

1947

Speeches



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Abortion

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**PRESIDENT WILLIAM JEFFERSON CLINTON
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES
WASHINGTON, D.C.
MARCH 8, 1994**

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My job as President is to help give every American the chance to reach their God-given potential, and to bring our people together to meet the challenges we face.

This year we have an historic opportunity to meet one of those challenges.

After 60 years of false starts and obstruction, we have an opportunity to give every American health security. This is a once-in-a-lifetime moment, and I am convinced we will seize it.

For individuals, health security will mean freedom from fear... freedom to prosper... freedom to make choices we don't have now and to regain a measure of dignity in a health care system that offers too little.

For our nation, it will mean the freedom to invest in the future... a chance to finally control the deficit... the opportunity to make this economy grow, to create jobs, and to lift the incomes of the American people.

You represent more than 22,000 members who serve tens of millions of Americans. Engineers and teachers, pharmacists and farmers, bankers and Red Cross volunteers -- these are the kinds of Americans served by the American Society of Association Executives.

Next year, the ASAE will turn 75. For your entire history, you have shown the importance of representation, and what can be achieved when people come together around shared goals and ideas.

But I too have been elected to represent an association -- the "Association of All The American People". And my association wants us to solve the crisis in health care.

It is a simple request. The American people want to pay a reasonable price for health insurance, and they want it to be there when they need it.

That is what health insurance used to mean. That is what it should mean. And that is what it will mean, when our work is done.

There are people who have already written off our chances to reform health care. Well I say to the naysayers, the pessimists, and the obituary writers: not so fast. The American people and their representatives on Capitol Hill are going to join with me and we're going to get it right. We've shown that change is possible -- and we're going to do it again.

We must do this, because as the health care system has become more and more fragile, so has the freedom and security of most Americans. That is the reality.

The reality is: even if you have good health insurance today you might not have it tomorrow.

Pre-existing conditions leave 81 million Americans at risk. Insurance companies can raise their rates or deny them coverage. And three out of every four of us have lifetime limits on what our policies will pay, buried in the fine print. For too many that means they can lose their coverage just when they need it most. That's reality.

Two million families lose their insurance every month. That's reality.

This system has stopped serving the American people. It is broken. And today I want to lay out for you how we're going to fix it.

We want to guarantee private health insurance for every American;

We want to guard your right to choose your own doctor, and improve the quality of your health care;

We want to limit how much insurance companies can raise your rates, and make it illegal for them to drop you;

We want to protect and dramatically improve Medicare and health care for older Americans; and,

We want to provide health benefits through the workplace, because that's the best way to cover everyone.

This is our approach. It's not complicated, although millions have been spent to make you think it is. It uses what works today to fix what's wrong.

If you know how to use a credit card, you can use the Health Security card. [HOLD UP CARD] If you know how to use a bank card, you can use the Health Security card. If you use your Social Security card, you'll be able to use a Health Security card.

Here's how it'll work:

You get your card. You choose your doctor. You choose your plan. You fill out one form. You get your health care. And it can never be taken away.

Guaranteed Private Insurance For All

We begin by guaranteeing private insurance for every American.

Everyone must be covered. Always. That is the only way to guarantee security. As long as insurance companies hold the cards - - as long as any of us at any time can be denied coverage or dropped from coverage -- none of us is secure. And as long as some Americans pay the price for those who don't have insurance, we will never get costs under control.

Those are the main reasons we want to cover every American. And if Congress sends me a bill that doesn't, I'll veto it.

And the benefits package must be comprehensive. Under our proposal, your Health Security card will guarantee everyone benefits similar to those provided by America's largest corporations, and equal to what Members of Congress get. Plus preventive care -- immunizations, mammograms, physicals, prescription drugs. We must keep our people healthy, not just treat them after they get sick.

Choices Preserved and Enhanced

Next we want to preserve and enhance your choice of doctor and health plan, because that's the best way to guarantee high quality health care.

Today, even the employees of the most generous companies have begun to lose their health care choices. High health care costs have forced employers to limit your choice of plans, and tell you which doctors you can see.

But choice is one of the best things about American health care, and we must protect the right of all Americans to choose their doctors and their health plans.

Under our proposal your choice of doctors goes with your card. Once you get your Health Security card, you choose a health plan. It can be a plan that lets you use any doctor or hospital that you want. Or it can be a plan that lets you use a network of doctors or hospitals. Or, you can join an HMO. It's your choice.

With your card you keep your doctor, or choose another. It's your choice.

Guaranteed choice means high quality care. We all know our benefits are being cut back, choices taken away, and bills going up. And you're caught in the middle, feeling the squeeze.

When it comes to choice, we have a choice. We can continue to standby while your options disappear, or we can guarantee your choice, and maintain your quality of care.

Insurance That Can Never Be Taken Away

The next step is to make sure that you'll always have affordable insurance you can depend on.

That's why we want to make it illegal for insurance companies to raise your rates unreasonably... to drop your coverage... to increase your rates if you get sick... to set "lifetime benefits" to cut you off entirely... or, to charge you more simply because you are over a certain age. Those practices are wrong and I will stop them.

We're taking these steps to put control of health coverage back in the hands of the American people. Today insurance companies have all the power and average Americans have none. The result is that the life savings, the peace of mind, the sense of security of every single citizen is in jeopardy. And I won't accept it any longer.

Protecting and Expanding Medicare

Medicare is one of the best things about American health care, because it works. It provides health security for millions of older Americans.

The question is how we can keep Medicare healthy while our population grows older. The question is how, as health care costs keeps rising, we can take care of our own.

Again, we can do it by keeping what's right and fixing what's wrong. Only one proposal before Congress keeps Medicare strong and makes it stronger, and that's ours.

Under our approach, if you get Medicare you keep it. You keep your doctor if that's your choice. Your Medicare security stays intact for as long as you want it, just like now. And because we plow Medicare savings back into health care for older Americans, we provide profoundly important new benefits for older Americans as well.

Under our proposal people receiving Medicare will get coverage for prescription drugs. And we also begin to provide coverage for long term care based in your home or community. Protecting Medicare, adding prescription drug coverage, more long term care options. The success of a health care reform must be measured by how it treats older Americans -- because they are the people whom need it most.

Insurance Through The Workplace

Finally, we must guarantee everyone who works health benefits at work. Here's why.

Today nine out of ten Americans who have private insurance are covered this way. Expanding this let's us reach most of the uninsured, since eight out of ten of the uninsured are in working families. It's based on shared responsibility. It's the easiest and simplest way to accomplish our goal.

It's also the right thing to do. Today people on welfare get guaranteed health insurance while people with jobs may or may not be covered. That's wrong. I believe people who work should have health insurance.

If we are to guarantee this, we must -- and we do -- protect small businesses. We provide discounts for small businesses, and full tax deductibility for the self-employed. And we give them the same bargaining power as any big business has.

These steps will be a vast improvement, especially for the majority of small businesses -- many represented by your Associations -- that provide health insurance for their employees. Today you pay 35 to 40 per cent more than big business for the same coverage. And you pay for others who don't pay anything, and leave their employees uncovered. We ask everyone to take some responsibility. And we protect you in the process.

That's how we make sure that everyone is covered. Anyone who works will get coverage at work. Employers will be asked to contribute, as will employees. The government will cover those

between jobs, and will continue to cover older Americans with Medicare.

But make no mistake: I want a private health care system. More government and more bureaucracy won't solve what's wrong with our health care system. A better private system will, and that's our goal.

We want to use what's right about American health care to fix what's wrong.

We want to guarantee every American permanent private health insurance;

We want to safeguard your right to choose your own doctor, and improve the high quality of your health care;

We want to limit how much insurance companies can raise your rates, and make it illegal for them to drop you;

We want to protect and dramatically improve Medicare and health care for older Americans; and,

We want to provide health benefits through the workplace, because that is the best way to cover everyone.

Cover everyone. Keep your choice of doctor. Make health insurance fair. Protect Medicare. And guarantee health benefits at work. That's my plan. It will work. And those on the front lines of health care agree.

The largest Associations of America's family physicians, pediatricians, nurses, and pharmacists, support it. They've studied our approach and they know it will work for everyone.

Our approach wasn't designed against anyone. It is designed for the American people.

Health reform is about giving life to our best values.

When Americans who work hard and care for their families are financially destroyed in an instant, it undermines everything we stand for.

When the rest of us pay more because the irresponsible pay nothing, it undercuts the link between opportunity and responsibility that built this nation.

When every month 8 million older Americans must choose between food and medicine, it breaks our promise to care for those who cared for us.

Providing health care to all our people will reconnect our values to our policies. That is why I know it will pass.

I began today talking about our freedom and our future and the opportunity that history has given us.

Health security is about freedom. It is about progress. It's about putting our values to work, and about still believing in ourselves enough to give our dreams a chance. That's why, this year, we will give every American the freedom that only real health security can mean.

Thank you very much.

U.S. Senator Harris Wofford
Statement on Federal Funding for Abortion
"Comprehensive Health Care Reform Offers Common Ground"
Tuesday, September 28, 1993

Today we are being given two bad choices: either to reaffirm the two-tiered system in which the poor are denied an option available to other Americans in most private-sector health insurance plans, or to affront the deep moral views of many Americans by extending direct federal funding to pay for abortions.

The sad fact is we are being asked to accept these choices at just the time a solution is within reach -- a solution that will make such choices unnecessary.

The President has proposed a new system of universal health insurance that will end the present two tiers -- one for the poor, through Medicaid, and another for everyone else. He proposes that government get out of the business of directly paying for particular health care services.

Under the President's plan, those now being assisted by Medicaid, like other citizens, will become members of regional health alliances -- insurance purchasing cooperatives, non-profit corporations, not government agencies. The former Medicaid recipients will have their premiums in these alliance subsidized by government, but they will have the same choice of health plans as everyone else.

