

## Response to the Concord Coalition

- By any measure, the charge that the comparative Medicare savings in the Health Security Act are higher than the current Republican Medicare proposal is simply wrong.
- The Republican Budget Resolution would reduce Medicare spending by \$168 billion over 6 years, 14% larger than the \$148 billion savings in the Health Security Act over a comparable time frame.
- On a per beneficiary basis, the Health Security Act would have provided over \$800 more per person in 2002 than the current Republican proposal. (The Health Security Act spent \$7,700 per beneficiary, while the Republican proposal would have spent \$6,900 per beneficiary in 2002).
- The Health Security Act limited Medicare to the same level of growth as CBO projects for the private sector. The Republican cuts would constrain Medicare to well over 20% below the private sector premium growth rate, making beneficiaries vulnerable to declines in quality and services. [CBO's projects a 7% per capita growth rate for Medicare under the Health Security Act as well as for private sector premium growth rates; the Republican Budget Resolution per capita growth rate is approximately 5%].
- Moreover, virtually every penny of Medicare savings in the Health Security Act was reinvested in providing much needed long-term care and prescription drug coverage for Medicare beneficiaries.
- Finally, of course, the savings in Medicare in the Health Security Act were in the context of broad reform that would have provided affordable quality health care for every American. Unlike the Republican proposals, the savings were not used to offset unnecessary and excessive tax cuts.

**Comparison of Medicare Savings**  
**Health Security Act vs. 1996 Republican Budget Resolution**  
(Dollars in Billions. Fiscal Years, CBO Baselines and Estimates)

	<u>yr. 1</u>	<u>yr. 2</u>	<u>yr. 3</u>	<u>yr. 4</u>	<u>yr. 5</u>	<u>yr. 6</u>	<u>Total</u>
<b>Health Security Act<sup>1</sup></b>	<b>-\$7</b>	<b>-\$12</b>	<b>-\$19</b>	<b>-\$28</b>	<b>-\$37</b>	<b>-\$45</b>	<b>-\$148</b>
<b>Health Security Act Net<sup>2</sup> Savings, including new drug benefit</b>	<b>\$0</b>	<b>\$2</b>	<b>-\$8</b>	<b>-\$16</b>	<b>-\$24</b>	<b>-\$30</b>	<b>-\$76</b>
<b>Rep. Budget Resolution<sup>3</sup></b>	<b>-\$7</b>	<b>-\$12</b>	<b>-\$22</b>	<b>-\$32</b>	<b>-\$42</b>	<b>-\$54</b>	<b>-\$168</b>

---

<sup>1</sup>Aggregate Program Savings

<sup>2</sup>Net Program Savings, including spending on new drug benefit and includes savings from working beneficiaries in the reform system.

<sup>3</sup>Republican Budget Resolution released spring 1996.

## MEDICARE

**MEDICARE:** Medicare is a compact between all generations. Before it was enacted three decades ago, only 50 percent of our nation's elderly had any insurance. It provides peace of mind not only to 38 million elderly and disabled beneficiaries, but to their family members as well. It faces financial challenges that require reforms. My balanced budget proposal clearly illustrates my commitment to reforming the program. But my proposals strengthen the Medicare trust fund without new premium increases and without threatening to undermine the quality services the program provides to beneficiaries.

### I. Key Answer Points

- I rejected the \$270 billion in Medicare cuts (reductions) and flawed policy changes proposed by Senator Dole and Speaker Gingrich. And I would do it again and again.
- Their cuts (reductions) tripled anything previously enacted and their policy changes would create new health plans that would skim the healthy and wealthy beneficiaries from all others. Virtually every organization representing the elderly, people with disabilities, doctors, nurses, and hospitals (including the AARP) concluded that the Dole/Gingrich proposals were excessive and would threaten quality services for beneficiaries.
- Moreover, the Dole/Gingrich budget proposal's Medicare premium hikes of \$1,700 per couple -- \$268 in 1996 alone -- would have placed an unnecessary and excessive burden on beneficiaries and their families.
- My balanced budget proposal reforms Medicare, achieves over \$116 billion in (CBO-scored savings), and strengthens the Medicare Trust Fund by a decade from today WITHOUT extreme and ill-advised policies and unnecessary new premium increases.

### II. Dole Contrast

- **Dole led the fight against strengthening the Medicare Trust Fund in 1993.** In 1993, Dole and all of his Republican colleagues voted against Medicare savings and policy changes that extended the Medicare Trust Fund for 3 years.
- **Dole voted against Medicare and proudly trumpeted that fact 30 years later.** "I was there, fighting the fight, one of twelve, voting against Medicare in 1965...because we knew it wouldn't work." [10/24/95]
- **Dole's Medicare beneficiary cuts were more draconian than Gingrich's proposals.** Dole's proposal not only doubled Medicare premiums, but also doubled the Part B physician deductible (from \$75 to \$150).
- **Dole even tried to raise the Medicare eligibility age from 65 to 67, thus threatening to add to the number of uninsured.** Today, the pre-age 65 senior population is one of the most difficult to insure and most discriminated against age groups in the nation. Bob Dole's proposals would have made these vulnerable people wait even longer before they qualified for Medicare.

### III. Likely Questions and Responses

**Question:** How can the Republican budget proposals be a cut when CBO says that actual spending per beneficiary would have increased from \$4,900 to \$7,100 between 1996 and 2002? This is much greater than an inflation increase.

**Response:** The key question for tens of millions of people on Medicare is whether or not the savings called for will cut the benefits, the services or the quality of care they receive. **By any standard, the \$270 billion in savings the Dole-Gingrich budget called for would have led to higher out-of-pocket costs and less quality health care for millions of older Americans.** Where I come from, if you pay more and get less, that is a cut.

Consider the following: spending per Medicare beneficiary was cut \$1400 lower per person -- 20% below the private sector level -- while the Republican Medicare premium increases would have raised out-of-pocket costs by \$1,700 per couple. Furthermore, I believe that the policies they have would create plans that would divide healthy beneficiaries from those who are unhealthy.

**Question:** If Bob Dole's budget had Medicare cuts, don't your Medicare proposals also "cut" the program?

**Response:** My current balanced budget proposal does have Medicare savings and I have never hid that. Yet, I believe that the levels of our savings are prudent and the policies are carefully designed to strengthen the Medicare trust fund by taking out unnecessary costs without cutting quality health care.

- **The Dole/Gingrich proposed cuts are excessive and are used to pay for unneeded tax cuts.** My proposal does not use Medicare as a \$270 billion cash cow for \$245 billion in unnecessary tax cuts. Now Bob Dole says he wants to more than double that tax cut and is suggesting he will lower the Medicare cuts. The numbers don't add up without an even higher Medicare cut.

**Question:** If Bob Dole's and your current Medicare proposals are "cuts," why did you label the Medicare cuts in your Health Security Act as "reductions in growth"?

**Response:** The goal of my health care plan was to reduce the overall costs of health care so that the growth of all health care costs -- including Medicare -- could come down through a smarter health care system without cuts in quality or services. Furthermore, we plowed our savings back into new benefits like prescription drugs and long-term coverage.

The Republican plan I vetoed simply sought to lower Medicare costs below what everyone else needed to keep up with the costs of health care. It is one thing to lower the cost of all health care through making health care more productive; it is another thing to simply cut Medicare alone -- giving it second class status.

- **Most aging representatives did not label my proposal as a "cut" because of the reinvestments in prescription drug and long-term care coverage.** In fact, because of these new benefits, AARP and the National Council of Senior Citizens specifically did not label my proposals as "cuts."

**Question:** Aren't you simply "demagoging" the Medicare issue and using it as an effective scare tactic against Bob Dole? Your own Secretaries of Health, Labor and Treasury say the Medicare program will be bankrupt in 5 years or less. The Republican proposal allows for a growth rate in excess of inflation. How can you shamelessly scare the elderly into believing that the Republicans are going to hurt the Medicare program?

**Response:** First, it is not only myself but the American College of Physicians, the American Hospital Association, the Catholic Hospital Association, and the AARP who all criticized the Republican plan as a severe and extreme cut. Their plan was three times larger than the largest Medicare cut in history, I am not going back off one bit from defending against such excessive cuts.

Two, it is my Administration that strengthened the Medicare trust fund by three years in 1993 -- and was opposed by every single Republican. We were also opposed when we presented another plan in 1994 to protect the trust fund for another five years. Currently, we have enough savings and policies in common to extend the life of the trust fund 10 years to give us time to address our long-term challenges. First, it is not only myself but the American College of Physicians, the American Hospital Association, the Catholic Hospital Association, and the AARP, who all criticized the Republican plan as a severe and extreme cut. Their plan was three times larger than the largest Medicare cut in history. I am not going back off one bit from defending against such excessive cuts.

- **There is a need to strengthen the trust fund and I have a plan.** My balanced budget proposal illustrates how to extend the life of the Medicare trust fund for ten years from today.
- **But we must reject excessive cuts and policy changes that are used to help pay for a tax cut that has more than doubled from last year to over \$540 billion.**
- **Last year there were \$270 billion in Medicare cuts and \$245 billion in tax cuts. Next year, one can only imagine how many more Medicare cuts will be necessary to pay for the over half a trillion dollar tax cut?**

- **While the medical inflation rate is low today, the Congress' own congressional budget experts project that this will not be the case for the next seven years.** I simply don't believe we should gamble the health of Medicare beneficiaries on a proposal that says no matter what happens with inflation, we will arbitrarily cap expenditures to a certain level.

**Question: Even the bipartisan Concord Coalition says that you are demagoguing Medicare. They point out that your cuts in the Health Security Act were larger than the Medicare savings being proposed today. You are just playing politics.**

**Response:** First, the Medicare savings in the Health Security Act were *lower* than the cuts in the current Republican Medicare proposal. The Republican Budget Resolution reduces Medicare spending by \$168 billion over 6 years -- 14% larger than the \$148 billion in savings the Health Security Act over the same number of years.

The Health Security Act would have provided over \$800 more per person in 2002 than the current Republican proposal. Under the Health Security Act, Medicare spending growth was the same as the growth CBO projected for the private sector. The current Republican cuts constrain Medicare to well over 20% below the private sector premium growth rate, threatening quality and services for beneficiaries.

Second, every penny of Medicare savings in the Health Security Act was reinvested in much needed long-term care and prescription drug coverage for Medicare beneficiaries. The Republican Medicare cuts are used to pay for unnecessary and excessive tax cuts.

**Question: The First Lady testified on the Hill that the Health Security Act would constrain the rate of growth of Medicare to 6%. Yet when Republicans proposed to constrain the rate of growth to 7%, you said it would devastate the Medicare program.**

**Response:** The First Lady testified that the Health Security Act would have allowed Medicare to grow at a per person growth rate of 6% or 7%. According to CBO, the Health Security Act would have allowed Medicare to grow at 7% per person. In contrast, the Republican Medicare cuts would limit Medicare to 5% per person growth rates -- over 20% below CBO's projected private sector rate. Limiting spending this far below the private sector will threaten quality of care for people on Medicare. In addition, the Medicare reforms in the Health Security Act were done in the context of broader health care reforms that not only provided insurance coverage for all Americans, but also reinvested the savings into much needed prescription drug and long-term care benefits. [Republicans use aggregate spending numbers as opposed to per person spending numbers because they are larger and camouflage the extent of their reductions.]

