

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	List of Attendees, November 17, 1997 Meeting with Chris Jennings Social Security numbers redacted (2 pages)	12/14/97	P6/b(6)

COLLECTION:

Clinton Presidential Records
 Domestic Policy Council
 Chris Jennings (Subject File)
 OA/Box Number: 23744

FOLDER TITLE:

Quality Commission [5]

gf48

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]
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- 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]

ISSUES FOR DISCUSSION -- 10/31

A. Process -- How do we handle Consumer Protection issues which are not included in the Bill of Rights, but which may be included in a "final report" issued by the Commission next spring?

B. Comparison of the draft Bill of Rights (BoR) to Current Administration Positions
(Based on June 1997 document, and SEIU speech)

1. Information Disclosure. The BoR is strong and in line with Administration positions.
 - The BoR is silent regarding when the information should be disclosed (e.g., information needed to support choice of plans should be provided during the enrollment period, other information should be provided upon enrollment, and changes to any information should be disclosed prior to the effective date of the change).
2. Anti-Gag Rule. The BoR's anti-gag rule is weak and ambiguous, and conflicts with the Administration's position:
 - The BoR's recommended anti-gag rule applies only to "gags" that are in the physician's contract, and not to oral or informal gags.
 - The BoR does not recommend prohibiting all "gags," only unnecessary restrictions on communications. Since "unnecessary" is not elucidated, this could be read to allow significant restrictions on doctor/patient communication.
3. Grievances and Appeals. Overall, the BoR's recommendation is solid; this is perhaps the most significant of the recommended "rights."
 - There is one significant difference between the BoR and the Administration: The BoR recommends external appeals be available only for decisions of "medical necessity" and where availability of an experimental treatment is at issue. The Administration supports external appeals for all health plan decisions. (A key category of decisions omitted from the BoR is coverage decisions.)
 - While the document currently does not state that the Commission intends the external appeals to be binding, Commission staff indicate that this is intended and that the document will be modified to reflect this intent.
4. Direct Access to Specialists. The BoR is ambiguous. While the first sentence of the stated "right" appears to recommend direct access for certain consumers with complex or serious medical conditions, the second sentence may significantly undercut this "right" by allowing a health plan to require "authorization" for direct access. The stated intent is to ease consumer access while maintaining the integrity of network care. No further guidance is provided.
5. Continuity of Care. There is no conflict between the BoR and the Administration's position (the Administration's position is stated in global terms).

6. Emergency Services. The BoR is strong, and consistent with Administration policy and positions. This is another of the most significant "rights."
7. Experimental Therapies. The BoR is consistent with the Administration position.
8. Financial Incentives. While the BoR supports providing information to consumers about providers' compensation (including incentive arrangements) upon request, they do not recommend imposing stop-loss and special consumer survey requirements where significant incentives to reduce care may exist.

C. ADDITIONAL ISSUES

1. Remedies. The BoR is silent on the question of remedies, and on ERISA generally. Taking remedies off the table was part of the deal cut to get the BoR approved. The agencies recommend enhanced remedies, in the form of a set of principles.
2. Confidentiality of Medical Information: There was conflicting discussion in the full Commission regarding how to handle access to information by law enforcement. It is unclear how staff will draft this, but there is a significant possibility of a conflict with the Administration's position.
3. Legislation Allowing 48-Hour Hospital Stay After Mastectomy. The President stated support for such legislation. The BoR is silent on this issue.
4. Whistleblower Protection. The BoR includes protection of health care professionals from penalties or retribution related to advocating on behalf of their patients. It is unclear whether this covers only advocating within the plan, or also communications between a provider and an appropriate regulator, as recommended by the Administration.
5. Clinical Trials. This issue was hotly debated at the full Commission. There is the possibility of language stating that plan payment policies should not create barriers to enrollees' participation in clinical trials, and the desirability of plan's paying for routine costs of care.
6. Issues Commission will discuss at its November meeting:
 - cost-benefit analysis
 - ombuds programs
 - non-discrimination
 - lifetime caps
 - right to quality care

General

*ERISA pre-emption
Health reform - what's allowed*

**House Majority Leader
Dick Armev**

Memo

To: Republican AAs, Staff Directors, and Communications Directors
 From: Dick Armev
 Date: 11/03/97
 Re: ClintonCare Awakes

"If what I tried before won't work, maybe we can do it another way. That's what we've tried to do, a step at a time, until we eventually finish this."

— President Clinton, on his defeated health care plan, in a speech to the Service Employees International Union, 9/15/97

Back in 1993, I wrote a memo entitled, "The Moral Equivalent of War (MEOW)". In it, I noted the parallels between President Clinton's so-called "health care crisis" and Jimmy Carter's alleged "energy crisis." I concluded we could defeat Clinton's Health Security Act, just as we had defeated Carter's energy plan, simply by telling the American people what it contained.

Four years later, despite a decisive rejection by a Democrat Congress, President Clinton is still trying to get his Health Care Plan into law, piece by piece. Next year, he apparently plans to press for "ClintonCare 2," legislation containing the regulatory essentials of ClintonCare without the most recognizable bells and whistles.

This new offensive — on "health plan quality" — follows a common Clinton pattern: First he identifies a "crisis," usually in the fall before an election year. Then he highlights it in his January State of the Union. And then he calls on Congress to send him, by election day, some Kennedy-Blank bill to "solve" this crisis. His actions on health plan quality follow this pattern to a tee.

First, a Bill of Rights ...

Later this month, a hand-picked Presidential "advisory commission" on health care quality, stacked with ClintonCare architects and single-payer advocates, will issue a "patient bill of rights." This document will lay out broad, superficially appealing goals for all health plans. For example, it will say that every consumer should have:

- A choice of health plans.
- A choice of doctors.
- Access to insurance regardless of income or health status.
- Access to specialists and "out of network" doctors, at no extra cost.
- Access to certain benefits, like experimental treatments and non-approved drugs.

- Detailed information on health plans' finances and decision-making processes.
- Federally defined grievance procedures.

This will make for pleasant enough reading material in doctors' waiting rooms. But don't be misled. The patient bill of rights is intended mostly as a diversion from the President's real project, namely, comprehensive legislation giving Washington control of the price, contents, and "quality" of the private health plans that cover 150 million Americans. Secretary Shalala says, "We aren't redoing the Clinton health plan." But her actions speak louder than her words. Her staff is already drafting a bill with Senators Kennedy and Jeffords that goes far beyond the appealing rhetoric of "rights."

... Then a Bill of Goods

The October 21 draft of the patient bill of rights is no mere list of aspirations. Its 64, single-spaced pages outline a comprehensive regulatory regime that its authors hope will be "put in place within the next three years." Based on my reading of the draft, ClintonCare 2 will include all the essential regulatory features of ClintonCare 1, only repackaged under the rubric of "minimum national standards" instead of "universal coverage." It will address a different "crisis" than did ClintonCare 1 - quality, instead of access - but the practical result will be the same: Washington bureaucrats defining people's health-care choices. Both the patient bill of rights and at least one introduced bill that it closely mirrors (the Kennedy-Dingell "Health Insurance Bill of Rights Act") are replete with code words. A few translations:

- | | |
|---|---------------------------------------|
| 1) "Nondiscrimination on the basis of health status" | = guaranteed issue |
| 2) "Nondiscrimination on the basis of income" | = community rating and price controls |
| 3) "Access to certain basic benefits" | = a mandated benefit package |
| 4) "Access to women's health services" | = abortion coverage |
| 5) "Access to all medically necessary services" | = any willing provider mandate |
| "Nondiscrimination on the basis of licensing" | . |
| "Access to specialists without a referral" | . |
| "Reasonable proximity to services" | . |
| "A sufficient number, mix, and distribution of providers" | . |

Under this approach, HHS and Department of Labor regulators get to decide everything from health facilities' proximity to patients (it must be "reasonable"), to the number, mix, and distribution of providers (they must be "sufficient"), to when a patient may see a specialist (whenever his condition is of "sufficient seriousness and complexity" to require it). Various new benefits are mandated, as is the collection of reams of standardized information required by data-hungry bureaucrats.

