDOs in the US through the American National Standars Institute's Healthcare Informatics Standards Planning Panel.

Comment: continued in next record

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 3/4/93
To:
From:
Title: Standards - data Elements, Data dictionaries, EDI

Summary: cont. from previous record "... Should the development of healthcare informatics standards in the US be coordinated with similar development in the EC and other countries? ... The Task Force will be in the best position to decide what functions each component of the basic model will perform, and to weigh the burdents of data collection on the component of managed -- the providers, AHPs, NHB."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 3/19/93
To:
From:
Title: Standards Question

Summary: "How should standards development be coordinated with Europe? ... How can existing SDOs be encouraged to deliver needed standards on a timely basis? - Contracts, - Grants"

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 4/8/93
To: Cluster Leaders and Participating WG members
From: Irwin Redlener

Title: Feedback from the first Health Professionals Review Group meeting

Summary: "Delivery of care should be not for profit, member owned HMO's with salaried physicians and no bonuses or incentives. ... Employer based coverage should be phased out. Health care should ultimately be paid for in a progressive income tax structure. ... Groups of primary care providers should be capitited in order to enable them to negotiate with hospitals and subspecialists. ... All FFS practitioners should not be confined to one AHP. or it will make private practice essentially illegal and may eliminate FFS if that AHP fails. FFS remains the reality check against which HMO and other models can be compared for cost and quality. Purchase of additional benefits must always be allowed, but with after tax money."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 1419
Date: 3/30/93
To:
From: Herny Krakauer
Title: Comment on the Information Systems Tollgate 4 Document

Summary: "It would be useful to score points with Magaziner by saying that the latter [case based utilization review/control] will be eliminated immediately through the reform. ... Indeed, in a capitated system, with its incentive for underservice, case review (of patient histories rather than of individual incounters) may be advocated (equally uselessly) to gard against underservice. ... If, from the outset, there is an information system to collect data on enrollees and services (the enrollee and claims data bases) and if its application, once a sufficient data base has been established, to the assessment of patterns of care and patterns of outcomes to identify aberrant (though not necessarily incorrect) utilization patterns is made clear to all, abandoning the old"

Comment: continued in next record

Classification:

Participant(s): Shannah Koss

Box Number: 1419

Date: 3/30/93
To:
From: Herny Krakauer
Title: Comment on the Information Systems Tollgate 4 Document

Summary: cont. from previous record "methodology suddenly should not cause an explosion in utilization. ... Therefore, a deterrent of sentinel effect may be created."

Comment:

Classification:

Participant(s): Shannah Koss

Box Number: 3814
Date: 3/2/93
To: Chiefs of Staff
From: Stephen B. Silverman
Title: The attached and miscellaneous information

Summary: "Attached are today's talking points and the President's schedule. The health care forum, sponsored by the Robert Wood Johnson Foundation, co -chaired by the First Lady and Dr. Stephen Schroeder, the President of the Foundation, will take place March 26 and 27 at George Washington University."

Comment: box 1739 non -responsive box 1739

Classification:

Participant(s):

Box Number: 3814
Date: 2/26/93
To: Cluster Team Leaders
From: Drafting Group
Title: Re: Process of Preparing Drafting Outlines

Summary: "Complex bills are usually draftee in "modular" form. These modules often can be drafted independently of the overall structural considerations. The Drafting Group has tentatively identified drafting "modules" on the basis of issues identified by the Working Group for incorporation into the bill. The modules will be adjusted based upon decisions make by the Task Force, derived from recommendations made by the Working Group."

Comment:

Classification:

Participant(s):

Box Number: 3814
Date: 5/13/93
To:
From:
Title: Health Care Task Force Agenda

Summary: "Sunday - Review with President and First Lady"

Comment: Gary Clayton - box 1755 post 5/31/93

Classification:

Participant(s):

Box Number: 3814
Date:
To:
From:
Title: Health Care Reform Working Group Guidelines

Summary: "During the next hundred days, the attention surrounging the health care reform effort will escalate. Due to the sensitive nature of the topics being researched and the tight timeframe under which we're operating, the following guidelines must be followed to help us manage the flow of requests and inquiries."

Comment: Gary Clayton - box 1755 post 5/31/93

Classification:

Participant(s):

Box Number: 3814
Date: 6/3/93
To:
From:
Title: Draft Agenda - Moving Beyond the Rhetoric: Purchasing Cooperatives in Action June 3 -5, 1993

Summary: "Sponsored by the Institure for Health Policy Solutions, Washington, DC with support from the John A. Hartford Foundation, New York, NY and the Robert Wood Johnson Foundation, Princeton, NJ"

Comment: Gary Clayton - box 1755 post 5/31/93

Classification:

Participant(s):

Box Number: 3814
Date: 9/14/93
To: Judyt Whang for Judy Feder
From: Linda Ailen
Title: Proposed revisions to American Health Security Act of 1993

Summary: "As we discussed by phone, most of the Task Force Working Groups' recommendations on nursing were omitted from the present draft of the President's Health Reform Plan. I tend to think this is an oversight rather than a planned omission since Ira Magaziner indicated in our final briefing that the recommendations of the working group on the Work Force would be included in the Plan. The nursing recommendations also appeared to be not only acceptable but enthusiastically received by the President when we briefed him in March."

Comment: Post 5/31/93 Linda Aiken box 1757

Classification:

Participant(s):

Box Number: 3814
Date: 6/28/93
To: Cliff Gaus
From: Linda Aiken
Title: Re: Modifications to the Administration's Health Reform Bill on Workforce issues

Summary: "The recommendation in the present report will do little to nothing to correct the problem for which it is intended to solve the underutilization of advanced practice nurses and physician assistants. I strongly recommend replacing it with the recommendations made by the Working Group on the Health Care Workforce. I briefed the President on these recommendations myself and he expressed considerable interest in them. The Secretary was also at the briefing. The main elements of the recommendations are:"

Comment: Post 5/31/93 Linda Aiken box 1757

Classification:

Participant(s):

Box Number: 3814
Date: 9/7/93
To:
From:
Title: Preliminary draft of the President's Health Reform Proposal

Summary: "This document represents a preliminary draft of the President's Health Reform Proposal. This document will be revised to reflect refinements of the policy as the policy is reviewed. The numbers presented in this document are preliminary and are under review by the White House, the Office of Management and Budget and Relevant Departments. ... Table of Contents. Introdutory Overview: Page 3. ... Transition: Page 215 ... Financing Health Coverage: Page 221

Comment: Post 5/31 Edmund Walker

Classification:

Participant(s):

Box Number: 3814
Date: 6/3/93
To:
From:
Title: Outline of Factors Used for HCFA Mental Health Estimate

Summary: "The Cluster Group's 1990 baseline was used with 3 modifications."

Comment: redaction, post 5/31 - Grayson Norquist

Classification:

Participant(s):

Box Number: 3814
Date: 6/7/93
To:
From:
Title: handwritten notes on Office of Vice President stationary
CLICK HERE TO VIEW DOCUMENT

Summary: "release - prob. end of July - will be a comprehensive program"

Comment: 9/02/95

Classification:

Participant(s):

Box Number: 3814
Date: 7/7/93
To:
From:
Title: Mental Health Benefits Cost Estimates Under National Health Care Reform - Meeting

Summary: Partial list of attendees: Richard Frank, Ph.D., The Johns Hopkins University; Edwin C. Hustead, F.S.A., Hay -Huggins Co.; Thomas G. McGuire, Ph.D., Boston University; Joseph P. Newhouse, Ph.D., Harvard University; Julia T. Philips, F.S.A., Milliman and Robertson

Comment: post 5/31

Classification:

Participant(s):

Box Number: 3814
Date: 7/2/93
To: Attendees: Meeting on Mental Health
From: Dir. Div. of Epidem. Nat. Inst. of Mental Health
Title: Meeting Infomation and Purpose

Summary: "An ethics briefing relating to the confidential nature of these discussions will occur at the beginning of the meeting. Any questions regarding confidentiality may be asked at that time. If you are a non -government consultant, your travel arrangements will be made by our logistics contractor, Mela Associates, who can be contacted through the NIMH Division Administrative Office of Deborah Ingram (301 -443-3185). We look forward to a productive consultation."

Comment: post 5/31

Classification:

Participant(s):

Box Number: 3814
Date: 7/7/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "lawyers from HHS ... SGE as reg GE ... Hatch Act in effect ... FOIA confidentiality"

Comment: post 5/31

Classification:

Participant(s):

Box Number: 3814
Date: 6/7/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Meetings with President - charter of Task Force ended 5/30 - Clinton now head."

Comment:

Classification:

Participant(s):

Box Number: 2444
Date:
To: E. Emanuel, L. Emanuel - Harvard Med School
From:
Title: The Economics of Dying: The Allure and Illusion of Cost Savings at the End of Life

Summary: "As Table 2 indicates, under the best of circumstances, assuming that every American used advanced directives and hospice and refused aggressive, in -hospital, end of life care; the total savings in the health care budget for the 2.17 million patients who died would have been $14.6 billion in 1988 or 2.7% of all health care spending. (Alternative approximations which arrive at lower estimated savings at the end -of-life are available from the authors.) The savings in the Medicare budget would be $5.4 billion or 6.1% of Medicare expenditures in 1988. Since the percent of

health dollars spent on patients who die has been constant over 30 years, the savings as a percent of the national health budget and Medicare are unlikely to change over time."

Comment: continued in next record`

Classification:

Participant(s): Lynn Margherio

Box Number: 2444
Date:
To: E. Emanuel, L. Emanuel - Harvard Med School
From:
Title: The Economics of Dying: The Allure and Illusion of Cost Savings at the End of Life

Summary: cont. from previous record "... A second possible explanation is that compassionate and respectful end of life care is labor intensive and therefore expensive. ... Another explanation is that more than half of dying patients already have life sustaining interventions terminated. ... A fourth explanation might be related to the unpredictability of death. ... This reaction -- intervene when there is uncertainty and pull back if the prognosis becomes bleak -- is both the ethically correct position and what most Americans seem to desire. ... Whatever we choose, we must stop deluding ourselves that advance care directives and fewer interventions at the end of life will solve the financial problems of our health care system."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 2444
Date:
To: Paul Starr
From: The Bioethics Working Group
Title: Standards for an Appeals Process in the New System

Summary: "Legally Enforceable Rights Under the New System. Individuals have a moral right to health care. This moral right does not, however, entitle then to each and every service that they or their physicians might want. Rather, it is a right of access to those services a fair or just system, operating withing reasonable limits on resources, decides can be offered given that all needs

have to be weighed against each other. ... Patients should not have legally enforceable entitlements to all services that they or their providers request. All claims, disputes and disagreements about services should be dealt with first within the AHP/HIPC grievance procedure, with subsequent access to the cour system. Patients should not be provided access to the courts before they have exhausted their administrative remedies ..."