**Question:** Are you concerned about the recent JAMA report that concludes that HMOs provide substandard care and worse outcomes for elderly and low-income populations?

**Response:** I share the concern about the recent report about negative outcomes for elderly Medicare beneficiaries who are in managed care plans. I believe this report validates my approach to reforming the Medicare program. I have proposed to expand choices to Medicare beneficiaries, including providing more managed care options. However, my plan rejects the Republican proposals that would, in effect, force low-income elderly into managed care plans. My plan would also ensure that people could return to fee-for-service at any time, without having to fear Medigap plans underwriting them and disallowing future coverage.

The health care system is rapidly changing. We are witnessing an unprecedented increase in the use of managed care, and there have been abuses. I was pleased that the Congress responded to my call to enact the 48-hour rule which assures that new mothers and their babies can stay in the hospital 48 hours after a delivery, ending "drive-by deliveries." I have also asked Congress to pass legislation which would prohibit health plans from restricting patients and health care providers from discussing treatment options. And finally, I recently signed an Executive Order to establish a bipartisan advisory panel that will focus on the need for quality assurance and consumer protections in our changing health care system.

**Question:** What is wrong with asking higher income seniors to pay more in premiums? The so-called means-testing premium was in the Republican plan and you even included a similar provision in the Health Security Act. Aren't you once again playing political games on this issue?

**Response:** I am not opposed in principle to higher income beneficiaries paying more for their Medicare. I did support this concept in my health reform proposal, but beneficiaries received additional benefits in return for their increased contribution. The Republican means testing proposal provided no significant new benefits and the savings they achieved through this proposal would help offset unneeded and excessive tax cuts. I do not believe we should be asking older Americans to use their limited savings to help pay for such an unwarranted tax cut.

**Question:** The difference between your \$124 billion and their \$158 billion in Medicare cuts over 7 years is extremely small. Why don't you stop playing politics with this issue and come up with a compromise? Why not do what is best for America?

**Response:** The difference between my proposal and the Republican plan is still larger than you state: indeed it is over 50% larger than my plan. Furthermore, it has policies that I and many experts believe will lead Medicare beneficiaries to become divided by wealth and health.

But more important, my opponent and Newt Gingrich still to this day criticize me harshly for vetoing \$270 billion cuts, and I think most experts believe that in order to pay for their excessive tax cut, they will go back to the deep -- and even deeper Medicare cuts as the only way to pay for more than doubling their new tax cut proposal.

- **Senator Dole's numbers for his tax cut just don't add up without extremely high Medicare and Medicaid cuts.** Until I leave office, I will categorically reject excessively high Medicare and Medicaid cuts and policy changes that will hurt these programs and the beneficiaries they serve.
- **Even if one assumes \$168 billion in cuts and a compromise on the number is imaginable, the Republicans have still not rejected their old and flawed policy that pits healthy and wealthy beneficiaries against the sick.** They have not rejected a full-blown, untested Medicare Medical Savings Account (MSA) that has every potential to attract only the youngest and healthiest of the Medicare population. They have not rejected their new health plan that eliminates all beneficiary payment protections and allows doctors to charge whatever they want. And lastly, they have not rejected the arbitrary caps that locks in Medicare expenditures at a certain level -- regardless of what is happening in the economy. These policy differences are very real and concern me greatly.

**Question: Aren't you just committed to protecting the status quo at a time when we must modernize Medicare? What is wrong with providing more choices to beneficiaries?**

**Response:** My plan is to strengthen the trust fund and provide more choices to Medicare beneficiaries, but I want to do so in a way that preserves the integrity of our Medicare program. Rather than dismantle our existing Medicare program, I want to build on the solid foundation we have created by providing Medicare beneficiaries new health plan options that provide new choices to beneficiaries (PPOs, PSOs, and HMOs with a point of service option). I evaluate any new option on its ability to compete on cost and quality rather than selecting on the basis of "cherry picking" the healthy and wealthy. **Many of the Republicans' proposals (e.g. Medicare MSAs and physician plans without overbilling protections) would segment the healthy from the sick and would undermine the Medicare program in so doing.**

**Question: Why are you so opposed to a small premium increase? Aren't you just waging a campaign to needlessly frighten the elderly?**

**Response:** Raising Medicare premiums would hurt the millions of Medicare beneficiaries who have limited incomes. A recent study revealed that nearly 75 percent of Medicare beneficiaries have incomes below \$25,000. Moreover, increasing premiums for Medicare beneficiaries is not necessary to strengthen the Medicare trust fund or to balance the budget. I simply will not stand for an excessive increase in premiums that is used to pay for an unnecessary tax cut for the well to do.

**Question: Isn't it true that there was only a \$7 difference between premiums under the Republican plan and your proposal by 2002?**

**Response:** There was never only a \$7 difference a month between premiums proposed by the Republicans and premiums in my plan. Some used that number incorrectly using preliminary or inaccurate projections. A true "apples to apples" comparison reveals that had I not fought and eventually vetoed their Medicare plan, every couple on Medicare would have paid premiums that were at least \$1,700 higher over seven years and \$268 higher per couple this year alone.

**Question: You have supported Medical Savings Accounts, and yet you continue to opposed Medicare MSAs. Isn't that hypocritical?**

**Response:** Although I have agreed to a limited test of MSAs for non-Medicare beneficiaries, I am particularly concerned that they would have an adverse effect on the Medicare program. Because certain Medicare beneficiaries are extremely expensive, there are greater incentives for health plans to “cherry pick” the healthier and wealthier. The Republicans have insisted on exposing opened-ended unconstrained Medicare MSAs to the entire beneficiary population. Such an untested proposal has a great potential to attract healthier and wealthier beneficiaries, leaving sicker and more costlier beneficiaries in a weakened traditional Medicare program ... leaving Medicare to “wither on the vine.”

**Question:** Clearly the Medicare trust fund is in trouble. What are you doing to address both the short-term and long-term problems of the trust fund?

**Response:** I am absolutely committed to working with Congress towards this end and have illustrated how this can be done without excessive cuts, ill-advised structural changes, and unwarranted premium increases.

- **My 1993 budget extended the life of the Medicare trust fund by three years, without the vote of a single Republican.**
- **My balanced budget proposal extends the life of the Medicare trust fund until the year 2006, ten years from today.**

We must take this first step to strengthen the trust fund, and, as the Medicare trustees have recommended, we must establish a bipartisan process that would work to provide specific recommendations to address the long-term financing challenges facing the trust fund.

**Question:** You say your Medicare proposal extends the life of the trust fund for ten years, but without your home health gimmick, your proposal would only extend the life of the trust fund one year. Don't you think we need real savings to save the Medicare trust fund?

**Response:** My Medicare proposal extends the life of the Medicare trust fund until 2006, according to the trust fund actuaries and until the year 2005 according to the Congressional Budget Office. The proposal that you refer to a gimmick is the same one that every Republican in the House supported this year in the budget reconciliation bill. My proposal to transfer a portion of home health financing from Part A to Part B recognizes that Part A covers short-term, post-acute care services and allows Part B to financial other home health care services, just as was intended and implemented until 1980.

- **Without the home health transfer, we would have to make devastating cuts to hospitals that would undermine the quality of care, especially in rural and other underserved areas.**

## HEALTH CARE

**HEALTH CARE:** I remain committed to working toward providing affordable, quality, health care to all Americans. But as the last two Congresses have taught us, we must reform our health care system in a step-by-step manner that attracts bipartisan support. In so doing, we must reverse the trend of Americans losing their health insurance. We must ensure that the quality health care system we have is not undermined by rapid changes in our delivery system. And, as we do this, we must guard against a return to excessive health care inflation that makes insurance more unaffordable.

### I. Key Answer Points

- I am pleased that the Congress responded to my State of the Union challenge to pass the Kennedy-Kassebaum health insurance reform legislation. As many as 25 million Americans will benefit from the important portability and other insurance reforms.
- I am proud of a host of other achievements including: requiring health plans to allow mothers of newborns to stay in the hospitals for at least 48 hours, requiring plans to move toward covering mental health illnesses on a level playing field with other disorders, helping tame health care inflation, increasing investments in biomedical research, expediting FDA's review and approval of new drugs, increasing funding for the VA health care system, and taking actions to protect kids from tobacco products and advertising.
- But there is more we can and should do. My balanced budget includes a provision to help worker's in-between jobs retain their insurance for themselves and their families. Each year it would help 3 million Americans, including 700,000 children. While we reject assaults on Medicaid's guarantee of coverage for children, elderly and people with disabilities, we should also provide more flexibility to states to help them to preserve and expand coverage. In addition, we should empower small businesses to purchase more affordable insurance through voluntary purchasing coalitions.
- And we should place a heavy emphasis on assuring that the quality of health care is not undermined by changes in our delivery system. We should start by passing legislation that prohibits health plans from limiting communications between health care professionals and patients about treatment options.

### II. Contrast with Senator Dole

- **Dole's Medicaid block grant and \$163 billion in cuts threatened the coverage of 8 million Americans, including 3.8 million kids.** Going backwards in coverage and increasing hospital's uncompensated care burden is a bridge we should not cross.
- **Dole proposed to expand the Medicare eligibility age to 67, thus threatening to add to the number of the uninsured.** His plan would add to the number of seniors seeking insurance -- the group that is already the amongst the most discriminated against.
- **Dole allowed Republicans to prevent the Kennedy/Kassebaum bill from even coming to a vote.** For months, Senate Republicans placed "holds" on the bill, making a vote impossible. The Congress couldn't pass the bill until after he left the Senate.
- **Dole offers no plan to help any American keep or afford their insurance.**

**Question:** Wasn't the Health Security Act a not-so veiled government take-over of the health care system? You called employer mandates, billions of dollars in subsidies, premium caps. Was that not advocating for a government run health care system?

**Response:** Of course not. It was a proposal to build on our current system of a privately-financed, employer-based system and provide affordable, quality private health insurance to every American. By any definition it was not a government-run system. What I have said all along, however, is that we bit off more than we could chew. But that doesn't mean that we shouldn't take steps to improve our health care system. From the end of 1994 on, I advocated for insurance reforms that we couldn't get passed until after you left. I advocated for the 48-hour rule and mental health parity that we couldn't get passed before you left. I think we can do more, but it will be done on a step-by-step basis that attracts bipartisan support.

**Question:** Your proposal would have created 200 new regional health cooperatives run by thousands of new bureaucrats and nearly 1,000 new federal powers and responsibilities.

**Response:** No system is more complex and full of red tape than our current health care system. My health care plan would have simplified it. Many experts conclude that my proposal would have substantially reduced the administrative hassle and produced large administrative savings.

My record of reducing government and regulation is unmatched in the last thirty years. I have downsized the Department of Health and Human Services by 5,000 employees -- nearly ten percent -- and significantly reduced the regulatory burden imposed on consumers and providers.

**Question:** The total new tax burden imposed under your health care plan was a staggering \$1.584 trillion, and the average working family would have had a massive new tax bill of \$3,056 per year.

**Response:** The number cited by Senator Dole was almost entirely made up of projected private premiums for private health care. These were premiums that employers and households would have paid anyway. Private premiums for private insurance aren't taxes. Moreover, most employers and their workers who already had insurance would have had lower health care costs under the President's health care plan. Even the bipartisan Congressional Budget Office said that in 2004 businesses alone would pay \$90 billion less and projected that "total spending for health would be \$150 billion -- or 7 percent -- below where it would be if current policies and trends continue."