Most, but not all, of the private-sector health plans from which they would choose -- HMOs, Blue Cross/Blue Shield, insurance company fee-for-service plans or new health care networks -- would, as now, pay a participating doctor's bill for an abortion under the category of pregnancy-related services, subject to the regulations permitted by the Supreme Court.

But some plans, by a religious hospital association, for example, could explicitly preclude abortions, as they do now. The choice of what plan to choose, as of what services to request, would be up to the individual. The government would be out of the business of directly paying doctor bills.

I'm convinced that this proposed new health care system can, and will, solve the problem in a far better and much fairer way than either alternative before us today. It will enable those receiving subsidized premiums to choose among the same range of health care plans that other citizens can now choose. That's fair. That's a sensible American way to proceed.

Mr. President, my own long-held and repeatedly stated position on abortion has never satisfied either of the two contending principled camps. Nor will it now. I respect the convictions and the fervor of both these camps -- those who defend the right to life of the unborn and those who, with equal power, defend the right of a woman to choose whether to terminate an unwanted pregnancy.

But I believe, Mr. President, that the real choices aren't that simple.

When I came to the Senate one of my new colleagues advised me that the easiest way to deal with abortion is to simply pick one of the two sides and stick with it.

After two years in Washington I can see the expediency of that advice. It would be a lot easier to choose a label -- pro-choice or pro-life. But for my whole adult life, I've resisted that kind of simplistic labeling. My reason and conscience long ago led me to reject the absolutism of either side. And it still does.

Over the years I've had the counsel of my wife, my family, and my faith. And I've listened to thousands of intelligent, caring Pennsylvanians on both sides of this issue. For me, the question of abortion couldn't be boiled-down to a simple label, a verbal shorthand.

The passionate and loud voices from the two camps uphold what seems to them absolute truths, but they tend to drown any other voice. Mr. President, the American people aren't just divided into those two parts. There's a much more broadly-shared position held by those who stand on a different ground because they see the matter differently. I am one of these.

For my colleagues and constituents who may be interested, I again note for the record what I have said repeatedly and consistently since I was appointed to the Senate:

I support a woman's option to choose up to the point of fetal viability, subject to reasonable regulations that do not impose a substantial obstacle to the effective exercise of that right. That's what the Supreme Court says and I believe it strikes the right balance.

I've long opposed efforts, by congressional action or constitutional amendment, to overturn the Supreme Court's decisions on abortion, beginning with Roe v. Wade.

I believe that unwanted pregnancies and abortions are tragic, and that the large number of such cases is a sign of a profound irresponsibility of our times. Therefore, it's essential to increase the availability of adoption; improve and promote family

planning and education programs, and contraceptive research; and take other steps to encourage self-discipline and individual responsibility to reduce the circumstances that lead to abortions.

From Roe v. Wade to the recent Casey case, the Supreme Court clearly holds that abortions, within reasonable regulations, are legal. I believe they should be safe. But I also believe that we must work together to make them rare.

Reasonable regulations on abortion have seemed to me (as to the Supreme Court) to include provisions prohibiting abortion during the seventh, eighth and ninth months, except when the life of the woman is at risk or if she would suffer major health problems by carrying the pregnancy to birth. They also include requirements of parental consent in the case of minors, if there is a judicial bypass procedure.

Unreasonable regulations include the so-called "Gag Rule," prohibiting a doctor or health professional from counseling patients about abortion, which I've voted against. I've also voted against the Mexico City Policy, which applied the Gag Rule to international family planning programs. I voted to permit overseas military personnel and their families to obtain an abortion at a U.S. military hospital at a their own expense since it seemed unreasonable to deny those serving abroad a right they would have had at home. I am supporting the Freedom of Access to Clinic Entrance Act. And I've voted to increase funding for family planning services through Title X.

It disappoints me that despite my long-held personal position and my consistent public statements since I came to the Senate, with each vote, one side or the other -- or both at once -- have mischaracterized my position. That will probably happen again today as I reluctantly vote on this question.

Because of my own beliefs and the deep division in our society, I have regularly opposed the use of federal funds to directly pay for abortions except in cases of rape, or incest, or where the woman would suffer major health problems by carrying the pregnancy to birth. That's what I believed before I came to the Senate, that's what I've said since I got here, and that's how I must vote today.

But I cast the vote unhappily because I don't think this is the time or the way to end the two-tiered system that denies equal opportunity to the poor. I want to see that system replaced by a fairer system which gets government out of the business of paying directly for medical services. That kind of universal health insurance is what we must now work to achieve in this Congress.

Finally, Mr. President, there's another overwhelming practical reason why this is the wrong time and way to try to change that two-tiered system in relation to abortion. If the President's proposed new system is seen to be directly and explicitly paying for

abortions, I do not think health care reform will pass. Some of the same religious and medical groups that most want to support universal health insurance would have to oppose it. And I understand why.

On the other hand, if the new system seems to be taking the right to chose away from the great majority of women whose present private-sector health plans pay for abortions as pregnancy-related services, there would also be no action -- only more gridlock. The majority of American women, whatever limitations on abortion they may support, would not accept legislation that took that choice out of their existing health plans. Nor would I.

So the way ahead is clear and promising if we can move away from the divisiveness this issue represents today and develop the universal health insurance the great majority of Americans want and need.

Let's build on that common ground.

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Specimens to
A.M.A.

Hillary Rodham Clinton
Remarks to AMA House of Delegates
June 13, 1993

Good afternoon.

I'm delighted to be with you at this important meeting of the AMA, as we enter what I believe will be a period of constructive change in health care. And I know you will continue to play a vital role in shaping that change.

I'm so pleased that you have asked the students of Nathan Davis Elementary School to join us and be a part of your program. I know you have a special relationship with these students, and have made a real commitment to help them gain the skills they will need to become responsible and successful adults, and I congratulate you for your efforts.

All of us respond to young children. We want to nurture all of them so they can dream the dreams of free and healthy children. This is our primary responsibility as adults, and as a caring government -- to help meet their needs when they are young so they can meet their own needs -- and their families needs -- when they grow up.

When I was young not far from here, this seemed an easier task. There were more strong families and safe neighborhoods -- maybe more compassion and a greater sense of community.

Much has changed since then. We have lost some of the hope and optimism of that era. Today, we too often greet our greatest challenges with a sense that our problems have grown too large and unmanageable.

And I don't need to tell you that the erosion of our health care system is one of these problems.

You know better than I that over the past two decades a good health care system has begun to break down severely, and undermined your profession in many ways, changing the nature and the rewards of practicing medicine.

Most doctors and health care providers choose careers in medicine because they want to help people. But too often -- because our system isn't working and we haven't taken full responsibility for fixing it -- that noble motive is clouded by perceptions that doctors aren't really doing their jobs, and don't really care like they once did.

It's time for us to work harder to renew a trust in who doctors are and what doctors do. It's time to make the practice of medicine a visible, honored link in our effort to promote the

common good again, and the way to do that is to improve our entire health care system.

As you know, the President is now in the process of finalizing a proposal for health care reform, and I'm grateful for the opportunity to speak about that today.

I had originally hoped to join you at your meeting in March, and I want to apologize for my absence. My father was ill and I spent several weeks with him in the hospital before he died. During his hospitalization at St. Vincent's, I witnessed first hand the courage and commitment of health care professionals. I will always appreciate the sensitivity and skill they showed in caring for my father.

I know that some of you worry about what the impact of health care reform will be on your profession and on your practice. Let me say from the start: If I read only what some Washington lobbyists have said about our plan, I'd be afraid, too.

The simple truth is this: the President has asked us to make big changes in areas where change is needed, but to keep and improve the things that work -- and there are more things that work than don't. I know the President will work to preserve and conserve and protect the best parts of our system.

But this system isn't working as well as it did, or as well as it could -- for you, for our private sector, for the public, of for the nation, which faces a debt of four trillion dollars because we cannot control health care costs. Just as it would be irresponsible for us to change what is working in health care, it is enormously irresponsible for us not to fix what we know is no longer working.

The principles of our plan are these: we will guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, and whether or not they have ever been sick before. Security, no matter what, is the first condition.

We will cut down the paperwork and reduce the bureaucracy because it costs too much and interferes with the care of your patients.

We will also control costs. This is of course one of our biggest challenges, as we move to lower the federal deficit and restore America's economy, and also as we struggle to reform health care, where costs are rising much faster than the rate of inflation every year. Like most big issues, the cost issue has been brought home to me in very human terms.

I remember sitting in the waiting area of St. Vincent's talking to a physician friend who told me that every day he discharges a patient who needs medication to stabilize a condition, and at least once a day he knows there is a patient who can't afford the drugs he prescribes. So the patient cuts back, or self medicates, and pretty soon they are back in the hospital, costing all of us even more. If we control costs up front, everything at the back end will cost less.

And finally in our plan we will maintain the best in the system. That is, the President's plan will allow Americans to choose their own doctor, and it will maintain, indeed I believe will improve, the quality of care given the American people by expanding the number of primary care doctors and nurses.

There are of course a great many details to be worked on and worked out. And I'm not suggesting that you will agree with every recommendation the President makes. Given the complexities of the crisis we face, no single group will be satisfied with every aspect of the reform package.

But I want to assure you of this: the administration has benefited from the studies and recommendations of hundreds of committed citizens and professionals, including physicians.

Again, contrary to what you might have heard, scores of practicing physicians served on our working group on health care reform. And I, for one, am deeply gratified that the AMA's leadership has spent invaluable time -- coming to meeting after meeting day after day -- sharing their ideas with us at the White House.

To our great pleasure, we've learned that we support many common goals.

Among them are: universal coverage; community rating; eliminating restrictions based on pre-existing conditions; providing a nationally guaranteed comprehensive benefits package; ensuring that physicians can choose among plans and that patients can choose their providers; and, improving the quality of the system by placing more emphasis on practice parameters and outcomes research.

The fact that doctors have been and continue to be an integral part of our process demonstrates how much we value your views and, as importantly, how serious we are about preserving and improving what is best in the current system.

