

The President. And you contribute into the savings account?

Ms. Brown. Yes. As the employer, yes, we do.

The President. One hundred percent?

Ms. Brown. No. It's a shared responsibility, and that's very important, that there's a shared responsibility in that.

[Ms. Brown made further remarks.]

The President. Right, right. This is a—Jane has given her employees a very interesting option, and that is a consumer-driven plan where there is an incentive to save, to be a good shopper, and to make rational choices about how you live your life. And if you live a healthy lifestyle, you're going to spend less money out of the money she has contributed into their health account. But the money is yours. In other words, there's a catastrophic plan available; you may pay the first 3,000—the \$3,000 is on the company, and anything above \$3,000 goes to the insurance company.

So you can see, if you don't spend the \$3,000, and you're able to roll it over, tax-free, and then there's another 3,000 contributed next year, and you roll over money you save, pretty soon you've got a good health savings account, because the Government doesn't tax any of it. It doesn't tax the money going in; it doesn't tax the earnings; and it doesn't tax the money coming out.

And if you change jobs—by the way, which is an interesting statistic in our society today. Somebody told me the other day that people change jobs about eight times before they're 32 years old. That wasn't the case when we were growing up.

Ms. Brown. No, it wasn't. [Laughter]

The President. Anyway, doesn't it make sense to have a plan that you can carry with you? That's called portability. And so what Jane has provided her employees is something that encourages consumerism but also helps meet their needs, and that's what medicine has got to do. It's got to meet the needs of the consumer, not the government. And that's what we're talking about, innovative ideas, innovative ways to help control costs in health care.

And I hope you've gained something from this conversation. At the very least, please

leave with the notion that we're thinking differently, because you need to think differently. The system right now needs reform and needs to be fixed. And you're fortunate in the State of Minnesota that you've got leadership at the State and local and the corporate and individual level that is willing to think differently to help a new system evolve. And it's coming, and it's going to make a huge difference for people's lives.

And I want to thank all our panelists for joining us today. It's been a fascinating conversation. God bless you all.

Oh, wait a minute, now I'm going to sign an Executive order. And I think you'll find this interesting. It doesn't take very long, and we usually have people stand behind me when I do it. [Laughter]

You ready, Pawlenty?

[The President signed the Executive order.]

The President. Done.

NOTE: The President spoke at 2:41 p.m. at the Minneapolis Marriott Southwest. In his remarks, he referred to Mayor Jan Callison of Minnetonka, MN.

Executive Order 13410—Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs August 22, 2006

By the authority vested in me as President by the Constitution and the laws of the United States, and in order to promote federally led efforts to implement more transparent and high-quality health care, it is hereby ordered as follows:

Section 1. Purpose. It is the purpose of this order to ensure that health care programs administered or sponsored by the Federal Government promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and better incentives for program beneficiaries, enrollees, and providers. It is the further purpose of this order to make relevant information available to these beneficiaries, enrollees, and providers in a readily useable manner and in collaboration with

similar initiatives in the private sector and non-Federal public sector. Consistent with the purpose of improving the quality and efficiency of health care, the actions and steps taken by Federal Government agencies should not incur additional costs for the Federal Government.

Sec. 2. Definitions. For purposes of this order:

(a) “Agency” means an agency of the Federal Government that administers or sponsors a Federal health care program.

(b) “Federal health care program” means the Federal Employees Health Benefit Program, the Medicare program, programs operated directly by the Indian Health Service, the TRICARE program for the Department of Defense and other uniformed services, and the health care program operated by the Department of Veterans Affairs. For purposes of this order, “Federal health care program” does not include State operated or funded federally subsidized programs such as Medicaid, the State Children’s Health Insurance Program, or services provided to Department of Veterans Affairs beneficiaries under 38 U.S.C. 1703.

(c) “Interoperability” means the ability to communicate and exchange data accurately, effectively, securely, and consistently with different information technology systems, software applications, and networks in various settings, and exchange data such that clinical or operational purpose and meaning of the data are preserved and unaltered.

(d) “Recognized interoperability standards” means interoperability standards recognized by the Secretary of Health and Human Services (the “Secretary”), in accordance with guidance developed by the Secretary, as existing on the date of the implementation, acquisition, or upgrade of health information technology systems under subsections (1) or (2) of section 3(a) of this order.

