

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Bob Nash to POTUS Re: Advisory Commission on Consumer Protection and Quality in the Health Care Industry (11 pages)	12/9/96	P2
002. list	Candidates for Advisory Commission (5 pages)	nd	P2
003. briefing paper	Candidates for Advisory Commission (6 pages)	nd	P2
004. list	Short List of Candidates for Health Commission (3 pages)	nd	P2
005. memo	Diana Fortuna to Chris Jennings Re: Names from Carol (1 page)	10/11/96	P2
006. list	Candidates for Advisory Commission (1 page)	nd	P2
007. list	Candidates for Advisory Commission (5 pages)	nd	P2
008. list	Candidates for Advisory Commission (3 pages)	nd	P2
009. list	Candidates for Advisory Commission (1 page)	nd	P2

COLLECTION:

Clinton Presidential Records
 Domestic Policy Council
 Cjhris Jennings (Subject File)
 OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

Freedom of Information Act - [5 U.S.C. 552(b)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Bob Nash to POTUS Re: Advisory Commission on Consumer Protection and Quality in the Health Care Industry (11 pages)	12/9/96	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	Candidates for Advisory Commission (5 pages)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gfl49

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

535 N. 17TH STREET, N.W. WASHINGTON, D.C. 20037-1127
PHONE: 202-462-1000 FAX: 202-462-1125

Commission

Jordan J. Cohen, M.D., President

September 9, 1996

The Honorable William J. Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

I write to express support for your creation of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. I understand that this newly created Advisory Commission will review changes occurring in the health care system, and where appropriate, make recommendations on how best to promote and assure consumer protection and health care quality.

The Association of American Medical Colleges (AAMC) represents 125 allopathic medical schools, nearly 400 teaching hospitals, including 75 Veterans Affairs Medical Centers, 89 academic societies and the nearly 160,000 women and men in medical education as students and residents. Medical schools and teaching hospitals are committed to their traditional missions of providing an environment for research and education as well as maintaining high quality care, improving access to health care services for all types of populations and being more cost efficient. We support an Advisory Commission that will study and, where appropriate develop recommendations on consumer protection, quality, and availability of treatment and services in a rapidly changing health care system.

I hope you will consider one of the two following individuals as candidates to serve on the Commission:

Herbert Pardes, M.D.
Vice President for Health Sciences and Dean
Columbia University College of Physicians
and Surgeons
630 West 168th Street
New York, NY 10032

Donald E. Wilson, M.D. *→ Black*
Dean
University of Maryland
School of Medicine
655 West Baltimore Street
Baltimore, MD 21202

We stand ready to assist the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Please let me know how we can best assure the success of this important initiative.

Sincerely,

Jordan J. Cohen
Jordan J. Cohen, M.D.

THE WHITE HOUSE
WASHINGTON

THE PRESIDENT HAS SEEN

9-23-96

~~XXXXXXXXXX~~

September 22, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: HELEN HOWELL *hellen*

SUBJECT: Recent Information Items

We are forwarding the following recent information items:

- 10/1*
- (A) **Tyson/Stiglitz memo on The State of Working America, 1996-97.** The Economic Policy Institute (EPI) will publish its biennial volume on wages, income, and labor markets in December. This year's volume is fairly negative, suggesting that although the economy is in transition, it is headed in a undesirable direction. The authors conclude that, "wage deterioration and increased economic insecurity will continue, absent a major shift in government and management strategies." Laura and Joe believe that the negative statements in the book may be quoted as "evidence" that the Administration's economic strategy is not working for the majority of American families. Their memo describes the major claims of the book, and provides a more balanced view of the evidence in response.
- 10/1*
- (B) **Rasco/Jennings memo on the Advisory Commission on Consumer Protection and Quality, and Hill actions on health initiatives you have endorsed.** Despite the misleading NY Times story about the establishment of the Commission, it has received a very positive response, including endorsements from business organizations, insurers, managed care representatives, health care providers, and consumer groups. *List is attached.* Your September 11 letter to Speaker Gingrich on consumer protection health care initiatives also achieved its desired effect. As you know, the House passed (392 to 17) a motion to instruct the VA/HUD Appropriations Conferees to accept the Senate-passed provisions that included the 48-hour post-delivery rule, the Domenici mental health parity compromise, and a VA initiative to provide treatment assistance to the children of Vietnam veterans exposed to Agent Orange who are born with spina bifida.
- 10/1*
- (C) **Rasco/Jennings follow-up on FEHBP reimbursement for audiologists.** Barry Freeman of the American Academy of Audiology recently asked if you would consider supporting legislation adding "audiologists" to the list of health care personnel FEHBP insurers are directed to reimburse. In the past, we have not supported bills directing FEHBP plans to reimburse specific providers, and OPM recently testified against bills mandating direct reimbursement for audiologists and acupuncturists. To take a contrary position would: 1) undermine our philosophy of allowing the market (health plans and their customers) to decide which providers can best deliver FEHBP-required services; 2) make it difficult to say no to numerous other providers who would also like to be added to a mandatory provider reimbursement list; and 3) alienate the managed care community and lend credence to their

