THE WHITE HOUSE

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REMARKS BY THE FIRST LADY
AT THE STEPHEN'S FARM
OAKLAHOMA, Q AND A WITH LOCAL FARMERS

MRS. CLINTON: -- our Family of the Year award at the governor's mansion, I always used to feel bad whenever a dairy farmer was chosen because I wasn't sure they'd ever get there, you know.

Q What (inaudible) because we're always on the move. We always had to be home by 2:30.

MRS. CLINTON: Well, you know, I was -- I was up in New England. And a dairy farmer came down from Vermont. And the -- the family -- the -- they'd gotten somebody to take care of their cows because they wanted to come down.

And the mother of the family had worked on this statement. And she was just bound and determined she was going to read it in front of all the members of Congress who were there. And she said, you know, she had no -- her family had no insurance.

But they had to get their cows vaccinated. They had to get the vet out to -- to see their cows to make sure their cows and their milk was going to be acceptable. She said, "I have to spend money on taking care of my cows. And I can't get insurance to take care of my kids."

And, you know, she -- it really made a big impression on me because the way she expressed it and, you know, how much she felt about it, I -- you know, really kind of put things into perspective a little bit, that, you know, the government makes you take care of your cows. But our kids -- we don't necessarily get them to get the vaccinations they need or the care they need.

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Well, under this plan that we're proposing, what you would do is every year you'd get a group of health plans that would be presented to you, probably come in the mail like it does for Mike and me. You know, we're part of the government, federal government employees health plan which means that the federal government pays 75 percent of our health care. We pay 25 percent.

And every year we get a bunch of brochures and information about all the health plans we can join. And we then make our decisions. And we can decide what plans and what doctors our money's going to go to. And that's what I want for every American so that you could say, you know, "This doctor in Muskogee is the one I want. I'm going to look to see where I find him on the health plan." And then you'd sign up for it.

And every health plan would have to offer the same standard benefits at a price within the same range. Now some of them might be able to say, "We can charge less because we are going to limit your choice of doctors" -- you know, might charge you $25.00 less or so. But you don't have to take that one.

And the range of cost will be so much narrower than it is now that you'll be able to afford to pick the doctors and the hospitals you want to go to. But it will be your choice. It won't be the insurance company or an employer if you work for somebody else. And in your situation then, you would deduct 100 percent of whatever your cost was anyway.

Q I'd like to ask a question because obviously, representing you, we hear a lot of stories from our ranchers and farmers. I think there's been a misconception in the country that the people who have no insurance are the ones that are driving us to do this.

I've become aware that it's the people that have it, that by the grace of God they're one bad crop away or one illness or one accident away from not being able to afford it. Do most of you all fall in the category that you have to make very tough decisions every month or every six months of whether or not you can continue to afford health care?

I think that's really what we find in Oklahoma -- is the fact that it's the people who are living on the edge, that they would have to make some very tough decisions on

other things. And this is something which is unacceptable, you know. When you talk about the 40 million Americans who don't have it, you could put tens of millions of American that are in the category that they're very much on the edge.

In our own state here, 35,000 Oklahomans drop their health care insurance every month. And that's along with 2 million nationwide. And that's what we're finding is growing and growing. And we started this debate right when Bill and Hillary came in. There were only 37 million. And now we've gone to 39 million. And that's really the momentum that has built up here that we have to deal with.

MRS. CLINTON: I think that's probably the most important point because I think when I first started looking at this, I didn't -- I didn't ever -- I never really thought very much about insurance before because I'd always been lucky enough to be able to afford it and to have it. And I hadn't had any serious illnesses, thank goodness, in my life until, you know, last year we lost my father and my mother-in-law.

And so I started spending a lot of time not only studying this problem, but a lot of time in hospitals and talking to doctors, visiting with people. And it just came home to me that there isn't anybody except, I suppose, the very richest of Americans, who knows that they'll have affordable insurance that covers what they need this time next year. There's not one of us sitting in this farm that can say that.

And that's -- I had never thought about that before really because if you have an accident tomorrow, if you find out you've got some kind of an illness, you may not ever be insurable again. And then what happens for the rest of us who, thankfully, don't get sick, is that the costs keep going up anyway whether we have stayed well or not. I mean, most of you that have stayed well, your insurance costs have kept going up. You haven't gotten any kind of special discount because you haven't used the system.

So everybody's in this together. I guess that's what really struck me when I -- when I got to thinking about it and when I had my own personal experiences, you know, during the past year.

A PARTICIPANT: What other questions do we have? This is a great opportunity. Go ahead.

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Q Can you hear me?

