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Health Care Quotes

Finally, a strong American cannot neglect the aspirations of its citizens—the welfare of the needy, the health care of the elderly, the education of the young. For we are not developing the nation's wealth for its own sake. Wealth is the means—and people are the ends. All our material riches will avail us little if we do not use them to expand the opportunities of our people.

-John F. Kennedy January 11, 1962

A nation's strength lies in the well being of its people.

-John F. Kennedy, 1961, *In reference to Social Security*

Millions of our citizens do not now have a full measure of opportunity to achieve and to enjoy good health. Millions do not now have protection or security against the economic effects of sickness. And the time has now arrived for action to help them attain that opportunity.

-Harry Truman

[This is] a cornerstone in structure which is being built but it is by no means complete.

-Franklin D. Roosevelt, 1935 *Remarks while Signing the Social Security Act.*

There is another tradition that we share today. It calls upon us never to be indifferent towards despair. It commands us never to turn away from helplessness. It directs us never to ignore or to spurn those who suffer untended in a land that is bursting with abundance.

-Lyndon B. Johnson, July 30 1965, *Remarks with President Truman at the Signing in Independence of the Medicare Bill.* In reference to the tradition of leadership from FDR, Truman, and Kennedy on the issue of health care.

Thou shalt open thine hand wide unto thy brother, to thy poor, to thy needy, in thy land.

-Deuteronomy 15:11

There are those, alone in suffering, who will now hear the sound of some approaching footsteps coming to help. There are those fearing the terrible darkness of despairing and poverty—despite their long years of labor and expectation—who will now look up to see the light of hope and realization

-Lyndon B. Johnson, July 30, 1965, *Remarks with President Truman at the Signing in Independence of the Medicare Bill.*

With health, everything is a source of pleasure; without it, nothing else, whatever it may be, is enjoyable...Health is by far the most important element in human happiness.

-Arthur Schopenhauer (1788-1860) "The Wisdom of Life", 1951

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 2, 2000

THE CLINTON-GORE ADMINISTRATION: WORKING FOR A STRONG, ENFORCEABLE
PATIENTS' BILL OF RIGHTS
March 2, 2000

Today, President Clinton will urge Congressional conferees to act in a bipartisan fashion and deliver a strong, enforceable Patients' Bill of Rights. He will underscore his belief that the Norwood-Dingell bill is a strong basis for final legislation and should not be watered down. Joined by bipartisan members of Congress, including Representatives Norwood, Dingell, Ganske and Berry, as well as Senators Specter, Kennedy, Chafee and Graham, the President will urge Congress to act now to pass a strong patients' bill of rights that provides protections for all Americans in health plans and holds health plans accountable for decisions that harm patients.

THE NORWOOD-DINGELL LEGISLATION IS THE ONLY REAL PATIENTS' BILL OF RIGHTS. The Norwood-Dingell Patients' Bill of Rights, which is endorsed by over 200 health care providers and consumer advocacy groups, and is the only bipartisan proposal currently being considered that includes:

- Guaranteed access to needed health care specialists;
- Access to emergency room services when and where the need arises;
- Continuity of care protection so that patients will not have an abrupt transition in care if their providers are dropped;
- Access to a fair, unbiased and timely internal and independent external appeals process to address health plan grievances;
- Assurance that doctors and patients can openly discuss treatment options; and
- An enforcement mechanism that ensures recourse for patients who have been harmed as a result of a health plan's actions.

THE SENATE BILL IS A PATIENTS' BILL OF RIGHTS IN NAME ONLY AND PROVIDES FEW REAL PROTECTIONS. The President will underscore his belief that the bill passed by the Senate is a Patients Bill of Rights in name only. It would:

- Leave more than 110 million Americans without the guarantee of any basic protections and oversee less than 10 percent of HMOs nationwide (as it only covers self-insured health plans);
- Fail to provide access to necessary specialists, such as oncologists and cardiologists;
- Fail to guarantee continuity of care protections, leaving patients at risk of having to abruptly change doctors in the middle of treatment;
- Fail to provide effective protection to assure patients access to emergency room care when and where the need arises;
- Construct a weak, watered-down appeals process that is biased against patients;
- Fail to provide a strong enforcement mechanism for patients to hold health plans accountable when they make harmful decisions.

PRESIDENT CLINTON WILL NOT SIGN A PATIENTS' BILL OF RIGHTS THAT REPRESENTS AN EMPTY PROMISE. Today, President Clinton will reiterate his refusal to enact legislation that does not provide strong patient protection for all Americans in health plans and include meaningful enforcement mechanisms. To date, there is no legislation other than the Norwood-Dingell bill that meets the Administration's fundamental criteria: that patient protections be real and that court enforced remedies be accessible and meaningful.

PRESIDENT CLINTON UNDERSCORES HIS OPTIMISM THAT A STRONG PATIENTS' BILL

OF RIGHTS WILL BE ENACTED THIS YEAR. Today, President Clinton will underscore his optimism that a strong Patients' Bill of Rights will be enacted this year. Citing the Norwood-Dingell legislation, the President will highlight his belief that the momentum for this legislation is undeniable. He believes that the Congress will respond to the will of the public and pass a strong enforceable Patients' Bill of Rights this year.

CLINTON-GORE ADMINISTRATION'S LONGSTANDING COMMITMENT TO PROMOTING PATIENTS' RIGHTS. The Administration has a long history of promoting patients' rights, and President Clinton has already extended many of these protections through executive action to the 85 million Americans who get their health care through federal plans -- from Medicare and Medicaid, to the Federal Employees Health Benefits Plan (FEHBP), to the Department of Defense and the Veterans Administration. The Administration's record on patients' rights include:

- Appointing a Quality Commission to examine potential quality concerns in the changing health care industry. In 1997, the President created a non-partisan, broad-based Commission on quality and charged them with developing a patients' bill of rights as their first order of business. The Quality Commission released two seminal reports focusing on patient protections and quality improvement.

- Challenging Congress to Pass a Patients Bill of Rights. In October of 1997, the President accepted the Commission's recommendation that all

health plans should provide strong patient protection and called on the Congress to pass a strong enforceable patients' bill of rights. He also called on the Congress to make passing the patients' bill of rights a top priority in his 1998, 1999, and 2000 State of the Union Addresses.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 29, 2000

RADIO ADDRESS BY THE PRESIDENT
TO THE NATION

The Oval Office

THE PRESIDENT: Good morning. Next week, when the full Congress returns from Easter recess, they'll have less than 75 working days left to make this year a year of real progress for the American people. There is no more important critical piece of unfinished business than our need to ensure that every American, young and old, has adequate, affordable health care.

Today I want to again urge the Congress to step up to this challenge by making the passage of a strong patients' bill of rights and the provision of a voluntary Medicare prescription drug benefit top priorities when they return to Washington.

This critical legislation is long overdue. The more than 190 million Americans who use managed care or other insurance plans have waited too long for a strong, enforceable patients' bill of rights. They deserve the right to see a specialist, to emergency room care wherever and whenever they need it, and the right to hold health care plans accountable for harmful decisions.

