More Children Go Uninsured Despite Status For Medicaid

By ROBERT PEAR

WASHINGTON, May 17 — A new Federal study finds that 4.7 million children — far more than previously estimated — are eligible for Medicaid but are not enrolled in the program and have no health insurance benefits.

The finding means that two of every five uninsured children in the United States could have coverage through Medicaid, which provides comprehensive health benefits, if they or their parents would just apply for it.

The study, published today in the journal Health Affairs, said 21.2 million children ages 18 or younger were eligible for Medicaid, the Federal-state program for low-income people. But, it said, 22 percent of them were not in Medicaid or any other public or private health insurance program.

The White House had estimated that three million children were eligible for Medicaid but not enrolled. And in January, President Clinton ordered the Department of Health and Human Services to locate such children and sign them up.

Mr. Clinton has repeatedly proposed new health programs for children and has often complained that the number of uninsured Americans is increasing because of Congress's failure to enact his proposals for universal coverage in 1994. But the study suggests that the Government and low-income families have not made full use of the existing Medicaid program, which has been revised by Congress over the last decade to expand eligibility.

The main author of the new report, Thomas M. Selden, who is an economist at the Federal Agency for Health Care Policy and Research, a unit of the Public Health Service, said, "Over all, we estimate that 4.7 million children age 18 and under were uninsured despite being eligible for Medicaid." They represent 39 percent of uninsured children, a group that numbers 12 million.

Mr. Selden said he and his colleagues at the Public Health Service had identified "a much larger group of Medicaid-eligible but uninsured children than has previously been known to exist." Earlier studies focused on children ages 10 and younger and did not consider all the children who might benefit from recent state expansions of the Medicaid program, Mr. Selden said.

Changes in Medicaid since the late 1980's have nearly doubled the number of eligible children, the study found. The changes were pushed through Congress by Senator John H. Chafee, Republican of Rhode Island, and Representative Henry A. Waxman, Democrat of California.

Children who received cash assistance through the old welfare program, Aid to Families With Dependent Children, were automatically enrolled in Medicaid. But the new study found that teen-agers and children who became eligible for Medicaid because of recent program expansions were less likely to be enrolled.

These families "may have been less aware of their Medicaid eligibility, given that they were ineligible for cash assistance," the study said. In addition, it suggested, "such families may have resided in neighborhoods with lower Medicaid prevalence, which might have reduced their awareness of the program and perhaps increased their sense of stigma" associated with Medicaid. The study also makes these points:

¶Of the 4.7 million children who are eligible for Medicaid but not enrolled in the program, 3.3 million are younger than age 13, and 1.4 million are between ages 13 and 18.

¶Young children eligible for Medicaid are more likely than older children to be enrolled in the program.

¶Sweeping changes in welfare policy made by the Federal Government and the states in the last few years could inadvertently increase the number of uninsured children. The new laws impose time limits and other restrictions on welfare benefits. Many children may still be eligible for Medicaid after they lose cash assistance, but they and their parents may have to make special efforts to get such health benefits.

Another study in the same issue of Health Affairs documents changes in insurance coverage of mental health care. The proportion of insured workers with mental health benefits has increased in recent years, the study says, but the benefits have become less generous as insurers impose stricter limits on the use of mental health services and charge higher co-payments.

Health maintenance organizations and other managed-care plans generally impose such limits, and the number of Americans in such health plans has soared in the last decade, said one of the authors, Gail A. Jensen, an expert on employee benefits at Wayne State University, in Detroit.

The New York Times
MONDAY, MAY 18, 1998

Texans Coping With Smoke Cloud From Fires in Mexico

By JOHN H. CUSHMAN Jr.

HOUSTON, May 16 — With a tickle in the throat, an itch in the eye and a bit of a wheeze in the lungs, Texans have been coping with an extraordinary weeklong health alert brought on by smoke and haze from uncontrolled fires thousands of miles away in Mexico.

Last week, the state environmental authorities declared the air unhealthy in counties stretching 100 miles inland from the Gulf Coast, where pollution from fires in southern Mexico was casting a gray pall.

On Friday, the alert was extended to the whole state. And while the weekend brought some relief to some areas, forecasters said more smoke might be on the way.

As a precaution, health agencies warned the elderly and people with heart disease or lung ailments to avoid outdoor activity and to take it easy indoors. Everybody, especially children, was advised to avoid prolonged exercise.

"It makes sense for everyone to be cautious," said Dr. William Archer, the Commissioner of the Texas Department of Health. "But we should not move people to panic."

In that spirit, and with a touch of irony, the American Lung Association canceled its fund-raising event on Saturday, a "Run to Fight Asthma." People with asthma are especially vulnerable to air pollution.

For the healthy, the warnings and the pollution were more an irritation than an emergency.

In Corpus Christi, organizers went ahead with a 26-mile relay race for nearly 7,000 participants.

Dr. Nina Sisley, director of the local health department, had advised against the race.

"My concern is that these people are putting themselves in harm's way," Dr. Sisley said. "Some will be running six to eight miles and may not recognize the danger of breathing these tiny particles associated with the smoke that embed themselves in the lungs. They could develop real upper respiratory problems later."

But the city's legal department told her she had no authority to prevent the race, which proceeded without any evident health problems.

Health experts said, however, that this kind of haze, with its minuscule chemical particles carrying toxic and carcinogenic compounds deep into the lungs, was not to be ignored, even if it was not possible to say with any certainty what specific harm was being done by a week of breathing the polluted air.

In Mexico itself, scores of people have died and at least 50 million have been left choking in smoke from nearly 10,000 fires. A cloud of haze and cinders has hung over most of southern Mexico and much of Central America since early last month. Airports have been closed in Honduras, Nicaragua, Guatemala and El Salvador, and almost all flights in and out of the region have been canceled.

Some environmental advocates and scientists said that the resulting problems in Texas, coming on the heels of more distant fires in Indonesia, Brazil and other parts of the world in the past two years, were a sign of a more widespread phenomenon that people should worry about over the long term.

