

politics. This is bigger than personal politics. This is about America's future and the future of our children and the world. We have a chance to reduce the likelihood that more countries will obtain nuclear weapons. We have a chance to reduce the likelihood that countries that are now working on developing nuclear technologies will be able to convert them into usable weapons. We have a chance to reduce the likelihood that countries that now have weapons will be able to make more advanced, more sophisticated, and bigger weapons. We cannot walk away from that, and we cannot let it get caught up in the kind of debate that would be unworthy of the children and grandchildren of Republicans and Democrats.

Thank you.

I would like to ask Senator Jeffords—let me just give credit where credit is due. Senator Jeffords got this group together. And when I heard they were meeting, I invited them to come down here to stand with us. So he deserves the credit for this day, and Senator Dorgan has been perhaps our most vociferous advocate on the Democratic side of this treaty. So I would like to ask Senator Jeffords to say a few words and then invite Senator Dorgan to say a few words.

[At this point, Senator James M. Jeffords and Senator Byron L. Dorgan made brief remarks.]

The President. Do you want to ask either one of them any questions? Thank you very much.

NOTE: The President spoke at 11:55 a.m. on the South Lawn at the White House prior to departure for New York City. In his remarks, he referred to Bishop John J. Glynn, National Conference of Catholic Bishops, Archdiocese of Military Services; Rev. Elenora Giddings Ivory, director, Washington office, Presbyterian Church (U.S.A.); Rev. Jay Lintner, director, Washington office, United Church of Christ; Mark J. Pelavin, associate director, Religious Action Center of Reform Judaism; Bishop Theodore F. Schneider, Metropolitan Washington, DC, Synod, Evangelical Lutheran Church in America; Joe Volk, executive secretary, Friends Committee on National Legislation; James Dunn, executive director, Baptist Joint Committee on Public Affairs; and Rev. Joan Brown Campbell, general secretary, National Council of Churches. The President also referred to his memorandum of February 20, 1998, on compliance of Federal agencies with the Patients' Bill of Rights (*Public Papers of the Presidents: William J. Clinton, 1998 Book I* (Washington: U.S. Government Printing Office, 1999), p. 260). The transcript released by the Office of the Press Secretary also included the remarks of Senator Jeffords and Senator Dorgan.

Interview With John Roberts of CBS in New York City October 7, 1999

Mr. Roberts. Mr. President, sir. Good to meet you; how are you?

The President. Good to see you.

Medicare Prescription Benefit

Mr. Roberts. So, you know the issue, sir. You've been trying to address it, the idea that there are 15 million senior citizens in this country who don't have Medicaid coverage for prescription drugs—Medicare coverage. What does it say about a country, sir, where many people have to go outside of the country to buy drugs that they can afford?

The President. Well, it's wrong, and it happens because we have about three-quarters of our senior citizens need prescription drugs that

they simply can't afford. They don't have access to any coverage, or the coverage they have is too expensive and too limited. And in Canada and in many places, drugs made in America are cheaper than they are here because bigger units can buy discounts.

Now this proposal I made to reform Medicare is totally voluntary; no senior has to buy a prescription drug coverage if he or she doesn't want it. But if they do buy it, then a private group, not the Government, would be able to get the drugs at a lower cost because they would be buying them in bulk. And I think it's fair. It will not adversely affect the drug companies. It will increase their volume, even though the drugs, individually, will be cheaper. They will

still come out way ahead. And our people will be treated more fairly, and they won't have to depend upon whether they're on the Canadian border to run across the line to buy drugs they can afford.

Mr. Roberts. What do you think about the idea of allowing pharmacies to re-import drugs, parallel importing for senior citizens and allow them access to the cheaper prices that they would pay in Canada?

The President. You're the first person that ever asked me that. I don't know. But I'll look into it. It's an interesting idea. I never thought about it.

Mr. Roberts. That's Congressman Sanders' idea. He has proposed to allow pharmacies to reimport drugs from Canada or Mexico. There has been some question as to whether or not that would be legal because of FDA regulations. But that's the idea that he is proposing.

The President. Well, if you could preserve their safety and quality, that there were some assurance of that, I would think it could be done. And it might work well along the Canadian border for Vermont, where Congressman Sanders lives, and for the other States along the border.

Then the further you get away from the border, the question is, will the transportation cost back more than offset the money that you would otherwise save? I don't know the answer. You're the first person that's ever asked me that. But I'll look into it.

Mr. Roberts. Now, the drug companies have been saying that even under your plan, which would allow Medicare to buy drugs in bulk, it would decrease the revenue stream to the point where research and development would be stifled. I mean, would you look at the profits they've been making in the last few years. Is that a legitimate argument?

The President. No. No, you know, they said that over and over and over again. American drug companies charge American citizens far more money for the same pharmaceuticals than they charge Europeans, Canadians, Mexicans, anyone else.