The only major elements of ClintonCare 1 not found here are its funding, global budget, employer mandate, and regional purchasing "alliances." But these may not be far behind. Purchasing "alliances" are specifically named in the patient bill of rights (chap. 2, p. 4) as something that may be necessary in the future. And the massive funding source could appear if the proposed Tobacco Industry Deal goes through, flooding the Treasury with \$608 billion for health care over 25 years (roughly \$25 billion a year). President Clinton would like nothing more than a triumph of incrementalism whereby he enacts his entire Health Security Act before he leaves office. This legislation takes him far toward that goal.

Winners & Losers

Despite the patient bill of rights' lofty talk of all Americans and all health plans, the actual legislation is likely to contain several choice gifts to special interests. The bill will:

- 1) Exempt union plans, because the liberals know how much these "rights" really cost.
- 2) Exempt Medicare and Medicaid, for the same reason.

- 3) Give "alternative providers" such as dentists, chiropractors, acupuncturists, massage therapists, etc., access to insurance reimbursement though "any willing provider" mandates.
- 4) Let trial lawyers sue employers for "malpractice," while capping doctors' liability. That is, the bill will toss a T-bone steak to the plaintiffs' bar, and a sop to doctors, while snatching the plate away from potentially millions of workers who will see their health coverage dropped or scaled back as employers seek to avoid exposure for decisions over which they have no control.

A bill that contains these special-interest provisions, and which is a likely template for ClintonCare 2, was recently analyzed by Duke law professor Clark Havighurst. He writes: "I know of no other piece of health-care legislation that would be as destructive of consumer choice, as protective of provider economic interests, as antithetical to the antitrust effort to break down the old medical cartel, or as beneficial to plaintiffs' lawyers as this bill would be. Even the Clinton Health Security Act took a less prescriptive approach."

The losers under Clinton's legislation will be the uninsured and the majority of working Americans who have private, non-union health insurance. Every 1 percent increase in the cost of insurance causes 200,000 Americans to lose their coverage, and leads to a 2.6 percent drop in small-business coverage. If enacted, ClintonCare 2 will drive up prices and liability costs, force employers to drop or reduce coverage, swell the ranks of the uninsured, and increase the pressure for a government-run health system, even as it creates the regulatory apparatus needed to operate such a system.

Clinton Creep Becomes Clinton Leap

To avoid this potential disaster, conservatives must begin by reminding themselves that President Clinton has never changed goals, only strategies:

Plan A. Clinton comes into office in 1993 and declares a health-care coverage "crisis" in his State of the Union Address. Nine months later, he unveils ClintonCare 1, a sweeping plan to, in effect, nationalize health insurance. The plan engenders broad resistance and is defeated. Democrats lose both houses of Congress.

Plan B. Early 1995. The President retreats, ficks his wounds, and shifts gears to an incremental strategy. He blesses "small" measures to: (1) mandate portability of private health insurance (Kassebaum-Kennedy), (2) mandate mental-health parity in private insurance (Domenici-Wellstone), (3) mandate 48-hour maternity stays (Bradley-Kassebaum), and (4) subsidize kids-only health insurance (Hatch-Kennedy). In each case, House Republicans respond by fixing the worst aspects of the bill and attaching market-oriented approaches to it like Medical Savings Accounts (MSAs).

Now it's November '97. The President is emboldened and cocky. He is ready to take the biggest bite yet with ClintonCare 2. If the pattern holds, he will use his State of the Union in January '98 to "urge Congress to send me the bipartisan Kennedy-Jeffords bill, this year." How should we respond?

The Republican Response: Consumer Choice

When we speak up against ClintonCare 2, as we should, the liberals will say, "You Republicans have no positive alternatives!" Ah, but we do. We have a whole series of positive solutions aimed at achieving quality the only way it can be achieved, through consumer choice. Our market-oriented alternatives include: (1) giving individuals and the self-employed the same health-insurance tax breaks enjoyed by corporations, so individuals can afford to shop in the marketplace for the highest quality at the best price; (2) expanding Medical Savings Accounts (MSAs) to get more uninsured people covered and give people incentives to comparison shop; and (3) reforming medical malpractice to bring down wasteful "defensive medicine" costs, to name just three. These approaches would do more to promote choice, competition, and quality than anything found in any patient bill of rights. And just as important, they widen our view to take into account the whole picture -- not just "quality," but also cost and access.

"Quality" is a subjective judgment made by each individual consumer ("I prefer my own doctor," "I like this particular set of benefits"); it is not something that can be determined by regulators armed with spreadsheets. Bureaucracy is the enemy of quality; it locks in the status quo, thwarts innovation and improvement. Yes, there are problems in health care, but do we want Washington making things worse? HHS bureaucrats can't even get a \$50 million computer system to work to pay their bills on time, and we want them running medicine? The real question is not "How do we ensure quality?" but rather "Who defines quality - consumers, or bureaucrats?"

And let's be honest with ourselves. When we in Congress try to practice anecdotal medicine, we misdiagnose or misprescribe. Two examples: (1) Recently we banned the so-called "gag clauses" that are said to keep doctors from telling patients about all their treatment options. A month later, GAO told us there aren't any such clauses. None. (2) Last year, we mandated that insurers pay for 48-hour maternity stays. Now the *Journal of the American Medical Association* tells us short stays aren't the problem, we should have mandated home health visits instead! This is getting embarrassing.

Thanks to market forces, managed care is not what it was even two years ago. It has evolved and improved. It is repairing its problems faster than Washington can even identify them. Because there are now 150 million Americans in managed care, and they're demanding more choice and less "management," their employers have been forced to shift out of old-fashioned, restrictive HMOs into more flexible plans, like PPOs, that allow people to go "out of network" for a slight fee. PPO membership has doubled in just four years to more than 90 million customers. Customer satisfaction is extremely high, proving once again that the market is the toughest regulator of all.

What Republicans should not do in the coming debate is respond with a "Clinton Lite" plan. To concede that quality can be assured through bureaucratic regulation is to give the liberals 99 percent of what they want at the outset.

Likely Liberal Counter-Responses

Popular satisfaction with managed care hasn't stopped Democrats from treating health insurance companies like they're publicly owned utilities. Democrats have introduced 50 bills so far this year to interfere in everything from managed-care contracts to genetic-information use to dental licensing, and to mandate all sorts of coverages from breast reconstruction to post-partum home visits. Viewed individually, each of these bills can seem limited and worthy enough. But the President's ambitious intentions, as quoted at the beginning of this memo, put everything in a new context.

The irony is that these regulatory health bills copy the worst of the recent wave of state-level "bill of rights" mandates, such as guaranteed issue and community rating. In fact, in the last two years, 35 states have passed 280 laws requiring managed-care plans to cease specific practices or provide specific coverages. Results:

- In Kentucky, 45 of 47 health insurance companies have pulled out of the state.
- In New York, 350,000 people have dropped their coverage because it's now too expensive.
- In Massachusetts, insurance for a single 25-year-old male costs \$5,000 to \$8,000 a year, for a 35-year-old couple, it costs between \$15,300 and \$26,500 a year.
- Nationally, an estimated 14 to 25 percent of the uninsured have simply been priced out of the market by state mandates. Federal mandates would only make this problem worse.

Liberals will argue we need federal regulation because state mandates don't apply to the 75 million Americans in federal ERISA plans. To this argument, we should reply: "Hands off. ERISA is the one place where the market is allowed to work. ERISA is the main reason managed care has been held accountable to customers. Let's promote alternatives that give more control and choice to consumers, not to bureaucracies."

Conclusion

If ClintonCare 2 becomes law, we will see the regulatory essentials of his Health Security Act enacted, the President's political vindication completed, and a good industry ruined. The American people will be the losers. But there is hope. Not only do conservatives have positive alternatives for achieving quality — such as tax fairness, MSAs, and medical malpractice reform, to name just three — but we also know from experience that the President's plans for bureaucratic control will be rejected, once the details are widely known.



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!

Health Insurance Association of America

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.

