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PRESERVATION

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 21, 1993

REMARKS BY THE FIRST LADY
HEALTH CARE BRIEFING AT BROWN BAG LUNCH
STATE OF ILLINOIS BUILDING
CHICAGO, ILLINOIS

MAYOR DALEY: -- the First Lady and the President (inaudible) here.

Hillary Clinton has done an outstanding job on behalf of the American public, bringing health care to the forefront of legislation and debated it (inaudible) in this country.

The President and Hilary have done a wonderful job not only on this issue but other issues, of employment and discrimination and housing throughout the country.

So it's my great honor to introduce the woman who has made a difference in the White House, the First Lady, Hillary Clinton. (Applause)

MRS. CLINTON: Thank you very much. Thank you. (Applause)

(Inaudible). Well, I am so pleased to be back in Chicago. And I don't know that I have ever had an opportunity to speak in quite a setting like this. As I look up, I see people all the way up. And I am just grateful for the opportunity to be back here.

I want to thank the Mayor for coming out and being with me and introducing me and for being such a strong partner in what we are trying to do in this country.

I want to thank all the State officials who are here as well.

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And I particularly want to thank the two Members of Congress who came with me, Congressman Rush and Congressman Collins.

I had opportunity earlier this morning to visit -- (applause) -- Congresswoman Collins' district, the Mile-Square Health Center, and to watch actual services being delivered to women and children, and to meet not only the people who were there at the Center but their partners from the University of Illinois. It was exactly the kind of partnership in a neighborhood, in a community, that is making a difference in providing health care.

What I would like to do is briefly review for you what we are attempting to accomplish with health care reform. And then I would like the opportunity to answer questions. And I think we have arranged to have a microphone that can travel around and try to get to people and have a chance to take some questions.

Because I hope that your presence here this afternoon signals your commitment to be part of what will be the most important domestic discussion that we've had in our country for a very long time.

We have to resolve the crises in health care that is not only making human costs unbearable but are putting the kind of strains on our economic systems at the city, the State, the national level that we cannot go on. In order to do that, all of us have to be part of the solution.

Now, when the President spoke before Congress, he outlined six principles that we want to hold firm to as we go forward in this discussion. As I mention each of those and give you an example, I want you to try to think how they will affect your personal health care future, because each of us has a stake in the outcome of this debate.

The first principle and the most important one is security. And when I say health security, I'm not talking just about people who don't have insurance. Although in this State, like very other State, there are millions who do not. I am talking about all of us who are currently insured as well, because every month in America, 2.25 million Americans lose their health insurance.

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Now, maybe they only lose it for a week or maybe for a month, but sometimes they don't get it back. Sometimes that layoff or that job loss happens at just the wrong time. Sometimes when they have lost the insurance, it is just at that most tragic moment that the accident occurs or the illness is discovered. And then they have something called a "preexisting condition," so they are either not insurable again or insurable only at a very high cost.

So the health security debate is about all of us, because I don't think there is any person in this beautiful atrium who can honestly say to themselves, "Next year, I will absolutely have the health insurance I have now at the price that I now pay for it." That's not the way our current system operates.

At the end of this health care reform discussion, the bill that is passed by the Congress and signed by the President must provide universal coverage for every American.
(Applause)

Every single American deserves to have health insurance at an affordable cost to himself and his family.
(Applause)

So the first question I will ask you to ask yourselves and others, when someone comes forward with a plan, ask: Will this plan cover every American, no matter who that person is, where or whether that person works, and whether that person has a preexisting condition or other kind of problem?

If the answer is no, then that cannot be an acceptable alternative plan.

The second part of health security is to have a comprehensive package of benefits for every American. It will not mean very much if we say everybody has health insurance but that health insurance doesn't buy very much for you.

There are some who will come forward in the next months and say, "Well, you know, all we should really do is just make sure everybody has some kind of catastrophic health insurance, or we should make sure that everybody has some kind of health insurance but it has a deductible of about \$3,000. That's what we should do."

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I don't agree with that. I think every American who is insured should have access to outpatient care, to hospitalization, to mental health benefits, and to preventive health care. And that's the kind of package of benefits that the President has proposed. (Applause)

Because, you know, it's very easy for some people to say, "Well, why should we pay for preventive health care?"

The reason we pay for preventive health care is to save money in the long run. There are too many people who, because their insurance doesn't cover physical exams, doesn't cover Pap smears or mammograms, doesn't cover well-child exams, doesn't cover preventive care, they postpone going to the doctor until they are really sick. And then when they go, it costs them and us more than we should have to pay.