**Question:** Do you still support an employer mandate? Can you pledge to businesses that you will not endorse or propose an employer mandate to provide health coverage in your next term?

**Response:** There is not sufficient support for an employer mandate. This approach was rejected and, as I have said, I am now committed to improving the health care system in a step-by-step manner. That does not mean that we should not pursue proposals that make health care more accessible and affordable for all Americans. I still think we should find ways to help businesses insure their workers. The Kennedy-Kassebaum bill that I signed this spring did just that. It raised the self-employed tax deduction to 80%. I have also proposed voluntary purchasing cooperatives, which make it easier for small business to pool together so they have the collective bargaining

power to buy affordable health care.

**Question: Is it true that the Health Security Act would have destroyed between 600,000 and 3.8 million jobs?**

**Response:** That is absolutely wrong. Even the CBO study that the Dole campaign cites, says that my plan, would have had only a small effect on employment. Also, the same people who alleged this huge job loss have been saying that a minimum wage increase would cause millions of Americans to lose their jobs. Yet every time we have asked employers to raise the minimum wage, there has been either no impact or a rise in employment levels. Moreover, a number of studies conducted by non-partisan, respected economists, predicted that low or no job loss would have resulted from my health care reform plan.

The health care debate should not be about misleading numbers but rather how we can improve our health care system. I wish that Senator Dole and I could have worked together to fix our health care system back in 1993 and 1994, but as he told Senator Bennett and others, no bill was his strategy. I wish we could work together to reform the health care system today. But, Senator Dole we had to wait until you left the Senate before we could pass any real health care reform.

**Question: Why do you think you failed in passing the Health Security Act?**

**Response:** I am disappointed that we were not able to achieve broad-based bipartisan support for any health reform. There were lots of reason for that, and I certainly take my fair share of the blame. There is no question that my Administration bit off more than it could chew. However, it is also true that many Republicans, including Senator Bob Dole, had no intention of passing any health reform. As even Republican Senator Bennett (R-UT) has said: "Dole made it very clear that no bill is the strategy." I hope that we have both learned that health care reform, like all good legislation, needs broad-based, bipartisan support. That is why the Kennedy-Kassebaum insurance reform legislation was so successful.

**Question: Isn't it true that your recently proposed Advisory Commission on Consumer Protection and Quality in the Health Care Industry represents the next step of a government takeover of our health care system?**

**Response:** That is preposterous. This commission has already received the strong support of a broad range of organizations including those who were critical of the Health Security Act, such as the Health Insurance Association of America (HIAA), the American Medical Association (AMA), and the Business Roundtable. Most Americans are extremely concerned about the rapidly changing health care system and its potential effect on quality and consumer protections. This advisory commission has a narrow but important charge. The only people I am aware who have raised concerns about this advisory panel on consumer protections and quality are a few Republicans. Nevertheless, I hope and expect both Republicans and Democrats will work together on this advisory panel, and I look forward to their report.

**Question:** Ira Magaziner, the liberal architect of your government-run health care plan stated, “Certainly his views have not changed...President Clinton remains committed to the idea. Indeed, the President will try again if a more receptive Congress is ever elected.”

**Response:** Mr. Magaziner was referring to the fact that I *do* believe that all Americans should have quality, affordable health care. But as I have said before, we need to work toward reform one step at a time and with bipartisan support. We should build on the health care successes we have had this year -- like the Kennedy-Kassebaum insurance reform legislation, legislation which moves toward ending discrimination in mental health coverage, and the 48-hour rule which ends “drive by deliveries” and assures that new mothers and their babies can stay in the hospital 48-hours after a delivery.

We can do more. We should help working families pay for health care coverage while they are in-between jobs. We should also end insurance company rules which prevent doctors and other health care providers from fully discussing treatment options with their patients.

**Question:** Hillary Clinton recently told reporters she still believes there is a need for more “sensible government regulation” of the US health care system and that it will eventually happen. Referring to the Clinton bill, she said “I think the basic model is still the right model.”

**Response:** What the First Lady meant I think was that there are certain instances when consumer protections are necessary. I have passed a number of bipartisan health care initiatives this year that protect consumers. The Kennedy-Kassebaum law ensures that individuals will not be denied health care coverage when they change jobs, or because they or their family member has a pre-existing condition. The mental health parity provision that I recently signed into law is a regulation that moves towards eliminating discrimination against people with a mental illness. Also, the recently passed 48-hour rule protects new mothers and their babies from being discharged from the hospital until 48 hours after the delivery. These are just a few examples of where the President has called for consumer protections. I just recently signed an executive order to create a broad-based bipartisan health care commission that will examine the rapidly changing health care industry and make recommendations about possible reforms to ensure high quality health care.

**Question:** President Clinton has already begun efforts to revive his government-run health care plan. In fact a new plan is already being drafted by those who developed the original Clinton plan that includes health insurance purchasing cooperatives, government-defined benefit packages, and premiums subsidies, all key structures of the original Clinton plan.

**Response:** That is ridiculous. I have already said that I favor a step-by-step approach to health care reform. I am, however, continuing to work for broad-based bipartisan health initiatives which will provide high quality health care to all Americans. This year we have passed important legislation which improve our health care system. I am delighted that Congress answered my call pass legislation which moves towards parity in mental health coverage and the 48-rule which allows new mothers and their babies stay in the hospital 48 hours after a delivery and ending “drive by deliveries”. I am also proud that we could work together to pass the Kennedy-Kassebaum legislation which eliminates discrimination in health insurance.

I have been working on new initiatives that build on these legislative successes. It is true that I have proposed an initiative which provides temporary premium assistance for families who are in between jobs. This proposal has received support from both sides of the aisle, including Senator Dole who recently reminded *The Washington Times* that he has been a long-time supporter of this reform. I wish that we could have worked together in passing some of these moderate reforms that would help millions of Americans. However, Senator Dole insists on making false charges rather than acknowledging the common ground on health reform. As such, we had to wait until Senator Dole left the Senate before the Congress could pass this much-needed bipartisan reform.

**Question:** In 1993-1994, you and your Administration stated that incremental health reforms could not be achieved without undermining the health care system. Less than two years later, you advocated the Kennedy-Kassebaum legislation by any measure. How do you reconcile these two positions?

**Response:** As I have stated many times before, the experience of the Health Security Act led me to conclude that we bit off more than we could chew. In taking a step-by-step approach, we have had to be extremely careful in developing measures that do not undermine the health care delivery system. Working closely with Senator Kassebaum and Senator Kennedy this year on insurance reform, we believe we achieved that delicate balance. It is clear that we must continue to reach out to members on both sides of the aisle and a broad array of policy makers as we develop new incremental bipartisan proposals that improve our health care system.

**Question:** We haven't heard you use the term universal coverage for quite awhile now. Does your vision of health reform include covering every American?

**Response:** I am still strongly committed to working towards developing health policy reforms that expand quality affordable health care to Americans. However, we must make progress on a step by step basis that creates much greater bipartisan consensus on the direction this nation should go with regard to this issue. I am confident that we can build on the successes of the enactment of the Kennedy-Kassebaum law for future legislative action. I have, for example, a proposal in my balanced budget plan to provide health insurance for up to six months for workers, who through no fault of their own, have lost their job.

**Question:** What health-care reform would you hope to achieve in a second term?

**Response:** I am still committed to providing quality, affordable health care to all Americans. I believe this goal must be achieved in a step-by-step manner that attracts bipartisan support much like we have done so successfully this year with the passage of the Kennedy-Kassebaum bill, the 48-hour rule for mothers of newborns, and the progress we have made towards achieving mental health parity.

I have also proposed new initiatives which will give more Americans access to high quality, affordable health care. My balanced budget includes the Workers' Transition Initiative, which would provide premium assistance for up to six months for individuals who are in-between jobs and would help an estimated 3 million people a year, including 700,000 children. It also includes reforms that would make it easier for small businesses to buy and maintain health insurance for their workers through the use of voluntary purchasing coalitions.

I have called for a serious commitment to assuring quality in our health care system. Building on the 48-hour rule, I have asked Congress to pass "anti-gag" legislation which would prohibit health plans from limiting discussion of treatment options between health care professionals and patients. In addition, I am in the process of establishing a bipartisan advisory panel that will focus on changes in our health care system and the need for quality assurance and consumer protections. I believe that we must redouble our efforts to target and prosecute perpetrators of fraud and abuse in our health care system and also promote incentives to cover cost-effective preventive care. And finally, because of my long-standing interest in and commitment to children, I am also reviewing policy options to provide states more flexibility to expand insurance coverage to children, in the context of a balanced budget.

**Question: What have you done to improve the quality of health care in managed care plans?**

**Response:** While managed care plans of today often provide cost-effective, high quality plan choices, we believe that in certain instances, consumer protections are necessary. For example, I believe that protecting the health of mothers and infants is a clear case of where government safeguards are needed. To ensure that these patients are receiving high quality care, I have endorsed legislation that prevents “drive by deliveries” and allows mothers and their newborns to remain in the hospital for a minimum of 48 hours after a normal delivery and 96 hours after a Caesarean section. I have consistently opposed any ‘gag rules’ which prevent physicians and other health care providers from fully discussing treatment options with their patients. I hope to sign these measures into law before Congress adjourns.

I have also established by executive order an Advisory Commission on Consumer Protection and Quality in the Health Care Industry. This panel is charged with studying changes in our rapidly changing health care system to determine what impact they are having relative to quality, consumer protections, and the availability of services. Where appropriate, it will also make recommendations on what, if any, further actions should be taken by the federal government to ensure high quality health care. Similarly, we also are actively engaged in ensuring quality standards in Medicare HMOs and other managed care plans.

**Question: Your Health Security Act was built around managed care. Why are you attacking managed care with this commission?**

**Response:** This commission is not an attack on managed care. It will bring together experts, insurers, business and consumers to make recommendations on quality, consumer protection, and the availability of treatment and services in managed care plans as well as other health plans. The health care market is changing quickly and this commission will allow some of the best minds in the field to analyze and make recommendations on how to ensure that people get the best quality care possible.

**Question: What do you mean by “the availability of services”? Isn't this your next attempt to guarantee universal coverage?**

**Response:** The President *is* committed to continuing to work to reform the health care system, but this advisory commission is not “health reform part two”. It is a small panel of experts charged with looking at quality, consumer protections, and availability of treatment and services. The panel will look at availability because one of the problems in the health care system is that some people who have insurance are being denied appropriate services.

**Question:** You and the First Lady have on more than one occasion mentioned your desire to provide health care coverage for all children. However, we have seen no proposal or cost estimate. What do you have in mind?

**Response:** The first thing we will do is continue to protect the Medicaid program and not threaten the high quality coverage for the millions of children on Medicaid. Second, it is plainly unacceptable that there are approximately 10 million uninsured children in this nation and I think everyone who cares about health care is always looking for ways that we can do more to expand health insurance to at least cover children. Also, my program for workers who are in between jobs would provide coverage for 700,000 children each year. But we also need to look carefully at reforms that are aimed at expanding access to health insurance or at least health care services to children. However, we must do this in the context of a balanced budget.

