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Holy Name Hospital

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THE WHITE HOUSE

Office of the Press Secretary

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October 20, 1993

REMARKS BY FIRST LADY
AT HRC - Holy Name Hospital

A PARTICIPANT: I am Sister Patricia, administrator of the hospital. It is my great pleasure to welcome you here today. When we first heard that we might be receiving a visit from both of you, the word spread quickly, and the telephone never stops ringing. What an exciting day it is for the entire (inaudible) hospital family and our community.

Governor Florio, you may not realize it, but there are many who say we share a few traits. Although I have not done boxing in my day, I have never been known to walk away from a fight, especially when it involves the rights of the under served, particularly women and children. (Applause)

As a health care executive, I can appreciate how difficult it can be to make unpopular decisions, to possess the courage to take risks. Without risks, there can be no progress. In fact, one priest said to us on retreat one time, "No risk, no growth."

One only has to witness an emergency room to witness firsthand the devastation caused by assault weapons in the streets and in our country's schools. Your stance on this one issue alone has had a profound effect on our ability to preserve the sacredness of human life, and for this, we think you. (Applause)

Ladies and gentlemen, I am please to introduce the man of great position and service, a good friend to Holy Name and to all those concerned with the health and welfare of our citizens, who deserves his own profile in courage, Governor Jim Florio. (Applause)

GOVERNOR FLORIO: Thank you very much, Sister. To our distinguished guests. Sister, there are those who have

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referred to (inaudible) as my better two-thirds. (Laughter)

I am very pleased to be here with you, and certainly we are all proud to have the First Lady of our Nation here in New Jersey.

Another extraordinary First Lady, Eleanor Roosevelt, used to say that, "You must do what you think you cannot do." That's good advice, a good way of stating what the challenges are before us, because I think we are too long in this nation, and we have resigned ourselves to thinking that the idea of guaranteeing good health care to every American is something that we could not do. We can, and we must.

And President Clinton and Mrs. Clinton are working very hard to provide the leadership that will allow us to get to that point sooner rather than later. And I'm very appreciative of Sister Patricia showing us around today. It was an opportunity to see her dynamic hospital. We could see that all the people who are here, not only the people who are patients, but the staff is very energetic. You can sense it when you walk into a hospital, what it is that the ethic, the (inaudible) services, the (inaudible) care.

I am pleased to see that our commissioner of health is here, Dr. Segal, who has informed me about the things that are happening at this hospital. And I guess I was very pleased to meet some of the nurses in the school. We saw them, and I'm a little biased. I have -- the health care industry has taken over my family. My daughter just graduated from medical school. My daughter-in-law is a nurse. My sister-in-law is a nurse. My brother-in-law is a nurse. (Applause)

And I know if we had more nursing in homes and in health care policy and deciding patient care, we would not have as much of a problem as we currently have. (Applause)

Ladies and gentlemen, for too long we have trivialized women's health care issues or ignored them totally when it comes to research and treatment and prevention. The low man on the totem pole quite frequently is a woman. In every day in every family in every walk of life, women are making tremendous, enormous contributions to enrich our lives and to make our state a very important place.

We can't afford to lose them, especially to

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diseases that can be prevented or treated early enough. That's why I signed a law, as some of you may know, that requires insurance companies to provide for mammograms and (inaudible) to make sure that our Medicaid people receive life saving test mammograms.

It is certainly much more that we need to do and that we can do. I am very pleased to be able to use this forum to announce that I am here in your presence, signing an executive order that will create a Governor's Commission on Women's Health. The commission will pull together some of the best minds that we have in nursing, in medicine, social services and in all the related fields. So that I don't forget, I'm going to sign it right this moment. (Applause)

The whole point of view is to be able to reduce the costs and to improve the quality and the efficiency of health care for all of our women. This commission is going to be working very quickly to provide me with their recommendations within 12 months.

Women's health care, unfortunately, has been the missing chapter in our medical texts for entirely too long. We're about to, in our state and in our nation, write a new chapter. I think most of our mothers told us a long time ago that an ounce of prevention is worth a pound of cure, and it's still very true.

That's why we're making prevention the cornerstone of our health care system here in New Jersey. Mrs. Clinton did, I'm sure, relay to you that firm belief at the federal level. That is a very important part of what we have to do, is to agree that we can get people out of acute care and emergency rooms and into more community-based primary care and preventive care settings.

