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Congressional Black Caucus

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THE WHITE HOUSE

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REMARKS BY THE FIRST LADY
AT THE CONGRESSIONAL BLACK CAUCUS

Capital Hill

2:00 A.M. EDT

MRS. CLINTON: Thank you. Thank you very much, Congressman Stokes, other distinguished members of Congress, and the Congressional Black Caucus. Many of you in this audience who are physicians and nurses and pharmacists and medical technicians and medical school deans and every other representative of the health care profession, it is a great privilege for my to be with you because, as Congressman Stokes has said, the Congressional Black Caucus is one of the first places I came when I began to visit here on Capital Hill to learn from our representatives and senators what they thought in terms of the crisis facing our country with respect to delivering quality health care, and what particular issues were of importance to various Americans that could not be overlooked if we were to come with a plan that was truly an American solution to an American problem.

And I have been very grateful for the assistance from the members of the Congressional Black Caucus and from so many of their staff members, both personal staff and committee staff. And I am also grateful for the assistance of many on this podium and in this audience who have worked very closely with the Health Care Task Force.

What I would like to do this afternoon is to talk about the basic principles underlining the President's health care plan, his commitment to them and the ways he has chosen to address them. As both Congressman Conyers and Congressman Scott pointed out, there is a significant level of support in the Congress for a single payer

system that has been developed in legislation of which there are a number of co-sponsors. There are other bills that have been introduced in the Congress both this session and in previous sessions as members have searched to find ways that they thought would solve the problems that they saw.

This issue has been with us for many years. It goes back at least to the time when President Franklin Roosevelt was attempting to legislate Social Security. At that time, he also intended to legislate health security and could not achieve that political objective. But ever since the 1930s and every congressional session, bills have been introduced, and presidents since Franklin Roosevelt have attempted to deal with our health care problems. President Truman came forward with a plan. Under President Johnson we began to see Medicaid and Medicare. President Nixon introduced a health care reform plan. Other presidents, many members of Congress have struggled with this issue. And yet the problem has continued to develop.

We are at a unique moment in history, when there is a groundswell of desire on the part of Americans of all walks of life to do something about our health care system, and when there is a critical mass in the Congress, both Democrats and Republicans, who are finally willing to say, yes, let us hear the people and do something. But perhaps most importantly, we have a President who is absolutely committed to getting that job done, and who is willing to put himself and his administration on the line.

Many people have asked me and asked my husband since we began this effort, why on Earth would you take this risk? Why particularly, would you put your wife in that position? I've asked him that, myself. (Laughter.) And he has always, without hesitation, said the same thing, and it's what I agree with absolutely -- how can one be President today, how can one be a member of Congress or a United States senator, how can one be a physician or a nurse or a businessperson or a mother or a father and not want to solve our health care problems once and for all? (Applause.)

There is no reason to be in public service today that is more important to the continuing stability, the well-being, the social fabric, the human quality of our country, and the kind of health care system we will establish and support for all of our people.

So to that end, the President believes strongly in the following principles, and although there will be many opportunities which will be welcomed, to sit down and work with not only members of the Congressional Black Caucus, but members of every caucus, of which there are many as I have learned up here, on both sides of the aisle,

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to hammer out the best possible solution.

But there are certain principles that cannot be negotiated over. And these are the ones the President believes in. Number one, we have to reach universal coverage as soon as it is possible to do so. Until all Americans are secure, no American is fully secure. Even those Americans who are currently insured -- and that includes most of the people in this room -- we cannot with any certainty know whether we will be insured to the same degree at the same cost next year at this time. We cannot because we cannot predict what will happen to us, know whether we will suffer some illness or accident, or a member of our family will which will totally change our insurance situation.

The upcoming debate over how we will provide universal coverage for every American is not just about insuring the uninsured, although that is the highest moral imperative. Those who have no access now whatsoever have to have a right to security. But the debate is also about the many millions who are currently insured, but without any certainty as to what their insurance will look like next year.

Every single month 2.25 million Americans lose their insurance -- 2.25 million. Now, some may only lose it for a week, some many lose it for three months, some may lose it for a year or more. But that number of Americans every month is rendered insecure. Well, first and foremost, every American must have health care coverage, and that coverage must be secure no matter who you work for, where you work, where you live, or whether you have ever been sick before. We will eliminate preexisting condition problems. We will eliminate portability problems. We will eliminate job lock. Every American because you are an American, not because you work for a big or small company, or live in Florida or North Dakota, you will be insured. (Applause.)

Now, the President believes that insurance should carry with it a guaranteed benefit package so that every American will have access to the same comprehensive benefits. And those benefits should include primary and preventive health care. We should reverse the bias against preventive health care and insure us against getting sicker by making it possible to get care earlier and solve problems. (Applause.)