**Question:** What are you going to do to face the in long term care challenges facing this country?

**Response:** First, I was pleased to recently sign into law the Kennedy-Kassebaum bill which provides for private long term care tax clarification and for consumer protections for these product. As a result, for the first time long term care policies will be treated on a level playing field with other health care policies. Second, my balanced budget proposal includes a provision to provide a new respite benefit for families of Medicare beneficiaries who are afflicted with Alzheimers. My balanced budget proposal also has a provision to make it much easier for state Medicaid programs to provide health care based services as an alternative to institutional care. We face an unprecedented demographic challenge with the aging of our population, but I am confident that all generations of Americans can work together to develop long-term care assistance.

10% percent -- and significantly reduced the regulatory burden imposed on consumers and providers.

**Attack 3:** Throughout 1993 and 1994, you said that anything less than a complete overhaul would undermine the health care system. Less than two years later, you supported the incremental Kennedy-Kassebaum health legislation. These positions are completely inconsistent.

**Response:** During the debate on my health care bill, I realized that we bit off more than we could chew. That is why I now believe we must reform the system one step at a time. As we do that, however, we must be careful not to take steps that in isolation will threaten the health care delivery system.

We worked closely with Senators Kassebaum and Kennedy to achieve that delicate balance. This law puts in place uniform, national reforms in the health insurance market that will make a difference for as many as 25 million Americans. But these are all reforms that states have implemented with proven success -- reforms that have improved access to health care, but have not raised premiums for people who currently have insurance.

The Kennedy-Kassebaum law also addresses other problems in the health care system. It makes it easier and less expensive for people who are self-employed to buy health insurance. Second, it prevents fraud and abuse in the health care system. Third, it reduces paperwork and costs by setting up a uniform electronic system for paying health care claims. And it helps with long-term care by adding consumer protections and making long-term care insurance more affordable.

**Attack 4:** Your recent proposal of an Advisory Commission on Consumer Protection and Quality in the Health Care Industry that you proposed recently is the next step toward a government takeover of our health care system.

**Response:** This advisory commission has a narrow but important mission: to help protect health care consumers. It will bring together a small panel of experts, insurers, business and consumers to make recommendations on quality, consumer protection, and the availability of treatment and services in managed care plans as well as other health plans. The health care market is changing quickly and this commission will allow some of the best minds in the field to analyze and make recommendations on how to ensure that people get the best quality care possible. The commission has already received the strong support of a broad range of organizations including insurers, health care providers, businesses and consumers -- some of which were critical of the health care bill.

Jim - Here's a few Q's & A's that I would like you to review. I think we need them for the debate back-up. ~~is it~~ Do you like? A clean, non-virus infected disc is attached with this doc. Jim - call me

**Question:** Wasn't the Health Security Act a not-so veiled government take-over of the health care system?

**Response:** Of course not. It was a proposal to build on our current system of a privately-financed, employer-based system and provide affordable, quality private health insurance to every American. By any definition it was not a government-run system. What I have said all along, however, is that we bit off more than we could chew. Ironically, I think the Republicans repeated the same mistake in reverse. They tried to bite off more than the American public or I would swallow with their excessive Medicare and Medicaid cuts and policy changes.

**Question:** How can you say that a bill that had over 1,300 pages of text calling for numerous boards, employer mandates, billions of dollars in subsidies, premium caps and mandatory alliances was not advocating for a government run health care system?

**Response:** Reforming our extraordinarily complex health care <sup>it</sup> system is <sup>on</sup> complicated. As such, legislation that attempts to reform the system tend to be detailed. Senator Dole's health care reform bill in 1994 also had hundreds of pages in statutory language and billions of dollars in subsidies for low income individuals. One of the bills he cosponsored mandated that every individual pay for health insurance, but did not call their employers to contribute. I thought the financing of health care should be a shared responsibility. Both approaches were complicated and controversial. Both build on the private insurance system we have today. Neither bill can be fairly labeled as a government takeover of the health care system. → Leave in  
could

**Question:** Do you still support an employer mandate? Can you pledge to businesses that you will not endorse or propose an employer mandate to provide health coverage in your next term?

*— Nixon did too.*  
**Answer:** I supported a proposal that called for shared responsibility between employers and employees to help pay for health care. Throughout the debate, I was always open to other ways to achieve coverage for all Americans. This approach was rejected and, as I have said, I am now committed to improving the health care system in a step-by-step manner.

copy for  
Jim

## HEALTH CARE

**Opening Line:** I will continue to work toward ensuring that all Americans have affordable, high quality health care. However, we must reform the health care system one step at a time and with bipartisan support.

### **I. Key Answer Points:**

- I am pleased that the Congress responded to my challenge in the State of the Union to pass the Kennedy-Kassebaum health insurance reform legislation. This law will help as many as 25 million Americans. No longer will workers fear losing their insurance if they lose a job or change jobs. No longer will insurance companies be able to deny coverage to people with preexisting medical conditions.
- I am also proud of our record of other health care accomplishments. To take just a few examples, we have: protected the guarantee of Medicaid coverage for children, pregnant women, older Americans and people with disabilities; expedited the Food and Drug Administration's review and approval of new drugs; increased funding for AIDS prevention and research to historic levels; protected children from tobacco products and advertising; helped slow health care cost inflation to the lowest rate in 23 years; and passed legislation requiring hospitals to allow new mothers and babies stay in the hospital for at least 48 hours and stopping health plans from imposing stricter limits on annual and lifetime limits for coverage of mental illness.
- But there is more we can and should do. My balanced budget includes a plan to help workers who are between jobs pay for health insurance coverage. This would give peace of mind to 3 million Americans, including 700,000 children. We should help small businesses buy more affordable insurance through voluntary purchasing pools. And we should assure that high quality care is not threatened by rapid changes in the health care system; we can start by passing legislation that prevents health plans from limiting communication between health care professionals and their patients about treatments and referrals.

### **II. Dole Contrast**

- The Dole-Gingrich Medicaid plan would have ended the guarantee to health coverage for 8 million Americans, including 3.8 million children. The Republicans insisted on cutting \$163 billion from Medicaid, and combined state and federal Medicaid cuts could have exceeded \$400 billion if states spent only the minimum required under the plan.
- The Dole-Gingrich Medicare plan would have cut \$270 billion from the program, increased premiums for beneficiaries, and raised the eligibility age from 65 to 67 -- threatening to add to the number of uninsured Americans.

- Dole allowed Republicans to place a "hold" on the Kennedy-Kassebaum bill and prevent it from coming up for a vote. Congress could not pass the bill until Dole retired from the Senate.
- Dole has no plan to help Americans keep and afford health insurance coverage.

### **III. Likely Dole Attacks and Responses**

**Attack 1: Now that the Kassebaum-Kennedy bill has passed, you are trying to take credit for a Republican initiative. Three years ago, you would have refused to sign it because it did not guarantee universal coverage.**

**Response:** I *do* believe that all Americans should have affordable, high quality health care. There are still 40 million Americans without health insurance, and that is wrong. But it became clear during the debate on the Health Security Act that we must work toward reform one step at a time and with bipartisan support.

In the last Congress, a few Republicans responded to pressure from some health insurers and refused to allow the Kennedy-Kassebaum bill to come up for a vote. I urged Congress to pass the Kennedy-Kassebaum bill in my State of the Union address, and the bill began to move forward.

Republicans and Democrats worked together to write a reasonable bill that will help as many as 25 million Americans. Workers will no longer fear losing insurance if they lose a job or change jobs, and insurance companies will no longer be allowed to deny coverage to someone with a preexisting medical condition. Virtually every provision in the Kennedy-Kassebaum law was included in my balanced budget and in the Health Security Act. Many of the provisions were in Republican bills as well.

**Attack 2: Your Health Security Act would have created a huge new bureaucracy that would have led to a government takeover of our health care system.**

**Response:** The Health Security Act was not a government run program. People would have been given access to private insurance through their employers, just as many Americans do today. Like Senator Dole's health care bill, it reformed the insurance system and provided financial assistance to the uninsured.

My record of reducing government and regulation is unmatched in the last thirty years. I have downsized the Department of Health and Human Services by 5,000 employees -- nearly ten percent -- and significantly reduced the regulatory burden imposed on consumers and providers.

**Attack 3: Throughout 1993 and 1994, you said that anything less than a complete overhaul would undermine the health care system. Less than two years later, you supported the incremental Kennedy-Kassebaum health legislation. These positions are completely inconsistent.**

**Response:** During the debate on the Health Security Act, I realized that we bit off more than we could chew. That is why I now believe we must reform the system one step at a time. As we do that, though, we must be careful not to take steps that in isolation will threaten the health care delivery system.

We worked closely with Senators Kassebaum and Kennedy to achieve that delicate balance. This law puts in place uniform, national reforms in the health insurance market that will make a difference for as many as 25 million Americans. But these are all reforms that states have implemented with proven success -- reforms that have improved access to health care, but have not raised premiums for people who currently have insurance.

The Kennedy-Kassebaum law also addresses other problems in the health care system. It makes it easier and less expensive for people who are self-employed to buy health insurance. Second, it prevents fraud and abuse in the health care system. Third, it reduces paperwork and costs by setting up a uniform electronic system for paying health care claims. And it helps with long-term care by adding consumer protections and making long-term care insurance more affordable.

**Attack 4: The Advisory Commission on Consumer Protection and Quality in the Health Care Industry that you proposed recently is the next step toward a government takeover of our health care system.**

**Response:** This advisory commission has a narrow but important charge. It will bring together a small panel of experts, insurers, business and consumers to make recommendations on quality, consumer protection, and the availability of treatment and services in managed care plans as well as other health plans. The health care market is changing quickly and this commission will allow some of the best minds in the field to analyze and make recommendations on how to ensure that people get the best quality care possible. The commission has already received the strong support of a broad range of organizations including insurers, health care providers, businesses and consumers -- some of whom were critical of the Health Security Act.

## GENERAL HEALTH CARE

**Attack 1: Isn't it true that the Kassebaum/Kennedy bill is really a Republican initiative that you could have signed three years ago if you hadn't threatened to veto any bill that did not have universal coverage?**

**Response:** No, that is untrue. What happened is that soon after our long health care debate, those of us who care deeply about health care began to look at what steps could be taken to move forward the health security for Americans . I called for this type of reform in 1994 and in my State of the Union address . Unfortunately, in the last Congress, it became clear that Republicans had no desire to pass any health care reform.

- It was the Republicans who consistently threatened the passage of Kassebaum/Kennedy this year, due to pressure from some insurers, by making it impossible to bring up a vote.
- But all of us -- Republicans and Democrats -- can and should share in the credit for the enactment of the Kassebaum-Kennedy bill. Virtually every provision that I sign into law was included in my balanced budget and in my Health Security Act. Many of the provisions were in Republican bills as well.
- Health care reform, like all good legislation, should be bipartisan. That is why the Kennedy-Kassebaum bill has been a success on which we can build.

**Attack 2: Isn't it true that your Health Security Act would have created a huge new bureaucracy that would have led to a government takeover of our health care system?**

**Response:** That is totally absurd. The Health Security Act was not a government run program. It built on the private insurance, employment-based system we now have. Like Senator Dole's bill, it provided financial assistance for the uninsured and a revamped insurance system.