Comment:

Classification:

Participant(s): Lynn Margherio

Box Number: 1803
Date:
To:
From:
Title: Bush Health Care Ad's Scare Tactics Meant to Poison the Health Care Debate

Summary: "The Clinton plan is similar in critical respects to that of major health professionals and business groups -- the very groups most opposed to "socialized medicine" and rationing: - American Nurses Association ... American College of Physicians ... American Adacemy of Family Physicians ... National Leadership Coalition for Health Care ... Like Clinton, all these groups support global budgets and employer requirements to achieve universal coverage. ... Lie: ...will ration health care and limit a doctor's ability to save your life. Fact: This is false. The Clinton plan will not ration health care. It guarantees full coverage for illness and prevention including high technology care. And major physician and nurse organizaitons back a similar approach to Clinton's."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 1/28/93
To: Hillary Rodham Clinton, Ira Magaziner
From: Vincent W. Foster
Title: memo

Summary: "Whether the records of the Task Force are subject to FOIA may depend on whether its mission is limited to advice and assistance to the President, without independent functions. Before your "Charter" is finalized, it should be reviewed by counsel with this concept in mind. Further, the issue of whether records of the Task Force which are provided to Cabinet Secretaries or other non-staff members retain the FOIA exemption may be goverened by whether they remain "in control of the President," which may depend upon the establishment in advance of written procedures for segregation of these records and for limitations on distribution."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/2/92
To: Ira Magaziner
From: Atul Gawande
Title: Re: Ethics rules and role of consultants

Summary: "As you requested, I looked into the myriad ethics rules that apply to our hiring of consultants. The White House Counsel is looking into this matter closely (as is HHS's) and his designee raised a major red flag with me. In discussions this afternoon, Steve Neuwirth (in the Counsel's Office) insisted that, to avoid ethical difficulties, the members of the cluster groups, and especially the heads of issue working groups, must be full government employees. Consultants brought in from the outside could work for these working groups, but should not be "members" or "heads" of any such groups. This endangers the roles we have set for Walter, Paul and others. I pressed him further, and he said it was not clearly in violation of any law, but he felt that it woud give antagonists leverage"

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/2/92
To: Ira Magaziner
From: Atul Gawande
Title: Re: Ethics rules and role of consultants

Summary: cont. from previous record "for attacking us in the press and possibly in legal channels. I recommend that you speak to him about their appropriate role. I believe this can be resolved, because it seems to me a matter of only perception. But you do need to communicate directly. His name is Steve Neuwirth and his number is 456 -2632. There are other matters relating to hiring consultants that I will raise tomorrow, but they are less critical than this."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date:
To:
From:
Title: List of task force members?

Summary: Part -Time with No Compensation, Stuart Altman, PhD; Full-Time with Compensation, Bob Berenson, MD, Practicing interninst and co -founder of the National Capital Preferred Provider Organization; 47 names on list.

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date:
To:
From:
Title: Prospective Participants for Health Care Task Force

Summary: "1. New System Organization, Cluster Leader: Walter Zelman; Gary Claxton +Excellent knowledge of current insurance market, great resource to the impacts of new system and the changes that would facilitate new system development. ... - Potential conflict of interest due to NAIC. ... 2. New System Coverage ... Shoshanna Sofear (hold) Experience with Medicare and Medicaid populations. Q: Could she be pulled in through existing GW grant? ... 5. Ethical Foundations of New System. Father Hessberg, Notre Damne?, Art Kaplan, Minnesota?, John Galenski, Berkely consultant,

ex-jesuit who worked on the ethical issues of the Oregon plan. Dan Wickler, University of Wisconsin ethicist."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/2/93
To: Bob Boorstin
From: Meeghan Prunty
Title: Comparative Analysis of Health Care Legislation

Summary: "1988 Medicare Catastophic Coverage Act. The 1988 Medicare Catastrophic Coverage Act was a landmark in many ways. It was Reagan's first proposed major expansion of an entitlement program, the hallmark of the liberal welfare state he came to Washington to dismantle. Cleared by overwhelming margins amid much fanfare and hailied by both parties as "the crowning achievement of the 100th Congress", the law represented the largest expansion of Medicare benefits since the program's inception in 1965. It was designed to sheild 33 million elderly medical bills due to sudden illness. President Ronald Reagan told the audience at the elaborate White House signing ceremony on July 1 , 1988 that the measure would "provide countless Americans with peace of mind."

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/2/93
To: Bob Boorstin
From: Meeghan Prunty
Title: Comparative Analysis of Health Care Legislation

Summary: cont. from previous record "As one Congressman said, "It's a social experiment. It's called pay for what you get, especially if you have the wherewithal to do it." The problem was that this is not the case for the rest of Medicare -- which is funded in part by a payroll tax on wage earners -- nor for any other social program. No one thought through the reprecussions of this initiative -- either from a substantive or a payroll standpoint. ... Substantive Problems: The program's benefits duplicated ones

that many people had through private -sector Medigap policies. ... 4. Political/Communications Problems: No effort was made at the beginning of the process to involve the seniors in the design of the bill and outline the different options to them. ... In fact, many of the seniors did not"

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/2/93
To: Bob Boorstin
From: Meeghan Prunty
Title: Comparative Analysis of Health Care Legislation

Summary: "even know there was a problem. AARP's Rother said: "It was a top down initiative which solved problems that were not perceived. [AARP] tried to get the word out but we were the only ones out there doing it. ... As Rother commented: "The thing that does impress me was the power of the negative message. It has taken on the ability to overwhelm arguments in favor of something. In this context, the only line you needed was, 'Repeal the seniors-only surtax'." ... They never saw it coming. Supporte d by the leadership of both parties in Congress, backers of the bill thought they were "doing the great deed". ... Communications Lessons for the Health Care Task Force ... Keep tight control over message: ... Create a constituency: Sustantive attempts must be made to involve the public from the"

Comment: continued in next record

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/2/93
To: Bob Boorstin
From: Meeghan Prunty
Title: Comparative Analysis of Health Care Legislation

Summary: cont. from previous record "beginning. ... Educate the public: ... Presentation of the plan to the public: Many suggest a national TV address by President Clinton. ... This address must be followed by as systematic political campaign of editorials,

interviews -- maybe even another bus tour to get the American public on board. ... We much couch the proposal in terms of the positive -- what our plan gives people ... We must clearly show people that they are getting something for their sacrifice."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 12/2/92
To: Judy Feder, Atul Gawande
From: Ron Pollack
Title: Phasing in Universal Access

Summary: "In fashioning the health care proposal, the Transition Team's political responsibility is to consider how the proposal will affect President Clinton's political status in 1996. The enacted health care plan should strengthen President Clinton's re-election chances three to four years from now."

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/1/93
To:
From:
Title: hanwritten notes - meeting with Ira

Summary: "9:15 - 11:15 meet with Dept. designers. -prepare for a list of task groups. - roster to be posted. Must sign up outsiders. Care group meets every a.m. 7:30"

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1803
Date: 2/1/93

To:
From:
Title: Inter -Departmental Taskforce Staffing

Summary: "New System Organization, Chair: Walter Zelman ... External Umbrella Group: Gary Claxton, Rick Kronick, Lois Quam, Lynn Etheredge"

Comment:

Classification:

Participant(s): Atul Gawande

Box Number: 1792
Date: 5/12/93
To: Ira Magaziner
From: Brown, Navarro, Miller, Shaffer, Clemente, et al.
Title: Responses to some issues raised during the last meeting

Summary: "Younger, healthier people would be subsidizing sicker, older people. This is, of course, the whold purpose of insurance (spreading financial risks), a principle with broad popular acceptance. ... The issue becomes a little more complicated with a change from a flat premium financing system to one based on percent of payroll. This change will involve substantial redistribution based on income, with lower -income people less than they do now and higher -income people paying more. Those who will pay less won't object, of course, but those who will pay more may resist. ... But one group is likely to be very unhappy with this change; young people with high incomes are likely to feel that their burden is unfair. Fortunately, this is a relatively small group. The group probably"

Comment: continued in next record

Classification:

Participant(s): Richard E. Brown

Box Number: 1792
Date:
To: Ira Magaziner
From: Brown, Navarro, Miller, Shaffer, Clemente, et al.
Title: Responses to some issues raised during the last meeting

Summary: cont. from previous record "includes the approximately 1.3 million people, 18 -29 years of age who earned more than $40,000 in

1990 (3.5% of all 18 -29 year olds) and perhaps some of the "thirty somethings" who earn that much. This group probably can be politically divided by appealing to them with arguments based on altruism and social contract obligation. ... How to raise revenues from nonworkers. People who are neither employees nor self-employed persons, and therefore will not have earning that canbe easily tapped in a payroll -based system, can be made to contribute in other ways. We recommend a federal tax on unearned income (rents, dividents, interest, etc.) ... Cons - association with IRS and income tax will reinforce political perception that this is a tax financed system."

Comment:

Classification:

Participant(s): Richard E. Brown

Box Number: 1792
Date: 4/21/93
To: Ira Magaziner, Mike Lux
From: B. Woolley, S. Edelstein,S. Ofrin,S. Rueschemeyer
Title: List of Interest Groups/Consumer Meetings

Summary: "We have put together a running list of interest group/consumers met with by the following individuals and/or offices. The President, The Vice President, Hillary Rodham Clinton, Ms. Tipper Gore, Carol Rasco, Ira Magaziner, Donna Shalala, Office of Public Liason Outreach, Intergovernmental Outreach, Health Care Task Force Members, Congressional Outreach, Physicians Advisory Group, Consumer Panels. ... A breakdown of the meetings is as follows. Consultative Meetings: Single Visits 572, Multiple Visits 572."

Comment:

Classification:

Participant(s): Richard E. Brown

Box Number: 1792
Date: 5/14/93
To:
From: E. Richard Brown -UCLA School of Public Health
Title: The Issue of Choic in Health Care Reform

Summary: "Market segmentation and restricted access. ... Many plans that charge more than the benchmark premium are likely to attract

middle - and upper - income people by offering more choice of doctor, shorter waits for appointments with primary care doctors as well as specialists, and more conveniently located doctors, hospitals and pharmacies."

Comment:

Classification:

Participant(s): Richard E. Brown

Box Number: 1792
Date:
To:
From: Martin F. Shapiro, UCLA School of Medicine
Title: Adverse effects of managed care on the health of the poor: evidence from the health insurance experiment

Summary: "Background. The Health Insurance Experiment included an HMO in Seattly (Group Health Cooperative of Puget Sound). Families were randomized to free care, plans that required some copayment, or to the HMO. ... Those in the lowest 20% of both SES and initial general health fared worse in the HMO in 2 areas: - they averaged 9.6 days sick in bed in the last year, compared to 5.9 for those who received free fee -for-service care. - 34.7% in the HMO reported at least one serious sympton in the last month (chest pain on exertion, shortness of breath on exertion, loss of consciousness, nontraumatic nonmenstrual bleeding, and involuntary weight loss), compared to 21.8% among those receiving free fee -for-service care. ... The HIE used 16 measures of satisfaction with care."

Comment: continued in next record

Classification:

Participant(s): Richard E. Brown

Box Number: 1792
Date:
To:
From: Martin F. Shapiro, UCLA School of Medicine
Title: Adverse effects of managed care on the health of the poor: evidence from the health insurance experiment

Summary: cont. from previous record. The HMO population was less satisfied than fee -for-service population on 10 of these measures: appointment waiting time, office waiting time, parking arrangements, travel time, availability of specialists and

hospitals, costs of care, interpersonal aspects of care, provider continutiy, availability of annual examinations and general satisfaction. ... It is extremely important to remember that these findings were obtained in one of the most reputable health maintenance organizations in the country. ... At the time of the study, there was not the kind of economic pressure to reduce expenditures in HMOs that is likely to occur in the next few years."

Comment:

Classification:

Participant(s): Richard E. Brown

Box Number: 1792
Date:
To:
From: Howard Waitzkin
Title: Memos to Hillary: Thematic Outline

Summary: "This series of op -ed pieces calls to the attention of Hillary Rodham Clinton, and the general public, some of the most critical issues to consider in designing a national health program for the United States. Howard Waitzkin is professor of medicine and social sciences at the University of California, Irvine, and a founding member and former nationa secretary of Physicians for a National Health Program. Article One. Administrative Waste in Health Care ... "Managed competition" would increase administrative waste even farther and would add t to health -care expenditures by at least $70 billion per year, with devastating implication for the federal budget."

