

Draft
Healthcare Reform Dialogue
Charter of Commitments and Rules of the Road
September 15, 2008

I. Purpose.

This document captures the purposes and procedures of the Health Care Reform Dialogue (HRD) and is intended to help us meet our schedules and engage in disciplined substantive discussions that succeed.

II. What the HRD Will Do.

The goal of the HRD is to develop a package of consensus policy recommendations for reforming the nations' health care system. A successful outcome of our Dialogue will be (a) a broadly-supported, non-partisan framework for comprehensive long-term healthcare reform that significantly improves quality, access and affordability; and (b) that leads to enactment of legislation in the next Congress.

III. Membership

The members of the HRD are:

1. AARP
2. American Cancer Society – Cancer Action Network
3. American College of Physicians
4. American Federation of State, County and Municipal Employees
5. America's Health Insurance Plans
6. American Hospital Association
7. American Medical Association
8. Advanced Medical Technology Association
9. American Nurses Association
10. American Public Health Association
11. Blue Cross Blue Shield Association
12. Business Roundtable
13. Catholic Health Association of the United States
14. Families USA
15. Federation of American Hospitals
16. Healthcare Leadership Council
17. National Federation of Independent Business
18. Pharmaceutical Research and Manufacturers of America
19. Service Employees International Union
20. U.S. Chamber of Commerce

See Attachment A for HRD member contact information.

IV. Steering Committee.

To help expedite logistics, finances, and management of the HRD, we agree that the HRD will have a Steering Committee comprised of seven members. The members of the Committee are:

1. Rich Deem, American Medical Association
2. Mary Grealy, Healthcare Leadership Council
3. Karen Ignagni, America's Health Insurance Plans
4. Chip Kahn, Federation of American Hospitals
5. Mary Nell Lehnhard, Blue Cross Blue Shield Association
6. Ron Pollack, Families USA
7. Rick Smith, Pharmaceutical Research and Manufacturers of America
8. Richard Umbdenstock, (Chair) American Hospital Association

The Steering Committee will serve HRD members by working with the facilitation team to plan and schedule plenary meetings, develop drafts of HRD ground rules and meeting agendas, and assist with scheduling interviews with HRD members. The Steering Committee will also manage the finances of the HRD, consult with and provide guidance to the facilitation team, review meeting summaries prior to circulation to HRD members, and help manage outside inquires from the press or other groups and individuals.

The Health Leadership Council will handle scheduling and arrangements for plenary and steering committee meetings.

V. Facilitation Team.

We agree that independent facilitators will assist our effort and that The Keystone Center is to serve in this role. Their job will be to help the Steering Committee prepare for and manage meetings, help identify issues and interests, help narrow options, and to the greatest extent possible facilitate a written agreement among us. They will do this by:

1. Ensuring that the fullest possible range of perspectives are brought to bear on all discussions, including the perspectives of those most affected by the decisions or policies at issue.
2. Ensuring that no one group is allowed to dominate discussions to the disadvantage of others.
3. Remaining impartial on the substance of issues being discussed while proactively ensuring that members collectively decide which issues are discussed and which solutions are considered.

4. Considering the entire HRD and all participants as their "client."
5. Ensuring that members of the HRD understand that they cannot use the facilitators to influence the substantive outcome and agreements being sought.
6. Encouraging members of the HRD to build and maintain consensus.
7. Encouraging the fullest disclosure and exchange of information that is vital to finding solutions while respecting that members may choose to place constraints on matters that are proprietary.

We, as participants in the HRD, reserve full rights to dismiss the facilitators if they violate their neutrality or prove incompetent in their work. The Keystone Center reserves the right to withdraw from the HRD if they believe members are not participating in good faith.

VI. Advisers and Independent Experts.

While each of the member groups is free to utilize its own experts, we may, as a group, decide to appoint one or more technical experts to help inform our deliberations or support our search for agreement. Any advisers or technical experts utilized by individual organizations or by all of us collectively will be held to the same commitments we agree to through this charter.

VII. Schedule.

With flexibility, and subject to revisions, we intend to meet on the following dates:

- September 15, 2008
- October 21, 2008
- November 12, 2008
- (Additional dates in November, December and January to be determined)

VIII. Participation and the Role of Members and Alternates.

Each of our organizations has appointed a member representative to the HRD and at least one alternate. In order to ensure that the viewpoints of our constituencies are fully and consistently articulated, and to help build trust and momentum, we commit to make our best efforts to attend all HRD meetings. Only members, or in their absence, their alternates, may participate in decision-making. If a member knows in advance that she or he cannot attend a HRD meeting, our alternates will attempt to. We assume that all members will keep alternates fully up to speed on substantive and procedural issues prior to their participation in HRD meetings. Our alternates will be able to speak for our organizations in these instances. Alternates may sit in on all plenary meetings.