They said that the Mexico fires, exacerbated by a drought brought on by the El Niño weather pattern of the past two years, might be linked to global warming caused by rising atmospheric concentrations of carbon dioxide from fossil fuels.

For years scientists have said that if global warming accelerated it could lead to a variety of health problems, including air pollution from fires and the spread of diseases.

"This may be a wake-up call for what global warming is going to bring us in the 21st century," said Neil Carman, clean air director for the Sierra Club. "Is it some kind of isolated event? I don't think so. It seems to be part of something much, much bigger."

Kevin Trenberth, the head of the climate analysis section at the National Center for Atmospheric Research, a Government laboratory in Boulder, Colo., said it was reasonable to view events like the haze in Texas as "sort of a warning sign" about what people may experience because of the greenhouse effect.

"There is an excellent analogy between El Niño and the kind of effects that people will experience with climate change," he said in a telephone interview. "These effects are going to become more pervasive with climate change. Drying is likely to become more common, droughts more severe and longer lasting, and this will make vulnerability to fire more pronounced."

A more difficult question to answer, and one that Dr. Trenberth is studying closely, is whether climate changes already under way are increasing the intensity and frequency of El Niño events: the periodic swings in temperature patterns in the Pacific Ocean that cause widespread effects worldwide.

All that sounded farfetched to one jogger who was out in the noonday heat on Saturday.

Like hundreds of other Houstonians seeking exercise, Tom Sikorsky, 50, unfazed by the health warnings, went for a jog with his wife, Frances, along the trails of Memorial Park. Both of them wore blue masks to filter the pollution, although the health agencies said this would do little good against the tiniest particles of haze.

Mr. Sikorsky, an industrial safety engineer, rejected the idea that a larger environmental issue was at stake, calling fears of global warming a "Chicken Little mentality."

On CBS affiliate KHOU in Houston, Dr. Richard Castriotta, a lung specialist from the University of Texas Health Sciences Center, advised callers to be cautious but said the situation "is unpleasant, but has not yet been demonstrated to be unhealthy."

He told tourists that it was fine to take their children to a local amusement park and told the father of an infant not to worry about taking the baby outside in a stroller. But he advised the mother of a healthy boy with a history of pneumonia that it might not be wise to let him play in a soccer game, and he told a man with asthma not to ride his bicycle.

In Brownsville, Dr. Robert LeKach, an allergist, said his patient load had increased 20 percent since the haze arrived. Some were new clients, some his regulars.

"Basically we're dealing with a lot of asthma and allergic conditions," Dr. LeKach said. "They're coming in complaining of nasal irritation, nasal bleeding and eye burning. The ones that are treated and take their medication usually can withstand it. Those who are less controlled usually react. The people that are on the edge, it kind of tips them over."

At Su Clinica Familiar, a community health clinic in Harlingen, about 30 miles from the Mexican border, Dr. Elena Marín said children who had never had such problems before had come in coughing and wheezing.

"My own son woke up doing that, and he's never been diagnosed," she said.

Dr. Marín said her patients, most of whom are poor, were less able to seek proper asthma treatment and stick with it.

"Many of their homes don't have air conditioners," she said. "They may have broken screens. If they can't close the windows they would be more at risk for environmental exposure."

Dr. Marín said she had forbidden her 6-year-old daughter to attend an all-night campout on school grounds on Friday night.

"I'm not willing to go out there," Dr. Marín said. "My daughter was so disappointed, but I told her, we don't want to get sick."

The New York Times
MONDAY, MAY 18, 1998

NATIONLINE

Maryland boy recovering after four-organ transplant

A Maryland boy's condition was improving rapidly at a Miami hospital Sunday, two days after a rare four-organ transplant that has heated the debate over access to organs.

Daniel Canal, 13, of Wheaton, Md., remained in critical condition after transplants of the liver, pancreas, small intestine and stomach, officials at Jackson Children's Hospital said. But he was awake and talking to his family, and the organs were working well, officials said.

AP

Shalala: Seeks changes in system

Canal's transplants have caused controversy over how organs are allocated. The boy waited in vain for five years on an organ transplant list in Pittsburgh, site of the medical center closest to his home that is capable of performing the complicated procedure.

But as his condition worsened, the boy's family decided to put his name on the list in Miami, too. He got his organs just three days after signing up in Miami, the hospital says.

"Our system should not require people to 'multiple list' at different transplant centers and then fly long distances for surgery," Health and Human Services Secretary Donna Shalala said in a statement about Canal's surgery. "His case ... illustrates why changes are needed."

Shalala has called for changes after the pleas from Canal and other protesters outside her office in February. She says transplant recipients should not be at a disadvantage because of where they live. The sickest in the nation should get organs first, she says. But some surgeons say organs should be offered to local recipients first. They also worry that shipping organs over long distances will hurt the recipient's chances for recovery. — Robert Davis

INSURING CHILDREN: Previous assessments vastly underestimated how many uninsured children qualify for Medicaid, says a government study out today. The new count is 4.7 million children, up from earlier estimates of almost 3 million. Even before the higher estimates surfaced, officials were concerned that so many eligible youngsters have not enrolled in Medicaid. With about 10 million uninsured children, Congress and President Clinton have agreed to a new program for children who are not poor enough for Medicaid but whose families cannot afford to buy insurance on their own. Now it appears that almost half of uninsured children can be added to Medicaid rolls. The biggest problem, officials say, is finding those children.

Blast rattles San Francisco neighborhood

By Paul Sakuma, AP

Home explosion: Fire officials in San Francisco investigate an explosion that ripped a three-story home from its foundation and injured 17 people. Five people remained hospitalized Sunday, one in critical condition and four in serious condition. The explosion Saturday night blew out windows throughout the neighborhood and shattered the windshields of passing cars. The resulting fire destroyed two neighboring homes.

SHUTTLE TEST: A redesigned, lightweight fuel tank for the space shuttle, needed to haul heavy space station parts into orbit, will undergo a crucial preflight test today, NASA officials said. The new tank, which feeds the shuttle's main engines with about 1,000 gallons of rocket fuel a second, is 7,500 pounds lighter than the 65,500-pound tanks NASA has used since 1983. The lighter weight would allow the shuttles to carry heavier cargo. If testing goes well, Discovery will use the new tank next month on NASA's last mission to Russia's Mir space station, officials said.

