Bob Dole; and Father Gregoir Fluet, who gave the invocation. The evening's program was entitled, "A Salute to 25 Years of Service—An Anniversary Gala Honoring Senator Christopher J. Dodd."

Remarks on Medicare Prescription Drug Coverage

June 13, 2000

Well, Ruth, this is the most laughs we've had in this room in a long time. [*Laughter*] You can come back tomorrow and the next day and the next day. [*Laughter*]

She made the trip all the way from Idaho here. She had bad weather in Chicago last night. This is hard. She went to a lot of trouble to come here. Let's give her another hand. Let's thank her very much. [*Applause*]

I want to thank Secretary Shalala for her work on this. And Congressman Strickland, thank you, sir. And I especially want to thank Senator Max Baucus who has been on this issue of the particular impact of the prescription drug problem on rural seniors for a very long time now.

I'd also like to introduce the other Members of Congress who are here from rural America: Behind me, Congressman John Baldacci from Maine; Congressman Marion Berry from Arkansas; Congressman Leonard Boswell from Iowa; Congressman Chris John from Louisiana; Representative Paul Kanjorski from Pennsylvania; Representative David Minge from Minnesota; Representative Ciro Rodriguez from Texas; Representative John Tanner from Tennessee; Representative Jim Turner from Texas; and Representative Bud Cramer from Alabama. I think that's everybody. Let's give them a hand. They're all on our side. [*Applause*]

Patients' Bill of Rights

We're involved in two or three great health care issues here in this millennial year, and I want to talk about, obviously, the one that we came to talk about, but there was a very important decision yesterday by the Supreme Court on HMO's that I would like to just mention briefly.

We—those of us that have been pushing a strong Patients' Bill of Rights—believe Americans should have the right, even if they're in HMO's, to see a specialist, to go to the nearest emergency room, to maintain continuity of care if they change jobs—if they're in a cancer treatment, for example, or in the process of having a baby—and they have a right to hold their health plans accountable.

But yesterday the Supreme Court—I've got this headline here that's in all the papers—"HMO Ruling Passes Debate Back to Congress." The Supreme Court ruled yesterday, I believe unanimously, what we all knew, which is that only Congress can provide to the American people in HMO's a comprehensive Patients' Bill of Rights.

Now, we've been fighting this battle a long time. And there's, obviously, I think—there's a clear majority in the House for a good bill, and we failed by only one vote in the Senate this week. We think there's a majority there, if we can ever get a clean shot. So we're going to keep working. But I just want to emphasize, the Supreme Court now has removed any doubt that this can be handled anywhere but Congress.

Medicare Prescription Drug Coverage

Now, the same is true about dealing with this prescription drug issue. They have become an indispensable part of modern medicine. But more than three in five seniors in America on Medicare now lack dependable insurance coverage for the drugs that could lengthen and enrich their lives. And as the report we're releasing today shows, the situation of rural seniors is even worse.

Now, you heard Ruth talk about her situation. We know that rural seniors have a harder time getting to a doctor or a pharmacy. They're just further away. We know they're much less likely to have HMO's or other insurers willing to offer reasonably priced coverage; they don't have economies of scale. Yet, more often they are in poor health and in need of prescription drugs than their urban and suburban counterparts.

As a result, rural seniors and rural people with disabilities spend 25 percent more out-of-pocket for the prescriptions they need. They are 60 percent more likely not to get those drugs at all. You remember what Ruth said, that she knew people who could not afford to fill the prescriptions their doctors

had ordered them to take. And it is important to emphasize that, depending upon the size of the monthly bill, this could be true not only for low income seniors but also for middle income seniors.

This report could not be more timely, because we—you can't go vote yet; I'm nearly done. [*Laughter*] This is amazing to me that we're even having this debate. We've got a strong economy. We've got a big projected surplus. We know that the surplus will be revised upward by some amount in the so-called midsession review that's coming just a few days from now. Now, there is no excuse not to do this right, not to provide prescription drug coverage under Medicare.

If we were starting Medicare all over again, everybody knows we'd do it. It's just that it was created in 1965 as basically a problem for serious medical emergencies and for doctors, for hospitals. In the last 35 years there's been a sea change in what pharmaceuticals can do to keep people healthy, to keep people living, to keep people out of the hospital. So the real question is, are we going to do now what we would have done in 1965 if we'd have the tools then that we have now, and are we going to do it in the right way and provide it as an optional benefit to all the people on Medicare? That's what we think we ought to do.

And I believe it's very important that we not provide a prescription drug benefit that is some sort of faint hint at doing what needs to be done and that would wind up being nothing more than a broken promise to a lot of our seniors. I think we need a bottom-line, simple, straightforward plan that all seniors have a chance to buy into. You heard Ruth say she didn't mind paying a little bit of a co-pay, making a contribution. But people like her need access to this plan.

