

free access to the U.S. market and is authorized by the Trade Act of 1974.

In extending nondiscriminatory, most-favored-nation treatment to Estonia, Latvia, and Lithuania, the Congress provided that I should take prompt action to grant GSP benefits to the Baltic States, provided they each satisfied the eligibility requirements. I have carefully considered the criteria identified in sections 501 and 502 of the Trade Act of 1974. In light of these criteria, and particularly the Baltic nations' ongoing political and economic reforms, I have deter-

mined that it is appropriate to extend GSP benefits to Estonia, Latvia, and Lithuania.

This notice is submitted in accordance with section 502(a)(1) of the Trade Act of 1974.

Sincerely,

GEORGE BUSH

Note: Identical letters were sent to Thomas S. Foley, Speaker of the House of Representatives, and Dan Quayle, President of the Senate. The related proclamation is listed in Appendix E at the end of this volume.

Remarks to the Greater Cleveland Growth Association in Cleveland, Ohio

February 6, 1992

Thank you very much for that welcome back to Cleveland. And first let me thank Dick Pogue, the chairman of the Greater Cleveland Growth Association, and all who help make this wonderful forum possible. I'm pleased to be back here in Cleveland, the capital city of the north coast. Hello to Bob Horton, who I understand not only warmed up the crowd but made it very difficult for me to come on as the next speaker. I salute what he and so many other business leaders in this community have done and are doing.

You always get this feeling of cooperation between the business community and the government of Cleveland, the city government. I had that when I first came here and Mayor Ralph Perk was in office, and particularly did I get that feeling when George Voinovich came in as your mayor and energized this place to a fare-thee-well. And business pitched right in. And you have this wonderful community spirit that this organization really epitomizes, Dick. And I am grateful to be here. And so let me get on with just saying I'm very pleased to have been introduced by George Voinovich, the great Governor of this State now. And may I salute Mike DeWine, who is over here, the Lieutenant Governor.

We've got some other friends with us, too. I know that Bob Taft is out here, the sec-

retary of state. Three distinguished Members of the United States Congress came with us, Ralph Regula, Mike Oxley, and Dave Hobson. And I'm sure I'll forget somebody, but nevertheless I see our State senate president, Stan Aronoff, sitting over here. So that takes care of it. We've got good representation from Ohio's government; we've got representation from the wonderful congressional delegation; and we have outstanding representation here from the medical community and, of course, from the business community at large.

Good things are happening here for the Cleveland Cavs. [Laughter] In fact, I told the Governor I was going to be speaking today about the number one health issue on every Clevelander's mind. He said, "Mr. President, Mark Price's left knee is just fine." [Laughter]

People who know northern Ohio know that this region's on the move. In addition to the world-renowned Cleveland Clinic, now the city's number one employer, northern Ohio is also home to some of the most innovative approaches to health care. COSE and Cleveland Health Quality Choice are pioneers. Communities across the country can follow your lead to create workable solutions to health care challenges. And I had a briefing in Washington

from the leaders of these organizations, and that really is why I've chosen to come to Cleveland this morning to address the health care crisis in our country and lay out my four-point program for comprehensive health care reform.

Reform is urgent for more reasons than one. Right now, far too many Americans are uninsured, and those who are insured pay too much for health care. And we're going to do something about that.

The one thing this crisis isn't about, and I was reminded of this in my visit to the hospital just now, the one thing it is not about is the quality of care. American health care is first-rate. It is the best in the entire world. And right now, the vast majority of Americans have access to that health care system. But the cost has skyrocketed from \$74 billion in 1970 to \$800 billion today. And if we keep going at the same rate, that \$800 billion will double to \$1.6 trillion by the year 2000.

These numbers alone would make the case for reform. They tell us there's a connection we simply can't ignore between what we pay for health care and the long-term health of our economy. But cold statistics don't show us the worry that people feel, the all-too-familiar fear about what happens to their health care if they change jobs or, worse still, if they lose their jobs. And in these hard times, we simply cannot accept the fact that one in every seven Americans is uninsured.