IX. Commitments of HRD Members and Alternates.

The success of our effort will rise or fall on our ability to both achieve mutual understandings and to negotiate agreements that are in the interest of the nation. To maximize this opportunity, we agree to the following courtesies and etiquettes:

1. We will seek to form an improbable and historic alliance on health care reform;
2. We will listen with care to the range of all members' interests;
3. We will share factual, technical, or scientific information that is not legally or financially proprietary and that could help lead to solutions;
4. We will not monopolize discussions or dominate the floor;
5. We will seek and create solutions that meet the broadest range of the most members' interests;
6. We will refrain from disparaging remarks or personal attacks about other organizations inside or outside the HRD;
7. We will remain open to fresh possibilities and unusual ideas;
8. We will offer possible alternatives when we cannot say "yes" to a particular idea;
9. We will come to meetings prepared;
10. We will communicate and coordinate with our own constituencies;
11. We will attend all meetings on time;
12. We will contribute to an atmosphere of productive, thorough discussions;
13. We will negotiate in good faith;
14. We will voice concerns early to avoid surprises at the end.

X. Relationship with Constituents.

Each and all of us understand that we are responsible for keeping other decision-makers within our organizations and associations informed of the progress and proposals being made in the HRD. We understand that we must simultaneously address the interests of our organizations, stay open to new ways of meeting those interests and concerns, and discover collectively what is best for the country as a whole. If any of us at any time feel that the process is not allowing sufficient time to consult with and inform other decision-makers in our organization, we will raise the issue with the group, the Steering Committee, and/or the facilitation team.

XI. Consensus Decision-Making.

Consensus decisions are decisions that all of us can support, or at a minimum, for which there is "no objection." We understand that a consensus has the greatest chance to emerge if it is based on a deeper understanding of each others' interests and concerns. Thus, the determination of consensus on policy proposals will not be made by formal majority voting but rather by calling the question as to whether there is any dissent on a proposal going forward. This will only take place after all of us have had ample time to consider the idea, voice concerns, present information, deliberate, and influence the decisions under consideration.

Meetings during which consensus decisions will be made will be planned in advance, to the greatest extent possible, and consensus will be sought among those in attendance at the meeting planned for that decision. However, all consensus agreements will be considered “contingent” until such time as a complete and final package of agreements has been developed and accepted. The goal is for all HRD members to either strongly support a proposal, or to indicate that they can “live with” the proposal, even though it may not be their first choice.

To assist in calibrating the level of contingent consensus on any given matter, the facilitators will periodically use one or another version of the following polling tool:

- 1 = I really like this idea and can support it enthusiastically.
- 2 = I like it. It suffices. It’s good enough.
- 3 = Not necessarily my preference but it doesn’t defeat my interests. I will support it.
- 4 = I have mixed feelings, but wouldn’t stand in the way of this going forward.
- 5 = I can not support it. I prefer something different. Here’s my proposal which solves my problem and doesn’t completely defeat what other organizations are seeking (state your proposition).

In general, we will strive to achieve a negotiated package that scores as high as possible and that has no “5”s. If it is not possible to achieve a full consensus on all issues, we will agree to a “fallback” approach that will accurately describe the outcome of the deliberations in a manner that protects and respects minority views, including any confidential information that may have been shared in the deliberations. If one of us cannot support all or part of a package, it will be incumbent on that organization to state to all HRD members that they do not support the package and produce a proposal that (a) articulates their alternative to any aspect they cannot support, and (b) does not oppose those parts of the report they can support.

It is our intent to participate in the dialogue until its conclusion. We recognize however that there may be circumstances under which one of us decides to exit the HRD. In such case, we will strive to do so in a manner that is not detrimental to HRD’s mission and efforts.

XII. Confidentiality.

We understand and agree that plenary and work group meetings are private, “off the record” meetings. Discussions that take place at the meetings are not for attribution to the public or the press. The purpose of this ground rule is to assure an environment of high safety so that members can express their viewpoints freely and explore new approaches or combinations of approaches without being pressed for final commitments. This sense of safety and non-disclosure is essential to success. All of us, and our alternates and any advisers or technical experts we may utilize, agree not to attribute any ideas, viewpoints or statements to any other participant when speaking about the HRD process.

