

NLWJC - Kagan

DPC - Box 030 - Folder 010

Health - Quality Commission

**PRESIDENT CLINTON:
IMPROVING THE QUALITY OF HEALTH CARE**

March 13, 1998

"Our nation has the best health care system in the world. We have the best doctors, the most advanced technology, and the most exciting research. But we can make the American health care system even better. And as we approach the 21st Century, with all its stunning medical advances, we must act now to spread these breakthroughs and improve the quality of health care for every American."

President Bill Clinton

March 13, 1998

Today, President Clinton accepts the final report from his Advisory Commission on Consumer Protection and Quality. The report calls for a health quality council to develop unprecedented national quality improvement goals and a privately-administered forum to develop new tools to empower consumers and businesses to purchase quality health care.

SIGNING AN EXECUTIVE MEMORANDUM. To implement the Commission's recommendations, the President issues an Executive Memorandum directing five Federal agencies to immediately establish an interagency task force to ensure the Federal government takes the lead on improving health care quality.

DIRECTING AGENCIES TO COORDINATE AND IMPROVE HEALTH QUALITY. The President is directing the Departments of Health and Human Services, Labor, Veterans Affairs, Defense, and the Office of Personnel Management to immediately establish the "Quality Interagency Coordination" (QuIC) task force. This task force will ensure better collaboration and coordination across the Federal government.

IMPROVING QUALITY HEALTH CARE. Each year, hundreds of thousands of Americans are injured and even die from avoidable medical errors in the health care system. Millions more receive unnecessary services or substandard care that add needless health complications and increase health care costs. Establishing uniform standards will help ensure that health plans finally begin to compete on the basis of quality -- not just costs and benefits. The President's Commission's recommends:

- Creating an Advisory Council for Health Care Quality, to establish, for the first time, national goals to improve health care quality and develop strategies to achieve them. The Council would emphasize areas such as ensuring consumers have access to clear information to make decisions about health plans and professionals, identifying strategies to reduce avoidable medical errors, reducing variation in health care services, and promoting evidence-based medicine.
- Creating a Health Care Forum, to bring together the public and private sectors to identify a core set of measures to be adopted by health plans across the country. This would ensure that, for the first time, consumers have a consistent set of standards so they can choose health plans based on quality - not just on cost.

CALLING FOR A PATIENTS' BILL OF RIGHTS. President Clinton is urging Congress to step up their efforts to pass a Patients' Bill of Rights this year. With fewer than 70 working days remaining in this legislative session, the President is calling on Congress not to adjourn without passing a Patients' Bill of Rights that includes important protections for patients such as: access to the specialists they need, access to emergency room services, and an external appeals process to address grievances with their health plans.

health-quality
commission

March 13, 1998

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE DIRECTOR OF THE OFFICE OF PERSONNEL
MANAGEMENT
THE SECRETARY OF VETERANS AFFAIRS
THE SECRETARY OF DEFENSE
THE SECRETARY OF LABOR (DO ORDER IN FIRST E.M.)

Last November, I endorsed the "Consumer Bill of Rights" recommended by the Advisory Commission on Quality and Consumer Protection in the Health Care Industry. On February 20th, after receiving your encouraging reports from the Vice President about the degree to which your agencies are in compliance with these rights, I directed you to take all administrative actions under your authority to come into compliance.

As a result of the February Executive Memorandum and your commitment to implement it, the Federal Government will be taking the lead in assuring patients' protections for those Americans in the programs you administer and/or oversee. By holding the Federal Government accountable, we are succeeding in strengthening our call on the Congress to pass "Patients' Rights" legislation that extends these protections to all Americans.

Yesterday, in their report to me through the Vice President, the Quality Commission took the next logical step. Building on their "Consumer Bill of Rights," (which were explicitly designed to assure quality), they released their final report that includes recommendations that I am confident will actually improve quality care. Specifically, the Commission called for the development of national health care quality improvement goals and the use of measurement standards that will empower consumers and businesses to make informed purchasing decisions based on health plans' quality performance records.

The Commission's recommendation establishes "two complementary entities, one public and one private, to provide ongoing national leadership in health care quality improvement." It recommends the creation of a broadly represented, but publicly-administered "Advisory Council for Health Care Quality" and the establishment of a privately-administered "Forum for Health Care Quality Measurement and Reporting." The Commission's approach represents a creative balance that may well be the best way to achieve constructive involvement from all the parties that have important

expertise and experience in this area.

It is my strong belief that we must assure that all relevant agencies within the Federal Government build on their leadership role in quality. As the Quality Commission report makes clear, the lack of coordination and uniform quality standards in both the public and private sectors has created an environment that falls short of fully meeting users' needs, and often are duplicative and unduly burdensome on health care providers, plans, and others. To that end, improved standards and goals must be utilized to better inform and empower health care consumers and purchasers under Federal jurisdiction. Moreover, we must do a better job of collaborating within and across the Federal Government to most efficiently and effectively assure we achieve the national goal of improving quality and health outcomes.

Therefore, I am immediately establishing a "Quality Interagency Coordination" (QuIC) task force that ensures better collaboration and coordination between all Federal agencies with jurisdiction of health programs. I hereby direct you to take the following actions consistent with the mission of your agency to meet or exceed the recommendations of the Quality Commission.

First, I direct that all agencies have equal standing on the QuIC task force.

Second, I direct the task force to, wherever feasible, collaborate on goals, models and timetables that are consistent with the Quality Commission's six "National Aims for Improvement": reducing the underlying causes of illness, injury and disability; reducing health care errors; assuring the appropriate use of health care services; expanding research on effectiveness of treatments; addressing oversupply and undersupply of health care resources; and increasing patient participation in their care.

Third, I direct the Secretary of Health and Human Services to serve as the convener of the QuIC task force and to call the first interagency meeting to order by no later than March 27, 1998.

Fourth, I direct the task force to improve interagency collaboration on the development and utilization of quality measurement mechanisms for public sector programs; these efforts should be flexible enough to respond to changing needs, technology and information, while being sufficiently standardized to be comparably measured.

Fifth, I direct all members of the task force to increase the development and dissemination of evidence-based health care information to help guide practitioners' actions in ways that will improve quality and potentially constrain costs.

Sixth, I direct the task force to collaborate with health care workers and their representatives, as well as other affected parties, in developing models for quality improvement.

Seventh, I direct the task force to enhance their efforts to develop user friendly information for both consumer and business purchasers that facilitates meaningful comparisons of quality performances of plans, facilities, and practitioners.

Eight, I direct that all agencies, where feasible and appropriate, to coordinate resources and avoid inefficient duplication of ongoing quality improvement efforts.