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

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PHONE: _____

FROM: BRUCE D. LESLEY
DIRECTOR, CONGRESSIONAL AFFAIRS

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TO: Michael Fortier
FROM: Melody Harned
SUBJECT: Government Run Healthcare

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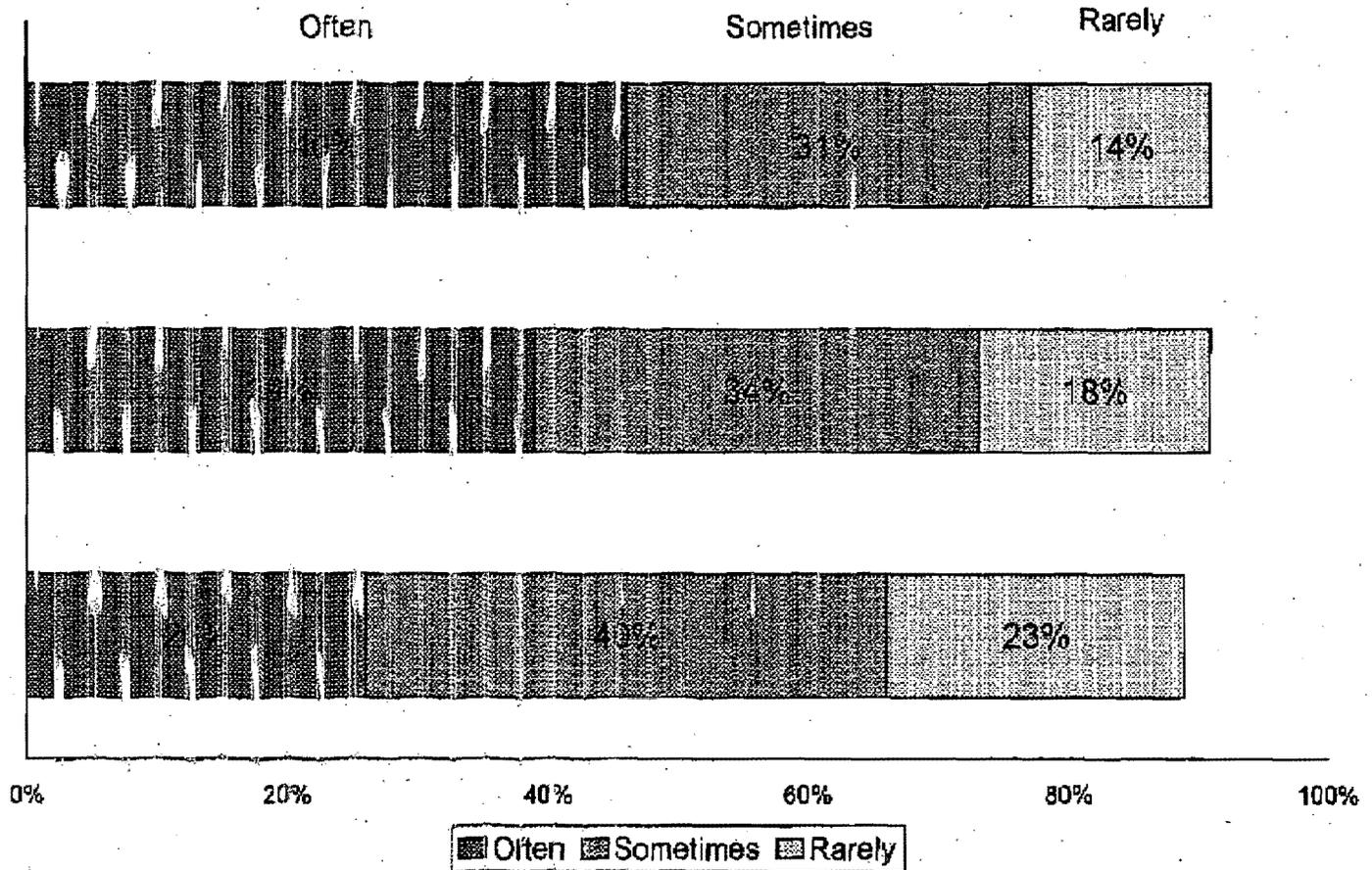
PUBLIC PERCEPTIONS

Percent of Americans who say each of the following experiences taken from news stories happen...

"A man went to an emergency room for stomach pains without calling his HMO first. Afterward the HMO refused to pay any of his bill because he failed to get permission to be treated in an emergency room."

"A newborn baby returned to the hospital, seriously ill, the day after he had been sent home because of an HMO rule that allowed only a one day hospital stay. The baby had been sent home from the hospital even though his mother expressed concerns about his health."

"A family says their HMO held back on their child's cancer treatment."



Note: "Don't Know" not shown.

Source: Kaiser/Harvard National Survey of Americans' Views on Managed Care, 1997.

001

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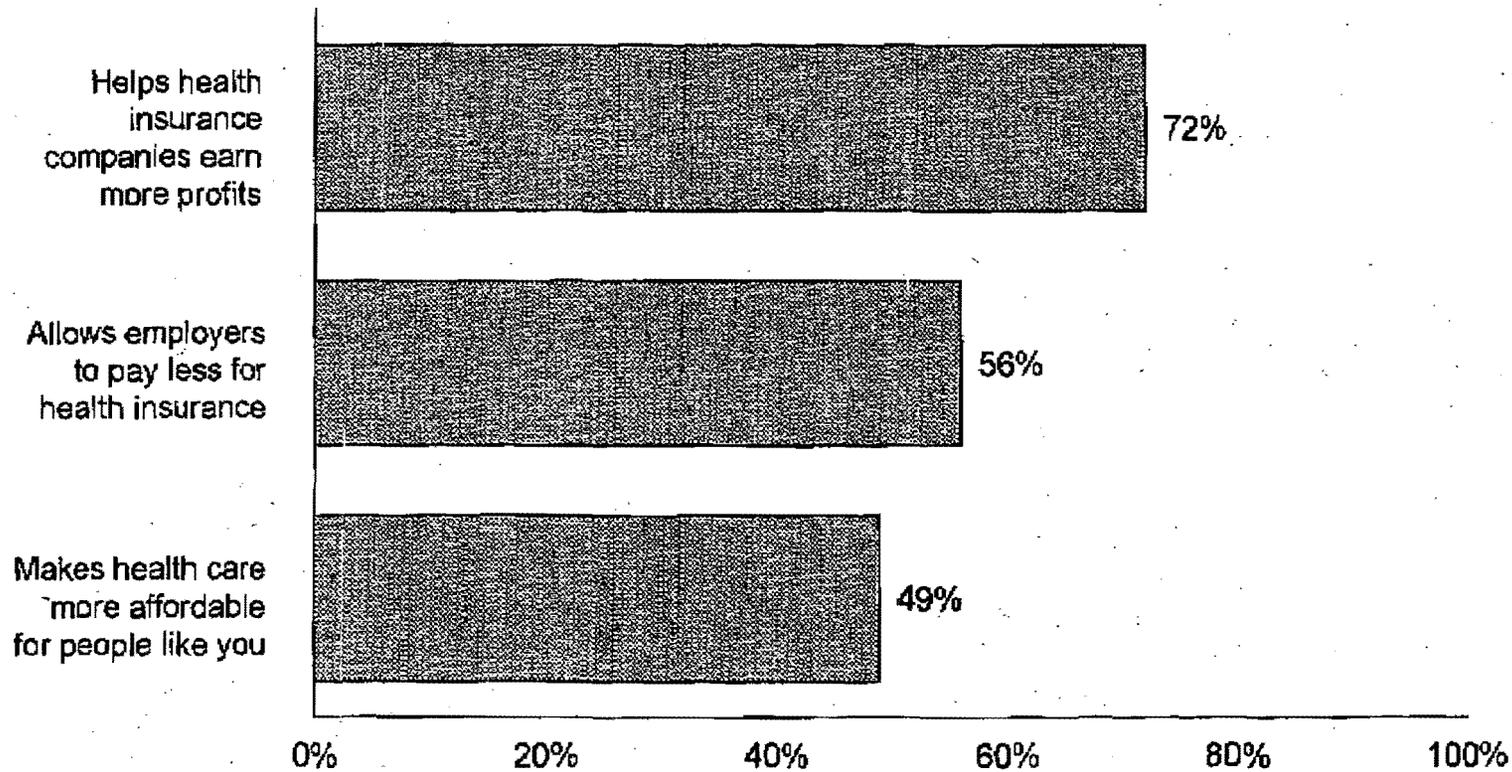
23:31

11/11/97

CHART 4

WHO BENEFITS FROM MANAGED CARE SAVINGS?