There's a better way. And my plan puts the emphasis on expanding access while preserving the choice people now have over the type of health care coverage and health care they receive. My plan will give Americans a greater sense of security, help ease the fears that so many Americans have that changing jobs will cost them their health coverage. And the key here is portability, changing the system to ensure people that they will always have access to health insurance no matter where they work. And finally, my plan will cut costs. It helps us make health insurance more affordable, and more affordable means more accessible. My plan will preserve what works and reform what doesn't. Above all, it will ensure every American universal access to affordable health insurance.

We stand at a crossroads. We can move forward dramatically to reform our market-based system, or we can force ourselves to swallow a cure worse than the disease. Some people have scribbled out a prescription for disaster. They want to nationalize our health system, put the Government in control of the system: Well, you let Government control the prices, let Government ration the kind of health care people get, let Government tell people looking for care how much they'll get, what kind, and when.

Nationalized systems cover everyone. But keep in mind the drawbacks that come with a nationalized system: Long waiting lists for surgery, shortages of high-tech equipment responsible for so many of the miracles of modern medicine. Let me cite just one example for you. The Cleveland Clinic performs 10 coronary bypass surgeries a day, I'm told, high-tech, high quality surgery without any wait. But if you live in British Columbia, the wait for coronary bypass surgery is 6 months. It's no wonder so many people from abroad come to American hospitals for surgery.

When you nationalize health care, you push costs higher, far higher. Some studies estimate that nationalized health care would cost the average American family a huge new tax burden; for the Nation, a staggering \$250 billion to \$500 billion a year in new taxes. Such a massive tax increase is simply unacceptable, and the American people should not be asked to accept it. And for that price, you get the worst of both worlds: No one has an incentive to control costs, and everyone pays.

But there are other proposals out there that sound simple but are every bit as harmful. One's called "play or pay." Each employer must play, provide insurance for employees, or pay a payroll tax to finance Government health coverage. Business men and women tell me horror stories about health care costs spiraling out of control. Well, "play or pay" will leave a lot of small businesses, businesses struggling on the edge of survival right now, with a tough choice. They can cut workers' wages to pay for mandated health care; they can fire some workers to cover the workers they keep; or they can raise prices and pass

along the cost to the consumer. Some studies put the cost in jobs lost under “play or pay” as high as half a million or more. Lower wages, lost jobs, higher costs: Any way you look at it, that’s the wrong choice for America.

Step away from the rhetoric, strip it out of there, and “play or pay” just creates a back-door route to nationalized health care. And it encourages employers to stop offering benefits, throw the problem in the Government’s lap, and dump millions of fully insured workers into a public plan like Medicaid. And because the new employer taxes in “play or pay” don’t pay for the program, the American taxpayer will obviously foot the bill. And I am not about to let that happen. You won’t hear this from the people pushing “play or pay.” Ask them about the side effects of their proposal, and they’ll say, “Take two aspirin, and call me after the election.”

I don’t believe people want to be shoveled into some new health care bureaucracy. They want good health. A large part of the answer is prevention. And every one of us can make changes in our behavior to reduce the risk of disease and illness. And pardon me for being just a little bit old-fashioned, but what we’re talking about is behavior: drugs, alcohol abuse, risky sexual behavior. You know what I’m talking about. And there’s nothing wrong discussing that, trying to do better in this field. Tomorrow, in San Diego, I’ll focus in more detail on the ways prevention can help people live healthier lives and help keep our economy healthy, too.

But today I want to focus on the health care system, on this comprehensive, market-based reform plan I have. The fact is, we do not have to create a new Government bureaucracy to give Americans access to affordable, quality health care. We need a system that delivers, a system that works for America, a system that puts quality care within reach of every American family.