And finally, I direct the task force, to every extent possible, to coordinate the Federal program's quality reporting and compliance requirements to reduce administrative burdens on private entities who administer, oversee, or participate in the nation's Federal health programs.

MEMORANDUM

TO: Bruce Reed
Gene Sperling
John Hilley
Rahm Emanuel
Barry Toiv
Elena Kagen

FROM: Chris Jennings

DATE: November 5, 1997

SUBJECT: HIAA Internal Memo

Attached is the Health Insurance Association of America's memo that has been referred to in many articles about Republican leadership's opposition to health insurance consumer protection legislation. This is the memo that has the "get of your butts, get off your wallets" quote that was allegedly relayed to the business and insurance community by Senator Lott.

The President may do an event around the release of the Quality Commission's "Consumer Bill of Rights" final report on November 19 or 20. As a result, we will need to have a final discussion to determine the best legislation "positioning" for the President. Since the insurer's and the business communities will want this to be a debate around premium increases and accompanying coverage losses, we need to be careful. Look forward to talking soon about this issue.



National Association of
Children's Hospitals

401 Wythe Street
Alexandria, VA 22314
(703)684-1355 Fax (703)684-1589

N · A · C · H

FAX

DATE: 11/3/97 # PAGES: 2

TO: HEALTH GROUPS

FAX: _____

PHONE: _____

FROM: BRUCE D. LESLEY
DIRECTOR, CONGRESSIONAL AFFAIRS

SUBJECT: Managed Care - HIAA Internal Memo

CT - This should
be
a
major
motivator
for our
groups!

MEMO

DATE: October 22, 1997
TO: Michael Fortier
FROM: Melody Hamed
SUBJECT: Government Run Healthcare

The message we are getting from House and Senate Leadership is that we are in a war and need to start fighting like we're in a war.

Republican Leadership is now engaged on this issue and is issuing strong directives to all players in the insurance and employer community to get activated. Earlier this week, I met with Keith Hennessey (Sen. Lott) along with the NFIB coalition. Hennessey will be working with House and Senate leadership to coordinate the advocacy effort. Senator Lott is well aware of the issue of mandates, incremental health care reform, etc., and is very concerned. Lott told Senator Jeffords that he could not introduce his "Quality Bill" this session and was advised to work less with Sen. Kennedy and more with his fellow Republicans on the Senate Labor Committee. Sen. Lott has also spoken with all Republicans on the Senate Labor Committee and told them to get involved and express their concerns. Sen. Lott also said that Senate Republicans need a lot of help from their friends on the outside, "Get off your butts, get off your wallets". Keith Hennessey believes that it is critical that employer/insurer grassroots occur during recess (Nov & Dec) so that Members are prepared when they come back to town in January.

At the NFIB Coalition meeting today, Mark Isokowitz (NFIB) informed the group that he had been summoned to the Hill by Missy Jenkins (Rep. Gingrich), Dean Clancy (Rep. Arney), Stacey Hughes (Sen. Nickles) and Keith Hennessey (Sen. Lott). Staff gave him four directives to take back to the coalition: 1.) Hold a briefing for Republican health LAs in 2 weeks; 2.) Implement heavy grassroots during recess; 3.) Meet with groups of Senators (e.g., Sen. Coverdell health care coalition) to report on what each organization is doing to fight these bills; and 4.) Write the definitive piece of paper trashing all these bills. Mark Isokowitz's overall impression from the meeting was that the Leadership was looking for signs of serious commitment on our part before they go out on a limb.

HEALTH JOURNAL

BY MARILYN CHASE

Clinton Maintains Pacific Rim Cares Little of Fast Track

By JACKIE CALABE

Staff Reporter of THE WALL STREET JOURNAL

VANCOUVER — President Clinton and his top trade official insisted that Pacific Rim trading partners aren't concerned about Congress's failure to renew the president's special trade-negotiating powers, as their representatives here agreed to work for tariff reductions that would hinge on Mr. Clinton having such authority.

With leaders of the 18-nation Asia-Pacific Economic Cooperation forum holding their annual meeting here, their trade ministers announced over the weekend that they would work by 1999 to reduce or wipe out tariffs in nine areas. They include environmental, medical and energy-related goods and services, chemicals, forest and jewelry products. Of those, the president only has fast-track negotiating authority for tariffs related to some chemicals and forest products.

Without the authority, which allows a president to submit trade pacts to Congress for an up-or-down vote without amendments, many trading partners won't negotiate for fear U.S. lawmakers will rewrite the terms. This month, the House left for the year without voting on Mr. Clinton's request for fast-track power, due to mass defections among his fellow Democrats fretful of losing jobs to U.S. rivals.

"I would not read too much significance into" Congress's failure to act, Mr. Clinton said yesterday after meeting with Canadian Prime Minister Joseph-Jacques Jean Chretien. He predicted, "We'll take some positive action on fast-track early in the next year."

U.S. Trade Representative Charlene Barshefsky, who described the trade ministers' plans, said, "I have every confidence" the U.S. will be able to deliver on any future agreements reached in the nine areas. She said that in weekend meetings with other ministers, "fast track barely came up." Because "it's incomprehensible to these countries that the president would not have this authority," Ms. Barshefsky said, "I didn't need to reassure anybody of anything."

But some U.S. lawmakers have expressed doubts about the likelihood the president can reverse the setback next year, an election year. And a Japanese diplomat said in the days before the meeting here that the trading partners wouldn't bring up the fast-track slap much to avoid embarrassing the administration.

Meanwhile, the administration's spotlighting of the sectoral talks for reducing tariffs at a minimum could pressure Congress to at least give the president targeted fast-track authority, if not the broad powers he sought. Separately, the administration doesn't expect any agreements related to the financial crisis that has spread through Asia to come out of this forum, which ends tomorrow, even though the subject — rather than trade — is the dominant topic.

New 'Bill of Rights' Makes a Modest Start At Protecting Patients

WHILE Washington debated the Clinton administration's new patient "bill of rights," Carley Christie of Woodside, Calif., this month went to her high school's homecoming dance.

The connection? The rite of passage was a major milestone for the 14-year-old freshman diagnosed five years ago with kidney cancer.

Carley's HMO, TakeCare, as previously reported in this column, had declined to cover her care by a surgeon who specialized in the removal of her cancer, an aggressive malignancy called Wilms' tumor. The HMO assigned her care to a general surgeon. Carley's parents insisted on a specialist. And her father waged a four-year war until the HMO (long since swallowed up in a chain of managed-care mergers) was fined \$500,000 last year by California state.

