

THE WHITE HOUSE

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INTERVIEW OF THE FIRST LADY
WITH THE WAVE NEWSPAPER

Q -- south central Los Angeles where you were yesterday and people there are concerned about how your plan, although you haven't laid it out yet, how it's going to affect people living in the inner city. I'm speaking primarily of African-Americans and Latinos, illegal immigrants, people that are low income folks. Maybe you can tell me a little about that.

MRS. CLINTON: Well, it should improve both their access to health care and their choices because we will include everybody in the health care system by making it possible for all those who are working to obtain health insurance and for those who have the insurance to pick from among health plans that will, for the first time, have incentives to come into places like south central LA and provide care.

What happens now is that there are few reasons for providers to come into the area because there is a high level of uninsured people and the providing of uncompensated care becomes much too burdensome on most providers, so you are largely left with King Medical Center and other public health facilities and a few private providers who are left.

In the plan as we are designing it, health plans will be required to provide services to an entire population so if they want to, for example, take care of people on the west side of LA, they will also have to take care of people in south central LA, and those networks of health care providers will be linked together so that there will be availability in all the geographic areas in addition to an improved public health infrastructure that will be funded. So I think it's going to be a significant improvement for the people in south central LA.

Q What about people that say that -- I know your plan hasn't -- you haven't released anything on it but I understand September is what the latest information is.

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MRS. CLINTON: Right.

Q What about people that say what kind of incentives will you be able to provide for physicians and health care professionals to come into a place like Drew, where you were yesterday, as opposed to working in Beverly Hills or the West Side where the crime isn't as serious and they can do their job without having those other fears?

MRS. CLINTON: Well, we want to do several things. We want to provide incentives for medical students to have their medical education paid for or their loans forgiven if they will practice in underserved areas for a considerable period of time. That was a program that was beginning to take hold and then was cutback dramatically in the 1980s and it needs to be reinstated and expanded. We want to increase the availability of health care providers in addition to physicians who are part of a team because nurse practitioners and physician assistants, nurse midwives, are all people who can provide primary and preventive health care if they are given incentives to do that with the kind of reimbursement that should be available for their services.

Also, if you've got these networks of care that have to deliver care in certain areas, in order to be an eligible health plan, they then have an incentive to move their people into underserved areas and that incentive may include pay differentials in order to get qualified people into the areas that they are required to serve.

So we think that if there is a market for health care in south central LA because you've got reimbursement that is going to flow to providers, and you've got requirements that care be provided in those areas, there will be the numbers of professionals that we need.

Q What specifics can you give about the plan? I realize it's a fluid thing and it's probably changing on a daily basis maybe, but what are some of the specifics you can talk about in the plan, some of the things that you believe will be part of the final plan and how long will it take before we see it?

MRS. CLINTON: Well, there are several fundamental principles that will be a part of the plan. There will be universal coverage for every American so that every American, whether he lives in south central LA or Beverly Hills, will have health security. There will be a benefits package that the Federal Government defines that is available to every

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American and it will emphasize primary and preventive health care because we think it's important to do that. It hasn't been done in the past.

Q I know you mentioned in your speech yesterday, I think you said something about we can take care of the surgery but the mammography is what we -- I mean, that's almost symbolic for the pretreatment, before the surgery almost, catching it. Is that something you don't think we've done enough of?

MRS. CLINTON: Absolutely we haven't. Insurance began with the desire to take care of acute or catastrophic conditions and it has stayed the same philosophy largely for the last 50 or 60 years with the result that we haven't had incentives for people to seek the early treatment or the diagnostic tests because that wouldn't be paid for. We have to put primary, preventive health care into the system. We've seen the positive results of doing that in Hawaii which has the only nearly universal health care system in the country and they have a benefits package that really emphasizes primary, preventive health care. I think if we did the same thing in the Nation as a whole, we'd have better results for health care.

Q You mentioned one thing I wanted to get to because we have so large an illegal immigrant population in south LA and actually all over southern California. How do they come into this plan because a lot of them are -- our county health care system -- one of the hospitals that you were at yesterday is one that may be closed. How do they factor into this system or are they not a factor in this new plan?

MRS. CLINTON: Well, they are certainly a factor in that we will continue to provide emergency care and public health services to those who are here illegally, but they will not be entitled to the health security card that every American citizen or legal resident will be entitled to. We can't provide that level of benefits to undocumented people, but we will continue to provide public health and emergency care to them.

Q You mentioned a health care card. Will that be similar to what Canada has or how is the system compared to other countries that have universal health care?