We'll be doing something good for the patients. We'll also be doing something good for the taxpayers. That's a win-win proposition when you can provide better care for a lesser amount of money. We certainly are on to something, and that's why we're establishing well-baby clinics and other types of community health care centers, to keep people healthy, to keep them out of emergency rooms.

Last year we were all very proud of New Jersey to be the first state in the nation to say that no one can be denied health coverage because of a pre-existing condition.

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Our reforms are conceptually very similar to what it is that the President and the First Lady have been talking about. We're proud of the progress that we're making in stressing prevention rather than just spending mountains of money on trying to heal people after they get sick. We're trying to create basic low cost basic insurance plans which small businesses and individuals will be able to afford.

And most importantly, we're cutting red tape and waste, endless piles of paperwork to keep you, the professionals in the audience, from doing what it is that you've been trained to do. But I think we've also come to the understanding that no one state's plan can solve the health care dilemma we have in this entire nation. We need actual planning.

In less than a year it's interesting to note that the terms of the health care debate have changed dramatically. Now instead of asking whether we should mend our tattered health care safety net, the questions are being raised how do we go about doing it. I can remember four or five years ago if you went into any audience of health care professionals and espoused the concept of universality, saying that we should have a system where no one should fall between the cracks, you had an argument on your hands.

I'm very please to see how far we've come in a relatively short period of time so that almost no one argues that any more. We've come to understand that when people fall between the cracks, not only are those people not being dealt with fairly, we'll pay. It's not rolled into costs. We've come to understand that those costs are costs that just get shifted around. And better to take care of the needs of our people than to play that game of shifting costs around.

There is no one -- and I'm pleased to be here to do what I'm charged with doing, and it's a great pleasure to be able to introduce someone that we are all very proud of in this nation -- because no one is more responsible for that change that is starting to take place in this nation, the greater understanding that we all have about the need for cost containment, the need for universality, the need for health insurance that insures people -- rather than health insurance that tries to avoid the risks rather than spread the risks as insurance is supposed to -- than the distinguished chairperson of the President's Health Care Task Force.

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Ladies and gentlemen, it is my distinct pleasure to be able to introduce to you the First Lady of the United States of America, Hillary Clinton. (Applause)

MRS. CLINTON: Thank you very much, governor, for that introduction. Thank all of you for joining us here to talk about health care and the future direction of our country and your profession. And I must say after hearing Sister Patricia make that introduction and having spent just a little bit of time with her touring the hospital, there's a lot of truth in what she said in comparing herself to Governor Florio.

I've had the privilege over many years to meet many, many people in positions of prominence, whether it be in the public or private sector at the top of a hospital or the top of a state house. And I always have this little internal check that I kind of run through, you know. Is this the kind of a person that if your back were really against the wall they'd be there for you? If you ended up in that sort of mythical fox hole, would you want this person at your side? I can say I've got no doubt. I want both the Sister and the governor with me. (Applause)

Both of them in their own way through their own leadership styles and their commitment have made it clear that change may be hard, risks may be frightening, but the status quo is unacceptable. It is just no longer acceptable in our country to let violence run amuck in our streets or assault weapons to find themselves in the hands of teenagers who are better armed than our police officers. Thank goodness for Governor Florio in standing up to the Washington gun lobby and making that point. (Applause)

It is also unacceptable to continue down the road of a health care system that just doesn't work the way it should. Yes, it has features that are the envy of the world. There is no doubt about that. Coming to a hospital like this, seeing the facilities, meeting the doctors and the nurses and the other professionals here, there is no doubt in my mind that anyone lucky enough to be able to come here would experience the highest quality of medical care and nursing care that is available anywhere in the world.

But that doesn't end the discussion any longer, because we know that for too many, whether they are insured or uninsured, our health care system is not a source of

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security, but of desperate insecurity. And it is not just a question of the human costs that you see day in and day out, but it is also a question of the economic costs, that having a nonsystem, a patch work system that doesn't even provide access for all of our people. It's costing this hospital, it's costing this state, and it's costing this country.

When the President began to talk about health care reform, I think it is fair to say that his concern arose both from his personal experience, being the son of a nurse governor, but also from his executive experience, watching our state deal with the escalating costs of health care. And as he studied it more deeply, he became even more convinced that we could do better than we have done.