Under the President's proposal, preventive care is stressed. And much of the preventive care will be free, because it is so important that people take advantage of it. We want people to go to their doctor early so that they can have their problems taken care of. We don't want them to continue to stay away until they get really sick and show up at the emergency room.

So the second question is: When someone comes forward with an alternative plan, ask them what the benefits are.

Now, there are some plans that will come forward and say, "We want to pass health care reform, but we don't want to set the benefits yet. We want to do that later. We want to have some board set the benefits."

Now, I can understand the attitude of some of those who have proposed that, because it's difficult to set benefits and to determine what is in and what is out and how much we can afford to pay for.

But as a person, as a citizen, I'm a little reluctant to say we would pass health care reform and not know what the benefits are. I think we need to know what the benefits are, and the President's plan clearly lays out those benefits.

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So when you are evaluating what is going to be proposed, make sure you know what the benefits are. And if you have a particular concern or particular experience, be sure you ask the hard questions about how a certain condition or problem would be taken care of.

And I want to mention one other specific point about this. There are many people who have said, "The President should not include mental health benefits in the benefits package."

Anyone who has studied our health care system knows mental health is a serious problem that we have not addressed adequately in this country. (Applause)

We have got to start taking care of the mental health problems that confront us. (Applause)

So the President has included that.

The second principle, after security, is we have to simplify this system. We have to make it easier for you to use it, for doctors and hospitals and nurses to be involved in it.

And anytime someone says, "You know, what the President has proposed sure does sound complicated," I always ask, "Well, could you explain for me how our present health care system works?"

I want all of you just to take a little time -- maybe later tonight -- sit down, and try to explain how this system we currently have works, how you get or don't get insurance, how you pay for it, what is covered, what the fine print says; who actually reimburses, under what formula, or how much you get when you go to the doctor or the hospital; and how many people get left out.

Under the President's plan, we want to move toward eliminating the thousands of forms that take up too much time for people right now. We want to have a single claims form. We want to take doctors and nurses and quit treating them like accountants and bookkeepers, and put them back to the business of taking care of patients on a daily basis. (Applause)

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Anyone who has any acquaintance with a doctor or a nurse, if you talk to them for about a minute and a half, you're going to start hearing complaints about our present system and the paperwork that is demanded of them. We can do better at what we are doing. And if do, we will save money, and we will provide better care.

So the next question to ask about any alternative is: Does this begin to cut down the paperwork? Does this move toward a single-form approach? Does this eliminate a lot of the bureaucracy we are currently living with?

The third big principle is savings. How much money can we save from our current system?

And, you know, there would be a lot of debate about this. But again, spend time talking to nurses, people who work with patients, hospital administrators and workers, physicians whom you know, people who work in nursing homes.

You will learn very quickly what I have learned, that everybody knows that we can save money in the system that we have. It should not be any surprise to conclude that, because in the system we have, we spend more money than any other country by far, and we don't even insure everybody, and we don't insure them with comprehensive benefits and preventive health care.

So you have to ask: Couldn't we do better with the money that we have?

One of the reasons the President did not want to have a big tax increase, as some have advocated, for health care reform is because until we figure out to use the money we currently have more efficiently, why would we add more to it? Let's try to figure out how to get the savings we know are in the system.

Dr. Everett Koop, the former Surgeon General, has said on several occasions, in his opinion, there is more than \$200 billion of unnecessary costs in the system. And if you compare costs in one city to costs in another city, as I have done, you will discover that, without any difference in quality, some people in our country are paying a whole lot more for the same health care than others. We need to squeeze out the waste, the fraud, the abuse which still exists in this system and get it to run more efficiently.

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So ask anybody who comes forward with a plan, "Are you going to take on the insurance companies? Are you going to take on those who defraud the system? Are you going to try to weed out the waste and abuse?"

Because if the answer is no or a weak yes, that's not the kind of system we need. We need to get the savings out of the system so that it can be more efficient so more people can be taken better care of than they are now.

The next principle is choice. Are we going to be able to choose our health plans and our doctors?

And the answer is absolutely yes. And in fact for most Americans who are insured as they are now, we are losing choice as I stand here today.

How many of you who are currently insured have seen, in the last several years, your employers tell you who you can go to for your health care, which plans you have to join?

Choice is already being decreased in the current system in an effort to fight control of costs.

In the new system that the President has proposed, your employer will not make the choice of your health plan. You will make the choice of your health plan. Every year you will decide what health plan you intend to belong to. And if you don't like the one you're in, you can switch out of that.