Today, Carley's father, Harry Christie, rejoices in her prognosis. "She's doing wonderfully," he says. "Come January, she'll pass the five-year survival mark."

This isn't the way American health care is supposed to work. The Christies' battle reminds us that American health care is a work in progress. With that in mind, a presidential commission last week proposed the bill of rights as a standard for consumer protection. It's a modest start at curbing some excesses of the managed-care marketplace.

Congressional conservatives derided the plan as socialism in sheep's clothing. House Majority Leader Dick Armey in this newspaper called it a "smokescreen . . . obscuring the real plan to enact ClintonCare II."

For the record, this bill is nothing like the ambitious manifesto of the original Clinton health-care reform plan, with its rationing of care and regional purchasing alliances. If ClintonCare was Niagara Falls, this bill of rights is a fire hose.

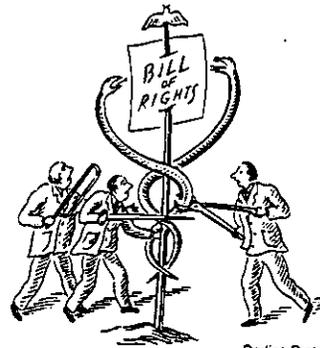
HERE ARE the major provisions of the proposal:

1. Information disclosure. Requires plans to give consumers facts about benefits and exclusions, doctor credentials and hospital track records.
2. Choice of Providers and Plans. Establishes direct access to specialists for patients with serious medical conditions.
3. Access to Emergency Services. Provides coverage when a lack of such care would cause serious jeopardy.
4. Participation in Treatment Decisions. Gives consumers information on treatment risks, benefits and alternatives, and any financial arrangements influencing decisions. Bans "gag clauses," forbidding doctors from disclosing all treatment options.
5. Nondiscrimination. Bars bias in health care based on race, religion, age, sex, disability, genetic risks or source of payment.
6. Confidentiality. Protects privacy of medical information.
7. Complaints and Appeals. Sets internal and external appeals processes, and requires decisions involving emergency care to be re-

solved in 72 hours, consistent with Medicare rules.

"It seems reasonable," says Princeton economist Uwe Reinhardt of the bill's disclosure provisions. Managed care's attitude toward customers "leaves me astounded and saddened."

Congress is squaring off for battle next year over these provisions. Conservative lawmakers, insurance companies and many HMOs and their trade associations are opposing the bill of rights as raising the cost of care and imposing inappropriate



Rodica Prato

government regulation. It is supported by many health and consumer advocates, the American Association of Retired Persons and some major companies such as GTE Corp. Other advocates, Mr. Christie included, criticize the proposal as too weak.

HEALTH PLANS should adopt needed reforms voluntarily. Consider gag clauses. They attempt to control plans' bottom line by withholding information on costly care options from patients. But they're unethical. Companies can't sell an aspirin in this country without disclosing its ingredients and attendant risks. So how can companies market health plans whose doctors are penalized for full disclosure?

How about restrictions on specialists? Prudent limits on specialist care is essential. But it has gone too far. Consumers with chronic or life-threatening diseases shouldn't need to jump through hoops to get treatment.

Critical decisions on care shouldn't be colored by a physician's fear of reprisals such as "deselection" in which plans oust doctors for delivering care in excess of the plan average.

The bill of rights cannot address fundamental structural problems. For example, how should we define the appropriate use of costly medical technologies? In our current crazy quilt, some cancer patients can't get a specialist, while others sue and win rights to unproven treatments costing six figures.

Managed care, at its best, has imposed needed discipline on medical expenditures. It has helped validate "evidence-based medicine," whose standards of care rest on hard data. It has rendered care more affordable. It has put brakes on runaway health-care inflation and curbed overuse — something doctors long failed to do.

At its worst it has made a travesty of the phrase "quality care," now the mantra of every cut-rate plan with a schmaltzy TV commercial. To paraphrase a member of the presidential commission, truth in advertising would show such companies saying: "Congratulations! You have chosen the cheapest plan with the poorest benefits."

Rare Divestiture

Some chaebols are changing their ways. Ssangyong Group, which has been struggling with losses at its automobile unit, agreed to a rare divestiture of a prized subsidiary this year, selling its stake in its paper company to Cincinnati-based Procter & Gamble Co. It is also hoping a foreign company will buy a share of its troubled auto company. Even Hyundai, famous for its sprawling asset base, is looking to cut its debt-to-equity ratio in half. "We should be more careful in our future plans," says an official with the group's financial-management team.

The Korean government is full of U.S.-educated Ph.D.s, and there is no shortage of intelligent analysis about what ails the country. Many economists say reform is proceeding, if slowly. But the biggest reform bills, like the financial-reform measures killed last week, often go nowhere, the victim of special interests and weak national leadership.

Sometimes, the chaebol's interests are overrun, but usually by other powerful interest groups. Take labor. As an egalitarian

concession in an authoritarian age, workers were guaranteed lifetime employment. Current laws still make it nearly impossible to lay off workers. President Kim forced through a new labor bill last year; his party convened a 6 a.m. session of the legislature the day after Christmas to avoid resistance. But the new law prompted nationwide strikes that lasted three weeks, and the government backed down on the bills' most sensitive points.

Korea's bureaucrats have also balked at loosening controls on capital markets, an opening that might have helped raise foreign exchange. Tight controls on foreign stock-and-bond ownership have kept foreign-portfolio investment minimal. Resisting Organization for Economic Cooperation and Development pressure last year, Seoul refused to commit to a clear timeframe for fully opening the bond market. Only last week, seeking an emergency infusion of dollars, did the government relent, allowing foreigners to buy a wide range of bonds.

Few Assurances

Some economists hope the reform pace will pick up next year, when President Kim leaves office and the IMF implements conditions for receiving aid. But the presidential campaign offers few assurances. None of the candidates has articulated a new economic strategy.

Looking toward a new administration, the powerful Federation of Korean Industries has set its sights on undoing the one overarching financial reform of the Kim era: requiring that bank depositors use their real names when opening accounts. The "real-name rule" has complicated political payoffs, a chaebol staple, which depended on the historical use of aliases. But the federation contends the real-name rule discourages bank savings. "The real-name system . . . led to the present turbulence in the currency market," a federation official told reporters.

Even with an understanding of the problems that afflict Korea, the government keeps repeating old mistakes. Last year, with Korea's current-account deficit ballooning, the finance ministry had launched one of its perennial efforts to get people to save more — a step it also took this weekend. Government officials berated the public for spending too much on luxury goods, such as fur coats, and dining out too often. Tax authorities warned golfers that two golfing trips in one year would earn them special attention.

