

Now, these are big decisions. For Hispanic-Americans, you also have clear choices in terms of our commitment to a decent, fair, equitable, and accelerated process of immigration and naturalization, and their policy, which is to slow it down, make it more difficult, and do things which, in my view, are unfair to immigrants coming to this country.

So there are clear choices here, and I say again, a choice not to vote is just like a vote for someone you don't agree with. This is a very, very important election, and I would just

urge all of you to talk about it today and to go and vote tomorrow. Your vote is your voice.

NOTE: The interview began at 9:40 a.m. in Room 415 of the Old Executive Office Building. Journalists participating in the interview were: Eduardo Carrasco, MetroSource Network; Jacobo Goldstein, CNN Radio Noticias; and William Restrepo, Radio Unica. A Radio Bilingue journalist did not participate in this interview but had a separate one in the evening.

Remarks on the Patients' Bill of Rights November 2, 1998

Thank you so very much, Mrs. Jennings, for coming here with your son amidst your evident pain to share your experience with us. Thank you, Dr. Weinmann, for sharing your experiences with us. If you would do that every day until we pass a bill, you can drink my water every day. *[Laughter]* I loved it. *[Laughter]*

Thank you, Dr. Beverly Malone. Thank you, Secretary Herman, for the work you and Secretary Shalala did. Thank you, Deputy Secretary Goyer; Director of OPM Janice Lachance. I'd also like to thank Linda Chavez-Thompson, the executive vice president of the AFL-CIO; Gerry McEntee, the president of AFSME; Bill Lucy, the secretary-treasurer of AFSME; John Sepulveda, the Deputy Director of OPM; and Rudy de Leon, the Under Secretary of Defense, for being here. And a special word of appreciation on this day before the election to Congressman Eliot Engel, one of the great supporters of the Patients' Bill of Rights from New York City. Thank you, sir, for being here.

Iraq

Let me say, before I begin, a few words about the situation in Iraq which has been dominating the news—and I haven't had a chance to talk to the American people through the press in the last couple of days.

Saddam Hussein's latest refusal to cooperate with the international weapons inspectors is completely unacceptable. Once again, though, it will backfire. Far from dividing the international community and achieving concessions, his obstructionism was immediately and unani-

mously condemned by the United Nations Security Council. It has only served to deepen the international community's resolve.

Just a short while ago, I met with my national security team to review the situation and discuss our next steps. Iraq must let the inspectors finish the job they started 7 years ago, a job Iraq promised to let them do repeatedly.

What is that job? Making sure Iraq accounts for and destroys all its chemical, biological, and nuclear weapons capability and the missiles to deliver such weapons. For Iraq, the only path to lifting sanctions is through complete cooperation with the weapons inspectors, without restrictions, runarounds, or roadblocks.

In the coming days, we will be consulting closely with our allies and our friends in the region. Until the inspectors are back on the job, no options are off the table.

Patients' Bill of Rights

Now let's talk about the Patients' Bill of Rights and what it means to the citizens of our country. A day from now, tomorrow, starting early in the morning, Americans from all walks of life will have a chance to exercise their right to vote. When citizens go to the polls tomorrow—and I hope very large numbers of them will—they will bring to bear their deepest hopes and concerns about their own families, their children, and our Nation. The choices Americans make tomorrow will have a profound effect on the future of our country.

This is not an ordinary time, and therefore it is not an ordinary election. We can have

progress on health and a Patients' Bill of Rights, or more partisanship; progress in education and students in smaller, more modern classrooms rather than trailers, or more partisanship; progress towards saving Social Security for the 21st century, or more partisanship.

Perhaps there is no choice more stark than the one presented by the stories we have heard today, for we believe that a Patients' Bill of Rights offers protections every American deserves. We believe such a bill must be strong and enforceable and safeguard the security of patients and their families.

We need a bill of rights that says medical decisions should be made by informed doctors, not accountants; that specialists should be available whenever a doctor recommends them; that an emergency room coverage should be available wherever and whenever it is needed; that medical records should remain private; that no one can be forced to change doctors in the middle of treatment because an employer changes plans; that when people are harmed they have a right to hold the HMO accountable.

We have worked hard to extend these rights to as many people as we could through the use of executive authority. In February I asked all Federal agencies that administer health care—that's Medicare, Medicaid, the Federal employee plan, the Department of Defense, and the Veterans Administration—to do everything they could to provide these protections. Today the Vice President sent me a report on their progress. It is considerable. Through executive action we're doing everything we can to extend the protections of the bill of rights to Americans who get their health care through federally funded plans. As the report shows, we have done so while avoiding any excessive cost or burden on these plans. Still, the executive action alone cannot protect the millions and millions of Americans—160 million total—in managed care plans.

