

July 24 / Administration of William J. Clinton, 1995

I once again urge the Congress to begin the work of making commonsense corrections in this and other appropriations bills. I will not allow

our people to be sacrificed for the sake of political ideology.

Remarks on the 30th Anniversary of the Passage of Medicare

July 25, 1995

Thank you very much, Mr. Vice President, for your introduction and your leadership. Senator Kennedy and Congressman Dingell, thank you for your incredible inspiration to the country and to me. Mr. Glover, thank you, and thank you for your speech. To Congressman Gephardt and Senator Daschle, I want all of you to know that they lead well and they are doing well for our country. To my friend Arthur Flemming and his family and Mother Johnson and her family and to all of you seniors who are here, I am honored to be here, and I have loved listening to these stories and these speeches and hearing this commitment.

I am honored to stand in the tradition of the Presidents who fought for Medicare. I believe that President Roosevelt and President Truman and President Kennedy and President Johnson were right. And I think those who opposed them were wrong.

If you really think about Medicare and Medicaid, which was also passed at the same time, they've given all of us stories. I loved hearing the Vice President talk about his wonderful mother.

All of you know that since I've been President I have lost my mother and my fine stepfather, but what you may not know is that my stepfather had a heart attack 10 years before he died, in the middle of one of my inaugural speeches for Governor. And when he woke up from his surgery, his quadruple bypass, I told him it was not that good a speech. *[Laughter]* But because he was a senior citizen covered by health care, he had 10 more good years. And my mother had a very difficult fight with cancer, which she lost. But because she was a senior citizen covered by good health care, she lived to see her son become President of the United States.

I ran for President because I wanted to broaden that sense of security and opportunity for our people. I wanted middle class Americans

to have family-wage jobs and be able to educate their children and have the same health security we had given to senior citizens, as Congressman Dingell said.

And the same crowd that killed Harry Truman's plan for health care, the same crowd that fought against Medicare, were successful in derauling what we tried to do last year. But they did it in a brilliant way, because by last year Medicare had become so much of our common ground as Americans, so much a part of the fabric of our daily lives, that no one anymore thought about these Members of Congress having anything to do with it. It was just a part of our daily lives, just like getting up in the morning and seeing the Sun shine. And so these people, the same crowd that fought it tooth and nail 30 years ago, came up with this brilliant argument that because I said, when they denied it, the Medicare Trust Fund was in trouble and we had to reform health care, that I wanted to see the Government mess with their Medicare.

And we had people all over America coming up to me or the First Lady or to Senator Kennedy, saying, "Don't let the Government mess with my Medicare." People had actually forgotten where it came from, as if it sort of dropped out of the sky. Well, I got the message of the 1994 election, and I'm not going to let the Government mess with your Medicare.

I really thought Medicare had passed beyond the partisan and political divide into the generational life of our country. The people who passed it did it for their parents' generation and knew that they would have it when they came along and knew that, in so doing, they would relieve a burden from their children, who could then focus on building good lives for themselves and their children. It was sort of a part of the social compact of the American family.

Now the Vice President's father, who's been mentioned several times and is a particular fa-

vorite of mine, said that the absence of health care for the elderly was, I quote, “a disgrace in a country such as ours.” We got rid of the disgrace, and along with Social Security, as Secretary Shalala has said, we at least have finished that part of our country’s work.

We still have a lot of work to do. But the answer to the problems of the great American middle class, the answer to the problem of curing the American deficit, the answer to the problem of dealing with the challenge of educating a new generation of Americans for a new, highly competitive economy—surely the answer to those problems is not break down the one thing we have done right completely, which is to keep faith with our elderly people.

I want to talk just a little bit about what this could mean to you. As I said, in 1965, the legislation which created Medicare also created Medicaid. A lot of Americans think it’s just a program for poor people. Well, it did provide desperately needed care for poor children and their mothers, but it also provided more care for older and disabled Americans, especially long-term care. Two-thirds of the Medicaid budget goes for older Americans and disabled citizens. Without Medicaid, middle class families struggling to pay their own bills and raise and educate their children could face nursing home bills for their parents averaging \$38,000 a year. I remember what those nursing homes looked like before Medicaid. Some of you do, too.

We need to celebrate and recommit ourselves to this. And we need to ask ourselves, what is the future? We are at an historic moment. For the first time in a long time there is a willingness to try to bring the budget into balance, a willingness to try to secure the Medicare Trust Fund. But I know we can do both while maintaining our generational commitment. I know we can do both without returning Medicare to the area of American partisan politics and to nightmares for the elderly people and their children in this country. We can do it.