Last year, in an overwhelmingly bipartisan vote, the House passed a strong patients' bill of rights that provides the right protections all Americans need and deserve. It's a bill I would sign. But more than six months later the bill is still languishing in Congress. Despite their pledge to complete a real bill, the Republican majority has not only delayed action, it's actually considering legislation that would leave tens of millions of Americans without federal protections.

A right that can't be enforced isn't a right at all, it's just a request. We need a strong bill that protects all Americans and all plans, not one that provides more cover for the special interests than real coverage for American patients.

Congress also has an obligation to strengthen Medicare and modernize it, with a voluntary, affordable prescription drug benefit. No one creating a Medicare program today would even think of excluding coverage for prescription drugs. Yet more than three in five older Americans still lack affordable and dependable prescription drug coverage.

Just this week we saw further evidence of the unacceptable burden the growing cost of prescription drugs places on senior Americans. According to a report by the non-profit group, Families USA, the price of prescription drugs most often used by seniors has risen at double the rate of inflation for six years running -- a burden that falls hardest on seniors who lack drug coverage, because they simply don't receive the price discounts most insurers negotiate.

Seniors and people with disabilities living on fixed incomes simply cannot continue to cope with these kinds of price increases. That's why we must take action to help them -- not next year or the year

after that, but this year. My budget includes a comprehensive plan to modernize Medicare and provide for a long overdue prescription drug benefit for all beneficiaries.

I'm pleased there's growing bipartisan support for tackling this challenge. Earlier this month Republican leaders in the House put forth an outline of a plan that offers as a stated goal access to affordable coverage for all older Americans. Unfortunately, their plan falls short of meeting the goal. It would do virtually nothing for seniors with modest middle-class incomes between \$15,000 and \$50,000 a year. Nearly half of all Medicare beneficiaries who lack prescription drug coverage fall into that category.

It's not too late to give all our seniors real prescription drug coverage this year. We can work together on a plan that's affordable, dependable, and available to all older Americans.

So I say to Congress, when you come back to Washington next week, let's get back to work on a strong, enforceable patients' bill of rights; let's get back to work on voluntary Medicare prescription drug benefits. The health care of Americans is too important to be sidetracked by partisan politics. The need is urgent, and the time to act is now.

Thanks for listening.

END

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36 Weekly Comp. Pres. Doc. 432

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Public Papers of the Presidents

March 2, 2000

CITE: 36 Weekly Comp. Pres. Doc. 432**LENGTH:** 1120 words**HEADLINE:** Remarks on **Patients' Bill of Rights** Legislation**BODY:**

The President. Thank you very much. Thank you, and good morning. Dr. Herald, thank you for your powerful statement. I would like to thank Senator Kennedy, Senator Specter, Senator Chafee for being here; and Representatives Norwood and Dingell, Representatives Berry, Morella, and DeLauro; Secretary Shalala; Secretary Herman.

I especially thank the doctors and nurses who stand with us today, the **Patients' Bill of Rights** coalition, representing our Nation's top health, consumer, and provider organizations.

Dr. Herald's testimony was powerful but, unfortunately, as she made it clear, not unique. For more than 2 years, we've heard health care professionals tell us the same thing. For more than 2 years, we've heard heart-wrenching accounts of families across our Nation denied the basic patient protections they need. For more than 2 years, we've worked for a strong, enforceable **Patients' Bill of Rights** that says you have the right to the nearest emergency room care, the right to see a specialist, the right to know you can't be forced to switch doctors in the middle of a treatment, the right to hold your health care plan accountable.

Along the way, with the help of others in our administration, I've done everything I could, through executive action, to extend patient safeguards to some 85 million Americans who get their health care through Federal plans, to provide similar patient protections to every child covered under the Children's Health Insurance Program. But no State law and no executive action can do what Congress alone has the power to do. Only Federal legislation can assure all Americans and all plans get all the patient protection they need.

Thanks to the leadership of Congressman Norwood, Congressman Dingell, and the other Members here, the House of Representatives passed such a bill, with the support of 275 Members, including 68 members of the Republican caucus. It is a truly bipartisan bill.

Later today a conference committee will meet to take up the legislation. Many of the conferees do not reflect the will of the majority in the House or the will of the majority in the country. I told Congressman Norwood right before we came in here that I think this issue is the only issue with which I have dealt since I've been President that generated any controversy where there is, in the country, almost no difference in the level of support between Republicans, independents, and Democrats. Every major national survey shows that well over 70 percent of all Americans, without regard to their political party, support a strong, enforceable **Patients' Bill of Rights**. The American people support it, and they're entitled to have their elected Representatives ratify it.

The Norwood-Dingell bill is the only bipartisan patient protection bill on the table. So far, it's the only bill that can make its way to my desk. I will not sign legislation, as Dr. Herald said, that is a **Patients' Bill of Rights** in name only. It's not a real **Patients' Bill of Rights** if it denies people the right to see a specialist, if it fails to guarantee access to the nearest emergency room care, if it denies the right to stay with a health care provider throughout a course of treatment, and if it has a weak appeals process that's tilted against the patients, if it doesn't include a strong enforcement mechanism to hold a health care plan accountable, or if it leaves more than 100 million of our fellow Americans out. We need a bill that covers all our fellow citizens, not one that provides cover for special interests.

Again I say, this is not a partisan issue anywhere else in the entire United States of America. And I am honored that we have had the bipartisan support we have had. This legislation has the endorsement of more than 300 health care and consumer groups across our country. So as the conference committee gets down to business, I ask them to listen to the voices of people like Dr. Herald, the people who live in the health care system, the people who know how it works, the people whose first concern is for their patients and their families and their future. It is time to reach across party lines and do this.

Let me say that if the Congress will send me a strong, enforceable **Patients' Bill of Rights** today, I'll send every one of them an invitation to a signing ceremony tomorrow. *[Laughter]* Nothing would please me more than to see this issue removed from the context of partisan political debate and embedded in the daily lives of all our citizens.

It is now my privilege to present the sponsor of the Norwood-Dingell bill, a long-time dentist, a man who has simply acted on his convictions and his experience. And I think we would all do well to listen to him. It's probably a little harder for him to come out for this bill than it was for me, and I feel particularly indebted to Congressman Charlie Norwood.

Representative Norwood.

[At this point, Representatives Charlie Norwood and John D. Dingell and Senators Arlen Specter and Edward M. Kennedy made brief remarks.]

The President. Well, I just want to end on sort of a cautionary but clarion note. Where I come from, this exercise that we have just engaged in is known as preaching to the saved. *[Laughter]* And it's very important. But this is one of those examples where the public and the people that really know how the system works are in the same place. And I believe a majority of Members of Congress, if -- as Congressman Norwood said so eloquently, if they're permitted -- they're given a good bill to vote for, they'll vote for it. So the only way that we won't get a good bill is if this conference committee prevents the Congress from voting on a bill they would like to vote for, that is consistent with not only what the majority of the American people want but virtually 100 percent of the medical professionals in the country and a majority of the Congress.

So that's what the stakes are. I am profoundly indebted to the Members who are here, to all the health care professionals who are here, to Dr. Herald who spoke so well. But I ask you to remember the work is ahead of us. And I think we need to, all of us, each in our own way, go to work to impress upon that conference committee their profound responsibility to give the Congress and the country the bill they want to vote on and the bill they want to live under.