While some of you may prefer different prescriptions for overhauling our health care system than those the President proposes, I think we can acknowledge one thing: That perpetuating

the status quo would surely make matters worse. For everyone. And particularly for doctors.

Doctors are under siege in the current system. For one, we are witnessing a disturbing assault on the doctor-patient relationship. More and more companies are buying into managed care plans that force employees to choose from a specific pool of doctors. And too often, even when a doctor is willing to join a new plan to maintain his relationship with patients, he is frozen out.

If this pattern continues--and it will if we don't act quickly--the art of practicing medicine will be forever transformed. Gone will be the patient's treasured privilege to choose his or her doctor. Gone will be the close, trusting bonds built up between physicians and patients over years. Gone will be the security of knowing you can switch jobs and still visit your long-time internist, your long-time pediatrician, your long-time OB.

I don't want to see this happen. We can't afford to let it happen.

But the erosion of the doctor-patient relationship is only one piece of the problem. Another piece is the insurance companies, which thrive on second-guessing medical decisions. It's insulting. Years of medical training, years of grueling study, years of clinical practice are discounted. Instead of being trusted for their expertise, doctors are expected to call an 800 number and get approval even for basic medical procedures from a total stranger.

Frankly, it's a mystery to me how a person sitting at a computer in some air-conditioned office thousands of miles away, can make a judgment about what should or shouldn't happen at a patient's bedside in Illinois or California or Georgia.

The result of this excessive oversight, this peering over every doctor's shoulder, is a system of backward incentives that rewards providers for overprescribing, overtesting and generally overdoing. And worse, it punishes doctors who show proper restraint.

Bob Berenson, one of the physicians who spent hours and hours working with us while also maintaining his practice, told me recently about his experiences with an emergency room patient named Jeff. Jeff suffered from cirrhosis of the liver and ascites [ass-IDES]. Dr. Berenson put him in the hospital and within 24 hours received a call from Jeff's insurance company.

The insurance company wanted to know exactly how many days Jeff would be in the hospital, and why. Dr. Berenson replied

that he couldn't predict the precise length of stay. A few days later, the insurance company called back and questioned whether Jeff would need surgery. Again, Dr. Berenson said he wasn't sure.

What was Dr. Berenson's reward for his honesty? He was placed on the insurance company's "special exceptions" list. That's a list of troublesome doctors who make the insurance company wait a few days or a few weeks to determine the bottom line on a particular patient.

From that point on, the insurance company called Dr. Berenson six times in two weeks. Each time he had to be summoned away from a patient to take the call. Each time he spoke to a different insurance company representative. Each time he repeated the same story. Each time the role of doctor was subverted. And each time the treatment of a patient was impeded.

Dr. Berenson and you know that medicine -- healing -- doesn't work like that. Well, it's about time the insurance companies got that message. And we will speak loudly to make sure they do.

Adding to these difficulties, doctors are being buried under an avalanche of paperwork. There are mountains of forms. Mountains of rules. Mountains of hours spent on administrative minutiae instead of on caring for the sick.

Where on earth did all of this bureaucracy come from? Basically, everywhere. There are forms to ensure appropriate care for the sick and the dying. Forms to guard against unnecessary tests and procedures. Forms from each insurance company to record the actions and decisions of doctors and nurses.

One nurse told us she entered the profession because she wanted to care for people; she said that if she wanted to be an accountant, she would have gone to work for Arthur Anderson.

Instead of improving treatment and enforcing rules, the forms tyrannize our system. And the administrative overhead needed to process this morass of paper is staggering: For every doctor a hospital hires, four new administrators are hired.

Doctors' offices now spend 80 hours a month of their time on administration. That's time not spent with a patient recovering from bypass surgery, not spent with a child who needs a check-up, not spent treating a person with the bronchitis.

Blanketing an entire profession with rules aimed at catching a few bad apples does not improve quality. It merely puts good,

honest people on the defensive. It's an absurd way to dispense health care. And it must change.

The legal system is not helping either. No one, except perhaps a few lawyers, prospers when doctors are shadowed by the specter of malpractice lawsuits. But somehow we have allowed the suing of doctors to become a cottage industry in this country. And as part of our reform effort we are exploring new ways to protect doctors from nuisance lawsuits and unfair harassment, while at the same time protecting patients from true acts of negligence.

Finally, the task of healing patients and tending to the sick is made more complicated by our failure to provide universal coverage. It should not be left to the individual doctor to probe his conscience before deciding whether to treat a needy patient. We simply should not strand doctors in a moral and financial thicket by leaving more than 35 million Americans uninsured. These burdens, these wrongs, must be corrected.

And I think our reform package will help do that.

First, as I said, we need a new system that guarantees patients the freedom to choose their doctors. It should not be left to an employer to decide which doctor a patient may see. Under our plan, patients will be able to stay with their doctors even if they switch jobs. And they will always have the opportunity to visit specialists affiliated with a different plan through a fee-for-service network.

Second, we have to stop allowing insurance companies to degrade doctors and nurses with unnecessary interrogations about the decisions they make. Let's give authority back to doctors. Let's cut out the middlemen. Let's make doctors responsible for holding down costs in the ways they, not the anonymous person on the 800 line, see fit.'

In short, let's enhance the clinical autonomy of the physician so that doctors are able to spend time where they're most needed: providing care to patients.

As for the paperwork mess, we must clean it up. To begin with, we will simplify burdensome regulations like CLIA, a well intentioned law whose effects have been deleterious to providing quality health care.

We will streamline the process. We will have one insurance form, not hundreds. A performance report for quality, with no mysterious fine print. Simpler regulations. Less administrative clutter. Less micromanagement.

And let's get rid of a system in which preventive care is a dirty word. We shouldn't let insurance companies discourage patients from coming in for check-ups. We shouldn't let insurance companies offer coverage only to the healthiest among us. And we shouldn't let insurance companies change our medical standards simply to augment their annual profits.

We will offer a serious proposal to curb malpractice suits. And we will expand efforts to end conflicts through alternative dispute resolution.

Unfortunately, given the tangled web of problems we face, reaching a complete consensus on health care reform will be difficult. I wish that weren't the case. But we must be realistic. We must accept that we will have differences, and we must find common ground.

If we do not, every sector of our society will suffer, including yours.

Ultimately, we want a system that liberates doctors to practice prudent, intelligent medicine again. We want a system that restores dignity to a physician's work. We want a system that encourages young people to enter the profession because they want to minister to the sick.

And let us remember that young people -- those here today and all children -- are the reason we must have the courage at last to change, and to improve the health care system.

The adults in this room have sat in dozens of meetings like this -- and seminars and panel discussions -- since the 1970's and talked about the problems of health care and how they are getting worse.

Time and again since then, government has walked up to reforming health care -- and walked away. Both political parties share the blame.

We could have stepped up to health care reform twenty years ago and solved our problems for millions of dollars, and we walked away. Later for hundreds of millions of dollars and we walked away. After twenty years it is getting out of our reach. Twenty years of talking, and walking away.

Twenty years of practicing less medicine and more accounting. Twenty years of intrusion and erosion in the doctor/patient relationship. Twenty years of a health care system dominated not by concerns of health but by the needs of the health insurance industry.

How many more meetings do we need?

You know as I do that the time has come for all of us to stop walking away and to start stepping up to our responsibilities for leaving these children a better world in every way.

Let's celebrate your great profession by improving health care. Let's celebrate these children by reforming health care. We can come together not as liberals or conservatives or Democrats or Republicans but as Americans who want the best for their country.

And when we succeed we can share the greatest gift: in a year, each of these children can turn to us and say, thank you, for caring enough not to walk away, and for helping all of us do better.

Thank you.

**The President of the United States
Health Care Providers Event
March 23, 1994**

Acknowledgements [The First Lady; the Vice President; Secretary Donna Shalala; Dr. Philip Lee; Bruce Vladeck; Surgeon General Jocelyn Elders; others, to come].

I know we were all very moved by the statements and the stories we have just heard [Dr. Jesse C. Haggerty, family physician from Topeka, Kansas; Marva Wade, RN, Cedars Mt. Sinai Hospital, New York City, president of the New York State Nurses Association; Sister Bernice Coreil, senior vice president, Daughters of Charity National Health System].

Sister Bernice, Hilary and I enjoyed meeting and speaking with you at the National Prayer Breakfast in August. We appreciate your work with the White House Task Force on National Health Policy Reform and the thoughtful testimony you presented to Congress in support of health care reform.

We admire the work of the Catholic Health Association, and your report, "Setting Relationships Right: A Proposal for Healthcare Reform," has been a model for our own approach to health care reform.

I want to thank all of you and the organizations you represent for your support for health care reform. Many of you have been with this effort from the beginning. And, together, we are going to make history -- and make health care reform a living reality this year.

You represent what is right with the American health care system: the world's finest doctors and nurses and hospitals, the most advanced medical research, and the highest-quality care. Your presence here today is powerful testimony that health care reform works for the American people, and for their doctors, their nurses, and everyone else on the frontlines of American medicine. That is why America's largest associations of family physicians, pediatricians, nurses, pharmacists, and all of you support health care reform and believe it will work.

You are all on the front lines of health care in this country, and you know what it's like to deliver a baby in the middle of the night, to visit a patient's bedside and make a fast judgement about their condition, or to comfort a person whose emotional anguish is so deep that life seems like an ordeal.

And you also know that we have to fix what is wrong with our health care system to preserve what is right. You know what it is like to have to spend your time on paperwork, not patient care; to comfort people who are suffering not only from the pain of illness or injury but from the fear that the fine print in their

insurance policy means that they will not be able to afford the treatment they urgently need.

Every day, you are out there healing the sick, easing their pain, and saving their lives. And today I want to ask you to do one more thing: to go and speak to your colleagues, your patients, your neighbors, and your friends about the urgency of health care reform, not in the next decade, not next year, but right now, in 1994.