Now, my budget proposal would extend the lifeline of optional prescription drug coverage to all seniors by allowing them to sign up for drug coverage through Medicare. No matter where they live, how sick they are, they would pay the same premiums. The plan would use price competition, not price controls, to give seniors everywhere the best prescription prices. It would help cover the expenses of seniors who face catastrophic costs and is part of an overall plan that would strengthen and modernize Medicare to keep it efficient and solvent, to add more years to the Trust Fund so that we can begin to absorb the baby boom generation.

There's growing bipartisan support for prescription drug action this year, and that's good. But I'm quite concerned that the proposals the House Republicans intend to put forward today won't help the Americans who need it the most. Today—and let me just describe why, and think about the story you just heard Ruth Westfall tell. Today's report on the special needs of rural seniors makes it clear that we need a benefit that's available for all older Americans. My understanding is that the latest Republican proposal relies on a private insurance model that has already failed rural Americans.

You just heard her say that she couldn't afford Medigap. And there are tons of people in this country who can't afford the Medigap insurance policy. Most people with gray hair out in this audience are now nodding their head vigorously—I hope the press has picked that up. Rural Americans, by and large, can't afford Medigap insurance. It makes no sense to use something that's failing today as our model for tomorrow, especially when we do not have to do it.

We ought to ensure that any plan benefits the people who need prescription drugs as much as it benefits the companies who sell the drugs. We have reached across party lines before. We passed the Kennedy-Kassebaum bill to allow people to take their health insurance with them when they change jobs. We passed the Children's Health Insurance Program as part of the 1997 Balanced Budget Act, which has provided millions of children in lower income working families access to health insurance. We can do this.

But there's no point in telling the American people we're doing something that turns out to be a fraud. And there's no point in pretending that only poor seniors need this help. That is not true. This is a need that's out there for people, based on the size of their medical bills as much as on the size of their monthly income check. And to say, "Well, we're going to spend a little bit of money and take care of the very poorest seniors, but anybody else we're going to put in some private insurance market that is already

a proven failure"—that the insurance companies themselves, to their credit, say will not work—is a bad mistake.

I think we ought to be helping people like Ruth Westfall. I sat there listening to her talk. She said she was proud of the life that she and her husband built. They worked hard so that they wouldn't have to depend on other people, so they wouldn't be a burden on other people. I can tell you that that story is a story that the baby boom generation wants to tell when we all get retired. And as the oldest of the baby boomers, I can tell you it's a story that we worry about all the time not being able to tell, because there are so many of us.

Now, there's no point in letting politics or ideology get in the way of the manifest need of the seniors of this country and the disabled Americans who have access to Medicare to get these prescription drugs. And we're not broke now. I've worked real hard for 7½ years to make sure I didn't leave us broke when I finished. We've got a good surplus. And if we were in deficit and trying to do this, I could understand why we would say, "Well, we can't help everybody, so we'll just help a few." But that's not the situation. We can afford to do this right. And we must not pass a plan that claims to offer something to everybody and is a false hope to most and, therefore, inadequate.

So I want to ask you all to remember this fine woman that hauled herself all the way here from Idaho. And she's still vigorous. She's still got a lot to give, and there's millions like her out there, and we owe it to them to do the right thing. And I want you to stick with these Members of Congress behind me. I thank them for being here. Let's get this done this year.

Thank you very much.

NOTE: The President spoke at 10:15 a.m. in Presidential Hall in the Dwight D. Eisenhower Executive Office Building. In his remarks, he referred to Medicare recipient Ruth Westfall, who introduced the President.

Statement on Senate Action on a National Blood Alcohol Content Standard To Combat Drunk Driving

June 13, 2000

I applaud the Senate Appropriations Committee for passing an important amendment that will help put the brakes on drunk driving across the country. I strongly support Senator Lautenberg's amendment that would help create a national standard for impaired driving of .08 blood alcohol content (BAC). This is a reasonable, commonsense standard that could save an estimated 500 lives a year, while still permitting adults to drink responsibly and moderately.

Together, we have made great progress on reducing drunk driving in America. In 1999 the number of people killed in alcohol-related crashes hit a record low. But we still lose far too many American lives to drunk drivers: one American is killed in an alcohol-related crash every 33 minutes. Over 15,700 Americans lost their lives in alcohol-related crashes in 1999 alone. We simply must do more.

Senator Lautenberg's .08 BAC legislation will help build on our efforts to keep drunk drivers off our streets. I commend Senator Lautenberg for his continued leadership in this area, and Transportation Subcommittee Chairman Shelby for including this bipartisan, life-saving amendment in the FY 2001 Transportation Appropriations bill that passed in the full Appropriations Committee today. I urge the Congress to act quickly to pass this legislation to save more lives by making .08 BAC the legal limit across the country and without further delay.