And in every region of the country, you will be entitled to have access to what is called a fee-for-service network in which every doctor belongs, so you can always go to the doctors you choose to go to. And there will be different ways of delivering health care services. So choice is important.

But when you think about choice as a principle, compare it to what is happening today, and recognize that if we do nothing, more and more of us will lose the choice to determine who takes care of us when we are sick.

If we go with the President's plan, that choice will always belong to us. It will not belong to our employers. It will not belong to insurance companies. It

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will not belong to the government. That is the best way to insure choice for all of us in the future. (Applause)

The difference (inaudible) is quality, because if we do all of this reform and we don't enhance quality, we will not have succeeded. But one of the ways we're going to enhance quality in the future is by giving this choice to you as a consumer and giving you better information than you have now.

Every year when you sign up for your health plan, you will get information about the plans, and there will be report cards. How well has that plan done in the past year?

You know, most of us -- we don't buy health care the way we buy a car. We don't know as much about health care. We leave that to experts. We have to become better-informed consumers so we can make good judgments for ourselves.

And we're going to have to invest in research and quality outcomes so that we know what are the better ways to take care of ourselves, and we can make judgments as to how well we are being taken care of when it comes time to sign up for a health plan.

So in the President's plan, there are specific investments in medical schools that will be at the forefront of helping us to find quality, of insuring that these report cards are put together so we get good information.

So again, when alternatives come forward, ask yourself: Does this alternative plan give me the same assurance that quality will be taken care of as the President's plan, and how does it attempt to do it?

Because in most instances, the way that the President's plan has been constructed will put more money into research, which is one of the surest ways of increasing quality and give all of us the power to make decisions about what really is quality when it comes to making choices about our health care plans.

And the final point is responsibility. And by "responsibility," we mean a lot of things. We mean each of us should take more responsibility for our own health,

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because ultimately we are the only ones who can make that difference.

It also means that the system has to be responsibly financed. Right now the way health care financing works is like this. Those of us who are privately insured, we pay a premium that is increased every year, not just because if whatever happens to us or the people we work with, but because of all the people who get taken care of who cannot pay because they don't have any insurance.

So, you know, when somebody shows up at the emergency room here in Chicago or anywhere else, they will eventually be taken care of. But if they are uninsured, when they leave the hospital and they have not been able to pay for that cost, the hospital has to get it from somewhere, so they get it from two sources.

They get it from those of us who pay insurance premiums by increasing our premiums, and they get it from tax money, which we all pay, which goes to pay the hospital, because it couldn't get money from people who got taken care of.

There are a lot of folks who cannot afford to be insured in today's current system. There are others who choose not to be. There are large groups of young people in their 20s, for example, who don't think they will ever get sick and often, in those ages, think they're immortal. So they don't want to have insurance. And so they, too, don't pay on a regular basis to be insured, but when sick or in an accident, show up in the same place the rest of us do.

Now, the way to solve this is to get everybody paying something. If everybody pays something, those of us who have borne the biggest burden through our employers or on our own will be paying less, because there will be more people in the system.

Now, there are three ways to do that. One is to have a big tax increase and have what's called a single-payer system, like Canada does. You put in your tax money, and the government runs the system.

Another way to do it is to make your requirement for paying for insurance what is called an individual

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mandate, like auto insurance, where you have to go out and buy your own.

The third way, which is the way the President has chosen, is to build on what already works in our country. And what works for most insured people is the employer-employee system, where the employers and the employees contribute. But not everybody does it, so we have to require that everybody does it.

But in order to avoid an undue financial burden on those who don't do it, we need to have discounts for small businesses, and we need to have supporting payments for low-wage workers.

But if we get everybody into the system -- and that's where most of the new money will come from. It won't come from a tax. It's not pie in the sky or fantasy. It comes from individuals who are currently uninsured, businesses which do not currently insure or do not insure adequately making their contributions, so that everybody is paying their fair share, and there are no more free rides.

And if everybody pays and if we protect small business and we protect low-wage workers, we can actually lower the costs of most companies that currently insure and most individuals who currently insure. In order to achieve that, we will cap the amount of money that businesses and individuals have to pay for health insurance.

Now, there are many other detailed features of this, and we might get some questions about it. But ultimately, the decision will be all of ours, and we will have to give direction to our Members of Congress. But this is an historic opportunity.

