



BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans

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Quality File

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*COMMENTS:

FVI - SOME GOOD NEWS ON THE PRESIDENT'S COMMISSION - YOUR VISIT TO COLORADO LAST YEAR MUST HAVE MADE AN IMPACT ON KIKUMOTO

CONFIDENTIAL

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Doug G...

**For Immediate Release
February 24, 1998**

**Contact: Julie Barrington
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Blue Cross Blue Shield of Colorado To Implement Consumer Bill of Rights

DENVER, CO - Blue Cross Blue Shield of Colorado (BCBSCO) announced today it is implementing "the letter and the spirit" of the Consumer Bill of Rights in all its health plans provided to Coloradans.

The Bill of Rights was developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

On Friday, President Clinton directed all federal health plans to come into substantial compliance with the principles by sometime next year.

David Kikumoto, president and CEO of Blue Cross Blue Shield of Colorado, issued a statement endorsing the principles in the Consumer Bill of Rights. He said Blue Cross Blue Shield of Colorado will embrace the Consumer Bill of Rights in all the company's health plans, not only the federal plans it administers.

At the same time, he warned against passing new laws and creating more regulations and more bureaucracy, which raise health care costs and "further encumber our already overly complex health care system."

Among other provisions, the Bill of Rights calls for access to clear information about health plans; a choice of health care providers, access to emergency services, and grievance and appeals processes to resolve differences with health plans.

Kikumoto asked that the state's legislators and regulators work with Blue Cross Blue Shield to develop in Colorado a national model of consumer confidence in health care.

BCBSCO is one of 55 independent, locally operated Blue Cross and Blue Shield companies. The companies provide health care coverage to one in four Americans.

BCBSCO is Colorado's largest health insurer with more than 420,000 subscribers served through HMO, PPO, point-of-service and traditional health plans. BCBSCO also serves 48,000 Nevada members as a result of its merger with Blue Cross Blue Shield of Nevada. The company also offers employer-sponsored life and disability insurance, and third-party administration for dental and workers' compensation.

**Statement of C. David Kikumoto
President and Chief Executive Officer
Blue Cross Blue Shield of Colorado**

February 24, 1998

On Friday, February 20, 1998, President Clinton directed all federal health plans to substantially comply by next year with the Consumer Bill of Rights and Responsibilities. The principles were developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Blue Cross Blue Shield of Colorado supports the Consumer Bill of Rights and Responsibilities. We are embracing the Consumer Bill of Rights to demonstrate our commitment to our customers that Blue Cross Blue Shield provides value through our partnerships with physicians, hospitals and other health care providers.

The Consumer Bill of Rights and Responsibilities has three broad goals:

- 1) To strengthen consumer confidence in our health care system.
- 2) To support the relationship between patients and their physicians, hospitals and other practitioners.
- 3) To reinforce the critical role of consumers in making appropriate and informed health care choices.

At Blue Cross Blue Shield of Colorado, our health care plans already are crafted with policies consistent with the principles set forth in the Bill of Rights and responsibilities. Adoption of these goals reflects our continuing efforts to earn and maintain the trust of our members.

Blue Cross Blue Shield of Colorado will embrace the Consumer Bill of Rights in all our health plans, not only the federal plans we administer.

While we believe the spirit and principles of the Consumer Bill of Rights and Responsibilities should guide the entire health care industry, we do not believe it should

drive a legislative agenda. Unnecessary legislation and regulation rarely create better value for consumers. Legislating the Consumer Bill of Rights and Responsibilities, at either the federal or state level, will further encumber our already overly complex health care system, and will not make it more consumer-responsive.

Blue Cross Blue Shield of Colorado and the health care industry are going through tremendous changes. Overall, the health care profession has never produced such value for American consumers -- better benefits at better prices, better quality of care and better information about health plans and contracted physicians and hospitals.

Our job is to make these positive changes more apparent and to heighten consumers' trust in our health care delivery system and in our company. That is why we are endorsing the Consumer Bill of Rights and Responsibilities.

In cooperation with our physicians, hospitals and our customers, we will work to exceed the letter -- and the spirit -- of the Consumer Bill of Rights and Responsibilities. We encourage our customers to evaluate our actions in light of the Consumer Bill of Rights and Responsibilities and to help us change our practices and policies when they do not measure up.

Our customers have spoken loud and clear about what they find lacking in health care today. They will continue to make their voices heard. Blue Cross Blue Shield of Colorado, the largest health insurer in the state, has a special obligation to listen to their concerns, correct problems and win the confidence and trust of those we serve.

As emotional as health care issues are today, we must move beyond emotions and base our decisions on facts.

We know there are too many Coloradans who do not have health insurance. We know that the cost of providing insurance is too high for many to afford. We know that the health care industry isn't perfect. But we are also convinced that excessive legislation and regulation will *increase* health care costs at a time when cost is the major obstacle to coverage for many.

Endorsement of the Consumer Bill of Rights and Responsibilities reflects our belief that the marketplace will deliver the best health care to American consumers. Our

adoption of the Bill of Rights and Responsibilities reflects our intention to lead our industry in the restoration of trust and confidence in how we do business.

Blue Cross Blue Shield of Colorado's support for these principles is an invitation to legislators and regulators to work with us to develop in Colorado a national model of consumer confidence in health care financing and delivery.

Our vision for this company is a simple one: *Our business is the health and peace of mind of every individual we serve.*

* * *

(A summary of the Consumer Bill of Rights and Responsibilities is attached.)



**EMPIRE
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BLUE SHIELD**

FOR IMMEDIATE RELEASE

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NEW YORK STATE'S BLUE CROSS BLUE SHIELD PLANS TAKE STEPS TO RESTORE CONSUMER CONFIDENCE IN MANAGED CARE

**Blues to Voluntarily Implement Independent External Review of Denied Claims;
Urge Quality Measures for Doctors and Hospitals**

Builds on Empire's Experience with Experimental Treatments

New York, NY (February 26, 1998) -- The five Blue Cross Blue Shield plans in New York State, which together insure more than six million people statewide, today announced plans to voluntarily implement independent external review of claims denied for reasons of medical necessity.

In the interest of public confidence, Blue Cross officials urged other insurers, managed care organizations, self-insured businesses and third-party administrators to take similar action voluntarily. They also called upon hospitals and providers to voluntarily give the public more information about quality measurements in an easy-to-understand format.

"Managed care horror stories in the media have shaken the public's confidence in the entire health care delivery system," said Richard D. Dent, M.D., senior vice president for the Rochester-based Finger Lakes Blue Cross Blue Shield. "Our voluntary adoption of an external review process underscores our absolute commitment to quality care."

This voluntary action builds upon Empire's experience with independent external reviews in cases of experimental treatment, according to Michael A. Stocker, M.D., president and CEO of New York City-based Empire Blue Cross Blue Shield. "Our use of outside experts has been extremely successful. It has allowed us to provide our members with the highest quality care while increasing the credibility of our decisions," Stocker said.

Thomas P. Hartnett, Ph.D., president and chief executive officer of Buffalo-based Blue Cross Blue Shield of Western New York, described a system of independent external review, if constructed with very high standards, as a win-win situation for all. "It will ensure that no individual is denied access to medically necessary care," Hartnett said.

"Managed care has been successful in reducing unnecessary medical procedures that are costly and sometimes even dangerous to the health of the patient," noted Scott Beacham, executive vice president for Syracuse-based Blue Cross Blue Shield of Central New York. "Providing for an external review will help prevent a health plan's medical policy decisions from being misinterpreted as attempts to deny care in order to save money."

- more -

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"This initiative also demonstrates that the health care industry can address issues of concern to consumers without state or federal legislation or intervention," added Christopher D. Perna, president and chief executive officer for Blue Cross Blue Shield of Utica-Watertown.

The plans also urged hospitals and physicians to join in restoring public confidence in the health care delivery and financing system by voluntarily providing information about key quality measures of their performance to the public in an easy-to-understand format.