The benefits package will include the kind of care that the insurance packages that most large companies offer to their employees. And it will include mental health benefits. It will include substance abuse benefits. But it cannot, starting where we are now, include everything that you and I would perhaps like to see. We will try to cover the dental care of children. We will not yet be

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able to reach -- to cover the dental care of adults. We will cover mental health benefits. We won't be able to go as far as I, and particularly Tipper Gore, would like to go, but we will establish the basic principle that a comprehensive benefits package must include those services that not only traditionally have been left out of insurance policies, but which we know will save us money if they are included.

We also believe that the comprehensive benefits package that is available has to be truly accessible. It will do very little good if we give every American a health security card -- (Side one of tape ends; Tape two begins) -- unless we take steps to ensure that every American has access to the care he or she needs when that occasion arises. So we will be looking to provide the kind of infrastructure in our public health and private health systems that will make the delivery of care available to every American.

It is very important that we think about how this new system that we want to see developed will look to the point of view of the patient or the provider, as many of you happen to be. Many of us in this room will be accused in the next months of being policy-wonks. I was in this committee room the other day and at least one member of the Congressional Black Caucus who is sitting up here drilled me with five of the most technical questions anybody has asked me ever. They were terrifically specific, tough questions that need to be answered. They were wonk questions, as we say.

But when we go out to talk to our friends and neighbors, when the members of Congress go home, what people are going to want to know is what does this do to me? How am I going to get to my doctor? How am I going to get the care that I need? And we have tried to build on the system that is most familiar to most Americans. Most Americans currently get their health care at their work place if they are insured. We intend to build on that. Most Americans sign up for a health insurance policy. We intend to expand on that, so that instead of your employer determining what policy you will have, the consumer will choose the policy that you wish to have. You will be the one making the choice among the health plans in your region.

It is similar to what we in the federal system currently have. Those in Congress and who work for the federal government are members of a big health alliance -- the Federal Health Benefits Group. And every year, those who are in the system get a list of what plans they should sign up for and then they make their choices. Some plans might cost a little bit more or a little bit less. Your doctor may be in one instead of the other. Your doctor may change from year to year so you can follow him from place to place. But you make the choice. That's what we want for every American.

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As it currently stands now, most employers who provide insurance make that choice for the employees. And increasingly because of the pressure on costs, the choices have become more and more limited. So we intend to preserve choice in health plans. And contrary to some of the ads that are currently running, that is one of the major features of this health care plan.

In addition, we believe you can control costs in the health care system. Those of you who are in it know that better than the rest of us. Controlling those costs will take some changes in behavior and some different ways of doing things, but there are so many examples that I could recite that I've heard or that you could recite back to me. There are examples in the Medicare and Medicaid system, and there are examples in the private insurance system. We know what they are. We see them all the time.

If any of you saw the television program this morning where we took some of the 700,000 letters that have been written to the White House about health care concerns and picked out some representative ones and people read their letters, you remember the woman who said she went in for the knee operation and she got the bill from the hospital and they had charged her \$2,400 for a pair of crutches. And she called up her insurance company and her insurance company said, "Oh, don't worry about it. We already paid it." She called up the hospital and they said, "It's too much trouble. We already paid it." And as this woman said, "Was the decimal in the wrong place? Was \$2,400 paid for a pair of crutches, but it was just too much of a bureaucratic paperwork hassle to get to the bottom of it because there's so much money coming into this system all the time that we just keep paying the bills and pushing it out the other side.

And the reverse of that is that people who make decisions about caring for patients are having their decisions second-guessed all the time. It's gotten so that many doctors I know feel like every time they want to order a blood test or some other diagnostic procedure, they need to pick up the phone and call some 800 number to some insurance office to ask permission of whoever it is that answers the phone. And there's been some research done recently that people who are the other end of those phones, bless their hearts, they're are clerical employees, no medical training -- they pull out a chart and they say, "Let's see, now. You're in St. Louis and you want to do a blood test? Well, I don't know. We're not sure we can do that."

I mean, that's the system that we currently have. Anytime anybody tells you that the changes we want to put into place are going to create bureaucracy and regulations, say, give me a break. We have the most bureaucratic system in the entire world that is wasting billions and billions of dollars. (Applause.)

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Now, there are savings to be had, and I know that some people are concerned about where those savings will come from. But we believe there are savings in both the Medicare and Medicaid systems and in the private insurance system, without undermining the quality of care or the accessibility to care. But we will never get to those savings if we don't start to think differently about how to better organize and deliver care to all people.