ALSO . . .

▶ **PHONE SERVICE:** A Boeing Delta II rocket carrying five satellites was launched Sunday from Vandenberg Air Force Base in California, part of a 66-satellite network for global phone service. The multinational project could begin providing worldwide wireless service by year's end.

▶ **DERAILMENT IN OHIO:** About 20,000 gallons of liquid soap oozed across a railroad track corridor after about 30 cars of a 159-car Conrail freight train derailed Sunday near downtown Columbus, Ohio. No one was injured. The cause of the derailment was being probed.

▶ **FIRE TRUCK FIRE:** A new $300,000 fire truck caught fire Saturday as members of the Quaker Farms Fire Company in Oxford, Conn., were taking it for a test drive. Firefighters had to call colleagues to help douse the blaze. "It's kind of embarrassing," said Fire Marshal Fred Pommer.

Jogging commissioner catches thief

Philadelphia's new police commissioner ran down a purse snatcher while out jogging and held the suspect until patrol officers arrived, police said Sunday.

John Timoney was jogging through the affluent Rittenhouse Square area late Friday when a resident stopped him and reported the crime.

AP

Timoney: Runs 6-7 miles a day

"Well, I am the police commissioner," Timoney, 49, was quoted as saying before commencing pursuit of the suspect, a homeless man identified as Jesse Lotman. Timoney kept Lotman at bay until on-duty officers arrived; Lotman was charged with receiving stolen property. Money and a checkbook from the stolen purse were returned to its owner, a woman visiting from South Carolina.

Timoney, a marathon runner who jogs 6-7 miles a day, replaced former Police Commissioner Richard Neal in March, amid widespread expectations he would bring to Philadelphia the crime-fighting acumen he displayed in New York City. As first deputy to former New York Police Commissioner William Bratton, Timoney was a central figure behind a 40% decline in that city's crime rate.

A widespread crackdown on crime in Philadelphia has caused an increase in arrests of up to 25% this year, while the city's homicide rate has fallen by 26%. The gains, however, have been credited mainly to programs started by Neal.

Written by John Bacon with staff and wire reports

Consequences of rioting confront Indonesians

By David J. Lynch
USA TODAY

JAKARTA, Indonesia — Standing outside an airless room full of flies and corpses, Tamin struggles to remain composed.

"I don't know whether my daughter is here or not," he says, shaking his head.

The 20-year-old woman left home Wednesday to visit a friend who lives near an East Jakarta shopping center that burned one day later in Indonesia's worst-ever riots. Tamin hasn't seen his daughter since.

Now, she may be among the more than 100 blackened husks that line the floor behind him casually wrapped in swatches of black plastic. A belt buckle here, a scrap of clothing there are all that identify the remains as having once been human. Any unclaimed bodies are scheduled for a mass burial today.

The morgue is the most gruesome legacy of four days of rioting that swept Indonesia last week after steep increases in the price of fuel and electricity.

Sunday, residents stepped up cleanup efforts and girded for what could prove to be a critical week — especially for the autocrat who governs.

Suharto, 76, the former general who has ruled Indonesia for 32 years, has ordered a partial rollback of the price increases and let it be known Sunday that he also plans a shake-up of his handpicked, 2-month-old Cabinet. The concessions are unlikely to quell demands for the president's resignation.

"Everybody says it's too late," says Herman Wahyuei, 25, a financial analyst.

The unrest exploded last week after Suharto ordered austerity measures under a $43 billion rescue plan by the International Monetary Fund. Looters acted largely out of anger over rising food prices and reduced subsidies on fuel, transport and electricity.

Officials say at least 500 people have died in the riots. Most of them were looters trapped in department-store fires set by other rioters. More than 3,000 buildings and almost 1,000 cars have been damaged.

Expatriates, including up to 2,300 Americans, have been scrambling for seats aboard aircraft headed for Singapore, Hong Kong or anywhere outside this suddenly anarchic nation of 210 million people. Saturday, a former Suharto aide joined those calling for the president to quit.

Still, Suharto's abrupt return Friday from an international conference in Cairo did return a measure of calm to this jittery capital.

By Enny Nuraheni Reuters

Destroyed: An ethnic Chinese man is surrounded by damage in a district in Jakarta that was targeted by rioters last week. Ethnic Chinese have been the main targets of looting and violence in the unrest.

Over the weekend, traffic flowed normally on city streets. Tanks and armored personnel carriers remained at key intersections, but the military presence has been reduced sharply from a few days ago. Orange-suited sanitation workers with brooms and shovels competed with scavengers to cart away the riot's residue.

The calm comes too late for those who lost everything in last week's orgy of looting. The riots erupted after police killed six students Tuesday in a peaceful anti-Suharto demonstration.

By week's end, the protests had mutated into a mob frenzy directed largely against ethnic Chinese, whom many Indonesians resent for their relative wealth.

Until Thursday, the Glodok electronics center was the place to buy televisions, stereos, cameras or computers. Today, it is a smoldering ruin of twisted metal.

Among those who say they were victimized was a middle-aged woman who stood in the waterlogged alley outside the six-story edifice.

"Not all the Chinese people in Indonesia are rich. They work hard to get success," she said, her lip quivering.

By David Loh, Reuters

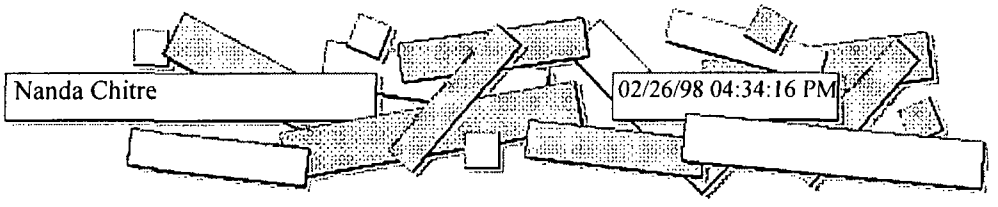
Days of near-anarchy: A scavenger emerges Saturday from a shop that burned in last week's rioting in Jakarta.