And when he spoke to the Congress about a month ago now, he was so convinced that the time for change had come and that if we agreed upon basic principles, then many of the details as the best way we should actually accomplish those principles, could honestly be worked out. We are about to embark on that very vigorous and important debate where we will look from one direction in the other as to the specifics that have been proposed in the President's plan and in any alternative plan that is available.

And what I wanted to do this afternoon is just briefly describe for you some of those principles and some of the nonnegotiable conditions of health care reform from the President's perspective. When we began our work, one of the first meetings I held was with representatives of the Catholic Health Association, because the Catholic Health Association, for two years before the President took office, had been working through -- maybe some of you were on task forces and advisory groups -- the challenges posed by health care reform.

And they produced a plan, and as I've studied that plan in preparation for my meetings with the representatives of CHA, I was struck by two overriding impressions. First, that the mission driven approach to health care reform brought to the task by the Catholic Health Association was how we should all be thinking about health care reform. Having some sense of what the higher moral and ethical imperative of health care should be, must be the underlying principles on which we debate the technical details.

And secondly, I was struck by the way that the

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Catholic Health Association married different approaches to health care reform. And in fact, I take great comfort from knowing now, ten months later, that the President's plan mirrors, in very important respects, the Catholic Health Association's plan which was built on the existing employer-employee system which encouraged and utilized delivery systems made up of networks of hospitals, physicians and other professionals, so that from my perspective both the moral and ethical approach, as well as the practical down-to-earth-understanding of what we can do to make reform work, were well presented in the proposal of the Catholic Health Association.

And I have been privileged to have continuing contact with the officers and board members. I was able to address the convention that Sister and others attended of the Catholic Association. And I was proud to see the support the Catholic Health Association has given to the President's proposal, because I like knowing that people who have dedicated their lives to caring for their fellow man, as many of you in this room have, are understand and are committed to the struggles that confront them as we attempt to change this system.

The first principle has to be health care security. And what we mean by that is it has to result in universal coverage for every American as soon as possible. (Applause) Any other plan must be judged against that overriding objective. There will be many who will come with all kinds of reasons as to why we either can't or don't need to, or shouldn't even try to provide health coverage to every single American.

And I hope as we go through this, you will not only question anyone whose proposal does not result in universal coverage, but you will put yourself into the position of the 2.25 million Americans who lose their health insurance every month, that you will put yourself into the position of the 37 million who don't have health insurance, that you will project your own thinking out into the future and ask yourself honestly do you know if you will always have health insurance in the current environment in which we currently operate.

I don't think any of us can say that, because unlike New Jersey, most of the rest of the country has not passed the law making it illegal to eliminate people from

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insurance coverage who need it most, namely those who have ever been sick. And most of the rest of the country hasn't even begun to take on the insurance lobby in all of its power to say let's go back to selling insurance the old fashioned way where you make a little bit of money on a whole lot of people, where you don't make a whole lot of money by eliminating a whole lot of people from coverage, because that's what has developed.

And so if we do not hold firm to the overriding principle of health security, we will not have a health system at the end of all this reform effort that will truly be there always for every American, including people like you and me, who cannot predict what happens to us in the future.

Health security also has to mean a comprehensive benefits package, not a bare bones package, not a package that lets people fall through the cracks, but one which emphasizes preventive health care, one which provides the kind of diagnostic tests for people who are in high risk categories that enable to them to find out earlier instead of later whether they have something wrong with them.

If we have a comprehensive benefits package guaranteed to every American, we will have put into place the kind of health care system that you have been developing at this hospital which has moved out of the hospital, which has begun to provide preventive health care, which provides services like the home health nurse visiting that I've heard about up in the birthing center. Those are the kinds of changes that are good for patients and good for the entire system.

The second principle is simplicity. We have to make our system simpler. I have read a lot in the last several weeks about how complicated the President's proposal is. And whenever anyone says that, my response is, "Well, would you take a few minutes and describe for me how our current system operates?" I would love to have somebody do it in less than an hour. Because when you start talking about how people get coverage and what kind of coverage they get and how much they pay and what insurance companies have what fine prints and what kinds of bills are processed by which department and which fiscal intermediary or PRO or super PRO or coders or all that stuff works in the system, by the time you try to explain what we have now, you are exhausted, because I've tried.

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What we are attempting to do is eliminate the layers of micro management and over regulation to begin to give back to hospital administrators, to physicians and nurses, the autonomy and discretion they have sacrificed because of the way our financing and reimbursement system has driven decision making within health care.