9-23-96

THE WHITE HOUSE

WASHINGTON

96 SEP 12 P4: 46

September 12, 1996

MEMORANDUM TO THE PRESIDENT

FROM: Carol Rasco ^{CR} and Chris Jennings ^{CJ}

SUBJECT: Required FEHBP Reimbursement for Audiologists

You recently asked if we had an Administration position with regard to Federal Employee Health Benefits Program (FEHBP) reimbursement policy regarding the coverage of audiologists. Barry Freeman, of the American Academy of Audiology, asked if you would consider supporting legislation now in the Congress that adds "audiologists" to the list of health care personnel that FEHBP insurers are directed to contract out with and reimburse.

In the past, we have not supported bills to direct FEHBP plans to reimburse specific providers. OPM has recently testified against bills mandating direct reimbursement for audiologists and acupuncturists. To take a contrary position would undermine our historical philosophy of allowing the market (health plans and their customers) to decide which providers can best deliver FEHBP-required services. Probably just as important, it would set a precedence that would make it difficult to impossible to say no to numerous other providers who would also like to be added to a mandatory provider reimbursement list. And lastly, to do so would significantly alienate the business and managed care community and lend credence to their fears that we want to "micromanage" the health system.

There is no statutory or FEHBP regulatory prohibition against plans reimbursing audiologists or any other providers. Theoretically, if they are providing a service cost effectively (as audiologists believe they are) or one that is in significant demand, the market will force plans to add certain cost-effective providers to their list of covered health professionals.

Usually the market does not work fast enough from the providers' perspective. To bypass an often-times frustrating education and frequently political process with insurers, many providers have successfully worked with the Congress to explicitly name covered health professionals in the statute. While we have never supported these initiatives, it is rare for the Executive Branch to veto such legislation if it makes it all they way through the legislative process.

RECOMMENDATION: Continue to authorize OPM position of quiet opposition, but do not go out of way in disrupting the Congressional process. If legislation passes, do not oppose.

Agree _____ Disagree _____ Discuss _____

THE WHITE HOUSE

WASHINGTON

September 12, 1996

MEMORANDUM TO THE PRESIDENT

FROM: Carol Rasco and Chris Jennings

SUBJECT: Status Report on the Advisory Commission on Consumer Protection and Quality and on Hill Actions on Health Initiatives You Have Endorsed

Notwithstanding the misleading *New York Times* story about the establishment of the Advisory Commission on Consumer Protection and Quality, we have received an exceedingly positive response to your executive order. In the week since the Commission's unveiling, we have received a large number of endorsements from a diverse range of organizations.

As you will see from the attached list of endorsers, the Commission has already gained widespread support from the business community, insurers, managed care representatives, health care providers and, of course, consumer groups. Since a number of these supporters joined the Republicans in attacking the Health Security Act, their strong support gives us great ammunition to use to respond to unfounded charges by some Republicans that this "is the next step a government takeover of the health care system."

And yesterday, the attached *New York Times* editorial endorsed the Advisory Commission concept. Although questioning the "political motive," they concluded the Commission "is a constructive idea." It could "calm needless fears and weed out bad practices." And, it could "renew the chances of building an effective and economical health-care system."

The letter you sent yesterday morning to Speaker Gingrich on consumer protection health care initiatives also achieved its desired effect. By afternoon, the House passed (by a 392-17 vote) a motion to instruct the VA/HUD Appropriations Conferees to accept the Senate-passed provisions that included the 48 hour post-delivery rule, the Domenici mental health parity compromise, and a VA initiative to provide treatment assistance to the children of Vietnam Veterans exposed to Agent Orange who are born with spina bifida. AP ran a story citing your letter and the unusual responsiveness of the Congress to your call to action.

Even with this overwhelming vote, the mental health parity provisions remain a long shot. However, it looks likely that the House will try to get you a bill with the 48-hour post-delivery rule and the children's spina bifida provision before adjournment. In other action yesterday, due to a 60-vote budget point-of-order procedural hurdle, the Senate also barely defeated the "anti-gag" rule provision that you endorsed recently. Since the vote was so close, Senators Wyden and Kennedy are redrafting the amendment to avoid the point-of-order problem and will try to get the bill up for another vote sometime this evening.