Sec. 3. Directives for Agencies. Agencies shall perform the following functions:

(a) Health Information Technology.

(1) For Federal Agencies. As each agency implements, acquires, or upgrades health information technology systems used for the direct exchange of health information between agencies and with non-Federal entities, it shall

utilize, where available, health information technology systems and products that meet recognized interoperability standards.

(2) For Contracting Purposes. Each agency shall require in contracts or agreements with health care providers, health plans, or health insurance issuers that as each provider, plan, or issuer implements, acquires, or upgrades health information technology systems, it shall utilize, where available, health information technology systems and products that meet recognized interoperability standards.

(b) Transparency of Quality Measurements.

(1) In General. Each agency shall implement programs measuring the quality of services supplied by health care providers to the beneficiaries or enrollees of a Federal health care program. Such programs shall be based upon standards established by multi-stakeholder entities identified by the Secretary or by another agency subject to this order. Each agency shall develop its quality measurements in collaboration with similar initiatives in the private and non-Federal public sectors.

(2) Facilitation. An agency satisfies the requirements of this subsection if it participates in the aggregation of claims and other appropriate data for the purposes of quality measurement. Such aggregation shall be based upon standards established by multi-stakeholder entities identified by the Secretary or by another agency subject to this order.

(c) Transparency of Pricing Information. Each agency shall make available (or provide for the availability) to the beneficiaries or enrollees of a Federal health care program (and, at the option of the agency, to the public) the prices that it, its health insurance issuers, or its health insurance plans pay for procedures to providers in the health care program with which the agency, issuer, or plan contracts. Each agency shall also, in collaboration with multi-stakeholder groups

such as those described in subsection (b)(1), participate in the development of information regarding the overall costs of services for common episodes of care and the treatment of common chronic diseases.

(d) Promoting Quality and Efficiency of Care. Each agency shall develop and identify, for beneficiaries, enrollees, and providers, approaches that encourage and facilitate the provision and receipt of high-quality and efficient health care. Such approaches may include pay-for-performance models of reimbursement consistent with current law. An agency will satisfy the requirements of this subsection if it makes available to beneficiaries or enrollees consumer-directed health care insurance products.

Sec. 4. Implementation Date. Agencies shall comply with the requirements of this order by January 1, 2007.

Sec. 5. Administration and Judicial Review.

(a) This order does not assume or rely upon additional Federal resources or spending to promote quality and efficient health care. Further, the actions directed by this order shall be carried out subject to the availability of appropriations and to the maximum extent permitted by law.

(b) This order shall be implemented in new contracts or new contract cycles as they may be renewed from time to time. Renegotiation outside of the normal contract cycle processes should be avoided.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

George W. Bush

The White House,
August 22, 2006.

[Filed with the Office of the Federal Register, 8:45 a.m., August 25, 2006]

NOTE: This Executive order was published in the *Federal Register* on August 28.

Proclamation 8041—Minority Enterprise Development Week, 2006

August 22, 2006

By the President of the United States of America

A Proclamation

During Minority Enterprise Development Week, we celebrate the outstanding progress made by minority business owners, recognize their important contributions to our Nation's vibrant economy, and emphasize our commitment to helping them succeed.

Throughout our country, minority entrepreneurs strengthen our economic growth and keep our Nation moving forward. As Ronald Reagan said, entrepreneurs are the "explorers of the modern era," and minority business owners help expand opportunities for their communities and their fellow citizens. A free society in which people have the opportunity to pursue their goals, no matter who they are or where they are from, is a stronger and more just society.

Over the past 3 years, our economy has grown by nearly \$1.3 trillion, and minority businesses have contributed to that growth. Since 2001, my Administration has worked with the Congress to deliver the largest tax relief in two decades, leaving more money for minority business owners to reinvest. We are also undertaking initiatives to widen the ownership of businesses. With these resources, minority enterprises are hiring more employees, improving their communities, and helping fuel our country's economic resurgence.

Minority businesses throughout our Nation remain strong, and our country benefits from the positive impact they have on our economy. Minority business owners represent the hopeful spirit of America, and all across this land, Americans continue to achieve their dreams and build better futures for themselves and their families. During Minority Enterprise Development Week, we underscore our commitment to helping entrepreneurs realize the promise of our great Nation.

Now, Therefore, I, George W. Bush, President of the United States of America, by virtue of the authority vested in me by