Our system should be built on choice, not central control. It should keep costs down and open up access. But above all, it should allow all Americans to rest secure when it comes to health care, to ease their worry that if they change jobs, if they or their kids develop serious health problems, they’ll

still be able to count on the coverage they need. Now, my comprehensive four-point plan meets every one of these commonsense tests. And here’s how it works.

Point one, we will make health care more accessible by making health insurance more affordable. For low-income individuals and families, I propose a health insurance credit, up to \$3,750 a year to guarantee people, even people too poor to file taxes, the ability to purchase private health insurance. That will give these families a certificate or voucher, to be used strictly for health care, worth more than \$300 a month. They can use it to buy into the plan their employers offer but they could never afford, or they can shop for whatever private plan suits them best. That’s the American commitment to choice at its best.

For middle-income individuals and families, I propose a health insurance tax deduction of \$3,750. American families with incomes under \$80,000 will receive new help from either the credit or the tax deduction. Let me tell you what that means: new help to purchase health insurance for 95 million Americans. And once again, this insurance will be portable. People who change jobs would have insurance regardless of their health, and this is important, or regardless of their family’s health. But best of all, my plan will bring health care coverage to almost 30 million uninsured Americans, security to people who for far too long have had to do without. That’s the first point in this four-point plan, access.

Point two, we will cut the runaway costs of health care by making the system more efficient. Today, I’m asking you to learn a new acronym, HIN, health insurance networks. Insurance costs obey the law of large numbers. The larger the group being insured, the lower the cost per individual. Pooling lowers insurance costs and significantly cuts administrative costs. HIN’s will provide incentives for small companies to do what Cleveland’s COSE group has done when it brought 10,000 small businesses together to make a joint purchase of health care. The Nation should listen and follow.

Another way to drive costs down: Make everyone a better health care consumer. Right now, most people pay more attention

to the price of toothpaste then the comparative costs of health care. People don't waste much time thinking about the costs of their care, but in the end we all pay the price. We need to follow the lead of initiatives like Cleveland Health Quality Choice, programs that give people shopping for health care a kind of blue book for medical costs. Innovations like these will help all of us keep the costs of quality health care as low as possible.

Point three, we will wring out waste and excess in the present system. We've targeted medical malpractice for reform. It is time to put an end to these astronomical, sky's-the-limit lawsuits. You shouldn't have to pay a lawyer when you go to the doctor. And our doctors, the most able and dedicated in the world, shouldn't be living in fear of these outrageous lawsuits. And high malpractice premiums mean higher doctors' bills, higher hospital costs, costs passed along not only to the patient but to every American taxpayer.

Now, I have challenged the health insurance industry to cut redtape, to share common forms, to simplify and speed up claims processing. And here's a challenge for the next 4 years: There is no reason almost all health insurance claims can't be processed electronically. That single step would eliminate a mountain of health care paperwork and pare back costs.

We've got to attack the excesses of mandated benefits. When States now order health insurers to cover 1,000 different types of treatment, something's gone wrong. Next thing they'll be covering manicures for Millie. *[Laughter]* It's gone too far. And I think everybody knows it. And we should challenge the States to do something about the excessive mandates that shoot these costs right up through the roof.

Fourth and finally, we will get the growth in Government health programs under control. Right now, Government health care programs can claim a dubious distinction: They are the fastest growing parts in the Federal budget. For those of you interested in history, go back and listen to what was said about these programs at their inception. Go back and hear the rhetoric on the floor of the United States Congress. And now compare that to what actually has hap-

pened in these costs. This year alone, this year alone, let me repeat that, Medicaid costs will increase by 38 percent. We will not, repeat, not cut benefits. We can make real savings simply by reducing this huge rate of increase. We must bring runaway costs under control. Smart, sensible efficiencies will help our reform plan pay for itself.