The state's current use of "report cards" on cardiac bypass surgery and angioplasties should form the foundation of a broader system of provider quality measurements. A series of report cards should be developed for hospital performance on other procedures such as hysterectomies, breast cancer treatments and first trimester prenatal visits. The use of quality measurements as public report cards has been shown to drive providers to higher quality standards. Provider performance profiles also are key sources of information that health care consumers can use to make informed health care choices.

Details of the external review process will be finalized in the coming months, with implementation expected by January 1, 1999.

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What about this?
Should we do this? →
Be*

*Quality File
3-6-98*

March 3, 1998

Memorandum to the President on Managed Care
From Senator Kennedy

The House and Senate will be introducing identical Democratic Caucus bills next week (Thursday, March 12).

Ideally, you should preside at a White House rollout of the bills on this date.

These bills will have very broad support in both Caucuses. Rep. Dingell has been working closely with the conservative House Democrats, and most of them are expected to be original sponsors. We expect the large majority of Senate Democrats to sign on as well.

*Copied
Bailes
Spurling
Reed
Jennings*

This issue is extremely popular with the public. We have an excellent chance a strong bill this year. The Republican leadership will be for a weak one, or no bill at all.

You have been the clear leader on this issue. It was your appointment of the Commission during the 1996 campaign that launched the issue. Your response to the Commission's proposal for a Patient Bill of Rights has kept it in the forefront.

It would be a strong boost for the issue and for our Democratic initiative in Congress if you are willing to stand with the leaders of the House and Senate and endorse the bill on March 12.

The Democratic proposal is very similar to the recommendations of the quality commission, but it goes beyond the quality commission in a few respects. It requires coverage of quality clinical trials--similar to your recent proposal to cover cancer trials under Medicare. It deals specifically with the issue of drive-by mastectomies and reconstructive surgery after breast cancer. It gives injured patients the right to sue their health plans for meaningful remedies when they have been injured, while protecting employers who sponsor the plans.

The right to sue is especially important. Because of the ERISA pre-emption provision in current law, patients have no real remedy if misbehavior by their insurance company causes serious injury or even death. All they can now recover is the cost of the denied procedure. The right to sue is especially important to conservative Democrats in the House, as well as to the American Medical Association, which we expect to support the legislation.

Your strong endorsement of the legislation when it is introduced will not compromise flexibility to negotiate later. But it will send a strong message that Democrats stand together to protect patients on the leading health issue of 1998.

March 3, 1998

Memorandum for the President on Health Benefits For Workers And Their Families

From Senator Kennedy

The number of uninsured Americans increased by another million last year, and it will continue to rise, even with the passage of the children's health insurance act. Health costs are starting to rise again. Working families are worried about their health security.

A recent poll by Peter Hart for the AFL-CIO showed that eighty-one percent of Americans favor requiring corporations with more than fifty employee to provide basic health insurance benefits--and sixty percent strongly favor it.

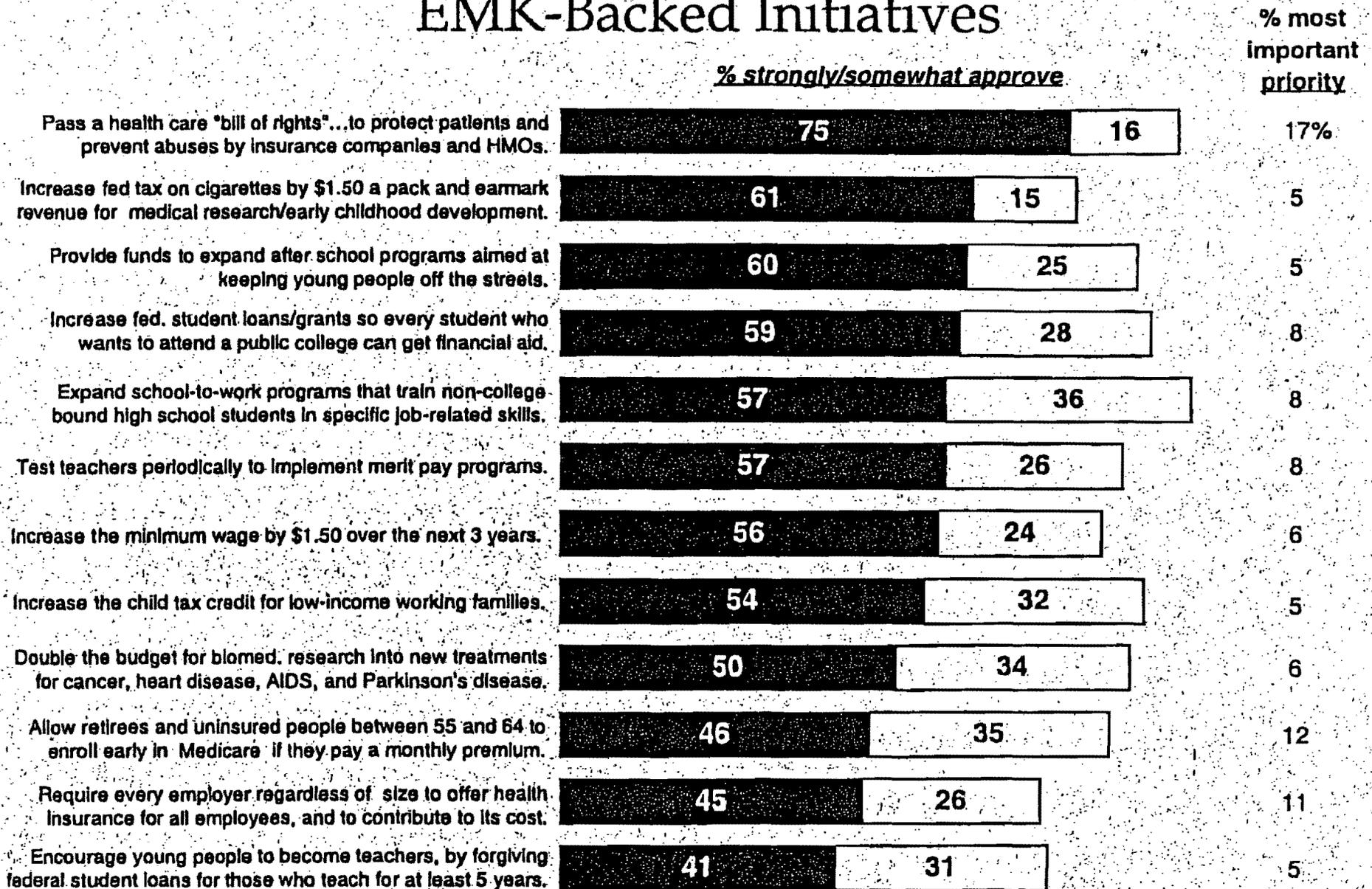
I intend to introduce legislation in a few weeks to require employers to provide basic health insurance coverage to their workers and dependents and contribute their fair share of the cost. The required coverage will be equivalent in value to the Federal Employees Health Benefits Plan and employers will be required to contribute an equivalent share of the cost, about 75%.

The bill is brief--eight and a half pages. That sends a loud signal that the mistakes of 1993-94 will not be repeated. John Sweeney will be participating with me in the press conference to announce it, and the AFL-CIO plans to make it one of their top priority issues for the fall election.

We're still deciding whether to limit the requirement to firms with 50 or more employees, or have it apply to smaller firms, too.

We will continue to give practical high priority to our two other leading health care initiatives--managed care, and expanded Medicare. But I feel it is also important to stake out the larger issue too. Will you and the First Lady join us?

Widespread Approval for Several EMK-Backed Initiatives



Americans' Views on Issues/Peter D. Hart Research

Nationwide survey among 1,002 general public and 622 union members
January 7-11, 1998

Conducted on behalf of the AFL-CIO



81% favor requiring companies with more than 50 employees to provide health benefits and to pay most of the premiums (60% strongly favor).