Let's get to work. Thank you very much.

NOTE: The President spoke at 11 a.m. in Presidential Hall in the Dwight D. Eisenhower Executive Office Building. In his remarks, he referred to Mary Herald, member, American College of Physicians-American Society of Internal Medicine, who introduced the President.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 9, 2000

REMARKS BY THE PRESIDENT
ON PATIENTS' BILL OF RIGHTS
UPON DEPARTURE

The South Lawn

8:46 A.M. EST

THE PRESIDENT: Good morning. Before I leave, I'd like to say a few words about the Patients' Bill of Rights legislation. A House and Senate conference will take it up beginning tomorrow. My message is simple and straightforward. Congress should seize this moment of opportunity to do what is right for the health of American family. To seize this moment to stand with doctors, nurses, and patients, to restore trust and accountability in our health care system.

Last Fall the House of Representatives passed by a large margin a strong, enforceable Patients' Bill of Rights. The legislation, sponsored by Congressman Norwood and Dingell, says you have the right to the nearest emergency room care. The right to see a specialist. It says you have the right to know you can't be forced to switch doctors in the middle of treatment. The right to hold your health care plan accountable if it causes you or a loved one great harm. And it covers all Americans in all health plans.

Now this bill is in the hands of House and Senate conferees. It reflects the beliefs and represents the needs of the overwhelming majority of the American people without regard to party. It has the endorsement of over 300 health care and consumer groups. It has the votes of 275 members of the House of Representatives, including 68 Republicans. Although I remain concerned that the conferees on the bill do not share the majority's view, I believe nevertheless they have a clear responsibility to ratify these fundamental rights. To put politics aside and pass a strong, enforceable Patients' Bill of Rights.

Americans who are battling illnesses shouldn't have to battle insurance companies for the coverage they need. Passing a real Patients' Bill of Rights for all Americans in all health plans is a crucial step toward meeting our goal in the 21st Century of assuring quality, affordable health care to all our citizens. I ask the House and Senate conferees to take the next vital step.

Thank you.

Q Mr. President, what are you doing about the daily bombing of Lebanon?

THE PRESIDENT: Well, let me say, we are doing our best to get the peace process back on track. I think it is clear that the bombing is a reaction to the deaths, in two separate instances, of Israeli soldiers. What we need to do is to stop the violence and start the peace process again. We're doing our best to get it started. And we're working very, very hard on it.

Q Mr. President, are you monitoring the situation with the hackers who have been disrupting some of the main web sites around the country the past few days? Are you monitoring that situation? Is there anything that Washington could possibly do about this?

THE PRESIDENT: I don't know the answer to that. But I have asked people who know more about it than I do whether there is anything we can do about it.

Q Mr. President, on the Patients' Bill of Rights Republicans are considering adding the right to sue in Federal Court, just not District Court, would that be sufficient, Sir, in your opinion?

Q I couldn't hear that question.

THE PRESIDENT: I honestly don't know the answer to that because I haven't ever considered it and I haven't discussed it. I would like to have a chance to discuss it. I think any indication that there is movement and that they're trying to get together is hopeful. But I don't want to commit to something I'm not sure I understand the full implications of yet.

Q Have you decided whether to go to Pakistan yet?

THE PRESIDENT: We haven't made a decision on the final itinerary yet. I want to make a trip which maximizes the possibilities, not only for constructive partnerships for the United States in the years ahead, but even more urgently for peace in that troubled part of the world. It has enormous implications for people in the United States and throughout the world, more I suspect, than most people know. I hope in the time that I have here that we can make some progress because it is something that I remain profoundly concerned about for years and years into the future.

Q Any telephone calls from Northern Ireland, (inaudible) can you give us an update, Sir?

THE PRESIDENT: Well, it's correct that we're working very hard on it. I have some hope that we may find a way through this which would enable every aspect of the Good Friday Accord to be realized, that's after all, what the people of Northern Ireland voted for overwhelmingly and that could achieve that objective without interrupting the progress so far.

But I have nothing else to report to you except to say that I'm working very hard; the British and Irish Governments are, and I think that the leaders of all the political factions are. I think everyone understands that we're at a very important moment and we're trying to keep it going. And we have a chance. And I just hope everyone will -- everyone will belly up to the bar and do their part so that we don't have any kind of backsliding or reversal here. We've come too far.

I was quite encouraged that there was universal condemnation of the explosion in Northern Ireland last week. That's a good first step. We just need to keep at it.

Thank you.

Q Is the law suit provision still the major stumbling block, at least with the Senate negotiators there in terms of the Patient's Bill of Rights? You may have asked that but I couldn't hear.

THE PRESIDENT: He did in a different way. I think so. You're following it so you know there are a few other differences of opinion but we want universal -- first we want to cover all Americans, that's a very important thing. And there has to be some way of enforcing a right or it's not a right, otherwise it's just a suggestion.

Thank you.

- END -

8:57 A.M. EST

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Public Papers of the Presidents

October 2, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1899**LENGTH:** 748 words**HEADLINE:** The President's Radio Address**BODY:**

Good morning. Although my voice has been a little hoarse, I want to speak with you this morning about your voice, about how you can make the difference this week to help secure the vital health care protections you've long deserved.

Like many of you, I've been appalled by the tragic stories of men and women fighting for their lives, and at the same time forced to fight insurance companies focused only on the bottom line. I've met the husbands and wives of those who have died when insurance companies overruled a doctor's urgent warnings. I met a former HMO employee who broke down in tears when describing how callous delays wound up costing a 12-year-old cancer patient his leg. If we work together, we've got the power to put patients first once again.

Just this week Governor Gray Davis signed into law an ambitious health care reform package, giving 20 million residents of California a strong and enforceable **Patients' Bill of Rights**. Now it's time to do the same for every American, because it doesn't matter whether you're from California or Connecticut or anywhere in between; families all across our Nation need greater patient protections at this time of great change in medical care.

My administration has worked hard to do its part. Through executive action, we've granted all of the patient protections we can give under law to more than 85 million Americans who get their health care through Federal plans.

Today I'm pleased to announce that this month we'll propose rules to extend patient protections to each and every child covered under the Children's Health Insurance Program. These children are from some of our hardest pressed working families. That's why I feel so strongly about giving them not only access to health care but also the guarantee of quality care.

Yet, some in Congress still seem intent on moving in the opposite direction. Republican leaders recently have attached language to a budget bill to deprive 120 million employees of the right to a timely internal appeal of any coverage decision that denies them care they were promised. Blocking this basic right is simply unacceptable. It puts special interests first and patients last.

But this week the House of Representatives has a chance to effectively erase this action as they sit down to vote at long last on whether to give all Americans in health plans all the protections of the **Patients' Bill of Rights**. This vote is critical. For all of the steps this administration and many States have taken to extend patient rights, we don't have the authority to protect every family unless

Congress acts.