A PARTICIPANT: Yes. Put it up close to your mouth.

Q Could you explain a little bit about how the payments would be made? Like, in the case of most farmers, some years you get nothing. You have to borrow to get by until the next year. Hopefully, you make the crop then. Do they -- if this is determined what rate you pay according to your income, how will they determine what your income is when it fluctuates so wildly?

MRS. CLINTON: Well, that's a -- that's a real good question. And it's one of the things that we've tried to work out -- is that you -- you will have the same cost as everybody else. But you will pay according to what your income is that year. And so you will be just on the honor system. I mean, obviously, we're going to have to have some means for checking up on people who would abuse the system. But most people will self-report, who are self-employed, like farmers and ranchers. And you will make that information available.

And part of what we're trying to avoid is having people fall in and out of insurance depending upon whether or not they are employed or they have a good year. We expect to be able to -- you know, it'll even out over time if everybody pays something when they're able to pay. And then if they get unemployed or if they have a terrible crop year like, you know, when we had the floods here, you know, a lot of farmers -- if -- under current market conditions they wouldn't be able to afford insurance.

But what we're going to do is since everybody in the whole country is going to be in the big pool, we're going to be able -- like we do when we have disasters -- we're going to be able to ride people through. And then they get back on their feet. They start making contributions again. And that's how it's going to work.

Q So you would pay once a year, then, according to that year?

MRS. CLINTON: Yes. Now you -- you could pick. I mean, some people would pay once a year. And some people

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might prefer to pay quarterly or monthly depending upon their incomes or how they realize their income during the year. That's going to be totally flexible depending upon, you know, what your particular circumstances is.

Most people who work for a business that pays them will have it taken out of their check. That'll be the most convenient thing to do. Some might prefer to have a bank draft coming out of their account. That might be the most convenient thing to do. And others might prefer to write that check, you know, directly to the co-op that you buy your insurance from. It'll be flexible in that way.

A PARTICIPANT: One final question from our hostess.

Q Okay. I -- I -- my main reason for working is to have health care. Since he's self-employed, I went to work when my youngest son was 10 years old for the main reason of having insurance. We have insurance that requires PCP doctors, primary care physicians. There is only about 10 on the list. And the big majority of those are pediatricians. And since the doctor he goes to is not on the list, then he has to pay in the deductible. Then it only covers 50 percent of the leftover amount.

And I have kind of the opposite myself of their situation where I had a thyroid problem. I went to a clinic in Tulsa after doctors here in Muskogee couldn't find out what was wrong with me. And so I don't -- didn't have a primary care physician here in Muskogee. I had to name someone and set up an appointment to get in to see him so I would have a doctor here.

I would -- you know, I don't have the option of going to my normal doctor in Tulsa without being hit with the same situation of the deductible plus paying 50 percent of the amount left over. And I don't think it's fair or right to be told what doctors you can see, what -- the ones you can't see. They don't say you can't see them. You can see them if you have the money to pay for it. But it puts a bind on, you know, your financial situation.

MRS. CLINTON: It sure does. And it's another example of somebody else making the decision for you about who you want your doctors to be. And what we would see happening is that, like millions of Americans, you work in

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part because you get insurance through your work. But you have to take whatever they give you at the workplace. We see several things happening.

First of all, a lot of people are going to be able to change jobs or move on to a different career because they are not going to any longer be locked in to the employer they have because that's the only place they can get insurance.

And then secondly, you're going to be able to make the choice. And you're going to be able to decide what doctors you want on your health plan. And we have required in the law that any plan you join has to give you the option to go anywhere in the country to see anybody that might be the best for your condition. And you would sign on to that. It would be -- you know, you'd add a little bit of money to your premium on the front end. And then you would have the right to do that.

So that -- for example, suppose you find out that something happens to you. And the best doctor's in Oklahoma City or Minneapolis. You would have the right to do that, unlike today where insurance companies, as you say, say, "We're not going to pay for that. If you go somewhere far away, you pay for it all on your own." We don't think that's fair either.

So we're going to try to open it up because what we see happening -- part of the reason insurance companies and businesses have had to do this is to try to control costs so that they've gone and cut deals with certain doctors. And they've said, "If you only charge us this amount, we'll send you all of our patients." We want all the doctors to start lowering their costs so that every doctor is then competitive with everybody else. And we think that'll happen if you get to choose because you'll choose on the basis of quality and cost.

And the message will get out real soon that, you know, consumers are going to start paying as much attention as to who they enroll in for health care as we do now when you buy a new piece of equipment or I buy a car. See, up to now, we haven't had that kind of information or that kind of choice. And once we do, we think that the market place is going to start working a lot better.