In fact, my record in reducing government and regulation is unparalleled in the last thirty years. I have downsized the Department of Health and Human Services by 5,000 employees, nearly ten percent, and significantly reduced the regulatory burden it imposes on consumers and providers.

**Attack 3: In 1993-1994, you and your Administration stated that incremental health reforms could not be achieved without undermining the health care system. Less than two years later, you advocated the Kennedy-Kassebaum legislation by any measure. How do you reconcile these two positions?**

**Response:** As I have stated many times before, the experience of the Health Security Act led me to conclude that we bit off more than we could chew. In taking a step-by-step approach, we have had to be extremely careful in developing measures that do not undermine the health care delivery system. Working closely with Senator Kassebaum and Senator Kennedy this year on insurance reform, we believe we achieved that delicate balance. It is clear that we must continue to reach out to members on both sides of the aisle and a broad array of policy makers as we develop new incremental bipartisan proposals that improve our health care system.

**Attack 4: We haven't heard you use the term universal coverage for quite awhile now. Does your vision of health reform include covering every American?**

**Response:** I am still strongly committed to working towards developing health policy reforms that expand quality affordable health care to Americans. However, we must make progress on a step by step basis that creates much greater bipartisan consensus on the direction this nation should go with regard to this issue. I am confident that we can build on the successes of the enactment of the Kennedy-Kassebaum law for future legislative action. I have, for example, a proposal in my balanced budget plan to provide health insurance for up to six months for workers, who through no fault of their own, have lost their job.

**Attack 5: You and the First Lady have on more than one occasion mentioned your desire to provide health care coverage for all children. However, we have seen no proposal or cost estimate. Is this political rhetoric or do you have a plan in mind?**

**Response:** The first thing we will do is continue to protect the Medicaid program and not threaten the high quality coverage for the millions of children on Medicaid. Second, it is plainly unacceptable that there are approximately 10 million uninsured children in this nation and I think everyone who cares about health care is always looking for ways that we can do more to expand health insurance to at least cover children. But we would have to look carefully at reforms that would be aimed at expanding access to health insurance or at least health care services to children. For any reform must be paid for in the context of a balanced budget.

**Attack 6: Isn't it true that your recently proposed Advisory Commission on Consumer Protection and Quality in the Health Care Industry represents the next step of a government takeover of our health care system?**

**Response:** That is preposterous. Most Americans are extremely concerned about the rapidly changing health care and its potential effect on quality and consumer protections. This advisory commission has a narrow but important charge. It has already received the strong support of a broad range of organizations including those who were critical of the Health Security Act. We have already received numerous letters of support from insurers, provider groups, the business community, and consumers. The only people I am aware who have raised concerns about this advisory panel on consumer protections and quality are a few Republicans. Nevertheless, I hope and expect both Republicans and Democrats will work together on this advisory panel, and I look forward to their report.

**Attack 7: What do you mean by "the availability of services"? Isn't this your next attempt to guarantee universal coverage?**

**Response:** The President *is* committed to continuing to work to reform the health care system, but this advisory commission is not "health reform part two". It is a small panel of experts charged with looking at quality, consumer protections, and availability of treatment and services. The panel will look at availability because one of the problems in the health care system is that some people who have insurance are being denied appropriate services.

**Attack 8:** Your Health Security Act was built around managed care. Why are you attacking managed care with this commission?

**Response:** This commission is not an attack on managed care. It will bring together experts, insurers, business and consumers to make recommendations on quality, consumer protection, and the availability of treatment and services in managed care plans as well as other health plans. The health care market is changing quickly and this commission will allow some of the best minds in the field to analyze and make recommendations on how to ensure that people get the best quality care possible.

This is only partial,  
NO opening line; key pts; or  
contrast section.  
Health care -- apart from  
medicine -- is important &  
needs doing.

## HEALTH CARE

**HEALTH CARE:** I remain committed to working toward providing affordable, quality, health care to all Americans. But as the last two Congresses have taught us, we must reform our health care system in a step-by-step manner that attracts bipartisan support. In so doing, we must reverse the trend of Americans losing their health insurance. We must ensure that the quality health care system we have is not undermined by rapid changes in our delivery system. And, as we do this, we must guard against a return to excessive health care inflation that makes insurance more unaffordable.

### I. Key Answer Points

- I am pleased that the Congress responded to my State of the Union challenge to pass the Kennedy-Kassebaum health insurance reform legislation. As many as 25 million Americans will benefit from the important portability and other insurance reforms.
- I am proud of a host of other achievements including: [**This should soon pass:** requiring health plans to allow mothers of newborns to stay in the hospitals for at least 48 hours, requiring plans to move toward covering mental health illnesses on a level playing field with other disorders,] helping tame health care inflation, increasing investments in biomedical research, expediting FDA's review and approval of new drugs, increasing funding for the VA health care system, and taking actions to protect kids from tobacco products and advertising.
- But there is more we can and should do. My balanced budget includes a provision to help worker's in-between jobs retain their insurance for themselves and their families. Each year it would help 3 million Americans, including 700,000 children. While we reject assaults on Medicaid's guarantee of coverage for children, elderly and people with disabilities, we should also provide more flexibility to states to help them to preserve and expand coverage. In addition, we should empower small businesses to purchase more affordable insurance through voluntary purchasing coalitions.
- And we should place a heavy emphasis on assuring that the quality of health care is not undermined by changes in our delivery system. We should start by passing legislation that prohibits health plans from limiting communications between health care professionals and patients about treatment options.

### II. Dole Contrast

- **Dole's Medicaid block grant and \$163 billion in cuts threatened the coverage of 8 million Americans, including 3.8 million kids.** Going backwards in coverage and increasing hospital's uncompensated care burden is a bridge we should not cross.
- **Dole proposed to expand the Medicare eligibility age to 67, thus threatening to add to the number of the uninsured.** His plan would add to the number of seniors seeking insurance -- the group that is already amongst the most discriminated against.

- **Dole allowed Republicans to prevent the Kennedy/Kassebaum bill from even coming to a vote.** For months, Senate Republicans placed "holds" on the bill, making a vote impossible. The Congress couldn't pass the bill until after he left the Senate.
- **Dole offers no plan to help any American keep or afford their health insurance.**

**Question: Wasn't the Health Security Act a not-so veiled government take-over of the health care system?**

**Response:** Of course not. It was a proposal to build on our current system of a privately-financed, employer-based system and provide affordable, quality private health insurance to every American. By any definition it was not a government-run system. What I have said all along, however, is that we bit off more than we could chew. Ironically, I think the Republicans repeated the same mistake in reverse. They tried to bite off more than the American public or I would swallow with their excessive Medicare and Medicaid cuts and policy changes.

**Question: How can you say that a bill that had over 1,300 pages of text calling for numerous boards, employer mandates, billions of dollars in subsidies, premium caps and mandatory alliances was not advocating for a government run health care system?**

**Response:** Reforming our extraordinarily complex health care system is complicated. As such, legislation that attempts to reform the system tend to be detailed. Senator Dole's health care reform bill in 1994 also had hundreds of pages in statutory language and billions of dollars in subsidies for low income individuals. One of the bills he cosponsored mandated that every individual pay for health insurance, but did not call their employers to contribute. I thought the financing of health care should be a shared responsibility. Both approaches were complicated and controversial. Both build on the private insurance system we have today. Neither bill can be fairly labeled as a government takeover of the health care system.

**Question: Do you still support an employer mandate? Can you pledge to businesses that you will not endorse or propose an employer mandate to provide health coverage in your next term?**

**Answer:** I supported a proposal that called for shared responsibility between employers and employees to help pay for health care. Throughout the debate, I was always open to other ways to achieve coverage for all Americans. This approach was rejected and, as I have said, I am now committed to improving the health care system in a step-by-step manner.

## ABORTION

**Opening line:** I believe that abortion should be rare, but that it also should be safe and legal. Any decision about abortion should be between a woman, her doctor, and her conscience.

### **I. Key Answer Points:**

- I've worked hard to ensure that abortion becomes rare, by focusing on the prevention of teen pregnancy and by encouraging adoption, through a tax credit and other measures. The abortion rate is dropping today, and all of us must do all we can to make sure it continues to do so.
- But I've also insisted that abortion be safe and legal. I believe that in most circumstances, each individual -- not the government -- should make, and take responsibility for, this most difficult and intensely personal decision. I agree with the Supreme Court that placing this decision in the hands of the woman involved is a fundamental aspect of our constitutional system.
- That is why I ended the Bush Administration's gag rule, which prevented women using federally funded clinics from getting the information they needed to make informed reproductive decisions.
- It's why I proposed and signed legislation that ensures safety at women's health clinics, preventing violence and intimidation against women and their doctors.
- It's why I allowed states to use Medicaid funds to provide abortion services for poor women who are the victims of rape and incest, as well as those whose life is endangered.
- And it's why I nominated two Supreme Court Justices who support the constitutional right to privacy.
- I do not believe the right to reproductive choice is unlimited. I have long opposed late-term abortions except where necessary to protect the life or the serious health interests of the mother. And I have long supported parental notification requirements. But usually women themselves are best placed to consider and weigh reproductive alternatives, and I believe we should trust them to do so.

### **II. Dole Contrast**

- My opponent and his party favor a constitutional amendment to prohibit women from having an abortion, [even in cases where the woman is the victim of rape or incest.]
- I strongly oppose such an amendment, which by forcing every state to forbid every abortion would take this serious and intensely personal decision away from the women affected and place it in the hands of the government. The Constitution should, as it today

does, protect-- not deny -- the right of a woman to make this decision, in consultation with her family and doctor and in accordance with her own faith and conscience.

### **III. Likely Dole Attacks and Responses**

**Attack:** President Clinton believes in abortion on demand. The proof is that he vetoed a bill prohibiting partial-birth abortion, which is a procedure that amounts to infanticide.

#### **Response:**

- I vetoed HR 1833 for one reason: because it failed to include an exemption permitting the use of this procedure in those rare cases where a physician says its use is necessary to protect a woman from serious risk to her health. I could not sign a bill that would have abandoned women facing such serious health risks.
- The procedure described in the bill troubles me deeply and I do not support its use on an elective basis. I told Congress that I would willingly sign the bill if an exemption were added for those rare circumstances where the procedure is the best hope of preventing grave harm, including the ability to have children in the future. But Congress refused to amend the bill in this way.
- These are tough and tragic cases. Criminalizing the use of this procedure when a woman's doctor believes it is her best chance to avoid serious injury is no answer. And politicizing the debate serves no one. I stand for a common sense solution on this issue and I am willing to work with Congress to achieve it.

**Attack:** President Clinton says he wants abortion to be legal and rare. He's done everything he can to make it legal, but nothing to make it rare.

#### **Response:**

- That is just not true. I have made the prevention of teen pregnancy a priority for this Administration, and for the first time in years, the teen pregnancy rate has leveled off and even begun to drop. I have expanded support for community-based prevention programs that teach abstinence and demand responsibility. I have called for strict enforcement of statutory rape laws against men preying on underage women, who cause almost half of teen pregnancies. And because government alone cannot solve this problem, I have challenged community, business, and religious leaders to form a national campaign to keep the teen pregnancy rate going down.
- At the same time, I've encouraged adoption, by signing legislation providing for a tax credit for families who adopt and making it easier to adopt across racial lines. During this Administration, the number of children with special needs who have been adopted with federal assistance has increased by 60%. That's a record I'm proud of.