Two fires burned nearby as the woman, who refused to be quoted by name, said she had spent 30 years building an electronics business "from zero." But in an hours-long rampage, her livelihood was destroyed. She fears that the mob will resume its wrecking later this week — this time destroying Chinese residences.

If there is a danger of renewed violence, a potential trigger could occur Wednesday on the annual National Awakening Day, which commemorates Indonesia's 1908 campaign for independence from its Dutch colonial masters. Students plan to resume their demonstrations, and thousands are expected to march.

Banners draped on university buildings demand reform and an end to the corruption and nepotism that has characterized Suharto's reign. And the students are drawing support from the middle class that Suharto helped create.

"I hope economic conditions get better soon," says Ramly Rangun, 47, owner of a shop that burned last week. "If not, more trouble will happen."



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Subject: Statement by the President On Congresswoman Kennelly's Childcare Proposal

THE WHITE HOUSE

Office of the Press Secretary
(San Francisco, California)

For Immediate Release **February 26, 1998**

Statement by the President
On Congresswoman Kennelly's Childcare Proposal

Last month, I unveiled my child care initiative to make child care better, safer, and more affordable. Today, I am pleased that Congresswoman Kennelly has introduced comprehensive child care legislation that is also designed to meet the needs of America's children and families. Congresswoman Kennelly's bill is a strong package that, like mine, significantly increases child care subsidies for poor children, provides greater tax relief to help low-and middle-income families pay for child care, creates a tax credit for businesses that provide child care for their employees, increases after-school opportunities for children, promotes early learning, and improves child care quality.

This proposal is a testament to Congresswoman Kennelly's leadership on this issue and her commitment to the future of our nation's children. I look forward to working with her and other Members of Congress to enact bipartisan child care legislation that helps Americans fulfill their responsibilities as workers, and even more important, as parents.

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Message Sent To:

PRESIDENT CLINTON:
HEALTH CARE FOR KIDS

February 18, 1998

"It shouldn't take a miracle to ensure that all children get the care and insurance they need to stay healthy. America's health care system is the finest in the world. But for millions of hard-working families, affording even the most basic health insurance has been nearly impossible. At the same time, millions of families who are already eligible still do not know they qualify for Medicaid. Last summer's historic balanced budget agreement gave us an unprecedented opportunity to change this situation, to bring health insurance to more of our children and peace of mind to their parents."

President Bill Clinton
February 18, 1998

Today, President Clinton announces the first major state coverage expansions under the recently enacted Children's Health Insurance Program (CHIP) and released information showing that many States will soon follow. He also unveils an unprecedented set of public/private initiatives designed to enroll the millions of uninsured children who are eligible but not enrolled in Medicaid and other state-based children's health programs.

Over 10 million children in America are uninsured. Nearly 90 percent of these children have parents who work, but do not have access to or cannot afford health insurance. Over 3 million of these uninsured children are already eligible for Medicaid. However, many families are not aware that their children are eligible for Medicaid, and others have difficulty filling out the application. With these challenges in mind, the President:

ANNOUNCES THE FIRST COVERAGE EXPANSIONS UNDER THE NEW CHIP PROGRAM. Today, the President announces that Colorado and South Carolina join Alabama as the first states to come into the children's health program. The President also announces that many more States are well on their way to expanding coverage to more uninsured children. Currently, 14 states have submitted plans to HHS for approval, and another 18 States have active working groups or task forces to design plans to address the needs of uninsured children.

RELEASES A NEW PRESIDENTIAL DIRECTIVE TO ENROLL UNINSURED CHILDREN. In an executive memorandum to seven Federal agencies with jurisdiction over children's programs — the Departments of Agriculture, Interior, Education, HHS, HUD, Interior, Labor, and Treasury and the Social Security Administration -- the President directs the establishment of a multi-agency effort to enroll uninsured children.

HIGHLIGHTS BUDGET PROPOSALS THAT PROVIDE MEDICAID ENROLLMENT INCENTIVES. The President's FY 1999 budget invests $900 million over 5 years in children's health outreach policies, including the use of schools and child care centers to enroll children in Medicaid. It also expands the use of a federally-financed administrative fund so that it can underwrite the costs for all uninsured children — not just the limited population allowed under current law.

ANNOUNCES AN HISTORIC PRIVATE SECTOR COMMITMENT TO PROVIDE OUTREACH. To complement the public outreach effort, the President announces unprecedented new contributions from the private sector to help ensure that all children who are eligible for health insurance receive it, including:

- A new toll-free number that directs families around the nation to their state enrollment centers;
- Over $23 million in commitments from private foundations across the country;
- New initiatives from corporate and advocacy organizations to reach out to uninsured children.

ISSUES A CHALLENGE TO AMERICA TO FIND NEW WAYS TO REACH UNINSURED CHILDREN. The President challenged every physician, nurse, health care provider, business, school, parent, grandparent, and community across the nation, to find new ways to ensure that uninsured children eligible for health insurance are enrolled in Medicaid or CHIP.

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02/18/98 02:16:00 PM

Record Type: Record

To: See the distribution list at the bottom of this message

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Subject: 1998-02-18 President's Remarks at Children's Hospital

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 18, 1998

REMARKS BY THE PRESIDENT
ON CHILDREN'S HEALTH INITIATIVE

Children's Hospital
Washington, D.C.

1:43 P.M. EST

THE PRESIDENT: Thank you, Linda. Ned Zechman, thank you. Thank you, Secretary Shalala, for your wonderful work. And I thank the First Lady for what is now a more than 25 year crusade to bring quality health care to children. We're delighted to be joined by Mayor Barry and members of the D.C. City Council, Congresswoman Eleanor Holmes Norton, and Congresswoman Diana DeGette from Colorado, and many, many child advocates in this audience who have been working on these issues a long, long time.

Last month in the State of the Union address I asked the American people to work together to strengthen our nation for a new century, and especially to build the right kind of future for all our children, with world-class education and quality, affordable health care.