We will keep you apprised of further developments with the Commission and the legislative initiatives you endorsed.

**KEY GROUPS IN SUPPORT OF
THE "ADVISORY COMMISSION ON CONSUMER PROTECTION
AND QUALITY IN THE HEALTH CARE INDUSTRY"**

(As of September 12, 1996 - 12:00pm)

Business

American Small Business Alliance
Association of American Private Pension and Welfare Plans
Business and Professional Women/USA
Washington Business Group on Health

Health Care Insurers/Managed Care Representatives

American Association of Health Plans (the managed care industry group)
Blue Cross and Blue Shield Association
Coordinated Care Coalition (progressive managed care industry group)
Health Insurance Association of America
The HMO Group

Health Care Providers

American Academy of Family Practitioners
American Association of Medical Colleges
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American Group Practice Association
American Hospital Association
American Nurses Association
American Medical Association
American Medical Group Association
American Medical Women's Association
American Occupational Therapy Association, Inc.
Catholic Health Association
Federation of American Health Systems (the for-profit hospitals)
National Association of Children's Hospitals and Related Institutions
National Hispanic Medical Association

Consumers and Unions

AFL-CIO
AFSCME
AIDS Action Coalition
Citizen Action
Consortium for Citizens with Disabilities
Consumers Union
Council of Presidents of National Women's Organizations
Families USA
National Council of Senior Citizens
National Women's Health Network
National Women's Law Center
Women's Legal Defense Fund

THE "ADVISORY COMMISSION ON CONSUMER PROTECTION
AND QUALITY IN THE HEALTH CARE INDUSTRY"

"The American Association of Health Plans applauds President Clinton's leadership in establishing the new commission on health care quality. We are confident the commission, which is designed to examine how the health care system works for patients, will contribute to a better understanding of how health care is delivered as we approach the next century."

-- American Association of Health Plans
(trade organization of managed care plans)

"We welcome the government and industry scrutiny the President has proposed."

-- Blue Cross and Blue Shield Association

"President Clinton's call for the National Commission on Health Care Quality provides an excellent opportunity for policy makers to review the many different types of health care financing arrangements that currently exist in the marketplace ..."

-- Health Insurance Association of America

"As the health care system has evolved, we've seen an explosion of efforts to promote quality, consumer protection, and performance-driven care. WBGH encourages a public-private collaboration at the national level to bring clarity and direction to these important efforts."

-- Washington Business Group on Health

"We eagerly applaud the formation of the President's new commission to protect patients and guarantee quality care."

-- American Medical Association

". . .the right time for this kind of commission to go to work."

-- American Hospital Association

"The President's decision to examine the entire issue of managed care quality and access should be applauded by every consumer in America."

-- Citizen Action

"We support any effort to identify and rectify problems with our health care system and applaud the President for creating a forum where these problems will be addressed."

-- Consumers Union

The New Clinton Health Panel

President Clinton had a transparent political motive in announcing that he would appoint a commission to examine how well modern health-care plans treat patients. Florida, where he made the announcement, is full of elderly voters nervous about what health-care reforms mean for them. But whatever the President's motive, the commission is a constructive idea.

The spread of health maintenance organizations, which now cover more than 60 million Americans, has slowed the increase in health-care costs. But the growth of the managed-care approach has created anxiety about whether patients are being denied treatments in order to lower the costs of health-care companies. By riveting attention on quality of care, an impartial commission can calm needless fears and weed out bad practices.

Managed care, by charging a fixed fee no matter how much or how little is done for the patient, builds a wedge of distrust because the plan profits, in the short term, by doing less for its patients. So far, studies show that typical managed-care programs have not compromised on quality of care, and in fact have brought forth quality-improving innovations. But some plans have fueled distrust by devoting more attention to managing costs than care. Indeed, there have been cases of egregious shortcuts. State legislatures in turn have overreact-

ed by shackling managed-care plans, driven by potent lobbying by physicians and insurers who profit from traditional systems.

A properly organized commission can prevent the rush to needless legislation and unnecessary regulation, and can help eliminate abuses. Equally important, it can help educate citizens about changes in the health-care system already made or needed in the future. One lesson of the failed Clinton effort at health-care reform was that constructive change cannot take place without wider public awareness and involvement.

