

do all the stuff that we now think of that would be unimaginable.

I think if we can get it out that far, the whole way health care is delivered will change so dramatically that the people who come along after me and the Congress and in the White House will have opportunities to structure this in a different way that will be even more satisfying to the people as well as being better for their health.

But that's why, to go back to what you said, I want us to do this prescription drug thing. I think it is critically important. But we also have to remember that we've got to stabilize the Trust Fund. We've got to take it out. It ought to be more than 25 years. When you look ahead, you know it's going to be there.

Thank you.

[*The conversation continued.*]

The President. Well, if it was up to me, I would remove the age limits, the earnings limits on Social Security recipients, because I think that's another good thing they ought to do. But it ought to be voluntary; you shouldn't have to do it just to pay for your medicine.

I promised the lady over there who said most of the people who lived in your place were single. Now, keep in mind, we start out with the premium of \$24 a month, and that premium covers half the prescription drug costs, up to \$2,000 a year. It will go eventually to a premium of about \$44 a month that will cover half prescription drug costs up to \$5,000 a year. And I think it's important to get up above \$2,000, because a lot of people really do have big-time drug costs.

Now, the people who wouldn't have to pay the premium or the co-pay are people below 135 percent of poverty. That's \$14,000 for a couple, but \$11,000 for individuals. That's a lot of folks. And then, if you're up to \$12,750 for an individual or \$17,000 for a couple, your costs would be phased in, so there would be some benefit there.

But nearly everybody would be better off unless they have a good—the only plans that are better than this, by and large, are those that you got from your employer if your employer still covers prescription drugs. This is totally voluntary. Nobody has to do this. And we also have funds in here to give significant

subsidies to the employers who do this to encourage them to keep on doing it and to encourage other employers to do it. So I think it's a well-balanced program and a good way to start.

[*The conversation continued. Dr. Kirshna Sawhney, a cardiologist, stated his support for the President's prescription medicine proposal and also pointed out the need for reform of the Medicare payment system to hospitals. He said premier health care facilities in Michigan are losing \$80 million to \$100 million each year under the current system.*]

The President. I'd like to make two points after your very fine statement. First, on the second point you raised, I had a chance to discuss that yesterday at my press conference. When we passed the Balanced Budget Bill in 1997, the—we had to say, how much are we going to spend on Medicare over the next 5 years. And we estimated what it would take to meet our budget target. Then, the Congressional Budget Office said, no, it will take deeper cuts than that, and we said if you do that it will cost a lot more money. But we had to do it the way they wanted.

Now, this is not a partisan attack; nobody did this on purpose. There was an honest disagreement here. But it turned out that our people were right, and so actually more money was taken out of the hospital system in America than was intended to take out. And to that extent by a few billion dollars, not an enormous amount, but the surplus in that sense is bigger than it was intended to be. And we have got to correct that. I have offered a plan that will at least partially take care of it, and we're now in intense meetings with people who are concerned about it; we are going to have to do that.

Now, let me make the point about the person you said, the gentleman who died. I was aghast—last week we had another health care debate on the patients' Bill of Rights, and one of the people who was against our position said, these people keep using stories—you know, anybody can tell a story, that's not necessarily representative.

Well, first of all, I don't know about you, but I think people's stories are—I mean, that's what life is all about. What is life but

your story? [Applause] And, secondly, I—but the point I want to make is this doctor—the most important point this doctor has made is that the man who died is not an unusual case. That is the point I want to make. And that’s—the pharmacist, Heather, was making the same point—there are lots of people like this.

And let me just use the example you mentioned. Diabetes is one of the most important examples of this. Complications from diabetes can be, as you know, dire and can be fatal. And you have a very large number of older people with adult-onset diabetes that have to be managed. It is expensive, but people can have normal lives.

The patients have to do a lot of the management of diabetes. They have to do it. And if they don’t do their medication, the odds that something really terrible will happen before very long are very, very high. Almost 100 percent.

But if you look at the sheer numbers of people with diabetes alone, just take diabetes, then the story is about statistics, too, big numbers of people.

I thank you very much, sir.

She says we’ve got to quit. You’ve been great. Are you going to be the heavy? I should be the heavy.

Ms. Aldrich. No, they told me I had to tell you to be quiet. I said, really? [Laughter] I bet there are some Republicans that might like that job.

The President. Republicans—Hillary would like it. A lot of people would like it. [Laughter]

Ms. Aldrich. We are, indeed, out of time. So sorry, but they’re telling me, and I have to take my cues. But Mr. President, we want to thank you so much for being here. And did you have some closing remarks that you’d like to make to us?

The President. I just wanted to say again, this is a wonderful moment. We told some said, heartwrenching stories today, and I wish I could hear from all of you. But keep in mind, this is a great thing. Our country is so blessed now. We’ve got the lowest peacetime unemployment in 40 years, the longest peacetime economic expansion in history. We’ve got this big surplus, the biggest one we’ve ever had. We think it will last for a

decade or more. More really, as long as we don’t mess up the budget.

We have to decide. I already said what to me the choice is—it is your money. If you want it back now, you can tell your elected representatives. Nobody can say you didn’t pay it in; you want it back. I don’t quarrel with that. But I think it is much better for you to stabilize Social Security and Medicare, add the prescription drug benefit at a price we can afford, let people 55 to 65 pay into it who don’t have health insurance, have a modest tax cut that doesn’t undermine our ability to do that or our ability to invest in education and medical research and defense, and get the country debt-free.

You’d be amazed how many really wealthy businessmen come up to me and say, “You raised my taxes to balance the budget back in ’93”—we did the top 1 percent, 1.5 percent got an income tax increase—“and I was mad at the time, but I made so much more money in the stock market than I paid in taxes, it’s not funny.”

Low interest rates make people money. The flipside of that is if interest rates went up 1 percent in this country, it would cost you more money than I can give you in a tax cut if you borrow any money for anything.

So what I think we have to say—I just want you to think about this and then communicate your feelings. And again, do it in a friendly way. Do it in the tone we’ve been talking about today. Tell them the stories you know, Doctor. Every doctor, every nurse, every pharmacist, every family should sit down and take the time—I know you think that Members of Congress, and the White House, the President—I have a thousand volunteers at the White House, most of them just read mail. And then I get a representative sample of that mail every 2 or 3 weeks. And we all calibrate that. And the Members of Congress, you’d be amazed how many Members of Congress actually read letters that they get. They do have an impact.

So these faxes and E-mails and letters and telephone calls, they register on people, especially if they’re not done in a kind of harsh, political way, but just saying, this is what I think is right for our country. And I hope you’ll do it.

Thank you, and God bless you.