Now, these plans can save money. They can actually improve the delivery of care if the management is done properly. When I became President, I'd like to remind all of you—it was a long time ago now, 6 years; it's hard to remember sometimes—inflation in health care was increasing at about 3 times the national rate of inflation. It was becoming unsustainable for employers, for employees, for families. And so some management changes were in order.

But one of the things that we have learned—and I thought the doctor stated it very well—is that whenever any kind of management change or market-oriented change is instituted, if you're not careful, the technique itself, the management itself, or the bottom line, the money-saving itself completely swallows up the original purpose of the enterprise. The purpose of managed care is to deliver quality health care to everyone who needs it, in the most efficient way, at the lowest available cost, consistent with quality health care. The purpose of managed care is not to cut the costs as much as you can, as long as it still looks like you're giving health care, whether you are or not.

And that is the dilemma that I appointed this Commission on Consumer Rights in Health Care to consider, that Secretary Herman and Secretary Shalala cochaired. We had business people on it. We had medical people on it. We had Republicans and Democrats on it.

And let me say to you that—I want to say this as strongly as I can—the stories you heard from this doctor today, the heartbreaking story you heard from Mrs. Jennings today, they are not isolated stories. They are not, unfortunately, exceptional stories. There are stories like this all over the country. And I, frankly, have heard too many of them. I've heard too many doctors tearing their hair out. I've seen too many nurses literally crying, talking to me about the people they've been required to turn down care to. We have seen too many families that have lost a loved one either because of denial or delay, which as you heard in the case of Mrs. Jennings can be the same thing.

And I would also like to point out that there were 43 managed care organizations who supported our Patients' Bill of Rights, 43 companies who were up front enough to come forward and say, "Look, we either are doing this or we want to do it, but we don't think we should be put out of business for doing the right thing and people who are doing the wrong thing should be rewarded."

So, what are we to do? Unfortunately, insurance company accountants or bogus procedures are not the only thing delaying the Patients' Bill of Rights now. The Republican leadership in Congress delayed it all year long. For a full year we worked with lawmakers of both parties in good faith to try to craft a bill that would genuinely protect patient's rights. And to be fair, I want to make full disclosure on this eve of

the election, we had a handful, a bare handful, but we did have a handful of Republicans who were willing to support it.

But in the House, they offered a bill, which I'll talk more about it in a minute, which didn't provide any of the protections, really, that the commission recommended and didn't cover 100 million people with what little it did provide. In the Senate, they brought the bill up, and the members in the other party that were in hotly contested races were, in effect, permitted to vote for the bill with us, and they still had enough votes to kill it. It was so cynical. And it's hard to be cynical once you hear the kind of stories we've heard today.

It was, to be sure, a profitable decision. The people who wanted the bill killed have spent vast sums of money attacking people like Congressman Engel. Now, he doesn't have a strong opponent and couldn't be defeated in his district, so he could be here with us today. But Congressman Frank Pallone from New Jersey, simply because he had the audacity to support this bill and say there should be no more Mrs. Jennings, a man representing a single congressional district found himself the target of ads run on New York television during the World Series. You know how expensive those are? [Laughter] The World Series—we're beaming it to you, New Jersey. We'll show these Congressmen, if they have the audacity to stand up and say we should be held accountable in the court of law like anybody else, that we ought to put the quality of health care first; we'll show them. Now, that's what this is about.

Now, let's look at the facts. Let's look at the facts. Look at this chart. I've shown this chart before, but this is a day before the election. I want the people of this country to see this chart. I don't want any smokescreen. I've seen some of these ads that members of the other party ran about how they're really for this Patients' Bill of Rights, and it made me think that ours wasn't strong enough. And I looked at the ad, and then I went back and looked at their bill. So I think we need to look at their bill one more time.

We say that medical decisions should be made by doctors, not accountants. Ours guarantees that; theirs doesn't. We say that there should be a guarantee of direct access to specialists if your primary doctor recommends it. Ours guarantees that; theirs doesn't. We say there should be real emergency room protections. Let

me stop and say what that means. That means if you get hit by a car and you're in an emergency, you ought to go to the nearest emergency room, not one halfway across town if you're in a big city because it happens to be covered. That may not seem like a big deal to you, but just imagine, have you ever been in New York City traffic or Los Angeles traffic? This is a big deal. This is a huge deal. This is not some idle talk here. This is not political rhetoric. This is a huge thing. Anybody that's ever been with a loved one in the back of an ambulance struggling to get to a hospital knows this is a huge deal.