Some opponents of the commission have argued that there are already responsible organizations monitoring quality. But most are controlled by the very industry they purport to monitor. Besides, quality assessment is in its infancy. The commission can bring impartial judgment to the task and propel both industry and government to make faster headway. It could also prod all health plans, whether traditional or managed-care, to assume the responsibility of collecting easy-to-compare data on their treatment practices and health outcomes.

The President was thinking about Nov. 5 and Florida's electoral votes when he decided to appoint a panel. But if he appoints the commission judiciously, it could help renew the chances of building an effective and economical health-care system.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. briefing paper	Candidates for Advisory Commission (6 pages)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

A Proposed Implementation Plan

for the

**Advisory Commission on Consumer Protection and Quality
in the
Health Care Industry**

by

John B. Crosby, J.D.

October 27, 1996

Advisory Commission on Consumer Protection and Quality in the Health Care Industry

Proposed Implementation Plan

I. Introduction

The American health care system has a long-standing reputation as the most advanced and sophisticated in the world. The system, however, is undergoing rapid change, driven in large part by the increasingly cost-competitive pressures of the marketplace. A recent editorial by Paul Ellwood, MD, and George Lundberg, MD, in the *Journal of the American Medical Association*, noted that many patients, providers, and purchasers consider the system to be in turmoil, if not chaos, and called it "a work in progress." (*JAMA*, 10/2/96) In light of such changes, there is an increasing focus on quality of care issues and, as a recent series of articles on quality in the *New England Journal of Medicine* demonstrates, there is much hope on the horizon in terms of quality management and improvement, evaluation and reporting of quality performance and research to improve the quality of care. (*NEJM*, 9/26/96)

Managed care is at the forefront of the marketplace changes. As with any change, much anxiety and concern has been generated among providers and patients alike. The former bemoan a perceived loss of control and the diminution of the provider-patient relationship. Patients fear a loss of choice of their caregiver and health plan, restrictions and incentives that may keep their provider from rendering all the care they want or need, and cost pressures that may influence access to care when they have an emergency, deliver a baby, or need to see a specialist. Such anxiety has spawned over 1000 pieces of legislation in 33 states this past year and at least three state-wide "anti-managed care" initiatives on the November 1996 ballot.

President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry (the "Commission") offers a great opportunity not to only chronicle marketplace changes but also to develop recommendations that protect and promote health care quality on behalf of the consumer. Moreover, the work of the Commission can provide a bridge between the public and private sectors, between the purchasers of care and plan participants, and between patients and providers, on the way to a better health care system, i.e., "a more integrated, selective, epidemiologic data-dependent, and consumer driven health care system." (*JAMA*, 10/2/96)

The Commission

By Executive Order 13017 (9/5/96), the Commission is to be comprised of 15-20 individuals, representing consumers, institutional health care providers, health care professionals, other health care workers, insurers, purchasers, state and local government representatives, and experts in quality,

finance, and administration. Its mission is to serve as an impartial representative body of national experts who will focus on the impact of our changing health care system on quality of care and what protections consumers and workers need to assure access to the provider, plan, and care level of their choice.

To accomplish this mission, the Commission has identified three objectives that are realistic and achievable in the time allocated: (1) chronicling the unprecedented changes occurring in our health care system; (2) defining, measuring, and promoting "quality" and "value" in its delivery and outcome; and (3) encouraging the involvement in and awareness of these changes by consumers and workers -- the patients -- and identifying any protections that may be needed to enhance individual quality and availability of treatment and services and the operations of the system as a whole. Voluntary efforts by all elements of the health care industry will be encouraged; governmental oversight or intercession will be recommended if necessary.

Experience dictates that the Commission operate from three guiding principles. First, the work of the Commission must be patient-driven. Addressing the interests and anxieties among consumers and workers (and those who often have no voice in the current system; e.g., the poor, elderly, disabled, or uninsured) about the evolving marketplace must top the Commission's agenda -- patient opinions, patient-centered care, patient care outcomes, and patient satisfaction should be continuously incorporated into the Commission's deliberations.

Second, the Commission's work must be open to the public and the press. Field hearings, a Web page on the Internet, and regular press briefing should be designed to provide optimum input and information for all concerned. We must promote better public understanding of changes taking place in the health care system if we are to foster informed choice, outcomes accountability, and competition based on quality.

Third, the Commission should work to seek consensus and provide leadership and advice on all the issues it is charged to consider. Balancing the needs of consumers and workers with the wants of employers, organized labor, and managed care organizations will not be easy. Determining the appropriate remedies to system ills, be they calls for voluntary action or legislation, will be difficult at best. Nevertheless, the Commission's work should be imbued with commitment, ideas, drive, and vision to accomplish its goals over the next two years.