The defenders of the status quo are trying to make health care reform sound complicated, but it's really very simple, and I'm counting on you to help explain it to the American people.

When you come down to it, America faces one of three choices [Point to card, "America's Choice"]: no guarantee of coverage for anybody -- which is what we have now; government insurance for everybody -- which would require a big tax and make us tear up a lot of what works today; and guaranteed private insurance -- which is my approach.

We're going to strengthen what's right with our health care system and fix what's wrong. And these are five key elements that make it work.

[Point to card, "Guaranteed Private Insurance."] First, we must guarantee health coverage to every American. Everyone. Always. As long as any of us at any time can be denied coverage or dropped from coverage -- none of us is secure. And -- as you know so well -- as long as Americans who have insurance pay the price for those who don't have insurance, we'll never get costs under control.

And the benefits package should be comprehensive. Everyone will get a Health Security Card that will guarantee benefits as good as America's biggest companies offer and as good as your Members of Congress get. The benefits will include prescription drugs and preventive care -- things that often aren't covered today. As you know as well as anyone, it's common sense to pay to keep people healthy, not just treat them after they get sick.

[Point to card, "Choice."] Second -- and this is important -- I want to preserve and expand peoples choice of doctors and health plans, because that's the best way to guarantee high-quality health care. Your relationship with your patients is important, and I want to strengthen and secure it.

[Point to card, "Real Insurance Reform."] Third, we're going to crack down on insurance company abuses. No more denying people coverage or raising their rates just because they get sick. [You know, last week, in Nashua, New Hampshire, I met a woman who gave me a photograph of her seven-year-old son who has a serious health problem. And she's afraid he will never get health insurance because of his pre-existing condition.] No more using

lifetime limits to cut off people's benefits. And no more charging older people more than younger people.

These are unfair practices, and we'll make them illegal. We'll make sure your patients get affordable insurance they can count on. And we'll make sure that, when you treat your patients, you won't have to worry about whether the treatment they need is covered by the fine print in their insurance policies.

[Point to card, "Preserve Medicare."] Fourth, we will preserve and strengthen Medicare. Older Americans must be able to count on Medicare and keep their doctors. We also want to cover prescription drugs under Medicare, and give people of all ages new choices for long-term care, at home or in their community.

[Point to card, "Health Benefits Guaranteed at Work."] Finally, we want everyone to have health benefits guaranteed at work, with the government providing discounts for small business and the unemployed. This approach builds on what works. And it's the easiest and simplest way to accomplish our goal of guaranteed private insurance for everyone.

I'll let you in on a secret. When you cut through the confusion and explain our health care reform to people, they like it. A few weeks ago, **The Wall Street Journal** explained our health reform to some citizens of York, Pennsylvania, without telling them whose plan it is. The great majority of that group strongly supported our health reform. And the headline on **The Wall Street Journal** story reads: "Many don't realize it's Clinton plan they like."

The next few weeks are crucial for the success of health reform. Congress will be in recess, but American democracy will be in session. Your Senators and Representatives will be going home, to be with the people who sent us all to Washington. And they need to hear this simple message from you, your patients, your colleagues, and your friends and neighbors: Now is the time to pass health care reform. Now is the time to provide every American guaranteed private insurance that can never be taken away.

You can be sure that the powerful special interests, the defenders of the status quo, and the guardians of gridlock will do everything they can, say anything they want, and spend as much as possible to prevent health care reform. Together, we can prevail with the strength of our numbers, the urgency of our cause, and the power of an idea whose time has come.

THE WHITE HOUSE
Office of the Press Secretary

AMA

For Immediate Release

REMARKS BY THE FIRST LADY
TO THE AMERICAN MEDICAL ASSOCIATION

June 13, 1993
Chicago, Illinois

MRS. CLINTON: Thank you very much, Mr. Speaker; all of the members of the House of Delegates, the officers and trustees of the AMA, and all whom you represent. It is an honor for me to be with you at this meeting and to have the opportunity to participate with you in an ongoing conversation about our health care system and the kinds of constructive changes that we all wish to see brought to it.

I know that you have, through Health Access America, and through other activities and programs of the AMA been deeply involved in this conversation already, and all of us are grateful for your contribution. I'm also pleased that you invited students from the Nathan Davis Elementary School to join us here this afternoon. (Applause.) I know that the AMA has a special relationship with this school, named as it is for the founder of the AMA, and that the AMA participates in its corporate capacity in the Adopt a School program here in Chicago. You have made a real contribution to these young men and women. And not only have you provided free immunizations and physicals and lectures and help about health and related matters, but you have served as role models and mentors. It is very important that all of us as adults do what we can to give young people the skills they will need to become responsible and successful adults. And I congratulate you for your efforts and welcome the students here today.

All of us respond to children. We want to nurture them so they can dream the dreams that free and healthy children should have. This is our primary responsibility as adults. And it is our primary responsibility as a government. We should stand behind families, teachers and others who work with the young, so that we can enable them to meet their own needs by becoming self-sufficient and responsible so that they, in turn, will be able to meet their families and their own children's needs.

When I was growing up, not far from where we are today, this seemed an easier task. There seemed to be more strong families. There seemed to be safer neighborhoods. There seemed to be an outlook of caring and cooperation among adults that stood for and behind children. I remember so well my father saying to me that if

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you get in trouble at school, you get in trouble at home -- no questions asked -- because there was this sense among the adult community that all of them, from my child's perspective, were involved in helping their own and others' children.

Much has changed since those days. We have lost some of the hope and optimism of that earlier time. Today, we too often meet our greatest challenges, whether it is the raising of children or reforming the health care system, with a sense that our problems have grown too large and unmanageable. And I don't need to tell you that kind of attitude begins to undermine one's sense of hope, optimism, and even competence.

We know now -- and you know better than I -- that over the last decade our health care system has been under extraordinary stress. It is one of the many institutions in our society that has experienced such stress. That stress has begun to break down many of the relationships that should stand at the core of the health care system. That breakdown has, in turn, undermined your profession in many ways, changing the nature of and the rewards of practicing medicine.

Most doctors and other health care professionals choose careers in health and medicine because they want to help people. But too often because our system isn't working and we haven't taken full responsibility for fixing it, that motive is clouded by perceptions that doctors aren't the same as they used to be. They're not really doing what they used to do. They don't really care like they once did.

You know and I know that we have to work harder to renew a trust in who doctors are and what doctors do. That is also not unique to the medical community. Just as our institutions across society are under attack and stress, all elements of those institutions are finding that they no longer can command the trust and respect, whether we talk of parents or government officials or other professionals -- police officers, teachers -- that should come with giving of themselves and doing a job well that needs to be done.

But focusing this afternoon on those concerns that are yours -- what has happened with medicine, what is likely to happen -- we need to start with a fundamental commitment to making the practice of medicine again a visible, honored link in our efforts to promote the common good. And the way to do that is to improve the entire system of which you are a part. We cannot create the atmosphere of trust and respect and professionalism that you deserve to have, and that many of you who are in this room remember from earlier years, without changing the incentives and the way the entire system operates. That has to be our primary commitment. If we do not put

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medicine and those who operate within medicine in the forefront of the respect they deserve to have, no matter what we do to the system on the margins will not make the differences that it should.
(Applause.)

As you know, the President is in the process of finalizing his proposal for health care reform, and I am grateful to speak with you about that process and where it is today and where it is going. I had originally hoped to join you at your meeting in March in Washington, D.C. And I, again, want to apologize for my absence. I very much appreciated Vice President Gore attending for me, and I also appreciated the kind words from your executive officials on behalf of the entire association because of my absence.

My father was ill and I spent several weeks with him in the hospital before he died. During his hospitalization at St. Vincent's Hospital in Little Rock, Arkansas, I witnessed firsthand the courage and commitment of health care professionals, both directly and indirectly. I will always appreciate the sensitivity and the skills they showed, not just in caring for my father, not just in caring for his family -- which, as you know, often needs as much care as the patient, but in caring for the many others whose names I will never know. I know that some of you worry about what the impact of health care reform will be on your profession and on your practice. Let me say from the start, if I read only what the newspapers have said about what we are doing in our plan, I'd probably be a little afraid myself, too, because it is very difficult to get out what is going on in such a complex process.

But the simple fact is this: The President has asked all of us, representatives of the AMA, of every other element of the health care system, as well as the administration, to work on making changes where they are needed, to keeping and improving those things that work, and to preserving and conserving the best parts of our system as we try to improve and change those that are not.

This system is not working as well as it did, or as well as it could -- for you, for the private sector, for the public or for the nation. The one area that is so important to be understood on a macronational level is how our failure to deal with the health care system and its financial demands is at the center of our problems financially in Washington. Because we cannot control health care costs and become further and further behind in our efforts to do so, we find our economy, and particularly the federal budget, under increasing pressure.

Just as it would be irresponsible, therefore, to change what is working in the health care system, it is equally irresponsible for us not to fix what we know is no longer working.

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So let us start with some basic principles that are remarkably like the ones that you have adopted in your statements, and in particularly in Health Access America. We must guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, or whether they have ever been sick before. If we do not reach universal access, we cannot deal with our other problems.

And that is a point that you understand that you have to help the rest of the country understand -- that until we do provide security for every American when it comes to health care, we cannot fix what is wrong with the health care system. Secondly, we do have to control costs. How we do that is one of the great challenges in this system, but one thing we can all agree on is that we have to cut down on the paperwork and reduce the bureaucracy in both the public and private sectors. (Applause.)

We also have to be sure that when we look at costs, we look at it not just from a financial perspective, but also from a human perspective. I remember sitting in the family waiting area of St. Vincent's, talking to a number of my physician friends to stop by to see how we were doing. And one day, one of my friends told me that, every day, he discharges patients who need medication to stabilize a condition. And at least once a day, he knows there is a patient who will not be able to afford the prescription drugs he has prescribed, with the result that that patient may decide not to fill the prescription when the hospital supply runs out. Or that patient may decide that even though the doctor told him to take three pills a day, he'll just take one a day so it can be stretched further.

