

Mar. 26 / Administration of William J. Clinton, 1997

President Izetbegovic. I believe yes on condition—maybe on four conditions: If civil part of the Dayton agreement would be implemented, first; secondly, equip and train program also would be implemented; then, if—protocol about disarmament would be done; and an additional condition, maybe if Bosnia would be received in the Partnership of Peace. That's—on these four conditions, I believe that SFOR forces or foreign forces can leave Bosnia without big problems.

President Clinton. Thank you all.

President Izetbegovic. Some problems, maybe, but—

President Clinton. Thank you.

NOTE: The President spoke at 11:29 a.m. in the Oval Office at the White House. In his remarks, President Clinton referred to Ambassador Dennis B. Ross, Special Middle East Coordinator. A tape was not available for verification of the content of these remarks.

Remarks on the Advisory Commission on Consumer Protection and Quality in the Health Care Industry

March 26, 1997

Thank you very much. Thank you, Secretary Shalala, Acting Secretary Metzler. Thank you both for the work you've done on this. I thank the Commission members for their willingness to serve, those who are here and a few who could not be here with us today. And I thank all of you here in this audience for your interest in this profoundly important matter.

The Advisory Commission that I announced today will help to chart our way through a time of profound change in health care. Their task will be focused and urgent: to find ways to ensure quality and to ensure that the rights of consumers in health care are protected.

Since I took office, we have been committed to improving our health care system, to making it more affordable, more accessible, while preserving its high quality. You have heard Secretary Shalala mention some of the things we have done together. We've worked with States to expand Medicaid to more than 2 million Americans who previously had no insurance. We reached across party lines to enact the Kassebaum-Kennedy law that provides that working families will not lose their insurance when they change jobs, increased the health care tax deduction for 3 million self-employed Americans. And now in our budget plan, we have funds sufficiently targeted to extend coverage to as many as half of our 10 million American children who still don't have medical coverage.

We've worked to constrain costs. Just yesterday, I announced a new effort to combat the multibillion dollar problem of fraud and abuse

in Medicare and Medicaid. Our balanced budget proposal also strengthens Medicare through savings and overdue structural reforms.

Of course, we're not alone in this. The private sector has found ways to rein in costs, sometimes dramatically. And in many cases, changes in the health care delivery system have, frankly, also improved its quality. For example, the growing recognition of the value of preventive care, such as mammography screening, is saving and extending lives and the quality of life. This is all very encouraging. Step by step we have been working to expand access to health care, and today we take the next step.

In this time of transition, many Americans worry that lower costs mean lower quality and less attention to their rights. On balance, however, managed health care plans, HMO's, PPO's, and others, give patients good care and greater choice at lower cost. Still, we must make sure that these changes do not keep health professionals from offering the best and the most medically appropriate services to their patients. Managed care managed well can be the best deal for our families. Whether they have traditional health care or managed care, none of our people should ever have inferior care.

I am proud that the Medicare and Medicaid programs have taken the lead in responding to the quality concerns of both patients and health care providers, as Secretary Shalala has just described. But we're learning the defining, measuring, and enforcing quality is far from a simple task. There are many complicated issues. They

require thoughtful study. And not surprisingly, there are many areas where broad-based consensus on how best to proceed does not yet exist.

That is why I decided late last year to establish the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Today I am happy to introduce the members of that Commission to the American people. They are a highly distinguished, broad-based, and diverse group. They represent consumers, business, labor, health care providers, insurers, managed care plans, State and local governments, health care quality experts. Their specialties are wide-ranging, including care for children, the elderly, women, people with disabilities, mental illness, or AIDS. This Commission includes some of the best health care policy minds in our Nation and a lot of people with hands-on experience. Its task will be as challenging as it is critical.

Today, to assure that they get busy right away, I am charging the Commission to develop a consumer bill of rights so that health care patients get the information and care they need when they need it. Let's assure that patients and their families—first, that the health care professionals who are treating them are free to provide the best medical advice available; second, that their providers are not subject to inappropriate financial incentives to limit care; third, that our sickest and most vulnerable patients, frequently the elderly and people with disabilities, are receiving the best medical care for their unique needs; fourth, that consumers have access to simple and fair procedures for resolving health care coverage disputes with plans; fifth, and perhaps most important, that consumers have basic information about their rights and responsibilities, about the plans—the benefits the plans offer, about how to access the health care they need, and about the quality of their providers and their health care plans.

