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RADIO ADDRESS BY THE PRESIDENT
TO THE NATION

THE PRESIDENT: Good morning. Tomorrow millions of Americans will honor our mothers with hugs and bouquets and visits for dinner. Others of us will simply offer up a silent prayer for the mother who still lives in our heart, but who has left this Earth. I miss my own mother very much, especially on Mother's Day. I can't give her roses tomorrow, but with your help we can honor all mothers by giving mothers-to-be something far more important -- the assurance that when they bring a baby into this world, they will not be rushed out of the hospital until they and their health care provider decide it is medically safe for both mother and child.

Today I want to discuss legislation that will guarantee mothers the quality care they need when they've had a baby.

In 1970, the average length of stay for an uncomplicated hospital delivery was four days. By 1992, the average had declined to two days. Now a large and growing number of insurance companies are refusing to pay for anything more than a 24-hour stay, except in the most extreme circumstances, and some have recommended releasing women as early as eight hours after delivery.

This is has gone from being an economical trend to a dangerous one, one that carries with it the potential for serious health consequences. Early release of infants can result in numerous problems, including feeding problems, sever dehydration, brain damage and stroke. In addition, many mothers are not physically capable of providing for a newborn's needs 24 hours after giving birth. Often they're exhausted, in pain, and faced with an overwhelming set of new responsibilities. Many first-time mothers also need more than 24 hours in the hospital to receive instruction in basic infant care and breast feeding. And sometimes an early discharge can be fatal.

Michelle Bauman testified before a Senate committee that she was told to go home 28 hours after her daughter was born. Her baby died within one day of going home. If she had been allowed a

48-hour stay, she would have been in the hospital when her daughter's symptoms appeared. As she so tragically put it, another 24 hours and her baby's symptoms would have surfaced "so that we could have planned a christening, not a funeral."

Susan Jones and her baby son were discharged after about 24 hours. It turns out that he had a heart defect which was not noticed by the hospital or the home health nurse who came to visit on the third day. The baby died. Susan and an independent group of pediatric cardiologists believe the problem would have been noticed in the hospital by the second or third day.

As a nation that values the health of women and children, we must not turn our backs on this problem. There is an emerging national consensus that we must put a stop to these so-called "drive-through" deliveries. The American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics have issued guidelines recommending a minimum stay of 48 hours following most normal deliveries, and 96 hours following most cesarean sections. Sixteen states have enacted laws to guarantee that level of coverage and 25 more are considering such a move.

A growing number of hospitals have taken it upon themselves to provide the second day of coverage free. And one group of insurers, Blue Cross and Blue Shield Plans of Pennsylvania, has responded to public concerns by voluntarily offering 48-hour minimum coverage. I believe every insurance company should step up to this problem and do what these insurers in Pennsylvania have done.

But in the absence of coverage for all women in all states, we have a responsibility to take action in Washington. Already a Senate bill and separate House bills have been introduced -- most with bipartisan support -- to guarantee 48-hour post-partum hospital stays for mothers and their children.

I urge members of Congress to move legislation forward as soon as possible that makes this protection for mothers and their children the law of the land. No insurance company should be free to make the final judgment about what is medically best for newborns and their mothers. That decision should be left up to doctors, nurses and mothers themselves. Saving the life and health of mothers and newborns is more important than saving a few dollars.

America's mothers hold a special place in our hearts. They provide the lessons and care that enable all of our children to embrace the opportunities of this great land. They deliver the precious gift of life. Let's give them a Mother's Day gift they richly deserve. Let's guarantee them 48-hour hospital stays to

protect their health and the health of their newborn babies. Mothers sacrifice so much for us. It's the least we can do for them.

Happy Mother's Day and thanks for listening.

END

Draft 9/20/96

PRESIDENT WILLIAM J. CLINTON
RADIO ADDRESS ON HEALTH CARE
PORTLAND, OREGON
September 21, 1996

Good morning. I want to talk to you about some important breakthroughs for family health security that have taken place on Capitol Hill this week. We are coming to bipartisan agreement on a budget for next year that will reflect our values as we move toward a balanced budget. And I am happy to report that this legislation will include three breakthrough provisions to give pregnant women, children with spina bifida, and people who suffer from mental illness better health care.