And even though St. Vincent's has created a fund to try to help support the needs of patients who cannot afford prescriptions, there's not enough to go around, and so every day there is someone who my friend knows and you know will be back in the hospital because of their inability either to afford the care that is required after they leave, or because they try to cut the corners on it, with the net result that then you and I will pay more for that person who is back in the hospital than we would have if we had taken a sensible approach toward what the real costs in the medical system are. That is why we will try, for example, to include prescription drugs in the comprehensive benefit package for all Americans, including those over 65, through Medicare. (Applause.)

We believe that if we help control costs up front, we will save costs on the back end. That is a principle that runs through our proposal and which each of you knows from firsthand experience is more likely to be efficient in both human and financial terms. We will also preserve what is best in the American health care system today.

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We have looked at every other system in the world. We have tried to talk to every expert whom we can find to describe how any other country tries to provide health care. And we have concluded that what is needed is an American solution for an American problem by creating an American health care system that works for America. (Applause.) And two of the principles that underlie that American solution are quality and choice. (Applause.)

We want to ensure and enhance quality. And in order to do that, we're going to have to make some changes, and you know that. We cannot, for example, promise to really achieve universal access if we do not expand our supply of primary care physicians, and we must do that. (Applause.) And you will have to help us determine the best way to go about achieving that goal.

I've spoken with representatives of our medical schools, and we have talked about how the funding of graduate medical education will have to be changed to provide incentives for the training of more primary care physicians. (Applause.) I have talked with representatives of many of the associations, such as this one, about how continuing educational opportunities could help even mid-career physicians, once we have a real supply of primary care physicians who are adequately reimbursed and adequately supported, how they might even go back into primary care. (Applause.)

We have also very much put choice in the center of our system so that we will have not just choice for patients as to which plan they choose to join, but choice for physicians as to which plan they choose to practice with, including the option of being part of more than one plan at the same time. (Applause.)

Now, as we work out all of the details in the many proposals and its parts that must come together, I am not suggesting that you will agree with every recommendation the President makes. I don't expect any group to do that. In fact, I suppose that if everybody's not a little put out that means we probably haven't done it right. But I do hope and expect that this group, as with other groups representing physicians and nurses and other health care professionals will find in this plan much to be applauded and supported. And I also believe that given the complexities of the problem we face, it would be difficult to arrive at a solution that was universally accepted.

But the reason I have confidence that this house, the AMA, and others will be supportive of the President's proposal is because we have benefited so much from what you have already done and from the involvement of many of you and others around the country.

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Again, contrary to what you may have heard scores of practicing physicians served on the working groups that were studying health care reform. I am deeply grateful on a personal level that members of the AMA's leadership spent invaluable time coming to meeting after meeting, day after day sharing their ideas, reacting to ideas at the White House. And, of course, in the course of that we learned we had many common goals and objectives.

We will not only stand for universal coverage, but in addition the following: community rating so that we can assure all Americans they will be taken care of -- (applause); eliminating restrictions based on preexisting conditions so that every American will be eligible -- (applause); a nationally guaranteed comprehensive benefits package that will emphasize primary and preventive health care as well as hospitalization and other care -- (applause); the kind of choice and quality assurances that we will need to have to make sure this new system not only operates well during the transition but gets a firm footing as it moves into the future and we will therefore be emphasizing more on practice parameters and outcomes research so that you, too, can know better what works.

One of the great interesting experiences I have had during the past months is as I've traveled around from state to state is having doctors coming up to me and telling me that they need more information; that all too often the information they receive doesn't come to them in forms that they believe are practical in their particular context. And what we want to do is by working with organizations like yours is be sure that the quality outcomes and the kind of research that will be done will be readily available to every practicing physician in the country.

We also believe that it will be essential to continue medical research and to use the breakthroughs in medical research, again, not just to alleviate human suffering but to save money, because you know better than I that often times a breakthrough in research, a new drug, a new procedure is the quickest way to take care of the most people in a cost-effective manner. So we will continue to support medical research. (Applause.)

All of these principles arise from the same common assumption -- that the status quo is unacceptable. And it is not really even any longer a status quo because we do not stand still, we drift backwards. Every month people lose their insurance; every month you have more micromanagement and regulation to put up with; every month our health care system becomes more expensive to fix.

I know that many of you feel that as doctors you are under siege in the current system. And I think there is cause for

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you to believe that, because we are witnessing a disturbing assault on the doctor/patient relationship. More and more employers are buying into managed care plans that force employees to choose from a specific pool of doctors. And too often, even when a doctor is willing to join a new plan to maintain his relationship with patients, he, or she I should say, is frozen out.

What we want to see is a system in which the employer does not make the choice as to what plan is available for the employee, the employee makes that choice for him or herself. (Applause.) But if we do not change and if the present pattern continues, as it will if we do not act quickly, the art of practicing medicine will be forever transformed. Gone will be the patients treasured privilege to choose his or her doctor. Gone will be the close trusting bonds built up between physicians and patients over the years. Gone will be the security of knowing you can switch jobs and still visit your longtime internist or pediatrician or OB/GYN.

We cannot afford to let that happen. But the erosion of the doctor/patient relationship is only one piece of the problem. Another piece is the role that insurance companies have come to play and the role that the government has come to play along with them in second-guessing medical decisions.

I can understand how many of you must feel. When instead of being trusted for your expertise, you're expected to call an 800 number and get approval for even basic medical procedures from a total stranger. (Applause.)

Frankly, despite my best efforts of the last month to understand every aspect of the health care system, it is and remains a mystery to me how a person sitting at a computer in some air-conditioned office thousands of miles away can make a judgment about what should or shouldn't happen at a patient's bedside in Illinois or Georgia or California. The result of this excessive oversight, this peering over all of your shoulder's is a system of backward incentives. It rewards providers for over prescribing, overtesting, and generally overdoing. And worse, it punishes doctors who show proper restraint and exercise their professional judgment in ways that those sitting at the computers disagree with. (Applause.)

Dr. Bob Barrinson, one of the practicing physicians who spent hours and hours working with us while also maintaining his practice, told us recently of an experience that he had as one of many. He admitted an emergency room patient named Jeff. Jeff suffered from cirrhosis of the liver and --. Dr. Barrinson put him in the hospital and within 24 hours received a call from Jeff's insurance company. The insurance company wanted to know exactly how many days Jeff would be in the hospital and why. Dr. Barrinson

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replied that he couldn't predict the precise length of stay. A few days later the insurance company called back and questioned whether Jeff would need surgery. Again, Dr. Barrinson said he wasn't yet sure.

And what was Dr. Barrinson's reward for his honesty and his professionalism? He was placed on the insurance company's "special exceptions" list. You know, that's a list of troublesome doctors who make the insurance company wait a few days or a few weeks to determine the bottom line on a particular patient.

From that point on, the insurance company called Dr. Barrinson six times in two weeks. Each time he had to be summoned away from the patient to take the call. Each time he spoke to a different insurance company representative. Each time he repeated the same story. Each time his role as the physician was subverted. And each time the treatment of the patient was impeded.

Dr. Barrinson and you know that medicine, the art of healing, doesn't work like that. There is no master checklist that can be administered by some faceless bureaucrat that can tell you what you need to do on an hourly basis to take care of your patients; and, frankly, I wouldn't want to be one of your patients if there were. (Applause.)

Now, adding to these difficulties doctors and hospitals and nurses, particularly, are being buried under an avalanche of paperwork. There are mountains of forms, mountains of rules, mountains of hours spent on administrative minutiae instead of caring for the sick. Where, you might ask yourself, did all this bureaucracy come from? And the short answer is, basically, everywhere.

There are forms to ensure appropriate care for the sick and the dying; forms to guard against unnecessary tests and procedures. And from each insurance company and government agency there are forms to record the decisions of doctors and nurses. I remember going to Boston and having a physician bring into a hearing I held there the stack of forms his office is required to fill out. And he held up a Medicare form and next to it he held up an insurance company form. And he said that they are the same forms that ask the same questions, but the insurance company form will not be accepted by the government, and the government form will not be accepted by the insurance company. And the insurance company basically took the government form, changed the title to call it by its own name and requires them to have it filled out. That was the tip of the iceberg.

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One nurse told me that she entered the profession because she wanted to care for people. She said that if she had wanted to be an accountant, she would have gone to work for an accounting company instead. (Laughter.) But she, like many other nurses, and as you know so well, many of the people in your offices now, are required to be bookkeepers and accountants, not clinicians, not caregivers. (Applause.)

The latest statistic I have seen is that for every doctor a hospital hires, four new administrative staff are hired. (Applause.) And that in the average doctor's office 80 hours a month is now spent on administration. That is not time spent with a patient recovering from bypass surgery or with a child or teenager who needs a checkup and maybe a little extra TLC time of listening and counseling, and certainly not spent with a patient who has to run in quickly for some kind of an emergency.

Blanketing an entire profession with rules aimed at catching those who are not living up to their professional standards does not improve quality. What we need is a new bargain. We need to remove from the vast majority of physicians these unnecessary, repetitive, often uneven read forms and instead substitute for what they were attempting to do -- more discipline, more peer review, more careful scrutiny of your colleagues. You are the ones who can tell better than I or better than some bureaucrat whether the quality of medicine that is being practiced in your clinic, in your hospital, is what you would want for yourself and your family. (Applause.)

Let us remove the kind of micromanagement and regulation that has not improved quality and has wasted billions of dollars, but then you have to help us substitute for it, a system that the patients of this country, the public of this country, the decision-makers of this country can have confidence in. Now, I know there are legal obstacles for your being able to do that, and we are looking very closely at how we can remove those so that you can be part -- (applause) -- of creating a new solution in which everyone, including yourself, can believe in.