So I encourage you to urge your Representatives to vote for the comprehensive bipartisan **Patients' Bill of Rights**, sponsored by Congressmen Charlie Norwood and John Dingell. This legislation will give every American the right to emergency room care and the right to see a specialist; the right to know you can't be forced to switch doctors in the middle of a cancer treatment or pregnancy; the right to hold your health care plan accountable if it causes you or a loved one great harm.

The bill had already been endorsed by more than 300 health care and consumer groups all across America. I'm convinced the votes are there to pass this **Patients' Bill of Rights** this week. But we need your help to make it clear to the Republican leaders that we can't tolerate any attempt to kill this bill with legislative poison pills.

Together, let's tell them to give this legislation the straight up or down vote it deserves. Let's not allow anything to jeopardize the remarkable bipartisan consensus we have worked so hard to build. If you make your voice heard and Republican leaders permit every Member to vote on the strong bipartisan bill that stands today, this week can bring the most important health protections in years. Partisan posturing and delay will only make matters worse. To me, it's the same choice patients face every day: active, preventive medicine now or expensive, last-minute interventions later. The American people are counting on the Congress, and especially the Republican leaders, to make the responsible choice.

Thanks for listening.

NOTE: The address was recorded at 12:50 p.m. on October 1 in the Eiffel Tower Restaurant at the Paris Hotel in Las Vegas, NV, for broadcast at 10:06 a.m. on October 2. The transcript was made available by the Office of the Press Secretary on October 1 but was embargoed for release until the broadcast.

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Public Papers of the Presidents

September 17, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1762**LENGTH:** 118 words**HEADLINE:** Statement on **Patients' Bill of Rights** Legislation**BODY:**

I am pleased that the House of Representatives will have an opportunity in just a few weeks to vote on a strong, enforceable **Patients' Bill of Rights**. This will, at long last, give Members of Congress an opportunity to put patients' interests ahead of the special interests.

A bipartisan majority of the House has already expressed support for the Norwood-Dingell proposal, a plan that would provide for an enforceable set of meaningful patient protections that would be extended to all Americans in all health plans. I am confident that the Norwood-Dingell **Patients' Bill of Rights** will be adopted, if the House leadership permits a fair process for debating and voting on this important issue.

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Public Papers of the Presidents

August 5, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1565**LENGTH:** 148 words**HEADLINE:** Statement on **Patients' Bill of Rights** Legislation**BODY:**

With today's announcement led by Drs. Ganske and Norwood and Congressman Dingell, it is clear that there is now a bipartisan majority of House Members ready to vote for a strong and enforceable **Patients' Bill of Rights**. Unlike the partisan Senate-passed bill, this bipartisan initiative is a **Patients' Bill of Rights** not just in name but in reality. It provides meaningful patient protections to all Americans in all health plans, and it holds plans accountable when their actions cause harm to patients.

Today's action proves that patient protections need not and should not be a partisan issue. It is time to do what this bipartisan coalition has done -- put the well-being of patients before politics and special interests. I call on Speaker Hastert to schedule a vote on this long-overdue legislation immediately upon return from the congressional recess in September.

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35 Weekly Comp. Pres. Doc. 1534

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Public Papers of the Presidents

July 31, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1534**LENGTH:** 699 words**HEADLINE:** The President's Radio Address**BODY:**

Good morning. More than a year and a half ago, I asked Congress to pass a strong, enforceable **Patients' Bill of Rights** that ensures critical protections for Americans in managed care, from the right to see a specialist if your doctor recommends it, to the right to emergency room care whenever and wherever you need it, to the right to keep your doctor through a treatment -- even if your employer changes HMO coverage -- to the right to hold health plans accountable for harmful decisions.

Now, according to a new survey out just this week, physicians believe that when their patients are denied services under managed care, up to two-thirds of the time those denials lead to serious declines in patients' health. Clearly, patients need protections. The bottom line must never take precedence over patients' needs, and too often it does today.

Using my authority as President, I've already acted to make these rights real for 85 million Americans who get their health care through Federal plans, from Medicare and Medicaid to the Veterans Administration health plan that serves millions of veterans and their families. Evidence shows putting in patients' rights raised the cost of these plans by only a dollar a month, so we know these rights are affordable, as well as crucial. Yet, until Congress acts, tens of millions of Americans in managed care are still waiting for the full protection of a **Patients' Bill of Rights**. Democrats in Congress have long been pressing to pass a strong **Patients' Bill of Rights** that would cover all Americans in all health care plans. And nearly every doctors' association, every nurses' association, every patients' rights group in America -- over 200 of them -- supports this approach.

The Republican leadership in Congress, on the other hand, has long resisted, supporting instead a weak alternative that is a **Patients' Bill of Rights** in name only. It doesn't even cover 100 million Americans. Now, the Senate barely passed such a weak bill over the opposition of every single Democratic Member and a couple of brave Republicans. Hopefully, we can still make progress. Just this week, several Republican House Members, led by some who, themselves, are doctors, forcefully raised their voices in support of a strong, enforceable **Patients' Bill of Rights**. This is very good news, indeed. It means there is a bipartisan consensus emerging behind a bill that would give all Americans the health protections they need. This bill should be debated and voted on this coming week, before Congress adjourns for the summer. If that happens, I believe the bill would pass, and the American people would benefit.

Unfortunately, House Republican leaders, who earlier this week said they would schedule a vote on the **Patients' Bill of Rights** this month, yesterday began backing away from that commitment when

it became clear that a real **Patients' Bill of Rights** might well pass. This is very disappointing, and I call on them to reconsider. If the House is brave enough to protect the American people over the intense lobbying of the health insurance companies, the Republican leadership shouldn't stand in their way. The American people sent us to Washington to get work done, and Congress shouldn't go on summer vacation without voting on the **Patients' Bill of Rights**.

Protecting patients' rights shouldn't be a political issue; after all, no one asks us what our party affiliation is when we show up at the emergency room or the doctor's office. And in fact, this isn't a partisan issue anywhere else in America. It shouldn't be in Washington, DC. Let's make this summer a season of progress for all Americans. Let's hold an open and fair debate and pass a real **Patients' Bill of Rights** that will truly strengthen our health care system, strengthen our families, and strengthen our Nation for the 21st century.

Thanks for listening.

NOTE: The address was recorded at approximately 10 p.m. on July 30 aboard Air Force One at Aviano Air Force Base, Italy, for broadcast at 10:06 a.m. on July 31. The transcript was made available by the Office of the Press Secretary on July 30 but was embargoed for release until the broadcast.

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Public Papers of the Presidents.

July 15, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1382**LENGTH:** 212 words**HEADLINE:** Statement on Senate Action on **Patients' Bill of Rights** Legislation**BODY:**

Tonight's party line vote for a weak, unenforceable **Patients' Bill of Rights** is the wrong course for America. The Republican leadership's bill is a **Patients' Bill of Rights** in name only.

It fails to protect more than 110 million Americans -- including the vast majority of Americans in HMO's. For those it does cover, this bill fails to ensure patients' access to the specialists they need; fails to ensure patients the rights to keep their doctors throughout a course, a treatment; fails to prevent insurance company accountants from making final calls on medical decisions; and it fails to hold health plans accountable for actions that harm their patients.