Perhaps it should be noted what the Commission is not charged to do. The Commission is not established to supplant existing quality monitoring or enforcement entities in the public or private sectors (e.g. AHCP, the Center for Disease Control, JCAHO, NCQA, URAC, etc.). But it should assess the work product of these organizations, their impact on quality, and suggest ways to eliminate overlapping jurisdiction or confusion. Likewise, the Commission is incapable of making medical or clinical diagnoses or treatments regarding patient care. But it can analyze what data and information are available to the public, and suggest ways to improve these mechanisms if necessary. Finally, the

Commission cannot solve all the problems in this area of health care, real or imagined. But by providing greater focus on quality, the Commission can foster better education, better research, and better practices to help solve them.

Following are some preliminary thoughts on the key substantive concepts and issues that should be addressed relative to the Commission's work in the major areas of: (1) consumer information/protections; (2) quality assurance/promotion; and (3) availability of treatment/services.

II. Commission Functions/Key Issues

1. Consumer Information/Protections -- *Reviewing available data in the area of consumer information and protections for those enrolled in health plans and making recommendations as may be necessary for improvements.*

Significant work has been done to date to explore the aspects of quality that consumers find most relevant in making decisions among competing health plans. As indicated from recent research by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Policy and Research (AHCPR), consumers want information not only on plan cost, but also on participating providers, how plans work, including what services are covered, and satisfaction of members with care received through the plan.

The state of the art in this area, however, remains relatively limited, with neither measures of health plan performance nor comparisons across plans routinely standardized. The orientation of such plan performance reports has also generally been toward employers and other purchasers (with the use of HEDIS indicators), rather than being created in a way helpful to consumers. Moreover, some prior efforts, such as publishing mortality and morbidity statistics for surgical procedures and the role of the National Practitioner Data Bank, have been unsatisfactory for both providers and consumers. Nonetheless, substantial progress is being made in the private sector toward developing more "consumer-friendly" information on health plan performance and quality measures for different diseases, such as the recent initiative by the Foundation for Accountability (FACCT). Many noteworthy similar efforts are also underway by community and business coalitions to measure the quality of services from the consumer perspective.

The opportunities for the Commission to build on what works and promote improved access to information for consumers in this arena are great, with a focus on:

- Evaluating the state of the art on health plan performance reports (including reviewing the recent work of the Physician Payment Review Commission (PPRC), private sector groups, and others) -- and identifying not only their strengths and limitations but also ways to improve such reports so that quality information to consumers is accessible and understandable. Private sector initiatives should also be examined relative to their ability to monitor and improve the performance of managed care plans serving the needs of the Medicare and Medicaid populations.
- Examining specific ways to provide consumers with more information -- in an easily understandable format -- about how their health plan works (e.g., coverage provisions and exclusions, prior authorization or other review requirements, plan limitations, enrollee satisfaction statistics), including the role of employer-sponsored educational programs for their workers and retirees about managed care and differences among plans.
- Assessing the overall impact of the evolving and increasingly competitive health care system on consumers, particularly whether changes are occurring at the expense of diminished freedom of choice, lowered access to quality health care services, or patient confidentiality. Such efforts should address:
 - the impact of hospital closings, mergers and growth of for-profit centers on choice and access to quality services, particularly in underserved areas, as well as on the providers and health care workers involved;
 - the effect of incentive-based arrangements for providers on patient access and appropriateness of care, as compared to fee-for-service models;
 - the extent and impact of "gag" clauses that limit provider comments to patients/consumers about managed care plans and "due process" plan remedies for negligent utilization review or adverse coverage decisions.

It is through such information gathering and analysis that some of the Commission's most important work can be accomplished; that is, by answering in an objective, rigorous fashion, such questions as:

- Is quality health care being threatened in today's cost-competitive marketplace? If so, how can the Commission facilitate action by the industry to achieve a better balance between cost concerns (which have fueled managed care growth) and quality goals?
 - Can plan performance reports be improved upon voluntarily by the industry so that information is available and accessible to consumers? Or are regulatory and legislative changes needed -- such as adoption of the model managed care standards for consumer protection developed by the National Association of Insurance Commissioners--so that consumers can make more informed choices about the quality of health care providers?
 - Are any ERISA reforms needed relative to extending the benefits of any Commission regulatory/legislative recommendations to workers covered by self-funded plans?
2. Quality Assurance/Promotion -- *Reviewing existing/planned work that defines, measures, and promotes quality of care, and helping build further consensus on approaches to assure and promote quality of care in a changing delivery system.*

This substantive area of the Committee's agenda perhaps strikes most directly at the core of current discussions about the quality of care in today's system; that is, how to define and measure quality -- with the ultimate goal of improving the system for the benefit of patients.

