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The Health of America

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One out of twelve Americans works in health care, and all of us are eventually health system consumers. It is doubtful that anyone coming by ambulance to the ER wants to think about politics or insurance or Medicare or Medicaid. In crisis, the patient and the ER staff will focus on just one thing — the shared mission for the moment. But away from the rush and anguish of the ER, we all have a responsibility to prospectively face the health needs of all Americans. Regardless of one's political interest, it is important to listen closely during this campaign to the philosophical differences — not only for yourself alone, but for the health of our children, parents, and grandparents.

Many of the health issues that were important to Americans in the 1980s and early 90s continue to challenge us today. None of us want big government solutions to overload or overregulate, but government cannot sit idly by while either the underserved or middle class working families are left to fend for themselves. Our illnesses are, at times, too overwhelming. Our institutions, public and private, are too ominous for most to navigate alone. Patients need good medical facilities. Adequately financed, user-friendly health services are essential to our individual survival and represent a promise we cannot abandon. Middle class families and children, older Americans, those with disabilities, individuals infected with AIDS, and many others simply cannot be forgotten.

In the blink of an eye, any one of us can become dependent on important social safety nets. Few Americans can afford to pay for expensive health care when they reach age 65 or, before that, should they be unable to work. Any of us could have a child suddenly disabled by a head injury, with health costs exceeding what our insurance will allow. Any one of us can develop a pre-existing condition that could exclude us from insurance coverage, should we lose our jobs.

Many Americans are beginning to realize there is no choice but to get involved in the political process — a process that responsibly balances the federal budget without endangering the lives and health services for middle class working families, older Americans, and others.

Some people working in and out of government fail to hear clearly America's concerns, but President Clinton is listening. By his consistent firm stand on health issues, he has fought to preserve and nurture all that is good about America's health care system. He has lowered health costs and fought fraud and abuse. He has balanced his budget while preserving needed care for those who cannot care for themselves.

We know that Americans' views are in concordance with the key components of the President's budget

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and policy initiatives. He believes in balancing the budget while preserving Medicare and Medicaid. He is working to protect working families and their children by raising the minimum wage, improving community policing, leading the fight against teenage smoking, and opposition to assault weapons. After all, the health of a nation starts with a healthy community where security, education, crime prevention, and disease prevention play a central role.

With respect to specific health programs, the President's key goals include:

1. Preserving and strengthening Medicare
2. Protecting and improving Medicaid
3. Combating fraud and abuse
4. Protecting working families
5. Administrative simplification and security of health information.
6. Illness prevention

1. PRESERVING AND STRENGTHENING MEDICARE

It is important to the President that America keeps our commitment to the elderly and to others needing Medicare. And it is important to this President that we provide new choices to Medicare beneficiaries and that we extend the life of the Medicare trust fund without imposing new costs on patients and without forcing people into managed care.

The President has expressed concern over the Republican plan to cut an additional $44 billion from Medicare while, at the same time, asking the elderly to pay more. He is concerned about the Medical Savings Account (M.S.A.) concept. It may sound great to those of means but, in the end, MSAs tend to help the well wealthy while increasing Medicare costs for the poor and infirm. Either within Medicare or in the private sector, cherry picking the low risk health persons for MSAs leaves higher premiums for the rest.

The President's proposal recognizes that America has the most advanced, efficient health professionals in the world and that a program to disassemble the Medicare and Medicaid safety net could endanger the entire health care infrastructure in America.

The President's plan provides for a more efficient system while increasing choices. It provides for Provider Sponsored Networks (PSNs), Medicare PPOs, and point-of-service HMOs as new choices for beneficiaries. The President's plan is unique in that it also allows beneficiaries to return to a viable fee-for-service system if managed care isn't working for them.

The President's plan increases choice by providing better information for consumers so decisions about health plans will be well-informed.

While still saving the Hospital Trust Fund, the President's plan provides respite care for Alzheimer's

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patients and improved funding for medical education.

Preserving Medicare requires fiscal and social responsibility in equal measure. The budget need not be balanced on the backs of beneficiaries. Cutting Medicare costs is important to the future — but our legislative decisions must make sense for quality health care.

For example, if a Medicare or Medicaid recipient shows up in the emergency room and this government fails to pay the bill, America hasn't really saved a thing. We have simply shifted the cost somewhere else. Limits in services and benefits may look good politically in the short run to some, but the cost and the human suffering are still there — hidden below the din of political rhetoric.

2. PROTECTING AND IMPROVING MEDICAID

Most people do not realize that Medicaid is a middle class program. Medicaid does, of course, provide acute care to 36 million low-income women, children, families, older Americans, and people with disabilities. Nearly half of all Medicaid recipients are children but approximately ~~⅔rds~~ of all Medicaid expenditures are for the care of the elderly and disabled in nursing homes.