Washington Outlook

EDITED BY OWEN ULLMANN

PATIENT'S BILL OF RIGHTS: BUSINESS GETS OUT THE SCALPEL

When Corporate America launched a massive lobbying blitz to block sweeping regulation of managed-care plans in late January, it looked like a loser. HMOs and other employer health plans were on the run as consumers, doctors, and pols cast them as the villains in a new world of bare-bones medicine. The public mood was clear down at the cineplex as audiences cheered Helen Hunt's character in *As Good As It Gets* when she blasted an HMO doctor for limiting her child's treatment.*

But in a few short weeks, corporate forces have staged a remarkable comeback. Through skillful politicking, business has stalled the rush to impose new rules on health care. While Congress is still likely to enact a patient's bill of rights this year, the final package will be much more to employers' liking.

That's no mean feat. President Clinton's version of the patient's bill of rights gets plenty of applause for its call for easier access to specialists and treatments. And a physician-friendly Republican alternative that's even tougher on HMOs has 216 House sponsors.

"INTIMIDATED." To stem the tide, business lobbyists argue that the GOP bill, the Patient Access to Responsible Care Act (PARCA), would undermine the managed-care networks that have halted the double-digit medical inflation of the 1980s. PARCA's backers—a coalition of medical and consumer groups—maintain that the measure would raise costs by no more than 2.6%. But actuaries Milliman & Robertson Inc. conclude that the bill would hike premiums by 23%. A boost that large would induce 46% of small companies to drop health insurance, according to a poll released on Feb. 24 by the business-backed Health Benefits Coalition.

Those figures may be self-serving, but companies are using them to chip away at PARCA's support. They've teamed up with Senate GOP Whip Don Nickles (R-Okla.) and House Ma-

jority Leader Dick Army (R-Tex.), who were furious that Senator Alfonse M. D'Amato (R-N.Y.) and 90 Republican House members—all up for reelection this fall—backed the measure. Now, two GOP co-sponsors have dropped out, and "many, many others have told us privately that they wish they hadn't signed on," says small-business lobbyist Dan Danner. Business, laments a Senate Democratic staffer, "has intimidated" Republicans sympathetic to HMO reform.

Corporate America still faces a formidable foe: Bill Clinton.

His bill of rights would require health plans to give members detailed information about physicians, hospitals, and claims processing. It would mandate external appeal boards when health plans deny coverage. The package also would make it easier for patients to see specialists and to win payment for emergency-room visits even when they're false alarms. On Feb. 20, Clinton ordered that his rules apply to health plans covering 87 million federal employees, veterans, and Medicare and Medicaid recipients.

But business won't willingly follow suit. It sees the bill of rights as part of a Clinton plan to win what he couldn't get in 1994—sweeping health-care reform—one step at a time. The Business Roundtable wants a purchasers' coalition of large employers—excluding insurance, HMOs, and drug companies—to draft patient-protection rules that companies would pledge to meet voluntarily.

That won't satisfy politicians eager to ride the tide of HMO resentment. The Dems plan to make patient rights a centerpiece of their fall campaigns. And a GOP strategist concedes that such legislation "is a political imperative." With both parties aboard, some version seems bound to pass. Business may have defused the anti-HMO explosion—but it won't escape unscathed.

By Mike McNamee, with Richard S. Dunham



HUNT: The people's voice

* Helen Hunt in "As Good As It Gets": "F***ing HMOs, bastard pieces of sh*t"

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Orders

Total # of pages

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National Consumers Week, 1994

By the President of the United States of America

A Proclamation

The American marketplace is the great engine of our free enterprise system. Ever-expanding as it evolves in response to consumer needs and desires, it inspires technological innovation and the development of new products and services, and it rewards efficiency and productivity. The framers of our Constitution sought to establish a free market in which competition, ingenuity, and productivity would flourish. Today, it is more apparent than ever that their intent has been realized—Americans can choose from the greatest variety of goods and services in the history of the world.

This extraordinary economic machine works most efficiently when we as consumers are at the controls: when our choices and decisions, our requirements and collective will determine the direction and the workings of the marketplace. But individuals and the Nation's economy suffer when products and services are ineffective, inferior, or unsafe; when prices are unfair; and when consumer needs for reliable information and protection are unmet. If such abuses were to become common, the consequent loss of faith in our free market system would jeopardize our American way of life.

On March 15, 1962, President John F. Kennedy acknowledged the centrality of consumers in our marketplace in his Special Message to Congress on Protecting the Consumer Interest.

The Federal Government—by nature the highest spokesman for all the people—has a special obligation to be alert to the consumer's needs and to advance the consumer's interests.

Since then, what has come to be called the Consumer Bill of Rights has evolved as our marketplace has evolved. At present, it includes:

- (1) The Right to Safety—the right to expect that the consumer's health, safety, and financial security will be protected effectively in the marketplace;
- (2) The Right to Information—the right to have full and accurate information upon which to make free and considered decisions and to be protected against false or misleading claims;
- (3) The Right to Choice—the right to make an informed choice among products and services in a free market at fair and competitive prices;
- (4) The Right to Be Heard—the right to a full and fair hearing and equitable resolution of consumer problems; and,
- (5) The Right to Consumer Education, added by President Gerald R. Ford in 1975—the right to continuing consumer education without which the consumer cannot enjoy the full benefit of the other enumerated rights.

In the 3 decades since President Kennedy's message, our marketplace has changed. Innovations in such vital areas as materials and electronics, telecommunications technology, health care, food processing and packaging, and financial services; the increasingly fast-paced global economy; and the urgent need to preserve our environment have altered what we buy as well as how we buy. The technological complexity of much of what we buy and, frequently, the distance between buyer and maker or seller have expanded the importance of service. Americans understand that service means the commitment to consumers that their experiences in the marketplace will meet all reasonable expectations of civility, responsiveness, convenience, performance, and fairness.

I propose that for National Consumers Week, 1994, we, as a Nation, declare an additional consumer right:

(6) The Right to Service—the right to convenience, courtesy, and responsiveness to consumer problems and needs and all steps necessary to ensure that products and services meet the quality and performance levels claimed for them.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim the week beginning October 23, 1994, as "National Consumers Week." I urge all business persons, educators, members of the professions, public officials, consumer leaders, and the media to observe this week by emphasizing and promoting the fundamental importance of consumer rights in our marketplace.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-fourth day of October, in the year of our Lord nineteen hundred and ninety-four, and of the Independence of the United States of America the two hundred and nineteenth.

William Clinton

QUOTES SUPPORTING THE PRESIDENT'S ADVISORY COMMISSION ON CONSUMER RIGHTS AND QUALITY IN THE HEALTH CARE INDUSTRY

Insurers/Managed Care Plans

"We believe President Clinton's creation of this Commission sets the stage for a diverse cross-section of interests to study these issues comprehensively. Such a review is an essential step toward ensuring Americans that their medical care will be provided in a manner which promotes accessibility and affordability in addition to the highest standards of quality."

-- Health Insurance Association of America, 3/26/97.

"AAHP applauds the President's initiative in recognizing the need to closely examine changes in the nation's health care delivery system."

-- American Association of Health Plans, 3/26/97.

"The nation's 59 independent Blue Cross and Blue Shield Plans share the President's concerns for preserving health care quality across a rapidly changing marketplace. We welcome the panel's thoughtful deliberations about the future health care delivery system."

-- Blue Cross Blue Shield, 3/25/97.

Business/Labor

"We are pleased that your Commission brings together a diverse group of experts in the broad field of health care, including several private sector leaders who are on the leading edge of the rapid change in the health care marketplace."

-- Association of Private Pension and Welfare Plans, 3/25/97.

"Washington Business Group on Health welcomes news of national commission on health care quality members WBGH encourages a public/private collaboration at the national level to bring clarity and direction to these important efforts."

-- Washington Business Group on Health, 3/26/97.

Your appointment of a National Advisory Commission on Consumer Protection is a well-timed response to the need for examining quality."

-- AFL-CIO, 3/25/97.

Consumers

"Your willingness to set this objective as the highest priority for our country's health care system is a testament to your vision and commitment to the consumers of health care."

-- Consumer Coalition for Quality Health Care, 3/25/97.

"AARP members are increasingly concerned that profit is overriding quality and consumer protection concerns, as our health care system continues to evolve. We strongly support the establishment of the Advisory Commission in the hope that a comprehensive approach to quality assurance and consumer protection will be in the best interest of every American."