Nothing is more important to the strength of our families than providing access to quality health care. We have made real progress in that mission. Last year, we stopped the effort by the Republicans in Congress to repeal the guarantee, under Medicaid, of quality health care for pregnant women, poor children, people with disabilities and elderly Americans. Last month, I signed the bipartisan Kennedy-Kassebaum bill into law. From now on, you will not lose your health coverage as you move from job to job -- and you will not lose your coverage just because you or a family member gets sick. It will help as many as 25 million Americans. ~~And medical inflation, which has surged for so long, is now at its lowest in 23 years.~~ When it comes to improving health care, America is on the right track.

Last week, I called on Congress to . . .

This past week, we have taken the next steps to give our familes access to quality health care. The legislation now agreed to by the leaders of Congress has three important elements.

Yesterday

First, it will protect mothers and newborn babies from being discharged from the hospital before they are ready -- ending the practice of so-called "drive by deliveries." In 1970, the average length of stay for an uncomplicated hospital delivery was 4 days. By 1992, that had declined to 2 days. Today, a large and growing number of insurance companies are refusing to pay for anything more than a 24-hour stay, and some have even recommended releasing new mothers as early as 8 hours after delivery.

That's unfair to new mothers -- exhausted, in pain, often overwhelmed by unfamiliar responsibilities -- who simply cannot provide full care for their babies. And worse, it can have severe health consequences for new babies, including feeding problems, severe dehydration, brain damage and stroke. We have all heard heartbreaking stories, like the family in New Jersey who were sent home after 24 hours -- and whose baby died 24 hours after that from an infection that would have been detected and treated in a hospital.

If we care about our children and our families, then doctors -- not rigid insurance company rules -- should decide when a new baby goes home. This legislation will guarantee that insurance companies pay for 48 hour stays for new mothers and their babies. If the mother has had a

Cesarean section, she would be able to stay for 96 hours. That's common sense, and it's the right thing to do.

The second important health provision would help the 40 million Americans who suffer from mental illness. Today, it is common for insurance companies to limit the lifetime coverage for mental illness to $50,000, while limiting coverage for physical illness to $1 million. That's a double standard, and it's wrong. An arbitrary, low limit on coverage for mental illness can wipe out your insurance with one hospitalization. This new legislation says that if an insurer has a limit for how much it will pay in a year, or for a lifetime, it has to be the same for mental illness as for physical illness.

The third important health protection will benefit the families of Vietnam veterans who were exposed to the defoliant Agent Orange. Far too many of these brave soldiers have suffered illness as a result of their service. And we now realize that for many of them, those health affects have been passed on to their children. This legislation says that the children of veterans exposed to Agent Orange who have spina bifida will receive health coverage under our disability system. This is an important step; it recognizes that, in modern war, a soldier can suffer a wound not just from a bullet or a bomb, but from a hidden chemical whose effects are not known for years. The children of our soldiers should not have to suffer for their service.

I repeatedly urged Congress to take all three of these steps. And I am very glad that they are acting. This legislation will help mothers of newborn children . . . people with mental illness and their families . . . children who suffer from a terrible disease. It reflects our values -- caring for our children, strengthening our families, honoring those who have served their country. When these health reforms come to my desk, I will sign them. And I urge Congress to get them to me as quickly as possible.

This legislation shows what we can accomplish when we set aside rigid agendas, put aside partisanship, and work together for the public interest. A year ago, the Congress was consumed by bitter partisanship, as the Republican majority sought to make deep cuts in Medicare, Medicaid, education and the environment . They even shut down the government to try and force these cuts through.

This year, in clear and happy contrast, the leaders of Congress have chosen to work with us, to give adequate resources to those priorities that help our families, our children, and our parents. We are doing all of this even as we move toward a balanced budget in the Year 20002. That's good for America's families, and good for America.

When we recognize that we are all in it together ... that no one should have to go it alone . . . and that there are things we as a nation must do to help . . . that's the way to build a bridge to the 21st century.