As Mr. Gephardt said, the congressional majority appears to be choosing for the first time ever to use the benefits we provide under Medicare, paid for by a dedicated payroll tax, as a piggybank to fund huge tax cuts for people who don’t really need them. But we showed that you could have a balanced budget plan, with no new Medicare costs for older Americans, that stabilized the Medicare Trust Fund.

We know that. They instead would cut \$270 billion from Medicare and raise Medicare premiums and out-of-pocket costs an average of \$5,600 per couple over 7 years, even for people who don’t have enough money to get by as it is. They want to use this to pay for a \$245 billion tax cut.

If they would just reduce the size of the tax cut, target the middle class families and their basic needs, string out the time which we take to balance the budget, we would not need one penny, not a red cent of the Medicare beneficiary cuts they’ve proposed. Don’t you let anybody tell you that we have to do that to stabilize the trust fund or to balance the budget. We do have to stabilize the trust fund. We should balance the budget. But we don’t have to raise the roof on the beneficiaries to do it. We do not have to break our generational commitment to do it. Do not let anybody tell you that. It is simply not true.

This plan kind of sounds good in the rabid antigovernment atmosphere in which we live today—their plan does. The majority’s plan in Congress would provide older Americans with a voucher for a set amount each year. They almost make it sound like you can make a profit out of it. It supposedly would cover enough to buy medical insurance. The problem is that private health care costs are projected to increase 40 percent more than the value of the voucher. So if you’re over 65 and you’re healthy as a horse, this might be a good deal for you. But what if you get sicker as you get older? If the vouchers are inadequate, the elderly must make up the difference out of their own pockets.

There’s no clear provision that would give a larger voucher for a patient like my mother, who developed cancer, as opposed to one the same age who was healthy, not even a clear provision to give a larger one to seniors who are fortunate enough to live into their eighties. That’s the fastest growing group of elderly people in America, in percentage terms, people in their eighties. But to be healthy in your eighties you just naturally use the health care system more. There’s no clear provision to take care of that, no clear provision to stop companies from simply turning seniors down because of their medical condition or cutting them off when they get sick.

In the past, various experts have suggested that Medicare budget cuts will inflict harm and

financial suffering on the elderly, but as the grisly details of the plan become known, it becomes clearer and clearer that we could actually see a denial of medical care to those who need it. That was the very thing Medicare was designed to do away with.

You know, my mother was a nurse-anesthetist. I can remember what it was like before there was any Medicare or Medicaid. I remember people that would actually come to our house with a bushel basket full of peaches, for example, trying to pay in kind for the medical service my mother had rendered. And I remember that the old folks weren't healthy enough to go pick peaches. I remember these things, and we should not forget. We can change without wrecking, and we need to be awfully careful before we buy a pig in a poke.

It is easy to see how, in all but the direst of emergencies, millions of older Americans would actually just give up the medical attention to which they are entitled and which they need. Let me just give you some examples of what could happen. These are real examples of what could happen.

Suppose a 75-year-old woman has exhausted her savings and is too sick to work, but her voucher isn't enough to permit her to afford any health insurance plan anymore. She'd have to reach into her own pocket, but she doesn't have any money there. She can't get to the hospital unless it's a dire emergency because she's got to pay a \$750 deductible for that. So she can't get to the doctor's office because she can't pay the extra premium there. So the woman is stuck, and no care.

Or suppose you have a 75-year-old man who gets a voucher that just about covers the cost of his health insurance, and in 3 years his voucher only goes up 5 percent a year, but the health insurance premium goes up 10 percent a year. So after 3 years, the gap is so wide he can't afford to pay. He doesn't have the money. He dropped his Medigap coverage because he was persuaded this voucher system would work. So he's stuck, no care.

A 70-year-old man with open-heart surgery recovered enough to go home and be treated by a visiting nurse, but under the plan of the congressional majority, he must now pay \$1,400 in copayments for that visiting nurse. He can't afford that, so he stays in the hospital at 3 or 4 times the cost to the taxpayers. But after

a while, Medicare stops paying for that, too. So he's stuck.

Now, these are things that can happen. Those who want to keep what they have now will have to pay significantly more. Every person on Medicare will pay \$1,650 more over 7 years. The average person who receives care in home—something we need more of, not less of—will pay \$1,700 more in the year 2002 alone for the same health care. Remember, these are people who already pay over 20 percent of their income for health care.