-- American Association of Retired Persons, 3/25/97.

"Mr. President, we the disability community deeply appreciate your courageous efforts to establish quality health care for all."

-- Justice For All, 3/25/97.

"We believe that the Advisory Commission is an ideal forum to facilitate a critical dialogue among these key players leading to concrete recommendations that will protect consumers and families alike."

-- The National Mental Health Association, 3/25/97.

"Our country has experienced a revolution in the delivery of health care. Through the Commission's focus, we need to ensure that it is a bloodless revolution."

-- Families USA, 3/25/97.

"Rapid changes in the health care financing and delivery system brings the challenge of ensuring that consumers, including people living with HIV/AIDS, are adequately protected."

-- AIDS Action, 3/26/97.

Health Care Providers and Professionals

"President Clinton's new commission whose charge is to protect patients and promote high quality care is a step we wholeheartedly endorse."

-- American Medical Association, 3/26/97.

"The President shows great leadership in establishing this important commission. As the dynamic changes in our health care delivery system continue, this broad-based panel will prove essential in identifying the intended and unintended consequences of the system's transformations as well as for providing recommended ways to protect consumers and the quality of the care they receive."

-- Association of American Medical Colleges, 3/26/97.

"There is a clear need for an exhaustive study in this area. I commend the President for naming the Commission to do the work which is so vital to our Country."

-- National Association for Home Care, 3/25/97.

"We support the concept at the heart of your decision to create the commission, and bringing together national experts to study consumer protection and quality standards in an era of change is both timely and warranted."

-- American Hospital Association, 3/25/97.

"We must ensure that our health care system remains the finest in the world and in order to attain this goal we must forge a common national agenda driven by a commitment to quality. This bipartisan commission will help to raise the debate above self interest and partisan politics by putting patients first."

-- American Nurses Association, 3/26/97.

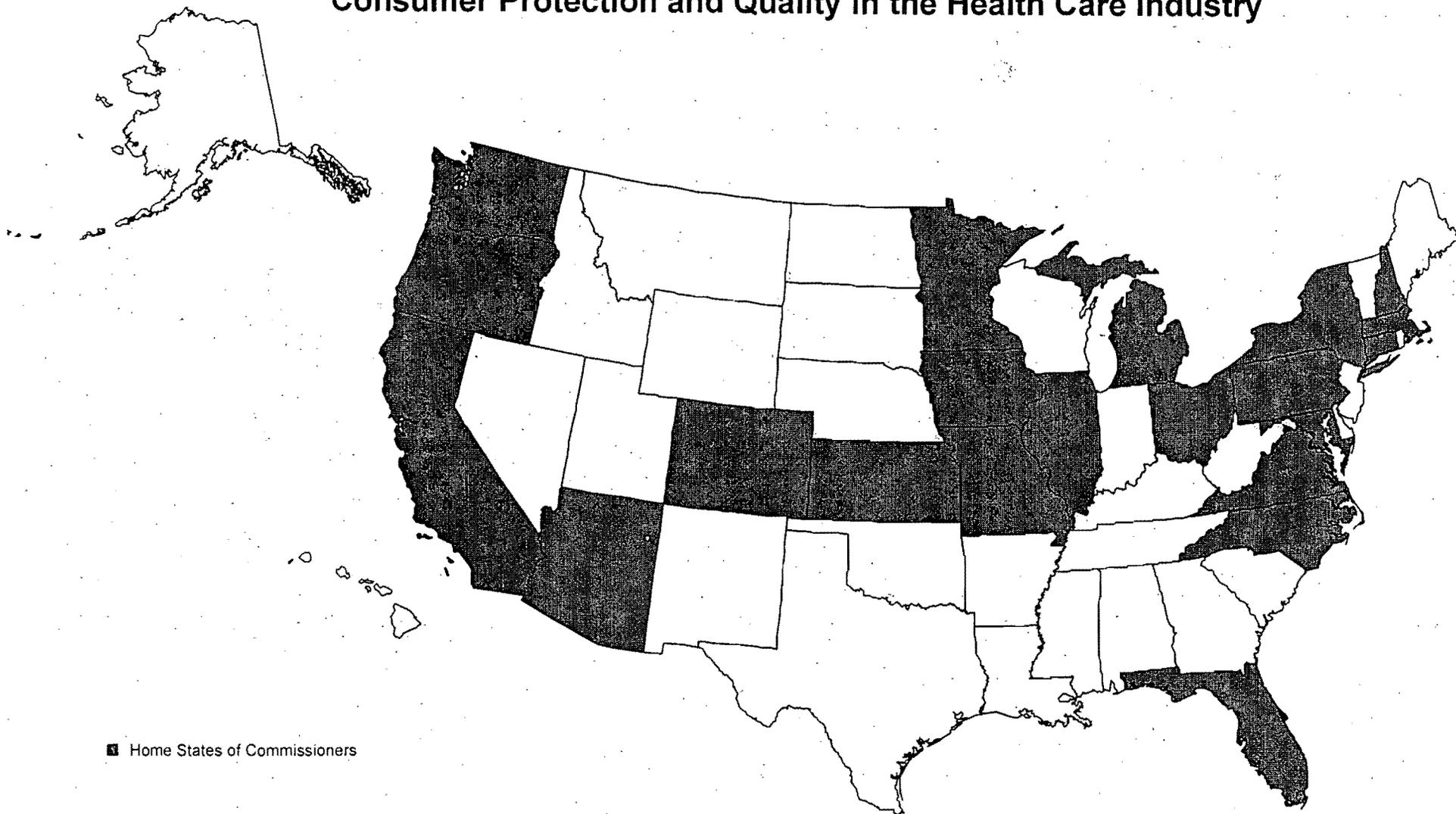
"The American Academy of Pediatrics has a vested interest in this bipartisan commission and work for one very compelling reason: it will take children's health care needs into account."

-- American Academy of Pediatrics, 3/26/97.

**Diversity Breakdown of the President's Advisory Commission
on Consumer Protection and Quality in the Health Care Industry**

Men	18
Women	11
African-American	3
Hispanic	2
Asian-American	1
Disability	1
Republican	2
Democrat	26
Independent	1

Broad-Based Representation on the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry



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File

Erin

-Kantamshary

CONSUMER PROTECTION ISSUES MENU

Federal Legislative Proposals

The following is an outline of consumer protection provisions proposed recently on the Hill and state legislatures under the rubric "consumer protection." The list is not exhaustive, but hits the major types of proposals.

1. Information Disclosure

A. Major categories of information for which disclosure is mandated under these bills:

- Covered benefits, and changes to coverage before the changes take effect
- How to change primary care doctors
- When referrals are required
- Providers' credentials
- Rights to appeal utilization review and authorization denials
- The financial incentives on the plan's providers, how they are paid
- Grievance procedures, how to complain
- Care quality
- Satisfaction and disenrollment statistics
- Organ donation - what you pay for?
- Medical loss ratio
- Expenditures and utilization per enrollee by type of provider
- % of UR determinations that disagree with judgement of the treating provider
- Coverage rules for experimental therapies

Privacy?

B. Some proposals also mandate when the designated information must be disclosed (e.g., annually, upon request, etc), and also generally require disclosure of changes to prior to the effective date of the change.

C. The Wellstone bill would establish an Office of Consumer Information, Counseling and Assistance in HHS.

2. Anti-gag Rule -- Some proposals also include a conscience clause

3. Grievance Procedures

- The proposals mandate process and time frames for decisions
- Proposals range in scope, from just UR decisions to any complaint against the plan
- Some proposals would require the plan or the State to establish an ombudsperson
- The Dingell bill requires plans to either participate in an "independent review process" established by the State (by Dept. of Labor for self-insured plans) or establish an extra level of appeal within the plan that is certified by HHS as impartial.