Percent of Americans who say the money saved by HMOs and other managed care plans...



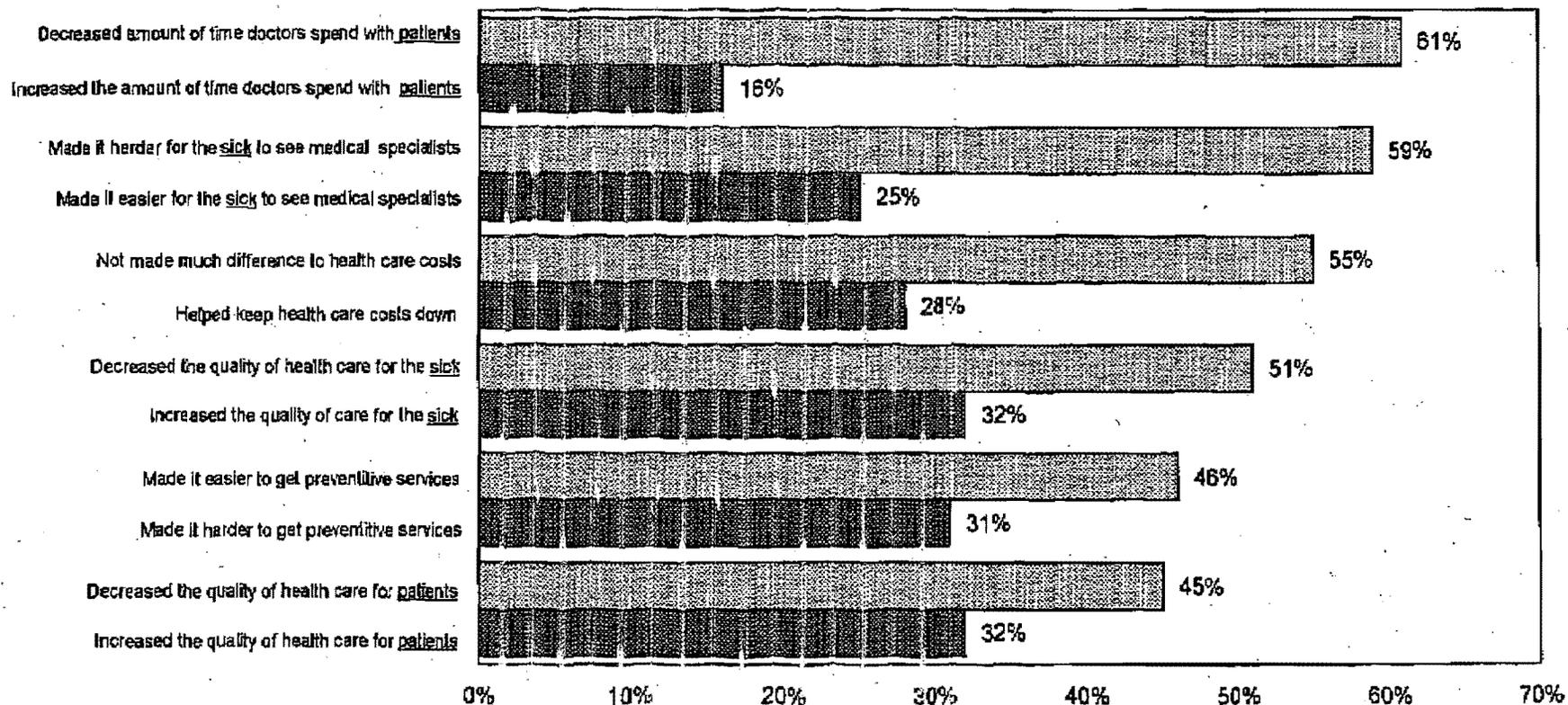
Source: Kaiser/Harvard National Survey of Americans' Views on Managed Care, 1997.

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11/11/97 23:33

CHART 3

PUBLIC LEANS MORE NEGATIVE THAN POSITIVE ON KEY ASPECTS OF MANAGED CARE

Percent of Americans who say during the past few years HMOs and other managed care plans have...



Note: "No effect" (VOL) and "Don't Know" not shown. VOL means response was volunteered by respondent, not an explicitly offered choice.

Source: Kaiser/Harvard National Survey of Americans' Views on Managed Care, 1997.

0003

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23:34

11/11/97

→ DoD money for research

- 1.35% premium tax for research

↳ decrease of net income it is not a benefit

File

~~Federal~~
Quality of Federal
Govt

OFFICE OF MANAGEMENT AND BUDGET
Executive Office of the President
Washington

Transmission Number (202) 395-5738
Verification Number (202) 395-1484

TO: Sarah Bianchi
FROM: Mike Goad
DATE: November 17, 1997
RE: Consumer Bill of Rights
PAGES: 2 (including transmittal sheet)

COMMENTS:

Attached is OPM's response to the "bill of rights."

RESPONSE TO REQUEST FOR INFORMATION ON HOW THE FEHB PROGRAM MEASURES UP TO THE CONSUMER BILL OF RIGHTS AND RESPONSIBILITIES

We applaud the efforts of The Advisory Commission on Consumer Protection and Quality in the Health Care Industry to identify key areas that will ensure quality health care for American citizens. We are pleased to note that the Federal Employees Health Benefits is in full compliance with each of the eight broad categories of consumer rights. We clearly are in the forefront in categories such as Information Disclosure, Choice of Providers and Plans, Respect and Nondiscrimination, and Complaints and Appeals.

Nonetheless, as we examined some of the discussion under the main headings, we recognize that serious issues of interpretation, potential controversy and judgment are raised. For example, definitions for concepts such as cultural competency, qualified provider, sufficient information and so forth clearly mean different things to different people. We believe that the major statements in the Bill of Rights (the bold statements immediately following each enumerated Right) should be adopted as a set of principles to guide the delivery of health care. Further explication of the Rights will require a vetting process with respect to the details. The objective of this process would be to ensure that as details are adopted, they are practical and appropriate and not exclusionary. We would expect this process to take some time while consensus on the broader principles is obtained relatively quickly.

We look forward to seeing the results of the Commission's further deliberations and will be pleased to provide relevant information pertaining to the Federal Employee Health Benefits Program as it becomes useful in the process.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
OF THE STATE OF ILLINOIS
FOR THE YEAR 1890

CHICAGO: PUBLISHED BY THE
STATE OF ILLINOIS
1891

PRINTED BY THE
STATE OF ILLINOIS

1890

1890

Withdrawal/Redaction Marker

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- 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]

Quality Commission Business Contact File

LIST OF ATTENDEES FOR NOVEMBER 17, 1997
WHITE HOUSE BRIEFING WITH CHRIS TENNINGS

Final

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Quality Assurance Rly

November 18, 1997

The Honorable William J. Clinton
President of the United States of America
The White House
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

Dear Mr. President:

Your creation of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry was an important recognition of the need to identify and address quality and access problems in a dramatically changing health care system. Individuals and families increasingly fear they will not be able to get quality care when they need it. Your commitment to finding solutions to those problems is greatly appreciated.

The Advisory Commission's work is an important starting point for future action. Our organizations believe that comprehensive consumer protections are necessary and must be adopted through enforceable, federal standards. The goal of assuring that all health care consumers have access to quality care simply cannot be met without enforceable standards in place.

With the completion of its first stage of work, the Advisory Commission has reached two key conclusions. First, all members of the Advisory Commission, including representatives of the managed care and insurance industry, have recognized that many consumers face significant barriers in obtaining quality care. Second, all members of the Advisory Commission have agreed that basic protections are essential to improve quality and access and to increase confidence in the health care system. The Advisory Commission has made a critical recommendation that rights and protections apply to all consumers.