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MRS. CLINTON: Well, it will be different. It will fulfill many of the same goals of systems like that in Canada because it will be universal and it will have a benefits package, and it will have choice among providers for patients, but it will be different. It will be built on the American experience. Most people who are insured are insured through their workplace, through premiums that they pay to insurance companies. Many, many Americans are very well satisfied with that system because they are a part of it. We don't want dramatic changes; what we want is to provide American quality health care to every person who is entitled to it here.

So what we intend to do is build on the employer-employee-based system and make it available to everyone and to create some other changes in the existing system that will make the delivery of quality health care better for people who are currently left out.

Q To the companies that will be -- for instance, I was talking to my publisher this morning about this and our company pays 50 percent and --

MRS. CLINTON: That's generous.

Q Right. How will that change, for example, in a company like that which pays 50 percent of the plan?

MRS. CLINTON: Well, there will be a choice to stay exactly as you are now or to make alterations in the copayment or the benefits that are provided. Without looking at your plan, I couldn't tell you specifically but if you provide more than the guaranteed Federal benefits package, you are going to be able to continue to do that, your employer will have every right to do that. If you pay less than the benefits package, they will have to bring their coverage up to the guaranteed benefits level. They may not have to continue paying for 50 percent. They may or may not depending on how they choose to share the costs with their employees.

So in your situation where you've got insurance, where you've got shared responsibility between the employer and the employee, there wouldn't need to be very much change at all.

Q What about -- I realize the plan -- I'm curious

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to know if the plan you thought about putting in place back in the campaign when the President talked about health care being one of his goals, what about that plan -- what element of that has not changed, that you refuse to compromise on or give in on? Is there a key element of this health care package that has to be in this?

MRS. CLINTON: We have to have universal coverage as soon as possible. That's key to being able to do everything we're trying to do. The President really believes that a system that is a public-private partnership is better than going for a big government-run system like Canada in our country at this time. So the mixed nature of the system, which most of the health care decisions will be left in the hands of the private sector and individuals has also not changed, but we've looked at everything. We've done extensive analysis of every plan that we can find anywhere in the world, including different State approaches here in the United States. So we've tried to be as open-minded as possible as we've looked at everything we could possibly find.

The outline of the plan of the President put forward in the campaign is pretty close to where I think we will end up when he makes his announcement.

Q In terms of the opposition people that didn't support this, don't support it now, and you're anticipating won't support it in the future, how do you respond to them? Are you taking some of their suggestions?

MRS. CLINTON: Oh, yes.

Q Is there any room to move in the middle with this?

MRS. CLINTON: We've moved a lot on the details. I was talking about the fundamental principles but the details have undergone many changes as we have consulted widely with people. There are some people who don't want any change and there are some people who are getting away with a great advantage because they are not doing anything. Your newspaper competes with other newspapers, I'm sure, that don't pay anything for health insurance. It's not fair to you and your employer that other people get to use the same hospitals and the same health care system without making any contribution, and that it's an economic and competitive

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disadvantage for your publisher to try to do the right thing by providing health insurance benefits.

So there are some people who are getting a free ride in the system basically. There are others who are making an enormous amount of money off the existing system. Some people in the insurance industry make all their money underwriting risks. They come in and say, here's how much your policy is going to cost because you've had one employee with cancer, another employee with chronic diabetes. We're going to eliminate all that. Those tests are going to be eliminated because we're not going to let people eliminate anybody from health care coverage. Everybody is going to be eligible for health care whether they've ever been sick before or not.

Q Will specific treatments, such as heart transplant surgery or brain surgery or catastrophic illness surgeries be a part of this plan? Is this all going to fall under one umbrella or is there going to be something set up for basic medical services if I break my toe at my house or something as opposed to I need to have a tumor removed from my head?

MRS. CLINTON: No. We will have a benefits package that will cover what most standard insurance policies cover now and that would include hospitalization for serious illness to the broken toe in your house. We will not be able to cover experimental procedures or experimental drugs; we will not cover things like plastic surgery which are more of an elective kind of benefit, but we will cover what most standard insurance policies currently cover. In fact, we will cover more because we will be covering primary and preventive health care as well.

Q Who will pay for this?

MRS. CLINTON: All of us.

Q All of us. Will it be based on your income such as tax income or will it be based on -- how will it be paid equally between say people that live here and people that live in south LA?

MRS. CLINTON: Well, we haven't made the final decisions but right now, it appears that a premium policy that is key to your income, your income from employment will

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be the way we will determine how much people pay. So people in south central LA will pay something if they are employed.

Q And for the unemployed?

MRS. CLINTON: For the unemployed, if they have ever been employed, they will have contributed to the system and they will be permitted to be maintained on the system and the government will subsidize them until they are employed again, but even for people who are in government programs, we want them to pay something if at all possible, even if it's just a token amount because we want people to start taking responsibility for their health care.

Q So this is really -- you might say that this is --

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