Let me begin by thanking the men and women who work in this hospital for their efforts to restore our most fragile children to health, to give many of them second chances at life. This is a place where medicine shines and miracles happen every day. But it should not take a miracle to ensure that children like Linda's children have the care and insurance they need to stay healthy and to be treated when they're sick.

I still have a hard time believing that this country,

with the finest health care system in the world, cannot figure out how to give affordable, quality health insurance coverage to every single child in America. (Applause.)

Step by step we are working hard to make sure all Americans get the health care they deserve. Two years ago we passed a law, and I signed a law, to make sure every American could keep his or her insurance when they change jobs or when someone in the family is ill. Last year, in the historic balanced budget agreement, we extended the life of the Medicare Trust Fund for more than a decade. We also made this unprecedented $24 billion commitment to provide health care to up to 5 million more children, and I want to say more about that, obviously.

In addition to implementing the provisions of the balanced budget law to cover children, this year we're also going to attempt to pass a Health Care Consumer Bill of Rights, which is all the more important since 160 million Americans are now in managed care plans. We want to extend Medicare to Americans age 55 to 65 who have lost their health insurance who can buy into the program. And of course we want to protect all our children from the dangers of tobacco, and we're hoping and praying for a comprehensive resolution of that issue.

But let's go back to the question of covering children. Congress appropriated the money, $24 billion over five years, with the goal of insuring 5 million of the 10 million children who don't today have health insurance. Now, 3 million -- as the First Lady said, 3 million of the 10 million kids who don't have health insurance are eligible for the Medicaid program today. If we could get 100 percent of those children into the Medicaid program, we could

actually insure more than 5 million children for the $24 billion. But if we don't get any new children into the Medicaid program, or very few, then we're going to have a very hard time meeting that 5 million goal.

So this issue of not only helping the children and their families, but also the hospitals and the providers who have to be reimbursed for the care they give, with expanding the Medicare program to the children who are eligible, is profoundly important if we are to reach what I know is the goal of every person in this audience, which is to provide affordable health insurance coverage to our children.

Now, this children's health initiative that was part of the balanced budget agreement, is part of the -- kind of the vision of government that has driven our administration from its first days. I always believed that we had to get rid of the deficit and balance the budget, because otherwise the economy wouldn't work right, we couldn't get interest rates down, we couldn't have new investment for businesses to create new jobs, people couldn't afford to buy homes --

we'd have all kinds of problems. But I also always believed that we had to do it in a way that left more money to invest in our future, particularly in education and health care and the environment and the things that will shape the quality of life. So that's what we're trying to do.

But I want to say again, just the fact that this money has been appropriated is not enough. We cannot let the appropriation of money just sit there. We can't just have laws on paper that say we're going to cover 5 million more people. Those of you who work in these programs understand that this a complex and challenging task.

Most of these children are like Linda's children. Most of these kids that we're trying to cover are the children of working people, who are working hard and doing their very best every day and paying their taxes and simply cannot afford a traditional health insurance plan.

One of the ways that we have to deal with this is to expand Medicaid coverage to the 3 million who are already eligible under the law. One of the most shocking things to people who don't have this problem is to find out that huge numbers of these kids are prevented from getting medical care, simply because their parents don't know they're eligible.

Therefore, all of us have an obligation to see to it that every child who can take advantage of this historic investment in health care does so, and does it now, beginning with the Medicaid program. The federal government must do its part. States and businesses and individuals must step up to the plate. And our message to parents and to teachers, to preachers and to coaches must be: What you do not know can hurt your children. You have to find out if your child is eligible for the Medicaid program.

Today, I am launching an all-out effort to let every family know about health insurance, whether it's Medicaid or another state program, that is currently or soon will be available because there are now new children's health programs coming on line under the program passed in the balanced budget bill.

In a few moments, I will sign an executive memorandum directing the eight federal agencies who run our children's program, such as WIC and food stamps, to cooperate in a comprehensive effort to make sure that every family gets the information they need to enroll their children, whether from an agency employee or from pamphlets, toll-free numbers or simplified application form. And I call on Congress to pass the new funds I am requesting in this balanced budget to help states publicize their new child health

programs and their child centers and enroll the children in Medicaid automatically, even as they wait for final approval of their

applications.

Next, and most important, every state must take responsibility for ensuring that every eligible child within its borders gets insured. Medicaid is one of the best ways to expand health insurance to more children and it is a state-run program. I'm pleased to announce that Colorado and South Carolina will join Alabama as the first states to expand insurance coverage to more uninsured children under the bill we passed last year.

But you should know that over 40 more states are well on their way to expanding their own insurance programs. I applaud the governors for their commitment and their innovative efforts to enroll more children. And I thank Ray Scheppach from the Governor's Association for being here today. We can't rest until every state has a program and a commitment to implement it.

Finally, the private sector has to help us get the job done. Many businesses and foundations have already joined in. Bell Atlantic will provide the leadership to establish a new 800 number that will direct families to state agencies in charge of Medicaid. Safeway has agreed to put the 800 number on their shopping bags. The National Association of Chain Drug Stores and the National Community Pharmacists Association will help us get the words out whenever parents pick up prescriptions. Pampers has agreed to include a letter in parent education packages that go to millions of new mothers in the hospital. I thank all of them for being exemplary corporate citizens.

And I'm pleased to announce the Robert Wood Johnson Foundation and the Kaiser Family Foundation have committed more than $23 million to finding better ways to expand coverage and outreach efforts. America's Promise, the outgrowth of the President's Summit on Service, made a healthy future for all children one of its five goals. And along with the American Academy of Pediatrics, the American Hospital Association, the National Association of Education, all have launched their own efforts to target and enroll uninsured children. And I thank them.

This is an extraordinary partnership to make sure that every child gets the health coverage he or she needs to have a fair and healthy shot at life. But it is only the first step. We need every parent, every grandparent, doctor, nurse, health care provider, teacher, business leader, foundation, every community all across America to work until they find the ways to reach all our children who can be covered by Medicaid or by the new children's health insurance program.

