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PHILADELPHIA INQUIRY

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THE WHITE HOUSE

Office of the Press Secretary

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February 4, 1994

AN INTERVIEW OF THE FIRST LADY
BY THE PHILADELPHIA INQUIRER

Q You do this every day.

MRS. CLINTON: Well, I do it lots of days, not every one, but lots.

Q You must be a very strong person. One of the things I was interested in, certainly in light of what's going on with the Business Roundtable and all that, is you've mentioned more than once today about how important it is to you to have this comprehensive bill.

MRS. CLINTON: Right.

Q What are you willing to compromise on, and how narrow a bill are you willing to accept?

MRS. CLINTON: Well, we're not to talk in those terms because that's up to the Congress. They're going to have to be making a lot of those hard decisions.

The President's made very clear what he is willing to accept. It has to be a bill that honestly achieves guaranteed private insurance with comprehensive benefits for every American. And so that's how he's going to be looking at it, and that's what we expect the Congress to produce.

Q But a lot of the things you were talking about today are things that are really on the fringes of that -- how we do our training and how we evaluate quality, that sort of thing. How important is it to you to have those things in the bill?

MRS. CLINTON: Well, we're just going to wait and see how the Congress tries to put it together because as they begin to look at it seriously, if they really are going to reach universal coverage, then a lot of these issues that are not talked about a lot become very important.

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You've got to have a workforce that can deliver primary and preventive health care to people, and therefore you've got to make some changes in the way we currently fund residency programs because we have used the Medicare system to fund specialties and subspecialties.

So every time you pull a string, you see that it leads to somewhere, and we're going to be working with the Congress to come up with the very best possible approach.

Q Obviously you've had an awful lot to do with putting this plan together, and now I presume it's sort of your job to sell it. But what is your role in determining what you fight for and what you don't fight for and what you end up with?

MRS. CLINTON: You know, I am one of many people who has an opinion, but it's the President's decision about what goes in and what comes out and how it's described and whether he thinks it meets his bottom-line requirement, that it actually provide guaranteed private insurance.

Q Is it difficult for you to go through this process, after having put so much of yourself, I assume your energy and time into creating this thing, and then watching them tear it to bits?

MRS. CLINTON: Oh, no because that's all part of the process. I mean, I have known -- you know, when we first started doing this, we could have just sent a very short bill with lots of blanks to be filled in, but instead we thought we would try to send a comprehensive bill that had everything we could think of that was relevant to solving this problem.

But I know enough about legislative processes to know that what goes in rarely comes out in the same form. So this, to me, is exactly where we're supposed to be in what we're trying to achieve.

Q What did you hope to accomplish by this forum today?

MRS. CLINTON: What I'm continuing to try to do is to provide accurate information, to answer people's questions, to hear their constructive criticism, and to keep the energy that I feel about this communicated to people, so that they know they're part of what we're trying to do, that

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they're part of the solution.

Q What did you come away from today's forum with? Did you learn anything?

MRS. CLINTON: Oh, I did. I always do. But I also really was impressed by the quality of the questions, the understanding that the questioners had about the current system and what was right and what was wrong.

You see, I think too many people, when they try to cover this debate, quickly go to the most confrontational aspects of it because that makes for better copy. What I find instead is an incredibly thoughtful approach on the part of most people. It doesn't matter who they are. They know about health care and they know what affects them and they want to express their opinion.

Most people share the same diagnosis the President does: health care is not secure, it's not affordable and it's too often not there when you most need it, for too many people. And they have good ideas about how to try to solve the problem.

So if you listen, as I have for the past year, I'm incredibly encouraged every time I'm out talking to real people about what's at stake, as I was today.

Q There are obviously a whole lot of things going on in the market right now that have been spurred simply because you guys have brought this issue to the forefront. Blue Cross bought the biggest hospital system in Philadelphia last week here. And there's all kinds of consolidation going on, and they're all going nuts trying to figure out how they can group together and be in the best position.

How do you think that affects your ability to get this plan through? Does it steal your thunder to some extent? Is it moving in the direction you want it to go in anyway and it gives you less -- there's less impetus for what you're doing?

MRS. CLINTON: No, I think that it's happening in many areas, but it's not happening in a way that has impacted on most people, except, all too often, negatively. I mean, a lot of the mergers and acquisitions and consolidations have led to people being told they can't go to their own doctor or

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So although there are changes, it's not clear that in the absence of comprehensive reform, those changes are going to be good for people. I mean, it's not necessarily good if you have unregulated monopolies dominating a marketplace that are in the position to basically call the shots on who gets covered and who doesn't and what doctor you can go to.

So the trends are not ones that most Americans are comfortable with, but they are going to continue, whether there's reform or not, and the trick is to have them be part of comprehensive reform that guarantees certain protections to both health care providers and patients, which is what the Health Security Act would do.

Q I guess I'm not clear. I mean, a lot of these people who are doing this consolidation are doing it to position themselves to be more powerful within the alliances, and I'm not sure how the alliances themselves would --

MRS. CLINTON: But a lot of them are fighting having alliances because they don't want to be part -- they don't want to be a health plan in the alliance. They want to be a health plan in the unregulated, nonrational marketplace that currently exists out there, so that they can charge whatever they want, whatever the market will bear.

I heard at the hospital today -- I don't know this independently -- that Blue Cross also notified subscribers last week, some time in the last few weeks, that they were going to cut the rate at which they would reimburse for immunizations.

So on the one hand, they're consolidating and, on the other hand, they're cutting back on preventive care. That is not a good signal for what we ought to be expecting from health care.

So I see a lot of this consolidation as attempts to dominate marketplaces so that they can charge even more and be more arbitrary than they used to be. And if we don't do something about it, they will continue to cut deals with the biggest employers; they will continue to restrict choice of physician; they will tell physicians who they can practice with and where; and they will have employers telling

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employees who they can or cannot see when they're sick.

I don't think that's a very healthy development.

Q The one thing I don't understand: are your alliances, the networks that people will buy from, are they going to be so large that we have unrestricted choice of doctors? Or are we going to be choosing from the Graduate Health System or the Hospital of the University of Pennsylvania Health System?

MRS. CLINTON: It depends upon how they're going to be structured, but there will certainly be more incentives for larger combinations that will go from preventive to tertiary care, plus a point-of-service option that will enable a consumer to avoid being trapped in a particular health plan if they have a condition that can't be satisfactorily taken care of by that health plan.

But we also have funds in the plan to give seed capital to physicians to start health plans. I want to see more community-based health plans and more options available besides the biggest insurers running health plans.

And some health plans will be huge and others will start out small, but at least they can be competitive. And in today's market, that's prohibitive.

Q Because you're subsidize them?

MRS. CLINTON: Right. And there will be the direct seed capital to create the networks, but the indirect effect of universal coverage will be to enable a lot of providers to band together, to be health plans, because they will be reimbursed for care that they otherwise wouldn't have been.

Q Thanks.

(The interview was concluded.)

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