

10/27/93  
COLUMBUS PRESS

THE WHITE HOUSE

Office of the Press Secretary

For Internal Use Only

October 27, 1993

INTERVIEW OF THE FIRST LADY  
BY COLUMBUS PRESS

MRS. CLINTON: -- will be self-insured. But every other American, from the President on down, will be members of a health alliance.

Q Could I ask you a follow-up to that? Will those who are in a current health plan be able to stay in that if, for example, they retired and part of their benefit was to stay with the company's health plan until death. Will they be able to stay with what they're in now under your program?

MRS. CLINTON: There's a difference between how health care is financed and the health plan somebody joins. So that, for example, if you are the member of a Blue Cross/Blue Shield plan in your area and you like that, it is more than likely that that plan will be available for you, and you will be able to join it.

The money that will pay that plan, rather than being just pooled together with the few people you work with, will be pooled together with thousands of people so that Blue Cross/Blue Shield will have to give you a better financial deal. But the same health care will be available as it is now in your communities.

You will have a choice of plans to sign up for, and everyone will have at least three choices. I would imagine in Columbus there will be more than three choices. But you will at least have an HMO; you will have what's called a PPO, which is a network of physicians and hospitals; and you will have what is commonly available now through Blue Cross, which is a fee-for-service -- call up somebody in the phone book, and that's the doctor you go to if that's what you choose. But the choice will be yours.

MORE

Diversified Reporting Services, Inc.

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

So in fact most individuals will have more choice of their health plans now than they do. Because usually now you are confined to the choice your employer makes for you. And more and more employers are telling you where you can go for health care if they're going to pay for it. Under the President's plan, the individual will make that choice. So you will actually have more options than are currently available.

Q We polled our viewers also. In fact, we had a special "Hillary Hotline" (laughter), and these are some of the questions that the folks in Columbus, Ohio, asked.

MRS. CLINTON: Great.

Q One of the most commonly asked was, what happens if an individual or family just cannot pay their share of the health care plan?

MRS. CLINTON: If the family is unemployed and would otherwise be eligible for what is now welfare, Medicaid, they will still be eligible. But if they work at all, a few dollars a month will be taken out of their paycheck to help pay for their health care premium.

But it will be less than it would be under nearly any circumstance that you can imagine today, because today the reason so many people have trouble paying for insurance is that, unless they work for the government or for a big company, it costs them too much and they can't afford it.

Under the President's plan people who are low-wage workers will get discounts, and they will never pay above a certain level. If they are self-employed, they will also get discounts and they will also be able to deduct 100 percent of the cost of their insurance from their taxes, something they can't do now.

So we've looked at all kinds of circumstances. You know, we've put together this book, and in the book we have in the back some common scenarios.

Now, it's not going to touch everybody, but, for example, in low-income families, low-income couples, people will be able to pay a certain amount, and what they cannot pay for their policy the government will pay for them. So there will always be that floor under which everybody will be

MORE

Diversified Reporting Services, Inc.

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

able to get health care coverage.

Q And a follow-up to that. One woman who is a retiree with a pension with the government wants to know if she will be able, then, to stay on that government plan. How will government pension plans change?

MRS. CLINTON: Well, the pension plans shouldn't change at all. The health care available to federal government workers will be available through the alliances, just as it is now.

Q Well, it seems many of the viewers in Columbus are concerned about retaining the coverage that they have. We had a Mrs. Stone from Logan, Ohio. She loves her insurance coverage currently. And you say that she probably will be able to retain most of it.

MRS. CLINTON: That's right.

Q However, what about the timing of this? If it's all supposed to go into effect by 1998, when will people like Mrs. Stone and others see these choices appear and be able to decide on them?

MRS. CLINTON: That will be up to each state. What we have tried to do is to design a federal framework so that every American, no matter where that American lives, is guaranteed the same benefits.

But it may be that Ohio will be able to implement that faster than some other state. So the actual implementation of the benefits will depend upon each state government. And we expect every state to be in by 1998. But some states may be in by '95 or '96 or '97.

Q You spoke -- I want to go by the examples that you give in the book. One of them, coincidentally or conveniently, is an Ohioan. In this case it's a broadcast -- a single broadcast journalist who would live in Columbus. Under this scenario, this person would actually pay more. What types of people will pay more in premiums than they do now? Not everybody is going to get the same coverage or better at the same cost or less.

MRS. CLINTON: That's right. There are about 10 percent of the population that will pay more. And they are

MORE

Diversified Reporting Services, Inc.

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

primarily single, young people. And the reason for that is that under the current insurance system, if you are single and if you are young, you pay less than if you were my age or older or married with children.

We want to do away with the distinctions that give the healthy and the young affordable insurance and basically price it out of control for those of us who get older or may get sick. So young, single people will pay a little more than they would pay otherwise.