4. Quality/UR

The proposals would require some or all of the following:

- Require plans to establish an internal quality assurance program
- Require plans to collect and report standard data on care quality
- Require plans to maintain written clinical UR criteria
- Require UR to be supervised by a licensed physician (D'Amato requires provider input into development of UR program)
- Require disclosure of UR criteria and algorithms, to extent not proprietary

5. Direct Access to Specialists

- The proposals list conditions under which certain enrollees can go directly to certain specialists, or list certain specialists who can serve as primary care physicians, or both.
- The typical provision would allow women to bypass the gatekeeper for certain ObGyn services, but there are many variations, including open-ended definitions of which enrollees and which specialists are included.
- D'Amato provision are drafted in more general language, and also require concurrence of the "treating health professional"

6. Continuity of Care

- Most proposals would require health plans to continue to pay terminated physicians if the enrollee is in the middle of a "course of treatment" at the time of termination (unless termination was related to quality of care)
- The physician must agree to the health plan's usual payment arrangements
- The typical provision applies to pregnancy and delivery services
- Additional definitions of when an enrollee can invoke this and how long the arrangement can continue vary significantly
- D'Amato provisions are drafted in more general language, but also apply where potential discontinuity is created by changes in health coverage made by an employer (not just termination of providers from a network)

7. Privacy -- Most provisions are general statements of principle

8. Disease or Body-Part Specific Benefits Mandates

- The proposals would mandate coverage or length of stay
- The proposals cover a single type of intervention or diagnostic test (e.g., screening mammography, reconstructive breast surgery, mastectomy)
- Scope of application varies, from Medicaid only to all payers including self-funded plans

9. Emergency Services Mandates

- The proposals would require health plans to cover an initial screening exam in any ER, regardless of whether the ER is in-network (D'Amato adds requirement to cover "urgent care services" in addition to emergency services, defined as "requires prompt medical or clinical treatment and poses a danger to the patient if not treated in a timely manner, as defined by the applicable State authority ...").
- Some proposals also mandate use of a "prudent layperson" standard in determining

whether an emergency existed

- Dingell/Kennedy also mandates a detailed process for seeking and granting authorization for continued treatment once the enrollee is stabilized (who must call who and in what time frame, who can provide the relevant authorization). D'Amato requires 30 minute response to initial request for prior authorization for "urgent care services," and one hour response to request for review of adverse prior authorization decision.

10. Experimental Therapies

- The proposals would require health plans to offer an appeal from denial of coverage of an experimental treatment; the appeal must be to a panel of independent physicians
- The new California law requires health plans to use independent review entities that are accredited by private nonprofit accrediting organizations

11. General Access Provisions

- Requires plans to maintain network adequacy (as defined by "the applicable state authority")
- Mandatory POS options for network plans, with limits on the extra premium (established by the applicable state authority) and no limits on balance billing.
- General and broad anti-discrimination provisions (including health status)
- Network plans must establish mechanisms to get input of enrollees re the plan's medical policies, UR criteria and process, quality and credentialing criteria, and medical management procedures.

12. Provider Protections

- General and broad anti-discrimination provisions
- Anti-discrimination re providers based on the scope of the professional's licence
- D'Amato includes detailed and burdensome provider "due process" that amounts to any-willing-provider (e.g., annual application period for providers, selection based on objective and disclosed criteria, economic profiling must be risk adjusted and disclosed, providers not meeting criteria have opportunity to submit supplemental info, bans "termination without cause" clauses, notice and appeal, opportunity for corrective action plan).
- Network plans must establish mechanisms to get input of participating providers re the plan's medical policies, UR criteria and process, quality and credentialing criteria, and medical management procedures.

13. Remedies

- D'Amato limits ERISA preemption by allowing suits under state law to "recover damages for personal injury or wrongful death against any person" providing insurance or administrative services to/for an ERISA plan providing health care benefits.

14. Financial Incentives/Solvency

- Extends Medicare rules re physician incentives to private plans
- All issuers must meet solvency requirements set by the State, which shall not unduly impede provider-based or non-profits

Loose Overview of State Legislative Activities

The following is a "quick and dirty" summary, based on several compilations of state laws which do not agree with one another -- we have not yet attempted to reconcile them, so take the state counts with a grain of salt.

Emergency Room Care.

For situations in which an health plan enrollee seeks emergency care from a hospital that is not a part of her health plan, at least 7 states now have rules that prohibit health plans from requiring prior authorization for coverage of an initial emergency screening examination and stabilization.

- At least 6 states now require health plans to use a "prudent layperson" standard for determining whether treatment in an emergency room was warranted.

Direct Access to Specialists.

To help streamline enrollee's access to certain specialists, at least 21 states now require health plans to allow Ob/Gyns to serve as primary care physicians, or to allow women to go directly to an Ob/Gyn without pre-authorization from the primary care gatekeeper.

Grievances.

All states require HMOs to have some kind of internal grievance resolution system.

- 20 states require that information about the grievance system be given to enrollees in writing.
- 21 States mandate a minimum time frame for resolution of grievances.
- At least 22 states mandate an external appeal of the HMOs decision on the grievance.

Information to Enrollees.

Each health plan has a different set of rules about what services are covered, limitations on coverage, and whether and when pre-authorization for services is required. Nearly every state requires HMOs to provide enrollees with basic information about HMO operations, such as covered benefits and service limits, and enrollees' cost sharing responsibilities. Beyond such basics, the states' information dissemination requirements vary significantly:

- 28 states require HMOs to provide enrollees with a list of contracting doctors and hospitals.
- 17 states require HMOs to notify enrollees if their primary doctor is no longer in the plan.
- Several states require HMO to notify enrollees of the plan's rules about referrals and prior authorization.
- At least one state requires HMOs to make information on physician compensation arrangements available to enrollees.

Anti-Gag Rule.

Health plans should not restrict a physician from providing her best advice about each patient's treatment options. At least 18 states have adopted rules prohibiting health plans from interfering with doctor-patient communications.

Experimental Treatment.

Access to experimental therapies has long been an issue for health care consumers. At least 4 states have general provisions in their HMO laws relating to access to experimental and investigational procedures. One state has adopted specific provisions that allow an enrollee to appeal to a panel of independent physicians if she her health plan denies coverage for an experimental therapy.

Continuity of Care.

For situations in which a health plan is dropping a doctor, at least 6 states have rules that allow certain enrollees who are in the middle of a course of treatment to keep seeing that doctor for some period of time after termination.

ALSO:

- At least 12 states now have a commission or task forces charged with addressing consumer protection in health plans.
- A bi-partisan group of state legislators from nine states has developed a model consumer protection act, which is now under consideration in those states.

PRINCIPLES FOR CONSUMER PROTECTION



Summary of Preliminary Statement of Principles for Consumer Protection

The health plans and consumer organizations that drafted this agreement have identified 18 consumer protection principles to promote quality health care and restore trust in the health care system. It is intended that these principles will be incorporated into legally enforceable national standards. The principles are called "preliminary" because the health plans and consumer organizations are continuing discussions about a number of issues that are not included in this enumeration, including appropriate mechanisms for member grievances and appeals and the appropriate locus for oversight of health plan standards. The health plans and consumer organizations are committed to continuing joint work on these complex issues and intend to include them when we reach agreement on them. Below is a brief summary of those 18 principles:

- 1. Accessibility of Services.** To ensure access to quality care, health plans should:
 - have enough physicians, specialists, and other providers to provide timely, appropriate care 24 hours a day, seven days a week;
 - provide women members with direct access to obstetricians and gynecologists;
 - provide access to specialists and specialty care centers affiliated with the plan pursuant to treatment plans, including standing referrals to specialists;
 - provide out-of-network referrals at no cost to the member when the health plan does not have a network physician with the appropriate training or experience or when the health plan does not have an affiliation with a recognized specialty care center to meet a member's covered medical needs; and
 - provide health care materials and services in a culturally and linguistically sensitive manner.
- 2. Choice of Health Plans.** Individuals should be given a choice of health plans.
- 3. Confidentiality of Health Plan Information.** There should be strong protections against improper disclosure by health plans of medical information. Health plans should ensure that the confidentiality of member or patient information is protected. Individual level information should not be disclosed except:
 - if necessary for quality assurance, for purchasers or providers (e.g., to determine eligibility for coverage or to administer payments), or to conduct research (but these data should not contain patient identifiers which could lead to violation of individual privacy and harm to patients);
 - if the individual provides consent; or
 - required by law or court order.