Key elements of the President's Medicaid proposal are:

- **Continued guarantees of coverage as exist under current law.** All such guarantees to individuals for specific benefits, like doctor and hospital coverage, have been absent in the Republican version.
- **For cost effectiveness**, there are limits on per capita growth of expenditures. But unlike block grants, if a state experiences an increase in qualified recipients, the funds will increase to accommodate the need.
- States have unprecedented **flexibility** to tailor-make their Medicaid program.
- **Quality protection** in nursing homes and institutions would be maintained. Quality standards for managed care systems would be updated and enhanced.
- **Financial protection** against **spousal and child impoverishment** provisions would be maintained. (The Republican alternative would allow nursing homes to attach the assets of the residents' children when state and/or personal funds run out.)

Remember, Medicaid is the ONLY safety net available for middle class Americans impoverished by catastrophic illness. We can't ignore efforts to destroy it today, and expect it to be there for our loved ones in a crisis 10 years from now.

3. COMBATING FRAUD AND ABUSE

The Administration has stepped up efforts to put a stop to fraud and abuse. These kinds of activities are costing the Medicare program billions. Most Americans are incensed by those who would take advantage

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of our programs for the poor and elderly. HHS continues to seek out those committing blatant health care fraud and who, we would all agree, unfairly penalize both consumers and honest providers.

4. PROTECTING WORKING AMERICANS

Health insurance was created so that members of the healthy majority might tender the burden for their seriously ill neighbors. Today health insurance, at times, does the opposite — excluding only those who are sick. This is not a Democratic issue — and the Kassebaum-Kennedy legislation proves it. With 20 Republican and 20 Democratic co-sponsors, this measure seeks to limit pre-existing condition exclusions for all health insurance. It begins to right a wrong. It provides hope that serious illness or job loss will not endanger one's health insurance coverage.

The bill passed the Senate 100-0, and has the President's full support. In addition to pre-existing condition exclusion limits, it includes the following provisions:

- Allows health insurance to follow the individual or family when one quits or loses a job;
- Requires insurers to issue insurance to groups regardless of medical underwriting;
- Makes insurance renewable as long as the premiums are paid; and
- Provides the opportunity for business to create purchasing coops to keep rates down.

Everyone has worked hard on this issue. Senator Nancy Kassebaum, a Republican from Kansas, pleaded with her colleagues to leave out the MSA amendment. The Senate complied. The House did not. The President hopes that its passage can still be negotiated this year.

In addition, the President proposes separate initiatives to ensure coverage for temporarily uninsured workers, and to provide some tax deductibility for the self-employed.

This Administration also supports public and private efforts to protect consumers against quality of care problems, fraudulent billing practices, and inappropriate denial of services by insurers.

5. ADMINISTRATIVE SIMPLIFICATION AND SECURITY OF HEALTH INFORMATION

The health care system includes a tremendous amount of red tape and paperwork that often interferes with providing care to patients.

The President and Vice President are committed to reducing the paperwork burden. Examples include:

- Stopping the Physician Attestation Statement — eliminating this duplicate form will save approximately $22,500 per hospital per year and will save precious physician time.
- One standard HCFA-1500 form — The Office of Personnel Management (OPM) will soon require participating Federal Employee insurance carriers, in addition to Medicare, Medicaid, and Champus, to use the HCFA-1500 form for all claims.
- Also, nationwide standards are being adopted to simplify the use of electronic health

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information transactions.

And new standards will be developed to assure the security and privacy of individual medical information contained in electronically conducted health care transactions.

The President and Vice-President have actually done more by executive order than any other Administration in recent memory to reduce unnecessary regulations. Reductions in paperwork requirements for providers will keep doctors and nurses at the bedside.

But this is only part of the challenge. Reducing the size of government is necessary to a balanced budget and so the President and Secretary of HHS reduced the HHS workforce by 3,300 employees in the last two years — the largest cut in history.

6. ILLNESS PREVENTION.

The President had lead the way in fighting teenage smoking — our nation's #1 public health problem. Smoking accounts for more death, disease, and health costs than any other single environmental toxin. The fight against smoking must be a serious and committed effort.

Senator Dole's failure to recognize the years of research data from the NIH, and warnings from both the AMA and former Surgeon General Koop on the dangers of smoking is, indeed, worrisome.

The importance of prevention in the reduction of both health costs and human suffering cannot be underestimated.

In addition, the President has steadfastly supported adequate funding for mammography, colon cancer screening, immunizations, occupational safety, safe drinking water, and other important prevention initiatives.

CONCLUSION

There are many other issues that, with more space, should be detailed. The White House continues to lead the way in AIDS policy, strengthening CDC and its vigilant sleuthing of newly emerging infections; attacking violence in America; improving children's health; fostering women's programs; promoting environmental health; funding preventative services like colon cancer screening, mammography, and immunizations — none less important than the other. All are examples of great achievements by this President.

Would an all Republican government attend to our nation's health with the same commitment? Would those programs that have made the American health system great, survive the Dole-Gingrich compact? If a medical catastrophe strikes, can you take the chance that you might have to go it alone? This election is about great principled differences in the vision for America — should not that vision have room for secure and affordable, quality health care?