Comment:

Classification:

Participant(s): Richard E. Brown

Box Number: 3014
Date: 3/25/93
To:
From:
Title: Kickback and Self -Referral Problems in Vertically Integrated Health Care Delivery Systems

Summary: "The Medicare and Medicaid anti -kickback statute (1128B(b) of the Social Security Act) generally prohibits the payment of

anything of value with the intent to induce the referral of Medicare or Medicaid business. The statute is aimed at curbing: ... Overutilization ... Inappropriate patient steering ... Competitive damage ... . The anti -kickback statute is broadly worded, reflecting the Congressional judgment that it was to reach kickbacks in all subtle and creative variations. As originally enacted, the anti -kickback statute is a felony criminal statute under the jurisdiction of the Department of Justice (DOJ). In 1987 Congress added an alternate remedy of DHHS administrative exclusion from Medicare, Medicaid (and two other minor programs) for anyone who violates the"

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 3/25/93
To:
From:
Title: Kickback and Self -Referral Problems in Vertically Integrated Health Care Delivery Systems

Summary: cont. from previous record "antikickback statute. For a variety of reasons, including the breadth of the statute and the vast resources needed to prosecute a kickback care, there is currently very little enforcement in this area. Since the anti-kickback statute is so broadly worded, it covers some relatively innocuous practices."

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date:
To: Bob Berenson
From: Lisa Rovin
Title: Re: Corporate Practice of Medicine Option Paper, Draft

Summary: "Many states have laws prohibiting corporations from practicing medicine. In these states, physicians may not practice medicine as an employee of a corporation unless the state has also provided exceptions. ... Many states allow HMOs to employ

physicians. PPOs and similar entities are often not covered by the HMO exception. Corporate practic rules may be explicit in statute, read into the licensure and professional corporation laws, developed through common law, or stated in Attorneys General opinions. ... Historically, these rules developed to increase the professionalism of physicians and thwart the commercial exploitation of the professions. Specific concernes included: -Lay control over physicians' actions; -Corporations' inability to meet pofessional ethics rules;

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date:
To: Bob Berenson
From: Lisa Rovin
Title: Re: Corporate Practice of Medicine Option Paper, Draft

Summary: cont. from previous record "Dividing the physician's loyalty between her patient and her employer. ... The notion that physicians' professional judgements should be insulated from their "corporate masters" is also the rationale behind the general rule that a hospital is not liable for the negligence of the physicians it employs. ... What Do These Rules Prevent Today? Corporate practice doctrines typically prohibit two modes of organization care delivery: (a) employment of physicians by general business corporations, (or by general business corporations which do not meet the existing definition of nonprofit hospital or HMO); (b) ownership of shares in professional medical corporations (corporations which can practice medicine) by nonphysicians."

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date:
To: Bob Berenson
From: Lisa Rovin
Title: Re: Corporate Practice of Medicine Option Paper, Draft

Summary: cont. from previous record "Provide Emplouyed by Accountable Health Plans: In states with corporate practice prohibitions, an AHP will be unable hire physicians unless it meets the state's definition of an HMO. Providers Contracting with AHPs: Providers who wish to organize themselves in order to contract with one or more AHPs will face corporate practice limitations on whether they can form a corporation as a vehicle for the AHP contract and on who can hold shares in that corporation. ... State fee splitting prohibitions could may be further barriers to expansion of employment and equity sharing options for providers. ... Option 1: No federal action. Pro: When a federal managed competition program is enacted, state legislatures will need to modify state law to"

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date:
To: Bob Berenson
From: Lisa Rovin
Title: Re: Corporate Practice of Medicine Option Paper, Draft

Summary: cont. from previous record "accommodate the new program; ... Con: States may not act to loosen corporate practice restrictions. ... Option 5: Blanket federal preemption of corporate practice restrictions. Pro: This approach would allow maximum flexibility for providers to develop efficient care delivery arrangements, without creating unnecessary burdens on the HIPC, AHP and or state government. Con: Blanket federal preemption would prevent states from enacting quality and accountability requirements as conditions for exemption from corporate practice restrictions. Allowing corporations with no expertise in care delivery to control provider behavior could invite undue clinical influence by persons who are neither informed nor potentially liable. A provider who believes that a "

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date:

To: Bob Berenson
From: Lisa Rovin
Title: Re: Corporate Practice of Medicine Option Paper, Draft

Summary: cont. from previous record "corporate mandate constitutes unethical or inappropriate practice could be faced with a no win choice: acquiesce to the corporate mandate or become unemployed (and perhaps also sacrifice equity invested in the corporation). Also, the broader the preemption, the greater chance of protracted litigation of its constitutionality."

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 3/22/93
To:
From:
Title: Anti -Networking Laws

Summary: "These laws make it more difficult for plans to channel patients to a limited panel of selected providers, reduce the plans' ability to obtain volume discounts due to such channeling, and make it more difficult for the plan to do effective utilization review and control, monitoring of provider behavior, and data collection. ... Among the most common types of provisions are: "any willing provider" laws - ... "freedom of choice" laws - ... "limited reimbursement differential laws - ... mandatory assignment laws - ... prohibiting "gatekeeper" physicians in PPOs/guaranteed self-referral to specialists -"

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 3/25/93
To: Robert Berenson
From: Peter N. Grant
Title: Proposed Amendments to the Ethics in Patient Referral Act and Medicare Fraud and Abuse Laws to Facilitate Managed Competition

Summary: "Crucial to the success of managed competition is the reorganization of health care providers into primary care -driven medical groups and hospital -physician integrated delivery systems ("IDSs"). Major impediments to this restructuring are those laws which regulate provider referrals within a fee -for-service system, in particular the Stark Bill and the Medicare Fraud and Abuse Law. These laws address very real potential abuses relating to payment for referrals in America's cottage -industry health care system, which is characterized by solo and small -group fee-for-service practice and independent hospital -physician relationships. However, these same laws have the perverse effect of inhibiting the reorganization of the system into more efficient and coordinated risk"

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 3/25/93
To: Robert Berenson
From: Peter N. Grant
Title: Proposed Amendments to the Ethics in Patient Referral Act and Medicare Fraud and Abuse Laws to Facilitate Managed Competition

Summary: cont. from previous record "bearing organizations. ... Accordingly, it would appear both simple and attractive to adopt a blanket exception to the fraud and abuse laws for fully capitated integrated delivery systems. ... Second , with respect to the Stark Law, the current group practice exception is not broad enough to encompass certain IDS structures required by state law, and thereby precludes the operation of the clinical laboratory (and potentially all ancillary services under the proposed revisions to the Stark Law) by such IDS entities."

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 5/4/93
To: Karen A. Morrisette
From: Robert Fabrikant

Title: Legal Impediments to Vertical Integration by Health Care Providers

Summary: "Per our recent discussion, I am pleased to submit for your consideration a binder containing nine papers by attorneys working as part of a private bar task force. This task force was assembled in response to your request for input from the private bar to assist the White House Task Force on Health Care Reform with respect to legal impediments to vertical integration by health care providers. Each of the authour is a recognized expert in the area of his or her paper, and you should feel free to contact the authors directly if you have questions regarding their papers." cc: Members of Private Bar Task Force: Richard A. Blacker, John T. Brennan, James C. Dechene, Thomas C. Geiser, Peter N. Grant, Douglas M. Mancino, John J. Miles, Phillip A. Proger, Carrie Valiant

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 5/29/93
To: Karen Morrisette
From: Peter N. Grant
Title: Changes in Law and Regulation to Implement Managed Competition, Assure Solvency and Performance of AHPs,

Summary: "If managed competition is to be successful as a national health care reform strategy "from the top down," there must be corresponding fundamental reform of the health delivery system "from the bottom up." This can be achieved by the formation of primary care -driven medical group practices and the developed of vertically - integrated, hospital -physician delivery systems. As described below, integrated delivery systems take a variety of forms, ranging from single corporations employing physicians through multi - corporate structures in which medical groups are affiliated with hospitals through management companies or foundations. ... The greatest risk to managed competition as a national reform strategy after its passage lies in the specter of insolvency and / or non - performance by AHPs."

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 5/29/93
To: Karen Morrisette
From: Peter N. Grant
Title: Changes in Law and Regulation to Implement Managed Competition, Assure Solvency and Performance of AHPs,

Summary: cont. from next record "This is the lesson of the Medi -Cal prepaid health plan sacndals in California in the early 1970's, the Florida Medicare competitive medical plan fraud of the early 1980's, and the MaxiCare bankruptcy. ... There is a notable exception to regulation by the states in the federal HMO Act, 42 U.S.C. 300e -10. This section expressly preempts state laws that prohibit or inhibit an HMO from operating in a state by requiring that (i) a medical society approve the furnishing of services, (ii) physicians constitute all or a percentage of the HMO governing board, (iii) all or a percentage of physicians be permitted to participate, or (iv) the HMO meet state insurance requirements respecting capitalization and financial reserves. State laws that would prevent an HMO from"

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 5/29/93
To: Karen Morrisette
From: Peter N. Grant
Title: Changes in Law and Regulation to Implement Managed Competition, Assure Solvency and Performance of AHPs,

Summary: cont. from previous record "meeting federal qualification requirements are also preempted. The activities of health care payers are subject to fedral and state antitrust laws. While the McCarran -Ferguson Act provides a limited exemption for the sharing of actuarial and premium data by health insurers, the prohibitions on monopolization, price -setting , boycotts and tying arrangements otherwise apply. ... State health insurance and HMO legislation is pervaded by special interest provisions, many of which gave a distinct anti -managed care leaning, including "minimum benefit mandates," which require the inclusion of designated benefits, to the advantage of various provider interests, and "every willing provider provisions," which require HMOs to contract with every provider"

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 5/29/93
To: Karen Morrisette
From: Peter N. Grant
Title: Changes in Law and Regulation to Implement Managed Competition, Assure Solvency and Performance of AHPs,

Summary: cont. from previous record "willing to accept its rates. In most states, the regulatory scheme governing health insurers and HMOs is detailied and comprehensive. For example, it generally precludes HMOs from offering "point of service" ("POS") plans, which allow indemnification of beneficiaries who obtain services outside the HMO provider panel, unless they affiliate with an indemnity insurer to form an "indemnity -wrap product." ... Accordingly, it is recommended that the federal government establish minimum standards for AHP regulation. Such regulation should address the regulation of AHP financial and reserve requirements, provider network accessibility requirements, and quality assurance. ... While establishing a minimum standard for the regulation of AHPs, the federal"

Comment: continued in next record

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 5/29/93
To: Karen Morrisette
From: Peter N. Grant
Title: Changes in Law and Regulation to Implement Managed Competition, Assure Solvency and Performance of AHPs,

Summary: cont. from previous record "guidelines should preempt state insurance law requirements which impair the efficiency of AHP operations, including "mandated benefit" and "every willing provider" laws. ... Accordingly, it is recommended that the group practice exemption in the Stark law (which permits internal referrals within an intgrated medical group) be clarified, and that a new fraud and abuse safe harbor be established, so that both

extend to: clinics without walls; and integrated delivery systems having the characteristics described below."

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3014
Date: 4/16/93
To: Karen Morrisette
From: Carrie Valiant
Title: Legal Impediments to Vertical Integration by Health Care Providers -- Federal Medicare/ Medicaid Fraud and Abuse

Summary: "The purpose of this memorandum is to identify legal impediments to vertical integration by health care providers in the area of federal Medicare/Medicaid fraud and abuse and the Medicare physician self -referral law. The development of integrated health care delivery systems is considered a critical component to managed competition."