If Congress insists on passing such an empty promise to the American people, I will not sign the bill. Passing a strong, enforceable **Patients' Bill of Rights** should not be a partisan issue. This should be about protecting patients, not insurance companies.

We will not stop working on this critical issue until we provide patients the protections they need. The American people know the difference between a good and bad bill. Every major doctors, nurses, and patients organization in the country knows the difference. I believe that the will of the people will still prevail in this Congress.

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Public Papers of the Presidents

July 9, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1327**LENGTH:** 2900 words**HEADLINE:** Remarks on the **Patients' Bill of Rights** in Torrance, California**BODY:**

Thank you very much. Well, good morning, and I want to thank Tecla Mickoseff for welcoming us here to Harbor-UCLA. Thank you, Ethel, for your powerful statement out of your personal experience. I want to thank my old friend Jack Lewin for, as usual, making the case. We're used to being in fights where the evidence is overcome by political power. [Laughter] But we're determined to reverse it in this case.

I want to thank Congresswoman Juanita Millender-McDonald; my friends Zev Yaroslavsky and Yvonne Burke and the mayors and other local officials who are here. I thank the leaders of the health care groups that are here, both consumers and providers. Thank you, Reverend Jackson, for coming. We're glad to see you this morning.

I have a couple of things I want to say about health care and about how this **Patients' Bill of Rights** issue fits into our larger responsibilities to deal with the health of the American people. I have just finished a trip across our country, from Appalachia to the Mississippi Delta to the Pine Ridge Indian Reservation to inner-city neighborhoods in East St. Louis, Illinois, south Phoenix, and Los Angeles. The purpose of this was to shine a spotlight on the opportunity which exists in areas that our prosperity has completely passed by.

It was a remarkable 4 days, and I came in contact with all the health issues that you would be concerned about in the process of pushing an economic agenda. For one thing, when we left Washington and arrived in Appalachia, and arrived in the Mississippi Delta, and arrived in East St. Louis, and arrived in Phoenix, in all those places it was 100 degrees. [Laughter] It was cool in Dakota when we got there at night, but the next day it was a mere 94.

And I'm very worried, I must say -- I want to say this today -- I've been very concerned because a lot of poor people depend upon the LIHEAP program -- the Low Income Health Assistance Program, to pay for air-conditioning or get fans in the summertime. And I have, today, directed the appropriate people in our Federal Government to expedite the analysis we're required to do about the effects of the recent heat wave on the need for emergency assistance under this program. We could lose a lot of people who won't even get to the emergency room if we don't do it. So I do want you to know that I hope the message will go across the country to the places I visited and the other places that we know this is going to be a problem.

When we went on this tour, we saw an awful lot of problems, and we saw a lot of promise -- enough promise to convince us all that we actually can succeed in building a bridge to the 21st century that

all Americans can walk across. When we give economic opportunity to all, we're helping to build that bridge. When we're give all of our kids a world-class education, we're helping to build that bridge. When we're dealing with health care challenges, we're helping to build that bridge.

Jack mentioned the Medicare proposal that I have made to stabilize the Medicare Trust Fund until 2027, provide a prescription drug benefit that we can afford, and provide much more preventive services, which I think are very, very important. There's a fundamental difference.

Now, how does the **Patients' Bill of Rights** fit into all of this? I feel in a way that I have a special right, if you will, to advocate for this bill because I have defended the role of managed care in our health care system for years. When I became President, health costs had been going up at three times the rate of inflation for many years. And all of us knew it was totally unsustainable, that eventually, if it kept going up at three times the rate of inflation, we'd be spending all our money on health care.

We all knew that was completely unsustainable, and that there was nothing wrong with managing a system properly so that you could, at the lowest possible cost, achieve the objective, which was the highest possible quality of health care. And, yes, at the margins there will always be tough decisions, but fundamentally, no one who both believes in the American health care system and the professionals who provide that health care, and who believes in proper management, believes you should sacrifice basic quality of care to the decision made by an accountant to make the bottom line of an HMO bigger.

The purpose of managed care is to enhance quality of care by making it as affordable as possible, not to undermine quality of care by making the people who provide managed care as profitable as possible. And it's very important. There's a fundamental difference.

So, as has already been pointed out, I asked the Congress a year and a half ago to pass a strong, enforceable **Patients' Bill of Rights**, with all the things you've heard about -- the right to see a specialist, the right to emergency room care at the nearest emergency room, the right not to have to change health care providers in the middle of treatment, the right to enforce accountability for harmful decisions. And I have used my authority as President, as you said, not only to cover by Executive order those people on Medicare with the protections of the **Patients' Bill of Rights**, but also those people on Medicaid, those people served by the Veterans' Administration, and the people in the Federal health insurance plan, the Federal employees and their families.

And I want to just tell you that we actually now have some experience with the **Patients' Bill of Rights**. You know, the HMO's say, well, this all sounds very good, but we can't afford it, and if you -- and they always try to make you think only of yourself, your healthy self -- if you, your healthy self -- *[laughter]* -- who never gets sick, but has to pay health insurance, give these **Patients' Bill of Rights** to them, all those sick people, you, your healthy self, will have to pay more for health insurance, and oh, how terrible it will be. That's their argument, right?

Well, we actually have done this now, and we have evidence -- and sometimes evidence overcomes interest groups in Washington, so let's talk about the evidence. Our evidence is that when we put the **Patients' Bill of Rights** into the Federal employees' health plan, it raised the cost of health insurance -- by less than a dollar a month.

Now, I'm going to go over this one more time. You've already heard -- I'm going to go over it one more time, and I'm going to ask every American if he or she wouldn't be willing to pay something in that range on the off-chance that their healthy self might not always be that way, and out of a genuine concern for our fellow citizens and an understanding that the wealth and power and strength and quality of life of our country depends in no small measure on the continued advances in the health of all Americans.

And, yes, some States have done some things in this area. But until Congress acts, there will be more than 100 million Americans who won't have these full protections. I can only give it to 85 million by Executive order. So next week, at long last, the Senate is going to take this up. I'll say

more about that in a moment, but thank goodness, the Senate finally is going to take this up.

Last year -- all year the leaders of the Senate kept us from bringing the bill up. And there's a good reason why they did -- they're not for it, but they know they can't afford to be caught being against it. We have 200 -- 200-plus medical and consumer groups are for the **Patients' Bill of Rights**. The American Medical Association has allies it has never had before. [Laughter] This is a very big tent.

And there is only one group on the other side, the health insurers. It's 200 to one, but the one is a big one, and so far has had enough support in the majority party in the House and the Senate to keep this from coming up.

But if you go out in the country, I have said this over and over again, if you go out in the country, this is not a partisan issue, because Republicans get sick just like Democrats. Even stubborn independents sometimes get sick. [Laughter] And when you walk into the emergency room -- I would really like to know whether she's got a form she fills out in the emergency room that has a check for political party. [Laughter]

Now, before I give you this medicine, are you a conservative or a liberal? [Laughter] You know, we're laughing about this, but it makes a very important point. This is not a partisan issue, this is not even a philosophical issue, not anywhere in the wide world but Washington, DC.