Like all parents, Hillary and I know from experience that nothing can weigh more heavily on your mind than the health of your child. The slightest cough, the most minor accident can cause enormous worry. I can barely imagine what it would be like to also have to worry about finding the money to pay for your children's health care in the first place.

Too many parents live with these worries every day. Millions of our fellow Americans -- people who are dedicated citizens, people who get up every day and go to work, people who pay the taxes they owe to the government, people who do everything that is expected of them and still have to worry about the health care of their children for lack of insurance coverage. This is wrong. If we really want to make America strong for the 21st century, we will correct it. We have the tools; it is now up to us to use them.

Thank you very much and God bless you all. (Applause.)

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 9, 1998

REMARKS BY THE PRESIDENT
TO THE AMERICAN MEDICAL ASSOCIATION
LEADERSHIP CONFERENCE

Sheraton Washington Hotel
Washington, D.C.

11:58 A.M. EST

THE PRESIDENT: Thank you very much for that warm welcome. And thank you, Dr. Wootton. He was giving his talk and I was listening, and I was thinking, I agree with all that, there's nothing left for me to say. If I knew a couple of funny stories I could just tell them and leave and thank you for the opportunity. (Laughter.)

Dr. Dickey, congratulations on being the President-elect. Dr. Reardon, thank you for serving on the Advisory Commission on Consumer Protection and Quality. Dr. Smoak, thank you for telling me there's nothing incompatible between a doctor named "Smoke" and a campaign against tobacco. (Laughter.) Dr. Jensen, ladies and gentlemen.

I am honored to be here and to be working with the AMA on so many important fronts. We have, in the past, sometimes had honest differences on policy, but have always agreed on our profound obligation to the health of our nation's families. We're walking

together in a step-by-step approach to health care reform, expanding the promise of new medical technologies, extending health care opportunities to the most vulnerable Americans.

Together we've helped Americans to keep their health coverage when they've changed jobs or someone in their families gets sick. And in last year's balanced budget agreement we helped to make sure that up to 5 million uninsured children will get the medical coverage they deserve and the help they need, with the biggest increase in health coverage for children since 1965. (Applause.)

We have worked to increase medical research and to support greater efforts at preservation and care for conditions from breast cancer to diabetes. Last year in our balanced budget plan, the diabetes component was said by the American Diabetes Association to be the most important advance in the treatment and care of diabetes since the discovery of insulin.

We found the right family doctor for America, Dr. David Satcher, our new Surgeon General. (Applause.) Last month your voice were strong and united in support of his nomination, and I thank you, and America's families thank you. The lesson of these endeavors is that when we work together we can get things done.

This is a very great moment for America on the edge of a new century, a new millennium, and a completely new economy and new global society. We see dramatic changes in the way our people work and live and relate to each other and the rest of the world. Our economy is the strongest it's been in a generation. In five years, we have 15 million new jobs, the lowest unemployment rate in 24 years, the lowest inflation rate in 30 years, the highest home ownership rate in the history of the country. (Applause.)

Our social problems are on the mend. Crime is at its lowest rate in 24 years. The welfare rolls are the lowest in 27 years. Teen pregnancy and out-of-wedlock births are declining. Our leadership is unrivaled around the world as we work for peace and freedom and security.

Still, as I said in the State of the Union address, these good times do not give us the opportunity to rest or withdraw. Instead, if we are wise, we will use this as a time to act and to build, to secure our prosperity and strengthen our future, first of all, by not spending this budget surplus we waited 30 years for before it exists, and putting Social Security first -- saving Social Security for the 21st century so that the baby boom generation does not either bankrupt Social Security or bankrupt their children and their retirement. That's what we should do before we spend that surplus. (Applause.)

This is a time to widen the circle of opportunity. That's what we're doing with adding 5 million children to the health

care rolls. In spite of the fact that we have a 4.6 percent unemployment rate, there's still neighborhoods, mostly in urban America, sometimes in rural America, where the recovery has not yet been felt. And our greatest opportunity to continue to grow the economy with low inflation is to bring the miracles of free enterprise and high technology into these neighborhoods that have not yet felt them.

We also have to look at our long-term challenges. And I'll just mention two or three that go beyond health care, but will affect you, your children, and your grand children. First, as the recent International Math and Science Test results for seniors showed, we may have the best system of college education in the world, and we have now opened the doors of college to everyone with tax credits and scholarships and work-study provisions and community service provisions. But no one seriously believes we have the best system of elementary and secondary education in the world. And we must keep working to raise standards and increase accountability and increase performance until we do have the best system of elementary and secondary education in the world. (Applause.)

Second, we have to recognize that what you do for a living, worry about people's health, is going to increasingly be affected by global development. Global travel patterns have given us something called airport malaria now, a phenomenon no one ever knew about. And we have to recognize furthermore that a lot of what we deal with in health care will be affected by the overall condition of the environment. That's why the issue of global climate change is so important. We have malaria now at higher altitudes than ever before recorded because of the climate change. A lot of you are probably noticing as you hear from me that your allergies are a little worse in the springtime with El Nino, even in Washington, when you don't think it could ever be any worse than it is normally. So we have to deal with the climate change issue.

We have to deal with the problems of weapons of mass destruction. Even as we reduce the nuclear threat, we see on the horizon the prospect that small-scale nuclear weapons or biological or chemical weapons in the hands of terrorists, drug traffickers, organized criminals, rogue states could change the whole future of security for our children. We have to cooperate more with other countries for peace and prosperity around the world.

In a few days I'm going to Africa and I will be the first sitting American President ever to visit the nations in Africa where I'm going to visit. But they're a big part of our future, economically, politically, and in terms of our shared concerns over health and environmental matters.

Now, I'd like you to see the particular issues I want to discuss today in this larger context. Are we doing what we should be doing to prepare this country for a new century, to widen the circle of opportunity, to strengthen the bonds that unite us together, to reenforce our values, to make our freedom mean more in the future?

All of these issues should be seen against that background.