In every private conversation I've had with a physician, whether it's someone I knew from St. Vincent's or someone I had just met, I have asked: Tell me, have you ever practiced with or around someone you did not think was living up to your standards? And, invariably, the answer is, well, yes, I remember in my training; well, yes, I remember this emergency room work I used to do; yes, I remember in the hospital when so-and-so had that problem. And I've said, do you believe enough was done by the profession to deal with that problem and to eliminate it? And, invariably, no matter who the doctor is, I've been told, no, I don't.

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We want you to have the chance so that in the future you can say, yes, I do believe we've been dealing with our problems. It is not something we should leave for the government, and, certainly, we cannot leave it to the patient. That is the new kind of relationship I think that we need to have.

Finally, if we do not, as I said earlier, provide universal coverage, we cannot do any of what I have just been speaking about because we cannot fulfill our basic commitment you as physicians, us as a society, that we will care for one another. It should no longer be left to the individual doctor to decide to probe his conscience before determining whether to treat a needy patient. I cannot tell you what it is like for me to travel around to hear stories from doctors and patients that are right on point.

But the most poignant that I tell because it struck me so personally was of the woman with no insurance; working for a company in New Orleans; had worked there for a number of years; tried to take good care of herself; went for the annual physical every year; and I sat with her on a folding chair in the loading dock of her company along with others -- all of whom were uninsured; all of whom had worked numbers of years -- while she told me at her last physical her doctor had found a lump in her breast and referred her to a surgeon. And the surgeon told her that if she had insurance, he would have biopsied it but because she did not he would watch it.

I don't think you have to be a woman to feel what I felt when that woman told me that story. And I don't think you have to be a physician to feel what you felt when you heard that story. We need to create a system in which no one ever has to say that for good cause or bad, and no one has to hear it ever again. (Applause.)

If we move toward universal coverage, so therefore everyone has a payment stream behind them to be able to come into your office, to be able to come into the hospital, you will again be able to make decisions that should be made with clinical autonomy, with professional judgment. And we intend to try to give you the time and free you up from other conditions to be able to do that.

One specific issue I want to mention, because I feel strongly about it -- if my husband had not asked me to do this, I would have felt strongly about it because of the impact in my state of Arkansas -- we have to simplify and eliminate the burdensome regulations created under *CLEA -- (applause) -- a well-intentioned law with many unintended consequences that have affected not only those of you in private practice but public health departments like ours in Arkansas around the country.

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But again we need that new bargain. You have to help us know what should be eliminated so that we then can just focus in on a very small part of this whole situation and eliminate the rest of the regulations that were thrown on top.

So those are the kinds of issues in which we think we can make it more possible for you to practice in a more efficient, humane, better manner. We also believe strongly that we have to emphasize preventive care. And we have to provide a basic policy of preventive care. And we have to be sure that all of you and those who come after you into medicine are trained well in medical school to appreciate the importance of preventive care. (Applause.)

Much of what is now considered outside the scope of mainstream medicine is crowding in. Many of us in this room I know exercise, try to watch our diets, do things to try to remain healthier. And yet often medical education and medicine as it's practiced does not include those new kind of common-sense approaches to health. We need to be a system that does not take care of the sick but instead promotes health wherever we can in whatever way we possibly can do it. (Applause.)

And finally, let me say that we will offer a serious proposal to curb malpractice problems for all of you. (Applause.) But let me add that it, too, must be part of this new contract. In order to do that and to do it in a way that engenders the confidence of the average American, we must have organized medicine standing ready to say we will do a better job of taking care of the problems within us. (Applause.)

I have read or tried to read everything I can find about all of this. And you know as well as I do there are studies all over the field. It depends upon who writes it and who it's written for and the like. But we know there's a problem. We know we're going to deal with it. But one of the stark statistics from these studies is that all too often the largest number of malpractice suits is brought against the same physicians on a repetitive basis.

Now, it may be that for some that is an unfair accusation, and we need to deal with that through reform. But for others, you need to weed them out of your profession if they cannot practice to the quality that you expect your fellow colleagues to practice to. So we will propose serious malpractice reform, and we will have to look to you to help us make sure that the problems that will still flow from people who should not be making decisions will be eliminated. That way we can give confidence back to you as a profession, that you will not be second-guessed or unfairly called into court. And we will give confidence to the public that they will

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be protected insofar as humanly possible. So that is what we will have to look for when we come forward with that. (Applause.)

Now, reaching consensus on all that should be done and putting it into a piece of legislation and moving it through the Congress is not going to be easy. There will be many groups that will nibble at the edges of it, not like the whole idea of it, want to continue to the status quo. But if we do not have the courage to change now, if we do not move toward a system that once again gives you back your professionalism to practice prudent, practical, intelligent medicine again; if we do not move toward restoring the dignity again to the doctor-patient relationship, and that encourages young people to become physicians because they want to participate in that wonderful process of healing and caring, then the entire society, but most particularly medicine, will suffer.

The reason we are doing any of this is because of children like those who are here from Nathan Davis. Most of us in this room are at least halfway through. (Laughter.) And most of us in this room have sat in dozens and dozens of meetings just like this. We've sat and listened to people tell us what was wrong with health care or what medicine or with whatever, and we've talked about the problems at least seriously since the 1970s. And we've produced proposals like yours for Health Access America.

But while we have talked, our problems have gotten worse, and the frustration on the part of all of you and others has increased. Time and again, groups, individuals, and particularly the government, has walked up to trying to reform health care and then walked away.

There's enough blame to go around, every kind of political stripes can be included, but the point now is that we could have done something about health care reform 20 years ago and solved our problems for millions of dollars, and we walked away. Later we could have done something and solved our problems for hundreds of millions, and we walked away.

After 20 years with rate of medical inflation going up and with all of the problems you know so well, it is a harder and more difficult solution that confronts us. But I believe that if one looks at what is at stake, we are not talking just about reforming the way we finance health care, we are not talking just about the particulars of how we deliver health care, we are talking about creating a new sense of community and caring in this country in which we once again value your contribution, value the dignity of all people.

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How many more meetings do we need? How many alerts? How many more plans? How many more brochures? The time has come for all of us, not just with respect to health care, but with respect to all of the difficulties our country faces to stop walking away and to start stepping up and taking responsibility. We are supposed to be the ones to lead for our children and our grandchildren. And the way we have behaved in the last years, we have run away and abdicated that responsibility. And at the core of the human experience is responsibility for children to leave them a better world than the one we found.

We can do that with health care. We can make a difference now that will be a legacy for all of you. We can once again give you the confidence to say to your grandsons and granddaughters, yes, do go into medicine; yes, it is the most rewarding profession there is.

So let's celebrate your profession by improving health care. Let's celebrate our children by reforming this system. Let's come together not as liberals or conservatives or Republicans or Democrats, but as Americans who want the best for their country and know we can no longer wait to get about the business of providing it.

Thank you all very much. (Applause.)

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

REMARKS BY THE FIRST LADY
TO THE AMERICAN MEDICAL ASSOCIATION
June 13, 1993
Chicago, Illinois

MRS. CLINTON: Thank you very much, Mr. Speaker; all of the members of the House of Delegates, the officers and trustees of the AMA, and all whom you represent. It is an honor for me to be with you at this meeting and to have the opportunity to participate with you in an ongoing conversation about our health care system and the kinds of constructive changes that we all wish to see brought to it.

I know that you have, through Health Access America, and through other activities and programs of the AMA been deeply involved in this conversation already, and all of us are grateful for your contribution. I'm also pleased that you invited students from the Nathan Davis Elementary School to join us here this afternoon. (Applause.) I know that the AMA has a special relationship with this school, named as it is for the founder of the AMA, and that the AMA participates in its corporate capacity in the Adopt a School program here in Chicago. You have made a real contribution to these young men and women. And not only have you provided free immunizations and physicals and lectures and help about health and related matters, but you have served as role models and mentors. It is very important that all of us as adults do what we can to give young people the skills they will need to become responsible and successful adults. And I congratulate you for your efforts and welcome the students here today.

All of us respond to children. We want to nurture them so they can dream the dreams that free and healthy children should have. This is our primary responsibility as adults. And it is our primary responsibility as a government. We should stand behind families, teachers and others who work with the young, so that we can enable them to meet their own needs by becoming self-sufficient and responsible so that they, in turn, will be able to meet their families and their own children's needs.

When I was growing up, not far from where we are today, this seemed an easier task. There seemed to be more strong families. There seemed to be safer neighborhoods. There seemed to be an outlook of caring and cooperation among adults that stood for and behind children. I remember so well my father saying to me that if

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you get in trouble at school, you get in trouble at home -- no questions asked -- because there was this sense among the adult community that all of them, from my child's perspective, were involved in helping their own and others' children.

Much has changed since those days. We have lost some of the hope and optimism of that earlier time. Today, we too often meet our greatest challenges, whether it is the raising of children or reforming the health care system, with a sense that our problems have grown too large and unmanageable. And I don't need to tell you that kind of attitude begins to undermine one's sense of hope, optimism, and even competence.

We know now -- and you know better than I -- that over the last decade our health care system has been under extraordinary stress. It is one of the many institutions in our society that has experienced such stress. That stress has begun to break down many of the relationships that should stand at the core of the health care system. That breakdown has, in turn, undermined your profession in many ways, changing the nature of and the rewards of practicing medicine.

Most doctors and other health care professionals choose careers in health and medicine because they want to help people. But too often because our system isn't working and we haven't taken full responsibility for fixing it, that motive is clouded by perceptions that doctors aren't the same as they used to be. They're not really doing what they used to do. They don't really care like they once did.

You know and I know that we have to work harder to renew a trust in who doctors are and what doctors do. That is also not unique to the medical community. Just as our institutions across society are under attack and stress, all elements of those institutions are finding that they no longer can command the trust and respect, whether we talk of parents or government officials or other professionals -- police officers, teachers -- that should come with giving of themselves and doing a job well that needs to be done.