When we were recently at the National Medical Center for Children in Washington, D.C., the President was presented with a presentation by the medical staff there, 200 physicians, who had taken the time out in preparation for his visit, to evaluate how many hours they personally spent filling out forms that were not related to patient care, were primarily related to reimbursement, financing, accountability measures. And you know all the rest that you spend your time doing.

They concluded, after looking at that carefully, that each physician was spending enough time on forms a day to see between one and two more patients a day. Now when you multiply that by the number of days in the work year, by the number of physicians on the staff, they concluded that that one hospital's medical staff could have seen ten thousand more children if they had not been chained to the paperwork requirement.

And it's even worse for nurses, as nurse knows. Many of the recent surveys have concluded that in some areas now, some nurses are spending up to 50% of their time filling out forms unrelated to patient care. They often have to spend their time finding the doctor who ordered the procedure to get the signature on the coding form so it can go to the billing department so it can be sent out to the fiscal intermediary, and you know all that.

We have taken the most highly trained professionals we have, doctors and nurses, and turned them into bookkeepers and accountants. We have stripped away the resources of time and energy and money that should be spent on patient care and transferred them on filing out forms.

If we want to reduce paperwork and cut the kind of red tape that forces nurses to spend as much time at a desk as they do at a bed side, then we have to be willing to change the way we organize health care and reimburse for it.

When the Catholic Health Association came forward

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with their idea of networks that we deliver care, what they argued strongly was that by creating an environment in which the patients would be treated on the basis of a per capita payment, not on a piece work reimbursement system that had to keep track of every single test that was run or diagnosis that was made, you could give back not only autonomy, but free up time and eliminate the kind of strains that paperwork are putting on the entire system.

We want to move toward a single form system. We want to move toward electronic billing. We know that if we are able to do that, we will realize some of the savings that we know are in this system. There are enormous savings. There are savings from preventive care we know. There are savings from the kinds of changes that you're putting in like by working toward discharging new mothers and providing follow up at home, instead of in the hospital.

So we know that there are things we can do that will make a difference, but we also know we have a broader challenge to change our attitudes about health care and how it is delivered. And that runs through the entire system. If you look at the system from top to bottom, you can see that many of the savings we expect to achieve will result only if we change the culture in which health care decisions are made.

In a recent New England journal article, former Surgeon General C. Everett Koop and several other prominent doctors, argued that prevention and better public health information would save enormous costs. They used the example of one city, Birmingham Alabama, which decided in 1983 to launch a full-scale prevention program trying to get to the problem before it got worse. By investing 300 hours in health promotion, Birmingham officials estimate they saved \$10.5 million.

But we also know that we have to change the way all of us think about the decisions in the health care field. We have to make sure that nurses are better utilized. Nurses need more opportunities to do what they know how to do. So to that end, in the health care reform proposal, we are making recommendations to expand the role of nurses, especially to expand the role of advance practice nurses and to remove some of the existing state barriers against nurses doing some of the work that you have them do as a matter of course and that often they are very successful at doing

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around the country in delivering primary and preventive health care. (Applause)

We are not going to be able to achieve the kind of primary health care that we need without a partnership between primary care physicians and primary care nurses. We don't have enough of either. We have far too many specialist among the physicians, and we have far too few nurses, even those who are trained and educated to provide more extensive primary care services, being utilized in that way.

I spoke with Dr. Koop yesterday in front of the Institute of Medicine, and we both made the point, in response to questions from medical school and nursing school deans, that to move from our current ratio of specialists to generalists, which is at 70 percent to 30 percent, will take some number of years. And in the meantime, we have to provide better reimbursement and more support for primary care physicians, and we have to provide better opportunities for primary care nurses. (Applause)

That is the only way (inaudible). But the fourth principle is quality, and we can do nothing that undermines quality but instead must constantly do what we can to enhance quality. This health care plan was created with exactly that goal in mind. It includes a number of features such as increased funding for academic health centers that train doctors and nurses, such as better outcomes research, so that we know what works, and better dissemination, so that we know how to get the knowledge about what works into your hands so that you can use it better and more quickly.

We think one of the keys to enhancing quality is to be sure that both nurses and doctors are given as much responsibility as is appropriate and then to be held accountable for their overall performance, not in the micro managed way we have become accustomed to, but in the broader way of more collegial and peer accountability.