The Consumer Bill of Rights and Responsibilities in Health Care provides a framework for inclusion of additional protections for health care consumers as well as protections enabling health care providers, professionals and workers to assure quality care. We look forward to your leadership and in working with you in the effort to win adoption of an effective and enforceable consumer bill of rights.

Sincerely,

Academy of Nurse Practitioners
AIDS Action Council
American Academy of Child and Adolescent Psychiatry
American Academy of Neurology
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association for Psychosocial Rehabilitation

11/18/81 MED 10-25 FAX 104 428 3071 REFERENCE DEPARTMENT

American Association of Children's Residential Centers
American Association of Neurological Surgeons
American Association of Nurse Anesthetists
American Association of Oral and Maxillofacial Surgeons
American Chiropractic Association
American College of Emergency Physicians
American College of Nurse-Midwives
American College of Physicians
American College of Surgeons
American Counseling Association
American Dental Association
American Federation of Home Health Agencies
American Federation of State, County and Municipal Employees
American Federation of Teachers
American Gastroenterological Association
American Lung Association
American Network of Community Options and Resources
American Nurses Association
American Occupational Therapy Association
American Optometric Association
American Osteopathic Association
American Physical Therapy Association
American Podiatric Medical Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
American Rehabilitation Association
American Society of Plastic and Reconstructive Surgeons
American Speech-Language-Hearing Association
American Therapeutic Recreation Association
American Thoracic Society
Association for Ambulatory Behavioral Health Care
Association for the Advancement of Psychology
Association of Nurses in AIDS Care
Bazelon Center for Mental Health Law
B'nai B'rith
Brain Injury Association
Center on Disability and Health
Center for Patient Advocacy
Center for Women Policy Studies
Coalition on Human Needs
College of American Pathologists
Communications Workers of America
Congress of Neurological Surgeons
Consumer Coalition for Quality Health Care
Consumer Federation of America

Corporation for the Advancement of Psychiatry
Cystic Fibrosis Foundation
D.C. Health Insurance Counseling Project
Emergency Nurses Association
Families USA
Family Service America
Four Corners AIDS Advocacy Network
Friends Committee on National Legislation
Gay and Lesbian Medical Association
Gay Men's Health Crisis
Home Health Services and Staffing Association
Human Rights Campaign
Joint Committee for Patients in Pain (American Pain Society, American Association
for the Study of Headache, and the American Academy of Pain Medicine)
Justice for All
Legal Action Center
National Abortion and Reproductive Rights Action League
National Academy of Elder Law Attorneys, Inc.
National Association for the Advancement of Orthotics and Prosthetics
National Association for Rural Mental Health
National Association of Alcoholism and Drug Abuse Counselors
National Association of Area Agencies on Aging
National Association of Childbearing Centers
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of People with AIDS
National Association of Protection and Advocacy Systems
National Association of Psychiatric Treatment Centers for Children
National Association of School Psychologists
National Association of Senior Companion Project Directors
National Association of Social Workers
National Black Child Development Institute
National Black Women's Health Project
National Citizen's Coalition for Nursing Home Reform
National Community Pharmacists Association
National Council of Senior Citizens
National Family Planning and Reproductive Health Association
National Farmers Union
National Health Law Program
National Mental Health Association
National Multiple Sclerosis Society
National Organization on Disability
National Osteoporosis Foundation
National Senior Citizens Law Center
National Task Force on AIDS Prevention
National Women's Law Center

Neighbor to Neighbor
NETWORK: A National Catholic Social Justice Lobby
Older Women's League
Opticians Association of America
Pituitary Tumor Network Association
Planned Parenthood Federation of America
Protestant Health Alliance
RESOLVE
Service Employees International Union
Summit Health Coalition
The Arc
The CFIDS Association of America
The Committee for Children
The National Council on Aging, Inc.
Therapeutic Communities of America
United Cerebral Palsy Association
United Church of Christ, Office for Church in Society
United Food and Commercial Workers
Women's Legal Defense Fund

INTERHEALTH



Shared Values. Strengthened Performance

November 18, 1997

The Honorable William Jefferson Clinton
President
The White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear President Clinton:

On behalf of Protestant hospitals, health systems and human service organizations, I write to thank you for your leadership expressed through the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

We commend the difficult work that has already been completed through the development of the Consumer Bill of Rights. It is critical that managed care standards such as access to services without discrimination, confidentiality protections, understandable consumer information and consumer choice of plans and providers be clear and enforceable.

The change within the health care system has been and will continue to be rapid and dynamic. For even the most sophisticated health care consumer, choosing the most appropriate plan or provider is a difficult and overwhelming task.

We appreciate your long and steadfast commitment to assuring quality and informed choice for all Americans. As faith-based providers, we are especially grateful for your advocacy on behalf of the poor and vulnerable and look forward to continuing to work with you and the Advisory Commission to assure appropriate standards for managed care.

Respectfully,

A handwritten signature in cursive script, appearing to read "Sherry D. Hayes".

Sherry D. Hayes
Executive Director
Protestant Health Alliance
A Division of InterHealth

Quality Commission File

Health Care Quality Bill of Rights

November 18, 1997

Penn, Schoen & Berland Associates, Inc.

Unaided, **40%** are aware (58% unaware) of the President's Health Care Advisory Commission.

The advisory commission was created by the President to find ways to ensure quality in health care. The Commission is creating a consumer's Bill of Rights to ensure that the rights of consumers are protected. Does this make you much more favorable to President Clinton, somewhat more favorable to him, somewhat less favorable to him, much less favorable to him?

✓ **74/17%** more/less favorable to President Clinton

80/17 support/oppose federal legislation to guarantee consumer protection in health care.

✓ **80%** support (53% strongly +27% somewhat)
17% oppose (8% strongly +9% somewhat)

Ranked by strongly support

The President's Advisory Commission on Consumer Protection and Quality in health care has recommended various proposals to ensure quality health care. For each one please tell me if you strongly approve, somewhat approve, somewhat disapprove or strongly disapprove of this proposal.	Strongly Support	Support/ Oppose	Very Effective	Effective/ Ineffective
Requiring direct access to a specialist of their choice for people with complex or serious medical conditions.	78	93/5	57	92/8
Providing access to easily understood information about health plans, health care providers and health care facilities.	68	91/4	49	90/9
Guaranteeing the right to access emergency health services by requiring health plans to pay for emergency services in cases where the denial of them would place the person's health in jeopardy.	63	84/14	48	84/14
Creating an appeals process for consumers to resolve their differences with their health plans and health care providers.	55	87/9	37	84/14
Eliminating the gag clause, which restricts health care providers' ability to communicate with, and advise patients about medically necessary options.	47	72/22	30	75/19

Which one of these proposals do you believe will be most effective in ensuring consumer protection and quality health care?	
Guaranteeing emergency care	33%
Direct access to specialists	30%
Eliminating the gag clause	13%
A fair and efficient appeals process	9%
Access to information	9%

- ✓ If the President endorsed some or all of these proposals **83/11%** more/less favorable.

Argumentation

Costs

28% think that these proposals are counterproductive and will hurt the consumer in the end because they will increase health care premiums causing more people to lose their coverage; **63%** say that these guarantees are necessary to protect consumers against only managed care programs that cut corners and skimp on standards.

Anti-Regulation

31% say that this is just another attempt of the government to take over the health care system. **64%** say that these proposals are standards of quality the industry should abide by that are necessary for consumer protection.

Free Market

23% say that this is just another example of unnecessary federal regulation and that the free market will protect consumers and guarantee quality health care; **73%** say that these standards are necessary. They argue that we don't leave it to the free market to keep food safe – we have food safety standards – the same needs to be done for health care.

Argument for Endorsing Proposals

Supporters say that these regulations are necessary to provide consistent quality care to all Americans - there must be some basic standards of care that everyone can count on.

After this argument **84/15%** support/oppose the President endorsing some or all of these proposals.

- ✓ **84%** support (49% strongly +35% somewhat)
15% oppose (9% strongly +6% somewhat)

Argument against Endorsing Proposals

Some people say that this it is just another attempt of the government to take over the health care system. There should be no federal regulations, there should be voluntary compliance among the health plans to make these rights real.