But focusing this afternoon on those concerns that are yours -- what has happened with medicine, what is likely to happen -- we need to start with a fundamental commitment to making the practice of medicine again a visible, honored link in our efforts to promote the common good. And the way to do that is to improve the entire system of which you are a part. We cannot create the atmosphere of trust and respect and professionalism that you deserve to have, and that many of you who are in this room remember from earlier years, without changing the incentives and the way the entire system operates. That has to be our primary commitment. If we do not put

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medicine and those who operate within medicine in the forefront of the respect they deserve to have, no matter what we do to the system on the margins will not make the differences that it should.
(Applause.)

As you know, the President is in the process of finalizing his proposal for health care reform, and I am grateful to speak with you about that process and where it is today and where it is going. I had originally hoped to join you at your meeting in March in Washington, D.C. And I, again, want to apologize for my absence. I very much appreciated Vice President Gore attending for me, and I also appreciated the kind words from your executive officials on behalf of the entire association because of my absence.

My father was ill and I spent several weeks with him in the hospital before he died. During his hospitalization at St. Vincent's Hospital in Little Rock, Arkansas, I witnessed firsthand the courage and commitment of health care professionals, both directly and indirectly. I will always appreciate the sensitivity and the skills they showed, not just in caring for my father, not just in caring for his family -- which, as you know, often needs as much care as the patient, but in caring for the many others whose names I will never know. I know that some of you worry about what the impact of health care reform will be on your profession and on your practice. Let me say from the start, if I read only what the newspapers have said about what we are doing in our plan, I'd probably be a little afraid myself, too, because it is very difficult to get out what is going on in such a complex process.

But the simple fact is this: The President has asked all of us, representatives of the AMA, of every other element of the health care system, as well as the administration, to work on making changes where they are needed, to keeping and improving those things that work, and to preserving and conserving the best parts of our system as we try to improve and change those that are not.

This system is not working as well as it did, or as well as it could -- for you, for the private sector, for the public or for the nation. The one area that is so important to be understood on a macronational level is how our failure to deal with the health care system and its financial demands is at the center of our problems financially in Washington. Because we cannot control health care costs and become further and further behind in our efforts to do so, we find our economy, and particularly the federal budget, under increasing pressure.

Just as it would be irresponsible, therefore, to change what is working in the health care system, it is equally irresponsible for us not to fix what we know is no longer working.

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So let us start with some basic principles that are remarkably like the ones that you have adopted in your statements, and in particularly in Health Access America. We must guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, or whether they have ever been sick before. If we do not reach universal access, we cannot deal with our other problems.

And that is a point that you understand that you have to help the rest of the country understand -- that until we do provide security for every American when it comes to health care, we cannot fix what is wrong with the health care system. Secondly, we do have to control costs. How we do that is one of the great challenges in this system, but one thing we can all agree on is that we have to cut down on the paperwork and reduce the bureaucracy in both the public and private sectors. (Applause.)

We also have to be sure that when we look at costs, we look at it not just from a financial perspective, but also from a human perspective. I remember sitting in the family waiting area of St. Vincent's, talking to a number of my physician friends to stop by to see how we were doing. And one day, one of my friends told me that, every day, he discharges patients who need medication to stabilize a condition. And at least once a day, he knows there is a patient who will not be able to afford the prescription drugs he has prescribed, with the result that that patient may decide not to fill the prescription when the hospital supply runs out. Or that patient may decide that even though the doctor told him to take three pills a day, he'll just take one a day so it can be stretched further.

And even though St. Vincent's has created a fund to try to help support the needs of patients who cannot afford prescriptions, there's not enough to go around, and so every day there is someone who my friend knows and you know will be back in the hospital because of their inability either to afford the care that is required after they leave, or because they try to cut the corners on it, with the net result that then you and I will pay more for that person who is back in the hospital than we would have if we had taken a sensible approach toward what the real costs in the medical system are. That is why we will try, for example, to include prescription drugs in the comprehensive benefit package for all Americans, including those over 65, through Medicare. (Applause.)

We believe that if we help control costs up front, we will save costs on the back end. That is a principle that runs through our proposal and which each of you knows from firsthand experience is more likely to be efficient in both human and financial terms. We will also preserve what is best in the American health care system today.

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We have looked at every other system in the world. We have tried to talk to every expert whom we can find to describe how any other country tries to provide health care. And we have concluded that what is needed is an American solution for an American problem by creating an American health care system that works for America. (Applause.) And two of the principles that underlie that American solution are quality and choice. (Applause.)

We want to ensure and enhance quality. And in order to do that, we're going to have to make some changes, and you know that. We cannot, for example, promise to really achieve universal access if we do not expand our supply of primary care physicians, and we must do that. (Applause.) And you will have to help us determine the best way to go about achieving that goal.

I've spoken with representatives of our medical schools, and we have talked about how the funding of graduate medical education will have to be changed to provide incentives for the training of more primary care physicians. (Applause.) I have talked with representatives of many of the associations, such as this one, about how continuing educational opportunities could help even mid-career physicians, once we have a real supply of primary care physicians who are adequately reimbursed and adequately supported, how they might even go back into primary care. (Applause.)

We have also very much put choice in the center of our system so that we will have not just choice for patients as to which plan they choose to join, but choice for physicians as to which plan they choose to practice with, including the option of being part of more than one plan at the same time. (Applause.)

Now, as we work out all of the details in the many proposals and its parts that must come together, I am not suggesting that you will agree with every recommendation the President makes. I don't expect any group to do that. In fact, I suppose that if everybody's not a little put out that means we probably haven't done it right. But I do hope and expect that this group, as with other groups representing physicians and nurses and other health care professionals will find in this plan much to be applauded and supported. And I also believe that given the complexities of the problem we face, it would be difficult to arrive at a solution that was universally accepted.

But the reason I have confidence that this house, the AMA, and others will be supportive of the President's proposal is because we have benefited so much from what you have already done and from the involvement of many of you and others around the country.

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Again, contrary to what you may have heard scores of practicing physicians served on the working groups that were studying health care reform. I am deeply grateful on a personal level that members of the AMA's leadership spent invaluable time coming to meeting after meeting, day after day sharing their ideas, reacting to ideas at the White House. And, of course, in the course of that we learned we had many common goals and objectives.

We will not only stand for universal coverage, but in addition the following: community rating so that we can assure all Americans they will be taken care of -- (applause); eliminating restrictions based on preexisting conditions so that every American will be eligible -- (applause); a nationally guaranteed comprehensive benefits package that will emphasize primary and preventive health care as well as hospitalization and other care -- (applause); the kind of choice and quality assurances that we will need to have to make sure this new system not only operates well during the transition but gets a firm footing as it moves into the future and we will therefore be emphasizing more on practice parameters and outcomes research so that you, too, can know better what works.

One of the great interesting experiences I have had during the past months is as I've traveled around from state to state is having doctors coming up to me and telling me that they need more information; that all too often the information they receive doesn't come to them in forms that they believe are practical in their particular context. And what we want to do is by working with organizations like yours is be sure that the quality outcomes and the kind of research that will be done will be readily available to every practicing physician in the country.

We also believe that it will be essential to continue medical research and to use the breakthroughs in medical research, again, not just to alleviate human suffering but to save money, because you know better than I that often times a breakthrough in research, a new drug, a new procedure is the quickest way to take care of the most people in a cost-effective manner. So we will continue to support medical research. (Applause.)

All of these principles arise from the same common assumption -- that the status quo is unacceptable. And it is not really even any longer a status quo because we do not stand still, we drift backwards. Every month people lose their insurance; every month you have more micromanagement and regulation to put up with; every month our health care system becomes more expensive to fix.

I know that many of you feel that as doctors you are under siege in the current system. And I think there is cause for

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you to believe that, because we are witnessing a disturbing assault on the doctor/patient relationship. More and more employers are buying into managed care plans that force employees to choose from a specific pool of doctors. And too often, even when a doctor is willing to join a new plan to maintain his relationship with patients, he, or she I should say, is frozen out.

What we want to see is a system in which the employer does not make the choice as to what plan is available for the employee, the employee makes that choice for him or herself. (Applause.) But if we do not change and if the present pattern continues, as it will if we do not act quickly, the art of practicing medicine will be forever transformed. Gone will be the patients treasured privilege to choose his or her doctor. Gone will be the close trusting bonds built up between physicians and patients over the years. Gone will be the security of knowing you can switch jobs and still visit your longtime internist or pediatrician or OB/GYN.

We cannot afford to let that happen. But the erosion of the doctor/patient relationship is only one piece of the problem. Another piece is the role that insurance companies have come to play and the role that the government has come to play along with them in second-guessing medical decisions.

I can understand how many of you must feel. When instead of being trusted for your expertise, you're expected to call an 800 number and get approval for even basic medical procedures from a total stranger. (Applause.)

Frankly, despite my best efforts of the last month to understand every aspect of the health care system, it is and remains a mystery to me how a person sitting at a computer in some air-conditioned office thousands of miles away can make a judgment about what should or shouldn't happen at a patient's bedside in Illinois or Georgia or California. The result of this excessive oversight, this peering over all of your shoulder's is a system of backward incentives. It rewards providers for over prescribing, overtesting, and generally overdoing. And worse, it punishes doctors who show proper restraint and exercise their professional judgment in ways that those sitting at the computers disagree with. (Applause.)

Dr. Bob Barrinson, one of the practicing physicians who spent hours and hours working with us while also maintaining his practice, told us recently of an experience that he had as one of many. He admitted an emergency room patient named Jeff. Jeff suffered from cirrhosis of the liver and --. Dr. Barrinson put him in the hospital and within 24 hours received a call from Jeff's insurance company. The insurance company wanted to know exactly how many days Jeff would be in the hospital and why. Dr. Barrinson

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replied that he couldn't predict the precise length of stay. A few days later the insurance company called back and questioned whether Jeff would need surgery. Again, Dr. Barrinson said he wasn't yet sure.

And what was Dr. Barrinson's reward for his honesty and his professionalism? He was placed on the insurance company's "special exceptions" list. You know, that's a list of troublesome doctors who make the insurance company wait a few days or a few weeks to determine the bottom line on a particular patient.