A PARTICIPANT: Let me thank all of you all for

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coming this morning. I want to give you an opportunity to get a picture with Hillary. And I got to tell you there are much better behaved with you here than they are when we're talking out on the fields and stuff. And it's really exciting to have all of you around. I really enjoy having you.

And I think you all have had some very, very good questions, questions that we hear every day. And I hope that this will be just the beginning of what will be a learning process that the whole nation's going through. And clearly, one of the things I'm most proud of is that Hillary asked me to be on the Rural Task Force.

And many of the ideas that you all told me about over the last two or three years have been incorporated in the President and Hillary's mark on what we're trying to do. And I think that means that we're going to have affordable, available health care in rural areas like Oklahoma and Muskogee. And that's a change because, as you know, we're losing doctors. And we're finding it hard to get doctors to come out in the rural areas. But that's very important. So, Hillary, thank you for spending time with us.

MRS. CLINTON: Thanks.

A PARTICIPANT: And thank all of you all for coming this morning.

MRS. CLINTON: Mike, do we want to see if the press has any questions for any of our guests or for us.

A PARTICIPANT: Yes.

Q Mrs. Clinton, you've heard stories today from the ranchers and farmers about hard times and living from crop to crop. What guarantees (inaudible) them that their health insurance or (inaudible) plan is going to be (inaudible).

MRS. CLINTON: I can give them that absolutely as a guarantee because right now they don't have any guarantee that they'll have affordable health care. That is the President's primary objective, that every single American, no matter where you work or where you live, will be guaranteed health care. And there -- let me just quickly run over the five main points that the President wants to make.

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First, that you will have guaranteed private health insurance with a good set of benefits for every American. Secondly, that you will be guaranteed you get to make the choice. (Inaudible) practices of health insurance companies will be outlawed. That means you cannot charge somebody more if they have a pre-existing condition. That means you cannot have lifetime limits in the policy so that when you get really sick and then all of a sudden you read the fine print, you find out you don't have enough money to pay for that seriously ill child or that wife.

Fourthly, that you will get your health insurance through the workplace. This is not a government health plan. This is a private sector, market-based health plan. And you'll get it through where you work. And for farming and ranching families, they will get 100 percent tax deductibility for the entire cost. And that we will be preserving and improving Medicare by adding benefits for prescription drugs, which we hear about all over the country from older Americans, and some help with long-term care besides nursing homes.

Now if those five principles are met -- and there's a lot of room for compromise and for all other kinds of approaches to get to some of the specifics. But if those five principles are met, I can absolutely guarantee the families that are sitting here they will have secure, affordable health care for the rest of their lives. That's what I want to be able to look them in the eye and say. And that's what we're going to do.

Q I have a question. One of the -- I'm a local reporter at KVTV (phonetic), Channel 9 in Oklahoma City. And one of the questions I seem to hear from people who are (inaudible) because they are right now excluded from the system, can't afford it is, "When?" When (inaudible)? We want this. We like it. They are out of the system. They want to be in. What's the time frame on this?

MRS. CLINTON: Well, we are hoping that we will have this legislation passed by this Congress -- which means this year -- signed by the President and actually begin to implement it starting next year. Now it will not be fully implemented for a number of years.

We want to do this right. We do not want to, you know, just rush in and -- and do it helter skelter. We want

to do it right. So it's going to take a couple of years. It will be phased in. But -- this is 1994. In five or six years we hope it will be fully in effect everywhere in the country for every family. And pieces of it will be phased in as we go along if we're able to get it passed and signed this year.

Q Mrs. Clinton, one thing we haven't heard are any specific numbers. I know that's really hard because everything's so different. But take, for example, Mrs. Sheffield with $50.00 for a well child check-up. Can you give us a couple of examples of what fair payments will be so you can (inaudible)?

MRS. CLINTON: Well, we feel so strongly about the example that Mrs. Sheffield gave and care for children that we want to make the cost of that as low as possible so that it would be a very low co-pay, much less than $50.00. And for many families of low income it would be free. Pre-natal care, well child care, mammograms for women over 50 -- some of these key preventive kinds of treatments we think should be priced as low as possible, even free in order to get people in to get the help.

So we -- we have tried to look at what the average American family would need. And there are things that we've eliminated that are not part of this benefits package. And, you know, we could not afford to give adults, for example, dental care. We wish we could. But we couldn't. We could not afford to give adults vision care. And again, that's a hardship on some people. But we could not afford that.