Even after this argument over two-thirds support (71/26% support/oppose) the President endorsing some or all of these proposals.

- ✓ **71% support (39% strongly +32% somewhat);**
26% oppose (14% strongly +12% somewhat).



American Public Health Association

1015 Fifteenth Street, N.W. • Washington, D.C. 20005-2605

202/789-5600; Fax: 202/789-5661 • e-mail: comments@msmail.apha.org • <http://www.apha.org>

November 18, 1997

The Honorable William J. Clinton
President
United States of America
1600 Pennsylvania Avenue, NW
Washington, DC 20015

Dear President Clinton:

The American Public Health Association is delighted to endorse the *Consumer Bill of Rights and Responsibilities*. We also wish to congratulate you on providing the inspirational leadership for this very worthy effort.

The *Consumer Bill of Rights* effectively covers those aspects of the rapidly evolving U.S. health care delivery system which are of deep concern to the American people. It also constitutes a very important first step towards correcting the shortcomings of that system.

The staff and the membership of the American Public Health Association are fully committed to working with you in the effort to assure that the U.S. health care system provides appropriate care of a consistently high quality for all citizens. Once again, Mr. President, we appreciate your leadership in this regard.

Sincerely,

Mohammad N. Akhter, MD, MPH
Executive Director

125 Years of Leadership in Public Health

Mental Health Liaison Group

November 18, 1997

The President
The White House
Washington, DC 20500

Dear Mr. President:

The undersigned members of the Mental Health Liaison Group (MHLG) -- which is composed of consumer, provider, family and volunteer organizations -- are writing to express our support for the consumer protections now pending before the Advisory Commission on Consumer Protections and Quality in the Health Care Industry. In general, these procedural safeguards represent a substantial step forward and should enhance the quality of health care for millions of Americans.

We are particularly pleased that the Commission endorsed a right to choice among health care providers, thereby giving consumers the ultimate power of determining the quality of health plans by voting with their feet. In addition, your recommendations regarding information disclosure and access to emergency medical services are clearly superior to existing industry practices -- and are of great significance to children and adults with mental disorders. Perhaps most importantly, the Commission is about to propose that every consumer served by managed care organizations (MCOs) be given the right to external review of clinical decisions made by MCOs involving the denial of medically necessary services, or the unjustified reduction of ongoing mental health care.

Of course, MHLG members were disappointed that the Commission omitted certain key safeguards; the loss of a common-sense requirement that health plans pay for the routine medical care of consumers participating in clinical trials was dismaying. Moreover, the Commission's decision to omit any mention of mental health parity is baffling -- particularly in light of the study reported in the current issue of the Journal of the American Medical Association indicating that nondiscriminatory mental health care, "will increase insurance payments only by about \$1 per enrollee per year" (emphasis added).

National organizations representing consumers, family members, advocates, professionals and providers

c/o Al Guida, National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314

The President

Page 2

However, on balance, the Commission's recommendations (if translated into legally enforceable standards) will certainly improve the quality of American health care, and these procedural safeguards certainly merit your full support.

Sincerely,

American Academy of Child & Adolescent Psychiatry
American Association for Marriage & Family Therapy
American Association for Psychosocial Rehabilitation
American Counseling Association
American Federation of State, County & Municipal Employees
American Occupational Therapy Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Association of Behavioral Healthcare Management
Bazelon Center for Mental Health Law
Child Welfare League of America
Clinical Social Work Federation
Corporation for the Advancement of Psychiatry
National Alliance for the Mentally Ill
National Association of Protection and Advocacy Systems
National Association of Psychiatric Treatment Centers for Children
National Association of School Psychologists
National Association of Social Workers
National Council for Community Behavioral Healthcare
National Mental Health Association

Quality Commission File

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 Emergence 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.



Mary Suther
Chairman of the Board
Val J. Halamandaris
President

NATIONAL ASSOCIATION FOR HOME CARE
228 Seventh Street, SE, Washington, DC 20003 • 202/547-7424 • 202/547-3540 fax

Honorable Frank E. Moss
Senior Counsel
Stanley M. Brand
General Counsel

November 19, 1997

The Honorable William Jefferson Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

On behalf of the National Association for Home Care (NAHC), I would like to convey our strong support for the Consumer Bill of Rights reported out today by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Development of this Bill of Rights is a vital step in our quest to improve health care quality and to protect and empower consumers.

While the Commission has a portion of its charge yet before it, we trust that future work will reflect the level of thought and consideration that the Commission has shown thus far.

NAHC looks forward to working with you in the future to help implement the recommendations of this important Commission.

Sincerely

Theresa Forster
Vice President for Policy

TMF:amw



American College of Physicians

Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572
Telephone: 215 351 2400 or 800 523 1546 Fax: 215 351 2829
<http://www.acponline.org>

William A. Reynolds, MD, FACP
President

November 19, 1997

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

The American College of Physicians (ACP) applauds your continuing leadership on the critical national issue of health care. The creation of the President's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry and its development of the Consumer Bill of Rights are important contributions in the advancement of quality, accountable health care for all insured Americans.

The Bill of Rights will provide comfort to patients and their families who are anxious about recent changes in the health care delivery system. Furthermore, it addresses patient concerns that high quality care has been jeopardized. This document provides a mechanism that will allow physicians to deliver to patients the care they require and expect.

The Consumer Bill of Rights is an important step toward ensuring quality in the healthcare industry. Consumer protections contained in the document must now be enforced. ACP looks forward to working with Congress and your Administration to develop appropriate enforcement mechanisms.

Sincerely yours,

William A. Reynolds

William A. Reynolds, MD, FACP



Gay and Lesbian Medical Association

459 Fulton St., Suite 107 • San Francisco, CA 94102 • 415-255-4547

Fax: 415-255-4784 • gaylesmed@aol.com • www.glma.org

Founded in 1981 as the American Association of Physicians for Human Rights

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November 19, 1997

Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton,

The Gay and Lesbian Medical Association would like to applaud the work of your Advisory Commission on Consumer Protection and Quality in the Health Care Industry and its creation of the Consumer Bill of Rights and Responsibilities.

The Gay and Lesbian Medical Association (GLMA) is an organization of nearly 2,000 lesbian, gay, bisexual, and transgendered physicians, medical students, and their supporters in all 50 states and 12 countries. Founded in 1981, GLMA works to combat homophobia within the medical profession and in society at large and to promote quality health care for lesbian, gay, bisexual, and transgendered patients.

We encourage you to follow the policies of the Consumer Bill of Rights and Responsibilities through to legislation, especially as they concern medical data privacy and non-discrimination in treatment and administration of health care for all Americans regardless of sexual orientation.

Again, GLMA would like to express our support of this vital document and our trust that it will be followed through to effective national policy and legislation.

Sincerely,

Michael A. Horberg
Michael Horberg, MD
President

cc: Donna E. Shalala,
Secretary of the Department of Health and Human Services
Alexis M. Herman,
Secretary of the Department of Labor

1998 Women in Medicine: June 4-7, Northampton, Mass. ▼ 1998 Annual Symposium: August 27-29, Chicago

WASHINGTON BUSINESS GROUP ON HEALTH

777 North Capitol Street, N.E. Suite 800 • Washington, D.C. 20002
202.408.9320 • Fax 202.408.9332

Mary Jane England, M.D., President



November 19, 1997

President William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

The Washington Business Group on Health (WBGH) and its members -- typically Fortune 500 and large public-sector employers -- who provide health coverage for more than 39 million U.S. workers, have been involved in efforts to improve health care services and the delivery system for nearly 15 years. We believe that the highest quality of care is delivered at the best price when consumers are empowered to hold health care systems accountable.

As I stated in written testimony provided today to the Advisory Commission on Consumer Protection and Quality in the Health Care Industry, "informed consumers are potentially our single-most important asset in ensuring that plans provide high quality care. An important step for improving quality is to arm consumers with information that will empower them to take greater responsibility for their own health and help them navigate the health care system to assure that they receive appropriate and timely services; participate in treatment decisions; and evaluate the quality of care while they are receiving it."