If you explained all the options to all the people in all the communities of this country, I promise you over 70 percent of Republicans, Democrats, and independents -- you know, when you got above those stratospheric numbers, maybe there would be some partisan difference -- but you'd have over 70 percent of all groups for this. How can it be -- how can it be that for over a year the American people have been deprived of even a full debate on this in the United States Senate?

Well, as I learned and Jack learned back in 1993 and '94, these folks have a lot of clout. But let's forget about the politics and look at the facts. I want to run through this -- look at this chart over here. I wish every American could just have this chart at home. If I had the ability through the Internet to send this to every American, I would do it.

Our plan says, if you need to see a specialist, you can't be denied the right to see a specialist. Their plan doesn't give you that right. Our plan says, if you get hit driving out of this event today, on a hot Saturday morning in Los Angeles, you ought to be able to go to the nearest emergency room, not show up there and be told you've got to drive 25 miles to one that your plans covers. This is a real issue, as you know.

Our plans says -- and I was so glad to hear you mention this -- that if you're being treated with chemotherapy or if you're six months pregnant and your employer changes providers, you should be able to stay with the physicians that are treating you until the treatment is completed. Hugely important issue that most Americans are not aware of.

Our plan assures HMO accountants don't make arbitrary medical decisions. Now, let me just say, I've listened to a lot of stories about this. I've done a lot of research on this. A lot of times the HMO decision-making tree -- you finally get high enough to get a doctor who makes the right decision, and it's too late.

And I've said this over and over again -- I'm actually sympathetic with a lot of people at the first line of decision-making in the HMO. Why? They're not doctors, and they're never going to get in trouble with the company for saying no. Right? They know -- I'm sympathetic with them. A lot of them, they're making a modest income, they're looking forward to their Christmas bonus, they want to please their employer like we all do. You're my employer -- I want to please you. [Laughter] We're all like that. And these young people who are working in these companies, they know they are not going to get in trouble for saying no, because they know if they say no, the decision can always be kicked upstairs -- and maybe it's three levels upstairs, but eventually, somebody who actually understands this is going to make a decision. And if they say yes, then they won't get in trouble for having said no; but, ah, if they say yes, and somebody above them says, "You should have said no," they can get

in a world of trouble.

So we try to fix that here and change the incentive so that there is no institutional bias to deny quality care. Should the health plans be held accountable? I think so. The Framers of the Constitution understand that a right without a remedy is not a right at all. And should they cover all health plans? Absolutely. The other bill leaves out 100 million folks.

So that's what this is about. The "yeses" and the "noes." It's simple evidence. It's about how people live. And, yes, the health insurance association may have some of its profit margin squeezed. And, yes, they may have to have modest increases, like we did -- the Federal employees health plan -- I'll tell you it's less than a buck a month policy. That's what our experience is. But isn't it worth it to allow the system to work? To keep the benefits of managed care without having to shoulder these enormous burdens, these heartbreaking burdens.

I don't know how many people I have seen -- I've seen nurses who work for doctors in their offices who have to make the calls to the HMO's to get told no, break down and cry, telling me stories of people that they couldn't take care of. You know, these are not just isolated anecdotes. This is a systematic problem in American health care. And once we fix it, all the people will be happy -- the HMO's will do just fine and they'll be happy we did. And people will wonder what in the wide world we were doing all those years not providing these basic protections.

Think of how you'd feel if you were a doctor. You'd spend all those years going to medical school, all those years in residency, you go all those years without any sleep, and you're finally out there giving health care, and all of a sudden you're told, here's a strait-jacket we'd like you to wear to work every day and still figure out how to make these people well. I mean, this is a big, big, big issue. And it should not be played out in a partisan, political, or special interest atmosphere.

Shouldn't we err on the side of health? What are we afraid of? *[Applause]*

I saw today an amusing article in the paper which said that the leaders of the majority party had decided that instead of bringing up their bill and having to deal with 20 of our amendments, which would put people -- force them to put their Members on record being against these things, they would bring up our bill and just beat it, in the hope that then there would be no specific record of accountability.

I thought to myself, what kind of a weird world am I living in? If this was just about something we had an emotional opinion about and we were on different sides, I would think that would be a clever thing to do and that's just politics. This is not whether you've got an emotional thing, this is about whether some people live and some people die. This is about whether people get well, or they don't. This is about whether people feel at least comfort when they're dealing with the challenges of life, or they're just knotted in anxiety all the time.

This is about whether all these doctors, these nurses, these health care professionals wake up every day happy to go to work because they think they're going to be able to do their job, or they're waiting for the other shoe to fall every single day because somebody is trying to strangle their ability to make decent decisions. This is, in other words, not a typical political decision. This is about life and the quality of life and the fundamental decency of our society.

We should err on the side of humanity. We should err on the side of quality health care. We have evidence now from our own experience that we can well afford to do this. And this is an idea whose time has long since come.

So -- and there are Members of Congress in the Republican Party, as well as the Democratic Party, who support this, who just want a chance to vote for it and bring the benefits of it to the American people.

You know, it's like anything else -- you can argue against anything on the grounds that it's not perfect. Well, if we never did anything because it wasn't perfect, we'd never do anything. And

America wouldn't be here celebrating the 21st century. We wouldn't be around after 223 years. The Constitution wasn't perfect; it had to be amended.

So it is not an argument to vote against this bill that it might not be perfect, that there might be some unforeseen consequences that we might have to fix -- we take our cars to mechanics to fix things that aren't perfect, but we don't stop buying cars and go back to walking around. [Laughter] I mean, none of these arguments make any sense at all.

We have to put people and principle and evidence ahead of raw political influence. Democracy has to work.

So, I thank you for being here. Remember, we're all preaching to the saved in this room today. Reach out to other Members of Congress. Send a note or an E-mail today or Monday morning to every House Member that represents anywhere around here, and both your Senators are for this bill -- that's great. Send it to Senators from other States. Give people a chance to do the right thing. Tell them what's at stake.

If people will listen to their hearts and their heads, we'll prevail next week.

Thank you, and God bless you.

NOTE: The President spoke at 10:54 a.m. in the Parlow Auditorium at the Harbor-UCLA Medical Center. In his remarks, he referred to Tecla Mickoseff, administrator, Harbor-UCLA Medical Center; Ethel Edmond, registered nurse, King Drew Medical Center; Jack Lewin, executive vice president and chief executive officer, California Medical Association; Los Angeles County supervisors Yvonne Brathwaite Burke, 2d District, and Zev Yaroslavsky, 3d District; and civil rights leader Jesse Jackson.

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Public Papers of the Presidents

June 12, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1097**LENGTH:** 647 words**HEADLINE:** The President's Radio Address**BODY:**

Good morning. Today I want to talk to you about what I believe we must do to ensure that more American families have the high quality health care they need to thrive. Our medical care is the best in the world, and we must make sure our health care system is, too. We all know this system is rapidly changing. Already, more than half of all Americans are in managed care plans. On balance, I think managed care has been good for America, decreasing costs and increasing Americans' access to preventive care.