Comment:

Classification:

Participant(s): Timothy Sullivan

Box Number: 3022
Date:
To:
From:
Title: What ... can the Clinton Administration do which would help the highly integrated "prepaid group practice style of managed care ... better succeed

Summary: "For purposes of answering this question we have not made any assumptions about the eventual results of the current National Healthcare Reform debate, other than it will inevitably involve a signifiacnt shift toward "managed care". ... Recommendations: 1. Change the HCFA risk contracting methodology to remove the economic bias against HMOs in general. The 95% AAPC methodology is a well-known thorn in the side of HMOs in general. What is often recognized, however, is that this methodology militates most heavily against the success of HMOs in the lowest healthcare cost regions of the country. ... 2. Level the playing field in the Federal Employees Health Plan (FEHP). The current methodology

produces a significant disadvantage for the highly integrated prepaid group practice form of"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date:
To:
From:
Title: What ... can the Clinton Administration do which would help the highly integrated "prepaid group practice style of managed care ... better succeed

Summary: cont. from previous record "managed care organizations because it includes neither a standard benefit package nor the ability to prospectively risk -adjust premiums for a population. An approach using a defined standard benefit, a commitment to low bidder and the ability to prospectively risk -adjust premiums would not only be fairer but would result in an advantage to the efficient organizaion. 3. Sponsor an administrative initiative to develop an improved methodology for prospectively adjusting healthcare premiums for the health risk of a population. ... Again, to the extent that prepaid group practices are indeed our most efficient models they are aided by such leveling technologies. ... 7. Directly support the training and supply of primary care physicians"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date:
To:
From:
Title: What ... can the Clinton Administration do which would help the highly integrated "prepaid group practice style of managed care ... better succeed

Summary: cont. from previous record "and mid -level providers. ... 8. Directly encourage the use of capitation contracting in the mangement of all federal beneficiary populations. ... 10. "Use the bully-pulpit". ... To the extent that the Clinton Administration is genuinely committed to furthering success of the highly intefrated prepaid group practice style of managed care, it could do a lot of good by just saying so."

Comment:

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date: 3/24/93
To:
From: Pete Welch
Title: HIPC -Sponsored IPA to Minimize Budgetary Costs

Summary: "Medicare payment rates: Physicians would be paid according to Medicare fee schedule (including Medicare's conversion factor). Balance billing would have to be banned to protect low-income persons. (Medicare all ows minimal balance billing: physicians can increase their payment by no more than 9.5 percent above the fee schedule.) Medicare fees are about one third lower than private insurance fees but about one -third higher than Medicaid fees. ... Paying Medicare fees would not threaten access. Eighty-eight percent of physicians not only treat Medicare patients but are willing to accept new Medicare patients (PPRC, 1993). (For private insurance patients, the comparable figure is 91%.) Increasingly, physicians are even willing to forgo any balance billing. Physicians did not balance bill for"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date: 3/24/93
To:

From: Pete Welch
Title: HIPC -Sponsored IPA to Minimize Budgetary Costs

Summary: cont. from previous record "82% of Medicare claims and 88% of Medicare charges in 1991(Green Book, 1992) ... Drug prices: The German health care system defines groups of drugs to be therapeutic equivalents. Regardless of which drug a patient obtains within a therapeutic group, the system only pays the minimum price of drugs in the group. ... By drawing upon the German system, a similar system would be feasible within two years. If the German therapeutic equivalent categories could serve as interim categories, this would discourage the industry opposition to the promulgation of new regulations. ... Hospital medical staff risk pool: To control the volume and intensity of physician services, this IPA would make all physicians that work in a hospital responsible"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date: 3/24/93
To:
From: Pete Welch
Title: HIPC -Sponsored IPA to Minimize Budgetary Costs

Summary: cont. from the previous record "for the inpatient physician services per admission in that hospital. The cost containment mechanism would involve withholding, say, 10% of physician payment during the course of a year. Those medical staffs that exceeded the national mean of casemix -adjusted services per admission would not receive all of their withhold at the end of the year. ... Gatekeeper(or primary care case management): ... Initially, the primary care physician would not be financially at risk for the services of his or her panel of patients, although eventually some financial incentives might be introduced. However, the plan would "profile" each physician's practice pattern. Physicians whose patients used excessive services might not be allowed to enroll more enrollees"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date: 3/24/93
To:
From: Pete Welch
Title: HIPC -Sponsored IPA to Minimize Budgetary Costs

Summary: cont. from previous record "and might eventually be dropped from the plan. This will be difficult to implement where most physicians are solo practitioners. Before gatekeeper functions could be actualized, arrangements for 24 hour coverage must be made. Physicians and patients must understand their responsibilities. Medicaid, however, has had experience in many states. [fn2 It might be desirable to limit the number of physicians in this IPA for several reasons. First, it would facilitate dropping primary care physicians who do not manage their patients, because participation by all physicians is not the goal. Second both patients and specialists will urge the primary care physician to refer the patient. Having few specialists by U.S. standards would keep the specialists busy and"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date: 3/24/93
To:
From: Pete Welch
Title: HIPC -Sponsored IPA to Minimize Budgetary Costs

Summary: cont. from previous record "likely to induce volume. Eventually, the specialists could be capitated in some form. We could specify in law that the HIPC sponsored plan contract with a limited number of physicians. A promising restriction would be in terms of the physician per population in the HIPC area. For instance, the HIPC might not be able to contract with more than 250 physicians per 100,000 which in the U.S. ratio of physicians per capita.]

Comment:

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date:
To:
From:
Title: Decision Memo: What Remedies should the federal government use if states do not fulfill the requirements of health reform?

Summary: "Once states had sufficient experience running their program, financial sanctions would be imposed on states that failied to meet requirements. (There was concern about this approach -- historically when states have not met federal requirements and have been fined or had money withheld by the federal government, program recipients have ended up the ones who suffered. There was agreement that sanctions had to be structured so as to be sure that wasn't the response.) Withholding federal dollars was viewed as more administrable and desirable than imposing fines. If states failed to correct failiures after financial sanctions were imposed, the federal government would put the state program into "receivership", and run it to correct problems but do so with the intention of"

Comment: continued in next record

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date:
To:
From:
Title: Decision Memo: What Remedies should the federal government use if states do not fulfill the requirements of health reform?

Summary: cont. from previous record "turning the program back over to the state. States will not be able to opt out of running the system and letting the federal government do it for them."

Comment:

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date:
To:
From:
Title: Estimates of Savings in Insurance Administration

Summary: "We have two estimates for the expected reduction in the administrative costs of insurers. First, as discussed on the next page, national health accounts data estimate that insurance administration is currently 15.8% of private insurance costs. Large and stable health maintenance organizations operate at 5 -7% administrative overhead, and administrative costs for insurance for large employers (10,000 and more employees) is estimated by Hay/Huggins to average 5.5% (which includes 2% for state premium taxes). It is reasonable to assume that administrative overhead for plans under contract with the purchasing cooperative will be 7% of claims."

Comment:

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 3022
Date: 5/10/93
To: David Culter
From: The Urban Institute
Title: Employment effects of premium based plans

Summary: chart - Employment loss due to financing, short run assumptions, (persons in thousands, wages in millions): Baseline Average Premium: Number - 114,154, Number with ESI - 64,426, Dollars - $3,169, % of compens. - 10.4%. Reform Average Premium: Number with ESI - 95,083, Dollars - $1,433, % of Compens. - 6.0%, Estimated loss of employment - 464, Loss as % of employment - .4%. Wages: Current - $2,899,522, After Reform - $2,911,917, Average of change .6%

Comment:

Classification:

Participant(s): John Berner; William Clark; Charles Fahey; Judy Feder; Linda Grabel; Joseph Hight; Melanie Miller; Barbara Myers; Frederic Siskind; Daniel Thornton; Kenneth Thorpe; Greg Vistnes

Box Number: 1403
Date: 2/11/93
To:
From:
Title: handwritten notes on Hotel InterContinental, New Orleans paper CLICK HERE TO VIEW DOCUMENT

Summary: "Accountability --a necessary element esp when federal money involved; therefore computer matching is probably going to happen. In an effort to catch the cheaters, the privacy is put at risk."

Comment:

Classification: substance

Participant(s): Dennis Steinauer

Box Number: 3319
Date: 2/28/93
To: Cluster One Group Leaders
From: Zelman
Title: Re: Research Needs

Summary: "These are some of the issues I believe we need to address in more detail; some we must address by toll gate three. Some might wait. In addressing these issues. Give special thought to what should or has to go into national legislation. Where appropriate, these issues need to be addressed both in terms of options and pros and cons. However, since many of these issues have been addressed in toll gate two, work here need only build on that analysis. 1. Constitutional and other issues surrounding the federal state HIPC relationship. What, if any are the Constitutional boundaries on delegation of variou powers, especially the delegation of various powers to various potential forms of HIPCs? 2. Governance at the national and state levels. Should there be a National Board,"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3319
Date: 2/28/93
To: Cluster One Group Leaders
From: Zelman
Title: Re: Research Needs

Summary: cont. from previous record "and how explicitly should its functions be spelled out. If not a national board, then what? Should the Board have specified advisory panels, as in Jackson Hole? Who governs at the state level? What is the relationship between the state regulator, the HIPC, and a potential new entity?"

Comment:

Classification:

Participant(s):

Box Number: 4001
Date:
To:
From:
Title: Cluster III, Work Group 12: Workforce Development Licensure Reform

Summary: "Make licensing laws uniform for scope of practice for primary care providers (national guidelines). Develop national licensure models for states to adopt for primary care providers and other health care providers. This language should allow for appropriate scope of practice and prevent the exclusion of other disciplines that may practice overlapping competencies. At the end of the medical practice act, add: "This definition shall not be construed to prevent other licensed health care professionals from performing any act that is within the scope of their profession." At the end of other health professionals' acts, following the statute that prevents the unauthorized practice of medicine, add the following: except that no licensed health care professional acting within the scope of"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 4001
Date:
To:
From:
Title: Cluster III, Work Group 12: Workforce Development Licensure Reform

Summary: cont. from previous record "his or her profession shall be deemed to be engaging in the unauthorized practice of medicine. Provide incentives to states for modification of medical practice and health professional practice acts as well as the regulations which ensue."

Comment:

Classification:

Participant(s):

Box Number: 4001
Date: 3/25/93
To: Roz Lasker
From: Ann Langley - National League of Nursing
Title: Re: Potential Barriers to the use of Non -Physician Providers Under Health Reform

Summary: "Another barrier, where HMOs contract with providers, is lack of awareness of what nurses can do, or pressure from physicians. In Arizona, despite experience and a good practice act, nursing clinics are having difficulty getting HMOs to contract with them as primary providers."

Comment:

Classification:

Participant(s):

Box Number: 4001
Date: 5/19/93
To: Walter Zelman
From: Susan E. Palsbo, GHAA
Title: letter

Summary: "Enclosed is the most up -to-date information available on average HMO premiums (per enrollee, not per HMO), and the benefits typically covered for those prices. As you know, HMO benefits are

comprehensive and try to maximize access by minimizing financial barriers to obtaining care."