The Washington Business Group on Health greeted warmly the creation of the Advisory Commission; we support the prioritization of consumers and their rights and responsibilities in the health care system. We believe the Commission has staked out the appropriate issues for delineating these rights and responsibilities. We also believe that for these rights to be meaningful, they must be exercised in a health care system predicated on continuous quality improvement.

We are committed to working with you as these recommendations go forward and are translated into legislation, ensuring that the environment of competitive health markets is preserved even as all consumers of care benefit from these recognized rights and responsibilities.

Sincerely,

Mary Jane England, M.D.

cc: David E. Scherb
Chairman WBGH Board of Directors

November 19, 1997



NAPWA

**NATIONAL
ASSOCIATION
OF PEOPLE
WITH AIDS**

The President
The White House
Washington, DC 20500

Dear Mr. President:

The National Association of People with AIDS (NAPWA) thanks you for convening an Advisory Commission on Consumer Protection and Quality in the Health Care Industry and applauds your efforts to highlight the problems of access to high quality health care for all persons in this nation.

America has struggled for decades with competing ideologies and beliefs over how best to improve the quality of health care and ensure access for everybody. In the current political environment which governs how progress toward improving our health care system must be achieved, the consensus you have sought is important. While the recommendations of the Commission fall far short of what we believe consumers need, we value them as a constructive first step. We are especially pleased that the full Commission, including representatives of managed care organizations and the employer community, have recognized that consumers face significant barriers in obtaining quality care and that basic protections are needed to ensure confidence in the health care system. NAPWA believes that these barriers are especially acute for people living with HIV and others with disabilities. Indeed, people living with HIV and others with disabilities are more likely to be without regular access to health care, they are more likely to be underserved by the health care system, and when they do not get their health care needs met, they are far more likely to experience severe adverse consequences.

As you receive the recommendations of the Advisory Commission, NAPWA urges you to exert your leadership in fighting for the development of strong, enforceable federal standards that are designed to protect our nation's most vulnerable health care consumers, including people living with HIV.

Sincerely,

A. Cornelius Baker

A. Cornelius Baker
Executive Director

1413 K Street, N.W.,
Washington D.C. 20005
Phone: (202) 898-0414
FAX: (202) 898-0435

American Academy of Pediatrics



Department of Government Liaison

American Academy of Pediatrics
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November 19, 1997

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

Dear Mr. President:

The American Academy of Pediatrics commends you for your demonstrated concern for the quality of health care in this country. Your creation of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry turned that concern into action. The Commission's work has focused new attention on the importance of the quality of health care, and not just the cost of such care.

The issue of quality health care is important and timely, especially concerning the health of our nation's children. As states take advantage of the new opportunities before them to expand health care coverage to uninsured children, we must make sure that such coverage includes quality assurance. As you know, children are an especially vulnerable population. To ensure that they achieve their full potential in life, they need and deserve health coverage that appropriately addresses their needs.

Your vision on this issue is greatly appreciated. Under your leadership, a national discussion of the need for consumer protections and quality care has taken center stage. What results from that discussion will have a lasting impact on the health of our nation's children. We look forward to our continued work together to ensure a healthy future for our children and adolescents.

Sincerely,

Elizabeth J. Noyes
Associate Director



THE Children's
Health FUND

November 19, 1997

President William Jefferson Clinton
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton:

On behalf of The Children's Health Fund, I commend your continuing leadership on health care reform issues and strongly support the "Consumer Bill of Rights and Responsibilities" recommended by the Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

The evolving health care landscape presents daunting challenges for health care providers, particularly those front-line providers of care to the medically underserved. The market-driven nature of this transformation must be shaped and guided by responsible, informed input and decision-making from the public and private sectors. I applaud your vision in appointing the Advisory Commission and charging them with the task of developing a rational, consumer focused framework for the delivery of health care services through managed care.

As we move into the 21st century, we must continue to explore and address issues of health care access, delivery and cost. The momentum to create efficiencies and profit in the health care system must be kept in balance with the need to facilitate and maintain appropriate health care access and choice for consumers. I believe that the "Consumer Bill of Rights and Responsibilities" is a strong foundation to ensure and protect the rights of health care consumers.

Congratulations on a job well done.

Sincerely,

Irwin Redlener, MD
President, The Children's Health Fund
Vice President for the Children's Medical Center
Montefiore Medical Center



Bringing lifetimes of experience and leadership to serve all generations.

November 19, 1997

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

The American Association of Retired Persons (AARP) is deeply committed to assuring quality and consumer protections in managed care, and, to this end, we are closely following the work of your Advisory Commission on Consumer Protection and Quality in the Health Care Industry. While there is still a long way to go before consumers can be assured that the health care they receive will be of consistently high quality, we are generally pleased with the progress that the Commission has made on the Consumer Bill of Rights. It is our hope that the Commission will continue to build on its work by recommending that the rights and protections apply across the board to all consumers, regardless of payer or type of health plan.

The chapters approved by the Commission incorporate several important safeguards for the nation's managed care consumers. Among these are: improved access to emergency services; prohibiting "gag clauses" and providing consumers with information to make appropriate treatment decisions; and increased disclosure of information to consumers about plans, health care professionals, and facilities. AARP is especially pleased with the Commission's chapter concerning complaints and appeals and its recommendation to include both a rigorous system of internal review and an independent system of external review. This important "backstop" provides an objective review of denials of care, and will help to ensure that consumers have a fair and efficient process for resolving differences with their health plans and health care providers.

Consumers and taxpayers need and deserve to have reliable quality care. AARP believes the Commission has served as an important vehicle to begin to forge consensus among all interested parties – consumers, providers, and plans – on a workable set of standards. Many good recommendations have been made so far, but more can be done. In particular, we believe that a consumer assistance, or ombudsman, service should be available to all health plan enrollees.

The Commission is moving the debate in the right direction. AARP views the Bill of Rights as a good first step toward assuring that Americans can rely on quality health care no matter what type of plan they use.

American Association of Retired Persons 601 E Street, NW Washington, DC 20049 (202) 434-2277

Margaret A. Dixon, Ed.D. *President*

Horace B. Deets *Executive Director*



The President
November 19, 1997
Page 2

We look forward to your continued leadership in the effort to win adoption of an effective and enforceable Consumer Bill of Rights.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Deets", written in a cursive style.

Horace B. Deets



2450 N STREET NW, WASHINGTON, DC 20037-1127
PHONE 202-828-0400 FAX 202-828-1125
HTTP://WWW.AAMC.ORG

Jordan J. Cohen, M.D., President

November 19, 1997

The President
The White House
Washington, DC 20510

Dear Mr. President:

The Association of American Medical Colleges (AAMC) applauds you for creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and charging it with "recommending such measures as may be necessary to promote and assure quality and value and protect consumers in the health care industry."

Medical schools and the teaching hospitals, health systems and other clinical organizations with which they are affiliated, engage simultaneously in three broad functions--patient care, research and education. For example, patients may receive care for complex medical problems or diseases that require state-of-the-art treatment and in that role may become subjects of clinical research trials that often hold the best hope for successful therapy. At the same time, physicians educate and involve residents, medical students, and other health professionals in caring for patients who may be enrolled in clinical research protocols, including outcomes research. Such research holds the promise for an information-based health care system that continuously improves in delivering the best health care. We are concerned because the transformation of health care delivery to a market-driven, price-competitive structure threatens the ability of medical schools and teaching hospitals to maintain an environment for research and innovation, and patients' access to clinical research due to coverage policies of third-party purchasers.

We congratulate the Commission for developing a "Consumer Bill of Rights" because it appropriately places the patient first in making health care decisions. We expect that the Commission's final report will benefit the American people. Please let me know if I or the Association can be a resource to you or the Commission.

Sincerely,

A handwritten signature in cursive script that reads "Jordan J. Cohen".

Jordan J. Cohen, M.D.