We say you ought to keep your doctor through critical treatments. That's a guarantee of ours. What does that mean? It means if you're pregnant and your employer changes providers while you're pregnant, you can't be forced to get another obstetrician. Those of you who have had children, remember, how traumatic would that have been—seventh month of your pregnancy, say, "I'm sorry. Here's Dr. Smith. Get to know him." Even worse, chemotherapy—almost all of us have had somebody in our family now have chemotherapy treatment. Just think how traumatic it is—you sit there; you worry about the person that you love going through chemotherapy; you watch their hair fall out; you see the loss of appetite; you try to make jokes about it—and be told in the middle of the treatment you have to change doctors. It's a big issue. This is not just a word on a chart here. This is a big human issue.

Protecting patients from secret financial incentives—you heard the doctor, what he said. Certainly, there should be no money going to doctors in HMO's for making cost-cutting decisions. Protecting medical privacy laws, holding health plans accountable for harming patients, and covering all health plans—their bill, what little it did cover, didn't cover 100 million Americans.

Now, that's what is at issue here. This is a very practical bill. It is very important. And I will say, it should not be a partisan issue. Believe you me, this is not a partisan issue in any community in America, except Washington, DC. I have no idea what political party Mrs. Jennings belongs to. I don't know if the doctor has ever voted for a Democrat in his life. [Laughter] I don't know. I know nothing about that. This is not a political issue. When you haul into an emergency room, nobody asks you—and you fill

out all those forms, there is not “Republican,” “independent,” “Democrat” on it. You don’t check that. This has nothing to do, ordinarily, with partisan politics.

And I will say again, I believe we ought to save money. I worked for 6 years here to get this budget balanced, to get it in surplus. We eliminated hundreds of programs. But we didn’t stop trying to invest in education and research or Head Start. I believe they ought to save all the money they can on the health care system. But you should not have a system where you get in trouble for taking care of people and where, in the first line of contact, you will never get in trouble for saying no.

That’s the last point I want to make about this. And the doctor implied this; I want to make it explicit. Put yourself, every one of you, in a position—suppose you weren’t a doctor. Suppose you were somebody with a BA in accounting, and you got a degree, and you’re 25 or 28 years old; you get a degree, working for these health maintenance organizations, and you review these claims in the first position. What do you know? First of all, you’d like to keep your job. It’s a nice place. You’ve got health benefits. [Laughter] You get 2 weeks—no, listen, think about that. You get 2 weeks’ vacation. And you’ve never looked at Mrs. Jennings; you don’t know her husband; you don’t have to go home at night with their faces burned in your brain. What do you know? You know you will never get in trouble for saying no. That’s the incentive. You won’t lose your job if you say no every time. Why? Because eventually they’ll kick it up to somebody who will eventually get it right, and if they’re a doctor, they’ll eventually get it right. The problem is, you just heard today one gripping example of what “eventually” can mean, in the life of the Jennings family.

That is why we need the roadmap. That’s why we need the law. We shouldn’t depend upon the roll of the dice about whether every person who reviews every one of these cases in every one of these plans all across America is willing to risk his or her job in the first instance, every time, to try to resolve doubt. And some of them don’t even have enough knowledge to know what to do, trying to second-guess the doctors. This is a big deal, practically.

I’ve heard all these arguments about how, well, you don’t want too many lawsuits, and all that. Now, I’m sympathetic to that; everybody

is. But look, under the law today, one of our wits said on our side the other day, the only people in Washington who can’t get sued anymore are foreign diplomats and HMO’s. [Laughter] Now, nobody wants an unnecessary lawsuit. But people have to be held accountable in these cases so that we can change the incentives.

So I ask you all to think about this. And I ask the American people to think about it. Again, it should not be a partisan issue. It has been made a partisan issue not by us but by those who would not join us. There was a bipartisan makeup on this commission that came up with this recommendation. And I promise you, in every hospital in America today there is a bipartisan makeup in the hospital beds as you walk up and down the halls and in every nursing station.

This should be an American issue. Look folks, we’ve got to fix this. And this election, in no small measure, will be a referendum on whether we will put people over politics, the public interest over special interest, the health of our people over a very short-sighted definition of the bottom line.

Again I say, I hope the American people will go to the polls tomorrow in large numbers, and I hope they will vote in a way that sends a signal loud and clear that America needs a real Patients’ Bill of Rights. I hope the Americans who see this will remember Frances Jennings, will remember Dr. Weinmann, will remember Beverly Malone, will remember the people who give care and the people who need it, and remember what this is all about.

Thank you very much.

NOTE: The President spoke at 2:07 p.m. in the East Room at the White House. In his remarks, he referred to Frances Jennings, who introduced the President and whose husband died as a result of a delayed health care decision; Dr. Robert Weinmann, Mr. Jennings’ physician; Dr. Beverly Malone, president, American Nurses Association; Gerald W. McEntee, president, and William Lucy, international secretary-treasurer, American Federation of State, County, and Municipal Employees (AFL-CIO); and President Saddam Hussein of Iraq.