## HEALTH CARE

**HEALTH CARE:** I remain committed to working toward providing affordable, quality, health care to all Americans. But as the last two Congresses have taught us, we must reform our health care system in a step-by-step manner that attracts bipartisan support. In so doing, we must reverse the trend of Americans losing their health insurance. We must ensure that the quality health care system we have is not undermined by rapid changes in our delivery system. And, as we do this, we must guard against a return to excessive health care inflation that makes insurance more unaffordable.

### I. Key Answer Points

- I am pleased that the Congress responded to my State of the Union challenge to pass the Kennedy-Kassebaum health insurance reform legislation. As many as 25 million Americans will benefit from the important portability and other insurance reforms.
- I am proud of a host of other achievements including: [**This should soon pass:** requiring health plans to allow mothers of newborns to stay in the hospitals for at least 48 hours, requiring plans to move toward covering mental health illnesses on a level playing field with other disorders,] helping tame health care inflation, increasing investments in biomedical research, expediting FDA's review and approval of new drugs, increasing funding for the VA health care system, and taking actions to protect kids from tobacco products and advertising.
- But there is more we can and should do. My balanced budget includes a provision to help worker's in-between jobs retain their insurance for themselves and their families. It would help 3 million Americans, including 700,000 children. While we reject assaults on Medicaid's guarantee of coverage for children, elderly and people with disabilities, we should also provide more flexibility to states to help them to preserve and expand coverage. In addition, we should empower small businesses to purchase more affordable insurance through voluntary purchasing coalitions.
- And we should place a heavy emphasis on assuring that the quality of health care is not undermined by changes in our delivery system. We should start by passing legislation that prohibits health plans from limiting communications between health care professionals and patients about treatment options.

### II. Dole Contrast

- **Dole's Medicaid block grant and \$163 billion in cuts threatened the coverage of 8 million Americans, including 3.8 million kids.** Going backwards in coverage and increasing hospital's uncompensated care burden is a bridge we should not cross.
- **Dole proposed to expand the Medicare eligibility age to 67, thus threatening to add to the number of the uninsured.** His plan would add to the number of seniors seeking insurance -- the group that is already amongst the most discriminated against.
- **Dole allowed Republicans to prevent the Kennedy/Kassebaum bill from even coming to a vote.** For months, Senate Republicans placed "holds" on the bill, making a vote impossible. The Congress couldn't pass the bill until after he left the Senate.
- **Dole offers no plan to help any American keep or afford their health insurance.**

## CRIME, DRUGS and GUN CONTROL

**Opening Line:** When it comes to crime, George Bush has made a lot of promises and posed for a lot of photos. We've learned the hard way that photo opportunities don't stop bullets or save police officers' lives. They haven't kept our country from setting an all-time record for violent crime. My plan to put 100,000 cops on the streets and keep handguns out of the hands of criminals will.

### Key Answer Points

- Under Bush, the U.S. has set all-time records for murder, rape and violent crime; America is now the most violent nation on earth. This will be the first four-year period in history in which 90,000 Americans will be killed.
- George Bush has spent \$30 billion for his anti-drug program, but we have more cocaine addicts and more heroin addicts in this country today than we did in 1988 -- more than 3 million Americans now use cocaine or heroin every week. Almost 1 million drug-affected babies have been born since Bush's election.
- White collar criminals have been treated with leniency. Two years ago, the Bush Administration promised to set up S&L Fraud Task Forces in 27 cities across the nation; so far, only two are up and running.
- I have a plan to fight crime:
  - Cut 100,000 federal bureaucrats and put 100,000 more cops on the beat;
  - Sign the Brady Bill and ban military assault-style weapons;
  - Launch a real fight against the drug epidemic, making sure that every child in this country gets comprehensive drug education in school, and every drug addict is taken off the streets and put into treatment or prison;
  - Crack down on street crime, gangs, and the violence in our streets, with tough punishments from boot camps to the death penalty;
  - No special breaks for white collar criminals like the S&L cheats.
- I'm supported by the largest police group to take a stand in this election (NAPO) and the police in George Bush's home state of Texas (CLEAT).
- As President, I will do everything that I can to ensure that every American can walk on any street, in any neighborhood in this country, without fear.

## Likely Bush Attacks and Responses

**Attack:** Crime is up in Arkansas under Clinton.

**Response:** As the nation set an all-time record for murders under George Bush, the number of murders fell in my state, down 12%. If you live in Arkansas today, you are much less likely to be the victim of a crime than if you live in some other part of the country.

**Attack:** Clinton has commuted the sentences of 39 first-degree murderers -- five after he made an election-year promise never to commute another murderer's sentence again.

**Response:** Over the past ten years, I have received over a thousand applications for clemency from murderers -- and I have granted only five.

- I limited clemency to very special cases where I believed some injustice had been done, or where the offender was quite elderly and infirm.
- There are many times when the clemency board unanimously recommended clemency for offenders, but I said no.
- I made each of these decisions carefully and thoughtfully, as I made the decision on four occasions to send men to death for the murders they committed in my state.
- Under George Bush, every Colombian drug kingpin in our prisons -- including the most notorious trafficker ever, Carlos Lehder -- has received either a reduced sentence, an enormous monetary fee, or flat-out freedom in exchange for testifying against Noriega.

**Attack:** Under Bill Clinton, criminals serve just a fraction of their sentenced jail time.

**Response:** We are now putting more criminals in jail and making them serve longer sentences than ever before in Arkansas. Today, if you are sentenced for a crime in my state, you are going to serve about 20% longer than the national average.

**Attack:** Clinton is soft on murderers.

**Response:** I've carried out the death penalty four times. For four years, George Bush has had the power to get the death penalty against drug killers; there were 4,000 drug murders in the first 1,000 days he had this power, but Bush won a death sentence against just one drug killer.

**Attack:** Clinton supports gun registration, confiscation, and the banning of hunting rifles.

**Response:** These are lies. As Governor of Arkansas, I've never supported any such laws -- and as a life-long hunter, I never will. I've been against the NRA -- but I have always been for hunters and law-abiding gun owners. As Governor, I signed a law to protect hunters' rights, one of the strongest in the country.

# MEDICARE

**Opening Line:** Medicare is a compact between all generations. Before it was enacted three decades ago, only 50 percent of our nation's elderly had any insurance. It provides peace of mind to not only to 38 million elderly and disabled beneficiaries, but to their family members as well. It faces financial challenges that require reforms. My balanced budget proposal clearly illustrates my commitment to reforming the program. But my proposals strengthen the Medicare Trust Fund without new premium increases and without threatening to undermine the quality services the program provides to beneficiaries.

flurry  
nice  
talk  
about  
m. Isht  
enough  
need  
make  
a  
stronger

## I. Key Answer Points

- I rejected the \$270 billion in Medicare cuts (reductions) and flawed policy changes proposed by Senator Dole and Speaker Gingrich. And I would do it again ~~and again~~.
- Their cuts (reductions) tripled anything previously enacted and their policy changes would create new health plans that would skim the healthy and wealthy beneficiaries from all others. Virtually every organization representing the elderly, people with disabilities, doctors, nurses, and hospitals concluded that the Dole/Gingrich proposals were excessive and would threaten quality services for beneficiaries.
- Moreover, the Dole/Gingrich budget proposal's Medicare premium hikes of \$1,700 per couple -- \$268 in 1996 alone -- would have placed an unnecessary and excessive burden on beneficiaries and their families.

too  
complicated

My balanced budget proposal reforms Medicare, achieves over \$116 billion in savings, and strengthens the Medicare Trust Fund by a decade from today WITHOUT extreme and ill-advised policies and unnecessary new premium increases.

## II. Dole Contrast

- **Dole led the fight against strengthening the Medicare Trust Fund in 1993.** In 1993, Dole and all of his Republican colleagues voted against Medicare savings and policy changes that extended the Medicare Trust Fund for 3 years.
- \* • **Dole voted against Medicare and proudly trumpeted that fact 30 years later.** "I was there, fighting the fight, one of twelve, voting against Medicare in 1965...because we knew it wouldn't work." [10/24/95]
- **Dole's Medicare beneficiary cuts were more draconian than Gingrich's proposals.** Dole's proposal not only doubled Medicare premiums, but also doubled the Part B physician deductible (from \$75 to \$150). ~~when in 95-6?~~
- **Dole even tried to raise the Medicare eligibility age from 65 to 67, thus threatening to add to the number of uninsured.** Today, the pre-age 65 senior population is one of the most difficult to insure and most discriminated against age groups in the nation. Bob Dole's proposals would have made these vulnerable people wait even longer before they qualified for Medicare.

### III. Likely Attacks and Responses

\* **Attack 1:** How can the Republican budget proposals be a cut when CBO says that actual spending per beneficiary would have increased from \$4,900 to \$7,100 between 1996 and 2002? This is much greater than an inflation increase.

needs  
to be  
sharper

**Response:** The key question for tens of millions of people on Medicare is whether or not the savings called for will cut the benefits, the services or the quality of care they receive. By any standard, the \$270 billion in savings the Dole-Gingrich budget called for would have led higher out of pocket costs and less quality health care for millions of older Americans. Where I come from, if you pay more and get less, that is a cut. ~~from~~

And don't take my word for it. the American College of Physicians, the American Hospital Association the Catholic Hospital Association, AARP all criticized the Republican plan as a severe and extreme cut.

Consider the following: spending per Medicare beneficiary was cut \$1400 lower per person -- 20% below the private sector level -- while the Republican Medicare premium increases would have raised out-of-pocket costs by \$1,700 per couple. Furthermore, I believe that the policies they have would segment and divide the Medicare and between health and wealth instead of being a program that all Americans can count on.

very  
fuzzy

My opponent had to cut \$270 when he had a \$245 billion tax cut and he still criticizes my decision to veto that Medicare cut. If he goes to \$550 billion tax cut, I believe the savings will be at least that large and the impact on Medicare could be severe.

\* **Attack 2:** If Bob Dole's budget had Medicare cuts, don't your Medicare proposals also "cut" the program?

**Response:** My current balanced budget proposal does have Medicare savings and I have never hid that. Yet, I believe that the levels of our savings are prudent and the policies are carefully designed to strengthen the Medicare Trust Fund by taking out unnecessary costs without cutting quality health care.

- The Dole/Gingrich proposed cuts are excessive and are used to pay for unneeded tax cuts. My proposal does not use Medicare as a \$270 billion cash cow for \$245 billion in unnecessary tax cuts. Now Bob Dole says he wants to more than double that tax cut and is suggesting he will lower the Medicare cuts. The numbers don't add up without an even higher Medicare cut.

~~very fuzzy~~

not "savings" cuts -  
& not 'at least'  
that large

**Attack 3:** If Bob Dole's and your current Medicare proposals are "cuts," why did you label the Medicare cuts in your Health Security Act as "reductions in growth"?

**Response:** The goal of my health care plan was to reduce the overall costs of health care so that the growth of all health care costs -- including Medicare -- could come down through a smarter health care system without cuts in quality or services. Furthermore, we plowed our savings back into new benefits like prescription drugs and long-term coverage.

my -  
Demands  
erasing  
&  
Confusing

The Republican plan I vetoed simply sought to lower Medicare costs below what everyone else needed to keep up with the costs of health care. It is one thing to lower the cost of all health care through making health care more productive; it is another thing to simply cut Medicare alone -- giving it second class status.