4. **Continuity of Care.** Members should be allowed to choose their own primary care physician and change their primary care physician at any time. Health plans should promote preventive care and ensure that medical records are complete and available to members and their providers. Members who are being treated for a serious illness or who are in the second trimester of pregnancy should be allowed to continue to receive treatment from their physician specialists for up to 60 days or through post-partum when their doctors' contracts are terminated by a plan (for reasons other than quality of care) or when, under their group coverage, their former health plan is replaced and they no longer have the option of continuing to receive care from their previous physician specialists.
5. **Disclosure of Information to Consumers.** Health plans should provide consumers with information, such as: a description of the coverage provided and excluded, how to obtain service, select providers and obtain medically necessary referrals; members cost-sharing requirements; the names and credentials of the plan's physicians; a description of the methodologies used to compensate physicians; procedures for utilization management; a description of restrictive prescription drug formularies; procedures for receiving emergency care and out-of-network services; procedures for determining coverage for investigational or experimental treatments; use of arbitration; disenrollment data; and how to appeal decisions, file grievances, and contact consumer organizations, such as ombudsman programs, or government agencies regulating the health plan.
6. **Coverage of Emergency Care.** Health plans should cover emergency services, including services provided when a prudent layperson reasonably believes he or she is suffering from a medical emergency. In order to assure continuity of care after the patient is stabilized, emergency departments should inform the health plan within 30 minutes after stabilization to obtain authorization for any medically necessary post-stabilization services. The health plan should respond to the request within 30 minutes of the initial call, and, upon request, provide access to a participating physician if it intends to deny the request for authorization. Health plans should educate their members about the availability, location, and appropriate use of emergency and other medical services, any cost-sharing provisions for emergency services, and the availability of medical care outside an emergency department.
7. **Determinations of When Coverage is Excluded Because Care is Experimental.** Health plans should have an objective process for reviewing new drugs, devices, procedures, and therapies. Plans should also have an external, independent review process to examine the cases of seriously ill patients who are denied coverage for experimental treatments.
8. **Development of Drug Formularies.** Health plans that cover prescription drugs and use restrictive formularies should allow physicians to participate in the development of the formularies and provide for an exception process when non-formulary alternatives are medically necessary.

9. **Disclosure of Loss Ratios.** In order to allow consumers to learn what percentage of their premiums are paid out in medical benefits, health plans should uniformly calculate and disclose how much of premium dollars are going for health care delivery costs rather than for plan administration, profits, or other uses.
10. **Prohibitions Against Discrimination.** Health plans should not discriminate in the provision of health care services on the basis of age, gender, race, national origin, language, religion, socio-economic status, sexual orientation, disability, genetic make-up, health status, or source of payment. Health plans should develop culturally competent provider networks. Health insurance reform should address discriminatory practices that discourage enrollment of high-risk, high-cost or vulnerable populations in health plans.
11. **Ombudsman Programs.** Consumers should have access to, and health plans should cooperate with, an independent, external non-profit ombudsman program that help consumers understand plan marketing materials and coverage provisions, educate members about their rights within health plans, investigate members' complaints, help members file grievances and appeals, and provide consumer education and information.
12. **Out-of-Area Coverage.** Health plans should cover unforeseen emergency and urgent medical care for members traveling outside a plan's service area.
13. **Performance Measurement and Data Reporting.** Health plans should meet national standards for measuring and reporting performance in areas such as quality of care, access to care, patient satisfaction, and financial stability. There should be a collaborative effort to develop a national core data set of outcome-oriented, scientifically-based measures, building on existing efforts. Standards should ensure appropriate confidentiality and protection of individual privacy. Health plans should disclose the results of performance assessments and be subject to independent audit to ensure accuracy.
14. **Provider Communication with Patients.** Health plans should not limit the exchange of information between health care providers and patients regarding the patient's condition and treatment options. Health plans should not penalize providers who in good faith advocate for their patients, assist patients with claims appeals, or report quality concerns to government authorities or health plan managers.
15. **Provider Credentialing.** Health plans and provider groups should develop written standards similar to those used by the National Committee for Quality Assurance for hiring and contracting with physicians, other providers and health care facilities. Health plans should not discriminate against providers who treat a disproportionate number of patients with expensive or chronic medical conditions.

- 16. Provider Reimbursement Incentives.** Neither health plans nor provider groups should use payment methodologies that directly encourage providers to overtreat patients or to limit medically necessary care. Full-risk capitation should not be used for an individual provider. Where capitation is used for an individual provider, it should only apply to services directly provided by that provider. Appropriate safeguards, such as reinsurance or stop-loss coverage, should be used when individual providers or small groups of providers are capitated or when providers are placed at substantial financial risk. General information about the types of reimbursement methodologies used for providers should be disclosed.
- 17. Quality Assurance.** All health plans should be subject to comparable comprehensive quality assurance requirements. National standards for quality assurance should be non-duplicative and should provide latitude in the specific methods and activities employed to meet the standards to reflect differences in health plan organization. Standards should provide for external review of the quality of care, conducted by qualified health professionals who are independent of the plan and accountable to the appropriate regulatory agency.
- 18. Utilization Management.** Utilization management activities of health plans should be subject to appropriate regulation, including requirements to use appropriately licensed providers to evaluate the clinical appropriateness of adverse decisions. Health plans should make timely and, if necessary, expedited decisions, and give the principal reasons for adverse determinations and instructions for initiating an appeal. Health plans should be prohibited from having compensation arrangements for utilization management services that contain incentives to make adverse review decisions.

Good Things in BER for People w/ Disabilities

Appeals process - fair & efficient process
external appeals

Access to specialists -

Consumers w/ complex serious medical conditions w/ require frequent speciality care should have direct access to qualified specialist of their choice.

Continuity of care -

Those undergoing course of treatment for chronic, disabling condition at time invol. change of plan have 60 days. providers have to accept plan rate payment in full.

Provider Network Adequacy

All health plans provide access to sufficient # & type of providers to assure all covered services accessible

Call Quality

QUALITY COMMISSION CONSUMER BILL OF RIGHTS ADMINISTRATION VIEW AND NORWOOD/D'AMATO POSITION

I. Information Disclosure

Quality Commission. *Consumers have the right to accurate, easily understood information about their health plans, facilities and professionals to assist them in making informed decisions about health care decisions.* This includes information about covered benefits, cost sharing, dispute resolution mechanisms as well as the certifications, measures of quality and consumer satisfaction of health professionals and health care facilities. (makes some distinctions between type of information to be disclosed and type available upon further request. For information to be disclosed, however, it does not indicate at what point).

Administration BoR generally consistent with our views, except is not explicit about at what point this information would need to be disclosed.

★ **Norwood/D'Amato** Generally consistent. Goes further in that it mandates that plans to indicate what percentage of premiums spending goes to administrative and marketing costs.

II. Choice of Providers and Plans

Quality Commission. *Consumers have a right to a choice of health care providers that is sufficient to assure access to appropriate high quality care.* This includes:

(1) **Access to Providers** Health plan networks should provide access to sufficient numbers and types of providers to assure that all covered services will be accessible without unreasonable delay -- including emergency room services. If there are insufficient providers in a certain area, the health plans should increase access to out-of-network providers.

Administration ????

Norwood/D'Amato Generally consistent. Establishes detailed due process for a health plans choice of providers.

(2) **Access to Specialists** Health plans should also provide sufficient access to specialists (explicitly including specialists who cover routine women's health services).

Administration

Norwood/D'Amato Direct access for enrollees with "special health care needs or chronic conditions (undefined). Further than us?

★ (3) Continuity of Care

Quality Commission. Consumers also have a right to continuity of care, such that if they undergo a course of treatment for a chronic or disabling condition at a time they involuntarily change health plans, they should be able to continue to see their current specialty providers for up to 60 days.

Administration Generally consistent.

Norwood/D'Amato Goes further in that it also would mandate continuity of care provisions where discontinuity required by changes in health coverage made by an employer. (Not just if the provider goes out of the network). Does not mention 60 days.