XIII. Media Inquiries.

We agree that media representatives will not be invited to attend meetings, nor will any materials distributed or discussed during the HRD process be shared outside of our process without the express consent of all other HRD members. When pressed, responses to media inquiries, or inquiries from other organizations or individuals, may acknowledge that informal discussions are occurring. We agree that no other details will be provided.

We agree that any further inquiries from the media will be directed to HRD’s lead facilitator, Peter Adler, President of The Keystone Center or, in his absence, Robin Roberts, Senior Mediator. Keystone will share with HRD members the media inquiries they receive. Time will be allocated during each working session to discuss and agree upon the nature and content of any other communications with the press following the meeting.

XIV. Internal Communications.

To avoid retrenchment at the end of the process, we agree that each of us will keep key decision makers in our own organizations fully informed of the issues, options, considerations and proposals that are developing as a result of the dialogue. Recognizing the sensitivity and confidentiality of our discussions, we will ensure to the greatest extent possible that others in our organizations abide by the same commitments we make here.

XV. Electronic Communications.


We acknowledge the ease and informality of communicating via e-mail, instant messaging and other forms of electronic communication and know that such communications can create unintended distribution and publication of sensitive, contentious, or otherwise confidential information. We agree therefore that we will exercise prudence in our use of electronic communication platforms. To the greatest extent possible, we will utilize e-mail communication only for logistical coordination

and agree to avoid electronic argumentation on critical matters under consideration. However, during our process, working drafts of proposals may be circulated for comment by the facilitation team, the Steering Committee, or members and alternates of the HRD. We agree not to share these documents with others outside the consensus process until the whole group has agreed that such documents are ready for circulation.

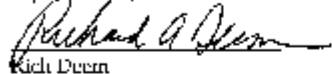
XVI. Work Groups.

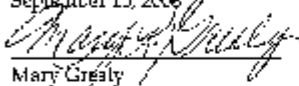
We agree that smaller work groups may be formed to develop options, or packages of options, or to address or improve the definition of certain issues. Any participant of the HRD will be able to participate in any work group should they choose, or designate an individual (including staff members from their organizations) to participate in these working sessions. We agree to ensure that anyone other than ourselves or our alternates attending a work group on our behalf will follow the commitments and rules of the road outlines in this document.

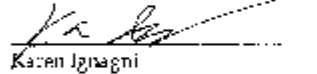
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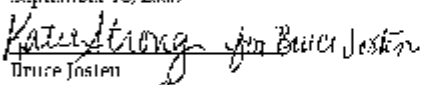

for Georges Benjamin
Georges Benjamin
American Public Health Association
September 15, 2008


Julio Castellani
Business Roundtable
September 15, 2008

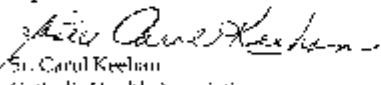

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American Medical Association
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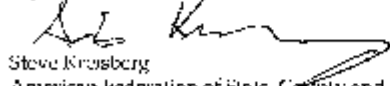

Mary Grealy
Healthcare Leadership Council
September 15, 2008

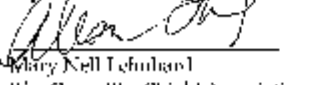

Karen Ignagni
America's Health Insurance Plans
September 15, 2008


Bruce Josten
U.S. Chamber of Commerce
September 15, 2008

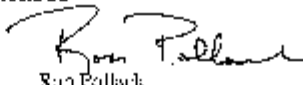

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Federation of American Hospitals
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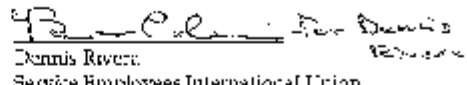

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Catholic Health Association
September 15, 2008



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American Federation of State, County and
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Mary Nell Leblond
BlueCross BlueShield Association
September 15, 2008

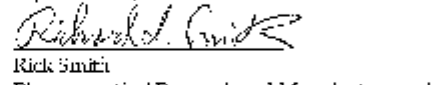
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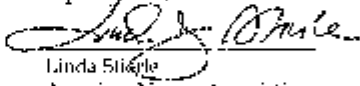

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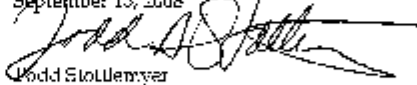

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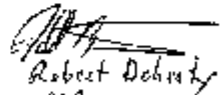

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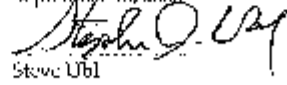

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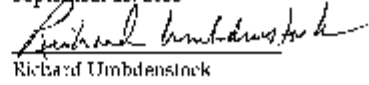

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As of September 12, 2008

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