So I ask you, can the elderly really afford \$1,650 more for premiums to cover their doctor bills? Can the elderly really afford \$1,700 more for the same home health care in one year alone? Will vouchers cover them against sudden premium increases if they get sick? That's what health insurance is supposed to do, you know, cover you when you get sick, not when you're healthy. Will the medical costs stay sufficiently under control to permit these vouchers to cover the full cost of care? No expert thinks so.

Is it fair to make older Americans give up their doctors and be forced into managed care, instead of giving the option to them to go into a managed care network? Is it really necessary, to balance the budget and to stabilize the Medicare Trust Fund, to do what the congressional majority proposes? The answer to every single one of these questions is no. No.

Those who want to gamble with Medicare are asking Americans to bet their lives. And why should they bet their lives? Not to balance the budget, not to strengthen the Medicare Trust Fund, but simply to pay for a big tax cut for people who don't need it. It's a bad deal. We ought not to do it. It will break up America's common ground. And you can help to stop it.

If the Congress and the majority really wants to balance the budget and reform the Medicare Trust Fund, let me ask them to join with me in a real commitment to health care reform that can be achievable, even by their standards. Senator Kennedy has already introduced a bill with Senator Kassebaum that goes part of the way. Let us require insurance plans to cover those with preexisting conditions. Let us make a commitment to preventive and long-term care. Let us encourage home care as an alternative to nursing homes and give folks a little help to have their parents there. Let us let workers take their insurance coverage with them when

they change jobs and crack down on fraud and abuse and give people the option to choose a managed care option if they want it; don't force people to take something they don't want.

If we really want to work together, there ought to be four basic principles that everybody, without regard to party, signs off on. We have to make sure that good, affordable health care is available to all older Americans. That's what we do now; let's don't stop it. We must not cut Medicare to pay for a bigger tax cut than can be justified, that goes to people who don't really need it, a lot of whom don't even want it. We ought not to do that. We must be committed to reducing medical cost inflation and stabilizing the Medicare Trust Fund through genuine reforms, not by destroying Medicare and hurting the people who are on it. We must not balance the budget by cutting Medicare to older Americans. We do not have to do any of these things.

This is a time of great and exciting change, I know that. But you know, the conservatives are supposed to be in charge around here, and conservatism means—if nothing else—if it ain't broke, don't fix it. And do no harm. That's the first principle.

My fellow Americans, this is a big fight, but it's not just for the seniors in this audience and in this country. It's for all their children. Most senior citizens have children that are working harder for the same or lower pay they were making 5 or 10 years ago. They have their own insecurities and their own problems. They need their jobs and their incomes and their children's

education and their own health care stabilized. We don't need to do something that makes their lives worse, either. And it's for all their children, the people on Medicare's grandchildren. They deserve a chance to have a good education, to be sent to college. Their parents should not wake up in the middle of the night torn between their own parent's health care and their children's education.

This is not just a senior citizens issue. We need to increase opportunity and security for all Americans. And the worst thing we could do is to tear down Medicare. That would increase insecurity, not just for the elderly but for all Americans. It would cloud the future of this country.

We have come a very long way by pulling together. Do not let this budget debate tear this country apart. Do not turn back on Medicare. Stand up and say, if you want to do something to balance the budget and stabilize the Medicare Trust Fund in a way that helps the elderly people of this country, we will stand with you. But if you want the Government to mess with my Medicare, the answer is, no.

Thank you, and God bless you.

NOTE: The President spoke at 11:06 a.m. in the Caucus Room of the Cannon House Office Building. In his remarks, he referred to Eugene Glover, national president, and Genevieve Johnson, DC chapter president, National Council of Senior Citizens; and Arthur Flemming, chair, Save Our Security. He also referred to his mother, Virginia Kelley; and his father-in-law, Hugh Rodham.

Remarks to the Americans with Disabilities Act Roundtable *July 26, 1995*

Thank you very much. Secretary Rubin, Attorney General Reno, to the distinguished members of this panel, Senator Harkin and Congressman Hoyer, Chairman Coelho, Dr. Hitt, Gil Casellas, Marca Bristo, the members of the administration who are here—I see Reed Hundt and Patsy Fleming out there—I thank all of you for being here to celebrate this fifth anniversary of the Americans with Disabilities Act.

Five years ago, when the ADA became law, we became the first nation in the world to com-

mit ourselves to equal rights and equal opportunities for all citizens with disabilities. Because of the ADA, our country is stronger today. Our fellow citizens are being judged by their ability to contribute, not by their disabilities. Now all of you and millions of others all across this country have an opportunity they never had before to make the most of their own lives.

That opportunity is critical to what we have to do as a nation to meet the great challenges we face and to move forward into the next cen-