★ III. Access to Emergency Services

Quality Commission: *Consumers have the right to access emergency health services where and when the need arises. Health plans should provide full payment in situations where a "prudent layperson" could expect absence of care could place their health in serious jeopardy.* Health plans should ensure this right by educating their members about availability, location, and appropriate use of emergency room care, by covering out-of-network emergency department screening and services consistent with the "prudent layperson" standard; and by ensuring that emergency department personnel contact a patient's primary care doctor is contacted as soon as possible to discuss follow-up care.

Administration Agree with BoR which is quite strong.

Norwood/D'Amato Similar "prudent layperson" standard. Also adds requirement to cover "urgent care services" as defined by the state. Minimal post-stabilization process.

IV. Participation in Treatment Decisions

Quality Commission: *Consumers have a right to fully participate in all decisions related to their medical care. Consumers who are unable to participate in treatment decisions have a right to be represented by parents, guardians, family members, or conservators.* To ensure this right, health care professionals should provide patients with sufficient information and opportunity to decide among treatment options. Health plans should disclose any factors that could influence advice and treatment options, assure that no "gag clauses" exist, and ensure that no penalties exist for health professionals related to advocating on behalf of their patients. Also, no conscience clause.

Administration BoR gag clauses apply only to gags that are in the physicians contract not to oral or informal gags. It also does not recommend against all gags only unnecessary restriction on communications. Since unnecessary is not well-defined, HHS believes this could be read to allow significant restrictions on patient/doctor communications. (Clarify with Quality Commission.)

Norwood/D'Amato Anti-gag clause with no conscience clause.

V. Respect and Nondiscrimination

Consumers have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. They must not be discriminated against on the basis of race, ethnicity, national origin, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.

Administration Not Federal legislation. Do not interpret to mean guaranteed access.

Norwood/D'Amato No mention.

VI. Confidentiality of Health Information

Quality Commission: *Consumers have the right to communicate with health care providers in confidence and to have the confidentiality of their individually-identifiable medical information protected. They also have the right to review, copy and amend their own medical records. To assure this right, medical information should be disclosed for health purposes only, disclosure without written consent should be limited to a few circumstances including research and fraud investigation.*

Administration The Quality Commission explicitly took a different stance on the law enforcement issues, otherwise laid out principles similar to those of the Secretary.

Norwood/D'Amato No mention.

VII. Complaints and Appeals

Quality Commission: *All consumers have a right to a fair and efficient process for resolving differences with their health plans and health care providers -- including an internal and external review system.*

The internal system should include: (1) timely written notification of a decision to deny, reduce, or terminate services or deny payment for care; (2) resolution of all appeals in a timely manner -- consistent with Medicare requirements; (3) reviews should be conducted by medical experts; (4) written notification of final determination; and (5) a reasonable process for resolving consumer complaints about such issues as waiting times, and health care personnel.

The external system should: (1) be available only after internal processes are exhausted; (2) apply to any decision of health plan to deny, reduce or terminate coverage or deny payment on the basis that the treatment is either experimental or investigational in nature; (3) be conducted by health professionals and follow a objective standard of review; (4) resolves issues in timely manner consistent with Medicare.

Administration This is one of the strongest rights. However, there are two distinctions worth noting: (1) The BoR recommends external appeals only for decisions of "medical necessity" rather than all plans; and (2) The Commission does not explicitly say that the decisions from an external appeals process should be "binding."

Norwood/D'Amato External appeals process for adverse prior authorization or claims payment decisions.

VIII. Consumer Responsibilities

Quality Commission: *In a health care system that affords consumer rights and protections, it is reasonable to expect consumers to have correlative responsibilities.* The responsibilities include: leading a healthy lifestyle, becoming involved specific health care decisions, honoring commitments, including compliance with agreed-upon treatment regimens; disclosing relevant health information, avoiding spreading diseases, and using appeals processes.

Administration Not Federal legislation.

Norwood/D'Amato No mention.

★ IX. Remedies

Quality Commission: Silent

Administration: ??

Norwood/D'Amato Would override ERISA preemption of state law wrongful death and personal injury.

OTHER ISSUES

48 Hour Mastectomy

Quality Commission: No mention in the BoR.

Administration: Endorsed legislation.

Norwood/D'Amato: Not in this legislation. However, D'Amato is a co-sponsor of a separate piece of legislation on this issue which also mandates coverage of breast reconstructive surgery and allows women to get a second opinion on breast cancer even from an out-of-network doctor.

Clinical Trials

Quality Commission: BoR will contain language that says that the issue of plans covering clinical trials is an important one and should be more fully discussed.

Administration Response: ???

Norwood/D'Amato: Does not address this issue.

Lifetime Caps

Quality Commission: Will say that plans should either eliminate lifetime caps or there should be high risk pool available to buy in to.

Administration:

Norwood/D'Amato: No mention of lifetime caps.

Financial Incentives

*Commission: disclose them
Admin*

Norwood/D'Amato: disclosure

Experimental Therapies

Quality Comm: disclose

Admin: ?

Norwood/D'Amato Disclose

Al Gunda

However, on balance, the
Commission's report will
represent a major step
forward in raising the
quality of health care
for all Americans
and the cost
of the care. The
Clinton's full
support.

Mental Health

Services Group

Selected statements on the Advisory Commission on Consumer Protection and Quality in the Health Care Industry's Consumer Bill of Rights

① →

②

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.

Washington Business Group on Health

*Consumer
Protect*

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.

National Association of People With Aids

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.

InterHealth

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.

Gay and Lesbian Medical Association

The Consumer Bill of Rights is an important step toward ensuring quality in the health care 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.

American College of Physicians

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been
checked
by
Dr. [Signature]*

Development of this Bill of Rights is a vital step in our quest to improve health care quality and to protect and empower consumers. NAHC looks forward to working with you in the future to help implement the recommendations of this important Commission.

National Association for Home Care

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 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 applaud your leadership in this regard.

American Public Health Association

The Association of American Medical Colleges (AAMC) applauds you for creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. We congratulate the Commission for developing a "Consumer Bill of Rights" because it appropriately places the patient first in making health care decisions.

Association of American Medical Colleges

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

American Association of Retired Persons

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 ensure a healthy future for our children and adolescents.

American Academy of Pediatrics

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. 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.

The Children's Health Fund

Your commitment to the rights as well as responsibilities of health consumers is to be commended. We look forward to your leadership on this matter and to working with you in the effort to win adoption of an effective and enforceable "Consumer Bill of Rights."

National Multiple Sclerosis Society

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.

(Signed by 118 ^{consumer groups} organizations from across the United States)

...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.

Council of Senior Centers and Services of New York City, Inc.

N.O.D. commends the President for creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and congratulates the Commission which worked so diligently and quickly to complete this important document.

National Organization on Disability



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Handwritten note: "The issue is to thank you for POTUS"

Once again, ACEP commends you on your strong leadership in supporting the development of the National Health Care Consumer Bill of Rights and looks forward to working with you to support enactment of these standards as enforceable federal standards protecting all Americans.

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American College of Emergency Physicians

The work of the Commission is important to setting the stage for new public and private sector efforts to improve the quality of health care delivery to all Americans, including our nation's most valuable resource-our children. We also look forward to seeing this effort proceed to congressional debate and action, which will make health care quality improvement and consumer protections enforceable priorities.

[Handwritten signature]

National Association of Children's Hospitals

The American Nurses Association applauds your continued dedication in pursuit of quality health care for all. Your leadership in this area has been demonstrated by the establishment of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry and its work in defining principles of quality health care.

[Handwritten signature]

American Nurses Association

We applaud your efforts to ensure access to high quality health and mental care services. Again, we support your leadership in bringing together experts to guide the development of a comprehensive framework for consumer protection in health care.

National Association of Social Workers

NAMI commends the Advisory Commission on Consumer Protection and Quality in the Health Care Industry for the significant progress reflected in the Bill of Rights. We are grateful to the President and the Commission members and staff who have worked so assiduously to hammer out this agreement.