Thank you for listening.

TALKING IT OVER
BY HILLARY RODHAM CLINTON
RELEASE: WEEKEND, SEPTEMBER 30-OCTOBER 1, 1995

Before my daughter was born, I did everything I could think of to prepare for the arrival of my new baby.

I asked my doctor hundreds of questions. I read every book I could get my hands on. And my husband and I went together to childbirth classes.

Even so, I was in for some surprises.

I remember lying in bed a few days after Chelsea's birth, when I was still getting accustomed to breast-feeding. Suddenly, I noticed foam in her nose. Afraid that she was convulsing, I pushed every call button within reach.

When the nurse arrived, she assured me that I was simply holding the baby at an awkward angle, making it difficult for her to swallow the milk she took in.

That wasn't the only time nurses came to my rescue during my stay at the hospital. They taught me to bathe and feed my daughter, and also gave me a chance to recover from the emotional and physical toll of a Caesarean section.

Nowadays, experiences like mine are far more common in countries like Australia, Germany, Japan, Ireland and France than here in the United States.

As insurance companies look for ways to cut costs, new mothers routinely are rushed out of the hospital 24 hours after an uncomplicated birth and three days after a Caesarean.

I have one friend who was pregnant with twins and began hemorrhaging during labor. She had to undergo an emergency Caesarean under full anesthesia. After the delivery, she was severely anemic and was placed in intensive care.

Even so, based on a "checklist" of medical factors, her insurance company said it would not pay for more than three days in the hospital. In the end, the company did cover a longer stay, but only because her doctor spent hours on the phone arguing that it was medically unsafe to send her home.

Unfortunately, some doctors won't take on such battles because they fear being dropped by the managed care companies with which they do business.

Another friend's wife was covered for seven days in the hospital after a complicated childbirth. But the insurance company wouldn't cover the child after three days, making it impossible for the mother to nurse the baby and much more difficult for mother and child to bond.

When my friend was told the child was considered independent of its mother, he asked, "Do you expect the baby to walk down to the parking lot and drive himself home?"

Insurance companies insist that limiting a baby's time in the hospital not only a money-saver, but it also reduces exposure to hospital germs.

Most experts agree there is little medical risk to the majority of new mothers and babies discharged in the first 24 hours. But what happens if the baby develops an infection or other complication like jaundice that only becomes apparent on the second or third day after birth? What if the new mother has difficulty learning to breast-feed properly, which could result in dehydration or other serious problems for her baby?

Insurance companies say most new mothers are entitled to home visits by a nurse who can help spot problems after they leave the hospital.

But the reality is that many insurance companies only cover one home visit per patient; others simply provide for a phone consultation with a nurse in the days after childbirth. And cases have been reported in which the nurse or home visitor simply didn't have time to show up or didn't even know the baby had been born.

A retired transit worker in New Jersey, Dominick A. Ruggiero Jr., told this story to the New Jersey legislature earlier this year:

His niece had an uneventful pregnancy and childbirth and was discharged after 28 hours. At home, however, her baby, Michelina, suddenly took a turn for the worse. A nurse was supposed to visit the home on the second day but never came. When the family called, they were told the visiting nurse wasn't aware the baby had been born.

Several times, the family called the pediatrician, who said the baby had a mild case of jaundice and did not need to be examined.

The baby died from a treatable infection when she was 2 days old.

Thanks in part to Ruggiero's testimony, New Jersey now has a law that will make sure that insurance covers mothers for a minimum of 48 hours in the hospital after uncomplicated deliveries and 96 hours following Caesarean deliveries. Maryland passed similar legislation last spring, and Congress is now considering a bill.

Although a handful of critics has suggested that this is another example of government intrusion into the health care system, I think that protecting the health of new mothers and infants is a clear case of where government safeguards are needed.

No government employee should ever decide whether an infant has jaundice or a new mother is anemic. But at the same time, no insurance company accountant should make the final judgment about what is medically best for newborns and their mothers.

That decision should be left to doctors, nurses and mothers themselves.