The Federal Government should also give States flexibility to design these new universal access programs for the poor, programs that will provide quality services to all their citizens. I've just met with Governor Voinovich and the rest of the Governors. Regardless of party, Democrat or Republican, it doesn't matter, they want flexibility. And we must give it to them. Right here in Ohio, your Governor has proposed health care reforms that will do for this State what we want to do on the Federal level. States should be able to use new Federal resources to design programs that work, not some one-size-fits-all solution imposed by Washington, DC.

Providing affordable care, efficient care, wringing out excess and waste, and controlling Federal growth. These four points will create the kind of market-based reform plan that will give Americans the kind of health care they want and deserve and put an end to the worry that keeps them awake at night.

Remember what people want. People want quality care, care they can afford, and care they can count on, care they can rely on. I keep coming back to what works for this country. Think about the challenges that we face as a Nation. Anyone who is concerned about competitiveness has to see controlling health care costs as key to a healthy economy. We've got to make certain our reform corrects our weaknesses without destroying our strengths. When we talk about health care, we're talking about matters of the most personal nature, in some cases literally life and death and decisions that go with it. We don't need to put Government between patients and their doctors. We don't need to create another wasteful Federal bureaucracy. As President I simply will not let that happen.

We need commonsense, comprehensive health care reform, and we need it now.

And my plan I really believe is the right plan, a plan that meets our obligation to all Americans by putting hope and health within their reach.

Cleveland has led the way. Your hospitals, COSE, citizens in this community are way out front for these principles. And it's most appropriate that I give this speech to the Nation on health care reform right here in this city that is leading the way.

Once again, my thanks for this warm Cleveland welcome. May God bless you all

and the United States of America. Thank you very, very much.

Note: The President spoke at 12:36 p.m. at the Stouffer Tower City Plaza Hotel. In his remarks, he referred to Robert B. Horton, chairman of British Petroleum, and Mark Price, a member of the Cleveland Cavaliers basketball team. He also referred to the association's Council of Small Enterprises (COSE).

Remarks to the Staff of the University Medical Center of Southern Nevada in Las Vegas, Nevada

February 6, 1992

Thank you all very much. And again, I apologize if we've kept this distinguished group, busy people, waiting. But we're delighted to be here. It's kind of a hit-and-run day. It started in Cleveland where I announced the fundamentals of a new national approach for health care which I intend to work very hard for. But I want to thank Dr. Brandness and single out the Governor of the State, who has been most hospitable to me since we've been here. Also Barbara Vucanovich, who is a Congressman here, a great friend of mine of long standing, and simply say that I'm very pleased to be here to thank all of you for this afternoon's tour.

You can't help but when you walk through these halls and see the incredible work and dedication of the people, as we saw both at the neonatal care and the burn care center, you can't help but count your blessings for those who are devoting their lives to helping others. When you see somebody treating babies like that, tiny preemies, or those ravaged by burns, it just, at least in my heart, evokes tremendous gratitude and admiration for what you do. So, I hope you know that people outside the medical profession are extraordinarily grateful to those who give of themselves as you all do.

I did release this comprehensive health care program earlier today. And let me just, without giving you the full load, summarize

a little bit. I know you're used to extended debates about health care. You probably get a lot of requests for free advice on this subject and many others. But I think everyone understands, all of you do, something that politicians sometimes forget, and that is that America's medical system offers the best care in the world.

It's not simply that we start with the scientific and research end, with far more Nobel Prize winners in medicine than any other country, but it's just generally the quality of care. And when people from other countries seek the best possible care, you just have to look, where do they go? Well, they come to the United States of America.

And with all the problems and all the breathless press reports about health care, I think of the guy who got in a car accident. And when he got to the hospital, the doctor set his broken bones, examined him carefully, and assured him that he could go home the next day. The next day came, and the doctor rushed to the patient's room with a look of great anxiety and concern. "Is something wrong?" the patient said. The doctor replied, "I'm not sure. Just to be safe, I'd like you to stay another day. You see, I didn't know how badly you were injured until I read about your accident in the newspaper." [Laughter]

Well, there's a parallel here. Reports of