Savings can be good. But Koreans arguably save too much and spend too little. At 35%, Korea's savings rate is among the highest in the OECD. Consumption per capita in Korea is less than half that in Japan, and about a third of that in the U.S. A sharp drop in consumption — second-quarter household expenditure grew at the slowest rate since data were first collected in 1963 — has worsened the country's crisis, economists say.

But belt tightening is a grass-roots passion. As the government turned to the IMF last week, Citizen's Forum, a nongovernmental group affiliated with the Seoul

THE WALL STREET JOURNAL
MONDAY, NOVEMBER 24, 1997

2/2

THE WHITE HOUSE
WASHINGTON

November 19, 1997

HEALTH CARE CONSUMER BILL OF RIGHTS EVENT

DATE: November 20, 1997
LOCATION: Room 450 OEOB
BRIEFING TIME: 11:15-11:40 AM
EVENT TIME: 11:45-12:30 PM
FROM: Bruce Reed/Chris Jennings

I. PURPOSE

To accept and respond to the "Consumer Bill of Rights and Responsibilities" recommended by the Advisory Commission on Quality and Consumer Protections.

II. BACKGROUND

The 34 members of your Advisory Commission on Quality and Consumer Protection in the Health Care Industry, including Co-Chairs Secretary Herman and Secretary Shalala, have been meeting in Washington, D.C. this week to finalize their recommendations for a "Consumer Bill of Rights and Responsibilities." At this event, you will receive and respond to their 8 recommendations for consumer rights and responsibilities. When you created the Commission in March 1997, you charged them with developing a Consumer Bill of Rights as their first order of business. The Commission will submit a final report on broader quality issues this coming March.

In response to the Commission's recommendations, you will make the following announcements:

- CHALLENGE TO PRIVATE HEALTH PLANS - You will call on private health plans to adopt these rights voluntarily.
- CHALLENGE TO CONGRESS TO PASS LEGISLATION
You will call on Congress to pass appropriate Federal protections into law before the 105th Congress adjourns.
- DIRECT FEDERAL AGENCIES TO COMPLY
You will direct the Departments of Health and Human Services, Labor, Defense,

Veteran Affairs, and the Office of Personnel and Management to review the programs they administer and bring them into compliance with the bill of rights. You will direct them to report to the Vice President by February on the status of their compliance and on any statutory limitations that may impede their ability to comply. The Vice President will compile the information and provide you with a report to review.

III. PARTICIPANTS

Briefing Participants:

The Vice President
Secretary Shalala
Secretary Herman
Bruce Reed
Chris Jennings

Event Participants:

The Vice President
Peter Thomas, Chair of the Commission's Subcommittee on the Consumer Bill of Rights, and lawyer and disability advocate in Washington, D.C.

*Secretaries Herman and Shalala will also be seated on stage.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- You will be announced onto the stage accompanied by the Vice President, Secretary Shalala, Secretary Herman, and Peter Thomas.
- The Vice President will make welcoming remarks and introduce Peter Thomas.
- Peter Thomas will make remarks and introduce you.
- You will make remarks and then depart.

VI. REMARKS

Remarks Provided by Speechwriting.

VII. ATTACHMENTS

- Summary of the Commission's Consumer Bill of Rights and Responsibilities.

CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES

The "Consumer Bill of Rights" consists of the following rights and responsibilities:

- (1) **Access to Accurate, Easily Understood Information** about consumers' health plans, facilities and professionals to assist them in making informed health care decisions;
- (2) **Choice of Health Care Providers** that is sufficient to assure access to appropriate high quality care. This right includes assuring consumers with complex or serious medical conditions access to specialists, giving women access to qualified providers to cover routine women's health services, and providing access to continuity of care for consumers who are undergoing a course of treatment for a chronic or disabling condition;
- (3) **Access to Emergency Services** when and where the need arises. This provision requires health plans to cover these services in situations where a "prudent layperson" could reasonably expect that the absence of care could place their health in serious jeopardy;
- (4) **Participation in Treatment Decisions** including requiring providers to disclose any incentives, financial or otherwise -- that might influence their decisions, and prohibits "gag clauses" which restrict health care providers' ability to communicate with and advise patients about medically necessary options;
- (5) **Assurance that Patients are Respected and Not Discriminated Against**, including discrimination in the delivery of health care services consistent with the benefits covered in their policy based on race, gender, ethnicity, mental or physical disability, and sexual orientation;
- (6) **Confidentiality** which assures that individually identifiable medical information is not disseminated and that also provides consumers the right to review, copy and request amendments to their own medical records;
- (7) **Grievance and Appeals Processes** for consumers to resolve their differences with their health plans and health care providers -- including an internal and external appeals process; and
- (8) **Consumer Responsibilities** which asks consumers to take responsibility by maximizing healthy habits, becoming involved in health care decisions, carrying out agreed-upon treatment plans, reporting fraud, among others.

MEMORANDUM FOR THE SECRETARY OF DEFENSE
THE SECRETARY OF LABOR
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF VETERANS AFFAIRS
THE DIRECTOR OF THE OFFICE OF PERSONNEL
MANAGEMENT

SUBJECT: The Health Care Consumer's Bill of Rights and
Responsibilities

Last spring, when I appointed the members of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry, I specifically charged them to develop a consumer bill of rights. This period of rapid change and experimentation in the way Americans receive and pay for their medical care holds the promise for improved quality, greater choice, and lower expense. At the same time, we must identify and protect certain fundamental rights of patients and their families so that, whatever health care delivery system they choose, they can obtain the information and care they need when they need it. Health care consumers also need to understand their responsibilities in a changing health care environment to assure that they get the best possible care. Confirming such rights and responsibilities is critical to assuring that the quality of medical care does not suffer as we seek to expand access and improve efficiency of delivery.

The Consumer Bill of Rights and Responsibilities in Health Care, issued today by the Commission, fully lives up to my high expectations. The members of the Commission have brought to bear their own considerable abilities and have obtained information from a wide range of sources. The Consumer Bill of Rights and Responsibilities in Health Care is a comprehensive and thoughtful document that will be an excellent guide as we move through this transition in health care delivery. We must take steps to see that the rights contained in this document become a reality for all Americans.

Therefore, I hereby direct the Secretary of Defense, Secretary of Labor, the Secretary of Health and Human Services, the Secretary of Veterans Affairs, and the Director of the Office of Personnel Management to take the following actions consistent with their missions.

First, I direct the Secretaries and the Director to determine the extent of their current compliance with the recommendations of the Commission.

