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THE WHITE HOUSE

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AN INTERVIEW OF THE FIRST LADY
CONDUCTED BY JERRY FISHER OF CNBC,
THE WHITE HOUSE

Q The public thinks, well, we have Medicare and that everything is taken care of. What's wrong with the system? Where did we go wrong?

MRS. CLINTON: Well, we don't have a system. I think that's the first thing that we have to recognize. We have a patchwork. We have health care coverage through insurance for some people. We have health care coverage through Medicare and Medicaid for other people. We have no health care coverage for some people. We have a hundred thousand people losing their insurance every month.

You can go down the list. The result is that we don't have a national system. Part of what the President is trying to do is to create one, so that everybody has a sense of security no matter what age they are or where they live, that every American is entitled to have his or her basic health care needs met. The costs are controlled and the quality is preserved. If we can do those things he has directed us to try to help him think through, then I think we will be able to say we do have a health care system that is working better for most Americans.

Q One of the things that really worries elderly people very much is the fact that under the current system they have to spend down all their resources in order to be able to afford medical care. What are you contemplating that might address that problem?

MRS. CLINTON: Well, that's one of the parts of this nonsystem that bothers me the most is that we force people into poverty by telling them that there is no alternative between being able to take care of yourself or being poor enough to qualify for Medicaid and go into a nursing home. What we ought to be doing is to provide a

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range of choices to older Americans.

Let's keep as many as we can in their own home. Let's help families take care of their mothers and their fathers. Let's provide community-based services where people live so that they can go and get the kind of care they need during the day, perhaps. Let's have intermediate kinds of living arrangements for older Americans. Let's exhaust all the possibilities before we end up with saying that a nursing home is the only alternative available. It is necessary for many people in certain stages in their life, but it is not, in many ways, the best and only answer for many, many, many Americans.

What my husband believes in strongly is a range of choices that should be reimbursing people so that they can have that kind of freedom and control of their own lives.

Q Good. I'm glad that you mentioned it, because that really gets into the issue of long-term care, which you mentioned the other day, and I know it's very important to you. We've come to think of Medicare as an entitlement very much like Social Security. Should we be thinking of that in that way in the future? Under this new plan, how should we be thinking about that?

MRS. CLINTON: Well, we ought to be thinking about access to basic health care for every American and something that is a secure part of all of our lives, that we don't have to worry about all the things that we now worry about.

With respect to older Americans, we ought to begin to put into place a long-term care system that will enable us to feel secure about what happens as we age, knowing that for many of us we will be living longer and, therefore, outliving our relatives and others who can help take care of us. But we ought to think about long-term care not just in one model, but look at the range of models that are being experimented with around the country.

Too often people end up in nursing homes as a form of long-term care because there is no alternative for them. I'm convinced looking at a lot of the stories and listening to people talk to me that there are other options that should be available to people.

Long-term care is a very important challenge for us

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to begin facing. We are going to have to come to grips with how we are going to fund it and what we are going to be providing for people. I hope that older Americans will be a very active part of that conversation.

Q The two areas that had question marks by them as far as whether there was going to be a commitment, one was long-term care or some form of community-based health care, another thing is prescription costs, which is a very big concern for older people. I'm wondering will there be a commitment to some kind of help for paying for prescriptions?

MRS. CLINTON: Well, my husband wants very much to be able to move immediately on every issue, including prescription drugs for older Americans and long-term care. How far we are able to go at this point is something that he has not even gotten all of the information from the groups that are analyzing that. But there is no doubt that in his plan for what should be available in America, prescription drugs, their cost and their availability, ought to be considered and included. How much we can pay for right now is something that is going to have to be looked at.

You know, we have postponed all of these issues for so long, we have been in a state of denial, in terms of letting the system get out of control and cost continuing to escalate, putting so many people at risk. We have to get very realistic and decide what we can do, and then get on the road to doing it. Prescription drugs and long-term care happen to be part of any eventual plan that is going to work in America.

Q Speaking of being realistic, one of the questions that we run into when we talk about stretching the dollars, which seem to be limited, is a question of how far can you go? Are there going to be caps set on, let's say, for example, elderly people. When you talk about covering them for all of their health needs, who is going to make those decisions? What sort of guidelines are you going to use for that?

MRS. CLINTON: Well, nobody knows the answers to those questions yet. Many of the older Americans I have talked with tell me that they want alternatives to putting their families in a position of having to make what amounts to life and death decisions. They want more access to hospices, for example. They want to be able to have some

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control over their own lives towards the end, which includes living wills that are recognized and upheld by courts. There are a whole lot of issues that have to be looked at.

I believe that most of the older Americans that I have talked to have a pretty good idea of how tough these issues are and are willing to basically say, "We want to participate in the making of these decisions. We don't want somebody else making them for us. We want to make them ourselves. If that means don't put me on those machines or if it means or if it means leave me on them forever, I want to be heard on that." That's what we need to do is to find a decision-making process that includes older Americans speaking for themselves.

Q Across the board all Americans are going to be asked to make some sacrifices, and we must be realistic about what is going to be required. What should older people look to -- what should they feel is expected of them as far as sacrifices when it comes to health care?

MRS. CLINTON: Well, at this point I think that all of us are hoping that we're not going to have to ask for a lot of new money to fund a system that already has more money in it than any system in the world right now, but doesn't even cover everybody. The President is doing everything he can to avoid asking for any more money, except when it comes to things that have health-related costs like smoking or drinking, things like that that we know cost us money.

For older Americans like very American, they are going to have to look at their habits. They are going to have to understand that changing the way they live and getting exercise, doing some of the things that will help them stay healthier longer will be part of the expectation of any new health care system. We are going to be asking individuals to take a hard look at how they live and how they can keep themselves health, as well as trying to get a system that keeps all of us healthier.

A VOICE: We've got to go.

(The interview was concluded.)

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