This is a moment of great promise, but it's also a moment of great obligation. Every American decision-maker, including all the members of the Congress, but all the rest of us as well, must decide whether we believe that, because when times are good the easiest thing to do is to relax, enjoy it, express relief.

If anybody told me the day I took office as President that in five years the stock market would go from 3200 to 8500 and we'd have 15 million new jobs and almost two-thirds of the American people would be in their own homes, and all the other things, I would have said, maybe, but probably not. Having achieved that, and having stepped on all the hot coals that were necessary to get from where we were then to where we are now, it is easy for people to say, well, let's relax. That would be a terrible mistake. That's the number one message I have today.

We have to move. Prosperity and confidence give us the freedom of movement that we have to seize. We have to move. This is not a time to sit still. It's a time to bear down and go forward, and we need your help. (Applause.)

Now, there are fewer than 70 -- 70 -- working days left in Washington before Congress adjourns. Now, this is an election year, and the work schedule is always somewhat shorter in an election year, and that's understandable. But it's unusually limited this year. How will the 105th Congress go down in history? I want it to go down in history as a Congress that saved lives by passing the Patient's Bill of Rights -- (applause) -- by passing tough and sweeping tobacco legislation -- (applause) -- by passing the Research Fund for the 21st Century with its big increase in medical research, and extending health care coverage to those who presently are uninsured. That's what I want this Congress to go down with. (Applause.)

The next 70 days will tell the tale. Will this Congress go down in history as one that passed land mark legislation to save lives and strengthen America for the new century; or one that was dominated by partisan election year politics?

The calendar tells us that this is an election year. That's a good thing -- we need one every now and then. ((Laughter.) Have the debates and have the discussion. But as I have told every member of Congress in both parties with whom I have discussed this, no matter how much we get done this year there will still be things at the end of the year on which honorable people in both parties disagree -- more than enough over which to have an honest, fruitful, meaty election. This election should not be allowed to obscure the fact that the American people want it to be not only an election year, but a productive legislative year for the health and welfare of our country and our future. (Applause.)

Dr. Wootton has already talked about the Patient's Bill

of Rights, but I want to say a few things about it. Because my mother was a nurse anesthetist, I grew up around doctors from the time I was a little boy. They were the first professional people that I ever knew. Most of them were the kind of people we'd all like our children to grow up to be. They were hard-working, able, kind, caring people. Most doctors today are as well. But the world of medical practice if very different today than it was 40 years ago, when I first started looking at it through the eyes of a child -- not altogether worse, of course. There are many things that are better. We have higher life expectancy, the lowest infant mortality rate we've ever recorded, the highest rate of childhood immunization, dramatic advances in medicines and medical technologies and all kinds of treatments.

We also have more than 160 million Americans in managed care plans. And while there have been some problems with them, all of us have to be glad when health care costs don't go up at four or five times the rate of inflation.

Still, it's often harder for you just to be doctors. When a doctor spends almost as much time with a bookkeeper as with a patient, something is wrong. (Applause.) If you have to spend more time filling out forms than making rounds, something is wrong. (Applause.) And most important to me, when medical decisions are made by someone other than a doctor, and something other than the best interests of the patient is the bottom line, then something is wrong. (Applause.) I think we should have a simple standard: traditional care or managed care, every American deserves quality care. (Applause.)

We all have our stories, and yours are more firsthand and perhaps fresher than mine, but I never will forget reading a few weeks ago about a woman who worked in an oncologist's office to verify insurance coverage and get authorizations for medical procedures, who told us the story of a 12-year-old boy with a cancerous tumor in his leg. The doctor wanted to perform a procedure to save the boy's leg, but the health plan said no. It seems that for that condition, the only approved procedure was amputation. And that was the only procedure the plan would pay for. The child's parents appealed the decision, but they were turned down. They appealed again and were turned down again. Only when the father's employer weighed in did the health plan change its mind. By then, it was too late, the boy's cancer had spread, and amputation was the only choice left. Of course, it was covered by the health plan.

That is a choice no family should have to make. If the doctor had been able to do the right thing, the child would have been better off, and the system would have been better served.

We have the best-trained, best-skilled doctors in the world, the best medical education, the best medical technology. We're all getting a lot smarter than we used to be about prevention. The first thing your President said to me is, "I'm a cardiologist, take this golf club and stay in good shape." (Laughter.) We're

getting better at it. But it is madness to strain at a gnat and swallow a camel. And it happens, over and over and over again.

There are no fewer than 500 stories that could come up in this audience right now within a half an hour not all that different from the one I just told. That is what we seek to address. That's what the Patient's Bill of Rights is all about -- to put medical decisions back into the hands of doctors and their patients. I have already acted, as your president said, to ensure that federal employees and their families, military personnel, veterans and their families, everyone on Medicare and Medicaid -- altogether about a third of our people -- are covered by the Patient's Bill of Rights.

And across our nation, state legislators and governors, both Republican and Democratic, are doing what they can. Forty-three states have enacted into law one or more of the basic provisions of the Patient's Bill of Rights. But state laws and the patchwork of reforms can't protect most Americans. At least 140 million of them are without basic protection. That's why we need the federal Patient's Bill of Rights with the full force of federal law. (Applause.)

The Hippocratic Oath binds doctors -- and I quote -- "to follow that method of treatment which according to my ability and judgment I consider for the benefit of my patients." That is your responsibility, and should be your patient's right -- to know all the medical options, not just the cheapest; primary care when possible, specialists when necessary. That's why the Patient's Bill of Rights lifts the gag order on our nation's doctors and allows patients to follow your best recommendations by appealing unfair decisions by managed care accountants.

Patients also should have a right to keep their medical records confidential. (Applause.) Doctors must feel free to write down the whole truth without it ending up on the Internet or in the hands of employers and marketing firms or increasing a patient's insurance rates. (Applause.)

Again, the Hippocratic Oath says, all such shall be kept secret. That's why the Patient's Bill of Rights safeguards the sanctity of the doctor-patient relationship. Patients have a right to emergency services wherever and whenever they need it. And when the EMTs are wheeling a new arrival into the emergency room, the last thing you or the patient should have to worry about is the fine print on the health plan. (Applause.)