But as they get older, they will be saving money, because when they turn 30 or 35 they will be paying much less than they would have. When they marry and have children, they would be paying much less than they would have.

But if insurance is really going to be universal and take care of everybody, then the sick and the well and the old and the young, all of us have to be in it together. And I am very proud that this plan is going to eliminate all of the ways in which insurance companies have discriminated against old people and sick people. But part of the way we're going to end that is by having young, single people pay their fair share.

Q The point being that you will save money over time.

MRS. CLINTON: Right.

Q You're not always going to be young and healthy.

MRS. CLINTON: That's right. And many young people -- we have a lot of young people around the White House, you know -- have come to me and said, "Gee, does this mean I'm going to pay more." And I say, "Yes." And they say, "Well you know, I never thought I needed insurance." Well many young people don't think they need it until something happens to them.

I got a letter from a good friend of mine who has four children, now all grown in their twenties. And she said, "I never worried about health insurance for my family before." Her husband has always had a good job. They've always been well insured. In the space of just a couple of months, she had -- one of her daughters and her daughter's fiancée bought a little house. They were fixing it up. He

MORE

Diversified Reporting Services, Inc.

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

fell out of a tree. Seriously injured, no insurance.

Her other daughter, married to a young man who left the job that he had to go take a better job, and while they were waiting for the trial period until the insurance would cover them, she got pregnant. No coverage for that new baby.

So my friend writes to me and says, "All of the sudden I understand what you're talking about." So young people will have to be insured, but they will be insured against anything that might happen to them, and they will never lose insurance no matter how sick they get, whether they have an automobile accident -- they will always be insured. And that security is worth paying for, we think.

Q What can you say to Americans -- there are a lot of people around Columbus and in a number of ways have asked me to ask you this question -- I guess the general question is they're just skeptical of government in general, and skeptical about government managing things.

One doctor here -- I talked to one of the white lab coat guys that was sitting next to you -- said he would hate to see a plan with the work habits of the postal system and the compassion of the IRS. There's just this general skepticism of government and its ability to manage things.

What assurance can you give these people that the government can create and manage a health care system that affects -- the figure I've seen is one-seventh of our economy.

MRS. CLINTON: The government is not going to manage this health care system. This is not a government-run health care system. The President rejected that alternative. This is a public-private system like we have now. There will still be the Medicare, system which is a government-run system. And I don't think you can find many older people willing to give it up.

So for all the complaining about government, the only government system we've got, Medicare, is fiercely defended by my mother and others who, because of it, have health security and universal coverage once they reach a certain age. So the government has done a pretty good job in managing Medicare and making it available for everybody.

MORE

**Diversified Reporting Services, Inc.**

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

But we want a system that tries to have enough competition in it so that private physicians and hospitals and clinics will be out there providing the highest quality health care, but at an affordable price, which up until now has not been available to every American.

So this is a government framework, because we do think it's important that every American have comprehensive benefits and that every American have health security. But we are leaving a lot of flexibility to the states, to local individuals and institutions.

We are looking to medical schools and doctors' offices and hospitals to come together to actually deliver the care. And in fact we're trying to make it easier for them by eliminating a lot of the government regulation and micromanagement which has interfered with their delivering care.

So this is a uniquely American solution which builds on the very strong public-private system we have now. It's not a government system, but it also doesn't just continue to write a blank check to whatever anybody wants to charge, including the \$80 billion of fraud and abuse that's in the system.

We've got to get some effort to get it to function better and more efficiently. And then we're going to get out of the way and let whatever happens best in Columbus work.

Q You mentioned the micromanagement. There is -- the same doctor brought to mind another thing you said. His fear here was that -- he said doctors, for example, get into neurology because they have a passion for that work -- in the specialties.

And he said he would hate to see the day when the government said, "I'm sorry, our quota for neurologists is filled up. Do you suppose you could become a gynecologist?" Do you still understand what he's saying?

MRS. CLINTON: Well, I think that's -- yes, I understand what he's saying. But you know, that's a really unfortunate understanding of the system. The federal government, which this doctor apparently was kind of criticizing to you, has funded subspecialist training.

MORE

Diversified Reporting Services, Inc.

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

The reason we have so many subspecialists is because we have federal government financing going to medical schools to pay for subspecialists. We need to reverse the ratio. We need more primary care physicians now. We have paid federal government money.

This didn't happen by accident. People went into subspecialties not just because they fell in love with it, but because there was a lot of funding and facilities and training in those areas. Now we need funding and facilities and training for primary care physicians.

We've got to have more primary care physicians, or this entire system will fall apart. It cannot work if we have, as we currently do, 70 percent of all of our physicians are specialists. Only 30 percent are primary care. The number of young people in medical school, only 15 percent will be primary care. You cannot run a system that emphasizes preventive care if you don't have primary care physicians.

