Marjorie Shultz comments

1. circularity in definition of "services of health professionals" (med, including)
   - services of health prof.
   - health prof.

   Look at state laws – use med/surg. when license diff. professionals e.g. acupuncture

2. Preventive services
   - why these and not others? At least → unfortunate inference

3. Where do genetics fit in?
   - did treat in medical services
   - focused on family planning / reproductive service
   - language in preventive services?
     lab and diagnostic tests? If can't do anything, does that mean not "med. nec."
   - is genetic screening / counseling family planning?

     What if can do something decisionally and emotionally?

4. Fertility services
   - need to be explicit
   - as an avenue to health based prevention
   - connected w/ lifestyle & choice – dimensions of personal responsibility
   - low success rates
   - connected to const. rt to procreate

- had been covered under general med. rec. info.
  - but can exclude it explicitly
    e.g. Kaiser - no explicit exclusion on IVF -- class action

5. Why STDs in fam. planning services?
6. Sex education covered?
7. Incentives to influence patient decisions

RI • adequate info, education counseling to make adequate decisions about an individual's health

↳ Advising of pts relating to decision-making and directives
→ Shld this be included in plan enrollment procedures?

8. Plans — consumer participation?
   HAs — only required in non-profit alliances
   Bd — consumer "
   • Bd - advisory committee for consumer participation
     - mandate at least one bd member

Grievance process → consumer participation
- 1 person hearing dispute
- setting up process

→9. Can someone elect to join a plan and agree to not have extraordinary measures and pay less?
- w/out forcing people, can we inform them of their choice

10. Ask P. Millock about policing wellness benefits

→ 11. Connection between legal rts & malpractice

12. Malp. — liab. in SP systems

→ Connections between

- ~~state or plan~~ Kaiser requires binding arb. of all enrollees — restricts access to cts that has been upheld in ct
- if we are not doing this → be clear

13. Incentives to providers

(1?) illegal to make $ to overservice

(5) putting weight behind incentive on underservice

Worry about removing doctor as a patient advocate - relying on patient to fight underservice

- incentive if dr has equity interest in plans is to underserve

F & A ~~Rule~~ R6 → is this a sufficient counterbalance to 4. & in #5.

Both Δ in structure & shifting of financial interest at once

Fewer incentives on pts to reduce consumption; with greater incentives on drs to reduce service.

→ Who is watching the patient?

Shld we allow equity interest in plans?

Jennifer Klein

The White House

Office of the Press Secretary

For Immediate Release **May 21, 1993**

WHITE HOUSE ANNOUNCES HEALTH CARE AUDIT

In an effort to further assess the impact of health care reform options to be considered by the President, the White House announced that it has invited individuals from the legal, financial and health care industries to evaluate parts of the work of the President's Task Force on Health Care Reform.

The list of individuals is attached.

INDIVIDUALS LOOKING AT LEGAL ISSUES

Barbara Anthony
Chief, Public Protection Bureau
Office of the Massachusetts Attorney General

Mark Barnes
Associate Commissioner for Medical and Legal Policy
New York City Department of Health

Richard Briffault
Professor
Columbia Law School

Ed Goldman
General Counsel
University of Michigan Hospitals

Michael Graetz
Professor
Yale Law School

Angela Holder
Clinical Professor of Pediatrics (Law)
Yale University School of Medicine

Barbara McGarey
Deputy Director, Office of Technology Transfer
National Institutes of Health

Kathryn Meyer
Senior Vice President for Legal Affairs and General Counsel
Beth Israel Medical Center
New York, NY

Peter Millock
General Counsel
New York State Department of Health

Betsy Ryan
Chief of Staff
New Jersey Department of Health

Marjorie Shultz
Professor
Boalt Hall School of Law
University of California

Rick Slowes
Assistant Solicitor General
Office of the Attorney General of Minnesota

INDIVIDUALS LOOKING AT COST ISSUES

Howard Atkinson, Jr.
Atkinson & Co., Inc.
Silver Spring, MD

John Bertko
Coopers & Lybrand
San Francisco, CA

Phyllis Doran
Millman & Robertson, Inc.
Washington, DC

Brent Greenwood
Tillinghast/Towers Perrin
Minneapolis, MN

Dick Helms
The Principal Financial Group
Des Moines, IA

Rich Ostuw
Towers Perrin
Cleveland, OH

Ken Porter
The Dupont Company
Wilmington, DE

Jack Rodgers
Price Waterhouse
Washington, DC

INDIVIDUALS LOOKING AT ADMINISTRATIVE SIMPLIFICATION AND QUALITY ISSUES

Leonard Abramson
CEO, U.S. Health Care
Blue Bell, PA

Paul Batalden, MD
Vice President for Medical Care
Hospital Corporation of America
Nashville, TN

Ms. Ellen Gaucher MS, Nursing
Senior Associate Hospital Director and Chief Operating Officer
University of Michigan Hospitals
Ann Arbor, MI

Ileana Herrell, PHD
Associate Administrator for Minority Health, Health Resources and Services Administration
U.S. Public Health Service

Hank Cauley
Consultant, Telesis
Providence, RI

Christine Kovner, PhD, Nursing
Associate Professor, New York University
NY, NY

Gordon Mosser, MD
Internist
Minnesota

Phil Nudelman
President & CEO, Group Health Cooperative of Puget Sound
Seattle, WA

Norene Rickson
Consultant, Telesis
Providence, RI

Kathy Schroeder, MD
Associate Medical Director, William Beaumont Hospital
Royal Oak, MI

Jack Stephens
President & CEO, Lakeland Regional Medical Center
Lakeland, FL

G. Rodney Wolford
President & CEO, Alliant Health System
Louisville, KY