We know what will happen if we do nothing. If we do nothing, you will continue to have rising premium costs. We will continue to see more people lose their insurance. We will continue to see hospitals put under incredible financial stress. Doctors will be drowning in more paperwork. Nurses will be spending more than the 50 percent of their time that many of them do now filling out forms that have nothing to do with patient care.

If we change, we will spend less in the long run on health care. We will provide security for every American.

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And more than that, we will have shown that we can take on a serious challenge as a country and come up with a good, positive solution to it.

So if I were betting, I would bet on the American people, and I would bet on health care reform. And I just want to do everything I can, as a person in this country who cares about our future together, to make that happen.

Thank you all very much. (Applause)

Well, let's see. I'd love to answer some questions (inaudible) begin.

There's a man right there with a pencil in his hand. Just put that in his hand.

Is there a microphone or anything yet? I didn't hear you.

Q I'm Dr. Murray (inaudible). I'm president of the medical staff at Lutheran (phonetic) General Hospital in Park Ridge, which you know.

I'd like to address a couple of your points in terms of choice and enhancing quality.

We train, at our hospital, many primary care physicians as part of our post-graduate medical education program, and we have a research (inaudible) and other activities in which we are attempting to evaluate quality.

In addition to helping maintain our medical schools, as you've alluded to, I'm concerned whether the reimbursement mechanisms that are being created will allow us to continue these kinds of activities?

MRS. CLINTON: Yes, they will, because one of the things that you're doing which we want to support is having those kinds of capacities available in connection with a hospital that is both a teaching facility and a service hospital.

And it's very important to us to support academic health centers, not just medical schools, but the health centers, because we know not all of them are directly connected with, even though they may be affiliated with, a

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medical school. So the answer to your question is yes, we intend to provide funding screens that will support those activities, because we think they're very important.

Now, in return for that, we are going to be looking to you and other academic health centers to do several things. One you're already doing. We need to train more primary care physicians. We cannot have universal health coverage in America without more primary care physicians. (Applause)

We also need more advanced-practice nurses and more nurses to fulfill primary care roles as well. Because right now we have in our country -- as some of you know, 70 percent of our physicians are specialists, and only 30 percent are generalists or primary care physicians. We've got to change that ratio, or we cannot take care of people. And the way things are going, with the current enrollment in medical school, we are looking at moving that ratio even worse if we don't change, to about 85:15.

Now, the reason we have so many people in medical schools studying to be specialists is that we have not given incentives to young men and women to go into primary care for a number of years, so we're going to be changing that. And we want to work in partnership with you to do that.

Secondly, we are going to need your assistance in helping to design these quality accountability measures, because we're going to be looking to the academic health centers to play a leading role in that. So we will be providing funding, but we're going to be asking for something in return.

Q My name is (inaudible) Clifford. I am a south side resident of Chicago, and I'm a volunteer with the American Association of Retired Persons Health (inaudible) Services.

As you know, AARP is a great advocate for long-term health care. I'm talking about community services to keep people in their homes as long as possible and also about the eventual possibility of nursing home care. How does the President's plan intend to address those issues?

MRS. CLINTON: The two issues that I heard most about from older people as I traveled around the country were

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the cost of prescription drugs and the cost and the lack of availability of long-term care.

The President has addressed both of those in the following way. You will hear a lot about this. The Medicare program currently does not provide for prescription drugs or long-term care, but it is paying every year more and more money for the same services. And in fact, even after this last budget, in which some reductions were made, the rate of growth in Medicare is going to be 11 percent next year.

Now luckily, people are not getting that sick or even aging that fast, but we're paying that much because the system doesn't understand how to get good efficient services, because it's a very hard thing to do.

So what we're going to be doing is reducing the rate of growth from three times the rate of inflation to two times the rate of inflation. And in return, we're going to take the money that is saved and put it into prescription drugs and long-term care.

Now, we're going to begin by providing more home-based and community-based long-term care, because I don't know -- those of you who have not had the situation that I and others have had with a parent who gets ill or who gets debilitated in some way, they can be kept in the hospital and Medicare will pay for that. But if they are discharged and they need continuing help, you don't have very many alternatives at all. And unless you spend yourself into poverty, you're not eligible for any financial assistance to go into a nursing home. We just think that's wrong.

We ought to be helping people keep their family members at home, or they ought to be able to go to an adult center during the day, and there ought to be other ways to provide help for seniors that we don't have now available.

So we're going to take the money that we will save by getting more efficiency in the Medicare system and put it into prescription drugs and long-term care, which is what we think seniors want us to be doing with that money.