It makes little sense to those of us who are on the outside to hear the kinds of conversations I have been privileged to have over the last ten months, where so many physicians are themselves somewhat frustrated by colleagues and peers who oftentimes engage in practices that they do not think are appropriate but are free to do so because of the way we permit individual practitioners to make those decisions and then to be reimbursed for them.

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One of the real hoaxes that I think the Catholic Association and the President's plan shares is that as we organize the delivery of medical care more efficiently, there will be more accountability coming from within instead of being imposed from the external sources of government and insurance companies in (inaudible). (Applause)

We believe that quality ought to be judged not by some bureaucrat sitting in some insurance office a thousand miles away who you have to call to get permission to run a test, but quality ought to be judged by your peers. Quality ought to be established by the academic health centers that train physicians and nurses in this country.

Those are the sources of information and knowledge and expertise that I as a lay person and potential patient want to rely on. I do not want you having to make medical decisions about my care or the care of my husband or my daughter based on some kind of insurance plan fine print.

But unless we move in the direction of providing more support research and unless both the medical and nursing professions are willing to take on some of that responsibility for holding the system accountable, we will be stuck with what we have now, and it will only get worse.

What is happening now is that the kind of choices for clinical decision making and autonomy are being restricted on a daily, monthly, yearly basis. With decisions made in Washington in the medicare and medicaid program and decisions made in the offices of 15 hundred health insurance companies, let's put an end to that. Let's put the decision making and the quality enforcement back where it belongs, with the professions. We have to look (inaudible). (Applause)

And the fifth principle is choice, choice both for the patient and consumer and choice for the professional. There have been a number of ads run which talk about how the President's plan will take away choice. Those ads are not only misinformed and inaccurate, but they are little bit misleading since they are run by people who are not concerned about your choice but by their choice, namely, insurance agents who know that if we have universal coverage, if everyone is covered and no one can be eliminated from coverage, no risk can be underwritten in such a way that Mrs. Jones or Mr. Smith is out of insurance coverage and has to

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pay an astronomical amount of money, they don't have a lot of work left.

So they view this whole health care reform battle as a very personal assault on their ability to continue doing what they have done. But it is absolutely untrue that we are going to be eliminating or restricting choice. In fact, the opposite is true, because think again about the system we have now. In our current system, 90 percent of those who are insured are insured through their employers, and it's the employer who makes the choice as to what insurance policy you may sign up for.

And it is increasingly the employer, because of extraordinary cost pressures, who is limiting that choice so that you may only be able to go into an HMO or a PPO, or you may only be able to utilize physicians on a fee-for-service basis if you pay an enormous amount up front or co-pay.

So choice is being limited right today. And think not only about how choice is limited for those who are insured, think about how choice is limited for those who are uninsured. They have no choice. We already ration care in this country. We ration it on the ability to buy insurance, and the recent research that Dr. Koop and his colleagues have done up at Dartmouth demonstrate that an uninsured person who shows up at the emergency room of the hospitals of our country with the same ailment as an insured person -- but because he gets there usually much later after the disease or the problem has progressed much further -- is three times more likely to die.

Now that ought not only cost us more money because he comes in the doors of your emergency room here at Holy Name, but it is a human cost no one should have to bear. I have heard too many stories the likes of which you have heard, the diabetic who postpones coming in for treatment until it's finally too late, the person with chronic illness of any other kind, the person who doesn't take seriously the ailment because he or she has nowhere to go.

We cannot let this continue, and under the President's plan, employees and employers will contribute to health insurance, but the employees will make the choice every year. You will choose to enroll in whatever health plan you choose from among those available in your area, and you will have to be guaranteed in every area of fee-for-

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service network which means you do not have to go into an HMO, you do not have to go into a PPO or any of the other acronyms. There will also be a fee-for-service network, but even if you choose to go into an HMO, there will have to be a required referral system called a point of service option, so that the person who enrolls can choose to go somewhere else if that's where the best specialist is, to give you the treatment that you need.

And likewise for physicians -- too many of whom now are being denied choice -- if you sign up for one plan, you can't do any other plan. Under the President's plan that will no longer be legal. If you choose to join only one plan as a physician, that's your right. But if you choose to join more than one plan, including the fee-for-service network, you are free to do so. So in fact, we are trying to reverse the trend that is eliminating choice and once again opening it up for both patients and for physicians. It is a very important (inaudible). (Applause)

And finally the last principle that we have to keep our eye on is responsibility, and that goes again all the way through the system. How can we make ourselves and each other more responsible? Now at the root of responsibility is fair and affordable financing. Right now there are too many people who frankly are taking advantage of the health care system, some of them through no fault of their own. They can't afford to get into the insurance market, some of whom are 25 and immortal and don't think they need health insurance. So they don't sign up for it or pay for it and all of a sudden some tragic accident occurs, and they end up here, many businesses which choose not to insure or think in the current market, rightfully so, they can't afford to insure.