Mr. Roberts. Does that seem right?

The President. No. They say they do it because we bear the full cost of the research and development cost, and they can't put it off on any of the others because the Government controls the prices. That's what they say.

So I think if that's true, then the United States and its people have been awfully good to our drug companies. They've been willing to pay higher prices for drugs made in America than people in other countries do, and I think they owe it to the seniors to get off this high horse and stop trying to beat this attempt to extend medical coverage to seniors for prescription drugs.

People that live on fixed incomes ought to be able to get the benefit of discounts you get when you buy in bulk. This is not Government regulation; this is market power. A lot of these drugs they have long since recovered the research and developments cost, long since. And I just think it's wrong for our people either not to be able to get them at all or to pay so much more than others do. And this is one way to sort of split the difference between their position that they need higher profits to invest in research and development and the very low cost that they can get if they happen to live close enough to the Canadian border to cross it.

So I would like to see Medicare cover prescription drugs on a voluntary basis so our seniors can get discount prices. It's very important.

Mr. Roberts. The ideas that have been floated in the Senate, which ostensibly are voucher systems, would you agree with that type of system to pay for prescription drugs?

The President. Well, it wouldn't be as effective as the proposal we've made because it would be more difficult to get the benefit of discounts. And therefore, over a few years it would be harder to keep the premiums down. But as I said, I would like to see the Members of Congress in both parties engage with us on this. Let's work it through. Let's come up with something. You've got three-quarters of our seniors in trouble out there, and we ought to do something about it.

Mr. Roberts. In terms of national priorities, how important is this?

The President. Oh, I think it's very important. The big challenges facing our country right now, at the top of those challenges are what to do about the aging of America as more of us live longer—that means we have to save Social Security and reform and modernize Medicare; and the children of America—we have to give all of our kids a world-class education with the most diverse student population ever.

Those are the big challenges we face. And to me this is a big part of it. You're going to have—the average 65-year-old person today has a life expectancy of 82. The people being born today, if the human genome project works out right, might have a life expectancy of 100. But if that's true, in order to maintain their quality of life and their health and not bankrupt the hospitals, we'll have to keep more and more of them well with the proper kind of drug treatment programs.

So you want the drug companies to be able to continue to pioneer new drugs, but they've got to be affordable, and they have to be accessible.

Mr. Roberts. Thank you for your time, sir, I appreciate it.

The President. Thank you.

NOTE: The interview began at approximately 3:40 p.m. at the Sheraton New York Hotel and Tower. A tape was not available for verification of the content of this interview.

Remarks on House Action on Proposed Patients' Bill of Rights Legislation and an Exchange With Reporters in New York City October 7, 1999

The President. This afternoon the House of Representatives took an important and encouraging step in the effort to give the American people a real Patients' Bill of Rights. After rejecting watered-down legislation by substantial votes, the House voted by a large margin to approve a strong bipartisan Patients' Bill of Rights, sponsored by Congressmen Norwood and Dingell.

The passage of this bill represents a major victory for every family and every health plan. It says you have the right to the nearest emergency room care and the right to see a specialist. It says you have the right to know you can't be forced to switch doctors in the middle of a cancer treatment or a period of pregnancy. And it says you have the right to hold your health care plan accountable if it causes you or a loved one grave harm.

It shows that America is no longer willing to allow unfeeling practices of some health plans to add to the pain of injury or disease. It proves that America is committed to putting patients first.

But let me be clear: We still have a lot of work to do before this bill becomes the law of the land. When the House and the Senate negotiators meet, we must be sure the bill is paid for, and when they meet in conference, the Republican leaders must resist the urge to weaken the patient protections guaranteed in the Norwood-Dingell bill, and they must not undo behind closed doors what has been done

in the public. They must also resist the urge to load up the final legislation with poison pill provisions that they know I can't sign.

But today, let's just congratulate the members of both parties in the House of Representatives for making a responsible choice in the face of significant pressure to do otherwise.

I especially thank Congressman Norwood and Congressman Dingell for their leadership and for their dogged determination. We have shown once again that, when we work together across party lines, we can use this moment of prosperity to meet the greatest needs of the American people.

Thank you very much.

Q. Sir, what do you think made the difference? Yesterday you were almost conceding defeat.

The President. I think a lot of work was done by a lot of people, but I think in the end, most people just went up there and voted for what they thought was right. Now, you know, there's kind of an unusual parliamentary maneuver of which you're all aware in which they've tied another bill to it and sent them both to conference. The other bill is one I don't support. It would cost an awful lot of money and help less than one percent of the uninsured in America, most of whom can afford their own health care policies anyway. And so we have to watch things like that being done in the final legislation. But a big majority of the House did