(Applause)

Q Mark (inaudible), Moncrief (phonetic)
Rehabilitation Hospital and Center Network here in Chicago.
And on behalf of the (inaudible) hospitals (inaudible) at

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present, we want a cost, what the plan does for persons with disabilities, particularly rehabilitation.

My specific question is, what does the plan do for people who have long-term disabilities and require ongoing rehabilitation to keep them independent and out of institutionalized care?

MRS. CLINTON: That kind of assistance for daily living that is often necessary in order for a person to remain productive will be available. The benefits package and the long-term care enhancements will provide more (inaudible). I don't want to mislead you and say that it will be available in every situation. I think there will be, you know, certainly --

(End tape 1, side 1)

-- (inaudible). But we know how important that is.

Yes.

Q I'm (inaudible). I'm the director of (inaudible) Shelter for Battered Asian Women. It's the first shelter established in the United States. And I am also a member of the Mayor's Health Task Force for Women.

The coverage for battered women who are not yet -- immigrants or who are not covered by their husbands or (inaudible) is an issue. The system does provide (inaudible) to take care of their regular needs but does not address (inaudible) provision for health care. How would this plan address that?

MRS. CLINTON: Well, there wouldn't be any difference between anyone. In the reform system, all people would be entitled to universal health care, and that would include both the physical care and mental health benefits.

So I think that the problems you run into now, where people are either uninsured or they may be on a spouse's policy and afraid to use the providers, I don't think that that will be the kind of problem that we will have in the future, because each individual will be entitled to have a health security card that is theirs. And that is going to be one of the big changes that is made in the system.

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Yes. Right there. The purple and green or white or -- yes.

Q Mrs. Clinton, my name is Jeffrey Gale, and I'm about to produce a film about bioethics and the right to die with dignity, euthanasia. And I'd like to ask you -- right now all my research shows that American taxpayers are paying not millions, but billions of dollars to keep people who are "plugged in" sometimes to the age of over 100.

What will this new plan do to either support former Governor Lamb of Colorado's thesis that we just really can't do that, and people are in a vegetative state, there's no hope for these people? What does your administration plan to do, dealing with the very controversial issue of euthanasia?

MRS. CLINTON: Well, you're right, it is a very controversial issue and a very important challenge for a lot of people. And I think I -- I think I appreciate your making a movie about it, because I think that that kind of public awareness of these issues is important.

What we believe is that when every American is guaranteed health security as part of the continuing education about health-related issues, we hope there will be a much greater willingness to talk about these difficult life-and-death issues before they arise in a family or individual context.

We want very much for people to sign living wills, to sign advance directives, to have those conversations with their family members and with their doctors and other health care givers, because what often happens is at the time of the emergency, when someone is brought into a hospital, if that discussion has not occurred, there is very little that the family members feel free to do in order to help make a decision, because they've never talked about it with their husband or their mother or their father or wife or whomever.

And during the course of the debate about health care, the President and I will be, in a very public way, signing these kinds of documents together, where I will give him that kind of authority and he will give me that kind of authority, because although we've talked about it, like most Americans, we have not wanted to deal with it. It is not an easy issue to deal with. But we intend to try to do that

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and, maybe by example, try to get the rest of the country talking about it.

Many bioethicists and others have told me that the mere act of talking about it and public awareness about it so that more advanced directives and living wills are signed will eliminate a big part of the problem that now exists in hospitals, because the gentleman is absolutely right.

When I was in the hospital last spring with my father and spending lots of time talking to doctors and nurses, they told me about cases where because family members could not agree, a loved one would be left on life support for months when there was no medical reason to do so.

And oftentimes because there has been no family discussion, a family member who comes at that moment of crisis, without any resolution of these very difficult issues, can't deal with it. And the easiest way to deal with it is just to say no, and then we get the kinds of situations that we are hearing about.

So we're hoping that we will see a very broad national discussion and that more of us will be willing to talk about these issues and sign these kinds of directives before it is necessary in our own lives. (Applause)

MODERATOR: Do we have time for one more question, or (inaudible).

MRS. CLINTON: Oh, how about a few more.

MODERATOR: Okay.

Q I'm Dr. Paul Dunn. I'm an M.D. and practicing an integrative, functional type of medicine that incorporates modern medical procedures with nutritional medicine, osteopathic medicine, and other similar alternative practices.

And my question is: What is the stance of the President and yourself relative to the bills now pending in the House and the Senate which would assure people who are ready to take responsibility for their health -- assure them ready access to safe and effective nutritional supplements without undue interference and control by the FDA?