- **Most aging representatives did not label my proposal as a "cut" because of the reinvestments in prescription drug and long-term care coverage.** In fact, because of these new benefits, AARP and the National Council of Senior Citizens specifically did not label my proposals as "cuts."

**Attack 4:** Aren't you simply "demagoging" the Medicare issue and using it as an effective scare tactic against Bob Dole? Your own Secretaries of Health, Labor and Treasury say the Medicare program will be bankrupt in 5 years or less. The Republican proposal allows for a growth rate in excess of inflation. How can you shamelessly scare the elderly into believing that the Republicans are going to hurt the Medicare program?

**Response:** First, it is not only myself but the American College of Physicians, the American Hospital Association, the Catholic Hospital Association, AARP who all criticized the Republican plan as a severe and extreme cut. Their plan was three times larger than the largest Medicare cut in history, I am not going back off one bit from defending against such excessive cuts.

Two, it is my Administration that strengthened the Medicare Trust Fund by three years in 1993 -- and was opposed by every single Republican. We were also opposed when we presented another plan in 1994 to protect the Trust Fund for another five years. Currently, we have enough savings and policies in common to extend the life of the trust fund 10 years to give us time to address our long-term challenges.

- **There is a need to strengthen the Trust Fund and I have a plan.** My balanced budget proposal illustrates how to extend the life of the Medicare Trust Fund for a ten years from today.
- **But we must reject excessive cuts and policy changes that are used to help pay for a tax cut that has more than doubled from last year to over \$540 billion.**
- **Last year there were \$270 billion in Medicare cuts and \$245 billion in tax cuts. Next year, one can only imagine how many more Medicare cuts will be necessary to pay for the over half a trillion dollar tax cut?**
- **While the medical inflation rate is low today, the Congress' own congressional budget experts project that this will not be the case for the next seven years.** I simply don't believe we should gamble the health of Medicare beneficiaries on a proposal that says no matter what happens with inflation, we will arbitrarily cap expenditures to a certain level.

\* **Attack 5:** What is wrong with asking higher income seniors to pay more in premiums? The so-called means-testing premium was in the Republican plan and you even included a similar provision in the Health Security Act. Aren't you once again playing political games on this issue?

**Response:** I am not opposed in principle to higher income beneficiaries paying more for their Medicare. I did support this concept in my health reform proposal, but beneficiaries received additional benefits in return for their increased contribution. The Republican means testing proposal provided no significant new benefits and the savings they achieved through this proposal would help offset unneeded and excessive tax cuts. I do not believe we should be asking older Americans to use their limited savings to help pay for such an unwarranted tax cut.

**Attack 6:** The difference between your \$124 billion and their \$158 billion in Medicare cuts over 7 years is extremely small. What don't you stop playing politics with this issue and come up with a compromise? Is it because it is such a politically attractive hammer to use on Bob Dole on the Republicans? Why not do what is best for America?

*the "difference" can't be 50% larger than my plan*

**Response:** The difference between myself and the Republican plan is still larger than you state: indeed it is over 50% larger than my plan. Furthermore, it has policies that I and many experts believe will lead to Medicare to become divided by wealth and health.

But more important, my opponent and Newt Gingrich still to this day criticize me harshly for vetoing \$270 billion cuts, and I think most experts believe that in order to pay for their excessive tax cut, they will go back to the deep -- and even deeper Medicare cuts as the only way to pay for more than doubling their tax cut.

- **Senator Dole's numbers for his tax cut just don't add up without extremely high Medicare and Medicaid cuts.** Until I leave office, I will categorically reject excessively high Medicare and Medicaid cuts and policy changes that will hurt these programs and the beneficiaries they serve.
- **Even if one assumes \$168 billion in cuts and a compromise on the number is imaginable, the Republicans have still not rejected their old and flawed policy that pits healthy and wealthy beneficiaries against the sick.** They have not rejected a full-blown, untested Medicare Medical Savings Account (MSA) that has every potential to attract only the youngest and healthiest of the Medicare population. They have not rejected their new health plan that eliminates all beneficiary payment protections and allows doctors to charge whatever they want. And lastly, they have not rejected the arbitrary caps that locks in Medicare expenditures at a certain level -- regardless of what is happening in the economy. These policy differences are very real and concern me greatly.

*Chart  
on 3/11  
5/2/11  
attack  
10-11*

**Attack 7: Aren't you just committed to protecting the status quo at a time when we must modernize Medicare? What is wrong with providing more choices to beneficiaries?**

**Response:** My plan is to strengthen the trust fund and provide more choices to Medicare beneficiaries, but I want to do so in a way that preserves the integrity of our Medicare program. Rather than dismantle our existing Medicare program, I want to build on the solid foundation we have created by providing Medicare beneficiaries new health plan options that provide new choices to beneficiaries (PPOs, PSOs, and HMOs with a point of service option). I evaluate any new option on its ability to compete on cost and quality rather than selecting on the basis of "cherry picking" the healthy and wealthy. **Many of the Republicans' proposals (e.g. Medicare MSAs and physician plans without overbilling protections) would segment the healthy from the sick and would undermine the Medicare program in so doing.**

**Attack 8: Why are you so opposed to a small premium increase? Aren't you just waging a campaign to needlessly frighten the elderly?**

**Response:** Raising Medicare premiums would hurt the millions of Medicare beneficiaries who have limited incomes. A recent study revealed that nearly 75 percent of Medicare beneficiaries have incomes below \$25,000. Moreover, increasing premiums for Medicare beneficiaries is not necessary to strengthen the Medicare trust fund or to balance the budget. I simply will not stand for an excessive increase in premiums that is used to pay for an unnecessary tax cut for the well to do.

**Attack 9: Isn't it true that there was only a \$7 difference between premiums under the Republican plan and your proposal by 2002?**

**Response:** There was never only a \$7 difference a month between premiums proposed by the Republicans and premiums in my plan. Some used that number incorrectly using preliminary or inaccurate projections. A true "apples to apples" comparison reveals that had I not fought and eventually vetoed their Medicare plan, every couple on Medicare would have paid premiums that were at least \$1,700 higher over seven years and \$268 higher per couple this year alone.

**Attack 10: You have supported Medical Savings Accounts, and yet you continue to oppose Medicare MSAs. Isn't that hypocritical?**

**Response:** Although I have agreed to a limited test of MSAs for non-Medicare beneficiaries, I am particularly concerned that they would have an adverse effect on the Medicare program. Because certain Medicare beneficiaries are extremely expensive, there are greater incentives for health plans to "cherry pick" the healthier and wealthier. The Republicans have insisted on exposing open-ended unconstrained Medicare MSAs to the entire beneficiary population. Such an untested proposal has a great potential to attract healthier and wealthier beneficiaries, leaving sicker and more costlier beneficiaries in a weakened traditional Medicare program ... leaving Medicare to "wither on the vine."

**Attack 11: Clearly the Medicare trust fund is in trouble. What are you doing to address both the short-term and long-term problems of the trust fund?**

**Response:** Since the beginning of my Administration, I have aggressively moved to strengthen the Medicare trust fund. I am absolutely committed to working with Congress towards this end and have illustrated how this can be done without excessive cuts, ill-advised structural changes, and unwarranted premium increases.

- **My 1993 budget extended the life of the Medicare trust fund by three years, without the vote of a single Republican.**
- **My balanced budget proposal extends the life of the Medicare trust fund until the year 2006, ten years from today.**

We must take this first step to strengthen the trust fund and, as the Medicare trustees have recommended, we must establish a bipartisan process that would work to provide specific recommendations to address the long-term financing challenges facing the trust fund.

**Attack 12: You say your Medicare proposal extends the life of the trust fund for ten years, but without your home health gimmick, your proposal would only extend the life of the trust fund one year. Don't you think we need real savings to save the Medicare trust fund?**

**Response:** My Medicare proposal extends the life of the Medicare trust fund until 2006, according to the trust fund actuaries and until the year 2005 according to the Congressional Budget Office. The proposal that you refer to a gimmick is the same one that every Republican in the House supported this year in the budget reconciliation bill. My proposal to transfer a portion of home health financing from Part A to Part B recognizes that Part A covers short-term, post-acute care services and allows Part B to financial other home health care services, just as was intended and implemented until 1980.

- **Without the home health transfer, we would have to make devastating cuts to hospitals that would undermine the quality of care, especially in rural and other underserved areas.**

— A mess. Way too long  
& fuzzy throughout w/c  
level of detail suited to  
debate between health experts  
at Kaiser.

needs to be sharp, simple +  
~~to~~ lethal.

Medicare cuts in USA. - ~~830~~ billion

USA - high income premium ↑ ~~to all~~  
Premiums.

20% below private sector → inflation  
rate

7 yr - \$118.5

5 yr - \$79.3

## MEDICARE AND HEALTH CARE

**Opening Line:** Medicare is a compact between all generations. Before it was enacted three decades ago, only 50 percent of our nation's elderly had any insurance. It provides peace of mind to not only to 38 million elderly and disabled beneficiaries, but to their family members as well. It faces financial challenges that require reforms. My balanced budget proposal clearly illustrates my commitment to reforming the program. But my proposals strengthen the Medicare Trust Fund without new premium increases and without threatening to undermine the quality services the program provides to beneficiaries.

### I. Key Answer Points

- I rejected the \$270 billion in Medicare cuts (reductions) and flawed policy changes proposed by Senator Dole and Speaker Gingrich. And I would do it again and again.
- Their cuts (reductions) tripled anything previously enacted and their policy changes would create new health plans that would skim the healthy and wealthy beneficiaries from all others. Virtually every organization representing the elderly, people with disabilities, doctors, nurses, and hospitals concluded that the Dole/Gingrich proposals were excessive and would threaten quality services for beneficiaries.
- Moreover, the Dole/Gingrich budget proposal's Medicare premium hikes of \$1,700 per couple -- \$268 in 1996 alone -- would have placed an unnecessary and excessive burden on beneficiaries and their families.
- My balanced budget proposal reforms Medicare, achieves over \$116 billion in savings, and strengthens the Medicare Trust Fund by a decade from today WITHOUT extreme and ill-advised policies and unnecessary new premium increases.

### II. Dole Contrast

- **Dole led the fight against strengthening the Medicare Trust Fund in 1993.** In 1993, Dole and all of his Republican colleagues voted against Medicare savings and policy changes that extended the Medicare Trust Fund for 3 years.
- **Dole voted against Medicare and proudly trumpeted that fact 30 years later.** "I was there, fighting the fight, one of twelve, voting against Medicare in 1965...because we knew it wouldn't work." [10/24/95]
- **Dole's Medicare beneficiary cuts were more draconian than Gingrich's proposals.** Dole's proposal not only doubled Medicare premiums, but also doubled the Part B physician deductible (from \$75 to \$150).
- **Dole even tried to raise the Medicare eligibility age from 65 to 67, thus threatening to add to the number of uninsured.** Today, the pre-age 65 senior population is one of the most difficult to insure and most discriminated against age groups in the nation. Bob Dole's proposals would have made these vulnerable people wait even longer before they qualified for Medicare.

