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INTERVIEW WITH THE FIRST LADY  
BY DAN RATHER OF CBS NEWS

(Unrecorded question)

MRS. CLINTON: Well, Dan, I think that some of them may have been saying that a month or a couple of weeks ago, but I think now that the Treasury Department and the Office of Management and Budget and all the groups that have been working on this, have thoroughly vetted these numbers, I think there is going to be a great reliance on them.

What we have tried to do is something no one has ever tried to do. There's no plan or any other proposal out there that has gone to the lengths we have to analyze every single number. But, really, the important thing is what we are trying to buy with those numbers to give people health security and benefits that they can count on. It adds up. And I am very pleased about that.

(Unrecorded question)

Oh, I think that's absolutely the case. But I think what we are moving toward is a good debate in this country about what we want health care reform to be. The reason the numbers in the President's plan add up is because, unlike other plans, he has come forward and said here are the benefits, the comprehensive benefits, that we want; here is how we want to eliminate life-time limits in insurance policies; and here is how we want to preserve choice so that people can choose their doctors. And the reason it adds up is because we have very specifically set forth what the American people will get in return for this health care reform.

There isn't any other plan that even tells you what the benefits would be, goes through the numbers the way that we have, as straightforward as we have tried to be in laying out every piece of this. We want the American public to be as well educated, as we can, as we make this decision.

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(Unrecorded question)

Well, Dan, the problem with that criticism is that it overlooks some really fundamental issues. The first is the reason that the plan is long -- it won't be that long. It's long, I agree with that, but it's not going to be quite that long. The reason it's long is because we have tried to put everything in it that needs to be examined. So that, for example, we are putting public health issues in the plan because public health is an important part of making sure we have what we mean when we say universal coverage for every American.

Now, we could have eliminated everything that somebody would have said wasn't directly relevant. And we could have come with a very short and snappy bill that would have left a lot of questions unanswered. We chose not to do that. Unlike some of the other proposals, which have said we are not going to tell you what the benefits package will be, we are going to create a board and then they will tell you, we have said we don't believe that's the right way to go. If I were out there listening to this interview, I'd want to know what's the benefit I am going to get out of that. So we have put it into the plan. And so we have really tried to go as far as we knew how, to give everybody the information they will need to make the right judgment.

And then the other point I would make is that we are also eliminating a whole bunch of rules and regulations. If you stacked up the thousands of pages that will no longer be out there bothering patients and undermining doctors' independence and hamstringing hospitals, it's a whole lot more than what we are doing in this one comprehensive bill. So I think it's the right approach to take.

(Unrecorded question)

Yes, we can guarantee that for two reasons: First, because there are some insurance plans that today provide more than will be offered in the comprehensive benefits package. But we are leaving those in place for the next ten years as we try to add some of the benefits that we think are important. For example, in this plan of the President's, we do cover children's dental needs, but we do not cover adult dental needs. There are insurance plans which do that. They will stay in effect. And we hope that as we obtain savings from this system over the next several years that will be one of the benefits that could be added.

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But those people who have benefits like that, they will continue to have them. The President is not going to tax them. Unlike some other plans which would tax the health benefits of insured people in order to pay for health care for uninsured people, the President rejected that. We want everybody to have good benefits, and we don't want to take away benefits that people currently have right now.

(Unrecorded question)

I can guarantee that people will not have to pay more for less coverage unless they are people who pay nothing now, or unless they are young people who have never bought a full insurance policy. There will be some Americans, primarily young Americans, primarily those who have not had comprehensive policies, who will pay a little bit more. I mean, that's the way this system is going to work from now into the future.

We are going to have everybody in the same system. Everybody, the sick and the well and the old and the young will be paying something. So some Americans will pay more for the same or better coverage. No one will pay more for less coverage than what they have.

(Unrecorded question)

The seniors will have the Medicare program, and they will have some additional benefits they do not have now. They will have a prescription drug benefit, and they will have the beginnings of a comprehensive system of long-term care. Some of the citizens eligible for Medicare will pay more because they will be getting more.

I think the days when politicians got away with promising something for nothing I hope are behind us. We are not going to do that. We are trying to be as straightforward as we possibly can. And although we think it is going to be a very big benefit for all seniors, that their prescription drugs will finally be taken care of, and long-term care will no longer mean just spending yourself into poverty to go into a nursing home, but instead be home health care and community care, some will have to pay a little bit more for those benefits. But I think it's going to be very well worth it.

(Unrecorded question)

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Yes. One of the great fallacies, that in fact has been the subject of some advertising, is that this plan will take away choice. In fact, what is happening now, Dan, is people are losing choice every day because their employers are telling them where they can go to the doctor and what hospital they can use.

This plan will guarantee that everyone will have a choice. They will have a choice at least between an HMO and between what's called a network of doctors, sometimes referred to as a PPL. And they will still have access to a fee-for-service, which means calling up somebody in the yellow pages, being able to go to whatever doctor you choose.

So I feel very good that we have tried to preserve what works in the American health care system, including choice of doctors, and trying to focus in on fixing what doesn't work.

(Unrecorded question)

Absolutely. What we are doing is building on the private health care system. What we think works is the 90 percent of insured Americans who have health care. What doesn't work is that it's becoming too expensive and unreliable even for those who are insured. But it will be a private choice that will be available to individuals. We expect to have competition in the marketplace. And in addition to the comprehensive benefits that will be provided to every American, there will be a continuing market for supplemental insurance. I imagine that many people will want to have additional insurance for long-term care, for example. And we are trying to make that market much more available in the private insurance market.

Well, I am having some fun. I'll have more fun when I finish doing all of this. I hope to have some fun tonight, yes. Thank you very much.

Thanks, Dan. Glad to talk to you.

(The interview was concluded.)

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