Second, I direct the Secretaries and the Director to use their administrative authorities, including existing regulations, advisories, and other guidance regarding health plans under their respective jurisdictions to initiate appropriate administrative actions consistent with the recommendations of the Commission.

Third, I direct the Secretaries and the Director to identify the statutory impediments to compliance with the recommendations of the Commission.

Finally, I direct the Secretaries and the Director to report back to me by February 19, 1998, with their findings and the administrative actions they have already undertaken and will undertake to effect the Commission's recommendations.

health -
equality
commission

▶ **Jordan Tamagni**
11/20/97 09:42:50 AM
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Record Type: Record

To: See the distribution list at the bottom of this message
cc: Michelle Crisci/WHO/EOP, Peter A. Weissman/OPD/EOP, Cathy R. Mays/OPD/EOP, Laura Emmett/WHO/EOP
Subject:

Draft 11/19/97 9:00pm

**PRESIDENT WILLIAM J. CLINTON
REMARKS FOR HEALTH CARE EVENT
THE WHITE HOUSE
November 20, 1997**

Acknowledgments: Special thanks to VP Gore for overseeing this effort -- both the Commission and the agencies implementing its findings will be reporting to him. Sec. Herman ; Sec. Shalala; Commissioner Peter Thomas.

I want to thank the Commission for the remarkable job they have done to build consensus on this challenging issue. I am proud to accept the Commission's Health Care Bill of Rights. I am committed to doing everything I can to make those rights real for every American. And I challenge the Congress to make them the law of the land.

Throughout our nation's history, our strength has come from the strength of our families, and from our ability to keep our values of opportunity and freedom alive in each new time. Those values were enshrined in America's Bill of Rights. And as times have changed, our challenges have changed, and our nation has acted. Thirty five years ago, during another time of change, the modern consumer movement was launched when President Kennedy set forth a consumer bill of rights. The laws passed to protect those rights -- consumers' right to be safe, to be informed, to choose, and to be heard -- protect our children, our investments, and our environment to this day.

Today, American families once again face changing times -- and nowhere are these changes more profound than in the health care industry. The American health care system is the best in the world -- we have the world's best health care professionals, the finest medical schools, the most advanced research and the most sophisticated technology. But in recent years, that system has changed as millions of Americans have seen their health plans change from traditional health insurance to HMOs and other new kinds of health insurance.

In many cases, managed care brings lower costs and improved preventive care. But too often, families feel lost in this new world, left out of the process of their own health care

decisions. Too often, they feel as if they are getting fewer real services and more red tape. And far too often, they feel as if they are on the losing side of a battle between cost cutting and quality care. When lowered costs lead to lower standards ... when life-or-death medical decisions are made by distant case managers ... when patients are denied access to the specialized doctors they need, then something is wrong, and we have an obligation to do something about it.

Today, Americans receive consumer protection when they purchase cars, use credit cards, or even buy toys for their children. Now we must extend the same kind of protections to a person who visits a doctor, checks into a hospital, or buys a health plan. Whether they have traditional health care or managed care, we must make sure that none of our people ever have inferior care. There must be basic standards that every American can count on, wherever they live and whatever their needs -- and these standards should be the right of every citizen.

Here is what our Health Care Bill of Rights says:

You have the right to be informed about your health plan in plain English; you have the right to choose the right doctor for the right type of care; the right to medical services in an emergency, wherever and whenever the need arises; and the right to know all your medical options, no matter how much they cost. You have the right to respectful care and equal treatment at every health care facility, by every health care provider; the right to know your medical records are confidential and only used for legitimate purposes; and you have the right to express your concerns about the quality of care you receive, and to take action when that care is inadequate.

This bill of rights is the product of a strong consensus from a broad group that brings together business leaders and health insurers, working people and health advocates, doctors and nurses. There will still be those who oppose our bill of rights ... and that is their right. But narrow interests should never prevail over the national interest. And the Health Care Bill of Rights will protect quality care, protect consumers, and protect our families.

These protections are long overdue -- now, we must act to make them real for all Americans. Some of these rights will require federal standards to be implemented. Today, I challenge Congress to make these rights the law of the land. There will be no more important test in the coming months of our commitment to strengthen our families, and I look forward to working with Congress to give all Americans the security they deserve.

But we should not wait for Congress to act. Today I am acting, within my power as President, to implement these rights to the extent I legally can. Effective immediately, I am directing every federal agency that administers or manages health plans to adopt the protections of the Health Care Bill of Rights, and to report back to the Vice President about where they need legislation to do so. With this step, we will ensure better quality health care for tens of millions of Americans, including all Medicare and Medicaid beneficiaries, and all federal employees. And I challenge all private health plans to adopt the Health Care Bill of

Rights voluntarily and give their members greater confidence and security.

Finally, there can be no rights without responsibilities. This new world of health care offers greater choice and more fundamental opportunities for health than ever before. Today we outline the rights that every American should have. But every American has an enhanced obligation to take an active role in his or her health care, and to take responsibility for his or her own health.

President Kennedy said, in proposing his plan for America's consumers, "under our economic as well as our political form of democracy, we share an obligation to protect the common interest in every decision we make." The coming years can be a time of remarkable advances, as the breakthroughs of science and medicine offer new hope for health and longevity. If we act to seize the opportunities of this time, to reduce the risks, and to make sure that all Americans can reap the rewards of change, we will meet our obligation to the common interest and to future generations.

Message Sent To:

Michael Waldman/WHO/EOP
Paul E. Begala/WHO/EOP
Gene B. Sperling/OPD/EOP
Bruce N. Reed/OPD/EOP
Elena Kagan/OPD/EOP
Rahm I. Emanuel/WHO/EOP
Ron Klain/OVP @ OVP
Eli G. Attie/OVP @ OVP

THE WHITE HOUSE
WASHINGTON

November 18, 1997

MEMORANDUM TO THE PRESIDENT

FROM: Chris Jennings

SUBJECT: Quality Commission's "Consumer Bill of Rights"

cc: Rahm Emanuel, Bruce Reed, Gene Sperling, Ann Lewis, Elena Kagan

On Thursday, you are scheduled to accept the Quality Commission's "consumer bill of rights." In preparation for the release of this much anticipated report, this memo provides background on the Commission, summarizes its key recommendations, and outlines how the Hill, influential interest groups and the elite validators are positioning themselves on the quality issue. It also summarizes our suggestions on how you might best respond to the Commission's first report.