But clearly, we must do more to make sure that when health care plans cut costs, they don't cut quality and that the bottom line never becomes more important than patients' needs. That's why more than a year and a half ago, I asked Congress to pass a strong, enforceable **Patients' Bill of Rights** that ensures critical protections for Americans in managed care, from the right to see a specialist to the right to emergency room care, whenever and wherever you need it, to the right to hold health plans accountable for harmful decisions.

Using my authority as President, I've already acted to make these rights real for 85 million Americans who get their health care through Federal plans, from Medicare and Medicaid to the Veterans Administration health plan that serves millions of veterans and their families.

But until Congress acts, tens of millions of Americans in managed care are still waiting for the full protection of a **Patients' Bill of Rights**. Democrats in Congress have long been pressing to pass a strong, enforceable **Patients' Bill of Rights** and nearly every doctors' association, every nurses' association, every patients' rights group in America agrees that we need it now.

The Republican leadership in Congress has acknowledged that poor quality in managed care is a serious problem that needs to be addressed. I'm pleased that Senate Majority Leader Lott said he would bring managed care reform legislation to a vote on the Senate floor early this summer. Unfortunately, the Republican leadership's legislation falls far short of providing American families the protections they need in a changing health care system.

Because it only applies to some health plans, it leaves tens of millions of Americans without these guarantees. It doesn't ensure patients access to specialists, like oncologists and cardiologists. It doesn't prevent health plans from forcing patients to change doctors in mid-treatment. It doesn't provide adequate recourse when a health plan provides less than adequate care. And it does not make clear, once and for all, accountants should not be able to arbitrarily overturn medical decisions.

A **Patients' Bill of Rights** that doesn't provide these important protections is a **Patients' Bill of Rights** in name only, and our people deserve better. Protecting our families should be an issue that brings us together. I've been encouraged that many Republicans have said they would work with Democrats to pass strong, enforceable managed care reform.

Today I ask the congressional leadership to move the right kind of managed care reform to the very top of their agenda. After all, we all get sick; we all need health care. No one asks us what our party affiliation is when we show up at the emergency room or the doctor's office. This isn't a partisan issue anywhere else in America; it shouldn't be in Washington, DC. Let's hold an open, fair debate and pass a real **Patients' Bill of Rights** that will strengthen our health care system, strengthen our families, and strengthen our Nation for the 21st century.

Thanks for listening.

NOTE: The address was recorded at 4:57 p.m. on June 10 in the Roosevelt Room at the White House for broadcast at 10:06 a.m. on June 12. The transcript was made available by the Office of the Press Secretary on June 11 but was embargoed for release until the broadcast.

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Public Papers of the Presidents

April 9, 1999

CITE: 35 Weekly Comp. Pres. Doc. 623**LENGTH:** 2512 words**HEADLINE:** Remarks on the **Patients' Bill of Rights** in Philadelphia, Pennsylvania**BODY:**

Thank you, Joan, for making the trip up here and for your very, very moving account of your experience. I want to thank all of you who have come here today -- John Sweeney, and Congressmen Brady, Borski, and Fattah; Congresswoman DeLauro; my good friend Congressman Dingell who flew up with me this morning; and Congressman Dave Bonior.

I'd like to thank the other Members of Congress who are here: Congressmen Ron Klink and Joe Hoeffel, from Pennsylvania; Congressmen Donald Payne and Rob Andrews from New Jersey; Congresswomen Carolyn Maloney, Carolyn McCarthy, Congressman Joe Crowley from New York; Congressman Ted Strickland from Ohio. That's a pretty impressive group, and we had Congressman Pallone here a little earlier, from New Jersey. I thank them all.

I also want to thank Judy Lichtman from the National Partnership for Women and Families; Ron Pollack and Families USA; Fran Visco and the National Breast Cancer Coalition; Beverly Malone and the American Nurses Association. And there are 150 other provider, consumer, and patient organizations, all of them working for the **Patients' Bill of Rights**. I thank them all. That's very, very impressive.

I want to thank the local Pennsylvania leaders who are here: Senator Schwartz; Senator Fumo; former Congresswoman Marjorie Margolies-Mezvinsky; Representative Bill DeWeese, the Democratic House leader. And I think the city council president is here, Anna Verna, and other members of the Philadelphia City Council. I thank them all for coming.

But I want to say a special word of congratulations to the mayor. This is the last year of his term. You know, I was a Governor for a dozen years, and I loved every day of it. And in the late 1970's and early 1980's, most of the new ideas for what we should be doing as a people were coming out of the Governors' mansions of the country. In the 1990's, most of the new ideas and most of the innovations have come out of the mayors' offices. There's not a better mayor in America than Ed Rendell, and I'm very proud of him. I also want you to know that he has worried me to death on a number of issues for Philadelphia -- *[laughter]* -- but none more than the Philadelphia Navy Yard. And I am so glad we got that worked out, so that the city can be -- *[applause]* --

And you know, I've been working on this **Patients' Bill of Rights** for a long time. And I've listened to all the Members of Congress speak, to my good friend John Sweeney, to the mayor, and to Joan, and -- did you watch the Oscars? You know, where Benigni, that great Italian actor says, the second time they called him up, he said, "This is a terrible mistake. I used up all my English!" *[Laughter]*

They used up all my English! [*Laughter*] They have said everything that needs to be said.

But I would like to make a couple of points, to hammer home what this is about and why we're here. First of all, we're here in Philadelphia, as has been said, not only because it is the home of the Constitution, the Declaration of Independence, the Bill of Rights, it was also, interestingly enough, the home of the very first petition drive. Back in 1701, the citizens of Philadelphia launched what I think was the first successful petition drive in the New World, when they asserted and won the full and unfettered right to practice whatever religion they chose.

Philadelphia, thanks to Ben Franklin, was the home of America's first hospital, later America's first medical school and first nursing school, still one of the most important medical centers not only in the United States but in the world.

Now, this petition, as Rosa DeLauro said when she gave you the right address, is a little bit more modern. But we have to do it. And I'd like to say why and what the larger stakes are and go back over this one more time.

Why are we having to do this petition? I mean, this is a bill supported by over 70 percent of the American people and by almost equal margins, in every research document, almost equal margins, by Republicans and Democrats and independents. As a matter of fact, it is virtually the only issue that I have worked on in the last 5 years where there is almost no difference by party in levels of support, except in Washington, DC.

Now, why is that? That's because the people who are against it, basically the large HMO's, the insurers, have got the ear of the congressional majority, and they have a lot of political influence. And how Washington works, for good or ill, is that -- people say, "Well, who cares if there are a lot of people for it, this is not very high up on their scale. The economy's doing fine. Most people are all right. There aren't all that many stories like Joan's. We'll let this slide."

Now, that's what's going on here. We need this petition drive because unless there is a clear, unambiguous signal from the people of the United States not just that we want this, not just that we need this, not just that we believe in this -- the organized forces of the status quo will do nothing. They will say, "Oh, well, the President went to Philadelphia, and he brought all the Congress Members here. And there were 100 Members of Congress around the country, but they probably can't break through on the evening news tonight because of Kosovo." That's another excuse we'll have to let this thing slide.

You know, this is the kind of thing you can do when you're not running for office anymore. You can be more frank with people. [*Laughter*] I'm just telling you, that's what's going on.