Comment:

Classification:

Participant(s):

Box Number: 4001
Date: 3/5/93
To: Experts and Consultants Health Care Working Group
From: Jack M. Kress, Special Counsel for Ethics
Title: Post Employment Restrictions Applicable to "Special Government Employees;" Rules for Seeking Concurrent and Subsequent Employment

Summary: "Earlier this week, on Tuesday, March 2, 1993, you received an ethics briefing. From the many questions I received following that briefing, it was clear that you needed further guidance on post -employment issues. Therefore, this memorandum will summarize the post -employment restrictions that apply when your service to the Department as a special government employee (SGE) is completed, as well as rules applicable to you when seeking concurrent or subsequent employment. ... You should be aware that the criminal conflict of interest statute (18 U.S.C. 208) and the government -wide Standards of Ethical Conduct regulations (5 C.F.R. Part 2635, Subpart F) prohibit all present government employees (including SGEs) from participating in particular matters affecting the financial interest of any"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 4001
Date: 3/5/93
To: Experts and Consultants Health Care Working Group
From: Jack M. Kress, Special Counsel for Ethics
Title: Post Employment Restrictions Applicable to "Special Government Employees;" Rules for Seeking Concurrent and Subsequent Employment

Summary: cont. from previous record "potential employer with whom they are seeking employment or a business relationship, whether as a concurrent outside activity or as a subsequent position following

Federal service. Unless an appropriate official formally waives the conflict or otherwise authorizes the activity, the employee must effect a disqualification by not acting with respect to the problematic interest. This rule can come into play with a situation as ostensibly innocuous as arranging a speaking engagement."

Comment:

Classification:

Participant(s):

Box Number: 4001
Date: 3/17/93
To: Walter Zelman
From: David Nelson
Title: Spcificity of legislation with regard to HIPC's and plans

Summary: "To put this issue in perspective, I think the state flexibility/ Federal prescription balance should be struck as follows: -- The legislation should be quite prescriptive and detailed as to what states, HIPCs and plans must do; ... Second we also need clear guidance as to what the Federal government should do in states that simply do not act, or fail to stay within their budget, or some similar catastrophe. Our ultimate sanction against a state is likely to be that the Federal government will run the program. If we do not spell out in some detail what that program will look like, the Secretary of HHS or the national health board or whatever the administering agency is will not have a clue what to do."

Comment:

Classification:

Participant(s):

Box Number: 4001
Date: 12/24/92
To: Lynn Etheridge and Selected Others
From: Walter Zelman, CA dept. of insurance
Title: Budgets, Purchasing Cooperatives and Managed Competition

Summary: "Some reasons why we need a budget on health care. 1. if the government is mandating that all employers and individuals contribute it must assume responsibility for containing costs. ... Budgets will add needed discipline and force all concerned --

consumers, providers, carrers, government -- to recognize that health care costs must be constrained relative to other sources."

Comment:

Classification:

Participant(s):

Box Number: 4001
Date: 1/16/93
To: Ira Magaziner
From: Walter Zelman
Title: Explaining Managed Competition, or How to Make More Health Care Reform Leaders (Democrats Especially) more comfortable with Managed Comp.

Summary: "Many Democrats are alarmed, unnecessarily, over the ascendancy of managed competition as reform concept. ... My experience has been that Democrats grow much more comfortable with the concept when the following points are emphasized. 1. Managed competition is, in fact, a compromise between competitive and regulatory reform approaches. ... 2. Managed competition may not, in fact, be the key concept in the reform movement that bears its name. ... 3. Managed competition is not the same as managed care, and should not imply the elimination of fee -for-service, or free choice of provider plans. ... 4. Managed competition will offer more individuals more, not less, choice of health care plans and providers than they have today."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 4001
Date: 1/16/93
To: Ira Magaziner
From: Walter Zelman
Title: Explaining Managed Competition, or How to Make More Health Care Reform Leaders (Democrats Especially) more comfortable with Managed Comp.

Summary: cont. from previous record "... 5. Managed competition, and the purchasing cooperative framework, are very compatible with the imposition of budgets on health care."

Comment:

Classification:

Participant(s):

Box Number: 3816
Date: 12/8/93
To: Steve Neuwirth
From: Terry Good
Title: U.S.S.S. Computer Tapes

Summary: "This evening I gave to Stu Rabinowitz five Secret Service computer tapes, one for each month of January, February, March, April and May 1993. This was done at the request of Jeffrey S. Gutman, the trial attorney from the Department of Justice who is working on the case of the Association of American Physicians and Surgeons v. Hillary Rodham Clinton, et al., No. 93 -399. I understand that none of the information will be deleted or changed nor will any information be added. He intends to merely extract information from the tapes and print it in a hardcopy format appropriate for Mr. Gutman's needs. The tapes will remain in the Secret Service Computer Center in Mr. Rabinowitz' custody. The tapes will be returned to me upon completion of this project."

Comment:

Classification:

Participant(s):

Box Number: 3816
Date: 9/28/93
To:
From:
Title: HRC Testimony Ways and Means

Summary:

Comment:

Classification:

Participant(s):

Box Number: 3816
Date: 10/13/93

To:
From:
Title: Premium Related Financing [Subtitle B of title VI]

Summary: "***Very Confidential*** ... For Use of DraftingGroup Only

Comment: post 5/31

Classification:

Participant(s):

Box Number: 3816
Date: 3/2/93
To: President Clinton, Hillary Rodham Clinton
From: Ira C. Magaziner
Title: Major Health Care Reform Decisions

Summary: "New System Structure Decisions. 1. Is this a federal system or not? ... 4. How do you form the budget to control the growth in costs?"

Comment:

Classification:

Participant(s):

Box Number: 3820
Date: 7/20/93
To:
From:
Title: U.S. Healthcare - U.S. Mental Health Systems, Presentation to the Tipper Gore Task Force on Mental Health

Summary: "US Healthcare is the Northeast's largest for profit independent prctice (IPA) model HMO."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date:
To:

From:
Title: The Health Security Act - Benefits for Business, brochure prepard by Department of Commerce

Summary: "Q. I employ lots of part -time workers. Will I be required to pay for all of their health care? A. No. Businesses will be required only to pay a prorated share of the employer portion of the health care premium for part -time workers. Businesses will be required to pay nothing for the health care of part time workers who are full time students and who are under the age of 23. ... Q. My company hires independent contractors to perform many services for us. Will I be required to pay all the costs of their health care? ... For more information contact: U.S. Department of Commerce."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date:
To: Patti Solis, Avis La Velle, C. Hayes, S. Harris
From: Christine Heenan
Title: Possible "Message of the Week" events related to prescription drugs

Summary: "One possible event we could design to illustrate the problem seniors face with prescription drugs would be a "brown bag" session with seniors from the community and their local pharmacists. These brown bag sessions are basically informational/educational -- elderly people empty their medicine chests into "brown bags" and bring them to the pharmacist for the pharmacist to catch problems and/or answer questions. ... Talking points focusing on each of these issues will be available by 8:00 a.m. Wednessday, October 13. Any principal who would like a phone briefing with a policy person to answer specific questions will be accommodated."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date: 6/25/93

To: Vice President and Mrs. Gore
From: Dr. Bernie Arons, S. Harris, C. Hayes
Title: Health Care Reform -- Status of Mental Health Component

Summary: "In preparation for a meeting to discuss the status of the mental health reform component of health care reform, we have prepared this memorandum. ... The Health Care Task Force working groups have completed their assessments of the various issues and submitted their findings through Mrs. Clinton to the President. Each working group prepared a lengthy reference work on each issue area. In addition to these lengthy reports, a summary document is being prepared from the working group submissions by Ira Magaziner and his staff. The summary document is still a working draft. For your information, the charter of the Health Care Task Force including the Mental Health Working Group, ended on May 31, 1993. ... Productive conversations with HCFA (after much delay)

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3820
Date: 6/25/93
To: Vice President and Mrs. Gore
From: Dr. Bernie Arons, S. Harris, C. Hayes
Title: Health Care Reform -- Status of Mental Health Component

Summary: cont. from previous record "are being held to resolve differences between the assumptions HCFA has been using in its computer modeling and those recommended by the Mental Health Working Group. The next meeting with HCFA is Monday, June 28. The mental health section of the summary report will be finalized once agreement is reached on the estimated costs of mental health coverage, then policy decisions can be made with full knowledge of the cost."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date: 9/17/93
To: Magaziner, Feder, Thorpe, Arons, Stephens
From: Skila Harris

Title: Status of Mental Health Benefit

Summary: "This memorandum is an attempt to make sure we have a common understanding of the status of the mental health benefit and the outstanding issues related to finalizing the specifics of the benefit. If any of the statements in this memorandum are incorrect, it may be necessary for us to meet sometime this weekend or Monday. If we are in agreement on the timing and what needs to be resolved then I do not see the need for a meeting. ... cc: Vice President and Mrs. Gore, Mike Lux."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date: 9/1/93
To: Meg
From: Skila - Office of the Vice President
Title: Working Group Draft, Privileged and Confidential. Guaranteed National Benefit Package

Summary: "The health benefits guaranteed to all Americans provide comprehensive coverage, including mental health services, substance-abuse treatment, some dental services and clinical preventive services. The guaranteed benefit package contains no lifetime limitations on coverage, with the exception of coverage for orthodontia."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date: 10/11/93
To:
From: Jennifer Klein?
Title: Subtitle B - Benefits, Guaranteed National Benefit Package. Sec. 1101. Provision of Guaranteed Benefits by Plans

Summary: handwritten annotation - "The meeting is at 3:00 PM. This document is for your eyes only."

Comment:

Classification:

Participant(s):

Box Number: 3820
Date: 7/19/93
To:
From: Bernie Arons
Title: note for the record: Request for Legislative Language from David Nexon

Summary: "I met with David Nexon, Ron Weich and another member of the Senate Health Subcommittee of the Senate Committee on Labor and Human Resources on Friday, July 16, 1993 at their request. They had followed the task force work very closely and because they had heard of changes in the mental health and substance abuse benefit coverage, they wanted to be updated on the situation. Accompanying me were Darrel Refier and Richard Frank (two members of the working group cluster), ... In response to the discussion, Mr. Nexon expressed a very clear desire to have legislative language included which he had generally discussed in a meeting with Ira Magaziner several weeks ago. He believes that language should require the maintenance of effort on the part of States in continuing their support for the"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3820
Date: 7/19/93
To:
From: Bernie Arons
Title: note for the record: Request for Legislative Language from David Nexon

Summary: cont. from prev. record "public mental health and substance abuse system.... In addition, Mr. Nexon hoped it would be clear in the legislation that States would be required to have a fully integra -ted public and private system for the treatment of mental and addictive disorders by the year 2000.The incentives above would encourage this development earlier, but all States would achieve the integration by 2000. He understood this to be Mr. Magaziner's position at their previous meeting. ... He further presented the idea that another area for inprovement of the

starting benefit for 1996 would be an expanded benefit fo children. He raised the possibility of having full, flexible comprehensive benefits for child - ren with intensive management as the first step toward the comprehensive benefit for all ages."