Background. In response to growing concerns about quality shortcomings in the rapidly changing health care system, you pledged to establish a Quality Commission during the 1996 campaign. In March of this year, you unveiled the 34-Member Advisory Commission on Quality and Consumer Protection. This Commission has a broad-based membership of business, labor, provider, consumer, insurer/HMO, and state and local representatives, is co-chaired by Secretary Herman and Secretary Shalala, and is required to report to you through the Vice President.

At the Commission's inception, you asked the members to produce -- as their first order of business -- recommendations for a "consumer bill of rights." This week they are responding to that charge by releasing their final report on this issue. Their preliminary recommendations received widespread acclaim by the elites. They achieved this by balancing the desires of the consumer advocates and providers against the fears of the insurers and business community. Not surprisingly, the former generally felt the recommendations did not go far enough and the latter concluded they generally went too far.

The Commission was structured to end up to the middle/left of this debate from the beginning, as Donna and Alexis insisted that all final recommendations be done on a purely consensus basis. But what really assured that the business and insurer community would not make excessively loud complaints was the Commission's decision to push off making recommendations regarding how the "rights" would be enforced. It may or may not be able to resolve the Federal enforcement issue by the time the final report is released next March. (That report will also include recommendations that could have the most long-lasting impact on the health care delivery system; it will focus on how to measure and actually improve quality outcomes.)

Two weeks ago, the Kaiser Foundation released a well publicized survey that reported that 60 percent of Americans said that managed care plans have made it harder for the sick to see specialists. Over three-fifths of those surveyed said they were very or somewhat worried that their health plan would be more concerned about saving money than about the best treatment for them if they were sick, while only 34 percent of those in traditional plans had similar concerns. However, the report also indicated that Americans may be vulnerable to criticisms that government intervention could increase costs. While 52 percent of Americans said that government should protect consumers of managed care, 40 percent said that such intervention may not be worth the increased costs that could result.

Key Findings of the Commission. The Quality Commission's "bill of rights" do not include some of the insurance and benefit reforms that some consumer groups would like to see (such as (elimination of life-time caps,) 48-hour rules for mastectomies, and required coverage of reconstructive surgery following a mastectomy.) However, the Commission's eight rights do include the access to provider and appeals process provisions that most consumer groups feel are their highest priority, including:

(1) Access to Accurate, Easily Understood Information about consumers' health plans, facilities and professionals to assist them in making informed health care decisions;

(2) Choice of Health Care Providers that is sufficient to assure access to appropriate high quality care. This right includes assuring consumers with complex or serious medical conditions access to specialists, giving women access to qualified providers to cover routine women's health services, and providing continuity of care for consumers who are undergoing a course of treatment for a chronic or disabling condition;

(3) Access to Emergency Services when and where the need arises. This provision requires health plans to cover these services in situations where a "prudent layperson" could reasonably expect that the absence of care could place their health in serious jeopardy;

(4) Participation in Treatment Decisions including requiring providers to disclose any incentives, financial or otherwise -- that might influence their decisions, and prohibits "gag clauses" which restrict health care providers' ability to communicate with and advise patients about medically necessary options;

(5) Assurance that Patients are not Discriminated Against, including discrimination based on race, gender, and sexual orientation;

(6) Confidentiality which assures that individually identifiable medical information is not disseminated and that also provides consumers the right to review, copy and request amendments to their own medical records;

(7) Grievance and Appeals Processes for consumers to resolve their differences with their health plans and health care providers -- including an internal and external appeals process; and

(8) Consumer Responsibilities which asks consumers to take responsibility by maximizing healthy habits, becoming involved in health care decisions, carrying out agreed-upon treatment plans, reporting fraud, among others.

Analysis of the Bill of Rights. The consumer bill of rights provides a solid framework for assuring consumers protections. Having said this, the Administration has taken -- and will likely take -- different positions on some of the Commission's recommendations. For example, the Commission establishes a strong internal and external appeals process for consumers to address grievances, but it does not make the external appeals process binding, leaving it unclear as to how these decisions would be enforced. Also, the bill of rights is ambiguous with regard to access to specialists; it calls for direct access to specialists, but at the same time allows plans to require prior authorization to see specialists. And, as mentioned above, the Commission made an explicit decision not to include any benefits in their list of rights, including the Administration supported 48-hour mastectomy bill. There is little doubt, however, the Commission's recommendations will lay the foundation of almost any legislation that has any chance of emerging from the Congress.

Bipartisan Legislation on the Hill. There are already a number of consumer protection bills on the Hill that have received broad, bipartisan support. The bill that has received the most attention has been introduced by Congressman Norwood (R-GA) and already has over 205 cosponsors in the House, including over 85 Republicans. Senator D'Amato has introduced the companion bill in the Senate. Ironically, the Norwood/D'Amato bill goes further than the Quality Commission in many areas, particularly those that focus on provider protections. Some of these provisions could notably increase the cost of health plans. For example, their bill requires a mandatory point-of-service option which would raise premiums for health plans that do not currently offer this option.

Although over 120 Democrats have cosponsored the Norwood bill, Congressman Gephardt has asked the Democratic Caucus, led largely by Congressman Dingell, to unveil their own bill in early next year. Such a bill would likely emphasize consumer (more than provider-oriented) protections. On the Senate side, Senator Jeffords (R-VT) -- Chairman of the Labor Committee -- has indicated his intention to introduce a bipartisan bill with Senator Kennedy, which is much more likely to reflect most of the Quality Commission's recommendations and be a more moderate alternative to the Norwood and/or the likely Democratic alternative.

Republican Leadership Positioning on the Quality Issue. A great deal of media attention has been focused on memos associated with the Republican Leadership (Senator Lott, Senator Nickles, Congressman Arney) that call on their business and insurer allies to oppose Federal consumer protection legislation. A quote that urges these industries to "get off your butts and get off your wallets" has been attributed to Senator Lott; Congressman Arney has been labeling any effort in this area to be "Clinton II." While their strategy may be paying dividends with their target audience (the NFIB and the Health Insurance Association of America), the publicity around the memos has not appeared to serve the Leadership well. Moreover, since over 85 Republicans have signed onto Federal legislation, it is difficult for them to pin the "Government-takeover label" onto the Administration.

Business and Insurer Positioning. Most managed care plans and big business representatives have taken a fairly low profile, wishing this debate would go away but understanding it will not. They oppose Federal intervention, but seemingly increasingly believe it is going to happen. The big business groups' greatest concern that any Federal legislation will NOT preempt the states ability to go further, thus making them comply with Federal as well as state rules. In contrast, the HIAA and the NFIB have already indicated that they are going to raise dollars to attack any Federal consumer protection legislation. They will (and are saying) that such legislation will inevitably increase premiums and reduce coverage.