I'm delighted that the Secretary of Health and Human Services and the Secretary of Labor

will take on the task of being the Commission's Cochairs. I look forward to reviewing their first report at the end of the year and their final report next March.

The need for this Commission is real. It is urgent. It will give us a roadmap to help us make our way through the time of rapid change we now see in our health care system. There are few people in the Nation better suited to the task than the members of this Commission. And again, let me say, I want to thank them for their commitment to serve.

And to all the rest of you let me say, one of the things, one of the many things I have learned in the last 4 years as President is that a distinguished commission, broadly based with a clear mandate, can make a profound positive difference for our country. In the health care related areas, I ask you to think of only two. Think of the work done by the Gulf War Commission and what we now know that we did not know when they started to meet and work. Think of the remarkable work done by the Commission that dealt with those who were exposed to human radiation experiments just a few decades ago here and the work that they have done. There is a peculiar way in which the citizens of the United States, when brought together around a clear mandate, interfacing with their Government and with the private sector, can do more than either the Government or the private sector could do alone.

And so again, let me say, I'm very hopeful about this Commission. I look forward to their progress on the consumer's bill of rights. I look forward to all the work that they do. And I ask you to join me in thanking them for their willingness to serve.

Thank you very much.

NOTE: The President spoke at 2:32 p.m. in the East Room at the White House. In his remarks, he referred to Acting Secretary of Labor Cynthia Metzler.

Remarks on National Cancer Institute Recommendations on Mammography and an Exchange With Reporters March 27, 1997

The President. Secretary Shalala has just briefed me on the National Cancer Institute's new recommendations on mammography. These recommendations, based on the latest and best medical evidence, give clear, consistent guidance to women in our national fight against breast cancer. Breast cancer is the most commonly diagnosed cancer among women. It affects one in eight women in their lifetimes and has touched the families of nearly every American, including my own.

We may not yet have a cure for breast cancer, but we do know that early detection and early treatment are our most potent weapons against this dread disease and we know that mammography can save lives. That is why it's important to send a clear, consistent message to women and to their families about when to start getting mammograms and how often to repeat them.

After careful study of the science, the National Cancer Advisory Board has now concluded that women between the ages of 40 and 49 should get a mammography examination for breast cancer every 1 or 2 years, in consultation with their doctors. The National Cancer Institute has now accepted these recommendations. Now women in their forties will have clear guidance based on the best science, and action to match it.

Today I am taking action to bring Medicare, Medicaid, and the Federal employee health plans in line with the National Cancer Institute's recommendations. First, in the Medicare budget I am sending to Congress today I am making annual screening mammography exams, beginning at age 40, a covered expense without co-insurance or deductibles. Second, Secretary Shalala is sending a letter to State Medicaid directors urging them to also cover annual mammograms beginning at 40 and assuring them that the Federal Government will pay its matching share if they do so. And today I am directing the Office of Personnel Management to require all Federal health benefit plans to comply with the National Cancer Advisory Board's recommendations on mammogram screenings, beginning next year.

The Federal Government is doing its part to make sure women have both coverage and access to this potentially lifesaving test. I want to challenge private health insurance plans to do the same. They, too, should cover regular screening mammograms for women 40 and over.

Finally, we know there has been much discussion on this issue and a lot of confusion. That is why we are launching a major public education campaign to make sure every woman and every health care professional in America, that all of them are aware of these new recommendations. This is a major step forward in our fight against breast cancer.

In addition to Secretary Shalala, I want to thank National Cancer Advisory Board Chairperson Dr. Barbara Rimer and all the members of the Board, along with the NCI Director, Dr. Richard Klausner, for the fine job that they did in producing these recommendations.

I also want to thank the First Lady, who could not be with us here because of her visit to Africa. She has devoted countless hours to educating women about the importance of mammography, and this is a happy day for her. She has especially tried to educate older women to take advantage of the Medicare coverage of mammograms, because we know that too few of them still do. And that's the last point I would like to make. These guidelines and this coverage, it's all very good, but unless women are willing to actually take advantage of the coverage, we won't have the full benefit of the recommendations and the findings that have been made.

Now I'd like to turn the microphone over to Secretary Shalala to make a few comments.

[*At this point, Health and Human Services Secretary Donna Shalala made brief remarks.*]

Heaven's Gate Cult Mass Suicide

Q. Mr. President, do you have any comment on the mass suicide in California?

The President. Well, of course, all I know is what I read about it this morning and what I saw last night reported. But it's heartbreaking; it's sickening; it's shocking. I think it's important that we get as many facts as we can about this