Additionally, we have to finance this system fairly. And we have fought long and hard about that. One of the features of HR-1200 that Congressman Conyers and Congressman Spratt referred to would be to have some kind of broad-based tax that would fund government financed health care. That is a way of doing it. Everybody participates, everybody pays the same taxes.

The President believes that if we build on the existing premium system and we control the cost of premiums, and we provide discounts to small businesses and low-wage individuals, we will come up with a fair financing system without transferring the entire burden from the private sector to the government. That's a difference in approach that we have with the single-payor approach, but we're all trying to get to the same place: Fair financing; everybody pays; everybody is responsible; and a health care system that is, therefore, fairly funded to take care of everyone.

In addition, we think we've got to ensure quality. All of this is to enhance quality. There's no point in reforming our health care system if we don't enhance quality. We want report cards on health plans. We want health plans to start reporting information so that U.S. consumers can make good judgments. And more than that, we want providers to get back into making those decisions about what is or is not appropriate care, not the bureaucrat in the insurance companies.

Pennsylvania, for example, has been collecting data on a number of operations for a number of years. I knew nothing about this when I started, and I've been fascinated at how some states and local governments have tried to figure out what actually certain kinds of medical care costs within the same general jurisdiction. In Pennsylvania, for example, a coronary bypass might cost \$20,000 in one hospital or \$80,000 in another hospital.

Pennsylvania has gone a step further. It's looked at quality outcomes. Do the people who get the \$80,000 operation get better faster? Are they back on their feet sooner? The answer is no. But very often, high prices don't equate with good quality. They may not make a difference at all. Too often in our own mentality people go to the doctor who's got the fanciest office

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because they think that's the best quality doctor. Or the one who drives the biggest car.

What we need to do is to translate good quality information into a format where average folks like you and me can understand it so we can make better choices. And we need to keep track of quality indicators -- Is a certain kind of procedure working or not working? -- so that doctors can make decisions based on what they know exuded in good research.

These kinds of principles about security and savings and simplifying this system and ensuring quality and providing choice among health plans and providers, and making sure that we finance it thoroughly and everyone is responsible -- those are the bedrock principles of what any reform health care plan has to achieve. Now, are there various routes to get there? Yes, there are. People have proposed different kinds of approaches. And part of what the next couple of months of debate will be about is getting down into the hard work of determining how any particular approach would actually work and whether it's an approach that would be politically feasible in the United States Congress or in the nation at large.

But if we continue to stress the principles -- and even beyond the principles, if we keep in our minds the pictures of the hundreds and thousands of people who need us to make these changes, I am confident we can work out the details. Once we agree on the principles, we can work out the details. And I think we are, as a nation and within this body of Congress, moving toward agreement on the principles.

I want to compliment the Senate Republicans for the proposal they put forward yesterday. They, too, talk about reaching universal coverage. They, too, talk about a benefits package. They, too, have a mandatory way of financing it. They choose to go through an individual mandate with a subsidy for poor people. We don't think that's the best way, but there's room for conversation back and forth. We are at least all in the same ballpark.

You know, in the last week or two I've gone back and I've read some of the editorials and some of the writings that faced us when Franklin Roosevelt introduced Social Security. And I've gone back and read what was said when Medicare was proposed. My goodness, the end of the world was upon us. (Laughter.) There was no way this great country would survive if we did something as radical as Social Security. And, oh, heavens to Betsy, there's no way the medical system would survive if older people had access to medical care through Medicare.

We're always going to have the naysayers. We're always

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going to have the destroyers instead of the builders. We're always going to have the people who are profiting by the current system and don't want to see any changes in it. But those people are becoming an increasingly minor note in this whole symphony about change. (Applause.)

What we have to do together is what I'm reminded of when I look over and see our friend, Marie Constance Webber, one of the Faces of Hope that we were privileged to meet along the campaign trail. What we have to do together is to not lose hope that this will be accomplished. To stick to the principles that we believe in and to hammer out the details together. To raise all the hard questions among friends that we have to raise to make sure that what we do will work. That's the most important objective. Will it work? Is it right? Can we make it happen? And if we do that, and if we approach this debate in that spirit, there will be no turning back the tide of change.

It is one of the most unique moments in history -- and we had another one just at the beginning of this week. I have to confess, as I sat there at the ceremony at the White House watching those two men who represent such ancient enemies commit themselves to working toward peace, overcoming hatred and division, and even shaking hands, that I thought to myself if that is possible, then health care reform is a cake walk. (Applause.)

But we cannot get there without your counsel, your constructive criticism, your outreached hands, your heart, your help. And then when we do accomplish what we have set out to do, to ensure that no American ever again will be left out because of their inability to afford health care in this country, we will have such a sense of accomplishment, because we will have taken one step more toward making this country what it ought to be.

Thank you all very much. (Applause.)

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