Response to Cost/Coverage Loss Argument. In response to cost concerns raised by the business and insurer representatives, Lewin ICF (an analytical consulting firm) was commissioned by the Quality Commission to evaluate the cost impact of the two "consumer bill of rights" provisions that the Commission believed had the most potential to increase premiums -- the information disclosure and consumer appeals requirements. The study concluded, in a report that was released to the Commission members today, that the provisions would increase the cost of premiums by about 90 cents per month per beneficiary. While these numbers are preliminary and should not be used as the standard by which all consumer protection provisions are evaluated, they are extremely encouraging. Most important, these projections go a long way to undermining the HIAA/NFIB/Republican Leadership argument that consumer protections will increase premiums by "90 percent" and will reduce insurance coverage.

"Elites" Reaction to Quality Commission. To date, the elite validators have been quite impressed with the work of the Quality Commission. They perceive it to have made strong, but reasonable recommendations on the consumer protections front; interestingly, the experts view the Norwood bill as much more reckless, far-reaching, regulatory and costly. As you appropriately move to endorse a legislative approach, however, some of the validators will be quick to get nervous and will inevitably raise concerns. They, (and some Members of Congress), will also urge specificity on our position regarding enforcement and remedies. (These are the most divisive issues for the big business community.) While we will have to be responsive to some degree, we would be wise to not fall into the trap of sending legislative language to the Hill. Instead, we probably should work with the Hill to see where the consensus emerges and provide technical and political support to that end.

Thursday Event and Your Remarks. Your remarks on Thursday will culminate a very busy week on quality and consumer protections. Today, the Vice President joined the *Journal of the American Medical Association (JAMA)* in announcing their release of this month's edition, which is totally dedicated to the quality issue. Tomorrow, the Quality Commission will conclude the day with an expected final and unanimous approval of their well-received recommendations. And Thursday, we are designing a relatively brief ceremony marking the transmission of the Commission's "consumer bill of rights" and your reaction to it.

The Vice President will open the Thursday event by summarizing the Administration's accomplishments in this area. A consumer representative, who is disabled himself, will summarize the eight consumer rights and discuss their importance to all patients. His remarks will be followed by the actual presentation of the "consumer bill of rights" to you by Donna Shalala and Alexis Herman.

We will be suggesting that your remarks have a four-pronged message: First, you will accept the bill of rights and endorse them as an excellent framework for a long overdue national standard of consumer protections to help Americans navigate through a rapidly changing health care system; Second, you will challenge all private health plans to adopt and implement the Commission's bill of rights as soon as possible; Third, you will call on the Congress to pass -- before they adjourn next year -- appropriate Federal legislation to make certain the consumer protections are real for all Americans and to assure that the public's confidence in their health care system is restored; And fourth, you will direct all the agencies with jurisdiction over health care to exhaust every possible administrative action to assure that the programs they administer, and the plans they oversee, come into compliance with the bill of rights. You will also instruct them to report back to you by February what steps they have taken and plan to take in this regard, as well as to indicate what statutory limitations impede their ability to come into full compliance.

MEMORANDUM

May 13, 1997

TO: Distribution
FR: Chris Jennings
RE: Quality Commission's First Meeting

The Quality Commission's first meeting apparently received a great deal of press attention. According to HHS, media represented at the meeting included, ABC, NBC, CNN, *The New York Times*, *The Wall Street Journal*, The Associated Press, Congress Daily, Bureau of National Affairs, and others. The media seemed particularly interested in the Commission's work plan, especially its focus on the President's charge to develop a consumer bill of rights.

Co-Chairs Secretary Shalala and Secretary Herman briefed the press, emphasizing the consumer bill of rights issue as well as the President's letter welcoming the the Commission and urging them to speed up their drafting of the bill of rights. The letter, which I have attached, was given out to all members of the press. The press also spoke to various members of the Commission throughout the day.

The Commission also had an in depth discussion about the consumer bill of rights and members had a wide variety of opinions on what it should contain. Some felt that it should be a comprehensive document, containing an extensive grievances and appeals processes, while others felt it should be limited to issues of disclosure and access. This discussion will continue over the coming weeks by a subcommittee that was formed on this issue. The subcommittee will report back to the whole Commission at the next meeting which will be held on June 25 and 26.

Please feel free to call me at 6-5560 with any questions.

Distribution

Bruce Reed
Elena Kagan
Mike McCurry
Barry Toiv
Larry Haas
Lorrie McHugh
Mary Ellen Glynn
April Mellody

THE WHITE HOUSE

WASHINGTON

May 12, 1997

Dear Commission Members:

I enjoyed meeting many of you several weeks ago when we formally announced the members of the Commission. As you begin your first official meetings, I want to thank you once again for agreeing to serve.

I am delighted that such a distinguished group of experts, representing consumers, business, labor, health care providers, insurers and other health plans, and government, has agreed to participate on this Commission. Your work will play a crucial role in helping policymakers on all sides of the political spectrum chart a thoughtful course through a time of profound change in our health care system.

One of the Commission's most important goals is to ensure that patients and their families have appropriate consumer protections in our evolving health care system. I urge you to develop a "Consumer Bill of Rights" to be completed no later than this fall -- well before the January 31 due date of the Commission's preliminary report. Providing your recommendations in a timely manner to respond to this challenge will help in developing a long-overdue national consensus on this critical issue.

I also want to thank you for working so hard on clarifying your agenda and establishing a work plan. You well understand the need to focus narrowly enough to be effective as you review the broad range of issues that could come under your charge.

Thank you again for taking on this important challenge. I look forward to following your deliberations and reviewing your recommendations closely.

Sincerely,

Bill Clinton

File -
Health -
Quality Commission

THE WHITE HOUSE
WASHINGTON

March 26, 1997

**ANNOUNCEMENT OF THE PRESIDENT'S ADVISORY COMMISSION ON
CONSUMER PROTECTION AND QUALITY IN THE HEALTH CARE INDUSTRY**

DATE: March 27, 1997
LOCATION: The East Room
BRIEFING TIME: 2:00 pm - 2:15 pm
EVENT TIME: 2:15 pm - 3:00 pm
FROM: Bruce Reed
Bob Nash

Marina

I. PURPOSE

You are announcing the appointments of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. As part of this announcement, you will charge the Commission to develop a "consumer bill of rights" to ensure that patients have adequate appeals and grievances processes.

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II. BACKGROUND

In November 1996, you signed an Executive Order creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. The 32-member Commission will review rapid changes occurring in the health care financing and delivery systems and make recommendations, where appropriate, on how best to promote and assure patient protections and health care quality.