The American Health
Quality Association

FOR IMMEDIATE RELEASE

November 19, 1997

CONTACT:

Shelton Moore, Porter Novelli, (202) 973-5811

**STATEMENT OF JOSEF REUM, EXECUTIVE VICE PRESIDENT
OF THE AMERICAN HEALTH QUALITY ASSOCIATION
IN RESPONSE TO THE HEALTH CARE QUALITY COMMISSION'S
"CONSUMER BILL OF RIGHTS"**

"We applaud the Advisory Commission on Consumer Protection and Quality in the Health Care Industry for recognizing the importance of promoting and improving health care quality in the U.S. The American Health Quality Association and its member Quality Improvement Organizations (QIOs) have been providing quality improvement for Medicare and Medicaid for over 20 years. QIOs coordinate a variety of improvement projects including, those that reduce the risk of stroke, increase the rate of mammographies and increase the efficacy of treatment given to hospitalized acute heart attack patients. Evidence-based decisionmaking and empowering consumers with information about their health care are fundamental elements of quality improvement, as the Commission has recognized today in its 'Consumer Bill of Rights.'

As the Commission continues to deliberate, we strongly urge them to consider the importance of independent, external quality review through neutral, independent third parties such as the QIOs. As Congress and the President recognized recently in the Balanced Budget, external quality review plays an important role in improving the quality of care for America's seniors and most vulnerable populations. External quality review should be a key component in any national quality initiative."

The American Health Quality Association (AHQA) is a national, not-for-profit membership association of independent, community-based QIOs representing the 50 states, the District of Columbia, and the U.S. Territories. QIOs work collaboratively with health care practitioners, health plans and hospitals, to analyze health care patterns, identify opportunities for improvement and interpret and share information about current science and best practices with physicians, hospitals and health plans.

###

Jeff Crowley 202-898-0414
Kathy McGinley 202-785-3388

Consortium for Citizens with Disabilities

November 18, 1997

DISABILITY ORGANIZATIONS CALL FOR STRONG MANAGED CARE PROTECTIONS

Children and Adults with Disabilities Often the Worst Served by Managed Care

On the eve of the release of the "Consumer Bill of Rights" developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, the Consortium for Citizens with Disabilities Health Task Force pointed out the urgency felt by people with disabilities and their families in view of the problems they currently face with managed care. * While the CCD Health Task Force sees the work of the Commission as a promising first step towards a consumer-friendly managed care industry, it also calls for decisive actions by both the Administration and Congress to ensure that children and adults with disabilities and their families have access to the health care services and supports that they need.

According to Kathleen McGinley of The Arc, a national organization on mental retardation, and co-chair of the CCD Health Task Force, "while managed care is viewed by many as a means to control health care costs while at the same time promoting good health, this has not been the reality of the disability community. Reports from consumers and advocates consistently indicate to us that access to necessary services is often either denied or severely limited by managed care organizations because of a lack of understanding of the needs of individuals with disabilities".

While the general public is apprehensive about managed care, it is consumers with disabilities and chronic illnesses who run into the worst barriers when trying to access needed services and supports through managed care. Unfortunately, it is also often these same consumers who are the least able to navigate an increasingly confounding managed care system. For them and for all others who need access to quality care, strong and enforceable federal standards and consumer protections can be the key to a productive and independent life in the community. The Commission has taken a step in the right direction by developing strong recommendations related to the provision of information to consumers so that they can make more informed choices. The Commission's support of an external appeals process is also a major step forward.

Notwithstanding these positive steps, the CCD is concerned that both the non-discrimination provisions and the provisions related to the services of an "ombudsman" to help consumers navigate the managed care maze are not as strong as they must be if consumers are to be protected. People with disabilities have for too long been discriminated against by the insurance industry. We call on the President and the Congress to take that first step and say discrimination must stop and stop now. As stated by Jeff Crowley, of the National Association of People with AIDS and co-chair of the CCD Health Task Force, "it is disappointing when a distinguished body of individuals selected by the President for their leadership in the health arena could not reach consensus on a future where the widespread discrimination experienced today by millions of people with disabilities and their families would no longer exist".

(over)

* The CCD is a Washington-based coalition of over 90 national disability organizations. The member groups of the CCD Health Task Force represent children and adults with all types of disabilities and their families, as well as advocates and providers of services and supports for these individuals.



November 19, 1997

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear President Clinton:

On behalf of the American Medical Group Association, I would like to commend you for initiating a thorough consideration of a broad array of consumer rights related to health care.

We believe that the Advisory Commission has taken an important first step in reaffirming the importance of a strong relationship between patients and physicians, and by acknowledging the vital role of accountable, organized systems of care.

We are very pleased that the Commission has emphasized the importance of consumer access to easily understood information about health plans, facilities, and professionals to assist them in making informed health care decisions.

We look forward to the opportunity to work with you to ensure that consumers can assess their health care options based upon bona fide measures of clinical outcomes and quality of care.

Sincerely,

A handwritten signature in dark ink, appearing to read "Donald W. Fisher", is written over a faint, circular stamp or watermark.

Donald W. Fisher, Ph.D., CAE
Chief Executive Officer

Commission
on
Consumer
Rights

American Medical Association

Physicians dedicated to the health of America



Statement

FOR IMMEDIATE RELEASE

November 19, 1997

AMA WELCOMES PATIENT BILL OF RIGHTS

Protecting patients in a changing health-care system is a top AMA priority

Statement attributable to:

Thomas R. Reardon, MD
AMA Chair

"The American Medical Association congratulates Secretary Shalala, Secretary Herman and the Advisory Commission on Consumer Protection and Quality in the Health Care Industry for presenting President Clinton and the American people with a Consumer Bill of Rights that makes patients the primary focus of our health care system.

"The physicians of America serve on the front lines of patient care, and protecting patients in a changing health-care system is a top priority for the AMA.

"Earlier this month, the Henry J. Kaiser Family Foundation and Harvard University released survey results on managed care perceptions that showed: 61% of respondents believe managed care has decreased the amount of time doctors spend with patients; 59% say it's harder to see a specialist; and 51% believe the quality of care for the sick has decreased.

"The patient rights outlined today are fundamental to preserving the sacred bond between patient and physician, and will help restore the public's confidence in the entire health care system.

"Restoring public confidence begins by allowing physicians to be advocates for their patients. The Bill of Rights released today recognizes that it is only as patient advocates that physicians can be sure patients get the care they need.

"I am honored to have been part of the Commission's deliberations and look forward to more comprehensive recommendations from the Commission in the future."

For more information, please contact:

Brenda L. Craine
202/789-7447



The Voice for Health Care Consumers

November 19, 1997

President William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear President Clinton:

I am honored to have been part of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

The work of the Commission has been arduous but fruitful. Today we agreed on a Consumer Bill of Rights and Responsibilities that is an important first step toward strengthening consumer protections and improving the quality of health care for everyone.

As our health care system changed very significantly in the past years, consumer confidence in that system has been shaken. Consumers are unsure whether they are being denied care they need. Trust in health professionals is being eroded. And too much of the public is bewildered about their health care choices (if they have any) and their rights and responsibilities.

The Commission's Consumer Bill of Rights and Responsibilities is a modest but very important proposal to restore trust in our health care system. It deserves -- and I believe will receive -- the strong support of the public.

We appreciate your leadership in creating the Commission, and we commend you for the consistent leadership and support you have provided in improving America's health care system. We look forward to working with you to make the proposed new rights meaningful, enforceable reality for all Americans.

Sincerely yours,

A handwritten signature in black ink that reads "Ron Pollack". The signature is written in a cursive, flowing style.

Ron Pollack
Executive Director

COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.



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November 19, 1997

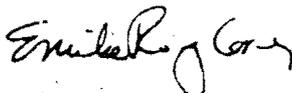
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The White House
1600 Pennsylvania Avenue, NW
Washington, DC

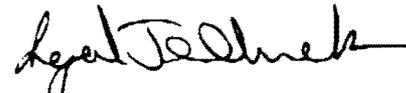
Dear Mr. President:

As the umbrella organization representing 265 non-profit senior service agencies, which in turn serve 300,000 senior citizens, the Council of Senior Centers and Services of New York City, Inc. supports the goal of greater consumer protection and rights in the health care industry.

We commend you for creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Sincerely,


Emilie Roy Corey
President


Igal Jellinek
Executive Director