National Alliance for the Mentally Ill



7
ON

The Commission's "Consumer Bill of Rights and Responsibilities in Health Care" is a critical first step in ensuring the right of all citizens to quality health care. Voluntary compliance, however, is not sufficient; federal standards are necessary to enforce the Consumer Bill of Rights.

21
B

National Association of Public Hospitals and Health Systems

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.

22
B

Families USA Foundation

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 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.

American Medical Group Association

The American Small Business Alliance would like to express its appreciation to you for convening the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. The commission should be applauded not only for recognizing that there are significant problems, but also for laying out a framework of basic protections and responsibilities through the Consumer Bill of Rights. The challenge, as always, will be to implement meaningful change.

23
B

American Small Business Alliance

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. Evidence-based decision making 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."

The American Health Quality Association

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.

Consortium for Citizens with Disabilities

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

American College of Physicians

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. 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.

American Medical Association

...the Commission's recommendations will represent a significant step forward in improving the quality of health for all Americans and they certainly merit President Clinton's full support.

Mental Health Licensing Group

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Selected statements on the Advisory Commission on Consumer Protection and Quality in the Health Care Industry's Consumer Bill of Rights

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.

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.

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.

(Signed by 118 consumer and provider organizations from across the United States)

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.

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American College of Emergency Physicians

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National Association of Children's Hospitals

The Commission's "Consumer Bill of Rights and Responsibilities in Health Care" is a critical first step in ensuring the right of all citizens to quality health care. Voluntary compliance, however, is not sufficient; federal standards are necessary to enforce the Consumer Bill of Rights.

National Association of Public Hospitals and Health Systems

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Families USA Foundation

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American Medical Group Association

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American Medical Association

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.

National Association of People With AIDS

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.

InterHealth

Development of this Bill of Rights is a vital step in our quest to improve health care quality and to protect and empower consumers. NAHC looks forward to working with you in the future to help implement the recommendations of this important Commission.

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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 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 applaud your leadership in this regard.

American Public Health Association

The Association of American Medical Colleges (AAMC) applauds you for creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. We congratulate the Commission for developing a "Consumer Bill of Rights" because it appropriately places the patient first in making health care decisions.

Association of American Medical Colleges

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

American Association of Retired Persons

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 ensure a healthy future for our children and adolescents.

American Academy of Pediatrics

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. 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.

The Children's Health Fund

Your commitment to the rights as well as responsibilities of health consumers is to be commended. We look forward to your leadership on this matter and to working with you in the effort to win adoption of an effective and enforceable "Consumer Bill of Rights."

National Multiple Sclerosis Society

N.O.D. commends the President for creating the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and congratulates the Commission which worked so diligently and quickly to complete this important document.

National Organization on Disability

The American Nurses Association applauds your continued dedication in pursuit of quality health care for all. Your leadership in this area has been demonstrated by the establishment of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry and its work in defining principles of quality health care.

American Nurses Association

We applaud your efforts to ensure access to high quality health and mental care services. Again, we support your leadership in bringing together experts to guide the development of a comprehensive framework for consumer protection in health care.

National Association of Social Workers

NAMI commends the Advisory Commission on Consumer Protection and Quality in the Health Care Industry for the significant progress reflected in the Bill of Rights. We are grateful to the President and the Commission members and staff who have worked so assiduously to hammer out this agreement.

National Alliance for the Mentally Ill

Your creation of the Advisory Commission was an important recognition of the need to identify and address quality and access to care concerns in our changing health care system. It is a significant step along the road that will ultimately provide meaningful, nondiscriminatory physical and mental health care to all Americans.

American Psychiatric Association

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. Evidence-based decision making 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."

The American Health Quality Association

While the CCD Health Task Force sees the work of the Commission as a promising first step towards a consumer-friendly managed care industry.

Consortium for Citizens with Disabilities

. . .the Commission's recommendation's will represent a significant step forward in improving the quality of health for all Americans and they certainly merit President Clinton's full support.

Mental Health Liaison Group (24 member groups)

. . .the consumer bill of rights which will be presented to you today challenges the health care system to focus on the many ways that we can improve the quality of health care coverage and services in this country. We join you in commending the members of your advisory commission for working hard to forge a consensus on a wide range of difficult issues.

Association of Private Pension and Welfare Plans

We appreciate the leadership you have demonstrated in charging this Commission with identifying and developing meaningful responses to the critical issues that face all Americans as health care consumers, including those with mental illnesses.

National Association of State Mental Health Program Directors

. . .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.

Council of Senior Centers and Services of New York City, Inc.

Shalala. The Commission will submit its final comprehensive report on creating a quality framework to the President, through the Vice President, on March 30, 1998.

Washington, Dc 20002-4241 *NA*
202-336-8200

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National Association for Home Care
519 C Street, NE ✓
Washington, DC 20002
202-547-7424

✓ Phil Schneider
National Association of Chain Drug Stores
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Phillip L. Schneider



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Closing office

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National Association of Community Health Centers
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M Mary Foto - she has a group sign on letter.
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301-652-2682

Linda
805-384-7305

✓ Joel Marks
American Small Business Alliance
202-337-0037

301-652-6611 x2011 Fred → 805-383-2392
Sumers (301-652-9297 FAX)

202-337-0063

✓ Ellen O'Connor
Washington business Group on Health
202-408-9320

202-408-9332 ✓

✓ ~~Dr. Gregory Henry~~
American College of Emergency Physicians
202-728-0610 3001

Rosslyn
728-0617

Brent Miller

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→ Brent Miller
American group Practice Association
703-838-0033

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Terre McFillen Hall
Center for Patient Advocacy
703-271-0400

M

National Mental Health Association
703-684-7722
Michael Faenza

✓

National Alliance for the Mentally Ill
703-524-7600 Sue
Laurie Flynn 703-312-7890

M

National Associatio of State Mental Helath Program Director
703-739-9333 703-548-9517
Robert Glover FAX Nadia Nixon ✓

2

American Psychiatric Association - he has a group sign on letter.
Melvin Sabshin ~~Dr. Mirin~~
~~202-682-66000~~ 642-6000
Jay Cutler
642-6060

FAX 682-6287

Will Bruno 682-6046

Sarah A. Bianchi

11/18/97 09:33:16 PM

Record Type: Record

To: Kevin C. Brown/OPD/EOP

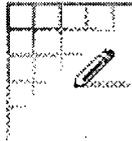
cc:

Subject: List of Phone calls - Quality

Chris should call AAHP -- the rest with SB or no one delegated, you should call. Also please check and make sure Richard Socraides is doing, because we care about Labor -- if not you should take care of these as well.

sb

----- Forwarded by Sarah A. Bianchi/OPD/EOP on 11/18/97 09:34 PM -----



Barbara D. Woolley
11/18/97 09:02:30 PM

Record Type: Record

To: Sarah A. Bianchi/OPD/EOP

cc:

Subject: List of Phone calls - Quality

Quality List

Commission Members Represent - they should be covered.

SEIU - rs

ACP - bw

AFL-CIO - rs (richard socarides)

Nat Assn of Home Care - sb

HIAA - ?

AAHP - sb

ANA - bw

AFSCME - rs

Kaiser - ?

AAMC - sb

Families USA - bw

AMA - bw

AHA- bw

Josephine Nieves
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*Weiss-
Toby Moller*

*4219
/6*

Toby Weissmiller

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~~Phil Schneider
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~~Lorraine Coles
Executive Director
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Sarah A. Bianchi

11/18/97 09:25:47 PM

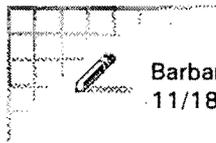
Record Type: Record

To: Kevin C. Brown/OPD/EOP

cc:

Subject: Fax Exec. Summ - Marj Plumb

----- Forwarded by Sarah A. Bianchi/OPD/EOP on 11/18/97 09:28 PM -----



Barbara D. Woolley
11/18/97 08:09:41 PM

Record Type: Record

To: Sarah A. Bianchi/OPD/EOP

cc:

Subject: Fax Exec. Summ - Marj Plumb

415-255-4784 fax. She will do a letter.