The Advisory Commission will be co-chaired by the Secretaries of Health and Human Services and Labor and has broad-based representation from consumers, businesses, labor, health care providers, insurers, and quality and financing experts. The Commission members have expertise on a range of health issues including the unique challenges facing rural and urban communities, children, women, older Americans, minorities, people with disabilities, mental illness, and AIDS, as well as issues regarding privacy rights and ethics.

You are also charging the Commission with developing a "consumer bill of rights" which will ensure that patients have adequate appeals and grievance processes. In so doing, the Commission will study and make recommendations on: (1) consumer protections; (2) quality; and (3) the availability of treatment and services in a rapidly changing health care system.

The Commission will submit a preliminary report by January 31, 1998 and a final report by March 30, 1998. The Vice President will review the final report before it is submitted to you. It is also envisioned that the Advisory Commission will play a consultative role should relevant legislative initiatives move through the Congress prior to the due date of the final report.

This Administration has a long history of strong support for consumer protection in health plans, including executive actions and legislative initiatives barring gag rules, limiting physician incentive schemes, increasing choice and consumer information, and requiring health plans to allow women to stay in the hospital for 48 hours after the delivery of a child or a mastectomy. You called for this Commission to develop a broader understanding of the numerous issues facing a rapidly evolving health care delivery system and to help build consensus on ways to assure and improve quality health care. This Commission will complement, not compete with, legislation in Congress that has broad-based support. However, where consensus has yet to emerge, this Commission will help bridge the gaps.

NOTE: At the time of this writing, there are five members of the Commission who have been selected but have not yet made it through the final stage of the clearance process. We are not making these names public until they have passed through final clearance, and they have not been invited to attend this event.

III. PARTICIPANTS

Briefing Participants:

Secretary Shalala
Acting Labor Secretary Metzler
Erskine Bowles
John Podesta
Bruce Reed
Chris Jennings
Bob Nash
Maria Echaveste
Rahm Emanuel
Carolyn Curiel

Event Participants:

Secretary Shalala
Acting Labor Secretary Metzler

Audience:

Members of the Commission (To be seated beside you.)
Spouses of the Commission Members
Approximately 20 representatives of organizations endorsing the Commission.

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- You will be announced into the room with Secretary Shalala and Acting Secretary Metzler.
- Acting Secretary Metzler will proceed to the podium to deliver remarks and introduce Secretary Shalala.
- Secretary Shalala will deliver remarks and introduce you.
- You will deliver remarks and then depart.

VI. REMARKS

Remarks Provided by Carolyn Curiel in Speechwriting.

VII. ATTACHMENTS

- Press Release on Background of each Commission Member being announced.
- One page fact sheet on the Commission.

File Health - Health
Care Quality
Commission

WHITE HOUSE STAFFING MEMORANDUM

DATE: 3/3/97 ACTION/CONCURRENCE/COMMENT DUE BY: 3/4/97
 SUBJECT: Proposed E.O. - Adding 12 members to the Advisory Commission on Consumer Protection and Quality in the Health Care Industry

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	McCURRY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	McGINTY	<input type="checkbox"/>	<input type="checkbox"/>
McLARTY	<input type="checkbox"/>	<input type="checkbox"/>	NASH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PODESTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUFF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MATHEWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SMITH	<input type="checkbox"/>	<input type="checkbox"/>
RAINES	<input type="checkbox"/>	<input type="checkbox"/>	REED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAER	<input type="checkbox"/>	<input type="checkbox"/>	SOSNIK	<input type="checkbox"/>	<input type="checkbox"/>
ECHAVESTE	<input type="checkbox"/>	<input type="checkbox"/>	LEWIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMANUEL	<input type="checkbox"/>	<input type="checkbox"/>	YELLEN	<input type="checkbox"/>	<input type="checkbox"/>
GIBBONS	<input type="checkbox"/>	<input type="checkbox"/>	STREETT	<input type="checkbox"/>	<input type="checkbox"/>
HALE	<input type="checkbox"/>	<input type="checkbox"/>	SPERLING	<input type="checkbox"/>	<input type="checkbox"/>
HERMAN	<input type="checkbox"/>	<input type="checkbox"/>	HAWLEY	<input type="checkbox"/>	<input type="checkbox"/>
HIGGINS	<input type="checkbox"/>	<input type="checkbox"/>	WILLIAMS	<input type="checkbox"/>	<input type="checkbox"/>
HILLEY	<input type="checkbox"/>	<input type="checkbox"/>	RADD	<input type="checkbox"/>	<input type="checkbox"/>
KLAIN	<input type="checkbox"/>	<input type="checkbox"/>	<u>K. Whalen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BERGER	<input type="checkbox"/>	<input type="checkbox"/>	<u>E. Kagan</u> →	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LINDSEY	<input type="checkbox"/>	<input type="checkbox"/>	<u>Clerk</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<u>P. Thomasson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS:

Comments to this office.

RESPONSE:



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

THE DIRECTOR

February 28, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Franklin D. Raines 
Director

SUBJECT: Proposed Executive Order Entitled "Amendment to Executive Order 13017"

SUMMARY: This memorandum forwards for your consideration a proposed Executive order that was prepared by the White House Counsel's Office. The proposed order would add 12 members to the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and condense the timeframe for the Commission's reports to the President.

BACKGROUND: On September 5, 1996, you issued Executive Order 13017 which created the Advisory Commission on Consumer Protection and Quality in the Health Care Industry ("Commission"). The Commission comprised 20 experts from the health care field and was to make a preliminary and final report to you on ways to promote and protect health care quality.

The proposed Executive order would amend Executive Order 13017 to increase its membership by 12 for a total of 32 and to condense the time between the preliminary and final report. The Office of Presidential Personnel and the Department of Health and Human Services believes it is necessary to make these changes to maximize the Commission's effectiveness.

None of the affected agencies objects to the proposed Executive order.

RECOMMENDATION: I recommend that you sign the proposed Executive order.

Attachment

EXECUTIVE ORDER

AMENDMENT TO EXECUTIVE ORDER 13017

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to add 12 members to the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and to revise the deadlines for the Commission's submission to the President of preliminary and final reports, it is hereby ordered as follows:

Section 1. Section 1(a) of Executive Order 13017 is amended by deleting the number "20" in the second sentence and inserting the number "32" in lieu thereof.

Sec. 2. Section 3 of Executive Order 13017 is amended to read as follows:

"Sec. 3. Reports. The Commission shall make a preliminary report to the President by January 31, 1998. A final report shall be submitted to the President by March 31, 1998."