Q Speaking of primary care and speaking of medical school students, there are a lot of students -- I'm sure some of the Johns Hopkins students were concerned about this, too -- who are worried about what kind of an impact this health care reform plan is going to have on the salaries of people who are in medical care services.

MRS. CLINTON: Well, I think that it will not have much impact for several reasons. Some people, like primary care physicians, we hope will begin to make a little more money than they have in the past, because they have not been paid fairly under our current system for taking --

(End of side 1.)

-- care of people's basic health needs. But most physicians will find they are able to save money if we eliminate paperwork.

You know, 50 percent of the average physician's gross income goes to paying people to fill out forms or argue with insurance companies. So that won't be there anymore. So I don't think it will have much impact at all.

Q And speaking of the specialist and the subspecialist, we got a lot of calls from chiropractors who

MORE

Diversified Reporting Services, Inc.

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

are concerned that they are going to be excluded from this plan.

MRS. CLINTON: They're not. They're not excluded.

Q I'm in nursing school right now --

MRS. CLINTON: Good for you.

Q -- so I feel for those who are concerned about the number of people who are going to be needing this preventive primary care. You talked about the funding facilities for primary care physicians.

In the State of Ohio right now, nurses cannot be practitioners. That hasn't passed. Maybe that will change. But what, specifically, is in the Health Security Act that will address the accessibility of primary care through nursing, and the primary care physicians?

MRS. CLINTON: Well, we want to increase the use of nurses, particularly advanced practice nurses. And we do want to have laws that prohibit nurses from delivering primary care eliminated, because we think nurses who are well trained to fulfill primary care and public health services should be doing just that.

We also want to expand coverage in underserved urban and rural areas. And we know that that means both having more primary care physicians and more nurses in those areas. So we have proposed doing things like forgiving the loans that students have to take out in order to finish their medical and nursing education.

We want to have certain hospitals in areas that are underserved designated as essential to the community so that they continue to be funded. We want to use technology better in underserved areas. There are a number of things that we believe will work.

But one of the most important features is to use our nurses better. They are well trained; they are better educated than ever. They have an incredible contribution to make. And so there are many features of this plan that will give them that opportunity.

MORE

**Diversified Reporting Services, Inc.**

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

Q You are an eloquent advocate for your plan, but there are also alternative plans out there. And you and everyone else involved in your effort have said that, "We don't have all the answers. We are willing to listen and look at other plans."

From what you've seen in the alternative plans, are there concepts in those plans that you would like to see included in the final package?

MRS. CLINTON: Well, I don't think that there are any concepts that I'm aware of that are not include in our package. The advocates of a single-payer system stress universal coverage, which this plan also does. And that's a very important feature.

In addition, the President's plan permits states that wish to be single payer states to become so, if their state legislature so chooses. The Republican alternative in the Senate that is drafted by Senators Dole and Chafee requires an individual mandate to pay for universal coverage.

We, too, believe everybody has to be in the system. We prefer the employer-employee approach because we think that will ultimately be more financially stable. But we're continuing to talk to those who are advocating the individual mandate.

There are many features that are in common already. And so we will continue to work with everyone to come up with what the best plan is. But the bottom line for us is universal coverage with comprehensive benefits. And any plan that the President would support would have to meet that criterion.

Q I did have one I was going to ask about that's being mentioned in several of these plans, which is called the Medisave Account. I don't believe your --

MRS. CLINTON: No. The problem as we see it with the Medisave or IRA approach is that, again, it leaves everybody on their own, so it does not stop the cost shifting. It does not enable any person who is either at or slightly above the poverty level to be able to afford to have such an account. It also does not emphasize primary and preventive care.

MORE

**Diversified Reporting Services, Inc.**

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929

The way such an account would work is you put aside a certain amount of money, and you have a very high deductible, so that if you don't use services unless you really, really need them, you get to save the money.

That's the way our current insurance system operates. And one of the problems is that if you have a very high deductible or you only have a catastrophic policy, you're not likely to seek regular primary care. And if you don't seek regular primary care, you're not likely to get problems taken care of sooner.

And what I fear is that people will postpone, as they do now, getting medical care until they are really sick or their problem has advanced, and then it costs everybody more money.

So that approach does not answer the basic need to give everyone a comprehensive benefits package that stresses preventive care, because in the long run preventive care will save us money. And that's why we support it.

INTERVIEWERS: Thank you very much.

MRS. CLINTON: Thank you all. Glad your listeners and viewers are so interested in all this. It's great.

(End of interview.)

\* \* \* \* \*

MORE

**Diversified Reporting Services, Inc.**

918 16TH STREET, N.W. SUITE 803

WASHINGTON, D.C. 20006

(202) 296-2929