Industry experts, private organizations, public entities and others have been advancing quality of care definitions for a number of years. Such definitions have often been complex, variable, and offered from differing perspectives (e.g. from the patient, plan, or purchaser perspective), resulting in different approaches to quality measurement and management. Progress has also been made in developing and implementing quality management tools in recent years -- due in no small part to advancing computerized systems of patient care, with technological capacity to link specific interventions for diagnostic categories to patient outcomes -- to extend far beyond the rudimentary methods of utilization review and physician profiling. As so aptly noted in the September 26, 1996 issue of the *New England Journal of Medicine* series on Quality of Health Care, "... sophisticated and efficient methods of quality management [now exist] that can help clinicians and institutions improve the quality of medical care they provide."

While quality assessment and measurement have advanced considerably, the state of the art of health information systems is still in its infancy, offering the Commission a great opportunity to advance the field of data collection and improving the dissemination of this information to all concerned by focusing on:

- Fostering a better understanding of the meaning of health care quality, from the multitude of perspectives involved in its delivery. It is critical that any such working definition developed by the Commission incorporate past efforts in this area (including that of the Institute of Medicine), be broad enough to include all perspectives, and specific enough so that it has meaning for quality measurement and management.
- Reviewing the scientific literature on quality measurement tools (both process and outcome measures), identifying their strengths and limitations, and bringing forth to the Commission "cutting edge" examples of new and emerging quality measurement tools, to include private sector initiatives as well as efforts by such entities as AHCPR (and their recently-funded project on "Consumer Assessments of Health Plans"), the PPRC and the NCQA.
- Examining clinically-meaningful measures of quality, including evidence-based practice guidelines and outcomes assessment, with an emphasis on highlighting the "best practices" that work and developing a consensus on those that provide the most useful information about the quality of competing health plans --- and that, when applied, directly lead to improvements in patient health.

As the Commission strives to build a consensus on approaches to assure and promote quality in a changing delivery system, the following questions should be addressed:

- What is the appropriate role and responsibility of health plans in quality management? Are the current market-driven incentives sufficient to promote quality among competing plans? If not, are national standards needed to assure both quality and accountability, particularly for Medicare and Medicaid populations?
- What is the impact of patient/consumer shared decision-making on quality? Do plans and providers give consumers information that helps them share in the decision-making about their treatment?
- Are sufficient resources being allocated by the public and private sectors to produce outcomes effectiveness data and, if not, make appropriate recommendations?

3. Treatment/Service Availability -- *Collecting and evaluating data on changes in availability of treatment and services, and making such recommendations as may be necessary for improvements.*

Attaining both qualitative and quantitative data to assess accurately the magnitude of marketplace changes on the ability of consumers and workers (both uninsured and insured) to access quality health care is absolutely critical to the Commission's mission. Why? Because lack of access to care for the uninsured, by definition, equates to poor quality. Even for the insured, widespread anecdotal evidence clearly suggests that consumers are increasingly anxious about their ability to choose the health care provider or level of provider they want, leading to a perceived decrease in the quality of services available to them. Moreover, there are concerns among health professionals and academicians about the willingness and ability of the competitive health care marketplace to underwrite funding for medical education, academic medical centers, and biomedical research -- and the impact of this on the quality of health care in the future.

Therefore, it will be essential that the Commission seek to:

- Thoroughly and objectively document the parameters of this perceived diminution in quality of care and assemble the best available evidence to determine whether such perceptions are valid.
- Evaluate the impact of state managed care laws on "protecting" access to and availability of appropriate treatment and services.
- Assess the long-term impact of competitive market changes on quality, relative to funding availability for medical education, academic medical centers, and biomedical research.

As the Commission crafts its recommendations for debate and deliberation, the following distinctive issues should be addressed:

- What specific techniques are most effective in promoting treatment and service availability, particularly for such vulnerable groups as the elderly, the poor, the disabled, the uninsured, the underinsured and those living in rural, inner city, and underserved areas? Is it best to "let the market go"? Or should the Commission develop a "community benefit" standard for health plans and managed care?
- Are financial incentives to providers to control costs negatively affecting service availability and increasing liability for poor outcomes? If so, what is the most appropriate level of intervention -- national standards? federal action? state action?

- Are the professional liability and de-selection concerns of providers unduly influencing service availability? If so, what changes to the system should be pursued, especially to protect "undesirable" or costly patients, such as the chronically or catastrophically ill? Similarly, does the current limited extent of corporate liability for managed care plans due to ERISA pre-emption and the corporate practice of medicine doctrine, offer sufficient consumer protections (relative to care denied/limited) or is national legislation needed to ensure treatment accessibility and availability?