Now, I have talked about this until I am blue in the face. I have met with people like Joan, and I have heard these stories. And I want you to know that I feel a special responsibility to do this, because I don't oppose all managed care. I think managed care has done some good in this country. Health care costs were going up at 3 times the rate of inflation when I became President. It was going to bankrupt the country. We should want all organizations, including health care organizations, run as efficiently as possible. But every organization that forgets its primary purpose is doomed to fail. The primary purpose is not to deliver cheap health care; the primary purpose is to deliver quality health care as inexpensively as possible.

Now, I wish we had somebody here representing the other side, standing here beside another microphone. Here's what they would say. They'd say, "Well, Mr. President, that's very compelling, and you got a nice applause line. But the truth is there are just hard decisions, and you've got to decide whether you want to bankrupt us or not, and this **Patients' Bill of Rights** will bankrupt us." So let me make a counter case.

Here's what we asked for in the bill. Number one, the right to have a specialist when you need it. That's Joan's story, right? She got the specialist, all right, after she lost her sight. I've sat with people who got the specialist after their loved one lost their life or when it was too late to do the medical

procedure. Because the way these things are organized -- you heard John talk about his doctor friend who got fired -- if you're down the chain in the review process in one of these organizations, you just know one thing: You are never going to get in trouble for saying no.

You know, put yourself in the position of a young person working for an HMO; suppose you've got a little kid; suppose you're worried about your Christmas bonus; suppose you've got to save your job. You will never get in trouble if you say no, because you say, "Well, they can always appeal it to somebody else higher." So delay is one of the biggest problems here -- the right to see a specialist when you need it.

The right to emergency room care, wherever and whenever you need it. I know you find this hard to believe if it's never happened to you, but Philadelphia's a pretty big city, with a lot of hospitals. If you get hurt on one side of Philadelphia, and the hospital that your HMO works with is on the other side, they can go past three hospitals after you've been hit by a car. That's wrong. You know, that may not seem like a big deal unless that happens to you, but that's wrong.

The right to have your doctor level with you and discuss all your treatment options. The right to a timely and independent appeals process. The right to hold your plan accountable if it causes you or a loved one harm. The right to know -- this is a big deal -- the right to know that you won't be forced to switch doctors in the middle of a treatment, like a pregnancy or a chemotherapy treatment.

That may seem unbelievable, but a lot of employers, particularly smaller employers -- to be fair to them, they have to change their providers from time to time. They're always struggling to try to get affordable coverage. All we say is, "Okay, nobody wants to stop you from changing your providers, but if one of your employees is 7 months into a pregnancy, or another one is halfway through a chemotherapy treatment, then the provider, the new provider can't force them to change the people that are giving them the health care." It seems to me that this is basic human decency.

Now, we have worked hard to do our part and to try to honestly explore the contention of the opponents of this bill that this is going to cost them too much money. We are the single largest buyer, the Federal Government, of private health insurance. Today -- today -- we are completing the process of giving the 9 million men, women, and children who receive their health benefits through the Federal Government all the vital patient protections recommended by the Health Care Quality Commission. We're informing -- listen to this -- all 285 companies who provide coverage for Federal employees that if they want to do business with us, they've got to add the last two of our protections.

We've already imposed the rest of the requirements; now we're saying you can't make people switch doctors in the middle of treatment, and you have to provide full disclosure of what the plans cover, what incentives are offered to doctors, and how satisfied other patients have been with their care.

Now, here is the important point. This is the answer to the opponents of our bill. A new analysis by the Office of Personnel Management -- Janice Lachance, the head of that office, is here with me today -- shows that providing all these protections -- listen to this -- all these protections will cost less than \$ 1 per person per month -- less than \$ 1 per person, per month. I think that is worth it to stop the story that Joan just told us, and the hundreds of stories around this country.

Now, today, the Republican leadership in the House is not even debating a comprehensive bill. In the Senate the leadership plan does not ensure access to specialists, does not prevent the health care plans from forcing you to change doctors in mid-treatment, does not give you adequate recourse if your health plan fails to provide adequate care, and because it applies only to self-insured plans, actually leaves more than 120 million patients without all these guarantees.

Now, this is a clear choice. But again, I say, this does not need to be a partisan issue. This is not a partisan issue anywhere in America, but Washington, DC. I've heard tell that most doctors are Republicans, but the AMA is for this. The Nurses Association is for this. The health care providers are for this. And I'm telling you a lot of us who have supported the idea of more efficient management of the health care system are for it. What is the purpose of the health care system? It is quality health

care at the least cost.

Now, let me just ask you one last thing. Everybody says, anybody says, "Well, one of the things that worries me about the modern world is that we're going to leave people behind." Well, I've been working for 6 years to stop that. You heard the major mention Chakah Fattah's work with us to try to make sure all of our kids can go to college. We changed the law so that we wouldn't leave anybody behind; everybody could afford to go to college.

We talked about this part of Philadelphia being in the empowerment zone. We are now offering to Congress a new market initiative to bring jobs to the poorest part of America by giving people who invest in those areas the same incentives we give them if they invest in some other country -- to have the same incentive to invest in America and create jobs, to close the job gap in America.

So we've got to close the education gap; we've got to close the job gap; we've got to close the technology gap. But this is closing the health care gap. Do you know what would happen to me this afternoon if I started having the symptoms Joan did? Do you have any idea what would happen to me? Within 15 minutes, I'd be on a helicopter; within half an hour I'd be there. I would have whatever specialist was needed, and I would get it. And when I'm gone from the Presidency, because I'll have a good pension, and if, God willing, I stay healthy, a decent income, the same thing would happen. Maybe it would take an hour longer. Not a month longer. *[Laughter]*

Now, we can laugh about this, because sometimes it hurts too much to cry. But I am telling you, the political reality is that the system believes it can resist the opinion and the desire of the American people. That is what this petition drive is all about.

And don't you think it won't make a difference. This could be a good education for a lot of people all over America. They could teach people how to use the Internet for the first time by putting their name on this petition. We ought to have schoolchildren doing it. We ought to have civic clubs doing it. We ought to have religious organizations doing it. People ought to be accessing -- this could be their first experience on the Internet

But the reason we are here, the true, honest-to-goodness reason we're here is that everybody knows we need to do it; we have now proved we can afford to do it; the whole country is for it; the system in Washington is resisting it; and the people still rule if they will make their voices heard loud enough. Stand up and be heard.

Thank you.

NOTE: The President spoke at 1:57 p.m. in the Great Hall at Memorial Hall. In his remarks, he referred to Joan Bleakly, a patient who was denied access to a specialist; Joan J. Sweeney, president, AFL-CIO; Judith L. Lichtman, president, National Partnership for Women and Families; Ronald F. Pollack, vice president and executive director, Families USA; Frances M. Visco, president, National Breast Cancer Coalition; Beverly L. Malone, president, American Nurses Association; State Senator Allyson Y. Schwartz; State Representative H. William DeWeese, Democratic House leader; Anna C. Verna, president, Philadelphia City Council; Mayor Edward Rendell of Philadelphia; and actor-director Robert Benigni. This item was not received in time for publication in the appropriate issue.

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