So we've tried to make some hard choices about what went into the package. And we tried to take care of the most serious and severe illnesses so that everybody would be guaranteed that and preventive care. And in most instances, the co-pay will be $10.00, $20.00 or in many instances free for certain services that we think many Americans need in order to help themselves be healthier and to save the rest of us money.

Q What about mental health care coverage? I know that's of particular interest to you. But a lot of people that work in the industry are afraid that that's one of the first things that may be negotiated away by a compromise agreement.

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MRS. CLINTON: That's a really important question. And I would love to hear from some of you about this because it's -- it's going to be a controversial issue, Mike. We've included insurance coverage for serious mental illness and for some outpatient and inpatient treatments and medication for mental illnesses.

If you've ever had a family member or a friend who had schizophrenia or clinical depression, you know that it is just as debilitating and expensive as diabetes or a heart condition or cancer. And so we have tried to begin -- and we've not, again, been able to do what a lot of the mental health experts and advocates would have wanted us to do. But we've tried to make an honest effort to include mental health coverage for every American.

Now there are two problems we face. One of them is I think we have to honestly say there is still some prejudice against mental illness. You know, people don't like to talk about it. They're not comfortable with it. So they'd just as soon that we not do anything with it and just leave it out completely. I think those folks are misguided. I think that, you know, if you look at what happens in many families in America, it can happen to anybody. And there's sometimes no warning. And it's something we have to take very seriously.

There's a second concern which is that sometimes it's hard to know whether you've been successful treating mental illness. It's harder to know whether you've cured it than some of these other physical illnesses. So some people are concerned that it's going to be more expensive than we predict it will be. So what we've tried to do is to strike a balance. We've tried to cover mental illness starting with the most serious illnesses that anybody can see and diagnose and then phase in over time more extensive treatment once we can see whether the cost can be controlled and we can reach everybody.

So that's what we've tried to do. But it's going to be a struggle to keep it in the package at all because a lot of folks will argue that we don't need to cover mental illness. And I just think that's a very shortsighted view. Our prisons, our hospitals, our streets in our big cities are filled with mentally ill people who are not being treated, who are costing us billions of dollars in prison costs and law enforcement costs and then many others in just the human

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cost that comes to families that suffer from this.

Q I have one more question. Mrs. Clinton, we have a large unemployment problem. We have a lot of rural families and (inaudible). How can you guarantee that we will get the same quality from our (inaudible) as say, someone in New York or out in Los Angeles?

MRS. CLINTON: I know that's a real interesting question because you know what they asked me in New York and Los Angeles? They say, "We have so many poor people concentrated in large numbers. We have a very high rate of AIDS, a very high epidemic of tuberculosis and drug abuse. How can we be sure we'll get the same quality as people in Oklahoma. I mean, I -- so, you know, I can understand that it kind of goes both ways.

Well, in large measure because the states are going to have a lot of authority for determining how the services are actually delivered. See, what we're trying to do is not have a big federal government program that tells Oklahoma exactly how to do it and tells New York exactly how to do it but instead, to kind of set a framework so that we say every American whether you live in Oklahoma or New York is entitled to the same set of benefits.

But we know folks in Muskogee have different issues than folks in Manhattan. So we're not going to sit in Washington and tell you how to do it. We're going to say to the state of Oklahoma and the people of Muskogee, "You all decide how you're going to monitor your quality, how you're going to keep track of the cost." And that's what we want to have happen.

So we're going to set some standards. But it's going to be a state-based, local-based program so that people in Oklahoma can make sure they're getting what they're paying for. And that, I think, is a very important change from the way most federal programs have done.

And let me just draw a quick comparison because this is the way my husband wants to govern. You know, he came out of Arkansas. He came out of state government. He doesn't want the federal government telling anybody exactly how they're supposed to do something.

Well, we just passed -- and Mike knows about this -

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- the most sweeping education law changes that we've passed in many years in America, setting goals for our children, like the ones who are here, and saying, "We want you to be just as well educated as any kids anywhere in the world. And we want the kids in Muskogee to be competitive with the kids in New York or California."

But we're not going to tell you how to do it. We're going to set the standards. We're not going to have any new mandates. We're not going to tie your hands. We expect you to be smart enough in Oklahoma to figure out how to do it with our help.

And we're going to have some carrots, you know. We're going to reward those states and those school districts that really showed results. That's what we want with health care. We want to set the standards at the national level. But we want the states and local communities to really be the driving force because you can adjust things more quickly on the ground than we could ever get it done in Washington, I think it's fair to say.

A PARTICIPANT: Thank you all very much. And let's do a group shot before we get out of here.

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