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(Audience participants cheering.)

MRS. CLINTON: I have to -- I have to answer it in this way. I'm aware of the controversy. I have not had an opportunity to read any of the bills. I think the fair and balanced approach is to try to strike the right balance between protecting those who have been misled and have been injured in the past by inappropriate kinds of supplements and giving responsibility to those who are willing to take it but with some kind of safeguards.

Now where that balance is, this is not an issue I have studied, so I would have to go back and educate myself. But I think that's where we have to strike the balance.

Obviously, as a vitamin-taken myself, I think I should be able to do that. But I have had friends who have been sold supplements with all kinds of advance billing about what it will do. And not only has it not proven useful, it has proven detrimental.

So there's got to be some way to draw that line. And that's what I think all of the people who are arguing about this are trying to do, and I hope that they can strike that right balance.

But I do want to say something -- I want to say something about nutrition, because it's very important. And in the benefits package, nutritional therapy is included, because we now know that good nutrition makes a difference on medical care.

And for example, we now have research which shows heart disease can be reversed with the right kind of nutrition, moderate exercise, and stress reduction. It seems to us a much smarter thing to pay a few thousand dollars to reverse heart disease with a nutritional regime than to pay many, many thousands of dollars for the more invasive surgical procedures when we don't necessarily need those in every case.

So we trying to strike the right balance and move this debate in the right direction. (Applause)

Yes.

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Q Hello. My name is Frankie Murphy. Mrs. Clinton, congratulations. I think the health care plan is beautiful. I also helped work on it.

And if the United Senators -- Congress do not pass this bill, something is awfully wrong.

MRS. CLINTON: Thank you very much. (Applause)

Yes. Right there.

Q Hello, Mrs. Clinton. I am Alex Minarrias (phonetic). I'm a (inaudible) nurse, working at (inaudible) Center for Rehabilitation (inaudible).

This facility is funded by the State, and we are serving 5700 (inaudible) of cases. We have almost (inaudible) patients. But when (inaudible), my answer is, Is there any resource for them to (inaudible) to buy all this new equipment and this community of (inaudible) are depending on public aid? And when you are involved, can we buy all these new wheelchairs, rehabilitation, hospitalization, and (inaudible) perform surgeries as we go into the health (inaudible)?

MRS. CLINTON: Yes. We have requirements in the plan to assist the disabled and those who leave rehabilitation facilities so that they can become as productive and independent as possible, and that includes support for necessary medical equipment and home health assistance where necessary.

I guess I'll have time for a few more.

How about way back there. One -- one of those hands back there.

Q My name is Corita Cruse (phonetic), and I'm executive director of the Social Service Agency here in Chicago. I have two questions.

My first one relates to the home care, because our agency provides home care for senior citizens and people with disability, specifically Hispanic. And as I see it, under the home care part of treating people, to have the freedom of choice of staying home, is under Title 15 still. I'd like to see it that it's both that the nursing home and the home care

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are together and that the threshold is the same for both of them. That's one thing.

My other concern is not-for-profit agencies. And I, for one, even though we have over 500 employee, pay full health care insurance to all of our employees. But a lot is not covered in the terms of that we are kind of regulated by the fact that we get funding from the city and the State, and they tell us how much their unit rate is. When that unit rate does not increase, we are having to hold in on the salaries of our employees and continue to provide the health care, or we have to cover in other benefits. And I'd like to have both. So that's a concern of mine.

MRS. CLINTON: Well, I can't answer your first question. I don't know enough about Title 15 to answer it. I can only tell you that the plan includes home health care and expanded uses for subacute care at nursing homes. So there are -- there are ways in which the functions are being made more similar across a continuum, because that's what we think people need. They don't need just nothing at home or a nursing home. They need a whole range of services.

And what you just described about what happens in your not-for-profit agency is what happens in every business in America. You don't have the money to pay for the benefits, then you either have to cut back on them, which many businesses have done, or you have to take it out of wages to continue the benefits.

I mean, one of the most important reasons to pass health care reform is that we have had stagnant wages in America because we put all of our compensation into health care benefits, trying to keep people at least at the level they were the year before.

And the net result is that people have lost ground in their income; and their health care benefits have not kept up with the costs, because they have continued to be under pressure for more and more raises.

So what you're describing is what we're trying to address so that we begin to get those health care benefit costs down to you and everybody so that you can actually give people more income, which is what we think working people deserve to have.

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Thank you all very much. (Applause)
(The remarks were concluded.)

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