The bottom line is those of us who pay for health insurance, those of us who pay for taxes are basically funding those who do not pay their fair share in this system. Just like the Catholic Health Association, the President wants to preserve what works, change what's wrong. What has worked for most Americans who are insured is the employer-employee system. We want to build on that so that every employer, every employer makes a contribution and every employee makes a contribution.

Now if you are a small employer, if you are a low wage worker, your share will be subsidized, because we have

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an understanding about how difficult it will be for some to afford insurance, even in the new market. But I want you to think not about insurance as we know it today but about what it will become, when much of the risk writing and the experience rating and all of things that have driven costs up are no longer part of insurance.

If you look at all of the financing that will underlie this plan, it is more than enough, because we are starting from such a high base. We already spend more money than any other country, and we don't even cover all of our people. And if we start with health care reform next year after the Congress passes it and the President signs it, we will still be putting more money into health care. We are not going to be cutting back what we spend.

We're going to be adding to it, because we're going to asking those who are not insured now to make a contribution. That will be approximately 50 billion more dollars going into health care. So in several years we will have moved up the percentage of how much we currently spend on health care from about 14 percent of our national income to about 17 percent. That will happen because we are putting more money into it, but we will also be changing what goes

underneath it to try to get the savings that I referred to earlier.

But anyone who tells you we are going to be cutting the amount of money we spend on health care just doesn't understand what we mean when we say everybody will pay. So that everyone who comes in now who you have to take care of, who leaves because they cannot or will not pay the bill, they are going to be contributing something. People on medicaid who work are going to be contributing something.

And one of the strongest arguments for health care reform -- if you agree as I do with Governor Florio, that we must reform this destructive wealth fare system -- is we must have health care reform. Why do many people stay on welfare? Because if they're on welfare, they get medicaid. If they go to work in an uninsured minimum wage job, they don't get any health care. Now you tell me what decision you would make if you had a child who had health needs and your choice was welfare plus medicaid or a minimum wage job with no health benefits? It is not a difficult choice, but it's one we need to take away from people so they don't have that excuse or

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that necessity to make that choice. And the only way to get there is through health care reform. (Applause)

There are so many ways we can all be more responsible, and that is the final and most important principle. None of this will work if we don't become more responsible. Everyone of us will have a role to play in our own health care, the health care of our families and the decisions you make as nurses and doctors and hospital administrators. But the reason I am so optimistic about what we are doing in this country is because I think we are at a historic moment. The human costs and economic costs have converged in a way that are impossible to ignore any longer.

And we know we can do better, because we have evidence about how things are done more efficiently in hospitals like this and hospitals around the country. You can go throughout this country and compare the care and the cost of that care among different regions of our country in different kinds of settings and you can see wide disparities of costs that have nothing to do with quality, but it's the way it was always done. We have to think new. We have to be willing to take Sister's challenge to take risks.

We are not asking for big risks, because the big risks are continuing to do what we are currently doing, permitting our system to crumble from within underneath us, resulting as sure as we can predict, in a two-tier system in which fewer and fewer will be able to afford the best coverage in the world. But people like us will continue to get us. You might have to build higher security walls around some of the places that deliver it, but we'll be able to continue to get it.

Because ultimately to me health care reform today is not about financing, it's not about hospitals, doctors and nurses, it's not about wellness and sickness. It's about all those things, but it's about something even more. It's about what kind of country we are going to be, the kind of people we are, whether we are willing to care about each other again and to solve problems that other countries have solved and to do it in a way that reflects on the best of the American character.

The reason I'm optimistic is that just as in the past, whenever times were tough and challenges were present, we have finally pulled ourselves together and met them. I

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know we're going to do it this time, and it's going to enable professionals like you to feel pride in your profession, commitment to your role in making sure health care reform works and a willingness again to feel good about this country that we all love, because we are finally taking care of each other again. Thank you very much.

A PARTICIPANT: I hope all of you are as proud of our first lady as I am. I have great hope for the future of health care in this country.

(The presentation was concluded.)

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