Again I say, there are less than 70 days remaining in this legislative session, but there is broad bipartisan support in this Congress for this legislation. We have acted, and our administration. States have acted. The AMA has acted. You must impress upon the Congress the urgency of passing this legislation. Believe me, a majority of the Congress, a huge majority in both Houses and members of both parties, are for this. It is just a question of mustering the will to get the job done and going through

some of the very difficult issues around the edged that have to be resolved. But there is utterly no reason not to do this this year. You can get it done if you work at it. (Applause.)

The other great issue before the Congress in health care is, of course, tobacco. Now, you're right, Dr. Wootton, I did read The Journal of the American Medical Association special edition on tobacco. I read it all from start to finish. And it was a great service to me and the American people, and I thank you very much for it.

Again, you can argue about some of the fine print, but the big picture is clear: Every single day, even though it is illegal in every state in America, 3,000 kids start to smoke; 1,000 of them will die earlier because of it. This amounts to a national epidemic and a national tragedy. You know as well as I do that more people die from smoking-related illnesses every year than from most other things that cause death in America put together. As physicians, you also know that in the end, the only way that we have to deal with this today with absolute conviction is with preventive care: don't do it in the first place. (Applause.)

Now, for more than five years, we have worked to stop our children from smoking before they start. We launched a nationwide campaign with the FDA to educate children about the dangers of smoking, to reduce access of children to tobacco products, to put a stop to tobacco companies that spend millions mass-marketing to our young people.

Last fall, I asked Congress to pass comprehensive, bipartisan legislation to reduce teen smoking by raising the price of cigarettes up to $1.50 a pack over the next several years, imposing strong penalties on tobacco companies that keep on advertising to children, and giving the FDA full authority to regulate children's access to tobacco products.

If we do this, we can cut teen smoking by almost half in five years. We can stop almost 3 million from taking that first drag. We can prevent almost 1 million premature deaths. But again, the clock is ticking.

And, yes, there are lots of complicated issues. You know, because this is a five or six-part package, there are several committees and sub-committees involved. And because there is some controversy around the edges about how much money should be raised how quickly from the tobacco tax and what it should be spent on, there are some difficult issues to be resolved. And, yes, I know that there are only 70 days. But if we know that the lives of 1,000 children a day are at stake, how can we walk away from this legislative session without a solution to the tobacco issue? (Applause.)

There are two other issues I'd like to mention to you. The first relates to Medicare. This week -- or, excuse me -- last

week, I attended the first meeting of the bipartisan Medicare Commission appointed by the leaders of the House and the Senate and the White House to look for long-term reform for Medicare for the 21st century. As you know, we have secured the Medicare trust fund for another decade with some very difficult decisions. But there are a lot of unresolved issues out there, and in some ways the complexity of the Medicare problem is greater than the complexity of the Social Security problem. At least it has to be dealt with sooner in time. So I want to urge your support for the Medicare Commission and your involvement in it.

I also have made a specific proposal with regard to Medicare that I believe should be passed this year without regard to the work of the Medicare Commission, and I ask you to carefully review it and I hope you'll support it. It would give a vulnerable group of Americans, displaced workers 55 and over -- people who either voluntarily take early retirement and they're promised health care but the promise is broken, or people who are laid off and they can't find another job and they lose their job-related health insurance -- and other seniors, principally people who are married to folks who lose their old health insurance because they start being covered by Medicare, but they're not old enough to be on Medicare so they lose the family coverage and they don't have anything -- it would take this group of Americans and give them the chance to buy into Medicare at cost.

The Congressional Budget Office just reported that the policy will cost even less and will benefit even more people than we in our administration had estimated, and agreed with us that it will have no burden whatever on the Medicare trust fund. It will not shorten the life of the trust fund, nor will it complicate in any way our attempts at the long-term reform of Medicare. We're talking about somewhere between 300,000 and 400,000 people that are just out there, that had health insurance and now don't have any -- at a particularly vulnerable time in their lives. So I hope you will support that.

The second thing I'd like to ask for your support for involves a project that Hillary has worked very hard on to sort of leave some gifts for our country in the new millennium. The project motto is "honoring our past and imagining our future." Among other things, we're working with the Congress to get the funds necessary to save, for example, the Star-Spangled Banner, which is in terrible shape. We need to spend, believe it or not, $13 million to restore the flag -- and to make sure that the 200 years of lighting don't destroy the Declaration of Independence and the Constitution and the Bill of Rights; and to try to get every community in the country to find those things in each community which are most important to their history and save them.

But we're also looking at the future. And perhaps the most important thing about the future-oriented nature of this project is the Research Fund for the 21st Century, which has a huge increase in research for all forms of scientific research and development, but

especially has the largest increase in funding for the NIH in history and doubling the funding for the National Cancer Institute.

We are on the verge of unlocking a number of medical mysteries, as you know. Last year, for example, we had the first sign of movement in the lower limbs of laboratory animals with severed spines. The Human Genome Project is proceeding at a rapid pace, with implications which still stagger the imagination. Again I say, we have the money to do this. We can do this within the balanced budget. And while there may not be time to resolve every issue I'd like to see resolved in this Congress, we should nail down now this Research Fund for the 21st Century. There has been terrific support, in the Republican as well as in the Democratic caucuses. This has not been a partisan issue. It is just the question of getting the job done in the next 70 days.

So while you're here, let me say again, a big part of building America for the 21st century is building a healthier America, and building an America where people feel secure with the health care they have, and they feel it has integrity. We need the Patient's Bill of Rights. We need action on the tobacco front. We need reform of Medicare long-term. We need to help these people that are falling between the gaps because they're not old enough yet. And we need to continue in an intensified way our commitment to research. Let us take the benefit of our prosperity and finally having a balanced budget and invest the kind of money in research that we know -- we know -- will ensure benefits beyond our wildest imagination.

We can do all this in the next 70 days, but to do it we'll have to do it together. I need your help. Your patients need your help. Your country will be richly rewarded if you can persuade the Congress to act in these areas.

Thank you and God bless you. (Applause.)

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