### III. Likely Attacks and Responses

**Attack:** How can the Republican budget proposals be a cut when CBO says that actual spending per beneficiary would have increased from \$4,900 to \$7,100 between 1996 and 2002? This is much greater than an inflation increase.

**Response:** The key question for tens of millions of people on Medicare is whether or not the savings called for will cut the benefits, the services or the quality of care they receive. By any standard, the \$270 billion in savings the Dole-Gingrich budget called for would have led higher out of pocket costs and less quality health care for millions of older Americans. Where I come from, if you pay more and get less, that is a cut.

And don't take my word for it. the American College of Physicians, the American Hospital Association the Catholic Hospital Association, AARP all criticized the Republican plan as a severe and extreme cut.

Consider the following: spending per Medicare beneficiary was cut \$1400 lower per person -- 20% below the private sector level -- while the Republican Medicare premium increases would have raised out-of-pocket costs by \$1,700 per couple. Furthermore, I believe that the policies they have would segment and divide the Medicare and between health and wealth instead of being a program that all Americans can count on.

My opponent had to cut \$270 when he had a \$245 billion tax cut and he still criticizes my decision to veto that Medicare cut. If he goes to \$550 billion tax cut, I believe the savings will be at least that large and the impact on Medicare could be severe.

**Attack:** If Bob Dole's budget had Medicare cuts, don't your Medicare proposals also "cut" the program?

**Response:** My current balanced budget proposal does have Medicare savings and I have never hid that. Yet, I believe that the levels of our savings are prudent and the policies are carefully designed to strengthen the Medicare Trust Fund by taking out unnecessary costs without cutting quality health care.

- The Dole/Gingrich proposed cuts are excessive and are used to pay for unneeded tax cuts. My proposal does not use Medicare as a \$270 billion cash cow for \$245 billion in unnecessary tax cuts. Now Bob Dole says he wants to more than double that tax cut and is suggesting he will lower the Medicare cuts. The numbers don't add up without an even higher Medicare cut.

**Attack:** If Bob Dole's and your current Medicare proposals are "cuts," why did you label the Medicare cuts in your Health Security Act as "reductions in growth"?

**Response:** The goal of my health care plan was to reduce the overall costs of health care so that the growth of all health care costs -- including Medicare -- could come down through a smarter health care system without cuts in quality or services. Furthermore, we plowed our savings back into new benefits like prescription drugs and long-term coverage.

The Republican plan I vetoed simply sought to lower Medicare costs below what everyone else needed to keep up with the costs of health care. It is one thing to lower the cost of all health care through making health care more productive; it is another thing to simply cut Medicare alone -- giving it second class status.

- **Most aging representatives did not label my proposal as a "cut" because of the reinvestments in prescription drug and long-term care coverage. In fact, because of these new benefits, AARP and the National Council of Senior Citizens specifically did not label my proposals as "cuts."**

**Attack:** Aren't you simply "demagoging" the Medicare issue and using it as an effective scare tactic against Bob Dole? Your own Secretaries of Health, Labor and Treasury say the Medicare program will be bankrupt in 5 years or less. The Republican proposal allows for a growth rate in excess of inflation. How can you shamelessly scare the elderly into believing that the Republicans are going to hurt the Medicare program?

**Response:** First, it is not only myself but the American College of Physicians, the American Hospital Association, the Catholic Hospital Association, AARP who all criticized the Republican plan as a severe and extreme cut. Their plan was three times larger than the largest Medicare cut in history, I am not going back off one bit from defending against such excessive cuts.

Two, it is my Administration that strengthened the Medicare Trust Fund by three years in 1993 -- and was opposed by every single Republican. We were also opposed when we presented another plan in 1994 to protect the Trust Fund for another five years. Currently, we have enough savings and policies in common to extend the life of the trust fund 10 years to give us time to address our long-term challenges.

- **There is a need to strengthen the Trust Fund and I have a plan. My balanced budget proposal illustrates how to extend the life of the Medicare Trust Fund for a ten years from today.**
- **But we must reject excessive cuts and policy changes that are used to help pay for a tax cut that has more than doubled from last year to over \$540 billion.**
- **Last year there were \$270 billion in Medicare cuts and \$245 billion in tax cuts. Next year, one can only imagine how many more Medicare cuts will be necessary to pay for the over half a trillion dollar tax cut?**

- **While the medical inflation rate is low today, the Congress' own congressional budget experts project that this will not be the case for the next seven years. I simply don't believe we should gamble the health of Medicare beneficiaries on a proposal that says no matter what happens with inflation, we will arbitrarily cap expenditures to a certain level.**

**Attack: What is wrong with asking higher income seniors to pay more in premiums? The so-called means-testing premium was in the Republican plan and you even included a similar provision in the Health Security Act. Aren't you once again playing political games on this issue?**

**Response: I am not opposed in principle to higher income beneficiaries paying more for their Medicare. I did support this concept in my health reform proposal, but beneficiaries received additional benefits in return for their increased contribution. The Republican means testing proposal provided no significant new benefits and the savings they achieved through this proposal would help offset unneeded and excessive tax cuts. I do not believe we should be asking older Americans to use their limited savings to help pay for such an unwarranted tax cut.**

**Attack: The difference between your \$124 billion and their \$158 billion in Medicare cuts over 7 years is extremely small. What don't you stop playing politics with this issue and come up with a compromise? Is it because it is such a politically attractive hammer to use on Bob Dole on the Republicans? Why not do what is best for America?**

**Response: The difference between myself and the Republican plan is still larger than you state: indeed it is over 50% larger than my plan. Furthermore, it has policies that I and many experts believe will lead to Medicare to become divided by wealth and health.**

But more important, my opponent and Newt Gingrich still to this day criticize me harshly for vetoing \$270 billion cuts, and I think most experts believe that in order to pay for their excessive tax cut, they will go back to the deep -- and even deeper Medicare cuts as the only way to pay for more than doubling their tax cut.

- **Senator Dole's numbers for his tax cut just don't add up without extremely high Medicare and Medicaid cuts. Until I leave office, I will categorically reject excessively high Medicare and Medicaid cuts and policy changes that will hurt these programs and the beneficiaries they serve.**
- **Even if one assumes \$168 billion in cuts and a compromise on the number is imaginable, the Republicans have still not rejected their old and flawed policy that pits healthy and wealthy beneficiaries against the sick. They have not rejected a full-blown, untested Medicare Medical Savings Account (MSA) that has every potential to attract only the youngest and healthiest of the Medicare population. They have not rejected their new health plan that eliminates all beneficiary payment protections and allows doctors to charge whatever they want. And lastly, they have not rejected the arbitrary caps that locks in Medicare expenditures at a certain level -- regardless of what is happening in the economy. These policy differences are very real and concern me greatly.**

**Attack:** Aren't you just committed to protecting the status quo at a time when we must modernize Medicare? What is wrong with providing more choices to beneficiaries?

**Response:** My plan is to strengthen the trust fund and provide more choices to Medicare beneficiaries, but I want to do so in a way that preserves the integrity of our Medicare program. Rather than dismantle our existing Medicare program, I want to build on the solid foundation we have created by providing Medicare beneficiaries new health plan options that provide new choices to beneficiaries (PPOs, PSOs, and HMOs with a point of service option). I evaluate any new option on its ability to compete on cost and quality rather than selecting on the basis of "cherry picking" the healthy and wealthy. Many of the Republicans' proposals (e.g. Medicare MSAs and physician plans without overbilling protections) would segment the healthy from the sick and would undermine the Medicare program in so doing.

**Attack:** Why are you so opposed to a small premium increase? Aren't you just waging a campaign to needlessly frighten the elderly?

**Response:** Raising Medicare premiums would hurt the millions of Medicare beneficiaries who have limited incomes. A recent study revealed that nearly 75 percent of Medicare beneficiaries have incomes below \$25,000. Moreover, increasing premiums for Medicare beneficiaries is not necessary to strengthen the Medicare trust fund or to balance the budget. I simply will not stand for an excessive increase in premiums that is used to pay for an unnecessary tax cut for the well to do.

**Attack:** Isn't it true that there was only a \$7 difference between premiums under the Republican plan and your proposal by 2002?

**Response:** There was never only a \$7 difference a month between premiums proposed by the Republicans and premiums in my plan. Some used that number incorrectly using preliminary or inaccurate projections. A true "apples to apples" comparison reveals that had I not fought and eventually vetoed their Medicare plan, every couple on Medicare would have paid premiums that were at least \$1,700 higher over seven years and \$268 higher per couple this year alone.

**Attack:** You have supported Medical Savings Accounts, and yet you continue to opposed Medicare MSAs. Isn't that hypocritical?

**Response:** Although I have agreed to a limited test of MSAs for non-Medicare beneficiaries, I am particularly concerned that they would have an adverse effect on the Medicare program. Because certain Medicare beneficiaries are extremely expensive, there are greater incentives for health plans to "cherry pick" the healthier and wealthier. The Republicans have insisted on exposing opened-ended unconstrained Medicare MSAs to the entire beneficiary population. Such an untested proposal has a great potential to attract healthier and wealthier beneficiaries, leaving sicker and more costlier beneficiaries in a weakened traditional Medicare program ... leaving Medicare to "wither on the vine."

**Attack:** Clearly the Medicare trust fund is in trouble. What are you doing to address both the short-term and long-term problems of the trust fund?

**Response:** Since the beginning of my Administration, I have aggressively moved to strengthen the Medicare trust fund. I am absolutely committed to working with Congress towards this end and have illustrated how this can be done without excessive cuts, ill-advised structural changes, and unwarranted premium increases.

- My 1993 budget extended the life of the Medicare trust fund by three years, without the vote of a single Republican.
- My balanced budget proposal extends the life of the Medicare trust fund until the year 2006, ten years from today.

We must take this first step to strengthen the trust fund and, as the Medicare trustees have recommended, we must establish a bipartisan process that would work to provide specific recommendations to address the long-term financing challenges facing the trust fund.

**Attack:** You say your Medicare proposal extends the life of the trust fund for ten years, but without your home health gimmick, your proposal would only extend the life of the trust fund one year. Don't you think we need real savings to save the Medicare trust fund?

**Response:** My Medicare proposal extends the life of the Medicare trust fund until 2006, according to the trust fund actuaries and until the year 2005 according to the Congressional Budget Office. The proposal that you refer to a gimmick is the same one that every Republican in the House supported this year in the budget reconciliation bill. My proposal to transfer a portion of home health financing from Part A to Part B recognizes that Part A covers short-term, post-acute care services and allows Part B to financial other home health care services, just as was intended and implemented until 1980.

- Without the home health transfer, we would have to make devastating cuts to hospitals that would undermine the quality of care, especially in rural and other underserved areas.

### GENERAL HEALTH CARE

**Attack:** Isn't it true that the Kassebaum/Kennedy bill is really a Republican initiative that you could have signed three years ago if you hadn't threatened to veto any bill that did not have universal coverage?

**Response:** No, that is untrue. In the last Congress, it became clear that Republicans had no desire to pass any health care reform.

*what happened is that after some*  
*of debate on the issue, myself & others would*  
 As Senator Bennett (R-UT) stated, "Dole made it very clear that no bill is the *false* strategy." And William Kristol, a key Republican strategist consistently advocated that Republicans should oppose any health reform bill (cite unseen). *I call to help*

*1.4472*  
*code - for this*  
*5 yrs. initially*  
*health care*  
*more than*