III. Timetable

Given the ambitious agenda of the Commission -- and the growing public concern and policy debates regarding quality of care issues -- the Commission will need to move forward in a rapid fashion, focusing initially on such tasks as:

- Appointment of Commission members;
- Recruitment of Commission staff;
- Press conference to highlight the Commission, including its members and functions;
- Background interviews and research; [The process here should include ongoing data collection, review, and evaluation on consumer information/protection, quality assurance/promotion, and availability of treatment/services. In all three areas of responsibility, focused meetings should be conducted and information solicited from public and private agencies and consultants as needed. In addition, papers should be commissioned to supplement existing data sources and research.]
- Individual meetings with Commission members;
- Federal agency briefings;
- Capitol Hill briefings;
- Creation of an ongoing feedback mechanism for communication between the public and the Commission (e.g., telephone voice mail systems, Web pages, e-mail) that would help maximize consumer awareness of and involvement in the Commission's work agenda/advisory recommendation development.

- Initiation of Regional Field Hearings with consumers. A series of such hearings should be held around the country, with a specific topic and agenda for each hearing that closely parallels the Commission's workplan. Potential topics for these hearings should include:
 - Health Plan Performance Reports: What Consumers Want and Need;
 - Marketplace Changes [e.g., financial incentives, "gag" clauses]: Their Impact on Quality and Service Availability;
 - Consumer Protections: Are They Needed and Why?
 - Quality Management: What's In It for Consumers?
 - Health Plan Accountability For All and the Needs of Medicare and Medicaid Populations;
 - ERISA plans: Good or Bad for Consumer Protection and Quality?

A preliminary implementation timetable for the Commission is outlined on the following page.

1996

- November Press conference to announce Commission members.
- December First organizational meeting of Commission members and staff.

1997

- January Commission holds "Quality Summit" with industry leaders, health care experts, providers, and purchasers.
- February/March/
April Commission holds Regional Field Hearings/Town Hall meetings with consumers to collect and review data as required.
- April/May/June Commission meetings with preliminary findings and recommendations reviewed/deliberated.
- June Initial draft of Commission's Preliminary Report completed.
- July Commission meeting to review initial draft, with subsequent dissemination to outside groups for review/comment.
- August Commission meeting to review comments received and finalize Preliminary Report.
- September "Final" Preliminary Report of the Commission submitted.
- October/November/
December Industry reaction/incorporation, on a voluntary basis, any recommendations forth by the Commission.

1998

- January/February/
March Assess industry response to voluntary implementation of recommendations/needed changes.
- April/May/
June Final Report and Commission recommendations issued. The final three months of the Commission's agenda (through Fall 1998) focusing on steps that may be necessary to implement the Commission's recommendations through regulation/legislation.

IV. Conclusion

While the challenges for the Commission are great, so are the opportunities to improve the quality of health care services delivered to patients. Understanding how the changing marketplace is affecting consumers and workers; investigating/quantifying the extent of any problems consumers may face in accessing the appropriate level of quality services, particularly under managed care arrangements is a compelling and ambitious agenda.

The *process* of such work toward the pursuit of health care quality -- based on sound scientific evidence and formal consensus of experts -- can advance significantly the field of quality measurement and management, and help strike a better balance between the sometimes conflicting goals of cost containment and quality promotion. As the cost pressures of the system intensify and managed care continues to proliferate, the importance of such balance cannot be underestimated.

But it is the *outcome* of the Commission's work that holds the greatest potential to bridge the "knowledge gap" in identifying, measuring, and promoting meaningful, usable quality measures that reflect the myriad of perspectives represented in the health care industry--consumers, providers, and purchasers alike--and to enhance the quality of care for patients, the ultimate consumers of services in the health care industry. This, in turn, will feed into the growing realization within the leadership of health plans and the managed care community that they should embrace a broader mission than that of just their enrolled populations to include contributing to the public health of the communities and villages that they serve. In this sense, the work of the Commission will provide a bridge to health care in the 21st Century.

