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REMARKS BY THE FIRST LADY
TO CATHOLIC HEALTH ASSOCIATION
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MRS. CLINTON: (In progress) Millions of other Americans are gripped by fear that at any time they could lose their benefits. And every year, two million Americans do lose them. They may lose them for a month or two or six months or a year before they find a way back on some insurance roll. And they usually pay a lot more to be insured again. Still, every month, 100,000 Americans fall off the health insurance rolls. Others stay in jobs that they want to leave because they can't take the risk of being uninsured. And many families find they can't get coverage for the very problem they need care for, because that illness is stamped a "preexisting condition."

Americans who work for a living, who pay the bills and take care of raising their families should not be burdened by the insecurity of not knowing whether they will have health insurance. Security is what this health care debate is all about.

Once the new health care plan is up and running, everyone will get a health security card which will guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, and whether or not they've ever been sick before. Security, no matter what, is the first condition.

Second, we're going to work together to make sure that health care costs are brought under control. You see every day what happens when health care is priced out of the reach of many Americans. It forces you to absorb more red ink, and many other segments of the health care system to shift costs, and all of us bear the burden. Left unchecked, health care costs will continue to hurt our families, bankrupt businesses, and drive the federal deficit to ever greater heights.

Our reforms will rein in health care costs through several measures. We will strip away the incentives from rewarding doctors who do more tests and procedures, and instead will create a system that encourages cost-effective, high quality care where a doctor and a patient can again be at the center of the relationship

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and where decisions can be made not on how something will be reimbursed, but what a doctor believes is best for a patient. We will reduce the bureaucracy and micromanagement that bloats our health care system and that so many of you have complained about because it adds unnecessary costs.

Finally, we will say to all health care institutions and providers, just as you recommended in your proposal, we must live within a budget, and we must reallocate our health care resources within that budget away from paperwork, administration, insurance costs, into what matters most, caring for people. We're going to ask everybody -- workers, employers, providers, doctors, nurses, hospitals -- to chip in and do their part for health care. And to the drug companies that charge two and three times in America what they charge overseas, we're going to say, bring your prices down. It's only fair.

I can remember so well sitting in the St. Vincent's waiting area and talking with a friend of mine who's a physician there who told me that every day he discharges somebody from the hospital who needs continuing prescription medication to stabilize a condition. And every day there is at least one patient whom he knows cannot afford the drugs he prescribes. And so what often happens is that patient decides not to take those expensive drugs, or to self-medicate. Instead of the four a day required, maybe only one to stretch them a little further. And, sure enough, it's not too long before that patient ends up back in the hospital, costing all of us even more.

To the businesses who don't cover their workers today, yet take advantage of your hospitals and, therefore, drive up the costs for the businesses who do cover their workers, we're going to say it's time for everyone in America to take responsibility. It's only fair that we all pay our fair share.

To the individuals who think they can get by without coverage and have that terrible accident or that unpredicted illness and end up in the emergency room or in the ICU and, therefore, we all pay the bill, we're going to say, you, too, must do your part. If you can afford it, or whatever you can afford, you must contribute. It's only fair. We will all benefit if we all take responsibility for our health and for each other.

Third, our reform will reduce the waste that eats up our health care dollars now -- and so much of your time. Another key component of reform will be a wholesale reduction in the frustrating and wasteful paperwork that eats up the health care system. You all know very well what the load is like, and when you look at the number of rules, the volumes of regulations, the stacks upon stacks of

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forms, you have to ask yourself, where did all this bureaucracy come from?

The short answer is it comes from everywhere. It comes from private insurers, it comes from government. Forms were created to make sure that the most vulnerable people were getting proper care. Then more forms were created to make sure doctors and hospitals didn't perform unnecessary tests and procedures. Then the insurance companies have their own sets of rules for doctors and nurses to follow, so they create their own forms. And as the number of health insurance companies grew -- today there are more than 1,500 -- so did the number of forms. The result: Instead of a system where forms enforce the rules, we have a system ruled by the forms.

Patients don't know how to read their bills or make sense of their insurance policies, and worry they'll be left hanging because they didn't understand the fine print. Doctors and nurses, especially nurses, spend as much time dotting Is and crossing Ts as they do taking temperatures and carrying for patients. One of the nurses I spoke with told us she entered nursing because she wanted to care for people. She said that if she had wanted to be an accountant, she would have gone to work for an accounting firm.

And for every new doctor an average hospital hires, it hires four new administrators. It's a bad case of the tail wagging the dog. And we're going to take that administrative mess we now have and clean it up for you and for everyone. We'll see a health care system that is made easy. One insurance form for everybody. A quality check form -- no hidden fine print. And we're going to reduce the paperwork and streamline the regulations. Doctors and nurses will be able finally to do what they were trained to do. At the same time, we will maintain and enhance the quality of American health care by measuring quality based on results, not based on micromanagement and forms.