Comment:

Classification:

Participant(s):

Box Number: 3815
Date: 2/26/93
To: Secretary Shalala
From: Chris Jennings x -2645
Title: Update on Health Care and Reconciliation

Summary: "There have been many rumors circulating around the Hill that Members are becoming so nervous about the economic package that the Leadership and/or the rank and file may not have the stomach to add healthcare to the budge reconciliation bill. In this vain, there have been reports of a possible two reconciliation strategy (one for deficit reduction and one for health). ... Of most importance to you, the Leadership of both Houses remain very open to incorporating (under a wide variety of scenarios) the health initiative into the reconciliation bill. ... [I]t is difficult to see how a second reconciliation package would pass a budget rules test know as the reconciliation "preponderance" test because, to do so, the bill must fundamentally be a deficit reduction bill. He believes it would be"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3815
Date: 2/26/93
To: Secretary Shalala
From: Chris Jennings x -2645
Title: Update on Health Care and Reconciliation

Summary: cont. from previous record "virtually impossible for a health reform bill to meet this test because it is difficult to see how it would be possible to come up with the taxes and cuts necessary to meet the deficit reduction test AND to underwrite the costs of a health care package. ... [A]ny attempt to get around the

preponderance test (perhaps by splitting up the deficit reduction provisions between the two separate packages) would likely invite even more political problems for the first reconciliation bill. This is because the tax to cuts ratios would likely be even more difficult to defend than they are now. ... In order to accomodate the concerns of both the House and Senate, one budget reconciliation/ health care strategy could be as follows: ... Have the House pass its reconciliation bill"

Comment:

Classification:

Participant(s):

Box Number: 3815
Date: 2/26/93
To: Secretary Shalala
From: Chris Jennings x -2645
Title: Update on Health Care and Reconciliation

Summary: cont. from previous record "first WITHOUT health reform (sometime in late May/early June); (4) Have the Senate -- as it usually does in its more slow and deliberate way -- pass its reconciliation bill WITH health reform after the House passes its bill; ... Have the House pass a protected health reform bill that they can bring to a joint Senate/House conference; ... My conversation with Kathy Deignan of the Budget Committee centered around what provisions in the Senate budget resolution would be necessary to assure that the President would need only 51 votes to pass a reconciliation bill WITH a health reform package attached. Two health "plugs" are apparently necessary are: (1) A "Reserve Fund" provision that allows spending on health reform (reform can be very broadly defined) to be payed"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3815
Date: 2/26/93
To: Secretary Shalala
From: Chris Jennings x -2645
Title: Update on Health Care and Reconciliation

Summary: cont. from previous record "for by new revenues without a 60 vote budget point of order must be included in the budget resolution. (Our last two Senate budget resolutions have had this provision, so , there is precedent; nothing is easy in the Senate, though, and most Republicans are likely to oppose.) ... (2) A separate waiver of a budget reconciliation provision known as the "Byrd" rule will likely be necessary to be incorporated into the resolution to assure that the heatlth care provisions imperative for the passage of the bill are not stripped on the Senate floor because they do not come into line with this rule."

Comment:

Classification:

Participant(s):

Box Number: 1805
Date:
To:
From:
Title: Minimum Federal Requirements

Summary: "1. State must asssure the minimum benefit package is offered by all alternative health plans in HIPC's and by all large employers not in HIPC's. 2. States must stay within hard budget for federal subsidies. Statute must specify what happens if this budget is exceeded. 3. States must agree to participate in outscomes measurement and reporting systems and assure HIPC and plan data meet minimum standards. ... 20. States must assure that HIPC's monitor fee -for-service plan deductibles and coinsuran ce to assure that they are in line with any benefit package requirements."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/24/93
To: Lois
From: Atul
Title: Phasing in children first

Summary: "Quick Kids Coverage: - Step 1: Universal coverage of children within one year following passage of legislation through

an employer mandate for coverage uder plans negotiated/set up by the states. -Step 2: States are given time to set up purchasing cooperatives, folding kids coverage into the cooperatives as states get them up and going between 1995 and 1997. - Step 3: Full scale reform and universal coverage for adults takes place on a date certain in a chosen year. Kids in Cooperatives: Step 1: Purchasing cooperatives are put on a accelerated schedule to offer plans for children's coverage achieved through an employer mandate to pay for these plans. Step 2: Full scale reform and universal coverage for adults takes place on a date certain in a chosen year."

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/24/93
To: Lois
From: Atul
Title: Phasing in children first

Summary: cont. from previous record "What about employers already covering kids or parents that already have kids coverage on their plans? Options: 1) Don't change family coverage. ... Con: May allow firms to pressure employees not to take kids plans. Some kids will not have good coverage becuase of parental choice."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Administration of the Health Care System - - State/Federal Relationships

Summary: "How to Encourage/Penalize States for Participation, What to do in the Event of a Federal Takeover. ... If a State refuses to take on the administration of the new health care system, what options would the Federal government have to either encourage or force the State to administer the program? ... Options a) The assumption can be made that our society had determined that health

care is a right. ... Recommendation: Find a way to penalize the employer for non -performance by the State, similar to the UC Program. One option would be to eliminate the tax deductiblility of the withhold, or some percent thereof in the event that the Federal Government has to take over the program."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/19/93
To:
From: Pete Welch
Title: Preliminary Enrollment Database, Federal Responsibility

Summary: "The federal government might establish a preliminary enrollment database to help the states/HIPCs implement enrollment. This database would have information on the head of the household and his/her dependents. A federal database that was separate from HIPC databases would be very expensive to keep current. Hence, any enrollment database probably should be updated only as part of the HIPC enrollment process. Even a one -time data collection effort involves a tradeoff: The people indentified only through comprehensive (and expensive) approaches are those who are least likely to enroll through the normal procedures. They will have to be enrolled at point -of-service (e.g. when they appear at the emergency room). This memo lays out several options. At the moment, my"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/19/93
To:
From: Pete Welch
Title: Preliminary Enrollment Database, Federal Responsibility

Summary: cont. from previous record "preference option is a one-time data collection effort by the Social Security Administration (SSA) through employers. A major purpose would be to clarify responsibilities well before enrollment actually starts.

That is, employers would have to sort out issues of who is an employee and who is a dependent. Parents would be encouraged to obtain social security numbers (SSNs) for their children. ... The Census Bureau could conduct a mini -census to obtain this information. ... SSA could require all employers to obtain from their employees information on their dependents. ... In principle, these data would be used to check that employers are making contributions to the health insurance of their employees. The major issue here appears to be legal: What legislation"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/19/93
To:
From: Pete Welch
Title: Preliminary Enrollment Database, Federal Responsibility

Summary: cont. from previous record "would be necessary for the HIPCs or another component of state government to obtain access to this database? ... To have universal coverage by July 1995, this national enrollment database should be completed by December 1994. Conditional on legislation in 1993, this would be one of the easier deadlines to meet. Early 1994 - SSA encourages parents to get SSNs for all children. May 1 - Promulgation of regulations following negotiated rule making. May 15 - SSA sends let ters to all employers. June 1 - Employers ask employees to listdependents as of that date. July 1 - Employers transmit this information to SSA. Summer - Perhaps public programs ... transmit person -level data to SSA. October 1 Input of data is complete ... Jan 1995 - Database is shared with HIPCs."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/22/93
To:
From:
Title: Potential HIPC Disasters Prior to Implementation and in Year One

Summary: "Enrollment: Many people are not enrolled, The poor cannot enroll in plans because of mismatch between subsidy and capacity, Staff/group model HMOs have very limited capacity relative to demand. Cost Containment: Average premiums are set too high because of "actuary science", Some employment groups experience sharp increase in their premiums, FFS costs are too high. Fiscal Problems: Premiums are not collected from employers/consumers, Premiums are not distributed to health plans, Fraud by the HIPC, Risk adjustment is screwed up, Subsidy costs are higher than expected and increase the federal deficit. Micellaneous: Legislation and regulations are delayed, Law suits are filed, Insurance market collapses either before of after HIPC implementation, Enrollees are confused"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 3/22/93
To:
From:
Title: Potential HIPC Disasters Prior to Implementation and in Year One

Summary: cont. from previous record "about lock -in, Providers (not health plans) have limited capacity and are overwhelmed by the previously -uninsured, Public hospitals go bankrupt for whatever reason, Incompetents are appointed CEO of HIPCs, Small employers go out of business because of the employer mandate, 45 states implement HIPCs without a hitch but 5 states have serious implementation problems and blame the Administration."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 5/17/93
To:
From:
Title: Administration and Oversight of the New System, State Accountability for Access and Quality of Care

Summary: "States will negotiate with the federal line agency state-specific timeframes for meeting each performance standard. These timeframes will take into account differences in baseline performance, sociodemographic conditions, and capacity for health care delivery across states. In areas characterized by benchmarks rather than standards, states will be expected to demonstrate progressive improvenent in performance toward the benchmark. ... If states do not meet certain standards, a series of "bottom up" and "top down" approaches will be used to respond to poor performance. The federal government will support the development of advocacy groups (such as alliance review boards and groups specializing in the concerns of special populations) through programs solicitating voluntary contributions"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 5/17/93
To:
From:
Title: Administration and Oversight of the New System, State Accountability for Access and Quality of Care

Summary: cont. from previous record "and a program of federal grants. These advocacy groups and others will be given access to reports of state performance and the data that undergird them so that they can bring pressure to bear on the appropriate party (plan, alliance, or state) to improve access and quality of care. ... If poor performance persists, the federal government will be empowered to : -- take back responsibility, on a temporary basis, for specific functions normally delegated to states (e.g., certification and decertification of plans) -- correct specific problems related to access or quality of care through federally-directed programs funded by surcharges on premium contributions. The core database will include the following components: ... uniform ambulatory encounter/claims data ..."

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 5/17/93
To:
From:
Title: Administration and Oversight of the New System, State Accountability for Access and Quality of Care

Summary: cont. from previous record "uniform hospital discharge data. ... Data Flow. Plans will be responsible for obtaining from their providers transaction data for all of their enrollees. Regional clearinghouses financed by the federal government will be responsible for: --collecting component data from plans, alliances, states, and the federal government ..."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Liz Hoy and Kevin Haugh, IHPS
Title: Technical Assistance Issues Involved in Establishing and Operating HIPCs

Summary: "Other cost containment - How do other cost containment activities relate to HIPC design and implementation? For example: - The relationship of budgets control, direct provider cost controls and/or health premium caps. - The relationship to technology diffusion, health planning and other such activities. ... Background on the Institute. The Institute for Health Policy Solutions is a nonpartisan, not -for-profit health policy organization that has specialized in the public policy, implementation and operational issues surrounding HIPCs and other forms of cooperative purchasing. Under a current grant from the John A. Hartford foundation, we have been assisting a number of states and business coalition efforts in establishing ccooperative purchasing structures. As part of a grant we received from"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805

Date:
To:
From: Liz Hoy and Kevin Haugh, IHPS
Title: Technical Assistance Issues Involved in Establishing and Operating HIPCs

Summary: cont. from previous record "the Robert Wood Johnson Foundation, through the National Academy for State Health Policy, we have done extensive work focusing specifically on key public policy options and considerations associated with cooperative purchasing. Under a grant from the Kaiser Family Foundation we undertook analysis of the Garamendi health reform plan, which included HIPCs as a centerpiece of reform."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Preliminary Staff Working Paper - Administrative Simplification and Medicare

Summary: "Simplification options to be presented to the President and their implications for the Medicare program. ... Simplified Information Collection Requirements. Replace the non -standart forms required for billing, enrollment, remittance, and explanation of benefits with single forms for each function. Require uniform, maximum content standards and definitions for these forms. Medicare Implications: No different than private insurers. Medicare currently uses standard forms -- UB-82 and HCFA 1500. - to spend down stocks and convert systems. Some claim information (referring physician for example) is legislated, such legislation would need to be amended. Automation. Authorize the federal government -- through HHS and Commerce -- to : (1) establish necessary electronic transmission, format and"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805

Date:
To:
From:
Title: Preliminary Staff Working Paper - Administrative Simplification and Medicare

Summary: cont. from previous record "content standards for these forms, and (2) mandate and enforce the use of these standards. ... Medicare Contractor Reform. Propose legislation allowing the Medicare program to contract with those entities best able to perform the functions of current Medicare contractors."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Proposals for State Input in the Development of Technical Assistance

Summary: "Problem. The federal government will be funding a variety of technical assistance programs to assist states in the development and operation of purchasing cooperatives. State fear that the federal government will not be responsive to their true needs in this area: the federal government will give them what it thinks they need rather that what they really need. ... Proposals ... Technical assistance centers/contractors could be required to have outside funding sources in addition to federal funds. RWJ or other foundations could be solicited to provide funding for these centers to ensure that they are not entirely beholden to the federal bureaucracy. - "Hire good contractors like me." David Helms."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:

Title: Group 18 Transitional Issues with Respect to the Workplace - General Overview.