American Medical Association

Physicians dedicated to the health of America



John B. Crosby, JD
Vice President
Physician Profiling and
Outcomes Assessment

515 North State Street
Chicago, Illinois 60610

312 464-5802
312 464-5849 Fax

October 15, 1996

President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry

I have been nominated to become the Executive Director of the Commission by:

Honorable Richard A. Gephardt, House Minority Leader
Honorable Thomas A. Daschle, Senate Minority Leader
Honorable Nancy L. Kassebaum (R-KS)
Honorable Martin Frost (D-TX)
Honorable John E. Porter (R-III)
Honorable Sidney R. Yates (D-III)

The following organizations have endorsed me for this position:

American Association of Health Plans
American Association of Preferred Provider Organizations
American Hospital Association
American Medical Group Association
American Medical Association
Federation of American Health Systems
Health Insurance Association of America
The Jackson Hole Group
Joint Commission on Accreditation of Healthcare Organizations
Medical Group Management Association
National Black Nurse's Association
National Business Coalition on Health
National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
National Council on Aging
National Association of Manufacturers
Washington Business Group on Health
Women's Consumer Network

The following individuals have also endorsed me for this position:

Honorable Majorie Berte, Director of Consumer Affairs, State of California
J. Lee Dockery, MD, American Board of Medical Specialties
John Dunlop, Harvard University
Honorable John Kitzhaber, MD, Governor, State of Oregon
Jack C. Lewin, MD, California Medical Association
John Rother, American Association of Retired Persons
Stephen M. Shortell, Northwestern University
Kenneth M. Viste, Jr., MD, DHHS Practicing Physicians Advisory Council

Common R6

**Federal Advisory Commission on Consumer Protection and Quality
in Health Care**

[* indicates priorities where list is greater than number in category]

Health Care Workers (4) : Gerry McEntee,*Betty Bednarczyk*, Dennis Rivera*, Beverly Malone* (ANA) ✓

Consumers (4) : Angela Ledford* (Consumer Coalition), Judy Lichtman* (WLDF), Nan Domenici, Ellen Stovall (Coalition for Cancer Survivorship director), Cathy Hurwitt*, Bill Payne (attorney), Bob Butler* (Mt Sinai medical school), Steve Protulis (NCSC), ✓ John Rother (AARP), Toby Edelman (Nat'l Seniors Citizens Law Center), Daniel Perry (Alliance for Aging Research), Elma Holder (Nat'l Cit. Coal. for Nursing Home Reform)

Purchasers (4):

Union (would also count as consumer): John Sweeney*, Bob Georgine*, Steve Yokich*

Corporate: Curtis Barnette (Bethlehem Steel CEO), Helen Darling (Xerox benefits manager), Alan Peres (Ameritech benefits manager), Margaret Stanley (CALPERS ass't director) ✓

Providers (2):

Private: David Lawrence (Kaiser CEO), Phil Nudleman (Group Health/ Puget Sound CEO), Bishop Joseph Sullivan (NY Catholic hospitals) ✓

Public: Sandra Hernandez (San Francisco Health Comm.), Mark Finucane, Ira Clark (Jackson Memorial Hospital)

Insurers (1): Howard Berman (Rochester Blue Cross-Blue Shield), Bob Ray (Iowa Blue Cross-Blue Shield Former CEO; former R Gov of Iowa) ✓

State and Local Gov't (1): Gov. Howard Dean, Debra Senn (Wash State Ins. Comm), Jim Tallon (former chair, NY State Assembly Health Committee), Mayor Dennis Archer, Mayor Campbell

Physicians (2): Howard Hiatt*, Reed Tuckson*, Christine Cassel, Marcia Angell, Bob Berenson ✓

Experts (2): Karen Davis*, Judy Feder, Howard Newman*, Stuart Altman ✓

AFL-CIO
815 Sixteenth Street, N.W.
Washington, D.C. 20006



Telecopier Transmission

Date: 10-4-96

*cc: Peg Clark
Chris Jennings*

FAX To: Jennifer O'Connor

FAX Phone Number:

456-5820

From: Jerry Shea
Department: _____

Comments:

Re Adv. Commission
on Consumer Protection
and Quality in
Health Care.

There is/are 1 pages following this cover sheet. Please call the following number if you have any questions:

AFL-CIO
President's Office
202/637-5237

We can automatically receive transmissions 24 hours a day. Our FAX number is 202/508-6946.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. list	Short List of Candidates for Health Commission (3 pages)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. memo	Diana Fortuna to Chris Jennings Re: Names from Carol (1 page)	10/11/96	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gfl49

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile' defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. list	Candidates for Advisory Commission (1 page)	.nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gfl49

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. list	Candidates for Advisory Commission (5 pages)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. list	Candidates for Advisory Commission (3 pages)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. list	Candidates for Advisory Commission (1 page)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Cjhris Jennings (Subject File)
OA/Box Number: 23753

FOLDER TITLE:

Preventing Medical Errors [6]

gf149

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]