From that point on, the insurance company called Dr. Barrinson six times in two weeks. Each time he had to be summoned away from the patient to take the call. Each time he spoke to a different insurance company representative. Each time he repeated the same story. Each time his role as the physician was subverted. And each time the treatment of the patient was impeded.

Dr. Barrinson and you know that medicine, the art of healing, doesn't work like that. There is no master checklist that can be administered by some faceless bureaucrat that can tell you what you need to do on an hourly basis to take care of your patients; and, frankly, I wouldn't want to be one of your patients if there were. (Applause.)

Now, adding to these difficulties doctors and hospitals and nurses, particularly, are being buried under an avalanche of paperwork. There are mountains of forms, mountains of rules, mountains of hours spent on administrative minutiae instead of caring for the sick. Where, you might ask yourself, did all this bureaucracy come from? And the short answer is, basically, everywhere.

There are forms to ensure appropriate care for the sick and the dying; forms to guard against unnecessary tests and procedures. And from each insurance company and government agency there are forms to record the decisions of doctors and nurses. I remember going to Boston and having a physician bring into a hearing I held there the stack of forms his office is required to fill out. And he held up a Medicare form and next to it he held up an insurance company form. And he said that they are the same forms that ask the same questions, but the insurance company form will not be accepted by the government, and the government form will not be accepted by the insurance company. And the insurance company basically took the government form, changed the title to call it by its own name and requires them to have it filled out. That was the tip of the iceberg.

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One nurse told me that she entered the profession because she wanted to care for people. She said that if she had wanted to be an accountant, she would have gone to work for an accounting company instead. (Laughter.) But she, like many other nurses, and as you know so well, many of the people in your offices now, are required to be bookkeepers and accountants, not clinicians, not caregivers. (Applause.)

The latest statistic I have seen is that for every doctor a hospital hires, four new administrative staff are hired. (Applause.) And that in the average doctor's office 80 hours a month is now spent on administration. That is not time spent with a patient recovering from bypass surgery or with a child or teenager who needs a checkup and maybe a little extra TLC time of listening and counseling, and certainly not spent with a patient who has to run in quickly for some kind of an emergency.

Blanketing an entire profession with rules aimed at catching those who are not living up to their professional standards does not improve quality. What we need is a new bargain. We need to remove from the vast majority of physicians these unnecessary, repetitive, often uneven read forms and instead substitute for what they were attempting to do -- more discipline, more peer review, more careful scrutiny of your colleagues. You are the ones who can tell better than I or better than some bureaucrat whether the quality of medicine that is being practiced in your clinic, in your hospital, is what you would want for yourself and your family. (Applause.)

Let us remove the kind of micromanagement and regulation that has not improved quality and has wasted billions of dollars, but then you have to help us substitute for it, a system that the patients of this country, the public of this country, the decision-makers of this country can have confidence in. Now, I know there are legal obstacles for your being able to do that, and we are looking very closely at how we can remove those so that you can be part -- (applause) -- of creating a new solution in which everyone, including yourself, can believe in.

In every private conversation I've had with a physician, whether it's someone I knew from St. Vincent's or someone I had just met, I have asked: Tell me, have you ever practiced with or around someone you did not think was living up to your standards? And, invariably, the answer is, well, yes, I remember in my training; well, yes, I remember this emergency room work I used to do; yes, I remember in the hospital when so-and-so had that problem. And I've said, do you believe enough was done by the profession to deal with that problem and to eliminate it? And, invariably, no matter who the doctor is, I've been told, no, I don't.

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We want you to have the chance so that in the future you can say, yes, I do believe we've been dealing with our problems. It is not something we should leave for the government, and, certainly, we cannot leave it to the patient. That is the new kind of relationship I think that we need to have.

Finally, if we do not, as I said earlier, provide universal coverage, we cannot do any of what I have just been speaking about because we cannot fulfill our basic commitment you as physicians, us as a society, that we will care for one another. It should no longer be left to the individual doctor to decide to probe his conscience before determining whether to treat a needy patient. I cannot tell you what it is like for me to travel around to hear stories from doctors and patients that are right on point.

But the most poignant that I tell because it struck me so personally was of the woman with no insurance; working for a company in New Orleans; had worked there for a number of years; tried to take good care of herself; went for the annual physical every year; and I sat with her on a folding chair in the loading dock of her company along with others -- all of whom were uninsured; all of whom had worked numbers of years -- while she told me at her last physical her doctor had found a lump in her breast and referred her to a surgeon. And the surgeon told her that if she had insurance, he would have biopsied it but because she did not he would watch it.

I don't think you have to be a woman to feel what I felt when that woman told me that story. And I don't think you have to be a physician to feel what you felt when you heard that story. We need to create a system in which no one ever has to say that for good cause or bad, and no one has to hear it ever again. (Applause.)

If we move toward universal coverage, so therefore everyone has a payment stream behind them to be able to come into your office, to be able to come into the hospital, you will again be able to make decisions that should be made with clinical autonomy, with professional judgment. And we intend to try to give you the time and free you up from other conditions to be able to do that.

One specific issue I want to mention, because I feel strongly about it -- if my husband had not asked me to do this, I would have felt strongly about it because of the impact in my state of Arkansas -- we have to simplify and eliminate the burdensome regulations created under *CLEA -- (applause) -- a well-intentioned law with many unintended consequences that have affected not only those of you in private practice but public health departments like ours in Arkansas around the country.

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But again we need that new bargain. You have to help us know what should be eliminated so that we then can just focus in on a very small part of this whole situation and eliminate the rest of the regulations that were thrown on top.

So those are the kinds of issues in which we think we can make it more possible for you to practice in a more efficient, humane, better manner. We also believe strongly that we have to emphasize preventive care. And we have to provide a basic policy of preventive care. And we have to be sure that all of you and those who come after you into medicine are trained well in medical school to appreciate the importance of preventive care. (Applause.)

Much of what is now considered outside the scope of mainstream medicine is crowding in. Many of us in this room I know exercise, try to watch our diets, do things to try to remain healthier. And yet often medical education and medicine as it's practiced does not include those new kind of common-sense approaches to health. We need to be a system that does not take care of the sick but instead promotes health wherever we can in whatever way we possibly can do it. (Applause.)

And finally, let me say that we will offer a serious proposal to curb malpractice problems for all of you. (Applause.) But let me add that it, too, must be part of this new contract. In order to do that and to do it in a way that engenders the confidence of the average American, we must have organized medicine standing ready to say we will do a better job of taking care of the problems within us. (Applause.)

I have read or tried to read everything I can find about all of this. And you know as well as I do there are studies all over the field. It depends upon who writes it and who it's written for and the like. But we know there's a problem. We know we're going to deal with it. But one of the stark statistics from these studies is that all too often the largest number of malpractice suits is brought against the same physicians on a repetitive basis.

Now, it may be that for some that is an unfair accusation, and we need to deal with that through reform. But for others, you need to weed them out of your profession if they cannot practice to the quality that you expect your fellow colleagues to practice to. So we will propose serious malpractice reform, and we will have to look to you to help us make sure that the problems that will still flow from people who should not be making decisions will be eliminated. That way we can give confidence back to you as a profession, that you will not be second-guessed or unfairly called into court. And we will give confidence to the public that they will

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be protected insofar as humanly possible. So that is what we will have to look for when we come forward with that. (Applause.)

Now, reaching consensus on all that should be done and putting it into a piece of legislation and moving it through the Congress is not going to be easy. There will be many groups that will nibble at the edges of it, not like the whole idea of it, want to continue to the status quo. But if we do not have the courage to change now, if we do not move toward a system that once again gives you back your professionalism to practice prudent, practical, intelligent medicine again; if we do not move toward restoring the dignity again to the doctor-patient relationship, and that encourages young people to become physicians because they want to participate in that wonderful process of healing and caring, then the entire society, but most particularly medicine, will suffer.

The reason we are doing any of this is because of children like those who are here from Nathan Davis. Most of us in this room are at least halfway through. (Laughter.) And most of us in this room have sat in dozens and dozens of meetings just like this. We've sat and listened to people tell us what was wrong with health care or what medicine or with whatever, and we've talked about the problems at least seriously since the 1970s. And we've produced proposals like yours for Health Access America.

But while we have talked, our problems have gotten worse, and the frustration on the part of all of you and others has increased. Time and again, groups, individuals, and particularly the government, has walked up to trying to reform health care and then walked away.

There's enough blame to go around, every kind of political stripes can be included, but the point now is that we could have done something about health care reform 20 years ago and solved our problems for millions of dollars, and we walked away. Later we could have done something and solved our problems for hundreds of millions, and we walked away.

After 20 years with rate of medical inflation going up and with all of the problems you know so well, it is a harder and more difficult solution that confronts us. But I believe that if one looks at what is at stake, we are not talking just about reforming the way we finance health care, we are not talking just about the particulars of how we deliver health care, we are talking about creating a new sense of community and caring in this country in which we once again value your contribution, value the dignity of all people.

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How many more meetings do we need? How many alerts? How many more plans? How many more brochures? The time has come for all of us, not just with respect to health care, but with respect to all of the difficulties our country faces to stop walking away and to start stepping up and taking responsibility. We are supposed to be the ones to lead for our children and our grandchildren. And the way we have behaved in the last years, we have run away and abdicated that responsibility. And at the core of the human experience is responsibility for children to leave them a better world than the one we found.

We can do that with health care. We can make a difference now that will be a legacy for all of you. We can once again give you the confidence to say to your grandsons and granddaughters, yes, do go into medicine; yes, it is the most rewarding profession there is.

So let's celebrate your profession by improving health care. Let's celebrate our children by reforming this system. Let's come together not as liberals or conservatives or Republicans or Democrats, but as Americans who want the best for their country and know we can no longer wait to get about the business of providing it.

Thank you all very much. (Applause.)

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