Summary: "Short Run Effects: Possible Job Loss and Higher Prices. Most employerrs, especially those operating with a slim profit margin, will not choose to absorb these costs. ... As the design of the new system has not yet been established, there are no exact statistics concerning job loss under the new system. Instead, job loss has been estimated from studies based on previous proposals mandating employment -based health care. For example, in 1992, the Minority Staff of the Joint Economic Committee estimated that a pay or play employer mandate with a 7% tax penalty would cause over 710,000 workers to lose their jobs in the first year of implementation."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Technical Assistance Resources - Federally Qualified HMO Program.

Summary: "Learned not to give money to states with too much discretion -- it would be used for "general purposes" or for unproductive contracts with big 10 firms or unhelpful MIS/computer systems; instead, relied on federally funded consultants to direct the money. a. TAPP -- Master contract that permitted hiring of individuals or organizations as consultants in general areas. Consulting services provided to HHS, States, and HMOs. ... c. General Contracts ($3.5m) -- funded to develop interest in and assistance to national organizations (such as GHAA) -- purpose to seek their support in starting HMOs, special areas such as minority applicants or rural HMOs. (not the big 10 -- they were only interested in promoting their own systems or products). ... f. Targeted Education Programs (10 regions --"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Technical Assistance Resources - Federally Qualified HMO Program.

Summary: cont. from previous record "$1.5 m per region, later changed because not all regions were -- contract to develop communications materials and programs targeted to specific audiences -- unions, providers, consumers. The educational programs were given by experts (half federal government and half consultants). Without the targeted message, the investments were lost or counterproductive. ... k. loans for HMOs --"

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 5/25/93
To: John Hart
From: Mary Dewane
Title: State Readiness Criteria for Health Care Reform

Summary: "Lois Quam asked me to prepare a list of criteria against which States could be judged in determining readiness for health care reform. This list is attached"

Comment: see next record for list

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Mary Dewane
Title: State Readiness Criteria

Summary: "Political Readiness ... Foundation Funding, State has received Robert Wood Johnson Foundation grant money to pursue health care reform ... State and Local Government Acceptance to Change, familiarity and integration of state, county and local

delivery systems to managed care and competition with the private sector."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Transition to the New System (Cost Estimate Specifications)

Summary: "Alternatively, state support functions could be supported through grants to the National Governors Association, the Alpha Center, The Center for the Study of State Health Policy or other centers with experience working with states."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 4/9/93
To: Walter Zelman
From: Margaret G. Farrell, Esq.
Title: Re: The National Health Board

Summary: "In order to clarify models and options regarding the structure and governance of managed competition reform, you have asked for a memorandum setting out the constitutional parameters within which a national health board might be created, and a summary of the characteristics of presently constituted independent agencies. This memorandum discusses constitutional requirements regarding the separation of powers and sets out some basic information about seven existing agencies: - Resolution Trust Corporation, Federal Reserve Board, Securities and Exchange Commission (SEC), Federal Trade Commission (FTC), Postal Rate Commission and Postal Service, Military Base Closing Commission, Environmental Protection Agency (EPA)."

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 4/9/93
To: Walter Zelman
From: Margaret G. Farrell, Esq.
Title: Re: The National Health Board

Summary: cont. from previous record "The term "independent agency" stems from the Supreme Court's observation in a suit challenging Congressional authority to limit the President's power to remove FTC commissioners at will, that "It is quire evident that one who holds his office only during the pleasure of another, cannot be depended upon to maintain an attitude of independence against the latter's will. ... For instance, agencies whose budgets need not be approved by OMB or who can lobby their own budgets before Congrss and have more independence than those that cannot. ... And, agencies whose rulemaking is not subject to OMB supervision are also more independent of the President. ... In Bowsher v. Synar, the Supreme COurt struck down Gramm -Rudman Act for violating the separation"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date: 4/9/93
To: Walter Zelman
From: Margaret G. Farrell, Esq.
Title: Re: The National Health Board

Summary: cont. from previous record "of powers doctrine by delegating to the Comptroller General (an office answerable to Congress) ultimate authority to determine which deficit -reduction cuts would be made. ... Since many independent regulatory agencies, such as the ICC and the FTC, exercise quasi -legislative, quasi-judicial and quasi - executive powers, a strict, formalistic interpretation of constitutional restraints might logically lead to a determination that they are prohibited by the Constitution. ... Relying on Humphry's Executor's characterization of the FTC's enforcement powers, as only secondarily executive functions, the court upheld the removal limitations and the agency's enforcement authority. The attached chart summarizes the attributes of existing independent agencies."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Implementation and Insurance Reform

Summary: "A second question involves the costs to small employers and how to keep them from escalating after implementation ad insurance market reforms are instituted. ... Small group market reforms which force insurers to accept all applicants, limit the use of pre-existing clauses and waiting periods, create rate bands or community rating for premiums, and limit the amounts insurers could raise premiums in a year have been proposed to end the worst abuses and to stabilize the market. However, if rate bands are narrow, insurers faced with requirements to take all comers might choose instead to leave the market rather than face the increased financial risk. ... In the context of the creation of health alliances, the sorting out of the insurance market enactment of rate-bands, guaranteed "

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Implementation and Insurance Reform

Summary: cont. from previous record "issue, etc. would create is desirable. Before the creation of health alliances, this may be undesirable if the goal is to keep existing small group coverage in place. ... An immediate move to community rating will create large rate increases for many small employers with current favorable experience."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Politics

Summary: "The political considerations in designing the penalties which might induce states to participate in health reform require delicate balances. On the one hand, if the federal government runs a state system for a state, the state might actually find it attractive to let this happen if that means the state is not at budgetary risk and could potentially also save its Medicaid maintenance of effort dollars (up to one third of many state budgets). On the other hand, penalties that are severe enough to make it unthinkable for a state to opt -out of heal th reform entirely, destroy a cooperative relationship between the federal government and the states. Without active state support, health reform is unlikely to pass the Congress. ... Taking the horns of these dilemmas into account"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Politics

Summary: cont. from previous record "the implementation group has opted to structure state penalties and defaults in the following manner: inducements would be available to start early up until the date certain. After the date certain, penalties would increase gradually but the federal government would not run the system."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Transition Issues

Summary: "During the second period, post -transition, states that still did not join the system would be subject to an increasingly greater level of penalties. Also, residents of such states would be paying federal taxes (e.g., VAT, sin taxes, etc.) to finance benefits which they would not be receiving."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Larry Levitt
Title: Managed Competition and Global Budgets: Fitting Fiscal Discipline to Market Forces - the Henry J. Kaiser Foundation

Summary:

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Low Income Subsidy Costs and State Budget Enforcement

Summary: "It would be extraordinary difficult to sustain a system in which a state, due to its concern over low income subsidy costs, forces health spending reductions that are not supported by employers, employees and their dependents. Provider groups would probably be effective in characterizing this approach as holding health care for the middle class hostage to welfare standards. In response, voters would probably not tolerate a system that says they could not spend more on health care because of the cost of

spending for the poor's access to mainstream medicine. ... Further, those states with the higher concentrations of low income persons also tend to have the weakest (i.e. lowest tax capacity) economies. ... A more reasonable approach would be to penalize those who created the cost"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From:
Title: Low Income Subsidy Costs and State Budget Enforcement

Summary: cont. from previous record "overruns, i.e. the high cost or inflationary health plans and their enrollees, and to make states politically accountable for premium costs that exceed budget limits. ... This or other approaches could createeffective incentives for states, purchasing alliances and health plans to stay within federal health budgets without creating a budgetary "catch 22" for the poor and for states."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To: George Greenberg, Jean LeMasuirer
From: Lois Quam
Title: memo

Summary: "At a NCSL meeting, Jim Tallon suggested that we use this concept of a federal - state compact to guide the rule -making process. Can you see a way this would work?" See Tallon article in next record.

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Jim Tallon, Jr. and Richard P. Nathan
Title: A Federal/State Partnership for Health System Reform. Health Affairs, Winter 1992

Summary: "Prologue: The Winter 1983 Health Affairs addressed the interplay among federal, state, and local government responsibilities for health. In that volume's lead paper, Drew Altman and Douglas Morgan wrote, "No level of government - federal, state or local - has its own entirely autonomous sphere of action, and all three levels interact in shaping policy, in financing and delivering health care, and in running programs." Tallon is Majority Leader of the New York State Assembly, to which he was elected in 1974. He also chairs the Kaiser Commission on the Future of Medicaid, convened by the Henry J. Kaiser Family Foundation. ... Nathan is provost of the Nelson A. Rockefeller College of Public Affairs and Policy, University at Albany, State University of New York ..."

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Jim Tallon, Jr. and Richard P. Nathan
Title: A Federal/State Partnership for Health System Reform. Health Affairs, Winter 1992

Summary: "Vibrant two -level pluralism. The U.S. political system does not lend itself to orderly planning and comprehensive policy reform. At its roots it is highly change resistant. The two-century old Madisonian design of the U.S. governmental system provides multiple points of access. It is easier to stop things than to do them. ... Tempering our pluralism. One can argue that both external and internal conditions have changed for the United States so that we now must temper our pluralsim to compete effectively in an increasingly interconnected global economy. We can no longer afford the luxury of long gestation periods for changes in government policies in areas critical to the functioning of our economic system. ... A realistic assessment might conclude that a working majority of politically active people"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Jim Tallon, Jr. and Richard P. Nathan
Title: A Federal/State Partnership for Health System Reform. Health Affairs, Winter 1992

Summary: cont. from previous record "who now have good health care coverage and benefits have taken our nation past the point at which we can enact a comprehensive new system in a single piece of legislation. ... The challenge of health system reform now requires an inventive institutional strategy if we are to break the deadlock on paying for and providing health care. Here we present a two-step strategy that consists of (1) adopting a basic policy framework for a new health system; and (2) setting up a process to adjust and refine this policy framework as it is implemented. ... Achieving comprehensive reform incrementally. Lawrence Brown has warned against overemphasizing the distinction between the comprehensive and incrental roads to health policy reform. He notes that a step by step"

Comment: continued in next record

Classification:

Participant(s): George Greenberg

Box Number: 1805
Date:
To:
From: Jim Tallon, Jr. and Richard P. Nathan
Title: A Federal/State Partnership for Health System Reform. Health Affairs, Winter 1992

Summary: cont. from previous record "approach is under way. Ultimately, state actions such as those just mentioned could pave the way for a national plan that builds on these state initiatives and brings in the laggard states. This is not top - down or bottom up. It is a middle way - a coming together of policy and politics in the health field. ... In the United States, domestic policy changes often are taking place while they are under discussion. ...

Thirty years of frustration with the federal government's inability to make choices about which bases to close led to a law in 1990 that creates commissions of trusted appointees to develop a base-closing plan, which Congress and the President cannot change. ... We need to be inventive in similar ways in the health field."

