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INTERVIEW OF THE FIRST LADY

KELO-TV

Q Mrs. Clinton, I guess one of the things that I am wondering is access in a big city (inaudible) you talked about access in the rural area. And what are some of the ways that you see that we can improve on that?

MRS. CLINTON: It's so important because rural areas need to have more physicians, physician assistants, nurses, and to have their hospitals and clinics available to them. There are provisions in the President's plan to increase the number of medical care professionals who would come into rural areas. Everything from forgiving the debts of medical students to providing seed money for medical practice to start in rural areas. to giving special status and funding to essential providers like hospitals in rural areas because we know -- we are from a rural state -- that you have got to have the people and the facilities there.

We also want to see more technology used so that doctors in rural areas will be able to communicate immediately with doctors in large urban areas or at medical schools, and patients won't necessarily have to drive the long distances that they do.

We also want to see some changes in regulations that interfere with rural doctors and clinics from operating. We want to be able for them to perform tests and procedures that their patients need instead of sending them to drive sometimes 80 miles to have such a procedure done somewhere else.

So there are a number of things we want to do that will help improve health care in rural areas.

Q One of the other things I guess is that a lot of people, not just here but all across the country, are probably wondering if they already have insurance, is this going to be better or worse for them? Are they going to end

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up paying more?

MRS. CLINTON: If they already have insurance, it's going to be better in several ways. First, they will never lose their insurance which today, even if you have insurance you cannot say that that will not happen to you. We all know too many people who have been laid off, or lost jobs that they felt they would always have, and they no longer have insurance.

We also have tried to figure out ways to keep costs down which now are not available to the average American with insurance. So that for those Americans with good insurance policies, they will pay the same or less for what the President is proposing.

Q One of the things, too, I guess, that I am wondering is kind of along the same lines with cost. How are you going to keep cost down in the medical profession, in the health care arena?

MRS. CLINTON: Well, there are a number of ways of doing that. The most important way is to get everybody in the system. Because right now those of us who are insured, part of the reason our costs have gone up is that we pay for the health care of the people who cannot pay, or don't pay, receive. In our country, people eventually do get health care, but it's usually at the emergency room, and at the last possible moment, and it cost too much.

And what happens when a hospital takes care of somebody who shows up without insurance? Well, they know they can't get all of their money back from that person, so they charge a little more to you and me, and our insurance pays for it. And then the next year the insurance company says, well, we have to charge you a little bit more now.

So once everybody is in the system, they have universal health care insurance for everybody, the cost will actually be better controlled because they won't be able to be shifted from one person to another.

We also want to begin to eliminate the paperwork and the bureaucracy that costs us billions of dollars. And it doesn't help anybody get better. And if we eliminate that, and the fraud and abuse that's in the system today, we are going to be saving lots of money. Those are just two of

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very expensive, or that it is going to end up being that we will have to pay for it out of our paycheck, just a check to the government. What do you say to that?

MRS. CLINTON: That's just not the way it's going to happen. That is the way Medicare is paid for. Most Americans don't know that Medicare is paid for by taking money out of your paycheck. That's how we pay for Medicare. And I think all of us with older relatives, mothers, fathers, and grandparents, are glad that we do help pay for their health care.

But that's not what we are doing for people under 65. It's not going to the government. It is going into a co-op. And people in this region of the country know all about co-ops. We are going to pool our money, and then we are going to go into the insurance market and say to everybody who wants to sell us health insurance, come with your best deal. And then each year you and I -- not our employer, not a government bureaucrat -- we will decide which health plan we want to be part of.

And, you know, that's just the way it works for members of Congress. The taxpayers of America, who are really the bosses of the Congress and the bosses of the President, they pay for the health insurance of the President and members of Congress. They pay 75 percent. And the President, members of Congress, we pay 25 percent. But the bosses don't tell us who our health insurance is. Each year we sit down and look at all the health plans and we choose the one we want to belong to. And that's just what we want Americans to be able to do.

It is not a government system, it is not a government-run system. It has the same employer-employee contribution that now provides health insurance for most Americans. The difference is we want everybody to pay something instead of some people being free riders on the system.

(The interview was concluded.)

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