Fourth, this reform will make a serious start at addressing the growing long-term care problems our country faces. Now, many will argue we should put off consideration of this issue. While it would be too costly to try to meet all of America's long-term care needs at once, it would be irresponsible for us not to make a start, to try to get ahead of the aging curve. Today there are too few options for people hoping to stay at home and out of institutions, and too little help for families doing their best to care for ailing relatives. Individuals and their families, as you know, are often bankrupted by the cost of long-term care, or at least forced to spend themselves into poverty and turn their backs on their older relatives. They can't get help until they have almost nothing left.

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The system is complex and disjointed and it fragments the care people receive. If the long-term care system is left unchanged all that will only get worse.

Most of you know Monsignor Charles Fahey. Monsignor Fahey served on our working group on ethics, the group charged with making sure that the system we develop is driven by fundamental values, shared responsibilities, social justice. Monsignor Fahey has confronted the fragmentation and backward incentives of our long-term care system firsthand. He took a month off this year to care for both his parents, seriously ill, in order to keep them out of a hospital or a nursing home. As he struggled to nurse his parents back to health in ways that met their needs and maintained their dignity, he took on a system that looked at the moving parts but never at the whole person. As the Monsignor put it, "We've got a system that cares for the eye or the foot or the nose, but never for Charlie or Elizabeth."

Our reform will reverse the incentives and expand the options for care at home and improve coordination of services. Another example from my visit to St. Agnes: That hospital, as many of your does, runs an adult day care center. And what they found is that they couldn't get reimbursed on even a sliding scale to help keep their patients and their families from the neighborhood at home. And so what often happened is that, although nursing home care was so much more expensive, the \$35 a day for adult day care in a hospital setting was beyond the financial reach of so many families that they went ahead, met the Medicaid requirements and, very regretfully, put their relative in a nursing home.

It wasn't the choice they wanted and it cost us more money. How much more sensible we will be if the St. Agneses and the St. Vincents and the other hospitals in your association are able to reach out and help families make this connection to be able to serve their older relatives.

We'll make a serious start on improving long-term care coverage for the elderly and disabled Americans by expanding home and community-based care. People with severe disabilities will have access to a broad array of services, coordinated by a case manager, tailored to individual needs. By expanding the availability of home and community-based care, we will give seniors and disabled citizens who can't manage on their own the opportunity to remain in their community for as long as possible.

Lastly, we will improve the availability of health care in the areas that have been traditionally underserved -- rural communities, urban centers and other parts of the country where a

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health care card alone will mean little to people unless we guarantee that services will be there for them.

Americans everywhere need to know there will be a doctor and a health facility available to them. This is a problem that the Catholic Health Association knows very well because your members have helped to address the problem in many rural and urban poor areas. I am especially proud that one work of the Catholic health care providers in Arkansas was recognized this year, and I'm speaking about the wonderful work in caring for the needy by the St. Elizabeth Health Center in Gould, Arkansas, which serves a community that other health care providers have abandoned.

For the 1,500 residents of a community like Gould out in the country, the nearest doctor was out of reach. Many people didn't have transportation and couldn't reach even the facilities 18 miles away. But about three years ago St. Elizabeth's set itself up in an old police station and it's been filling the critical health void in that community ever since.

The President's plan will bolster these efforts by targeting funds for areas that are now undeserved. And the plan will strengthen the health care infrastructure in these areas by linking community based centers to other hospitals and providers and will provide incentives for the national health service corps and other programs to encourage doctors to practice in remote parts of our country.

This plan will make sure that all America is cared for, just as you've recommended, with integrated delivery networks where all of our providers, doctors and nurses and others will be connected up to give care in areas that traditionally have been overlooked. We've gotten away from that. We've watched bureaucracies and paperwork and red tape distance us from the human caring that needs to be at the root of any health care system.

We can't wave a magic wand and reverse time, but we can try to reconnect. I know that CHA members try every day to inject that extra bit of humanity and caring into the system. That's the kind of effort that can make all the difference at those moments when we find ourselves, as I have, dependent on each other.

This is what I hope: that in a few years we will not only have a streamlined more efficient system, that we will not only have a better distribution of health care professionals and have more primary and preventive health care physicians and nurse practitioners and physician's assistants, that we will not only have better access, but we'll feel better about ourselves and about each other. We won't

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just be healthier, although that's a tremendous goal in itself, but we'll all be part of a community of caring again.

Thank you very much for being part of that community now, for thinking hard about how we can expand it to every American, and by standing behind the reforms that need to be made. Thank you all again.

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