Comment:

Classification:

Participant(s): George Greenberg

Box Number: 3530
Date: 7/27/93
To: the President
From: Ira Magaziner
Title: Subject: Short -Term Cost Containment

Summary: "I. Action -Forcing Event: In the 30 months before health reform is implemented, U.S. spending on health care will increase by more than $200 billion, further increasing both the share of the nation's resources devoted to that purpose and the cost of extending universal coverage. To slow that growth, the American Health Security Act could impose voluntary, short term cost controls and empower the President to impose mandatory controls if the voluntary system proved ineffective. II. Background/Analysis: Rising at an annual rate of approximately 11%, health care costs are projected to increase at two and one half times the rate of growth of the GDP through the end of the decade. Health care expenditures will account for more that half of total increases in federal spending over the"

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3530
Date: 7/27/93
To: the President
From: Ira Magaziner
Title: Subject: Short -Term Cost Containment

Summary: cont. from previous record "next five years. Despite serious drawbacks, imposing short -term cost controls represents the only policy option available to slow the rate of growth in spending until health reform is implemented. A system of voluntary controls

represents a less onerous option that could be tested during the year required to prepare for the administration of mandatory controls."

Comment:

Classification:

Participant(s):

Box Number: 3530
Date: 6/28/93
To: Ken Thorpe
From: Gary Claxton
Title: Re: Meeting with Ira's Staff on Administrative Issues

Summary: "Discretion of Regional Alliances to Exclude Health Plans. ... Our discussion focused on the issues of how much discretion a regional alliance should have in selective contracting. There are two competing interests: the desire for plans to focus their negotiations and oversight on manageable number of plans and the concern about placing too much power and control over the market in the hands of alliances. All participants agreed that alliances should be able to place reasonable limits on the number of fee for service plans that it offers. DHHS staff agreed to draft suggested changes. DHHS needs to consider whether this addition would satisfy its concerns. ... During our discussion we were told that the First Lady has suggested that large employers opting into regional alliances pay a"`

Comment:

Classification:

Participant(s):

Box Number: 3530
Date: 6/28/93
To: Ken Thorpe
From: Gary Claxton
Title: Re: Meeting with Ira's Staff on Administrative Issues

Summary: cont. from previous record "risk -adjusted premium (apparently based on prior experience) for a period of four years, followed by a four -year phase in to the alliance community rate. The First Lady also has suggested that large employers bring their smaller establishments into alliances unless they elect to join the

alliance for all of their employees. DHHS staff agreed to work with Ira's staff to draft the changes suggested by the First Lady."

Comment:

Classification:

Participant(s):

Box Number: 3530
Date:
To:
From:
Title: Presidential Decision Memo

Summary: "Issue - Should the health care reform proposal include a federal investment in long term care ..."

Comment:

Classification:

Participant(s):

Box Number: 3530
Date: 4/5/93
To: the President
From: Carol Rasco
Title: Announcing a time schedule for unveiling your national health reform plan and introducing legislation.

Summary: "Action -Forcing Event. Recent press reports have created uncertainty around the timing of introduction of your national health reform plan. This uncertainty is having a major impact on both Congress and the general public and is diminishing chances for enactment of major reforms. Therefore, this week you should announce a schedule for unveiling the plan and introducing legislation. This memorandum proposes a time frame for meeting your original deadline in a consistent fashion. It also identifies the separate stages, products, and sub dates that meeting this time frame entails. Finally, we set forth the factors that you need to consider in deciding whether you with either to proceed with this plan or to alter it in one or more respects."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3530
Date: 4/5/93
To: the President
From: Carol Rasco
Title: Announcing a time schedule for unveiling your national health reform plan and introducing legislation.

Summary: cont. from previous record "Immediately following your inauguration you formed an Interagency Task Force on Health Care Reform and annouced that within 100 days a comprehensive plan would be prepared. After several months of major effort, Task Force staff have developed several proposals for you. ... In light of these considerations, we recommend that you approve a three -part "unveiling" plan that assumes a Task Force release by May 10th to 15th, a major speech on May 25th, and the submission of the legislation immediately following the Memorial Day recess. We also recommend that this week you publicaly announce your schedule for proceeding. IV. Decision. Approve, Approve as amended, Reject."

Comment:

Classification:

Participant(s):

Box Number: 3530
Date: 3/28/93
To:
From:
Title: Table of Contents - The table of contents of this Act is as follows: [tentative], F:/EGG/HRC/PRINTOUT

Summary: handwritten annotation - "Judy/Overview"

Comment:

Classification:

Participant(s):

Box Number: 3530
Date:
To: Jim
From: Susannah

Title: handwritten memo on White House stationary CLICK HERE TO VIEW DOCUMENT

Summary: "Jim -this letter came over from HRC and must be answered ASAP. Could you please get the appropriate people in your group to call both Phil Corbey and Clifford Stramberg?"

Comment:

Classification:

Participant(s):

Box Number: 3530
Date: 3/31/93
To: Philip H. Corboy
From: Hillary Rodham Clinton
Title: letter

Summary: "I appreciate your calling to my attention the comment by Bill Mauk, as reported in the New York Times. Your comments regarding defensive medicine and the references to the ABA's Talking Points on Medical Malpractice are helpful, and I have passes along a copy of your letter to the Task Force. We are grateful for your views and for your continuing support in this tremendous endeavor. Again, thank you for writing and especially for keeping alert to the ongoing dialogue as we seek solutionsf to thise incredibly complex issue." hand written annotation - "Be sure someone from the taskforce calls him and Cliff Stromberg an atty in D.C. to get input."

Comment:

Classification:

Participant(s):

Box Number: 3530
Date: 3/16/93
To: Ms. Hillary Rodham Clinton
From: Philip H. Corboy
Title: letter

Summary: "Specifically, we do not believe that competent doctors supply their patients with treatment and procedures to which the patient is not entitled in the exercise of ordinary care by the doctor. We believe that a doctor who does give care and does prescribe treatment that is not needed provides medical attention

which, in and of itself, is malpractice. Of course, this type of malpractice does not often result in damage; but, if a procedure that was not needed injures a patient, few could conclude that the doctor's negligence was not responsible for the injury. We also point out there is no agreement as to what is meant by defensive medicine, and we make the controversial suggestion on page 3 that defensive medicine is certianly desirable. ..."

Comment: continued in next record

Classification:

Participant(s):

Box Number: 3530
Date: 3/16/93
To: Ms. Hillary Rodham Clinton
From: Philip H. Corboy
Title: letter

Summary: cont. from previous record "Again, I respecfully inquire into the opportunity of giving you a more elaborate version of the American Bar Association's recommendations on medical negligence liability."

Comment:

Classification:

Participant(s):

Box Number: 1817
Date: 3/8/93
To: Chris Jennings
From: Linda Bergthold
Title: Background for President Clinton's Meeting with Congressional Caucus for Women's Issues on Thursday 3/11/93

Summary: "Bob Valdez and I met with Ruth Katz, Susan Wood of the Caucus, and Robyn Lipner of Milkulski's office last week. Although we explained the need to stay true to the process and consider all options through Tollgate 3, they flatly rejected that explanation. They do not want the option of "no abortion coverage" to even be considered, and they have indicated that including this option would be a "signal" to women that the President is backing away from his original support for abortion coverage. They stated that unless the President reaffirms his support for the coverage of

abortion, they are willing to attack the entire plan and call for it to be rejected."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date: 3/10/93
To: Hillary Rodham Clinton
From: Linda Bergthold, Bob Valdez
Title: President Clinton's Meeting with Congressional Caucus for Women's Issues on Thursday, March 11, 1993

Summary: "Making abortion an implicitly covered service may postpone direct confrontation for a short time, but the first time someone asks "Is abortion covered?" a direct answer will be required. Subjecting abortion services to medical necessity provisions is strongly opposed by the Congresswomen as well, because it allows for too much ambiguity and returns power over the decision to medical providers. ... Attachment B. Abortion Laws in Selected Countries"

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date:
To:
From:
Title: Alternative View on Non -Physician Providers

Summary: "One of the goals of health care reform is to move away from third party reimbursement systems and toward organized systems of care. The effect of this policy on mid -level health providers will be extremely beneficial. By forcing health plans to confront the tradeoffs between the cost and quality of health care, those providers who are more cost -effective will be in greater demand. ... Third party payers that want to move toward organized systems of care would be hindered by a direct reimbursement requirement. They are trying to change their role with providers from one of bill paying to one of managed care. ... Recommendations. Pre -empt restrictive state scope of practice laws."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date: 5/3/93
To:
From:
Title: handwritten notes CLICK HERE TO VIEW DOCUMENT

Summary: "Key Issues Briefing Materials for a briefing book - Mrs. Clinton wants background material to supplement tollgate materials. ... Judy Valez will coordinate notebook prep. ... Campaign folks will give direction. ... NY Times based on narrow - 6 folks other than president received original."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date: 4/30/93
To: Linda Bergthold, Bob Valdez
From: Robert Gillingham
Title: Defining Exclusions from Coverage

Summary: "David Eddy's discussion of exclusions from coverage in the benefit package (4/26/93 draft) raises several important questions with respect to both general exclusions from coverage and the role of "global" budgets or expenditure limits. How do we employ the reasonable -man criterion? ... Whom might the reasonable -man criterion harm? ... What role do "global" budget or expenditure caps play in determining exclusions? I am certainly not familiar with the precise way in which expenditure limits might work, but I assume that - to the extent that they are binding - they will force more rationing on system than would otherwise occur. This possibility requires David to add criteria to his definition of "judicious" to cover situations where the expenditure limits are binding. The additional criteria"

Comment: continued in next record

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date: 4/30/93
To: Linda Bergthold, Bob Valdez
From: Robert Gillingham
Title: Defining Exclusions from Coverage

Summary: cont. from previous record "interpersonal comparisons to determine who will be treated and who will not. Futhermore, these decisions must be made on the basis of overall budget constraints, not whether a resonable man believes the benefits of a treatment outweigh its costs."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date: 5/10/93
To:
From: Bernard Nadel, Kaiser Permanente
Title: letter

Summary: "This is a follow up to our conference call on May 5th. As we discussed, I agreed to forward you a description of Kaiser Permanente's 24hr. prepaid workers' compensation pilot program in San Diego, and a discussion of some of our implementation challenges and key learnings. ... Kaiser Permanente sponsored California AB 3757, enacted in 1992. The law permits HMOs and other organizations to offer 24hr. managed care workers' compensation medical care on a pilot basis in four California counties: San Diego, Los Angeles, Sacramento and Santa Clara."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date: 5/3/93
To: Ira Magaziner, Judy Feder
From: Linda Bergthold, Robert Valdez

Title: How the benefits package will play in the market - Part 1

Summary: "Appendix A. Cost Sharing Mechanisms. There is an inverse relationship between the amount of control a plan has over its providers and the type of cost sharing required to dampen consumer demand. The more control a plan has over the behavior of its providers, the less cost sharing is required of consumers. Closed panel plans, like HMOs, do not require deductibles to control utilization. They are successful in delivering service at a resonable utilization rate through simple copayments at time of service and internal utilization management mechanisms. Self referral plans, which have little control over the behavior of providers must deter utilization with multiple mechanisms, including deductibles, coinsurance and visit or day limits."

Comment:

Classification:

Participant(s): Robert Valdez

Box Number: 1817
Date:
To:
From:
Title: David Letterman's Ten Top Reasons for including this benefit in the core benefit package.

Summary: "10. My chiropractor will break my back if I don't include him. 9. My parents won't let me in the house. 8. The taxi driver won't let me out of the cab until I cover him. 7. My old age will be miserable. 6. Bill wants it in. 5. Tipper wants it in. 4. Hillary wants it in. 3. The AARP will picket the White House. 2. Millions of people will lose their jobs if we don't include it. 1. Because it's there."

Comment:

Classification:

Participant(s): Robert Valdez